

## Chapter 5

### Thabo Mbeki and the issues of HIV/Aids and Race

**“And thus does it happen that others who consider themselves to be our leaders take to the streets carrying their placards, to demand that because we are germ carriers, and human beings of a lower order that cannot subject its passions to reason, we must perforce adopt strange opinions, to save a depraved and diseased people from perishing from self-inflicted disease ... Convinced that we are but natural-born, promiscuous carriers of germs, unique in the world, they proclaim that our continent is doomed to an inevitable mortal end because of our unconquerable devotion to the sin of lust.”**

Mbeki in a lecture at Fort Hare University,

Eastern Cape

2001

If you subtract the excess, you will lose the enjoyment, writes Zizek.<sup>257</sup> He argues that it is not a surplus which simply attaches itself to some ‘normal’ fundamental enjoyment, because enjoyment as such emerges only in this surplus, because it is constitutively an ‘excess’. No other excerpt from Mbeki could be more apposite an example of Zizek’s surplus enjoyment than the above.

Mbeki’s stance on HIV/Aids, which he links to colonialism and resultant poverty, has had far reaching implications. Since 1999, the issue has become one of the most politicised and racially charged issues in the country. The chapter will demonstrate the lack of political leadership and prevarication shown in Mbeki’s discourse on the

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<sup>257</sup> Zizek (1989:52)

subject. It will also show how this discursive structure on HIV/Aids is rooted in his attachment to the signifier race.

The Medical Research Council and Statistics South Africa estimated that in 2005 over 5-million people in South Africa have HIV or Aids, there are about 1 000 new infections daily, and about 600 people die of diseases caused by the virus every day. The latest figures show that an estimated 6-million people are infected with the virus in South Africa<sup>258</sup>, the highest proportion of a population in the world, according to a recent book by the UN secretary general's special envoy for HIV/Aids in Africa<sup>259</sup>. In view of these statistics, and the fact that Mbeki's former spokesperson Parks Mankahlana almost certainly died of an Aids-related illness in mid-2000, it is perplexing that Mbeki made a statement in a *Washington Post* interview in September 2003 that he personally did not know anybody who had died of Aids.

In order to analyse and reach conclusions about Mbeki's discourse on HIV/Aids, it is necessary to examine and consider the following: a chronological discussion of the government's approach and policy on the disease; two views on why Aids is so rife in Africa<sup>260</sup>; Mbeki's speeches and interviews on the topic; and the implications of his stance, described as a "denialist" stance, and show how the attachment to the signifier race informs his stance on HIV/Aids.

## **I. A history of the ANC government's HIV/Aids policy**

An investigation of the government's policy on HIV/Aids shows how the issue has been characterised from inception by obfuscation, ambiguity, a conflation of issues

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<sup>258</sup> *The Sunday Independent* 30 October 2005 [UN envoy slams SA's Aids stance](#) by the UN secretary general's special envoy, Stephen Lewis. He writes in his newly released book, *Race against Time*, that he is mystified by the SA government's approach to Aids, he is deeply concerned about the slow roll out of anti-retrovirals, and that something has gone wrong with the post-Mandela government.

<sup>259</sup> *ibid.*

<sup>260</sup> The views are presented by medical anthropologist Dr Suzanne Leclerc-Madlala and Justice Edwin Cameron, academic, judge and chairperson of the University of the Witwatersrand Council, and who is living with Aids.

and prevarication. When Mbeki took the political centre stage in 1999, however, the issue also became racially charged.

In putting the politics of HIV/Aids into context, Tim Quinlan and Samantha Willan<sup>261</sup> write that the professional staff of many ministries “have given due consideration to the challenges facing the government, and that the national executive has this knowledge”. They argue, however, that the “ambiguities and ambivalence on HIV/Aids in major policy speeches of the President, as well as statements by the Minister of Health, indicate a lack of decisiveness about how to use that knowledge”.

The first attempt to formulate a post-apartheid response to Aids began with the launch of the National Aids Committee of South Africa (Nacosa) in 1992 following consultations between the ANC, the National Party government and civil organisations.<sup>262</sup> This in turn led to the National Aids Plan in 1994. Since then, Quinlan and Willan<sup>263</sup> write, the government’s policy evolved to formulating the HIV/Aids and Sexually Transmitted Disease Programme in 1996; the establishment of the South African National Aids Council (Sanac) in 2000; and, in the same year, the compilation of the country’s comprehensive National HIV/Aids and STI Strategic Plan for 2000-2005. The pillars of this plan were prevention; treatment; care and support; human and legal rights; and monitoring, research and surveillance.

It was in 1996/7 that race entered the fray in the HIV/Aids issue with Mbeki playing a central role in two specific events: “The Sarafina Saga” and “The Virodene Saga”.<sup>264</sup>

Tension arose between the government and various non-governmental organisations, especially the Treatment Action Campaign (TAC), over a large amount

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<sup>261</sup> Quinlan and Willan (2005:228) in a chapter entitled HIV/Aids: Finding Ways to Contain the Pandemic.

<sup>262</sup> Ibid pp229

<sup>263</sup> Ibid pp229

<sup>264</sup> Gumede (2005:153-154)

of money<sup>265</sup> in the health budget set aside for Aids awareness campaigns being allocated to a single project – Mbongeni Ngema’s musical play *Sarafina II*. Aids activists argued that the play was ineffective and did not contribute in any significant way to raising awareness about the disease or the spread of it. Gumede<sup>266</sup> explains, “Government and Ngema claimed the criticisms were anti-government, anti-black and racially inspired, and on the eve of World Aids Day in 1996, activists and health workers denounced the entire health plan as a shambles, greatly angering both Dlamini-Zuma [health minister at the time] and Mbeki.”

The second significant event that took place in 1996 was the Virodene saga. A group of University of Pretoria academics claimed they had found the cure for Aids through a vaccine called Virodene, a drug the Medicines Control Council warned was dangerous and toxic. Mbeki, a staunch supporter of “Africans finding African solutions”, became the chief champion of Virodene, according to Gumede<sup>267</sup>. He thought it “would be the perfect platform from which to launch his vision of an African Renaissance, led by South Africa”.

Tests by independent scientists, however, found Virodene to be highly toxic and that it could cause severe damage to the liver. In a breach of medical research protocol, it was also revealed the drug had been tested on humans before it was tested on animals. A furore ensued between the DA’s Leon and Mbeki. Leon said Mbeki was “so obsessed with finding African solutions that he would even resort to snake oil cures and quackery”.<sup>268</sup> Mbeki considered Leon’s reference to snake oil cures to be racist, even though “snake oil cures” originated as an American idiom for hocus-pocus medical treatments. After this, Gumede argues, all future responses to the HIV/Aids epidemic became clouded with the race issue.

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<sup>265</sup> Estimated at R14.27-million.

<sup>266</sup> Gumede (2005:153)

<sup>267</sup> *ibid* pp154

<sup>268</sup> Gumede (2005:155)

Gumede's view is, however, not entirely correct as in 1998 Mbeki made his first, frank appeal to the nation about the seriousness of the Aids epidemic. It was also to be his last. After this, Mbeki's discourse on the issue of HIV/Aids takes on a familiar pattern, with an emphasis on race and with any critics of his policies being condemned as opponents of the people, falling into line with Žizek's theory of the rigid designator.<sup>269</sup> In comparison to his later statements and speeches, this 1998 address by Mbeki (excerpted below), I argue, is the only one not flawed with obfuscation and conflation. It serves to highlight by contrast, the rest of his discourse as coming from a rigid, deterministic, framework where race is the master signifier.

In his address to the nation as deputy president, Mbeki<sup>270</sup> said, "HIV/Aids is not someone else's problem. It is my problem. It is your problem. By allowing it to spread, we face the danger that half of our youth will not reach adulthood. Their education will be wasted. The economy will shrink. There will be a large number of sick people whom the healthy will not be able to maintain. Our dreams as a people will be shattered. HIV/Aids spreads mainly through sex. You have the right to live your life the way you want to. But I appeal to the young people, who represent our country's future, to abstain from sex for as long as possible. If you decide to engage in sex, use a condom. In the same way, I appeal to both men and women to be faithful to each other, but otherwise to use condoms."

After the above, an arguably unambivalent discourse, Mbeki's approach changes. In 1999 he came under the sway of what has been termed "dissident" scientists (those who deny the conventional theory that HIV causes Aids). From then on Mbeki takes on what is now known as his "denialist" stance.

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<sup>269</sup> Žizek (1989:95)

<sup>270</sup> Mbeki (1998)

HIV/Aids was also at its peak in South Africa in 1999 with, according to Edwin Cameron<sup>271</sup>, about 10% of the population, between 4 and 5-million people, infected with the virus. South Africa was known to have the highest number of people living with HIV/Aids in the world.

During this period Mbeki began to argue that HIV and Aids were linked to social factors such as poverty, malnutrition and poor health care. The basis of Mbeki's denialist stance, Cameron<sup>272</sup> explains, is that "if Aids was merely a physical manifestation of environmental factors that cumulatively degrade human health – such as poverty and malnutrition and poor health care – then there would be no point in administering potentially toxic antiretroviral (ART) medications to those suffering from its symptoms. On the contrary: in that case the drugs would just exacerbate the severe physiological malaise they were intended to arrest". In this way, by arguing that social factors, such as poverty, are the cause of the pandemic, Mbeki manages to invoke race.

It will be shown how Mbeki argues that poverty is the cause of the spread of the disease, and the cause of poverty is colonialism. Taking this argument to its conclusion in Mbeki's fantasy in which blacks and whites are automatically polarised into antagonism, it could be argued that whites are to blame.

From the late 1990s organs of civil society found the government wanting *vis-à-vis* the implementation of a coherent Anti Retroviral Treatment programme. This led to a series of protests and marches led by the TAC, joined by Cosatu, and religious groupings. The protests eventually led to a Constitutional Court challenge by the TAC

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<sup>271</sup> Cameron (2005:103)

<sup>272</sup> *ibid* pp120

to oblige the government to provide ART to HIV-positive mothers in an effort to prevent mother-to-child transmission. In July 2002 the Constitutional Court found in favour of the civil society body. Subsequently, Quinlan and Willan<sup>273</sup> write, the Cabinet released a statement that government policy would now be based on the *assumption* that HIV causes Aids. It also announced that a task team would be formed with the purposes of investigating the costs and benefits of providing ART to all HIV-positive individuals.

The results of the study were released in August 2003, and it was announced by the minister of health that the government needed to develop an operational plan for the roll out of ART. This plan was to be implemented in phases, with the first phase providing ART to 53 000 people by the end of March 2004. It became “evident that the government would neither adhere to its stated schedule nor achieve the objective of phase 1, which it set for itself prior to the general elections,” write Quinlan and Willan.<sup>274</sup>

This pattern continues. In June 2005, a progress report by UNAids on the provision of ART announced that South Africa had fallen short of its target by 866 000. According to the report, South Africa’s unmet needs were by far the highest in the world, followed by India (735 000) and Nigeria (598 000). The World Health Organisation (WHO) and UNAids “3 by 5” project aims to have 3-million people on ART by the end of 2005. According to the international medical journal *The Lancet*, South Africa needed to show its commitment to treating HIV-positive people with ART if the 3 by 5 target was to be met. “If the 3 by 5 programme had the political clout to influence South Africa alone to implement all its recommendations, where the necessary infrastructure largely exists, the 3-million target would be more likely to be

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<sup>273</sup> Quinlan and Willan (2005:230)

<sup>274</sup> *ibid*

attained. Without South Africa on board, with its leadership position within Africa, 3 by 5 is but a pipe dream.”<sup>275</sup>

The question needs to be asked: what led to South Africa’s paralysis on the provision of ART, given the health minister’s 2003 statement on the need to develop an operational plan for the roll out of ART. I argue is that the government’s reluctance to implement such rollout policies stems from Mbeki’s ambiguities over the issue, which are rooted in his passionate attachment to race.

These ambiguities are rooted in his designating poverty the social symptom. To explain, I turn to Žižek. “Symptom is an element clinging on like a kind of parasite and ‘spoiling the game’, but if we annihilate it things get even worse: we lose all we had – even the rest which was threatened but not yet destroyed by the symptom.”<sup>276</sup>

Mbeki clings onto the injurious terms of the past, which informs his subjection, at the same time making poverty, and the racist past, the social symptom in relation to the HIV/AIDS pandemic. In this way, he does not have to take responsibility. It is, in the end, about ideology serving its own purpose. Hiding the relation of the aim and the means, hides the enjoyment, which is at work, according to Žižek. In this case, when Mbeki conflates and obfuscates issues, he is positioning himself behind (and within) his fantasy in which ‘colonialism’, ‘racism’ and ‘poverty’ form an indestructible and necessary chain of equivalence structuring South African society.

At this juncture, it is important to examine two differing views on race, culture, sex and HIV/Aids. These debates set the context for Mbeki’s discourse.

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<sup>275</sup>Health-e News Service, *The Star* 30 June 2005 SA’s unmet Aids need is highest in the world

<sup>276</sup> Žižek (1989:78)



## **II. Race, Culture and Sex – Two Views**

Arguing that it is silence and denial that nourishes Aids in Africa, academic and medical anthropologist Suzanne Leclerc-Madlala has researched the sexual mores and culture of people in KwaZulu-Natal, the province with the highest incidence of Aids in the country. In a similar vein to that of Tutu<sup>277</sup>, who in 2000 said “Stop fiddling while Rome burns!” Leclerc-Madlala wrote that attention should be turned away from academic debates towards a focus on behaviour and attitudes, particularly the role of men in the spread of the disease.<sup>278</sup>

### **i. Leclerc-Madlala’s argument**

What is the point of debating whether HIV causes Aids, she asked, when this did nothing to end the epidemic nor break the silence surrounding the disease.

In the two weeks following the Aids 2000 Conference, an incident impressed on Leclerc-Madlala the hopeless situation of women in the face of Aids. It involved her domestic worker’s 29-year-old sister, Thembi, who died in a back room in Sydenham, Durban, which she had shared with her Malawian boyfriend of several years. “Every time her boyfriend went home to his wife and family in Malawi, Thembi would visit her sister and talk about her deteriorating health. Before two months had passed, Thembi started shedding weight, had lost her appetite and felt too weak to get out of bed. Her elderly mother was called from the farm in Transkei to nurse her, for her boyfriend had returned home to Malawi. A few weeks ago, Thembi started urinating in bed, displaying memory loss and talking unintelligibly. Did her mother know anything about the danger of HIV transmission through body fluids, if indeed Thembi was dying from Aids? Of course not. Moreover, nobody dared to mention the dreaded word Aids, although her sister offered the possibility that it could be ‘this new

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<sup>277</sup> Gumede (2005:149)

<sup>278</sup> *Mail & Guardian* 11 August 2000 [The silences that nourish Aids in Africa](#)

sickness'. Alternatively, it was blamed on witchcraft, widely perceived as one of the specialities of 'people from Africa', meaning: beyond our national borders. Thembi died without ever having received proper medical attention. She pinned her hopes on healer friends of her boyfriend who came to cut her skin and rub herbs into the wound in an effort to 'chase the demons out'. Thembi's boyfriend arrived just in time to bury her and give her mother R200 for transport back to the farm with a suitcase of Thembi's clothing and a radio."<sup>279</sup>

There are many such stories about HIV/Aids, which illustrate the fear, ignorance, stigma, and lack of medical treatment, among other issues, which result in a horrible death for the sufferer, writes Leclerc-Madlala. In a review of the existing social science literature on Aids in Africa that addresses attitudes and behaviours related to sexuality, gender and HIV/Aids, Leclerc-Madlala found there were discernable patterns that shed light on the peculiarities of the African Aids pandemic. "More than anywhere else in the world, the advent of Aids in Africa was met with apathy, or what some researchers have called an 'under-reaction'."<sup>280</sup> This, she wrote, was in stark contrast to responses in other parts of the world, such as in Europe and Australia, where markers of sexual behavioural change indicated that serious discussions had taken place in the first year of HIV/Aids. She points to Thailand, where at the first evidence of the arrival of Aids, there was a rapid decline in the use of brothels to the extent that many were forced to close due to a lack of business. Similar trends were noted in North America and parts of South America.

Leclerc-Madlala argues that there is evidence that points to "high levels of premarital sexual activity, extra-marital relations and sexual violence, making African societies,

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<sup>279</sup> *Mail & Guardian* 11 August 2000 The silence that nourishes Aids in Africa

<sup>280</sup> *ibid*

taken as a whole, more at risk for both STDs and HIV/Aids than those in other parts of the world".<sup>281</sup>

Her research shows that in many South African communities women receive beatings if they suggest condom usage, if they refuse sex, if they end a relationship, if they are found to have another partner or are suspected of having another partner, or even if they are suspected of thinking about someone else. She adds that it is "worth noting that African researchers have been the principal investigators for many of these studies".<sup>282</sup>

She also observes that, together with a general under-reaction to the growing epidemic that characterises Africa's response, there is a reluctance on the part of Africans to come to terms with the real sexual cultures of their societies. For a variety of reasons, "all strongly rooted in the continent's unique political, economic, social and racial history, there are layers of denial and silence that preclude a serious grappling with sexual cultures. There are widespread beliefs that males are biologically programmed to need sexual relations regularly with more than one woman, and often concurrently".<sup>283</sup>

She cites another example of the sexist nature of many African communities. Violence against women is often seen as a sign of affection, showing how deeply a man cares. "Sex in marriage is simply expected as part of the marriage deal whenever a husband demands it. Indeed, even in cases where the woman discloses her HIV-positive status to a husband, studies show that the husband is likely to continue conjugal relations with her while refusing to be tested himself. Often the

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<sup>281</sup> *ibid*

<sup>282</sup> *ibid*

<sup>283</sup> *ibid*

husband will insist that the wife should not worry about falling pregnant and passing the virus on to the child because she has a marital duty to produce children.”<sup>284</sup>

Leclerc-Madlala’s salient point is that there is a need to accept and recognise that sexual *mores* have dire consequences in the wake of Aids. Her view is that by turning “our collective attention to academic debates on the origins or existence of Aids, we are conveniently avoiding facing up to the sensitive issues around sexual culture”. Her argument, while important in setting out the socio-cultural-sexual context that provides a fertile ground for the spread of HIV/Aids, is also directed at Mbeki who, at the time, turned his attention to academic debates.

Leclerc-Madlala makes a powerful point that sexual behaviour, and patriarchal, sexist values<sup>285</sup> and views on the part of men [as well as women “buying into” this], influences the spread of Aids. It is, after all, a sexually transmitted disease. Culture is enmeshed with the race issue and this, I argue, is the reason why sensitivities are so high.

## **ii. Cameron’s argument**

Cameron<sup>286</sup> writes, “A rank history of racial oppression has forced South Africans, black and white, to confront their racial past. In national terms, we think racially – consciously, deliberately and obtrusively. We acknowledge the continuing presence of racial stereotypes and prejudices in too many areas of our nation’s public and private life. Our constitution and our public codes expressly commit us to eradicating them. This doesn’t mean that racism has gone away, or that you can overcome a racial past by ignoring it. There is too much evidence of persisting white prejudices

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<sup>284</sup> *ibid*

<sup>285</sup> See Mbali (2003:312) quoting Leclerc-Madlala: The so-called ‘virgin cleansing myth’ has led to an upsurge in incidents of rape and female child abuse, while in masculine dominated and conservative circles women are increasingly stigmatised and blamed for the spread of Aids.

<sup>286</sup> Cameron (2005:78)

and animosities for this ... Pretending that our racist legacy doesn't exist is our least acceptable option."

In a chapter on Race, Sex and Death in Africa, Cameron says, "I have never accepted the solely sexual explanation of Africa's differential disease pattern. If it suggests that the people of central and Southern Africa have so much more intercourse, so differently, or with so many more partners, than people elsewhere in the world, and that this is why so far they alone have experienced a mass heterosexual epidemic of HIV. I do not believe it."<sup>287</sup>

He concedes that he does not know the reason why the epidemic is rampant in Africa. He speculates that it could be environmental factors, such as poverty, making Africans more vulnerable. "This is not to say that sexual conduct is unimportant...."<sup>288</sup> Cameron's comments have some overlap with Leclerc-Madlala's views when he notes that many African women say that they could not negotiate sex on their terms. "So the focus on sex and sexual behaviour is unavoidable and necessary."<sup>289</sup>

Cameron argues that race and the epidemiology of Aids collided in Africa in the 1980s and a legacy of racial thinking and bigotry has plagued an understanding of Aids in Africa. But he points out that the heterosexual African epidemic in the mid-1980s sounded alarm bells in Europe and America – if a heterosexual epidemic could occur in Africa, why not elsewhere.

He also concurs with Leclerc-Madlala that many western countries took the epidemic seriously. He documents some of the steps taken by some overseas governments. In 1987 the British government launched a national awareness campaign and

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<sup>287</sup> ibid pp100

<sup>288</sup> ibid pp102

<sup>289</sup> ibid

distributed leaflets to 23-million households, while in the United States<sup>290</sup> Surgeon-General Everett Koop produced a far-reaching report on the disease warning that the risk was general, not just confined to gay men, and advocating the widespread use of condoms.

Cameron cites UNAids statistics, which show that countries such as the United Kingdom, the Netherlands, Spain and Norway have a low disease prevalence, below 1%. In Australia and New Zealand, HIV/Aids affects less than one tenth of 1% of the population, while in South and South East Asia, among adults 15-49, the figures are less than 1%. He cites the former head of the Medical Research Council William Makgoba's research that contrasts Thailand with South Africa. Makgoba noted that in 1990 the HIV prevalence in Thailand and South Africa was 0.7%. At the end of 2001, Thailand's HIV prevalence has stabilised to 1.8% but in South Africa in the same period the prevalence had risen to about 20%.<sup>291</sup>

From the two positions discussed above, what is emerging is an increasingly urgent need to survey the nation's sexual habits and sexual patterns, which would provide information on why the spread of Aids is so rapid.<sup>292</sup> "Although South Africa has the highest number of people in the world living with HIV – an estimated 5.3-million – it still lacks research into the sexual habits of the nation," writes Claire Keeton<sup>293</sup> in a report on the country's second Aids Conference held in Durban in June 2005.

Clem Sunter, who heads the Anglo-American Chairman's Fund, told delegates at conference that such a survey would help to formulate a feasible prevention strategy. President of the Medical Research Council, Professor Anthony Mbewu, concurred,

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<sup>290</sup> Under a government led by Ronald Reagan, a conservative president.

<sup>291</sup> Cameron (2005:82)

<sup>292</sup> This could vindicate Leclerc-Madlala's 2000 research.

<sup>293</sup> *The Star* 12 June 2005 SA Needs Sex Survey to Wage War on Aids

saying, “Not much is known about what goes on between the sheets or behind the school sheds.”<sup>294</sup>

If Mbeki acknowledged that it is possible that sexual habits may well play a role in the spread of HIV/AIDS, it would prevent him from clinging to his fantasy that poverty is *the* cause of the pandemic, not a floating signifier but the sole cause. His enjoyment, blaming or making a scapegoat of colonialism and, by implication, whites, would then disappear. To quote from Žizek: “...all his being is in this wound: if we annihilate it, he himself will lose his positive ontological consistency and cease to exist.”<sup>295</sup>

### **III. Mbeki’s discourse on HIV/Aids: 2000 - 2005**

His discourse on the pandemic shows how Mbeki makes poverty, caused by whites through colonialism, the social symptom. It is a symptom, in other words, of the rigid racial antagonisation of South African society performed by, (and in) his fantasy.

Reference has already been made to the significance of the year 1999 in relation to “The Virodene Saga” and Mbeki making common cause with dissident scientists who question the relationship between HIV and Aids. In 2000 Mbeki attempted to explain his stances, particularly his defence of the dissident scientists, through various speeches, a letter to world leaders on HIV/Aids, his addresses to the World Conference on Aids, and several interviews.

#### **i. 2000**

##### Letter to world leaders on the subject of Aids in Africa

“I am honoured to convey to you the compliments of our government as well as my own, and to inform you about some work we are doing to respond to the HIV/Aids epidemic.

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<sup>294</sup> *ibid*

<sup>295</sup> Žizek (1989:78)

“As you are aware, international organizations such as UNAids have been reporting that Sub-Saharan Africa accounts for two-thirds of the world incidence of HIV/Aids. These reports indicate that our country is among worst affected.

“Responding to these reports, in 1998, our government decided to radically step up its own efforts to combat Aids, this fight having up to this point, been left largely to our Ministry and Department of Health.

“Among other things, we set up a Ministerial Task Force against HIV/Aids chaired by the Deputy President of the Republic, which position I was privileged to occupy at the time.

“Our current Deputy President, the Hon. Jacob Zuma, now leads this Task Force. We also established Partnerships against Aids, with many major sectors of our society including the youth, women, business, labour unions and the religious communities.

“We have now also established a National Aids Council, again chaired by the Deputy President and bringing together the government and civil society. An important part of the campaign that we are conducting seeks to encourage safe sex and the use of condoms.

“At the same time, as an essential part of our campaign against HIV/Aids, we are working to ensure that we focus properly and urgently on the elimination of poverty among millions of our people.

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

“As a government and a people, we are trying to organize ourselves to ensure that we take care of the children affected and orphaned to Aids.

“We work also to ensure that no section of our society, whether public or private discriminates against people suffering from HIV/Aids.

“In our current budget, we have included a dedicated fund to finance our activities against HIV/Aids. This is an addition to funds that the central government departments as well as the provincial and local administrations will spend on this campaign.

“We have also contributed to our Medical Research Council such funds as we can, for the development of an Aids vaccine. Demands are being made within the country for the public health system to provide anti-retroviral drugs for various indications, including mother-to-child transmission.

“We are discussing this matter, among others with our statutory licensing authority for medicines and drugs, the Medicines” Control Council (MCC). Towards the end of last year, speaking in our national parliament, I said that I had asked our Minister of Health to look into



various controversies taking place among scientists on HIV/Aids and the toxicity of a particular anti-retroviral drug.

“In response to this, among other things, the Minister is working to put together an international panel of scientists to discuss all these issues in as transparent a setting as possible. As you know, Aids in the United States and other developed Western countries has remained largely confined to a section of the male homosexual population.

“For example, the cumulative heterosexual contact, US percentage for Aids cases among adults/adolescents through June 1999 is given as 10% (HIV/Aids Surveillance Report: Midyear edition: Vol.11, No.1, 1999. US Department of Health and Human Services). The cumulative absolute total for this age group is reported as being 702,748.

“US Aids deaths for the period January 1996 to June 1997 were stated by the US CDC as amounting to 32,750. (Trends in the HIV and Aids Epidemic:1998. CDC). On May 13, 1999, a SAFA-AFP report datelined Paris stated that 1998 UNAids and WHO reports had said that Aids was responsible for one death in five in Africa, or about two million people.

“It quoted a Dr Awa Coll Seck of UNAids as saying that there are 23-million carriers in Africa of HIV. This SAFA-AFP report quotes Dr Coll Seck as saying: ‘In Southern Africa, the prevalence of the (HIV) infection has increased so much in five years that this region could, if the epidemic continues to spread at this rate, see its life expectancy decline to 47 by 2005.’ (Interestingly, the five years to which Dr Coll Seck refers coincide closely with the period since our liberation from apartheid, white minority rule in 1994).

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

“Again as you are aware, whereas in the West HIV/Aids is said to be largely homosexually transmitted, it is reported that in Africa, including our country, it is transmitted heterosexually.

“Accordingly, as Africans, we have to deal with this uniquely African catastrophe that:

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

“It is obvious that whatever lessons we have to and may draw from the West about the grave issue of HIV/Aids, a simple superimposition of Western experience on African reality would be absurd and illogical.

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

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

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

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

“Some elements of this orchestrated campaign of condemnation worry me very deeply. It is suggested, for instance, that there are some scientists who are ‘dangerous and discredited’ with whom nobody, including ourselves, should communicate or interact.

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

“Not long ago, in our own country, people were killed, tortured, imprisoned and prohibited from being quoted in private and in public because the established authority believed that their views were dangerous and discredited. We are now being asked to do precisely the same thing that the racist apartheid tyranny we opposed did, because, it is said there exists a scientific view that is supported by the majority, against which dissent is prohibited.

“The scientists we are supposed to put in scientific quarantine include Nobel Prize winners, members of Academies of Science and Emeritus Professors of various disciplines of medicine!

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

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

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

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

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

“It may be that these comments are extravagant. If they are, it is because in the very recent past, we had to fix our own eyes on the very face of tyranny. I am greatly encouraged that all of, as Africans, can count on your unwavering support in the common fight to save our continent and its peoples from death from Aids.

“Please accept, Your Excellency, the assurance of my response.”<sup>296</sup>

Using Butler’s terms, I suggest, that this is the pursuit of wretchedness. Instead of dealing directly with the issue of HIV/Aids, Mbeki deflects, obfuscates, and slides into the ‘Unhappy Consciousness’ of the past. He justifies giving the dissident scientists a platform because “in our very recent past, we had to fix our own eyes on the very face of tyranny”, referring to apartheid. His conflation of the fight against apartheid with the fight against Aids is arbitrary and shows a deeply passionate attachment to race. It is a melancholic turn, showing the subject’s psyche being subjected to terms of oppression and the norms of the past. He reiterates these norms by his reference to apartheid’s role in HIV/Aids, illustrating Zizek’s theory of enjoyment and the symptom.

This pattern concurs with his previous discourse on the African Renaissance, Nepad, and the Two Nations Theory, where the common thread of passionate attachment to race has been demonstrated. Central to his logic are rigid views on race: he is clearly passionately attached to the issue of race and, by extension, to apartheid, to the subjection of the past. Within this is enjoyment. Mbeki would be bereft without

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<sup>296</sup> Letter from Mbeki: To the world leaders on the subject of Aids in Africa, 3 April 2000

this identification with the symptom. This poses the difficult question of how resignification is possible if identification is totalised.<sup>297</sup>

What also becomes clear is that, far from having an indifference to the epidemic, Mbeki has a deep concern about HIV/Aids. However, because of his passionate attachment to race and by implication, his broader defence of Africanness, his sensitivities about the sexist nature of African society, as shown by LeClerc-Madlala, leads him to engage in a form of denialism about the extent of the pandemic as well as its causes.

Since 2004 the South African government accepted that HIV causes Aids and began administering ART, a vindication for the orthodox scientists. The government, write Quinlan and Willan<sup>298</sup>, increased allocations in the 2003-2004 budget to the departments of health, social development and education. These departments are involved in interventions to contain the epidemic.

There are, however, gaps between the plans and the actual implementation, according to Quinlan and Willan.<sup>299</sup> They point to the TAC's March 2004 threat to sue the minister of health over her apparent reluctance to speed up the procurement of anti-retroviral drugs. In addition, note Quinlan and Willan<sup>300</sup> Sanac, which is supposed to be a forum to provide direction, co-ordinate various efforts and facilitate implementation of decisions, "has yet to be seen to play any constructive role. The deputy president's most notable act as chair of the council has been to negotiate with the TAC to suspend its civil disobedience campaign in 2003. Alarming, lack of progress has been evident in equivalent councils at lower levels of government. For

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<sup>297</sup> Butler (1997:100) "The more specific identities become, the more totalized an identity becomes by that very specificity."

<sup>298</sup> Quinlan and Willan (2005:234)

<sup>299</sup> *ibid* pp235

<sup>300</sup> *ibid*

instance, eThekweni (Durban) city Aids council was launched in 2002, but has not been evidently active since then”.

Mbeki's discourse and views on HIV/Aids are critical to understanding how this inertia came into effect. In the following extracts, he sets out his logic for why the discourse of dissident scientists should be not frozen.

#### Mbeki's speech at the first meeting of the Presidential Advisory Panel on Aids

“I am indeed, very, very pleased that we have arrived at this moment and would like to welcome Stephen Owen and other distinguished people from outside our country, as well as the scientists from within our own country who are here. Welcome to what for us is a very important initiative.

“I am going to read a few lines from a poem by an Irish poet, Patrick Pearce. It will indicate some of what has been going through my mind over the last few months. The poem is entitled, *The Fool*<sup>301</sup> and it says. “Since the wise men have not spoken, I speak but I'm only a fool; A fool that hath loved his folly, Yea, more than the wise men their books or their counting houses or their quiet homes, Or their fame in men's mouths; A Fool that in all his days hath never done a prudent thing, .... I have squandered the splendid years that the Lord God gave to my youth in attempting impossible things, deeming them alone worth the toil. Was it folly or grace?”

“I have asked myself that question many times over the last few months: whether the matters that were raised were as a result of folly or grace.

“You will remember the letter we sent inviting you to this meeting. It included a quotation from a report by the WHO on the global situation of the HIV/Aids pandemic. It is said that of the 5.6-million people infected with HIV in 1999, 3.8-million lived in Sub-Saharan Africa, the hardest hit region. There were an estimated 2.2-million HIV/Aids deaths in the region during 1999, being 85% of the global total, even though only one-tenth of the world's population lives in Sub-Saharan Africa. In addition, the report said there are now more women than men among

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<sup>301</sup> Gillie (1972:522). “The profession of licensed jester is ancient and widespread. In England it existed before the Conquest of 1066 ... Fools were licensed to speak with unusual freedom to their employers ...” Gillie goes on to note that Shakespeare's fools were used to set off the folly of others, as a vehicle of satirical comment on society and behaviour and as an ironic choral accompaniment to his master's deepening tragedy. Lacan (1992:182) notes that the fool is a tradition that began with Chaucer but which reaches its full development in the theatre of the Elizabethan period. “The fool is an innocent, a simpleton, but truths issue from his mouth that are not simply tolerated but adopted ...”

the 22.3-million adults and one million children estimated to be living with HIV/Aids in Sub-Saharan Africa.

“It was this situation, communicated to us by organizations such as the WHO and UNAids, which clearly said that here we have a problem to which we have to respond with the greatest seriousness.

“And, of course, among the Sub-Saharan Africans are the South African Africans, with millions of people said also to be HIV positive and also so many people dying from Aids. The Minister has indicated our response to this, so I won't go over that ground. But it is important, I think, to bear it in mind because some have put out the notion that our asking certain questions in order to answer better and therefore be able to respond better, constituted an abandonment of the fight against Aids.

“What the Minister has said indicates what we have indeed done. There are other things she didn't mention including the allocation of dedicated funds in our annual budget specifically to address this issue. That is from the point of view of the national government, in addition to what other layers of government are doing. We believe that response is important, and it is being carried out in an aggressive way, in a sustained way, and in a comprehensive way so that we do indeed respond to the picture that is painted by these figures.

“It was because it seemed that the problem was so big, if these reports were correct, that I personally wanted to understand this matter better. Now as I've said, I'm only a fool and I faced this difficult problem of reading all these complicated things that you scientists write about, in this language I don't understand. I would phone the Minister of Health and say, “Minister, what does this word mean?” And she would explain.

“I am somewhat embarrassed to say that I discovered that there had been a controversy around these matters for quite some time. I honestly didn't know. I was a bit comforted later when I checked with a number of our Ministers and found that they were as ignorant as I, so I wasn't quite alone.

“What we knew was that there is this virus, HIV. This virus causes Aids. Aids causes death and there's no vaccine against Aids. So once you are HIV positive, you are going to develop Aids, and you are bound to die. We responded with that part of the response the Minister was talking about – public awareness campaigns, encouraging safe sex, use of condoms, all of those things.

“But as one reads on, one noted that we had never said anything in all of this public awareness campaign, that people need to practice safe sex and use condoms in order to stop

the other sexually transmitted diseases – syphilis, gonorrhoea and so on – as though these did not matter.

“As one reads all of these things, one discovered what, as far as I know, was the first report published in our medical journals in this country about the incidence of HIV among our people in this part of the world. It was published in the *South African Medical Journal* in 1985. Among other things, that article said that groups at high risk of developing the acquired immune deficiency syndrome – Aids – in the United States and Europe include homosexual and bi-sexual males; those who abuse intravenous drugs and haemophiliacs.

“The article further says that Aids has been reported in Central Africa. However, homosexuality, drug addiction or blood transfusion has not been reported as risk factors in these patients. It has therefore been suggested that the agent causing Aids is endemic in Central Africa. However, our preliminary data show that although individuals with antibodies directed against HIV are to be found in South Africa, these positive individuals only come from a high-risk group comprising male homosexuals. Individuals who did not belong to any of the known high-risk groups did not have HIV antibodies. Our data, says the article, therefore suggests that the agent implicated in the causation is not endemic in Southern Africa.

“That was in 1985. And of course all the other documentation that I’ve seen suggests that what was reported here in 1985 to be the risk group in this part of the world, remained the risk group in the United States and Western Europe with a preponderance of these infections being among homosexuals and therefore by homosexual transmission, as it is said, of the virus.

“But according to these reports, clearly something changed here. In a period of maybe five, six, seven years after 1985, when it was said that such transmission in this region was not endemic in Southern Africa, there were high rates of heterosexual transmission. Now as I was saying, being a fool I couldn’t answer this question about what happened between 1985 and the early 1990s. The situation has not changed in the United States up to today, nor in Western Europe with regard to homosexual transmission. But here it changed very radically in a short period of time and increased rapidly in a short period of time. Why?

“This is obviously not an idle question for us because it bears very directly on this question: How should we respond? There has been this change, for reasons I can’t explain, but you as scientists, surely would be able to explain. Why this change? What therefore is our most appropriate response? And so we started communicating with some of the people in this room, to ask, what is the cause?

“There is a whole variety of issues that the Minister of Health has just said she will not comment upon, which also I will not comment upon because they are very much part of your discussions. We were looking for answers because all of the information that has been communicating points to the reality that we are faced with a catastrophe, and you can't respond to a catastrophe merely by saying I will do what is routine. You have to respond to a catastrophe in a way that recognizes that you are facing a catastrophe. And here we are talking about people – it is not death of animal stock or something like that, but people. Millions and millions of people.

“Somewhat of a storm broke out around this question, which in truth took me by surprise. There is an approach which asks why is this President of South Africa trying to give legitimacy to discredited scientists, because after all, all the questions of science concerning this matter has been resolved by the year 1984. I don't know of any science that gets resolved in that manner with a cut-off year beyond which science does not develop any further. It sounds like a biblical absolute truth and I do not imagine that science consists of biblical absolute truths.

“There was this very strong response saying: don't do this. I have seen even in the last few days, a scientist who I'm quite certain is eminent who said that perhaps the best thing to do is that we should lock up some of these dissidents in jail and that would shut them up. It is a very peculiar response but it seemed to be to suggest that it must surely be because people are exceedingly worried by the fact that large numbers of people are dying. In that context any suggestion whatsoever that dealing with this is being postponed because somebody is busy looking at some obscure scientific theory, is seen as a betrayal of people. Perhaps that is why had that kind of response which sought to say: let us freeze scientific discourse at a particular point; and let those who do not agree with the mainstream be isolated and not spoken to. Indeed it seems to be implied that one of the important measures to judge whether a scientific view is correct is to count numbers: how many scientists are on this side, then this must be correct ...”<sup>302</sup>

This speech sets out his “logic” contextualising his politics on the issue of HIV/Aids.

The evidence of denial and confusion in this speech is evidenced in his linking other sexually transmitted diseases such as syphilis and gonorrhoea, which have existed

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<sup>302</sup> Speech by Mbeki to the first meeting of the Presidential Advisory Panel on Aids, 6 May 2000



for centuries, to Aids; he claims it is poverty that is the cause of the deaths. Yet, if poverty did not exist, would Aids not exist too?

This speech shows clearly that Mbeki is not indifferent to the issue of HIV/Aids, but the question I raise is whether his statements are those of someone trying to understand the issues or someone caught in the logic of a compulsive fantasy. I argue that it is more a case of the latter, especially in the way he compresses poverty, race and AIDS into an indissoluble essence.

The dissent view of AIDS is important, especially in light of their influence on Mbeki's thinking. Cameron<sup>303</sup> explains the views of the dissident scientists, highlighting their deeply ingrained prejudices against homosexuals. "It soon became clear that the president had become privy to the views propounded by the dissident medical and social scientists who denied that HIV is the cause of Aids. One of their central propositions is that the hundreds of thousands of deaths among gay men in Western and North America in the 1980s and early 1990s, which medical science ascribes to a viral condition triggering immune collapse, were not in fact caused by the 'human immunodeficiency virus' at all."

What caused them, the dissidents say, were first "lifestyle choices" wrongly made by affluent gay men (partying, drugs too much sex), and then the antiretroviral medications their doctors, acting in folly and error, prescribed for their already damaged immune systems, writes Cameron. "The Aids dissidents' dogma takes many forms. Some claim that HIV does not exist as a virus at all. Others assert that such a virus, if it exists at all, has never been isolated. Some urge that HIV does not exist as an infectious condition. Yet others assert that tests for HIV or its antibodies

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<sup>303</sup> Cameron (2005:104)

are wildly misleading and unreliable. They unite in claiming that, if it does exist at all, HIV has been shown to be the cause of Aids”.<sup>304</sup>

It is worth noting that in Mbeki’s address to the Presidential Advisory Panel on Aids he did not follow through on the acknowledgment that Aids was a catastrophe affecting millions of people. Instead, he pointed to poverty as being the biggest killer in Africa. This “logic”, where Mbeki makes poverty the scapegoat for the symptom, and through this “logic”, colonialism and apartheid, is followed through in this address to the 13<sup>th</sup> International Aids Conference in Durban in 2000.

#### Extreme Poverty is the World’s Biggest Killer

“Chairperson, participants at the 13<sup>th</sup> International Aids Conference; Comrades, ladies and gentlemen: On behalf of our government and the people of South Africa, I am happy to welcome you to Durban and to our country.

“You are in Africa for the first time in the history of the International Aids conferences. We are pleased that you are here because we count you as a critical component part of the global forces mobilised to engage in struggle against the Aids epidemic confronting our Continent.

“The peoples of our Continent will therefore be closely interested in your work. They expect that out of this extraordinary gathering will come a message and a programme of action that will assist them to disperse the menacing and frightening clouds that hang over all of us as a result of the Aids epidemic. You met in a country to whose citizen’s freedom and democracy are but very new gifts. For us, freedom and democracy are only six years old.

“The certainty that we will achieve a better life for all our people, whatever the difficulties, is only half a dozen years old. Because the possibility to determine our own future together, both black and white, is such a fresh and vibrant reality, perhaps we often overestimate what can be achieved within each passing day.

“Perhaps, in thinking that your Conference will help us to overcome our problems as Africans, we overestimate what the 13<sup>th</sup> International Aids Conference can do. Nevertheless,

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<sup>304</sup> Cameron (2005:104)

that overestimation must also convey a message to you. That message is that we are a country and a Continent driven by hope, and not despair and resignation to a cruel fate.

“Those who have nothing would perish if the forces that govern our universe deprived them of the capacity to hope for a better tomorrow.

Once more I welcome you all, delegates at the 13<sup>th</sup> International Aids Conference, to Durban, to South Africa and to Africa, convinced that you would have come here, unless you were to us, messengers of hope, deployed against the spectre of the death of millions from disease.

“You will spend a few days among people that have a deep understanding of human and international solidarity. I am certain that there are many among you who joined in the international struggle for the destruction of the anti-human apartheid system.

“You are therefore as much midwives of the new, democratic, non-racial and non-sexist South Africa as are the millions of our people who fought for the emancipation of all humanity from the racist yoke of the apartheid crime against humanity.

“We welcome you warmly to South Africa also for this reason. Let me tell you a story that the World Health Organisation told the world in 1995. I will tell this story in the words used by the WHO. This is the story:

““The world’s biggest killer and the greatest cause of ill health and suffering across the globe is listed almost at the end of the International Classification of Diseases. It is given the code Z59.5 – extreme poverty.

““Poverty is the main reason why babies are not vaccinated, why clean water and sanitation are not provided, why curative drugs and other treatments are unavailable and why mothers die in childbirth. It is the underlying cause of reduced life expectancy, handicap, disability and starvation. Poverty is a major contributor to mental illness, stress, suicide, family disintegration and substance abuse. Every year in the developing world 12.2-million children under five die, most of them from causes, which could be prevented for just a few US cents per child. They die largely because of world indifference, but most of all they die because they are poor ...

““Beneath the heartening facts about decreased mortality and increasing life expectancy, and many other undoubted health advances, lie unacceptable disparities in wealth. The gaps between rich and poor, between one population group and another, between ages and between sexes, are widening. For most people in the world today every step of life, from infancy to old age, is taken under the twin shadows of poverty and inequity, and under the double burden of suffering and disease.

“For many, the prospect of longer life may seem more like a punishment than a gift. Yet by the end of the century we could be living in a world without poliomyelitis, a world without new cases of leprosy, a world without deaths from neonatal tetanus and measles. But today the money that some developing countries have to spend per person on health care over an entire year is just \$4 – less than the amount of small change carried in the pockets and purse of many people in the developed countries.

“A person in one of the least developed countries in the world has a life expectancy of 43 years according to 1993 calculations. A person in one of the most developed countries has a life expectancy of 78 – a difference of more than a third of a century. This means a rich, healthy man can live twice as long as a poor, sick man.

“That inequity alone should stir the conscience of the world – but in some of the poorest countries the life expectancy picture is getting worse. In five countries life expectancy at birth is expected to decrease by the year 2000, whereas everywhere else it is increasing. In the richest countries life expectancy in the year 2000 will reach 79 to widen between rich and poor, and by the year 2000 at least 45 countries are expected to have a life expectancy at birth under 60 years.

“In the space of a day passengers flying from Japan to Uganda leave the country with the world’s highest life expectancy- almost 79 years – and land in one of the worlds lowest – barely 42 years. A day away by plane, but half a lifetime’s difference on the ground. A flight between France and Cote d’Ivoire takes only a few hours, but it spans almost 26 years of life expectancy. A short trip between Florida in the USA and Haiti represents a life expectancy gap of over 19 years ...

“HIV and Aids are having a devastating effect on young people. In many countries in the developing world, up to two-thirds of all new infections are among people aged 15-24. Overall it is estimated that half the global HIV infections have been in people under 25 years – with 60% of infections of females occurring by the age of 20. Thus the hopes and lives of a generation, the breadwinners, providers and parents of the future, are in jeopardy. Many of the most talented and industrious citizens, who could build a better world and shape the destinies of the countries they live in, face tragically early death as a result of HIV infection.’ (World Health Report 1995: Executive summary, WHO)

“This is part of the story that the World Health Organisation told in its World Health Report in 1995. Five years later, the essential elements of this story have not changed. In some cases, the situation will have become worse.

“You will have noticed that when the WHO used air travel to illustrate the import of the message of the story it told, it spoke of a journey from Japan to Uganda, another from France to the Cote d’Ivoire and yet another from the United States to Haiti. From developed Asia, Europe and North America, two of these journeys were to Africa and the third to the African Diaspora. Once again, I welcome you to Africa, recognising the fact that the majority of the delegates to the 13<sup>th</sup> International Aids Conference come from outside our Continent.

“Because of your heavy programme and the limited time you will spend with us, what you will see of this city, and therefore our country, is the more developed world of which the WHO spoke when it told the story of world health in 1995. You will not see the South African and African world of poverty or which the WHO spoke, in which Aids thrives – a partner with poverty, suffering, social disadvantage and inequity.

“As an African, speaking at a conference such as this, convened to discuss a grave human problem such as the acquired human deficiency syndrome, I believe that we should speak to one another honestly and frankly, with sufficient tolerance to allow all voices to be heard. Had we, as a people, turned our backs on these basic civilized precepts, we would never have achieved the much-acclaimed South African miracle of which all humanity is justly proud.

“Some in our common world consider the questions I and the rest of our government have raised around the HIV/Aids issue, the subject of the conference you are attending, as akin to grave criminal misconduct. What I hear being said repeatedly, stridently, angrily, is – do not ask any questions!

“The particular twists of South African history and the will of the great majority of our people, freely expressed, have placed me in the situation in which I carry the title of the President of the Republic of South Africa.

“As I sat in this position, I listened attentively to the story that was told by the WHO. What I heard was that extreme poverty is the world’s biggest killer and the greatest cause of ill health and suffering across the globe. As I listened longer, I heard stories being told about malaria, tuberculosis, hepatitis B, HIV/Aids and other diseases.

“I heard also about micronutrient malnutrition, iodine and vitamin A deficiency. I heard of syphilis, gonorrhoea, genital herpes and other sexually transmitted diseases as well as teenage pregnancies. I also heard of cholera, respiratory infections, anaemia, bilharzias, river blindness, guinea worms and other illnesses with complicated Latin names.

“As I listened longer to this tale of human woe, I heard the name recur with frightening frequency – Africa, Africa, Africa! And so, in the end, I came to the conclusion that as Africans we are confronted by a health crisis of enormous proportions.

“One of the consequences of this crisis is the deeply disturbing phenomenon of the collapse of immune systems among millions of our people, such that their bodies have no natural defence against attack by many viruses and bacteria.

“Clearly, if we, as African countries, had the level of development to enable us to gather accurate statistics about our own countries, our morbidity and mortality figures would tell a story that would truly be too frightening to contemplate.

“As I listened and heard the whole story told about our own country, it seemed to me that we could not blame everything on a single virus.

It seemed to me also that every living African, whether in good or ill health, is prey to many enemies of health that would interact one upon the other in many ways, within one human body.

“And thus I came to conclude that we have a desperate and pressing need to wage a war on all fronts to guarantee and realize the human right of all our people to good health.

“And so, being sufficiently educated, and therefore ill prepared to answer this question, I started to ask the question, expecting an answer from others – what is to be done, particularly about HIV/Aids! One of the questions I have asked is – are safe sex, condoms and anti-retroviral drugs a sufficient response to the health catastrophe we face!

“I am pleased to inform that some eminent scientists decided to respond to our humble request to use their expertise to provide us with answers to certain questions. Some of these have specialized on the issue of HIV/Aids for many years and differed bitterly among themselves about various matters. Yet, they graciously agreed to join together to help us find answers to some outstanding questions.

“I thank them most sincerely for their positive response, inspired by a common resolve more effectively to confront the Aids epidemic.

“They have agreed to report back by the end of this year having worked together, among other things, on the reliability of and the information communicated by our current HIV tests and the improvement of our disease surveillance system.

“We look forward to the results of this important work, which will help us to ensure that we achieve better results in terms of saving the lives of our people and improving the lives of millions.

“In the meantime, we will continue to intensify our own campaign against Aids, including:

- A sustained public awareness campaign encouraging safe sex and the use of condoms
- A better-focused programme targeted at the reduction and elimination of poverty and the improvement of the nutritional standards of our people
- A concerted fight against the so-called opportunistic diseases, including TB and all sexually transmitted diseases
- A humane response to people living with HIV and Aids as well as the orphans in our society
- Contributing to the international effort to develop an Aids vaccine, and
- Further research on anti-retroviral drugs

“You will find all of this in our country’s Aids action plan, which I hope has been or will be distributed among you. You will see from that plan, together with the work that has been going on, that there is no substance to the allegation that there is any hesitation on the part of our government to confront the challenge of HIV/Aids.

“However, we remain convinced of the need for us to better understand the essence of what would constitute a comprehensive response in a context such as ours which is characterized by the high levels of poverty and disease to which I have referred.

“As I visit the areas of this city and country that most of you will not see because of your heavy programme and your time limitations, areas that are representative of the conditions of life of the overwhelming majority of the people of our common world, the story told by the WHO always forces itself back into my consciousness.

“The world’s biggest killer and the greatest cause of ill health and suffering across the globe, including South Africa, is extreme poverty. Is there more that all of us should do together, assuming that in a world driven by a value system based on financial profit and individual material reward, the notion of human solidarity remains a valid precept governing human behaviour!

“On behalf of our government and people, I wish the 13<sup>th</sup> International Aids Conference success, confident that you have come to these African shores as messengers of hope and hopeful that when you conclude your important work, we, as Africans, will be able to say that you who came to this city, which occupies a fond place in our hearts, came here because you care. Thank you for your attention.”<sup>305</sup>

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<sup>305</sup> Extreme Poverty is the World’s Biggest Killer, Speech by Mbeki, 13<sup>th</sup> International Aids Conference, Durban 2000

Few could dispute the magnitude of poverty in Africa and in South Africa<sup>306</sup>; few could dispute that the wealth gap is indeed widening; and few could dispute that children in Africa are dying through malnutrition caused by poverty.

But this was an address to a conference on Aids and Mbeki's only comment on treating the disease was that further research needed to be done on antiretroviral drugs. The way in which race enters this discourse is through Mbeki invoking the scapegoat of poverty. The "logic" is that were it not for colonialism, poverty and apartheid, AIDS would not exist. While there is definitely an argument to say that were it not for apartheid, poverty would not exist to the extent that it does, this surely, is not the whole story of AIDS. Zizek refers to this phenomenon in his example of anti-Semitism, where Jews were made scapegoats and thus the symptom of social antagonism. In the same way, were it not for poverty, caused by colonialism, HIV/AIDSs would not exist.

This speech is a prime example of how Mbeki manages to obfuscate and conflate issues. Who, precisely, has "blamed everything on a single virus"? When Mbeki listens to "this tale of human woe, I heard the name recur with frightening frequency – Africa, Africa, Africa!" he says.

While it is obvious that poverty exists in Africa, Mbeki links this directly to the issue of HIV/Aids. It is through his passionate attachment to the signifier race that he finds himself in a circular knot of meanings: his ideological imperative is "race is the cause of everything", colonial oppression caused poverty therefore colonial oppression caused HIV/Aids.

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<sup>306</sup> The United Nations Development Programme Report, HIV/AIDS: Human Development South Africa 1998 said: "More than half of South Africa's population can be categorised as poor, with two thirds living in the Eastern Cape, KwaZulu-Natal and Northern Province. Twenty three percent of South Africans live under \$1 per day."



While Mbeki is correct in his quotes from the WHO about poverty in Africa and in South Africa<sup>307</sup>, it is, I believe, disingenuous to use the WHO's report on poverty to avoid dealing with the causes of and cures for HIV and Aids. Such expediency merely delays the rollout of ART. According to Cameron<sup>308</sup> Mbeki merely adds to confusion around the issue. He adds "...the conventional approach to Aids does not dispute that diseases have environmental triggers. Nor does it deny that poverty, malnutrition, poor healthcare and adverse living conditions hasten their onset. Still less does it suggest that antiretroviral treatment can succeed in isolation".<sup>309</sup>

Cameron quotes Ramphela, who described the official sanction given to scepticism about the cause of Aids as "irresponsibility that borders on criminality", and writes of Ramphela's comment, "If this aberrant and distressing interlude has delayed the implementation of life-saving measures to halt the spread of HIV and to curtail its effects, the history will not judge this comment excessive."<sup>310</sup>

The message from Mbeki thus far, both explicitly and implicitly, is that acceptance of the conventional approach to the disease is racist because it is premised on the belief that the widespread manifestation of HIV and Aids arises from its sexual transmission, and this in turn implies, in Mbeki's frame of reference, that, yet again Africans are being stereotyped. It is precisely his attachment to the stereotype he wants to dismantle that has caused his inertia on tackling the problem of HIV/AIDS.

## ii. 2001

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<sup>307</sup> In fact poverty in South Africa has increased, according to Magasela (2005:45). In the chapter Towards a Constitution-based definition of poverty in post apartheid South Africa he says, "...on all poverty measures, poverty increased between 1995 and 2000 against a constant real poverty line per person. The depth and severity of poverty has increased."

<sup>308</sup> Cameron (2005:113)

<sup>309</sup> *ibid* pp119

<sup>310</sup> *ibid*

In a speech at the University of Fort Hare in 2001 Mbeki<sup>311</sup> said, “And thus it happens that others who consider themselves to be our leaders take to the streets carrying their placards, to demand that because we are germ carriers, and human beings of a lower order that cannot subject its passions to reason, we must perforce adopt strange opinions, to save a depraved and diseased people from perishing from self-inflicted disease ...Convinced that we are but natural-born, promiscuous carriers of germs, unique in the world, they proclaim that our continent is doomed to an inevitable mortal end because of our unconquerable devotion to the sin of lust.”

This excerpt demonstrates Mbeki’s excessive attachment to race, his passionate attachment to the issue and his pursuit of wretchedness. It is a violent and melancholic turn to terms of injury and to a repetition of norms, referring to Butler. It shows a fixation on whites’ perceptions about black people. In other words, apropos white South Africans Mbeki automatically identifies them as the bearers of the anti-black racist fantasy that they possess in his fantasised perception. Using Butler<sup>312</sup>, I argue that Mbeki fits closely into her description of the “The master, who at first appears to be external to the slave, re-emerging as the slave’s own conscience”. The violent language in the excerpt shows that Mbeki is subjected to norms of the past, and he becomes subjected by reiterating these norms, showing his dependency on racial essences and stereotypes. This illustrates Butler’s argument that a subject is formed through a reflexive turn onto himself and not by external repression.

Mbeki uses hyperbolic language, indicating just how passionately invested he is in race. It shows Mbeki’s discourse “turning back on upon oneself or even turning on itself”.<sup>313</sup>

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<sup>311</sup> Cameron (2005: 99)

<sup>312</sup> Butler (1997:3)

<sup>313</sup> Butler (1997:3)

By using a phrase like “convinced that we are but natural-born, promiscuous carriers of germs, unique in the world, they proclaim that our continent is doomed to an inevitable mortal end because of our unconquerable devotion to the sin of lust”<sup>314</sup> Mbeki shows the excess he attaches to race. It is the rigid designator at work. Žizek explains “the rigid designator aims, then, at that impossible kernel, at what is in an object more than the object, at this surplus produced by the signifying operation.”<sup>315</sup> The point, he writes, is the connection between the radical contingency of naming and the logic of the emergence of the rigid designator through which an object achieves its identity. He uses the example that through the excesses attributed to the Jews, one must recognise the truth about ourselves.<sup>316</sup> In other words, he is telling us about his fantasy (of the white fantasy): this is how they view blacks as “natural-born, promiscuous carriers of germs ...”

The same pattern emerges in Mbeki’s<sup>317</sup> address to the Third African Renaissance Festival on 31 March 2001, when, after talking about imbalance of the infrastructural development of the poor African countries compared to the wealthy Western/Northern countries, he commented, “Add to this the particular additional constraint that faces us as Africans, arising out of our history over the last 40 years or so.

“That history has created an image our continent as one that is naturally prone to wars, military coups and dictatorship, denial of human rights, corruption, permanent dependence on aid and humanitarian assistance, and, more recently, an Aids pandemic caused it is said, by rampant sexual promiscuity and endemic amorality.”<sup>318</sup>

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<sup>314</sup> Žizek (1989:97)

<sup>315</sup> *ibid*

<sup>316</sup> *ibid* (1989:128)

<sup>317</sup> Mbeki (2002:88)

<sup>318</sup> Mbeki (2002:88) in an address entitled Defeating African Underdevelopment.

Once again the pattern of passionate attachment is obvious. Again, Mbeki makes a reflexive turn to norms that are not of his own making, but that he nonetheless chooses to reiterate.

Later in 2001, on a day declared Mbeki declares, “Be Positive Day”, his discourse shows that race is rigidly designated in it, that it is the privileged master signifier. In a “Letter from the President”<sup>319</sup> entitled South Africans have reason to be positive Mbeki says, “Today is our national Be Positive Day ... To be positive means to enjoy the rare gift of hope. It means confidence that tomorrow will be better than today. It indicates the possibility to see further than one’s own nose and therefore further than today’s problems, and thus to see into the promise of the future. It signifies the commitment of the positive person to contribute to making tomorrow a better day both for himself or herself and for all our communities ... Our country has a great need of such people. I say this because there are negative people in our country who fondly present ours as a bleak future.”

His discourse then slips into a familiar theme, with Mbeki attacking those who had left the country. “Some among these were driven to relocate by their refusal to accept our new democratic order ... They informed themselves that our country would regress into a one-party autocracy with no respect for human rights. Our economy would collapse because of mismanagement and corruption. Our white citizens would be discriminated against by an ‘Africanist’ government through the implementation of such programmes as affirmative action. They would also fall victim to a crime wave which the government is either unable or unwilling to confront, directed especially against our white compatriots. The population would be wiped out by HIV/Aids,

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<sup>319</sup> Letter from the President: South Africans have reason to be positive ANC Today, Vol.1 No.42 2-8 November 2001

spread by endemic rape and sexual promiscuity especially among the African majority.”

Again, ironically on “Be positive Day”, Mbeki slips into the Unhappy Consciousness, and pursues wretchedness by raising the issue of Afro-pessimism. His *bete noire* - how whites perceive Africa and Africans - shows, once again, Mbeki’s passionate attachment to race. To reiterate then, what Mbeki maintains is the white fantasy of blacks and this is itself part of Mbeki’s a priori projection onto South Africa of a racially antagonised structure of social and political identities.

This letter serves as an example of how Mbeki, despite referring to HIV/Aids, does not tackle the issue of the epidemic at all; rather he chooses instead to focus on white stereotypes of African people and African sexuality.

### **iii. 2002**

Mbeki’s prevarication on the efficacy of ART sowed much confusion within the government as well as non-governmental bodies, such as Cosatu, and among the public. Gumede<sup>320</sup> documents this confusion when he writes that in the autumn of 2002 a 114-page ANC document, written primarily by Mokaba, attacked pharmaceutical companies as well as the orthodox opinion on HIV. “The sarcastic monologue lashed out at the bigotry that equates blacks with promiscuity and portrays Africans as diseased and poor, and always running to the West for aid.”

Gumede then quotes from the document, “Yes, we are sex crazy! Yes, we are diseased! Yes, we spread the deadly HIV through uncontrolled heterosexual sex! In this regard, yes, we are different from the US and Western Europe! Yes, we men abuse women and the girl-child with gay abandon! Yes, among us rape is endemic

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<sup>320</sup> Gumede (2005:163)

because of our culture! Yes, we do believe that sleeping with young virgins will cure us of Aids! Yes, as a result of all this, we are threatened with destruction by the HIV/Aids pandemic! Yes, what we need, and cannot afford because we are poor, are condoms and anti-retroviral drugs! Help!”<sup>321</sup>

Within weeks of writing the paper, Mokaba died from what was widely believed to be an Aids-related disease, writes Gumede<sup>322</sup>. But like Mankahlana's family, Mokaba's family also denied the death was from Aids.

It was during the same period, Gumede<sup>323</sup> writes, that Mbeki made an announcement that he would launch an international advisory body to investigate the high incidence of heterosexual infection. According to Gumede, Mbeki came under fire from many quarters, including medical scientist Jerry Coovadia who told him to leave science to the scientists, Cosatu and the SACP, and Mandela and Tutu. The health department also experienced fractures, with several resignations, including director general Ayanda Ntsaluba, who was, according to Gumede<sup>324</sup>, unable to reconcile his own beliefs with those of the health minister and the president. It is worth noting here that the Medical Research Council (as reported by Health-e news service) estimated that by 2002, Aids-related illnesses were responsible for 40% of deaths<sup>325</sup>.

Another significant event took place in 2002, the Constitutional Court ruled to uphold a Pretoria High Court judgement that the government was to provide antiretroviral treatment to pregnant mothers. According to Cameron<sup>326</sup>, the judgments showed that “irrationality and obfuscation had no place in South Africa's response to the dire Aids

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<sup>321</sup> According to Mbali (2003:320) the document by Mokaba, who an ANC MP and a confidant of Mbeki's, presented conspiratorial arguments and an 'omnipotent apparatus' of AIDS doctors, scientists, activists and the pharmaceutical companies aimed at killing black people in South Africa by prescribing 'toxic' anti-retrovirals.

<sup>322</sup> Gumede (2005:164)

<sup>323</sup> ibid

<sup>324</sup> ibid pp164

<sup>325</sup> In addition, 11.4% of South Africans were HIV-positive in this year, according to Mbali (2003: 312).

<sup>326</sup> Cameron (2005:117)

threat.” On April 17 2002, Mbeki officially withdrew from the debate on whether HIV caused Aids, but this did not end his discourse on the topic of race and HIV.

#### **iv. 2003**

At the end of an interview with the *Washington Post* in September 2003, Mbeki said, “Personally, I don’t anybody who has died of Aids.” This statement led the editor of the *Mail & Guardian*, Ferial Haffajee, to write a scathing commentary in an article Africa’s leader or its laggard?<sup>327</sup> in which she challenged the political will of the president to deal with the HIV/Aids crisis. She commented that the Aids question, because it is Mbeki’s Achilles heel, risked blotting his legacy on his modern “renaissance” man visage. “...with evidence mounting in other African countries that political will and political leadership are vital in the armoury of the battle against Aids, this ostrich strategy has become a nonsense that won’t do. We cannot have a president burying his head and withdrawing from a policy and a debate that is our more serious challenge. Moreover, it is a fraught dichotomy, to have a president believe one thing and his Cabinet another. Withdrawal is another name for abdication of leadership, not only here but in all of Africa.”<sup>328</sup>

The issue for Haffajee illustrates the contradiction of Mbeki, whom she says is both an African leader and a laggard. “For most other modernist leaders of his ilk there is no obsessive dissembling of HIV and Aids; no flirting with dissidents and no awkward conflation of racism and Aids. Those leaders [other African leaders] come across as self-confident in their Africanness and their ability to destigmatise Aids and fight it. To read the president’s musings on Aids is to see how he views the pandemic as one that strips African dignity and pride.” Haffajee pointed out that Aids is Africa’s biggest

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<sup>327</sup> *Mail & Guardian*, 3-9 October 2003 Africa’s leader or its laggard?

<sup>328</sup> *Mail & Guardian* 3-9 October 2003 Africa’s leader or its laggard?

challenge, with an estimated 30-million affected and, according to UNAids predictions, 20-million children having lost one or both parents to Aids by 2010.

“When Mbeki’s political resume is written, his stasis, his doubting and his ambivalence on Aids will count as much in his disfavour as his tireless campaigning for a self-sufficient, equal and prosperous Africa will count in his favour. This surely, is reason enough to change his script and his mind.”<sup>329</sup>

It appears that Mbeki’s script has not changed with time. In an article A sense of siege<sup>330</sup> Justice Malala (former editor of *This Day*) gave an analysis of the president over the five years from 1999 to 2005. “With four years of an Mbeki presidency still to run, the increasingly beleaguered, pained, paranoid and aggressive trend is likely to intensify. Every Friday with his Letter from the President column, new targets will be found and shot down.

“In Mbeki’s world, South Africa is a nation of largely white racists opposed to change (it does not matter that some of them fought apartheid) and embattled blacks who are viewed by suspicion by the white minority. Hence his reductionist argument: criticism emanates from white racists or their black tools.

“On Aids, Mbeki has lost all ground and has made himself a laughing stock the world over. Here, too, he does not know how to say simply: ‘I was wrong’. Instead, in a country where almost all of us know people who have died of Aids, Mbeki has been insensitive and crass enough to say he knows no one who has died of Aids. Instead of acknowledging the deaths of some of his officials and colleagues from the virus,

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<sup>329</sup> *ibid*

<sup>330</sup> *Financial Mail* 4 February 2005 A sense of siege.



he has chosen to use acolytes to defend his indefensible, wrong, misguided notion that HIV does not cause Aids.”

I concur with both Malala and Haffajee’s analysis of Mbeki on HIV/Aids.

Notable in 2003 was the TAC’s suspension in April of its civil disobedience campaign, begun a month earlier, to give the government time to respond to a task team that was compiling a costing report on drug treatment. In July 2003, the TAC leaked the report, which showed that full access to treatment would result in 1.7-million deaths being deferred to 2010.<sup>331</sup>

Then, it was announced on 17 November 2003 that the government that it would provide ART. The debate over whether HIV caused Aids, as well as about the efficacy of ART, was finally over.

However, the damage caused by Mbeki’s lack of political will on the issue had already been done and South Africa faced a climbing HIV infection rate. According to an article by Tamar Kahn<sup>332</sup>, “By contrast, Uganda, under the leadership of President Yoweri Museveni, has brought its epidemic under control, Botswana, with the highest HIV prevalence rate in the world (39%) has pledged free anti-retroviral treatment to all its citizens who need it. In South Africa, it has been left to medical professionals, activists, trade unions and civil society organisations to lobby for access to treatment, and to challenge multinational pharmaceutical companies to lower their Aids drug prices.”

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<sup>331</sup> Keeton in *Sunday Times* 30 November 2003 Roll out treatment, roll back stigma

<sup>332</sup> *Business Day* 20 November 2003 Reward at last for bitter struggle to treat Aids

Mark Heywood, head of the Aids Law Project at the University of the Witwatersrand and also treasurer of the TAC, commented in a newspaper article<sup>333</sup> that while nobody wanted to harp on the confusion and conflict over Aids policy that had characterised the last few years, the damage was done and this damage needed mending. “A culture of denial about Aids was created that often left senior politicians and government officials paralysed.” What was needed, he wrote, was leadership that would galvanise the nation, “unambiguous and loud political commitment from the president down to the mayor of the smallest local municipality”. “The antiretroviral treatment plan needs leadership<sup>334</sup>. It needs a signal from the president to the nation that we must marshal our capability to save lives. The traditional gap between policy and implementation must be overcome.”

There has been no retraction from Mbeki, no admission that he was wrong. In fact, there has been a continued absence of any firm committed political leadership on the issue. This has created a political inertia over the implementation of treatment, which has lead to South Africa being at the rear in the world in terms of effective treatment.

Although it seems Mbeki was relatively silent on the HIV/Aids issue during 2003, apart from stating, “I personally do not know anyone who has died of Aids”, it appears that this was time spent in reflecting on the pandemic. In 2004 Mbeki returns to the subject and, I argue, that his discourse shows the deepening of his passionate attachment to race.

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<sup>333</sup> *Sunday Times* 30 November 2003 President must lead the war on Aids

<sup>334</sup> See also UNDP report 1998. Mobilising a new partnership against HIV/AIDS requires political commitment and a supportive policy environment.

## v. 2004

Malala's warning that "With four years of an Mbeki presidency still to run, the increasingly beleaguered, pained, paranoid and aggressive trend is likely to intensify"<sup>335</sup> appears to have been an accurate prediction as reflected by Mbeki's discourse in 2004 and 2005.

In October 2004 Mbeki<sup>336</sup> said, "I will not keep quiet while others whose minds have been corrupted by the disease of racism accuse us, the black people of South Africa, Africa and the world, as being, by virtue of our Africanness and skin colour, lazy, liars, foul smelling, diseased, corrupt, violent, amoral, sexually depraved, animalistic, savage and rapists. ... Whites regard blacks as sexual beasts, unable to control our urges, unable to keep our legs crossed, unable to keep it in our pants."<sup>337</sup> This imagery is similar to that used in one of his "Letters from the President" on Dislodging stereotypes.<sup>338</sup>

During the parliamentary debate, Mbeki was asked to comment on the HIV/Aids epidemic, including his silence on the matter. His response was that the *real* issue was the "prejudice" of "bigots".

His discourse, for example, that "whites regard blacks as sexual beasts, unable to control our urges, unable to keep our legs crossed" illustrates once again the rigid designator at work, as well as the social fantasy. What eludes Mbeki's view is radical

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<sup>335</sup> *Financial Mail* 4 February 2005 A sense of siege

<sup>336</sup> ANC Today, Vol 4, No 42, 22-28 October 2004

<sup>337</sup> Mbeki, during the same period, took umbrage with journalist Charlene Smith's article on the high rape rate in the country.

<sup>338</sup> See Chapter 4: Letters from the President for a transcript.

contingency of naming and the irreducible gap between the Real and the modes of its symbolisation ...”<sup>339</sup>

It is a violent turn, not just against whites, but against blacks too, because he is reiterating injurious norms of the past. The violent, melancholic or passionate turn, (Butler uses these concepts interchangeably), shows the excess attached to race and therefore his attachment to past subjection. If he was to detach from the signifier of race, he would experience loss. This would be loss of “the loss” (of Colonialism, Apartheid and Race) which define his frame of reference. While Mbeki is not ascribing such characteristics to black people, these are his assumptions of white people’s perceptions.<sup>340</sup> In short, Mbeki keeps racism alive by reiterating the norms of the past.

In February 2004 it was reported that South Africa’s adult death rate had soared by 62% in the five years between 1997 and 2002, while the government had not met its March 2002 goal of supplying 53 000 people with antiretrovirals.<sup>341</sup> According to a United Nations report released at the end of February, more than 80-million Africans may die as a result of Aids by 2025, and infections could soar to 89-million people if more was not done to combat the epidemic.<sup>342</sup> However, the report said that 43-million people could be saved if more time, money and political commitment was invested in the epidemic. The report said that if millions of Africans are still being infected by the HIV virus by 2025, “it will be because there was insufficient political will to change behaviour at all levels ....”<sup>343</sup>

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<sup>339</sup> Zizek (1989:97)

<sup>340</sup> An evaluation of Mbeki’s viewpoint cannot be made since his assertions have not been tested.

<sup>341</sup> *Sunday Independent* 20 February 2005 Deaths soar as Aids drug roll out falters

<sup>342</sup> *Sunday Independent* 2 March 2005 Aids will kill 80-million if African leaders don’t act

<sup>343</sup> *ibid.*

Meanwhile, South Africa Mbeki's health minister Manto Tshabalala-Msimang continued to promote the myth that "raw garlic and a skin of lemon – not only gives you a beautiful face and skin – but also protects you from disease".<sup>344</sup>

Coovadia criticised the minister's comments as "careless and dangerous statements". "I am surprised by the manner she draws up her amazing beliefs ...when she talks of raw garlic, onion, beetroot and lemon what scientific evidence does produce? Her actions could have severe implications for people and the image of the nation. Some form of censure should emerge."<sup>345</sup>

However, at the opening of new offices for loveLife, an Aids awareness NGO, Tshabalala-Msimang held firm, "Nutrition is the basis of good health and it can stop the progression from HIV to full blown Aids, and eating garlic, olive oil, beetroot and the African potato boosts the immune system to ensure the body is able to defend itself against the virus and live with it...."<sup>346</sup>

There are other implications and consequences of Aids denialism. A report by the Reserve Bank said that South Africa's labour force has shrunk over the past few years, "probably because more people have given up looking for work or are infected with HIV". The report said, "SA's labour force participation rate – which counts the number of people working and actively seeking work as a proportion of the total population – has dropped to 54.1% in September last year, down from 58.9% in September 2000."<sup>347</sup>

HIV/Aids has a serious impact on education according to Olive Shisana, head of the HSRC's HIV/Aids research unit. In June 2005 she said that at least 10 000 public

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<sup>344</sup> *Sunday Independent* 8 May 2005 Manto's Aids comments spark outrage

<sup>345</sup> *ibid*

<sup>346</sup> *The Star* 30 June 2005 Manto sticks to her guns – garlic, beetroot, olive oil

<sup>347</sup> *Business Day* 3 December 2004 SA's pool of labour shrinks as HIV/Aids, discouragement takes its toll

sector teachers needed Aids drugs.<sup>348</sup> “The figures highlight the effect HIV/Aids is having on the public education system, which is seeing increased teacher absenteeism as teachers fall ill, care for sick relatives, and attend funerals.” The HSRC study, which surveyed 17 000 teachers, found 12.7% of them were HIV-positive.<sup>349</sup>

The fact that HIV/Aids is a human tragedy has been adequately demonstrated by the facts and figures shown so far. Naturally, there are economic and political consequences of the HIV/Aids epidemic. As Anthony Butler comments on the consequences of the pandemic in an article *HIV/Aids Challenge: Crisis that Builds Democracy*, “... the pandemic could undermine economic growth, political institutions and popular attitudes”.

“Poor countries can be democracies, but only rich countries are likely to remain that way. Yet HIV/Aids hits the economically active hard, eroding productivity, investment and disposable incomes. It reduces incentives to invest in human resources and disrupts transmission of human capital across generations. It exacerbates income inequality and threatens fiscal crisis, shrinking the tax take and reducing tax law compliance....”<sup>350 351</sup>

Aids has added to the poverty and debt spiral, as seen in the results of a joint research project by UNAids and the Joint Centre for Political and Economic Studies on 400 households in QwaQwa and Welkom over an 18-month period. The study showed that “people spend less money on food when they have to support a family member who has Aids. Most HIV/Aids affected households are burdened with the

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<sup>348</sup> *Business Day* 9 June 2005 Aids stalks teachers in state schools

<sup>349</sup> *ibid*

<sup>350</sup> *Business Day* 14 March 2005 Crisis that blinds democracy

<sup>351</sup> A longer version of Butler's article appears in *Journal of Contemporary African Studies*.

high cost of funerals and medical treatment, and thus respond to financial crisis by borrowing money, using their savings and selling their assets.”<sup>352</sup>

In September 2005, Cosatu’s Vavi launched an attack on Mbeki over a lack of leadership in the HIV/Aids pandemic. At the national congress of TAC, he said the cause of the pandemic was due to public health policy failures. “Ultimately, these failures start with a failure of leadership beginning with the presidency and the ministry of health ... this lack of government leadership on HIV is a betrayal of our people and our struggle.”<sup>353</sup> The next day the ministry of health responded to the Cosatu leader saying that he was “irresponsible” and that he needed to “get his facts straight”.<sup>354</sup>

In October 2005, Stephen Lewis<sup>355</sup>, the UN’s secretary-general’s special envoy for HIV/Aids in Africa, in a newly released book Race Against Time, said he was deeply concerned about South Africa lagging unconscionably with the roll out of antiretrovirals. He said he found the situation “absolutely mystifying”.

It would seem as though he is not the only person to find the situation unsatisfactory. In a recent poll<sup>356</sup>, by Research Surveys, nine out of 10 South Africans believe the government is failing people living with Aids. The poll showed that 90% of blacks and 86% of all those questioned believe the government should do more to supply medicine to those already infected.

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<sup>352</sup> *Mail & Guardian* 21-27 November 2003 Aids adds to poverty spiral

<sup>353</sup> *The Star* 26 September 2005 Vavi lashes Mbeki, Manto

<sup>354</sup> *The Star* 27 September 2005 Get facts right, ministry tells Vavi

<sup>355</sup> *The Sunday Independent* 30 October 2005 UN envoy slams SA’s Aids stance

<sup>356</sup> Reported in the *Sunday Times*, 30 October 2005 SA citizens feel let down on HIV, poll shows

It is clear that Mbeki's failure to develop an appropriate response to HIV and Aids has cost the country, and Africa, dearly<sup>357</sup> in terms of Aids orphans, loss of skills, infant mortality, dependency, population size and economic growth.<sup>358</sup>

It is also clear that the denialism, conflation and obfuscation that has characterised Mbeki's discourse on the pandemic is rooted in his attachment to race and norms of the past. For Butler however, there are always possibilities that, in the reiteration of norms, the subject may take on norms in unpredictable ways. In this way, through resignifications, a future may open. In Mbeki's case, however, the repetition of norms has been repetitious.

The initial step, according to Žižek is, "You, the subject, must identify yourself with the place where your symptom already was: in its 'pathological' particularity you must recognise the element which gives consistency to your being."<sup>359</sup> But Mbeki doesn't appear yet ready to recognise this dependence or his excess. Mbeki has been consistent in his HIV/Aids discourse. The pattern is that he deflects from the issue at hand, blaming other issues for the pandemic. In this way, he manages to wriggle out of taking responsibility. Žižek also points out that we must "recognise in the 'excesses' attributed to 'Jews' the truth about ourselves".<sup>360</sup> In the same way, Mbeki's discourse shows the excess in how *he* perceives whites perceive blacks.

By making poverty the social symptom and by attributing such excesses to whites' perceptions of blacks, Mbeki's discourse on HIV/Aids is "super ideological". Ideology

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<sup>357</sup> The UNDP HIV/Aids report of 1998 details the impact of the HIV/Aids crisis on the economy and mentions the impact on life expectancy for instance that by the year 2010, life expectancy is projected to fall from the expected 68.2 years in the absence of Aids to 48.0 years.

<sup>358</sup> See the full impact of the economic implications of the growth of HIV/Aids in the above report. For instance: housing, women and employment, education. In the section Impact on learners: "If no data exist, can we make any estimates for the number of learners already infected? One crude indicator involves applying the 20% HIV infection rate reported in 20-year-old women in antenatal care in KwaZulu-Natal to the female enrolment of the same age, in any grade, nationally. This suggests that, of the estimated enrolment of 334 000 of this age in 1998, up to 69 000 could be HIV-positive."

<sup>359</sup> Žižek (1989:74)

<sup>360</sup> Žižek (1989:128)



is a "representation of the imaginary relationship of individuals to their real conditions of existence".<sup>361</sup> And here, Mbeki is "twice removed" or "twice displaced" from the South African whites to whom he refers.

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<sup>361</sup> Althusser (eds1994:123)