HIV/AIDS IN SOUTH AFRICA: A CASE OF FAILED RESPONSES BECAUSE OF STIGMATIZATION, DISCRIMINATION AND MORALITY, 1983-1994

Louis Grundlingh
(Department of Historical Studies, Rand Afrikaans University)

> Many illnesses transform their victims into a stigmatized class, but AIDS is the first epidemic to take stigmatized classes and make them victims.[1]
>
> Richard Goldstein

Opsomming

Die artikel ondersoek die aard van stigmatisering, diskriminasie en moraliteit in die Suid-Afrikaanse samelewing nadat MIV/VIGS ook hier sy verskyning gemaak het. Aanvanklik het godsdienstige fundamentaliste homoseksueles daarvan beskuldig dat hulle deur die virus besmet is omdat hulle homoseksueel is. Hierdie sienings is aangevul deur die middelklas waardes van die tyd wat epidemies met sedeloosheid vereenselwig het. Die regering sou feitlik niks doen om voorkoming van MIV in die homoseksuele gemeenskap te bekamp nie. Deur die "ander" (in hierdie geval die MIV/VIGS-lyer) te stigmatiseer en ook teen die persoon te diskrimineer, kon heelwat Suid-Afrikaners die lyers en die hele vraagstuk rondom MIV/VIGS ignoreer. 'n Nuwe kategorie van onderskeiding is so geskep: "ons" (die gesonde heteroseksuele gemeenskap) en "hulle" (die besmette homoseksuele gemeenskap).

Stigmatisering en diskriminasie teenoor swartmense, wat alreeds lank in die Suid-Afrikaanse konteks bestaan het, het teen 1987 'n nuwe dimensie bygekry toe die eerste swart heteroseksuele persoon as MIV+ identifiseer is. Die persepsie het nou toegeneem dat alle swartes vir die epidemie verantwoordelik gehou behoort te word. Hierdie rassistiese siening het baie daartoe bygedra dat enige anti-MIV/VIGS program van die regering, hoe goed bedoel ookal, as gevolg van 'n gebrek aan legitimiteit in die swart gemeenskappe verwerp is. Gevolglik is niks effektief in die 1980s gedoen nie.

Dit wil voorkom of die hoofargument wel onderskryf kan word: dat stigmatisering van en diskriminasie teenoor gemarginaliseerde groepe, rassisme en homofobie sowel as 'n konserwatiewe moraliteit wat 'n sterk invloed uitgeoefen het, daartoe gelei het dat 'n gulde geleentheid om MIV/VIGS te bekamp, verlore gegaan het.

R. Goldstein, "AIDS and the Social Contract" in E. Carter and S. Watney (eds), *Taking liberties: AIDS and cultural politics* (London, 1989), p. 84.

1. Introduction

The history of a disease is often parallelled by a history of inhumanity to its sufferers. For the dominant sector of society the disease invariably came from elsewhere.[2] Old prejudices sometimes pin epidemics on ready-made conventional scapegoats, looking desperately where to place the blame, and in the process created what I want to call a "plague mentality". They then not only stigmatized these sufferers – mostly socially marginalised, ethnic minorities and the poor – but also held them responsible for the epidemic. Consequently the latter became social outcasts, like the leper in Leviticus.[3] Stigmatization seems to lie even in the very words used. When do we use "epidemic", "disease" or "plague"? Why did smallpox, polio and the flu epidemics remain epidemics rather than plagues? It seems that for an illness to be termed a plague depends on the manner in which the illness is spread. Thus rats transmitted bubonic plague, signalling filth and poverty.

When the disease was sexually transmitted, a further dimension was added, that of immorality and promiscuity. Venereal diseases in particular have long been associated with moral decay and corrupt sexualities. For example, syphilis was understood as the "divine scourge", a result of transgressing society's boundaries and served as an important marker of evil. Sexually transmitted diseases have also served as signs of pollution and contamination – signs of a decaying society and as such have been associated with dirt and uncleanness.[4] There is thus a strong element of shamefulness and of judgement on communities. In other words, plagues are diseases, which are popularised as both disgusting and disgraceful. Leprosy, syphilis and cholera all fit the category. HIV/AIDS followed these traditions.

From Goffman's classical sociological work on stigma to Sontag's popular works on metaphors, stigma has also captured academic and general public interest.[5] The severity of the HIV/AIDS epidemic revived the issue of connecting disease and "stigmatization". With regard to HIV/AIDS, Jonathan Mann identified ignorance,

---

[2] R. Gallo, *Virus hunting: AIDS, cancer and the human Retrovirus. A story of scientific discovery* (New York, 1991), p. 129.

[3] The leper was forced to wear torn clothes, to warn off others with the cry "unclean, unclean", and to "dwell alone in a habitation outside the camp". (Chapter 13:45-46). Likewise, the Jews were blamed for the plague (the Black Death) in fourteenth century Europe. The first recorded syphilis epidemic in 1495 was initially labelled the "French disease" by the Italians and the English, and the "Neapolitan disease" by the French; in time both agreed to call it the "Spanish disease"! New York's Irish immigrants were blamed for the nineteenth century cholera epidemic; the Italians were accused of introducing polio into Brooklyn; Asian immigrants were blamed for the smallpox epidemic in North America during the early years of this century.

[4] M. Douglas, *Purity and danger: An analysis of the concepts of pollution and taboo* (London, 1966).

[5] Goffman noted that the Greeks "originated the term stigma to refer to bodily signs designed to expose something unusual and bad about the moral status of the signifier." E. Goffman, *Stigma: Notes on the management of spoiled identity* (New York, 1963), p. 2; See also S. Sontag, *Illness as metaphor* (New York, 1977).

prejudice and discrimination as part of a third epidemic.[6] He delineated the first as the largely hidden and rapidly accelerating spread of HIV; the second was the visible form of AIDS; and the third epidemic was (and still is) the social rather than medical aspect of the disease. As HIV and AIDS spread, in their wake came denial, blame, fear, stigmatization, prejudice and discrimination.[7] Likewise, to quote Paula Treichler: "The social dimension is far more pervasive and central than we are accustomed to believing."[8]

As Goldstein noted, HIV/AIDS is unique in that those who were directly affected were already marginalised or minorities and victims of prejudice and discrimination, either socially, economically or politically. In the United States, for example, AIDS was labelled an "African" or "Haitian" disease. This alleged origin was very much in line with the white American notion that blacks were inherently different, and therefore had a different relationship to disease. In South Africa gay people, blacks, drug users, prostitutes and the poor became the targets of stigmatization. Within the imagery conjured up by the mention of AIDS, they have become part of an ever-expanding vision not only of marginality, but also, by extension, of danger.[9]

The general aim of this article is to provisionally investigate whether the initial perceptions of and reaction to HIV/AIDS reflected these "social dimensions". Aspects of stigmatization, discrimination and morality were some of the most obvious characteristics of these perceptions. After the context in which the disease occurred and spread in South Africa is briefly provided the focus falls on the nature as well as the reasons for stigmatization of HIV+ people and people with AIDS. The blame placed on gay and black people will be highlighted, keeping in mind the change from initially being limited to the homosexual community and later spreading to the heterosexual community, affecting the latter disastrously. The second focus is on the effect of stigmatization where some discriminatory practices are pointed out. The main argument bids the question whether stigmatization of marginalised groups, racism and homophobia and conservative morality in the early stages of the disease caused the failure of adequate responses to HIV/AIDS during the last ten years of National Party rule.

---

[6] Founder and former director of the WHO's Global Programme on AIDS.

[7] S. Cross and A. Whiteside, *Facing up to AIDS. The socio-economic impact in Southern Africa* (New York, 1993), p. 29.

[8] P. Treichler, "An epidemic of significance" in D. Crimp (ed.), *AIDS cultural analysis, cultural activism* (MIT Press, 1989), p. 35.

[9] H. Daniel and R. Parker, *Sexuality, politics and AIDS in Brazil: In another world?* (London, 1993), p. 53.

2. Context

It is important to recognise that every country affected by HIV has its own epidemics shaped by the local circumstances of the population groups in which the virus emerges. This is not to suggest that HIV is a different disease in different countries; rather the patterns of its transmission are profoundly influenced by the particular local social context. The situation of most people with AIDS faithfully reflects their social and economic position before they contract HIV.[10]

There can be no doubt that HIV/AIDS flourishes most in areas that are burdened by racism, unemployment, homelessness, welfare dependency, unhygienic circumstances, prostitution, crime, a high school drop-out rate, social unrest, wide-spread poverty, civil conflict and political violence, migrant labour, poor health status and particularly the oppression and brutalisation of women and children.[11] All these factors interact with the virus, and assist it to spread. Sadly all these conditions were (and still are) prevalent in South Africa.[12] The part played by the apartheid system in promoting the spread of HIV infection by retarding the ability to tackle it effectively must be emphasised. It was especially the systematic fragmentation of health services, gross deficiencies in education opportunities, based on population registration according to race, as well as mistrust of family planning services, which impeded effective and co-ordinated preventive attempts.[13] There is no doubt that the political situation in South Africa during the time under discussion fuelled the spread of HIV infection and retarded its effective control.[14]

---

[10] S. Watney, "AIDS, language and the Third World" in Carter and Watney (eds), *Taking liberties*, p. 86.

[11] South Africa has a long history where illness was often seen as nature's revenge on people who live unhygienically. This was, of course further reinforced by people with HIV/AIDS who tend to be feared, stigmatized and rejected. H. Southall, "South African trends and projections of HIV infection", in Cross and Whiteside, *Facing up to AIDS*, p. 71.

[12] See C. Evans "The socio-economic determinants of the AIDS epidemic in South Africa – a cycle of poverty", *South African Medical Journal*, 83 (September 1993), pp. 635-636 for a very succinct discussion. Also see H.C.J. van Rensburg and A. Fourie, "Inequalities in South African health", *South African Medical Journal*, 84 (February 1994), pp. 95-103.

[13] C. de Beer, *The South African disease: Apartheid, health and health services* (Johannesburg, South African Research Service, 1984) and M. Price, "Health care as an instrument of apartheid policy in South Africa" in *Health Policy and Planning*, 1 (1986), pp. 158-170; E. Preston-Whyte and M. Zondi, "To control their own reproduction: The agenda of black mothers in Durban", *Agenda*, 4 (1989), pp. 47-68; L. Kuhn, M. Steinberg and C. Mathews, "Participation of the school community in AIDS education: An evaluation of a high school programme in South Africa", *AIDS Care*, 6, 2 (1994), pp. 161-162; and M.E. West and E.A. Boonzaaier, "Population groups, politics and medical science", *South African Medical Journal*, 76 (September 1989), pp. 185-186.

[14] These circumstances were, of course, not exclusive to South Africa. They also occurred in other developing countries such as South Africa's neighbours, Botswana and Zimbabwe where the HIV+ rate also rocketed during the 1980's. However, a comparative study between South Africa and these countries demands a separate article.

Moreover, discussion of AIDS is caught up in a cultural matrix which frequently defies medical facts but has been dominated by the political, social and cultural assumptions of white middle-class people which formed a commanding power block within the South African society until the 1990s.

AIDS has generated a good deal of angst in South Africa. It lay bare and exacerbated the social prejudices, stereotypes, the economic inequalities, discriminatory practices and political injustices which do exist but which tended to be ignored, namely homophobia, racism, and puritanism. For example, fears of a new social order reactivated racism masquerading as concerns about AIDS in desegregated swimming pools and lavatories. Thus the coincidence of a new disease in marginalised communities, in troubled and insecure times during the 1980s, was a recipe for a new wave of prejudice and discrimination.

Very early moral issues dealing with sex and sexuality crept into the history of the disease. This was inevitable as the disease is mostly spread through sexual intercourse. South Africa always lagged behind many other countries in an open discussion of sex and sexuality and in creating public awareness of the dangers of venereal diseases, in deference to national prudishness and religious sensibilities. However, HIV/AIDS forced society to address these issues. Generally, the response was either outright condemnation or tolerance and compassion.

South Africa was and still is a society in denial – of all these factors which is one reason why we missed the golden opportunity we had to limit the spread of the disease in the late 1980s and early 1990s.

3. Nature of stigmatization

One of the most prominent features of society's response to HIV/AIDS in the context of a plague mentality was to cast blame. Blaming other people for a problem as a substitute for tackling the problem itself is a very human characteristic.[15] The fact that the first victims were from already stigmatized groups unleashed a wave of specific victim blaming. Renee Danziger emphasised a further complexity:

> Stigmatization and discrimination of HIV+ people and people with AIDS may be an expression of pre-existing prejudice against groups of people associated with the epidemic. Thus discrimination ostensibly directed against these people may disguise underlying prejudice against them on the grounds of their sexual orientation, ethnic origin, nationality, religion or life style.[16]

---

[15] R. Sabatier, *AIDS and the Third World* (London, 1988), p. 2.

[16] R. Danziger, "The social impact of HIV/AIDS in developing countries", *Social Science and Medicine Journal*, 39, 7, p. 915.

In South Africa blaming others has been and remains a prevalent theme of the debate on HIV/AIDS. It is not restricted to the general public but includes scientific circles, the media, and politicians.

For example, Dr N.R. Beatson disagreed with articles in the *South African Medical Journal* which warned against blame or the arousal of guilt in HIV+ people or people with AIDS. According to his Christian beliefs: "Christianity calls for arousal of an individual's responsibility, accountability and guilt, not its diminution."[17]

However, if one considers the following very basic questions, one realises how complicated the matter really is. Should the victim, who became infected because of behaviour, be blamed – thus absolving the state or social institutions from responsibility for creating social conditions in which AIDS flourished? Or should the "system" be blamed – thereby exculpating the individual? These mutually contradictory positions provided the battlegrounds for much of the debate on blame and HIV/AIDS. The article will only address a few aspects pertaining to this complex issue.

3.1 Divine retribution

Blame was quickly linked to the idea that the HIV/AIDS epidemic symbolised divine retribution. As Susan Sontag pointed out, there was the need to feel protected and to avoid contamination - thus a divine judgement and punishment against people with HIV/AIDS seemed appropriate.[18] The early homosexualisation of HIV/AIDS reinforced deep-seated assumptions about the relation of disease to "otherness" and "deviance".[19] The "plague mentality" linked disease, especially sexually transmitted disease to sinfulness and depravity. HIV/AIDS thus was articulated as a judgement upon "unhealthy" sexualities, specifically initially gay people. Blaming them linked up finely with the view that HIV/AIDS has been seen as divine intervention sent to rid the world of such behaviour, hence its was frequently labelled "the Gay Plague".

When it struck first at gays and injecting drug users, it seemed like a prophecy fulfilled. It was not only punishing the "guilty", but appeared to reward the "blameless". There was thus a strong feeling that the victims deserved their fate; gay men were accused of having brought it upon them and were therefore guilty. As Mary Crewe stated:

> To be able to blame others is psychologically reassuring: the fact that it is their fault divides 'us' form 'them'. We are innocent, at the mercy of fate they are guilty, and have behaved in such a way as to put us all at risk.

---

[17] N.R. Beatson, "Morality and AIDS", *South African Medical Journal*, 83 (Dec 1993), p. 918.

[18] S. Sontag, *AIDS and its metaphors* (London, 1989) as quoted in V. van der Vliet, *The politics of AIDS* (London, 1996), p. 27.

[19] See further discussion below.

> We have been invaded from without, polluted by some external agent.[20]

Moreover, homosexuals were blamed for spreading the disease to innocent people.[21] It was this assumed ability of the "guilty" to spread the disease to the "innocent" that made AIDS a useful weapon in the hands of religious fundamentalists. The linking of three of humankind's most potent emotional themes - sex, disease and death - made for riveting oratory. By stirring up fear against groups and then offering solutions, bigots have always reinforced prejudices.

The stereotype of gays was embraced with fervour by religious fundamentalists, who pointed to Old Testament prohibitions against homosexuality as having medical justification. For them HIV/AIDS was spread through the individual actions of gays, defined as "deviant" and "irresponsible".

Some ministers of the Dutch Reformed Church were in the vanguard of proclaiming that HIV/AIDS was God's rightful punishment for the sin of being homosexual.[22] Rev. Gous thus justified the Church's view: "The Word of God warns against this devious form of sexuality. AIDS proves the Biblical prescriptions. For the sake of mankind homosexual practices should be abandoned. Lives depend on that."[23]

Homosexuality was thus a "religious problem". Rev. Attie van der Colf likewise condemned homosexuality. For him the name "AIDS" was fitting:

> 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 has to accept the consequences.[24]

These fundamentalists, however, had a problem: what about people not obviously part of stigmatized groups and who did not contract the virus sexually but through blood transfusions or in utero? They are referred to as "innocent victims". This term implies that they deserve our sympathy and some societal acceptance. Conversely, it implies that those who contracted it sexually are guilty and that whether or not they knew of the risk of HIV infection when they were infected, they deserve some social censure. Clearly, double morality was practised here.

---

[20] M. Crewe, *AIDS in South Africa. The myth and the reality* (London, 1992), p. 14. Also see C.S. Goldin, "Stigmatization and AIDS: Critical issues in Public Health", *Social Science and Medicine*, 39, 9 (1994), p. 1364.

[21] *Die Vaderland*, 9 August 1985.

[22] *The Star,* 26 August 1983.

[23] *Die Kerkbode*, 1 April 1987.

[24] *The Star*, 8 January1983; *Pretoria News*, 8 January 1983; and *Die Volksblad*, 7 January 1983.

However, it would be one-sided to be totally dismissive of the role of religion despite the strong inclination to lay blame amongst certain fundamentalists of only one Christian church. It must also be kept in mind that the leaders of other Christian churches, like the Methodist and Anglican churches were the only people who could address public meetings during the freedom struggle in the 1980's and that they only, belatedly, focussed on HIV/AIDS in the 1990s. The issue of religious interventions on the AIDS front is far from simple. Secular organisations often failed to appreciate the importance of such inputs. Throughout history religious workers often offered poor people their only access to medical care and health education. With HIV/AIDS in the developing world, compassionate religious care and solace was sometimes all there was on offer.[25]

3.2 A call for a return to moral standards by the majority

HIV/AIDS provided the perfect setting for the "moral majority" to push for a return to "decency". This reinforced the idea that one could only get infected if one lived immorally. Values and norms were presented as if they were universally accepted and unproblematic, and as if everyone in society could afford to make similar choices about their lifestyles. The perceptions of HIV/AIDS of this "healthy majority" were not limited to the privileged white middle-class minority. During a survey undertaken in 1990 amongst black township students in Cape Town, they ascribed AIDS to people who were "dirty" or "bad people".[26] These students still showed intolerance, fear and rejection toward people with AIDS, irrespective of the social context of the people who contracted the disease.

The middle-class usually ascribed illnesses amongst sinners and the poor to the fact that the latter did not adopt middle-class values: regular habits, productiveness and emotional self-control. Health itself was thus soon identified with these values being evidence of virtue, as disease was of depravity.[27]

It is important to see this in the context of a culture of "health" which was, especially since the nineteenth century, specifically linked with high moral values. As Robert Crawford explained:

> The concept of health is absolutely central to modern identity: health and the body are not only biological and practical, but are also metaphorically layered, packed with connotations about what it means to be a good, respectable, and responsible person. These meanings are in turn connected to prevailing images of class, race and sexuality.[28]

---

[25] Van der Vliet, *Politics of AIDS*, pp. 46-47.

[26] C. Mathews, Kuhn, Metcalf, Joubert and Cameron, "Knowledge, attitudes and beliefs about AIDS in township school students in Cape Town", *South African Medical Journal*, 78 (3 November 1990) , p. 515.

[27] Sontag, *AIDS and its metaphors*, p. 55.

[28] R. Crawford, "The boundaries of the Self and the Unhealthy Other: Reflections on health, culture and AIDS" in *Social Science and Medicine*, 38, 10 (1994), p. 1348.

Since the mid-1970s a similar very high value was placed on health and its pursuit. The "healthy" is sustained by the image of "unhealthy others". Thus HIV/AIDS as a sexually transmitted disease is tainted with "otherness" and totally repulsive to the "healthy" majority.

3.3 Blaming the outsiders.

All sorts of stigmas have been brought to the surface by the advent of HIV/AIDS, pandering to and aggravating the fears to which any "deviance" gives rise. If anything, HIV/AIDS has made society less willing to confront those fears because they suddenly seem so useful as a way of distinguishing between people.

The overwhelming initial reaction to HIV/AIDS globally was to immediately target and blame specific groups suffering prejudice already - "the outsiders" - for introducing the disease to a previously "healthy" society.[29] It is because of this prejudice (this perception of these groups as "other") that blame for the disease could easily be thrust upon them as an additional burden of guilt and blame. For the self-righteous it was indeed no surprise that HIV/AIDS occurred amongst these people – they were in any case sinful and dirty. To quote Crawford: "Therein lies its perverse utility: AIDS provided a "natural alibi" for the strengthening of defences against dangerous identities".[30]

Believing that HIV/AIDS affected "them" (high-risk groups) and not "us", meant people denied they were at risk. In addition, that HIV/AIDS was seen as a problem only in other geographical areas strengthened the denial and posed considerable problems for achieving recognition of the immediacy of the disease for the individual. Moreover, it easily led to blaming others and through contrast, defined their own innocence.[31]

This stereotyping and stigmatization of "the other" also implied that there was not much to be concerned about. For example, Reg Coogan, the Medical Health Officer of Cape Town did not think there was any reason for fear of HIV/AIDS in Cape Town because, "the disease only occurred amongst homosexuals and he believed that there were not many of those kind of people in Cape Town."[32]

We do not live in a too tolerant or accepting society. In order for the white minority to engineer the social control of the vast majority of South Africans, apartheid has trained us - indeed required us by law - to see people in terms of the groups or races they belong to rather than as individuals with rights. This mindset was reinforced with HIV/AIDS. Because the virus initially only affected a minority group, it was all too easy to think in terms of blame and of isolating and rejecting those afflicted by it.

---

[29] Cross and Whiteside, *Facing up to AIDS*, p. 15.

[30] Crawford, "Boundaries of the Self", p. 1349.

[31] Mathews, *et al*, "Knowledge, attitudes and beliefs about AIDS", p. 515.

[32] *Die Transvaler*, 7 January 1983 (Translation).

In a 1991 survey a very negative feeling towards people with HIV/AIDS was still prevalent with the majority rejecting them and even seeking their isolation from the community.[33] The stigma that had been associated with HIV/AIDS from the start of the epidemic had thus not yet abated.[34] The same was true in a more or less similar survey conducted in 1994 amongst black high school learners. Besides overwhelmingly only considering particular groups at risk, AIDS was also described as a "white disease", again inadvertently introducing "otherness".[35]

Therefore, distinguishing between "us" and "them" - dividing people - the "other" could immediately be blamed as the cause of the illness: "A polluted person is always wrong... (and) the inverse is also true: a person judged to be wrong (or high risk) is regarded as, at least potentially, a source of pollution" and must therefore be stigmatised and then ostracised.[36] This "linkage of a horribly frightening disease with stigmatised behaviours and stigmatised "other" groups characterised the social construction of the epidemic in the South African context."[37]

3.4 Stigmatization of gay people

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. The history of gay people reveals that their sexualities have been characterised as "social problems" by institutions and in the public mind. 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 behaviour of these people and notions of homosexuality as an illness were revived - even worse, gay sexuality now caused contagion and death.

It was not strange that the conservative white South African public, which in general rejected homosexuality, focussed the moral response for HIV/AIDS on further stigmatising homosexuals.[38] HIV/AIDS was nature's way of ending homosexuality. For

---

[33] V. Govender, *et al*, "Perceptions and knowledge about AIDS among family planning clinic attenders in Johannesburg", *South African Medical Journal*, 81 (18 January 1992), p. 71.

[34] C.R. Evian, *et al*, "Evaluation of an AIDS awareness campaign using city buses in Johannesburg", *South African Medical Journal*, 80 (5 October 1991), p. 346.

[35] Kuhn, Steinberg and Mathews, "Participation of the school community in AIDS education", p. 166. The mere fact that an AIDS survey was conducted at this school, lead to the stigmatization of the learners and the school by members of the community. Students reported that people would call out "Here comes AIDS" if they walked down a street in the township. (p. 167)

[36] Sontag, *AIDS and its metaphors*, p. 48.

[37] M. Singer, *et al*, "SIDA: The economic, social and cultural context of AIDS among Latinos", *Medical Anthropology Quarterly*, 4, 1 (March 1990), p. 72.

[38] *Die Transvaler*, 22 March 1985.

them, homosexuality was put on a par with drug abuse and both described as examples of "Western decadence".[39]

Early medical reports and the media response world-wide characterised AIDS as a "gay disease" because the first cases were amongst homosexuals. Likewise, when the first AIDS case was made public in South Africa, newspapers ran headlines such as "Gay plague hits South Africa", "A visitation of divine anger" or "Homosexual killer disease".[40] From that moment on the gay community was blamed for bringing the "killer disease" to South Africa and for practising a lifestyle conducive to its spread. This linkage has had a lasting impact. As a result fear and abhorrence of AIDS in many instances became fear and abhorrence of homosexuals. Alan Brandt's explanation of the experience of homosexuals in the United States of America is as applicable in South Africa:

> AIDS threatened the heterosexual culture with homosexual contamination. In this context, homosexuality - not a virus - causes AIDS. Therefore, homosexuality itself is feared as if it were a communicable, lethal disease. After a generation of work to have homosexuality removed as a disease from the psychiatric diagnostic manuals, it had suddenly reappeared as an infectious, terminal disease.[41]

HIV/AIDS led to homosexuals *en masse* being categorised as a "high risk group" in contrast to the "general public" – thus becoming the object of a new bigotry.[42] A new category of separation and a new marginalised group was thus created. The fact that it was not group membership but a particular personal behaviour pattern that put people at risk was ignored and the whole group was considered being contaminated and dangerous. The perception was created that gay people were a serious risk to others. By using this new label ("high risk group") discrimination could be (and was) organised against particular groups of people – in this instance specifically gay people.[43]

Many articles were written and continue to be written about gay promiscuity. Coverage often focussed on the sensational mix of sexuality, immorality, terminal disease and death. What was the basis of attaching this blanket label to all gay people? Having identified that the disease initially occurred almost exclusively amongst homosexuals,

---

[39] *Die Kerkblad*, 6 May 1987.

[40] *The Star*, 8 January 1983; *Pretoria News*, 8 January 1983 and *Die Volksblad*, 7 January 1983; *The Citizen*, 27 February 1985.

[41] A. Brandt, *No Magic Bullet: A social history of venereal disease in the United States since 1880* (New York, 1987), p. 193.

[42] The concept of "risk group" began in epidemiological studies and originally referred to categories of persons with statistically higher rates of a particular disease. But the concept has been broadened in the public press so that *all* persons within a group are considered. C.S. Goldin, "Stigmatization and AIDS: Critical issues in Public Health", *Social Science and Medicine*, 39, 9 (1994), p. 1364.

[43] Van der Vliet, *Politics of AIDS*, p. 6

promiscuity was linked to homosexuality in an effort to explain the causes of disease.[44] The Director-General of National Health and Population Development subscribed to this view: "Transmission of HIV is mainly by promiscuous sexual contact, and it is therefore a social and behavioural problem in the community."[45]

The perception existed that homosexuals are promiscuous – and that caused the transmission of HIV and eventually AIDS. This equation – that homosexuality and promiscuity were synonymous – remained very prominent throughout when moral judgements on the disease were made. For example, S.L. Sellars vehemently complained about and could not understand how the *South African Medical Journal* could publish an article on how HIV between homosexuals could be contracted:

> It can be of no benefit to the *Journal*'s readership, for surely the link between dissemination of AIDS and the perverted practices of promiscuous homosexuals is common knowledge. Anyway, who is to know how this self-confessed pervert achieved his HIV infestation, and are the sordid details really relevant?[46]

However, even some newspapers realised that emphasising that promiscuity was immoral was somewhat misplaced. Promiscuity cannot bring AIDS – sexual habits do. To put it bluntly: it is not whom you are, with whom you do it or how many times you do it; it is what you do which would determine whether you get AIDS.[47]

3.5 Heterosexual transmission – Stigmatization of black people

As the pattern of infection unfolded by 1987 there was already proof that HIV/AIDS was spreading faster than anticipated outside these "high risk groups". Now heterosexuals could soon be endangered as well.[48] Thus the initial stigmatization of gay people was challenged. It was all right while HIV/AIDS remained in the gay culture – they deserved it and the virus would help to clean them up (and wipe them out). But when heterosexuals were also affected it was quite a different kettle of fish and, in addition, acquired a very strong racial dimension.

---

[44] *The Daily Dispatch*, 6 January 1983 and *The Natal Witness*, 8 April 1985.

[45] C.F. Slabber to editor, *South African Medical Journal*, 75 (1 April 1989), p. 349.

[46] S.L. Sellars (Department of Otolaryngology, Groote Schuur Hospital, Cape Town) to editor, *South African Medical Journal*, 74 (20 August 1988), p. 187.

[47] *The Citizen*, 11 August 1988.

[48] The patterns in the white and African communities are different in especially two ways. The sub-variety of HIV 1 most common amongst black South Africans is the same as that found further north in Africa. That found in amongst white South Africans is found in North America and Europe. In whites, 87.4% of cases occurred amongst men who have sex with men. More than 75% of cases in Africans have resulted from heterosexual spread, with additional 10 cases resulting from transmission from mother-to-child. A. Zwi and D. Bachmayer, "HIV and AIDS in South Africa: what is an appropriate public response?", *Health Policy and Planning*, 5, 4 (1990), p. 317. See also *The Star*, 3 August 985 and *Sunday Times*, 4 August 1985.

In late 1987 this scenario indeed became reality for South Africans when an HIV infected woman in KwaZulu-Natal died of AIDS.[49] The death of the victim revealed four important new dimensions of the disease. It highlighted the fact that the KwaZulu-Natal area was worst hit, with an equal number of infected black men and women.[50] Furthermore, it confirmed that heterosexually spread HIV/AIDS had arrived in South Africa. It was also significant, as it was the first woman as well as the first black South African to die of AIDS in South Africa. Reuben Sher emphasised its significance thus: "It should be a reminder to black people that Aids is not a white disease – it affects people of any race."[51]

After that there was a sudden upsurge in early 1989, multiplying rapidly and maintaining a disastrously high rate of infection.[52] This occurred especially amongst the disadvantaged, inner-city heterosexual populations, predominantly black, and poor with at best modest access to health care, and among whom the prevalence of sexually transmitted diseases and high-risk behaviour generally were higher than the national average. [53] HIV has since been almost entirely fuelled by heterosexual transmission.

What was the effect of heterosexually transmitted HIV on stigmatization and discrimination? Increasingly, media coverage of HIV/AIDS described it as a threat to "the general population". The intention of the phrase was to ostracise from "the general population" homosexuals, bisexuals, drug users, sex-workers and people already infected with HIV or AIDS. It was "ordinary people" that were now considered to be at risk.[54] The implication was clear: the general public was innocent of the spread of the virus and was at risk because of the behaviour of others. Consequently, fear of infection by casual contact increased dramatically amongst the general public – most of who had up till now viewed it with detached indifference.[55]

This was especially true amongst white South Africans. For a long time sensationalist writers had primed their readers to expect large-scale catastrophes from the "Dark Continent". This reinforced racist views of the continent and made Africa "the poor

---

[49] HIV/AIDS was not recorded in the black community until 1987. (B.D. Schoub, "Epidemiological considerations of the present status and future growth of the acquired immunodeficiency syndrome epidemic in South Africa", *South African Medical Journal*, 74 (20 August 1988), p. 153.

[50] *The Daily News*, 27 November 1987.

[51] *The Cape Times*, 5 November 1988 and *Beeld*, 6 November 1988.

[52] H. Groeneveld and N. Padayachee, "Stochastic model for medium-term estimation of the prevalence of HIV infection in a South African heterosexual population" *South African Medical Journal*, 81 (January 1992), pp. 67-70.

[53] Black communities in 1994 made up 76% of South Africa's population, with 37% under 15 years of age, a figure which will rise to 50% by 2000. *SAIRR Survey* 1993/94, p. 48.

[54] Crewe, *AIDS in South Africa*, p. 18.

[55] B.D. Schoub, "AIDS in South Africa – into the second decade", *South African Medical Journal*, 81 (18 January 1992), p. 55.

scapegoat of AIDS". [56] It became part of what Ann Larson has called the media's "African disaster" obsession, portraying a continent facing "insurmountable calamities", rather than "problems with social and political causes".[57] In the process myths about the causes of HIV/AIDS engendered outside white South Africans are generally uncritically accepted South Africa.

Prejudice, leading eventually to blame, stigmatization and discrimination abounded: the theory that the HIV virus was developed in American laboratories to wipe out black people and that HIV/AIDS was nature's way of reasserting itself over humanity's overpopulation and ecological "carelessness". The claim that the virus came from the Central African green monkey was one of the most popular but also most lurid myths which eventually strengthened stigmatization and discrimination against black people.[58]

Tales of its origins often reflected the need to blame – this time Africa was somehow being held responsible for the epidemic. It also reflected, on the one side, the profoundly racist views of the continent by white first world culture but also fear of the unknown and the need for a satisfying scapegoat. "The association of black people with dirt, disease, ignorance and an animal-like sexual promiscuity made it almost inevitable that black people would be associated with [AIDS'] origin and transmission".[59]
This tale has featured in newspaper reports, popular magazines and was also given some credence in a South African video, produced by the Free Market Foundation, where the green monkey and the people it was supposed to have infected were portrayed little differently from each other. While the commentary claims that no one really knows where HIV came from, the green monkey story is on screen; long enough to discredit the disclaimer and contributing to conceptualise risk in racial terms.

4. Effects of stigmatization

The disastrous potential of such an epidemic – economically, socially and psychologically – should have triggered massive, concerted action to inform the public and plan for consequences. While many organisations responded with invaluable prevention and care projects, lack of resources and co-ordination, and a population and its leaders apparently unmotivated by any sense of national urgency often hampered their efforts. Part of the explanation for this is that stigmatized and racially ostracised people were involved. The doubly marginalised groups died because they were not considered part of the "the general public". Their health was not a matter of "public concern". Instead they were the "risk groups" "the public" had to be protected from.

---

[56] R.C. Chirmuuta and R.J. Chirmuuta, *AIDS, Africa and racism* (Derbyshire,1987), Chapter 9.

[57] A. Larson, "The social epidemiology of Africa's AIDS epidemic", *African Affairs*, 89, 354 (January, 1990), p. 5.

[58] The monkey has a related strain of HIV in its blood; according to the story, this blood is used for circumcision rites in Central Africa. In this way the virus was 'transmitted' from monkey to man, mutated and developed into HIV, and spread to the rest of the world from there via prostitutes, airline stewards and missionaries. Crewe, *AIDS in South Africa,* p. 8.

[59] Chirmuuta and Chirmuuta, *AIDS, Africa and racism*, p. 1.

Thus the history of HIV/AIDS has made it clear that some people are judged to be worthier of being kept alive than others are.

In addition, the spread of HIV/AIDS did not only raise moral problems of daunting complexity, but also the risk of inducing medieval levels of intolerance and brutality towards the victims. Various coercive measures to control the spread of the disease have been proposed: These include mandatory testing of all immigrants, maintaining a registry of infected individuals and quarantining those infected.[60]

There are many historical examples of the infringement of civil liberties in the name of public welfare, from hanging violators of public health regulations in seventeenth century Rome, through travel restrictions and quarantining children during the polio epidemics of this century, to the isolation of TB patients. Such measures of isolation, at exorbitant cost, have usually generated considerable public panic and distress, while failing to stem the progress of epidemic diseases.

Likewise, in a survey on peoples' perceptions in 1987, some people wanted HIV/AIDS sufferers sent to gas chambers whilst 61% wanted to isolate them.[61] Sixty six percent of teenagers said sufferers should be removed from schools or the workplace.[62] There were indeed also calls for isolation and travel restrictions and that promiscuous people should be forcibly quarantined and children infected with HIV/AIDS or in contact with HIV/AIDS sufferers should be expelled from schools.[63] Bans on immigrants and access to swimming pools and hospitals were raised.[64] In legal quarters appeals were made that infected prostitutes should be charged with anything from manslaughter to even murder.[65] Others appealed that gay people should be registered and not allowed into public swimming pools.[66] It was suggested that legislation should be considered to make it a criminal offence for homosexuals and members of other high-risk groups

---

[60] B. Schoub, "AIDS in South Africa – a time for action", *South African Medical Journal*, 71 (1987), p. 677.

[61] *Sunday Times*, 7 June 1987.

[62] *The Citizen*, 23 June 1987.

[63] Quarantine is only effective where diseases are easily identified, facilities are available and treatment can cure or ameliorate the condition. To test millions of healthy people and then incarcerate those infected for up to ten or fifteen years, is not socially or economically feasible. Most countries, with the highly-publicized exception of Cuba, have avoided quarantining the infected. Van der Vliet, *Politics of AIDS*, p. 64.

[64] Van der Vliet, *Politics of AIDS*, p. 27.

[65] *The Sunday Star*, 24 January 1988

[66] *The Star*, 27 February 1985; *The Cape Times*, 27 February 1985 and *The Citizen*, 5 March 1985.

to donate blood.[67] An advertisement of an insurance company featured a man hanging upside down from a biplane and carried an exhortation not to cross-subsidise HIV/AIDS sufferers. The message implied that those who contracted HIV did so because of an irresponsible lifestyle and that HIV/AIDS care should not be the average person's concern. These images fed into social prejudice and stigma related to the disease. It is noteworthy that the insurance company did not deal with another public health risk such as smoking in the same stigmatising way.[68]

Public panic about HIV/AIDS had wide repercussions. In spite of reassurances some people still refused to be served on aeroplanes, incidents occurred where families were driven out of communities, people lost their jobs and children were not allowed in schools.[69]

The next part of this section will focus on an exploration of some of the ways how the "plague mentality" was expressed and implemented by society's health, education and social institutions.

4.1 Fear and anger amongst stigmatized groups

The process of stigmatization caused fear and anger amongst the stigmatised groups. It politicised the issue of HIV/AIDS in ways that drove them even further underground where they became harder to reach with HIV/AIDS intervention programmes.[70] Blame and denial thus exacerbated the prejudice and fear that remained the greatest barrier to AIDS education. In Kwazulu-Natal, for example, by 1994 there was still no black person willing to go completely public about their HIV status.[71]

Given the long history of racism and that it was now being linked to stigmatization the hypersensitivity of African people to being associated with HIV/AIDS was (and still is) understandable, but dangerous. Cynics amongst blacks called HIV/AIDS "the white man's disease". They claimed the West was trying to pin the blame for HIV/AIDS on Africa, arguing that HIV/AIDS cannot be a serious problem when the only place where they see people with HIV/AIDS is in foreign documentaries on television.[72] The huge black-white divide promoted by apartheid thus made it difficult for black South Africans

---

[67] *Die Burger,* 9 July 1983; *The Sunday Star,* 11 August 1985; *The Citizen,* 15 August 1985 and *Beeld,* 30 January 1986.

[68] J.M.L. Klopper, *et al,* "AIDS and the social irresponsibility of the insurance industry", *South African Medical Journal,* 83 (September 1983), p. 690.

[69] *Beeld,* 11 April 1987.

[70] Van der Vliet, *Politics of AIDS,* p. 57. Stigmatization of course did not itself necessarily preclude effective education. Cultural values might also have played a role in denying acknowledgement of infection.

[71] A. Jaffe, "Morality and AIDS", *South African Medical Journal,* 84 (March 1994), p. 170.

[72] *WorldAIDS,* January 1993, p. 13.

to take HIV/AIDS seriously even when it was raised by white health officials. Moreover, the initial link between HIV/AIDS and homosexuality led many Africans to deny that it would become an issue for them, since homosexuality was a "Western problem".

A survey conducted in 1994 amongst all racial groups revealed that 80% of whites believed HIV/AIDS was a "black" disease while 47% of blacks believed it was purely a white man's disease as well as a white invention to control the population. Indian and coloured people again believed it was a "black" disease.[73] In another survey during the same year, it became clear that there was a big difference between attitudes of the different cultural groups towards HIV+ people. The attitude of black people and Afrikaans speaking white people was considerably more unfavourable than that of coloured people and English speaking white people. Indians' attitude again was more unfavourable than that of English speaking white people.[74] Clearly, blaming "the other" freed each group to think the disease would not affect them and illustrated how highly fragmented the South African society was (and still is).

4.2 Political reactions

The association of HIV/AIDS with marginalised groups meant that governments could ignore HIV/AIDS because it was supposedly only affecting "expendable" groups and not the general population. Ivan Toms maintained that: "Generally, the state health department remained wedded to the notion that AIDS is the result of profligate sexual behaviour and the best remedy is celibacy."[75]

He was quite right. In government circles there had been a strict ban on focusing on homosexuality. Dr Coen Slabber, the director-general of the Department of Health and Population Development, openly stated: "Homosexuality is not accepted by the majority of the population and certainly not by the Afrikaans-speaking population. To advocate that homosexuals use the condom is therefore very difficult."[76] In addition, Slabber stated publicly that the government would do nothing to assist the homosexual community in the prevention of HIV infection, as this was the community's "own affair".[77]

This attitude, based on stigmatization of the group, made it almost impossible for explicit sex education messages to be directed at gay people. It was therefore no surprise that the first anti-AIDS campaign of the Government was criticised as paying too much regard to the sensitivities of conservatives in that it did not sufficiently address those

---

[73] *Financial Mail*, 8 July 1994 and *The Star*, 8 September 1994.

[74] A. van Dyk, " Vigs-voorligting: Kennis, houdings en gedrag in 'n multi-kulturele, heteroseksuele konteks", *Koers*, 59, 2 (1994), p. 231.

[75] Ivan Toms, "AIDS in South Africa: Potential decimation on the eve of liberation", *Progress* (Fall/Winter 1990), pp. 13-16.

[76] Zwi and Bachmayer, "HIV and AIDS in South Africa", p 321.

[77] J. Pegge, G. Isaacs and S. Miller, "Networking: A prevention and care strategy for the gay community in South Africa". Monograph (1987).

groups more prone to infection, especially male homosexuals. The advertisements only vaguely warned against "sleeping around".[78]

As far as HIV/AIDS in the black communities was concerned the "separateness" of racial groups permitted a lack of concern for health problems in townships and squatter areas on the part of urban decision-makers. In a society riddled with racial paranoia, once whites realised that the major impact of the disease would be in the townships and peri-urban areas rather than in their suburbs, they chose to ignore the epidemic. Consequently HIV/AIDS prevention and treatment in black communities did not receive the attention or resources they deserved.[79]

In very practical terms, this attitude resulted in very little and late funding.[80] As HIV/AIDS was moved to the political back burner - mainly due to stigmatization - the conservative ruling party crippled information initiatives. A tiny HIV/AIDS budget, inappropriate programmes, insufficient consultation and puritanical attitudes to sex education in black and white communities characterised early governmental responses. Moreover, in the South African context distrust and suspicion of government campaigns in the black community aggravated the universal problems of disbelief and denial.[81]

As Ivan Toms observed of the old regime, there was simply, "no possibility that the government could, even if it [had] the inclination, run an effective campaign to limit the spread of HIV infection. It [has] no credibility, or legitimacy whatsoever among blacks."[82] Given this lack of legitimacy, even a good anti-AIDS programme would not have been successful in the black communities.

As a result, nothing effective was done in the 1980s and by refusing to admit the extent of the problem or to begin informing and educating the populace, valuable time was lost.[83] Too often governments have to believe a threat exists for the general population before significant action is taken. This only happened in the late 1990s as the general population became seriously under threat.

A significant right wing minority, oblivious of its human and economic costs, seemed to take a grim satisfaction from projections that suggested that HIV/AIDS amongst the

---

[78] *Financial Mail,* 26 February 1988.

[79] Cross and Whiteside, *Facing up to AIDS*, p. 71.

[80] Initial government reaction was not adequate. In 1987 R1 million was spent on AIDS prevention, and in 1989 R5,4 million. A. Whiteside, *AIDS in Southern Africa. A position paper for the Development Bank of Southern Africa.* Economic Research Unit, University of Natal, Durban and Development Bank of Southern Africa, Halfway House, 1990, p. 17.

[81] Kuhn, Steinberg and Mathews, "Participation of the school community in AIDS education", p. 161.

[82] Toms, "AIDS in South Africa", pp. 14.

[83] Van der Vliet, *Politics of AIDS*, p. 58.

black population would "solve" the "overpopulation problem."[84] To them this would also solve the country's political and demographic problems, implying that whites may be somehow immune. Clive Derby-Lewis, Conservative Party member of the tricameral parliament, was quoted as saying, "If AIDS stops black population growth, it would be like Father Christmas."[85] The same party's newspaper, *Die Patriot*, used the rapid spread of HIV among blacks as an argument against the abolition of the Separate Amenities Act.[86]

The threat of an epidemic in the black community was thus used to stir up racial prejudice, win political points and support and demand renewed segregation. Moreover, this right wing minority used HIV/AIDS to instil into their white supporters fear of any contact or integration with black South Africans by suggesting that HIV/AIDS could be passed on in social or physical contact in desegregated facilities such as schools, hospitals and swimming pools. In pursuit of political gain they refused to accept scientific evidence that the virus cannot be transmitted casually or through mosquitoes.[87]

There was also a strong sense of resentment against black people who were infected, as implied by Keith Edelston:"White taxpayers will, as always, fund costs resulting from large numbers of infected blacks... Truly will white taxpayers... be justified in saying 'never... has so much been owed, by so many, to so few.'[88]

Leaflets dropped in townships during March 1989, and echoed by the Conservative Party, reinforced this view. It called for HIV/AIDS-infected exiles not to be allowed back into South Africa.[89] An anonymous right wing group openly blamed the ANC for bringing HIV/AIDS to South Africa.[90]

4.3 Quarantine

Quarantine was a way of expressing public fears about outsiders or socially unacceptable groups, rather than dealing with or preventing a disease. It gave concrete form to popular demands for a boundary between the "diseased" and the "clean".

---

[84] S. Robertson, "Doomsday – chimera or reality?", *South African Medical Journal*, 79 (1991), pp. 566-567.

[85] Van der Vliet, *Politics of AIDS*, pp. 113-114.

[86] *Die Patriot*, 12 October 1990.

[87] Crewe, *AIDS in South Africa*, p. 73 and S. Leclerc-Madlala, "Infect one, infect all: Zulu youth response to the AIDS epidemic in South Africa", *Medical Anthropology*, 17 (1997), p. 364.

[88] K. Edelston, *AIDS countdown to doomsday* (Johannesburg, 1988), p. 186.

[89] Crewe, *AIDS in South Africa*, p. 59.

[90] Zwi and Bachmayer, "HIV and AIDS in South Africa", p. 319.

There was a disturbingly strong lobby for the isolation of people with HIV infection along the lines of the TB sanatoriums of the last century. Proposals varied from suggestions that all people testing HIV+ should immediately be removed to places of safety[91], to very condescending suggestions that positive people could be productively grouped, while isolated, to grow lettuces or make furniture, so that despite being so diseased they would still feel that life had some value, and they had some contribution to make.[92] Fortunately these ideas were not implemented but it is important nonetheless to take note of the perspective.

4.4 Testing and deportation

The clamour for obligatory testing was loud. The age group between fifteen and fifty years is most affected by the HIV epidemic. This group constitutes the bulk of South Africa's workforce. Industry consequently quickly became concerned about the effect of a high rate of infection among workers and adopted a policy of exclusion, in effect meaning stigmatization and discrimination. They demanded that prospective employees give an indication of their "risk" - in other words, were they gay? Some went further and insisted that job seekers should be tested before they were deemed employable, taking the attitude that you have nothing to fear if you have nothing to hide. Others demanded the right to test their entire workforce. One reason for testing, it was claimed, was because of the demand to protect other people in the workforce. This had little justification, as it is of course impossible to transmit the virus through normal day-to-day casual contact.[93]

South African Airways and the massive electricity provision company (ESCOM) were the first two of the many companies who began to demand HIV/AIDS tests. If employees were found to have a seropositive status they were not re-employed. The South African Defence Force followed the same policy.[94]

Some medical aid and insurance schemes made HIV/AIDS a special medical category on its own, demanding HIV tests and accepting and/or rejecting clients on the basis of the tests. A self-righteous euphoria surrounded these strategies of separating out the chaste from the promiscuous, the diseased from the healthy, and the clean from the dirty. Testing thus reinforced the "them" versus "us" situation. Even more invidious was the suggestion that only certain categories - invariably the marginalised, powerless, or

---

[91] Kuhn, Steinberg and Mathews, "Participation of the school community in AIDS education", p. 165. In a survey amongst street children, as recent as 1997, the attitude towards anonymous other people with AIDS was outspokenly angry and intolerant. In general, they felt that these people should be isolated and even killed. J. Swart-Kruger, "AIDS-related knowledge, attitudes and behaviour among South African street youth: Reflections on power, sexuality and the autonomous self", *Social Science and Medicine,* 45, 6 (1997), p. 961.

[92] Sentiments expressed by businessmen hoping for support financially and ideologically from Community AIDS Information Centre, Johannesburg, September 1990.

[93] Crewe, *AIDS in South Africa*, pp. 16, 47, 51 and 59.

[94] Pegge, Isaacs and Miller, "Networking". Also see *The Star*, 3 March 1990.

unlawful - should be tested: all homosexuals, all migrant labourers and all intravenous drug users.

Because of the stigmatized nature of society's response to HIV/AIDS, anonymous testing became essential to encourage people to learn their HIV status. A positive test result for HIV in strong association with either being gay, black or both could conceivably have many repercussions over occupation, social and familial lines. The result was that many people were not tested because they had a realistic fear of the social consequences.

This clear division of "them" and "us" along racial lines and denial of any threat to whites, as well as discriminatory attitudes towards both gay and black people, made it easy to design policies which treated black or gay employees as dispensable. One owner of a small business had a solution worked out: "Well, there's lots of them out there, and if I find HIV-positives, I will go and find negatives and replace them - simple as that. I can't get myself worried about the positives - they had the sex. Not me."[95] Refusal to employ people who test HIV+ meant sanctioning large-scale unemployment for people who were perfectly capable of working. It was both counter-productive and morally indefensible.[96]

It would be comforting to think that attitudes such as these only prevailed in the early stages of the disease and were a consequence of ignorance and fear fuelled by racism. Unfortunately, however, similar views were still being expressed in the early 1990s and being taken seriously.[97]

By August 1986 it became clear that the number of foreign workers (especially Malawians) infected with HIV and working on the South African mines was becoming a problem for the government. Moreover, the Conservative Party opposition claimed that many of the approximately 40 000 exiles were living in countries with a high incidence of HIV/AIDS and urged the government to adopt a testing policy before allowing exiles into the country. The government, now anxious about this political criticism as well as the spread of the disease, then declared that HIV positive migrants constituted a danger to society and demanded their repatriation. For the government the danger of the spread of HIV was increased by the alleged homosexual activities in the single sex hostels.[98]

---

[95] Crewe, *AIDS in South Africa*, p. 60.

[96] HIV infection alone does not affect people's ability to do their jobs. Ultimately they may well develop AIDS or consequent illnesses that make them unable to work as before, but there is no reason why people who are HIV+ cannot continue to work normally as long as they are fit to do so.

[97] These views were raised repeatedly in the experience of AIDS and health-care workers, in Hotline calls and in requests to the Community AIDS Information and Support Centre for education and training programmes.

[98] *The Citizen*, 30 August 1986.

Consequently, on 30 October 1987 legislation was published ruling that non-South Africans who were HIV+ or had AIDS could be denied entrance to the country or be deported. This sparked speculation that the government might have a hidden agenda: it might use an HIV/AIDS scare as an excuse to begin large-scale repatriation of foreign workers in South Africa - especially Mozambicans.[99]

However, the Chamber of Mines disagreed and wanted to follow what they called "the compassionate road" and kept the 130 infected employees. However, they would repatriate them once they became ill and unable to work. To them there were as yet no proven cases of HIV/AIDS in mining. Repatriation would have no significant impact on the spread of the disease in South Africa. However, the contracts of the HIV+ mineworkers were not renewed.[100]

Generally the newspapers supported the policy of the Chamber of Mines. The editor of *The Daily News* remarked thus:

> To consign the victims to the uncertainties of central African medical care facilities would be rather like the medieval practice of expelling lepers from the cities and compelling them to ring warning bells. If we have not learned much more about compassion since the dark ages we have at least learned... how to ease the lot of these unfortunate people without their posing much risk to society.[101]

A year later nothing had yet been done about repatriation but the number of infected miners had grown to 946. This made the government adamant to repatriate foreigners who were HIV carriers and to provide for the compulsory isolation and treatment of South African victims and carriers.[102] In late 1987 over 1 000 migrant miners were ordered to be repatriated but this was denied by the Chamber of Mines.[103]

However, the government was criticised from various quarters for its harsh approach. According to the *Business Day* victims already in the country were entitled "to humane consideration, to treatment, to consultation on their repatriation and to assistance to ensure they do not go home to starvation as well as sickness." [104]

Health officials such as Dr Dennis Sifris, head of the Immune Deficiency Clinic at the Johannesburg Hospital, noted that repatriation of foreign workers with the disease

---

[99] *Sunday Times*, 31 August 1986.

[100] B. Brink and L. Clausen, "The acquired immune deficiency syndrome", *Journal of Mine Medical Officers Association*, 63 (1987), p. 433; Also see *Business Day*, 29 August 1986 and *The Star*, 29 August 1986.

[101] *The Daily News*, 29 August 1986.

[102] *The Citizen*, 4 September 1987 and *The Star*, 5 September 1987.

[103] Zwi and Bachmayer, "HIV and AIDS in South Africa", p. 323.

[104] *Business Day*, 7 September 1987.

would not combat its spread. To him HIV was a fact of life in South Africa and "shunting a few hundred of the sufferers around the world was not going to prevent an epidemic."[105] These views indicate that reactions to HIV/AIDS were not only condemning and racist.

By January 1988 the government's programme to repatriate HIV infected foreign workers became deadlocked. Not a single repatriation had been carried out. The chief obstacle was one of South Africa's most sacrosanct medical/legal principles: the rule of confidentiality. It specifies that no HIV/AIDS sufferer may be identified without his express consent. This effectively paralysed the Government's repatriation plans.[106]

4.5 Refusal of medical care

Some health care workers had a paranoid fear and were afraid to interact even casually with HIV/AIDS patients.[107] Some doctors demanded the right to test all their patients whilst some surgeons refused to operate on patients with HIV/AIDS.[108] For example, enormous problems had been experienced at the Johannesburg General hospital where cleaners, nurse-aids and other staff either dressed up in "astronaut suits" to deliver food to HIV/AIDS patients or refused to go into their wards. The husbands of nurses also pressurised them not to care for HIV/AIDS patients.[109] As a result, many people who have been hospitalised with HIV have awful stories to tell of being placed in isolation and of their meals being left for them in the corridor.

Specifically, dentists reacted with vigour to the possibility of HIV transmission from patients, with some dentists refusing to treat HIV+ people, and others dressing up in elaborate infection control outfits. [110] Somewhat naïvely Dr L.S. Marensky claimed that HIV+ patients sent to the department were treated with the utmost care and sympathy and that no request for treatment had been refused. But then he revealed that his stigmatization mind set had not changed because he also stated that "a special clinical area has been set aside and equipped for this purpose."[111]

---

[105] *The Star*, 22 September 1987. See discussion on the position in the USA: G.G. Keyes, "Health-care professional with AIDS: The risk of transmission balanced against the interests of professionals and institutions", *Journal of College and University Law*, 16, 4 (1990), pp. 589-621.

[106] *The Sunday Star*, 24 January 1988.

[107] *The Sunday Star*, 4 January 1987.

[108] Crewe, *AIDS in South Africa*, pp. 27 and 47.

[109] *The Daily News*, 20 March 1987.

[110] A study conducted among 700 dentists showed that only approximately 50% were prepared to treat HIV+ patients. J. Terblanche and C.A. van der Merwe, "Vigs: 'n Meningsopname onder tandartse in the RSA", *Journal of the Dental Association of South Africa*, 43 (1988), pp. 405-408.

[111] L.S. Marensky (Department of Oral Medicine and Periodontics at the University of Stellenbosch) to editor, *South African Medical Journal*, 75 (21 January 1989), p. 87.

By 1991 this issue had erupted into a major ethical debate. Some complained that the rights of the HIV-infected patient were propagated but little mention was made of the rights of the health care workers.[112]
However, the South African Medical and Dental Council's (SAMDC) guidelines were explicit in this respect. Doctors were not allowed to refuse to treat a patient on the grounds that he or she was HIV+. There was at least sensitivity that strategies to identify HIV carriers or members of so-called "high risk groups" positively would be offensive to these people and alienate them.[113] Dr G.J. Knobel saw it as:

> ...a tragedy that in a changing South Africa members of the medical profession [in this case Professor E.H.W. Erken of the University of the Witwatersrand Medical School] at one of the very institutions which has gallantly fought for equal human rights for all persons are now violating these same principles, no longer on the basis of skin colour or political persuasion but on the HIV status of their patients.[114]

In August 1992 doctors at the Chris Hani Baragwanath Hospital stated categorically that they upheld the principle of non-discrimination in treating HIV-infected patients.[115] The firebrand, Dr Knobel, forcefully recommended that the College of Medicine of South Africa should adapt its credo to read that "The College is opposed to all forms of discrimination on the grounds of personal prejudice or on the grounds of race, religion, gender, sexual orientation, nationality, political affiliation, social standing or nature of the disease."[116]

Nevertheless, some doctors differed from the SAMDC's ethical approach to HIV, namely that treatment of HIV infection should not differ from that of other life-threatening illnesses. In a study 36% believed that ethical considerations were different in that most life-threatening illnesses were not contagious and that the stigma of HIV infection was unlike that associated with other illnesses.[117]

---

[112] J.H. Jackson, "Guidelines on HIV infection and AIDS", *South African Medical Journal*, 80 (November 1991), p. 459.

[113] F.J. Muller, letter to the editor, *South African Medical Journal*, 72 (4 July 1987) p. 90 and G.J. Knobel, "Medicolegal issues in caring for people with HIV infection", *South African Medical Journal*, 74 (20 August 1988), p. 151.

[114] G.J. Knobel, "Calling the AIDS shots at Wits – 'Guidelines on HIV Infection and AIDS'", *South African Medical Journal*, 80 (17 August 1991), pp. 170-171.

[115] I.R. Friedland, *et al*, "AIDS – the Baragwanath experience", *South African Medical Journal*, 82 (August 1992), p. 89.

[116] G.J. Knobel, letter to the editor in *South African Medical Journal*, 81 (1 February 1992), p. 170.

[117] I.R. Friedland, "HIV-related practices and ethics – survey of opinions in a paediatric department", *South African Medical Journal*, 79 (4 May 1991), p. 530.

In the same vein other doctors argued that HIV infection was largely a behaviour-related disease and preventable by changing behaviour. Was it not reasonable that they should have the right to protect themselves by allowing them the choice to treat HIV/AIDS patients? By caring, HIV could be contracted by the innocent. In a somewhat bizarre comparison, they raised the example of someone who might attempt to save a person from drowning but if there were crocodiles in the water, he might refrain, "particularly if the drowning person was aware of the 'crocodiles' when he waded into the water!"[118] The sub-text clearly reveals blame, stigmatization and discrimination.

There is no denying that many doctors were reluctant to treat HIV+ patients as there had indeed been cases of blood-borne transmission to health workers. However, as understanding and knowledge of the transmission and control of the disease increased, so have the attitudes of many health care workers towards HIV/AIDS patients been transformed.

4.6 Education

The exclusion of stigmatized groups has been a very common practice in initial HIV/AIDS prevention education carrying the notion that these groups were not part of the "general population". HIV/AIDS only became serious when more heterosexuals were affected. Stigmatization was thus one of the most important reasons why government education departments were so reluctant to allow any discussion of HIV/AIDS in schools other than by trained "insiders" and why there was a continuing refusal on the part of most people to recognise AIDS as a threat to all.[119]

Its effect was disconcerting – a wasted opportunity to effectively inform the youth. Whilst the former Transvaal Education Department eventually committed itself to HIV/AIDS education programmes, these had to be strictly based on "cultivating a lifestyle based on high moral standards, chastity and being aware of the ideal sexual relationship: one man with one woman".[120] A specific middle-class morality was thus subscribed to – a direct result of exclusion of stigmatised groups.

However, the "Advisory Group on AIDS" strongly recommended that education should be aimed at the nature of the transmission of the disease.[121] It stated emphatically,

---

[118] A. Coetzee and A. van Huyssteen, "The choice to treat patients with AIDS", *South African Medical Journal*, 81 (May 1992), p. 294. Also see B.N. Pitchford to editor, *South African Medical Journal*, 81 (1 February 1992), p. 171.

[119] Crewe, *AIDS in South Africa*, p. 19. See also Transvaal Education Department Circular Minute 79/88.

[120] Transvaal Education Department Circular Minute 70/88. This policy was reaffirmed at a workshop organised by the AIDS unit of the Department of National Health in 1991.

[121] This body was created in the late 1985 to advise the government on HIV/AIDS policy. Most of the group members were scientists, clinicians and economic people. There was very little public input.

"That this should be done in a way that offers no comment on the sanctioning or otherwise of homosexual activity."[122]

This sympathetic approach was reiterated during the next year by the most influential advisers in the medical profession when they spelled out that the aim of HIV/AIDS education should be to make the public aware that all sexually active individuals are at potential risk of contracting HIV, and not only people who are considered to be in a so-called "high risk group".[123] C. Mathews, *et al* stated in 1990: "There is a need for education that promotes non-racialism, without stigmatising any other sub-group and presents sex in a non-judgmental and open way."[124]

The reality and dangers of HIV/AIDS and the necessity to do something about it even struck conservative Afrikaners circles. The Afrikaans Sunday newspaper, *Rapport*, appealed to education departments to drop their prudish attitude with regard to sex education.[125]

5. Conclusion

It seems that perceptions of and reactions to HIV/AIDS in the South Africa of the 1980's and early 1990s were indeed strongly influenced by stigmatization and discrimination. Moreover, the latter were then foisted on those already socially and politically marginalised: homosexuals and black people. People who had a very narrowly defined and even fundamentalist morality and who were clearly prejudiced did this. Whilst one should be careful not to generalise about reactions based on only the responses of these people (the majority was clearly, initially, unconcerned) it is important to take note of their views as some were influential in determining government policy. However, as indicated, there is also convincing evidence of people who did not stigmatise or discriminate against HIV/AIDS sufferers but treated them with tolerance and compassion.

An important departure point in this article was to make use of the anthropological concept of "the other". This was particularly useful to understand a new discriminatory category: "them" as "high risk groups" and "us", meaning people who denied they were at risk. This division made it possible why "us" blamed "them" as the cause of the epidemic. As indicated, many blacks called HIV/AIDS the "white man's disease". There was little understanding of the fact that it was not group membership but a particular personal behaviour pattern that put people at risk. However, as increasing numbers of

---

[122] Advisory Group on AIDS to the Department of National Health and Population Development, "Strategic plan for the containment of AIDS in South Africa", *South African Medical Journal*, 73 (16 April 1988), p. 495.

[123] L. Sherr, G. Christie, R. Sher and J. Metz, "Evaluation of the effectiveness of AIDS training and information courses" in *South African Medical Journal*, 76 (7 October 1989), p. 359.

[124] Mathews, *et al*, "Knowledge, attitudes and beliefs about AIDS", p. 515.

[125] *Rapport*, 22 March 1987.

heterosexuals became infected, perceptions started to change: the general public was now at risk and, given the racial history and context of South Africa, HIV/AIDS was now increasingly seen in racial terms. From initially stigmatising homosexuals *en masse* as a "high risk group" black people were added to the "other" by the end of the 1980s.

It seems as if there were a number of factors which indeed support the argument that stigmatization of marginalised groups, racism and homophobia as well as conservative morality contributed greatly to a low-key response to HIV/AIDS by the authorities. By placing HIV/AIDS sufferers in the category of a marginalised group the government could ignore the issue as it was too threatening for the prevailing morality. This explains why discussion of HIV/AIDS in schools was only reluctantly granted. The stigmatising of homosexuals made sex education for gay people almost impossible. The stigmatization of black people politicised the issue along racial lines. Any government educational programme was distrusted rendering it nul and void. On the other hand, insufficient treatment and resources were allocated to black communities to combat the disease. Moreover, HIV+ people were extremely unwilling to publicly acknowledge their HIV status. This state of affairs still continued into the early 1990s.

Since the late 1980s hasty attempts were made to highlight the threat of an unchecked spread of the infection into the larger group which was previously thought to be "immune". But the damage has been done. In the minds of most South Africans stigmatised groups were safely ostracised. Stigmatization had created severe prejudices. Whilst the health of the whole population was gravely at risk, for many contracting HIV was still unthinkable. It was thus very difficult - even impossible, as the later history would reveal - to change this mindset and to take it seriously as a threat to everybody.

Being such an intolerant and divided society on so many levels undoubtedly contributed to the inability of the government specifically to launch a comprehensive and sensitive anti-AIDS programme during the time under discussion.

One small benefit South African society might have derived from HIV/AIDS is that it was forced to drop some of the hypocrisies in order to confront this disease. The reality about HIV/AIDS in some quarters conquered religious objections, cultural taboos, ostrich-like complacency, xenophobia, prudishness, sheer ignorance and combinations of these.