

EARLY ATTITUDES AND RESPONSES TO HIV/AIDS IN SOUTH AFRICA AS REFLECTED IN NEWSPAPERS, 1983-1988

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1. INTRODUCTION

The aim of this article is to explore how the disease was initially perceived, highlighting the responses of government, the medical profession and the general public. Whilst social science disciplines have paid attention to the HIV/AIDS disease for the period under discussion and internationally much has been written on the social history of HIV/AIDS² very little has yet appeared on the topic in

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² See for example the *Social aspects of aids series* (The Falmer Press, New York, Philadelphia, London, 1989 and further); E Albert "Illness and deviance: the response of the press to AIDS" in A Feldman and TM Johnson (eds), *The social dimensions of Aids: method and theory* (Praeger, New York, 1986); V Berridge, *AIDS in the UK. The making of policy, 1981-1994* (Oxford University Press, Oxford, 1996); V Berridge and P Strong (eds), *AIDS and contemporary history* (Cambridge University Press, Cambridge, 1993); V Berridge, "The early years of AIDS in the United Kingdom 1981-1986: historical perspectives" in T Ranger and P Slack (eds), *Epidemics and Ideas* (Cambridge University Press, Cambridge, 1992); L Brook, "The public's response to AIDS" in R Jowell, S Witherspoon and L Brook (eds), *British social attitudes. The 5th report social and community planning research (SCPR), 1988-1989* edition; KJ Doka, *Aids, fear and society* (Taylor and Francis, Washington, Bristol and London, 1997); E Fee and DM Fox (eds), *AIDS: the burdens of history* (University of California Press, Berkeley, 1988); E Fee and DM Fox (eds), *AIDS: the making of a chronic disease* (University of California Press, Berkeley, 1992); JH Gagnon, "Epidemics and researchers: AIDS and the practice of Social sciences" in G Herdt and S Lindenbaum (eds), *The time of AIDS. Social analysis theory and method* (Sage Publications, Newbury Park, London, New Delhi, 1992); J Kinsella, "How to cover a plague" in RA Berk (ed.), *The social impact of AIDS in the United States* (ABT Books, Cambridge, Massachusetts, 1988); N Miller, and RC Rockwell (eds), *AIDS in Africa: the social and policy impact. Studies in African health and medicine, Volume 10* (Edwin Mellen, Lewiston and Queenston, 1988); C Overall and WP Zion (eds), *Perspectives on AIDS: ethical and social issues* (Oxford University Press, Toronto, 1991); C Pierce and D Vandever, *AIDS: ethics and public policy* (Wadsworth, Belmont, 1988); WA Rushing, *The AIDS epidemic: social dimensions of an infectious disease* (Westview Press, Boulder, San Francisco, Oxford, 1995); R Sabatier, *Blaming others: prejudice, race and worldwide AIDS* (The Panos Institute, London, 1988); YG Sills, *The AIDS pandemic: social perspectives* (Greenwood Press, Connecticut and London, 1994); SZ Theodoulou, "Responding to AIDS: Governmental policy responses" in SZ Theodoulou (ed.), *Aids: The politics and policy of disease* (Prentice Hall, New Jersey, 1996); S Watney, "Powers of observation: AIDS and the writing of history" in S Watney, *Practices of freedom. Selected writings on HIV/AIDS* (Rivers Oram Press, London, 1994).

South Africa.³ This article is therefore a further attempt at filling part of the void in a very encompassing field of study in contemporary history.

Methodologically, reports in newspapers on HIV/AIDS were exclusively used. Unfortunately these were limited to the "white" press as very little on HIV/AIDS could be found in the "black" press during this time. Granted that these reports might have been biased, they nevertheless portrayed a specific perspective on the early responses to HIV/AIDS. As so little material is available for the earlier period, it was very difficult - even impossible - to present a nuanced view and generalisations were thus inevitable. This is particularly true for the section on public responses.

2. RESPONSES

A new four-letter word was introduced to the world's vocabulary in the early 1980s. It gripped the imagination of many people. This was no surprise. AIDS deals with sex, blood, death, morality, the danger of a world epidemic as well as a sense of mystery. South Africans were for the first time confronted by the realities of HIV/AIDS in South Africa early in 1983. The first cases of HIV/AIDS were brought to the public's attention after the deaths of two South African Airways (SAA) homosexual flight stewards. Although Ralph Kretzen had already died on 26 August 1982 it was the death of his colleague, Charles Steyn⁴ on 1 January 1983, which received the most press coverage and which prompted and set the stage for the initial responses to the disease.

2.1 The government

The Government's initial response to the death of Steyn was to quell any possible panic reactions amongst the public. Whilst assuring airline passengers that they were not at risk from the disease, it nevertheless requested anyone living with, or anyone who had intimate contact with sufferers or suspected sufferers of the disease to seek medical aid urgently. The aim of this request was to detect changes in their immune system but also to limit any spread of the disease.⁵ It furthermore stated that the two men who had died of the disease might have been "two isolated cases".⁶ This implied that the danger to the general public was limited and should not be exaggerated.

³ The only substantive work relating to the initial period is M Crewe, *AIDS in South Africa. The myth and the reality* (Penguin Books, London, 1992).

⁴ The name used by the *Pretoria News* was Pieter Daniël Steyn. *Pretoria News*, 7 January 1983.

⁵ *Rand Daily Mail*, 5 January 1983 and *The Star*, 6 January 1983.

⁶ *The Citizen*, 11 January 1983.

The Deputy Director General of the Department of Health, J Gilliard, stressed that the public should not panic because the "high risk" population group, which was threatened by HIV/AIDS, was white homosexuals and that the virus could only be transmitted sexually or by needles used by drug addicts.⁷ The almost sober reality of the way the virus was spread was thus already conveyed to the public at a very early stage but it also established the framework for perceiving the disease as exclusively affecting homosexual people.

After the possible danger of being infected by donating blood had become known early in 1985, the Department of Health tried to counter what it called "mass hysteria". It pointed out that the HIV/AIDS situation was being blown out of all proportion by sensationalist media coverage.⁸ It furthermore emphasised that the highly infectious tuberculosis was infinitely more prevalent and that the danger of acquiring HIV/AIDS through blood transfusion was very remote. It was stressed that more people had died from refusing blood transfusions because they feared AIDS than had died from the disease itself.⁹ Government reiterated that, whilst HIV/AIDS had become a problem in many Western countries, it was nowhere near becoming a public health problem in South Africa and there was no need to panic. The government maintained that half-truths about the disease led to considerable misunderstanding.¹⁰

Another dimension of the government's response is closely linked to the response of the mining industry. By August 1986 it became clear that the number of foreign workers (especially Malawians and Mozambicans) infected with HIV and working on the South African mines was becoming a problem for the government. The government, now more anxious about the spread of the disease, maintained that HIV-positive migrants constituted a danger to society and demanded their repatriation. For the government the danger of the spread of HIV was increased by the alleged homosexual activities in the single sex hostels.¹¹ On 30 October 1987 regulations based on the Admission of Persons to the Republic Regulation Act of 1972 were published. In terms of these regulations non-South Africans who were HIV-positive or had AIDS could be denied entrance to the country or be deported. This sparked speculation that the government might have a hidden agenda: it might use an HIV/AIDS scare as a political excuse to begin large-scale repatriation of foreign workers in South Africa - especially Mozambicans.¹² Al-

⁷ Beeld, 10 January 1983.

⁸ The Citizen, 27 February 1985.

⁹ The Star, 27 February 1985 and 5 March 1985.

¹⁰ The Citizen, 27 February 1985 and The Cape Times, 27 February 1985.

¹¹ The Citizen, 30 August 1986.

¹² Sunday Times, 31 August 1986.

though there is no hard evidence, this speculation was not so far-fetched as the South African government had strained relations with Mozambique at the time.

However, the Chamber of Mines disagreed and wanted to follow what they called "the compassionate road" and kept the already 130 infected employees. The spokesperson for the Chamber of Mines, Johann Liebenberg, stressed that these were only carriers and that there were as yet no proven cases of AIDS in the mining industry. Repatriation, according to them, would have no significant impact on the spread of the disease in South Africa.¹³

A year later nothing had yet been done about repatriation. The number of infected miners had grown to 946. This made the government adamant to repatriate foreigners who were HIV carriers and to provide for the compulsory isolation and treatment of South African victims and carriers.¹⁴ By January 1988 the government's programme to deport HIV infected foreign workers became deadlocked. Not a single deportation had been carried out. The chief obstacle was one of South Africa's most sacrosanct medical/legal principles: the rule of confidentiality. It specifies that no HIV/AIDS sufferer may be identified without his express consent. This effectively paralysed the Government's deportation plans.¹⁵

From various quarters comments were made on the policies of the government and the Chamber of Mines. The remark of the editor of *The Citizen* was a fairly lonely voice of support for the Government. Whilst it was understandable that the mines did not want to jeopardise relations with countries like Malawi or punish workers by sending them home, "it is not the time to be squeamish about how to deal with foreign workers who are carriers or victims of AIDS. It is a modern-day scourge and most countries are taking stringent measures to prevent its spread... Even if there are those who think that repatriation... is harsh, we have to accept such harshness is justified in the interests of the country and its people."¹⁶

Most newspapers, however, criticised government policy. The editor of *The Daily News* supported the policy of the Chamber of Mines and remarked that "(to) consign the victims to the uncertainties of central African medical care facilities would be rather like the medieval practice of expelling lepers from the cities and compelling them to ring warning bells. If we have not learned much more about compassion since the dark ages we have at least learned... how to ease the lot of these unfortunate people without their posing much risk to society."¹⁷

¹³ *Business Day*, 29 August 1986 and *The Star*, 29 August 1986.

¹⁴ *The Citizen*, 4 September 1987 and *The Star*, 5 September 1987.

¹⁵ *The Sunday Star*, 24 January 1988.

¹⁶ *The Citizen*, 5 September 1987.

¹⁷ *The Daily News*, 29 August 1986.

Likewise, the government was criticised by **Business Day** for its harsh approach. According to the newspaper, victims already in the country were entitled "to humane consideration, to treatment, to consultation on their repatriation and to assistance to ensure they do not go home to starvation as well as sickness".¹⁸

Health officials such as Jack Metz, Director of the Medical Research Council and chairperson of the Advisory Group on AIDS, supported the humane view of the Chamber of Mines by pointing to the bizarre logical result of such a move. He argued that if the government deported the 130 Malawian workers, it should also deport white homosexuals in South Africa with foreign passports. He furthermore emphasised that many of the employees had worked for the Chamber of Mines for many years and they therefore deserved the support of their employers.¹⁹ Dennis Sifris, head of the Immune Deficiency Clinic at the Johannesburg Hospital, was more outspoken, claiming that repatriation of foreign workers with the disease would not combat its spread. To him HIV was a fact of life in South Africa and "shunting a few hundred of the sufferers around the world was not going to prevent an epidemic".²⁰

In a rare case of agreement, The National Union of Mineworkers also fully supported the Chamber of Mines' decision.²¹

Sheena Duncan of the Black Sash was horrified by the Government's decision. She noted that the majority of those affected were workers who had contributed much to the South African economy. It was deplorable that now that they had the potential to develop full-blown AIDS, the government intended to return them to their countries of birth. Succinctly she remarked: "We have sucked them dry like grapes and now we will discard the skins. We react as we always react to problems. Solve it by throwing people away."²²

The ironical - and racist - dimension was clear: South Africa which boasted that it had the continent's best medical facilities, would send a much poorer Malawi more cases of the disease.²³

Despite the alarm bells in the press there was clearly initially not much evidence of urgency about HIV/AIDS in government circles.²⁴ The editor of **The**

¹⁸ **Business Day**, 7 September 1987 and **Sowetan**, 22 September 1987.

¹⁹ **The Sunday Star**, 31 August 1986.

²⁰ **The Star**, 22 September 1987.

²¹ **Pretoria News**, 1 September 1986.

²² **The Star**, 28 September 1987.

²³ **Newsweek**, 12 October 1987.

²⁴ **The Daily News**, 25 June 1987.

Natal Mercury described it as "lamentable complacency".²⁵ However, at the beginning of 1987 a change in attitude could be discerned. The Minister of Health, Willie van Niekerk, acknowledged that "(a)lthough a relatively small number of cases has been diagnosed so far in South Africa, the disease certainly has the potential to become a major problem".²⁶

The reason for the concern was the mere presence of the virus and the fact that the number of virus carriers had begun to significantly exceed the actual number of AIDS sufferers.²⁷ However, the concern was limited by other considerations. For example, the first anti-AIDS campaign of the Government was criticised as paying too much regard to the sensitivities of conservatives in that it did not sufficiently address those groups more prone to infection, especially male homosexuals. The advertisements, therefore, only vaguely warned against "sleeping around".²⁸

2.2 The medical profession

Individual doctors commented on the extent of the epidemic.²⁹ Their attitudes and responses differed from one another. Some maintained that HIV/AIDS was not a threat and forwarded a few supportive reasons, mainly relating to the link between HIV/AIDS and homosexuality.

Reg Coogan, Medical Health Officer of Cape Town, stated that "the disease only occurred amongst homosexuals and he believed that there were not many of those kind of people in Cape Town".³⁰

Coogan was also of the opinion that, because it was limited largely to practising male homosexuals, it was likely to be a self-limiting disease.³¹ Likewise, a Johannesburg doctor who had a large practice amongst homosexual people said that the wide publicity the disease had received was quite out of proportion. The only reason why so much attention was given to the disease was the strong connection with homosexuality and not the seriousness of the disease itself. He continued that the homosexual community in South Africa was very small and much less promis-

²⁵ *The Natal Mercury*, 7 January 1986.

²⁶ *The Star*, 21 January 1987.

²⁷ *The Cape Times*, 26 February 1987. See further discussion on the government's anti-HIV/AIDS campaign.

²⁸ *Financial Mail*, 26 February 1988.

²⁹ These views should therefore not be construed as representative of the medical profession but rather of individuals within the profession.

³⁰ *Die Transvaler*, 7 January 1983. (Translation).

³¹ *The Cape Times*, 19 January 1983.

cious than those in the United States. It was therefore highly unlikely that it would develop into an epidemic in South Africa.³²

Jack Metz substantiated this view. He maintained that with the full co-operation of the high-risk groups the disease would remain of minor importance in South Africa.³³ He furthermore highlighted the country's low incidence figures and suggested that it was the case because South Africa had been protected geographically.³⁴

By 1987, Ruben Sher, who became the top expert on HIV/AIDS, also said that South Africans should worry more about the high tuberculosis and road accident rate than the effects of HIV. Professor Deon Knobel, head of forensic pathology at the University of Cape Town likewise remarked that set against the toll exacted from these statistics, the number of people killed by the HIV virus scarcely signified.³⁵ Whilst therefore acknowledging that the threat of HIV/AIDS should not be minimised, they emphasised the importance to see the disease in relative terms to these other diseases.³⁶ Sher further acknowledged that the disease was a problem in Central Africa but reassured the public that they were not sitting on any immediate time bomb as some newspapers had reported.³⁷

On the other hand, other members of the medical profession emphasised the severity of HIV/AIDS. It had become clear to them that the disease, irrespective whether it only occurred amongst homosexuals or not, could indeed have dire consequences as Prof. Walter Becker, head of medical virology at the Tygerberg Hospital, testified: "I find this a frightening disease. I think that in 10 years, if we don't do something about it now, it will be one of the major problem infectious diseases."³⁸

Frank Spracklen, head of the department of medicine at Somerset Hospital, warned that HIV/AIDS already had another important dimension. It was no longer confined to so-called high-risk groups and was spreading faster than anticipated so that heterosexuals could soon be endangered as well. HIV/AIDS would quickly spread to the wives of men who had "strayed", to prostitutes and to the children of such liaisons.³⁹

³² *Die Transvaler*, 18 January 1983.

³³ *The Sunday Star*, 8 August 1985.

³⁴ *Sunday Times*, 16 November 1986.

³⁵ *The Argus*, 5 March 1987.

³⁶ *The Sunday Star*, 4 January 1987.

³⁷ *The Natal Mercury*, 18 November 1986 and *Sunday Times*, 16 November 1986.

³⁸ *The Star*, 21 January 1985.

³⁹ *The Star*, 3 August 1985 and *Sunday Times*, 4 August 1985.

Andries Brink, President of the South African Medical Research Council (SAMRC), saying that South Africans who believed that HIV/AIDS was only affecting homosexuals and drug-abusers were not facing the realities of the disease, shared this.⁴⁰ At the end of 1986 Brink reiterated this warning. He was of the opinion that South Africa would not escape the "devastation" that faced the rest of the continent unless urgent action was taken.⁴¹ Thus from January 1986 changes in perceptions amongst the medical fraternity started to occur.

However, there were still some die-hards emphasising the importance of maintaining a specific lifestyle. For Maurice Shapiro, director of the SA Blood Transfusion Service in Hillbrow, a television advertisement campaign against HIV/AIDS could have the advantage of bringing the moral standards and activities of homosexuals under the attention of the public. His argument was that as such a campaign would be a campaign against homosexual deeds it would indirectly also limit HIV/AIDS to a certain degree.⁴² The prejudice towards and rejection of homosexuality in this remark are clear. According to Mark Hendricks of the Department of Internal Medicine of the Medical Faculty of the University of the Free State, the solution to the HIV/AIDS threat lay in a return to old proven values and an abandonment of sexual perversity.⁴³

The medical profession generally deplored appeals that people infected with HIV should be ostracised from public places. It was stressed that they were completely unjustifiable and without medical foundation.⁴⁴ Reference was made to the time when leprosy was an affliction regarded with shame and horror. There were appeals that this should not be allowed to happen to homosexuals or that HIV/AIDS sufferers should be turned into lepers and ostracised. Nor was there any reason to treat sufferers as though they were criminals instead of sufferers. HIV/AIDS should be seen as a sickness like any other.⁴⁵

Brink especially wanted to break down the wall of ignorance surrounding HIV/AIDS and unequivocally stated: "Who people are and what they do is irrelevant to the issue - all we want to do is save lives."⁴⁶

⁴⁰ *The Argus*, 14 January 1986.

⁴¹ *Sunday Times*, 16 November 1986; *The Cape Times*, 25 March 1987.

⁴² *Die Vaderland*, 19 November 1986.

⁴³ *Die Volksblad*, 10 May 1988.

⁴⁴ *The Star*, 5 March 1985; *The Citizen*, 6 November 1985 and *Beeld*, 26 January 1988.

⁴⁵ *Pretoria News*, 6 January 1983; *Sowetan*, 11 March 1985; *The Natal Witness*, 21 March 1987 and *Sunday Tribune*, 22 March 1987.

⁴⁶ *Sunday Times*, 22 September 1985.

Likewise, CJP Conradie, Assistant Regional Director of the Department of Health, emphasised that it was important to maintain confidentiality and that HIV/AIDS patients should be treated with compassion and respect.⁴⁷ This was also stressed in one of the department's pamphlets: "You will not get AIDS by being kind to its victims."⁴⁸

2.3 The public

A crisis usually drives society to extreme reactions. Reactions to HIV/AIDS in South Africa were not different. After the news had broken of the death of the two flight stewards of the SAA, the public's response for the next few years would overwhelmingly be characterised, on the one hand, by fear manifested in various ways and, on the other hand, by nonchalance. Both were fuelled by ignorance about HIV/AIDS as well as misinformation. However, these responses changed as more information on the transmission of HIV became known and when the first heterosexual transmission of HIV was reported.

2.3.1 Fear

Early in 1985 a great deal of fear had been generated among the public. This was partly because of the mounting death toll in the United States, Europe and Australia reaching epidemic proportions and because a cure had yet to be discovered.⁴⁹ It could also be that the risk of its spreading probably alarmed people most.⁵⁰ A professional councillor at the Gay Counselling Service, Erica Echstein, confirmed that there was a great deal of fear amongst the public. They daily received hundreds of calls from anxious people who wanted to know whether they should test themselves for the virus.⁵¹ This was despite numerous denouncements by experts.⁵² This is an indication of the level of fear but also of ignorance. The result was mythmaking, perhaps excessive precautions, a crisis in the blood transfusion service, a revival and affirmation of prejudices and a new emphasis on conservative morality.

⁴⁷ *Die Volksblad*, 27 August 1987.

⁴⁸ *Pretoria News*, 20 January 1988.

⁴⁹ *The Star*, 25 January 1985 and *Rand Daily Mail*, 26 February 1985.

⁵⁰ *The Daily News*, 31 July 1985.

⁵¹ *Rapport*, 2 August 1987. See also the report on the ignorance about HIV/AIDS amongst University of the Free State students, *Die Volksblad*, 1 September 1988.

⁵² *The Natal Mercury*, 18 January 1986.

2.3.1.1 Mythmaking

One of the consequences of fear of the unknown is mythmaking. This was also true about HIV/AIDS. Myths about the method of transmission of the disease continued to abound in spite of government reassurances. It was reported that some people still believed that HIV could be spread through tears, swimming pools, taking a bath, from toilet seats, mosquito bites, by using cutlery in a restaurant or visiting the dentist whilst others refused to be served on aeroplanes.

On a more practical level some health care workers (perhaps unconsciously) shared these ideas but initially overreacted. They refused to interact casually with HIV/AIDS patients.⁵³ For example, enormous problems had been experienced at the Johannesburg General Hospital where cleaners, nurse-aids and other staff either dressed up in "astronaut suits" to deliver food to HIV/AIDS patients or refused to go into their wards. The husbands of nurses also pressured them not to care for HIV/AIDS patients.⁵⁴

2.3.1.2 Precautions

The fear of HIV infection had consequences in areas beyond the expected. For example, strict new health precautions were taken for runners in the 1987 Comrades Marathon. For the first time plastic bottles at the refreshment tables were not recycled to cut the risk of any virus being picked up by the competitors.⁵⁵ Likewise, ambulance and police administrators sent their staff for HIV tests every time they had come into contact with a suspected sufferer of the disease.⁵⁶

2.3.1.3 Blood transfusion

As early as July 1983 the Medical Director of the Eastern Province Blood Transfusion Service as well as a spokesperson of the South African Blood Transfusion Service stated that the Service had not experienced any cases of the disease and that they were satisfied that blood donated from homosexuals did not constitute a threat.⁵⁷

However, despite this reassurance, it was especially the danger of being infected through a blood transfusion, which led and contributed mostly to fear amongst the public. This response was prompted by a report in 1985 that the blood

⁵³ *The Sunday Star*, 4 January 1987.

⁵⁴ *The Daily News*, 20 March 1987.

⁵⁵ *Sunday Times*, 12 April 1987.

⁵⁶ *The Citizen*, 10 April 1987.

⁵⁷ *Eastern Province Herald*, 13 July 1983 and *The Star*, 21 July 1983.

of a young homosexual with AIDS had been distributed through South Africa's blood bank network but had been retrieved in time.⁵⁸ So extensive was this panic - mostly based on irrational fears and confusion about the ways HIV was spread - that donations had dropped nation-wide between 20 to 60 per cent.⁵⁹ This reaction plunged South Africa into one of its most serious shortages of blood supplies in many years.⁶⁰ During the crisis - and probably because of the crisis - Ray Radue, a provincial council member, made no bones about his views on blood transfusion and the link with homosexuality and what should be done to homosexuals: "Divine providence sent the scourge of AIDS to punish homosexuals. They may be free to continue their practices, but when they threaten the lives of others we have a duty to protect those lives."⁶¹

Although the situation gradually normalised, by August 1985 it was clear that fear amongst the public had not changed significantly. When it was announced that the first person in South Africa to be infected with HIV/AIDS by blood transfusion had died, the blood transfusion services were thrown into a new - and more severe - crisis. Some donors again refused to donate blood as they still thought that they could contract HIV/AIDS through this procedure.⁶²

Near the end of the year the death of a 13 year old haemophiliac, Marcello Del Frate, again induced fear amongst certain sections of the public. Newspapers reported that a panic-stricken mother was so frightened that her small child had to receive a blood transfusion during an operation that she wanted to cancel the operation.⁶³

It seems that fear engendered by blood transfusion was symptomatic of the general lack of very basic information amongst large segments of the public. The editor of *The Daily News* spelt out clearly what kind of information the public wanted and how this information could address their real fears: "People need to know that they can receive blood transfusions without running the risk of contracting AIDS. They need to know whether or not they can safely drink from the communion chalice in church on a Sunday, whether they can safely use a public toilet, whether it is safe to be even in the proximity of a known homosexual and whether they can safely dry their hands on the roller towel in the cloakroom at their place or work."⁶⁴

⁵⁸ *The Star*, 5 March 1985.

⁵⁹ *Sunday Times*, 3 March 1985.

⁶⁰ *Sunday Times*, 3 March 1985.

⁶¹ *The Argus*, 5 March 1985.

⁶² *The Argus*, 14 August 1985 and *Beeld*, 15 August 1985.

⁶³ *Die Vaderland*, 8 November 1985.

⁶⁴ *The Daily News*, 17 August 1985.

However, it was clear by 1987 that basic information had not yet reached the broader public. Consequently, fear of HIV/AIDS assumed hysterical proportions in some circles. It gained a reputation rather like that of leprosy in the Middle Ages, arousing superstitious awe and causing panic reactions in otherwise sensible people.⁶⁵

The perception that there was an inherent danger of contracting AIDS by blood transfusion carried on for a long time. For some anxious people this danger was so strong that they wanted to ensure they had a ready supply of their own blood in case they needed a blood transfusion. However, these requests were turned down as being impractical.⁶⁶ By July 1988 a poll revealed that people were still afraid to donate blood because they feared that they might be infected with HIV.⁶⁷

2.3.1.4 Emphasis on conservative morality

It seems as if the public did not have much tolerance towards HIV/AIDS sufferers during the first five years of the disease. HIV/AIDS generally prompted a conservative backlash and even the re-emergence of old morals. In 1985 the editor of *The Daily News* already remarked: "Is a new morality and an era of fear about to be thrust upon society, ending the free-wheeling attitudes of the 1960's and 1970's?"⁶⁸

Some two years later the editor of the *Daily Dispatch* expressed the view that there was even a positive force in the threat of HIV/AIDS. The fear generated by HIV/AIDS could have its value in helping to restore social stability. It could therefore lead to the strengthening of the family, monogamous relationships and a return to a better and saner way of life. A morality of fidelity and personal relationships based on mutual caring and respect needed to be reinforced. There should be greater emphasis on morality and much less on the prophylactic.⁶⁹ The editor of *The Daily News* shared this view: "There is no doubt that the best way to prevent the spread of Aids is self-discipline or, to use an old-fashioned word, chastity. There has never been a greater need for virtue."⁷⁰

⁶⁵ *The Natal Witness*, 21 March 1987.

⁶⁶ *The Natal Mercury*, 4 December 1985.

⁶⁷ *Die Vaderland*, 12 July 1988.

⁶⁸ *The Daily News*, 17 August 1985.

⁶⁹ *The Daily Dispatch*, 21 January 1988 and 15 April 1988.

⁷⁰ *The Daily News*, 2 March 1988. See also *Die Volksblad*, 3 May 1988.

Likewise, the editor of *The Star* hoped that "the most profound effect Aids will have will be to tidy up the world's morals and accidental procreation".⁷¹

2.3.1.5 Prejudice

From the start of the disease, prejudice was one of the overriding reactions to HIV/AIDS amongst the public. The fact that the first two people who had died in South Africa of AIDS were homosexual men, immediately focused attention on, to use the Victorian phrase, "a love not talked about". The SAA cabin crews, for example, were distressed at the hostile attitude displayed towards them by passengers soon after the deaths of the two stewards.⁷² This response occurred despite assurances by government, the medical profession and the SAA that there was no reason to panic or be frightened about their safety, as there was no crisis.⁷³

As the disease was initially mainly limited to homosexuals, it was not strange that the conservative South African public, who had always in general rejected homosexuality,⁷⁴ and discriminated against homosexuals now again, attacked homosexuality. Homosexuality had now become even more repulsive to the ordinary man and, according to these people, HIV/AIDS was nature's way of ending it. Whatever tolerance there might have been in the heterosexual community towards homosexuals was now seriously threatened by HIV/AIDS.⁷⁵ Homosexuality was put on a par with drug abuse and both were described as examples of "Western decadence".⁷⁶ Moreover, homosexuals were blamed for spreading the disease to innocent people.⁷⁷

A few ministers of the Dutch Reformed Church (DRC) were equally prejudiced. Rev. Attie van der Colf of the DRC of Linden, Johannesburg, outrightly condemned homosexuality. For him the name "AIDS" was fitting: "As its name implies, AIDS is acquired - it is unnatural and brought about by the actions of man, not God. In fact it results in the curse of God. Homosexuality is basically a religious problem. If homosexuals could only accept that God sent His Son to free us from all aberration and sin they would be able to find true love... A homosexual has chosen to leave behind normal life and therefore he has to accept the consequences."⁷⁸

⁷¹ *The Star*, 16 July 1988.

⁷² *Pretoria News*, 11 January 1983.

⁷³ *Pretoria News*, 6 January 1983 and *Hoofstad*, 7 January 1983.

⁷⁴ *Die Transvaler*, 22 March 1985.

⁷⁵ *Die Transvaler*, 22 March 1985.

⁷⁶ *Die Kerkblad*, 6 May 1987.

⁷⁷ *Die Vaderland*, 9 August 1985.

⁷⁸ *The Star*, 8 January 1983; *Pretoria News*, 8 January 1983 and *Die Volksblad*, 7 January 1983.

Likewise, Rev. Andries Gous, pastoral psychologist of the DRC in Pretoria, stated that homosexual HIV/AIDS sufferers should be informed that the Church and the Bible do not approve of their lifestyle and that they should seek to return to their "normal sexuality".⁷⁹

Homosexuals were not the only victims of prejudice. Racial prejudice amongst some whites blaming Africans for the origin and spread of the disease could also be detected. Prejudiced perceptions about Africa also played a role in instilling fear. An argument was presented that the biggest threat to mankind would come from Africa. Because of the continent's backwardness, poverty and ignorance HIV/AIDS would spread like a wild fire throughout the continent and then hit the rest of the world without any hope of stopping it.⁸⁰ South Africa was still a low-risk HIV/AIDS area in the mid-1980s. Nevertheless, this image of South Africa as separate from Africa led to a tendency among some racist South Africans to see the country as vulnerable. Its proximity to countries "where the virus had reached epidemic proportions"⁸¹ could only lead to a disaster. The Minister of National Health, perhaps inadvertently, encouraged this view by highlighting the devastating effect HIV/AIDS already had in some parts of Central Africa.⁸²

2.3.1.5.1 Punishment and ostracism

However, the prejudiced reactions were not limited to vague ideas. The extreme form of prejudice is fear of "the other". It was consequently no surprise that extremely inhuman suggestions were also made to act against the assumed scapegoats.

Intolerance amongst moralists became very prevalent. Some ministers in the DRC, especially, were in the vanguard of proclaiming that HIV/AIDS was God's punishment for sins. Homosexuality was the sin and HIV/AIDS the rightful punishment. Rev. Gous thus justified his view: "The Word of God warns against this devious form of sexuality. AIDS proves the Biblical prescriptions. For the sake of mankind homosexual practices should be abandoned. Lives depend on that."⁸³

Likewise, an ill-informed public initially saw HIV/AIDS as some sort of divine punishment being meted out exclusively to homosexuals and intravenous drug

⁷⁹ *Die Kerkbode*, 1 April 1987.

⁸⁰ *Die Vaderland*, 17 November 1986.

⁸¹ *The Daily News*, 21 February 1987.

⁸² *Rapport*, 8 May 1988.

⁸³ *Die Kerkbode*, 1 April 1987.

users. This resulted in an attitude amongst many of self-righteous moral indignation, which again led to some tragic cases of victimisation.⁸⁴

The spread of HIV/AIDS raised the risk of inducing medieval levels of intolerance and brutality towards the victims. In a survey on peoples' perceptions in 1987, some people wanted HIV/AIDS sufferers to be sent to gas chambers whilst 61% wanted to isolate them.⁸⁵ 66% of teenagers said sufferers should be removed from schools or the workplace.⁸⁶ A similar call for HIV carriers to be isolated was made in April 1988 by Marius Barnard, Progressive Federal Party health spokesperson, after an admission by a Durban prostitute that she was still plying her trade a year after she had admitted being HIV positive.⁸⁷

In legal quarters the opinion was expressed that children infected with HIV/AIDS or in contact with HIV/AIDS sufferers should be expelled from schools; promiscuous people should be forcibly quarantined; infected prostitutes could be charged with anything from manslaughter to murder.⁸⁸

2.3.2 Nonchalance

Whilst there was thus indeed fear amongst some sections of the South African public others simply ignored the existence of and dangers involved in HIV transmission. They felt that discussions on the HIV/AIDS issue had become tedious.

The common view - and myth - was that HIV/AIDS was a disease that occurred in the United States of America. Therefore, they did not have to pay attention to it as it was far removed and they adopted a nonchalant attitude towards it. To them it was limited to homosexuals and drug users and therefore not a major health concern. People were generally simply not concerned. They thought they were safe and said: "Oh well, it's only gays, prostitutes and druggies who get it."

It was felt that those people were disposable anyway.⁸⁹ Therefore, many South Africans were indifferent - and still ignorant - about HIV/AIDS because they thought it would not affect them.⁹⁰

⁸⁴ *The Daily News*, 17 August 1985.

⁸⁵ *Sunday Times*, 7 June 1987.

⁸⁶ *The Citizen*, 23 June 1987.

⁸⁷ *The Daily News*, 18 April 1988.

⁸⁸ *The Sunday Star*, 24 January 1988.

⁸⁹ *The Argus*, 6 March 1987. See also *Tempo*, 29 July 1988; *Sunday Tribune*, 21 August 1988 and *Business Day*, 1 December 1988.

⁹⁰ *Die Vaderland*, 4 March 1987; *The Citizen*, 22 July 1987; *Die Transvaler*, 18 November 1988 and *Rapport*, 27 November 1988.

This attitude not only had a homophobic dimension but also a racial one. A survey conducted amongst all racial groups revealed that 80% of whites believed HIV/AIDS was a "black" disease while 47% of blacks believed it was purely a white man's disease. Indians and Coloureds also believed it was a "black" disease.⁹¹ Blaming "the other" freed each group to think the disease would not affect them, which was, of course, highly dangerous.

Whilst panic is a destructive reaction, apathy can be equally disastrous. Either extreme can be induced by too little information.⁹² An insidious numbness and inaction had struck much of society. The editor of *The Daily News* saw this as a greater danger.⁹³

2.3.3 Heterosexual transmission of HIV/AIDS

Another important occurrence would soon drastically affect the public's views. It would challenge the above-mentioned nonchalant perceptions and raise the fear of those already apprehensive about the disease. The public was confronted by the reality that, although HIV/AIDS world-wide have initially affected male homosexual communities, intravenous drug users and haemophiliacs - labelled as "high risk groups"⁹⁴ - there was already proof that HIV/AIDS was beginning to spread outside these circles to heterosexuals.⁹⁵

On Christmas Day 1987 these warnings indeed became a reality for South Africans when reports were published that an HIV infected woman in Kwa-Zulu-Natal had died of AIDS. The death of the victim revealed four important new dimensions of the disease. It highlighted the fact that the Kwa-Zulu-Natal area was worst hit with black men and women infected.⁹⁶ Furthermore, it confirmed that heterosexually spread HIV/AIDS had arrived in South Africa. It was also significant, as it was the first woman as well as the first black South African to die of AIDS in South Africa. She who had evidently by now revised his initial views,⁹⁷ emphasised its significance: "It should be a reminder to black people that Aids is not a white disease - it can affect people of any race."⁹⁸

⁹¹ *Financial Mail*, 8 July 1988 and *The Star*, 8 September 1988.

⁹² *The Star*, 5 March 1987.

⁹³ *The Daily News*, 25 June 1987.

⁹⁴ *The Star*, 25 January 1985.

⁹⁵ *The Star*, 3 February 1985 and *The Daily News*, 7 March 1985.

⁹⁶ *The Daily News*, 27 November 1987. A year later the incidence of AIDS had more or less quadrupled in the Kwa-Zulu-Natal area. *The Daily News*, 14 November 1988 and *Rapport*, 27 November 1988.

⁹⁷ See section 2.2.

⁹⁸ *The Cape Times*, 5 January 1988 and *Beeld*, 6 January 1988.

As long as HIV/AIDS struck white homosexual men, the warning was fairly simple. But now the perception had changed to one where HIV/AIDS was expected to increase more rapidly among heterosexuals, especially black South Africans. Moreover, it was believed that the pattern of the disease would come to resemble more closely that of the rest of Africa rather than retaining its present Western character.⁹⁹

A Markinor survey revealed that the perceptions about the sufferers of HIV/AIDS had also changed as the reporter of *Sunday Times* crudely described it: "From Soweto to Sandton, South Africans understand that mum, dad and teenager - and no longer just the brother who does not go out with girls - all have the potential of infection with the virus..."¹⁰⁰

Thus when HIV/AIDS began claiming heterosexual victims the seeds of an increased degree of public panic were planted.¹⁰¹ The new realisation dawned that HIV/AIDS has no favourites or discretion¹⁰² and is potentially lethal to all irrespective of race, class, age, sexual orientation or life style. It became clear that no one could any longer take comfort in the thought that "I am not homosexual, so I'm not a target". By January 1988 it indeed seemed that most South Africans were aware of the threat of HIV/AIDS to themselves and there was a widespread fear that it could become an epidemic.¹⁰³ The practical result of this approach was a drastic redefinition of the concept HIV/AIDS: "There is no African Aids, no Western Aids, no gay Aids, no heterosexual Aids. There is only one Aids. It is one disease and it affects people."¹⁰⁴

Thus a change of attitude occurred since 1987 as the realisation that HIV affected all dawned on many. According to Dr Danie Louw, lecturer in pastoral subjects at the Theological Seminary at Stellenbosch, the approval or disapproval of the Church is not the issue. As Christ involved himself with the lepers, the Church should also be sensitive towards the HIV/AIDS sufferer. He added that a specific illness couldn't merely be seen as a punishment of God.¹⁰⁵

The editor of *The Daily Dispatch* agreed and remarked that HIV/AIDS was just one more danger in life. If the logic of punishment was continued, "men deserve lung diseases because they work down coal mines; a housewife gets knee

⁹⁹ *The Cape Times*, 7 January 1988 and *Eastern Province Herald*, 13 January 1988.

¹⁰⁰ *Sunday Times*, 17 January 1988. Also see *Die Volksblad*, 20 January 1988.

¹⁰¹ *The Daily News*, 17 August 1985.

¹⁰² *Pretoria News*, 20 January 1988 and *Die Transvaler*, 15 November 1988.

¹⁰³ *The Citizen*, 27 January 1988.

¹⁰⁴ *Weekly Mail*, 12 May 1988 and *Beeld*, 6 December 1988.

¹⁰⁵ *Die Kerkbode*, 1 April 1987. Also see the remarks by Reverend Falwell, *The Citizen*, 21 January 1987.

trouble for washing too many floors. They are not so much penalties as occupational hazards. If a man engages in homosexual activity or men and women have sex with different partners they run the risk of catching Aids. The risk becomes minimal if the individual is celibate, just as people who rarely swab floors do not get housewife's knee."¹⁰⁶

Other newspapers also outrightly rejected the notion that the fact that HIV/AIDS struck homosexuals was God's punishment of these people.¹⁰⁷ Such a view became all the more untenable when heterosexual people as well as children started to contract the disease - through no fault of their own.¹⁰⁸

3. CONCLUSION

For the first five years of the history of HIV/AIDS in South Africa government and some medical practitioners were convinced that the disease was and would be limited to a small "high-risk" minority group - homosexuals. Fear amongst the public based mainly on ignorance about the disease and prejudice towards homosexuals led to various responses. Refusal to donate blood, cries for the adoption of a conservative morality as well as punishment and ostracism of homosexuals were called for. Overwhelmingly, however, most South Africans were simply indifferent to the disease.

This response changed somewhat when it became known by late 1987 that HIV had also become prevalent amongst the heterosexual community - especially the black community. The initial prejudice was now extended to black people as well. Nevertheless, by 1988 people increasingly started to realise that HIV could affect anyone. This contributed to more sober responses and the start of the fight against HIV/AIDS.

Whereas the reality about HIV/AIDS in some quarters conquered religious objections, cultural taboos, ostrich-like complacency, xenophobia and prudishness, in other quarters these prejudices and sheer ignorance made this fight dangerously difficult. The disastrous result of this became an alarming reality in the 1990s with the rate of infection galloping away beyond control.

¹⁰⁶ *The Daily Dispatch*, 15 April 1988.

¹⁰⁷ *Pretoria News*, 20 January 1988.

¹⁰⁸ *The Natal Witness*, 21 March 1987.