

Negotiating Power and Profitability of HIV/AIDS in South Africa

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Chapter I

Introduction

HIV, or the human immunodeficiency virus, may manifest in the body as acquired immune deficiency syndrome (AIDS). According to the most updated scientific literature, HIV is a retrovirus which infects cells of the body's immune system and destroys their function (UNAIDS 2004). HIV/AIDS may also be a condition of poverty, an effect of choice, or coercion, a condition of inheritance. It is a personal part of identity, a daily experience, or cause of death. For people living in countries of Africa, where 75% of all deaths from HIV/AIDS occurred in 2004 (UNAIDS 2004), the disease is primarily one of oppressive and repressive poverty. Inside of this exacting reality, the communal context of living with HIV/AIDS has given rise to movements that strategically seek to contest the way in which the disease is defined and formalized. Often, these movements locate ordinary people, in their private and public lives, in radical contestation with those forces that institutionalize HIV/AIDS. In this context, resistance movements and the individuals who grow them describe an inherently political battle that cannot be ignored. .

For many South Africans affected with HIV/AIDS, the decision to contest and resist their institutionalization has led to direct conflict with state elites and an array of public and private organizations who seek to represent them inside a neo-liberal framework. These elite organizations, inclusive of scientific researchers, act as political and economic stakeholders who are engaged in the 'business' of HIV/AIDS. Collectively, the 'business' is to extract and appropriate HIV/AIDS as a profitable object of study and discourse. The process promotes intense battles over the symbolic value of

HIV/AIDS. This happens with an eye to increasing profits for its stakeholders. In the ‘business’ of profits and power, the capitalized value of HIV/AIDS is not simply a matter left into the invisible hands of the marketplace. Rather, globalized systems of economic advantage which privileges whiteness and patriarchy (McFadden 2000) discourse is structurally symbolic as it exists as a commercial representation of power (Said 1978, Spivak 1978). As a result, millions are structurally barred from the ‘truthmaking’ about their impoverishment and are further obscured from the capitalized decisions about the production, trade and sale of their bodies and its parts.

Scope

This study seeks to investigate the constitutive elements of the politics of HIV/AIDS in South Africa. It draws on the handling of the pandemic in South Africa and the consequent international discourse generated by selected institutions, individuals and movements who have sought to formalize HIV/AIDS and its relation to neo-liberal concerns with public health, and research and development. The argument developed in this paper is concerned with contextualizing these neo-liberal concerns within the corresponding relationship that “masks” preservation of white privilege and patriarchy. This paper offers an alternative to the mainstream theorization of HIV/AIDS that will, in the tradition of critical theory within post colonial, radical feminism and critical race theory, discuss the nuances of these “masks” which constrain transformational action around HIV/AIDS.

Generally, it will use Homi Bhabha’s definition of postcolonial studies that

“postcoloniality, for its part, is a salutary reminder of the persistent 'neo-colonial' relations within the 'new' world order and the multinational division of labour. Such a perspective enables the authentication of histories of exploitation and the evolution of strategies of resistance. (Bhabha, 1994, 6).

Much of the literature in post colonial studies has been focused on the discursive, textual and representational projections of the West versus the Other, as influenced by Robert Foucault, Jaques Derrida, and Edward Said. Said in particular has linked sites of discursive production to the larger imperial project. As Benita Parry theorizes, in order to deconstruct Eurocentric premises of the discursive apparatus which constructed the notion of the Third World as racialized Other, (1999) its political economic tools must be considered. Therefore, this study will also use Frantz Fanon’s discussions of the Other, which works from the premise that the preservation of whiteness as historically entailed violence. As the colonial project illustrates, capitalist extraction and accumulation exploits and subordinates human beings. As Fanon shows, racialization continues to be a systematic means through which to control this process in the interest of the colonial (or neo-colonial) elite.

As ‘the West’ will be used in this paper, it is helpful to establish what it will mean. As Aijaz Ahmad states,

“The so-called West, like the third world, is of course a very amorphous thing, but even individual nations cannot just have one ideology or a single culture. Each nation, I think, is comprised of clusters of ideological and cultural contestation...[rather] access to particular forms of cultural production are determined by the complexes of knowledge assembled in the Anglo-American universities and publishing houses” (Wood and Foster 53).

The ‘West’ will be used to describe relationships between colonial/neo-colonial powers and post apartheid Africa. Neo-colonialism describes a relationship wherein the “Global

North” of the most advanced capitalist consolidates wealth through exploitation and appropriation of the so called ‘productive’ bodies of the “Global South.”(Shiva 2001)

These relationships will be viewed in the context of a globalized consumer capitalism, where Vandana Shiva’s perspectives on the political economy of intellectual property and science enrich the discussions. Inside this framework, elite decisions to extract and appropriate HIV/AIDS in South Africa are made inseparably from the forces of mass production, marketing, profiteering and systems of mass communication which grant symbolic worth. Inside this consumer capitalist context, ‘what image goes with what product,’ is calculated by virtual realities of their institutionalized representations. In this context, the role of the state and its relationship to social movements in South Africa will be considered. Conceptualizing the state will follow what William Robinson argues is a globalization driven by the integration of the ‘transnational state’ into systems of global production which function in the interests of a transnational capitalist class (2004).

Even in the contained attempt to move beyond subjugated/dominator binaries, this paper has several limitations. The analysis will remain limited in some degree by the focus on transnational elites and affiliated institutions as seen through the lens of postcolonialism. As Gloria Chataravorky Spivak contends, no one complicit in the imperial project is able to speak for the ‘subaltern’ without privileging their structural positions to dehumanize. Furthermore, as Benita Parry’s cautions, “no system of coercion or hegemony is ever able to determine the entire range of subject positions” (1999, 216). In this way, the study following does not displace the centrality of oppressive mechanisms in the constitution of realities; rather, it seeks to describe the very

arrangements of power which advance and consolidate historically defined relationships. Another difficulty in this work is by virtue of the location from which it is written. In particular, it is difficult to locate the specific nuances of community resistance due to issues of access, though it will draw on radical feminist writings of what has been called the Women's Movement in Africa (McFadden 2000).

Methodology

The paper will accomplish the above objective by making central two case studies through which to examine and analyze the formations of public discourse around HIV/AIDS in South Africa. It will primarily use qualitative data as found in both primary sources including speeches, letters, affidavits, official government and non-governmental statements, interviews, press releases and letters, as well as secondary sources such as academic journal and magazine articles, books and newspapers articles. It will make reference to qualitative data in order to support these arguments as gathered from epidemiological and survey studies. The period between 1998-2004 will maintain the central discussion, but the discussion will also take into consideration the development of HIV/AIDS since 1982 and the way the emerging discourse was informed with historically significant trajectories.

The two main points of departure will be: Thabo Mbeki's contentious positions in the HIV/AIDS debate since publicized in 2000 as an act of resistance and the TAC's emergence and maintenance as a treatment rights social movement. Both of these will be examined as acts of resistance that nonetheless function in the interests of neo-liberal,

white privileged interests. In this framework, Thabo Mbeki and his administration are examined inside the political tensions of neo-liberal integration pressures and the project of African Renaissance. TAC is examined as a social movement arising in 1998 in direct response to the Pharmaceutical Manufacturers case against violations to free trade agreements in the South African government's Medicines and Related Substances Control Amendment. These case studies are set in the context of post-apartheid South Africa emerged ten years ago as a liberal democratic state through the negotiated settlement that ended apartheid. Nevertheless, it is recognized that South Africa has retained many legacies of its exclusionary policies that still structurally privilege the majority of whites over the black and colored populations. Particular attention to the rise of feminist development discourse and "rights mainstreaming" will help to shape these two case studies.

Therefore, this paper will examine the following guiding questions:

1. How can the HIV/AIDS discourse be viewed as a reflection of transnational permutations of whiteness, manifested in neo-liberal political economic structures and methods of mass communication that privilege elitist-consumerist, racist and patriarchal systems of power? In other words, who gets licensure to speak about, write about, and intervene into the epidemic in South Africa?
2. How can and how do multinational corporations (as they underwrite scientists and manufacture and sell drugs); development institutions (as they are supported by states and the individuals who act in their interests); states (as they function to

advance elite interests and represent constituencies); and social movements (as they traverse the interpolations between state, corporate and individual constituencies) and the academy (as they support research by individuals) attempt to represent people of color with HIV/AIDS in South Africa in particular? How do they represent whiteness? And what role does mainstreaming human rights and mainstreaming gender play in this?

3. How might Thabo Mbeki's controversial public commentary and policy around HIV/AIDS and the mobilization of the Treatment Action Campaign inform a radical or alternative discussion about relationships of power that collude in oppressive structures?

CHAPTER II

THE POLITICAL ECONOMY OF ‘CAUSE’

Can those truths that science makes central be considered aside from the political economic interests that determine its value? South African President Thabo Mbeki asked the world to consider this question in an open letter to U.N. Secretary-General Kofi Annan, Tony Blair, Bill Clinton and Gerard Schroeder made public to international audiences by the *Washington Post* on April 20, 2000, The challenges he laid out in his letter were contextualized by a rising HIV/AIDS epidemic in South Africa and the administration’s ambiguous intervention plans amidst a strong international consensus for emergency intervention. Mbeki slated that

“People who otherwise would fight very hard to defend critically important rights of freedom of thought and speech occupy, with regard to the HIV-AIDS issue, the frontline in the campaign of intellectual intimidation and terrorism which argues that the only freedom we have is to agree with what they decree to be established scientific truths” (PBS 2003).

The letter also posited insipid poverty and racism as ‘cause’ of the distribution and increasing incidence rates of HIV/AIDS in South Africa. In addition, Mbeki questioned the safety of azidothymidine (AZT), a drug commonly prescribed in the United States to prevent mother to child transmission of HIV(BBC, April 20, 2000). Finally, the letter revealed intents to continue both renewed research into the efficacy of AZT as well as consideration for alternative treatments. Mbeki likened the appropriation and control of HIV/AIDS treatment discourse by Western elites as symptomatic of entrenched power relationships and restricted access built on the similarly racist violence of apartheid. In his letter, Mbeki continued that

“Not long ago, in our own country, people were killed, tortured and imprisoned... because the established authority believed that their views were dangerous... We are now being asked to do precisely the same thing that the racist apartheid tyranny we opposed did, because, it is said, there exists a scientific view that is supported by the majority against which dissent is prohibited... The day may not be far off when we will, once again, see books burnt and their authors immolated by fire by those who believe that they have a duty to conduct a holy crusade against the infidels.”

At face value, Mbeki’s views were in absolute discordance with proven scientific research backed by thousands of individual experts, medical industry sponsors, governments and pharmaceutical companies that had corroborated two points in the mid-1980’s: that HIV was the cause of AIDS and that in Africa, heterosexual intercourse was the dominant mode of transmission. Reflecting the view of professionals and paraprofessionals in the HIV/AIDS field, what came to be called the dissident views of Mbeki and others of the “AIDS minority” or “dissident scientists” (Chiasson 2000) were variously portrayed by the Western media as foolish adherents to discredited and “unscientific” orthodoxies.

Media following international reactions to Mbeki’s letter highlighted widespread discomfort with Mbeki’s alliances, including a group of ‘dissident’ scientists seeking to debunk the mono-causal theory that HIV causes AIDS. Deputy President Jacob Zuma met predictions of an irreparably confused public with comments that Mbeki “had never said that HIV did not cause AIDS.” Zuma assured that Mbeki was pressing for a candid discussion of “all matters in contention [so that] no scientist or group of scientists can claim a monopoly on all knowledge in this particular matter” (Paton 2000). Yet despite Zuma’s insistence, the fierce outcry from both national and international scientists, medical specialists, development practitioners and activists characterized Mbeki’s

statements as “bizarre” (Schoepf 2002), his expert AIDS panel a “circus sideshow,” (Chiasson 2000) and his politics “unscientific” (Paton 2000).

While South Africa’s Medical Research Council approximated that 4.3 million people, or 10 percent of the population, carried the HIV virus with 1,700 being infected daily, (GCIS 2000, BBC 10 July 2000), Mbeki seemed to be flouting a crisis.

Furthermore, while Africa was home to less than 10% of the population, it carried nearly 65% of all people living with HIV/AIDS (UNAIDS 2004). Mbeki’s highly public seat as leader of the richest economy in Africa immediately gave his statements a leverage that could be considered a threat to international public health.

Projecting Binaries of Science and Racism

Evidence from the letter suggests that Mbeki was not simply casting doubt on the causal links between HIV and AIDS; he was indicting racist and elitist control of knowledge. Yet international retort most covered in the media hastened compartmentalization of his argument into two separate ends: one against science and the other against racism. While the former invoked immediate confrontation, the latter was met with an elusive silence. Dr. Malegapuru William Makgoba, immunologist and head of South Africa's Medical Research Council relegated Mbeki’s confrontation of racism as unsophisticated, while his contestation of science a mark of a low capacity to reason. Makgoba offered to *Science* magazine that “the letter was emotional and irrational...this man will regret this in his later years. He displays things he doesn't understand” (28 April 2000). Makgoba’s selective mollification of race in the context of a Western authority

reflects the political (un)profitability of race confrontation¹.

Mbeki's purported ignorance about AZT is reminiscent of sentiments expressed when he presented Virodene, a South African manufactured generic antiretroviral in 1997 to Nelson Mandela and appointed HIV/AIDS coordinators, Tony Leon. Leon resisted Virodene on account that Mbeki suffered from a "near obsession with finding 'African solutions' to every problem," even if it meant turning to "snake-oil cures and quackery" (Power 2003). This reaction was only compounded when Virodene was found to be highly toxic. Yet the general suspicion of AZT is a historically grounded distrust of pharmaceutical companies who were complicit in upholding white privilege and apartheid violence. During apartheid, thousands of South Africans participated in experimental drug trials supervised by white doctors paid large sums by sponsoring pharmaceutical firms. In addition, the apartheid government sponsored a clandestine germ-warfare program that was accused of targeting ANC officials. During this time, white politicians expressed the hope that AIDS would leave whites less outnumbered. Clive Derby-Lewis, a Conservative Party M.P., once said, "if AIDS stops black population growth, it would be like Father Christmas" (Powers 2003).

Mbeki's letter made front line news in the *Washington Post* less than a week before the final settlement between the South African government and the Pharmaceutical Manufacturer's Association (PMA) of South Africa. The PMA and 39 drug companies unconditionally withdrew their case against the South African governments' Medicines and Related Substances Control Act of 1997 for alleged provisions relating to access and importation of AIDS drugs, (primarily Clause 15c).

¹ This is evidenced in the interview conducted by the Helen Suzman Foundation 2000. See <http://www.hsf.org.za/focus18/interviewfocus18.htm>.

These included measures for a transparent pricing system for all medicines, parallel importation measures for generic drugs and insurances for pharmacists to dispense cheaper generic copies (Oxfam 2001) violated international trade and patent rules (Petchesky 82). The case was one of the first to test emergency compulsory licensing and importation caveats of the World Trade Center's Doha Declarations.

This battle between corporate right and national health safety provoked the Treatment Action Campaign, a premiere HIV/AIDS mobilization effort for treatment rights, to request part in the case as amicus curiae to the South African government. As response to Vice President Al Gore's demands to repeal the Medicines Act alongside Trade Representative Charlene Barshfsky's threat to enforce trade sanctions, TAC positioned hundreds of protesters outside the American consulates in Cape Town, Durban, and Pretoria with slogans such as "STOP BULLYING!" (Power 2003). As evidenced by their press release, TAC shamed corporate abuse with a pro-human rights alternative stating that

“The Medicines Act is constitutional and does not violate any international agreement. This case is about greed. For the companies their right to profiteer is non-negotiable. For TAC, the rights to life, dignity, access to health care services and the best interest of children are non-negotiable (AIDS BELLS 2000).

The extensive international solidarity around the settlement made Mbeki's letter all the more provocative, incensing those liberal sentiments which rested on a faith that Mbeki was a responsible guide for post-apartheid South Africa. The liberal democratic South Africa kept its position as “the success story in Africa” (World Bank Group 2005), through its continued negotiation for an ‘African Renaissance’ using such vehicles as the African Union's New Economic Plan for Accelerated Development (NEPAD) and the

revised Africa Growth and Opportunity Act. Touted widely as African-centered development agendas these political agendas focused on neo-liberal goals of growth through privatization of services and foreign direct investment. For the much of the West, Mbeki appeared as iconographic of a new ‘modern’ African leader poised to retain African essentialisms through empowerment and achieve development through self-sufficiency.

Science as a Discourse of Mastery

Perhaps one of the most compelling ways to consider Mbeki’s statements is through the vein of history. How has Western science functioned as a discourse of mastery and control used to justify oppressive structures of power? A review of major shifts in ideological and economic models of organization in late 18th and 19th century Europe is informative. The Enlightenment period were marked by dual ideological movements to define man’s inherent reason and intended place in nature. Mass movements pertained to religious revival and increased proselytizing. Elitist preoccupations centered on scientific inquiry, giving rise to concerted anthropological projects such as phrenology (measuring the skull) and physiognomy (measuring the face). Researchers such as Christian Meiners, Edward Tyson and Gobineau theorized a “great chain of being,” to show that Caucasians were inherently more noble and heavenly blessed, while “Negroes” were closer to monkeys than the rest of the human race and had insatiable sexual appetites (Mosse 1985). Coupled with the rise of a distinctly European capitalism as envisaged by Adam Smith’s 1776 An Inquiry into the Nature and Causes of the Wealth of Nations was paralleled by the role of the nation state in capital accumulation and the formation citizenship ideals

(Ahmad 1994) that continued into the colonial expansion period.

These formations were as political and they were economic. Racial theories of black and “Oriental” inferiority functioned implicitly and coercively to legitimate exploitative relationships with Africa based on violent mechanisms of control. Colonial relationships and European hegemonies were buttressed by projecting people of color as an ultimate collective “Other;” an antithesis to white rationality and resulting pieties (Fanon 1967). Africans were therefore an irreconcilable force but nonetheless essential productive asset to the larger ‘healthy body’ of white institutionalized privilege.

As dependency theorists might presume, this logic guides hegemony of the ‘metropole’ (as accumulated Western interests) and the ‘periphery’ (of developing nations). Brutality against early resistance uprisings in all of colonial Africa and against apartheid struggles in particular arose when the demands of the oppressed threatened the profits of the metropole. Those who resisted were castigated and eventually eliminated entirely through total repression. The restorative equilibrium achieved through this enforcement mechanism differs in form but not in result from appeasement mechanisms. Negotiated settlements, such as in the case of South Africa, served the vested interests of the national elite and former apartheid government and ultimately reduced radical liberation movements to fit inside the state centric framework of the Truth and Reconciliation Commission (Nytagodien and Neal 2004). In this way, these ‘truths’ of apartheid were extracted and made public, but structurally embedded vestiges were not fundamentally eradicated and truths were reinvested in a neo-liberal balance.

Extracting Truths and Achieving Balance with the Biomedical Model

The processes of scientific extraction and truth making imbued HIV/AIDS with investment potential. The biomedical impulse—to systematically extract truth by identifying and isolating specific etiology (or cause) of disruption—expectantly guided early HIV research. This impulse is contained as such within the “biomedical model” coined by medical sociologists to explain the way in which modern Western treatment programs to remove germs or viruses from the human body. The reductionist assumptions of the biomedical model (Weitz 2004) dictate to Western medicine that disease is isolated, measured and treated in the human body as a relational deviation from an otherwise ‘normal’ system. In this logic, the creation of difference is embodied as a radical exogenous part (virus) pitted against the machinations of the whole (body). Treatment, then, demands a restoration of ‘normal’ balance.

Positioning a disease in opposition to the body is the first step in its eradication, as is evidenced by the development of treatment regimens such as the early AZT trials. Aggressive treatments whose side effects may compromise other parts of the individual’s health or disrupt other vital functions are justified for the recuperation of the whole body (Sontag 1977). Many medication regimens for HIV/AIDS necessitate multiple medications to subvert disequilibrium in the body caused by the first dosage. The restoration of the body’s balance is only tenable in this instance by a distinction between what is ‘foreign’ and what is ‘normal.’

Ultimately the threat of that foreign difference is judged by the state or corporate authority in the marketplace and within whose hands the body will subsist. A particularly severe example arises when describing the South African medicines research trials which

used incentives of food for poor people to participate in potentially harmful experiments. More recent examples are the Tuskegee Syphilis Trials in the United States between 1942-1972 which resulted in the deaths of its poor black participants and were used to bolster hypothesis about the progression of untreated syphilis over time. The violence inflicted on poor people of color already structurally marginalized shows that often, recuperation of the public body is balanced by ambivalence about the literal eradication of some of its most 'deviant' members. And, the interests of the privileged elite remain obscured by an assumed degree of objectivity done in the name of science and the greater public good.

As scientific logic dictates, the validity of a controlled science experiment is increased by its degrees of objectivity. Writ large in post colonial terms, objectivity as a concept entails an assumption that conditions can be created through controls that ultimately force the subject (researcher) to extract essential truths about the object (the researched) as uncontaminated by biases. Yet no research experiment can be described without an understanding of the biases of its private and institutionalized biases. Furthermore, this theoretical framework, the researcher cannot stay truly 'fixed' in any moment with another living organism because this would presume that either the subject or the object could not any moment move an inch and thereby change the reality of the entire situation (Fanon 1967, Spivak 1999). It is in this way it can be argued, that the claim to the objectivity of any idea, experiment or project is narcissistic and by virtue of its social implications, highly political (Fanon 1967, 1963). Sociologist Thomas Kuhn built his research around questions about the political ways in which ideas emerge as dominant. He argued that paradigms of scientific thought and method compete until one

emerges as best to explain the range of phenomena. Kuhn proposed a dialectal struggle in which science constitutes a competitive field in which ideas do battle (Patton 69) until a consensus, momentary at best, is achieved. Yet, if a marketplace of ideas existed as such, then Mbeki and his “dissident” backers would have had equal opportunities to determine the outcomes of such knowledge battles. Thus, as contrary to Cindy Patton’s suggestion in Inventing AIDS, that it is “the logic of science that anchors the power relations which determine whose knowledge counts as real, as objective” (53) Aijaz Ahmad’s contention that these battles follow the logic of capital and market advantage is perhaps more compelling. Thus, the role of professional researchers in the capitalist system as Fanon warns, serve as the transmission lines between state and capital (1967) in the sale of neo-liberalism.

E(valuating) the Profitability of HIV

The effort to establish the cause of AIDS in the Western hemisphere during the early 1980’s is illustrative of the way in which the neo liberal model replicates arrangements of power that confer authority to white privileged elitism and patriarchy. In 1986, HIV—the human immunodeficiency virus—became the official name for the virus that causes AIDS. This was finally determined following a suit filed by the Pasteur Institute of France against the United States government over patent rights to the virus which resulted in a compromise agreement signed between French viral oncologist Luc Montaigner and American cancer scientist Peter Gallo of the National Health Institute. A year later, Presidents Chirac and Reagan authorized a splitting of the royalties for the commercial antibody test between the two men (Epstein 77). This compromise emerged

only after a heady research battle between Gallo's HTLV III—a strain of the HTLV virus associated with Gallo's award winning cancer research—and Montaigner's LAV or, lymphadenopathy virus (Epstein 51).

In this case, the French and American states were bound within the preeminent regulatory regime of corporate profit—the World Trade Organization—to curate the rights to ownership of (intellectual) property. Soon after patent rights were settled between Gallo and Montaigner, the entry of Peter Duesberg, a prominent professor of Molecular and Cell Biology at the University of California (Berkeley) who served as member of the National Academy of Sciences showed that the case of HIV was not in fact closed. In early 1987, Duesberg published an article in *Cancer Research* that maintained other social and environmental factors caused AIDS—primarily long term consumption of recreational drugs and the toxic effects of AZT (Epstein 27). The central tenet of Duesberg's thesis was that HIV was a retrovirus playing little role in AIDS, but whose presence could be a marker for people who have AIDS. The article in *Cancer Research* and those following garnered support by community doctors and activist-intellectuals in the gay community in particular, but it also caused outrage in the scientific community. By the early 1990's, the dissident Duesberg had become relegated to closed academic circles and heady internet battles. Mbeki's remarks in 2000 brought Duesberg's hypothesis back to center².

² Furthermore, it is interesting to note the preferential way in which Duesberg's "dissidence" functioned in this early period. His contributions certainly served as impetus and support for international contestations of the Western medical establishment. Yet, his own thesis worked from risk group typologizing that cannot be divorced from their historically racist implications, and as some have alleged, homophobia (Epstein). Theories that worked from 'risk group typologies,' simply revolved around the notion that because of their exposure to risky behaviors, certain groups within society were more susceptible to HIV. In the United States, the four risk groups (or four pariahs as they have been referred to in Susan Sontag's essay, "AIDS and its Metaphors") were Haitians, homosexuals, hemophiliacs, and injection drug users. Risk group

Even critical scholarship painted Duesburg as a figurehead in alternative theory despite the existence of other doctors in Africa who early resisted the notions of single causation theories. There were many African doctors who questioned the discrepancies about the dynamics of HIV transmission. Yet the skepticism about what truly causes AIDS and evidence of imprecise medical diagnoses stirred up backlash among a variety of African scientists, medical practitioners and physicians in the early 1990's has been relatively unnoticed in literature. Many of these professionals in Africa and the diaspora argued that in Africa AIDS was not a contagious epidemic linked to sexual habits but rather, a new name for old diseases resulting from inadequate health care, widespread malnutrition, endemic infections and unsanitary water supplies. Others more generally linked AIDS with diseases of poverty such as cholera and dysentery by pointing out the political economy of underdevelopment including poor harvests, rural poverty, migratory labor systems, urban crowding, ecological degradation, civil wars and poor essential services (Greschekter 2001).

In this vein, it is important to note the way in which Mbeki's "opinions" (Cohen 2000, Paton 2000) and the contributions of other African professionals were mediated. Even when Mbeki was championed by some for his "courageous stand" (HEAL Toronto 2000) against imperialism and for national self-determination, he was cited only within Duesburg's preeminent influence. Though some research speculates that Duesburg's popularity and noted professionalism was a result of his status through established

typologies have served to buttress such abuses as the United States Tuskegee Syphilis Trial which lasted on from 1942-1972 at the admission of the government. It resulted in the untimely deaths of poor black men with advanced stages of untreated syphilis in order for scientists to establish the natural progression of the disease. Penicillin was widely available as a well known cure at the time of the experiments.

credentials and his ties to media outlets, (Epstein 1994, Patton 1990) certainly his systemic privilege as elite, white male can also be considered. It so follows that professional status in a science specialization is opinion merely—a barred truth perhaps—if one does not exist in the epicenter of whiteness.

Mbeki would come to modify his statements about HIV shortly after the public letter highlighting poverty as one cause of AIDS, but the public denial of critical voices in causation debates continued into following years. A deeper political economic analysis of development institutions involved could shed off layers in the HIV/AIDS discourse to further reveal the historically rooted processes of “Othering” in the interests of domination, mastery and control.

CHAPTER III

SOURCING HIV/AIDS AS AFRICAN ONTOLOGY

“Yes, the black man is supposed to be a good nigger; once this has been laid down, the rest follows itself. To make him talk pidgin is to fasten him to the effigy of him, to snare him, to imprison him; the eternal victim of an essence, of an appearance for which he is not responsible” (Frantz Fanon, *Wretched of the Earth* 34).

The 1980’s saw a growth in the number of publicly and privately funded scientists, social scientists and development professionals investing in research to locate and establish the geographical and cultural source of HIV. In early 1983, AIDS was powerfully confirmed by the *New York Times* as a “Worldwide Health Problem,” found in 33 countries across the globe. However, despite the wide ranging and disparately linked “source” possibilities for HIV, by late 1983 the notion that Africa “could have been [its] breeding place” produced substantial interest into the nature and scope of HIV transmission in Africa (Epstein 56).

As HIV/AIDS research found its way into mainstream the popular press and was integrated into development agendas, the discourse generated projected historical configurations of an Africa and essential “African-ness” markedly different from a West and its presumed civilizational attributes. Normalized in the interests of public health, foregrounding the HIV/AIDS in the context of its African source way gave license to create, tell and appropriate the lives and bodies of African people and communities. The resultant representations created a symbolic culture and monolithic ontology of ‘being African’ as constituted by exceptional, and often fantastical attitudes and behaviors around sex and sexuality. The stories of these mythicized ‘Others’ served as the backbone for many interventions seeking to silence and to listen at once. As subsumed within the

neo-liberal project of integration, balance and growth, the intersections among racisms and sexism of old masked the violence of powerful mechanisms of capital.

Mapping as Conquest

The “sourcing” of HIV/AIDS can be understood within the historical logic of maps. Maps served politically critical tools to British imperialism and colonial pursuits across Africa.³ Edward Said notes in his discussion of demarcating the Other, that the boundaries between cultures—and the political-economic purposes they serve—are created by the lines on the maps (Said 7 and 54, 1978). Much of the early explorations of Africa by expeditious gentleman scientists and cartographers were guided by a religious zeal to unveil and penetrate the “Dark Continent” as Stanley Livingston declared it. Or, as Joseph Conrad described it in The Heart of Darkness, Africa was a veritable tabula rasa of the imagination where nature held sway over humanity. Thus, maps were not only guides to places people explored, but reflections of the beliefs, prejudices, and often the imagination of their makers. What was included, as well as what was not, remained equally important.

Denis Wood in The Power of Maps holds that images on maps as objects of reference are interested cultural products. Representations of specific continents or regions, roads, legend markers or borders are a politically weighted reality (1992). The maps created by Gerhard Mercator in the late 16th century, for example, placed Europe at the center of the world looking much larger than it actually is.⁴ Maps did not simply just

³ Maps are used for a variety of purposes; maps of Africa date back to the earliest known Chinese map of 1389 indicating trade routes. The analysis is purposefully limited to their function as political tools in colonialism and apartheid in South Africa.

⁴ See the Parliamentary Millennium Project’s website at <http://www.pmpsa.gov.za/> for related discussions, map gallery and exhibits.

function to project a geographically bounded “Other” as justification for colonialism or apartheid. Land maps used by Europeans in South Africa were largely to demarcate territory available for ownership and appropriation as sites of production (Parliamentary Millennium Project 2004).

Maps are important in the creation of discourse. Mapping has been used for tracking and locating HIV/AIDS in Africa. Maps as method became one of the first visual expressions of HIV/AIDS prevalence—often signified by colors, dots or shaded regions—to create the foundations for discursive valuation of HIV/AIDS as an object of study. The HIV virus in Africa, first identified in its geographical location, became descriptively imbued as “African AIDS” during the mid-1980’s (Sontag 1977). African AIDS was indexed under separate typology projected as an antithesis to “Western AIDS” (Sontag 1977, Chirimuuta et.al 1989). Though this label was later (superficially) discounted when general transmission routes of HIV/AIDS were discovered to be relatively universal, much of these early binaries were reformulated as research continued. For example, HIV/AIDS caused “Black Death,”⁵ as indicated by a 2003 title by Susan Hunter. This “Black Death” is presumably opposed to “White Life” given the flexible access to antiretrovirals and healthcare for predominantly white elites in Africa and the West.

Professionals “Breaking the Silence” of Poverty

The process and politics that deny the licensure to speak—to embody and represent what it means to have AIDS and how to deal with it—is denied to the 53% of those in South Africa who live in extreme poverty in South Africa (Minter 2002). As

⁵ See Susan Hunter’s book, Black Death, 2003.

Speak contends in “Can the Subaltern Speak?” the subaltern as those individuals and collective bodies structurally marginalized from power, are always engaged actively and in resistance to the interpolations of any hegemonic order, and their silence is not, in fact, evidence that they are not speaking (1988). State actors and development institutions (and practitioners) maintain their structural positions of power by trading on HIV/AIDS discourse. At the opening session of the July 2000 International AIDS Conference in Durban aptly named “Breaking the Silence,” President Mbeki took up a position to speak for the population with HIV/AIDS in South Africa. He stressed the association of poverty with tropical diseases, and underscored the impact that economic deprivation has on infectious diseases (BBC 10 July 2000). His reiterated commitment to fight AIDS came during his opening speech in that “the world's biggest killer and the greatest cause of ill health and suffering across the globe, including South Africa, is extreme poverty” (Chiasson 2000).

Hundreds of professional attendees walked out during Mbeki’s remarks, apparently disgusted by his “dangerous and foolhardy...denialism” (Chiasson 2000). As one after conference report indicated, Mbeki was following in the footsteps of other ‘poorly governed’ African nations. The report stated that the “denial of AIDS as a serious problem and failure to mobilize appropriate resources has been the norm for most African countries” (Chiasson 2000). In this formulation, Mbeki’s failure of responsibility to act fiercely against a homegrown disease was repetition of an essentially ‘African’ political-economic pattern as detailed prolifically by development institutions such as the World Bank. Mbeki had clearly chafed the integrity of the professionals at the conference, he also failed to authenticate their authority. As Chiasson further reported

“In speaking to an audience that was well aware of and concerned about the link between poverty and HIV, Mbeki had only to acknowledge that HIV is the cause of AIDS to win the participants' support. However, the president carefully avoided making any statement regarding the cause of AIDS, and left the audience with the strong impression that he regards poverty as the real villain in the AIDS epidemic” (2000).

This statement appears awkwardly amidst development and public health ethos, both of which promote population based ‘health’ initiatives. International development as commissioned by a host of institutions such as the World Bank, International Monetary, UNAIDS and United Nations Development Fund for Women (UNDP)— not to mention the scientists, academics and intellectuals who worked for them—premiered their work, and often their lives, on the desire to eliminate global inequalities that keep people poor.

Who are the poor? According to estimates by the World Bank, the poor are the 80% of the people in the world who live on 20% of the \$30 trillion dollar global economy. They are the 4.6 billion of the 6 billion people living on the planet earning less than \$2 per day. They are those who have limited access, if any, to basic services such as water, nutrition, adequate housing, and education (Wolfensohn 2001). According to the World Bank’s 2000 report, *Voices of the Poor*, “the poor are not lazy, stupid, or corrupt [rather] “they are strong voices, voices of dignity (2000, 3).” In this instance, the Bank affects and creates itself as an edifying force; a custodian protecting “the poor” against misrepresentation.

As Bank Director Wolfensohn communicates, the World Bank’s programmatic visions for the poor that “start with poor people’s realities” (274). Furthermore, though colonialism on the continent and apartheid in South Africa prevented states from now “reaching their potential” (Wolfensohn 2001), the Bank is consistent in explaining the sources of poverty in Africa. These have included the venality and inefficiency of local

bureaucracies and law enforcement agencies, the failure of local and national governments to sufficiently deregulate the economic spaces, and undemocratic leaders who have maintained the very state structures put in place by the colonials. As Patricia McFadden notes, these very structures were not considered undemocratic while they served the interests of the colonial [and apartheid] state for more than a century (2000). It is in this way Bank affects and creates itself as an edifying force; a custodian protecting “the poor” against misrepresentation. Thus, Africans are held accountable for waste left in the colonial exit as well as the continuation of their own poverty by failures to comply with the conditionalities lay out by the Bank. In a speech to stakeholders in May 2001, Wolfenshoen explains that

We did a study that is pretty interesting, called “Voices of the Poor”. We discovered that people around the world are probably no different from the people in this room, and not surprisingly. They want peace, they want security, and they want opportunity. The women don't want to get beaten up; violence against women is something that is unfortunately all too prevalent in the developing world. Women want equal opportunity—which is wholly appropriate. They want services. They want to know whether they should trust the police more than they can trust the criminals. They want to be protected against corruption. *They want a chance – they don't want charity.*

The multiple faces of moral authority the Bank assumes in this example is discursive evasion of responsibility that wraps naked self-interest in masked talk of combating social injustice. This allows the Bank to ascend its complicitous responsibility in the grossly failed structural adjustment programs of the 1970's and 1980's which plunged emerging post-colonial African countries into debt. The accumulated interest of these past debts today totals in excess of some African nations' Gross Domestic Product.

South Africa, as “one of the richest and economically most important countries on the African continent” (World Bank Group 2005) with an average income of \$11,000, puts it far ahead of the \$1,750 average for Sub Saharan Africa (Minter 2002). Most of South Africa’s debt as inherited by a white minority apartheid government is now owed to private creditors and not to the World Bank. However, it was the World Bank alongside the IMF, foreign businesses, and governments who financed the apartheid regime in its gross human rights violations from 1948-1994. As of February 2005, the World Bank approved 13 loans for South Africa for a total amount of approximately US\$302.8 million (World Bank Group 2005).

The explanations of who constitute the poor by the Bank enshrines it firmly inside neo-liberal ideals that give primacy to free marketplace ideology. The tenor of these arguments always assert the failure of Africa—and of all poor nations for that matter—to integrate themselves into the global economy. Furthermore, poverty is assigned as an almost ontological condition. Poverty as ontology effectively dehumanizes the individual (Fanon 1967) and the collective, providing a grounds for ‘saving’ help from the Bank. The compassionate development agent, as part of a civilizational mission, harkens back the Marshall Plan and formation of the United Nations following World War II where the West rose to help development of the rest. More recent outgrowths such the Africa Growth and Opportunity Act and the New Economic Plan for Accelerated Development as discussed in Chapter I reflect this same mythology.

Contesting and Telling the True Stories of the Poor

Telling the story of HIV/AIDS in Africa is a delicate matter. Storytelling is a careful appropriation of chosen narratives; as it exists within development, narratives

serve to further generally conservative agendas (McFadden 2000). The ways in which personal narratives are capitalized can be examined in light of the World Bank and United Nations, in social science research focus, or through its reflections in the popular press. In all instances, “listening to poor people’s realities” translates into stories with political implication. For example, the mid-1990’s to the turn of 2000 saw a rise in social science research conveying ‘analytic approaches’ where the sexual-cultural high risk behaviors of Africans were to blame for the high rates of HIV/AIDS. The vast array of these behaviors in Africa were forment for extensive inquiry. Research revealed behaviors deemed under the heading “risky sexual” practices, such as preference for dry sex or douching with baboon urine, as well as “risky cultural” patterns labeled as wife sharing and widow cleansing (Natrass 2004), sugar daddying and female genital mutilation.

As might be argued, the dominant mode of transmission in South Africa was indeed sex and certain behaviors escalate risk for contraction. Yet the point still stands that representations of AIDS, sex and Africans took on formations distinctly locating “African sex.” African sex is one that is forbidden, often painful or an agonizing act that is both irresistible and coercive. Mark Schoopfs’ much hailed last article “Death and the Second Sex” of the five part series, “The Agony of Africa,” details individual stories of women who dislike painful dry sex—induced by mutendo wegudo, or soil with baboon urine, as well as herbs, detergents, salt, cotton, or shredded newspaper. They cannot stop the pain because of her husbands needs—a pain that in fact, that she sometimes likes (Schoopfs 1999). So inherently “African” were these practices that they assumed, like poverty, almost ontological significance.

This ontology is proven by the use of narrative, yet in the context of development, the narrative takes on the particular function to aggrandize the institution creating the storyline. The attempt to develop an account of the experiential and assert dominance over its description is what Edward Said characterized as an imperial projection to occupy the physical space (1978). Elsewhere so called narratives are used to dehumanize (Kiros forthcoming) in the interests of an inherently political-institutional agenda (Fanon 1967).

Development agents, positioning themselves as do-gooders outside the narrative experience purport to have a humanizing mission as well. The Association of Women in International Development (AWID) provides a good example. In an interview with Monique Wanjala, a young woman living with HIV and working with Women Fighting AIDS in Kenya (WOFAK), she is asked to answer the article's title question "Why is there a high prevalence of HIV/AIDS amongst women in Africa south of the Sahara?" The AWID representative asked her to explain why there is such a high AIDS prevalence rate in Kenya. To this, Monique Wanjala replied

"Generally, they lack the social and economic empowerment to make choices that will protect them against HIV infection. The biggest challenge a young woman faces is her inability to negotiate safe sex by choosing the terms upon which she will have sex with a particular partner. Many adolescent girls have their first sexual encounter with much older men and this first experience often involves an amount of force causing cuts and tears to the vagina, increasing the risk of HIV infection. Young women frequently remain in high-risk relationships due to economic dependence on their partners. Their access to the right information on HIV and AIDS is also limited and there is much misinformation. For instance, one of our clients initially thought that condoms actually help spread HIV and therefore insisted that her partner not wear a condom. As a result she contracted the virus and in addition got pregnant."

In recalling Spivak, Bhaba's and McFadden's understanding of subjectivities, the HIV/AIDS epidemic will always and necessarily reflect the subjective experience of the narrator. In this case the area and people she works with in Kenya, her relative relationship to each of them, her ideological and political position, her age, sex, gender and culture will all work to reinforce and project a story of the HIV/AIDS epidemic as she has experienced. Though valuable in its telling, Monique's story is rendered impotent in its value outside the context of political currency as used by AWID. Her responses are used not only to answer the very large question of "Why is there a high prevalence of HIV/AIDS amongst women in Africa south of the Sahara?" Rather, she exists as a purposefully chosen representative of another political truth: the relevance of AWID's work.

Confirming an 'African' Sexuality

The notion of a unique, essentialized African sexuality has existed in the West for centuries. Recently, assumptions about an African promiscuity—as it applies to women particularly—have been replaced, even decried as wrong in development discourse. Instead, the discourse takes on the corporeal, naturalized, sometimes inhibited, and now victimized sexuality that limits African women's rational sexual intelligence. Monique's narrative centralizes the irresponsibility of the African man to use condoms and the almost helpless reactions of the disempowered, uneducated African woman. The hyper masculine, patriarchal African man is particularly evident in 'feminist development discourse' as will be discussed in detail in Chapter IV.

Yet recent studies show that in fact, condom use in most parts of Africa is on the rise. A study coordinated by Family Health International shows that worldwide, only five

percent of married women of reproductive age report using condoms, and among developing countries, 3 percent report using condoms for reproductive purposes. Since the AIDS epidemic, married men have indicated more interest in using condoms for contraception. In Ghana and Kenya, where surveys were conducted in 1988, 1989 and 1993, the portion of married men who said they would like to use condoms as their contraceptive method jumped sharply. The portion tripled in Ghana and doubled in Kenya (PSI 2004).

Surveys also indicate an increase in condom use since the HIV/AIDS epidemic in South Africa. For example, in the gold mining area of South Africa, where men work and live for months away from home, about two of every three men used condoms during sex outside of marriage. These men also used condoms more often with their wives, with use during the last sex act jumping from 18 percent to 26 percent from 1995 to 1997. A report concluded that "this increase is important, given the concerns that have been expressed about married women's risks of being infected by their partner and their difficulty in negotiating condom use," a PSI survey report concluded (Finger 1998). In addition, the Health Systems Trust reported that in 1998, only 17% of girls reported using condoms during sex. In a survey by the Department of Health, Medical Research Council & Measure DHS, only 17% of female respondents age 15-24 reported using condoms in 1998⁶. Overall, the number of girls in that age grew to 46% in 2002, with men reporting 56% according to a survey by the Nelson Mandela/HSRC Study of HIV/AIDS (Shisana and Simbayi 2002).

⁶ Department of Health, Medical Research Council & Measure DHS+. South Africa Demographic and Health Survey 1998, Full Report. Pretoria: Department of Health 2002.
South Africa Demographic and Health Survey 1998. Preliminary Report.
<http://www.doh.gov.za/facts/1998/sadhs98/>

This discussion highlights the way in which AWID as an institution of development is placed within the neo liberal capitalist system. Its goal is ultimately preserve itself and its market advantage. This takes place through very careful marketing of its ‘products,’ those objects such as African women represented through a carefully chosen witness, Monique. In this way, Monique is dehumanized through as Fanon sees it in Towards the African Revolution “race prejudice in fact obeys flawless logic. A country [and by implication its institutions and affiliates] that lives, draws its sustenance from the exploitation of other peoples, makes those people inferior” (41). It is the very act of appropriating her experience to fit and confer the overall value and legitimacy of AWID inside the neo liberal marketplace.

White privilege has changed forms historically over the centuries, recapitulated through new regimes and new vehicles that often manifest in violence against those subordinated. Projected truths about the inherent logic of the systems of white privilege float suspended without recognition of its critical witnesses. One way to confirm the truth and ultimate validity of whiteness is through the use of witnessing. The act of proselytizing, or making others witness to purported acts of God for the purposes of serving the church was a major function of Christianity during the Enlightenment period.

Witnessing as used in a secular or developmentalist framework contemporarily performs much the same function. This is illustrated by Monique Wanjala’s interview with AWID. One of the ways that Monique’s narrative functions to bear witness of the essential characteristics of “African-ness” is through her descriptions of condoms. Emotive language is used to illustrate the penetration by the older African man into the vulnerable passage of the girl child. He concerned only with his pleasure. The story also

describes an ignorant woman who wanted to please her husband so much that she sacrificed her own health for him. Based on its evocative structure, the story could invoke pity for the woman and anger at the man. Writ large, the story can be used as evidence which pits their essential difference against the virtues of Western white piety⁷ which keeps them free of HIV/AIDS.

In 2003, Mbeki sent out an intergovernmental, one hundred and fourteen page email laden with sarcastic monologue defying the essential racist stereotypes surrounding Africans

Yes, we are sex-crazy! Yes, we are diseased! Yes, we spread the deadly H.I.V. virus through our uncontrolled heterosexual sex! In this regard, yes, we are different from the U.S. and Western Europe! Yes, we, the men, abuse woman and the girl-child with gay abandon! Yes, among us rape is endemic because of our culture! Yes, we do believe that sleeping with young virgins will cure us of AIDS! Yes, as a result of all this, we are threatened with destruction by the H.I.V./AIDS pandemic! Yes, what we need, and cannot afford because we are poor, are condoms and antiretroviral drugs! Help!

Journalist Samantha Powers reduced the email to one of “rambling” and “lashing” in her article about Zachie Achmat, the “The AIDS Rebel” (Power 2003). However true it might be that the administration has been slow to act against HIV/AIDS her points serve to highlight another way in which Mbeki has been relegated to lowly status among experts as heretic and uniformed misfit, but also an unsophisticated and at times lurid African male speaking out of turn. Mbeki’s felt language is posited as affront to the more distant “tamed” and liberally balanced words of Mark Schoopfs for example.

⁷ See Angela Davis’ article, “Myth of the Black Rapist” and her book, Women, Race, Class.

Institutionalized Whiteness as Mask

The archetypes inscribed onto black African bodies exist as starkly defined casings; whiteness on the other hand is masked. A simple internet search using the Google search engine provides an example of the way in which even the borderless virtual marketplace configures an ordered and defined reality of “African-ness” while retaining ambiguity about whiteness. This is done through discursive abstractions. A search with the words “African, sex, HIV/AIDS” will reveal recurrences of intimate words such as pain, death, fertility, lacerations, “dry sex,” force, male domination, and lubrication. “American, sex, HIV/AIDS” identifies HIV/AIDS as almost exclusively an African American disease, reflective at least in some measure of the demographic distribution of HIV/AIDS in the United States. Yet, the language describing the “American HIV/AIDS,” is distinctly muted with generally clean words such as sex education, age, sex, gender, needle sharing, crack problems, multiple partners, and empowerment.

The search reveals even more abstraction and a profound shift when typing in the words “white American, sex, AIDS.” Hits include statistical information with ‘whites’ as a social category embedded in between other racial identifiers. Descriptive scientific explanations of HIV/AIDS as process in the unsignified body predominated, though several hits did not discuss “white Americans” at all in favor of articles listing reasons for the increase in African Americans with HIV/AIDS. The only mention of whiteness was one article with the header “White people really do get AIDS?”⁸

Despite the fact that HIV/AIDS is experienced by people of color across the

⁸ These searches were performed on (searches 4/2/2005, search 4/18/2005).

world more so than whites, the examination of the worldwide web begs the question of whether being a white person with HIV/AIDS exists at all. In this way, the stigma of HIV/AIDS and the pain of its brand are born through the bodies of black persons. In fact, it appears that HIV/AIDS is a part of the black being as a Black disease, a Black death, an expected appendage to a dark continent. Whiteness in and of itself exists only as the objective and sterile scientific language to describe a pathogenesis that is experienced exogenous to the white body politic rather than by it. In this way, white purity and piety is preserved inside virtual reality.

Africa as Exception to Health as a Human Right

Much of the development efforts in the last five years have centered in on health rights as human rights. Human rights, as universal rights of the individual to act efficaciously and productively, are said rights of every person in the international community of states. Yet, this universality has been contested in commentary which suggests that in certain exceptional cases—such as an HIV/AIDS epidemic in South Africa—an African should deny their human rights in favor of other approved “productive” solutions.

At the World AIDS Conference, Kevin DeCock of the CDC challenged the concept of health as a human rights issue in South Africa. In sum, DeCock alleged that HIV/AIDS as a human rights issue was diametrically opposed to HIV/AIDS as a public health issue. He stated that making AIDS a human rights issue had not succeeded, and was unlikely to succeed in South Africa. He maintained that under a human rights approach HIV/AIDS is “exceptionalized” among and between individuals. In contrast, a public health approach “normalizes” HIV/AIDS infection and focuses on communities

(Chiasson 2000). In this way, it becomes apparent that whiteness has the authority to both normalize and exceptionalize the ultimate humanness of all Others it produces. Coalitions of resistance to this kind of projected consummation of being 'African' face difficult task.

CHAPTER IV

Contested Spaces in Feminist Development Discourse

Over the past three decades, and perhaps more fervently in the most recent ten years, a feminist development literature and discourse has emerged. As a contested space, feminist development discourse has engaged a variety of interests and in particular, asked difficult questions about the role of race and privilege in development. As Patricia McFadden elaborates, those “array of players” (2004) who strategically position themselves in the debate were most often black men within the state and on its margins; white men, as former settlers, shareholders in multinational corporations or as donors; white women who often formulated theoretical expressions of what they thought African women should expect within development restructuring; and more recently, black women who either accepted the approaches which came with funding for development' activities, or challenged the assumptions and prescriptions of such approaches to expose the underlying liberal paternalism and its function in maintaining the very colonial relationships it claims to be transforming (2000).

Focused on women as a social category, and development as a process of restructuring old colonial relationships, the influx of feminist development discourse into the paternalistic frameworks of development has been identified primarily as “gender mainstreaming.” As McFadden notes, gender mainstreaming as a restructuring process has also served to de-politicize women in terms of the public. Rather, it entrenches the private construction of women as peripheral to the real sites of power within society (2000). This section will focus primarily on the institutionalized mechanisms through

which gender is mediated, as reflected in development discourse and planning.

Partha Chaterjee suggests that radical action must seek to “displace the framework, to subvert its authority, to challenge its morality (1986, 42). As discussed in Chapter II and III, the state can take on positions which contest paradigmatic and structural inequalities, such as that evidenced by Mbeki’s agitations against the elitist, racist pathos of Western science and corporate growth. Yet, race and gender politics as contained within the ideals of neo liberal integration places additional limitations on radical inquiry into the structures that produce and replicate racist, masculinist and patriarchal arrangements of power.

Masculinist Appropriations of HIV/AIDS

The Constitution of South Africa included a substantive vision of a reconstruction of society along egalitarian lines, including place accorded to women. This ‘place’ was based on an understanding that remedy for the injustices of the past needed to include new structural spaces for women. The new Constitution included gender equality as a founding principle of the new state, and The Bill of Rights included a strong and substantive equality protection (Albertyn 2003). But as the ANC government entered its second term of office in 1999 as mediation between an African Renaissance, black empowerment, and neo-liberal international economic goals, “the increasing levels of poverty, gender-based violence, and HIV/AIDS indicated a disjuncture between gains of women in the public sphere and their daily lives” (Albertyne 2003). Analysis of the relationship between HIV/AIDS and gender has revealed that gender inequalities have fueled the epidemic in South Africa.

The African Renaissance has been characterized as nativist and nationalistic.

Feminist scholars have widely critiqued the implications of cultural reclamations projects such like South Africa's as "the essentialist mystifications or masculinist appropriations of dissent (Parry 221), ancestral purity or monolithic notions of identity (McFadden 2000). Kwame Anthony Appiah's contention is that as a nativist project, the African Renaissance 'rails against the cultural hegemony of the West, the nativists are of its party...indeed the very arguments, the rhetoric of defiance...are canonical, time tested to be subjected to the cultural identities they ostensibly decry" (Appiah 1988, 162, 170).

Finding an "African solution" and essentializing a version of African iconography of the good moral woman (McFadden 2000) can also be seen as a kind of political currency for nationalist goals. It is also saleable in international development. The structural "respect" afforded to women at the 2004 National Partnership of AIDS 6th Anniversary celebration does not translate into heightened political power. Though inside developmentalist frameworks, the celebration might be considered a triumph for women. The theme of the celebration, "Respect Women and Protect Children," was enunciated by Government Action Plan Director Thami Skenjana highlighted that

"the lowly social status and desperate poverty of many women leads to their exploitation and puts them in the firing line of HIV infection. We will not reverse the march of HIV, unless and until we achieve unconditional respect for women" (Freeman 2004).

In speaking at the AmaMpondomise Heritage Celebrations on Heritage Day September 2004, Zuma appropriated African tradition as 'native science' in the form of virginity testing. According to Zuma, virginity testing should be widely used as a way to reclaim old family traditions taken by the apartheid government in order curb the spread

of HIV/AIDS. In this politics, women are to be responsible for holding up their moral duties while boys are asked to respect the trading value of virginity in that

"Girls knew that their virginity was their family's treasure and boys respected that. They would only have sex when permitted to do so by their families after marriage - something which made them respect each other" (Sapa 20004).

Mbeki used arguments about "finding an African solution" (Power 2003) in early discomforts with AZT and while in research about Virodene as discussed in Chapters II and III. Meera Nanda argues in "Against Social (De)Construction of Science that in the links between nationalistic, masculinist goals and 'indigenous' science

"the critics of science tend to applaud the efforts of indigenous science movements in the ex-colonial world...They tend to see these movements as a justifiable reassertion of long silenced traditions and as heroic attempts by the once colonized civilizations to accommodate forces of modernity on their own terms...though there is undoubtedly some truth in this perception: the memory of colonialism with all its economic exploitation and cultural denigration and the fear of the fast encroaching "McWorld" have indeed lent a sense of urgency to the third world's search for alternatives" (Wood and Foster 77).

Development Discourse and a Women's "Mainstreamed" Place

Race politics is inescapable as racism in South Africa is endemic. In 2005, as response to heated accusations that the ANC uses "racial profiling" and "reverse racism," President Mbeki frankly stated that

"it is not possible deliberately to uplift the overwhelming black majority, disadvantaged by three-and-half centuries of racial domination, without disadvantaging the white minority whose exclusive welfare had been the central preoccupation of three-and-half centuries of white rule, whatever its form, its changing historical expression."

But as reports from the World Economic Forum (2004) and the Davos Development Forum indicate, the dictates of the marketplace contain race politics. Capital acquisition is contained within the dictates of larger market players. In fact, in the reports following the conferences, South Africa did not bring up race, nor did Mbeki even highlight HIV/AIDS. In the 148 page report, HIV/AIDS was only mentioned three times (Mkhuytukelwa 2003).

Though poverty has come to be used more widely inside the international HIV/AIDS development discourse since 2000, critical considerations of inequalities based on race are significantly absent. In the last three years especially, a variety of progressivism has developed a language specific to inequalities perpetuated by HIV/AIDS. These have been identified as intersecting inequalities, or the triple threat of poverty, gender, and HIV/AIDS (UNAIDS 2004). As the introductory pages of a joint report issued by UNAIDS, UNIFEM and USAID urges, the world community must urgently address the triple threat of gender inequality, poverty and HIV/AIDS because “by tackling these forces simultaneously, we can reduce the spread of the epidemic and its devastating consequences” (UNAIDS 2004).

As early as 1994, issues around gender rights as human rights particularly in Africa, began gaining a formal place inside international development policy goals and planning. Mainstreaming human rights refers to “the concept of enhancing the human rights program and integrating it into the broad range of United Nations activities, also in the areas of development and humanitarian action (HCHR 2002). In 1994, the African Women’s Preparatory Conference preceding the Beijing Fourth Women’s World Conference, identified a key platform as “mainstreaming gender concerns within

economic and development policy-making” (USAID 2004). Gender mainstreaming is an approach to development that emphasizes non-discrimination, attention to vulnerability and empowerment of women. In 1995, the Beijing Conference Platform for Action called for gender mainstreaming in the design, implementation, and monitoring of all policies and development programs. This framework for measurable inclusion of women, supported most strongly by UNIFEM and the UN Development Programme (UNDP), led even the World Bank to recognize the developmental costs of ignoring women in development planning (Africa Recovery 1998).

Gender mainstreaming in development planning has employed the language of rights that speak specifically to the special needs of poor women in the HIV/AIDS pandemic. The UN General Assembly Special Session (UNGASS) on HIV/AIDS in June 2001 explicitly identified the gender dimensions of the epidemic. Delegates committed themselves to “intensify efforts to...challenge gender stereotypes and attitudes, and gender inequality in relation to HIV/AIDS, encouraging the active involvement of men and boys” (UNAIDS 2004). The UNGASS Declaration broadened the 2000 Millennium Declaration which sought to promote gender equality and empowerment as ways to combat poverty, hunger, and disease.

One of the most comprehensive examples of the way in which concerns about poverty have intersected with HIV/AIDS and women’s rights appeared in the Joint Report published by UNAIDS, UNFPA, and UNIFEM entitled “Women and HIV/AIDS: Confronting the Crisis.” The report introduced itself “as an urgent call to action to address the triple threat of gender inequality, poverty and HIV/AIDS” (UNAIDS 2004). A particular sentence in the preface sums up the document’s attempt to highlight the

structural impediments to women's advancement: "the limitations [to strategies for survival] lie elsewhere: in the painful shortage of resource—especially for women and women's issues—and in the shameful lack of political will to meet international commitments."

In the "Treatment" section of the document, optimism is expressed for the 3 by 5 Initiative as created by the World Health Organization and UNAIDS which aims to provide treatment to 3 million people by the end of 2005. Though the Initiative demands the treatment access is identified, nowhere in the document are drug access barriers mentioned in relation to patent laws, trade rules or pharmaceutical company monopolies. In this manner, the call to "make treatment gender equitable" falls shortsighted of embedded structural barriers to this process. In effect, renders the 100+ page document political pander.

As mentioned earlier in this chapter, critical analysis suggests that "women's empowerment" does not have the political teeth needed for radical change; rather, it has become a front for conservative, neo-liberal development. Everjoice Win, a Zimbabwe women's rights activist, comments that

"gender language" does the (women's) cause no good...depoliticized language, like the gender and development nonsense. It is contrite, it does not question patriarchy, it does not challenge them (men and politicians) and that makes them feel comfortable" (Meyers 2004).

Rosalind Petchesky further argues that the mechanistic approach of UN mandates suggests problems of gender equality can be fixed "by simply redirecting some resources toward women and girls education" ((Petchesky, 11, 2004). By couching women's rights in the language of development, existing power regimes only change in face value but remain structurally intact.

These critics of feminist development discourse interrogate the tripartite system of national governments, international governing bodies and Western NGO's who formulate special "spaces" in which for women to voice their concerns. These "spaces" of negotiation are part of a larger political goal to maintain current power structures and benefactors which are inherently patriarchal. In the context of HIV/AIDS treatment, this includes mechanisms such as omission from international action platforms that keep patents systems and agreements as they stand. As Win reiterates, "It is time to do away with the niceties, to get back to 'rights language' and for women to stop asking men to be nice, as though they are doing them a favor when it comes to women's issues" (Meyers 2004).

Chapter V

Treatment Action Campaign and the Corporate Womb

A national mortality study released in February 2005 by Statistics South Africa reported deaths leapt 57% between the years 1997-2002. Very few of the half million people living with HIV/AIDS in South Africa have access to treatment; nearly 300,000 people will die in 2005 if they do not begin (Reuters 2005). The Treatment Action Campaign mobilized to fight for the rights of all people in South Africa with HIV/AIDS to gain access to treatment. The government's interventions have been closely monitored by TAC since its inception on Human Rights Day, 1998.

The South African administration works under the Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa, an “agenda ensuring that everyone has access to affordable, quality medicines” (Ministry of Health 2005). The Operational Plan outlines specific strategies for comprehensive antiretroviral (ART) rollout by 2008, and sets a goal for implementation of at least one health care facility in 51 out of the 53 health districts. In May 2004 Mbeki affirmed to Parliament that an increase to “113 health facilities will be fully operational by March 2005 [while] 53,000 people will be on treatment” (SAGI 2004). In addition, due to US President Bush's \$15 Billion Presidential Emergency Plan for AIDS Relief, South Africa's largest drug manufacturer Aspen Pharmacare, received tentative approval in January 2005 from the FDA to produce a triple cocktail of AIDS drugs at a significantly reduced price (CNN 2005). In addition, as of February 2005 the South African Ministry of Health announced completed negotiations with drug companies to supply

antiretrovirals to state hospitals where prior to this, provincial governments were purchasing brand name antiretrovirals at best available listed price (Smart 2005b).

Most recently, TAC questioned whether the South African government truly intended to go ahead with the ART rollout. On February 16, 2005 five thousand protesters marched on the South African Parliament Building to demand that the government speed up the ART rollout. Activists demanded that government guarantee treatment to 200,000 by February 2006, as the current 30,000 on publicly supported treatment falls far below the governments' promise as laid out in the Operational Plan of 53,000 by March 2005 (Smart 2005a).

Rights to Medicines, Rights to Life

As reflected in a 2004 speech delivered by Executive Director Zachie Achmat at University of KwaZuluNatal University, “TAC is, in the first and the last instance, a struggle about our constitutional rights to life and dignity—and also to equity.” Based on these principles, TAC’s national action agenda demands a public health infrastructure that guarantees antiretrovirals to all people regardless of race, gender, class, place of employment or sexual orientation from within state channels. On an international level, the TAC asks why it is that “those of us with money that can afford to buy life” (Achmat 2004). In its first campaign beginning in 1998, TAC took to task corporate monopolies, the World Trade Organization, and its associate Trade Related Intellectual Property Rights (TRIPS),⁹ when it held as curiae amicus to the South African government during

⁹ The TRIPS Agreement originated at the Uruguay Round of the General Agreement on Tariffs and Trade in 1994. As a result of lobbying by a group of US-based multinational corporations at the Uruguay Round, TRIPS was to fall under the jurisdiction of the newly created World Trade Organization (Petchesky 77).

the lawsuit filed by the PMA. Challenging TRIPS alongside the government brought unprecedented attention to the issue of treatment rights on the world stage (Schneider 2003). Since 1998, TAC challenged international corporate authorities as well as it's the national government to respond quickly to vast majority of poor people in South Africa who could not afford life-saving antiretrovirals.

The Gender and Trade Network in Africa describes TRIPS as that which “effectively ensures that the world’s richest countries claim a virtual right to grant life in their holding of essential and life saving medicines by granting companies exclusive rights to patents of new products or technology, including medicines, for twenty years (Genta 2001). Antiretrovirals under patent may sell at prices between four and twelve times the price of generic equivalents on the world market (Oxfam 2001). Though the patent debate is certainly not brand new—see community activists around seed and agricultural bio-patenting rights in India, for example, (Shiva 2001)¹⁰—the PMA vs. South Africa was one the first challenges to corporate malfeasance in the manufacture and trade of pharmaceuticals.

The TAC’s role as watchdog and agitator to the South African state reflects philosophies that move beyond a narrow HIV/AIDS treatment agenda. TAC entails a wider vision for the national government in the new liberal democracy of South Africa. As Achmat states, TAC has utilized “every instrument that our new democracy gave us [to liaise with the government]—the Constitution, the Human Rights Commission, the Commission on Gender Equality, the National Economic Development and Labour

Since then, multinational corporations have consistently argued in the WTO that a globalized patent system will benefit developing countries.

¹⁰ Such as community activist around seed and agricultural bio-patenting rights in India, for example. See Vandana Shiva, Tomorrow’s Biodiversity, 2001)

Council” (Achmat talk 2004), which constrain affordable generic drugs (National Congress 2003). In much the same way that the framers of the Truth and Reconciliation was envisioned as a nation building instrument (Nytagodien and Neal 2004) TAC has placed itself in an enforcement relationship to the state intended to be custodian of its citizens national and human rights to health. TAC thus seated it itself firmly inside its main ally COSATU (Commission of South African Trade Unions).

Human rights as used by TAC can be contextualized within the anti-apartheid labor movements from which it grew, and as it was later captured in the aspirations of the Truth and Reconciliation Commission. The leadership of TAC grew out of the labor movements’ rights principles. Civil disobedience were the fulcrums on which the labor movements such as The Trade Union of South Africa (TUSCA), Federation of South African Trade Unions (FOSATU), and the South African Council of Unions (CUSA) mobilized. These movements consistently employed the language of ‘crimes against humanity’ to challenge the apartheid regime (McShane 138). Human Rights as enshrined in the Universal Declaration of Human Rights adopted by the United Nations General Assembly in 1948 are primarily rights individuals have in relation to governments "stem[ming] from the cardinal axiom that all human beings are born free and equal, in dignity and rights and are endowed with reason and conscience (HCHR 2002).

Human rights principles also guided TAC’s earliest campaigns against pharmaceutical companies in an effort to appeal to the larger international conscious. TAC has even been postulated as anti-capitalist. Patrick Bond argues, “[TAC is] encouragingly similar to the kinds of international anti-capitalist, ‘people-centered-development’ discourses offered by the popular movements across the world, that have

generated such upsurges of protest in many sites over the past few years, including Africa, on matters such as debt and trade (2001). More generally, TAC has been cited alongside other new social movements in South Africa concerned with redistributive principles such as the Homeless People's Federation (1994), Concerned Citizen's Forum (1999), Anti-Eviction Campaign, Anti-Privatization Forum, Soweto Electricity Crisis Committee (2000), Landless Peoples Movement, Coalition of South Africans for Basic Income Grant (2001), and the 2002 Education Rights Project (Ballard 2005). In addition, TAC links its 'pro-poor' stance to broader national anti-poverty mandates such as the Basic Income Grant and (GEAR) Growth, Employment and Redistribution Strategy, the government macro-economic strategy have been shown to not only create opportunities, but also new vulnerabilities, especially for the near poor or middle strata.

TAC has paid special focus to the needs of women with HIV/AIDS in South Africa. Its 2001 campaign focused in on monotherapies for mother to child transmissions; the centerpiece of its campaign was that drugs to be provided free at all clinics. In August 2001, a coalition that included TAC sued the government for failing to provide Nevirapine, an antiretroviral often used to curb transmission of HIV/AIDS from mothers to their newborns. The drug had been offered free by its manufacturer, Boehringer Ingleheim following the close of the PMA vs. South Africa trials, but the administration refused to administer it due to alleged toxicity.

The Constitutional Court judgment in July 2002 stipulated that the state implement a program in which Nevirapine would be made available to pregnant women (Achmat, affidavit, 2004). In March 2003 TAC laid culpable homicide charges against the Health Minister and her trade and industry colleague, claiming the pair responsible

for the deaths of 600 HIV-positive people a day who have no access to antiretroviral drugs (Avert 2005) and who failed to implement universal monotherapies for women. Also during this time TAC lodged public complaints against pharmaceutical companies GlaxoSmithKline (GSK) and Boehringer Ingelheim (BI) at the Competition Commission, resulting in settlement agreements that obliged the two companies to license the local production and importation of even more affordable generic antiretrovirals (Achmat 2004).

Neo-Liberal Pretense Under Fire

Two prominent critiques of TAC are that 1) that they are a font for neo-liberal white agendas despite claims of pro-feminism and anti-racism and 2) they are a billboard for multinational pharmaceutical companies. Critics contend that contrary to Bond's arguments above, TAC is absolutely capitalist. In fact, in the 2004 National Congress meeting Achmat clarified that TAC fully supports the ANC in its neo-liberal development, demanding only that it live up to the ideals of liberal democracy (TAC 2003) which includes apt attention to members of civil society. Inside this framework, protected dissent is requisite for the kind of liberal democracy envisioned by early social contract theorists in the United States. In fact, development discourse such as that put forth by the World Bank, the legitimacy of a nation state is measured in part by the vitality of its civil society.

Its strategy of concessionary bargains with those it most virulently protests creates a tension. TAC may exist as neo-liberal champion, even as their activism in a global order of institutionalized oppression requires multi-layered resistance techniques. TAC's

chosen mechanisms of protest have been generally liberal democratic and rule bound. TAC's campaigns have used media manipulations to its advantage and taken its leaders into corporate executive boardrooms and the court. TAC campaigns have also staged mass civil disobedience and peaceful non-cooperation. Though TAC does take some departures from rational norms of protest, most actively taken up by Zachie Achmat's illegal importation of generic drugs from Thailand to support its Treatment Action Project for TAC activists (John 2000), these have been anachronisms.

TAC would insist that their advocacy includes the principle that when people have a consciousness about their entitlements as citizens, they are better able to defend their rights to integrity and personhood (Friedman and Mottier 2004). This principle is clouded by the implications of lobbying for corporate concessions inside a neo liberal nation state framework. In The Wretched of the Earth, Fanon expressed these tensions as such that the [national bourgeoisie] "reflect middle class interests whose mission has nothing to do with transforming the nation; it consists, prosaically, of being the transmission line between the nation and capitalism" (152). In this way, TAC functions as a rather closed movement, particularly as it urges a balance between this integration and the needs of the poor though it mostly withholds hard-line positions on the racisms and sexism inherent in this order. For example, though TAC does focus on women, the dual focus on corporate medicines access could run dangerously close to valuing women as corporate womb and vector to the productive capacity of the state.

International Elitist Pretensions

The official demographics of the TAC according to Zachie Achmat are 80% unemployed, 70% women, 70% percent aged 14-24. Finally, 90% are African and those in leadership positions are almost half women. However, its two main spokespersons Zachie Achmat and Mark Heywood are both men of professional-legal intellectual elite (Friedman and Mottier 2004). Aside from these demographics, a compelling argument can be made about TAC's appeal to white sensibilities if contextualized within the pressures of its international donor base and US allies such as Doctors Without Borders, ACT-UP, Health GAP, and Consumer Project on Technology. TAC's politicization of medicines access has been speculated in much of the literature as positive evidence of a flourishing civil society in South Africa (Freidman and Mottier 2004). But as many sociologists of social movements theorize, social movement frames as important political tools, are often compromised to its donors or varied constituents who want to make sure the movement "is worth it" to their interests. Some of the concessions that TAC has made include a two-pronged confrontation of the race dimensions of the epidemic. In a national context, TAC has fiercely contested racialized valuations of their work and personnel. Yet when representing itself and those it works for to the world, a rather different version of race appears.

In a statement issued as rebuttal to the critiques by the Health Minister toward TAC's white treasurer, Mark Heywood, the following [edited] public statement makes this example clear. He argued that

“Racism remains alive not only because of discrimination or prejudice against individuals... the social structure of racism is central to its perpetuation. Racism is unwittingly reinforced through social and economic choices made by government. But dignity, freedom and equality continue to

be denied to people who are mainly black and poor, particularly women - not simply because of a few die-hard racists but because social policies themselves reinforce racism. TAC's struggle for a treatment and prevention...clearly illustrates this paradox. The vast majority of people who die avoidable and predictable AIDS-related deaths are black people who use the public health services...the continued denial of anti-retroviral and other essential medicines reinforces the suggestion that black lives have no value to those in power. It suggests that the lives of the majority of people living with HIV/AIDS are expendable because they are poor and black. (Achmat 2004).

In contrast, Achmat's internationally aired video testimony from his sickbed, broadcast to the international HIV/AIDS conference in Barcelona (2002), he describes the success of Khayelitsha's¹¹ pilot antiretroviral program

“Just because we are poor,” Achmat said, “just because we are black, just because we live in environments and continents that are far from you does not mean that our lives should be valued any less” (Powers 2003).

This appeal represents an “Other” of South Africa that as McFadden critically points out, “are expected to wait and be 'reasonable' in their demands for economic and social redistribution” (2000). Possibly, if the TAC were to present itself in closer proximity to the racialized and racist dimensions of the epidemic, it might be deemed unsustainable, or even, as black radical movements have been deemed by Achmat, as “militant” in thier “gun wielding opposition” (Powers 2003).

Women and corporate womb

What are the ramifications of an agenda focused on ensuring corporate buckling for HIV/AIDS drugs for women and mother to child transmission? The focus on

¹¹ One of the poorest townships in South Africa, located in the Western Cape Province.

“pressuring” pharmaceutical companies to be more human obfuscates the insidious nature of appealing to them for drugs which can cause side effects even if taken correctly as discussed in Chapter II. Particularly problematic is when the site of corporate profit lays in the body of a woman, particularly a black South African woman. As discussed in Chapter III and IV, mythicized representations of the nurturing, maternal, corporeal African mother and wife can serve to reproduce both the interests of the state and the corporate-development institutions that benefit. As structurally marginalized in both a national and international context, the value of a South African woman is tied to her ability to reproduce both biologically and symbolically inside a state-centric neo-liberalism. The human capital which emerges from her womb is indelibly marked before birth in his or human productive capacity.

Though TAC’s position uses different mechanisms (pharmaceutical drugs) through which women can preserve these roles, is it really so much different from those goals of the “African Renaissance” espoused by Deputy President Jacob Zuma in Chapter III? In both instances, women are propped up in their capacity to uphold and build the nation by giving birth to healthy children without HIV/AIDS. Their failure to reproduce the social order and material hierarchy even as they are subordinated to it is one function of a childbirth aided by corporate sponsorship.

CHAPTER VI

CONCLUSIONS: TOWARDS RADICAL ALTERNATIVES?

This paper has drawn in part on what Patricia McFadden describes as:

“the pernicious resurgences of racist bigotry and exclusionary practices in the health, academic and media arenas; of excavating the centuries-old myths and destructive stereotypes whose callousness has laid waste vast communities of Africans in the diaspora [and] step away from the clamour of research, and "aid", much of which deploys discourses that force us back into racial and gender stereotypes, and which reproduces the very relations of exploitation, supremacy and servitude underlying the social and survival crises presently faced by our continent” (2000)

It has also considered the ways in which all parties vested in neo-liberal frameworks, including those who contest from inside its protections, remain incorrigibly tied to mechanisms which embed the structural oppressions of those living with HIV/AIDS in South Africa.

From within the framework of imperial projection, there is little room where those most marginalized by HIV/AIDS in South Africa can narrate their life without becoming a case study or a subject of confession, an essentialized Other or imagined effigy for the reproduction of institutionalized white privilege. Some critical scholarship in the West has deconstructed parts of the themes in this paper but the linkages between historical racisms, political economics, and imperialism is rather limited, and critical analysis of activist formations outside the West remains blanketed.

Steven Epstein’s book Impure Science: AIDS, Activism and the Politics of Knowledge—lauded as a critical benchmark investigation into the contested realm of AIDS knowledge and what he deems as “credibility struggles.” However, Epstein’s

research fails to emerge from the “white box” from which he sustains distinctions between the ‘survival’ techniques and in-fighting of black communities that stop them from organizing in the more nuanced ways of white, middle class, gay compatriots grounded by the activist organizations they lead. Cindy Patton’s book Inventing AIDS takes up issues of race in her book by detailing through Foucauldian analysis projections of power through racist imagery. Yet, she does not expand the political economic dimensions of her argument nor examines resistance.

More specifically, further theorization can be done about the substance of the African Renaissance inside a neo-liberal framework, particularly as it applies to women’s roles and responsibilities in South Africa’s AIDS epidemic. Further questions could include those asking about those women who are in activist positions to remove stigmas surrounding identity, sexuality and power or to challenge patriarchy. It would be interesting to relate the feminist literature on how the needs produced by HIV/AIDS intersects with black economic empowerment incentives, and its continuing impact on women’s structural and economic status. Finally, it is worth questioning the way in which the masculinist positions advanced in African Renaissance program within a neo-liberal state positioned in a global economy, relates to some of the patriarchal assumptions of nationhood tied historically to permutations of the white, male heterosexual family unit.

These examples highlight where discussions might expand to radical reevaluation of the ways in which HIV/AIDS functions within consumer capitalism as part of larger neo-imperial projection, racist conjecture and reformulations of patriarchy. These discussions must be linked to others concerning development and ‘underdevelopment,’ in dire need of transformative and no less than radical rethinking. It must be recognized that

so called 'underdevelopment' is also a function of oppressive structural formations of power that are fortified, but certainly not impenetrable. To become familiar with the nexuses of power is to begin to break them down and create new places of entry. More critical thinking about movements that seek to displace the institutionalization of HIV/AIDS can be done at least in part by documenting resistance, in all its various forms, as a politically lived experience.

Bibliography

- Achmat, Zachie. (2004). The Treatment Action Campaign, HIV/AIDS and the Government. [Online Transcript]. *The Muse*. Retrieved January 22, 2005, from <http://muse.jhu.edu>.
- Achmat, Zachie. (10 November 2004). HIV and Human Rights: A New South African Struggle. [John Foster Lecture Transcript].
- Achmat, Zachie. (27 January 2005). Truth will set us free." *Mail and Guardian*. 21,3, 24.
- Achmat, Zachie. (16 October 2000). Why TAC is joining the court case against the PMA? Retrieved January 22, 2004, from <http://www.aids-bells.org/TAC.html>.
- Adler, Glenn and John Steinburg. (2000). *From Comrades to Citizens: The South African Civics Movement and the Transition to Democracy*. New York, New York: St. Martins Press.
- Ahmad, Aijaz. (1994). *In Theory: Classes, Nations, Literatures*. London, England: New Left Books.
- Ahmad, Aijaz. (October 1996). Issues of Class and Culture: An Interview with Aijaz Ahmad. [Online Version]. *Monthly Review: An Independent Socialist Magazine*, 48, 5.
- Ahmad, Aijaz. (1997). Culture, Nationalism and the Role of Intellectuals in Wood, Ellen Meiksins; Foster, John Bellamy, eds. (1997). *Marxism and the Postmodern Agenda*. New York: Monthly Review Press.
- Albertyn, Catherine. (Fall 2003). "Contesting Democracy: HIV/AIDS and the Achievement of Gender Equality in South Africa." *Feminist Studies Vol. 29, Issue 3*.
- Appiah, Anthony. (1988). "Out of Africa: Topologies of Nativism." *Yale Journal of Criticism*, 2, 153-78.
- Avert. AIDS South Africa. (n.d.) Retrieved online December 14, 2004, from <http://www.avert.org/aidssouthafrica.htm>.
- AWID. (13 February 2005). An interview with Monique Wanjala. Retrieved April 20, 2005, from <http://www.awid.org/go.php?stid=1438>.
- Ballard, Richard. (21 January 2005). An anatomy of new power. *Mail and Guardian*, 21, 3, 27.
- Bhaba, Homi. (1994). *The Location of Culture*. London, England: Routledge.

- Bhavnani, K., Foran, J. and Kurian, P. eds. (2003). *Feminist Futures: Re-imagining Women, Culture and Development*. New York: Zed Books.
- British Broadcasting Channel. (20 September 2000). "Mbeki digs in AIDS." Retrieved December 30, 2004, from <http://news.bbc.co.uk/1/hi/world/africa/93445.stm>.
- British Broadcasting Channel. (20 April 2000). Analysis: Mbeki and AIDS Skeptics. Retrieved December 30, 2004, from <http://news.bbc.co.uk/1/hi/world/africa/720995.stm>.
- British Broadcasting Channel. (10 July 2000). Controversy Dogs AIDS Forum. Retrieved from <http://news.bbc.co.uk/1/hi/world/africa/826742.stm>.
- Bond, Patrick. (Spring 2001). Radical Rhetoric and the Working Class during Zimbabwean Nationalism's Dying Days." *Journal of World-Systems Research*, VII, 1, 52-89 Retrieved March 8, 2005, from <http://jwsr.ucr.edu/>.
- Bond, Patrick. (25 June 2003). Corporate Cost-benefit Analysis and Culpable HIV/AIDS Homicide. Retrieved March 8, 2005, from <http://www.zmag.org/content/showarticle.cfm?SectionID=2&ItemID=2023>.
- Bond, Patrick. (20 June 2002). NEPAD. Retrieved March 23, 2005, from <http://www.ifg.org/analysis/un/wssd/bondZnet.htm>.
- Center for Health and Gender Equity. (March 2004). Debunking the Myths in the US Global AIDS Strategy: An Evidence Based Analysis. Retrieved January 25, 2005, from www.cominit.com/strategicthinking/st2004/thinking-518.html.
- Chiasson, Richard. (September 2000). The World AIDS Conference in Durban, South Africa- Science, Politics and Health. *The World HIV Report, Division of Infectious Diseases and AIDS Service, John Hopkins University*. Retrieved April 6, 2005, from http://www.hopkins-aids.edu/publications/report/sept00_1.html.
- Chirimuuta, by Richard C. and Chirimuuta Rosalind. (1985). [AIDS, Africa and Racism](#). Free Association Books.
- CNN. (27 January 2005). AIDS Drug production to begin as early as March. Retrieved April 2, 2005, from <http://www.cnn.com/2005/WORLD/africa/01/27/safrica.aids.drugs.ap/>.
- Cohen, Jon. (28 Apr 2000). *South Africa: AIDS Researchers Decry Mbeki's Views on HIV. [Online Version]*. *Science*, 288, 5466, 590-591. Retrieved April 23, 2005 from [http://www.aidsscience.org/Science/Cohen288\(5466\)590.html](http://www.aidsscience.org/Science/Cohen288(5466)590.html)
- Cullinan, Kerry. (2002). HIV Does Cause AIDS but it's hard to prescribe drugs, says South Africa's ANC. [Online Version]. *World Health Organ*, 80, 5, 421-422.

Della Pora, Donatella and Diani, Mario. (2004). *Social Movements: An Introduction*. Malden, Massachusetts: Blackwell Publishing.

EQUINET. February 2004). The WTO Global Agreement on Trade in Services (GATS) and Health Equity in Southern Africa. *EQUINET Policy Series, 12*. Retrieved March 12, 2005 from <http://www.equinet africa.org/bibl/docs/POL12trade%20.pdf>.

Fanon, Frantz. (1963). *The Wretched of the Earth*. New York: Grove Press.

Fanon, Frantz. (1967). *Black Skin, White Masks*. New York: Grove Press.

Fanon, Frantz. (1965). *A Dying Colonialism*. New York: Grove Press.

Finger, William. (Spring 1999). Condom Use Increases. *Family Health International Network, 18, 3*. Retrieved April 27, 2005, from http://www.fhi.org/en/RH/Pubs/Network/v18_3/NW183ch6.htm.

Fleschman, Micheal. (October 2004). Women: The Face of AIDS in Africa. *Africa Renewal, 18, 6*. Retrieved March 2, 2005, from http://www.un.org/ecosocdev/geninfo/afrec/vol18no3/183women_aids.htm.

Freeman, Candace. (8 October 2004). "Zuma to attend Partnership Against AIDS." Government Communication and Information System. Retrieved December 14, 2004, from <http://gcis.gov.za/buanews/view.php?ID=04100812451001&coll>.

Friedman, Steven and Mottier, Shauna. (2004). *Rewarding Engagement? The Treatment Action Campaign and the Politics of HIV/AIDS*. Retrieved from School of Development Studies, University of KwaZulu Natal.

Gender and Trade Network in Africa. (2001). "Trade Liberalization: Impacts on African Women." Prepared for the International Gender and Trade Network meeting, Capetown, South Africa. August 2001.

Gesheker, Charles L. (Reprint, 2001). *AIDS in Africa: Myths of AIDS and Sex. Jenda: A Journal of Culture and African Women Studies*. Retrieved April 14, 2005, from <http://www.jendajournal.com/vol1.2/gesheker.html>.

Government Communications Information Service Department of Health. (2000). *HIV/AIDS/STD Strategic Plan for South Africa 2000-2005*. Retrieved February 17, 2005, from <http://www.doh.gov.za/aids/docs/aids-plan/>.

Government Communications Information Service. (17 February 2005). *The Presidency response of the President of South Africa, Thabo Mbeki, to the Debate of the State of the Nation Address, National Assembly, Cape Town*. Retrieved March 2, 2005, from <http://www.info.gov.za/speeches/2005/05021715451003.htm>.

Government Communications Information Services (19 November 2003). Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa. Retrieved March 3, 2005, from <http://info.gov.za/otherdocs/2003/aidsoperationalplan.pdf>.

Government Communications Information Service. (21 May 2004). Address of the President of South Africa, Thabo Mbeki. Retrieved March 2, 2005, from <http://www.info.gov.za/speeches/2004/04052111151001.htm>.

Health Education AIDS Liaison, Toronto. (February 2000). End AIDS Censorship Now! Support Thabo Mbeki. Retrieved online March 2, 2005, from <http://healtoronto.com/mbeki.html>.

Helen Suzman Foundation. (n.d.). Interview with Dr. William Malagaperu Makgoba. *Focus 18*. Retrieved April 18, 2005, from <http://www.hsf.org.za/focus18/interviewfocus18.htm>.

Heywood, Mark. (21 February 2005). The Price of Denial. Retrieved March 2, 2005, from www.tac.org.za.

Hooper-Box, Caroline. (20 February 2005). Deaths soar as AIDS drug rollout falters. *Sunday Independent*.

Hunter, Susan. (2003). *Black Death*. New York, New York: Palgrave MacMillan.

James, John S. (20 October 2000). South Africa: Historic Defiance Campaign Imports Generic Fluconazole. *AIDS Treatment News Archive*. Retrieved March 16, 2005, from <http://www.aids.org/atn/a-353-03.htm>.

Kiros, Teodros. (forthcoming). Fanon and the Power of the Racist Gaze. *C.L.R. James Journal*.

Lobe, Jim. (29 January 2003). Africa Activists Denounce Bush's "Malign Neglect." *Foreign Policy In Focus*. Retrieved March 2, 2005, from <http://www.fpif.org/commentary/2003/0301afneg.html>.

Mkhuytukelwa, Bongiwe and Cele, Thabo. (12 June 2003). Memorandum to the World Economic Forum. Retrieved February 17, 2005, from www.tac.org.za.

International Gender and Trade Network. (10-14 September 2003). WTO Fifth Ministerial Meeting.

McFadden, Patricia. (November 2000). Issues of Gender and Development from an African Feminist Perspective. *Lecture, Center for Gender and Development Studies, University of the West Indies*. Retrieved April 7, 2005, from http://www.world.org/programs/regions/africa/patricia_mcfadden4.htm.

- McShane, Denis; Plaut, Martin; Ward, David. (1984). *POWER! Black workers, their unions, and the struggle for freedom in South Africa*. Boston, MA: South End Press.
- Meyer, Jani. (5 September 2004). It's Time for That F-Word [Online Version]. *The Star*. Retrieved September 7, 2004, from www.iol.za.co.
- Mosse, George. (1985). *Toward the Final Solution: A History of European Racism*. Madison: University of Wisconsin Press.
- Nanda, Meera. (1997). *Against Social De(Construction) of Science in Wood*, Ellen Meiksins; Foster, John Bellamy, eds. (1997). *Marxism and the Postmodern Agenda*. New York: Monthly Review Press.
- Minter, William, ed. *Life Over Debt: Debt and South Africa*. *Africa Focus Bulletin*. Retrieved April 19, 2005, from <http://www.afsc.org/africa-debt/southafrica.pdf>.
- NEPAD. (2002). *New Economic Partnership for Africa's Development*. Retrieved February 22, 2005, from <http://www.nepad.org/>.
- Nytagodien, Ridwan and Neal, Arthur. (2004). "Collective Trauma, apologies, and the politics of memory." *Journal of Human Rights* 16, 59.
- Office of the United Nations High Commissioner for Human Rights. (1996-2002). *Mainstreaming Human Rights*. Retrieved April 17, 2005, from <http://www.unhchr.ch/development/mainstreaming.html>.
- Parliamentary Millenium Project (n.d.). Retrieved April 22, 2005, from <http://www.pmpsa.gov.za/>
- Parry, Benita. (1999). *Resistance Theory/Theorizing Resistance or Two Cheers for Nativism*. In Gibson, Nigel. (ed). (1999). *Rethinking Fanon: The Continuing Dialogue*. Amherst, New York: Humanity Books.
- Paton, Carol. (23 April 2000). *AIDS activists rally ahead of Mbeki's US visit*. [Online Version] *Sunday Times*.
- Petchesky, Rosalind Pollack. (2003). *Global Prescriptions: Gendering Health and Human Rights*. London, England: Zed Books.
- Power, Samantha. (2003) *The AIDS Rebel*. *Public Broadcasting Station*. Retrieved March 29, 2005, from http://www.pbs.org/pov/pov2003/stateofdenial/special_rebel.html.
- Robinson, William. (2004). *A Theory of Global Capitalism: Production, Class and State in a Transnational World (Themes in Global Social Change)*. Washington, D.C.: John Hopkins University Press.

Schneider, Helen. (2002). On the Fault Line: the politics of AIDS policy in contemporary South Africa. *African Studies*, 61, 1.

Schoopfs, Mark. (1-7 December 1999). The Agony of Africa Part Five: Death and the Second Sex. Retrieved April 17, 2005, from <http://www.thebody.com/schoofs/africa5.html#>.

Shiva, Vandana. (2001). Protect or Plunder? Understanding Intellectual Property Rights. London, England: Zed Books.

Shisana O, Simbayi L. (2002). Nelson Mandela/HSRC Study of HIV/AIDS - South African National HIV Prevalence, Behavioural Risks and Mass Media Household Survey 2002. *Cape Town: Human Sciences Research Council*. Retrieved March 25, 2005 from, <http://www.hsrcpublishers.co.za/hiv.html>.

(a) Smart, Theo. (22 February 2005). South Africans March to accelerate rollout of antiretroviral treatment. Retrieved February 22, 2005, from www.aidsmap.com/en/news/60EC6DBO-BA24-4D12-952E-21DO24OD11CF.asp.

(b) Smart, Theo. (22 February 2005). South Africa completes negotiations for large scale antiretroviral procurement. Retrieved February 22, 2005, from www.aidsmap.com/en/news/60EC6DBO-BA24-4D12-952E-21DO24OD11CF.asp.

Spivak, Gayatri C. (1988) "Can the Subaltern Speak?" [reprinted in] Patrick Williams and Laura Christman, eds. (1993). *Colonial Discourse and Post Colonial Theory: A Reader*. Hemel and Hempstead: Harvester Wheatsheaf, 66-111.

Spivak, Gayatri C. (1999). "Theses on the Subaltern" in Vindayak Chaturvedi, ed. *Mapping Subaltern Studies and the Post-Colonial*. London: Verso Books.

TAC welcomes court decision. (14 December 2004). *Sunday Times*. Retrieved January 30, 2005, from <http://www.suntimes.co.za/zones/sundaytimesNEW/newsst1103027833.asp>.

Treatment Action Campaign. (3 August 2003). Report of the Second TAC National Congress. Retrieved December 2, 2004, from <http://www.tac.org.za/SecondNationalCongressReport.pdf>.

Treatment Access Campaign (16 June 2004). Founding Affidavit in High Court of South Africa (Transvaal Provincial Division. Retrieved November 23, 2004, from <http://www.tac.org.za/>.

Treatment Action Campaign. About TAC. Retrieved January 2, 2005, from <http://www.tac.org.za/>.

Treatment Action Campaign. (n.d.). Frequently Asked Questions. Retrieved January 2, 2005, from <http://www.tac.org.za/treatment/?Frequently+Asked+Questions>.

Treatment Action Campaign.(n.d.). Obtaining Generic ARVs. Retrieved January 2, 2005, from <http://www.tac.org.za/treatment/?Obtaining+generic+ARVs>.

Treatment Action Campaign. (7 June 2003). Memorandum to the Sector Convenors of the Growth and Development Summit. Retrieved March 5, 2005, from www.tac.org.za.

Treatment Action Campaign. (12 June 2003). Memorandum to the World Economic Forum. Retrieved March 5, 2005, from www.tac.org.za.

UNAIDS; UNFPA; UNIFEM. (2004). Women and HIV/AIDS: Confronting the Crisis. A Joint Report of UNAIDS, UNFPA, UNIFEM. Retrieved January 4, 2005, from www.un.org.

Williams, Mariama. (August 2003). "A Strategic Approach to Gender, Trade Agreements, and Trade Policy." *International Gender and Trade Network* [online] www.

[Wolfensohn](#), James. (2001 May). Infrastructure and the World Bank's Mission: Building a Foundation for Poverty Reduction. [Speech, Online Version]. Retrieved March 28, 2005, from <http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:20035391~menuPK:64255840~pagePK:34370~piPK:42770~theSitePK:4607,00.html>.

UNAIDS. (November 24). Q&A II: Basic questions about the AIDS epidemic and its impact. Retrieved April 28, 2005, from http://www.unaids.org/NetTools/Misc/DocInfo.aspx?LANG=en&href=http://gva-doc-owl/WEBcontent/Documents/pub/UNA-docs/Q-A_II_en.pdf

Wood, Denis. (1992). The Power of Maps. New York, New York: Guilford Press.

World Bank Group. (2005) South Africa Retrieved April 20, 2005, from http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/AFRICAEXT/SOUTH_AFRICAEXTN/0,,menuPK:368082~pagePK:141159~piPK:141110~theSitePK:368057,0.html.