

The 'Gay Plague': Community responses to AIDS in South Africa 1982-1987

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Abstract

South Africa became the epicentre of the HIV/AIDS pandemic in the 1990s, and still has the highest HIV rate in the world.¹ Consequently, much has been written about HIV/AIDS in South Africa across a variety of academic disciplines, though with very little emphasis on the first five years (1982-1987) in which the epidemic first manifested in South Africa. This thesis explores these early years from the perspective of the “gay community” in which the virus was first identified, while also unpacking what is meant by community in this context. How did gay organisations, activists and individuals respond, rally and organised in a time of fear, oppression, ignorance and upheaval?

Initial responses to AIDS fell on fledgling, mostly white, gay community organisations, and a few healthcare workers. By analysing the services and programmes initiated from this (admittedly disparate and problematic) group, and by placing these responses within the broader context of AIDS internationally, and apartheid locally, we can see a very specific and complex local response develop. This laid the groundwork for what was to become the much larger-scale gay and HIV/AIDS organising of the 1990s, which is generally where most researchers pick up the thread.²

Certainly, no previous research has sought to include all aspects of this organising, including fundraising, counselling, the gay press, public education initiatives, and caregiving. An intensive audit of the relevant material in the collections of the GALA Queer Archive in Johannesburg, including new additions, has contributed to a more in-depth understanding of this time period.³

¹ Sara M. Allinder and Janet Fleischman. “The World’s Largest HIV Epidemic in Crisis: HIV in South Africa”, Center for Strategic and International Studies, 2 April 2019. <https://www.csis.org/analysis/worlds-largest-hiv-epidemic-crisis-hiv-south-africa> (accessed on 6 July 2023).

² The contributions of researchers such as Mandisa Mbali will be discussed further in the Introduction chapter.

³ GALA Queer Archive: www.gala.co.za

D e c l a r a t i o n

I declare that this dissertation is my own original work. It is submitted for the degree of Master of Arts (by coursework and research report) to the University of the Witwatersrand, Johannesburg. It has not been submitted before for any other degree or examination in any other university. Where use has been made of the work of others it has been duly acknowledged in the text.



Linda Chernis

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This research is dedicated to all those who fought and cared during those years of fear, uncertainty and discrimination.

A note of appreciation

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List of acronyms and abbreviated names

AAG – AIDS Action Group
AGA – Advisory Group on AIDS (government)
AIDS – Acquired Immune Deficiency Syndrome
ANC – African National Congress
ARC – AIDS Related Complex
ARVs – Antiretrovirals
ASEF – AIDS Support and Education Fund
ATICC – AIDS Training, Information and Counselling Centre
AZT – Zidovudine (antiretroviral drug)
BBTS – Border Blood Transfusion Service
CDC – Centres for Disease Control
CPD – Congress of Pink Democrats
DRC – Dutch Reformed Church
EPBTS – Eastern Province Blood Transfusion Service
FDA – Federal Drug Administration (USA)
GAB – Gay Advice Bureau
GALA – GALA Queer Archive (Originally Gay And Lesbian Archive)
Gasa – Gay Association of South Africa
GCC – Gay Christian Community (Johannesburg)
GCN – Gay Christian Network (Cape Town)
GMHC – Gay Men’s Health Crisis (New York)
GLOW – Gay and Lesbian Organisation of the Witwatersrand
HIV – Human Immunodeficiency Virus
IGA – International Gay Association
ILGA – International Gay and Lesbian Association
Joburg Gen – Johannesburg General Hospital
LAGO – Lesbian and Gays against Oppression
LRF – Law Reform Fund
MSM – Men who have sex with men
NP – National Party
OLGA – Organisation of Lesbian and Gay Activists
PFP – Progressive Federal Party
PLWA/PWA– People Living With AIDS/People With AIDS (both were used)
RGO – Rand Gay Organisation
SAA – South African Airways
SAIMR – South African Institute for Medical Research
SAMJ – *South African Medical Journal*
STDs – Sexually Transmitted Diseases
SFAF – San Francisco AIDS Foundation
SFKS – San Francisco Kaposi’s Sarcoma Foundation (SFKS)
TAC – Treatment Action Campaign
THT – Terrence Higgins Trust (UK)
TOGS – Transvaal Organisation of Gay Sport
UCT – University of Cape Town
UDF – United Democratic Front
UK – United Kingdom

Some notes on language

AIDS and HIV

The language around the terms AIDS and HIV have changed over time, partly due to increased understanding of the condition and virus, as well as transmission, and partly due to political and activist influences. For the time period under discussion in this thesis (1982-1987) I will use the terms as they were used at that time. Notes about language use are made at relevant junctures throughout the chapters, noting when language around the naming changed in official use, as well as local use. For the most part, I use the general term AIDS unless otherwise specified, and HIV when referring to the virus.

See below definitions from the World Health Organisation:

The human immunodeficiency virus (HIV) targets cells in the immune system – the body's defence against illness – and weakens the body's ability to fight against infections and some types of cancer. The virus destroys white blood cells in the immune system called CD4 cells and replicates itself inside these cells.

As the virus destroys and impairs the function of immune cells, infected individuals gradually become immunodeficient. The body becomes increasingly unable to fight infections and disease and vulnerable to opportunistic infections and cancers. Immune function is typically measured by CD4 cell count.

The most advanced stage of HIV infection is acquired immunodeficiency syndrome (AIDS), which can take from two to 15 years to develop, depending on the individual.⁴

Epidemic and pandemic

There is some confusion with the use of the terms pandemic and epidemic, and they at times appear to be used interchangeably in the literature. For the purposes of this thesis I will be using the term pandemic when referring to HIV and AIDS in the global context, and epidemic when referring to the localised spread within 'gay communities'.

⁴ WHO staff writer. "HIV/AIDS". <https://www.afro.who.int/health-topics/hivaids> (accessed on 1 July 2023).

Gay

In 1980s South Africa gay generally referred to those identifying as gay – as being attracted to men and self-identifying as gay. At the time lesbian identity was general considered distinct and most organisations when they did expand used the term “gay and lesbian”. Gay subsequently became more inclusive to include lesbian identity as well.

There are various quotations in the thesis that place “gay” in parenthesis: these are direct quotations and the use of parenthesis by the press is discussed when applicable.

Homosexual was also used frequently by both official health and government sources and the press, but gay organisations preferred to simply use gay.

Gay identity will be discussed in more detail in Chapter 1.

Introduction

Why 'gay AIDS'?

Much has been written on the South African HIV/AIDS crisis. Once the epicenter of the pandemic, with one of the highest HIV/AIDS rates in the world, South Africa has received a lot of attention in terms of research and writing on the topic across a variety of academic disciplines. However, when it comes to the first five years of the epidemic (1982-1987), this period is almost always relegated to a footnote or background paragraph. In the words of historian Jacob Tobia: "Historically, gay white AIDS of the 1980s has been forgotten in South Africa and erased from the master narrative of the presumptively 'heterosexual' disease."⁵

This thesis aims to explore these early years from the perspective of the "gay community" in South Africa in which the virus was first identified. How did the community respond and organise? Linked to this, I attempt to unpack what is meant by community in this context. I have chosen 1982 as the starting point for my research for two reasons. Firstly, this was the year that South Africa saw its first two (known) AIDS cases emerge. Secondly, the two organisations that were to dominate gay organising for the next five years were formalised in 1982, that is the Gay Association of South Africa (Gasa) in Johannesburg, and the 6010 group in Cape Town.

Choosing a starting point for this research was thus relatively easy, and surprisingly the end point also became clear as I began my research. Though the year 1987 by no means marked the end of the AIDS crisis for South African gay men, it did signify a turning point in various ways. From this point on the government, medical field and press began to focus increasingly on the spread of AIDS beyond the "gay community". Furthermore, from the late 1980s political change accelerated; this was reflected in the increasing politicisation of gay (and lesbian) movements.

A lot happened in the intervening years between 1982 and 1987, as gay organisations found (and lost) their feet simultaneous with the advent of the global AIDS pandemic. Initial responses to AIDS fell on the fledgling, mostly white gay community organisations, and a few healthcare workers. By analysing the services and programmes initiated from this (admittedly disparate and problematic) group, and by placing these responses within the broader context of AIDS internationally, and apartheid locally, we can see a very specific and complex local response develop. This laid the groundwork for what was to become the much larger-scale gay and HIV/AIDS organising of the 1990s, which is generally where most researchers pick up the thread.

⁵ Jacob Tobia. "Out of the Laager, Into the Streets: The Origins, Rise, and Fall of Gay Reform Organizing in Apartheid South Africa". (Honours Thesis, Duke University, 2014) 19.

Relatively little has been written about these early years, particularly from the perspective of those so directly affected by AIDS during this time – the so-called gay community itself – how they rallied and organised in a time of fear, oppression, ignorance and upheaval. Certainly, no research has sought to include all aspects of this organising, including fundraising, counselling, the gay press, public education initiatives, and caregiving.

Previous scholarship

While I argue that the particular focus of my thesis is under-researched, it certainly builds on the work of a handful of researchers who have looked at both AIDS and gay history in South Africa over this time-period, from various angles. Mandisa Mbali, Louis Grundlingh and Carla Tsampiras have all contributed to the scholarship looking at the relationship between AIDS and homosexuality for this period, though without focusing exclusively and directly on the responses of gay community organisations.

Grundlingh's research, through the lens of media coverage, on the South African government's response (or lack of) to AIDS between 1983 and 1994 provides useful context in accounting for the need for community activism and care strategies employed by gay organisations.⁶ However, it is Mbali's work that coincides most extensively with my own.⁷ She recognised the gap in research on the relationship between gay organising and AIDS activism in South Africa, noting:

In South Africa, as elsewhere, in the early 1980s, gay men faced the brunt of early AIDS-related institutionalised discrimination, and its impact on gay activism has been seldom documented and discussed in accounts of South Africa's history, in general, or its history of AIDS, in particular.⁸

⁶ See: Louis Grundlingh. "HIV/AIDS in South Africa: A case of failed responses because of stigmatization and discrimination and morality, 1983-1994". *Contree*. (1999, 46); and Louis Grundlingh. "Government Responses to HIV/AIDS in South Africa as Reported in the Media, 1983-1994". *South African Historical Journal*. (2001, 45:1).

⁷ See: Mandisa Mbali. "Without the luxury of time": AIDS, Representation and the Birth of Rights-based AIDS Activism in the 1980s". History/African Studies Seminar Paper: Presented on the 29th October 2003. <https://phambo.wiser.org.za/files/seminars/Mbali2003.pdf> (accessed on 18 August 2022 at 12:18); Mandisa Mbali. "From Both Sides of the Bed: A History of doctor and patient AIDS Activism in South Africa 1982-1994". (Master's Dissertation, University of Kwa-Zulu Natal, 2004); Mandisa Mbali. "The Treatment Action Campaign and the history of rights-based, patient driven HIV/AIDS activism in South Africa" in *Democratising Development: The Politics of Socio-economic Rights in South Africa*. P Jones & K Stokke eds. (Leiden, Martinus Nijhoff, 2005); Mandisa Mbali. "Gender, Sexuality and Global Linkages in the History of South African AIDS Activism, 1982-94" in *The Politics of AIDS: Globalisation, the state and civil society*. Maj-Lis Follér & Håkan Thörn eds. (London: Palgrave MacMillan, 2008). Mandisa Mbali. "Gay AIDS Activism in South Africa Prior to 1994" in *From Social Silence to Social Science – Same-Sex Sexuality, HIV & AIDS and Gender in South Africa*. V Reddy, T Sandfort and L Rispel eds. (Cape Town, HSRC Press, 2009); Mandisa Mbali. "'The New Struggle': A History of AIDS Activism in South Africa, 1982 – 2003". (PhD Thesis, University of Oxford, 2009).

⁸ Mbali, "The TAC and the History of Rights-Based, Patient Driven HIV/AIDS Activism in South Africa", 220

Mbali's work on situating the Treatment Action Campaign's (TAC's) roots in anti-apartheid, gay activism of the late 1980s and early 1990s shows the importance of the link between these movements. However, most of Mbali's research focus is on the period from 1986/7 onwards, when gay organising became politicised and connected to the anti-apartheid movement, concentrating on the later effects and influences of this early activism.

Tsampiras has produced rare research on this period from the perspective of a medical historian. In her 2008 article "Not so 'gay' after all", she looks at AIDS in the 1980s specifically through the lens of the *South African Medical Journal (SAMJ)*.⁹ In her 2014 article, "Two Tales", Tsampiras uses two oral history interviews to tell the story of the AIDS crisis through the recollections of two men who worked in the medical sphere in the 1980s, a physician and a psychologist.¹⁰ Together with the work of Grundlingh, Tsampiras helps set the context of public, press, government and health system responses to AIDS in South Africa in the 1980s.

Building on the work of Tsampiras, looking at AIDS from a broad medical perspective, Gerald Oppenheimer and Ronald Bayer have contributed important work based on interviews with nurses and physicians who treated patients from the start of the epidemic in *Shattered Dreams? An Oral History of the South African AIDS Epidemic*.¹¹ The first chapter, "The Forgotten Epidemic", gives voice to the handful of doctors and nurses who treated AIDS patients in the 1980s, and highlights how necessary research on this time-period is: "It is their accounts that capture the experiences of an epidemic all but lost to public memory."¹² These accounts were particularly useful in building a picture of caregiving, discussed in Chapter 4 of this thesis.

There is quite a lot written on South African queer history from the early 1980s onwards. Writers such as Mark Gevisser, Jacob Tobia¹³ and Graeme Reid have done important research on gay activism and organising in 1980s South Africa. The histories of Gasa, activist Simon Nkoli and the gay bars and clubs of Hillbrow in the 1980s and 1990s, for example, have all received a fair amount of attention over the last 25 years. The first collected volume of South African queer history was published in 1994 - edited by Edwin Cameron and Mark Gevisser, *Defiant Desire: Gay & Lesbian Lives in South Africa* and *Sex and Politics in South Africa* remains a seminal text on this topic, and was consulted frequently throughout my research process.¹⁴

⁹ Carla Tsampiras. "Not so 'gay' after all – Constructing (homo)sexuality in AIDS research in the South African Medical Journal, 1980-1990". *South African Historical Journal*. (2008, 60: 3).

¹⁰ Carla Tsampiras. "Two Tales about Illness, Ideologies, and Intimate Identities: Sexuality Politics and AIDS in South Africa, 1980-1995". *Medical History*. (2014, 58: 2).

¹¹ GM Oppenheimer and Ronald Bayer. *Shattered Dreams? An Oral History of the South African AIDS Epidemic*. (Oxford: Oxford University Press, 2007).

¹² Oppenheimer and Bayer, "The Forgotten Epidemic", 21

¹³ Jacob Tobia. "Out of the Laager, Into the Streets: The Origins, Rise, and Fall of Gay Reform Organizing in Apartheid South Africa". Honours Thesis, Duke University, 2014.

Tobia's thesis provides an impressive history of the Gay Association of South Africa (Gasa).

¹⁴ Mark Gevisser and Edwin Cameron (Eds). *Defiant Desire: Gay and Lesbian Lives in South Africa*. (Johannesburg: Raven Press, 1994).

Historian Marc Epprecht provides important context around social and academic views on African sexuality at the time that the AIDS crisis hit (discussed in Chapter 1). Epprecht's insights help to explain why, when the shift was made in the latter 1980s to seeing AIDS as more of a problem in the black, "heterosexual community", that black homosexuality was once again ignored (as will be discussed in Chapter 5).¹⁵

Methodology

*At the outset it was predominantly communities of urban, middle class, white men – with multiple gay identities - who came together to organise around AIDS and it is this 'community' that is most visible in the historical record.*¹⁶

- Carla Tsampiras, 2014

This thesis surveys and collates relevant information across various published articles and books, as well as academic research dissertations. All these writers tell some of the story of how gay communities responded to AIDS in the 1980s. One of the key problems I address is the weaving together of what has often been dealt with as separate historic narratives of the 1980s – the histories of AIDS, apartheid, and gay rights. These three narratives cannot be viewed as separate, in the years under focus (1982-1987); all three streams played a vital role in South Africa's history, and impacted on each other in significant ways. Furthermore, I weave in a fourth strand, that of the influence of gay AIDS activist movements from the Global North.

Beyond this gathering and collating of published histories and dissertations, I have taken a "deep-dive" into several archive collections at the GALA Queer Archive in Johannesburg. As elsewhere in the world, in South Africa the AIDS crisis was initially largely confined to the gay community, and for this reason queer archives like GALA often hold considerable material on the early AIDS crisis and response. I am in the fortunate position of working as the archivist at GALA, making me familiar with their collections, and able to identify relevant material and draw connections across a large number of archival collections.¹⁷

The idea for this thesis was inspired by an article I read about the 2013 exhibition *Surviving and Thriving: AIDS, Politics and Culture*, curated by the National Library of Medicine, that explores

¹⁵ See: Marc Epprecht. *Heterosexual Africa? The History of an Idea from the Age of Exploration to the Age of AIDS*. (Athens, Ohio: Ohio University Press, 2008); Marc Epprecht. "Slim Disease and the Science of Silence: The Erasure of Same-Sex sexuality in 'African AIDS' Discourse, 1983-1988". *Journal Global Law Review*. (2013, 4: 2). Marc Epprecht, Marc. "The Making of 'African Sexuality: Early Sources, Current Debates". *History Compass*. (2010, 8:8).

¹⁶ Tsampiras, "Sexuality Politics and AIDS in South Africa", 233

¹⁷ GALA Queer Archive (originally the Gay and Lesbian Archives) was established in 1987. Located on Wits University campus, it is an independent non-profit organisation. I have been employed as the Archivist at the GALA Queer Archive since January 2015. For more see: www.gala.co.za.

the rise of, and response to, the AIDS epidemic in the USA in the early 1980s, both from a medical and a social viewpoint.¹⁸ The exhibition largely used ephemera such as posters, flyers, information sheets and pamphlets to tell their story, and this got me thinking about the wealth of HIV and AIDS related ephemera to be found in the collections of the GALA Queer Archive. This material, particularly relating to the early 1980s, is seldom requested by researchers, despite it being crucial to telling an important part of South African queer and HIV/AIDS history. Due to recent additions to the archive – both in terms of paper-based documents as well as oral history interviews, there is new material that has never been used to try and frame this period of history.

Relevant material is found across various collections, of organisations and individuals, in the GALA archive. Material includes pamphlets, articles, correspondence, press, newsletters, meeting minutes, reports, AIDS awareness campaign materials and oral history interview transcripts. There are three collections that I consulted most thoroughly during my research: The Triangle Project, a non-profit organisation that is still operating in Cape Town, and started as the 6010 group; *Exit* newspaper; and the collection of the Gay Advice Bureau (GAB), a volunteer counselling service based in Johannesburg in the 1980s.

The Triangle Project collection is a vital and rich resource whose early records have not been properly mined. The documents in the collection show not only early gay organising dating back to 1982 and the Cape Town-based 6010 group, but also first responses by the Cape Town “gay community” to AIDS. These meeting minutes, newsletters and correspondence allowed me to track when AIDS is first mentioned, and how it becomes increasingly dominant. In addition to organisational records, the collection includes early press coverage of AIDS and the 6010 counselling records. Lastly, but significantly, substantial new additions were made to the Triangle Project collection in 2020, after the collection was digitised. Much of this material has therefore not yet been accessed by researchers.

The *Exit* newspaper collection is a vital resource to anyone studying South Africa queer history.¹⁹ The publication began as the bi-lingual (English/Afrikaans) newsletter for Gasa, *Link/Skakel* in 1982. The influence of Gasa continued beyond the publication becoming nominally independent in 1985 when it changed its name to *Exit*. *Link/Skakel* and *Exit* were the primary means of distributing information to the dispersed (mostly white) gay community, and it therefore served as an invaluable method of disseminating information on AIDS, as well as reflecting dominant attitudes and conflicts within this troubled network.

¹⁸ NLM curatorial team. “Surviving & Thriving: AIDS, Politics and Culture”, US National Library of Medicine - exhibition gallery, 16 September 2013, <https://www.nlm.nih.gov/exhibition/survivingandthriving/index.html> (accessed on 5 July 2021).

¹⁹ GALA has a full set of *Link/Skakel* and *Exit*, fully digitised up until 2017 (collection no. AM2723). *Exit* is ongoing as an online publication.

The collection of the Gay Advice Bureau (GAB), which later became Gay & Lesbian Counselling (GLC) was another important resource. GAB/GLC was a Johannesburg-based counselling service that ran from 1982 to 1998. Together with the 6010 Counselling records found in the Triangle Project Collection, the GAB records provide insight into the support provided through telephonic counselling. Although both GAB and 6010 Counselling were established before the first AIDS cases became known in South Africa, and served gay callers experiencing a range of problems, AIDS became an increasingly important focus of both the counselling services from 1984 onward. This can be tracked in the archival record, through meeting minutes, reports, counselling resources and training materials, which expanded to include AIDS counselling.

I gained further insight into the gay counselling scene of the 1980s through interviews with 6010 volunteer counsellor Gordon Isaacs, and two counsellors who volunteered at GAB – Pierre Brouard and Rob Hamilton. These interviews gave a personal, human perspective of the time, which often does not come through in archival records such as meeting minutes and reports. The interviews have been transcribed and added to the Triangle Project and GAB collections at GALA.²⁰

Chapter outline

This thesis begins by outlining the socio-political context into which AIDS emerged in early 1980s South Africa. In particular, **Chapter 1** outlines the state of the gay social scene, gay organising, and legal status in the early 1980s. In what ways did these conditions and circumstances impact on gay identity formation, community building and activism? How does one understand and define an already problematic concept like community in this context?

In January 1983 sensational headlines reporting South Africa's first AIDS deaths were splashed over the front pages of the country's newspapers. This brought AIDS and homosexuality into the spotlight, forcing newly-formed gay organisations to confront the storm that was coming. In **Chapter 2** I recount and analyse these first responses, as well as giving an overview of the responses of the government, public and press.

The conservative National Party (NP) government was ill-equipped to deal with an epidemic associated not only with sexual transmission, but with homosexual sex. AIDS, and those who were first afflicted, were therefore treated with a mixture of hostility, suspicion, blame and denial. As a result of the failure of the state to address AIDS in those early years, initial responses fell largely to community organisations, NPOs and a handful of progressive healthcare professionals.

²⁰ Triangle Project (AM2974) and GAB Collection (AM2995), GALA Queer Archive

By 1984 South African gay organisations began taking AIDS seriously. **Chapter 3** will focus on organised responses to AIDS by, primarily, Gasa, in the form of awareness and education campaigns, and the factors that influenced and moulded these efforts. Increased knowledge and understanding about the cause and spread of AIDS also allowed for more direct and effective safe-sex campaigns.

As more gay men tested HIV positive and/or became ill, the need in the community shifted from education and fundraising campaigns to counselling, medical treatment, companionship and caregiving. **Chapter 4** explores these support and care services that gay organisations and counselling services offered at this time, and their relationship with and impact on medical services. While the lines between the services and programs looked at in Chapters 3 and 4, and particularly the individuals and groups involved, are at times somewhat blurred, I believe that they are distinct enough to warrant chapter separation.

The final chapter (*Epilogue*) of this thesis looks at how the approaches and responses to AIDS began to change in South Africa after 1987. How did the shift in AIDS demographics as well as the evolving political landscape affect the gay AIDS movement?

While the “gay community”, as it is discussed in this thesis, certainly had its problems and was heavily influenced by the social and political context of apartheid, it should be remembered that many of these men (and some women) did remarkable things in those early years, and achieved much through their community networks. This should not be ignored or erased but understood and researched in context.

It is my hope that this thesis will contribute to the scholarship that ensures that the “gay AIDS” of the 1980s is not left out of history. Steven Miller, one of the few doctors who treated early AIDS patients and saw many die, describes the absence of writing on this period as a kind of amnesia, and that “such forgetfulness represented a profound disservice” to those who lost their lives, their loved ones, and their doctors and caregivers.²¹

²¹ Oppenheimer & Bayer, “The Forgotten Epidemic”, 21

Chapter 1

Setting the Scene: (Politics, identity and community (1981-1982))

AIDS in South Africa struck gay men first. Racial cleavages engendered by colonialism and apartheid would assure that the epidemic would remain largely confined to gay white men for some time.

Oppenheimer and Bayer in "The Forgotten Epidemic"²²

First cases identified in the USA

The summer of 1981 is generally accepted as the starting point of the AIDS crisis in the USA, and ultimately globally.²³ On 18 May 1981, the gay newspaper *New York Native* published an article by Dr. Lawrence Mass titled "Disease Rumors Largely Unfounded" about several gay men who had been admitted to Intensive Care Units (ICUs) in the city with weakened immune systems.²⁴

On 5 June 1981 the Centres for Disease Control (CDC) published a medical article describing five cases of *Pneumocystis carinii* pneumonia (PCP), a rare lung infection, in otherwise healthy gay men in Los Angeles.²⁵ The article was picked up by several news outlets and more cases were subsequently reported to the CDC, including spikes in cases of Kaposi's Sarcoma (a usually rare type of cancer) in gay men in New York and San Francisco.²⁶

These early case reports led to the press, including the so-called gay press, referring to this new disease as "gay cancer" and/or "gay pneumonia". On 2 July 1981 the *Bay Area Reporter* published the headline "Gay Men's Pneumonia" followed by brief text encouraging those with shortness of breath to contact their physicians.²⁷ In South Africa at the time, no notable gay press yet existed to pick up what was happening in the USA, though there were a few short articles in the mainstream press.

²² Oppenheimer & Bayer, "The Forgotten Epidemic", 21

²³ Although it is estimated that AIDS had been present in the USA since the early 1970s.

²⁴ History.com editors. "History of AIDS: The AIDS Epidemic Arises". <https://www.history.com/topics/1980s/history-of-aids>. Originally published 13 July 2017, last updated 14 June 2021 (accessed on 5 November 2022).

²⁵ History.com Editors, "History of AIDS: The AIDS Epidemic Arises"

²⁶ HIV.gov Editors. "A Timeline of HIV and AIDS". *HIV.gov*. <https://www.hiv.gov/hiv-basics/overview/history/hiv-and-aids-timeline#year-1981> (accessed on 5 November 2022)

²⁷ HIV.gov Editors, "A Timeline of HIV and AIDS"

Just six months later, by the end of 1981, the CDC reported a cumulative total of 337 reported cases of individuals with rare conditions related to severe immune deficiency in the United States, almost all of whom were known to be gay or bisexual men, and of which an alarming 40% had died.²⁸ At this time there were relatively well-established gay organisations in many cities in the USA, particularly those known as gay centres, such as New York City and San Francisco. By August 1981 writer and producer Larry Kramer had already hosted the first fundraiser for this troubling new disease at his New York apartment. It was here that the seeds were planted for what was to become the Gay Men's Health Centre (GMHC) which would play a critical role in the early AIDS crisis.²⁹ However, the context into which (what was to become) AIDS landed in South Africa was markedly different, despite early gay organisations modeling themselves largely on their northern counterparts.

Political and social context of the early 1980s

The history of HIV in South Africa begins in the 1980s during an era of heightened repression by the apartheid state, in which discriminatory laws and fearful public responses tapped into broader prejudices relating to race and sexuality.

Rebecca Hodes,

2018³⁰

Politically, the start of the 1980s in South Africa can be described as quiet but tense. Following the apartheid government's 'total onslaught' in response to the protests that spread around the country after the 1976 student uprisings, many opposition leaders were either detained or had gone into exile. This was to change towards the mid-to-late 1980s, with the establishment of the United Democratic Front (UDF) and increased and coordinated mass opposition, followed by the imposition of States of Emergency by the government in a desperate attempt to retain control in the last years of apartheid. With so much at stake, it is perhaps understandable that an epidemic mostly affecting a small group of white, gay men was not at the forefront of South Africa's struggles.

South Africa of the early 1980s was deeply conservative, and this was reflected not only in the responses to AIDS by the government and society, but also those who identified as gay. The fledgling gay rights movement was politically and racially divided, emerging in a country where sodomy was still illegal (as it was in many parts of the world at this time, including several US and Australian states). Sex between men was prohibited under the colonial-era, common-law

²⁸ Ibid.

²⁹ Kramer soon fell out with GMHC and became openly critical of the organisation.

³⁰ Rebecca Hodes. "HIV/AIDS in Africa", *Oxford Research Encyclopaedia*, 2018.
<https://doi.org/10.1093/acrefore/9780190277734.013.299> 9 (accessed on 11 November 2022)

crime of sodomy, and the Immorality Act further ensured that sex between the races was also criminalised.

Despite this, a gay social scene had been emerging in South Africa's cities among (mostly) white men since the end of World War II. Tobia summarises and sets the scene well for the state of gay community in South Africa prior to the 1980s:

In the 1950s and 1960s white gay communities predicated on a Western model of gay identity began to form in the major urban centers of Johannesburg, Cape Town, and Durban.... Through the 1970s a small but active urban gay (and to a lesser extent lesbian) sub-culture and club culture began to emerge in these urban centres.³¹

The first recorded gay organising in South Africa dates back to the late 1960s, in the wake of the Forest Town raid and the subsequent establishment of the Law Reform Fund. In January 1966 the police raided a "gay party" at a large, private house in the affluent suburb of Forest Town, Johannesburg. The party was attended by many prominent white businessmen, advocates, doctors, artists and people with political connections, and a media scandal ensued. Being a private party, with few men caught in the act of sex, the law was unable to prosecute under sodomy or public indecency laws, and had to make do with arresting a few attendees for "masquerading as women." Calls were made for stricter laws governing homosexuality, leading to the establishment of the 1968 Parliamentary Select Committee Inquiry into further criminalising homosexuality, including sex between women.³² In response, a small group of professional, white gay men and lesbian women came together to form the Law Reform Movement to mobilise against the proposed new laws. They did in fact succeed in making sure that the most extreme amendments did not go through. This movement and fund would be revived in the mid-1980s when the apartheid government again attempted to expand anti-homosexual legislation (see Chapter 3).

What became known as the Forest Town Raid had shown that homosexuality was far more widespread in (white) society than authorities had believed. According to historian Mark Gevisser this had an influence on police tactics, resulting in reducing raids on private gay venues, and instead focusing on homosexuality in public spaces, such as known cruising spots, "so as to contain the spread and influence on society."³³ This apparent move to contain gay society indoors led inadvertently, according to Gevisser, to a burgeoning gay club and bar culture through the 1970s:

³¹ Tobia, "Out of the Laager, Into the Streets", 12

³² Neville Hoad, "Introduction" in *Sex & Politics in South Africa*. N Hoad, K Martin and G Reid eds. (Cape Town: Double Story Books, 2005) 17.

³³ Mark Gevisser. "A Different Fight for Freedom" in *Defiant Desire: Gay and Lesbian Lives in South Africa*, Mark Gevisser and Edwin Cameron eds, (Johannesburg: Raven Press, 1994) 37.

It formalised gay culture, creating as never before gay venues that became safe and dependable community meeting places for those white men and women who were allowed in. Certainly, it also stratified gay society: those who were black or who could not afford either entry fee or the risk of being spotted in a gay place were left, quite literally, out in the cold. But, indoors, a new phase of gay community began.³⁴

Police in the 1970s tended to leave gay clubs and bars to operate relatively freely, despite occasional raids.³⁵ An example of this laissez-faire attitude of the police could be seen in the long-running Dungeon Club in Johannesburg. Dungeon ran from the 1970s to the mid-1990s, and due to owner Ronnie Oelofson's fostering of good relationships with the police, councillors and the ruling party, it enjoyed a privileged status.³⁶ It also operated without a liquor license, with patrons bringing their own labelled alcohol to the club and keeping it behind the bar. Oelofson recalls: "As long as there were no minors on the premises and you were not selling liquor, you were safe."³⁷

The relative peace and freedom in which gay bars and clubs operated during the 1970s began to change in the late 1970s and early 1980s. Gevisser speculates that gay club culture was getting too big, too visible, too overtly sexual for the authorities' liking.³⁸ Whatever the reason, raids on gay nightspots began to increase, always under the auspices of checking for under-age patrons, drug swoops or enforcing liquor laws. In December 1980 police raided a popular Johannesburg gay bar called The New Mandy's in downtown Johannesburg. According to Tobia: "The raid reinvigorated a sense of political frustration among the almost exclusively white, middle class attendees" and directly contributed to the formation of the small activist group Lambda in Johannesburg in 1981.³⁹

However, policing of gay bars differed from place to place, and the Dungeon continued to operate freely. The limited-run newsletter of the gay club Atmosphere in Pretoria stated the following in their August 1982 issue: "Although SAP are not in favour of gay clubs, they bypass it, and close their eyes towards it."⁴⁰ It followed by encouraging its patrons to obey the law, particularly liquor laws.

³⁴ Gevisser, "A Different Fight for Freedom", 37

³⁵ Gordon Isaacs. "The Growth of Homosexual Identity", PhD thesis, University of Cape Town, 1989. 307

³⁶ Dungeon Collection (AM3027), GALA Queer Archive

³⁷ Gevisser, "A Different Fight for Freedom", 37

³⁸ Gevisser, "A Different Fight for Freedom", 46

³⁹ Tobia, "Out of the Laager, Into the Streets", 75

⁴⁰ Newsletter: "SA Scene" (August 1982) - Gay Library Collection (AM2583), GALA Queer Archive

Fledgling organising and community building

So, by the early 1980s, although there existed something of a gay social scene, South Africa was far behind the formal gay organising seen in the USA, UK, Australia and various other northern countries. It was in 1981, the same year that the CDC and press began reporting on what was to become known as AIDS in the USA, that the first two significant gay organisations were established in South Africa – Gasa in Johannesburg, and 6010 in Cape Town.⁴¹ It was these two organisations that would play a leading role in responding to AIDS in the period under scrutiny in this thesis (1982-1987). Both began as informal social groups centred around a monthly supper club. John Pegge, one of the original members of the 6010 supper club recalls that they would hire out a restaurant once a month, looking for social interaction outside of clubs and bars, and that the members were almost exclusively white, middle class men with contacts abroad.⁴² In Johannesburg, Gasa was formed with the merging of the small legal reform group Lambda, and the two social dinner clubs, Unite and the Alternative Men’s Organisation (AMO).

Gasa and 6010 become increasingly formalised from late 1981 through 1982. This included holding meetings (and taking minutes), drawing up aims and constitutions, organising events, opening up membership and starting newsletters. 6010 published their first newsletter in February 1982, followed two months later by Gasa with their first newsletter, *Link/Skakel*, in May 1982. The front-page headline of the first issue read: “Gasa is No April Fool’s Joke – Gays Link Up.”⁴³ The opening article, in part, describes the impetus behind the establishment of the organisation as follows:

[...] the need for organised, sophisticated service to the gay community, for an intelligent, considered liaison between the gay and the non-gay communities, and for a united, strong force to counter and, it is hoped, correct the biased, prejudiced assault on the dignity and peace of mind of gays throughout the country.⁴⁴

In Cape Town the 6010 Group listed its aims as “Community service” and to “Create the image of the respectable gay in society”.⁴⁵ With regards the first aim, by June 1982 6010 was “now open to gay ladies”, and had a number of services up and running – including an accommodation service, VD clinic and library, though they operated for limited hours per week, in borrowed/shared spaces.⁴⁶ In the 6010 meeting minutes from 22 August 1982, it is noted that they received (in descending order) requests for the following gay-friendly service

⁴¹ 6010 was the PO Box number that the group used and illustrates their reluctance to overtly name themselves as a gay organization in the early days.

⁴² Gevisser, “A Different Fight for Freedom”, 46

⁴³ Newsletter: *Link/Skakel* issue no. 1 (May 1983) - Exit Collection (AM2723), GALA Queer Archive

⁴⁴ Ibid.

⁴⁵ Meeting Minutes, 5 July 1982 - Triangle Project Collection (AM2974), GALA Queer Archive.

⁴⁶ 6010 Newsletter No.10 (June 1982) – Triangle Project Collection (AM2974), GALA Queer Archive

providers: legal assistance, medical assistance, therapists and religious help.⁴⁷ The second aim is perhaps more telling, showing that their aim (at inception) was acceptance and inclusion by assimilation, not confrontation, and based very much on a northern understanding of gay and lesbian identity (more on this to follow).⁴⁸

The September issue of the 6010 newsletter included their first educational supplement, titled “Some thoughts on sexually transmitted diseases”, indicating that conversations around sexual health had started, though there was no mention yet of the AIDS⁴⁹ cases in the United States.⁵⁰ Given what was already being reported from the United States it is somewhat surprising that there is absolutely no mention of these troubling health concerns in gay communities in the US in either the 6010 or Gasa meeting minutes or newsletters until January 1983 (see Chapter 2). The only indication that AIDS was on Gasa’s radar at this stage is in their 1980s press cuttings scrapbook, which includes two local articles on AIDS from early 1982.⁵¹

In late 1982, 6010 drew up an information pamphlet with a membership form, and began to distribute these in bars and clubs around Cape Town, in order to increase revenue and membership.⁵² The use of bars and clubs to distribute information and recruit members was a method used by both Gasa and 6010. Gasa membership grew relatively fast and by November 1982 they had opened their first offices in the gay hub of Hillbrow. It is noteworthy that their offices were never hidden and even their first office displayed a pink triangle in their window. In Tobia’s words: “In a time where gay visibility came with distinct risks, the GASA offices became something of an icon in Hillbrow.”⁵³ The local *Hillbrow Herald* ran a front page article on the official opening of the Gasa offices in their October 1982 edition, with the headline “Gays to open HQ in Brow: launch own newspaper.”⁵⁴

Throughout this time, Gasa had begun to reach out to informal groups in other parts of the country, and of course 6010 in Cape Town, in view of making a national body. In November 1982, Jeremy Zipp of the Johannesburg committee of Gasa (what was to become Gasa Rand) wrote to 6010 asking them for copies of their monthly meeting minutes, newsletter and other notices, and offering to reciprocate in kind.⁵⁵ This kind of exchange between Gasa chapters as well as other organisations is evident in the archival records. This shows that there was a relatively strong network in place between organisations, despite sometimes-tense

⁴⁷ Meeting Minutes Book, 22 August 1982 - Triangle Project Collection (AM2974), GALA Queer Archive.

⁴⁸ Tobia, “Out of the Laager, Into the Streets”, 12

⁴⁹ The term Acquired Immune Deficiency Syndrome (AIDS) is used for the first time by the CDC 24 Sept 1982.

⁵⁰ 6010 Newsletter No.13 (September 1982) - Triangle Project Collection (AM2974), GALA Queer Archive

⁵¹ Gasa Garmeson Scrapbook (1964, 1982-1986) - Gasa Collection (AM2975), GALA Queer Archive

⁵² 10 October 1982, Meeting Minutes Book - Triangle Project Collection (AM2974), GALA Queer Archive

⁵³ Tobia, “Out of the Laager, Into the Streets”, 78

⁵⁴ Gasa press cuttings folder (1982) - Gasa Collection (AM2975), GALA Queer Archive

⁵⁵ Gasa Rand records - Gasa Collection (AM2975), GALA Queer Archive

relationships. The relationship between Gasa and 6010 was particularly fraught from the start, with many members of 6010 wanting to maintain their independence, and/or take a more political stance. Though 6010 did join Gasa in May 1983, becoming Gasa-6010, the relationship was always troubled by issues around politics, race, and finances.

Both Gasa and 6010 from the start emphasised the need for a community centre (in Johannesburg and Cape Town to start), and their meetings and newsletters make frequent use of the term “community”. It is perhaps appropriate then to spend time attempting to unpack and define this complex and contested term – both broadly and in the specific context of gay community in South Africa in the 1980s.

Defining community

The concept of community is difficult to define, with academics across various disciplines using different terms and parameters, from geographical proximity, to shared values and identities.⁵⁶ Although we have moved beyond definitions of community as defined and characterised only by geographical borders, and the institutions within those boundaries,⁵⁷ there is still a lot of disagreement about how exactly community is defined and experienced.

Historian Jeffrey Weeks describes the problem well when he says that the term community has been, and still is, “used pretty promiscuously.”⁵⁸ Despite this, Weeks seems to have a positive interpretation of community, for all its weaknesses and definitional problems. In his words, community “attempts both to express social realities and to offer an aspiration towards something better, more inclusive and tangible.”⁵⁹ Weeks and others have expanded on Benedict Anderson’s groundbreaking work on nationalism, *Imagined Communities*, and applied it to analysing communities based on identity, specifically gay identity.⁶⁰ As Weeks notes:

It is because homosexuality is not the norm, is stigmatized, that a sense of community transcending specific differences, has emerged: it exists because participants in it feel it does and should exist. It is not geographically fixed. It is criss-crossed by many divisions. But a sort of diasporic consciousness does

⁵⁶ In large urban centres in the USA such as New York, Los Angeles and San Francisco gay communities in the more traditional definition of communities did exist, having emerged and formed in the 1970s. The Village in New York and the Castro in San Francisco being the most famous.

⁵⁷ This understanding of community was popular in western thought of the 1950s and 1960s, spearheaded by theorists like Talcott Parsons (for example, see Talcott Parsons. *Politics and Social Structure*. (New York: Free Press, 1969)

⁵⁸ Jeffrey Weeks. “The idea of sexual community”. *Soundings*. (1996, 2)

⁵⁹ Weeks, “The idea of sexual community”, 71

⁶⁰ Benedict Anderson. *Imagined Communities: Reflections on the Origin and Spread of Nationalism*. (London: Verso, 1991)

exist because people believe it exists. And this belief has material and cultural effects.⁶¹

Weeks, amongst others, has argued that the concept of community serves as a useful theoretical base for the building of political unity.⁶² In this case one would be talking about community at a broad national, or even global level, a so-called “imagined community” connected through a shared sexual identity.

Defining community depends, at least in part, on how those under discussion define, understand and experience community. Michel Foucault divides the concept of community into three: given community, tacit community and critical community.⁶³ At its most basic level then, being a member of the gay community (a given community) is to identify as gay.

The gay community of 1980s South Africa

On a more localised level, David Woolwine identifies some key aspects in defining gay community formation, these include: relationships and friendships with other gay people, involvement in gay organisations or groups, possibly living in a gay-friendly area, and lastly and most critically, self-identifying as gay.⁶⁴ I will be making use of the following definition by Woolwine, as it most closely describes the group of people I am researching in this thesis:

Another way of experiencing community is through and in local organisations and groups not necessarily located in a narrowly defined territory. It is in such organisations and groups that one meets individuals who one identifies as being “like oneself.”⁶⁵

In South Africa, then, Gasa and 6010 loosely served as the binding groups of self-identifying (mostly) white, gay men. Contained by the broad proximity of South Africa, this definition allows for the possibility, and desirability, of face-to-face interaction, while still recognising community networks maintained by newsletters and non-physical contact.

Pegge, a social worker and founding member of 6010 (and who played a crucial role in the development of gay and AIDS counselling in South Africa), writing in 1993, reflected: “It is almost a misnomer to talk about ‘gay’ people in South Africa, as ‘gay’ implies communal

⁶¹ Weeks, “The idea of sexual community”, 74

⁶² Tammy Grimshaw. “The Gay ‘Community’: Stabilising political construct or oppressive regulatory regime?” in *Returning (to) Communities: Theory, Culture and Political Practice of the Communal*. Stephen Herbrechter ed. (Leiden: Brill, 2006) 315

⁶³ Weeks, “The idea of sexual community”, 72; Michel Foucault. *The History of Sexuality, Volume 1. An Introduction*, (London: Allen Lane, 1969)

⁶⁴ David Woolwine. “Community in Gay Male Experience and Moral Discourse”. *Journal of Homosexuality*. (2000, 38: 4) 7.

⁶⁵ Woolwine, “Community in Gay Male Experience and Moral Discourse”, 7

political identity, and, in this country, men who have sex with men and women who have sex with women have not yet achieved this.”⁶⁶ Similarly, Tobia asks: “In a heterogeneous, unequal nation, can a movement predicated solely on sexuality ever serve as a point of unification?”⁶⁷ It seems that that answer is no, and it was in fact a combination of both sexual identity and race (and to a lesser extent class and gender) that formed the basis for the community that first tackled and responded to AIDS in South Africa – that is, the white, gay community.

But it is not enough simply to state that early gay organising and community-building was almost entirely white in South Africa – it is important to ask *why* this was the case. While this thesis does not have the scope to deal with this complex question comprehensively, a short discussion is necessary before proceeding.⁶⁸ Because only those who explicitly identified as gay would have been members of the South African gay community, it was culturally biased and racialised from the start. In South Africa, as in many other parts of the world, many men who had sex with men (MSM) did not identify as gay, but rather “developed a rich culture of gender non-conformity and alternative sexuality that did not conform to Western understandings of sexuality.”⁶⁹

Therefore, in interrogating what we mean by community, we first need to interrogate what is meant by identity, in this case, “gay identity”. At its most essential, the influence from the north to South Africa was the concept of gay identity itself, which in turn led to community formation. As Gary Dowsett writes:

The discovery of what eventually became AIDS among gay men in the United States placed gay men at the centre of the epidemic there, and the world learned first about what became AIDS through the lens of American culture, bringing the United States’ particular take on homosexuality with it.⁷⁰

Tobia warns against the dangers of trying to create a homogenous, communal queer history outside of communities that subscribed to these understandings of gay identity.⁷¹ In the 1980s, gay identity was a relatively new, western concept. Because of the ties, connections and influence of the Global North on white South Africans, Tobia points out that when analysing white South Africa, particularly up until the 1980s, utilising terms such as “gay”, “homosexual”,

⁶⁶ John V Pegge. “Living with loss in the best way we know how: AIDS and gay men in Cape Town” in *Defiant Desire: Gay and Lesbian Lives in South Africa*. Mark Gevisser and Edwin Cameron Eds. (Routledge, New York: 1995) 301.

⁶⁷ Tobia, “Out of the Laager, Into the Streets”, 11

⁶⁸ For further reading, Marc Epprecht has written extensively on this topic.

⁶⁹ Tobia, “Out of the Laager, Into the Streets”, 22-23

⁷⁰ Gary W Dowsett. “The ‘Gay Plague’ Revisited: AIDS and Its Enduring Moral Panic” in *Moral Panics, Sex Panics*. Gilbert Herdt ed. (New York: New York University Press, 2009) 130

⁷¹ Tobia, “Out of the Laager, Into the Streets”, 9, 15

or “lesbian” is often a historically accurate and necessary part of writing South African history.⁷² The same cannot be said for black communities – Tobia cites censorship, poverty, and apartheid race laws as among the reasons for limited access and exposure to resources and cultural material that would have been available to gay, urban whites.

Echoing Pegge and Tobia, Gevisser asks: “Given the specificity of class, race and ethnicity in South Africa, is it even possible to pin down a ‘gay identity’ using the terminology of Western culture?”⁷³ Both Weeks⁷⁴ and Grimshaw also warn of the possible exclusionary nature of (gay) communities outside of the Western context: “Collective, community identity can be both powerful in terms of collective action and affirming of individual self, but also used as a tool of oppression and othering.”⁷⁵

An article titled “Is ‘gay’ wrong?” appeared in the *Sowetan* on 8 September 1981, and while the short article lacked the tabloid-style inflammatory language that often appeared in articles about gay life at the time, it made some strong statements:

While physical contact between white males is taboo, it is not regarded as unnatural for black men to walk hand in hand. But homosexuality, while haltingly gaining acceptance in white society, is so entirely unacceptable in black society it is ignored as an issue.⁷⁶

The article went on to report on the Kinsey study into homosexuality as inherently biological. The above excerpt illustrates that the view that certain acts regarded as “gay” in northern and white South African society were not regarded as such in black South African society, was common enough to put into print, and that furthermore the concept of gay identity was seen as outside of black society.

‘African AIDS’

What was believed and understood (or misunderstood) at the time is relevant to how people reacted and responded to AIDS. In his 1989 thesis on gay identity in South Africa, Gordon Isaacs describes the “striking importance” of the “so-called scientific demarcation of two sets of AIDS patterns.”⁷⁷ One of the theories popular in the 1980s was that there were in fact two kinds of AIDS: homosexual western AIDS, and heterosexual African AIDS, as was being seen in

⁷² Tobia, “Out of the Laager, Into the Streets”, 15

⁷³ Gevisser, “A Different Fight For Freedom”, 16

⁷⁴ Weeks, “The idea of sexual community”, 84

⁷⁵ Grimshaw, “The Gay ‘Community’”, 318-319.

⁷⁶ Gasa press scrapbook no.2 (1975-1983) - Gasa Collection (AM2975), GALA Queer Archive

⁷⁷ Isaacs, “The Growth of Homosexual Identity”, 239

central Africa from the early 1980s.⁷⁸ Even AIDS in South Africa, where both groups were afflicted, was racially divided.

Marc Epprecht provides important context around the state of social and academic views on African sexuality at the time. He argues that it was not racism alone that explains why AIDS was first thought of as a *white*, gay disease, but also a history of people with diverse ideologies contributing to the myth that homosexuality was “unAfrican”, brought to the continent by Europeans.⁷⁹ While this may be true of western gay identity, it was certainly not true for sexual acts and relationships between men.

There is ample evidence of MSM acts not tied to identity throughout sub-Saharan African societies.⁸⁰ According to Epprecht: “While most African societies historically did and still do tend to place a very high priority on heterosexual marriage and reproduction, many allowed or even celebrated ‘pseudo-homosexualities’ and ‘sex games’, providing they occurred within the bounds of specific rituals, sacred or secret spaces, and designated social roles.”⁸¹ Epprecht also notes that this changed over time, with colonisation, religion, independence, the growth of cities, migrant labour, and the birth of the gay rights movement in the north all playing a role.⁸²

MSM behaviour among so-called straight men was common among white South Africans too, according to Pegge; “have an enormous number of gay men pretending to be straight, and thus an enormous amount of bi-sexual activity.”⁸³ Dowsett notes that in the USA too, bisexual behavior by men was regarded as suspicious from the start, seen as a potential “bridging” group carrying the virus from the “guilty gays” to the “innocent heterosexuals”, and that this applied to both those who identified as bisexual and those who engaged with sex with both men and women, publically or not.⁸⁴

Most of the early researchers into AIDS in Africa in the 1980s came from outside and were unfamiliar with the continent and its languages and cultures, heavily relying, according to Epprecht, on “received wisdom and rational logic”.⁸⁵ Epprecht highlights the Eurocentric use of

⁷⁸ This kind of division of AIDS is echoed in a number of early writing on AIDS, including Cindy Paton’s *Inventing AIDS* (1990) and Alan Cantwell’s 1986 *AIDS: The Mystery & the Solution* in which the first three chapters are titled: ‘Gay’ Kaposi’s Sarcoma; ‘Classic’ Kaposi’s Sarcoma; and African Kaposi’s Sarcoma (the latter doesn’t even earn parenthesis).

⁷⁹ Marc Epprecht, Marc. “The Making of ‘African Sexuality; Early Sources, Current Debates”. *History Compass*. (2010, 8:8).

⁸⁰ Dowsett is critical of the term MSM – “it denudes same-sex activity of meaning by reducing it to behavior.” “The very category MSM performs a mopping up function in the framing of the pandemic within obsolete Western binary opposition heterosexual/homosexual. It suggests a failure to come to terms with variable human sexual expression rather than its recognition.” Dowsett, “The ‘Gay Plague’ Revisited”, 142

⁸¹ Marc Epprecht. *Heterosexual Africa? The History of an Idea from the Age of Exploration to the Age of AIDS*. (Athens, Ohio: Ohio University Press, 2008) 9

⁸² Epprecht, *Heterosexual Africa?* 9

⁸³ Interview notes from *Argus* interview with John Pegge, 1990 - Triangle Project Collection (AM2974), GALA Queer Archive

⁸⁴ Dowsett, “The ‘Gay Plague’ Revisited”, 135

⁸⁵ Epprecht, *Heterosexual Africa?*, 1

language used by many of the researchers, using terms that interview subjects would not have identified with, resulting in MSM activity not appearing in the research. According to Epprecht: “The language Africans have used to describe such relationships is in fact commonly euphemistic or coy almost to the point of incomprehensibility beyond those in the know.”⁸⁶

Some researchers also held the biased view that Africans were essentially heterosexual and promiscuous by nature, with their sexuality exhibiting undertones of violence and a lack of morality.⁸⁷ And while many African politicians and theorists rejected these assumptions, they tended to agree with the claim that homosexuality and bisexuality were not African, a view reflective of their post-colonial, nationalist thinking, associating homosexuality with European corruption of African society. Dowsett recalls the following when AIDS came up at various health conferences he attended: “During the late 1980s and early 1990s attempts were made to put male-to-male HIV transmission - and therefore prevention - issues on the agenda for developing countries, especially Africa [sic]. These were met with a complete denial of homosexuality existing, except as some distasteful postcolonial remnant, and a confident declaration was usually offered that various countries’ epidemics were ‘heterosexual.’”⁸⁸

Although the context in South Africa was different to that of other parts of sub-Saharan Africa, due to its relatively large white population and the presence of the apartheid regime, the above arguments and theories assist in explaining why black gay men, and black men who had sex with men, were continuously left out of the history of AIDS in South Africa. This is an area of research that deserves more attention, despite the lack of documented material available.

Concluding thoughts

As Weeks and others point out, communities are not fixed, they change over time, and this applied to the South African “gay community” of the 1980s. With the advent of AIDS, increased global influence and the changing political landscape of the 1980s, South African gay community, identity and organising changed in character and form. I explore this in more depth in Chapter 5. Despite all the problems involved in conceptualising gay identity and community in 1980s South Africa, the archival record and interviews indicate strongly that there *was*, at the very least, a network. And within this network of mostly gay, white South Africans, they engaged in various community-orientated activities, including responses to AIDS. The theme of community runs strongly and consistently through this thesis - how the term was used, and how it was understood and experienced, is interrogated throughout.

⁸⁶ Epprecht, *Heterosexual Africa?*, 8

⁸⁷ Epprecht, *Heterosexual Africa?*, 2

⁸⁸ Dowsett, “The ‘Gay Plague’ Revisited”, 141

Chapter 2

Getting organised (1983)

Introduction

As we saw in Chapter 1, by the time the first AIDS cases were made known in South Africa there was the very young start of formalised gay organising, though the aims of both 6010 and Gasa (at this stage) remained largely to provide social support and advocate for the acceptance of gay lifestyle. Pegge recalls: “[...] we did not have a strong enough movement on which to build. Worse yet, rather than strengthening our emerging gay movement, AIDS threatened to destroy it entirely.”⁸⁹ The impact of AIDS on fledgling gay activism in South Africa was ambiguous: the stigma and fear dissuaded people from coming out, but AIDS also promoted community action. Weeks argues: “The strongest sense of community is in fact likely to come from those groups who find the premises of their collective existence threatened, and who construct out of this a community of identity which provides a strong sense of resistance and empowerment.”⁹⁰

AIDS emerged in South Africa in late 1982, over a year after it was first identified by the CDC among gay men in the USA, and around the same time that the first cases were being reported in several countries in Western Europe and the UK. Ralph Kretzen, who would be named in the press onslaught of January 1983, was the first known case of AIDS in South Africa, and the first fatality. Kretzen was an openly gay international flight attendant for South African Airways (SAA) who became ill in early 1982 and was finally diagnosed by his doctors later that year.⁹¹ He died in a Pretoria hospital on 26 August 1982. Another flight attendant, Pieter Steyn, was the second known case, and he died a few months later, on 1 January 1983, also in Pretoria. In Jacob Tobia’s words:

As the first victims of the disease in South African history, they both died horrendous and lonely deaths. Kretzen and his partner were abandoned by their friends, rejected by their church, and ostracised from their community.⁹²

Kretzen’s priest didn’t show up to give his final confession and communion before he died in hospital, and after his death his family and friends couldn’t find an undertaker to remove his body, or a Catholic church willing to hold his funeral.⁹³ His mother, however, remained close,

⁸⁹ Pegge, “Living with Loss”, 302

⁹⁰ Weeks, “The idea of sexual community”, 72

⁹¹ Tobia, “Out of the Laager, Into the Street”, 82

⁹² Tobia, “Out of the Laager, Into the Street”, 83. Note that although Tobia refers to Steyn as Kretzen’s partner, no other sources do so, and it cannot be confirmed if this was the case.

⁹³ Pegge, “Living with Loss”, 303

and she spoke up in the press after his death became public, speaking lovingly of her gay son. By contrast, Steyn's family denied he was gay.

The link between homosexuality and AIDS was immediately established with South Africa's first cases. In the words of Louis Grundlingh: "The link in people's minds between homosexuality and HIV/AIDS was so firmly established that discrimination against people with HIV/AIDS became inseparable from discrimination on the basis of sexual orientation."⁹⁴ In South Africa there was a further link, that of whiteness.⁹⁵ The first (known) cases of AIDS in South Africa really were confined to white, gay men. As in several European countries, initial cases were identified in gay international flight attendants. It should be noted that due to apartheid-era job reservation laws, only whites could be employed as flight attendants.

AIDS hits the SA press – January 1983

*Discriminatory representations of AIDS catalysed real discrimination against people living with AIDS in the 1980s and shaped the actions and strategies of activists in response to the epidemic.*⁹⁶

- Mandisa Mbali, 2003

The press played a pivotal role in the story of the unfolding AIDS crisis, both internationally and in South Africa. The tone adopted by the press directly influenced community and public responses. In January 1983 headlines reporting the first South African AIDS deaths were splashed over the front-pages of the country's newspapers, using sensational language and linking the deaths directly to the gay population. As a result, emerging gay organisations were forced into public view and responding to the press.

Edwin Cameron recalls: "The way it [AIDS] hit South Africa was with a terrible *Sunday Times* headline...shocking headline: 'Gay Plague Hits South Africa!', naming the two fatalities. And that was it, you know? AIDS was queer."⁹⁷ Cameron mentions this headline (though he got it slightly wrong) in several interviews, it clearly made a large impression, illustrating that with AIDS in South Africa going public it marked the real start of the pandemic in South Africa's gay community.

⁹⁴ Grundlingh. "HIV/AIDS in South Africa", 64

⁹⁵ Tsampiras. "Sexuality Politics and AIDS in South Africa", 231-232

⁹⁶ Mandisa Mbali. "Without the luxury of time": AIDS, Representation and the Birth of Rights-based AIDS Activism in the 1980s". History/African Studies Seminar Paper: Presented on 29 October 2003.

<https://phambo.wiser.org.za/files/seminars/Mbali2003.pdf> (accessed on 18 August 2022) 6.

⁹⁷ Interview with Edwin Cameron, 8 December 2020, Johannesburg - GLOW Opera Collection (GAL0051), GALA Queer Archive. Edwin Cameron was one of the first openly gay, HIV-POSITIVE public figures in South Africa, going public with his status in 1999. He was a Supreme Court Judge at the time.

It was, in fact, two Cape-based newspapers who first broke the news of AIDS in South Africa. The *Argus* was the first to publish the story, under the headline “‘Homosexual’ disease kills SAA staff” on 4 January 1983. The article was short and relatively neutral, despite the headline.⁹⁸ The *Cape Times* followed the next day with the headline “Rare AIDS disease strikes SA.”⁹⁹ It is noteworthy that there is no mention of gay or homosexual in the headline.

The national paper, the *Sunday Times*, followed that weekend with their article “‘Gay’ plague: More victims?”, the article that Cameron likely recalled above. It was this article that named the two deceased.¹⁰⁰ The *Sunday Times* article was much longer than the previous *Argus* article and decidedly more inflammatory, using phrases such as “dreaded killer”. The article also mentioned Kretzen’s handling of food on SAA flights after he fell ill, adding to public fears and prejudices, though admittedly at the time there was uncertainty as to how the virus was transmitted. The article also presumed to know the reactions and feelings of the gay community, stating: “The *Sunday Times* learnt this week that the country’s homosexual community has been in a turmoil ever since the two South African AIDS deaths were announced” and “Witwatersrand, Durban and Cape Town doctors in private practice have had panic-stricken homosexual patients approach them for immunology tests all week.”¹⁰¹

In the same edition of the *Sunday Times*, SAA, who were under heavy media fire, asserted a publically progressive view for the time. The article, titled “Employees’ sexual habits irrelevant – SAA” went on to quote the SAA spokesperson as follows: “If employees are qualified for their job, it is totally irrelevant whether they are homosexual or not”, and further describes the air stewards as a “close-knit community”. The article also quotes extensively from an interview with Kretzen’s mother, Harriet: “Its time this country started living in the 20th century. Homosexuality is no longer something to be ashamed of [...] I wouldn’t have exchanged my gay son for a thousand straights.”¹⁰²

The *South African Medical Journal (SAMJ)* also picked up on the story in their editorial of 22 January 1983, commenting on the “somewhat hysterical reaction among those sections of the community most at risk, the male homosexuals and drug users” in the wake of the recent publicity on AIDS.¹⁰³ The editorial further urged doctors to be on the lookout for more cases.

⁹⁸ “‘Homosexual’ disease kills SAA staff”, *Argus*, 4 January 1983, Eksteen Scrapbook – Triangle Project Collection (AM2974), GALA Queer Archive

⁹⁹ “Rare AIDS disease strikes SA”, *Cape Times*, 5 January 1983, Eksteen Scrapbook – Triangle Project Collection (AM2974), GALA Queer Archive

¹⁰⁰ “‘Gay’ plague: More Victims?”, *Sunday Times*, 9 January 1983, Eksteen Scrapbook – Triangle Project Collection (AM2974), GALA Queer Archive

¹⁰¹ Ibid.

¹⁰² “Employees’ sexual habits irrelevant – SAA”, *Sunday Times*, 9 January 1983, Eksteen Scrapbook – Triangle Project Collection (AM2974), GALA Queer Archive

¹⁰³ Tsampiras. “Not so ‘gay’ after all”, 482

There was very little reporting in the “black press” at this time, given that AIDS was considered a white, gay disease.¹⁰⁴

Initial gay community responses: January/February 1983

The negative portrayal in the media influenced the somewhat defensive response adopted by gay organisations, and their lack of knowledge led, in retrospect, to some rather unsound advice. Both Gasa and 6010 were pushed into extensive responses to the media storm, as can be evidenced in both organisations’ newsletters published immediately after. This is the first time that either newsletter mentions AIDS in any context, and it is noteworthy that it only does so in response to the media frenzy.

The (late) January 1983 issue of the 6010 newsletter, and the meeting minutes that discuss it, are an important source of information about what members of the group were feeling at the time. The editorial for this issue was titled “AIDS and the Media”, responding to the recent press headlines.

The records reflect a large degree of concern over damage to gay reputations and increased homophobia, leading them to play down the threat of AIDS. It was clear that at this time 6010 perceived the real threat of AIDS to be to gay liberties, not health. The group also actively attempted to create a distance between AIDS and South Africa, describing it as a problem in the US, as foreign, removed, and that even in the US AIDS had been blown out of proportion.

The two-page 6010 editorial, as well as the meeting minutes that discuss it, critically engage with various recent articles, particularly the two from the Cape-based papers, the *Argus* and *Cape Times*.¹⁰⁵ For example, the minutes discuss the *Cape Times* article by Clare Stern in which she interviewed Dr Gwynn Griffiths.¹⁰⁶ Griffiths spoke to 6010 after the article was published, claiming that Stern tried to “illicit sensational material” from him and that “he carefully and repeatedly stressed that AIDS is not a complaint likely to become an epidemic in South Africa as the conditions in which the illness is prevalent do not exist in this country.”¹⁰⁷

The descriptor ‘hysterical’ is used frequently by both the press to describe reactions of the gay community, as well as by the ‘gay press’ to describe reporting in the mainstream press.

¹⁰⁴ Grundlingh. “Government Responses to HIV/AIDS”, 125

¹⁰⁵ 6010 Newsletter, Issue no.17 (January 1983) - The Gay Library Collection (AM2583), GALA Queer Archive

¹⁰⁶ 6010 Meeting Minutes, 13 January 1983, Meeting Minutes Book - Triangle Project Collection (AM2974), GALA Queer Archive

¹⁰⁷ Ibid.

On the other hand, the editorial praised the *Argus* article “AIDS: City gays ‘anxious’” by journalist Johann Potgieter.¹⁰⁸

This article was a welcome change – balanced, objective reporting, stating carefully evaluated medical facts; the conclusion being that far from becoming an epidemic carried by gay men about to inflict a horrible and inevitable death on all the community, AIDS is as remote from the experience from gay men as it is from the rest of the community and will remain that way.¹⁰⁹

In addition, it was noted with approval that the *Argus* did not place the word gay in parenthesis, while criticising the *Cape Times* for failing in this regard: “‘The Cape Times’ still cannot make up its mind whether to print the word ‘gay’ with or without inverted commas.” However, they also reported that after complaining to the newspaper, the *Times* agreed not to use parenthesis for gay in the future. Building on this, the editorial ends off with a discussion on engaging with the press on reporting on gay issues in general, noting that this was an opportune time “to establish closer links with at least the English press in Cape Town” and that it was hoped that by sharing information and maintaining contact, that it would result in “controlled use of press coverage” to get across the 6010 message to the public.¹¹⁰

Other than responding to the press, the most significant content of the January 6010 newsletter was their three-page supplement titled “Acquired Immune Deficiency Syndrome – In Perspective”. The newsletter also contained a summary “for those who do not wish to wade through the somewhat technical article attached.”¹¹¹ The summary stressed a few main points: that AIDS, even in the USA, is very rare; that not all cases are fatal – followed by listing symptoms for early treatment; and that anyone with symptoms or concerns should contact 6010 for a list of “gay-sympathetic” doctors in the Cape.¹¹² The supplement itself opened with the following:

The recent sensational reports of AIDS “The Gay Killer Disease” has caused a good deal of concern in the gay community both because of the supposed risk of catching something dreaded and because of the homophobic overtones in many of the articles. The purpose of this article is to try and put these reports into perspective by looking at the evidence that is so far available from the medical literature.¹¹³

¹⁰⁸ “AIDS: City gays ‘anxious’”, *Argus*, 17 January 1983, Eksteen Scrapbook - Triangle Project Collection (AM2974), GALA Queer Archive

¹⁰⁹ 6010 Newsletter, Issue no.17 (January 1983) p.3. - The Gay Library Collection (AM2583), GALA Queer Archive

¹¹⁰ Ibid.

¹¹¹ Ibid.

¹¹² Ibid.

¹¹³ “Supplement No.2: Acquired Immune Deficiency Syndrome – In Perspective”. 6010 Newsletter, Issue no.17 (January 1983) - The Gay Library Collection (AM2583), GALA Queer Archive

It went on to explain what is known about AIDS in terms of physiology, symptoms and statistics, outlining various theories as to the causes and transmission of AIDS, which at the time was still unknown. Despite this emphasis on technical information-sharing, the supplement author (identified only as W.L.M.) also employed a distinct tone of playing down the threat, as well as using humorous language at times, presumably to lighten the mood, so to speak. The below paragraph is a good example of the tone adopted:

The precise cause of AIDS is however still elusive. Some highly fanciful theories have been put forward in letters to medical journals. One writer from Brazil who suggested the female hormone oestrogen was the cause because it was commonly taken by gay men “to feminize their bodies and voices” would have been surprised by a visit to a New York Leather Bar.¹¹⁴

Further on, when the author finally moved on to AIDS in the local context, he continued to both distance and minimise the threat of AIDS:

What are the chances of AIDS occurring in Cape Town? Even in the most affected country, the United States, where the disease “has been raging” for three years, only one in every fifteen thousand gay men has contracted the syndrome. In addition, the lifestyle of the average gay person here is not the same as in New York or San Francisco (worst luck). There is not the same opportunity for multiple sexual contact and the use of “poppers” is less widespread.¹¹⁵

It is noteworthy here that the author was arguing that because South Africa had less of an ‘out’ gay community, there was less casual sex with multiple partners, and therefore AIDS was not a major threat. It seems that this proposition was based on assumptions of sexual habits that could not have been known to the author in any significant sense. The supplement ends with a list of five suggested readings from US medical journals, as well as rather half-hearted advice on risk avoidance:

In view of AIDS being linked with the so-called “gay lifestyle”, should behavior modification be advocated? Because of our ignorance and the evidently low risk of AIDS this is a difficult question to answer. A case can be made out for decreasing the variety of sexual contacts (and being more discriminating about who you go to bed with) and avoiding the regular use of “poppers”.¹¹⁶ To sum up: AIDS exists but

¹¹⁴ Ibid.

¹¹⁵ Ibid.

¹¹⁶ Poppers are a type of inhalant that contain amyl nitrite and butyl nitrite. Poppers cause blood vessel dilation and muscle relaxation, giving a quick ‘high’. It is among gay men to facilitate anal sex by increasing blood flow and relaxing sphincter muscles. As poppers open blood vessels it increases risk of infections, including STDs.

its importance is exaggerated. Finding the answers to this syndrome is going to depend on the co-operation and active involvement of the gay community and gay organisations.¹¹⁷

It is interesting to note that while the records show an in-depth discussion around the press editorial, there is no record of discussion of the AIDS information supplement, and therefore nothing to shed any light on the sources used, or discussions that may have occurred around the content.

Moving north to Johannesburg and Gasa, the February edition of *Link/Skake!* (the first to follow the press storm) ran with the front-page headline “AIDS panic is over-stressed”. More than 20 years later, editor Henk Botha recalled that headline with regret: “[...] to my shame, I made a crucial error. I am still haunted by the front-page headline that said something to the effect of ‘AIDS Scare Overrated’. How wrong could I have been?”¹¹⁸

The article gave voice to Gasa Chair Pieter Bosman. Despite the bold and rather misleading headline, Gasa (via Bosman) did not dismiss concerns about AIDS.¹¹⁹ Bosman began by stating that “AIDS hasn’t, by any stretch of the imagination, reached epidemic proportions” and that gay men should not fall into depression, substance abuse, or suicidal ideas because of fear of AIDS. However, he then went on to say: “Gasa is fully aware of the seriousness of the matter and has therefore made contact with a group of doctors in Johannesburg to determine specifically how South African gays are affected by this syndrome.”¹²⁰ The following statement by Bosman conveys the predicament of trying to give counsel and leadership in a time of unknowns and panic: “A clear head and moderation of wide sexual encounter, and the use of recreational drugs, until more is known of the exact way in which the syndrome is transmitted, is possibly the only real advice to non-sufferers at present.”¹²¹

The February edition of *Link/Skake!* also contained a page with the heading “Answers to the questions you ask most: A medical doctor gives relevant facts about AIDS.”¹²² The article gave some basic facts about AIDS (as was known at the time), advising against multiple sexual partners and drug use, while also maintaining that AIDS cases were still very low, even in the USA.

¹¹⁷ “Supplement No.2: Acquired Immune Deficiency Syndrome – In Perspective”. 6010 Newsletter, Issue no.17 (January 1983) - The Gay Library Collection (AM2583), GALA Queer Archive

¹¹⁸ “Exit: Memories of the early years”, 200th anniversary issue of *Exit* (February 2007) – Exit Collection (AM2773), GALA Queer Archive

¹¹⁹ “AIDS panic is over-stressed”, *Link/Skake!* Issue no.0110 (February 1983) - Exit Collection (AM2773), GALA Queer Archive

¹²⁰ *Ibid.*

¹²¹ *Ibid.*

¹²² “A medical doctor gives relevant facts about AIDS”, *Link/Skake!* Issue no.0110 (February 1983) - Exit Collection (AM2773), GALA Queer Archive

A third article about AIDS in the same issue (February 1983) dealt with the press – “Gay news fills media pages”, noting that the new year had kicked off “the greatest splash of publicity gays have had in this country.”¹²³ The article went on to commend the Afrikaans language paper *Die Beeld* for naming Kretzen’s cause of death, which the author (Adrian Eaton) maintained was covered up by both SAA and the Department of Health. Eaton then praised the press in general, and adopted a somewhat self-flagellating stance on behalf of the gay community:

The majority of the newspapers (both Afrikaans and English) deserve comment [sic] for the restraint and general informativeness, with which they had reported on this strange and tragic syndrome. The publicity is of course not doing the gay image much good, highlighting as it unfortunately must, the promiscuity of gays, and to a smaller extent, the affection a number of gays have for drugs.¹²⁴

Eaton asserted that, on balance, the positive impact of the press focus on AIDS outweighed the negative, as it played a vital role in informing people about the syndrome, its symptoms, and how to avoid contracting it. Eaton’s praise for the press is not unreserved, and he did take aim at *Rapport*’s Paula du Barry who wrote a sensational piece claiming gays were so panicked by AIDS they were turning to drinking and drugs.¹²⁵ Like 6010, he also criticised several newspapers for placing “gay” and “homosexual” in parenthesis, and the use of the word “homos” by Afrikaans language papers.

Lastly, this edition of *Link/Skakel* contained two cartoons about AIDS, one in English and one in Afrikaans, both of which made light of the virus. It can therefore be seen that even in this one issue, opinions differ quite widely, from both praising and berating the press, and swinging between trying to play down the threat of AIDS, and attempting to provide basic information and advice.

Later community responses: March – December 1983

Following the knee-jerk reactions to South Africa’s first cases by the press and gay organisations at the beginning of 1983, there was a brief lull. Neither *Link/Skakel* nor the 6010 newsletter mentioned AIDS in their subsequent two issues, and the mainstream press also went relatively quiet on the topic. However, by mid-1983 Gasa, 6010 and the press began to pay attention to AIDS again.

¹²³ “Gay news fills media pages”, *Link/Skakel* Issue no.0110 (February 1983) - Exit Collection (AM2773), GALA Queer Archive

¹²⁴ Ibid.

¹²⁵ “Die Smart Agter Die Pes”, *Rapport*, 9 January 1983. Eksteen Scrapbook - Triangle Project Collection (AM2974), GALA Queer Archive

6010

For this first year of the AIDS epidemic in South Africa, 6010 continued with their reactive approach - reporting on AIDS in the US, distancing AIDS from South Africa, as well as frequently referring to the reactions and reporting of others on AIDS in terms hysteria and paranoia. Two snippets in the regular Village Voice section of their newsletter (in which the author is not named) stand out as examples. The following appeared in the April 6010 newsletter:

According to the latest edition of Newsweek the "Gay Plague" is now reaching "epidemic" proportions in America with "three to five cases reported every day"! In an article which at times verges on the hysterical, the magazine traces the history of the disease and gives anguished personal accounts by the sufferers. [...] Nevertheless the article is worth reading, if only to extend our own knowledge of the disease.¹²⁶

And then again in June:

Three cheers to the Argus for its recent excellent reports on the killer disease, AIDS. Especially good was a June 16 article on the fear and paranoia of Americans over AIDS: What a welcome change this article was from the emotional trash that usually accompanies reports on gay-related issues.¹²⁷

This excerpt from the November newsletter is even more telling, this time appearing in the editorial section:

Many recent articles of course have concerned the AIDS crisis and the impact it has had [on] the American gay consciousness and American gay social and political life. [...] Since AIDS is not yet a dominating issue in this country and since the gay liberation movement here has hardly been born and certainly occupies no significant public political space [...] what we are left with are the concerns and activities of our own organization as it enters its third year of existence and this some might feel is concern enough.¹²⁸

This shows clearly that at the time, at the end of 1983, GASA 6010 displayed an openly inward-focused stance, pushing the line that AIDS was being overblown as a threat and emphasising that as much as it was an issue, it was an *American* issue.¹²⁹

¹²⁶ 6010 Newsletter No.20. (April 1983) - Gay Library Collection (AM2583), GALA Queer Archive

¹²⁷ Gasa 6010 Newsletter No.22. (June 1983) - Gay Library Collection (AM2583), GALA Queer Archive

¹²⁸ GASA 6010 Newsletter No.26 (November 1983) - Triangle Project Collection (AM2974), GALA Queer Archive

¹²⁹ 6010 joined Gasa in May 1983, and therefore from June were referred to officially (though not always in practice) as Gasa 6010.

The Gasa 6010 newsletter also deals with the contentious issue of blood donation. Gasa 6010 had an unlikely ally in the Western Province Blood Transfusion Service (WPBTS). The November 1983 newsletter includes a plea for blood donations: “Gays may easily feel touchy on this subject after some of the reports of medical people shrieking hysterically that homosexual blood donors are spreading AIDS” (again, “hysteria” is used as an emotive descriptor).¹³⁰ The same issue features: “A Note about AIDS” from the Western Province Blood Transfusion Services. This is quite a dense article, but some of the points made include that the cause of AIDS is unknown, and that “there is no evidence to support spread by blood transfusion.” It ends off by saying that while promiscuous male homosexuals are at high-risk, there is no reason to believe “gays in stable relationships” are high-risk.¹³¹ This focus on high-risk behavior, and not high-risk groups is noteworthy for this time. In one of the last 6010 meetings of the year, the following sober statement is minuted: “The issue of AIDS is no longer remote as there are at least two cases reported in Cape Town.”¹³²

Gasa

How did Gasa and *Link/Skakel* react to and report on AIDS for the remainder of 1983? Gasa Rand (which constituted almost half of Gasa’s membership) in Johannesburg adopted a proactive approach to dealing with AIDS in the 1980s. A number of historians and activists accused Gasa of doing little to address AIDS. For example, Gevisser has argued that while in Johannesburg Gasa played down the threat posed by the epidemic in the early 1980s, Gasa 6010 in Cape Town was, by contrast, a “shrill voice in the dark” providing a range of AIDS prevention and care services.¹³³

While this became true in the later 1980s, in the early stages, the archival record shows that both Gasa in Johannesburg and 6010 in Cape Town were left fumbling in the dark, and that both initially publically played down the threat. Furthermore, the archival records show that in this first year of the crisis, when cases were still extremely low, Gasa, and Gasa Rand in particular, actually began a number of initiatives to address the potential threat of AIDS, in contrast to Gasa 6010 who were still in denial. In addition to what can be learnt from *Link/Skakel*, the Gasa Rand meeting minutes offer insight into the campaigns started in 1983, and the discussions around them. It is important to address inaccurate historical narratives, which are often repeated and taken as established.

After a three-month silence on the topic, the June edition of *Link/Skakel* featured the article: “Fight against AIDS continues: Greater awareness of killer syndrome.”¹³⁴ Like some of the 6010

¹³⁰ Gasa 6010 Newsletter No.26 (November 1983) - Gay Library Collection (AM2583), GALA Queer Archive

¹³¹ Ibid.

¹³² GASA 6010 meeting minutes, 17 November 1983 – Triangle Project Collection (AM2974), GALA Queer Archive

¹³³ Gevisser, “A different fight for freedom”, 59

¹³⁴ *Link/Skakel* issue 0202 (June 1983) - Exit Collection (AM2723), GALA Queer Archive

articles, it has a large focus on what is happening in the USA, while also listing symptoms for readers to look out for. In July it is minuted that Rand Chair, Ann Smith, had written to Dr NAK van der Merwe, Minister of Health, asking what was being done about AIDS, as a matter of national importance. This is the only mention of Gasas (including Gasas 6010) engaging, or attempting to engage, with government during the course of 1983.¹³⁵

In July 1983 Gasas launched its AIDS awareness and research fundraising campaign, which would channel proceeds to the South African Institute for Medical Research (SAIMR). The effort included placing collection boxes and awareness posters in clubs and bars, distributing information leaflets, and hosting fundraising events. The first Gasas AIDS Fund collection box was placed at Zippys club in Johannesburg, and the July issue of *Link/Skakel* reported that Zippys volunteered to donate the door cover for their July Pride Party to the AIDS Fund. The article followed with: "It is hoped that this gesture to sponsor this very important project will be followed by other clubs countrywide."¹³⁶

As part of the Gasas AIDS campaign launch efforts, the July issue of *Link/Skakel* included a two-page feature: "AIDS: Fighting for our lives". The first section outlined basic facts (as were known) about AIDS, with the information source credited to The San Francisco AIDS and KS Foundation Newsletter from May 1983.¹³⁷ This source, as well as the article heading, show the influence and flow of information from the US to South Africa. The article went on to include some local content, such as "Gasas to launch AIDS fund" (referred to above) and "The situation in South Africa." The latter section highlighted that New York (where cases were rising fast) was only an 18 hour flight from Johannesburg, and that due to frequent travel between the two cities, cases were bound to rise in South Africa as well.¹³⁸

Following the launch of the AIDS Research Fund in July, in August Gasas launched its AIDS awareness campaign. This involved the distribution of posters and pamphlets, both through *Link/Skakel* as well as participating gay bars and clubs. A small version of the poster appeared in the August issue of *Link/Skakel*, employing some rather ominous imagery: two men leaning towards each other as if to kiss, with a skull-shaped globe between them. The large text is short and to the point: "FIGHT AIDS", followed with the address for donating to the AIDS Fund. In the newspaper version though, there is further text printed beneath the poster image (see Figure 1a):

A warning ... and a plea. This poster warning about the disastrous effects of
Acquired Immune Deficiency Syndrome will be distributed by Gasas all over the

¹³⁵ Gasas Rand Meeting Minutes, 12 July 1983 - Gasas Collection (AM2975), GALA Queer Archive

¹³⁶ *Link/Skakel* Issue 0203 (July 1983) - Exit Collection (AM2723), GALA Queer Archive.

"Fighting for our lives" was a slogan used by the San Francisco AIDS Foundation.

¹³⁷ *Link/Skakel* Issue 0203 (July 1983) - Exit Collection (AM2723), GALA Queer Archive

¹³⁸ Ibid.

country this month, as well as thousands of leaflets with more information on this dreaded killer syndrome. The aim of the campaign is not only to bring AIDS to the attention of gays, but also to collect money for Gasa's AIDS Research Fund. All monies received for this cause will be donated by Gasa on behalf of its members to the South African Institute for Medical Research in an attempt to find a cure and to help those possibly already infected.¹³⁹

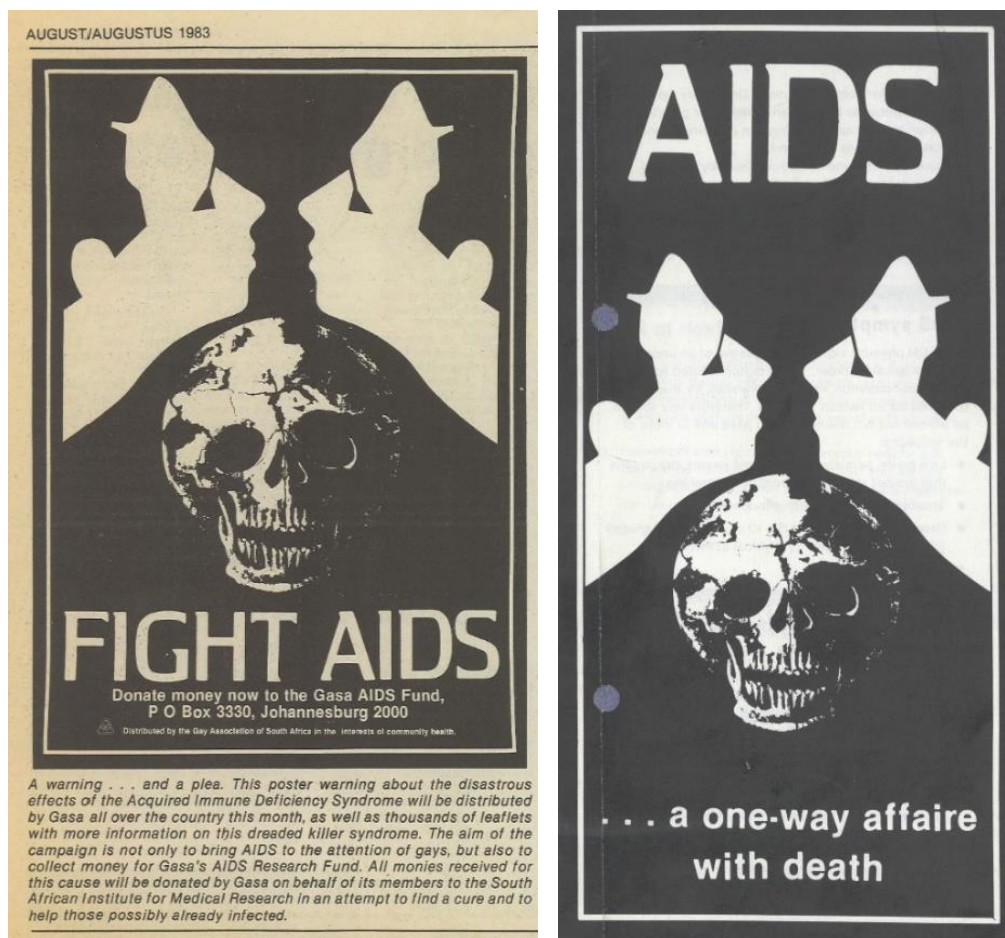


Figure 1a: Gasa AIDS poster, *Link/Skakel* August 1983 (L)¹⁴⁰ ; Figure 1b: cover of GASA AIDS pamphlet, 1983 (R)¹⁴¹

The Gasa AIDS information pamphlet, of which 10 000 were distributed in clubs and bars, and to its members through *Link/Skakel*, between August and November 1983, is worth analysing in some detail, as the main source of information on AIDS in South Africa at the time.¹⁴² The pamphlet used the same imagery as their campaign poster. However, whereas the poster had

¹³⁹ *Link/Skakel* Issue 0204 (August 1983) - Exit Collection (AM2723), GALA Queer Archive

¹⁴⁰ *Ibid.*

¹⁴¹ Herman Eksteen Scrapbook – Triangle Project Collection (AM2974), GALA Queer Archive

¹⁴² "Gays move to fight killer AIDS", *Sunday Tribune*, 7 August 1983, Gasa press cuttings (1980s) - Gasa Collection (AM2975), GALA Queer Archive

the simple text and message of “FIGHT AIDS”, the pamphlet cover led with the rather bleak text: “AIDS... a one-way affaire with death” (see figure 1b). The somewhat dated spelling of “affaire” aside, the dramatic and grave wording was a risky choice for an information pamphlet on a subject that people might already be afraid to engage with.

Inside, the pamphlet gave fairly standard information (given what was known at the time), including what AIDS stands for, symptoms, risk factors and preventative measures.¹⁴³ It then went on to urge readers to “Bring your Part” by donating to the Gasa AIDS Research Fund, which would then be donated to the SAIMR, adding that: “If more cases are diagnosed, it may also be necessary to support victims financially.”¹⁴⁴

This is followed by a short paragraph headed “The Situation in South Africa.” It stated that no new cases had been identified, but that a number of gay men had tested as immune suppressed, putting them at “higher risk of contracting an opportunistic AIDS-related disease.”¹⁴⁵ It further warned that the SAIMR (who were the only ones able to conduct these expensive tests) would not be able to sponsor immunity tests for much longer. The pamphlet ended with a section titled “Fighting for our lives”, tying back to the alarmist cover:

Although most theories blame promiscuity, remember it could be just one unlucky chance meeting, or even just a kiss, that can infect you... WE ARE ALL LITERALLY FIGHTING FOR OUR LIVES – according to the world’s leading medical researchers on AIDS, the entire gay population of the world will be wiped out in 10 years if a cure for AIDS is not discovered.¹⁴⁶

While the intention quite clearly was to scare people into action, more specifically into donating towards the AIDS Research Fund, I question whether such tactics had the opposite effect, and in fact scared gay men away from engaging with the topic at all.

The Gasa campaign also involved engagement with the media. On 7 August 1983 the *Sunday Tribune* published a story on the campaign titled “Gays move to fight killer Aids.”¹⁴⁷ The article mentioned that by this point three people were known to have died from AIDS in South Africa that year. It went on to summarise Gasa’s efforts and ended with an appeal from Gasa for donations.

¹⁴³ Condom usage only became strongly advocated once a sexual link was established. These safe-sex campaigns are discussed further in Chapter 3.

¹⁴⁴ Gasa AIDS information pamphlet 1983 - Gasa Collection (AM2975), GALA Queer Archive

¹⁴⁵ Ibid.

¹⁴⁶ Ibid.

¹⁴⁷ “Gays move to fight killer AIDS”, *Sunday Tribune*, 7 August 1983, Gasa press cuttings (1980s) - Gasa Collection (AM2975), GALA Queer Archive

In August 1983 Gasa held a film screening hosted by Café Casablanca in Johannesburg. The British documentary film *Killer in the Village*, one of the first documentaries made on AIDS, was screened daily over the course of a week. *Link/Skakel* reported that the screening “drew a very enthusiastic response from Gasa members” and that “consensus is that all gays most definitely need to take certain precautions, at least until such time as more is found out about the AIDS diseases.”¹⁴⁸ The article went on to encourage further screenings and serves as an example of community sharing of resources:

Café Casablanca owner Dirck Pondt has made the tape of the documentary available to Gasa and screenings can be arranged in other centres and for interested individuals. Should anyone be interested in borrowing the video, please telephone the Rand office and arrangements will be made for a private viewing.¹⁴⁹

Behind the scenes, the Gasa Rand meeting minutes show the appointment of their own AIDS Campaign Committee, including four Gasa Rand members and Dr. Dennis Sifris.¹⁵⁰ In October Gasa Rand planned its first major fundraising event for their AIDS Fund. The event, an AIDS Benefit evening, was scheduled for 23 October at Jaqueline’s nightclub in Pretoria, and was advertised to include dinner and a cabaret performance, followed by a disco.¹⁵¹ Tickets for the benefit were sold through South Africa’s largest commercial ticket vendor, Computicket, and the event was advertised in the popular “Tonight” section of *The Star* newspaper, as well as on the national radio station 702.¹⁵² *Link/Skakel* featured the upcoming event on the front-page of its October issue, taking pains to allay any fears or discomfort associated with purchasing tickets: “When buying tickets it will be necessary only to mention Jaqueline’s and the date without having to refer to Gasa or AIDS. We hope that people will see this function as a worthy cause and support it to the fullest.”¹⁵³

The benefit was cancelled after only three tickets were sold through Computicket. It is unclear why the event failed so drastically, but what can be noted, is that this failure was not publically mentioned. There is no mention of the benefit being cancelled in the November issue of *Link/Skakel*, and in fact, without meeting minutes that discuss the planning quite extensively, one might never know that such an event was ever planned.

By the end of 1983, it was clear that Gasa’s fundraising efforts were not getting the support they had hoped for. Gasa Rand’s November minutes note that donations had been disappointing, at that point barely covering the cost of printing posters.¹⁵⁴ The *Sunday Times*

¹⁴⁸ *Link/Skakel* Issue No.0205 (September 1983) - Exit Collection (AM2723), GALA Queer Archive

¹⁴⁹ Ibid.

¹⁵⁰ Gasa Rand Meeting Minutes, 14 September 1983 - Gasa Collection (AM2975), GALA Queer Archive

¹⁵¹ Gasa Rand Meeting Minutes, 11 October 1983 - Gasa Collection (AM2975), GALA Queer Archive

¹⁵² Ibid.

¹⁵³ *Link/Skakel* Issue No.0206 (October 1983) - Exit Collection (AM2723), GALA Queer Archive

¹⁵⁴ Gasa Rand Meeting Minutes, 14 September 1983 - Gasa Collection (AM2975), GALA Queer Archive

reported that Gasa's research fund "appears to have been met with a degree of apathy". The same article quotes a Gasa spokesperson in Johannesburg: "'Without wishing to be an alarmist, I regard AIDS as potentially dangerous in this country" and appealed to the gay community to contribute to research funds.¹⁵⁵

However, on a more positive note, by November 1983 posters were displayed in several Johannesburg clubs, including Jameson's, Casablanca and Trucker's (who also hosted an AIDS fundraiser in December), and the Gasa AIDS information pamphlets had been exhausted.¹⁵⁶ It was proposed that a new, up-to-date pamphlet be drawn up in consultation with Dr. Dennis Sifris.¹⁵⁷ In addition, Gasa East Cape also joined Gasa's AIDS fundraising efforts. They donated 10% of profits from their events to the AIDS Fund, placed a collection box at Dance-O-Rama Club in Port Elizabeth, and screened an unnamed AIDS video on one of their weekend retreats.¹⁵⁸

Link/Skakel published a short article titled "At least 3 deaths in SA" in its final issue for 1983.¹⁵⁹ The article explained that the number of AIDS cases in South Africa was not publically known, but that four cases were reported at a recent medical conference, three of whom had died. It then went on to share that "through reliable grapevine sources" *Link/Skakel* has heard of three more cases of AIDS or pre-AIDS in Johannesburg and Cape Town (two gay men and one "non-gay" woman), and that they all contracted the virus "in the USA through sexual contact", as well as further cases that "couldn't be verified."¹⁶⁰ The article ended off with an admonishment about the disappointing response to the Gasa AIDS Fund.¹⁶¹

As a final point of interest regarding Gasa's AIDS-related activities for 1983, Gasa's archive collection contains press files and scrapbooks dating back to 1981, and for the year 1983 there is a press scrapbook containing only clippings for news stories on AIDS, mostly international.¹⁶² This again indicates a growing focus on the epidemic. The cuttings were likely gathered by Gasa Rand.

In this time of unknowns, those writing for both 6010 and Gasa on the topic of AIDS, frequently made quite strong, baseless assertions, dangerous when dealing with a medical phenomenon that still had so many questions hanging over it. There is a pattern of contradictions, where

¹⁵⁵ "The Secret Plague: Can AIDS be cured?", *Sunday Times Magazine*, 27 November 1983.

¹⁵⁶ Gasa Rand Meeting Minutes, 8 November 1983 - Gasa Collection (AM2975), GALA Queer Archive

¹⁵⁷ Ibid.

¹⁵⁸ East Cape Gasa Meeting Minutes, 18 August and 3 December 1983 - Gasa Collection (AM2975), GALA Queer Archive.

Note, Port Elizabeth was renamed Gqeberha in 2019.

¹⁵⁹ *Link/Skakel* Issue No.0208 (December 1983) p7 - Exit Collection (AM2723), GALA Queer Archive

¹⁶⁰ Ibid.

¹⁶¹ Ibid.

¹⁶² Gasa Collection (AM2975), GALA Queer Archive

articles by both 6010 and Gasa admit that little is known about the causes and transmission of AIDS, and then making bold statements about what it is *not* - a gay disease, sexually transmitted, fatal.

These confusions and contradictions were not isolated to gay organisations in South Africa; even in the UK and the US where information was more readily available, activists like everyone else were fumbling in the dark, and campaigners and volunteers struggled to decide on the best advice and information to share.¹⁶³ Wright's account of the Campbell-Kramer debate illustrates this well. In March 1983 outspoken AIDS activist Larry Kramer wrote "1112 and Counting", which Wright identifies as "a turning point in AIDS rhetoric".¹⁶⁴ Kramer's essay was first published in the *New York Native*, and reprinted in the *Bay Area Reporter* the following week, and it was to this article that San Francisco AIDS activist Bobbi Campbell responded.¹⁶⁵ While Campbell agreed with much of what Kramer had to say, he took issue with the following statement by Kramer: "I am sick of everyone in this community who is telling me to stop creating a panic." Campbell argues that: "Panic causes us not to act, but to react – and not in a rational way...I think that hysteria and panic are as deadly to our community as the disease themselves."¹⁶⁶

The above shows clearly the disagreement around the strategy of causing alarm and panic to reach people and make them aware. While Gasa seemed to veer more towards the Kramer strategy as the year progressed (as evidenced in the cover of the Gasa AIDS information pamphlet), 6010's reactive and defensive stance of playing down the threat in the face of alarmist news stories exemplified exactly what Campbell was warning against.

Medical research

This time also saw the start of the groundbreaking work done by two medical professionals in Johannesburg, Dr. Dennis Sifris and Dr. Ruben Sher. Sifris, as mentioned above, was a gay doctor who worked with Gasa Rand on their AIDS education initiatives. Sher, an immunology specialist, worked at the SAIMR, where the Gasa AIDS Fund proceeds were channeled. In 1982 Sher travelled to the US to seek medical care for his son, and while there was confronted with the emerging AIDS crisis, which piqued his interest. Upon returning to Johannesburg, Sher contacted Sifris, who he had worked with previously on a study on Hepatitis B in gay men. In 1983 Sifris and Sher teamed up, using Sifris' private practice, to recruit gay men to take part in a

¹⁶³ Janet Weston. "Aids: the epidemic that changed Britain", *BBC History Magazine*, June 2021.

<https://www.historyextra.com/period/20th-century/aids-hiv-epidemic-changed-britain-how/> (accessed on 3 November 2022)

¹⁶⁴ Joe Wright. "Only Your Calamity: The Beginnings of Activism by and for People With AIDS". *American Journal of Public Health*. (2013, 103: 10) 1791.

¹⁶⁵ Wright, "Only Your Calamity", 1791

¹⁶⁶ Ibid.

research study on immune deficiency.¹⁶⁷ Sher advertised the study in newspapers and on the radio, resulting in a large response of healthy, gay men from Johannesburg and further afield to participate in their study.

As at this stage they did not really know what they were looking for, Sher and his team cast the net wide, taking sexual behavior histories, blood samples and a broad range of serological assays.¹⁶⁸ Quarraisha Abdool Karim, a microbiologist training under Sher at the time, recalls “long queues of men arriving from across South Africa, Swaziland and Lesotho. We were clueless. We took brief histories, took specimens and ran every possible test.”¹⁶⁹ In addition to their medical histories, respondents were asked to fill out a survey of their sexual history. These were based on similar questionnaires developed in the USA and UK – reinforcing the transplantation of western categories and definitions onto a South African public.¹⁷⁰

Stored lab results of 250 of those surveyed would be referred back to, and provide crucial early data, when the HIV antibody test became available in 1985 (discussed further in Chapter 4). When tested in 1985, it showed that an alarming 12.8% of the 250 men in the study were already infected in 1983.¹⁷¹ However, at the time, Sher didn’t see AIDS as a major problem in South Africa, he was interested, yes, but not alarmed. In an interview with the *Sunday Times* in November 1983 he stated: “There is no reason to panic at present – but who knows what the future holds? The incidence of AIDS in Johannesburg is small and, for practical purposes, non-existent. But there are high-risk and low-risk potentials in every community with the constant flow of traffic from South Africa to New York.”¹⁷²

As a gay man, for Sifris the work went beyond professional interest and he early on recognised the importance of educating those at risk. Sifris recalls:

In ’83 we decided we were going to the popular gay club, the Venue, on a Saturday night. We asked them permission to put a little table with our safe sex and awareness pamphlets. We had condoms and the usual sort of thing you see in every gay bar in the States. And nobody even came; they sort of looked and pulled away – that was the reaction. At 12:30 I went to the owner and said, “I want to say a few words”. They stopped the music, turned the lights up, and I stood in the middle of the dance floor in a gay club, and I said, “People, you must just listen to me. We’ve got a problem and this is the AIDS story,” and slowly the dance floor emptied and

¹⁶⁷ Oppenheimer and Bayer, “The Forgotten Epidemic”, 27

¹⁶⁸ Ibid.

¹⁶⁹ Karim went on to become a leading global HIV/AIDS epidemiologist. Tsampiras, “Sexuality Politics and AIDS in South Africa”, 236

¹⁷⁰ Tsampiras, “Sexuality Politics and AIDS in South Africa”, 236

¹⁷¹ Ruben Sher. “HIV infection in South Africa, 1982-1998 – a review”. *SAMJ*. (1989, 76) 315.

¹⁷² “The Secret Plague: Can AIDS be cured?” *Sunday Times Magazine*, 27 November 1983

they all moved away from me. So I just said, “It’s a big problem, and we think it’s only happening in America, but it’s happening here, and you’ve got to be aware. We’ve got a little stall outside, and we want volunteers, we want people to come up and see if they can volunteer their time to help us.” No response. I think three people came. I still feel that feeling of standing in the middle of a disco, speaking, telling them its not a police raid, it’s actually more of an emergency.¹⁷³

Sifris’ account illustrates several points. It clearly shows the resistance of the gay community to engage with the issue of AIDS, but it is also an example of the willingness of many clubs to allow AIDS awareness initiatives to take place on their premises (as was seen with the poster and fundraising initiatives of Gasa). Further, the account makes reference to Sifris’ experience of gay culture in the US, which influenced his approach in South Africa, and his disappointment at the differences between the two.

Counselling and outreach services

Although neither the Gay Advice Bureau (GAB) nor the 6010 counselling service were established specifically as AIDS counselling help lines, they would become an important service during the crisis in the years ahead. Both services began operating unofficially (GAB in late 1982 and 6010 in March 1983), responding on a word of mouth, ad-hoc basis to calls for help. Neither organisation kept official records or statistics for this time.

It should be noted that at the start, the 6010 counselling service acted mostly as a resource referral service (for accommodation, social workers, religious support, psychology and psychiatry, legal and medical assistance). The term counselling was therefore something of a misnomer, although it grew into that from 1984.¹⁷⁴

The Johannesburg-based GAB went the route of first training lay counsellors before opening officially, with training provided by the School of Social Work at the University of the Witwatersrand (Wits). GAB began formally operating on 1 August 1983 from the Gasa Rand offices in Hillbrow (though GAB was independent from Gasa), from 19:00 to 22:00 nightly.¹⁷⁵

¹⁷³ Oppenheimer and Bayer, “The Forgotten Epidemic”, 26-27. Note that Carla Tsampiras quotes the same recollection from her 2008 interview with Sifris, though in this article it dates the incident to the early days of the AIDS Action Group in 1985. As always with oral history interviews, the fallibility of memory comes into play. In both accounts Sifris uses the term HTLV-III which would suggest that it is more likely to have occurred in 1983 than 1985, by which time the virus was being referred to as HIV.

¹⁷⁴ “Supplement No.3: The Counselling Service”, 6010 Newsletter No.20 (April 1983) - Gay Library Collection (AM2583), GALA Queer Archive

¹⁷⁵ GAB AGM meeting minutes, 4 July 1983 - Triangle Project Collection (AM2974), GALA Queer Archive

Both GAB and the 6010 Counselling Service, and specifically their work relating to HIV and AIDS, will be discussed in detail in Chapter 4.

Public response

The initial response of the “general public” to the first documented cases were primarily characterised by fear and stigma and reflected prejudice, homophobia and “moral panic” that were deeply rooted in the dominant conservative morality that pervaded South Africa in the 1980s.

- Tsampiras, 2014¹⁷⁶

Gay men were both stigmatised and blamed for AIDS. As Dowsett points out, transmission of disease was already often associated with deviancy, and with AIDS it was further associated with “sexuality in general, and homosexuality in particular.”¹⁷⁷ Isaacs echoed this in the South African context: “As AIDS is linked to human sexuality, which is still one of the most taboo subjects in this country, people found it a frightening topic.”¹⁷⁸ However, the idea that AIDS was associated with immorality and sin, was certainly not confined to apartheid South Africa; these prejudices were widespread in the USA in particular. Gay men were blamed for the crisis – as having brought the virus onto themselves because of their chosen (devious) lifestyles. These “guilty” gay men (and drug users) were contrasted in the media with the “innocent” victims of AIDS, haemophiliacs and others through blood transfusions, and children born with AIDS.¹⁷⁹ Though South Africa had not seen any such cases yet, alarmist articles from the USA and UK made their way into the local press.

Religious conservatives in particular latched onto victim-blaming of gay men with AIDS. AIDS was framed as a punishment for homosexuality, with the term “gay plague” drawing on Old Testament roots of plagues as a way of purging society of undesirables.¹⁸⁰ In South Africa the Dutch Reformed Church (DRC) took a particularly hard line against homosexuality and AIDS. Rev. van der Colf of the DRC was one of the first religious leaders to speak out publicly about AIDS and homosexuality. Van der Colf was quoted in an article in the Afrikaans language *Die Volksblad* on 7 January 1983, and again in two English language papers the following day (*The Star* and *Pretoria News*):

¹⁷⁶ Tsampiras, “Sexuality Politics and AIDS in South Africa”, 231

¹⁷⁷ Gary W Dowsett. “The ‘Gay Plague’ Revisited: AIDS and Its Enduring Moral Panic” in *Moral Panics, Sex Panics*. Gilbert Herd ted. (New York: New York University Press, 2009) 130.

¹⁷⁸ Isaacs, “The Growth of Homosexual Identity”, 239

¹⁷⁹ Wright, “Only Your Calamity”, 1792

¹⁸⁰ This thinking continued beyond AIDS being thought of as a ‘gay disease’, with many racist white South Africans later viewing AIDS as a way of controlling the increasing black population.

As its name implies, AIDS is acquired – it is unnatural and brought about by the actions of man, not God. In fact it results in the curse of God. Homosexuals have chosen to leave behind normal life and therefore he [sic] has to accept the consequences.¹⁸¹

Credit should also be given to the occasional journalists and newspapers who wrote and published positive stories at this time, such as *The Daily News* (based in Durban) which covered gay content with a liberal slant. In August they published an article covering the ongoing nature versus nurture debate on the origins of homosexuality, and the implications of recent studies maintaining that sexuality is innate, and therefore not immoral or sinful. The article presented a balanced account of the arguments giving voice to the argument that homosexuality is neither a mental nor a moral disorder, clearly evident in the article's headline "Gay is not sinful – psychiatrist."¹⁸²

However, Grundlingh points out that prevailing prejudices extended into the medical field as well:

The medical profession, for example, has traditionally seen gay sexual orientation as a matter of "deviation" and "mental disorder". HIV/AIDS was therefore just another result of the behavior of these people and notions of homosexuality as an illness were revived – even worse, gay sexuality now caused contagion and death.¹⁸³

In July 1983 the *SAMJ* published a follow-up to their January editorial, titled "Meer oor VIGS" (More about AIDS).¹⁸⁴ The article reported that it now appeared that AIDS could be transmitted through *normal* sex (presumably as opposed to *abnormal* "gay sex"), indicating that despite the journal's claims to scientific objectivity, as Tsampiras points out, the language used in their editorials frequently betrayed biases and prejudices.¹⁸⁵ The editorial also outlined the two main theories of the cause of AIDS that were held at this time. The first was that it might be carried by a "novel sexually transmitted immunosuppressive agent (possibly a virus)."¹⁸⁶ The second theory is one that had more impact on beliefs and prejudices, that is that AIDS was caused by repeated exposure/infection of sexually transmitted agents, that immunosuppression was cumulative and directly linked to promiscuity. Some even went as far as theorising that it was a result of excessive amounts of semen in the bloodstream from anal intercourse.¹⁸⁷ This reinforced judgements and stereotypes around homosexuality and

¹⁸¹ Grundlingh, 'HIV/AIDS in South Africa', 61

¹⁸² *The Daily News*, 6 August 1983. Press cuttings, Gasa Collection (AM2975), GALA Queer Archive

¹⁸³ Grundlingh, "HIV/AIDS in South Africa", 64

¹⁸⁴ Tsampiras, "Not So 'Gay' After All", 484

¹⁸⁵ *Ibid.*

¹⁸⁶ *Ibid.*

¹⁸⁷ Jennifer Power. "Lessons from the history of HIV/AIDS in Australia – how activism changed the image of an illness". *The Conversation*. 30 November 2011, <https://theconversation.com/lessons-from-the-history-of-hiv-aids-in-australia-how-activism-changed-the-image-of-an-illness-4052> (accessed on 25 February 2022).

promiscuity. In September 1983 the CDC ruled out the possibility of transmission by casual contact, air, water, food, or environmental services, but misconceptions about the ways AIDS could be spread lingered for years. Furthermore, it was only established several years later that men who have sex with men (MSM) were, and still are, disproportionately impacted by HIV because it transmits more easily through anal sex than vaginal sex.¹⁸⁸

Meanwhile, the government was doing little. Reg Coogan, the Medical Health Officer of Cape Town, did not think there was any reason to fear AIDS in Cape Town because, “[...] the disease only occurred amongst homosexuals and he believed that there were not many of those in Cape Town.”¹⁸⁹

What else was going on in gay community organising in 1983?

Aside from addressing AIDS, which in 1983 was not a primary focus for either Gasa or 6010, it is worth taking a brief look at what issues these organisations were focusing on at the time. For both organisations, one of the primary concerns remained the creation and publicising of safe social spaces and events for their members. This can be seen clearly in both *Link/Skakel* and the 6010 newsletter. *Link/Skakel* in particular contained numerous advertisements for gay (or gay friendly) restaurants, bars and clubs. Both publications featured regular updates on social and sporting groups, such as hiking groups and 6010’s Thursday discussion group, monthly dinners and braais, and the Gay Christian Community (GCC) in both Johannesburg and Cape Town.

For Gasa, who celebrated their first anniversary on 1 April 1983, a key point was their growing membership and the establishment of provincial chapters. Gasa membership got a significant boost when 6010 somewhat reluctantly joined the organisation in May 1983, becoming Gasa 6010. Despite their joining, Gasa 6010 continued to be perceived as somewhat independent, particularly by its own members. Tensions abounded throughout the year on issues of finances, autonomy and, to a lesser extent, politics.¹⁹⁰ This can be seen clearly in both the 6010 meeting minutes and their newsletter (despite officially being a newsletter of Gasa). Most content in *Link/Skakel* focused on Johannesburg, and a significant amount of the funds generated by Gasa membership fees were channeled to the publication, a large point of contention for Gasa 6010.

It should also be noted that the idea that heterosexual couples also engaged in anal sex was rarely considered or taken into account in these early theories of transmission.

¹⁸⁸ Valencia Higuera and Kerry Weiss. “Why Do Gay Men Have a Higher Chance of Getting HIV?”. *Healthline*. Updated on September 28, 2021, <https://www.healthline.com/health/hiv-aids/hiv-risk-in-gay-men> (accessed on 20 January 2023).

¹⁸⁹ *Die Transvaaler*, 7 Jan 1983, cited in Grundlingh, “HIV/AIDS in South Africa”, 63

¹⁹⁰ Gasa 6010 Minutes of Special General Meeting of 18 November 1983 - Triangle Project Collection (AM2974), GALA Queer Archive.

In September *Link/Skakel* announced that after much consideration and debate it would be going public, available to non-Gasa members at certain bookstores and clubs (whereas previously issues had been mailed to paid-up Gasa members).¹⁹¹ The move was made to try and cover some of the high costs of production and printing, as well as to increase their reach.

Another issue plaguing Gasa in 1983 was their failed bid to join the International Gay Association (IGA). Gasa first sent a letter of interest in joining IGA in November 1982, and applied in early 1983. Gasa's application for membership was hotly debated at the 5th annual IGA conference held in July 1983 in Vienna, with the Scottish Homosexual Rights Group (under Ian Christie) leading the objection to Gasa's membership.¹⁹² The main objections lodged included the ongoing international cultural and sporting boycott against apartheid South Africa, as well as Gasa's discriminatory practices, despite it in theory being open to all races. Christie and his allies insisted that it was problematic to make claims to being "non-political" in the context of an oppressive regime, and pointed out that *Link/Skakel* was only published in English and Afrikaans (and no African languages). Ultimately, it was decided to defer the decision on Gasa membership to 1984, asking Gasa to address some of the issues and objections made by IGA members. Letters of support were sent to Gasa, and Gasa Rand, after their deferred application, and an Israeli group even left IGA in protest.¹⁹³

Gasa 6010's response to IGA's decision is noteworthy. In the editorial of their August newsletter, written by Leon Lintz, the decision was given weight and the objections taken seriously.¹⁹⁴

It would indeed be foolish of gay people to shrug off the IGA decision with a cynical shrug. Is it not time for us to take a closer look at what we as gay people stand for? [...] Gay rights are important, but are human rights not even more important?¹⁹⁵

Yet, in the same issue as Lintz's self-critical and probing editorial, appeared a short piece called "Who's the bigot now?". The article which seemed to completely misunderstand the issues IGA had with Gasa, lambasting IGA for blaming Gasa for apartheid (which they had not). This shows that Lintz's view was not universal amongst 6010 members.¹⁹⁶ However, at the 6 October Gasa 6010 meeting a unanimous motion was passed: "That we reaffirm our opposition to any form of human oppression and that we champion the cause of human rights." It further called out *Link/Skakel* for a racist joke in their October issue.¹⁹⁷

¹⁹¹ *Link/Skakel* Issue No.0205 (September 1983) - Exit Collection (AM2723), GALA Queer Archive

¹⁹² Gasa-IGA Correspondence, 1983 - Gasa Collection (AM2975), GALA Queer Archive

¹⁹³ Ibid,

¹⁹⁴ Gasa 6101 newsletter No.24 (August 1983) - Gay Library Collection (AM2583), GALA Queer Archive

¹⁹⁵ Editorial, Gasa 6010 Newsletter No.24. (August 1983) - Gay Library Collection (AM253), GALA Queer Archive

¹⁹⁶ 'City Sidelines', Gasa 6010 Newsletter No.24. (August 1983) - Gay Library Collection (AM253), GALA Queer Archive

¹⁹⁷ Gasa 6010 meeting minutes, 6 October 1983 - Triangle Project Collection (AM2974), GALA Queer Archive

As for *Link/Skakel*, their September issue led with the front-page headline: “IGA rebuff: Gasas to try again.”¹⁹⁸ The article that followed was a short account of what had transpired with IGA and the objections raised, with somewhat of a defensive tone. This was followed on page 13 with a further article: “How Gasas learned of the IGA brush-off.” The article opened with a description of how Gasas first learned of their application being deferred from the London-based newspaper, *Capital Gay*.¹⁹⁹ This article from *Capital Gay* was then reprinted, giving a neutral account of both sides of the debate around Gasas’s membership. The Gasas Rand meeting minutes from September and October both addressed the issue of black membership (and how to increase it) without directly referring to the IGA decision.²⁰⁰

Lastly, smaller gay and lesbian organisations began to emerge during 1983 in addition to the larger ones. Both the University of Cape Town (UCT) and the University of the Witwatersrand (Wits) started gay student associations that year, and in Cape Town the lesbian group Lilacs was formed.

When America sneezes...International Influences and Perspectives

Despite their best efforts, South African gay organisations were at a distinct disadvantage as compared to some of their counterparts in the Global North. As Pegge noted:

In North America and in Western Europe, homosexual people had already coalesced into gay communities with powerful political lobbies by the time the epidemic struck in the mid-1980s. Thus, not only was there already an appropriate gay political movement in place to lead the fight against AIDS, but this fight could actually be used as a mobilizing tool, to further buttress and strengthen the gay movement itself.²⁰¹

As we have seen throughout this Chapter, the US had a major impact on the unfolding AIDS story in South Africa – in terms of press, information and activism. In 1983 several major cities in the US held AIDS marches and vigils “to honour the dead and support the living”, as well as to reduce stigma and humanise AIDS.²⁰² Some of these larger marches were reported on in the

¹⁹⁸ *Link/Skakel* issue no.0205 (September 1983) - Exit Collection (AM2723), GALA Queer Archive

¹⁹⁹ Ibid.

²⁰⁰ Gasas Rand meeting minutes 14 September and 11 October 1983 - Gasas Collection (AM2975), GALA Queer Archive

²⁰¹ Pegge, “Living with loss”, 301

²⁰² Joe Wright. “Only Your Calamity: The Beginnings of Activism by and for People With AIDS”. *American Journal of Public Health*. (2013, 103: 10) 1792.

South African press, though it would be almost 20 years before South Africa would see similar kinds of mass mobilisation with the advent of the Treatment Action Campaign.

A major point of difference between South Africa and the US at the time was that the US had a significant and distinct group of activists comprised of people living with AIDS (PLWA). These activists insisted on their voices being heard. There was friction between PLWA activists and those involved in broader gay rights activism and community organising, particularly around the gay press's reporting on AIDS.²⁰³ As also seen in South Africa, the gay press was often guilty of using sensationalist language and headlines when reporting on AIDS. Michael Callen and Richard Berkowitz, two PLWAs living in New York City, published the first gay safe-sex guide in 1983. Their foundational manual *How to Have Sex in an Epidemic* advised the use of condoms to protect against AIDS.²⁰⁴ There is no reference to (or copy of) this publication in the archival record of Gasa or 6010.

On 12 June 1983 a group of PLWA activists, including Callen and Berkowitz, attending a conference on Gay and Lesbian Health in Denver issued a statement to delegates that became known as the Denver Principles.²⁰⁵ The statement demanded that people with AIDS had the right to be protected from discrimination, and to be treated with respect and dignity. They further demanded to have their voices heard by those making decisions on AIDS and about AIDS research. Lastly, they demanded to be known as people living with AIDS (PLWA) and not as AIDS *victims*.²⁰⁶

The Denver Principles are worth dwelling on briefly in the South African context for a few reasons. Firstly, it should be noted that the declaration seemed to have gone largely unnoticed in South Africa. There is no mention of the principles in either the 6010 or Gasa records, and both organisations seemed to obliviously continue using the word victim to describe those with AIDS. The political consciousness that came with AIDS activism in the US was conspicuously absent in South Africa, not only in the lack of public marches and vigils, but also in the use of language and framing of the syndrome. South Africa at this stage only had a handful of PLWA, nowhere near enough to form a movement.

In addition to the PLWA movement, the GMHC in New York continued to grow in their services including counselling, a hotline and safe sex education campaigns. In San Francisco, the so-called "gay capital", efforts were led by the San Francisco Kaposi's Sarcoma (SFKS) Foundation

²⁰³ Wright, "Only Your Calamity", 1788

²⁰⁴ Natasha Geiling. "The Confusing and At-Times Counterproductive 1980s Response to the AIDS Epidemic". *Smithsonian Magazine*. 4 December 2013, <https://www.smithsonianmag.com/history/the-confusing-and-at-times-counterproductive-1980s-response-to-the-aids-epidemic-180948611/> (accessed on 10 December 2021).

²⁰⁵ History.com Editors, "History of AIDS: The AIDS Epidemic Arises"

²⁰⁶ History.com Editors, "History of AIDS"

(later called the San Francisco AIDS Foundation). SFKS led the famous “Fighting for Our Lives” march and vigil in May 1983.

Information printed and distributed by both these organisations was instrumental in these early years, before governments finally took up the challenge to initiate public education and awareness campaigns. As we saw earlier in this Chapter, *Link/Skakel* reprinted information from SFKS, and in Chapter 3 we will see further use of materials from these organisations by South African organisations. Safe sex education material from the GMHC was also reproduced and distributed widely by the Terrence Higgins Trust (THT) in the UK in 1983, before they began creating their own literature on AIDS.²⁰⁷

Concluding thoughts

The confusing and at times contradictory responses by gay community organisations in South Africa was both understandable and not unique. In San Francisco and New York, considered the epicentres of the disease, gay activists disagreed on how to respond. Initially many tried to distance homosexuality from AIDS, but as Cameron points out, in those early years, it really was a gay disease in South Africa, and this was a complexity that he, and others, had to deal with.²⁰⁸

In this first year of the AIDS crisis, it is clear that there were some important strides forward from gay organisations, as well as Sher and his team at the SAIMR. It is also clear that these efforts were met largely with indifference from the community they were trying to educate and for whom they were trying to fundraise. Gay social life in South Africa was still new and precarious. With official AIDS cases still only at 3 by the end of the 1983, the risk felt minimal and distant to most gay men, who didn’t want to dampen their emerging gay lifestyles and community.

Community organising, as we have seen, was strengthened and formalised in 1983, with Gasa opening up provincial chapters, the growing readership of *Link/Skakel* and the establishment of both the 6010 and GAB counselling services. Additionally, the influence of the press on actions and reactions from Gasa and 6010 can be seen as direct and significant.

²⁰⁷ The THT was established in 1982 by friends of one of the UK’s first AIDS-related deaths, Terrence Higgins.

²⁰⁸ Interview with Edwin Cameron, 8 December 2020, Johannesburg – GLOW Opera Collection (GAL0051), GALA Queer Archive

Chapter 3

AIDS Education and Awareness (1984-1986)

Introduction

After the initial defensive and confused responses to AIDS cases in South Africa as seen in Chapter 2, there followed a period of relative silence and inactivity on behalf of gay organisations and the national press. With known/reported cases remaining minimal in 1984, little was initiated by Gasa in that year. As cases rose slowly, the two main gay organisations, Gasa Rand and Gasa 6010, were forging their own paths in response to AIDS. In addition, smaller gay social, sports and religious organisations were forming and finding their voice. But, as Tsampiras correctly points out, “While AIDS may have connected these communities, it hardly united them.”²⁰⁹

From early 1985 an increased and more organised response could be seen from gay organisations, and even the government. Several factors influenced the efforts of these organisations over this time period (1984-1986), including tensions and challenges within Gasa, the advent of the HTLV III antibody test, threats of increased legislation against homosexuality from the government, and international gay and AIDS organising.

This Chapter will focus on organised responses to AIDS by, primarily, Gasa, in the form of awareness and education campaigns, and the factors that influenced and moulded these efforts. Increased knowledge and understanding about the cause and spread of AIDS allowed for more direct and effective safe-sex campaigns. Chapter 4 will focus on care strategies that were developed by gay communities and the health sector, including medical treatment, counselling and support services. It should be noted that the campaigns and services discussed in Chapters 3 and 4 are not entirely distinct, and there was overlap among those that worked on these programmes.

The rise of 6010 and decline of Gasa

By the end of March 1984 Gasa had 1401 members, and nine chapters across the country. However, it became increasingly clear from mid-1985 that local Gasa chapters, particularly in the larger cities of Johannesburg, Durban and Cape Town, differed in their approaches, agendas and focus, leading to troubles within the national body, and calls for Gasa to disband in favour of a network or alliance of independent gay organisations around the country. In Cape Town,

²⁰⁹ Tsampiras, “Sexuality Politics and AIDS in South Africa”, 239

6010 had a rocky relationship with Gasas from the start, and some of the independent gay organisations went to pains to make it clear that they were *not* affiliated to Gasas. For example, in June 1985 the Transvaal Organisation of Gay Sport (TOGS) categorically stated on the first page of their newsletter that it “is not affiliated to, or operating under, Gasas”.²¹⁰

Perhaps most strikingly, even Gasas’s first Chair, Pieter Bosman, stated publically on the front page of *Exit* in September 1985 that he thought Gasas had served its purpose and was in favour of disbanding and forming an alliance of independent gay and lesbian organisations.²¹¹ In October 1985 *Exit* led with a front page story about the mass resignation of the Gasas Rand Committee.²¹² Gasas Rand constituted almost half of Gasas’s membership, so instability in the Rand chapter would have affected the whole organisation. Gasas Rand membership, as well as national membership started to decline steadily from 1986 (although Gasas only officially disbanded in 1987). In addition, with the increase in smaller, independent gay and lesbian organisations, it is likely that many of those seeking community found it elsewhere. A further blow to Gasas came from losing their mouthpiece, *Link/Skakel*, when it became independent and changed name to *Exit* in July 1985

While Gasas Rand and National were struggling, the somewhat autonomous Gasas 6010 was gaining in strength. In their January 1986 newsletter, the editorial ends as follows: “Although some ominous rumbles from the Rand don’t auger well for either that branch or Gasas National, I am very confident that 6010 as the gay mother group will not only survive but grow – and quietly continue serving as the nation’s gay innovator and trail-blazer.”²¹³

Towards the end of 1984 Gasas 6010 finally secured their own community centre space in the Cape Town CBD, which also served as an office and counselling space. It was around this time that the city reported its first AIDS cases. The July 1984 issue of the 6010 newsletter had a short, rather flippant article on the first AIDS case in city, buried deep in the newsletter on page 16: “This much-talked-about and little-seen disease, was virtually a myth to many Capetonians. ZAP – it’s arrived in town! The victim’s name is not known, but the only advice offered is: Don’t panic, and avoid promiscuity.”²¹⁴ This article brings home that until this point AIDS really was remote and it can be understood why it was viewed by many as a problem that didn’t affect them, and likely never would.

²¹⁰ *Togs Talk* (June 1985) – Gay Library Collection (AM2583), GALA Queer Archive

²¹¹ “Gasas Should Go”, *Exit* Issue no.3 (September 1985) – Exit Collection (AM2723), GALA Queer Archive

²¹² *Exit* Issue No.4 (October 1985) – Exit Collection (AM2723), GALA Queer Archive

²¹³ 6010 Newsletter (January 1986) – Gay Library Collection (AM2583), GALA Queer Archive

²¹⁴ “First Aids”, 6010 Newsletter (July 1984) – Gay Library Collection (AM2583), GALA Queer Archive

Diversions and Distractions: Legal challenges, race, politics and money

Legal challenges

There were several issues and conflicts experienced by gay organisations in South Africa at this time, all of which distracted from the common cause of tackling AIDS. Foremost among these were efforts towards challenging the government's proposed amendments to the Immorality Act. The Immorality Act was the title of two acts of the Parliament of South Africa which prohibited, amongst other things, sexual relations between white people and people of other races. Laws against homosexuality and sodomy were also covered by the Immorality Act. While laws against inter-racial marriage and sex were repealed as part of President PW Botha's appeasement strategy in 1985, homosexuality was under threat of further criminalisation. Botha assigned an ad-hoc committee to investigate amendments to these laws, with the committee coming back advocating a strengthening of legal prohibitions against homosexuality.²¹⁵ This led to Gasa's revival of the Law Reform Fund (LRF) which had operated in the late 1960s (as discussed in Chapter 1).

As a consequence, time, focus, volunteers and funding were diverted from the AIDS cause. In April and May 1985 Gasa 6010 held two meetings to discuss Gasa's response to the Commission of Inquiry into the Immorality Act. The minutes reflect that this was the only item on the agendas for both meetings.²¹⁶ Another clear example is the LRF Shaft 8 Fundraising event held at the Crown Mines Showgrounds on 2 March 1986. The event was originally planned as an AIDS Fund fundraising event, however, according to Sifris, "It was decided among the committee that the Law Reform Fund was now more of an emergency than AIDS. [...] We thought we could always raise more money for AIDS."²¹⁷ Shaft 8 featured performances, stalls, rides, games, and a fashion show. It was attended by around 1200 people, and R18 000 was raised for the LRF.²¹⁸

With the apartheid government battling to hang on to power in its dying days, the investigation into tightening legislation on homosexuality never really took off. But for most of 1985 and 1986, the threat of harsher legal restrictions hung over the head of Gasa and clearly distracted from AIDS initiatives, fundraising in particular.²¹⁹

²¹⁵ Tsampiras, "Sexuality Politics and AIDS in South Africa", 242

²¹⁶ 6010 Meeting minutes: 28 April and 12 May 1985 – Triangle Project Collection (AM2974), GALA Queer Archive

²¹⁷ Tsampiras, "Sexuality Politics and AIDS in South Africa", 243

²¹⁸ *Exit* Issue no. 9 (April/May 1986) – Exit Collection (AM2723), GALA Queer Archive

²¹⁹ Eventually the money raised by the LRF was transferred to a charitable trust in the form of the National Coalition for Gay & Lesbian Equality (NCGLE) in 1993.

Gasa/6010 conflict

The contentious subject of 6010 membership of Gasa continued through 1984, with issues around finances, autonomy and the content of *Link/Skakel* persisting. Leon Linz notes in the 6010 meeting minutes of January 1984 how much time and energy was expended on the Gasa issue.²²⁰ This is echoed in the 6010 February newsletter, where Barry Kantor's editorial on the tense relations with Gasa opens with: "Hello again – I'm back from a trip to the Great Mine Dump to talk to our friends on the GASA National Committee about the somewhat strained relationships we have had in the recent past."²²¹

Two months later, with the new Gasa 6010 committee in place under Sheila Lapinsky, the distancing of the group from the national body continued.²²² Lapinsky asserted that despite remaining members (for the time being), Gasa will not be their focus, and nor should time be wasted arguing about Gasa: "Instead we will spend our energies in building a strong and supportive environment for those of us in the Cape who want to continue to be identified with the happenings of 6010."²²³

Race and politics

Despite Gasa finally being admitted to IGA at their national convention in Helsinki in July 1984, criticism of Gasa and its mostly white membership remained.²²⁴ Controversy intensified around Gasa's lack of support for imprisoned anti-apartheid activist, Simon Nkoli, one of Gasa's few black members.²²⁵ International support for Nkoli, and subsequent pressure on Gasa to take a political stand, came on top of years of criticism and divisions around Gasa's so-called apolitical, accommodationist stance towards the apartheid government.²²⁶ Gasa survived an expulsion vote led by the Swedish gay rights group at the annual ILGA conference in 1986, and by the following year the issue was rendered mute due to the collapse of Gasa National (see Chapter 5).²²⁷

²²⁰ Gasa-6010 meeting minutes, 29 January 1984 - Triangle Project Collection (AM2974), GALA Queer Archive

²²¹ "Where do we go from here?", editorial in 6010 Newsletter (February 1984) – Gay Library Collection (AM2583), GALA Queer Archive

²²² Editorial, 6010 Newsletter (April, 1984) – Gay Library Collection (AM2583), GALA Queer Archive

²²³ Ibid.

²²⁴ "International body welcomes SA gays", *Link/Skakel* (August 1985) – Exit Collection (AM2723), GALA Queer Archive

²²⁵ For more on Simon Nkoli, See: <https://www.sahistory.org.za/people/simon-nkoli> (accessed on 20 March 2022).

²²⁶ For more on the Nkoli-Gasa saga, see: Neville Hoad, Karen Martin & Graeme Reid (eds). *Solidarity – with whom? In Sex & Politics in South Africa*. (Cape Town, Double Storey Books: 2005).

²²⁷ IGA became ILGA in 1985 – the International Lesbian & Gay Association

The issue of blood

French and US scientists isolated the virus that causes AIDS in 1984 - originally called HTLV III, it was renamed HIV in 1986.²²⁸ A virus antibody test soon followed, initially designed to screen and prevent transmission via blood products, for use by blood banks. Though it was repeatedly stressed from various sectors that this was not an AIDS test, with ARVs not yet on the market, HIV infection in those early years often did lead to AIDS. The tests were sensitive but had a 12 week window period post-infection where the antibodies could not be detected. The HTLV III antibody test was available for blood transfusion services from late 1984, and the Federal Drug Administration (FDA) in the US licensed the first commercial tests in March 1985. These tests replaced the expensive, broad and unreliable immunology tests.

We saw in Chapter 2 that prior to it being established that the HI virus could be transmitted through blood, the Western Province Blood Transfusion Service (WPBTS) went against the media hype of gay men being banned from donating blood. However, as more information around transmission became known, the WPBTS changed its recommendations, while retaining a close relationship with Gasa 6010.

In August 1984, the 6010 newsletter published a 4 page feature titled "AIDS Update from the Western Province Blood Transfusion Service." Lorrimer Esselaar, Medical Officer of the WPBTS, explained that recent developments in the understanding of AIDS necessitated a change in their donation policy, while stressing that their policies are dynamic and change according to information and circumstances.²²⁹ The statement partially reads: "since blood product transfusion has been implicated in its [AIDS] spread, we feel a moral obligation to design our blood donor policy to err rather on the side of over-caution than inappropriate complacency."²³⁰ The WPBTS therefore asked anyone with symptoms as well as healthy people in high-risk groups not to donate, with high risk (as relating to gay men) defined as:

1. Male homosexuals or bisexuals who have multiple sexual partners²³¹
2. Males who have had sexual contact with a male from or in the US within past 2 years

The article ended with the WPBTS emphasising that the need for blood is always increasing and imploring those who do not qualify as high-risk to donate. This is noteworthy as it uses

²²⁸ Thomas S. Alexander. "Human Immunodeficiency Virus Diagnostic Testing: 30 Years of Evolution". *Clinical and Vaccine Immunology*. (2016, 23: 4).

²²⁹ Gasa 6010 Newsletter (August 1984) - Gay Library Collection (AM2583), GALA Queer Archive

²³⁰ Ibid.

²³¹ The statement acknowledged how difficult and open to interpretation the term 'multiple' is, and therefore felt compelled to put a numerical value on the term, which they defined as more than 10 sexual partners over the last year.

behaviour and not identity as exclusionary factors. However, not all messaging to gay South Africans at the time was as measured.

In 1984 the Gasa Natal Coast chairman asked its members to “respect the call by the medical profession not to donate blood under any circumstances until otherwise informed.”²³² And in January 1985, Gasa Border wrote in their newsletter that the Border Blood Transfusion Service (BBTS) “requested for us to impress on any male gay donor that for the time being no donation of blood must be made.”²³³ In 1986 the privately run Natal Blood Transfusion Service (NBTS) displayed posters in their windows reading: “If you are a ‘gay’ or a ‘moffie’ or have had sex with a ‘gay’ or a ‘moffie’ DO NOT GIVE BLOOD.”²³⁴ The NBTS defended the campaign, saying these were the terms commonly understood by most members of the public, and that their blood banks had to be protected.²³⁵

Furthermore, the resource book on AIDS given to GAB volunteer counsellors in 1985/6 stated the following:

Any person belonging to a ‘high-risk group’ MUST NOT DONATE BLOOD under any circumstances. High risk groups include any gay or bisexual man who has had more than one (1) sexual partner in the last five years, and intravenous drug addicts.²³⁶

Research study

In late 1984 the WPBTS contributed towards an international HTLV III blood testing research project. The November 6010 Newsletter included a participation sheet from the WPBTS, accompanied by a letter and return envelope (figure 2). The letter and consent form explained that they were “testing for anti-HTLV-III antibodies in the interest of research”, and:

The Cape Town Gay Community has a particularly important role to play. The reasons for this are as follows. It is a relatively unexposed community with respect to AIDS and consequently, it is thought, to HTLV-III. However, it is anticipated that

²³² Mbali, “Without the luxury of time”, 11

²³³ *Gayety* Newsletter for Gasa Border (January 1985) – Gay Library Collection, GALA Queer Archive

²³⁴ “In South African slang, the word ‘moffie’ covers a range of interrelated senses, including ‘male homosexual’, ‘effeminate male’ and ‘transvestite’. In its most wide-spread usage, it refers to the first category, but its more specific meaning of ‘transvestite’ is also found in the Cape coloured community.” (Gevisser & Cameron (eds), *Defiant Desire*, xiii).

²³⁵ “Row brews over ‘moffie’ posters”. Clipping from Eksteen Scrapbook (undated, and no publication source given. c. February 1986) – Triangle Project Collection (AM2974), GALA Queer Archive

²³⁶ AIDS information for GAB Counsellors, c.1985. - GAB/GLC Collection (AM2995), GALA Queer Archive

ultimately the virus will reach its members, and it is thus most important to know what their level of specific anti-HTLV-III antibodies is at present.²³⁷

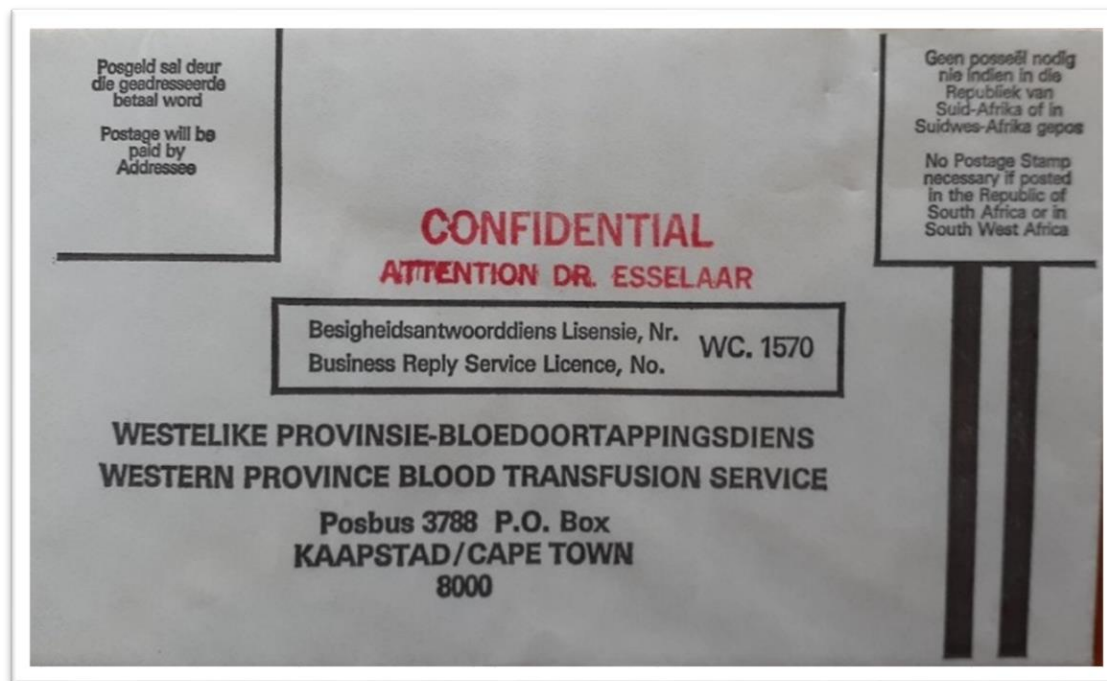


Figure 2: Self-addressed envelope from the WPBTS.²³⁸

The letter went on to explain that the study was a joint project between the WPBTS and the Department of Clinical Science at the University of Cape Town. Volunteers could either come to the WPBTS office, or one of their nurses (both named) would come collect samples, which would then be sent to be processed in a research lab in the US. Gordon Isaacs recalled participating in that early study by the WPBTS:

The deputy director of the Blood Transfusion Center, Dr. Jane Pierce, and a nurse called Sister Simms, came to UCT in 1984. And they took bloods from a hundred of us - students and staff. And the bloods were sent to New York because South Africa did not have the machinery to measure whether or not we were positive. I can remember myself and some of my colleagues, all of us were gay men...we were terrified. My results came back negative, that was in 1985, and I've actually still got a copy of that result in my file.²³⁹

²³⁷ Letter from WPBTS: 'Serum Samples needed for AIDS Research' – insert in Gasa 6010 Newsletter (November 1984)– Gay Library Collection (AM583), GALA Queer Archive

²³⁸ Envelope from WPBTS - insert in Gasa 6010 Newsletter (November 1984)– Gay Library Collection (AM583), GALA Queer Archive

²³⁹ Interview between the author and Gordon Isaacs, Zoom (online), 17 January 2023

The letter from the WPBTS stated that a very large research sample was needed, beyond the reach of the 6010 newsletter, and asked readers to share outside of the group's readership. The letter ended with the following caution: "One important thing must be noted. Many people, perhaps the vast majority, who are positive for anti-HTLV-III antibody do not have and will not develop AIDS", and reiterating that this research is being done to learn more, and the exact significance of the test is not known.²⁴⁰ Given that, even as they admitted, little was known, it seems irresponsible to state so boldly that only a few who test positive would develop AIDS, given that no treatment was yet available.

Gasa 6010 added their own blurb about the WPBTS call for participants, stating: "AIDS, whether you choose to acknowledge it or not, is very relevant to us as a group, and the results of this exercise can only be of benefit to the gay community. No one is implying that you are promiscuous or may contract AIDS, so please don't be prissy about coming forward."²⁴¹ It went on to assure confidentiality and urged readers to "Please participate!"²⁴²

Other Gasa chapters also joined the research initiative. Both Gasa Border and Gasa Eastern Cape (EC) actively collaborated with their local blood transfusion services to encourage their members to donate blood for the research study. In January 1985 Gasa Border began a campaign called "10cc Bleed: Help us to help you", with details of the upcoming blood drive published in their newsletter.²⁴³ However, the March newsletter reported a low turnout for the 29 January blood drive, although the Border Blood Transfusion Service (BBTS) expressed their appreciation to those who did participate.²⁴⁴ It seems the relationship between Gasa Border and the BBTS was a co-operative one, though perhaps without the nuanced level of care shown by the WPBTS.

Similarly, Gasa EC encouraged its members to join the Eastern Province Blood Transfusion Service (EPBTS) blood drive in April 1985.²⁴⁵ In a clear example of confused messaging from Gasa, the call for participants in their March newsletter was headed "AIDS Test! AIDS Test!", while at the same time Sifris and others were going to great pains to repeatedly stress that the HTLV III test was *not* an AIDS test.²⁴⁶ Nevertheless, it seems the Port Elizabeth initiative was more successful than the East London one. The initial event on 3 April reportedly yielded 47 samples, and a further 55 samples were collected at two blood drives held in May, hosted by a

²⁴⁰ Letter from WPBTS: 'Serum Samples needed for AIDS Research' – insert in Gasa 6010 Newsletter (November 1984)– Gay Library Collection (AM583), GALA Queer Archive

²⁴¹ Gasa 6010 Newsletter (November 1984) – Gay Library Collection (AM2583), GALA Queer Archive

²⁴² Ibid.

²⁴³ *Gayety* Newsletter, Gasa Border (January 1985) – Gay Library Collection (AM2583), GALA Queer Archive

²⁴⁴ *Gayety* Newsletter, Gasa Border (March 1985) – Gay Library Collection (AM2583), GALA Queer Archive

²⁴⁵ The Gasa East Cape Newsletter (February 1985) – Gay Library Collection (AM2583), GALA Queer Archive

²⁴⁶ Ibid.

local club who agreed to serve as a collection point.²⁴⁷ Furthermore, the Gasas EC June 1985 report reported that an Aids Action Group sub-committee was formed in Port Elizabeth in March 1985, and that this committee had established strong ties with the EPBTS.²⁴⁸

The WPBTS contacted the AAG in early 1985 to discuss communication of results to participants. This became an ongoing relationship of advice and counselling and will be discussed in Chapter 4. In January 1986 the WPBTS once again used the 6010 newsletter to reach participants, issuing the following request:

The WPBTS are asking all persons who donated blood samples last year for HTLV III virus tests, to donate again for ongoing research. Samples will be tested (under code numbers) in RSA, West Germany and the USA. Strict confidentiality is assured.²⁴⁹

The AIDS Action Group (AAG)

The AIDS Action Group (AAG), a national body of Gasas, was founded in Johannesburg under the leadership of Dr Dennis Sifris on 15 January 1985. The group was established to focus on AIDS education and awareness campaigns, fundraising, supporting PLWAs, communicating with and monitoring of the media, and liaising with medical and healthcare workers. Sifris ensured a close connection between the AAG and the SAIMR, with access to up-to-date information and research.

An article in *Link/Skake!* on the founding of the AAG reported that the group was recently formed in Johannesburg to create awareness and support for those with AIDS: "Because of an apparent clampdown on information regarding the incidence of AIDS in South Africa, there is a general apathy and ignorance of the seriousness of the situation among local gays."²⁵⁰ The article went on to plead for donations and medical and lay volunteers to "co-ordinate and assist with training counsellors, produce educational material, provide financial assistance to AIDS victims and raise money for research."²⁵¹ AAG members included representatives from the GAB, Outreach, medical professionals and Gasas Rand committee members, as well as a fundraising officer.²⁵²

²⁴⁷ The Gasas East Cape Newsletter (June 1985) – Gay Library Collection (AM2583), GALA Queer Archive

²⁴⁸ Ibid.

²⁴⁹ "HTLV III (AIDS) Tests", 6010 Newsletter (January 1986) – Gay Library Collection (AM2583), GALA Queer Archive

²⁵⁰ "Action group plans support programme", *Link/Skake!* Issue no. 0307 (January/February 1985) – Exit Collection (AM2723), GALA Queer Archive

²⁵¹ Ibid.

²⁵² Note that GAB and Outreach will be discussed further in Chapter 4.

Given Gasas 6010's inclination to follow their own track, a couple of weeks after the formation of the AAG, towards the end of January 1985, an ad-hoc group of five Gasas-6010 members came together to form the AIDS Support Group. The February issue of the 6010 newsletter stated the following:

The need for some kind of organisational structure to deal with the problem of AIDS in Cape Town has been in the back of many minds for some time. The stimulus to get off our asses and do something came suddenly at the end of January this year. Quite coincidentally we became aware of the sad economic and social plight of two men in Cape Town who had AIDS and needed help. At the same time the media was working the public up into a convulsion of hysteria over AIDS. Suddenly the ostrich position wasn't working any more.²⁵³

The article further listed the group's main aims as educating the Cape Town gay community, liaising with health authorities and doctors, and providing assistance for PLWAs. In May 1985 the AIDS Support Group split into the 6010 AIDS Action Group (which focused on education, awareness and liaising with the media and medical professionals) and the 6010 AIDS Service Group (which focused on counselling and patient support, discussed in detail in Chapter 4), although the division was not well defined and there was significant overlap between their work and campaigns.

Gasas 6010 meeting minutes from May 1986 recorded that there was very little contact between the 6010 AAG and the national AAG in Johannesburg, apart from occasional calls between Sifris and 6010 AAG director Lance Michell. Furthermore, the national AAG had not shared their meeting minutes with the 6010 AAG in over a year.²⁵⁴

Government action and inaction: The Advisory Group on AIDS (AGA)

In 1985 the Department of Health established the Advisory Group on AIDS (AGA) comprised of doctors, economists and scientists to advise the government on AIDS policy. Representatives from high-risk groups were, however, intentionally excluded, alienating those with the most expertise - most of whom were gay men - from participating in the government's discussions on AIDS.²⁵⁵ Sifris recalled that the AGA claimed that "if we have a gay man on the AGA we have to have a prostitute, we have to have a Haitian, and we have to have a black."²⁵⁶ And according to Dr Steven Miller, who worked with Sifris and Sher, the AGA was essentially "a cabal of grey-

²⁵³ "The AIDS Support Group", 6010 Newsletter (February/March 1985) – Gay Library Collection (AM2583), GALA Queer Archive

²⁵⁴ Meeting minutes of Gasas 6010 AAG, 19 May 1986 - Triangle Project Collection (AM2974), GALA Queer Archive

²⁵⁵ Tobia, "Out of the Laager, Into the Streets", 89

²⁵⁶ Tsampiras, "Sexuality Politics and AIDS in South Africa", 237. Quoted from Tsampiras' interview with Sifris in 2008.

suited men, who told the minister [of health] all that he wanted to hear.”²⁵⁷ So while Ruben Sher was invited to join the group, gay doctors like Dennis Sifris and Steven Miller were excluded, despite their extensive medical work in this largely unknown field. In contrast, in Australia and the UK, gay AIDS activists and organisations were consulted by policy makers.²⁵⁸

Despite what should have been common aims, the AGA kept the AAG at arms-length, the main point of contact between the two groups being Ruben Sher and Professor Jack Metz, as Director of the SAIMR and Chair of the AGA.²⁵⁹ The AGA’s main task was to educate both the public and healthcare workers about AIDS, using information pamphlets, videos, training sessions, posters and lectures.²⁶⁰ However, in practice, it was the AAG who took the lead in these activities and it was to them that professional bodies turned for resources.

In their annual report for 1986, Gasas 6010 Chair Eddie de Beer says of the AAG: “We are undertaking what is really community service which ought to have been undertaken by, or at least on the cost of, the State”.²⁶¹ De Beer further emphasised that the work done by the AAG was not confined to Gasas members, or the gay community. This sentiment was echoed by Sifris as coordinator of the National AAG: “We are disappointed that the health authorities have not come forward and become more involved. [...] They said a year ago that their budget does not warrant support with such a small number of cases involved. AIDS is not considered a major public hazard, they said.”²⁶²

It should be kept in mind that the Reagan administration in the US was heavily criticised for its slow reaction to AIDS, and in the UK it was only in 1986 that the Conservative government under Margaret Thatcher set up a cabinet committee to tackle AIDS.²⁶³ So, in these early years of AIDS, gay organisations in the UK and US were also left to fend for themselves, the difference being that they were longer established and better equipped, and when their governments did start to act, gay AIDS organisations were consulted and involved.

²⁵⁷ Oppenheimer & Bayer, “The Forgotten Epidemic”, 30

²⁵⁸ Power, “Lessons from the history of HIV/AIDS in Australia”, 3. And Virginia Berridge. “The early years of AIDS in the United Kingdom 1981-1986: historical perspectives”. *Epidemics and Ideas: Essays on the Historical Perception of Pestilence*. T Ranger and P Slack eds. (Cambridge: Cambridge University Press, 1992).

²⁵⁹ National Aids Action Group – Report to the National Committee, Pietermaritzburg, 28/29 September 1985 - Triangle Project Collection (AM2974), GALA Queer Archive

²⁶⁰ Anthony Zwi and Debora Bachmayer. “HIV and AIDS in South Africa: What Is an Appropriate Public Health Response?” *Health Policy and Planning*. (1990, 5: 4) 322.

²⁶¹ ‘Gasas 6010 Aids Action Group Annual Report 1986/7’ – Triangle Project Collection (AM2974), GALA Queer Archive

²⁶² “State must pay for Aids work”, *Exit* Issue no.7 (February 1986) – Exit Collection (AM2723), GALA Queer Archive

²⁶³ Samuel Hallsor. “A Comparison of the Early Responses to AIDS in the UK and the US”. *Res Medica* (2017, 24: 1).

AIDS Awareness

As part of their AIDS awareness and education campaigns, Gasa increased their efforts through the printing of information pamphlets, newsletter articles, public lectures, video screenings and fundraising events through the course of 1985 and 1986. In-person events such as talks and screenings took place at various venues - including community centres, hotels and clubs - and were open beyond Gasa members. Talks were given to medical groups, counselling services and independent gay organisations, including GAB, Outreach, the 702 Crisis Clinic and Togs.²⁶⁴ Sifris in particular travelled to various Gasa chapters around the country, including Durban, Bloemfontein and Port Elizabeth, to give talks to members and the public.²⁶⁵ In Cape Town, AAG members addressed medical groups and conferences, the blood transfusion service and Life Line, amongst others.²⁶⁶

Soon after its establishment, in late January 1985, the AAG sent out an information pack to all Gasa branches. This included a cover letter from AAG Secretary Jeremy Zipp, the 1983 Gasa AIDS pamphlet, and information material from the San Francisco AIDS Foundation and San Francisco Department of Public Health. The cover letter mentioned that the AAG would be publishing their own information pamphlet shortly, but in the interim, for the most up-to-date information on AIDS, Gasa chapters should subscribe by airmail to the *New York Native*.²⁶⁷

The AAG made good on their promise, and in October 1985 published their first pamphlet (in consultation with various medical doctors, including Dennis Sifris, Ruben Sher and Frank Spracklen) - "Medical Facts About AIDS".²⁶⁸ The printing of the 5000 copies, distributed nationwide, was funded by an anonymous donor. The pamphlet contained general information on AIDS, including , transmission, symptoms, prevention. The pamphlet showed increased understanding of transmission, and when compared to the alarming "AIDS – a one way affaire with death" pamphlet published by Gasa in 1983 (as discussed in Chapter 2), the new pamphlet conveyed a much more balanced and fact-based tone. An updated version of the popular "Medical Facts About AIDS" was published by the AAG in early 1986, and a second revised version in early 1987.²⁶⁹

²⁶⁴ 'Coping with the AIDS Crisis' (undated report, c. January 1986) – Triangle Project Collection (AM2974), GALA Queer Archive

²⁶⁵ National Aids Action Group – Report to the National Committee, Pietermaritzburg, 28/29 September 1985 - Triangle Project Collection (AM2974), GALA Queer Archive

²⁶⁶ "News from the AIDS Action Group", Gasa 6010 Newsletter: 'The AIDS Issue' (October/November 1985) – Triangle Project Collection (AM2974), GALA Queer Archive

²⁶⁷ Letter, 'AIDS information' from AAG to Gasa chapters, 27 January 1985 – GAB/GLC Collection (AM2995), GALA Queer Archive

²⁶⁸ Pamphlet: "Medical Facts About AIDS", October 1985. Gasa AAG – Triangle Project Collection (AM2974), GALA Queer Archive

²⁶⁹ 'Gasa 6010 Aids Action Group Annual Report 1986/7' – Triangle Project Collection (AM2974), GALA Queer Archive

The pamphlet was not only distributed among gay organisations, but also to companies, organisations, medical practitioners and health authorities. In September 1985 the National AAG reported that they had received several requests for information from individuals and organisations: “Recently, for example, Putco asked for information to educate their 1000 bus drivers.”²⁷⁰ In the 6010 AAG annual report of 1986/7 they noted that the bulk of the first 1000 copies of the 1986 revised edition of “Medical Facts About AIDS” went to requests from blood transfusion services, nursing colleges, medical practitioners, and other counselling services.²⁷¹

Meanwhile, in what the AAG referred to as an example of their “abysmal level of cooperation”, the government AGA refused to endorse the pamphlet, citing the following: “It was resolved that the Group could not officially endorse the pamphlet, in view of its policy not to identify itself with any particular organisation.”²⁷²

Other pamphlets produced by the AAG in 1985 included: “We Can Stop Aids”, “Aids – facts for the Gay Community” (in English and Afrikaans) and together with the 6010 Counselling Service, “When a Friend has Aids.”²⁷³ Gasa 6010 published a special “AIDS Issue” of their newsletter in October 1985, which featured a concentration of local and international content on AIDS, as well as the aforementioned pamphlet. The “AIDS Issue” itself contained no direct safe-sex material or information, at odds with the campaign material being distributed at bars and clubs, and the issue’s feature article (an excerpt from the *Journal of the American Medical Association*) in fact ends with advising monogamy.²⁷⁴

One of the awareness initiatives that seemed to have gained a lot of attention was the visit of Dr Glen Margo, an AIDS expert and activist working as the Director of Health for the City of San Francisco, originally from South Africa. He spoke at the launch of the AAG on 16 January 1985 at Jameson’s club in Johannesburg.²⁷⁵ Margo addressed the crowd of about 150 people candidly about AIDS in San Francisco, the high number of cases, and that almost everyone in the gay community at this point knew someone who had died. He warned that a sharp rise in cases is to be expected in South Africa, and that now was the time to launch major education and support programs.²⁷⁶

²⁷⁰ National Aids Action Group – Report to the National Committee, Pietermaritzburg, 28/29 September 1985 - Triangle Project Collection (AM2974), GALA Queer Archive

²⁷¹ ‘Gasa 6010 Aids Action Group Annual Report 1986/7’ – Triangle Project Collection (AM2974), GALA Queer Archive

²⁷² National Aids Action Group – Report to the National Committee, Pietermaritzburg, 28/29 September 1985 - Triangle Project Collection (AM2974), GALA Queer Archive

²⁷³ ‘Gasa 6010 Aids Action Group Report 1985/6’ - Triangle Project Collection (AM2974), GALA Queer Archive

²⁷⁴ 6010 Newsletter: “The AIDS Issue” (October 1985) – Triangle Project Collection (AM2974), GALA Queer Archive

²⁷⁵ *Gay View* Gasa Natal Newsletter (January 1985) – Gay Library Collection (AM2583), GALA Queer Archive

²⁷⁶ “Coping with AIDS: Expert Advises – US doctor provides update”, *Link/Skakel* Issue no. 03037 (January/February 1985) – Exit Collection (AM2723), GALA Queer Archive

Margo also gave a talk to staff at the Department of Medicine at Johannesburg General Hospital (known as Joburg Gen) where a number of AIDS patients were being treated. *Link/Skakel* described the event as an “exchange of information with staff”²⁷⁷, which seems to have been rather euphemistic when compared to Sifris’ account:

This hippie San Francisco guy came along with handmade sandals and ringlets in his hair and told them about this funny disease that was affecting gay men that they should all be aware of....and he was almost laughed off as a joke. It was a wee bit embarrassing. But that was the context of the medical community.²⁷⁸

Safe-Sex Campaigns

Identification of a virus as the cause of AIDS changed the focus from the person or group infected to their actions. In other words, it was not being gay in itself that caused AIDS, but unprotected sex. Awareness campaigns in the US and UK therefore turned their focus to moderating high-risk behaviour – in simple terms, safe-sex campaigns.²⁷⁹ This trend was carried over to South Africa through the network and travel linkages of the doctors and activists involved in AIDS education and awareness here.

Pegge recalls that in 1984 a Psychology Masters student attempted a one-man safe-sex campaign in Cape Town’s bars and clubs. The student used information gathered from his subscription to the American publication *The Advocate* as source material and hit gay nightspots, attempting to speak to patrons about AIDS and how to prevent it. Most often he was met with a combination of ridicule, indifference and resentment.²⁸⁰ This anecdote mirrors the experience of Dennis Sifris in Johannesburg in 1983 as described in Chapter 2.

In 1985 the AAG embarked on a safe-sex campaign, taking the task out of the hands of lone individuals, and doing the work that the Calvinist apartheid government would not touch. The campaign mostly targeted Johannesburg and Cape Town gay social venues, where some 5000 safe-sex information cards were distributed through the year.²⁸¹ Unlike the lengthy AAG pamphlets aimed mostly at the medical fraternity, safe-sex cards were printed on small, colourful paper, with limited text, punchy headings, and sometimes containing humorous cartoons. They were aimed at getting the message across in a fast and non-threatening way to

²⁷⁷ Ibid.

²⁷⁸ Tsampiras, “Sexuality Politics and AIDS in South Africa”, 236

²⁷⁹ Hallor, “A Comparison of the Early Responses to AIDS in the UK and the US”, 59

²⁸⁰ Gordon Isaacs believes that Pegge was referring to Leon Linz. Interview between the author and Gordon Isaacs, Zoom (online), 17 January 2023

²⁸¹ ‘Coping with the AIDS Crisis’ (undated report, c. January 1986) – Triangle Project Collection (AM2974), GALA Queer Archive

people out having a good time. The archival records show at least four pamphlets/flyers produced by the Gasas 6010 AAG and Counselling Service in 1985.

Firstly, they brought out safe-sex kits, containing a short information booklet, condom and lubricating jelly (see figure 3).²⁸² A second pamphlet has the cover “Cape Town Cares” – with the same information as contained in the safe-sex kit booklet above, as well as the address and times where condoms and KY (lubricating) jelly can be obtained from the 6010 Community Centre. The third pamphlet is titled “No Matter How Hot your partner might be...never put either of you at risk.” The pamphlet was printed in three colours and the cover featured a cartoon reproduced from *The Advocate* (see figure 4).²⁸³ The pamphlet was aimed at promoting safe-sex practices even for those in relationships, and used humour and relatable terms to draw in readers.

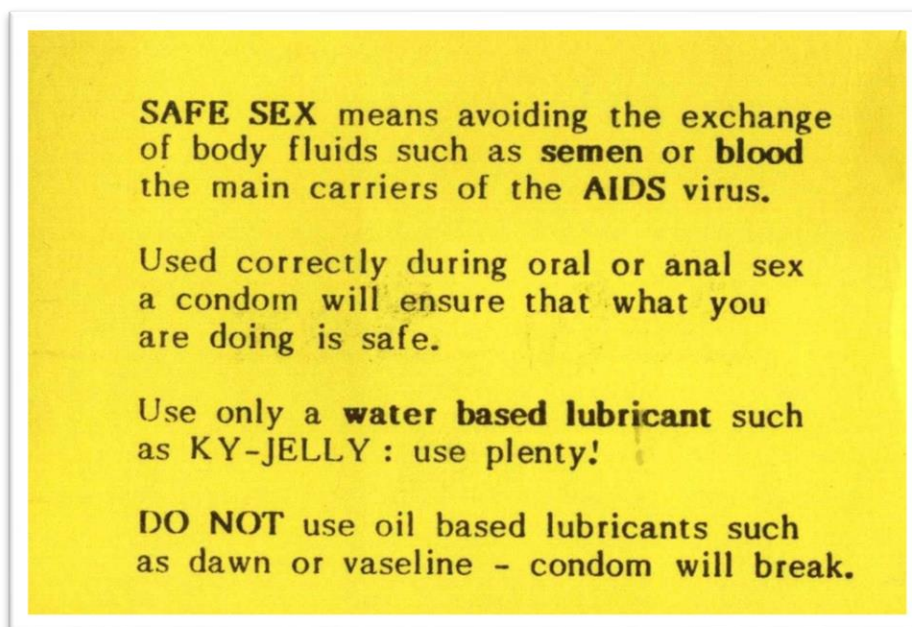


figure 3

²⁸² Safe-sex kits, Gasas 6010 Counselling service, 1985 - Triangle Project Collection (AM2974), GALA Queer Archive

²⁸³ Safe-sex pamphlet produced by Gasas 6010 AAG, 1985 - Triangle Project Collection (AM2974), GALA Queer Archive

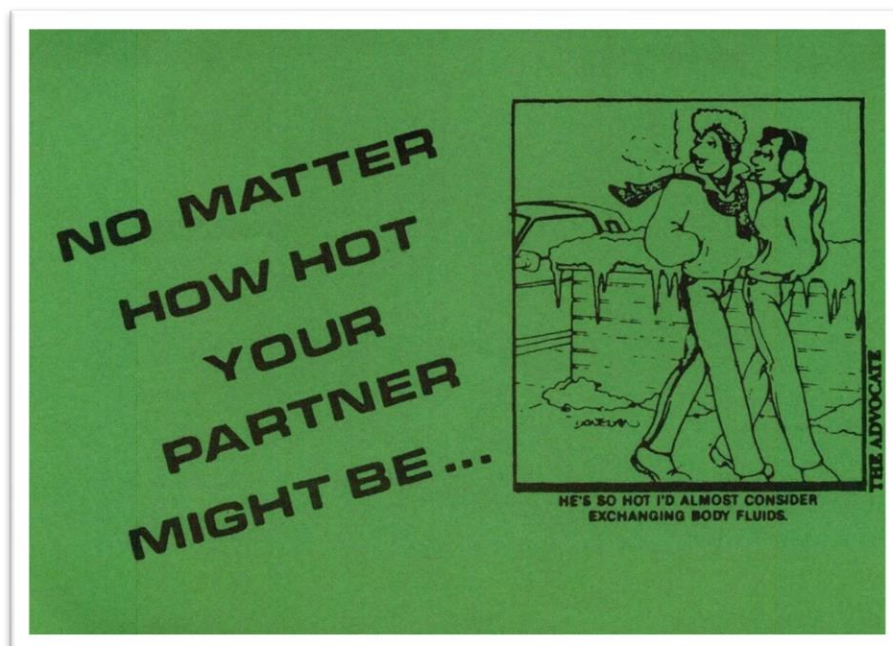


Figure 4

The last flyer addresses the issue that safe-sex can still be good sex: “Great Sex! Don’t let AIDS stop it”. The content was quite explicit using terms such as “rimming” and “jacking off”. It is noteworthy that the AAG were not shying away from explicit sexual content in their campaigns.

Other Gasa chapters got on board with the safe-sex campaign through their newsletters. In an article discussing the need for educating the gay community, Gasa Natal’s *Gay View* plainly stated: “It will become necessary to be able to read about and discuss sex explicitly using familiar gay terminology without embarrassment.”²⁸⁴ This reminds us that in conservative 1980s South Africa, many gay men were embarrassed and reluctant to talk about sex. Similarly, in March 1985 Gasa EC ended its “AIDS update” newsletter editorial with the following:

Future editions of the East Cape Newsletter will be carrying open and frank feature articles on what has become known as ‘SAFE-SEX’ in familiar specific gay terminology – so don’t be shocked and embarrassed by it. These ‘SAFE-SEX’ methods will have to become part of our lives – laws by which we live.²⁸⁵

They made good on their promise in their March issue with an article on safe and unsafe-sexual acts.²⁸⁶

²⁸⁴ *Gay View* Gasa Natal Newsletter (January 1985) – Gay Library Collection (AM2583), GALA Queer Archive

²⁸⁵ The Gasa East Cape Newsletter (March 1985) – Gay Library Collection (AM2583), GALA Queer Archive

²⁸⁶ The Gasa East Cape Newsletter (April 1985) – Gay Library Collection (AM2583), GALA Queer Archive

The January 1986 Gasa 6010 newsletter opened with the following:

Gaywise, the biggest issue in '85 has undoubtedly been AIDS and unfortunately the worst is yet to come. Primarily because not enough people are taking it seriously. Too many have coupled the disease with outright promiscuity, which is not necessarily the case – one careless liaison could be fatal. I'm not advocating abstinence, but am urging care, precaution and ideally monogamy.²⁸⁷

The Gasa 6010 AAG continued with their safe-sex campaign and materials through 1986. The annual report for that year referred to regular leaflet drops at gay venues, including the safe-sex leaflet "carrying only a cartoon and a few simple facts."²⁸⁸ The same document reported that six different leaflets had been designed and printed, in addition to safe-sex cards, and that 2100 of these were distributed over that year (1986) by the Gasa 6010 AAG.²⁸⁹

These campaigns would have been dead in the water without the cooperation of the nightspots the AAG was targeting. As noted in Chapter 2, a number of clubs in Johannesburg, such as Zipps, Jameson's and Scants, came on board early on. Cape Town clubs were a little slower to follow, with Off Beat leading the way (the manager was a 6010 member). In Cape Town, safe-sex leaflets were handed directly to clientele by volunteers, presumably having learnt that setting up a table with flyers didn't yield much interest.²⁹⁰ Gasa 6010 reported that: "Fortunately the management of these establishments are usually co-operative but there are still club owners who regard our activities as being 'bad for business'".²⁹¹

In Johannesburg, Scants owner, Stan Herson, confirmed in April 1985 that customer numbers had dropped: "Without doubt, the sensationalism introduced to AIDS coverage has affected patronage."²⁹² Despite this, Scants was one of the most proactive supporters of AIDS fundraising and awareness initiatives, with Herson asking, "But what are gays going to achieve by being ignorant about AIDS?"²⁹³ The popular and exclusive Res Club in Johannesburg was an example of a club which did not get on board AIDS initiatives. AIDS is not mentioned once in the 12 issues of their newsletter covering the period April 1984 to March 1985, nor is there any

²⁸⁷ Gasa 6010 newsletter (January 1986), p.1 – Triangle Project Collection (AM2974), GALA Queer Archive

²⁸⁸ 'Gasa 6010 Aids Action Group Report 1986/7' - Triangle Project Collection (AM2974), GALA Queer Archive

²⁸⁹ Ibid.

²⁹⁰ 'Gasa 6010 Aids Action Group Report 1986/7', Triangle Project Collection (AM2974), GALA Queer Archive

²⁹¹ Ibid.

²⁹² Ibid,

²⁹³ 'Massive show of support: ASEF fund soars', *Link/Skake!* issue no. 0401 (April/May 1985) – Exit Collection (AM2723), GALA Queer Archive

mention of safe-sex or sexual health.²⁹⁴ The Res Club was a multi-use venue that included a guesthouse, gym and disco.

Media response and interaction

After the relative lull in reporting in 1984, during which AIDS continued to spread slowly, the press began paying attention to AIDS again in early 1985. Many papers continued to refer to AIDS in sensationalist and homophobic terms. This surge in articles is reported on by both Gasa 6010 and *Link/Skake!*.



Figure 5: Front page of *Link/Skake!* March 1985

²⁹⁴ Res Club newsletters – Gay Library Collection (AM2583), GALA Queer Archive

In their March 1985 issue, *Link Skakel* featured the following front page headline: “AIDS Hits the Media Fan – Find the true facts inside” accompanied by a collage of AIDS press headlines (see figure 5). Similarly, 6010 published an article titled “The Sensation Seekers” in the February/March edition of their newsletter, written by editor Doug Whyte. While Whyte conceded that “AIDS is real, lethal” and “a reflection on the lifestyles of a sector of the gay male”, he tried to put things in perspective by comparing the low number of AIDS deaths to other causes of death, such as tuberculosis, measles, car accidents and murder. He asked: “Why, therefore, are the media’s comments on AIDS so large, frequent and sensational?” The article also mentioned that 6010 belonged to the South Africa Press Cuttings Service, and of the 39 gay-related articles received so far in 1985, 31 were about AIDS.²⁹⁵

According to Pegge, throughout 1986, the *Cape Times* “took perverse delight in reporting the names, identifying particulars, and sensational smut about the young gay men who died of AIDS.”²⁹⁶ The revealing of names was argued to be in the public interest, to inform the sexual partners of the deceased.

A scrapbook kept by Gasa 6010 member Leon Eksteen provides a harrowing glimpse of the news clips of the time.²⁹⁷ A handwritten note by John Pegge on the cover reads: “Scrap book kept by Leon Eksteen who died in August 1986. He was the 5th Capetonian to die from AIDS” (see figure 6). Eksteen’s scrapbook features South African newspaper clips of articles on AIDS between 1983 and 1986 and is an important source of press coverage of the time. One can only guess at the impact reading and saving some of these later articles must have had on someone dying from AIDS.

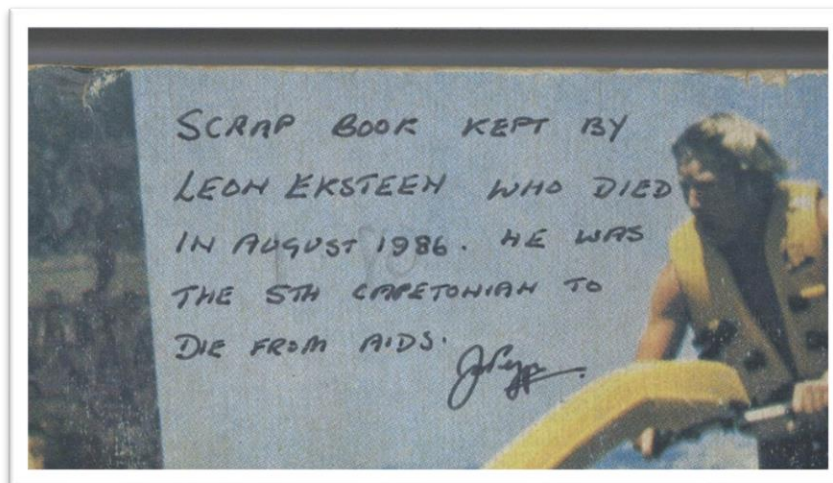


Figure 6: Note on the cover of the Eksteen Scrapbook

²⁹⁵ “The Sensation Seekers”, 6010 Newsletter (February/March 1985) – Gay Library Collection (AM2583), GALA Queer Archive

²⁹⁶ Pegge, “Living with loss”, 304

²⁹⁷ Eksteen Scrapbook - Triangle Project Collection (AM2974), GALA Queer Archive

As noted earlier, one of the main aims of the AAG was to engage with the media, and the aim was to get the agreed upon messaging out to the public. For example, in the AIDS resource manual given to GAB Counsellors, they were instructed explicitly to not answer any questions from the media directly, and rather to refer queries to Gasas Rand and AAG members assigned as media correspondents.²⁹⁸

This trend of engaging with and influencing press coverage was one that was adopted to varying degrees of success in other countries. Australian activists in particular used the press to successfully influence public opinion.²⁹⁹ In South Africa the engagement was more muted; the Gasas 6010 AAG reported that they “avoided overt confrontation with press and focused on providing information.”³⁰⁰

In 1985 the AAG reported that their committee appeared on several talk shows on national radio stations, including Radio 702, Radio 5 and Springbok Radio.³⁰¹ Further, several newspapers engaged with the AAG and other members of Gasas who were quoted in articles; in particular, medical correspondents were noted for contacting the AAG for comment.³⁰²

Gasas Natal also reported that they had succeeded in getting (some) local press to engage with them.³⁰³ In March 1985, Gasas 6010 reported that: “A lot of effort has gone into providing the press with accurate information while protecting the confidentiality of patients, but this information is sometimes ignored in the interest of sensationalism.”³⁰⁴ Nevertheless, a year later the 6010 AAG reported in early 1986 that overall “bias, homophobia and sensationalism has decreased.”³⁰⁵

Whereas Sifris was the go-to person for quotes on AIDS by the press, it was David Freeman and Lance Michell of Gasas 6010 AAG who tackled the press and (politely) called them out on irresponsible reporting. They also wrote to government health officials quoted in the press, to point out inaccuracies and educate them.³⁰⁶

The record does show some sympathetic reporting on AIDS, for example in August 1985 the 6010 newsletter referred to an article in the *Star* titled “Gay is Okay” about Anglican minister Donald Dowie who visited gay organisations and venues in Johannesburg, the gay sick and

²⁹⁸ AIDS information for GAB Counsellors, c.1985. p.6 – GAB/GLC Collection (AM2995), GALA Queer Archive

²⁹⁹ Power, “Lessons from the history of HIV/AIDS in Australia”, 3

³⁰⁰ ‘Gasas 6010 Aids Action Group Annual Report 1985/6’ – Triangle Project Collection (AM2974), GALA Queer Archive

³⁰¹ “Coping with the AIDS Crisis” (undated report, c. January 1986) – Triangle Project Collection (AM2974), GALA Queer Archive

³⁰² ‘Gasas 6010 Aids Action Group Annual Report 1985/6’ – Triangle Project Collection (AM2974), GALA Queer Archive

³⁰³ Gasas Natal Coast Chairman’s Report 1984/5 as quoted in Mbali, “Without the Luxury of Time”, 11

³⁰⁴ “The AIDS Support Group”, 6010 Newsletter (February/March 1985) – Gay Library Collection (AM2583), GALA Queer Archive

³⁰⁵ ‘Gasas 6010 Aids Action Group Annual Report 1985/6’ – Triangle Project Collection (AM2974), GALA Queer Archive

³⁰⁶ Gasas 6010 Press Correspondence – Triangle Project Collection (AM2974), GALA Queer Archive

lonely and preached regularly at Gay Christian Community (GCC) services.³⁰⁷ And the AAG noted that for the most part (barring the *Sunday Times*), reporting on US actor Rock Hudson's death in October 1985 had been "compassionate and balanced."³⁰⁸

There continued to be very little reporting in the "black press" in 1985-86, with AIDS still largely considered a white, gay syndrome.³⁰⁹ In a rare instance of the press acknowledging black, gay men, *The Star* published the article "Gay plague spreads to the townships" in March 1985, reporting that: "AIDS is mostly prevalent in the homosexual groups and Soweto has its own gay community, some of which have had contact with white gays."³¹⁰

The Gay Press

Given the lack of a formal gay press in South Africa, the focus here is primarily on coverage of AIDS by the 6010 newsletter and *Link/Skakel* (later *Exit*). Both publications reported a struggle to find local content, and their subsequent heavy reliance on articles from abroad. For example, throughout 1984 the 6010 newsletter featured several excerpts from the US publication *The Advocate*. Editor Doug Whyte acknowledged this heavy reliance on US content, while pleading for local content submissions, in several issues of the newsletter, noting that almost all local content was written by himself.³¹¹ Similarly, former *Exit* editor Henk Botha recalled: "It was often difficult to find proper local news items as many people didn't want their names in print, and it was virtually impossible to find someone willing to have their picture published."³¹²

In addition to struggling to find contributors and local content, *Link/Skakel* and *Exit* also had to battle against the apartheid government's Film and Publications Board. The Board banned two issues of *Link/Skakel* in 1984, and when queried argued that the banned issues were deemed "harmful and offensive", "calculated to promote homosexuality", "homosexuality is presented as normal and right", and that "the publication would exceed the tolerance of the average decent minded citizen."³¹³ This was shortly after *Link/Skakel* had attempted to go public and sell the paper at selected newsagents. In light of the banning of the April and May 1984 issues, Gasa decided to cancel their application for registration as a newspaper publication and return to distributing the newspaper free to members, where it would not be subject to the same

³⁰⁷ Gasa 6010 Newsletter (August 1985) – Gay Library Collection (AM2583), GALA Queer Archive

³⁰⁸ National Aids Action Group – Report to the National Committee, Pietermaritzburg, 28/29 September 1985 - Triangle Project Collection (AM2974), GALA Queer Archive

³⁰⁹ Grundlingh, "Government Responses to HIV/AIDS", 125

³¹⁰ Gevisser, "A Different Fight for Freedom", 59

³¹¹ 6010 Newsletter (June 1984) – Gay Library Collection (AM2583), GALA Queer Archive

³¹² "Exit: Memories of the early years", *Exit* Issue no. 200 anniversary issue (February 2007) – Exit Collection (AM2723), GALA Queer Archive

³¹³ "The Banning of Link/Skakel", Gasa 6010 Newsletter (August 1984) – Gay Library Collection (AM2583), GALA Queer Archive

rules as “official” publications.³¹⁴ Botha recalled: “During my tenure we were in a constant battle with the then Publications Control Board. [...] A number of issues were banned, but fortunately the bans always came weeks after distribution.”³¹⁵

Being unable to sell *Link/Skakel* added to the publication’s financial woes, leading to its eventual closure in May 1985. *Exit* took over from *Link/Skakel*, publishing its first issue in July 1985. On the front page of the launch issue *Exit* introduced itself as *Link/Skakel*’s successor but noted that it was independent and not affiliated to any gay organisation.³¹⁶ Founded and funded by journalist David Moolman, the paper was still distributed for free (excluding an annual postage fee).

After featuring few articles on AIDS in 1984, *Link/Skakel* began to increase coverage in 1985, with the first two issues for that year headlining the AIDS issue. *Exit* continued to report on AIDS frequently through 1985 and 1986, with both international and local stories. The latter almost always quoted from members of the AAG, Sifris in particular. The AAG in their 1985 annual report asserted that *Exit*, as the country’s gay press, had a responsibility to ensure correctness and give adequate coverage of AIDS, “as most overseas gay publications do.”³¹⁷

Fundraising

Not only did gay organisations have to formulate their own education, awareness and care strategies, but they also had to fund them. And, as mentioned above, funding AIDS efforts was in direct competition with funding law reform efforts. The AAG and Gasas also continued to battle to get registered as a charity in order to obtain a fundraising number.³¹⁸ Miller recalled being told by government officials that they do not give fundraising numbers to criminals (presumably referring to sodomy being a criminal offence), and that in order to get around this, gay organisations would partner with sympathetic, existing charities to raise funds.³¹⁹ Sifris recounted that the Department of Health outright rejected a funding proposal by the AAG requesting R20 000 towards their education and awareness campaigns.³²⁰

³¹⁴ *Link/Skakel* Issue no. 0303 (August 1984) - Exit Collection (AM2723), GALA Queer Archive

³¹⁵ Henk Botha, ‘Exit: Memories of the early years’, *Exit* Issue no. 200 February 2007 (anniversary issue) – Exit Collection (AM2723), GALA Queer Archive

³¹⁶ *Exit* Issue No.1 (July 1985) - Exit Collection (AM2723), GALA Queer Archive

³¹⁷ National Aids Action Group – Report to the National Committee, Pietermaritzburg, 28/29 September 1985 - Triangle Project Collection (AM2974), GALA Queer Archive

³¹⁸ Tsampiras, “Sexuality Politics and AIDS in South Africa”, 240

³¹⁹ Oppenheimer and Bayer, “The Forgotten Epidemic”, 26

³²⁰ Tsampiras, “Sexuality Politics and AIDS in South Africa”, 241

In March 1984 the Gasa AIDS Fund handed over the proceeds of their early, largely unsuccessful, fundraising efforts (described in Chapter 2) to the SAIMR as promised.³²¹ Fundraising for AIDS causes then took a backseat until early 1985 with the establishment of the AAG, who launched their own fundraising initiative in April 1985, named the AIDS Support and Education Fund (ASEF), administered by Gasa Rand. Unlike the previous fund, money accumulated by ASEF was used for AAG initiatives and not handed to the SAIMR.

The ASEF launch fundraiser was held at Scants Laserdrome on 12 April 1985. In the *Link/Skakel* article advertising the upcoming event, it mentioned that funds were needed to print pamphlets and posters, and to build up a reserve fund to support PLWAs.³²² Sifris described the ASEF launch as an exclusive black-tie event and art auction, with invitations targeting mostly wealthy, white gay men.³²³ The owner of Scants, Stan Herson, described the event as follows:

The evening's programme started with an AIDS update by the coordinator of the Rand AIDS Action Group. In a light-hearted yet authoritative manner he ensured that the seriousness of the crisis did not dampen the positivity essential for the achievement of gay civil rights. [...] Once the music was turned up, safe-sex slogans were continuously lasered.³²⁴

Around R1200 was raised for ASEF that night, much of which was donated by Scants from their door charge. As mentioned previously, Herson was one of the club owners who displayed a strong commitment to community efforts to fight AIDS: "We strongly believe that gay people should involve themselves in communal projects – such as ASEF – and perhaps the most significant way to fight AIDS is by organising the gay community and businesses around the issue."³²⁵

Towards the end of 1985 a joint fundraising initiative called Benefit was formed on the Rand between the AAG and Law Reform.³²⁶ Benefit grew to become another source of contention in gay organising. Questions were raised about how donated money was being spent, and there were accusations that Benefit money was being used to keep Gasa afloat.³²⁷ Although in the end Benefit was confined to the Rand, one of the primary objections raised by Lance Michell on behalf of the 6010 AAG was that combining the two causes would negatively impact AAG

³²¹ *Link/Skakel* Issue no. 0211 (March/April 1984) - Exit Collection (AM2723), GALA Queer Archive

³²² 'Gay support needed', *Link/Skakel* issue no. 0308 (March 1985) - Exit Collection (AM2723), GALA Queer Archive

³²³ Tsampiras, "Sexuality Politics and AIDS in South Africa", 239

³²⁴ "Massive show of support: ASEF fund soars", *Link/Skakel* Issue no. 0401 (April/May 1985) - Exit Collection (AM2723), GALA Queer Archive

³²⁵ Ibid.

³²⁶ *Exit* Issue No. 5 (November/December 1985) - Exit Collection (AM2723), GALA Queer Archive

³²⁷ *Impact* (October/November 1986) – Gay Library Collection (AM2583), GALA Queer Archive

fundraising. Legal Reform, Michell argued, had less chance of success in obtaining a fundraising number, whereas AIDS, as a health issue, stood a better chance on its own.³²⁸

The 6010 AAG managed its own funds, separate from ASEF (and ultimately from Benefit), and continued to struggle to register as a charity, using a private bank account instead.³²⁹ The 1985 Gasa 6010 AAG reported that a fundraising disco for AIDS was held by a local nightclub “but no funds were realised by this venture.”³³⁰ As to why the nightclub fundraiser was not successful, there was no further explanation to be found. It seems that the Gasa 6010 AAG struggled more than their Johannesburg counterparts to fundraise, and AAG National at times contributed financially towards the efforts of the 6010 AAG.

In addition to the support of a number of gay clubs and bars in fundraising (and awareness) efforts, a few other organisations independent of Gasa are also mentioned (in reports and articles) as donating money and hosting events to support such initiatives. These include the Jewish gay group Yachad and the gay sports group Togs, both based in Johannesburg.³³¹

Also noteworthy are the contributions from allies outside of gay organisations. In 1986 Janice Honeyman directed the first AIDS play to be performed in South Africa, the Broadway play *As Is*. The proceeds of the premiere at the Market Theatre were donated to Benefit, who organised the event.³³² At the same event South African actress Joan Brickhill was named as patron of the AIDS Action Group. She noted that AIDS had affected her own inner circle, and this had prompted her to action.³³³ She also mentioned her recent trip to the USA where she was influenced by celebrities “joining the AIDS cause.”³³⁴ Also in 1986, the Johannesburg bohemian suburb of Melville donated some of the proceeds of their street festival – the Melville Mays Mardi Gras – to Benefit, though they stressed that their event was not a “gay event”.³³⁵

In a fundraising initiative that did not go so well, Gaylord Travel in Johannesburg held a movie screening of *Another Country* in August 1985. A collection was taken from the audience towards ASEF, and the owner of Gaylord, Brian van Rheede, publically announced that he

³²⁸ Letter from Lance Michell to Dennis Sifris, 24 November, 1985 - Triangle Project Collection (AM2974), GALA Queer Archive

³²⁹ “News from the AIDS Action Group”, Gasa 6010 Newsletter: “The AIDS Issue” (October/November 1985). – Triangle Project Collection (AM2974), GALA Queer Archive

³³⁰ ‘Gasa 6010 Aids Action Group Report 1985/6’ - Triangle Project Collection (AM2974), GALA Queer Archive

³³¹ “AIDS Support and Education Fund”, *Link/Skake!* Issue no. 0401 (April/May 1985); and *Togs Talk* (August 1985) - Gay Library Collection (AM2583), GALA Queer Archive

³³² “Brickhill joins AIDS fight”, *Exit* Issue no.10 (June 1986) - Exit Collection (AM2723), GALA Queer Archive

³³³ *Ibid.*

³³⁴ *Impact* (October/November 1986) – Gay Library Collection (AM2583), GALA Queer Archive

³³⁵ *Ibid.*

would match any donations made by the audience. An article in *Exit* in January 1986 called out Van Rhee de for never living up to this promise, and owing an amount of R1900 to the fund.³³⁶

Information and resource sharing

Due to the scarcity of information sources on AIDS at this time, resources were often shared, passed on and reprinted. This occurred both from north to south, as well as within South Africa. In the US and UK organisations like the GMHC, the San Francisco AIDS Foundation and the Terrence Higgins Trust (THT) became known as sources of up-to-date information on AIDS, who were consulted by government and health organisations.³³⁷ Information pamphlets produced by these organisations were frequently consulted and used as templates by the AAG. Medical historian Howard Phillips remarks on the extensive international resources available to South Africa at this time, as the world was starting to globalise (along with the pandemic).³³⁸

Most of the Gasa Rand and 6010 leadership had either travelled abroad themselves, or had contact with gay and AIDS organisations, mostly in the USA and UK. This resulted in a “flow of information and exchange of ideas between South Africa and countries with more established and politically active gay communities.”³³⁹ Gasa members would bring back materials with them when they travelled, and likewise visitors to South Africa would bring resources. For example, when Dr Margo visited in 1985, he brought a large pile of pamphlets, magazines and journal articles with him from the US, which he displayed at the launch of the AAG. Sifris also mentions gathering literature on his travels to the US and UK, and that he “came home with bundles of it.”³⁴⁰ Gasa 6010 reported on committee member Leon Linz’s recent trip to New York in 1985: “Leon has obtained literature and a large poster from Gay Men’s Health Crisis, New York. The poster is most impressive and Leon is to enquire whether they can send us 30 copies for distribution in major centres of the Republic.”³⁴¹

The March 1985 Gasa East Cape newsletter offered its members “photocopies of the latest AIDS information and handbooks”, published by various US organisations, including the Harvey Milk Lesbian and Gay Democratic Club, the San Francisco AIDS Foundation, and the Women’s AIDS Network. This again shows not only the flow of resources from the north to South Africa, but also the active copying and sharing of these resources locally.

³³⁶ “Gaylord promise at stalemate”, *Exit* Issue no. 6 (January 1986) - Exit Collection (AM2723), GALA Queer

³³⁷ Samuel Hallor. “A Comparison of the Early Responses to AIDS in the UK and the US”. *Res Medica*. (2017, 24: 1) 58.

³³⁸ Howard Phillips. *Plague, Pox and Pandemics: A Jacana Pocket history of pandemics in South Africa* (2nd Edition 2020). (Johannesburg: Jacana, 2020) 24.

³³⁹ Ibid.

³⁴⁰ Tsampiras, “Sexuality Politics and AIDS in South Africa”, 238

³⁴¹ Meeting minutes of Gasa 6010 AAG, 29 August 1985 - Triangle Project Collection (AM2974), GALA Queer Archive

This reliance on material from the US and UK raises some questions. According to Tsampiras: “The content, politics and practice of AIDS education programmes developed by, and for, male gay communities in the USA and UK, shaped and influenced responses amongst sectors of the male gay community in South Africa.”³⁴² The question of how effective or appropriate these imported education and awareness materials were in the local context is not possible to answer, but certainly worth keeping in mind.³⁴³ When asked if he thought that transplanting such materials to the South African context was problematic, former GAB volunteer Rob Hamilton responded pragmatically: “It was all we had. I think it made sense. It was such a white pandemic.”³⁴⁴

Measuring impact

As is generally the case in assessing education and awareness campaigns, success and impact are impossible to measure precisely. The National and 6010 AAG offered contradictory reports and opinions on the successes of their safe-sex and awareness campaigns. For example, in October 1985, the 6010 AAG suggested that they had increased awareness on practicing safe-sex and being less promiscuous in the Cape Town community.³⁴⁵ However, according to reflections by those involved in the campaigns at the time, few men listened. For example, Sifris recalled the Joburg AAG setting up an information table outside a club, giving out safe-sex cards, and how patrons just walked past, and kept away when approached.³⁴⁶ Similarly, John Pegge remembered that in 1986: “In the bars and the clubs the safer sex campaigns went on, and still the men who had sex with men said, ‘Do not spoil our fun; this is a rare and largely foreign disease, it can’t happen to us.’”³⁴⁷

The AAG National report in September 1985 seemed to confirm Sifris and Pegge’s sentiments. Reporting on the 15 000 pamphlets and safe-sex cards distributed nationally over 6 months in 1985, it noted: “Despite this, less than 20% of patrons to the Butterfly Bar have seen this information.”³⁴⁸ The report did not detail how this percentage was ascertained, but it is nevertheless interesting that the AAG was attempting to assess its reach.

The Gasa 6010 AAG report for 1985 offers some evidence of the limited impact of its campaigns. For example, it noted: “On the positive side, the AIDS crisis has provided Gasa with

³⁴² Tsampiras, “Sexuality Politics and AIDS in South Africa”, 240

³⁴³ Ibid.

³⁴⁴ Interview between the author and Pierre Brouard and Rob Hamilton, 24 January 2023, Johannesburg

³⁴⁵ “News from the AIDS Action Group”, Gasa 6010 Newsletter: “The AIDS Issue” (October/November 1985) – Triangle Project Collection (AM2974), GALA Queer Archive

³⁴⁶ Tsampiras, “Sexuality Politics and AIDS in South Africa”, 238

³⁴⁷ Pegge, “Living with loss”, 304

³⁴⁸ National Aids Action Group – Report to the National Committee, Pietermaritzburg, 28/29 September 1985 - Triangle Project Collection (AM2974), GALA Queer Archive The Butterfly was a popular working class gay bar in Hillbrow, Johannesburg.

public credibility”, presumably referring to the AAG being consulted by the press. On a more personal note, the 6010 AAG Chair noted that due to the increase in cases in Cape Town, “Some of us have been pushed a little further out of the closet in the process.”³⁴⁹ The report is signed by Chair W. L. Michell, who back in 1983 had written the 6010 newsletter AIDS supplement, then signed only with his initials, WLM.³⁵⁰

In the January 1986 issue of *Exit* Sifris seemed to change his tune, writing that while AIDS cases were increasing and he was worried about asymptomatic carriers, condom use had increased: “Luckily most gay men are adopting a responsible attitude to casual sex. We are thrilled at the response of the gay community.”³⁵¹

Dr. Deon Knobel, a member of the 6010 AAG, in October 1986 reported that two medical students, as part of their community health project, had conducted a survey on the knowledge of AIDS among Cape Town gays. Questionnaires were completed by 140 persons at two popular gay bars (Wine Barrel and Xenon).³⁵² The students found that generally gay men in Cape Town were well informed about AIDS and safe-sex, but not all were putting “knowledge into practice.”³⁵³

Concluding thoughts

This period saw Gay organisations and their members start to take AIDS seriously, no longer distancing and minimising the threat, or making light of it. Despite the infighting, legal challenges and political turmoil of the time, Gasa was making strides towards, at least, educating their members about AIDS and safe-sex practices. It is noteworthy that they produced their own information pamphlets and safe-sex cards, even if they were influenced by northern examples.

Through this time the issue of testing for HIV lurked beneath the surface, and the results of the study conducted through the blood transfusion services came with consequences, as will be discussed in Chapter 4.

³⁴⁹ ‘Gasa 6010 Aids Action Group Report 1985/6’ - Triangle Project Collection (AM2974), GALA Queer Archive

³⁵⁰ “Supplement No.2: Acquired Immune Deficiency Syndrome – In Perspective”, 6010 Newsletter (January 1983) - The Gay Library Collection (AM2583), GALA Queer Archive

³⁵¹ “AIDS on increase”, *Exit* Issue no. 6 (January 1986) – Exit Collection (AM2723), GALA Queer Archive

³⁵² Meeting minutes of Gasa 6010 AAG, 14 October 1986 - Triangle Project Collection (AM2974), GALA Queer Archive

³⁵³ ‘Gasa 6010 Aids Action Group Annual Report 1986/7’ - Triangle Project (AM2974), GALA Queer Archive. Note: the health survey referred to could not be found in the archival record.

Chapter 4

Healthcare, Counselling and Support Services (1984-1986)

Introduction

While the previous chapters focused largely on official gay organising, awareness campaigns and fundraising in response to AIDS, this chapter seeks to explore the strategies, official and unofficial, that were developed in caring for those with HIV and AIDS, both physically and psychologically. As the AIDS crisis progressed, South African gay organisations, like their UK and US counterparts, had to adapt their strategies, priorities and services, moving from a focus only on fundraising and education to include counselling and community care strategies and services.

Some notes about numbers

Before looking at the medical and psycho-social care and support structures available during this time, it is necessary to provide some context and explanations around statistics and terminology. . I caution against giving too much attention to numbers. Aside from detracting from the individual, human factor, statistics from this time are problematic on a number of levels.

Firstly, doctors were not required to report cases to the Department of Health, as neither AIDS, nor an HIV positive status, were designated as notifiable diseases.³⁵⁴ Secondly, there was still widespread confusion at this time around being HIV positive, having HIV related illnesses, and what was then called “full-blown AIDS”. Thirdly, there was literally no data available on MSM behaviour and AIDS in the 1980s for any race classification other than white, and even then, it was confined to very narrow parameters of gay identity.³⁵⁵

As noted in Chapter 3, official reported cases were still rising very slowly in these early years, largely due to the often long incubation period of the HI virus. Nevertheless, cases were increasing at a rate that was enough to cause concern. In January 1986 there were only 27 officially known cases of AIDS in South Africa, with most of those occurring over the previous year, and real numbers likely considerably higher.³⁵⁶ Just a month later, the AAG reported 32 AIDS cases, 23 of whom had died. The report also cited that nearly 300 gay and bisexual men

³⁵⁴ *Gay View* Gasa Natal Newsletter (January 1985) – Gay Library Collection (AM2583), GALA Queer Archive

³⁵⁵ Zwi & Bachmayer, “HIV and AIDS in South Africa”, 318

³⁵⁶ *Exit* Issue no. 6 (January 1986) - Exit Collection (AM2723), GALA Queer Archive

had tested positive for HTLV III, and in closing states that: “No AIDS cases have been reported among black South Africans.”³⁵⁷

The advent of the term “AIDS Related Complex” (ARC), used broadly from 1985, further confused matters. This was the term defined by the CDC to refer to HIV-positive people who “had symptomatic disease but did not meet their criteria for AIDS.”³⁵⁸ In 1987 the CDC broadened its definition of AIDS to include symptoms and conditions that would redesignate many of those who had previously been classified with ARC to now having AIDS.³⁵⁹

Medical care

Researchers and doctors were influenced (consciously or unconsciously) by their location in a country that championed conservative morals, and enacted legislation that attempted to regulate every aspect of people’s lives, from education to procreation.

- Carla Tsampiras, “Not so gay after all”³⁶⁰

Many of the early handful of medical practitioners working with AIDS patients were gay themselves, thus highlighting the involvement of the gay community in the medical response. In Johannesburg, medical care of AIDS patients was largely handled by Ruben Sher, Dennis Sifris and Steven Miller, and in Cape Town by Frank Spracklen and Gideon Knobel. While Miller, Sifris and Knobel were self-identified gay doctors, Spracklen and Sher were not.

Sher and Sifris established South Africa’s first outpatient AIDS clinic at Joburg Gen in 1985. Perhaps unsurprisingly, they were allocated a space in the depths of the hospital’s basement, out of public view. It was not only the hospital staff that wanted the clinic hidden, in a bid to make those coming to the clinic less afraid, it was initially euphemistically named the Immune Disorders Clinic by Sher, though when Sifris took over he insisted on calling it what it was, and renamed it the HIV Clinic in 1985.³⁶¹ Sifris and his handful of volunteers began opening the outpatient clinic once a month, increasing it to weekly and then twice weekly.³⁶² Joburg Gen set up a separate clinic for haemophiliacs and others who contracted AIDS through blood

³⁵⁷ *Gayety* Newsletter for Gasa Border (February 1986) – Gay Library Collection (AM2583), GALA Queer Archive

³⁵⁸ Edward Richards and Katherine Rathbun. “The History of AIDS and ARC” in *Law and the Physician: A Practical Guide*. <https://biotech.law.lsu.edu/books/lbb/x590.htm>. (accessed on 13 January 2023)

³⁵⁹ *Ibid.*

³⁶⁰ Tsampiras, “Not so ‘Gay’ After All”, 496

³⁶¹ Oppenheimer & Bayer, “The Forgotten Epidemic”, 35

³⁶² *Ibid.*

transfusions. Miller, who later ran the clinic, recalled: “Any attempt that we made to amalgamate the services was absolutely rejected.”³⁶³

The two main public hospitals designated to care for AIDS patients in the 1980s were Joburg Gen and Somerset Hospital in Cape Town. The conservative and homophobic attitudes of much of South Africa at the time could be evidenced in some of those working in healthcare. Even Ruben Sher stated he did not “agree with their practices” (referring to gay men), though in the case of Sher his dedication to practicing medicine, as well as his fascination with this new syndrome, overrode his personal feelings.³⁶⁴ Furthermore, in a 2004 interview Sher shared: “We were faced with young men whose parents didn’t even know they were gay. Now they were being called to see their sons dying of AIDS in hospitals. I learnt a lot from them about not being judgmental.”³⁶⁵

A 1987 report by Estelle Jordaan, a nursing sister at Somerset Hospital, captures well the feelings of many patients and medical staff at the time. Jordaan’s Somerset Report included the following under the heading “Psychological Support”:

*Apart from the well-known stages of dying [...] the patient experiences a variety of emotions, including fear of exposure and dying; loss of self-esteem due to his feelings of guilt, the stigma attached to his diagnosis and his altered self-image; loneliness due to societal discrimination and his self-induced isolation. These feelings can so easily be reinforced by uninitiated members of the health team who communicate to the patient their fear of contracting his illness and their unwillingness to care for someone whom, in their eyes, has contracted a self-inflicted disease.*³⁶⁶

In addition to the existing prevalence of homophobia, the limited resources in public hospitals made doctors and nurses wary of admitting AIDS patients, who they saw not only as a lost cause, but also as a huge strain on scarce resources due to the (assumed) need for patient isolation and large amounts of personal protective equipment, not to mention the added fear and anxiety.³⁶⁷ Spracklen and Sifris both recalled how difficult it was to get specialists, anaesthetists and surgeons, in particular, to care for patients, and later the struggle of getting a pathologist to perform an autopsy.³⁶⁸

³⁶³ Oppenheimer & Bayer, “The Forgotten Epidemic”, 35

³⁶⁴ Oppenheimer & Bayer, “The Forgotten Epidemic”, 21

³⁶⁵ Health E-News Contributor. “‘Mr AIDS’, Reuben Sher, dies”, *Health E-News*. 12 September 2007. <https://health-e.org.za/2007/09/12/mr-aids-reuben-sher-dies/> (accessed on 31 January 2022).

³⁶⁶ Report: ‘AIDS: The Somerset Experience’, Estelle Jordaan, 1987 - Triangle Project Collection (AM2974), GALA Queer Archive

³⁶⁷ Oppenheimer & Bayer, “The Forgotten Epidemic”, 31

³⁶⁸ Oppenheimer & Bayer, “The Forgotten Epidemic”, 33

Those that did tend to early patients in hospital would generally do so in full protective gear. HIV/AIDS activist Shaun Mellors has recounted several times over the years the story of his diagnosis and admission to Joburg Gen on Christmas Eve 1986, at the age of 21. He has described the experience as follows:

*Admitted into a ward in complete isolation, with biohazard stickers on the door. Two black plastic bags taped to the wall – one for my dirty linen and one for my used paper plates and cutlery. The volunteer choir sang Christmas Carols on the ward, hauntingly reassuring and comforting – even though their voices only drifted in through the closed door of my isolation ward.*³⁶⁹

One of the ways that doctors, counsellors and volunteers could address this was by leading by example, by touching patients and rejecting barrier care. Where unnecessary, non-treatment related touching is usually frowned upon between doctor and patient, Miller recalled that he and his colleagues went out of their way to touch their patients, to hug them, because so many would not.³⁷⁰ Sifris recalls:

They were sick boys. And I remember, when I went to visit them, there were the double gloves, the double gowns, and the big spaceman thing, and I would go in without anything on...I pulled down all the barriers... and told the mothers and fathers to take off their gloves and touch the patient.³⁷¹

Gordon Isaacs has a similar recollection:

Towards the end of 1984, I saw the first person diagnosed with HIV living in Cape Town. He was diagnosed at Somerset Hospital where he was barrier nursed and sent off to Valkenberg because they had diagnosed him with Melancholia.³⁷² Valkenberg then contacted me because they knew my interest in sexuality. [...] So when I met him in Valkenberg, they were barrier nursing him in an isolated room with space suits. I simply walked in and hugged him.³⁷³

Even Spracklen, one of the leading specialists treating AIDS in South Africa at the time, and Head of Department of Medicine at Somerset Hospital, was known for keeping his distance. Felicity Cope, an infectious disease nurse working at Somerset Hospital in the 1980s recalled how afraid Spracklen was of his patients, often standing in the doorway during consultations.³⁷⁴

³⁶⁹ Shaun Mellors. "Living with AIDS", International AIDS Society website: 'Meet our members', 2017.

<https://www.iasociety.org/meet-our-members/shaun-mellors> (accessed on 4 February 2023).

³⁷⁰ Oppenheimer & Bayer, "The Forgotten Epidemic", 36

³⁷¹ Oppenheimer & Bayer, "The Forgotten Epidemic", 34

³⁷² Valkenberg Hospital is a large, government-funded, tertiary psychiatric hospital in the city of Cape Town.

³⁷³ Interview between the author and Gordon Isaacs, Zoom (online), 17 January 2023

³⁷⁴ Oppenheimer & Bayer, "The Forgotten Epidemic", 34

For gay doctors in particular, the threat of transmission was close and personal. Miller recalled feeling guilt at his HIV negative status, regarding it as pure luck.³⁷⁵

It must be remembered how little was known about transmission in those early years. Doctors, nurses and cleaning staff working in hospitals were justifiably afraid. However, this kind of barrier treatment lasted beyond the stage when it had been proved that AIDS could not be transmitted by casual contact, carried out by those in the medical profession who should have known better. Furthermore, fear and taking precautions should never have interfered with humane and kind treatment.

It should be kept in mind that this kind of reluctance to give care to AIDS patients and outright homophobia was by no means confined to South Africa. In the words of Oppenheimer and Bayer: "Repeating patterns that occurred around the world in the early years of this epidemic, extraordinary measures were taken to erect barriers between the sick and those that would be called to care for them."³⁷⁶

Gay organisations did much to combat this attitude amongst healthcare professionals caring for AIDS patients. They did this in various ways, including: providing educational material for hospital staff; addressing staff directly; through gay doctors and volunteers setting an example of care; and through the volunteers who came to visit patients and formed relationships with the medical staff who cared for them.

An AAG report from 1986 rather optimistically stated:

The AIDS Action Group has medically liaised with members of the profession, and specifically provided information to healthcare providers at the Johannesburg Hospital ensuring the prevention of homophobia among medical staff and correct caring treatment of PWAs in hospitals.³⁷⁷

In Cape Town, the AAG reported: "News of the unsympathetic shunting from pillar to post of a man who feared he had AIDS revealed a defect in the system."³⁷⁸ In response, two members went to see the Cape Town Medical Officer where they were reportedly well-received and future cooperation was agreed upon.³⁷⁹

³⁷⁵ Oppenheimer & Bayer, "The Forgotten Epidemic", 38

³⁷⁶ Oppenheimer & Bayer, "The Forgotten Epidemic", 33

³⁷⁷ 'Coping with the AIDS Crisis' (undated report, c. January 1986) – Triangle Project Collection (AM2974), GALA Queer Archive

³⁷⁸ Ibid.

³⁷⁹ Ibid.

Much of the work of the 6010 AAG concentrated on Somerset Hospital. By early 1986 they reported that “the staff at Somerset Hospital have provided wonderfully sympathetic care for patients there.”³⁸⁰ At this time there were 25 documented cases of AIDS or Aids related complex (ARC) being seen by the Department of Health at Somerset Hospital.³⁸¹ By July 1986 it was noted in 6010 AAG meeting minutes that: “Lance has spoken to Dr Spracklen who feels that the ‘AIDS paranoia’ among his nursing staff is no longer a problem.”³⁸² Three months later the minutes reflected: “‘Isolation’ precautions have been relaxed at Somerset Hospital and patients are now free to walk about the hospital and use the bathrooms and TV room.”³⁸³

Sister Jordaan’s report (cited previously) gives insight into the medical care strategies employed at Somerset for the most common conditions manifesting due to lowered immune function, including respiratory distress, dehydration, ulcers and anorexia.³⁸⁴ The report also included a section on precautionary tactics to be employed by all hospital staff, which was not excessive for the time (no boiler suits), and includes this compassionate note: “Dying in isolation must be one of the greatest agonies, and so we must do all in our power to make the patient feel that, although he may be dying alone, he is not dying abandoned.”³⁸⁵ The report ended with the following probing question, which both called out and challenged others to rise to the occasion:

Although we’ve come a long way towards making the nursing staff in our hospital comfortable about caring for these patients, the question we are left with is: How can we counter the reluctance of the other members of our profession and health team to care for these patients?³⁸⁶

Beyond Medical Care

In January 1983 San Francisco General Hospital opened Ward 86 – the world’s first ward and outpatient clinic for people with AIDS. The clinic developed a holistic approach to treatment which became known as the “San Francisco model of care”, emulated at various hospitals around the world. While South Africa never reached the standard of care offered in San Francisco, many doctors and nurses went beyond pure medical care, especially given how little could be done for patients medically, in the words of Oppenheimer and Bayer: “Doctors unable to cure had no alternative but to care.”³⁸⁷ Sher recalled this feeling of helplessness: “It was

³⁸⁰ Ibid.

³⁸¹ ‘Gasa 6010 Aids Action Group Report 1985/6’ - Triangle Project Collection (AM2974), GALA Queer Archive

³⁸² Meeting minutes of Gasa 6010 AAG, 17 July 1986 - Triangle Project Collection (AM2974), GALA Queer Archive

³⁸³ Meeting minutes of Gasa 6010 AAG, 14 October 1986 - Triangle Project Collection (AM2974), GALA Queer Archive

³⁸⁴ Report: ‘AIDS: The Somerset Experience’, Estelle Jordaan, 1987 - Triangle Project Collection (AM2974), GALA Queer Archive

³⁸⁵ Ibid.

³⁸⁶ Ibid.

³⁸⁷ Oppenheimer & Bayer, “The Forgotten Epidemic”, 28

difficult dealing with young people who were dying and we could offer them nothing more than empathy.”³⁸⁸

Jordaan’s Somerset report included a list of nurses and other members of the health team as important elements in the patient’s psychological care, in addition to family, friends, religious support, psychologists, counsellors and gay volunteers. This shows an awareness of a holistic approach to treating patients.

A national AAG report from September 1985 mentioned that “Dennis Sifris is currently in San Francisco with Glen Margo and will return with all the latest and having completed the intense Shanti counselling course over two weekends.”^{389, 390} Miller recalled that they all read as widely as possible, though learning was hampered by the international academic boycott against apartheid South Africa.³⁹¹ Many of them used their own money to travel abroad to learn from those working in the field.³⁹² A newsletter from Gasa Natal in January 1985 reported that:

Contact with international groups will ensure information on the latest techniques and methods employed in the treatment of PWAs and also the “worried well”. At present these include four specific areas, viz. stress reduction techniques, visualization, depression prevention and family counselling.³⁹³

The article went on to mention that these techniques which had proved successful in the US had been employed by Dr Margo in his handling of AIDS patients while in South Africa.³⁹⁴ Despite these accounts of doctors making an effort to broaden their treatment plans to incorporate mental well-being, Pierre Brouard, who volunteered as a counsellor at this time, recalled that there was a definite divide between doctors, counsellors and volunteers:

I think people's sense of care then was different. Counselling was seen as quite different to practical care. And practical care was seen as very much a poor cousin, not really rated very highly. There was a real hierarchy in terms of care. Medical care was up on some kind of pedestal above all of that.³⁹⁵

³⁸⁸ *Health-e News* 2017, “‘Mr. AIDS’, Reuben Sher, dies”

³⁸⁹ Established in San Francisco in 1974 to provided psychosocial support and counseling to people with life-threatening illnesses and their loved ones, Shanti began providing its first AIDS specific services in 1981 and became solely an AIDS service organization in 1984.

³⁹⁰ National Aids Action Group – Report to the National Committee, Pietermaritzburg, 28/29 September 1985 - Triangle Project Collection (AM2974), GALA Queer Archive

³⁹¹ Oppenheimer & Bayer, “The Forgotten Epidemic”, 36

³⁹² *Ibid.*

³⁹³ *Gay View* Gasa Natal Newsletter (January 1985) – Gay Library Collection (AM2583), GALA Queer Archive

³⁹⁴ Meeting minutes of Gasa 6010 AAG, 17 July 1986 - Triangle Project Collection (AM2974), GALA Queer Archive

³⁹⁵ Interview between the author and Pierre Brouard and Rob Hamilton, 24 January 2023, Johannesburg

There are many examples of blurred lines between doctors and patients at this time. Usual practices and ethical guidelines of maintaining a personal and emotional distance from patients went out the window. Miller recalled: “We became involved in all aspects of the patients’ lives, their relationships, their homes, their financial situations. We would sit with people, we would do house calls, we would be there when the person took his last breath.”³⁹⁶

Medical professionals who cared for AIDS patients often developed strong personal relations with their patients, due to the intensity of caring for the very ill and dying, and the fact that often they were the only people who the patient had to talk to. Patients were often admitted to the hospital several times, sometimes for lengthy periods, before they passed away. This, of course, took its toll on the caregivers. Jordaan noted: “In some cases the patients become very (psychologically) dependent on the nursing staff, and these particular nurses need constant support and encouragement.”³⁹⁷ The July 1986 meeting minutes of the 6010 AAG noted that Lance Michell had arranged with John Pegge (as head of the Counselling Service) to talk to the nursing staff at Somerset on the “emotional aspects of counselling AIDS patients”.³⁹⁸

Infectious diseases nurse, Felicity Cope, volunteered for many of the care aspects that none of her colleagues at Somerset would, and spent a lot of time with AIDS patients at the hospital. She also assisted Knobel, the only Cape Town doctor willing to perform autopsies on those who died of AIDS in the early years. Cope recalled how difficult this was, as many of the cadavers were her former patients: “I’d got to know these guys and many of them were my friends [...] Often, I’d go home and cry my eyes out.”³⁹⁹ She further expressed that eventually the emotional toll became too heavy: “I got to a stage where I thought I actually have to get out of this, because everybody I work with dies. All my patients die.”⁴⁰⁰ Similarly, Miller reflected back on those difficult times: “parts of you are saying, but this person is dead, just not yet.”⁴⁰¹ Miller admits that they all reached points where they felt they couldn’t continue, but pushed through because there were so few of them doing this work, that they felt they could not stop.⁴⁰²

Counselling

³⁹⁶ Oppenheimer & Bayer, “The Forgotten Epidemic”, 38

³⁹⁷ Report: ‘AIDS: The Somerset Experience’, Estelle Jordaan, 1987 - Triangle Project Collection (AM2974), GALA Queer Archive

³⁹⁸ Meeting minutes of Gasas 6010 AAG, 17 July 1986 - Triangle Project Collection (AM2974), GALA Queer Archive

³⁹⁹ Oppenheimer & Bayer, “The Forgotten Epidemic”, 37

⁴⁰⁰ Ibid.

⁴⁰¹ Oppenheimer & Bayer, “The Forgotten Epidemic”, 38

⁴⁰² Oppenheimer & Bayer, “The Forgotten Epidemic”, 39

When dealing with counselling in those early, confusing, terrifying and deadly days of AIDS, lay counsellors and volunteers faced a daunting task. The two main gay counselling services, the Gay Advice Bureau (GAB) and 6010 Counselling, took on a leading role in therapeutic care during this time, as well as serving as an informal educational hotline and providing support services. Both GAB and 6010 Counselling advertised in *Exit* as well as the local press, which they reduced to monthly to control the volume of enquiries.⁴⁰³ In 1985 the *Star* as well as *Style* magazine allowed GAB to advertise their services for free on a monthly basis.⁴⁰⁴

Although both counselling services were established as general gay counselling services and served callers experiencing a range of problems relating to gay life and identity, AIDS became an increasing focus of both services from 1985 onwards. This can be tracked in the archival record, through meeting minutes, reports and counsellor training and resources, which expanded to include AIDS counselling.

AIDS-related counselling was aimed at PLWAs, the “worried well”, friends and families of gay men, as well as anyone else in the broader public requiring information, given the almost complete lack of services and information on AIDS available outside of gay organisations. A number of the volunteers came from counselling-related backgrounds, such as psychologists and social workers, though many did not.

GAB was a Johannesburg-based counselling service that ran from 1982 to 1998.⁴⁰⁵ After operating on an ad-hoc bases from late 1982, GAB trained its first two groups of counsellors in 1983 through the School of Social Work at Wits led by Dr Brian McKendrick and later Erika Eksteen.⁴⁰⁶ GAB opened officially in August 1983 and operated through a direct call-in service during specified hours every evening from 7pm to 10pm. An on-duty counsellor manned the phone line from the Gasa Rand office in Hillbrow, and later Berea.⁴⁰⁷ An answering machine took messages for call-backs outside of these hours, with a new phone and an answering machine installed by January 1984, made possible by a hefty contribution from Gasa Rand.⁴⁰⁸

Pierre Brouard, who began counselling at GAB in 1984, recalled:

I remember those three-hour slots stuck in some room in either Berea or Hillbrow. It was quite lonely actually, because often you were just by yourself... I remember

⁴⁰³ ‘6010 Counselling Service Report for the year ending 29 February 1984’. Triangle Project Collection (AM2974), GALA Queer Archive

⁴⁰⁴ GAB Annual Report for year ending 31 March 1986 – Gasa Collection (AM2975), GALA Queer Archive

⁴⁰⁵ GAB changed its name to Gay & Lesbian Counselling (GLC) in the early 1990s.

⁴⁰⁶ GAB Annual Report for year ending 31 March 1984 – Gasa Collection (AM2975), GALA Queer Archive

⁴⁰⁷ Although GAB shared an office space with Gasa Rand in the early years, and had a strong relationship with the organisation, they were an independent service.

⁴⁰⁸ GAB Meeting Minutes, 11 January 1984 - Gasa Collection (AM2975), GALA Queer

feeling very isolated in that experience. Just me and the telephone and nothing inside this little apartment [...]. And the actual work itself was quite lonely too, because telephonic counselling is quite hard to do.⁴⁰⁹

By March 1986 there were 23 trained, active counsellors at GAB, which was sufficient to maintain the nightly three-hour service “without overburdening the counsellors.”⁴¹⁰ Most of the support provided was through telephonic counselling, though some also wrote in requesting assistance, and later there was limited in-person counselling.

In Cape Town, the 6010 Counselling Service began operating on an ad-hoc basis from March 1983. As mentioned in Chapter 2, this was initially largely a referral service, but with the training of more counsellors the service became more active. Under the leadership of John Pegge, the counselling service began to formalise its operations from June, establishing a formal link with Lifeline Western Cape, who would both refer queries to 6010, and provided training material for 6010’s first 17 volunteers, which began in October 1983.⁴¹¹ 6010 Counselling began operating a 24-hour radio paging service in September 1983. Telephone counselling contact was made with 6010 Counselling via a 24-hour radio pager (“bleeper”) service⁴¹². The caller would leave their number and a counsellor would then return their call when they were on duty.

After 6010 moved into their own community centre in 1984, the counselling service was able to expand its services. From 1 October 1986 the Counselling Service began offering fixed hours at the community centre for in-person counselling, open on Tuesday evenings between 5pm and 9pm.⁴¹³ By the end of 1986 the 6010 Counselling Service had 29 volunteers.⁴¹⁴

In Chapter 3 the first cases in Cape Town, that of a young couple who worked for South African Airways, was discussed as it related to media reports and the spurring to action of Gasa 6010. Pegge recalls one of those men coming to see him as a counsellor in 1984, as more than a news story or statistic. The man had just been discharged from a provincial hospital where he had been treated for a rare type of pneumonia. He had been told that he had AIDS. Pegge recalls:

⁴⁰⁹ Interview between the author and Pierre Brouard and Rob Hamilton, 24 January 2023, Johannesburg

⁴¹⁰ ‘GAB Counselling Service 4th Annual Report for the year ending 31 March 1986’ – GAB/GLC Collection (AM2995), GALA Queer Archive

⁴¹¹ ‘6010 Counselling Service Report for the year ending 29 February 1984’ - Triangle Project Collection (AM2974), GALA Queer Archive

⁴¹² Former 6010 Counsellor Gordon Isaacs still has his bleeper. Interview between the author and Gordon Isaacs, Zoom (online), 17 January 2023

⁴¹³ 6010 Counselling Annual Report for year ending 31 March 1987 - Triangle Project Collection (AM2974), GALA Queer Archive

⁴¹⁴ 6010 Counselling Annual Report for year ending 31 March 1987 - Triangle Project Collection (AM2974), GALA Queer Archive

After ensuring confidentiality he broke down and started crying...This beautiful young man recounted the litany of horrors regarding the way that he and his lover had been treated... They were my first teachers, how it was to live with the virus and see friends flee, doctors take to space suits, and when the very last thing on your mind is sex, have healthcare professionals interrogate you about what you did in bed.⁴¹⁵

He died a few weeks later.

Shift to AIDS Counselling

Both GAB and 6010 kept statistics relating to broad categories of caller problem areas. Coming out, loneliness and relationship problems were the most common presenting problems for both services until early 1985. In 1984 GAB added “AIDS fears, enquiries” as a statistical category, constituting 7% of calls/letters received for the 12 month period ending March 1985.⁴¹⁶ A year later GAB reported that 11% of counselling calls related to AIDS, overall third after ‘meeting other gay people/gay life’ and ‘gay relationships’. The report also showed a marked (550%) increase in AIDS information calls. “This was expected and the counsellors reported positive feedback from the encounter with the public’s searching for answers.”⁴¹⁷ In the 1985/6 GAB annual report, AIDS led as the first sub-heading: ‘AIDS Counselling’: “AIDS has unfortunately reared its ugly head in our community and this has placed and will in the future place a far greater burden on our counselling service. To date we have counselled eight AIDS patients.”⁴¹⁸

By March 1987 GAB reported that counselling calls now numbered more than double information/referral calls, while a year earlier they were almost equal.⁴¹⁹ Unfortunately, the AIDS counselling numbers are missing for this year, though the number of calls relating to “AIDS fears and enquiries” stood at almost 14% of the total.⁴²⁰ For the same period, the 6010 Counselling report for March 1987 shows that the most common problems from callers remained largely the same, with the exception of those relating to AIDS. Similar to the pattern reported by GAB, 6010 Counselling noted a drop in calls relating to *information* about AIDS, despite an increase in other AIDS related calls (testing positive, living with AIDS etc.)⁴²¹ This shows that while there was greater awareness and understanding about AIDS, more people were actually testing HIV-POSITIVE and developing AIDS.

⁴¹⁵ Pegge, “Living with Loss”, 302-303

⁴¹⁶ GAB Annual Report for year ending 31 March 1985 – Gasa Collection (AM2975), GALA Queer Archive

⁴¹⁷ Ibid.

⁴¹⁸ Ibid.

⁴¹⁹ ‘GAB Counselling Service Statistics for the year ended 31 March 1987’ - GAB/GLC Collection, GALA Queer Archive. Note, this is just a copy of the previous year’s statistics with 1987 written in.

⁴²⁰ Ibid.

⁴²¹ 6010 Counselling Annual Report for year ending 31 March 1987 - Triangle Project Collection (AM2974), GALA Queer Archive

With the shift towards increased calls relating to AIDS information and counselling, both GAB and 6010 Counselling began to incorporate this into their counsellor training and resources. In late 1985 GAB produced a resource for its counsellors with general information about AIDS, referrals and how to handle AIDS calls and enquiries.⁴²² Counsellors in a sense had to become medical/AIDS experts. They were advised to: “Maintain current knowledge of new developments in AIDS research” and “attend AIDS Action Group meetings” in order to know as much as possible.⁴²³ With regards to PLWAs, the guide advised counsellors to “anticipate callers’ anxiety arising from fear of the unknown and guilt associated with personal homophobia and recrimination.”⁴²⁴ GAB also hosted two AIDS workshops (which included role-playing) with its counsellors, the first in May 1985, and then again in January 1986.⁴²⁵

In Cape Town, the 6010 AAG provided information and teaching sessions with the 6010 counsellors, in order to keep them up-to-date on developments relating to AIDS.⁴²⁶ AIDS information also constituted a large component of the 6010 Counselling Resource Register. GAB and 6010 and its counselling service kept a large amount of literature on AIDS and counselling more broadly, in the form of academic journals, pamphlets, magazines and newsletters from organisations abroad. Many of these resources survive and are found in the organisational collections of the GALA Queer Archive.⁴²⁷ This record exemplifies how much those in the counselling services tried to read and educate themselves about AIDS, as well as the continued flow of information from the north to South Africa. These resources would also have been shared and passed around. For example, the 6010 AAG meeting minutes from July 1986 note: “Lance referred to the following booklets from Shanti Organisation: ‘Family’s Guide to AIDS’, ‘Coping with AIDS’ and ‘AIDS Medical Guide’”. It was felt that limited copies of these books should be made available for distribution to interested parties.”⁴²⁸

In 1985 the 6010 Counselling Service also reprinted a pamphlet from the GMHC in New York titled ‘When a Friend has AIDS’ (Figure 9). The national AAG report from 1985 reported that: “6010’s reproduction of “When a friend has AIDS” has been most useful and has been distributed to Outreach, GAB counsellors and nursing staff.”⁴²⁹

⁴²² AIDS information for GAB Counsellors, c.1985 – GAB/GLC Collection (AM2995), GALA Queer Archive

⁴²³ Ibid.

⁴²⁴ Ibid.

⁴²⁵ ‘GAB Counselling Service 4th Annual Report for the year ending 31 March 1986’ – GAB/GLC Collection (AM2995), GALA Queer Archive

⁴²⁶ ‘Gasa 6010 Aids Action Group Report 1985/6’ - Triangle Project Collection (AM2974), GALA Queer Archive

⁴²⁷ Triangle Project Collection (AM2974): A1.3.3, GALA Queer Archive; GAB/GLC Collection (AM2995): 3.3

⁴²⁸ Meeting minutes of Gasa 6010 AAG, 17 July 1986 - Triangle Project Collection (AM2974), GALA Queer Archive

⁴²⁹ National Aids Action Group – Report to the National Committee, Pietermaritzburg, 28/29 September 1985 - Triangle Project Collection (AM2974), GALA Queer Archive

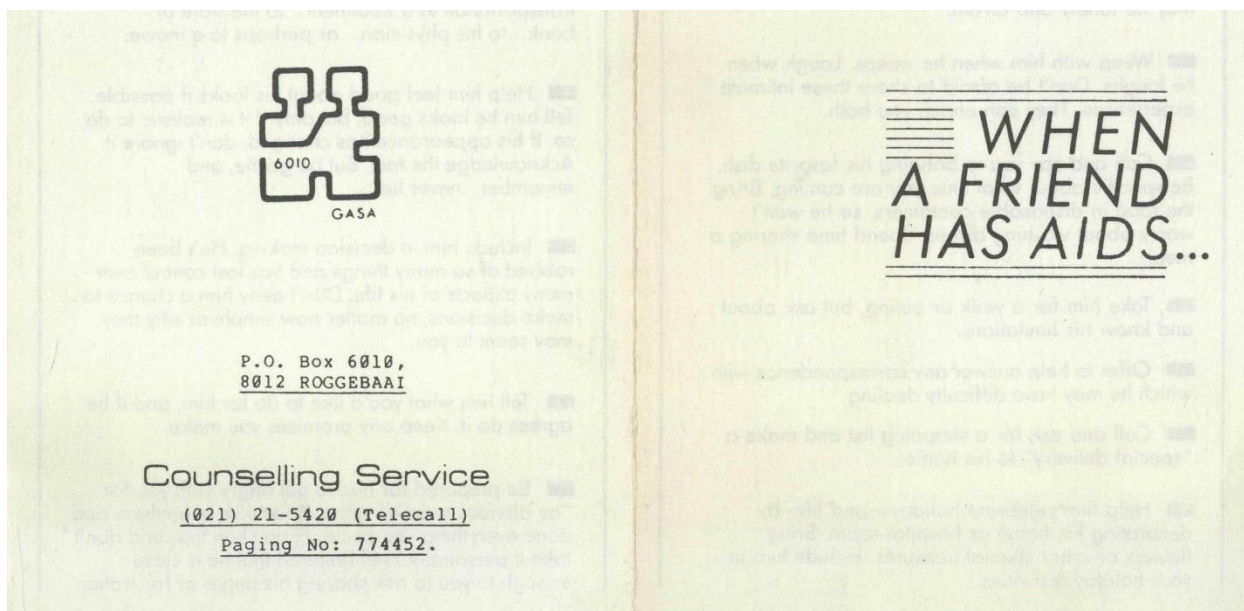


Figure 9: Front and back cover of the “When A Friend Has AIDS” pamphlet.⁴³⁰

Types of calls and callers

Although most who sought help were white, gay males, both 6010 and GAB’s service demographic did include those of various races and religions, as well as women. The GAB AIDS counselling resource document advised:

Note! Be aware not all callers requesting further information or services will be gay. The population that reaches out to this organisation may consist of persons of all races and various sexual preferences, including intravenous drug users and others, therefore all parties offering assistance must be in touch with the feelings/biases and myths with regards our population’s needs.⁴³¹

It is important to note that the services rendered by the AAG, GAB and 6010 counselling went beyond the “gay community”, also serving those who were even more alone in this than gay men, such as IV drug users and sex workers.⁴³²

⁴³⁰ Pamphlet: “When A Friend Has AIDS..” – Triangle Project Collection (AM2974), GALA Queer Archive

⁴³¹ AIDS information for GAB Counsellors, c.1985 – GAB/GLC Collection (AM2995), GALA Queer Archive

⁴³² More research into how AIDS impacted sex workers and IV drug users in those early years is needed.

FILE NO	DATE	SEX	AGE	LANGUAGE	WITS	% WITS	PAGE BEING	PHENOM	WASTE	
A1766	27/9	M	30	E	✓				✓	Loneliness
A1767	29/9	M	19	E		✓		✓		SEXUAL CONFESSION
A1768	29/9	M		A		✓		✓		SEXUAL - Loneliness
A1769	29/9	M		E	✓			✓		SEX INTRO
A1770	27/9	M	45	E	✓			✓		Realised hes & interested in men.
A1771	27/9	M	22	F	✓			✓		Coming Out.
E1772	27/9	M	22	F	✓			✓		Coming Out.
A1773	29/9	M	±30	E	✓			✓		"Coming Out" - marriage problems.
T1774	29/9	M	45	E	✓			✓		Depressed - why?
A1775	29/9	M	±20	E	✓			✓		Coming out - needs face to face talk.
C1776	29/9	M	45	E	✓			✓		Lonely, rejected.
A1777	30/9	M	30	E	✓			✓		Wanted info - but was a woman - Wants to meet others
A1778	30/9	M	±22	E	✓			✓		
D1779	1/10	M	54	E				✓		TRANSSEXUAL
J1780	1/10	M	16	E				✓		Coming out
D1781	2/10	M	Mid 30s	E	✓			✓		Sexual problem - regular caller
S1782	4/10	W	32	E	✓			✓		Straight woman who divorced a gay man
A1783	7/10	W	32	E	✓			✓		Lonely, isolated (from young gay men)
A1784	7/10	W	±43	E	✓			✓		Married gay, anxiety. (A1784)
R1785	7/10	W	20	E	✓	✓				Anxiety about new friend - first meeting.
J1786	7/10	W	±35	A	✓			✓		Lonely.
A1787	8/10	M	±35	E	✓					Married 45 years but thinks gay
A1788	8/10	M	24	E	✓					Married Fantasy re mutual masturbation
C1789	9/10	F	24	E	✓			✓		SEXUAL ORIENTATION
A1790	9/10	M	?	E				✓		Loneliness.
M1791	10/10	M	23	E	✓			✓		PRE TEST (HIV) COUNSELLING
M1792	10/10	M	21	E	✓			✓		RELATIONSHIP PROBLEMS.
M1793	12/10	F	±30	E	✓			✓		RELATIONSHIP PROBLEMS (After M1703)
D1794	12/10	F	±22	E	✓			✓		COMING OUT
A1795	12/10	M	18	E	✓			✓		" " / HIV ANXIETY
A1796	12/10	M	19	E	✓			✓		" " / HIV ANXIETY

Figure 7: Page from the GAB 1987 call logbook.⁴³³

In addition to the call logbook (Figure 7), GAB counsellors filled in a form for every call they received while on duty. A number of these are found in the GAB archive collection at GALA.⁴³⁴ The form included basic information such as the person's name (or pseudonym), area where they lived, age and gender. It did not ask for race, though this can sometimes be inferred from

⁴³³ Counselling call logbook, 1987 – GAB/GLC Collection (AM2995), GALA Queer Archive

⁴³⁴ No such records for the 1980s can be found for 6010 Counselling

the name, area (owing to the Apartheid Group Areas Act), or comments made in the counsellor's notes, showing that callers were not confined to white, gay men.

Most information fell under the sections for counsellor's notes and referrals. As noted in the statistics above, AIDS related calls did not dominate GAB, but they did increase in number, and some trends and themes can be picked up relating to AIDS-related calls in these notes/reports. A prominent theme throughout were enquiries relating to medical symptoms.

The lay counsellors often had to deal with calls (and a few letters) describing rather graphic and intimate physical symptoms, presentations and bodily fluids. Counsellors therefore needed a strong stomach as well as to be well-versed on the different symptoms of various STDs (in addition to AIDS). The counsellor notes reveal that most enquiries along these lines showed a lack of knowledge about STDs in general.⁴³⁵ A number of callers described symptoms unlikely to be HIV/AIDS, showing the fear that almost any medical symptom could elicit. The calls also reflected that even in 1986/7 there was widespread confusion and misunderstanding regarding transmission. For example, one caller in 1986 was concerned that he could get AIDS from touching his gay brother who was visiting from New York.⁴³⁶

Gordon Isaacs recalled that at the 6010 Counselling Service: "We also had the 'worried well'. So people who were getting a pimple on their face or who were having a bit of candida in their mouth were saying they've got AIDS and they're going to die."⁴³⁷ The GAB call reports also reveal that AIDS emerged as a theme in calls relating to "coming out." In the 1980s, the shadow of AIDS exacerbated existing fears related to both accepting one's own sexuality, and in disclosing this to others.

Relationships with other organisations and services

Both GAB and 6010 Counselling records reflect a close relationship between the two organisations, with frequent contact, sharing of training materials and resources, and referring calls to each other, depending on where the caller was based. In addition to this mutual cooperation, GAB and 6010 Counselling partnered with and referred callers to various other organisations. In Johannesburg, GAB worked with the 702 Crisis Clinic in Hilbrow, Outreach, and the Wits School of Social Work (for training); 6010 Counselling cooperated with the WPBTS, Life Line and Outreach in Cape Town.

⁴³⁵ Restricted communication files – 1983-1989 – GAB/GLC Collection (AM2995), GALA Queer Archive

⁴³⁶ Counselling call logbook, 1986 – GAB/GLC Collection (AM2995), GALA Queer Archive

⁴³⁷ Interview between the author and Gordon Isaacs, Zoom (online), 17 January 2023

In addition, counselling reports and meeting minutes mention cooperation with social and religious groups such as Togs and the GCC. These independent groups appeared to play a small role in supporting PLWAs, through fundraising (Togs) and providing spiritual support (GCC).

HIV Testing

As discussed in Chapter 3, blood transfusion services began using the newly developed HTLV III antibody test in 1984.⁴³⁸ The following year the test became available to the broader public, at a fee, and from January 1986 it was offered free of charge by the Department of Health to “high risk” individuals, including gay men.⁴³⁹ Testing had a profound impact on gay counselling services, which responded to the need.

The first significant need for post-test counselling emerged from the 1984 WPBTS research study (see Chapter 3). Test results began to come through in early 1985, leaving the service with the difficult question of how to inform participants of their status. The WPBTS called Gasas 6010 for a meeting in March 1985 to discuss the way forward, indicating the ongoing collaboration between the two organisations.⁴⁴⁰

Following two meetings on the topic, it was agreed that all HTLV III positive cases would be informed by the WPBTS via an in-person interview, preferably with a doctor present. Gasas 6010 provided guidance on the interview process and assisted in drafting the information letter that was given to all positive participants. The letter informed the person of the counselling services of Gasas 6010, but it was left up to them to make contact - Gasas 6010 did not receive the names of any of the positive cases from the WPBTS.

Issues of confidentiality and consent

In these early years there were significant issues around HIV testing confidentiality and consent, in South Africa as well as abroad. The September 1985 AAG national report includes the following account relating to the issue of confidentiality, even amongst its members:

There is unfortunately increasing evidence that the laboratory records of AIDS-related tests are not confidential to the extent of it being announced to a previous

⁴³⁸ HTLV III was renamed HIV in mid-1986

⁴³⁹ “HTLV III tests now free”, *Exit* Issue no. 6 (January 1986) – Exit Collection (AM2723), GALA Queer Archive

⁴⁴⁰ Gasas 6010 AAG report on the meeting with the WPBTS, 26 March 1985 – Triangle Project Collection (AM2974), GALA Queer Archive

National President of Gasa that a Regional Chairperson 'had AIDS' – at a cocktail party nogal!⁴⁴¹

The GAB call records reflect a high degree of concern about confidentiality by those enquiring about testing. One caller from Pretoria wanted information on where he could test outside of the city as he was worried about confidentiality. A call report from an anonymous 25-year-old caller illustrates an alarming instance of a doctor transgressing patient confidentiality. The call report noted that the caller was concerned that he still had swollen glands despite a negative HIV test, but also that: "His doctor phoned his mother to tell her that her son had been tested for AIDS!"⁴⁴²

GAB counsellor Rob Hamilton recalled: "Confidentiality was very, very poorly observed, precarious. And so if other people found out about it, there were consequences in terms of losing employment, and in terms of social stigma it was enormous."⁴⁴³ Sister Jordaan acknowledged breaches in confidentiality in her Somerset Hospital report, but seemed to think the leaks existed outside of the hospital system: "Despite our efforts to maintain confidentiality, word often reaches the employer via a vengeful lover or a colleague who has visited him in hospital."⁴⁴⁴

Not only did HIV test results often violate privacy, but there were numerous cases reported of patients being tested without their knowledge or permission. Former Constitutional Court Judge Edwin Cameron recalled his experience of this, being called by his doctor on a Friday afternoon in December 1986, to be informed he was HIV positive, and referring him to Sher at the SAIMR. His doctor, who Cameron described as "well-meaning", tested his blood for HIV while doing other routine bloodwork, without asking Cameron, or letting him know: "Uncounselled, unadvised and unsupported, I saw a grim future ahead. And indeed the ensuing years – years of fear, silence and inner shame – were hard."⁴⁴⁵ Cameron maintains that if he had initiated the test and undergone counselling, he would have dealt with the positive result much better in those early years, particularly sharing his status with his supportive family much sooner.⁴⁴⁶

⁴⁴¹ National Aids Action Group – Report to the National Committee, Pietermaritzburg, 28/29 September 1985 - Triangle Project Collection (AM2974), GALA Queer Archive.

Nogal is an Afrikaans slang/colloquial word meaning 'on top of' or 'in addition to'.

⁴⁴² Caller AN1275. 22/06/88. Call records GAB 1987/88. GAB/GLC Collection (AM2995), GALA Queer Archive

⁴⁴³ Interview between the author and Pierre Brouard and Rob Hamilton, 24 January 2023, Johannesburg

⁴⁴⁴ Report: AIDS: The Somerset Experience', Estelle Jordaan, 1987 - Triangle Project Collection (AM2974), GALA Queer Archive

⁴⁴⁵ Edwin Cameron. "Stigma, Human Rights, Testing and Treatment – Time for Action". Ruben Sher Memorial Lecture, 26 November 2009. *Southern African Journal of HIV Medicine*. (2010, 11:1) 6.

⁴⁴⁶ Oppenheimer & Bayer, "The Forgotten Epidemic", 29

Reluctance to test

It should be kept in mind that homosexual sex was still illegal in South Africa under the Immorality Act. The direct association in the minds of most South Africans between AIDS and homosexuality, as well as the fears around confidentiality and exposure, meant many were reluctant to get tested. Knobel identified this problem early on, highlighting it at the 2nd International Congress on Sexually Transmitted Diseases held in Johannesburg in 1985. Knobel maintained that to effectively treat and monitor those most at risk, at this stage homosexual men, they needed to feel free to test and receive treatment “with no fear of exposure and the theoretical possibility of prosecution.”⁴⁴⁷

Added to the issues of confidentiality and consent, and the fact that a positive status was tangentially linked to criminalised acts of homosexuality, was the associated stigma and universal psychological effects around testing for an often terminal disease. Sifris and others feared the psychological impact a positive result would have, that many would take it as a death sentence. This meant that many of those working in the field at the time did not advocate testing, or had mixed feelings on the subject. Sifris was quoted several times in *Exit* warning against the dangers of testing, and emphasising that an HIV test was not an AIDS test.⁴⁴⁸ This advice was in stark contrast to later AIDS activists who implored people to “Know Your Status.”

An article in the July 1985 issue of *Exit* quotes an unnamed representative of the AAG warning of the dangers of the HTLV III virus antibody test – stressing that a positive test result can cause undue stress and anxiety, while a negative test might lead a person to be careless about their sexual behavior going forward.⁴⁴⁹ In April 1987 Sifris was quoted in *Exit* as follows: “People should change their behavior without having to know whether they test positively or negatively”, while also stressing that gay men, as well as the broader public, needed to stay informed about AIDS.⁴⁵⁰

The 6010 AAG seemed to take a slightly more positive line towards testing, emphasising the importance of pre-and post-test counselling. Gordon Isaacs shed some light on the mood of the time, as he recalled it:

We [6010 Counselling] had a principal then that we would screen people not just for one session, but for at least six before we would say, yes, we will take your

⁴⁴⁷ Newspaper clipping, 1985: “AIDS: Medicolegal, ethical and counselling aspects”, Eksteen Scrapbook – Triangle Project Collection (AM2974), GALA Queer Archive

⁴⁴⁸ “HTLV III tests now free”, *Exit* issue no. 3 (January 1986) - Exit Collection (AM2723), GALA Queer Archive

⁴⁴⁹ “Mass testing no good for AIDS”, *Exit* Issue no. 1 (July 1985) - Exit Collection (AM2723), GALA Queer Archive

⁴⁵⁰ “Make sure of secrecy before test – Sifris”, *Exit* issue no.18 (April/May 1987) – Exit Collection (AM2723), GALA Queer Archive

blood. Because we were concerned about people having very bad reactions. We worried about suicide, we were worried about people selling up everything. Because they believed that they were going to die, because people were dying.

We would ask them first, if you test positive, who's the first person you can disclose to? And when the person says "no one", we would be very worried. Or if the person said that they wouldn't be able to disclose to their family because they were worried about being kicked out the house. So the responses from our clients informed us that we needed to go slowly before we screened.⁴⁵¹

By January 1986 6010 Counselling was concerned that not enough anti-body positive cases were using the service, telling the *Argus*: "We feel very strongly that people having the anti-body test should be adequately counselled first because of the devastating consequences of a positive result."⁴⁵²

Brouard, a former GAB counsellor, suggested that the reluctance on behalf of doctors like Sifris to advocate testing was largely based on mental health concerns:

I think, and I suspect this might be where Dennis [Sifris] was coming from, it was almost this hypothesis that if you knew you were positive, you got sick more quickly. You gave up. And I think there was some truth to that. But the way we were trained as counselors was very much that it's the client's decision. And as counsellors, we would never have said there's no point in testing.⁴⁵³

Looking back, Brouard sympathised with those who decided against testing:

I think when I talk about that period now, I would say that we understood that for some people there was no point, in their way of thinking, to test: "Because as long as I'm practicing safe sex and living a healthy life, what is knowing going to change from me?"⁴⁵⁴

⁴⁵¹ Interview between the author and Gordon Isaacs, Zoom (online), 17 January 2023

⁴⁵² "Aids in city – homosexuals 'not reassured'", *Argus*, 30 January 1986, Eksteen scrapbook – Triangle Project Collection (AM2974), GALA Queer Archive

⁴⁵³ Interview between the author and Pierre Brouard and Rob Hamilton, 24 January 2023, Johannesburg

⁴⁵⁴ Ibid.

Support Services

*Individually some of us will be brought close to the reality of long term suffering and death, and collectively we will all be faced with caring for and dealing with people who are lonely and perhaps deserted by those closest to them. This is the kind of true gay spirit which I see developing out of the AIDS crisis.*⁴⁵⁵

- Gasá Natal Chair, 1985

Volunteerism

Both GAB and the 6010 Counselling service serve as good examples of volunteer-based responses from the gay community that emerged during this time. There was a noted increase in offers to help from gay identifying men at this time, a need to serve their community in a time of strife. At times these offers of help, as will be shown, even exceeded demand.

Pegge reflected on this spirit of community in his 1986 Gasá 6010 Counselling Services report: "There is no distinction between the client needing assistance and the volunteer providing assistance, we are part of the same community and one is not superior to the other."⁴⁵⁶ He continued by noting that several people who contacted the service as clients had gone on to train and serve as counsellors themselves.

The GAB call reports also indicate a number of people who had called in, not because they needed help, but because they wanted to offer it. For example, the counsellor notes for Peter (30) read: "Wanted info on how to go and visit Aids patients in hospital. Felt the need to take some constructive action in helping Aids patients."⁴⁵⁷ Another caller was looking for information on how to safely care for a friend who was to come and stay with him when he got out of hospital.⁴⁵⁸ GAB also received calls from those who had tested HIV-POSITIVE themselves wanting to help. This shows that as time went on, PLWAs began to get involved in activism and care. For example, "Allan" called GAB in February 1987 to offer his support. Having tested HIV positive a year earlier, he had made healthy lifestyle changes and was living with his long-term partner. He had reached the stage where he felt he wanted to meet others like himself, and also to volunteer as a befriender, or even a counsellor.⁴⁵⁹

⁴⁵⁵ Mbali, "Without the luxury of time", 10

⁴⁵⁶ 6010 Counselling Annual Report for year ending 31 March 1987 - Triangle Project Collection (AM2974), GALA Queer Archive

⁴⁵⁷ Caller P1562. 15/03/88. Call records GAB 1987/8. GAB/GLC Collection (AM2995), GALA Queer Archive

⁴⁵⁸ Caller A791. 17/01/86. Call records GAB 1986-1987. GAB/GLC Collection (AM2995), GALA Queer Archive

⁴⁵⁹ Caller A1174. 09/02/87. Call records GAB 1986-1987. GAB/GLC Collection (AM2995), GALA Queer Archive. The term befriender will be discussed further on, though in short refers to volunteers who assist PWAs with daily tasks and companionship

The AIDS Service Group

Across the Atlantic, as cases rose in New York, there was an increased need for care. Whereas previously the GMHC's main service had been its information hotline, the need turned from information to include care. In historian Samuel Hallsor's words: "The establishment of the Buddy Programme marked the progression of the GMHC from remote to bedside provision of care."⁴⁶⁰ Similarly, the Terrence Higgins Trust (THT) in the UK, initially established to raise funds for research, changed course in 1983/4, "modifying its role to involve community based care."⁴⁶¹ The Buddy System, or Befrienders, involved volunteers taking on the responsibility for daily tasks that those in need were unable to carry out themselves – including transport, shopping, bringing medication, and cleaning the house. On a more emotionally taxing level, it also involved providing companionship in the form of home and hospital visits, as well as telephonic check-ins.

A similar trend, on a much smaller scale, followed in Cape Town.⁴⁶² The AIDS Service Group was initiated under the 6010 Counselling Service in mid-1985 under John Pegge, though soon taken over by David Freeman who ran the group for the next three years.⁴⁶³ Freeman reported:

When it became obvious that counselling the succession of persons with AIDS (PWAs) could in the near future place too great a burden on the available counsellors, the nucleus of an auxiliary Aids Service Group was formed.⁴⁶⁴

An article in the *Sunday Times* – "AIDS: The Plague Spreads" – provides unlikely insight into the befriender system in Cape Town. Under the sensational headline is the sub-heading "Friends rally to 'gays' plea for compassion."⁴⁶⁵ The article described a Cape Town couple who were weak and dying, afraid to die alone in hospital, and in response, "Friends are taking turns to do their shopping, cooking and other chores." The article went on to credit Gasa 6010 for this support: "It is understood that they have formed a committee which takes care of the couple's needs" and that the couple's plight "has prompted a fiercely protective loyalty among members

⁴⁶⁰ Samuel Hallsor, "A Comparison of the Early Responses to AIDS in the UK and the US". *Res Medica*. (2017, 24:1) 58.

⁴⁶¹ Hallsor, "A Comparison of the Early Responses to AIDS in the UK and the US", 58

⁴⁶² While the GAB archive records contain detailed notes on calls, the 6010 counselling records contain significant material on the support services they offered, indicating that they were more formalised than in Joburg. It should however be kept in mind that Joburg had a larger number of both HIV-POSITIVE cases and AIDS cases in the 1980s.

⁴⁶³ It should be noted that somewhat confusingly, the 6010 Counselling AIDS Service Group was initially called the AIDS Support Group, changing name in late 1985/early 1986. A later AIDS Support Group was started by 6010 Counselling in mid-1986 – which acted as a social support group for PLWAs and will be discussed further on.

⁴⁶⁴ 'AIDS Service Group', memo written by the AIDS Service Group Coordinatoir, David Freeman, 24 January 1986 – Triangle Project Collection (AM2974), GALA Queer Archive. Note that gay is once again placed in parenthesis.

⁴⁶⁵ Alan Duggan, 'AIDS: The Plague Spreads Two more face lingering death', *Sunday Times*, 17 February 1985 – Eksteen Scrapbook – Triangle Project Collection (AM2974), GALA Queer Archive

of the 'gay' community who have offered their help."⁴⁶⁶ The article also reports that: "Friends of the couple were emphatic that any clue to the victim's identity would prove disastrous."⁴⁶⁷

From late 1985 there were three established volunteer members of the Service Group.⁴⁶⁸ In February 1987 Freeman reported that three volunteers were still sufficient to meet the needs of the current PLWAs in Cape Town.⁴⁶⁹ The number of PLWAs in the City over this period (1985-1987) never reached the numbers that were initially feared. Furthermore, even among those, only a handful requested assistance from the Service Group. As with the counselling service, the Service Group maintained the practice of never initiating direct contact, rather waiting for the person in need to contact them (usually after being given the Service Group details by the Counselling Service).⁴⁷⁰ This was both to maintain confidentiality and to give those affected the private choice of whether they needed or wanted to seek outside assistance.

Freeman reported that between late 1985 and early 1987 (14 months) the group saw 6 patients with "full blown AIDS" (3 of whom died during this period), and 3 diagnosed with ARC.⁴⁷¹ The report further states: "Local newspapers have reported three further deaths from AIDS and once suicide of a person with ARC, over and above those mentioned above, and we have had no contact with these."⁴⁷² The work of the group over this period mainly involved hospital visits and telephonic check-ins. Home visits appeared to be less common, as a service most did not want or need.⁴⁷³

Despite numbers remaining relatively low, the emotional burden on the volunteers was still immense. The 1985 6010 AAG report stated: "Providing this kind of support is extremely demanding on both the time and the emotions of the counsellor."⁴⁷⁴ Similarly, the 1986 6010 Counselling Report noted that the "emotional toll on the Service Group is enormous."⁴⁷⁵

Befrienders and volunteers, like counsellors, had to make sure that they stayed up-to-date and informed about AIDS, and later HIV, particularly in relation to its associated illnesses and symptoms. For example, in 1987, Freeman wrote a brief on his observations of what he

⁴⁶⁶ Ibid.

⁴⁶⁷ Ibid.

⁴⁶⁸ Meeting minutes of Gasa 6010 AAG, 14 November 1985 - Triangle Project Collection (AM2974), GALA Queer Archive

⁴⁶⁹ 'AIDS Support Group Report for period December 1985 to February 1987', by David Freeman - Triangle Project Collection (AM2974), GALA Queer Archive

⁴⁷⁰ Ibid.

⁴⁷¹ Ibid.

⁴⁷² Ibid.

⁴⁷³ Ibid.

⁴⁷⁴ 'Gasa 6010 Aids Action Group Report 1985/6' - Triangle Project Collection (AM2974), GALA Queer Archive

⁴⁷⁵ 6010 Counselling Annual Report for year ending 31 March 1987 - Triangle Project Collection (AM2974), GALA Queer Archive

thought could be AIDS dementia in one of the patients that he visited, and he requested more information on this phenomenon in order to help his current and future patients.⁴⁷⁶

The Service Group's hospital visits and relationship with the Somerset nursing staff seemed to have the greatest impact. Nursing staff did most of the care work in hospitals, and spent the most time with patients, and it was with them that the 6010 volunteers interacted the most. The AAG also directed much of their educational efforts towards these nurses. The records reflect a mutual appreciation and admiration between the Somerset staff and the Service Group volunteers.

Sister Jordaan, according to her report, advised patients in varying stages of health to contact Gasas 6010 "who are a great support to these patients, both in hospital and in the community, and assist both homosexual and heterosexual individuals where required."⁴⁷⁷ The report further stated: "We are grateful to the Gasas volunteers for the vital role they play here – wherever they are involved in the support of the patient, our psychological burden is reduced enormously."⁴⁷⁸

Likewise, the Service Group expressed its gratitude to the nursing staff at Somerset:

The volunteer visitors have been immensely encouraged by the acceptance shown by the authorities, especially at Somerset Hospital. [...] While the disease remains incurable, the emphasis has to be on the care of patients through all the stages of the illness. The nursing staff have been making our volunteer visitors feel that they are making a welcome and positive contribution to the wellbeing of patients.⁴⁷⁹

And in January 1986 Freeman reported:

The most encouraging feature of our involvement with PWA's so far has been the friendly and supportive attitude of the doctors and staff at the Somerset Hospital. The ward sister has given me a copy of a BBC video tape on AIDS which her husband obtained overseas. The Doctor in charge of our PWA has been especially kind to our visitor and is keeping us informed of the progress of the patient and of changes in his condition, so that we can step up our moral support if the need arises.⁴⁸⁰

⁴⁷⁶ 'AIDS Dementia: Brain damage', David Freeman, 14 September 1987 - Triangle Project Collection (AM2974), GALA Queer Archive

⁴⁷⁷ "AIDS: The Somerset Experience", Estelle Jordaan, 1987 - Triangle Project Collection (AM2974), GALA Queer Archive

⁴⁷⁸ Ibid.

⁴⁷⁹ 'The Sixty-Ten Group in Cape Town', David Freeman (coordinator of the 6010 AIDS Service Group), 4 June 1987 - Triangle Project Collection (AM2974), GALA Queer Archive

⁴⁸⁰ AIDS Service Group', memo written by the AIDS Service Group Coordinator, David Freeman, 24 January 1986 – Triangle Project Collection (AM2974), GALA Queer Archive

Unlike the Service Group in Cape Town, which fell under Gasas 6010, initially as part of the counselling programme, in Johannesburg Befriender-type support services were more ad-hoc and decentralised, despite having a larger population of PLWAs than Cape Town in the 1980s. Brouard recalls that one of his fellow counsellor volunteers at GAB became ill with AIDS in 1985 and that some counsellors from GAB formed a support group around him, to assist with chores and visit him at home. Brouard remembers particularly helping to maintain his garden.⁴⁸¹ He recalls that although he was involved in a limited way in home visits to PLWAs at the time, they “really didn’t do very much.”⁴⁸² Fellow GAB counsellor, Rob Hamilton, never did any Befriender services during this time: “I can’t remember doing that in the GAB days. It was very limited. There wasn’t really the perception that it was really meaningful.”⁴⁸³

Outreach was another pre-existing group that assisted with care-giving. Outreach was an initiative started by Gasas Rand in mid-1983 “for friendship and lonely gays”, aimed largely at older gay men who were not comfortable with the gay social scene that centred on bars and clubs.⁴⁸⁴ Outreach groups formed by Gasas chapters in Cape Town, East London and Port Elizabeth followed.

From the start Outreach would visit lonely and sick members, both at home and in hospital, so it seemed natural for them to extend this to include visiting those with AIDS a few years later. In June 1984 the 6010 newsletter reported that: “Outreach will be assisting in support programmes for the future needs of PWAs. Again, volunteers are needed to help with chores like shopping, cooking meals, and helping with transportation.”⁴⁸⁵ The national AAG report in June 1985 stated: “Both Outreach volunteers and GAB Counsellors have risen admirably to the challenges facing them. The surviving PWA under our care in Johannesburg was married with children and had responded very positively to the support given him, as had his wife.”⁴⁸⁶

Support Groups

Like the Befriender system, support groups for PLWAs such as those started in the US, didn’t really take off in South Africa at this time due to the relatively low numbers of PLWAs concentrated in any given urban environment, though towards the later 1980s the need did increase. Despite the low numbers, individual PLWAs evidently sought this kind of group support. GAB counsellor call reports indicate a few of these requests. For example, a caller in

⁴⁸¹ Interview between the author and Pierre Brouard and Rob Hamilton, 24 January 2023, Johannesburg

⁴⁸² Ibid.

⁴⁸³ Ibid.

⁴⁸⁴ *Link/Skake!* Issue No.0205 (September 1983) - Exit Collection (AM2723), GALA Queer Archive

⁴⁸⁵ ‘Coping with the AIDS Crisis’ (undated report, c. January 1986) – Triangle Project Collection (AM2974) , GALA Queer Archive

⁴⁸⁶ National Aids Action Group – Report to the National Committee, Pietermaritzburg, 28/29 September 1985 - Triangle Project Collection (AM2974), GALA Queer Archive

May 1987 who had tested HIV positive some eight months prior called in looking for a support group for others with HIV. From the counselling notes it seems there was no such group active at the time.⁴⁸⁷ However, in notes from another call along similar lines a few months later, the counsellor noted that “I have given him the number for the Aids Positive Group.”⁴⁸⁸ Furthermore, Brouard recalled leading a support group for PLWAs at Sher’s clinic at the SAIMR in 1988 (though this falls outside of the time period under focus).⁴⁸⁹

The 6010 Counselling records indicate they had a support group was active before any in Johannesburg. In 1986 the 6010 Counselling Service added an HIV Positive Support team to its efforts. Support teams were designed to “provide shared experience and positive support” in particular areas - other support teams started by the counselling service included: “Parents of Gays, Wives of Gay Men, Gay Parents, and Married Gays.”⁴⁹⁰ In the October 1986 Gasa 6010 AAG meeting minutes it is noted there is a Support Group for Positives and that “John Pegge runs this very successful group of about eight people.”⁴⁹¹

Financial support

The March 1985 issue of the 6010 newsletter reported: “Material support for our two AIDS patients has been provided for by generous contributions – largely from non-members of Gasa-6010.”⁴⁹² The 6010 AAG reported in October 1986 that no PLWAs being assisted had thus far required financial assistance that year.⁴⁹³ Although a private fund was set up to care for the needs of PLWAs, there appeared never to be a great demand for money from this sector, neither in Johannesburg nor Cape Town, despite the AAG and Gasa fundraising in anticipation of such a need. It is difficult to know for certain why this was the case. Perhaps partly because cases were generally confined to the middle class, or perhaps because friends and family did step in to assist.

GAB itself was not able to offer financial support to callers, though many who called in were struggling financially, unemployed and even homeless (though this refers to callers in general and not specifically to PLWAs). However, the AAG did have funds available for PLWAs as is reflected by call logs noting a caller who had called in twice (and noted to be confirmed to have AIDS from Joburg Gen and the SAIMR) looking for financial assistance. It is noted that financial

⁴⁸⁷ Caller M252. 21/05/87. Call records GAB 1986-1987. GAB/GLC Collection (AM2995), GALA Queer Archive

⁴⁸⁸ Caller N1455. 30/10/87. Call records GAB 1986-1987. GAB/GLC Collection (AM2995), GALA Queer Archive

⁴⁸⁹ Interview between the author and Pierre Brouard and Rob Hamilton, 24 January 2023, Johannesburg

⁴⁹⁰ 6010 Counselling Annual Report for year ending 31 March 1987 - Triangle Project Collection (AM2974), GALA Queer Archive

⁴⁹¹ Meeting minutes of Gasa 6010 AAG, 14 October 1986 - Triangle Project Collection (AM2974), GALA Queer Archive

⁴⁹² “The AIDS Support Group” 6010 Newsletter (February/March 1985) – Gay Library Collection (AM2586), GALA Queer Archive

⁴⁹³ AIDS Support Group Report for period December 1985 to February 1987 by David Freeman - Triangle Project Collection (AM2974), GALA Queer Archive

assistance was arranged by the AAG through Dennis Sifris. The notes also show that the caller had received food and a small amount of money from the 702 Crisis Centre.⁴⁹⁴

The death of a Hillbrow bartender from AIDS in 1987 resulted in an impromptu show of community financial support. The deceased had worked at popular gay clubs Connections and Skyline and was well-known to many in the Johannesburg gay community, and patrons, staff and the owners of Connections rallied to donate money. An article about his death in *Exit* commended the way in which “gay groups and individuals pulled together to put together a decent funeral, and pay for it.”⁴⁹⁵

Pegge recounted a different kind of financial donation in *Defiant Desire*.⁴⁹⁶ He recalled being called to the hospital bedside of a man dying of AIDS, a man who had been abandoned by his family and friends when he fell ill.⁴⁹⁷ The man wanted Pegge to help him draft a will in which he wished to bequeath R10 000 to care for gay men with AIDS.⁴⁹⁸ Pegge made the arrangements with a lawyer five days before the man passed away.

Commemoration and grieving

As the pandemic wore on, and more lives were claimed, a new need emerged from the so-called gay community, that of collective grief and commemoration. The San Francisco AIDS Foundation held the first such event in May 1983 with a candlelight march through the streets of the Castro, with a simultaneous event held in New York City. In South Africa, the first attempt at a commemorative event was initiated by Sifris at the Shaft 8 fundraiser held at the Crown Mines Showgrounds on 2 March 1986. Inspired by similar vigils he had attended in San Francisco, Sifris remembered setting up a table and lighting candles for each person who had died of AIDS, which he recalled was 32 at the time: “...32 candles burning right through the night. It was my way of doing something to remember them.”⁴⁹⁹

In 1987 Gasas 6010 held the first International AIDS Candlelight Memorial (an annual international event that began with that 1983 march) in South Africa at their community centre.⁵⁰⁰ Pegge recalled:

On that occasion between thirty and forty men and women of goodwill watched a video and ended the evening lighting candles in memory of their friends who

⁴⁹⁴ Caller A861. 07/04/1986. Call records GAB 1986-1987. GAB/GLC Collection (AM2995), GALA Queer Archive

⁴⁹⁵ “Best and worst came out”, *Exit* issue no. 26 (December 1987/January 1988) – Exit Collection (AM2723), GALA Queer Archive

⁴⁹⁶ Pegge, “Living with Loss”, 303-304

⁴⁹⁷ Ibid.

⁴⁹⁸ In 1985 R10 000 was a significant amount of money, the equivalent of around R150 000 in 2023.

⁴⁹⁹ Tsampiras, “Sexuality Politics and AIDS in South Africa”, 239

⁵⁰⁰ The International AIDS Candlelight Memorial is an annual event that began with that 1983 march in San Francisco

had died. It was a lovely event, isolated from mainstream society and yet incredibly warm and fulfilling in that we were able not only to express our grief and our hope, but to support one another in love and compassion.⁵⁰¹

Concluding thoughts

In addition to the physical care of AIDS patients, which brought out the best and worst in medical staff, the need for counselling, companionship and day-to-day assistance brought to the fore the volunteer nature of community organising that had been lacking in South African gay organisations in their first years. Although the number of AIDS patients and PLWAs never reached the numbers initially feared in the mid-1980s in South Africa (though this would change in the 1990s), the dedicated doctors, nurses, psychologists, lay counsellors and volunteers who cared for those with AIDS at this time did so at enormous cost to their own mental, and even physical, wellbeing. Yet Brouard recalls that his time at GAB also gave him a sense of purpose in a time of fear, uncertainty and helplessness:

I definitely had a feeling that this was a good thing to be doing and that we were rallying around the gay community because nobody else was doing it. It was a very small and modest service but I do think it was an important thing to offer people, albeit a very limited intervention.⁵⁰²

While accounts from carers – medical and psychological – appear in the form of interviews, reports and written reflections, what is notably absent from the archival record is the voice of the patients themselves. Possibly, many of those who were hospitalised for AIDS and experienced counselling and in-person visits from volunteers, did not live long enough to record their memories. However, diaries, journals and personal letters that shed some light on how they were cared for almost certainly exist, although they have not yet found their way into the archival record.

⁵⁰¹ 'Address given at 8th International AIDS Candlelight Memorial and Mobilisation, St. George's Cathedral, Cape Town, 16:00, 19 May, 1991, by John V Pegge, Director of 6010 Counselling Service' – Edwin Cameron Collection (AM2629), GALA Queer Archive

⁵⁰² Interview between the author and Pierre Brouard and Rob Hamilton, 24 January 2023, Johannesburg

Epilogue

Moving on, left behind (1987/1988)

Introduction

The final chapter in this thesis explores how the approaches and responses to AIDS began to change in South Africa from 1987 onwards. Although 1987 by no means marked the end of the AIDS crisis for gay men, from this point on the government, medical field and press began to concentrate on the spread of AIDS to what was referred to as the heterosexual population, with an increased focus on migrant workers and low-income areas such as townships.

By 1987 the tide was turning and the government was no longer able to pretend that AIDS was only a risk to gays, drug addicts and sex workers. The shift in demographics of those affected led to increased government response, and finally initiating an AIDS awareness and education programme in 1988. Furthermore, the political landscape was changing fast in these dying years of apartheid. The National Party was in crisis, internally contending with ongoing States of Emergency to quell uprisings as well as an economic recession, while external pressure against apartheid from major powers around the world was mounting. This context had a profound effect on gay community organising.

This chapter highlights key ways in which 1987/1988 was a turning point in the history of both AIDS and gay activism in South Africa, covering the change in demographics of those affected, government response and shifts in gay organising. Lastly, the chapter will cover the continued impact of AIDS on gay communities and organisations in South Africa, and how they operated and responded in this changing landscape.

Turning Point: changing demographics

As long as HIV/AIDS in South Africa was striking white homosexual men the warning was simple – and the government could even afford not to warn the public at all. When it became clear that HIV/AIDS was increasing among white and black heterosexuals getting the warning messages across to all became much more urgent but also complicated.

- John Pegge, *Defiant Desire*⁵⁰³

⁵⁰³ Pegge, "Living with loss", 137

Up until 1987 AIDS and ARC in South Africa really were largely confined to white, gay men. Sher recalled that until 1987, all sexually transmitted cases of AIDS that he saw at his clinic where white gay men, many of whom were flight attendants.⁵⁰⁴ In addition, these cases were mostly found in the greater Johannesburg and Cape Town areas. Records show that Gasa branches in other provinces were readying themselves to deal with cases, but that the need never really materialised beyond one or two cases per region.

Keeping in mind the issues with official statistics outlined in Chapter 4, in 1987 the AGA reported 32 new documented AIDS cases, with 22 further deaths - almost half of the cumulative total of 76 cases and 51 deaths (between 1982 and January 1988).⁵⁰⁵ Although these numbers were lower than anticipated, they marked the start of the steep rise in numbers that was to come: by the end of 1988 there was a cumulative total of 166 reported AIDS cases, and by February 1990, 352 cases.⁵⁰⁶ Over 80% of these cases were via “homosexual and bisexual” transmission, with only a small number of cases amongst hemophiliacs and blood transfusion recipients, and only one reported case through IV drug use.⁵⁰⁷

Figures for HIV positive cases were even less reliable, but Sher reported that over the period 1983-1988 the SAIMR saw 677 “homosexual men with HIV-related conditions”, showing that many cases were not officially reported, or only reported once positive cases became very ill or died.⁵⁰⁸ What did begin to shift at this time, indicating what was to come, was the rise in HIV positive cases in groups beyond white, gay men. These cases were largely picked up through screening done by blood transfusion services. Anonymous testing for HIV by blood services in 1988 revealed that of the 710 000 donors tested, 244 were HIV-POSITIVE, 180 of these were from black donors (about 50-50 male/female) and only 56 from white donors (all but one male).⁵⁰⁹

An AGA press release from November 1987 stated: “Although no cases of AIDS have as yet been diagnosed in black South Africans, the health authorities are monitoring the situation closely as a number have been identified as carriers of the virus.”⁵¹⁰ A few weeks later the first local case of AIDS in a black South African was recorded in Natal with the death of a woman from AIDS related causes.⁵¹¹ Not only was the case significant because the victim was black and female, but also because she was only diagnosed at death. Racially divided health services resulted in a

⁵⁰⁴ Health E-News Contributor. “‘Mr AIDS’, Reuben Sher, dies”, Health E-News, 12 September 2007, <https://health-e.org.za/2007/09/12/mr-aids-reuben-sher-dies/> (accessed on 31 January 2022).

⁵⁰⁵ ‘AIDS Fact Sheet 2: AIDS Awareness Campaign Press Kit’, February 1988 – Triangle Project Collection (AM2974), GALA Queer Archive.

⁵⁰⁶ Ibid.

⁵⁰⁷ Zwi & Bachmayer, “HIV & AIDS in South Africa”, 317

⁵⁰⁸ Ruben Sher. “HIV Infection in South Africa, 1982-1988 – a review”. *SAMJ*. (1989, 76) 316.

⁵⁰⁹ Zwi & Bachmayer, “HIV and AIDS in South Africa”, 317-318

⁵¹⁰ Advisory Group on AIDS ‘News Release’ 02.11.87 – Triangle Project Collection (AM2974), GALA Queer Archive

⁵¹¹ Grundlingh, “HIV/AIDS in SA”, 67

lack of co-ordination, affecting epidemiological and statistical information.⁵¹² Furthermore, data for cases in the black population were likely to be “unreliable due to misdiagnosis, under-reporting and lack of access to health services generally.”⁵¹³ Sher noted the spike in cases in the local black population with concern, rising to 17 AIDS cases in 1988, a development he referred to as “alarming”.⁵¹⁴

Furthermore, cases had already been reported in the migrant labour population. The government was becoming concerned by the increase in cases in male migrant labour hostels. The first AIDS cases were reported in 1986 when 130 migrant labourers from Malawi working on the Rand gold mines tested HIV positive.⁵¹⁵ This flagged a problem for the South African government, which they attempted to deal with by proposing mandatory repatriation of all positive cases in foreign miners. Large-scale repatriation of HIV positive miners never happened, partly due to the intervention of the Chamber of Mines.⁵¹⁶

The spate of cases among migrant labourers was attributed to disruption of family life which resulted in casual sex (including with sex workers) and what was termed “situational homosexuality”, as had been observed in the South African mining compounds in the first half of the 20th century. These sexual acts between men in the hostels and compounds is not well understood as almost no data was collected at the time.⁵¹⁷

AIDS, Politics and Race

With the spread of HIV and AIDS beyond the confines of white, gay men, public fear increased, particularly as regards “catching AIDS” through casual contact, even though this had been ruled out medically several years prior. Before this, most people regarded AIDS as distant and confined to high-risk groups, not relevant to them.⁵¹⁸

As with almost all aspects of life in South Africa at the time, AIDS became increasingly racialised and politicised. As HIV and AIDS began manifesting in the “heterosexual” black population, prejudices in the media and white population turned from homophobic to racist. In Gevisser’s words: “Mediaspeak immediately transformed The Gay Plague into The Black Death.”⁵¹⁹ By

⁵¹² Zwi & Bachmeyer, “HIV and AIDS in South Africa”, 319

⁵¹³ Zwi & Bachmeyer, “HIV and AIDS in South Africa”, 317

⁵¹⁴ Sher, “HIV infection in South Africa 1982-1988 – a review”, 314

⁵¹⁵ Philips, “AIDS in South Africa’s Epidemic History”, 13

⁵¹⁶ Grundlingh, “Government Responses to HIV/AIDS”, 134

⁵¹⁷ Zwi and Bachmayer, “HIV and AIDS in South Africa”, 319

⁵¹⁸ Grundlingh, “HIV/AIDS in SA”, 67

⁵¹⁹ Gevisser, “A Different Fight for Freedom”, 59

1990, the Director of Highveld Blood Transfusion declared they would no longer accept blood from “African or Coloured donors” as “they were likely to be HIV positive.”⁵²⁰

Furthermore, the National Party used AIDS in their campaign of instilling fear of majority rule in white South Africans. As Hodes notes:

Among white South Africans, fears about a deadly, casual contagion stoked a wider panic about the prospects of losing the political power conferred by apartheid. The AIDS epidemic tapped into more fundamental fears about the loss of control associated with the coming of democracy.⁵²¹

At an NP election rally in March 1987 Foreign Affairs Minister Pik Botha stated that he was concerned about AIDS coming into the country via “terrorists” living in “camps” in neighboring countries and entering South Africa: “They carry something far more dangerous than hand grenades and bombs.”⁵²² Along similar lines, in the late 1980s pamphlets from an “anonymous right-wing group” appeared around Johannesburg pointing to MK (uMkhonto we Sizwe - the armed wing of the banned ANC) training camps as a breeding ground for AIDS (see figure 8).⁵²³ According to Zwi & Bachmayer, using the threat of AIDS as political fear-mongering was counterproductive and only resulted in the public being generally suspicious of all HIV and AIDS campaigns.⁵²⁴

There was also the continued government denial that either MSM practices or gay identity existed in the black population. Epprecht reflects: “African interventions almost never spoke frankly about or even conceded the possibility of African MSM. On the contrary, national AIDS campaigns focused virtually exclusively on reducing high-risk heterosexual contacts.”⁵²⁵ Epprecht argues that even discounting non-disclosing homosexuals and bisexuals, the silence around MSM and AIDS in Africa was still surprising, given the high population of incarcerated men, men living in hostels, as well as boys and men living on the street (often leading to paid sex work).⁵²⁶

⁵²⁰ Philips, “AIDS in South Africa’s Epidemic History”, 15

⁵²¹ Hodes, “HIV/AIDS in South Africa”, 2018

⁵²² “Pik under fire from gays”, *Exit* issue no.18 (April/May 1987) – Exit Collection (AM2723), GALA Queer Archive

⁵²³ Zwi & Bachmayer, “HIV and AIDS in South Africa”, 319

⁵²⁴ Zwi & Bachmayer, “HIV and AIDS in South Africa”, 319

⁵²⁵ Epprecht, “Slim Disease and the Science of Silence”, 188

⁵²⁶ Epprecht, “Slim Disease and the Science of Silence”, 177

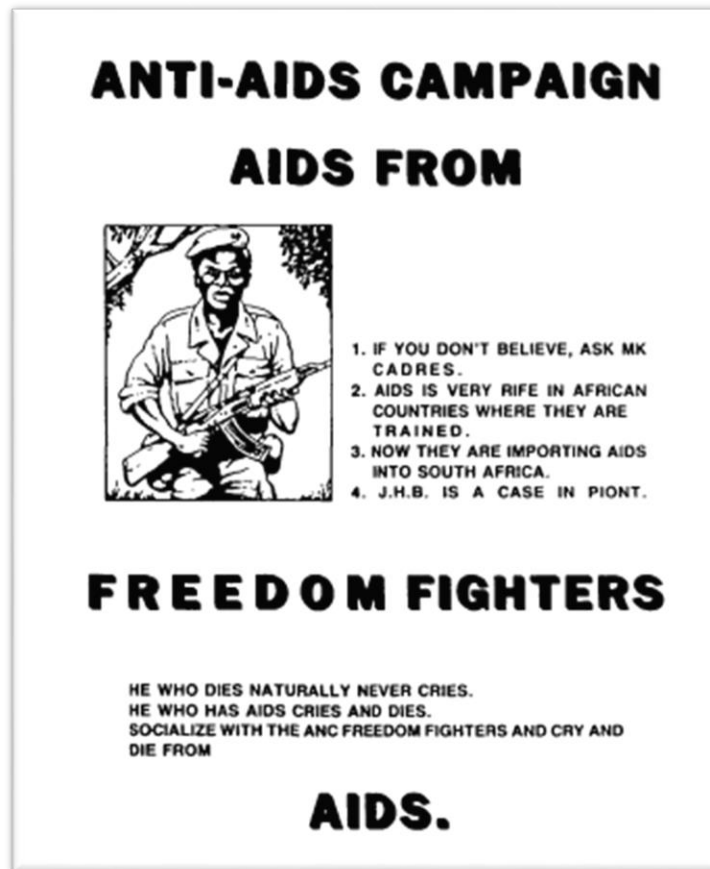


Figure 8.

Turning point: Government responses to AIDS

With changing circumstances forcing the government to take action, it is not surprising then that this action manifested the political, moral and racial ideologies of the ruling party at this time. The government proposed various extreme measures in the late 1980s, as HIV spread beyond the gay population. Most were not carried through, but proposals included maintaining a register of all infected individuals, quarantining positive cases, and deporting all foreign miners testing HIV positive.⁵²⁷ In 1987 the Department of Health and Population added AIDS (but not HIV) to its list of communicable diseases, and in 1988 the South African government added infection with AIDS and HIV as a reason to refuse entry to the country.⁵²⁸ However, according to Zwi and Bachmayer (writing in 1990), the proposed testing of all immigrants and quarantining of those infected had been proposed by government, but not pursued, and the compulsory notification of AIDS was not generally practiced.⁵²⁹

⁵²⁷ Zwi and Bachmayer, "HIV and AIDS in South Africa", 321

⁵²⁸ Hodes, "HIV/AIDS in South Africa", 2018. Similar restrictions were put in place in the US in 1987, only lifted in 2010.

⁵²⁹ Zwi and Bachmayer, "HIV and AIDS in South Africa", 321

Government action plan

In January 1987 the South African government finally announced that it was embarking on an AIDS action plan that included surveillance of the virus, testing for antibodies, identification of high-risk groups, provision of healthcare and counselling services, and perhaps most crucially, a public education and awareness campaign.⁵³⁰ The cover of the January 1987 issue of *Exit* included an article titled “About time, says Gasa”, in response to the Department of Health’s announcement of a “high priority strategic plan to deal with Aids in South Africa.”⁵³¹ In the article, Minister of Health and Population, Willie Van Niekerk, conceded that despite the low numbers, “the disease certainly has the potential to become a major problem.”⁵³²

The *Exit* article reflects both the relief and frustration of the gay community in response to the proposed plan:

It has taken two years for the Department of Health to do something positive. It is almost two years since the AIDS Action Group approached them for support and finance. Even so they have failed to acknowledge the AAG who have already implemented many of the proposed initiatives.⁵³³

Those who had been working in the field of AIDS awareness and education felt excluded once again. Kevan Botha (of Gasa) lamented: “During the two years that the Department of Health has been procrastinating over issuing its pamphlet, the AAG has already issued five major pamphlets.”⁵³⁴

The AIDS information pamphlet produced by the AGA and the Department of Health in January 1987 was criticised by Gasa, not only for how long it took to come about, but also its contents. Gasa and the AAG objected that the pamphlet was too vague, especially in relation to safe-sex practices.⁵³⁵ An unnamed Gasa spokesperson asserted in *Exit*: “Without more explicit facts about safe sex and who is at risk, the booklet is of no real use.”⁵³⁶ In addition, the pamphlet recommended that high-risk individuals get tested without any mention of pre-and post-test counselling. The pamphlet was also criticised for being difficult to access, outdated and containing inaccuracies, and was eventually retracted.⁵³⁷ Sher, as a member of the AGA, defended the pamphlet, arguing that the information was compiled a year earlier, and with the

⁵³⁰ “About time, says Gasa”, *Exit* issue no.16 (January 1987) – Exit Collection (AM2723), GALA Queer Archive

⁵³¹ *Ibid.*

⁵³² *Ibid.*

⁵³³ *Ibid.*

⁵³⁴ *Ibid.*

⁵³⁵ “Government’s Aids pamphlet condemned”, *Exit* issue no.16 (January 1987) – Exit Collection (AM2723), GALA Queer Archive

⁵³⁶ *Ibid.*

⁵³⁷ *Ibid.*

fast-changing information on AIDS, it might be slightly dated, but that they (the AGA) had to “start somewhere” in educating the public.⁵³⁸

Education campaign

Although the government plan was announced in 1987, it was only officially launched in January 1988, again showing the slow pace of action.⁵³⁹ A large component of the action plan was the AIDS awareness and education programme. The AGA reconstituted in 1988, with a somewhat more scientific and less moralistic approach, recommending that the focus of public education should be on the nature of transmission, not the group, and that “this should be done in a way that offers no comment on the sanctioning or otherwise of homosexual activity.”⁵⁴⁰

In his June 1987 *SAMJ* article, Wits Professor of Virology Barry Schoub tried to emphasise the importance of working with high-risk groups to create effective awareness campaigns.⁵⁴¹ However, the government clearly did not heed Schoub’s recommendation to work with, and for, “relevant special interest groups.” The AAG and representatives from other affected groups were excluded by government in all HIV and AIDS planning and campaigns over the 1987-1988 period.

At a press conference on 19 January 1988 Van Niekerk finally announced South Africa’s national, public AIDS awareness and education initiative.⁵⁴² According to the campaign launch material: “The campaign consists of an intensive information programme which addresses this sensitive issue in a sympathetic and factually correct way.”⁵⁴³ The million Rand campaign largely used advertising to convey messaging through newspapers, magazines, television and radio, as well as the distribution of posters, and was aimed at reaching the broader (segregated) public, as well as health workers. The objectives of the advertising campaign are listed as creating awareness, indicating the causes of AIDS and promoting prevention.⁵⁴⁴

Like any policy or programme undertaken by the National Party, the AIDS education campaign of the late 1980s was racially divided. The campaign press pack gives some background on its development, indicating that education and awareness materials from other countries were

⁵³⁸ Ibid.

⁵³⁹ Advisory Group on AIDS (AGA). “Strategic plan for the containment of AIDS in South Africa”. *SAMJ* (1988, 73) 495.

⁵⁴⁰ Grundlingh, “Government Responses to HIV/AIDS”, 150

⁵⁴¹ BD Schoub. “AIDS in South Africa – a time for action”. *SAMJ* (1987, 71) 678.

⁵⁴² ‘AIDS Awareness Campaign Press Kit’, February 1988 – Triangle Project Collection (AM2974), GALA Queer Archive

⁵⁴³ Ibid.

⁵⁴⁴ ‘Background: The Information Campaign on AIDS: AIDS Awareness Campaign Press Kit’, February 1988 – Triangle Project Collection (AM2974), GALA Queer Archive

consulted for reference, and then supposedly adapted to the South African context: “In the light of the heterogeneous composition of our population the South African campaign is unique and was specially developed to ensure that the communication reaches its targets.”⁵⁴⁵ This is essentially National Party coding for a racially segregated campaign. The campaign information pack outlined clearly the use of different mediums to reach different race groups, with radio as the main medium targeting the “black market”, and television for the “white market.”⁵⁴⁶ The press kit further stated that research and target group testing was done in 1987 “in both markets”, including attitudes and opinions on AIDS, campaign concepts and condoms, and that these findings were incorporated into the campaign.⁵⁴⁷ It concluded: “The same campaign message is used for both the White and Black markets, with the appropriately correct and creative approach to each market to ensure credibility throughout.”⁵⁴⁸

The media campaign aimed at whites took a much softer approach; it warned against “sleeping around” and was criticized for not conveying enough information, while the adverts aimed at the black population were hard-hitting and fear-inducing. But, as Zwi and Bachmayer point out, neither campaign was directed at homosexuals.⁵⁴⁹ The first government sponsored AIDS awareness advert appeared in newspapers in late January 1988, illustrated with a heart carved into a tree with “Kevin L Jane” engraved in the centre. The caption read: “Read next week’s *Sunday Times* or the writing could be on the wall.”⁵⁵⁰ The messaging was directed at white heterosexuals, conforming to the government’s campaign to discourage promiscuity and encourage monogamy.

By comparison, the adverts directed at the black population were designed to cause fear and dread (not unlike the first pamphlet on AIDS distributed by Gasa in 1983, discussed in chapter 2). The campaign imagery used for adverts aimed at black South Africans included coffins and funerals, compared to the graffiti heart used in the “white” adverts.⁵⁵¹ As World Health Organisation (WHO) consultant Renee Sabutier pointed out in 1988, advertisement campaigns using fear tactics are often counter-productive, leading to denial and blame, rather than positive behavioural and attitudinal changes: “The messages one should focus on are those that try to make sex safer for people, not those that try to stop people having the type of sex they prefer.”⁵⁵²

⁵⁴⁵ Ibid.

⁵⁴⁶ Ibid.

⁵⁴⁷ Ibid.

⁵⁴⁸ Ibid.

⁵⁴⁹ Zwi and Bachmayer, “HIV and AIDS in South Africa”, 321

⁵⁵⁰ AIDS Awareness Campaign Press Kit, February 1988 – Triangle Project Collection (AM2974), GALA Queer Archive

⁵⁵¹ Zwi and Bachmayer, “HIV and AIDS in South Africa”, 321

⁵⁵² ‘AIDS in South Africa: the socio-political dimension’, report back on UCT lecture by Renee Sabutier (WHO consultant), 1 November 1988 – Triangle Project Collection (AM2974), GALA Queer Archive

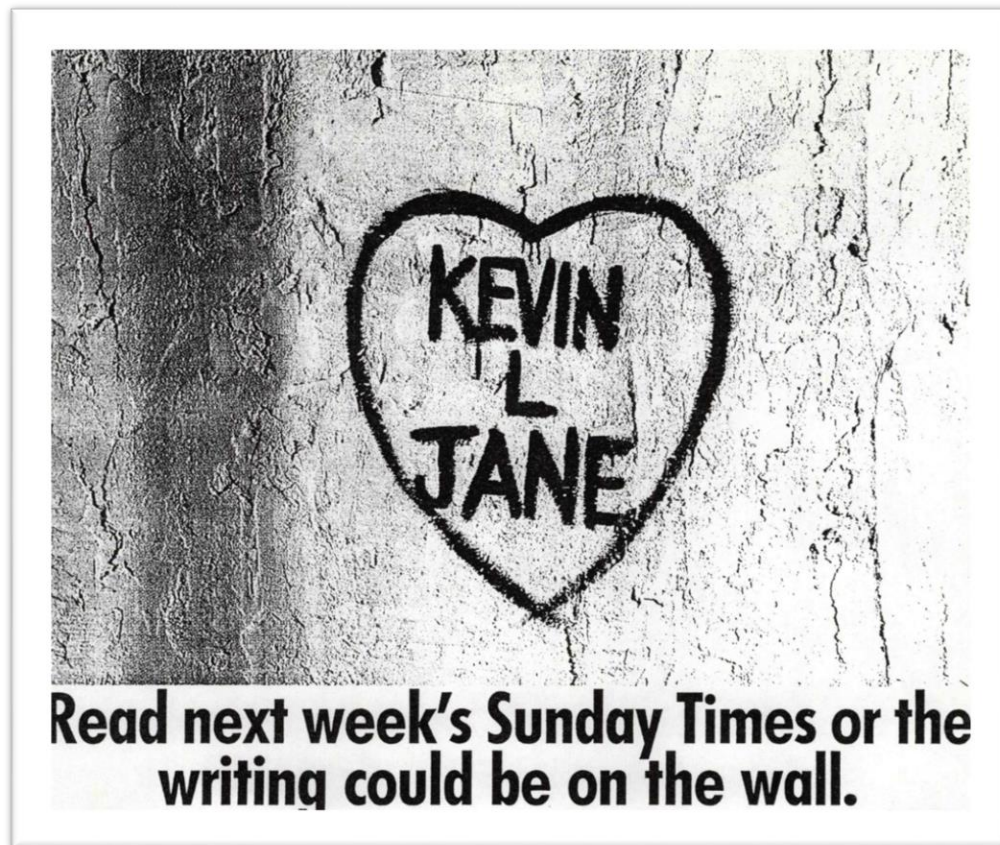


Figure 9: First advert from the government's AIDS awareness campaign, January 1988

Research done on the effectiveness of the 1988 government campaign “showed that most white people still saw AIDS as a disease from Africa, while most Africans still saw it as a disease from the USA”, and therefore most did not see any reason to modify their behaviour.⁵⁵³

The issue of condoms

In the US and UK promoting condom use was a major part of AIDS prevention and safe-sex campaigns by many gay organisations from early on, and increasingly by government health authorities from 1986 onwards.⁵⁵⁴ In conservative 1980s South Africa, messaging around safe sex and condom use was difficult to get across.

Although the Department of Health did appear to take on the recommendation to stop focusing on high-risk groups, and instead on high-risk behavior, they did not seem able to remove the

⁵⁵³ Zwi and Bachmayer, “HIV and AIDS in South Africa”, 321

⁵⁵⁴ “Condoms best to block Aids virus”, *Exit* issue no.18 (April/May 1987) – Exit Collection (AM2723), GALA Queer Archive

moralising aspect to their campaign. Their public education programme placed a great emphasis on monogamy and/or celibacy rather than condom use. In 1987 Dr Coen Slabber, Director General of the Department of Health, stated: "Homosexuality is not accepted by the majority of the population and certainly not the Afrikaans speaking population. To advocate that homosexuals use condoms is therefore very difficult."⁵⁵⁵ In April 1987 *Exit* reported the first AIDS-related death had occurred in a South African prison.⁵⁵⁶ Despite this, the government refused to distribute condoms in prisons, as this would be seen as "condoning homosexuality".⁵⁵⁷ Even Sher preferred to advocate for moral behaviour changes above condom use. In 1989, Sher wrote of the importance of education in forestalling a "potential biological holocaust", maintaining that monogamy was the "cornerstone" of safer sex practices, and "where this cannot be achieved the condom must not be forgotten."⁵⁵⁸

The constrictive political and legal position of gay men in South Africa made it difficult even for gay AIDS organisations to promote condom use amongst their communities, facing resistance and obstacles both internally and externally. The idea of producing safe-sex pins to sell and wear was raised at a 6010 AAG meeting in June 1987, following a trend that had been noted in the US. The concept involved wearing a pin with a pink ribbon inside a triangle to show that the wearer practiced safe-sex. The idea was ultimately rejected by the committee, as members felt that South African gay men were not ready to display their sexuality so publically.⁵⁵⁹

A December 1987 *Exit* article lamented the struggle to promote safe sex in such a restrictive environment:

Overseas there are campaigns to eroticise condoms as part of safe sex. [...] In South Africa the attitude tends to be conservative. The media are reluctant to place advertisements for condoms. Recently keyrings with condoms and slogans such as 'Help Stamp out AIDS' have been banned, as well as condom containers that show bare breasts.⁵⁶⁰

As in other parts of the world, religion and culture played a role in attitudes to condom use. Schoub advised that authorities should keep this in mind when formulating South Africa's AIDS education campaign:

⁵⁵⁵ Zwi and Bachmayer, "HIV and AIDS in South Africa", 321

⁵⁵⁶ Although the race of the person was not specified, it is presumed that they were either white, or a foreign national, because at this time the AGA were still reporting no AIDS cases in the local black population.

⁵⁵⁷ "No condoms for convicts", *Exit* (April/May 1987) – Exit Collection (AM2723), GALA Queer Archive

⁵⁵⁸ Sher, "HIV infection in South Africa 1982-1988 – a review", 317

⁵⁵⁹ Meeting minutes of Gasa 6010 AAG, 30 June 1987 - Triangle Project Collection (AM2974), GALA Queer Archive

⁵⁶⁰ "Misinformation is alarming, press told", *Exit* issue no 26. (December 1987/January 1988) – Exit Collection (AM2723), GALA Queer Archive

AIDS educators need to be aware how strongly intimate behaviour is rooted in culture; an especially sensitive aspect of education is the promotion of condom usage, particularly in societies where children are prized and strong religious and cultural objections to condom usage exist.⁵⁶¹

Furthermore, condoms had become embroiled in the racialised political conflict of the time. Black South Africans were often suspicious of apartheid family planning services, “seen as a politically motivated population control strategy.”⁵⁶²

A survey conducted in 1987 on attitudes towards AIDS included 1000 white and 1300 black respondents.⁵⁶³ The survey found that most respondents had heard of the “disease”, and concluded that “certainly the message that this could be a major problem is getting across.” However, only 4% of white respondents felt the need to change their sexual behaviour, compared to 33% of black respondents. Condom use was considerably less favoured among black respondents as a means to avoiding AIDS compared to white respondents. Both groups placed “avoidance of homosexuals” in third place!⁵⁶⁴

Other public education and awareness initiatives

In January 1988 the Department of Health and Population, together with the Chamber of Mines, established the AIDS Training, Information and Counselling Centre (ATICC) at the SAIMR in Johannesburg, with branches in other urban centres following.⁵⁶⁵ The centres provided information, testing and counselling services, though were also criticised for their limited public reach, being concentrated in metropolitan areas.⁵⁶⁶ According to Sher, the reach was achieved through a train-the-trainer scheme: “Its [ATICC’s] purpose is to educate and train a ‘cadre of trainers’, who will go out and educate others and so amplify the education system.”⁵⁶⁷

The first locally written and published book on AIDS came out in 1987. Written by Frank Spracklen and Vincent Leroux, *Avoiding AIDS: What every South African man and woman should know about preventing infection*, was notably aimed at the broader public, beyond gay men.⁵⁶⁸ *Avoiding AIDS* was sold in bookstores nationwide, in contrast to the free pamphlets distributed by the AAG. Spracklen and Leroux took a pragmatic approach in their book: “The authors

⁵⁶¹ Schoub, “AIDS in South Africa – a time for action”, 678

⁵⁶² Zwi & Bachmayer, “HIV and AIDS in South Africa”, 319

⁵⁶³ Markinor AIDS survey press release, 22 January 1988 – Triangle Project Collection (AM2974), GALA Queer Archive

⁵⁶⁴ Ibid.

⁵⁶⁵ Tsampiras, “Sexuality Politics and AIDS in South Africa”, 235

⁵⁶⁶ Hodes, “HIV/AIDS in South Africa”, 2018

⁵⁶⁷ Sher, “HIV infection in South Africa, 1982-1988 – a review”, 317

⁵⁶⁸ “Book on Aids not just for profits”, *Exit* issue no.19 (May/June 1987) – Exit Collection (AM2723), GALA Queer Archive

believe that in a book of this nature it is necessary to be as explicit and unambiguous as possible.”⁵⁶⁹

Other governments

As in South Africa, the US government only really began to take action when the virus moved further into the “heterosexual”, (to many, “innocent”) population in the mid-1980s. And again like South Africa, when the Reagan administration did finally launch a public education campaign it left out the gay community, and in fact advocated “abstinence from homosexual activities.”⁵⁷⁰ For the US too, the year 1987 marked a turning point in responses to AIDS. It was in this year that the CDC launched its first public service announcement about AIDS, the year that Reagan finally spoke about AIDS in a public speech, the year that the FDA approved AZT, and the year the US government introduced HIV tests for immigration screening.⁵⁷¹ It was also the year that activism shifted in the US, when frustrations and anger over government inaction led activists in New York to launch the AIDS Coalition To Unleash Power (ACT UP).⁵⁷² ACT UP used non-violent direct action to agitate for government intervention in the crisis.

Across the Atlantic, in 1987 the UK launched its national health AIDS education programme. Although it too was criticised for relying on fear tactics and death imagery, the UK government advisory did include and consult with gay practitioners and AIDS organisations like the Terrence Higgins Trust. This was also the year that Princess Diana famously opened the Broderip AIDS Ward at Middlesex Hospital in London, making headlines for shaking hands with patients there.

Turning point: SA politics & Queer activism

From the late 1980s South Africa experienced increasing political change and this was reflected in gay and lesbian activism and organising in the country. The collapse of Gasa in 1987 paved the way for more radical, political and inclusive gay and lesbian organisations, including black led groups such as the Rand Gay Organisation and the Gay & Lesbian Organisation of the Witwatersrand (GLOW). As Tsampiras succinctly puts it: “AIDS may have created spaces for collaboration and co-operation, but these spaces were not necessarily all-inclusive or self-reflexive.”⁵⁷³

⁵⁶⁹ Leroux & Spracklen, *Avoiding AIDS: What every South African man and woman should know about preventing infection*, (Cape Town: Anubis Press, 1987), title page.

⁵⁷⁰ Hallor, “A Comparison of the Early Responses to AIDS in the UK and the US”, 61

⁵⁷¹ HIV.gov editors, “A Timeline of HIV and AIDS”

⁵⁷² Hallor, “A Comparison of the Early Responses to AIDS in the UK and the US”, 61

⁵⁷³ Tsampiras, “Sexuality Politics and AIDS in South Africa”, 240

The Pink Vote

The ideological divisions within Gasa and the broader white, gay community came to a head in 1987. Widespread disregard for the fight against apartheid was made evident when a large portion of white gay voters openly supported National Party candidates who agreed to publically support gay rights in the 1987 whites-only parliamentary election campaign. In Tobia's words: "In many senses, the open embrace of pro-apartheid politicians by a significant number of GASA members rang the death-knell for the organisation", while Gevisser maintains that the elections "proved to be a watershed for South African gay politics."^{574, 575}

While the ANC and other anti-apartheid activists were calling for an election boycott, *Exit* (under the editorship of David Moolman) was actively campaigning their readership to "vote gay."⁵⁷⁶ *Exit* began their front page coverage of their political campaign to get politicians to court the gay vote in January 1987, announcing that *Exit* would be asking all major political party candidates what their stance was on gay rights, and covering this over the next months.⁵⁷⁷ A key constituency in the campaign was the increasingly racially mixed suburb of Hillbrow.⁵⁷⁸ As mentioned in previous chapters, Hillbrow was also the centre of gay life in Johannesburg, with a number of gay clubs and bars, as well home to Gasa Rand, the SAIMR, and HIV Clinic at Joburg Gen.

However, even in relatively liberal and integrated Hillbrow, racism was rife. Opinion polls of white Hillbrow residents in 1986 and 1987 showed that most were in favour of the Group Areas Act and were concerned about the increasing number of "non-white" residents.⁵⁷⁹ In June 1987 *Exit* reported a racial assault on Rand Gay Organisation leader Alfred Machela and Anglican priest Father Dowie (who the assailant accused of being an ANC member) at Connections bar in Hillbrow.⁵⁸⁰ The National Party was sending mixed messages regarding both the Group Areas Act and gay rights, but many in the party were willing to overlook their distaste for homosexuality in favour of white unity.

In Hillbrow, a previous stronghold of the more liberal Progressive Federal Party (PFP), the young NP candidate Leon de Beer came out most forcefully and publically in support of gay rights. De

⁵⁷⁴ Tobia, "Out of the Laager, into the Streets", 107

⁵⁷⁵ Gevisser, "A Different Fight for Freedom", 61

⁵⁷⁶ Daniel Conway, "Queering Apartheid: The National Party's 1987 'Gay Rights' Election Campaign in Hillbrow". *Journal of Southern African Studies* (2009, 35: 4) 849.

⁵⁷⁷ "Election: vote gay". *Exit* issue no.16 (January 1987) – Exit Collection (AM2723), GALA Queer Archive

⁵⁷⁸ From the late 1960s Hillbrow, with its dense, high-rise living and plethora of cafes, bars and clubs, had become increasingly diverse, attracting white immigrants and young people moving to the city. From the late 1970s authorities tended to turn a blind eye to landlords desperate for tenants flouting the apartheid Group Areas Act which kept South Africans separated into racially defined geographical areas

⁵⁷⁹ Conway, "Queering Apartheid", 853

⁵⁸⁰ "Machela, Dowie assaulted", *Exit* issue no.19 (May/June 1987) – Exit Collection (AM2723), GALA Queer Archive

Beer not only campaigned with promises to advance gay rights, but also to return Hillbrow to a whites-only area, and *Exit* lobbied readers to vote for him.⁵⁸¹ AIDS education and gay community issues were completely absent from any of the candidate's official campaigns. De Beer won out, resulting in the more liberal PFP losing Hillbrow to the NP in May 1987.⁵⁸² The June issue of *Exit* celebrated De Beer's victory as a victory for gay rights:

The white general election was a victory for gay people on all sides. Never before has the gay issue received so much publicity, nor created an awareness of the power of the gay vote with so many public representatives, voters, or the general public.⁵⁸³

In the following issue of *Exit* the Letters page published some of the outraged responses to the campaign and NP victory. The student Wits Gay Movement (WGM) called out Moolman and *Exit* as "morally indefensible" and Julia Nicol of the newly formed Organisation of Lesbian & Gay Activists (OLGA) called the campaign a "moral outrage."⁵⁸⁴ Edwin Cameron, a human rights lawyer at the time, described *Exit's* campaign as "a debasement of the gay cause and profaning of its responsibilities to the South African gay community as a whole."⁵⁸⁵

And while *Exit* rejoiced in and publicised De Beer's support of gay rights, it also called out the ANC for homophobia. The October issue of *Exit* led with the headline "ANC turns anti-gay", and while homophobia was indeed a problem in the resistance and democratic movements, the way in which *Exit* reported on this seemed to reinforce the anti-ANC sentiments of its conservative leadership.⁵⁸⁶ Nevertheless, the ANC was in fact forced to confront these prejudices in the coming years, partly thanks to campaigning from gay anti-apartheid activists such as Simon Nkoli. In Tobia's words:

While the government continued to ignore AIDS and brush off the concerns of the gay community, the anti-apartheid struggle did the same, in some cases revealing a deep-seated homophobia lurking beneath the surface.⁵⁸⁷

⁵⁸¹ Conway, "Queering Apartheid", 856

⁵⁸² In 1988/9 De Beer was charged and convicted of. He served 8 months of a two-year prison sentence.

⁵⁸³ "Election was gay victory", *Exit* issue no.20 (June/July 1987) - Exit Collection (AM2723), GALA Queer Archive

⁵⁸⁴ Letters page: "WGM stand clear" and "Outrage", *Exit* issue no.20 (June/July 1987) - Exit Collection (AM2723), GALA Queer Archive

⁵⁸⁵ Conway, "Queering Apartheid", 860

⁵⁸⁶ "ANC turns anti-gay", *Exit* issue no.24 (October 1987) - Exit Collection (AM2723), GALA Queer Archive

⁵⁸⁷ Tobia, "Out of the Laager, Into the Streets", 90

Collapse of Gasas

Although *Exit* had not been the official Gasas publication since 1985, a large overlap between Gasas leadership and *Exit* editorial contributors remained, and many still associated the publication and organisation. For this reason, the above saga around the 1987 election spilled over to Gasas, and perceptions about the organisation both locally and abroad.

Gasas fell apart for a number of reasons, including ideological and political differences, provincial chapters wanting more autonomy, internal power struggles, and financial issues. These were compounded by the changing political landscape. Financial issues persisted throughout most of Gasas's existence, but came to a head with allegations over mismanagement of funds by Benefit, the Gasas body established to raise funds for decriminalisation.

Gasas was reconstituted in November 1986, after years of squabbling about its new/revised constitution. Regional Gasas groups became independent, and were free to carry on under the Gasas chapter name, rename themselves, or disband. By 1987 Gasas only had a national secretariat based in Johannesburg, where it continued to work towards national issues like Law Reform and AIDS awareness.⁵⁸⁸ This scaled-down version of Gasas struggled on for a few more months, ultimately announcing its closure at what was to be their last national conference held in Johannesburg in July 1987.⁵⁸⁹ This rendered the ongoing issue of Gasas's membership of ILGA mute at their annual conference a few weeks later. The much talked about Gay Alliance was formed in August 1987 but never really took off.⁵⁹⁰

In addition to Gasas 6010 (discussed later in this chapter), Gasas Rand continued to function independently. Gasas Rand, once the leading provincial chapter of the national group, reportedly lost half its membership in the space of a year. By mid-1987 they had just 380 members (with 726 in the previous year) and were essentially bankrupt.⁵⁹¹ They had moved into their new Community Centre on Pretoria Street in Hillbrow in December 1986, across the road from Gasas's first offices. The space included GAB, a library, and various gay organisations (such as TOGS and Gay AA) used the space for meetings and events.⁵⁹² In July 1987 the decision was made to hand over their community centre to Benefit, the fundraising arm of Gasas.⁵⁹³ By October Benefit could no longer afford the rent and it was reported that various groups and

⁵⁸⁸ "Big yes for constitution", *Exit* issue no. 15 (December 1986/January 1987) - Exit Collection (AM2723), GALA Queer Archive

⁵⁸⁹ Jens Rydstrom, "Solidarity - with whom?" in *Sex & Politics in South Africa*. Neville Hoad, Karen Martin & Graeme Reid eds (Cape Town: Double Story Books, 2005) 43

⁵⁹⁰ "Gay Alliance formed" *Exit* issue no.22 (August 1987) - Exit Collection (AM2723), GALA Queer Archive

⁵⁹¹ "Gasas Rand loses money, members", *Exit* issue no.20 (June/July 1987) - Exit Collection (AM2723), GALA Queer Archive

⁵⁹² "New community centre open", *Exit* issue no. 15 (December 1986/January 1987) - Exit Collection (AM2723), GALA Queer Archive

⁵⁹³ "Gasas Rand loses money, members", *Exit* issue no.20 (June/July 1987) - Exit Collection (AM2723), GALA Queer Archive

individuals were contributing to keeping the space open, including GCC, GAB, Benefit and Yachad.⁵⁹⁴

New gay and lesbian organisations

Queer historians such as Conway, Gevisser and Tobia argue that the backlash against the *Exit* campaign in support of the National Party candidate De Beer proved to be a critical moment in queer organising, resulting in the “political radicalisation of white gay and lesbian groups.”⁵⁹⁵ A number of new organisations formed in the late 1980s, as Gasa was falling apart, not only were these groups more political and multi-racial, they also expanded to include lesbian activism more prominently, indicative in their names. These more politically driven groups produced their own newsletters (although often short-lived and sporadic) to counter the dominance of *Exit* and its conservative narrative. Many of these new, political, gay and lesbian organisations received funding from northern organisations in the wave of international support for a changing South Africa.

The first of the new movements to emerge was the Rand Gay Organisation (RGO) started by Alfred Machela in 1986. The RGO is noteworthy as being the first black-led gay organisation in South Africa, and Machela was embraced by Gasa’s critics at the 1986 and 1987 ILGA conferences. However, the RGO never gained popularity and was criticised for being something of a one-man show run by Machela. The RGO’s few members went on to join GLOW in 1988, by which time the RGO had fizzled out after Machela moved abroad.

Another significant organisation to emerge in 1986 was LAGO (Lesbians and Gays against Oppression). As the name suggests, LAGO was politically-orientated and was the first group to actively incorporate and align the struggle for gay rights with the anti-apartheid struggle. LAGO membership consisted of a small group of (mostly) white Cape Town-based activists, most of whom were disillusioned with Gasa-6010’s failure to accommodate activists who wanted to go in a more radical direction. Leaders included anti-apartheid activist and former 6010 Chair Shelia Lapinsky, as well as End Conscription Campaign (ECC) activist Ivan Toms. In October 1987 the majority of LAGO’s membership reorganised themselves as the Organisation of Lesbian and Gay Activists (OLGA). In its early years, LAGO/OLGA was silent on the AIDS issue. It was only in January 1989 when founding member Julia Nicol composed a memo, titled “Why I believe OLGA should take up the AIDS issue”, that the organisation began to actively align itself with AIDS organisations and campaigns.⁵⁹⁶

⁵⁹⁴ “Centre saved”, *Exit* Issue no.24 (October 1987) - Exit Collection (AM2723), GALA Queer Archive

⁵⁹⁵ Conway, “Queering Apartheid”, 850

⁵⁹⁶ Memo by Julia Nicol: “Why I believe OLGA should take up the AIDS issue”, 26 January 1989 – LAGO/OLGA Collection (AM2801), GALA Queer Archive

The Congress of Pink Democrats (CPD) was established in Cape Town in April 1987 when four groups joined together as a non-racist, non-sexist, non-heterosexist, anti-apartheid coalition.⁵⁹⁷ The CPD comprised of LAGO, the RGO, the Gugulethu-based African Gay Association (AGA) and the UCT-based Gay and Lesbian Association (GALA). The founding conference was attended by representatives from Gasa and Impact in Johannesburg, but neither organisation decided to join. The CPD was short lived, as were most of the groups that made up its membership (excluding LAGO/OLGA), and had ceased to function by the end of the year. Nevertheless, its brief existence symbolised the changing political landscape of the time.

Perhaps the most impactful organisation to emerge at this time was the Gay and Lesbian Organisation of the Witwatersrand (GLOW) in 1988. GLOW was formed by a group of mostly black gay and lesbian activists, with Simon Nkoli voted in as the first Chair. Nkoli had already gained political prominence and international attention as an incarcerated anti-apartheid activist, and he used this to bring attention to GLOW. GLOW helped to ensure a gay and lesbian presence in the 1989 wave of political activism and demonstrations campaigning for democracy and the unbanning of liberation movements. GLOW went on to organise South Africa's first pride march in Johannesburg in October 1990. Archival records show that GLOW in Johannesburg and OLGA in Cape Town had a close relationship.

GLOW members, including Simon Nkoli and Peter Busse, were involved in the creation of a number of organisations, including the Township AIDS Project (TAP) in Soweto in 1988.⁵⁹⁸ Nkoli led the Gay Men's Health Forum, one of TAP's programs, establishing the first initiative to offer AIDS awareness and support to black, gay men in South Africa.⁵⁹⁹ GLOW as an organisation was also involved and aligned with various AIDS organisations and initiatives throughout the 1990s.

Gevisser highlights the funeral of Linda Ngcobo, a founding member of GLOW, as a moment that illustrated the changing face of gay and lesbian activism in South Africa. Ngcobo, along with Nkoli, was one of the first black South African men to come out publically as gay, and he influenced many in his short life. He died of AIDS-related causes in 1993 at the age of 28, drawing a large crowd of mourners to his funeral which included gay activists, his family, and members of his church and community in Soweto.⁶⁰⁰ In Gevisser's words:

His funeral did undoubtedly consecrate a social and political movement that had been growing in black urban communities since the mid-1980s, one with its

⁵⁹⁷ Rydstrom, "Solidarity - with whom?", 42

⁵⁹⁸ "AIDS in South Africa: the socio-political dimension", report back on UCT lecture by Renee Sabutier (WHO consultant), 1 November 1988 – Triangle Project Collection (AM2974), GALA Queer Archive

⁵⁹⁹ Simon Nkoli died of AIDS related causes in 1998.

⁶⁰⁰ Gevisser, "A Different Fight For Freedom", 16

counterpart in a white movement that had itself been germinating, slowly, in South African soil for over four decades.⁶⁰¹

'GAY AIDS' Continued

Despite the government's implementation of an AIDS action plan, gay men were still largely left to fend for themselves. In September 1987 Coen Slabber, Director General of the Department of Health and Population Development, stated publically that the government would not assist the "homosexual community" in preventing HIV infections, as this was the community's "own affair."⁶⁰²

Gasa 6010 was one of the only organisations to survive the changing political landscape of the late 1980s. The organisation, now independent of the defunct Gasa, continued to focus on counselling and support services, with an increasing focus on HIV and AIDS, as well as AIDS awareness and education through the 6010 AAG. In a rare example of the Department of Health finally joining the efforts of the AAG, it was reported that in June 1987 they donated 4000 condoms to the 6010 AAG, many of which were used in distribution of their safe sex packs.⁶⁰³

Somerset Hospital in Cape Town, the HIV Clinic at Joburg Gen and Sher's AIDS clinic at the SAIMR continued to be the main centres for medical assistance for gay men with AIDS, ARC or HIV. However, the advent of AZT would change this treatment landscape. Zidovudine (AZT), the first antiviral drug licensed to treat HIV and AIDS, was approved by the FDA in 1986. The prohibitively expensive, but potentially life-saving drug, became available to the few who could afford it, in South Africa in 1987.⁶⁰⁴ Miller recalls halving the recommended dose for some of his patients, as it was thought that it was better for two patients got some medication, rather than none, being unable to pay the cost of the full dose. In South Africa AZT was provided free only to hemophiliacs with AIDS - Sifris resigned from the Joburg Gen HIV Clinic in protest over the unfair distribution of AZT in 1990, and Miller did not last much longer.⁶⁰⁵ However, Isaacs recalled that doctors and others found ways to get AZT to gay men in need:

In about 1986, I cashed in some of my sabbatical leave and we were able to go to conferences in Holland and in San Francisco, where we were able to then bring

⁶⁰¹ Ibid.

⁶⁰² Zwi and Bachmayer, "HIV and AIDS in South Africa", 321

⁶⁰³ Gasa 6010 AAG meeting minutes, 30 June 1987 – Triangle Project Collection (AM2974), GALA Queer Archive

⁶⁰⁴ Oppenheimer & Bayer, "The Forgotten Epidemic", 40

⁶⁰⁵ Ibid.

back AZT. We smuggled AZT into South Africa, several of us smuggling it in suitcases, in overnight bags, with pills labelled with the names of false patients. We had a chemist who dispensed under advice of a doctor. And I saw with my own eyes how AZT, at that stage combined with Bactrim, literally begin to save lives, despite the fact that AZT on its own was quite toxic. So we were able to dispense these medications, we were lucky. We had a dispensing program.⁶⁰⁶

Despite these efforts to get AZT to those who needed it, demand exceeded supply, and for others it was already too late. Pegge recalled that many men who he had encountered through 6010 were dying, and going to many funerals in the late 1980s. Consequently, Pegge noted that attitudes had changed, and at this point most gay men were taking AIDS seriously: “It was 1989 and the men who have sex with men, who met in the bars and the clubs, no longer said ‘Don’t spoil our fun, it can’t happen to us’. They took the condoms we offered and asked for more.”⁶⁰⁷

In response to a growing need for accommodation for PLWAs (some had been kicked out their houses, others had lost their jobs) in 1989 members of Gasas 6010 bought JD Käsner House in Cape Town as emergency accommodation.⁶⁰⁸ Pegge recalled: “So we rented a house in which they could have shelter and care for one another. We had no money to appoint a member of staff. They lived there well, but four of them died and the pain was too much for those who survived.” He also recalls that in 1989 Desmond Tutu (Anglican Archbishop of Cape Town at the time) called him and asked to visit the house, and arrived to find a young, white gay man bathing a terminally ill black woman.⁶⁰⁹ This episode is illustrative of the continued inclusion of care of gay AIDS organisations beyond the gay community, as well as the changing demographics of those affected. This was also the start of Tutu’s long path as an activist and ally to both queer and HIV-POSITIVE South Africans.

In the late 1980s some international AIDS organisations and campaigns reached South Africa, including Act UP, Body Positive and the Annual AIDS Memorial. This period also saw the first few openly gay activists publically declare their positive status – including Peter Busse, Christopher Combrink and Shaun Mellors.⁶¹⁰ In the USA, going public as HIV-POSITIVE was a way of protesting and creating awareness – this did not really happen on a large scale in South

⁶⁰⁶ Interview between author and Gordon Isaacs, Zoom (online), 17 January 2023

⁶⁰⁷ Pegge, “Living with”, 307

⁶⁰⁸ Käsner House Correspondence, 1989 – Triangle Project Collection (AM2974), GALA Queer Archive

⁶⁰⁹ Pegge, “Living with Loss”, 307-308

⁶¹⁰ Mbali, “The Politics of AIDS”, 181

Africa until the late 1990s with the advent of the Treatment Action Campaign (TAC), which was started by gay, HIV-POSITIVE activists such as Zackie Achmat.⁶¹¹

Concluding thoughts

Despite an increase in concern from the government in the late 1980s, AIDS took something of a backseat amidst the turbulent political climate of the time. It was only from the 1990s onwards, as HIV and AIDS exploded in South Africa, that the government began to take any real action. However, and much has been written on this, this action was highly flawed, insufficient and controversial.

Several historians and researchers, including Philips, have pointed out that, in hindsight, the South African government missed an early opportunity to contain AIDS and slow its spread. Intervention through education and health initiatives in those early years when the virus really was mostly confined to the white, gay community could have changed the course of the epidemic dramatically.⁶¹² And Zwi and Bachmayer noted as early as 1990: “The part played by the apartheid system in promoting the spread of HIV infection, by retarding the ability to tackle it effectively, must be recognised.”⁶¹³ In 1989 Sher wrote in the *SAMJ*: “A preemptive strike, is needed now; in five years’ time it will be too late”.⁶¹⁴ Despite the warning signs, and those speaking out, most still did not at this time see what was coming.

Due to the often lengthy incubation period between contracting the HI Virus and developing AIDS, the crisis among gay and bi-sexual men was far from over in 1987, with many only getting sick (and dying) in the 1990s and early 2000s. Zwi and Bachmayer remind us: “With the acceleration of the vast heterosexual epidemic of HIV in South Africa in the 1990s, it was all too easy to forget that AIDS had begun to take its toll on gay men almost a decade earlier.”⁶¹⁵

We will likely never know the true extent of AIDS among mostly white, gay men in the 1980s in South Africa, and once the virus spread beyond this group, there were no separate figures kept for gay men. As cases began to spike, and the country and world began to take notice, gay men were often left out, forgotten. By 1992 the South African government reported that in

⁶¹¹ Mandisa Mbali has written extensively about the gay, activist roots of the TAC. See for example: Mandisa Mbali. “The Treatment Action Campaign and the History of Rights-Based, Patient Driven HIV/AIDS Activism in South Africa”. *Democratising development: The politics of socio-economic rights in South Africa*. Eds. Peris Jones & Kristian Stokke. (Leiden: Martinus Nijhof Publishers, 2005).

⁶¹² Philips, “AIDS in South Africa’s Epidemic History”, 21

⁶¹³ Zwi and Bachmayer, “HIV and AIDS in South Africa”, 324

⁶¹⁴ Sher, “HIV infection in South Africa, 1982-1988 – a reviews”, 317

⁶¹⁵ Oppenheimer & Bayer, ‘The Forgotten Epidemic’, 21

more than half (53%) of new AIDS cases transmission was through “heterosexual sex”, but, in Pegge’s words: “Nobody said that 47% were still men who had sex with men.”⁶¹⁶

While the “gay community”, as discussed in this thesis, certainly had its problems and was heavily influenced by the social and political context of apartheid, it should be remembered that many of these men did remarkable things in those early years, and achieved much through their community networks. This should not be ignored or erased, but understood and researched in context.

Ann Smith, one of the founding members of Gasas and leader of the Gasas Rand chapter, claims naiveté and ignorance as a defense against Gasas’s failure to engage with apartheid: “What is so very obvious to me now never occurred to any of us then – we did not see oppression as a continuum.”⁶¹⁷ However, as Tobia reminds us, despite its many issues, Gasas did some groundbreaking and important work:

It is easy to write the gay reform movement off as cowardly, backward, ignorant, or even oppressive, which most historians have done. But to do so is to lose sight of what is a notable attempt at community action during extraordinary times.⁶¹⁸

These early activists and initiatives in many ways laid the groundwork for campaigns and programmes that followed. However, they have gone largely unrecognised for their pioneering efforts, with little support in an environment of fear, uncertainty and prejudice.

⁶¹⁶ Pegge, “Living with Loss”, 310

⁶¹⁷ Ann Smith. “Where was I in the ‘80s?” in *Sex and Politics in South Africa*. Neville Hoad, Karen Martin & Graeme Reid eds (Cape Town: Double Story Books, 2005) 60

⁶¹⁸ Tobia, “Out of the Laager, Into the Streets”, 18

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- A. Constitution
- B. Conference 09 to 11 October 1987
- C. Convention
- D. Correspondence
- E. Press
- F. Papers

Dungeon Collection (AM3027)

- B. Press clippings
- C. Promotional material and events

Edwin Cameron Collection (AM2629)

- A. HIV/AIDS material 1986-1994
 - A1. Academic articles
 - A7. Benefit
 - A12. Journals, magazines, newsletters and related publications
- B. GASA Papers
 - B3. Organisational papers
 - B4. General correspondence

Exit Collection (AM2723)

(digitised collection)

- A. Link/Skakel
All issues (33 total) – full set: May 1982 (issue no. 101) to April/May 1985 (issue no. 401)
- B. Exit
All issues between July 1985 and December 1988 consulted (issues no. 1 to 33).

GAB/GLC Collection (AM2995)

- 1. Administration documents
 - 1.1 Committee
 - 1.2 Constitution and organizational overviews
 - 1.5 Meetings
 - 1.6 Counsellor training
 - 1.7 Counsellor Admin
 - 1.8 Annual reports
 - 1986
- 2. Counselling Service
 - 2.1 Reports
 - 1983
 - 1984
 - 1985
 - 1986
 - 1987
 - 1988
 - 2.2 Communication
- 3. Resources and Networking
 - 3.1 Partnerships and networking
 - 3.2 GASA Rand 1985
 - 3.3 HIV/AIDS Resources
 - 3.5 Counselling Resources

GASA Collection (AM2975)

- A1 National Committee records of GASA
 - A1.1 Governance
 - A1.1.1 Constitutions
 - A1.2 Meetings
 - A1.2.1 NEC meetings
 - A1.2.2 Management Committee meetings
 - A1.4 Reports and speeches
 - A1.5 Printed materials & publications
- A2 Regional Committees Records
 - A2.1 Eastern Cape
 - A2.2 Free State (Orange Free State)
 - A2.3 Rand
 - A2.3.1. Governance – general
 - A2.3.2 Meetings and minutes

A.2.3.3 Correspondence
A.2.3.4 Sub-Committees & Programmes
A2.3.6 Printed materials
A2.3.7 Media
A2.4. Pretoria (Northern Transvaal)
A2.5 Natal
A2.6 Northern Cape
A2.7 Western Cape

A3. Sub-committee records
A3.2 HIV/AIDS committees
A3.2.1 GASA-6010 - General
A3.2.2 AIDS Action Group (AAG)

- a) Governance
- b) Minutes of meetings
- c) Correspondence
- d) Press releases
- e) SA Statistics
- f) Research and information documents, mainly international
- g) Printed material

C Press cuttings and Scrapbooks

C1. Scrapbooks

All scrapbooks: volumes 1-7.

C2. Press cutting folders

- 1982
- 1983
- 1984
- 1985
- 1986/1987
- 1988
- No date, but found with cuttings folder 1983-1986.

Gay Library Collection (AM2583)

A. Local publications – newsletters and ‘zines

A.2 Alternatives
A.3 Coming out!
A.5 Gay Christian Community News
A.8 Impact
A.10 SA Scene
A.12 Togs newsletters
A.12a TOGS Talk
A.12d GASP

- A.14 The Res News
- A19 GASA Border
- A.19a) GASA Border/Grens newsletter
- A.19b) Gayety
- A.20 GASA East Cape Newsletter/Nuusbrief
- A.21 Gay View Natal
- A23 GASA Northern Transvaal
- A.23a GASA Northern Traansvaal newsletter
- A.23b GANT
- A.24 Goldfields/Goudveld
- A26 GASA Rand
- A.26a) GASA Rand
- A.26b) Rand News
- A.26c) Randstand
- A.27 6010 newsletter/nuusbrief

GLOW Opera (GAL0051)

(digitised collection)

Interview transcript from video interview between Welcome Lishivha and Edwin Cameron, 8 December 2020, Johannesburg. Research for Phillip Miller's upcoming GLOW Opera.

LAGO/OLGA COLLECTION (AM2801)

(digitised collection)

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- A1.2 Draft LAGO pamphlet: 'Towards a Progressive Gay & Lesbian Alliance'
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- A1.4 LAGO strategy proposal, 24 April 1987 (annotated).
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A1.1.1 GASA-6010 constitution, protocols and procedures

A1.1.2 Annual reports

- 1988

A1.1.3 Minutes and agendas

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- A1.1.3.9 Additions: Minutes of the Special General Meeting 28 November 1983; Minutes of the Annual General Meeting 5 March 1984

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