

**THE HISTORY OF AIDS IN SOUTH AFRICA: A NATAL
ECUMENICAL EXPERIENCE IN 1987 – 1990**

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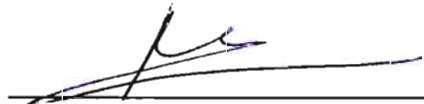
DECLARATION

It is my sincere declaration that this thesis is my own original work.

Stephen Muoki Joshua

Date

As the supervisor, I have agreed to the submission of this thesis.



Prof. Philippe Denis

22-03-07

Date

I dedicate this work to my lovely fiancée, Beatrice Wanyenda

ABSTRACT

The interface between apartheid and Aids in the unique South African context between 1987 and 1990 is particularly striking. Natal was such a volatile ground, one rocked by political violence and threatened by a world epidemic. A literary study of the four years' *Natal Witness* Aids articles and an oral witness by four clergy living in Natal at the times reveal an intriguing debate and deeds by the people in Natal. The difficulty in ascertaining the actual spread of the disease in South Africa was imperative in the search for a reliable information system. Neither the random testing prior to 1987 nor the secret testing between 1987 and 1989 produced reliable Aids statistics. The launching of surveillance testing in 1990 not only amounted to a reliable information system but also revealed staggering statistics reports. Not only was the infection doubling every six months, but it was becoming predominantly heterosexual and exacerbated in the black race.

A close study of the *Natal Witness* articles reveals that the Natal Aids debate could be chronologically divided into four characteristic periods. The 1987 debate was an international debate because the focus was on what was happening in North America and in Europe. The 1988 debate was an African debate because the focus on Aids for the first time placed the African continent on spotlight indicating signs of its future lead in infection and mortality. The 1989 debate was a South African debate because the articles featured *miner's plague* and the *gay plague* and their possible negative influence on the economy. The 1990 debate zoomed into the Natal province as it revealed attitudes, myths, and controversies that underpinned the Aids disease.

The *Natal Witness* reports are both contrasted and complemented by the reflections of four Christian ministers who served in Natal at the time. The clergy used particular philosophical frameworks to reconstruct their experiences. According to Sol Jacobs, a 'black consciousness' Methodist priest, the churches did not engage in prevention because of their racial divisions. Vic Bredencamp witnessed a judgemental church, one that could not deal with the Aids disease because of its punitive theology. Ronald Nicolson, an Anglican priest, only witnessed an ignorant church, one that could not become involved in Aids prevention because of its paralysis ignorance. Lastly, Paul Decock, a Catholic priest, witnessed an active church, one that was actively involved in Aids activism as early as 1987. The ministers differed immensely on how the church responded to the Aids disease as well as in the reasons for that particular response.

Both the articles and the interviews were found to be misleading in several instances. Through editing and selection, the articles left out important details and articles. The interviewees could barely establish a chronology in their memory of events. With the help of internal and external evidence however, both the interviews and the articles complement each other in establishing the Aids experiences of the Christians in Natal.

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Professor Philippe Denis is really responsible for this work. This is not only because the initial idea for this research work was born out of a healthy discussion with him but more so because he has become to me more than a supervisor. Through perspiration and valueless dedication he has laid his expertise on both the process and the product. In him I have found a true mentor and motivator in the academic discipline.

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ABBREVIATIONS

| | |
|--------|---|
| AIDS | Acquired Immunodeficiency Syndrome |
| ANC | Africa National Congress |
| CBO | Community Based Organization |
| CCSA | Christian Council of South Africa |
| CPSA | Church of the Province of South Africa |
| EC | European Community |
| FBO | Faith Based Organization |
| GPA | Global Programme on Aids |
| HIV | Human Immunodeficiency Virus |
| HSRC | Human Science Research Council |
| IFP | Inkatha Freedom Party |
| ISODEM | Institute for Social and Demographic Research |
| KZN | KwaZulu-Natal |
| MASA | Medical Association of South Africa |
| MCSA | Methodist Church of Southern Africa |
| MMWR | Morbidity and Mortality Weekly Report |
| NGO | Non Governmental Organization |
| NP | National Party |
| UDF | United Democratic Front |
| UKZN | University of KwaZulu-Natal |
| USA | United States of America |
| PLWA | People Living With Aids |

| | |
|-------|--|
| RCC | Roman Catholic Church |
| SACBC | Southern Africa Catholic Bishop's Conference |
| SAPA | South Africa Press Association |
| SORAT | School of Religion and Theology |
| WCC | World Council of Churches |
| WR | Witness Reporter |

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CHAPTER ONE

INTRODUCTION

1. 1 Statement of the Problem

The early history of HIV and Aids in Africa is much more certain than ever before. New evidence seems to suggest that by 1959 the virus was in Leopoldville (Kinshasa), the capital of Belgian Congo.¹ About 672 frozen blood samples collected in the city by an American researcher studying malaria were tested for HIV and one was found to be positive. Other such studies in the region suggest that Aids was present in the equatorial Central and West Africa in the 1950s although it was a rare disease.² The earliest indication of the presence of the disease in South Africa came much later in 1982 when two white homosexual air stewards were diagnosed and died shortly after.³ In 1983, blood specimens from 200 white homosexual men in Johannesburg showed that 32 were already infected whereas other 522 blood specimens from African men were in 1985 found to be all negative.⁴ Researchers are in agreement that South African 'gay plague' was predominantly in the white community and was most likely transmitted through relations abroad whereas the heterosexual transmission was predominantly in the black community and was transmitted from the central part of the continent.⁵ In 1986, the country's attention was drawn to the alarming 'miners plague' which was more severe among Malawian mine workers.⁶ By the end of 1986 there were sixteen reported cases of Aids in the mining industry.⁷ It is an interesting concern, at least for this research that the Province of Natal came to be the most adversely affected region as compared to the other provinces in the country.

¹ John Iliffe, *The African Aids Epidemic: A History* (Athens: Ohio University Press, 2006), 2.

² Iliffe, *The African Aids Epidemic*, 3.

³ *The Natal Witness Newspaper*, citing South Africa's government records by the Department of National Health and Population Development, consistently indicated that two persons in the country were diagnosed HIV-positive in 1982. See *The Witness Reporter*, "55 000 had Aids virus by 1989 - Govt estimate," *The Natal Witness* 12th May 1990, 5. See also

⁴ John Iliffe citing R. Sher, 'HIV infection in South Africa, 1982-1988 – a review,' *SAMJ*, 76 (1989), 315; D.S de Miranda, N. O'Farrell, South African AIDS,' and others, Lack of evidence of HTLV-III endemicity in southern Africa,' *NEJM*, 312 (1985), 1257.

⁵ Paul Kocheleff, "Le sida au Burundi et en Afrique du Sud: le vécu au quotidien", in P. Denis and C. Becker (eds), *L'épidémie du sida en Afrique subsaharienne. Regards historiques* (Paris, Karthala, 2006), pp. 193-212. The English version of the book is only available on line: see www.ukzn.ac.za/sorat/sinomlando.

⁶ Iliffe, *The African Aids Epidemic*, 44.

⁷ *Epidemiological Comments*, Vol. 21(10), October 1994.

The interface between apartheid and Aids in the unique South African context is particularly interesting. The article title, *Aids will soon eclipse apartheid*, found in the *Natal Witness* on the 16th August 1988⁸ was an indicator that the two concerns were already competing for national attention. The end of apartheid was entangled and dovetailed by an emerging new epidemic. The ecumenical community, which had explicitly and consistently fought apartheid for decades, easily found the concern for social justice overshadowing the rising problem of Aids in South Africa. A Geneva meeting of the World Council of Churches (WCC) had in 1983 recommended ways in which its member churches could become involved in the Aids crisis. The proceedings of its first HIV and Aids executive consultation held in Geneva in June 1983 were published under the title *AIDS and the Church as a Healing Community* in 1986.⁹ This executive consultation called on the churches to work against the real danger that Aids will be used as an excuse for discrimination and oppression and to work to ensure the protection of the human rights of persons affected directly or indirectly by AIDS.¹⁰ This call was seemingly not heeded according to WCC reports of 1987. The 38th meeting of the WCC central committee in Geneva regretted that “through their silence, many churches share responsibility for the fear that has swept our world more quickly than the virus itself”.¹¹ As such, the international ecumenical watch-dog kept vigilant and pleaded with the ecumenical churches to respond creatively to the pandemic.

However, the South African context seems to suggest otherwise. During the early years of the South African epidemic, isolated voices expressed concern over the churches slowness in responding to the Aids crisis. One of the first to raise this issue was Ronald Nicolson, an Anglican priest who in 1995 lamented that the churches had been silent and idle yet it was best positioned and uniquely so in South Africa to address the pandemic.¹² His reasons were partly that unlike the government, the churches had enjoyed years of undoubted trust especially by the majority black population. He however maintained that the slowness of the churches’ response to Aids was endemic in the lack of a theology on Aids. He went ahead to suggest a framework

⁸ *The Natal Witness*, 16th August 1988.

⁹ World Council of Churches, *AIDS and the Church as a Healing Community* (Geneva: WCC Publications, 1986), 1-20.

¹⁰ WCC, *AIDS and the Church*, 1.

¹¹ Quoted in the *Minutes* of the 38th Meeting of the WCC central committee, Geneva, WCC 1987, 135.

¹² Ronald Nicolson, *AIDS: A Christian Response* (Pietermaritzburg: Cluster Publications, 1995), 7.

towards a theological reflection on the subject.¹³ A more recent and stern voice on the matter is that of Donald Messer. On his part, the churches had participated in what he calls ‘the conspiracy of silence’.¹⁴ Both Nicolson and Messer are of the view that had the churches been quick and aggressive in the early years of diagnosis the epidemic and the stigma would have been significantly reduced.

The concern of this research has been to investigate the past in relation to HIV and Aids and the ecumenical churches’ response in order to find out whether there was any response either positive or negative; and if any, what it was. The research undertakes to sketch the history of HIV and Aids in the Natal Province of the Republic of South Africa (RSA) within a period of four consecutive years, from 1987 to 1990. It endeavours to tell the story of Natal’s early Christian experience of HIV and Aids within the contemporary apartheid context. It is concerned with tracing *what the ecumenical churches in Natal said and did in responding to the Aids crisis*.

1. 2 Limitations and Delimitations

The scope of this research work could not accommodate broader research subjects as much as they merit investigation as well. It is therefore important that some parameters of this research be drawn right from the start. One such parameter concerns the time limitation of the historical period under investigation (1987-1990). A more comprehensive research work would have covered eight consecutive years (1987-1994) in order to capture the entire interface between apartheid and Aids crisis in the country just before the collapse of apartheid in 1994. This research is however limited to the four initial years of the Aids crisis. The year 1987 is picked for epidemiological purposes. Even though HIV had been diagnosed in the country three years earlier, it is at the end of 1986 that people became increasingly aware of its existence. Lieve Fransen rightly observes that although Aids was first recognised as a disease in 1981 and HIV as its cause in 1984, a systematic national and international response to the epidemic only took shape in 1986-87.¹⁵ It is this period that witnessed the establishment of international Aids bodies

¹³ Nicolson, *A Christian Response*, 18-54.

¹⁴ Donald Messer, *Breaking the Conspiracy of Silence: Christian churches and the global AIDS crisis* (Minneapolis: Fortress Press, 2004), 34.

¹⁵ Lieve Fransen in Alan Whiteside (ed.), *Implications of AIDS for Demography and Policy in Southern Africa* (Pietermaritzburg: University of Natal Press, 1998), 6.

such as the Global Programme on Aids (GPA) by World Health Organization (WHO).¹⁶ Whereas the Southern Africa epidemic was relatively delayed as compared to Central Africa, John Iliffe rightly observes that “the first serious alarm in South Africa emerged in 1986 when tests on African mineworkers found only 0.02 percent prevalence among South Africans but 3.76 percent among men from Malawi”.¹⁷ By the end of 1986 a handful of persons had been reported as dead or even living with the virus. Hence the year 1987 provides a debate on the transpired incidences of the disease in the country.

The year 1990 is unique both as it relates to HIV and Aids in the country as well as the apartheid history and the entire political history of South Africa. In relation to Aids, 1990 is the year that Prenatal-Pregnancy Aids testing was launched by the government ushering in a new dispensation in information systems for collecting Aids data. This enabled a new and a better understanding of the magnitude of the Aids epidemic. In relation to apartheid, it was on Sunday 11 February 1990 when Nelson Mandela was released. It was in the same year that many other political prisoners who had been incarcerated for more than twenty years were released. Mandela's release sent a sensation of freedom and liberation in the entire country. More importantly, it was in 1990 that the apartheid government opened up for dialogue that would initiate democracy in the country. The year 1990 could rightly be seen as the initial dawn of democracy in South Africa. The period between these two years, 1987 and 1990, encompass a hidden yet an unfolding epidemic at the scrupling down of apartheid. Like a lion closing in on a celebration party of gazelles, Aids struck the South African community unexpectedly and at a time of celebrating a long awaited victory.

Again the scope of this research could not accommodate an entire *history of Aids in South Africa* even though it would have been a noble attempt given that there is hardly any research of the kind. This research is limited to one of the nine provinces of the country, namely, KwaZulu-Natal. It is further limited to a smaller section of the province historically referred to as Natal.¹⁸

Christendom in today's societal framework is manifested in various forms. These include Faith

¹⁶Fransen, *Implications of Aids*, 6-7.

¹⁷Iliffe, *The African Aids Epidemic*, 44.

¹⁸For further information on the history and geography of Natal, see chapter Two, Background Information.

Based Organisations (FBOs), Non Governmental Organizations (NGOs), Community Based organizations (CBOs), church denominations, and so on. Aids related activity in Christendom has considerably increased in the recent past as compared to the 1980s. It would have been more focussed if the research could limit itself to the response of a single church denomination or a religious body. However, this was not possible since in the initial years of the disease in the country there was little action and sometimes no action whatsoever in most religious groups.¹⁹ For this reason, the research targeted a broader religious group – the ecumenical churches- as opposed to a particular church denomination. Because ecumenism is a broad and highly inclusive concept, the WCC is taken as the focus of this research. Hence the concern of the research is to trace the response of WCC member churches in the Aids crisis.²⁰

Both the etymology and the recent use of the word 'church' could lead us into various emphases. Since this research is a historical work as opposed to an ecclesiological study, a working definition will do. The focus in this research is not the position of particular denomination's leadership on the Aids crisis but rather any acts or statements from both the leadership and the membership. As such any statement or article from a member of a particular denomination shall be regarded as a representative voice of the denomination. This research is more interested in the debates and scattered acts triggered by HIV and Aids as opposed to an established denominational position. Unless otherwise indicated, the word 'church' or 'churches' shall be loosely used to refer to the Christian representation in a public debate. This research is also limited to a particular group of churches that are members of the WCC plus the Roman Catholic Church. The words 'churches' as well as 'ecumenism' are therefore used to refer to those particular churches.²¹

A major limitation in this research involved the language aspect in the research methodology. This research was limited to English sources only. Both the newspaper and the interviews were limited by this factor. A more inclusive study would have included a reading of other newspapers

¹⁹ A preliminary research involved visiting the Anglican and the Lutheran Church archives. There were neither records found nor any information on the churches activity between 1987 and 1990. There were however enough records for the period between 2000 and the present.

²⁰ For more information on both WCC and Ecumenism in South Africa, see Chapter Two, Background Information.

²¹ These churches include the Roman Catholic, Lutheran, Anglican, Presbyterian, Methodist and the Congregational churches. See Chapter Two - Background Information, for a detailed definition on ecumenism as used in this study.

in the region probably those with black African interests and readership like the *Echo*, the *Mercury*, the *Daily News*, and the *Ilange Lase Natal*. Indeed a Christian magazine in the region would also be helpful in exposing such dialogues in the Churches that would not feature as important news in the *Natal Witness*. However, the time, the space, and the scope of this research would not allow such an expanse as much as it is highly necessary. Some of the papers like the *Ilange* are in Zulu language which became a major challenge to the researcher. The research could have also included interviews with Zulu speaking black clergy. The researcher is however a Kenyan citizen who only speaks English, Kamba and Swahili languages. Besides, most Christian magazines from the region do not have such a long history as to cover the period of this research. The *Natal Witness* is primarily chosen, not only because it was a reliable newspaper during the historic period in question but more so because of its racial inclusiveness and its emphasis on Pietermaritzburg and the Midlands regions which are the main focus of this research.

Probably the greatest challenge in undertaking this research was precipitated by the researcher himself. He is a Christian currently living in the area of study. It was therefore a possible pitfall to let religious beliefs unduly influence research findings. The researcher could have easily focussed on what the church should have done *ideally* instead of reporting what it *actually* did! It was also a constant challenge upon the researcher not to be overtaken by the error of anachronism, that it, to go into analysing that historic past with a modern bias since some of the problems of today in HIV and AIDS were pre-empted in its early days. Indeed, some of the predictions and fears of that past are fulfilled today. The researcher is even more limited by the fact that he was not living in the country in the historical period of the study and as such the context is still new to him.

1. 3 Research Objectives

The chief objective of this research is *to establish what the ecumenical churches in Natal did and said about HIV and AIDS between 1987 and 1990*. It intends to establish the responses of five ecumenical churches in Natal, namely, the Catholic, the Anglican, the Lutheran, the Methodist and the Congregational. The research focuses on highlighting the experiences of both the churches' membership as well as the churches' leadership in the early stages of the

Aids epidemic in Natal. This chief objective can be broken down into ten specific objectives as follows:

- a.) To establish who were the first people to be interested in HIV and Aids in Natal
- b.) To establish whether Christians in Natal were talking about HIV and Aids.
- c.) To find out which churches in Natal engaged the public in talk over the Aids scourge.
- d.) To find out who was active in the HIV and Aids dialogue.
- e.) To find out what people were saying about heterosexuality and homosexuality
- f.) To find out whether people were associating the spread of HIV and Aids with particular races.
- g.) To establish whether HIV and Aids was associated with sexual immorality.
- h.) To establish whether the people of Natal were discussing the issue of treatment.
- i.) To find out whether Christians were saying or doing anything that would stigmatise those infected.
- j.) To find out what the ecumenical leadership was saying or doing about prevention.

This research is therefore interested in the debates, the myths, the attitudes and the actions that were displayed in Natal around the new Aids disease between 1987 and 1990.

1. 4 Research Methodology

In order to acquire enough information, this research employed a two-phased historical methodology, a written history and a supplementary oral history.

1. 4. 1 Phase One – Written History

The Natal Witness is the oldest newspaper company in South Africa. It prints and distributes a number of newspapers, including South Africa's oldest newspaper, *The Witness*. Other titles include *Echo*, *The Mirror*, *Village Talk*, *Greytown Gazette* and *UmAfrika*, a weekly half-page Zulu newspaper.²² *The Witness* appears from Monday to Friday. *Weekend Witness* appears on

²² <http://www.media24.com/hub.asp?category=magazines> accessed on 10/ 10/2006.

Saturday and is distributed all over the province, including Durban and the coastal areas. *Weekend Witness* “consists of 36 to 48 broadsheet pages and includes news, commentary, sport, personal finance, entertainment and property sales”.²³ In 1995, ‘*The Witness*’ changed its name from ‘*The Natal Witness*’ to the current shorter name ‘*The Witness*’. Since 1846, the newspaper has been the most read newspaper in the region.²⁴ Because it is printed in English, it is historically popular among the white and the Asian communities in Natal Midlands, Pietermaritzburg and Durban. Between 1987 and 1990, the newspaper was predominantly run by the white community members. Both its staff and readership were predominantly white. Its editor was a white man called John Conynghams. It however had an indigenous black African news editor by the name Reggie Khumalo.²⁵

The first phase of this research’s methodology is heavily dependent on the *Natal Witness* past papers printed between 1987 and 1990. These past papers are yearly bound and stored in the Natal City Library in Pietermaritzburg. All of the daily newspapers written in the period of the four consecutive years, from 1987 up to 1990, were skimmed through and all articles covering Aids or HIV were read and photocopied. This publication does not include Sundays; hence it covered the six days of the week only. In total there were 26 papers in a month, 312 papers in a year; and 1,248 papers in the four years of research. All minor articles on HIV or Aids like readers digest or comments were read and photocopied as well. Approximately, 98 percent of the articles had the word ‘Aids’ in their titles.

The proceeding information was fed into a computer using research equipment formatted to include all articles by way of their authors, the dates, the title, a brief summary, Church related issues, and the region they covered. This equipment together with the article copies were later used in discussions, reporting, and drawing evaluation and conclusion. Names and particulars of highly featured journalists, writers, priests, and doctors were identified for the second phase of the research.

²³ <http://www.witness.co.za/> accessed on 10/10/2006.

²⁴ <http://www.witness.co.za/> accessed on 10/10/2006.

²⁵ <http://www.media24.com/hub.asp?category=magazines> accessed on 10/10/2006.

1. 4. 2 Phase Two – Oral History

The second phase was intended to follow up on the themes raised in the first. The focus was primarily on oral history retrieved through interviews. The interviews were conducted with persons that the *Natal Witness* indicated as necessary follow up sources on stories or for confirmation of particular data. Four clerics were interviewed because of their involvement with the churches and theological institutions in Natal during the four years period. These included Ronald Nicolson who was among the first scholars in Natal to publish on Aids as a priest in the Church of the Province of South Africa (CPSA) and a lecturer at the Department of Religious Studies at the University of Natal, Dr. Sol Jacob, a Methodist minister in the Natal Midlands black townships, Professor Vic Bredencamp, a chair of the Department of Religious studies in the University of Natal and a popular article writer in the *Natal Witness*, and Father Paul Decock, a Catholic priest and a theological educator at St. Joseph's Scholasticate. It is regretted that there was not any female clergy that was interviewed even though such efforts were made.

1.5 Literature Review

Probably the earliest theological reflection on Aids in South Africa is the 1992 publication of Willem Saayman and Jacques Kriel, *AIDS: The Leprosy of our Time?* In the same year *AIDS in South Africa: The Myth and the Reality* by Mary Crewe was published. Saayman was at the time of writing a professor of Missiology at the University of South Africa (Unisa) in Pretoria whereas Kriel was a professor of Medical Education at the University of the Witwatersrand in Johannesburg. Their work is thus a combination of religious and medical disciplines in an attempt to provide “a pragmatic approach to Aids as a disease and awaken the Christian conscience the reality of the killer disease”.²⁶ Mary Crew is a professor of Religion in the University of the Witwatersrand who was actively involved in Aids activism in the late 1980s. She visited the University of Natal's Department of Religious Studies in October 1989 and offered a public lecture on Aids.²⁷ These two works are enormous sources in this research especially because they are the closest voices to the historic period this research concerns. A common denominator shared by the two works is their concern that apartheid negatively contributed to the confusion and fear around AIDS in South Africa. They both are concerned that both the church and the government were not doing enough to combat the disease. This is a valuable contribution into this research.

²⁶Willem Saayman and Jacques Kriel, *AIDS: The Leprosy of our Time?* (Johannesburg: Orion, 1992), back page.

AIDS and the Church is a report of an exposure visit to Uganda and Tanzania . The Centre for South South Relations (CSSR) sent five church leaders and theologians from Natal province to East Africa, Uganda and Tanzania to be precise, as a region that had already experienced a full-blown epidemic and where the ecumenical churches had creatively responded to the pandemic. This 1992 exposure project was intended to prepare and challenge South African ecumenical churches into action. The five participants included: Father Michael Worship, an Anglican priest and the Natal Midlands coordinator of the National Aids Programme, Getwana Makhaye, a senior professional nurse for the Natal Provincial Administrator on Aids counselling training, Ronald Nicolson, an ordained Anglican priest and an associate professor in the Religious Studies Department at the University of Natal (Pietermaritzburg), Sally-Ann Mathews, project coordinator of the Catholic Welfare and Development “AIDS Education Project,” and Professor Bonganjalo Goba, an ordained minister of the United Congregational Church of Southern Africa (UCCSA) and the head of Religious Studies Department at the University of Durban Westville in Durban.²⁸ They wrote a resourceful report on their experience and recommendations for a rightful response in South Africa and especially in the Natal Province. These were simply church lessons from Eastern Africa that were intended for Southern Africa and particularly for the ecumenical churches in the Natal Province. They were certainly challenging the church on possible avenues of response. They were however silent on the contemporary response of the ecumenical churches in Natal in 1992. They also presupposed that the church was silent, idle, and bewildered by the pandemic.

Most theological works on the response of the church to the pandemic talk theoretically about what needs to be done and almost none talk about what has been done or attempted. Hardly any research work has been done on the history of Aids in South Africa during the apartheid years and even less on the history of the churches response to the epidemic. There are however recent historical works that have endeavoured to write the history of the disease in the continent as a whole. Such works include the 2006 publication of John Iliffe entitled *The African Aids Epidemic: A History*. In this book, Iliffe

²⁷ Ronald Nicolson, Interview by author, Digital recording, 11th October 2006.

²⁸ CSSR Relations, *AIDS and the Church: Report of Visit to Uganda and Tanzania* (Athlone: CSSR, 1994), 7.

attempts to answer the popular question: why has Africa had a uniquely terrible Aids epidemic?²⁹ The President of South Africa, Thabo Mbeki answered the same question by attributing the African Aids epidemic to poverty and exploitation.³⁰ In contrast to Mbeki, Iliffe “stresses historical sequence: that Africa had the worst epidemic because it had the first epidemic established in the general population before anyone knew the disease existed”.³¹ Iliffe attempts to demonstrate that not only did the Aids virus originate from Africa, but more importantly, it spread for many years before it was actually diagnosed. Therefore, according to Iliffe, the African epidemic is more severe because of the pre-existential history of Aids. His book is an overview and a beginning point for this research. This study neither intends to answer the question raised by both Mbeki and Iliffe nor does it engage in the debate thereof. Nevertheless, Iliffes work proved to be a great resource for this work.

Equally resourceful is the historical work co-edited by Philippe Denis and Charles Becker. This volume was published in French in 2006 under the title, *L'épidémie du sida en Afrique subsaharienne. Regards historiens*. It is however available in English on line.³² This volume is enriched by its multidisciplinary and multinational approach to Aids made possible by the wide range of specialties of its fifteen contributors even as it maintains a historical perspective. Its special attention to South Africa made it particularly of a great resource to this research. Besides many other questions that it addresses is the same one addressed by Iliffe, why Africa? Its main aim “is to encourage, by means of a resolutely interdisciplinary and multinational approach, the thought that AIDS is an historical fact in sub-Saharan Africa”.³³ The periodization of the epidemic in Africa displayed in the book shed a lot of light into this research work.

²⁹ John Iliffe, *The African Aids Epidemic: A History* (Athens: Ohio University Press, 2006), 1.

³⁰ Cited by Iliffe, President Mbeki's letter to world leaders, 3 April 2000, <http://www.virusmyth.net/net/aids/news/lettermbeki.htm> accessed 7 March 2005.

³¹ Iliffe, *The African Aids Epidemic*, 1.

³² See www.ukzn.ac.za/sorat/sinomlando.

³³ Philippe Denis and C. Becker (eds), *L'épidémie du sida en Afrique subsaharienne. Regards historiens* (Paris,

1. 6 Motivation

The History of Aids in South Africa is an area of study highly wanting in today's research. My choice of this topic was influenced by the willingness of the Church of Sweden to finance a study of this nature. The Church of Sweden launched a programme to help the African churches develop both a *theological reflection* and a *theological response* to the Aids scourge. It is one among forty such works in the continent intended toward an African pragmatic response to Aids pandemic. The greatest motivation for this research however was my own interest in investigating the past in order to facilitate creative churches' response in the present Aids crisis.

CHAPTER TWO BACKGROUND INFORMATION

2. 1 The Natal Province

2.1. 1 The History of Natal

When the Portuguese explorer, Vasco da Gama, set his foot upon the natural harbour along the eastern shore on the Christmas day 1497, he named it *Terra Natalis* which in Portuguese means Land of Nativity.¹ Shortened as Natal, Land of Nativity was then adopted as the name of the territory lying between the Drakensberg, a chain of basalt stretching from the Cape to the Limpopo known to the Zulus as *uKhahlamba*,² 'Barrier of Spears' and to the Afrikaners as the 'Dragon Mountains', and the Indian ocean.³ At that time it had been inhabited for centuries by Bushmen and the Nguni-Speaking farmers. For a period of approximately two centuries, the interior of Natal region remained foreign to white explorers who occasionally visited the Coast of Natal on their way to India. Toward the end of the 18th century, considerable struggle for hegemony occurred among various chiefdoms north of the Tugela River which resulted in the emergence of the Zulu Kingdom under Shaka Zulu.⁴ It was not until 1823 that a real settlement by whites started to develop. The British party from the Cape of Good Hope included Henry Fynn, Lieutenant Rarewell, and Lieutenant King. With the permission of Shaka, they encamped near Umbilo River and around the Natal harbour. In 1835, Port Natal was renamed Durban after the then Governor of the Cape Colony, Sir, Benjamin Durban.⁵

The Dutch exploration arrived in fourteen waggon over the Drakenberg and established a settlement on the higher pastures along the Bushman River. Their two main caravans in 1834 were led by Pieter Retief and Stephanus Maritz, who not only designed the city of Pietermaritzburg but whose names a compound name was used for it in their honour.⁶ However, the presence of Voortrekkers on Zulu controlled land led to fierce battles in 1836 which culminated in the defeat of the Zulus in the Battle of Blood River and the subsequent reinforcement of Boers in Durban and

¹Henry Brooks, *Natal: A History and Description of the Colony* (London: L. Reeve & Co., 1876), 192.

²Warren Smith, *Motivations for and Obstacles to Rebellion in Mapumulo during the 1906 Rebellion in Natal* (Pietermaritzburg: University of Natal Press, 1997), 23.

³History of the colony of Natal - http://www.southafrica-travel.net/history/eh_natal.htm accessed on 10/5/2006

⁴History of the colony of Natal - http://www.southafrica-travel.net/history/eh_natal.htm accessed on 10/5/2006.

⁵The Natal History - http://about-southafrica.com/html/natal_history.html accessed on 10/5/2006.

⁶Arthur A. Wood, *Natal Past and Present* (Devon: Stockwell, 1962), 14.

Pietermaritzburg areas. The Natal Territory,⁷ as it was referred, was a short-lived Boer republic between 1839 and its annexation by Britain in 1843.⁸ A failed attempt to reduce Natal into a crown colony status after the Langalibalele Rebellion in 1873 amounted to the creation of a responsible government. In 1879, the British claimed the whole Zulu Land giving the Zulu King Cetshwayo "a practically unacceptable ultimatum".⁹ The resulting Anglo-Zulu war turned out to be a heavy price for the two communities. The British finally succeeded in 1887 after suffering several defeats.¹⁰

The arrival of the Indian Labourers in the late 19th century and the subsequent civil wars propelled Natal into joining the Union of South Africa in 1910.¹¹ In 1970, over 40 separate pieces of land were excised from the province to constitute the Bantustan of KwaZulu¹² (literally the home of Zulus) This historic act further subdivided Natal into white-lands (South Africa) and homelands (KwaZulu). Twenty four years later, another historic event, the down of democracy, reunited the regions to form one of the nine provinces under the democratic republic in 1994. Ever since that reunion up to date the region has maintained a dual name, KwaZulu-Natal Province.

2. 1. 2 Geography of Natal

The term 'Natal' as historically used has had reference to three distinct geographic regions. First, it referred to the region covering the entire landscape between Drakensberg and the Indian Ocean. This was the name for the entire region, at least as used by seamen, soon after the visit of Vasco da Gama in 1497. Second, it referred to the Natal Territory first owned by the Boers and later the British just before they laid a claim on Zululand in 1879. The Tugela River separated the land occupied by both the British and the Boers from that occupied by the Zulus. North of Tugela came to be referred to as Zulu Land whereas the south retained the name Natal. Third, Natal could refer to the area identified as 'whites land' after the black community was pushed from the white farms and forced to confine in the homelands in 1970.

The area of study for this research covers the second geographic description above. It is the

⁷ Yonah Seleti, *Turning Points in History: Migration, Land and Minerals* (Johannesburg: STE Publishers, 2004), 45.

⁸ The Wikipedia Encyclopaedia - http://en.wikipedia.org/wiki/kwazulu-Natal_Province accessed on 21/6/2006.

⁹ Yonah Seleti, *Turning Points in History: Migration, Land and Minerals* (Johannesburg: STE Publishers, 2004), 45.

¹⁰ History of the colony of Natal - http://www.southafrica-travel.net/history/eh_natal.htm accessed on 21/6/2006.

¹¹ The Natal History - http://about-southafrica.com/html/natal_history.html accessed on 10/5/2006.

geographical area formerly occupied by the famous Territory of Natal. It assumes a shape of an irregular rhomb, with a length of 220 miles from north to south and a breadth of 120 miles from east to west. With a surface area of 17,000 square miles, Natal borders with Indian Ocean on the east, Zulu Land across the great Tugela River on the north, the Basuto Land beyond the Drakenberg on the west, and the Kaffraria to the south.¹³

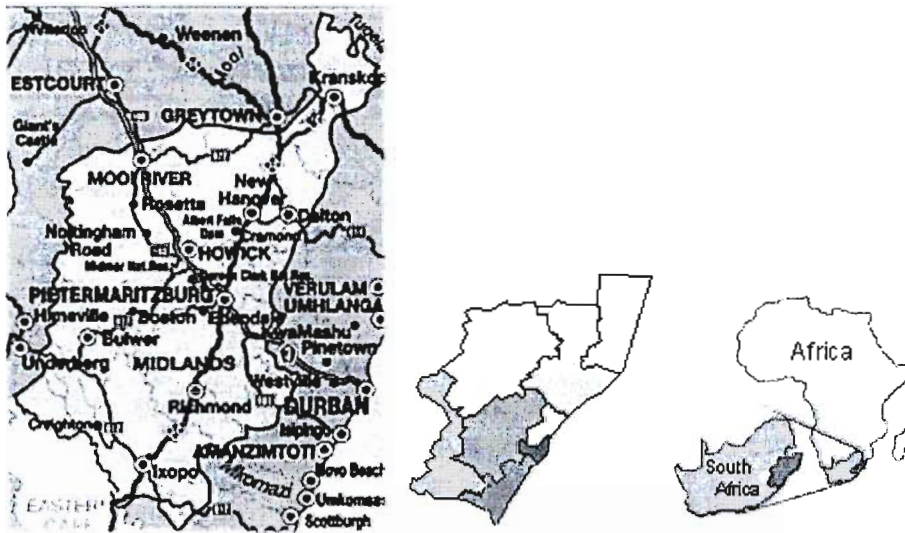


Fig. 1 Maps of Natal Midlands, KwaZulu-Natal, and South Africa.¹⁴

2.1.3 Life in Natal (1987-1990)

The period under consideration (1987-1990) was a particularly turbulent time in the political history of South Africa. The apartheid government under P.W. Botha's administration was losing popularity both internationally and locally due to economic embargo as well as massive public protests among other factors. Its oppressive and racially discriminative policies included (1) a programme of socio-economic upliftment of the most insurrectionary areas, (2) attempts to establish and support moderate community leaders, (3) campaign of disinformation directed against the activists, (4) the decentralization of repression by invoking the use of proxies against the activists, and (5) a massive and systematic action aimed at neutralizing resistance leaders and preventing their mobilizing

¹²The Natal History - http://about-southafrica.com/html/natal_history.html accessed on 10/5/2006.

¹³Henry Brooks, Natal, 6.

¹⁴Maps see: The Natal History - http://about-southafrica.com/html/natal_history.html accessed on 10/5/2006.

support.¹⁵ These policies were heavily resisted through international economic embargo, riots, and activism campaigns. The inability of Botha to control the situation and the consequential loss of confidence in the National Party (NP) governance created such a political leadership vacuum that internal pleas upon Botha to step down were inevitable. Hopes for the defeat of apartheid escalated with the succession of F. W. de Klerk following the stroke of Botha in July 1989. Klerk's administration led the country into the thresholds of democracy by first setting free political prisoners and negotiating transition thereafter.

Natal was a volatile ground politically especially due to its multiracial representation. KwaZulu politics were dominated by Mangosuthu Buthelezi, its chief minister since 1977 who rejected both the independence of KwaZulu and international economic sanctions against South Africa. His relation to the National Party (NP) governance improved when he opposed the United Democratic Front (UDF). The civil war that rocked KwaZulu from 1986 through to the early 1990s had such devastating and traumatizing effects on the region that the scars are still fresh to date. The multifaceted cause of the war could only be politically interpreted as "the product of Buthelezi's Inkatha Freedom Party (IFP) and the African National Congress Party (ANC) competition for political dominance".¹⁶

The Natal Midlands received refugees of the war who had run away for safety and search of shelter after their houses in the homelands had been burned down.¹⁷ The apartheid system used skin colour to divide public facilities as well as to interpret social ratification. The first category belonged to the whites, then the coloureds, the Asians, and finally the majority blacks. This mind-set was clearly reflected in the education system, the theological reflections, the settlement and housing patterns, and the political alignments.

However, a lot more was happening in Natal apart from racial discrimination and politics. Religion was thriving; business and sport were actively celebrated by many. A glance at the *Natal Witness* reveal a community full of life, fully aware of what was happening around it, but overly concerned

¹⁵ Brian Pottinger, *The Botha Era: An End or a Beginning* in H. Kitchen and J. Kitchen (eds.), *South Africa: Twelve Perspectives on the Transition* (Praeger: 1994).

¹⁶ The Natal History - http://about-southafrica.com/html/natal_history.html

¹⁷ South Africa Press Association (SAPA), "Houses Burned in Volatile Ndwedwe," *The Natal Witness*, 10th September 1988, 3.

about the future political dimensions. It is also the period when Mandela and several other political prisoners were released from decades of political incarceration. Mandela visited Natal in 1990 in what seemed like a spirited political celebration.¹⁸ Apartheid was scrupling down as optimism for better governance graced the entire region.

The church denominations were busy reorganising themselves to accommodate and influence the new governance. In July 1990, the Southern Africa Catholic Bishops' Conference (SACBC) met in Pietermaritzburg to contemplate on the role of the church in the expected new South Africa.¹⁹ The Methodist Church was busy revising her constitution which had suffered rejection in the referendum. The Peace Church document prepared by a few Methodists for the larger majority also suffered a sounding rejection in a memorandum vote. In a sudden change of attitude that sent surprise shock waves through the entire country and especially to the Anglican Archbishop of the Cape, Bishop Desmond Tutu, the Dutch Reformed Church, the mainline church behind apartheid, made a public confession asking for forgiveness by all South Africans in April 1990. This statement was made by the national leader of the church in a Cape Town meeting where Bishop Tutu had been invited.²⁰ The Anglican Church in Natal wrestled, with minimum success, with the racial acceptance in the family life of her membership.²¹ In general, Christianity in the region was coming into terms with the looming sense of freedom.

2. 2 The Ecumenical Churches

The word 'ecumenism' has its roots in the Greek *οικουμένη* (oikoumene) literally rendered as "the inhabited world".²² Its earliest usage was in reference to the Roman Empire. A rather recent usage has been associated with the "initiative aimed at worldwide religious unity".²³ However such a statement is more aligned to a utopian dream than to a praxis expectation. A compromised usage of the word connotes a religious unity that is founded in mission and purpose as opposed to doctrine and practice. As such, the word "ecumenism" is sometimes loosely used to refer to "the promotion

¹⁸ Sapa, "Nelson visits Natal," *The Natal Witness*, 15th October 1990.

¹⁹ Sapa, "Catholics need to reassess their role," *The Natal Witness*, 14th July 1990, 6.

²⁰ News Reporter, " 'Forgive Us' - says Dutch Reformed Church," *The Natal Witness*, 24th April 1990, 13.

²¹ James Worthington, *Christian Faith and Family Life in a Time of Transition: Stories of black and white Anglican families, with two working spouses in the Natal Midlands (1986-1994)* (Masters diss., University of Natal, 2000), 139-140.

²² George C. Bedell, et al, *Religion in America* (New York: Macmillan Publishing Company, 1982), 354-410.

²³ Ibid.

of co-operation and better understanding between religious denominations".²⁴ This narrow meaning is employed in this work unless otherwise indicated.

The initial success of the ecumenical movement in the late 19th and early 20th centuries under the championship of such leaders like John R. Mott saw the mushrooming of several ecumenical bodies. Established on the 23rd August 1948, the World Council of Churches (WCC) is a principal international body that has undertaken to promote ecumenism around the globe. Based in Geneva, Switzerland, and with a membership of 340 church denominations that spread across 120 countries, WCC is well placed to influence member churches' response to such issues that draw international concern such as terrorism, HIV and Aids, and racism.²⁵ The WCC membership include almost all orthodox churches, numerous protestant churches such as Anglican, Methodist, Baptists, Lutheran and Reformed plus a wide representation of the united and independent churches. Even though the RCC is not a member of WCC, it has worked very closely with the organization for over four decades sending observers in all major assemblies.²⁶

Ecumenism in South Africa was founded upon the need for cooperation among missionary bodies and the concern for equality of races. The 1934 Natal stimulus by the "American Board" over the Zulu Mission work, the visit of John R Mott to South Africa the same year, and the subsequent establishment of the Christian Council of South Africa (CCSA) two years later led to a concerted effort by the churches to "promote co-operation and brotherly feeling between different missionary societies and to watch over the interests of the native races, and where necessary to influence legislation on their behalf" among other issues.²⁷ Ecumenism was probably most needed in South Africa than anywhere else at the time. The Cooperation of religious bodies became a necessary tool not only in the furthering of interior missions but more so in the fight against racism, discrimination, apartheid and later on in the response to HIV and Aids.

²⁴David Hein, "The Episcopal Church and the Ecumenical Movement, 1937-1997: Presbyterians, Lutherans, and the Future," *Anglican and Episcopal History* 66 (1997): 4-29.

²⁵The World Council of Churches - <http://www.wcc-coe.org/> accessed on 23/ 04/ 2006.

²⁶The World Council of Churches - <http://www.wcc-coe.org/> accessed on 23/ 04/ 2006.

²⁷Elfriede Strassberger, *Ecumenism in South Africa 1936 - 1960* (Johannesburg: South African Council of Churches, 1974)134-5.

The interest in this work is limited to the members of the WCC and their ecumenical effort against HIV and Aids in the Natal Province. Even though the RCC only has an observer status to the WCC, it forms part of the focus of this research mainly due to its significant role both in the region and in the WCC. The prime concern of ecumenism in South Africa in 1987 to 1990 was evidently apartheid. However, the introduction of Aids on the scene in the early 1980s further complicated the equation into a call to simultaneous action from the church.

2. 3 The Aids Disease

The present day statistics have it that KwaZulu-Natal is leading in both the HIV infections rate as well as in Aids mortalities as compared to the other provinces in the country.²⁸ South Africa has one of the largest and the most severe Aids epidemic in the world today.²⁹ What this means is that most likely KwaZulu-Natal is the single region with the highest Aids impact in the world! But this was certainly not the case between 1987 and 1990. However, it was indicated all over the region that Natal would become a viable place for the explosion of Aids epidemic.³⁰ Stephen Coan's article - Natal Primed for Aids Spread – in the *Natal Witness* of the 30th November 1990 demonstrated that Natal had been identified as the perfect environment for the spread of Aids.³¹

The South African experience of HIV and Aids is quite unique. Both the churches and the government have since the late 1980s have been criticised for dragging their feet in regard to the disease, a phenomenon probably well befitting the description, 'a country in denial'.³² Douglas Webb captured this South African uniqueness well enough when he wrote: "Nowhere have the polemics of the AIDS debate, fuelled by media hysteria, taken on such political colourings, and nowhere have the interests surrounding a disease been so related to existing patterns of power between and within social groups".³³ In the apartheid era, Aids was generally perceived as a government ploy for population control whereas in the democratic era the government is perceived

²⁸ Tony Barnett and Alan Whiteside, *AIDS in the Twenty-First Century: Disease and Globalization* (New York: Palgrave Macmillan, 2002), 42.

²⁹ Sonja Weinreich and Christoph Benn, *AIDS - Meeting the Challenge: Data, Facts, Background* (Geneva: WCC Publication, 2004), 56-7.

³⁰ Stephen Coan, "Natal Primed for Aids Spread," *The Natal Witness*, 30th November 1990, 11.

³¹ Coan, Natal Primed for Aids Spread, 1990.

³² Douglas Webb, *HIV and AIDS in Africa* (Pietermaritzburg: University of Natal Press, 1997), 73.

³³ Webb, *HIV and AIDS in Africa*, 73.

to be trading the lives of its citizens with its international image and prestige by downplaying the Aids problem. Other factors, besides apartheid, that are attributed to the unique Aids experience in the region include cultural factors such as 'dry sex',³⁴ political violence that led to family unit disintegration as well as social mobility caused by labour and land policies.³⁵

³⁴ Webb, *HIV and AIDS in Africa*, 73.

³⁵ Coan, "Natal Primed for Aids Spread," 1990. See also Iliffe, *The African Aids Epidemic*, 44-5, and Paul Kocheleff, *Aids in Burundi and South Africa: A Day To Day Experience*, in Philippe Denis and Charles Becker, (eds.), *The HIV/AIDS Epidemic in Sub-Saharan Africa in a Historical Perspective* (Pietermaritzburg: University of Natal Press, 2006), 124-5.

CHAPTER THREE

AIDS STATISTICS IN SOUTH AFRICA DURING THE EARLY YEARS OF THE EPIDEMIC

The symbiotic relationship between statistics and public opinion is crucial in this study. Each feeds into the other. Any community's public perception of Aids is based on the Aids statistics. Therefore, the importance of HIV and Aids statistics for any community's reaction to the disease cannot be over emphasized. Indeed, any study on community's deeds and debates on the Aids epidemic is compelled to take into consideration the community's conscious understanding of the disease and its spread. The ecumenical churches' deeds and debates toward Aids in Natal would thus be influenced by the public understanding of the crisis. But the development of the Aids statistics in South Africa was not instantaneous. More importantly, the creation of an information system that would lead to a reliable data was a rather slow and gradual process. This chapter investigates the development of both the *Aids data* and the *information system* in South Africa between 1987 and 1990. However, for the purpose of locating the period within a larger historical context as far as Aids data and information system are concerned, the period immediately preceding 1987 is considered as well. The discussion is outlined after three main historical epochs in the search of reliable information system. These historical epochs are named after their predominant HIV Testing methods. They include random testing (1983-6), secret testing (1987-90), and surveillance testing (1990).

3.1 Random Testing: 1983 - 1986

Between 1979 and 1980, a strange phenomenon of illnesses was detected by doctors in the United States which included a bird-related pneumonia and a cancer called Kaposi sarcoma.¹ In 1981, a record of the fast spreading syndrome, especially among homosexuals in both New York and San Francisco, was first published in *the Morbidity and Mortality Weekly Report* (MMWR). The new phenomenon was described in what came to be its name, Acquired Immunodeficiency Syndrome (AIDS). The identification of the disease was followed by what Whiteside and Sunter calls a flurry of scientific and epidemiological activity² around the globe. The diagnosis of Aids in Europe created the impression that the disease was more widespread than previously expected. In 1983, a

¹ Alan Whiteside and Clem Sunter, *AIDS: The Challenge for Southern Africa* (Tafelberg: Human & Rousseau, 2000), 1.

² Ibid., 2.

French scientist, Luc Montagnier, identified the virus that caused Aids and in the same year the virus was identified in America by Robert Gallo and named Human Immunodeficiency Virus, abbreviated HIV.³ The scientific activity that followed, in an attempt to discover both the morbidity and the mobility of the disease, was characterized by random testing of human fluid samples right and forth around the globe.

In South Africa, random testing activity was simply driven by a scientific quest and was not backed up by any legislative will. After the first diagnosis of two cases in 1982, there were pockets of the gay plague, as it was called due to its dominance among the homosexual community. Whiteside and Sunter observe that for the first eight years, the epidemic was primarily located among white homosexuals.⁴ They unanimously agree that even among the white homosexuals, there was no data or organized research that indicated the extension of the epidemic apart from several media reports that often captured Aids related deaths.⁵ Probably the earliest Aids related study in the gay community in South Africa was that of Evanthe Schurink and Willem Schurink published in 1990 under the title *AIDS: Lay Perceptions of a Group of Gay Men*.⁶ The authors lamented that although the Institute for Sociological and Demographic Research (ISODEM) of the Human Science Research Council (HSRC) had studied various aspects of homosexuality, there was little scientific information on the gay community in Southern Africa. They however noted the 1986 interest among the ISODEM researchers to investigate Aids among the South African gay community. They wrote:

During the planning stages it became apparent that questions on the threat of AIDS had to be included, as researchers at ISODEM had, since 1986, realized the crucial role that social and behavioral scientists, together with their colleagues in biomedical research, can play in this multifaceted problem. When it later became clear that the early stages of the AIDS epidemic in South Africa reflected the epidemiological pattern of spread mainly among the homosexual men, the researchers decided to supplement questions on AIDS on the survey with an in-depth qualitative study of the social dimensions of the AIDS problem among gays in Cape Town.⁷

³ Randy Shilts, *And the Band Played On* (London: Penguin Books, 1987), 12.

⁴ Whiteside and Sunter, *AIDS: The Challenge for South Africa*, 47.

⁵ Whiteside and Sunter, *AIDS: The Challenge for South Africa*, 47.

⁶ Evanthe and Willem Schurink, *AIDS: Lay Perceptions of a Group of Gay Men* (Pretoria: Human Research Council, 1990), 4.

⁷ Evanthe and Schurink, *AIDS: Lay perceptions*, 4-5.

It is therefore apparent that between 1982 and 1986, both the researchers and the government had not taken any keen effort in researching or collecting Aids related data. It was not until the end of 1986 that some organized efforts by the government and the independent researchers' started to emerge. The approach used by the government and independent researchers in measuring the extension of the Aids disease and deaths between 1982 and 1986 had been, at least in practice and less in principle, that of randomly testing those cases in hospitals that raised suspicion or could not be explained otherwise. An Aids advisory committee that was set up by the department of National Health and Population Development early in 1986 was to monitor the increasing number of reported Aids cases in the country. It was also meant to advise the ministry on the progress of the disease based on the random tests and reports from all over the country. The random testing method was however faced with several recording shortcomings. These are discussed by Whiteside and Sunter as including: (1) the slow reporting process as data moved towards central point for collection, (2) inaccuracies due to unwillingness of the doctors to report Aids cases, (3) the diagnosis of other opportunistic diseases instead of the HIV and thereby leading to non-recorded cases, and (4) problems of collecting and collating the data.⁸ Since Aids was not a notifiable disease in South Africa, it was extremely hard to acquire reliable data. This meant that the doctors were not legally bound to report Aids cases. Moreover, there were "no incentives for records to be kept and forwarded to the authorities".⁹ As a result, less than 20 percent of the cases were reported. Even in the homosexual population, Aids cases were woefully under-reported.¹⁰ Indeed, most deaths from the poorer regions, especially in the black community where accessibility to health centres was hard to come by, were not diagnosed.

3.2 Secret Testing: 1987 - 1990

Various factors, both locally and abroad, triggered the government into some form of response early in 1987. First, the international lobby for action against the Aids epidemic was becoming louder than ever before. Several international organizations with the Aids focus were established between 1986 and 1987. The Global Program on Aids (GPA) was established in 1986. Several main bilateral HIV prevention program in developing countries, such as launched by the United

⁸ Whiteside and Sunter, *AIDS: The Challenge for South Africa*, 30.

⁹ Alan Whiteside (ed.), *Implication of AIDS for Demography*, 16.

¹⁰ Ibid.

States of America (USA) and the European Community (EC) were started in 1987.¹¹ South Africa had come under the scrutiny of international community on almost every issue but most especially on matters of human rights and racial imbalance. Second, there was a steady increase of reported deaths as a result of Aids related complications in the country. According to an article found in the *Natal Witness* on the 9th of February 1987, the South African Press Association (SAPA) reported that there had been 60 reported cases of Aids and 34 deaths in South Africa since the first twin cases in 1982 with more than half the deaths being reported in the previous two months alone.¹² Third and most importantly, there was a growing criticism and dissatisfaction directed at the government's stance toward the epidemic. This criticism was especially championed by the medical practitioners who were increasingly irritated by the silence of the government amidst increasing mortality rate. This was clearly depicted in the *Natal Witness* article - *AIDS Warning: Govt is dragging its heels* - on the 19th February 1987.¹³ But the ordinary public, as is shown by the case of Peter Robinson, was alarmed that the South African government has not yet embarked on an Aids education campaign designed to make the public aware of the perils of promiscuity.¹⁴ Surely, the government had to do something.

The government had to act upon an established statistics of the disease. There was an increasing need to establish with some degree of certainty the extent of spread of the disease in the country as well as the direction of the epidemic. However, the realization of this desire was hindered by two main obstacles, one mitigated by the nature of the disease and the second concealed in the interest of the apartheid government. The secrecy surrounding Aids and the stigma that was associated with its sufferers made it practically impossible to ascertain who was infected and who was not. Aids was known to be more pronounced among the homosexuals, a social group that had been labelled by the society as deviant. But the effort of the apartheid government to conceal South Africa's socio-demographic information such as population and population growth from the international community proved the hardest hurdle to climb. This effort long preceded the outbreak of Aids and was intended to hide the social disparity in the country from the international community. Such studies that would reveal this social disparity as well as those that would reveal

¹¹Whiteside, *Implications of AIDS*, 6.

¹²Sapa, Another Reef man may have Aids, *The Natal Witness*, 9th February 1987, 3.

¹³Sapa, AIDS Warning: Govt is dragging its heels, *The Natal Witness*, 19th February 1987, 4.

¹⁴Peter Robinson, Living with Aids, *The Natal Witness*, 16th March 1987.

race populations were discouraged by the government, as demonstrated by Whiteside.¹⁵ Aids related research fell in the same demographic category. Whether the government actually intended to conceal Aids figures or not is hard to ascertain with a research scope of this magnitude; however, it is evident that in the four years period that followed 1986, (1987-1990) there was secret testing of Aids related complications in an attempt to collect some workable data. It was a secret testing because neither the concerned patients nor the population were meant to know that such kind of testing was being carried out. Indeed, the speech of the minister of National Health and Population Development, Willie Van Niekerk, on the evening of 20th March 1987 said exactly the opposite to what the doctors thought, "Aids in South Africa is no problem!"¹⁶ His exhortation that people did not have to worry about the Aids disease at a time when the world was alarmed by the epidemic and white homosexuals in the country were dying of it could only be seen as either sarcastic or a sign of concealing.

Secret testing was predominant among certain social groups that were deemed by the authorities such as employers or the government as highly vulnerable or consisting of Aids Carriers'. Two of these groups, the gay community and the mining workers, are notably outstanding in *the Natal Witness* because of the "sinister motives of the tests" revealed in various articles.¹⁷ In one of the stories, secrets from highly confidential files on people tested for Aids in the Cape Peninsula were leaked to their employer. A certain doctor in Cape Town by the name Botha leaked the information accidentally and thereby put at risk the employment of several gay workers.¹⁸ Employers immediately terminated the employment of those workers who were found to be having the Aids virus. Such cases in the Cape were reported to have increased with most gay workers fearing that they will lose their jobs immediately their bosses discovered that they had contracted the Aids virus. It was also reported that several of these secret files had leaked from various locations and sources.¹⁹ The pressure to test patients secretly upon doctors seemed to come from an external source as opposed to the medical fraternity. It was so severe that the Medical Association of South Africa (MASA), which had over 65 percent of doctors in the country, called for less secrecy about the identity of Aids sufferers.²⁰

¹⁵Whiteside, *Implications of AIDS for Demography and Policy*, viii.

¹⁶Sapa, "Aids in SA no problem," *The Natal Witness*, 20th March 1987, 5.

¹⁷ Sapa, "Victimise- gays rejected tests for Aids," *The Natal Witness*, 6th March 1987, 2.

¹⁸Sapa, "Aids leak linked to bogus-doctor," *The Natal Witness*, 23rd February 1987, 7.

¹⁹Sapa, "Victimise- gays rejected tests for Aids," *The Natal Witness*, 6th March 1987, 2.

²⁰Sapa, "Identify Aids cases - Appeal," *The Natal Witness*, 27th April 1987, 5.

In another story, one that directly involved the government, a secret screening of blood was noted among mining workers which was immediately followed by the government's announcement that it would repatriate foreign workers who were Aids carriers.²¹ In a report by the minister of National Health and Population Development, it was indicated that majority of Aids carriers were foreign workers, especially in the mining industry, and that they had become a reservoir from which the virus could be spread throughout the country.²² What transpired after this announcement was outrageous. There erupted panic and witch-hunts in the mining sector with doctors being suspected of having tested workers in disguise that they were concerned of their health well being. The Natal Witness recorded the agitated accusations that transpired between the government and the National Union of Mine Workers.²³

But it was not only the government that seemed to favour secret testing. Some "private laboratories were in 1989 reported to have been conducting secret Aids tests on unsuspecting patients" at the request of employers who wished to identify the extent of the virus in their workplaces.²⁴ Neither the illegality of the tests nor the employment risks of the patients seemed to scare those who conducted the tests. The results of these secret tests could not help in planning or in enhancing any form of response because they were concealed from such as would be interested researchers. However, the government seemed to rely on different sources of Aids statistics. According to the Aids report presented to the House of Assembly in September 1987 by the minister for National Health, out of the 1,140 known Aids carriers in the mining industry 1000 were workers who came from outside the borders of South Africa.²⁵ Most probably this record had come from the secret tests since the random test records reported by the Aids Advisory Committee sharply contrasted with it. In the same year, the random test reports indicated that there were only 60 reported Aids cases in the entire country since 1982. Besides, the random testing only tested hospitalized Aids cases and not Aids carrier cases. The fact that the government had HIV data of mining workers can only be attributed to tests done on workers in their clinics.

²¹Sapa, "Aids: SA to send migrants home," *The Natal Witness*, 4th September 1987, 3.

²²Ibid.

²³Sapa, "Aids: fears of migrant witch-hunts by Govt," *The Natal Witness*, 4th September 1987.

²⁴Readers Digest, "Aids Tests," *The Natal Witness*, 11th April 1989, 4.

| year | Reported Aids cases | Reported Deaths | Reported Aids carriers | Estimated Aids Carriers |
|------|---------------------|-----------------|------------------------|-------------------------|
| 1987 | 60 | 34 | Nil | Nil |
| 1988 | Nil | Nil | Nil | Nil |
| 1989 | 209 | Nil | 2 396 | 5, 000 |
| 1990 | 326 | Nil | 3 431 | 100, 000 |

Fig. 2 – Random Aids reports in SA gleaned from the *Natal Witness*²⁶

Neither the random testing nor the secret testing had succeeded in becoming a reliable information system. In 1990, Jim Muller, the head of the HIV clinic at Edendale Hospital reiterated the problem when he said that, “Our greatest problem is that we don’t have accurate details ... we still need to develop an information system”.²⁷ If anything, the two testing methods had done more evil than good. They had increased the stigma associated with Aids; they had turned Aids into a legal issue as opposed to a public health issue and thereby sent it underground.

3.3 Surveillance Testing: 1990

The year 1990 was quite revolutionary as far as Aids in South Africa was concerned. There was a sudden realization that the spread of HIV was more pronounced in the country than ever estimated. The Aids epidemic among the gay community, although reaching its apex, was no newsworthy any more. Not only did the homosexual epidemic equal that of heterosexuals but more notably homosexual mortality suddenly rose. Results from the random testing, as reported in the *Natal Witness*, indicated a swift turn of the epidemic such that new infection cases were reported among women and children, prisoners, and most astonishing to the *Natal Witness*

²⁵Sapa, “Aids: SA to send migrants home,” *The Natal Witness*, 4th September 1987, 3.

²⁶ This information was gleaned from the following articles: Sapa, “Another Reef Man has Aids” 9/2/87; Denis Pudifin, “Another SSA Aids death” 17/2/87; Sapa, “80% SA women worried about Aids” 16/3/87; Sapa, “Aids Spread equal” 29/ 7/87; Sapa, “Aids sufferers will be repatriated” 31/10/87; Duncan Harris, “Govt department looks for Aids woman” 16/1/88; Sapa, “Aids: four new cases” 12/2/88; WR “5 million Aids carrier in Africa” 15/3/89; Sapa, “Visiting Aids expert paints bleak picture” 15/3/89; Sapa, “Aids: 1% of Natal/KwaZulu infected” 26/1/90; Fred Rckott, “Rapid surge of Aids in city alarms authority” 1/3/90.

²⁷ Witness Reporter, “Aids: 1% of Natal/KwaZulu infected,” 26th January 1990.

reporter, an escalated spread in the black community.²⁸ Aids was affecting all sectors of the society - insurance, business, journalism, and education, just to name a few. An article found in the *Natal Witness* on the 1st March 1990 with the title, *Rapid Surge of Aids in City Alarms Authorities*, said it all:

Health authorities are alarmed at the rapid rate at which Aids is spreading in Pietermaritzburg with six cases identified at Edendale Hospital alone in two months. This figure is believed to represent a tiny representation of both blacks and whites that are infected. "Due to its nature and the poorly developed health infrastructure in the region, an accurate assessment of the true spread of the disease is not possible," doctors said yesterday.²⁹

The sudden rise in Aids figures was confirmed by preliminary reports from sentinel surveillance testing introduced in various parts of the country in January 1990.³⁰ These were sentinel surveillance tests among pregnant women, blood donors, sexually transmitted diseases (STDs) and Tuberculosis (TB) patients. In March 1990 it was found that the male: female ratio of HIV infections among STD patients in Natal was 1.3:2.³¹ Prevalence rate in the country and among pregnant women in 1990 and 1991 was found to be 2 and 3.8 percent respectively.³² The figures for Aids cases quickly rose from few 100s to staggering 1000s. The new minister for National Health and Population Development, Dr. Rina Venter, announced that "2396 people had tested HIV positive as at October 1989, 956 whites, 907 blacks, 91 coloured, 10 Indian, and 432 had not specific race".³³ In less than a month, on the 14th of April, she released new startling figures indicating that there were 326 Aids patients in the hospitals, 3431 HIV positive cases, and 55,000 unconfirmed cases.³⁴ She also exonerated the government from the blame of hiding the actual Aids statistics and attributed the underestimate to general ignorance about the disease. The new estimates were attributed to a backdated test on stored donated blood.³⁵ However, as much the government reiterated that it was only a victim of circumstances as far as Aids statistics were concerned, the public could not reconcile the previous figures with the new reports. It was hard to

²⁸ Witness Reporter, "Aids: 1% of Natal/KwaZulu infected," 26th January 1990.

²⁹ Witness Reporter, "Aids: 1% of Natal/KwaZulu infected," 26th January 1990.

³⁰ Fred Kockott, "Rapid surge of Aids in city alarms authorities," *The Natal Witness*, 1st March 1990, 1.

³¹ Department of Health, *Epidemiological Comments*, vol. 22, no. 5, May 1991.

³² Department of Health, *Epidemiological Comments*, vol. 22, no. 5, May 1991.

³³ Sapa, "2 396 positive in 1989,"

³⁴ Sapa, "Aids statistics 'not falsified,'" *The Natal Witness*, 12th April 1990, 3.

³⁵ Sapa, "55 000 had Aids virus by 1989 - the Govt estimate," *The Natal Witness*, 12th May 1990, 4.

imagine that in less than five months estimates had risen from 5, 000 to 100,000 in the country.³⁶ It is interesting that the new Aids estimates were only released after a change of presidential administration from Botha to De Klerk in July 1989. Apparently the new administration was determined to expose social evils as well as end apartheid. But how it differed from the previous administration in matters relating to Aids data remained a matter of speculation.

The sentinel surveillance testing could track not only the incidence, the number of new infections over a given period of time, but also the prevalence, the absolute number of people affected given in percentage of the infected within a given population in a given time, were put into place. These new surveillance tests seemed to be reliable except in cases where figures were tailored because of undue political interference. Indeed, as Barnett and Whiteside demonstrate,³⁷ Aids statistics have always been politically affected whether under apartheid or in the current democratic dispensation. The surveillance data not only revealed the growth rate of the epidemic but also its geographical distribution in the country.³⁸ The 1990s were set for a shocking surprise in a severe epidemic that was to be characterised by massive black deaths and heterosexual dominance in transmission.³⁹

The surveillance test therefore proved that the estimations held before 1990 were far below the actual spread of the disease. It revealed the geographical distribution of the infection and the variance in different age groups. It provided a reliable data that could merit an informed response by both the government and the religious organizations like the churches. It confirmed the fears that KwaZulu-Natal was not only leading in the spread, but that the rate of spread was escalating and dreadful.

³⁶ Sapa, "55 000 had Aids virus by 1989 – the Govt estimate," *The Natal Witness*, 12th May 1990, 4.

³⁷ Barnett and Whiteside, *AIDS in the Twenty-First Century*, 59 – 60.

³⁸ South African Medical Council, "HIV Surveillance – What grounds for Optimism?" *South African Medical Journal*, 90(11) (November 1994), 1, 062-4.

³⁹ Lieve Fransen in Allan Whiteside (ed.), *Implications of AIDS for Demography and Policy*, 19.

CHAPTER FOUR

THE AIDS DEBATE FROM A NATAL PERSPECTIVE

The *Natal Witness* published a total of 1,248 different issues within a period of four years, between the 1st January 1987 and the 30th December 1990. Among those daily newspapers there were a total of 266 Aids related articles. All of these articles had the word 'Aids' included in their titles. These articles were not uniformly distributed across the years. The first year (1987) had the highest number of Aids articles (101) whereas the third year (1989) had the least (39). A literary historical study conducted on these articles during this research not only revealed that a debate was going on but also unearthed particular issues and subjects that were written and spoken. These included fears, myths, outstanding happenings, opinions, as well as statistical reports. The mood, attitudes, and the controversies surrounding the Aids disease in those early years were reflected in the articles as well.

This chapter is an analysis of that Aids debate¹ as articulated by writers in the newspaper. A chronological approach to the analysis of the Aids debate during the period of four consecutive years is followed. Apparently, discussions about Aids in the first year (1987) predominantly followed an international perspective. The second year's discussions (1988) seemed to draw attention to what was happening in the African continent. As the debate became more localised, more attention was given to the country of South Africa in the third year (1989). The fourth year's debate (1990) focused on the province of Natal. This descending focus of the debate from abroad down to the Natal province, from general to particular, is clearly reflected in the total number of articles dealing with particular regions in each year. (See table 4 below) For instance, 63.63 percent of the total number of Aids articles featured in 1987 dealt with the new developments abroad. The articles that depicted the Aids situation in the continent were 56.14 percent in 1988 whereas those that dealt with the country in 1989 were 84.6 percent. Exactly 50 percent of all Aids related articles featured in 1990 were dealing with stories from the province.

¹ The term 'Aids debate' is used here to refer to the varying opinions and comments about Aids exhibited by article writers. It has nothing to do with a much later controversy initiated by Thabo Mbeki on the link between HIV and Aids.

This descending focus of the debate from abroad to the local province could as well be paralleled to the people's understanding of the Aids geographical spread. The people in Natal perceived the Aids disease to be spreading from America down to Central and East Africa, and even further down to South Africa and to the Natal province.

| | Natal Province (Main Focus) | South African Articles | African Articles | International Articles | Year's Total | Comments |
|-------|--|---------------------------------------|-----------------------------|-----------------------------------|-------------------------|---|
| 1987 | 8 | 33 | 38 | 63 | 101 | 63.63 % of the total articles featured issues from abroad |
| 1988 | 13 | 23 | 32 | 25 | 57 | 56.14 % of the total article featured issues in Africa |
| 1989 | 12 | 33 | 6 | 14 | 39 | 84.6 % of the total articles had S.A issues |
| 1990 | 35 | 17 | 1 | 16 | 69 | 50 % of total articles covered Natal related issues |
| Total | 68 | 106 | 77 | 118 | 266 | There were 266 Aids related articles in the four years |

Fig. 3 Aids articles according to their content categories

4. 1. An International Debate – 1987

With a total of 101 Aids related articles, out of which 63 dealt with Aids stories from outside the African continent, the 1987 year could be characterized as having depicted an international debate. Approximately, 62.3 percent of the year's Aids articles told stories that had happened in North America and Europe. Only 7.9 percent of the articles covered

persons or incidents in Natal. From a Natal perspective, the Aids scene was far and removed. Even so, those Aids episodes from abroad were received with shock and fear as the community became increasingly aware of the fast spreading and incurable disease. For instance, it was reported on the 16th March 1987 that the hospitals in the United States of America (USA) were overwhelmed by Aids patients and that they were operating at a loss since most Aids patients were not able to pay back their medical bills. As a result, the USA First Hospital dealing with Aids cases resolved not to admit Aids patients any more.² The readers' response to this article indicated shock and surprise at the revelation that Aids in America had become an alarming crisis. On the 18th of March, another article entitled "Reagan Checked for Aids" was published.³ The alarming news that the president of USA had gone for an Aids test even further intensified the notion that Aids was such a monstrous disease that would not spare even the presidents! The article explained that this was precipitated by a blood transfusion he had received after an assassination attempt he had suffered in 1981.⁴ The readership of the *Natal Witness* was predominantly white. Arguably, they were afraid because they had friends and relatives in America and in Europe who were threatened by the disease. By and large, these articles created great fear in Natal.⁵

Other international stories from Europe involved subjects such as Aids crimes and certain weird methods of prevention adopted by governments. In the United Kingdom (UK), for instance, some youths identified as Aids victims were detained in London so as "to take them out of sexual circulation".⁶ The Swedish approach was more inclusive as the government launched a two year campaign program that aimed at creating knowledge and changing sexual behaviour.⁷ Meanwhile, the AZT drug was being availed to the Americans in order to slow down the Aids disease.⁸ However, the Aids patients in the USA were reportedly faced with the difficult "choice between economic ruin and

² Sapa, "Aids Hospital won't accept paupers," *The Natal Witness*, 16th March 1987, 5.

³ Sapa, "Reagan Checked for Aids," *The Natal Witness*, 18th March 1987, 5.

⁴ Sapa, "Reagan Checked for Aids," *The Natal Witness*, 18th March 1987, 5.

⁵ Sapa, "Aids Drug: Financial Ruin or early death," *The Natal Witness*, 23rd March 1987, 13.

⁶ Sapa, "UK Aids youths detained," *The Natal Witness*, 18th March 1987, 14.

⁷ Sapa, "Aids campaign will reverse Swedish trends," *The Natal Witness*, 18th March 1987, 16.

⁸ Sapa, "Drug to retard Aids Progress," *The Natal Witness*, 21st March 1987, 11.

premature death due to the astronomic cost of a new drug called AZT which could prolong their lives".⁹

A general ignorance over the Aids disease is evident in the 1987 debate. The media did not use the right terms to describe Aids. The abbreviation 'HIV' was never used in all the articles. Instead 'Aids carriers' was used to refer to those persons found to have 'the Aids virus'. Those persons who had visible signs of Aids disease were called 'Aids sufferers'. An 'Aids test' was what is medically known to be the test of HIV infection. Even among the medical profession, there was an auspicious ignorance of the disease. Consequently, the majority of the articles displayed a naïve meaning associated with the phrase 'Aids carrier' - a person uniquely resistant to Aids but able to transmit it to others while he or she continues to live on normally. What the public did not know was that an average person could actually live with the virus for over a year before developing Aids. The few that were known to live beyond a year were considered to be totally immune to Aids and hence the title, Aids carriers. This was the meaning implied in the 24th November article that warned men in Pietermaritzburg of an 'Aids carrier' - a lady-prostitute roaming around the city. The article reported as thus:

Any Pietermaritzburg men who have had sex with prostitutes in the Durban Point Road should take care that they had not contracted Aids, Mr. Van Volker has warned. This follows a report that a third Durban prostitute, a white woman in her late 30s had been positively identified as an Aids carrier.¹⁰

This article created a lot of panic as comments were received from individuals condemning the police for not taking action to put the 'Aids prostitute' behind bars. Debate around this lady continued to the next year with the police reporting that they had not been able to track down the 'lady Aids carrier' by 12th December in an article entitled, "Aids prostitute not found".¹¹ The attention given to this incident by the public reveals the shock and the fear that accompanied the unexpected announcement of "an Aids carrier present in Natal". Phrases like 'contract Aids', 'Aids virus', 'Aids test', 'Aids sufferers' and 'Aids carrier,' were common in the public discourse.

⁹ Sapa, "Aids Drug: Financial Ruin or early death," *The Natal Witness*, 23rd March 1987, 13.

¹⁰ Witness Reporter, "Aids: city men warned," *The Natal Witness*, 24th November 1987, 6.

¹¹ Witness Reporter, "Aids prostitute not found," *The Natal Witness*, 12th December 1987, 4.

In South Africa, as was the case in many European countries, Aids had become predominant among white homosexuals. But Aids among prison homosexuals had not been seriously premeditated, at least not in South Africa. A wake-up call came on the 18th March with the identification of the first two cases of Aids among homosexual prisoners in Pretoria.¹² Two days later, one of them was reported to have died in a Pretoria hospital where they had been receiving medical attention.¹³ Each Aids-related death case normally qualified as national news. There were many suicidal acts associated with Aids sufferers due to stigmatization both internationally and locally. An Aids diagnosis was generally likened to a death sentence. The *Natal Witness* was thus flooded with Aids suicide stories across the year. On the 17th January, a “man named Bruno Anselmi killed his wife, son, and himself for fear that he had Aids after learning of the symptoms from a T.V show” in Verona! On the 16th March, a “man described in a court hearing session how he killed his male partner after disclosing he had Aids after the two had sexual intercourse,” in New York. On the 8th April, the *Natal Witness* reported that “Anguish over Aids has caused a dramatic increase in suicide among heroin users in Stockholm over the past six months”. On the 14th April, an Aids sufferer working with the Johannesburg Town Council died from injuries sustained after he had jumped from a third-floor building in what doctors described as a suicidal attempt.

Besides relaying an international debate, the 1987 articles depicted a scenario full of new surprises that emanated from the varying courses of the disease. Aids disease and the trend of its epidemic remained a mystery to the majority of the *Natal Witness* readers. Most of the international developments took the unsuspecting masses by surprise. For instance, the birth of the first ‘Aids positive’ children in Johannesburg, one to a white mother and the other to a Malawian African mother on the 20th July came as a sudden surprise. This was, according to the *Natal Witness*, the first time in South Africa a black person had been diagnosed with Aids; it was also the first time a child had been diagnosed. This was notably the first diagnosis of a black woman as well. The surprise

¹² Sapa, “Two Aids cases in SA prisons,” *The Natal Witness*, 18th March 1987, 4.

¹³ Sapa, “Aids Convict dies in Pretoria,” *The Natal Witness*, 20th March 1987, 5.

mood is captured by the article writer in the comment that “the long awaited African Aids has arrived in South Africa and for the first time a black woman is diagnosed with Aids”.¹⁴ Another element of surprise in the same article was associated with blood transfusion. The ‘Aids infection’ risk involved in blood transfusion had not come to the attention of the public. These two mothers had had blood transfusion in 1985, a condition highly attributed to their Aids infection. The public outcry that permeated articles immediately after this revelation revealed agitation and shock that many haemophiliacs and other blood beneficiaries in South Africa could have already been infected with the Aids virus. Consequently, the Natal Blood Transfusion Services released their findings which indicated that out of the total number of Aids donors, 0.39 percent were had ‘the Aids virus’.¹⁵

The voice of the Christian clergy was however hard to come by and only from the international scene when it did. Amidst growing criticism directed against the leadership of the church abroad by Natal writers,¹⁶ the local church leadership, as far as the *Natal Witness* is concerned, largely assumed a deadening silence. In certain cases, the critique would be redirected to the local church leadership of particular denominations. The church membership seemed to engage in the debate not as if to defend the church but rather to theologise over the cause of the disease.¹⁷ A case in point was an article dated 7th January and entitled, *Catholic priest among Aids Victims*. In this article, a critique was raised by a news reporter against the Catholic Church in the USA and in South Africa for “ignoring the Aids problem”.¹⁸ After tracing the developing trend in the USA, a local example is cited where a priest in Honolulu died of Aids and was honourably buried without the mention of Aids.¹⁹ On the 21st January, Jack Gouws, writing from Greytown in Pietermaritzburg, added his voice on the critique of the Catholic Church saying that, “Aids is a symptom of a spiritual problem - sin”. He added that “the Catholic Church is

¹⁴ Sapa, “Babies born in SA with Aids,” *The Natal Witness*, 20th July 1987, 2.

¹⁵ Sapa, “Aids spread equal,” *The Natal Witness*, 27th July 1987, 4.

¹⁶ John Perlman, “Aids: Much harm has been done,” *The Natal Witness*, 12th May 1988, 15.

¹⁷ Jack Gouws, “The Majority of Aids Victims to blame for own situation,” *The Natal Witness*, 21st January 1987, 15.

¹⁸ Sapa, “Catholic priest among Aids Victims,” *The Natal Witness*, 7th January 1987, 15.

¹⁹ Sapa, “Catholic priest among Aids Victims,” *The Natal Witness*, 7th January 1987, 15.

ignoring the problem just like the world is. Aids is a disease but homosexuality is not, its sin. The world should turn to Jesus with repentance".²⁰ Patrick Dowling from Howick near Pietermaritzburg, was more precise in his quest, *Why no censure?*²¹ He complained of "the hypocrisy and silence of the church in burying an Aids victim priest yet saying nothing about Aids". His concern was that the Catholic Church was sending the wrong message by doing such an act in silence. He wondered, "Is the church saying that there was no sin committed and that members can emulate the behaviour of the late priest?"²² One would have expected that such a serious critique would evoke some direct Catholic voice in an article to either counter or honour up the allegations. However, nothing came forth from the clergy. Instead, Peter Robinson, introduced another controversial subject to the debate, that of condoms. He neither seemed to speak for nor against the church when he argued in his article, *Living with Aids*, that the only ways to avoid Aids in their order of effectiveness were castration, absolute celibacy, and condom use.²³ Graham Fysh, a South African journalist who was at that time living and working in Seattle, USA, took a historical-theological approach to Aids. In his article, *Aids and the new Puritanism*, he compared "the current sexual Puritanism of Aids in the USA to the spiritual Puritanism of the early revivals". He argued that, "Gone is sex with a stranger, safe sex and strict marriage vows are called for in the challenge of Aids".²⁴

The criticism directed against the Catholic Church and the absence of the church's voice to counter the critique left a lot to be desired. It is highly probable that there was a methodological dilemma in the entire debate. Apparently, the Catholic Church would not directly respond to articles in a newspaper. Normally, the church would publish a statement or engage the issue in a seminary discussion.²⁵ In this particular case, there was no publication of a statement in the *Natal Witness*. It is difficult to ascertain whether the issue was raised in the Catholic seminaries. Nevertheless, the church was aware of the

²⁰ Jack Gouws, "The Majority of Aids Victims to blame for own situation," *The Natal Witness*, 21st January 1987, 15.

²¹ Patrick Dowling, "Why no censure?" *The Natal Witness*, 21st January 1987, 15.

²² Patrick Dowling, "Why no censure?" *The Natal Witness*, 21st January 1987, 15.

²³ Peter Robinson, "Living with Aids," *The Natal Witness*, 16th March 1987, 10.

²⁴ Graham Fysh, "Aids and the new Puritanism," *The Natal Witness*, 24th March 1987, 13.

²⁵ This idea was confirmed by Professor Philippe Denis in a discussion held on 18th November 2006. He is a Catholic priest in the Dominican order.

critiques and seemingly opted to respond in a different way. The same church in the USA however dealt with the same critique in a public manner. Four months after the critique of the Roman Catholic Church in the USA for ignoring Aids, the *Natal Witness* reported that it had learned from the mistake and adopted a new approach. In an article written by SAPA and entitled - *Bishop publicises priest's Aids death*, it was revealed that the priest actually wanted his Aids status to be revealed in his burials so as to warn others of the disease. In what turned out to be a confusion created by the bishop in question, the archbishop of Washington moved in to rectify the situation.²⁶ Indeed, the Catholic Church in the USA had taken a frontline in sending a compassionate message to the Aids sufferers. This effort was crowned by the visit of Pope John Paul II in September where he invited over fifty people "suffering from Aids" to have a religious service with him and a dinner afterwards.²⁷ This was an outstanding gesture from the church that sent surprise shocks all over the globe.

4. 2. An African Debate – 1988

The *Natal Witness*' articles of 1988 portrayed a debate that was concerned with locating the African continent in the international scene as far as Aids was concerned. Out of the total of 57 articles dealing with Aids in the entire year, 32 of them dealt with the African experience. Aids happenings abroad did not seem to enjoy much coverage as much as to the previous year. Indeed, not only did the total number of Aids articles reduce with more than half but the number of international stories decreased from 65 to 23. On the contrary, the percentage of African stories increased from 37.62 to 56.14 percent. The focus of the Aids debate was shifting from abroad to the African continent; people in Natal were becoming more aware of the Aids presence in the African continent.

Most of the articles covering Africa centred on the diagnosis reports. On the 15th January a mother and her five months old baby were diagnosed with Aids in Windhoek,

²⁶ Sapa, "Bishop publicises priests Aids death," *The Natal Witness*, 13th April 1987, 13.

²⁷ Sapa, "Aids sufferers invited to Popes service," *The Natal Witness*, 22nd August 1987, 4.

Namibia.²⁸ The inability of the African continent to medically deal with the Aids disease was raised on the 4th of April. This was sparked by the Aids related death of a famous white doctor in Zimbabwe, Dr. David Codlings. The *Natal Witness* reported it under the title, *Doctor's death from Aids spark debate*. It read as follows:

Fellow parishioners yesterday mourned a Zimbabwean surgeon Dr. David Codlings whose death from Aids has sparked a new debate in Britain whether doctors from Africa should be forced to undergo tests for the disease. His death has received a huge publicity in Britain.²⁹

The subject of Africa in the Aids debate was not only a Natal concern but an international concern as well. These were early indications of an acute epidemic in Africa. As indicated in a later article, people were concerned that "Aids was spreading so fast in Africa that it would 'in a very short time' eclipse every other issue, including apartheid, as a meaningful problem on the continent".³⁰ However, some commentators to the article opposed the idea of bisecting the Aids epidemic along continental or behavioural lines. John Perlman's comments captured in the 'weekly mail column' had it that "Aids is Aids and there is no African Aids, nor gay Aids!"³¹ The "12 deaths from Aids in Botswana" placed the country under spotlight as 210 people were reported to be infected with the Aids virus in Gaborone alone.³² Uganda demonstrated skilful prevention tactic and thereby won an international support. The *Natal Witness* reported that:

With a love carefully campaign and frankness about Aids, unusual in Africa, Uganda has won \$20m for an internationally sponsored programme to fight Aids.³³

Meanwhile, the government hospitals in three main Zambian towns came to standstill as hundreds of nurses downed tools demanding a higher pay and 'danger money' for caring for Aids patients.³⁴ It was not long before this incident that the Zambian president, Kenneth Kaunda, had declared that his own son had died of Aids.³⁵ Aids was quickly

²⁸ Sapa, "SWA mother, baby have Aids," *The Natal Witness*, 15th January 1988, 12.

²⁹ Sapa, "Doctor's death from Aids spark debate," *The Natal Witness*, 4th April 1988, 11.

³⁰ Sapa, "Aids 'ill soon eclipse apartheid,'" *The Natal Witness*, 16th August 1988, 10.

³¹ John Perlman, "Aids: Much harm has been done," *The Natal Witness*, 12th May 1988, 15.

³² Sapa, "12 deaths from Aids in Botswana," *The Natal Witness*, 7th May, 1988, 4.

³³ Sapa, "\$20m Aids programme for Uganda," *The Natal Witness*, 8th June 1987, 11.

³⁴ Sapa, "Striking for Aids danger pay," *The Natal Witness*, 19th March 1987, 13.

³⁵ Sapa, "My son died of Aids- Kaunda," *The Natal Witness*, 5th March 1987, 6.

taking a centre stage in Africa and Africa was becoming the central theme in the Aids debate.

The Aids epidemic in Africa was seen to be concentrated in East and Central Africa, in what Douglas Webb has called the African Aids belt.³⁶ It was however perceived to be trickling down south due to immigrant labour.³⁷ In the first national conference held in Johannesburg on the 2nd May, it was heard that the previous record of 11 000 cases on the continent presented to the World Health Organization (WHO) was a gross underestimation. Guido van der Groen, one of the speakers at the conference and the head of virology at the Institute for Tropical Diseases at Antwerp in Belgium, said that “there were at least five million Aids carriers in Africa” with prostitutes being “the biggest spreader of Aids in Africa”.³⁸ A pan-African approach to Aids was thus starting to emerge with conferences leading the frontier.

The ecumenical churches continued to be criticised in the African debate of 1988. Particularly the Roman Catholic Church’s position on condoms and celibacy continued to stir a lot of comments. In an article entitled *Aids: Church under fire* on the 21st of November, a church critique accused the Catholic Church of propagating a position that enhanced the spread of Aids. The article reported as follows:

A French Bishop who created a stir last week by saying priests should be able to marry has accused the Roman Catholic Church of irresponsibility by refusing to endorse the use of condoms to reduce the danger of Aids. “I don’t want people to catch Aids because of church’s condemnation” said Bishop of Normandy diocese of Evreux, Monsignor Jacques Gaillot.³⁹

This was a reaction against the Pope’s position summarised in a March article, *Pope rejects condoms as Aids prevention*. This article cited a Vatican newspaper that had presented the Vatican position on Aids prevention. It summarised the Vatican position as follows:

³⁶ Douglass Webb, *HIV and AIDS in Africa* (Pietermaritzburg: University of Natal Press, 1997), 29.

³⁷ Sapa, “91 SA cases of Aids since 1982,” *The Natal Witness*, 8th March 1988, 3.

³⁸ Sapa, “5 million Aids carriers in Africa- Expert,” *The Natal Witness*, 2nd May 1988, 3.

³⁹ Sapa, “Aids: Church under fire,” *The Natal Witness*, 21st November 1988, 3.

The Vatican newspaper has said that the use of condoms to guard against Aids was morally unacceptable. The only effective means in prevention, avoiding the cause of contagion, which is 95% effective amount to abstaining from sexual practices outside marriage and the consumption of drugs. Use of condoms was not only hardly reliable from a technical point of view but also morally unacceptable.⁴⁰

The Catholic position seemed firm but unpopular among Aids activists. It is not the Catholic Church alone that rejected condoms but its voice was an influence to reckon with. Indeed, the impact of the Catholic position many times hindered campaigns opposed to it. This impact was brought to the attention of Natalians in the article, *Catholic leaders stop Aids-control plan* which read as follows:

An Aids-control plan to give away 60, 000 condoms to prostitutes was stopped before it got started because of the uproar it caused among Roman Catholic Church leaders. A bishop said this would be an indirect condoning of prostitution.⁴¹

Even though much of this Catholic action was happening elsewhere, people in Natal were well aware of the churches' stance and actively involved in challenging church leaders to rethink both sexuality and Aids prevention methods. Through the articles in the *Natal Witness* people engaged the African debate by attempting to locate the place of the African church in the Aids crisis in Africa.

4. 3. A South African Debate – 1989

The total number of Aids articles in the *Natal Witness* reduced every year from 1987 to 1989. The 101 record of 1987 reduced to 57 in 1988 and even further to 39 in 1989. It is obvious that what qualified as news in 1987 was not considered as such in 1989. But more especially, non spectacular issues or stories happening abroad and in other parts of the African continent relatively decreased in 1989 as the newspaper got flooded with Aids happenings in the country. The emphasis on the debate was on South Africa as a country. Out of the 39 articles that dealt with Aids in 1989, 33 covered issues from the country. Only 12 articles out of the 33 covered stories from Natal. Aids was no longer

⁴⁰ Sapa, "Pope rejects condoms as Aids prevention," *The Natal Witness*, 11th March 1988, 4.

⁴¹ Sapa, "Catholic leaders stop Aids-control plan," *The Natal Witness*, 11th July 1988, 2.

perceived to be an imaginable disease occurring across the oceans and country borders but a problem common within the country boundaries as well. We could thus call the discussion that transpired in 1989 a *South African debate*.

The spread of the disease across the country took a centre stage in the debate. With the departments' new figures of 209 reported Aids cases in the country by March, the main cities seemed to be the focus with Johannesburg leading with 99 cases, Cape Town 32, and Durban 25. A hundred and eighty three victims were South Africans whereas 26 were from the neighbouring countries.⁴² The new minister of National Health disclosed the startling news that the number of Aids cases in South Africa was doubling every six months. In an article entitled *SA Aids cases 'doubling,'* she invited the department of Education and other disciplines into a concerted effort to fight the problem.⁴³ Professor Denis Pudiffin of the University of Natal's School of Medicine as well as the chair of the National Aids Advisory Committee in Natal continued to present new figures of deaths and infection. He emphasized that the mortality was the highest among the whites whereas cases of diagnosis were considerably high among the black community.⁴⁴ He added that heterosexual infections were increasing rapidly.⁴⁵ The fact that the infection rate among the black community had overtaken that of the white community indicated that the epidemic was taking a new course. It could be argued as well that it was not the epidemic that was taking a new dimension but rather the people were starting to discover the 'hidden epidemic among the black community'.⁴⁶ In a sense both the arguments are justifiable. The infection among the black population had been hidden for a couple of years because of the poor living conditions of the blacks. However, it is a mere exaggeration to argue that there was an extended hidden epidemic among the black community. This is because there were no signs of high mortality among the blacks in South Africa to validate such an argument. In any case, these could be taken as the early

⁴² Sapa, "Aids: 209 cases since 1982," *The Natal Witness*, 15th March 1989, 1.

⁴³ Sapa, "SA Aids cases 'doubling'," *The Natal Witness*, 28th September 1989, 1.

⁴⁴ Sapa, "Four new Aids cases," *The Natal Witness*, 29th April 1989, 3.

⁴⁵ Ibid.

⁴⁶ See Chapter five, the argument by Sol Jacobs, Interview by author, Digital recording, Pietermaritzburg, 4th September 2006.

indications that the epidemic would become predominantly 'black' and 'heterosexual' in the country.

The Aids impact on South Africa was starting to be experienced in the major sectors of the economy. The discussions shifted into estimating the impact of Aids on the economy and business as Aids conferences mushroomed all over in the country and by various professions. Indeed, it would be right to say that in 1989 the Aids debate became overly dominated by business interests as opposed to either medicinal or religious concerns. On 9th June, an American Aids specialist, Dr. Fleur Sack, gave a public lecture on Aids in the Natal Society Library at Pietermaritzburg. She had been hosted by the International Training in Communications to address the South African region conference.⁴⁷ Her message, which attracted a lot of comments in the *Natal Witness*, painted a bleak picture of the future of Aids in Africa. In an article that summarised her message which was written by David Robbins, she was cited as having related Africa to America saying that Africans could expect a more or less the same development of the epidemic as witnessed in the USA. The article reported as follows:

'Aids is the biggest enemy man has ever had to face and the world will be very a different place by the time the problem has been solved,' a SA doctor, Fleur Sack, now practicing in Miami told a public meeting in Pietermaritzburg yesterday. 50million Africans will have died of the disease by 2000. She said that she has been in a holocaust in the US and the message about the oncoming one in SA is not going through. She said it is not a matter of Homosexuals, whites or blacks thing, it is going to be more felt in heterosexuals even. She encouraged testing of those at risk.⁴⁸

This conference was followed by another one in August organised by the Aids Action Group "to address the possible implications of the disease for the local economy at the Sinodal Centre in Burger Street".⁴⁹ All members of the Pietermaritzburg Chamber of Industry, especially the management, and the general public had been invited to attend. The insurance companies presented heart breaking projections. They estimated that by the year 2000, "25% of black and 5% of white males will die out of Aids".⁵⁰

⁴⁷ Witness Reporter, "US Aids expert to give a Public Lecture," *The Natal Witness*, 9th June 1989, 2.

⁴⁸ David Robbins, "Visiting Aids expert Paints bleak Picture," *The Natal Witness*, 13th June 1989, 4.

⁴⁹ Witness Reporter, "Aids conference on Thursday," *The Natal Witness*, 2nd August 1989, 5.

⁵⁰ David Robbins, "Aids 'an approaching tidal wave of death'," *The Natal Witness*, 25th August 1989, 2.

Almost everywhere else in the country, just like in Natal, Aids was starting to affect business and production in large scales. In Johannesburg, six crew members of the South African Airlines (SAA) were in September reported to have succumbed to Aids death and over 100 other crew members were feared to be positive.⁵¹ In Cape Town, Aids was seen as a time bomb ready to blast into 'an economic disaster'. In a business Aids symposium held at Stellenbosch, Sanlam marketing manager, Mr. D. G. Kruger, warned that "with most Aids victims in the economically active 30 to 40 age groups, most businesses will be affected by the rapidly spreading disease".⁵² International and national conferences on Aids by such professionals like journalists, insurance entrepreneurs, medical practitioners, nurses, managers and the police became the order of the day in 1989.

It is however striking that whilst almost all professions were busy strategising on how to combat Aids, the clergy and the church leadership did not have any conference or seminar on Aids, at least not according to the *Natal Witness* reports. However, that does not mean that the voice of the church was no where to be heard! Indeed, the church's stance was a recurring theme in the *Natal Witness*. When the Pope came as far as Zambia and comforted Aids sufferers there for three days, for instance, his poignant message in a country where 10 percent of the urban population was regarded as HIV positive resounded as far as Natal. Even though he would not visit South Africa, as previously expected because of his stance against apartheid, his presence and message were clearly felt and heard in Natal. An article entitled, *Pope Comforts Aids Victims* on the 5th of May 1989, summarised his visit and message as follows:

Pope John Paul II brought words of comfort to Aids victims in Zambia yesterday. He said, 'the church proclaims a message of hope to those of you who suffer in Zambia today, whether physically or spiritually, to the sick and dying, especially the victims of Aids'. He said that Aids victims who are homosexuals and drug addicts should not be blamed but treated with love. He called for means to eradicate apartheid which he has condemned severally.⁵³

⁵¹ Sapa, "Aids kills 6 SAA staff members in 7 years," *The Natal Witness*, 9th September 1989, 1.

⁵² Sapa, "Aids 'an economic disaster'," *The Natal Witness*, 5th June 1989, 4.

⁵³ Sapa, "Pope comforts Aids Victims," *The Natal Witness*, 5th May 1989, 1.

The Catholic Church was particularly opposed to homosexuality, contraceptives and condoms. But it was sympathetic to all Aids sufferers. Certain Catholic priests in the country dared air their positions on the condom issue. A good example is the Cape Town case reported by the *Natal Witness* on 30th September 1989. A community based programme in the Cape Peninsula which promoted the use of condoms through puppet aided shows came under heavy criticism by the Rt. Rev. Monsignor Desmond of our Church of the Lady of good Hope Catholic Church. The priest said that “the show undermines moral values based on the Ten Commandments and should not be encouraged. It sets out to promote the use of condoms in order to prevent Aids. It is therefore pandering to those seeking pleasure in the abuse of the sex faculty. It promotes permissiveness instead of preparing people for marriage”.⁵⁴ However, Mr Gary Friedman of the African Research and Education Puppetry Programme (AREPP) disagreed. “The show promotes celibacy and monogamy but advocated the use of condom if these options were not taken,” he argued.⁵⁵ He accused the priest of being “hooked on the morals of the past”. He added that “we have to live in the present with a virus that is killing off people. “What we are advocating is that people get the knowledge and start thinking for themselves”.⁵⁶ Tony Nicholson, in his article - *Aids: the sombre facts* - felt that both the churches and the governments in Africa were missing the point as far as Aids was concerned. He felt that the predominant message of the charismatic churches, ‘Jesus Christ-the only hope’ was not only too simplistic but also implying that “failure to have a divine intervention the continent is lost to Aids”.⁵⁷ According to Nicholson, himself a former *Natal Witness* reporter who had moved to *Sydney Morning Herald*, condom use was not popular in Africa and its proper use was hindered by various myths. He cited a case where miners were cutting off the tips of condoms so that their sperm would not be caught in them. They believed that if someone found a condom containing sperm, it could be used to cast a spell!⁵⁸ His well researched article evoked many response articles. One reader was particularly grateful for Nicholson’s article which he congratulated for not only having “brought home to many readers the realization of the frightening reality” but

⁵⁴ Sapa, “Anti Aids show sparks row over permissiveness,” *The Natal Witness*, 30th September 1989, 6.

⁵⁵ Sapa, “Anti Aids show sparks row over permissiveness,” *The Natal Witness*, 30th September 1989, 6.

⁵⁶ Sapa, “Anti Aids show sparks row over permissiveness,” *The Natal Witness*, 30th September 1989, 6.

⁵⁷ Tony Nicholson, “Aids: the sombre facts,” *The Natal Witness*, 25th September 1989, 11.

⁵⁸ Tony Nicholson, “Aids: the sombre facts,” *The Natal Witness*, 25th September 1989, 11.

also highlighted “open recognition and effective education programmes as the only ways to protect South Africa from the worst plague ahead”.⁵⁹

Therefore, *the South African debate* focused on subjects such as statistics and testing, condom and prevention, homosexuality, drug-users, and prostitution, as well as myths and the Aids impact on the economy. The naïve language of the 1987 was starting to give way to a more scientifically correct one where cases of HIV positive persons were differentiated from full blown Aids cases. The majority of the writers expressed gross dissatisfaction with the slowness and sometimes the total neglect assumed by both the government and the churches in dealing with Aids.

4. 4. A Natal Debate – 1990

Aids in Natal became most pronounced towards the end of 1989 with the International Aids Day of 1st December 1990 becoming a bee-hive of activities in Natal as campaigns and articles increased considerably. It is evident that in none of the years preceding 1990 had the people in Natal become sensitised to the eminence of Aids in the province as in 1990. Thirty six Aids articles out of the year’s total of sixty nine were specifically dealing with Natal alone. Like a can of worms suddenly uncovered, the reader is perplexed at the enormous amount of new information about Aids in Natal provided by the *Natal Witness*. There is an abrupt shift in the *Natal Witness* from a focus on the country at large into zooming the inside of Natal as a province. In this year, the myths and attitudes of the people towards Aids surface suddenly; the supersonic speed at which the heterosexual infections spread is suddenly revealed; the racial disguise of Aids as a ‘white’ plague is unveiled; and the alarming pointers of stigmatization are made even clear.

It all begun with the KwaZulu’s Minister of Health, Dr. Frank Mdlalose, announcing in a seminar on Aid at Prince Mshiyeni Hospital in Umlazi that “the current one percent infection would in two years be 20 percent of the entire population of both Natal and

⁵⁹ Readers Digest, “Aids,” *The Natal Witness*, 29th September 1989, 11.

KwaZulu”.⁶⁰ Then Fred Rockott came with his heart-breaking article - *Rapid Surge of Aids in City Alarms Authorities* - which sends surprise shocks all over Pietermaritzburg.

He wrote:

Health authorities are alarmed at the rapid rate at which Aids is spreading in Pietermaritzburg with six cases identified at Edendale Hospital alone in two months. This figure is believed to represent a tiny representation of both blacks and whites that are infected. Due to its nature and the poorly developed health infrastructure in the region an accurate assessment of the true spread of the disease is not possible, doctors said yesterday. People think it is in Lusaka and in Durban only where the Aids is a problem, it is right here on our door steps.⁶¹

A respondent to this article in the Reader's Opinion column agreed with Rockott saying that “sexual promiscuity is the cause of the spread and unless people review their sexual lifestyle they will continue to be at risk”.⁶² The reader also felt that South Africa was lagging behind in the Aids campaign and that the Aids message was not getting across to the people.⁶³ Many people in Natal were afraid that they had contracted the Aids virus during blood transfusion in the days when blood was not screened for Aids. Since nobody knew that there had been over 40, 000 South Africans infected and that blood had been transfused without screening it, there developed a concern that many individuals might have had been infected in the process.⁶⁴ This panic plus the one caused by the release of the new department's data indicating that over “2396 people had tested HIV positive as at October 1989” led to an accusation directed against the government by the public of maliciously hiding Aids statistics in the country.⁶⁵ Attempts by the Minister of National Health and Population Development, Dr. Rina Venter, to exonerate the apartheid government from the blame seemed not to bear much fruit as the subject became more marred with politics and racism.⁶⁶

⁶⁰ Sapa, “Aids: 1% of Natal/KwaZulu infected,” *The Natal Witness*, 26th January 1990, 1.

⁶¹ Fred Rockott, “Rapid Surge of Aids in City Alarms Authorities,” *The Natal Witness*, 1st March 1990, 2.

⁶² Reader's Opinion, “Aids,” *The Natal Witness*, 2nd March 1990, 10.

⁶³ Reader's Opinion, “Aids,” *The Natal Witness*, 2nd March 1990, 10.

⁶⁴ Witness Reporter, “Aids: donor blood ‘is safe now’,” *The Natal Witness*, 2nd March 1990, 3.

⁶⁵ Sapa, “2 396 positive in 1989,” *The Natal Witness*, 22nd March 1990, 2.

⁶⁶ Sapa, “Aids statistics ‘not falsified’,” *The Natal Witness*, 12th April 1990, 4.

In a hysteric atmosphere that struck Natal in April, mixed reactions were registered in the *Natal Witness* which indicated a general panic in the population about the subject of Aids. It all started when certain anonymous politicians opted to use the disease to score political goals. There were certain pamphlets in circulation in Natal that spread a strange message about Aids. Addressed to the “black brothers,” the pamphlets claimed that “sex with an Indian woman creates immunity to Aids”.⁶⁷ This annoying pamphlets went ahead to claim that “Aids was a racist plot” and urged black people to unite and rise up against white domination”. It said that “comrade Nelson wants us to strike and riot, WE MUST OBEY HIM”. It therefore urged all comrades to lounge a strike on the 11th of April. The Africa National Congress (ANC) refused the ownership of these pamphlets. In an article entitled, *ANC rejects Aids ‘immunity’ pamphlet*, the Witness Reporter cited the ANC as such:

The Africa National Congress has categorically denied issuing a pamphlet which claims in the name of ANC that sex with an Indian woman creates immunity to Aids. It also urges ‘black brothers’ and comrades to kill an Indian coloured, or white. Black leaders like Walter Sisulu, Chief Mangosuthu Buthelezi and King Goodwill Zhelithini have together made a video that warns that “the disease is an horrific reality and not a government ploy”. The pamphlet distributed mainly in Durban says that the Aids virus is a racist plot, and the virus was invented in Israel to be used against ‘our friends in PLO’ and sold to SA for R1billion. It claims that Indian women have antibody to the virus, ‘our friends in the DP have found out that to stop us from ever catching Aids, all we have to do is having sex with Indian woman.’ Five Indian women in Durban have been raped, several abducted and still missing.⁶⁸

Professor Ruben Sher, the head of the Aids Research Unit in Johannesburg, who was mentioned in the pamphlet as the man who proved “scientifically” that Indian women have the antibody, dismissed it as a “tissue of lies from beginning to end”.⁶⁹ He said that the idea that the Aids virus had been developed in a laboratory was “a bit of propaganda that has been paraded around the world by right-wing political groups”. Meanwhile, Doctor Denis Worrall, co-leader of the Democratic Party (DP) and a Member of

⁶⁷ Witness Reporter, “ANC rejects Aids ‘immunity’ pamphlet,” *The Natal Witness*, 6th April 1990, 2.

⁶⁸ Witness Reporter, “ANC rejects Aids ‘immunity’ pamphlet,” *The Natal Witness*, 6th April 1990, 2.

⁶⁹ Witness Reporter, “ANC rejects Aids ‘immunity’ pamphlet,” *The Natal Witness*, 6th April 1990, 2.

Parliament (MP) for Berea, said that the pamphlet seemed to be the work of the extreme right wing, aimed at causing fear and alarming the whites. It “must be condemned”, he added.⁷⁰ It therefore appears that Aids to a certain group of people was a ‘scare tactic’ tool.

The lack of information by the public plus the fear surrounding the subject of Aids made Aids a mysterious subject that was surrounded by myths and sarcastic jokes. A survey conducted in Natal revealed that school children believed that Aids was simply ‘a joke’. It also revealed that over 90 percent of men in the province “would never use condoms”.⁷¹ Even though there was already an increasing government campaign in the province, health secretary Daryl Hackland, felt that the Aids message was not received with the intensity it deserved. He regretted that “high percentage of the school principals believes that ‘a proper man’ needs to have more than one sexual partner”.⁷² Aids warnings were often taken to be a white propaganda aimed at limiting the black population growth. The majority of readers felt that anti-Aids campaigns were coming from outside the community and were thus regarded with scepticism and suspicion. One reader particularly felt that Aids campaigns should have addressed these myths in order to change both attitude and behaviour.⁷³ By and large, the apartheid government was not trusted by the black community. Why it would be concerned with disseminating safety information to a race it had oppressed and neglected for over a century was to some a great mystery and to others a justification for their suspicion.

The Natal dwellers witnessed more activity around HIV and Aids in 1990 than ever before. This activity provoked more debate. An Aids clinic was opened in Edendale, one that would test HIV in the entire province.⁷⁴ It was the only one of its kind in the province. An Aids employers’ conference held in Durban urged employers “to educate their workers about Aids or face possible action in the industrial court”.⁷⁵ Attorney

⁷⁰ Witness Reporter, “ANC rejects Aids ‘immunity’ pamphlet,” *The Natal Witness*, 6th April 1990, 2.

⁷¹ Readers Digest, “Aids Joke,” *The Natal Witness*, 1st August 1990, 12.

⁷² Readers Digest, “Aids Joke,” *The Natal Witness*, 1st August 1990, 12.

⁷³ Readers Digest, “Aids Joke,” *The Natal Witness*, 1st August 1990, 12.

⁷⁴ Sapa, “Staff crisis at Natal’s only Aids Lab to be probed,” *The Natal Witness*, 12th April 1990, 5.

⁷⁵ Witness Reporter, “Aids education for workers needed,” *The Natal Witness*, 9th July 1990, 3.

Graham Giles, who specialised in industrial relations and labour law, said that even though the industrial court had not dealt with any labour issues relating to Aids, it was only a matter of time given the rate of the spread.⁷⁶ In yet another Aids conference held in Durban in June, Professor J. Van den Ende, said that “the Aids problem should be seen as a behavioural disease which can be combated by a change in sexual behaviour”.⁷⁷ A public lecture at the University of Natal in Pietermaritzburg sensitised the community on the future spread of the epidemic and the possible ways of curbing it. Stanton Newman, a practicing health psychologist at London and a former graduate of the University of Natal, warned that, “We have no time to lose; the number of people dying of Aids by the end of the century will be twice the number of hospital beds in South Africa”.⁷⁸ Meanwhile, two unidentified women members of the medical profession, both employed by the Natal Provincial Administration, became the first confirmed HIV positive cases in South Africa to have been infected by contaminated medical instruments.⁷⁹ As the World Aids Day (1st December) approached, Aids campaign in Natal relatively intensified. The hopes for a discovery of cure was high as various research organizations abroad claimed to be conducting crucial tests. Some herbal medicine persons in the province as well claimed to have a cure for Aids. The government and the private sector, including the educational institutions, popularised Aids in several chains of campaigns. The following article captured the frenzy of activities that had become common in November:

Dec 1 is world Aids day and the focus of a 3 week programme designed to bring about a greater public awareness of Aids. It includes presentations with videos and talks by qualified professionals as well as production by drama students from the UN- Pietermaritzburg campus and is a cooperation between the community healthy services and the community awareness project. They are organising Aids related presentations in the various municipal clinics and community centres around Pietemaritzburg. A presentation at City Library auditorium targeted to youth and entitled “*your body, your decision*” will be the climax. It’s free invitation to all.⁸⁰

Even though the South Africa Broadcasting Co-operation (SABC) would not advertise condoms because of ethical requirements imposed on them by the national regulatory board, the media intensified its HIV and Aids campaign across the country and in Natal particularly. The *Natal*

⁷⁶ Witness Reporter, “Aids education for workers needed,” *The Natal Witness*, 9th July 1990, 3.

⁷⁷ Witness Reporter, “Aids a behavioural disease, says expert,” *The Natal Witness*, 18th June 1990, 4.

⁷⁸ Ann Staniland, “HIV will infect 2% of people in city by year 2000 – expert,” *The Natal Witness*, 16th August 1990, 2.

⁷⁹ Sapa, “Two NPA medical staff HIV positive,” *The Natal Witness*, 17th November 1990, 2.

⁸⁰ Witness Reporter, “City holds Aids awareness Campaign,” *The Natal Witness*, 20th November 1990, 3.

Witness and the *Echo* newspapers organised a community talk in Edendale entitled, *The alternative use of condoms*.⁸¹ The copies of both the *Natal Witness* and the *Echo* newspapers on 30th November “contained a free condom to bring the awful reality of Aids to the public”.⁸² This move triggered a heated ethical debate in Midlands. Ann Staniland, a *Natal Witness* reporter, captured the debate as follows:

Few readers complained that the campaign was offensive and most thought the papers had done a good job. One thought *Echo* was celebrating early Christmas, another complained that he bought six newspapers but did not get any single condom; he went to get it from the vendor. A wife was suspicious of one man when a condom fell out of his Newspaper! The mayor, Pat Rainier was “very happy indeed” at the Aids campaign. Pietermaritzburg chamber of Industries said it was overjoyed that *witness* was taking Aids threat seriously and sent congratulations.⁸³

It must be observed here that, as it was the concern of many *Natal Witness* commentators, the Aids information as well as the campaign activity seemed to centre on a certain social and cultural group. The information centred on the television and the newspapers yet the black majority in the townships did not have access to all these due to language and financial limitations. The debate was still largely an English dominated one with the City Library and the University of Natal taking a centre stage. Khaba Mkhize’s contribution to the Aids debate is significant because he represented the black majority and understood the cultural dimensions involved especially in his capacity as an international journalist. In his article, *Aids and the necessity of seeing beyond racial stereotypes*, he warned that even though the government had scrapped the Separate Amenities Act and thus created an avenue for possible interaction between the whites and the blacks, the Aids message was still racially stigmatizing.⁸⁴ In his critique on the government’s approach to Aids, he wrote:

Stop racialising Aids. Aids must be addressed from a national level if we want to save the country. Statistics indicating that by this year this no of blacks will have died or such notions do more harm than good ... The racialization of Aids also helps perpetuate the misperception among black people that Aids is the “white man’s tool for preventing black population growth”. This perception is not just my hypothetical assessment but a scientifically gleaned piece of research by Dr Helen

⁸¹ Ann Staniland, “Agreed: a blow to help awareness of Aids,” *The Natal Witness*, 30th November 1990, 2.

⁸² Ann Staniland, “Agreed: a blow to help awareness of Aids,” *The Natal Witness*, 30th November 1990, 2.

⁸³ Ann Staniland, “Agreed: a blow to help awareness of Aids,” *The Natal Witness*, 30th November 1990, 2.

⁸⁴ Khaba Mkhize, “Aids and the necessity of seeing beyond racial stereotypes,” *The Natal Witness*, 1st December 1990, 4.

Gayle, the director of the Aids division of the Centre for Disease Control in Atlanta, and a recent visitor to South Africa. Gayle also sings the racial tune of Aids. In her report she says: "What nobody is prepared to say quite bluntly in the present volatile and delicate political climate is that these millions of Aids sufferers will be predominantly black".⁸⁵

Mkhize unearthed quite clearly the racial dimension of Aids by highlighting its causes. Aids added stigma on the already stigmatised black community. Aids debate was thus marred with blaming and pointing of fingers and was getting somewhat disoriented by stereotypes based on moral, political, and religious biases. H. D. Bransby felt that expecting people not to 'sleep around' and 'be political' would be a utopian approach to Aids. In a reaction to a previous article that leaned heavily on moral prevention, Bransby felt that there was a "need to stop trying to go around Aids and face it, educate people on methods of safe sex, set priorities and lay the emphasis on the root cause of the problem".⁸⁶

The first declaration from a member of the clergy in Natal in the *Natal Witness* was registered in 1990. This was from Professor Vic Bredencamp, a Methodist minister serving in Pietermaritzburg. He was by then the Chair of Religious Studies at the University of Natal. His article entitled, *Aids: Some Moral Dimensions*, was a challenge on the popular way of thinking among the clergy and the theologians towards the Aids scourge. He argued that, contrary to many others, he would not advocate for a vengeance God who punishes Aids sufferers with the scourge for their own moral sins. He wrote:

Some people like the American evangelist Rev. Jerry Falwell regard Aids as a divine retribution on homosexuality, who can therefore be left to languish in their well-merited suffering. I prefer to believe in a God portrayed by Jesus of Nazareth who is loving, compassionate and forgiving and not one who is vengeful. Jesus never ceased to go down and reach the lowly outcast of his time.⁸⁷

It was an easy temptation for the church to fall on to a retributive theology given that Aids had been largely associated with homosexuality, prostitution, and drug abuse. These

⁸⁵ Khaba Mkhize, "Aids and the necessity of seeing beyond racial stereotypes," *The Natal Witness*, 1st December 1990, 4.

⁸⁶ H. D. Bransby, "Aids Cure," *The Natal Witness*, 12th December 1990, 3.

⁸⁷ Vic Bredencamp, "Aids: Some Moral Dimensions," *The Natal Witness*, 8th December 1990, 7.

practises had been largely condemned by the church long before the advent of Aids. According to Bredencamp's article, the Church in North America had set the pace in interpreting Aids as a punishment from God. This kind of theology around Aids had sifted down to Africa as the disease became more and more common on the continent. As a clergy and a Christian scholar, Bredencamp felt that this kind of approach to the disease by the majority of church clergy in Natal was not in line with his reading and interpretation of scriptures.

The moral debate in Natal was however not only seen from homosexual and drug-users perspective. Promiscuity and contraceptives like condoms took the centre stage. This debate was however in the *Natal Witness* largely 'a secular debate'. This is displayed in Bransby's satisfaction that "free condoms were descending like manna from heaven".⁸⁸ He is however thrilled by Professor Reuben Sher's statement that, "If people stopped sleeping around tomorrow the virus would die out".⁸⁹ The ordinary church members seemed not to have trouble relaying their views in the *Natal Witness*. Not so the clergy, at least not as yet in 1990. One should not think that the clergy was not having forums that could table a discussion on Aids. Indeed, several national and international clergy meetings were in 1990 held in Natal by various church groups. The Southern Africa Catholic Bishop's Conference (SACBC) was held in Mariannhill, Pietermaritzburg on the 14th July and "was attended by most bishops and superiors of the Catholic Church in Southern Africa".⁹⁰ Its impetus as summarised by Bishop Ormond of Johannesburg was the agonising of the church about her role in a new South Africa. His passion was evident when he said, "We must share our vision of the future; we must know where we are going".⁹¹ Its statement released after the conference and summarised in the *Natal Witness* under the title *Catholics 'need to reassess their role'* said that "the Roman Catholic Church had to face double challenge: finding a new role in a new situation, and reorganising itself because human and material means were more limited than before". Apparently Aids was not on the agenda of the meeting. Almost at the same time the

⁸⁸ H. D. Bransby, "Aids Cure," *The Natal Witness*, 12th December 1990, 3.

⁸⁹ H. D. Bransby, "Aids Cure," *The Natal Witness*, 12th December 1990, 3.

⁹⁰ Sapa, "Catholics 'need to reassess their role'," *The Natal Witness*, 14th July 1990, 4.

⁹¹ Sapa, "Catholics 'need to reassess their role'," *The Natal Witness*, 14th July 1990, 4.

Methodists held various conferences to discuss the *Peace Church* document which had suffered rejection in a memorandum vote.⁹² The Anglican Archbishop and a Nobel Peace Prize winner, Desmond Tutu, in his visit to Natal in October the same year urged Africans to stop killing and burning each other's houses in the political violence that had rocked most of Pietermaritzburg surroundings. In his speech summarized by the *Natal Witness*, he did not mention Aids.⁹³ It would thus be correct to say that the Anglicans, the Methodist, and the Catholics alike did not see Aids as a pressing concern.

The selection and editing of information for publication by the news editors of the *Natal Witness* played an integral role in the Aids debate. The fact that the total number of Aids articles decreased every year between 1987 and 1989 may not necessarily mean that people reduced their discussion on Aids. It could mean that the Natal editors did not consider certain issues in the Aids debate as worth of publishing any more. The same argument applies to the churches. It is difficult to ascertain whether it was a methodological inconsistency that led the church not to respond to the articles in the *Natal Witness*. It is likely that the absence of the churches' response in the *Natal Witness* was simply due to the methodology of acquisition and selection of publishing information used by the newspaper. It would however be imprudent to conclude on the basis of the *Natal Witness* reports alone that the church was silent.

⁹² Witness Reporter, "Methodists reject 'peace church'," *The Natal Witness*, 7th June 1988, 6.

⁹³ Sapa, "Tutu urges against political violence," *The Natal Witness*, 12th October 1990, 4.

CHAPTER FIVE

ECUMENISM IN THE WAKE OF THE AIDS EPIDEMIC

The Aids experience of the ecumenical churches between 1987 and 1990 was certainly not in isolation from the political, social, and economic situation prevalent in the country. The churches' understanding, deeds and debates around HIV and Aids at that time can best be interpreted within the larger context in which the churches operated as discussed in chapter four. This chapter explores further the same theme introduced in the previous chapter - ecumenical churches' and the unfolding Aids epidemic in Natal. It however relies specifically on some oral testimonies from the churches' leadership. It explores the oral history account provided by four clergy men who were serving in the ecumenical churches in Natal between 1987 and 1990. Father Paul Decock, a Roman Catholic priest, was an administrator and a theological educator in St Joseph's Scholasticate, a Catholic training institution for ministerial candidates.¹ Besides lecturing at St. Joseph's Scholasticate, he was also the chairperson of the Theological Advisory Commission of the Southern African Catholic Bishops' Conference (SACBC). He was also the Catholic representative at the Anglican Theological Commission (ATC). Professor Ronald Nicolson is an ordained Anglican minister and a retired professor from the University of KwaZulu-Natal (UKZN), the School of Religion and Theology (SORAT). During the period under review he was lecturing at SORAT and ministering with the Anglican Church in Natal. Professor Vic Bredencamp is a Methodist minister who was at the time the chair of Religion Department at the UKZN. He was also the chaplain at the Epworth School and a priest at the Methodist cathedral in Pietermaritzburg.² Doctor Sol Jacob is a Methodist priest in the Pietermaritzburg city and an Aids activist. He served in various Methodist congregations within the Natal Midlands between 1987 and 1990. The interviews conducted with these church leaders and scholars are thus evaluated in this chapter in order to glean the Aids experience of the ecumenical churches in Natal and most particularly in the Natal Midlands.

¹ Until 1990 the school was called "St Joseph's Scholasticate". It was mostly a training institution for candidates from the Oblates of Mary Immaculate, a leading religious order in South Africa. In 1990 it changed its status and became St Joseph's Theological Institute with a variety of religious orders at the helm, including the Oblates. The institution is located in Cedara in the Natal Midlands.

² Pietermaritzburg is currently the capital city of the province of KwaZulu-Natal.

The interviews concentrated on the experiences of these leaders and the attitudes they could remember that were displayed in the church congregations as well as in the theological institutions they represented. A large part of the interview information also consisted of the interviewees' own evaluation on the activities and persuasions of both the church membership and the church leadership in the unfolding Aids scene.

5.1 Awareness of the Aids Disease

Whereas the interviewees essentially agree that the public awareness of the Aids disease was in the late 1980s considerably lower than in the late 1990s, they differ immensely in their interpretation of the churches' stance on the available information between 1987 and 1990. Ronald Nicolson speaks of 'a paralysis ignorance' that permeated the church leadership.³ In his view, everybody was to some degree, naïve towards the disease including the medical doctors. He remembers a public lecture presented to the School of Religion at the UKZN by the visiting and Johannesburg based speaker, Mary Crew. It was, in today's terms, very basic information on HIV and Aids yet it was very new to the public attendants then. He also notes that there were very few known Aids cases in the country and even less in the province. He however observes that the church leadership was far lagging behind the other professionals in the Aids knowledge. The relatively lower level of information among the clergy paralysed the churches' ability to educate and counsel people on the disease. He attributes this ignorance in the church to its general reluctance to cope with the latest scientific information and research findings. To him, the church is 'generally and traditionally not apt to source the latest academic and medical information even in matters of societal interest'.⁴ Therefore, with the exception of the Catholic Church, the churches were not aware of the disease to an extent of either engaging a dialogue or even launching prevention campaigns.

The Catholic Church, according to Nicolson, had a project in Natal that was already engaging in some awareness education. Nicolson understands why Catholics were more informed on the disease than the other churches. He says:

³ Ronald Nicolson, Interview by author, Digital recording, Pietermaritzburg, 9th October 2006

⁴ Nicolson, Interview by author, 2006.

In Natal, the Catholic Church was more aware of the Aids disease than the other churches. That is because of their extensive missionary work in the East, particularly in Kenya and Uganda. That is why my visit to Uganda in 1993 was very important. We were only beginning to become aware of it. The Catholic Church already had a unit that had started to create awareness about the disease. They were already in touch with their missionaries in East and Central Africa who had a better understanding on the disease. They were aware that it would come eventually. Other churches took longer and that is because other churches really didn't know about it.⁵

According to Nicolson therefore, the Catholic Church in Natal was actively engaged in prevention. The aptness of the Catholic Church in dealing with the disease, according to Nicolson, was because of her extensive missionary relations in the continent. He explained that the missionaries' networking led to an easy transfer of information from East and Central Africa down to Southern Africa and vice versa. As a result, they had initiated awareness programmes a few years before Nicolson and the four other church leaders from Natal went to East Africa for an Aids exposure tour in 1993.⁶

As much as Nicolson could be correct in that the Catholic Church's awareness was enhanced by its missionary relations in the continent, it is very unlikely that the other churches did not have access to the same amount of Aids information. The proceedings of the WCC's first HIV and AIDS executive consultation held in Geneva in June 1983 and published under the title *AIDS and the Church as a Healing Community* in 1986 had been availed in various church headquarters.⁷ It was detailed enough in basic guidelines on possible avenues of the churches' response. Besides, in 1988 Desmond Tutu returned to the country from the Lambeth Conference with a lot of materials on the Aids disease.⁸ Indeed, the Anglican Church was in 1988 debating on the infection risks involved in the administration of the Holy Communion.⁹ The *Natal Witness* reports discussed in the previous chapter demonstrated that there was enough information in the last two years

⁵ Nicolson, interview by author, 2006.

⁶ The report of this exposure tour was published in 1994. See Centre for South-South Relations (ed.), *AIDS and the Church: A report of a visit to Uganda and Tanzania* (Pretoria: CSSR, 1994).

⁷ World Council of Churches, *AIDS and the Church as a Healing Community* (Geneva: WCC Publications, 1986), 1-20.

⁸ Paul Decock, interview by author, digital recording, Scottsville, Pietermaritzburg, 10th July 2006.

⁹ James Washington, *The Anglican Church and AIDS: The Church of the Province of Southern Africa's response to HIV and AIDS, 1987-1993*, (unpublished paper).

(1989-1990), not just with the scientific community, but also in the general public.¹⁰ There were government campaigns and conferences both in the Pietermaritzburg city and around its suburbs between 1989 and 1990. These educational forums were open to all members of the public.¹¹

Sol Jacob would not agree with the simple “paralysis ignorance” evaluation of Nicolson. He talks of a “wilful ignorance”.¹² To him, the churches did not know the plight of their members in the Aids crisis because of racial reasons. Taking the Methodist Church as a case in point, Jacob argues that the churches had been divided along racial lines. There was the black church which consisted of the Africans, the Indians and the Coloureds. The white church consisted of the Europeans. In his view, the white church “considered Aids to be a black problem”. He vehemently explains it as follows:

The white churches in the city regarded Aids as a black (Indian, African, and coloured) problem, not their problem. Aids being a black problem in terms of the geographic, social and demographic factors, it was located away from the city ... in the suburbs. Aids could not be seen, invisible. What you can't see is what you think is the case.¹³

He maintains that Aids was ‘a hidden disease,’ located among the blacks who “never read those newspapers”.¹⁴ The whites wilfully chose not to know about it because “it was among those people,” the blacks. According to him the white church did not know “because it did not care to”.

Looking at Jacobs’ argument in the light of the *Natal Witness* reports, Jacobs could be right in one sense but exaggerating in another. The reports agree with him that the Aids issue was to a large extent viewed as a racial propaganda. This was especially the case in the first two years (1987-1988). These fabricated racial messages were believed by majority of the illiterate black population. A good example is the myth that Aids was

¹⁰ Tony Nicholson, “Aids: the sombre facts,” *The Natal Witness*, 25th September 1989, 11.

¹¹ Witness Reporter, “City holds Aids awareness Campaign,” *The Natal Witness*, 20th November 1990, 3.

¹² Sol Jacobs, Interview by author, Digital recording, Pietermaritzburg, 11th September 2006.

¹³ Sol Jacobs, Interview by author, Digital recording, Pietermaritzburg, 11th September 2006.

¹⁴ Jacobs, Interview by author, 2006.

manufactured by the whites in the laboratory to control the increasing black population.¹⁵ The whites equally believed that Aids was a black man's disease. According to the *Natal Witness* reports therefore these stereotypes were directed against the two major sides of the racial divide and they were marginalised to the illiterate. In 1989 and 1990 however, there was a concerted effort by the media, the government and the private sector to address these false perceptions through the awareness campaigns. Jacob seems to capitalise on one sided perception and totally ignores the timeframe.

As demonstrated in chapter five, the disease was in a sense hidden between 1987 and 1989. The magnitude and the course of its spread could not be easily established. This was due to various factors like lack of reliable information system, the poor living conditions of the black population, and the secrecy surrounding the disease itself.¹⁶ According to the *Natal Witness*, nobody knew the extent of the disease among the blacks, not even the white medical professionals.¹⁷ Jacob is, according to the reports, misinterpreting the hiddenness of the disease. It was hidden to both the white church and the black church alike. In any event, it was the whites who were dying of the disease at this time. The surveillance testing of 1990 revealed that the infection rate was high among blacks but the mortality was still highest among the white population.

Apparently, Jacob is biased in his evaluation of the "hiddenness of the disease". His association of the churches' ignorance with a wilful decision motivated by a racial agenda is deficient of substantial evidence. His judgement can best be understood in the light of his philosophical backdrop. Jacob was a 'Black Consciousness' priest, vehemently opposed to the ANC at the time. This is most likely the reason as to why he keeps talking about race. It was a typical ideological position. Seemingly, he uses the same ideology to interpret the Aids situation even to date.

¹⁵ Khaba Mkhize, "Aids and the necessity of seeing beyond racial stereotypes," *The Natal Witness*, 1st December 1990, 4.

¹⁶ Ann Staniland, "Agreed: a blow to help awareness of Aids," *The Natal Witness*, 30th November 1990, 2.

¹⁷ Rockott, "Rapid Surge of Aids in City Alarms Authorities," *The Natal Witness*, 1st March 1990, 2.

It appears that what both Nicolson and Jacob call ignorance on the part of the churches had little to do with factual knowledge. Both ‘paralysis ignorance’ and ‘wilful ignorance’ speak of attitudinal reasons as opposed to the mere lack of awareness. On the contrary, Vic Bredencamp thinks that the churches actually knew enough about Aids but they could not reveal that they had the information because of the secrecy that surrounded the disease. He argued as follows:

Because it [Aids] was very new at that time, people were very judgemental; because it was associated with homosexuality and drug abuse, respectable people were not talking about the disease. The government could not issue those statistics. Doctors were certainly not allowed to release death certificates on Aids cases. There was a high level of secrecy around the entire disease.¹⁸

In his view, ‘secrecy’ was the popular way of dealing with the disease. It was not the churches alone that dealt with Aids in this way. Bredencamp explains that secrecy was also common among the other professionals in the society like doctors, teachers and lawyers. “Indeed,” he qualifies, “the government was also a partaker in the Aids secrecy”.¹⁹ Therefore, to him the churches were not ignorant but merely secretive in the way they dealt with the whole issue of HIV and Aids.

The *Natal Witness* reports, as discussed in the previous chapters (chapter three and four), to a large extent agreed with Bredencamp on the issues of judgemental attitude and secrecy. Indeed, people were very judgemental over the disease. The comments from readers in 1987 not only moralised the disease but also blamed those who suffered from it for their moral wickedness which they attributed to the infection.²⁰ As a result of the prevalent judgemental attitude among the general public many individuals diagnosed with the disease opted to hide and suffer in secret.²¹ The *Natal Witness* reports indicates stories of ‘secret Aids testing’ by the government and certain employers with the collaboration of certain medical clinics. Such tests on unsuspecting workers in the Johannesburg mining industry and in the Cape Town gay community confirms what

¹⁸ Vic Bredencamp, interview by author, Digital recording, Pietermaritzburg, 4th September 2006.

¹⁹ Bredencamp, interview by author, 2006.

²⁰ Jack Gouws, “The Majority of Aids Victims to blame for own situation,” *The Natal Witness*, 21st January 1987, 15.

²¹ Witness Reporter, “Aids prostitute not found,” *The Natal Witness*, 12th December 1987, 4.

Bredencamp calls “government involvement in the Aids secrecy”. In such a secretive and judgemental environment it would be an easy temptation for the clergy to succumb into the secretive Aids dealings.

However, the *Natal Witness* demonstrates also that the government was wrongly judged by the public in regard to the Aids secrecy. There was a public perception early in 1990 that the government had hidden Aids statistics. The minister attempted to convince the public that the recent discoveries of Aids statistics were as a result of a better information system.²² The National Aids Advisory Committee, often represented by Doctor Denis Pudifin of the UKZN, continuously released ‘random testing’ reports. It is therefore unlikely that the government hid information from the public. In the same thinking, it is therefore possible that the church was simply wrongly judged by the public as far as Aids secrecy was concerned. Bredencamp’s position must therefore be seen against the backdrop of an unfolding epidemic and a church that is caught up in a morally judgemental society. The article that he himself wrote is attesting to that important context.²³

Whether the churches actually knew the intensity of the Aids epidemic or not and whether they could access information or not seems to draw different opinions from the interviewees. It is however clear that the Aids disease was not an easy issue in the church. This was evidenced in a research survey conducted by the University of South Africa (Unisa) in 1990. The results were published much later in 1992. In this publication under the title *AIDS: The Leprosy of our Time*, Willem Saayman and Jacques Kriel placed on the spotlight the churches’ bewilderment over the disease. They made the following observation:

Whether the churches would be able and willing to become so actively involved and productively involved in the education programme, is, of course, open to question. Based on our survey of theological students at Unisa, it seems as if most churches still practise head-in-the-sand politics

²² Sapa, “Aids statistics ‘not falsified’,” *The Natal Witness*, 12th April 1990, 4.

²³ Vic Bredencamp, “Aids: Some Moral Dimensions,” *The Natal Witness*, 8th December 1990, 7.

about Aids, either not noticing what is happening around them as far as the spread of Aids is concerned, or pretending that it is not happening at all.²⁴

Saayman and Kriel could not establish whether the church was ignorant or just pretending to be so. It is therefore no surprise that Nicolson, Jacob, and Bredencamp are divided over the matter.

Paul Decock however took a different position. As a Catholic priest himself, he undertook to demonstrate that the church in Natal was neither ignorant nor secretive but rather fully aware of the Aids implications and quite vocal about the matter. As if to complement Nicolson in his appraisal of the Roman Catholic Church's awareness of the disease, he first outlined his own participation in the Aids awareness campaigns as early as 1987.²⁵ By that time he was the Catholic representative in the Anglican Theological Commission. In his view, the Catholic Church had nothing to hide about its position on Aids. In a meeting held in Pietermaritzburg on July 1989, "the SACBC produced a document drawing attention to the disease. On a practical level, the SACBC set up a body to reach people suffering from AIDS and to train the church personnel to minister to them". In the same year, St. Joseph's Scholasticate send students to Johannesburg for an Aids counselling exposure training. The same students participated later in Pietermaritzburg in cooperation with a particular church project²⁶ which gave counselling and support to People Living with Aids (PLWA). He remembers vividly that in 1988, in a joint effort involving Archbishop Desmond Tutu and himself, they enquired from some medical professionals in the Wits University on the transmission risks involved in the administration of the Holy Communion.²⁷ Desmond Tutu had just come back from the 1988 Lambeth Conference with a lot of materials about the disease and he wanted Decock to help him publish an Anglican document on the matter. He confessed, "We had to consult a medical specialist on the issue at Wits, who reassured us that a small amount

²⁴ Willem Saaymen and Jacques Kriel, *AIDS: The Leprosy of our Time* (Johannesburg: Orion Publishers, 1992), 65.

²⁵ Paul Decock, interview by author, digital recording, Scottsville, Pietermaritzburg, 10th July 2006.

²⁶ The interviewee could not remember the name of the project.

²⁷ James Washington, *The Anglican Church and AIDS: The Church of the Province of Southern Africa's response to HIV and AIDS, 1987-1993*, (unpublished paper).

of spittle would not transmit the disease”.²⁸ In his experience therefore, and contrary to Nicolson’s, both the Catholic and the Anglican churches kept in touch with the scientific advice and relayed that accordingly to the respective institutions and parishes. They wrote papers, advised their respective episcopal conferences, and trained theological students on how to handle PLWA.

As much as what Decock says is evidenced by the *Natal Witness* reports, in certain cases he is guilty of anachronism, the error of analysing the historic past with a modern bias. His projection of Aids activism in 1987 does not match with the context provided by the *Natal Witness* reports. According to the *Natal Witness*, Aids was hardly a public subject in Natal by the year 1987. Decock portrays himself as having been already busy in Aids activism in 1987. His description can fit the 1990 context. It also appears that Decock’s involvement in Aids activities was done from the top ranks of the church leadership and in matters that related to policy making. Apparently, he assumes that what was happening at the top ranks was synonymous with the grass root level operations. A good example is his involvement with Tutu in determining an Anglican Aids policy. Another example is his Aids advisory involvement with the SACBC. Such information did not find access into the Natal newspapers. More so, such debates were not relayed in the parishes according to the Anglican priest, Ronald Nicolson. It is therefore likely that Decock’s perception of an ‘active church’ is a projection of what transpired at the top church ranks upon the ordinary church parishes.

Whereas it was extremely difficult for the four interviewees to reach a consensus, a few trends in the churches’ awareness of the Aids disease could be gleaned from the interviews. First, the level of awareness as well as the attitudes towards the disease differed from church to church. The Catholic and the Anglican churches were seemingly more advanced in awareness and in readiness to become involved. Second, it seems that the information of the churches at the episcopal conferences and the top leadership level was not immediately transmitted to the parishes. There existed a disparity between what the church leadership and the academics knew and what the membership understood as

²⁸ Decock, interview by author, 2006.

far as Aids was concerned. The bishops' experiences and information acquired in the conferences was seemingly not transferred to the congregations, at least not until 1990. Third and in comparison between the *Natal Witness* reports and the reflections of the clergy, the awareness of the disease varied widely in the four years period. The interviewees' narratives in many cases confuse the chronology of the events.

5. 2 Prevention Efforts

Another very controversial issue evidenced in the interviews, besides the awareness of the disease, was the prevention efforts by the ecumenical churches. Two main questions were posed to the interviewees on this matter: (1) whether the churches were involved in prevention efforts and (2) whether prevention messages were either politically or racially mitigated. The interviewees seemingly used a particular framework, alluded above, to reconstruct their memories. Sol Jacob, seemingly irritated by the racism manifested in the church and especially against his people at that time, witnessed nothing but *a racial church*. Vic Bredencamp admits that he did not know the Aids condition among the black community and never worshipped in a black church partly because there was none near him and "sometimes it was dangerous to do so".²⁹ Probably because of his close association with the white Methodist church, he witnesses to *a judgmental church*. The Catholic priest, Father Paul Decock, was involved in Aids writing and training for a long time and only witnessed *an active church*. The Anglican priest, even though he wrote a lot on the disease a few years after the period under survey (1994), he is a little sympathetic with the church and only witnessed *an ignorant church*. It is only fair that we look at each of these frameworks a little bit more closely.

The racist church, according to Jacob, did absolutely nothing as far as Aids prevention was concerned. He explained it as follows:

What was happening among the whites was not shared or disseminated to the blacks. The blacks in Natal were dying of Aids more than the whites, but its spread among the blacks was not known. The church knew Aids reality but did nothing at that time. The word Aids was a rare one.³⁰

²⁹ Bredencamp, Interview by author, 2006.

³⁰ Jacobs, Interview with the author, 2006.

Once again Jacob sharply contrasts with the *Natal Witness* reports. According to those reports, the first black person to be diagnosed with the disease was a Malawian mother on 20th July 1987.³¹ According to the reporter, this was the first time a black person, a woman and a baby were diagnosed of the disease in South Africa. Emphasis is laid on the fact that this woman was a wife of a Malawian miner and that she had had a blood transfusion in an earlier child delivery. The surprise element in this article and others that followed indicated the unawareness of the general public that the disease was spreading among the black community. The reports, both in 1987³² and 1990³³, sharply contradict Jacob's position that there had been a massive mortality rate caused by Aids. Indeed, even the advanced information system of 1990 which relied on surveillance testing demonstrated that death among the blacks was much lower than among the whites.

Whereas the white church wouldn't involve itself with the disease because 'it was not their problem,' Jacob observes that the black church in the Natal Midlands had a problem with the cause of Aids and thereby concentrated on the cause of the disease instead of its prevention. Aids was perceived to be the sin rightly deserving punishment. The blacks used their cause and effect worldview to explain the Aids disease. It followed therefore, according to Jacob, that those that suffered from the disease had committed the moral sin and thereby displeased God. In this Jacob differs from Bredencamp's view that the punitive thinking was an American influence. He explains that the black community dealt with the Aids problem in their own way. Resilience and care emanated from the extended family and not from the pastoral ministry or the professional counsellor. The Methodist church, in Jacobs view, did nothing about Aids until he challenged it in the late 1990s. The church then challenged him to write a theology on Aids, a process that led to the publication of the only Southern Africa Methodist document available on the disease -

³¹ Sapa, "Babies born in SA with Aids," *The Natal Witness*, 20th July 1987, 2.

³² Sapa, "Aids spread equal," *The Natal Witness*, 27th July 1987, 4.

³³ Sapa, "SA is in the throes of a rampant Aids epidemic – Pudifin," *The Natal Witness*, 14th September 1990, 3.

*The Methodist Response to HIV/AIDS in Southern Africa: Strategy and Implementation Plan.*³⁴

It is extremely difficult to reconcile Jacob's above argument with the *Natal Witness* reports. The majority of the black South Africans barely knew the Aids disease in the period under review let alone defining its theological cause. Contrary to Jacob's view, other sources indicate that in the early 1990s there was a Methodist project called the Hillcrest AIDS Counselling Centre which was at that time directed by Linda Knox.³⁵ Apparently Jacob completely mixed up the dates and thereby projected a much later Aids experience into the late 1980s context.

Neither the ecumenical churches nor the government, in Jacob's view, had interest in combating Aids. The government campaigns in 1989 were located away from the black community. They were motivated merely by business and economic interests as opposed to genuine eradication of the suffering from a humanitarian concern. The government realised that Aids had a long term negative impact on business and started doing some education. These education campaigns were happening in white towns and not in the black townships. Jacob insists that Aids was not used to score any political goals by either side of the political groupings because Aids was not on the agenda at all.

It is not Jacob alone who expressed doubts over the legitimacy of the government's campaign efforts in the late 1980s. Given the political mood of the day, the white minority government did not enjoy any trust by the majority black population. The *Natal Witness* reports demonstrated this mistrust very clearly. However, they sharply contrast with Jacob's position that the government did not conduct awareness campaigns in the black townships. Between 1987 and 1988, the campaigns centred in major cities alone.³⁶ From 1989 to 1990 however, campaigns were intensified in the black township areas like

³⁴ Sol Jacobs intended to begin with a practical note then write a theology afterwards. For the practical document see Sol Jacobs, *The Methodist Response to HIV/AIDS in Southern Africa: Strategy and Implementation Plan* (Pretoria: MCSA, 2002).

³⁵ Linda Knox, Telephone Interview by author, 22nd November 2006.

³⁶ John Perlman, "Aids: Much harm has been done," *The Natal Witness*, 12th May 1988, 15.

Edendale.³⁷ It is evident that the perception of Jacob, which is race oriented, differs from by the *Natal Witness* reports.

On the contrary, Bredencamp, being a white person and a member of the white Methodist Church himself, witnessed a judgemental church. Because of its association with white homosexuals and drug users, Aids was seen to be a dirty issue shelved in secret chambers. Bredencamp says, "It was not a topic that was discussed at all to the best of my knowledge". He agrees with Jacobs that no prevention efforts were made by the Methodist Church. However, he differs with him on the reasons for that lack of prevention efforts. Contrary to Jacob, Bredencamp maintains that the churches' judgemental attitude hindered any meaningful prevention efforts and thereby pushed the disease underground. The topic of condoms did not even arise then partly "because there were no condoms anywhere".³⁸ He compares the churches' attitude towards Aids to that of abortion. The churches persecuted anyone who assumed a sympathetic position on abortion. He said:

I was doing abortion all the time. I have never condoned abortion but I have advocated for abortion in certain areas. People were suspicious of me because I allowed abortion. If you said anything against these people they would have said carry on, hope you don't burn your fingers.³⁹

In his capacity as a departmental chair in the university, he was often confronted with issues that necessitated abortion as an option. In such cases he easily advised in favour of abortion. This did not go down well with his church critiques although he did it secretly. According to him, Aids was treated with the same judgemental attitude. The church leadership cared little about the practicality of the ideal position held. Those ministers that dared deviate from the conservative position held by the church, in Bredencamp's experience, were treated with suspicion and contempt. This applied to both Aids and abortion. Just like Jacob who interpret church activities from a racial perspective, Bredencamp interprets these from a judgemental perspective. The churches were,

³⁷ Sapa, "Local Authorities to set up Aids Centers," *The Natal Witness*, 11th April 1990.

³⁸ Bredencamp, Interview with the author, 2006.

³⁹ Bredencamp, Interview with the author, 2006.

according to Bredncamp, merely judgemental on those issues that were unpopular like Aids and abortion instead of engaging in a practical and critical solution. In the experiences of both Bredencamp and Jacob, the church did nothing as far as Aids prevention was concerned. Both Bredencamp and Jacob however resorted to their frameworks, judgemental and racial respectively, to explain why the churches never got involved in 'Aids virus' prevention work.

Both the Catholic and the Anglican priests perceived some efforts by certain churches in preventing the spread of the Aids disease. On his part, Father Decock witnessed an active church that was busy discussing, writing and publicising its Aids policy. From his theological advisory position to the SABCC, he participated in the 1990 deliberations in Pietermaritzburg. "In this meeting," he explains, "the Catholic position which promotes moral reform as opposed to the use of condom started to take form". In his view, that position did not hinder prevention efforts. He is both passionate and convincing when he explains extensively as follows:

The SACBC produced a document drawing attention to the disease. The rapid spread of the disease was seen as fostered by a widespread lack of sexual discipline. In the discussions the moral and practical issue of condoms arose early on. Because of the position of Catholic moral teaching against the use of condoms, the question was asked whether the use of condoms could or should be encouraged. As an adequate method against the spread of AIDS the use of condoms was seen as unreliable; first of all, because the real solution was seen in the promotion of sexual responsibility, promoting the use of condoms was seen as detracting from that most important method; the effectiveness of the use of condoms was seen as only about 70%, which meant simply relying on condoms was compared to playing the Russian Roulette. Some also felt that promoting the use of condoms was anonymous to promoting sexual promiscuity.⁴⁰

Decock affirms that the Catholic Church had several Aids education and counselling centres in Natal by 1990. He had a friend⁴¹ who was positive and helping in counselling other patients in Natal. But stigmatization was quite high. Aids was seen as the result of sexual promiscuity. He says that, "All kinds of myths developed about how to protect

⁴⁰ Decock, Interview by author, 2006.

⁴¹ The interviewee withheld the details of the Aids patient for ethical reasons.

oneself against Aids: having sex with children ...sleeping with an Indian woman. Aids was seen mainly as a Zulu disease".⁴²

Decock's reflections are well supported by a publication of the SACBC 1990 report in the *Southern Cross Weekly* paper.⁴³ The *Natal Witness* reports also confirm the presence of such myths like "sex with virgins as a cure for Aids".⁴⁴ A sharp contrast is however evident between Decock's report and that of the *Natal Witness* over the SACBC. According to the *Natal Witness* reports which cited a statement of the conference summarized in the newspaper, Aids was not on the agenda of the conference.⁴⁵ Decock is sure that they discussed the Aids issue and he is well supported by the conference's report. This is one evident case where the oral witness differs from the written witness. Apparently the *Natal Witness* reporter summarized the statement and did not pick the Aids issue as worthy of including in the summary. It is possible that the statement offered by the conference left out the Aids deliberations.

Decock purports to remember very well that the people with Aids were seen by the church members as people without a future, to die in a very short while. They were seen "as people who now bear the consequences of their sexual irresponsibility".⁴⁶ Such people were at times neglected by their families. He says, "I met mothers well in their 70s looking after a son or daughter rejected by the rest of the family".⁴⁷ Sometimes the fear of rejection led to denial of Aids. He testifies out of his experience by saying, "I know a Zulu mother who never accepted the fact that her 22 year old son died as a result of AIDS".⁴⁸

As an active Catholic Aids activist, Decock claims to have been actively engaged in Aids campaigns as early as 1987. Contrary to the experience of Jacob, Aids was not a hidden disease. In the experience of Decock, the Catholic Church was fully aware that the blacks

⁴² Decock, Interview by author, 2006.

⁴³ SACBC, "SACBC- 1990 Report," *Southern Cross Weekly*, 16th July 1990, 2.

⁴⁴ Sapa, "Aids fear: search for victims of child molester extended," *The Natal Witness*, 12th May 1989.

⁴⁵ Sapa, "Catholics 'need to reassess their role'," *The Natal Witness*, 14th July 1990, 4.

⁴⁶ Decock, Interview by author, 2006

⁴⁷ Decock, Interview by author, 2006.

⁴⁸ Decock, Interview by author, 2006.

were leading in Aids mortalities because it was involved in care and counselling in the Natal Midlands' black townships. Its preventive message was simply sexual discipline and that condoms have no solution.

The experience of Decock outlined above does not fall within the 1987-1990 period context as portrayed by the *Natal Witness* reports. Apparently Decock mixes the periods. Contrary to his witness, there was not any time that the blacks were leading in Aids mortality rate between 1987 and 1990. The situation he describes with orphans at the care of their grandmothers as well as the care training for students he alluded to above can only match a context of a much later date.

Whereas Nicolson is in agreement that the Catholics were doing some prevention campaigns between 1987 and 1990, he is doubtful whether the Anglicans did anything meaningful regarding Aids. To him, both the Anglicans and the Congregationalists, indeed all other churches in Natal apart from the Catholics had a very limited understanding of Aids. They did not talk about it. It is implied in his speech that Aids was not in South Africa for a long time before 1987. He does not seem to uphold the "hidden disease theory" of Jacobs. He says, "It was only in 1987 that people started to make a connection between Aids as discovered in America and 'the thinning disease' along the Lake Tanganyika".⁴⁹

The *Natal Witness* reports demonstrated in the previous chapter and in agreement with Nicolson here that the Aids virus was transferred to South Africa largely from Central and East Africa. The reports also demonstrate that 1987 was the time when the disease was increasingly reported in South Africa. The infection had scarcely been noticed earlier in 1982. Between 1982 and 1986 it was found in certain pockets that had relations with the outside world, the European related white gay community in Cape Town and the Africa related miners community in Johannesburg as demonstrated in chapter three. Aids however received a national attention in late 1986. The *Natal Witness* reports of 1987 indicated that the disease was relatively increasing in the country and was perceived to be

⁴⁹ Nicololson, Interview by author, 2006.

most pronounced far in the overseas countries. The *Natal Witness* reports indicated that people understood the disease to be gradually approaching Natal from overseas (1987) and Africa (1988). It was in 1989 that people increasingly felt the presence of the disease in the country and to the amazement of many Natalians, the disease was diagnosed in the province in an increasing manner. This trend in geographical spread is well supported by such historians like John Iliffe⁵⁰ and Philippe Denis⁵¹ among others. Nicolson is well supported by various sources of evidence in disproving the existence of the “hidden-Aids-disease” in South Africa. However, Nicolson’s statement that it is only in 1987 that people started to connect between the thinning disease in Tanganyika and Aids in the USA is rather misleading. Nicolson does not mean that Aids was not known to be in Africa by 1987. Rather, he refers to the discovery in 1987 that Aids in Africa was connected to the thinning syndrome known to be prevalent along the Lake Tanganyika in the early 1980s.

According Nicolson, the little awareness did not trigger churches’ intervention. In his view, “in 1987 our problem existed somewhere else and it hadn’t occurred to many that Aids would become that wide spread epidemic”.⁵² He refutes the thinking that the churches’ reluctance to speak on Aids prevention was because of the sexual prejudices associated with Aids. It was not his experience at all. He says:

I know in literature you read stories of church’s reluctance to deal with Aids because it had to do with sexuality. I never experienced that in the churches in Natal. I never witnessed the churches saying we won’t talk about Aids because of homosexuality or sexuality. I think it was generally because they didn’t know about Aids and they didn’t think it will affect people here that much.⁵³

In his view, neither sexuality nor homosexuality per say were troublesome for the churches. It was a theological problem intertwined with morality as preached by the churches. The thought of compromising the moral position on sex seemingly contradicted

⁵⁰ John Iliffe, *The African Aids Epidemic: A History* (Athens: Ohio University Press, 2006), 2.

⁵¹ Philippe Denis and Charles Becker, (eds.), *L’épidémie du sida en Afrique subsaharienne. Regards historiens* (Paris, Karthala, 2006), pp. 1-4 ; 121-2. The English version of the book is only available on line: see www.ukzn.ac.za/sorat/sinomlando.

⁵² Nicololson, Interview by author, 2006.

⁵³ Nicololson, Interview by author, 2006.

with the obvious prevention option, the use of condoms. According to Nicolson, the dilemma exacerbated at the realization by the clergy that people actually never lived the moral ideal it upheld. He said, “The church had difficulty to say there is sex outside marriage yet it found that to be the reality”.⁵⁴

The four clergy however agree that the churches did not act and speak responsibly enough to prevent the spread of Aids in Natal. They agree that the churches generally failed in their prophetic mission; they lacked the wisdom to foresee the impending danger. Business professionals used statistics and other information they harnessed through conferences to predict the future impact of the epidemic on the economy. But not the church! The churches were, according to the interviewees, entangled by various factors in relation to Aids prevention.. These were: inverted priorities, unfamiliar road, and theological inadequacy.

5.2.1 Inverted Priorities

Ronald Nicolson observed that ‘Aids was something far from the church sphere, as far as the church leadership was concerned. It involved the homosexuals, the prostitutes, and the drug addicts’.⁵⁵ According to Jacob, the churches “were not interested in investigating about ‘those people’, the blacks”.⁵⁶ Nicolson puts it even clearer, “We were not aware of the disease but our problem existed somewhere else”.⁵⁷ Even the active Catholic priest, Paul Decock, is in agreement that “at that time [1987-90] the political and the social issues were still receiving more attention; among other issue also the issue of Capital Punishment”.⁵⁸ Most of the churches did not have Aids on the agenda. For the Catholics, it was preceded by other ‘more important issues’ and did not receive the attention it deserved.⁵⁹ The churches were busy, and genuinely so, with the liberation struggle, racial discrimination, political violence, and other such pressing concerns during those volatile times in South Africa.

⁵⁴ Nicololson, Interview by author, 2006.

⁵⁵ Nicolson, Interview by author, 2006.

⁵⁶ Jacobs, Interview by author, 2006.

⁵⁷ Nicolson, Interview by author, 2006.

⁵⁸ Decock, Interview by author, 2006.

⁵⁹ Decock, Interview by author, 2006.

In view of the limited Aids awareness seemingly displayed among the general population between 1987 and 1990, one is compelled to be a little empathetic in evaluating the churches apparent delay in engaging in prevention efforts. But the failure to become the prophetic voice and creatively participate in educating the membership, minimizing stigma, and creating a forum for open dialogue have not gone without criticism. The churches in Natal had an example of Aids epidemic in central and east Africa, yet they never made Aids a prime issue. For reasons that the interviewees differ about, the churches relegated Aids to the course of nature and opted to be “a late comer on the matter”.⁶⁰ Indeed, the priorities of the churches were inverted. The ecumenical churches’ preoccupation with other issues, as much as those were of great importance, denied them the opportunity to warn, educate and prepare the community in protecting itself against the unfolding Aids epidemic.

5.2.2 Unfamiliar Road

In the late 1980s, the Aids disease was closely associated with homosexuality, prostitution, and drug abuse. These were new horizons not only to the ecumenical churches in Natal but also to ecumenism at large. Bredencamp observes that these are still very scary subjects for the churches in Natal. The phobia associated with these exacerbated the mystery around Aids and delayed meaningful action by the churches. Bredencamp particularly highlights white homosexuals as the common face of Aids in the 1980s. The unfamiliarity of this subject led ecumenism into confining into its safe zone rather than uncover ‘cans of worms’. It was thus assumed that there is neither homosexuality nor Aids among the blacks. Bredencamp is precise in his evaluation that ‘respectable people’ would never talk nor indulge in such subjects. Nicolson remembers a lady doctor who in 1987 was practicing in Zambia and who had difficulty relating the sexual life of male sufferers of the ‘thinning disease’ with the homosexuals of America and the newly publicised Aids syndrome.⁶¹ Such stories relating homosexuality to black

⁶⁰ Nicolson, Interview by author, 2006.

⁶¹ Nicolson, Interview by author, 2006.

Africans were available to the clergy in Natal but they were kept under the cover and were never researched nor probed.

The entire concept of sexuality and the use of condoms were no-go areas for the churches in Natal. Nicolson expounds on the uneasiness of the clergy to talk about sex those days. He notes that majority of the clergy were men. The membership in the congregations was predominantly female. "A male clergy found it quite uncomfortable to talk about sex to a congregation of women!" Decock observes that allowing the use of condoms was feared to be allowing sexual promiscuity.⁶² The Churches did not have a solid message on condoms, sexuality, and homosexuality. These were not familiar paths for the churches.

5.2.3 Theological Inadequacy

All the four clergy interviewed have written a lot on the subject of HIV and Aids. They however highlighted the absence of theological reflection on Aids in the 1980s as a key cause for delayed church activity in the Aids prevention. Nicolson observed that he lacked a church forum to relay his findings from the East African exposure tour upon his return. He thus resorted to publishing as a method of engaging the church in the much needed theological reflection. Bredencamp's 1990 article in the *Natal Witness*, *AIDS: A Moral Dimension*, was a theological critique of the punitive theologies that had started to take root in Natal as an importation from America. Decock's writings in the late 1980s were mainly in the formulation of church policy on Aids. Jacob's writings came much later in the late 1990s. By and large, there was a great deficiency in the churches' reflection on the disease in the 1980s. Nicolson knows of only one book on the subject that preceded his, one by Willem Saayman and Jacques Kriel, *AIDS: The Leprosy of our Time*.⁶³ He maintains that the churches' action and speech are dependent on its

⁶² Decock, Interview by author, 2006.

⁶³ Willem Saayman and Jacques Kriel, *AIDS: The Leprosy of our Time* (Johannesburg: Orion Publishers, 1992).

theological reflection as a theory behind the praxis.⁶⁴ The church was handcuffed without a theology on Aids.⁶⁵

But underneath this lack of theological reflection was the churches' uncertainty on how to go about doing a theological reflection on the human body. A close study of the interviews indicates that the churches had a tradition of care and even had hospitals and doctors but not a tradition of reflecting theologically on the human body. Nicolson became aware of this gap in the early 1990s. It was magnified by the presence of Aids. He went ahead to provide a beginning point for reflecting theologically on the human body in his 1995 publication. He says that he was not advocating for a new theology of Aids but rather a reflection on the Aids suffering inflicted on the human body as a result of the Aids disease. Even so, he is certain that there was no such kind of reflection in the country by 1990.

In this chapter, oral witnesses have shaded more light into the issues raised in the written sources found in the *Natal Witness* and discussed in chapter four. Indeed, in certain areas oral history has complemented the written information and yet in other areas it has sharply contrasted it. In either way, the oral history has become quite resourceful in creating a better understanding and in enabling a more informed position embarked on in the next chapter, chapter six. This chapter has exposed even further the position of the ecumenical churches at the initial developments of the Aids epidemic in Natal. The ecumenical churches responded to the Aids disease differently. The chapter has also analysed some reasons as to why the churches responded to the disease in the manner that they did.

⁶⁴ Ronald Nicolson, *AIDS: A Christian Response* (Pietermaritzburg: Cluster Publication, 1995), 7.

⁶⁵ Nicolson, Interview by author, 2006.

CHAPTER SIX

CONCLUSION

Both the written and the oral history have, in the preceding chapters, undertaken to answer the thesis question – what *did the ecumenical churches in Natal do and say concerning HIV and Aids between 1987 and 1990?* It has been established in our discussion that ‘*Aids debate*’ thrived in Natal whereas little ‘*Aids deeds*’ were executed in the four successive years. Both the deeds and the debates centred on a wide range of subjects. The debates comprised of deliberations on the unfolding Aids epidemic and the possible consequences. The deeds were simply the prevention efforts in the form of campaigns and policy making. Other activities such as care and treatment were virtually insignificant because the mortality rate in Natal was very low at the time. Both the debates and the deeds have been explored in detail in the preceding discussion. Chapter one introduced the study whereas chapter two laid a background to the field of the study. In chapter three the focus narrowed into the development of an information system. The chapter also provided an assessment of the Aids statistics available in the four years period (1987-90). The fourth chapter explored the *Natal Witness* findings whereas the fifth majored on today’s reflections on those early conditions by four ecumenical clergy members. In this last chapter, I shall conclude by first summarising the findings briefly, critically evaluating the findings, and finally suggesting a few recommendations.

6.1 Brief Summary

Both the morbidity and the mobility of the Aids disease in South Africa were unclear between 1982 and 1986. The harnessing of the much needed information on the spread of the disease was hindered by the lack of a reliable information system. Random testing on any suspicious case in the hospitals became the routine up until 1986. By 1987, the epidemic was most pronounced among the gay and the mining communities. The government and certain private companies collaborated with particular clinics into conducting secret tests on unsuspecting workers.¹ The controversial secret testing continued throughout the four years period (1987-1990).² However, both the random and

¹ Sapa, “Aids leak linked to bogus-doctor,” *The Natal Witness*, 23rd February 1987, 7

² Sapa, “Aids: fears of migrant witch-hunts by Govt,” *The Natal Witness*, 4th September 1987.

the secret testing could not help ascertain the extent of the spread of the HIV virus across the country.³ A major breakthrough was achieved in February 1990 when surveillance testing was introduced in the country. This involved pregnancy surveillance testing and blood donor surveillance testing. These brought about the shocking revelation that the disease was more rampant than ever estimated before.⁴ Both the random and the secret testing records had indicated that by 11th April 1989 there had been only 209 Aids cases and 2,396 possible infections in the entire country since 1982.⁵ This had created the impression that the disease was only affecting a minor proportion of the population. The records also indicated that only the white homosexuals and the black miners were casualties of the disease. The surveillance testing however revealed that the virus was spreading faster among heretosexuals than the homosexuals, that the black populations had such a high infection that was soon to be followed by an alarming death rate, that other forms of infection like blood transfusion and heterosexual practices had overtaken the known forms like drug injections and homosexual practices, and that the total infected cases were over one million in South Africa alone!⁶ In other words, the surveillance tests revealed a more wide, inclusive, and severe infection rate.

The above revelations were surrounded by an intense debate. The *Natal Witness* reported the development of the statistical findings as well as the debates that went along with them. It is no surprise therefore that the people expressed shock in 1990 upon the realization that the disease had been underreported. A greater fraction of the population interpreted the scenario to be a government ploy to hide Aids statistics.⁷ A close investigation of both the total number of Aids related articles per year and the content of the articles written and read by Natalians in the four successive years revealed that people became more and more aware of the presence of the disease as the years progressed. In the four years alone, the debate assumed a 'general to particular' dimension. The Aids disease was first perceived to be an international problem, later on an African concern, a

³ Readers Digest, "Aids Tests," *The Natal Witness*, 11th April 1989, 4

⁴ Fred Kockott, "Rapid surge of Aids in city alarms authorities," *The Natal Witness*, 1st March 1990, 1.

⁵ Readers Digest, "Aids Tests," *The Natal Witness*, 11th April 1989, 4

⁶ Ann Staniland, "HIV will infect 2% of people in city by year 2000 – expert," *The Natal Witness*, 16th August 1990, 2.

⁷ Sapa, "Aids statistics 'not falsified'," *The Natal Witness*, 12th April 1990, 4.

South African and finally a Natal warfare. In 1987, the people of Natal were talking about a disease they little knew about but one that was killing people far abroad. In 1988, the Aids scene shifted to the African continent with the continent showing signs of a future lead in infection globally. In 1989, South Africa was given more attention as people realised that Aids was set into affecting all sectors of economy in the near future. Visiting speakers from abroad expressed the concern that South Africa could become a perfect environment for a major Aids epidemic.⁸ The 1990 year was revolutionary as Natal got earmarked as the leading province in 'Aids infection' in the entire country. Natalians realised that they were living at the threshold of 'the killer disease' once believed to be in America alone!

The oral witness of the ecumenical clergy shed even more light but in many ways differed from the *Natal Witness* reports. The four ministers were actively involved in Christian ministry in Natal during the four years (1987-90). They relayed their reflections on the Aids disease in the society and in the churches in particular. They sharply disagreed on both the way in which the churches responded to the Aids challenge as well as on the reason as to why the churches responded in those particular ways. Ronald Nicolson, an Anglican priest, argued that it was merely ignorance that crippled the churches' ability to foresee the impending epidemic. Sol Jacob, a 'black consciousness' priest who served in the 'Black Methodism', blamed racial segregation as the major reason why the churches would not engage in prevention activity.⁹ His fellow Methodist minister, Vic Bredencamp, had a contrary experience which was probably influenced by his extended services in the 'White Methodism'. To him, the churches were simply judgemental and thereby had a wrong theology which would not allow an open debate. The Catholic Father, Paul Decock witnessed an active church which engaged the community enough towards the Aids prevention as early as 1987.¹⁰

⁸ David Robins, "Visiting Aids expert Paints bleak Picture," *The Natal Witness*, 13th June 1989, 4.

⁹ Sol Jacob, Interview by author, Digital recording, 22nd October 2006.

¹⁰ Paul Decock, Interview by author, Digital recording, 16th September, 2006.

6.2 Critical Evaluation

A critical consideration of both the oral and the written findings reveals that there were many cases of chronological and eventual inconsistencies. One major area of controversy between the two sources was related to the extent of the disease spread and its epidemic in the four years. The *Natal Witness* reports indicated an escalating rate of Aids related deaths among the whites in Natal and an alarming infection rate in the black population by the end of 1990. The deaths among the blacks were insignificantly low. This is supported by two interviewees, namely, Nicolson and Bredencamp. It is however sharply contested by two other interviewees, Jacob and Decock. According to Jacobs and Decock, there were high rates of mortality rate among blacks as early as in 1987. The death rates were so high that there was a high demand for the care of orphaned children who ended up in the hands of their grandparents. Both the internal and the external evidences discussed in the previous chapter¹¹ support the *Natal Witness* and the two interviewees, Nicolson and Bredencamp. They demonstrate that there were no signs of Aids related deaths among the black population in South Africa and that infection was high because the country neighboured regions with high infections rates like Central and East Africa. Indeed, the South African epidemic is relatively younger and had not started in that time apart from pockets of plagues among the mining and the gay communities. But signs in Natal were overwhelmingly pointing to a future Aids epidemic. Internal evidence went further to demonstrate that both Jacobs and Decock used philosophical frameworks that led to an anachronistic error in reconstructing their memory. Jacob's preoccupation with 'black consciousness' and Decock's perceived 'Aids activism' led them into projecting a much later Aids experience into the 1980s context.

Throughout the interviews, there are numerous cases of chronological inconsistencies. Even though the interview questions were very specific in terms of the period under review (1987-1990), the interviewees lacked a clear memory of the actual time of their experiences. The *Natal Witness* reports clearly separated events according to their time of occurrences and thus enabled me to pick the different emphasis between the four years. This proved difficult with the interviews because of the lack of chronology. In most

¹¹ These historians include John Iliffe and Philippe Denis et al. See chapter five.

cases, the interviewees even confused the late 1980s with the early 1990s. The *Natal Witness* reports however demonstrated that Aids understanding and activity changed so fast that each year depicted a new context and emphasis altogether.

However, there were other controversial cases where the *Natal Witness* reports were evidently misleading. It is in such cases that the oral sources came handy. A good case in point involved the reporting on the SACBC meeting held in Pietermaritzburg in July 1990. The *Natal Witness* published a documentary report purportedly released by the chair of the SACBC. It did not have anything to say about Aids. One is easily led to interpret that to mean that the Catholic Church did not concern itself with the alarming Aids disease. However, an interview with Sol Jacob, who was himself an active participant in the conference, contradicts the *Natal Witness* by indicating that the conference discussed at length on how the church was to respond to the Aids disease. The use of condoms as an alternative method in Aids prevention was given a special attention in the discussion. As demonstrated in the previous chapter, I read some external evidence in order to resolve the conflict. A published report of the conference substantiated Jacob's claims. Most likely, the newspaper editor selected the information that he deemed to be necessary for publishing and ignored the rest. This means that the newspaper in many ways did not represent an exact picture of the situation on the ground.

The fact that I only read one newspaper which was predominantly owned and managed by members of the white community exacerbates the possibility of biases. This is especially so given the political situation in the country and in the region where the black majority were oppressed by a white minority rule. There were other local newspapers associated with the black race and whose evidence was not included in this research. The fact that I only interviewed four ministers could be taken as another major weakness in this research. Of those four ministers interviewed, only one wrote an article in the *Natal Witness*. There were many other writers of articles that could have been interviewed in order to ascertain the clarity of the newspaper articles. The reports of this research could be biased from a gender perspective as well. Of all the four ministers interviewed none

was a woman. The experiences of women clergy are therefore not included in this research.

Nevertheless, the interviews and the articles complemented each other in relaying both the debates and the actions of the Natal Christian community as it reflected on the new world epidemic in the late 1980s. This research demonstrated that neither the interviews nor the articles can be taken to be absolutely representative of the actual events and situations. The interviews are prone to memory inconsistencies and the articles are highly selective. The two sources are prone to biases due to either editing or memory reconstruction. When they are evaluated against each other and in the light of external and internal evidences, a more accurate picture is obtained.

6.3 Recommendations

This research work was ground-breaking in several ways. First and until proven otherwise, the methodology of combining oral history and the press is largely unparalleled in the country. Second, the history of Aids in Natal is not yet written. Third, the role played by the Christian church in Aids prevention is largely unaccounted for. This research simply initiated a dialogue which could be engaged further by various other researchers. The Aids debate is in many ways open-ended. It is therefore my suggestion that more inclusive research in the subject be encouraged. It would be particularly complementing to this research if a research involving pre apartheid and post apartheid contexts as well as other media sources could be explored.

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