

G L O B A L H E A L T H



# AIDS, South Africa, and the Politics of Knowledge

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JEREMY R. YOUDE

AIDS, SOUTH AFRICA, AND THE  
POLITICS OF KNOWLEDGE

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# AIDS, South Africa, and the Politics of Knowledge

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# List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ANC	African National Congress
ARVs	Antiretroviral Drugs
AZT	Azidothymidine (zidovudine)
CD4	T Helper Cell
COSATU	Coalition of South African Trade Unions
DOH	Department of Health
GLBT	Gay/Lesbian/Bisexual/Transgendered
GRID	Gay-Related Immune Deficiency
HAART	Highly-active antiretroviral therapy
HEAL	Health Education AIDS Liaison
HIV	Human Immunodeficiency Virus
MCC	Medicines Control Council
MRC	Medical Research Council
NEPAD	New Partnership for African Development
NIAID	National Institutes of Allergy and Infectious Diseases
NIH	National Institutes of Health
NRA	National Resistance Army
NRM	National Resistance Movement
SAMA	South African Medical Association
SARS	Severe Acute Respiratory Syndrome
SSK	Sociology of scientific knowledge
TAC	Treatment Action Campaign
TB	Tuberculosis
TIG	Treatment Information Group
TRC	Truth and Reconciliation Commission
UNAIDS	Joint United Nations Program on HIV/AIDS
WHO	World Health Organization

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## Chapter 1

# Introduction

When histories assess the democratic credentials of Thabo Mbeki's government in the future, it is likely that their most critical attentions will focus on its responses to the HIV/AIDS pandemic, surely the most formidable developmental challenge (Lodge 2002, 255).

South Africa's HIV/AIDS pandemic would overwhelm any government. With approximately 20 percent of its adult population HIV-positive, any state would face enormous challenges marshaling the human, social, and financial resources necessary to combat this scourge. Add to this the tremendous upheavals associated with dismantling a racist regime, and one can easily understand the scope the challenge South Africa faces.

South Africa has faced an additional challenge, one of its own (or at least, of members of its government's) making. Jacobs and Calland describe it bluntly: "Whenever one [from South Africa] traveled, the same – or similar – questions were put: 'Why has he [Mbeki] got such funny views on HIV/AIDS?' There has been no easy answer to this question" (Jacobs and Calland 2002, 3).

The country with the highest number of HIV-positive adults in the world, and one of the highest HIV prevalence rates, has seemingly embraced a policy one could describe as denialism. Instead of emphasizing the provision of HAART (highly active anti-retroviral therapy) and working with the mainstream international AIDS control regime, South African President Thabo Mbeki has openly questioned whether HIV actually causes AIDS. He and members of his Cabinet have called on AIDS dissidents, largely shunned by the international community and who deny the connection between HIV and AIDS, to serve as policy advisors. Dr. Manto Tshabalala-Msimang, the Minister of Health during Mbeki's second term, has called AIDS drugs toxic and encouraged the use of garlic, lemon juice, and olive oil to treat AIDS. Instead of working with the international AIDS control regime, the South African government has expressed reluctance, if not outright hostility, towards its fundamental beliefs. AIDS dissidents have managed to gain a foothold in South Africa and influence policy while nearly every other government has shunned them. Why is this the case?

### **The Paradox of AIDS Policies in South Africa**

UNAIDS estimates that, as of the end of 2005, approximately 5.5 million South Africans are HIV-positive. The vast majority of that number is between the ages of 15 and 49, in the midst of what should be the most economically productive years of life (UNAIDS 2006a). The South African economy stands to lose billions of dollars,

and the potential consequences for the political system are enormous. Even if South Africa managed to stop the spread of AIDS today, the country essentially faces the loss of an entire generation. Given such a grim scenario, we would expect the South African government to take the lead on treating those infected with the disease and preventing further infection. We would expect the South African government to take advantage of the resources offered by the international AIDS control regime to stem the tide of the epidemic. We would expect a group of international recognized experts on the disease to play a prominent role in formulating South Africa's AIDS policies. We would expect the South African government to be a leader in the fight against AIDS.

At best, one could describe South Africa's AIDS policies as schizophrenic. While President Mbeki and Health Minister Tshabalala-Mismang publicly express doubt about the efficacy of treating AIDS, other Cabinet members express support for the international mainstream consensus for addressing the disease. Members of the government advocate for nutritional interventions as the best way to treat AIDS, but the Department of Health continues to purchase millions of condoms and an increasing number of state-sponsored sites offer HAART, albeit on a limited scale. The national government's stance has often been at odds with individual provincial governments, especially those controlled by opposition political parties. Government officials express doubt about the epistemological bases of the AIDS policies that other parts of the national government have produced. In the post-apartheid era, it has been difficult for anyone to say with certainty what South Africa's national AIDS policies are. Leading policymakers have repeatedly challenged the mainstream scientific consensus on the cause of and treatment for AIDS. This in turn has undermined the effectiveness of AIDS prevention and treatment programs in South Africa. All the while, HIV infection rates and annual deaths due to AIDS continue to increase.

We find ourselves confronted by a paradox. Given the scope of South Africa's pandemic, we would rationally expect the South African government to actively collaborate with the international AIDS control regime and work with the recognized experts in the field to create the best possible policies. Instead, it has produced a jumbled mess of policies that reflect the influence of AIDS dissidents and challenge the fundamental bases of the international AIDS control regime and its epistemic community. Why would the country that seemingly has the most to gain from working with the international AIDS control regime and its epistemic community shun those experts and turn to a discredited group of AIDS dissidents? Some, including members of the South African government, argue that the cost of providing HAART is simply too expensive. While a national HAART program is indeed costly, it does not logically follow that an inability to afford the program would lead to a wholesale rejection by some prominent government officials of the fundamental tenets of AIDS science.

I posit that this situation has arisen because of the influence of a counter-epistemic community of experts who provide advice and policy recommendations from a fundamentally different basis than that of the mainstream international AIDS control regime. South Africa cannot incorporate the regime's messages without contradicting its own commitments. The mainstream epistemic community's

messages, from South Africa's perspective, are inconsistent with, if not hostile to, the country's historical experiences with public health interventions and its identity commitments. This aversion to the mainstream epistemic community's messages comes from South Africa's negative experiences with outside public health campaigns and its expressed desire for an autonomous voice in international affairs as symbolized by the African Renaissance. The South African government's identity, especially in this post-apartheid era, is intertwined with avoiding the post-colonial paternalism that has often accompanied international policy toward Africa, while simultaneously promoting the need for African states to take an active role in African affairs. If we fail to understand the fundamental role that this clash of identities plays, we are left with simplistic, underdeveloped and unsatisfying answers.

Why would the South African government open itself up to international criticism by actively questioning the international consensus? The answer comes through an examination of the country's history with public health interventions and the state's identity commitments. Throughout South African history, government officials have invoked public health rationales to justify discriminatory, racist policies. For some current leaders, the international attention paid to South Africa's AIDS policies reek of an attempt to reassert control and domination over Africa. At the same time, the government actively promotes a post-apartheid national identity based on African Renaissance-inspired ideals. Finding African solutions for African problems is key to this identity, and proponents frequently reject the notion that Western experiences and suggestions can be superimposed on the African experience. (Curiously, though, nearly all of the AIDS dissidents are from Western countries, an odd juxtaposition to which I will return in Chapter 5.) President Mbeki and other members of his government have explicitly linked this African Renaissance-inspired identity commitment to the state's AIDS policies. This book will explore both of these factors in great detail.

Instead, it turned to a *counter-epistemic community* of AIDS dissidents. The counter-epistemic community of AIDS dissidents translates South Africa's history with public health interventions and its identity commitments into actual governmental policy. This counter-epistemic community of scientists and experts has an international membership and shapes the AIDS discourse in South Africa by offering advice and policy suggestions to the South African government. It serves as a counterweight to the epistemic community embraced by the international AIDS control regime. Just as any epistemic community does, the counter-epistemic community translates the amorphous notions of history and self-identity into policy outcomes, giving them real-world weight.

Peter Haas introduced international relations scholars to the idea of the epistemic community. An epistemic community is a network of scientists and experts to whom policymakers turn for guidance and unbiased information when a new issue emerges. Policymakers, in turn, take this information to craft appropriate governmental responses. Members of an epistemic community possess a significant amount of power, as they frame the problem for the government and, often, the public. This power, according to Haas and other scholars, derives from the seemingly impartial nature of the information provided by members of the epistemic community. Because these



scientists and experts are regarded as apolitical, policymakers are more willing to defer to them. Numerous scholars have adopted the epistemic communities framework to analyze issues like ozone depletion, Mediterranean Sea pollution, and the regulation of space satellites. The literature on epistemic communities and international regimes plays an increasingly important role in both academic and policy debates.

While the epistemic communities framework certainly represents an advance in our understanding of the role of scientific knowledge in international policymaking, it has one significant limitation: it assumes that only *one* epistemic community will emerge on any given issue. This is puzzling. First, claims of the impartiality of scientific knowledge are false. Scholars working within the sociology of scientific knowledge have demonstrated repeatedly that scientific knowledge often reflects a particular social, political, and historical context. That does not mean that this science is manipulated; rather, what counts as scientific *fact* reflects broader societal contexts. By the same token, they have demonstrated how policymakers have repeatedly cited the impartiality of science to justify policy action (or inaction) that accord with their own preferences. Second, it is epistemologically contradictory to argue on the one hand that policymakers will turn to a group of experts for policy advice when a new issue emerges, yet assert on the other that all these policymakers will turn to the *same* group of experts. The epistemic communities literature builds on knowledge-based theories of international regimes. These theories argue that normative and causal beliefs can have a direct impact on policy outcomes, and that changes in beliefs can lead to changes in policy. However, given its understanding of the power of normative beliefs on policy, it makes little sense to assert that only one causal belief will emerge. Haas notes that members of the epistemic community may disagree with one another on policy suggestions. He does not mention, though, what happens when competing groups of experts not only offer differing policy suggestions but also understand a given issue in fundamentally different ways. It is true that one explanation may eventually fall by the wayside as more information becomes available, but there is no *a priori* reason to assume this will always happen. How do these competing groups of experts impact international policymaking?

Through an in-depth, qualitative examination of the interactions between members of the South African government and the international AIDS control regime and its associated epistemic community, I examine not only the emergence of an epistemic community but also the development of a counter-epistemic community. Members of this counter-epistemic community are not simply crackpots; many of them have advanced degrees from prestigious universities and hold important positions in academia and industry. In essence, we find one group of highly-credentialed experts competing with another group of highly-credentialed experts, offering fundamentally divergent understandings of AIDS and radically different policy prescriptions. This is an important advance in understanding how and when epistemic communities operate which addresses both policy and academic concerns. It resolves the epistemological contradiction noted above, while also clearly demonstrating how differing causal and normative beliefs can have an important impact on policy outcomes.

This book is certainly more than the story of one man (Thabo Mbeki) and one woman (Manto Tshabalala-Msimang). These two people are highly prominent in the