

IF IT BLEEDS, IT LEADS?: AMERICAN MEDIA COVERAGE OF THE AFRICAN AIDS EPIDEMIC

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By

Kim Allison Mendelsohn, B.A.

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Kim Allison Mendelsohn, B.A.

Thesis Advisor: Mirjana Dedaic, Ph.D.

**ABSTRACT**

The AIDS epidemic has affected every country on every continent in the world. Since the early 1980s, over 25 million people have died of the disease, and prevalence rates have exploded. AIDS is one of the signature events of our time, and to fight it, we must understand it.

This thesis uncovers how the American media constructs the African AIDS epidemic for an American audience with little first hand knowledge of either Africa or the epidemic. Taking metaphor and stigma theories as a theoretical framework, the picture of Africa which emerges from American media coverage is one of a continent and a people thoroughly beaten down by events seemingly beyond their control. This study explores how journalistic use of metaphor, story structure and word choice contribute to the perpetual victimization and stigmatization of individual Africans, and more broadly, entire African countries.

In the end, my analysis shows that media coverage of the African AIDS epidemic has remained largely static. Predominantly, the use of metaphors of war to highlight the threat posed by AIDS and the physical descriptions of African patients remain stable

throughout this study's twenty-year span. Similarly, journalists continue to stigmatize African AIDS patients by constructing them as "the other," a thing of which we ought to be frightened.

Further, my analysis provides some, albeit sparse, evidence that there has recently been a shift toward a more collaborative and understanding view of African AIDS patients.

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*“Who loves ya babe...”*

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## Chapter 1. Introduction

The mainstream media has had an immeasurable impact on American life, starting with the American Revolution and continuing through to the present day. In recent history, the press is credited with turning public opinion against the Vietnam War, toppling Richard Nixon and hastening the fall of the Berlin Wall. However, beyond covering wars and matters of state, the press has the ability to inform Americans about developments in places half a world away, contributing to the formulation of American public opinion and attitudes about those places and peoples.

The AIDS epidemic in Africa is one of the topics that was first brought to the attention of mainstream Americans by the media. However, prior to covering the African AIDS epidemic, the American media had spent nearly four years covering AIDS in the U.S. What began as an outbreak of a rare pneumonia and cancer in California's gay community in 1981 has grown into the largest health disaster the world has ever seen. UNAIDS reports that of the 33.2 million people around the world were living with HIV in 2007<sup>1</sup>, 68% of them—22.5 million—live in Africa.

Since the early years of the AIDS epidemic, development agencies and governments have relied heavily on the media to move public opinion and spur

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<sup>1</sup> Though infection rates are not increasing at the rapid clip seen in the 1990s, the same source informs us that 2.5 million people were newly infected with the virus in 2007, replacing the 2.1 million people who died from it.

governmental action regarding the epidemic. Many fights over the past 25 years: such as those for the acceptance of AIDS patients in society, lowering the cost of antiretroviral medications, financial assistance in the nations worst hit by the epidemic, have relied heavily on the media not only to broadcast their message, but to provide a sense of urgency to those who were not directly affected by the AIDS epidemic. Stephanie Nolen, a Toronto Globe and Mail reporter and author of *28 Stories of AIDS in Africa* posits that part of the reason the pharmaceutical companies eventually backed off demands that South Africa enforce patent rights was the media's framing of the trial as a "lawsuit against Nelson Mandela and dying babies" (Nolen: 173).

The nature of the AIDS epidemic requires sustained attention, something difficult to achieve in an era of instant news and the 30-second sound bite. In a world that is getting smaller year by year, an understanding of different cultures and ways of life is absolutely essential. Especially when considering the AIDS epidemic, a disease that knows no boundaries and has reached into every country on earth, nothing is gained—and quite a bit is lost—if we cling to a fundamental inability to see people from other cultures as anything other than "the other."

But the way the media covers the AIDS epidemic matters far beyond whether people living in Africa are sufficiently humanized to an American audience.

The battles fought over the past 25 years will soon be revisited when activists and organizations begin bargaining for access to more expensive second and third line

treatment. Funding for PEPFAR, the President's Emergency Plan for AIDS Relief, will run out in two years. Further, though the epidemic in Africa may appear to have leveled off, India, China and Russia are just beginning to confront the AIDS epidemic. As the "fourth estate" of the American government, the media shape the perceptions of most people in America. That is an extraordinary amount of power. The media can alter how voters feel about policy, and how members of Congress view foreign aid.

The goal of this thesis is twofold, and both ends are intimately linked. First, to provide an in-depth analysis of the American media's coverage of the epidemic in Africa in order to ascertain whether it evolved over the course of the epidemic. I expect to uncover deep biases towards Africa in general and Africans with AIDS in particular. And second, a admittedly more subtle aspect, reflects media biases; if they are not completely thrown off over the 25 years this study encompasses, even slight changes have a remarkable effect on how the reader responds to the information. Subtle changes in tone and style can galvanize readers to action, or tune them out from the issue at hand.

The second goal of this study is to determine whether or not the change in coverage, assuming it exists, has been good for Africa. This final point will be based on my analysis of the data and an understanding of the larger issues which intertwine with the epidemic.

With those goals in mind, I started my research with two hypotheses:

H<sub>1</sub>: American media coverage of the African AIDS epidemic has evolved since the 1980s to provide a more understanding and inclusive image of African AIDS patients.

H<sub>2</sub>: The change in coverage of the African AIDS epidemic, both in volume and in tone, has been good for Africa

This thesis attempts to answer these questions by reviewing media coverage of the African AIDS epidemic using five year intervals commencing in 1987 and ending with 2007. The primary source material is made up of news stories published by high profile American newspapers which, though decidedly “old-media,” provide the most continuity for a study which takes as its starting point the late 1980s.

The primary analysis focuses on two key aspects of the coverage afforded to the African AIDS epidemic. The first aspect, and probably the most evident when it comes to the African epidemic, is the overt victimization of AIDS patients as completely incapable of controlling their fate. A rhetorical study of this victimization is accomplished by analyzing the extensive use of metaphor by journalists covering the epidemic. Further, the syntactical construction of news articles, and the choice of particular words over others, adds to this excessive victimization.

Secondly, my analysis sheds light on an aspect of AIDS coverage that is not at all specific to the African epidemic, but rather runs through coverage of the AIDS epidemic around the world: the stigmatization of AIDS patients. Looking at the data through the framework provided by Erving Goffman’s *Stigma: Notes on the Management of Spoiled Identity* (1963), I comb through news reports which highlight the inherent differentness

of AIDS patients, while also looking at how the American media goes further by setting entire African countries, and sometimes the entire continent, apart from both the West and the rest of the World.

Finally, I argue that while media coverage of the AIDS epidemic has certainly improved—and increased in quantity—throughout the past 20 years, there is still a strong undercurrent of victimization and stigmatization inherent in journalistic accounts of the epidemic. The data and experience lead me to believe that ultimately, when it comes to a situation as dire as the AIDS epidemic, increased attention to the substantive issues at play is a net positive, both for the governments who need resources to combat the epidemic, and the average people who live every day with it.

In the following chapter, I discuss theories and research that study the media's relationship with, and coverage of, the AIDS epidemic. Further, I also consider studies that address the relationship between stigma and AIDS, and Africa and the media.

Chapter Two describes the selection processes undertaken to amass the data used in this study, and the methodology employed to analyze it. Chapters Three and Four focus on the analysis of American media coverage of the African AIDS epidemic. In Chapter Five, my conclusion, I offer observations on the treatment of the African AIDS epidemic by the American media. Finally, I argue for the importance—both to the general public and for policy makers—of continued study of the American media and AIDS in Africa.

## **1.2. Review of the Literature**

This study seeks to shed light on how the American press has covered the AIDS epidemic in Africa over the past twenty years (1987-2007). This is certainly not the first attempt to understand how the AIDS epidemic has been constructed by the media. Since the epidemic began, theorists have been studying how the AIDS epidemic is created and discussed by the press. Further, studies regarding the presentation of Africa in the American press are also widespread, as are inquiries seeking to understand how stigma is created and experienced by those in both the majority and minority.

This study of the portrayal of the AIDS epidemic in Africa is informed by earlier research on the topic. Operating under the assumption that coverage of the AIDS epidemic in Africa was at least modestly informed by the coverage of the American epidemic that preceded it, I look at the often contentious history of AIDS in the Western press. Next, in order to elaborate on the themes of difference and the “us vs. them” dichotomy common in discussions of both Africa *and* AIDS, I examine literature regarding the social construction of stigma. Finally, just as previous coverage of the AIDS epidemic in the West affected coverage of the African epidemic, so too did previous coverage of Africa in general inform the rhetoric relating to AIDS in Africa in particular. To understand that coverage, I review studies focusing on the construction of Africa in the American media and imagination.

### **1.2.1 AIDS and the Press**

Social scientists and communications experts focusing on the AIDS epidemic in the mainstream press have spent considerable time attempting to gauge how AIDS first entered the public consciousness, and how the initial representations of the disease affected the public's perceptions of HIV/AIDS.

In "Death Makes News: The Social Impact of Disease on Newspaper Coverage," Richard C. Adelman and Lois M. Verbrugge compare the evolution of AIDS coverage with that afforded to heart disease, cancer, Alzheimer disease, diabetes and arthritis. They initially hypothesized that coverage would follow an arc similar to that taken by the disease. Coverage would steadily increase as more cases were reported, and then decline with mortality, prevalence, and incidence rates. The latter turned out not to be the case, however, with AIDS stories declining earlier than would be expected based on mortality, prevalence, and incidence rates. The former portion of their hypothesis was borne out in their results. According to the methodology Adelman and Verbrugge employed, AIDS seems to have been reported upon as soon as the epidemic began. However, other theorists studying the AIDS epidemic take issue with what Adelman and Verbrugge consider the "beginning" of the AIDS epidemic.

Adelman and Verbrugge argue that the “beginning” of any disease is the point at which the scientific and medical community names and defines it. AIDS was officially named in 1982, but cases had already been presenting in California, New York and Miami for most of 1981. Further, the disease was already obvious in Haiti in the late 1970s, and people had been dying of an unknown immune deficiency since the 1960s (Shilts: 1981).

The confusion surrounding the beginning of the AIDS epidemic is not fully addressed by Adelman and Verbrugge, and ultimately hinders their analysis. While earlier cases of what would later be termed AIDS may have gone unnoticed by smaller market news organizations, national publications such as the *New York Times* and *The Washington Post* certainly would have heard about the immune deficiency before 1982. Indeed, the *New York Times* ran a story on what would become the AIDS epidemic in 1981, before the medical community settled on the term AIDS (NYT, “Homosexuals Found Particularly Liable to Common Viruses”: 1981).

In spite of the dispute over the beginning of the epidemic, Adelman and Verbrugge’s discussion of coverage of Alzheimer disease provides an illuminating parallel to coverage of AIDS. Alzheimer disease entered the public consciousness in 1978, four years before AIDS. While coverage initially grew quickly for both diseases, AIDS coverage experienced a precipitous drop after 1987, with coverage halving over the

next decade. Coverage of Alzheimer disease, on the other hand, slowed after an initial burst, but remained steady for the next decade.

One explanation provided by the authors for the discrepancy between AIDS and Alzheimer coverage after 1987 suggests that readers became fatigued by all the coverage surrounding AIDS. This “sociopolitical burnout,” led to an almost immediate cessation of AIDS coverage. There is some empirical evidence supporting this claim (Downs: 1972), which will be discussed in turn.

The awesome power the media has to shape the public’s perception of an event is unmistakable, especially when dealing with health related matters. Research shows that the mass media is the second most utilized resource—after physicians and clinics—for medical information (McAllister and Kitron: 44). The media, therefore, play an integral role in how a particular illness is constructed in the minds of the public. In “Differences in Early Print Media Coverage of AIDS and Lyme Disease,” Matthew P. McAllister and Uriel Kitron contend that “illness is a cultural concept, involving socially constructed meaning,” (p. 43) and that the media are an important component in that construction.

Just as Adelman and Verbrugge looked at the media’s coverage of many different illnesses to discern patterns, McAllister and Kitron compared the journalistic construction of AIDS to that of Lyme disease, another illness that appeared around the same time, though in a different segment of the population.

From the moment AIDS entered the public consciousness, it “was constructed more as an illness of the ‘other’ than of ‘us’” (McAllister and Kitron: 50). As a result, AIDS was often linked with deviant behavior, specifically homosexuality and intravenous drug use. In contrast, Lyme disease was presented as an illness of the affluent. Because of its method of transmission—Lyme disease is transmitted by ticks that live in heavily wooded areas—the disease conjured images of the wealthy; people who owned large properties or were frequent hikers. Even the names attributed to the diseases betray the social bias attached to them. Lyme disease was named for the upscale community of Lyme, Connecticut, where the first cases were diagnosed. AIDS on the other hand, was initially referred to as “gay plague” until it was officially named in 1982.

McAllister and Kitron provide a possible explanation for why AIDS coverage differed so drastically from the coverage of Lyme disease. Much like Adelman and Verbrugge’s discussion regarding Alzheimer disease, Lyme disease affected people from all walks of life and stratum of society. The types of people affected by each illness, rather than “sociopolitical burnout,” accounts for both the absence and occasional negativity of AIDS coverage. Those at highest risk of contracting the disease were those already viewed as outsiders in society. Whereas Alzheimer disease, Lyme disease and cancer could strike anyone at any time, specific (and unsavory) activities were linked with the contraction of HIV/AIDS.

Spectacle is often a driving force in determining what makes the front page and what does not. Anthony Downs argued in 1972 that “American public attention rarely remains sharply focused upon any one domestic issue for very long—even if it involves a continuing problem of crucial importance” (p. 38). Downs perceived the American attention span as moving from one “crisis” to another, generally following the same trajectory, which he named the “issue-attention cycle.” Though not conducive to all social problems, issues that fit Downs’ criteria—and the AIDS epidemic is among them—cycle through the American consciousness in five stages.

**The pre-problem stage** of the issue attention cycle occurs when an issue has already reached proportions which make it vitally important, but before said issue captures national attention. The **second stage, “alarmed discovery and euphoric enthusiasm,”** occurs in response to a dramatic event which thrusts the issue into the American consciousness. The public is simultaneously appalled by the dimensions of the problem ahead, and convinced that it can, and will, be solved. The **third stage** is characterized by a realization of **what the “solution” to the problem will cost**, either monetarily or in terms of lifestyle. The **third and fourth stages** are so similar, Downs argues, that one seamlessly leads into the next. Slowly, either due to fatigue or discouragement, **public interest in the story wanes**. Finally, in the **final stage** of the issue attention cycle, **a problem enters the “post-problem” stage**, “a twilight realm of lesser attention or spasmodic recurrences of interest” (Downs: 40).

Though Downs argues for the existence of the “issue attention cycle” using interest in the environment as an example, the criteria he lays out can easily be applied to the AIDS epidemic. To qualify, an issue must seriously affect some minority, while leaving the majority largely unscathed. Second, the suffering associated with the problem must be due in large part to social hierarchies in place in a society. And finally, the problem generally has no “intrinsically exciting properties” (Downs: 41).

Coinciding with Downs’ argument regarding the “newsworthiness” of particular issues and the issue attention cycle is Kristen Alley Swain’s (2005) belief that American coverage of the AIDS epidemic (both in the United States and around the world) has been driven predominantly by attention grabbing events. This was especially true in the 1990s when scientific discoveries, along with the announcements of Magic Johnson and Arthur Ashe regarding their status, were the AIDS related stories that were most commonly featured by the news media. The 1980s, on the other hand, were characterized by coverage that was more consistent, largely because AIDS was a completely new and unknown phenomenon. Fears of “gay plague,” rampant promiscuity, and risk to the heterosexual mainstream were heavily covered. As observed by Downs and Swain, “journalists typically framed the epidemic as an emergency rather than a lasting concern” (Swain: 259).

Swain concludes that AIDS coverage has declined since the 1980s, coinciding with “the reframing of HIV infection from absolute death sentence to chronic disease” (p.

259). Her most interesting conclusion, however, deals with the populations whose AIDS rates are—or rather, are not—being covered by the media. “In the context of declining coverage...the press has devoted increased attention to the worldwide epidemic” (p. 260). Still, Swain contends that such reporting accounts for a mere 3% of coverage, in spite of the fact that the rest of the world—specifically the developing world—bears the overwhelming burden of the epidemic.

In 2003, Trevor Cullen argued that Western press coverage of the AIDS epidemic closely mirrored the issue-attention cycle Downs espoused thirty years earlier. Cullen’s quantitative analysis revealed that the Western press was universally slow to respond to the AIDS epidemic visible among high-risk groups—a marked contrast to the conclusions drawn by Adelman and Verbrugge. The pendulum of coverage quickly swung in the opposite direction in response to fears of AIDS in the broader heterosexual population. Ultimately, AIDS coverage tapered off, and the epidemic became “just another health story” (Cullen 2003: 65).

The issue attention cycle as it relates to the AIDS epidemic in the United States was over by the late 1980s. Once AZT was presented as a viable method of controlling the disease, the press “routinized” the AIDS epidemic. As Cullen concluded, this turned the disease into a chronic illness, thus negating any sense of urgency associated with combating it. From that point on, the AIDS stories covered by the media dealt with sensational issues (Arthur Ashe and Magic Johnson’s announcements, the creation of the

triple cocktail). This too lines up with Downs' theory that, once an issue has passed through the issue-attention cycle, only especially gripping stories thrust it back into the media spotlight.

In contrast to Adelman and Verbrugge, Cullen argues that there is little to no correlation between the severity of the epidemic and the amount of attention it receives. "Limited press coverage in the early stages of reporting on HIV/AIDS in the Western press (1982-85), and a disproportionate level of coverage in the second stage (1986-1987) did not coincide or represent the actual spread of HIV/AIDS in the Western world" (Cullen: 67).

While Cullen cites the structure that news stories take as one of the shortcomings evident in Western coverage of the AIDS epidemic, he goes further and argues that the language utilized by many reporters, rather than shed light on the disease and those affected by it, actually had the effect of further stigmatizing and segregating them.

Cullen picks up on the argument first advanced by Susan Sontag (1988) which highlighted the use of military and combat metaphors when discussing the AIDS epidemic. "HIV/AIDS was framed as a foreign invader that people needed to be protected against" (Cullen: 68). The extension of the metaphor is that those who have already been invaded (i.e. conquered) by the disease are lost. "Metaphors," Cullen writes, "are too simple and sensational, increasing stigmatization of the sufferers and exacerbating fear in the general population" (p. 68). Both Sontag and Cullen argue that the "virus as invader"

construction utilized by the media gave rise to the particularly troubling distinction between innocent and guilty victims, a distinction common in discussions of the epidemic in Africa.

Deborah Lupton twice studied the quality of media coverage of the AIDS epidemic. In 1994, she took a similar view to that espoused by Cullen and Sontag, arguing that metaphors often obscured the complexities of the epidemic and rendered those affected by it as either victims or deviants.

In “Archetypes of Infection: people with HIV/AIDS in the Australian press in the mid 1990s” (1999), Lupton argues for the existence of three dominant frames by which the media report on the AIDS epidemic. The first, the “AIDS victim,” is a common archetype in AIDS reporting, and has been a mainstay since the disease was reported in the American hemophiliac community. These people are viewed as undeserving of the disease, whereas others—specifically homosexuals and drug users—were infected because of specific lifestyle choices. The latter category is generally portrayed as less deserving of the public’s sympathy (p. 38). The AIDS victim is portrayed as frail, fearful and, on many occasions, suicidal. AIDS victims are treated “sympathetically by the press,” their suffering is valued more than their responsibility for their infection (p. 43).

As medical science advanced, a new archetype emerged in media coverage of the disease, the “AIDS survivor,” who is everything the AIDS victim is not. Where AIDS victims are frail, survivors are robust and active. The AIDS survivor grew out of both

medical advancement and a greater emphasis on a psychological and emotional approach to an AIDS diagnosis. Stories “emphasized the need to be ‘positive’ rather than ashamed and pessimistic about their condition” (p. 44). The AIDS victim was dying of AIDS; the survivor was living with it.

Standing in stark contrast to both AIDS victims and survivors was the AIDS carrier, an individual who was HIV-positive and “was passing the virus on to others, whether deliberately or through negligence” (p. 46). New York native Nushawn Williams, who was accused in 1997 of intentionally infecting women with HIV is the prototypical AIDS carrier, presented not as evil, but rather as troubled, or lacking self-control (Newsweek: 1997).

Furthering the discussion of the innocent versus non-innocent dichotomy in AIDS discourse, Cindy Kistenberg addresses the political construction of the AIDS epidemic. Kistenberg argues that the media’s discussion of AIDS in the present is necessarily informed by the discussion of AIDS in the past (Kistenberg: 2003, Treichler: 1999 & Watney: 1987). The original construction of AIDS as gay-related immune deficiency (GRID) “created a link between homosexuals and AIDS that still exists today” (Kistenberg: 14). Further, AIDS has always been characterized as a sexually transmitted disease, in spite of the fact that, strictly, it is a “viral disease,” and can be transmitted by methods other than sexual contact. The dominant narrative of homosexuality and AIDS, coupled with AIDS and sexually transmitted diseases only increased the stigmatization of

people with AIDS. Further, because AIDS was transmitted by sexual contact, a moral dimension was added to the language of the epidemic. The AIDS victim is a passive being, too paralyzed to change a situation they feel they brought upon themselves (p. 17). Victims were created in the dominant discourse on AIDS because it allowed the culture at large to deal with the AIDS epidemic by differentiating between those who actively endangered themselves and those who were injured by others (p. 18).

In “The Rhetoric of AIDS: A New Taxonomy,” (2001) Emily Nye argues that throughout the course of the epidemic, different interest groups (AIDS experts, people with AIDS, and volunteers) developed their own AIDS parlance. Further, Nye recognizes the inseparable link between politics and AIDS. Indeed, few, if any, health issues have been as politically contentious as the HIV/AIDS epidemic. Nye contends that “the ideology behind a particular rhetoric may exclude or oppress those who need information and resources” (p. 235). This was certainly true in the United States in the 1980s, when attempts to create effective safe sex advertising ran up against the prevailing conservative ideology (Crimp: 1987). Awareness campaigns extolling heterosexuality as the only protection against AIDS would be useless in a homosexual community. Learning how to survive in lieu of a cure—the type of knowledge science cannot provide—are “the more constructive dimensions of AIDS” (Nye: 235). This point is particularly useful when discussing the AIDS epidemic in Africa, where medical advances have not kept pace with the spreading epidemic.

### **1.2.2 AIDS and Stigma**

Much as the rhetoric used to describe the AIDS epidemic in Africa depends on the rhetoric of the early epidemic in the West, the manner in which the press constructs people with AIDS in the present depends upon the images and beliefs to which the writer already subscribes. Thus, any discussion of AIDS and the rhetoric surrounding it must deal with issues of stigmatization.

In “Consensus versus Disagreement in Disease-Related Stigma: A Comparison of Reactions to AIDS and Cancer Patients,” (2002) Aileen Schulte attempted to ascertain, through a scientific polling of college students, what differences existed between how the public perceives cancer patients, AIDS patients, and people who are healthy.

Schulte first identifies the two conceptualizations of disease related stigma, the “behavioral model” and the “cultural conflict model.” The behavioral model posits that “diseases defined as ‘onset-controllable’ evoked more blame, more anger, and a reduced prosocial response than did disease defined as ‘onset-uncontrollable” (p. 83). Whether or not a person can reasonably be held responsible for their illness has an enormous impact on the stigmatization of that person. Standing in contrast to the behavioral model is the cultural conflict model which “seeks to explain stigmas as a result of the observers’ alignment with dominant cultural sentiments” (p. 84).

Schulte found that respondents did not, in most cases, snub people with AIDS. In fact, respondents were more likely to comfort, encourage, or offer help to a person with HIV/AIDS than they were to a person who was healthy. People with cancer were treated more kindly than both people with AIDS and healthy people.

Respondents were then given personality traits—strong/weak, sensitive/insensitive etc.—and asked which they would use to describe people with AIDS. The two variables that proved statistically significant were the dichotomies dealing with responsibility and strength. Patients with AIDS were viewed as less responsible than healthy people (p. 95), while people with cancer were viewed as stronger than people with AIDS (p. 97).

Schulte's study, in which all respondents were college students, shows that people with AIDS are no longer completely shut out from mainstream society. Still, some stigma still exists with regard to AIDS patients. Though responses to AIDS patients are warmer than in the past, they are still perceived by the general public as irresponsible and lacking self control. Further, men with HIV/AIDS were more likely to be described as irresponsible, while women were seen as weak, a clear indication that stigmatization is still heavily affected by gender roles.

### 1.2.3 Africa and the media

In “Media Impact on Public Beliefs about AIDS,” (1998) Jenny Kitzinger attempts to discern how the media shapes public perception on AIDS. Her research is particularly useful when she discusses the issue of AIDS in Africa or, more appropriately, *African AIDS*. From the earliest stages of the epidemic, the Western press presented AIDS as having originated in Africa (p. 174). Kitzinger discovered that her largely white sample audience accepted, with little reservation or thought, the proposition that AIDS came from, and was rampant in, Africa. Further, the audience “explicitly identified the media as the source of their information” (p. 175).

Kitzinger argues that an audience that is generally discerning and skeptical about the news it consumes easily accepted the *African AIDS* construction of the epidemic because that construction fit in with their latent beliefs about the continent. “More broadly, the idea that Africa was the source and hotbed of HIV infection conformed to some dominant assumptions about ‘African culture’” (p. 175). Placing the blame for the AIDS epidemic on Africa also fitted the ‘us’ versus ‘them’ frame that so much AIDS discourse thrives on.

In “AIDS as a US National Security Threat: Media Effects and Geographical Imaginations” (2002), Karin E. Johnson furthers Kitzinger’s discussion of the international AIDS epidemic while tying it back to the literature dealing with early constructions of the disease. In studying the construction of AIDS as a national security

threat, Johnson reiterates the oft-cited point that journalism—and specifically AIDS journalism—often depends on the literary devices, such as myth and metaphor, generally viewed as the purview of fiction (Johnson: 84).

Johnson argues that media effects and Edward Said's theory of imaginative geographies are integral to understanding discourse on AIDS in Africa. Said argues that "any act of representation is political" (p. 84); the theory of imagined geographies argues that popular discourse is used to construct what we perceive to be the truth about a region or country. According to Said, popular imagery connected with "The Orient" recreates the 'other' land as an exotic and virgin territory. This popular imagery is both created and relied upon by the media, which further imagines Africa as a vast, untamed wilderness (p. 84).

Timothy Cook and David Colby argued that "If Vietnam was the first 'living room war'...then AIDS will be the first 'living room epidemic'" (cited in Johnson: 85). As the theory of imaginative geographies argues, all representation is political. Media reports of the African AIDS epidemic went one step further, purposefully eschewing straightforward reporting in favor of an epidemic heavy with metaphorical meaning. These metaphors, which in the United States had taken on the name "gay plague," became even more expansive and negative when applied to Africa. These metaphors furthered the construction of Africa as both one entity, rather than a conglomeration of

nations, and as “the white man’s grave” (ibid), a savage place lacking civility and modernity.

In “AIDS and HIV Infection in the Third World: A First World Chronicle,” (1999) Paula Treichler furthers Johnson’s argument. Treichler contends that, while the AIDS epidemic in the United States is recognized as a web of personal, social and medical complexities, the epidemic “plaguing” the developing world is constructed as a much simpler phenomenon. AIDS in Africa is understood as simply an infectious disease which “without our help, will devastate whole countries, whose passive citizens struggle against it in vain” (p. 99). Treichler believes that the above mentioned vision of AIDS is likely well intentioned and stems, to some extent, from the desire to move past the long history of colonialism in Africa. As such, issues that are important parts of the epidemic are ignored because they do not fit into the positivist frame preferred by the Western media. Instead, they serve as reminders of colonialism in a post colonial world (p. 103). Treichler argues that the Western constructions of AIDS in the developing world fall short because they do not take into account local customs or beliefs. “Conspiracy theories” about AIDS being a creation of the U.S. government, and tribal beliefs that the disease was spread by vampirism or witchcraft are dismissed out of hand by a media which cannot accommodate a competing narrative about the AIDS epidemic. The “positivist,” can-do attitude of the American media—which sometimes sees activism on

behalf of African AIDS victims as their vocation—has the unfortunate side effect of depriving African people of agency or control over their lives.

#### **1.2.4 Summary**

The works outlined in this chapter provide a cursory look at research already performed regarding AIDS, stigma and Africa in relation to the American press. The consensus from the articles mentioned above is that the U.S. media did, with varying degrees of consistency, cover the AIDS epidemic in the United States. Further, AIDS was stigmatized from the beginning of the epidemic, in part because the methods by which it was contracted implied deviancy and abnormality. Finally, “Africa” in the American imagination was always constructed as a vast unknown, a question mark in the middle of the ocean.

In the following chapter, I will explain the process by which I selected and collected my data. The second part of the chapter provides the theoretical and methodological framework for the data analysis.

## Chapter 2. AIDS in the American Press

Since the emergence of the AIDS epidemic in the early 1980s, AIDS has become an international phenomenon, affecting the entire world. According to UNAIDS, every nation on earth has reported cases of AIDS, and in 2000 it became the first disease debated and discussed by the United Nations Security Council.

Acquired immune deficiency syndrome first entered the American consciousness in 1981, with a story in the *New York Times* covering the emergence of Kaposi's sarcoma, a rare skin cancer, in the gay communities in New York and California. The early years of the epidemic were characterized by uncertainty, fear, and the rush to discover the cause of the disease and thereby hopefully, a cure.

Scientific exploration into the causes of AIDS led researchers to Africa, which was already dealing with a serious epidemic by the time the first cases were reported in the United States. However, the media initially focused the majority of their attention on the American epidemic. People were dying everyday in the United States, and the drama of Ryan White and the Ray brothers—hemophiliac children who had been kicked out of school and chased from their communities—captured national attention and dominated reports of AIDS on the evening news.

In 1986, American researchers discovered that zidovudine (AZT), a drug initially developed as a cancer treatment, slowed the progression to AIDS of HIV positive patients. Though not a cure, AZT made AIDS manageable in American patients.

This study of AIDS coverage takes 1987, the year after the discovery of AZT, as its starting point. Though AIDS in Africa was certainly covered by the American press in the early 1980s, 1987 offers a turning point in the history of the epidemic. Once there existed some form of treatment in the West, the immediate threat to the American population was neutralized. 1987, therefore, stands as the moment at which Africa could serve as the primary setting for coverage of AIDS.

In order to establish a pattern of coverage since 1987, five-year intervals—which provide data from 5 years through 2007—were chosen as the study sample. Newspaper articles, which took as their primary focus the AIDS epidemic in Africa, were chosen from throughout 1987, 1992, 1997, 2002 and 2007. A Lexis-Nexis Academic News database search of major U.S. and international newspapers, using the terms ‘HIV,’ ‘AIDS,’ and ‘Africa’ provided stories from each of these five years. Stories chosen had to deal with Africa in a significant way, by making the continent and the disease either their primary or secondary focus. Stories dealing heavily with scientific discovery without mention of Africa, while still a story about AIDS, do not shed light on media coverage in Africa. Stories that dedicated significant time to both the epidemic *and* Africa were included. In order to compile as accurate an accounting as possible of AIDS coverage

during each of these years, I had hoped to collect one story from each week of each year, while allowing room for “high volume” times—World AIDS Day, scientific discoveries, International AIDS Conferences and the like. I initially intended to collect 60 stories from each year, for a total of 300 articles.

Unfortunately, finding stories that focused primarily on the African AIDS epidemic proved extraordinarily difficult. Many articles would fulfill one qualification, but fall short of another. 1987 provided 31 articles that met both qualifications, while in 1992 Lexis Nexis provided only 15 that qualified. 1997 was similarly sparse, also providing 15 articles. 2002 and 2007 provided 30 and 42 articles, respectively.

Though the goal was to get a broad understanding of trends in AIDS coverage over time, situations arose in which one month had an unusually high volume of stories, when other months had few, in any. Though a high volume of data is certainly preferable when attempting to ascertain broad trends in news coverage, consistency throughout the year was valued over studying a particular number of stories. Therefore, some years fall well short of the desired 60 stories. However, the dearth of coverage in several years is an interesting point on its own, and will be further discussed in this thesis. Later, I will argue that the lack of coverage of the African epidemic, particularly in the 1990s, can be at least partially attributed to developments in the domestic epidemic—including the discovery of the AIDS triple cocktail combination therapy drug.

## **Critical Analysis of News Coverage**

A critical analysis of the rhetoric found in the 133 articles collected for this study aims at creating a broad understanding of how the Western media conveys the African AIDS epidemic to their readers.

I focus on two issues common to AIDS discourse, whether the epidemic in question is at home or abroad: victimization and stigmatization of AIDS patients in particular and, as is often the case when dealing with the African epidemic, victimization and stigmatization of entire countries and groups of people.

While this study will call upon theories presented by numerous scholars, three texts will serve as the theoretical foundation throughout. For the topic of victimization of African AIDS patients, I found that the study of metaphor provides an opportunity to analyze preconceived notions and biases that are not stated outright. To accurately analyze the use of metaphor to victimize African AIDS patients, I rely on the theoretical grounding provided by George Lakoff and Mark Johnson.

To provide a substantive understanding of the roots of stigmatization, the writing of Erving Goffman on stigma is studied extensively. Finally, carrying through the entire analysis will be Paula Treichler's argument in her book How to Have Theory in an Epidemic, in which she claims that AIDS, in addition to being a medically identifiable illness, is also an epidemic of signification. Treichler argues that our understanding of

AIDS is necessarily informed by our historical understanding not just of the disease, but of the interaction between social groups as well.

## **Metaphors We Live By**

In *Metaphors We Live By*, Lakoff and Johnson argue that our “ordinary conceptual system, in terms of which we both think and act, is fundamentally metaphorical in nature.” (Lakoff and Johnson: 3). Our understanding of the world around us, Lakoff and Johnson contend, is inextricably linked to a complex metaphorical system that is so ingrained in our language structure as to be completely undetectable.

Lakoff and Johnson identify half a dozen types of metaphors in their discussion. This study will use two of them; structural and ontological metaphors. Structural metaphors take the familiar metaphoric form in that they describe one thing in terms of another. This formulation is most common when dealing with concepts that are largely abstract foreign to our daily experience.

For example, Lakoff and Johnson point to the metaphoric construction of “argument is war,” as one instance in which a largely abstract concept, argument—and more specifically, rational argument—is couched in language typically associated with combat. It is illustrative that speaker is often described as *attacking* his/her *opponent’s*

central point. At the end of a debate, one party either *concedes the point* or is *defeated* in the debate.

With regards to ontological metaphors, Lakoff and Johnson argue that “our experiences with physical objects [...] provide the basis for an extraordinarily wide variety of ontological metaphors, that is, ways of viewing events, activities, emotions, ideas, etc., as entities and substances” (p. 25). The ontological metaphors this study focuses on are those categorized as metaphors of personification, whereby a physical object is endowed with “human motivations, characteristics, and activities” (p. 33).

### **Stigma: Notes on the Management of Spoiled Identity**

Erving Goffman, the sociologist who pioneered the field of stigma research, defined the concept thusly:

While [a] stranger is present before us, evidence can arise of his possessing an attribute that makes him different from others in the category of persons available for him to be [...] he is thus reduced in our minds from a whole and usual person to a tainted, discounted one. Such an attribute is stigma.

(Goffman,  
1963: 3)

Goffman argues that we (society) inherently have a certain set of demands which others must meet in order to be accepted into any particular social group. These demands go unnoticed until tested by a stranger. When we encounter strangers, we project onto them the identity we expect them to possess. This, Goffman argues, is a person’s *virtual*

*social identity*, a set of characteristics that they have not been proven, but are assumed to possess.

If the stranger betrays that he possesses characteristics at odds with the larger group, “he is thus reduced in our minds from a whole and usual person to a tainted, discounted one [...] It constitutes a special discrepancy between virtual and actual social identity” (p.3).

The application of Goffman’s stigma theory is slightly altered for the purposes of this study, primarily because the people in question (African AIDS patients) are not a part of the reader’s social circle. Still, Goffman’s arguments regarding people who are discreditable and discredited (in the case of the former, the attribute worthy of stigma has not been revealed, in the latter it has, and the person is ostracized accordingly) apply to the relationship between the journalists and the people they are chronicling. Of particular interest is how a subject’s HIV status is conveyed by the author. Is his status mentioned explicitly, or are more discreet and subtle insinuations utilized?

### **How To Have Theory in an Epidemic: Cultural Chronicles of AIDS**

Paula Treichler, a scholar of the AIDS epidemic since the 1980s, argues that AIDS is not just a medically identifiable phenomenon, but rather an “epidemic of signification”.

“Continually eluding such containment efforts...the AIDS epidemic has produced a parallel epidemic of meanings, definitions and attributions.” (Treichler: 1)

Treichler essentially argues that our understanding of the AIDS epidemic today is irrevocably tied to our experiences with the epidemic in the past. Indeed, all rhetoric surrounding AIDS is essentially tied to a complex social and cultural history either between social groups (homosexuals and the mainstream culture in the West) or nations (African nations and the former colonial powers). Further, Treichler believes that to gain a comprehensive understanding of the African AIDS epidemic, one must also acquaint oneself with the long and convoluted history that exists between Africa and the West.

Treichler’s argument that the historical relationship between Africa and the West—and my contention that journalists are not always aware of that relationship’s complications—will play a large role in the discussions both of victimization and stigmatization. The history of the rhetoric used in AIDS coverage often conveys both victimization and stigmatization in extraordinarily discrete ways.

In the next chapter, I investigate the manner in which AIDS patients in Africa are victimized. Special attention is given to the agency provided to AIDS patients, and the manner in which those patients are described in relation to the disease.

After completing a thorough accounting of victimization in media coverage of the epidemic, Goffman’s stigma theory is applied in the following chapter to document how

journalists differentiate, or compare, the experience of AIDS in the West to the epidemic in Africa.

### **Chapter 3. Victimization and the Rhetoric of AIDS**

This chapter seeks to analyze the way the African AIDS epidemic is created for consumption by a Western audience. Central to the AIDS epidemic, from a journalistic standpoint, are the people directly affected by it, specifically the AIDS patients, who are all too often described as passengers on a voyage of scientific exploration, rather than active participants in that exploration. Therefore, this chapter will focus specifically on the language and story structure utilized by journalists, which often, intentionally or otherwise, contributes to the victimization of the African AIDS patient.

I will first lay out the broader metaphorical context necessary to effectively analyze the rhetoric of AIDS journalism. That brief exposition will be followed by a deeper analysis of the specific metaphors journalists use to describe both AIDS patients and Africans in general, and I will conclude this chapter by turning a critical eye to the way word choice and sentence structure serves to further victimize HIV-positive Africans.

In Metaphors We Live By, Lakoff and Johnson argue that our understanding of the world around us is inextricably linked to a complex metaphorical system that is so ingrained in our language structure as to be completely undetectable.

Metaphors are often employed by those who are taking a largely abstract concept and attempting to ground it in a more readily understood frame.

An example of this theory of metaphor, which will be useful for the ensuing discussion of AIDS and metaphorical victimization, is the metaphor SCIENTIFIC EXPLORATION IS A JOURNEY. “Scientific exploration” is a concept that encompasses a vast and varied set of experiences and processes, most of which are completely foreign to all but a select portion of the population. Constructing scientific discovery as a journey provides the layperson with an opportunity to grasp concepts she would not normally understand. The metaphor indicates that scientific discovery is not a finite process which begins at one point and abruptly ends at another, but rather a series of events that connect with the past and progress into the future with a projected endpoint.

The process by which the world came to an understanding of the AIDS epidemic can appropriately be described as a journey of exploration, documentation, and classification. Indeed, the world is still in the process of understanding the epidemic. Scientists around the world are currently on a *quest*, or a *mission*, to discover an AIDS vaccine. Thus, the public’s understanding of the AIDS epidemic is based not on scientific explanations of CD4 cell counts and protease inhibitors, but rather on the metaphorical concept of a protracted quest, or journey.

The AIDS epidemic, however, in both its implications for the scientific community and for the people directly affected by the disease, has lent to the practice of “scientific exploration” a profound sense of urgency. When facing a devastating and

universally lethal pathogen, to attempt to understand it is not enough. It must be destroyed. That urgency, which is not exclusive to the AIDS epidemic but is illustrated by it, has created a shift in the metaphorical conception of “scientific exploration.” Scientific exploration is no longer a journey, but rather, a battle against impending catastrophe. The AIDS epidemic created the metaphorical grounding that SCIENTIFIC EXPLORATION IS WAR. The discovery of every virus prior to the AIDS epidemic was generally followed, in very short order, by the creation of a vaccine to render it harmless.<sup>2</sup> AIDS, for reasons that are scientific, cultural and political, proved more elusive. As the death toll mounted, the quest to understand the AIDS epidemic became more pressing. Understanding AIDS was no longer a journey, but rather a battle against impending doom.

Before we begin, it is important that, in order to create a complete picture of the progression of the AIDS epidemic over the past twenty years, we recognize that “the AIDS epidemic” is not a term intended to refer merely to the human immunodeficiency virus. It does not reference only the scientific pursuit of a cure to a deadly disease. The AIDS epidemic is fundamentally, at its very core, a human epidemic. This being the case,

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<sup>2</sup> In an interview conducted for the PBS documentary “Frontline: The Age of AIDS,” Dr. David Baltimore, recipient of the 1975 Nobel Prize in Medicine, pegs the lapse between the discovery of a virus and the creation of a vaccine to fight it at roughly two years. When Dr. Robert Gallo of the American Cancer Institute announced his “discovery” of the AIDS virus (a discovery that is challenged by a team of French researchers), Margaret Heckler, the Secretary of Health and Human Services in the Reagan Administration, announced that the government would have a vaccine ready within two years. By prevailing standards of virology—both prior to and in the decades since the discovery of HIV/AIDS—Secretary Heckler was correct.

the use of the term “AIDS epidemic” throughout this study should be taken to include not only the disease, but the people—Africans—it affects.

### **3.1 The Metaphorical Construction of African AIDS Epidemic**

In its American incarnation, the AIDS epidemic was still largely described using the SCIENTIFIC DISCOVERY IS A JOURNEY metaphor. This is largely a byproduct of the disease’s relative newness; when any unknown quantity enters the public awareness, the focus primarily resides on learning about it rather than fighting it. This was not the case in Africa. Though the disease had been present on the continent for decades, no one in the United States knew of its existence. The discovery of AIDS in Africa was a direct result of the outbreak of the disease in the West. Lawrence K. Altman’s series of articles for *The New York Times* in 1985, cataloging the severity of African AIDS were not the first articles written about the epidemic, but they *were* the first to focus on the disease’s potential origins in Africa. Those articles spurred a sudden crush of media coverage of the African epidemic (Treichler 1999: 121).

By the time the Western media realized there was an AIDS epidemic in Africa, it had reached pandemic proportions. The metaphoric frame SCIENTIFIC DISCOVERY IS

A JOURNEY lacked the urgency necessary for the situation in Africa.<sup>3</sup> The metaphoric construction of SCIENTIFIC DISCOVERY IS A JOURNEY was never widespread when discussing the African epidemic. Rather, journalists focused on the *fight* against the disease, creating the metaphoric construction that would carry through every stage of media coverage of the AIDS epidemic: FIGHTING DISEASE IS WAR.<sup>4</sup> More appropriately, with regards to AIDS in Africa, the most appropriate construction of the metaphor is we are fighting a WAR ON AIDS. While this is the primary, most straightforward construction of this metaphor, variations on the theme, personification, language choice, etc. are a part of the larger metaphor, just as skirmishes and battles are generally part of a larger war.

### 3.1.1. WAR ON AIDS

“AIDS [is] a war—a long, devastating, savage, costly, expensive and continuing war” (Treichler: 2). The most straightforward construction of the FIGHTING DISEASE IS WAR metaphor is, naturally, that which directly references the WAR ON AIDS.

Surprisingly, such a construction is rare in articles written about the epidemic.<sup>5</sup> In my

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<sup>3</sup> A few articles carried the “scientific discovery is a journey” frame from the U.S. epidemic to the African epidemic. However, those articles focused the vast majority of their time on the origins of the disease, and on variations of the disease, and paid little attention to the epidemic as it affected the African population.

<sup>4</sup> It is worth noting here that, as Lakoff and Johnson suggest, the metaphoric construction is so deeply entrenched in the public psyche that I cannot create a construction of “fighting disease is war” without reinforcing the metaphor.

<sup>5</sup> The “war on AIDS” is much more common in discussions about the epidemic.

data, the WAR ON AIDS is explicitly mentioned in the data five times, twice in 1987, once in 1997, and twice in 2007.

With the exception of the June 20 article from *The Washington Post*, which substitutes “the epidemic” for “AIDS,” all five quotations overtly use the AIDS IS WAR metaphor. Using Lakoff and Johnson’s terms, “combating the AIDS epidemic” is the target of the metaphor, while “war,” and all its attendant meanings, is the source of the comparison.

Even with a metaphor as seemingly straightforward as the WAR ON AIDS, there are varying degrees of complexity, with several examples taking the metaphor further by not just mentioning the “war on AIDS,” but furthering it by evoking war imagery.

“On a large map of the world on the sixth floor of the World Health Organization’s headquarters here, colored pins mark a **shifting battlefield** in the **international war** against AIDS.” (WAPO: 11/17/1987)

This example, from the November 17, 1987 issue of *The Washington Post* not only utilizes the most explicit construction of the metaphor, but takes it one step farther, extending the metaphor to include actions and situations specific to our psychological conception of war. This article, coming early in the pandemic before Africa began garnering the lion’s share of AIDS coverage, discusses the international pandemic. The “shifting battlefronts” in question are not all in Africa, but rather situated throughout the

world. In this construction of the “war against AIDS,” the writer is not talking about merely a war between a few small countries, but a world war.

Another quotation from 1987, this one in the February 24 edition of *The New York Times*, similarly extends the metaphor. In this instance, the language used taps into a deeper, psychological concept common in American discourse which serves to further victimize African AIDS patients.

“So the **AIDS war** appears to be at a standoff” (NYT: 2/24/1987)

The term “standoff” in reference to what is being discussed as a war on AIDS, draws on a militaristic conception of stalemate, in which neither side concedes defeat or wins victory. Though in actuality a stalemate merely implies that both sides have fought to a draw, in the American conception, a stalemate carries with it deeper meaning. As is evidenced from lingering bitterness over the Vietnam War—and the current political battle over the war in Iraq—anything less than absolute victory is tantamount to defeat. Such a construction only furthers the notion that, in the war against AIDS, we are losing and the disease is winning. A stalemate is not really a stalemate: it is a loss. Combine this fact with the logical extension of the war metaphor—“to the victor go the spoils”—and the picture painted is yet again one in which African *people*, bested by the virus, are the victims.

The vast majority of metaphors drawing from the larger category AIDS IS WAR do not state the metaphor as explicitly as those mentioned above. Instead, most metaphoric constructions of the epidemic reference characteristics of war which fit into the larger metaphor without explicitly stating so. These fit into what would be considered, in the literal understanding of war, the spoils of war. Such metaphors are often subcategorized further. They broadly fall within two main categories: AIDS IS A PLAGUE, and the personification of acquired immune deficiency syndrome, specifically the construction of AIDS as a ruthless adversary, which I will discuss in further detail below.

#### **3.1.1.1 *AIDS is a PLAGUE***

Though significantly less so in the modern age, disease was common in the aftermath of most wars throughout human history. In an attempt to make the sudden emergence of an incurable epidemic comprehensible to readers, journalists began comparing it to another, much older, incurable epidemic: the Black Death.

Most instructive regarding the many layers of meaning associated with AIDS related discourse, is the frequent use of the word “scourge.” It appears six times in the data collected (in 1987, 2002, and 2007). The representative quote below is from an article entitled “Planning the Global Strategy on AIDS; World Health Official Must

Outrace the Epidemic's Ravages," from the November 17, 1987 edition of *The Washington Post*.

The WHO program's central message...is that **AIDS is a scourge** that can only be fought by an international cooperative effort... (WAPO: 11/17/1987)

The Oxford English Dictionary defines the noun "scourge" as "a thing or person that is an instrument of divine chastisement."<sup>6</sup> The definition goes on to note that, eventually, the reference to the wrath of God was largely removed from the word's meaning. The third definition of the term, "a cause of (usually, widespread) calamity," is in keeping with the usage in the examples above. However, in its earlier incarnation, "scourge" carried with it decidedly religious imagery. One piece of data—comparing the AIDS epidemic to the Black Death that swept Europe in the Middle Ages—directly references the arcane definition in the comparison.

The literal and conceptual functions of the term "scourge" occasionally collide in AIDS discourse, creating situations which portray African AIDS patients as victims on several levels of analysis. Consider this example from July 10, 2002:

In Kenya, it's estimated that an average of 600 people die from AIDS every day. And yet, this is not the African country worst **hit by the scourge**. (NYT: 7/10/2002)

Here we see the *concept* of the AIDS epidemic performing the *literal* task generally associated with a scourge. Another definition offered for scourge—in fact, the

6 The Oxford English Dictionary online. First and second definitions. [www.dictionary.oed.com](http://www.dictionary.oed.com) Search term: scourge. Retrieved on March 9, 2008.

primary definition—classifies a scourge as “a whip, lash...with reference to the torturing of human beings.” By asserting that Kenya (a country which 15 years earlier had one of the least aggressive epidemics) was literally being beaten (i.e. battered) by the virus, the country—and by extension its citizens—are further victimized, not just by the assault, but by the assault in combination with the divine implications discussed earlier.

It is undeniable that words evolve and shift definition over time. Still, the historical association inherent in the term “scourge,” and its frequent use as a descriptor of the AIDS epidemic in Africa, frames the epidemic as divine retribution visited upon a population that is not only powerless to stop it, but in fact brought their fate upon themselves through sinful behavior. Indeed, the rhetoric of victimization runs throughout most reporting on the AIDS epidemic, both in the past and present.

Similarly illuminating are the repeated references to Africa as a continent “ravaged” by the AIDS epidemic. Consider the following representative illustrations from 1997:

Help Least Likely Where Most Needed; Africa **Ravaged** by Virus (WAPO: 9/4/1997, Headline)

Nearly 29 years later, Africa is by far the continent most **ravaged**. (WAPO: 9/4/1997)

The verb *ravage* is defined by the Oxford English Dictionary as “to devastate, lay waste, despoil, plunder (a country).”<sup>7</sup> The earliest definition, from 1611, included the concept of “preying upon.”<sup>8</sup> Overall, the concept of *ravaging* conjures the image of complete annihilation. In this construction of the metaphor, AIDS is not merely something Africa is confronting, or dealing with. In fact, Africa is not even *fighting* AIDS. To describe Africa as ravaged by AIDS conjures the image of an entity (Africa) that has been completely decimated by the epidemic.

Further, the idea of *ravaging* also carries with it gendered undertones. One of the synonyms of the verb *ravage* is rape.<sup>9</sup> Though no references are made to AIDS ravaging women in particular, inherent in the invocation of AIDS ravaging entire families, the image conjured is not merely a struggle, but a fierce, violent battle. And when this battle is waged between Africans and the AIDS epidemic, the latter is always victorious.

In several instances, journalists point to the specific groups affected by HIV/AIDS as an illustration of the severity of the epidemic. For example:

Education Suffers in Africa As AIDS **Ravages** Teachers (NYT: 5/8/2002, Headline)

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7 Oxford English Dictionary Online Second Edition 1989. oed.com Accessed on March 10, 2008.

8 Ibid.

9 Roget's New Millennium Thesaurus, First Edition (v 1.3.1). Lexico Publishing Group. 2008. Accessed via thesaurus.reference.com on March 14, 2008.

AIDS has **ravaged** families all over Southern Africa, and many of the young men who would work the fields have died or are too weak to sow and reap. (CSM: 11/15/2002)

In AIDS related media, pointing to particular professions that have been widely affected by the virus is intended to illustrate how widespread and pervasive the epidemic is. The ultimate point is that no one is truly safe from AIDS.<sup>10</sup> An unintended consequence of this strategy, however, is that it furthers the belief that Africa is in the grips of a crisis from which it will *never* recover.

Sydney Bryn Austin argues that emphasizing specific populations is actually an indication of latent racism. In her article “AIDS and Africa: United States Media and Racist Fantasy” (1989), Austin argues that Western coverage of the African AIDS epidemic is populated by four stock characters: “the philandering urban male; two the female prostitute; three, the victimized wife; and four, the male homosexual” (Austin 1989: 131).

The Man, usually between twenty and forty years old, is often part of the urban elite. If not elite, then he at least ranks as part of the “productive” sector of society. He is educated and stands as a symbol of Africa’s future and potential to westernize, modernize—civilize. Within the Western imagination, the Man is the pioneer and leader of the development struggle. He is Africa’s leader into modernity. Without him, “Africa” surely will slip back into a “primitive” state. (Austin: 131)

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<sup>10</sup> Which has the effect of further alienating and stigmatizing those who do have AIDS.

Austin mentions this construction as an indication that the American media values the Man because of his Western attributes (modernization and civilization) while deploring the sexual appetite to which he is enslaved. This may be accurate, however of more immediate importance to this study is the fact that discourse which expressly mentions “productive” members of society as especially tragic victims of the AIDS epidemic serves to further victimize *all* members of African society. The implication, sometimes subtle, sometimes explicit, is that even if the AIDS epidemic were somehow halted today, Africa would still suffer, because its educated middle class will have been decimated by the epidemic.

### **3.1.2. Personification of Acquired Immune Deficiency Syndrome**

Metaphors used to ground a limitless concept as an entity, or something easily comprehensible to our understanding, are defined by Lakoff and Johnson as *ontological metaphors*. The most obvious of these metaphors is personification, in which a physical object is linguistically described as a person. While AIDS is not a physical object, the most common metaphors associated with reporting on the epidemic construct the disease as an actor capable of conscious thought and strategic planning. Thus, we are presented with metaphors in which aids marches, threatens, and rages against its victims.

Particularly illuminating is the following quotation from July 1992:

“A year into its second decade, the AIDS pandemic, which has so far claimed more than a million lives, proved last week that it still has unpleasant surprises to spring and humbling lessons to teach.” (Boston Globe: 7/26/1992)

This is particularly illustrative, in that it invokes AIDS as an actor in a number of different scenarios. The first line makes note of the AIDS pandemic’s age and goes on to point out that the epidemic has claimed “more than a million lives.” This conception of AIDS as an agent which is physically capable of taking life is widespread in AIDS related discourse. However, the personification that follows is quite uncommon. In invoking AIDS as an entity capable of *proving* and *teaching*, the epidemic is portrayed as an educator, warning those who oppose it against believing they had won. The personification is particularly startling because teachers are generally considered to be welcoming presences in the minds of most Western readers.

Perhaps most startling is this quotation from April 7, 2007:

“Here in Zambia, population 11 million, more than a million children are already orphans, mostly because AIDS killed their parents.” (NYT: 4/7/2007)

The explicit implication here is that acquired immune deficiency syndrome, an entity which is not—technically—alive, made a conscious decision to murder African adults. Such discourse is common in the AIDS epidemic, though is rare, if not nonexistent, in the discourse on other health related issues.

The above metaphors are a sampling of those associated with the African epidemic. There are hundreds of ontological metaphors in which the epidemic is portrayed as an entity capable of independent action. The metaphor here is not that AIDS IS A PERSON, but rather that AIDS IS AN ADVERSARIAL AGENT.<sup>11</sup>

Here, we find overlap between the larger WAR ON AIDS metaphor and the personification presently discussed. Consider the following example,

“In **War Against AIDS**, Battle Over Baby Formula Reignites” (NYT: 6/8/1997, Headline)

Unlike many other metaphors personifying the AIDS epidemic which ascribe action to the virus, this example specifically names the virus as the adversary. We are fighting a war against the AIDS epidemic. This is noteworthy for what it does not say just as much as what it does.

Clarity regarding what exactly the AIDS epidemic is is notoriously widespread. The terms HIV and AIDS are often used interchangeably, and a vast majority of Africans profiled by Western journalists are depicted as AIDS patients, in spite of the fact that many, if not most, do not have AIDS, but are rather HIV positive.

“Strictly speaking, AIDS—acquired immune deficiency syndrome—is not the name of an illness at all. It is the name of a medical condition, whose consequences are a spectrum of illnesses” (Sontag 1988: 104). This fact is often lost in Western media

<sup>11</sup> Similarly, in *Metaphors We Live By*, Lakoff and Johnson argue this point with inflation, pointing to the various instances in which inflation is described not just as a person, but as a person intent on doing harm.

coverage, specifically regarding the African AIDS epidemic.<sup>12</sup> While such distinctions may seem inconsequential, they are in fact a fundamental building block which contributes to the victimization not just of African AIDS patients, but rather entire countries and governments. Such failures in nuance were clearly visible when international press resoundingly condemned South African President Thabo Mbeki when he asked, “How can a virus cause a syndrome? It can’t.” Mbeki was portrayed by the Western press as a murderous fool (i.e. tyrant), a stock character common in Western discussions on African AIDS.

This is not to say that Mbeki did not deserve to be roundly criticized for his comments. After all, the deaths of millions of South Africans were blamed, in part, on his AIDS denialism. But by failing to address the nuance inherent in the catch-all name “acquired immune deficiency syndrome” and instead dismissing comments like Mbeki’s as the bizarre ravings of a lunatic fringe, the media furthered the construction of Africans as victims, now to both a devastating disease, and an ignorant regime.

Sontag argues much of the victimization of AIDS patients is attributable to the fact that AIDS is rarely directly defined for an American audience, and the way it is described in the media fuels a fundamental misunderstanding about it. AIDS is believed to be a disease or virus, when in fact it is neither. However, the description provided for how AIDS infects a person—HIV slowly takes over and destroys healthy cells when it

<sup>12</sup> Again, however, in media reports about the AIDS epidemic in the United States and Europe, the delineation between HIV and AIDS is generally documented to avoid confusion.

replicates—creates the impression that the AIDS patient is being conquered by the disease (Sontag 1988: 107). In this construction of the disease, the epidemic completely consumes its victims. Therefore we are, by extension, not merely fighting a disease, but the people who harbor it.

The rhetoric of the AIDS epidemic takes the ILLNESS IS AN ADVERSARIAL AGENT metaphor one step farther. AIDS is not only a random, nondescript adversary who must be destroyed, but rather an adversary to whom motive can be assigned. The AIDS virus, in Western construction, displays a remarkable degree of agency. Consider the following:

“Rapid spread of AIDS in Botswana demonstrates raging threat to Third World.” (Boston Globe: 12/7/1997, Headline)

“In these relationships, more intimate, trusting and long-lasting than casual sex, most couples eventually stop using condoms, studies show, allowing easy infiltration by HIV.” (WAPO: 3/2/2007)

The *Boston Globe* article describes AIDS as lashing out furiously at the entire continent of Africa—indeed, at the entire “third world.” *The Washington Post*’s article is even more explicit, ascribing physical action to the epidemic. “Infiltration” is defined as the “the gradual or surreptitious penetration of enemy lines by small numbers of troops.”<sup>13</sup> The writer is describing the AIDS epidemic as intentionally, purposefully, invading the bodies of its victims. The description offered of those most at risk—people

13 Oxford English Dictionary Online. www.oed.com “Infiltration” Accessed March 30, 2008

in “intimate, trusting and long-lasting” relationships, only heightens the sense of victimization placed upon them. This is something they do not deserve. The use of “infiltration” as the noun of choice is particularly appropriate given the virological progression of HIV. The virus enters the bloodstream in relatively small numbers, and quickly multiplies from within.

The AIDS AS ADVERSARIAL AGENT meme is further evidenced by the continuous assignation of motive to the epidemic. Consider the following examples, in which AIDS is described, not only as performing tasks, but doing so with sinister motivation.

“In his remarks, Dr. Mann described the first stage of acquired immune deficiency syndrome as a silent and unnoticed epidemic that occurred in the mid- to late-1970s, when the virus was insidiously spreading in many countries before doctors recognized its existence in 1981.” (NYT: 6/3/1987)

“Now, however, scientists reconstructing the genetic evolution of the deadly virus say they have traced its true path—concluding that the insidious pathogen used Haiti as a steppingstone from Africa to the United States and arrived much earlier than had been thought.” (WAP0: 11/5/2007)

These metaphors come from both the very beginning of the period under scrutiny and the very end. AIDS is not merely spreading throughout the population. Here, motivation is assigned to the disease. It is doing these things for a *reason*<sup>14</sup>. The image of

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<sup>14</sup> The Oxford English Dictionary defines insidious thusly, “Full of wiles or plots; lying in wait or seeking to entrap or ensnare; proceeding or operating secretly or subtly so as not to excite suspicion; sly, treacherous, deceitful, underhand, artful, cunning, crafty, wily.”

AIDS IS AN ADVERSARY is furthered by the attribution of sinister motives to the virus.

AIDS is repeatedly described as “insidious,” as a trickster that is always one step ahead of those attacking it. AIDS “marches on” from one “devastated” population to the next, “hitting,” “striking,” and “raging” across the continent. Lakoff and Johnson’s example of inflation as an adversary is similar, but with one large difference that cuts to the heart of the issue of victimization through language: inflation is not inherently associated with a person. AIDS, on the other hand, is. If AIDS IS AN ADVERSARY, and we are fighting a war against the adversary, it follows that the war will be waged, to a large extent, against those who are aligned with the foe. HIV-positive people are therefore defined not as people, but as the possessors of a deadly virus. Media coverage of the African epidemic assigns highly negative, murderous intention to HIV/AIDS. Coupled with rhetoric implying that AIDS effectively takes over a person’s body—rendering them more *virus* than *human*, this formulation of the AIDS epidemic succeeds in further victimizing the HIV-positive African.

### **3.2. Word Choice and Narrative Structure**

The preceding discussion focused on how the use of metaphor—personification in particular—served to victimize African AIDS patients. Though the examples are many

and varied, metaphor is not the only linguistic tool which, inadvertently or otherwise, often serves to construct HIV-positive Africans as victims of an unbeatable foe.

One of the most potent tools journalists have at their disposal is their vocabulary. While this may seem obvious, there exist very real differences between the language used to describe African AIDS patients and AIDS patients in the Western world. While the latter will not be discussed, the pattern uncovered in the earlier discussion of metaphor holds true when discussing the vocabulary typical of Western reporting of the African AIDS epidemic. Specifically, just as AIDS metaphors portrayed the African population as laboring, often in vain, against an unbeatable foe, the word choice and story structure of the articles as a whole reinforce the idea that Africa is at the mercy of an apocalyptic cataclysm.

### **3.2.1. Word Choice**

As was touched upon briefly in the discussion on metaphor, the specific words journalists choose when discussing the African epidemic are not merely different from those used with regards to the epidemic in the West. While having AIDS is certainly never considered a good thing, the language used when referencing African AIDS patients is often more negative, and more loaded, than that used to describe their American counterparts.

Consider the common references to Africa as a part of the *Third World*. Certainly, this phrase is not specific to AIDS discourse; the label is liberally to every region not represented by the so called Group of Eight. The phrase *Third World* has recently fallen out of style, and is often replaced by the less loaded term “developing world.” Still, its use in AIDS related discourse provides useful insight into the many layers of victimization often attributed to Africans and their countries. The image of the Third World that emerges from Western media accounts is of a region in complete disarray. These countries, and their citizens, are portrayed as uneducated, illiterate, and fundamentally incapable of meeting the challenges necessary to function in the international community. For example:

Rapid spread of AIDS in Botswana demonstrates raging threat to **Third World**.  
(Boston Globe: 12/7/1997)

It is difficult, if not impossible, to imagine any serious journalist arguing that the AIDS epidemic in one developed country illustrated the “raging threat” to the rest of the developed world. Russia is currently facing a burgeoning epidemic, yet the *Boston Globe* would never argue that Russia’s AIDS crisis bodes ill for the United States.

This illustrates a larger point. The *Third World*, which is mentioned 41 times in the data, is viewed as a single, undistinguishable mass by many Western audiences. While such categorization also contributes to the stigmatization of African AIDS patients (which will be discussed in greater detail in the following chapter), it also creates an

entire culture, or *world*, of victims. Lumping all of the countries that constitute the Third World together and pitting them against the AIDS epidemic (which, as our previous discussion showed, is always an unbeatable foe), ensures their destruction. If AIDS is ravaging the Third World, and AIDS cannot be beaten, then the entire Third World is being victimized by the epidemic.

There is also a more subtle form of victimization inherent in the use of the descriptor *Third World*, and it lies in the phrase's history. The term *Third World* grew out of the confrontation between the West and the U.S.S.R. during the Cold War. The *Third World* is defined as "The countries of the world... which are aligned with neither the Communist nor the non-Communist bloc; hence the underdeveloped or poorer countries of the world, usually those of Africa, Asia and Latin America."<sup>15</sup> Because these nations were not allied with the First World (the West) or the Second World (the Communist bloc), they were relegated to the Third World, which is characterized as "underdeveloped," or more charitably "developing." It is worth noting that these cultures are also the former colonial strongholds of both the First and Second World Nations. During the Cold War, the *Third World* nations were used as pawns in an elaborate chess game between the West and the Soviet Bloc. Thus, by tracing the lineage of a term still used today when discussing Africa<sup>16</sup>, a pattern emerges of a continent first subjugated by

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<sup>15</sup> www.oed.com The Oxford English Dictionary Online. 1989. Third World Accessed March 15, 2008.

<sup>16</sup> The edition of the Oxford English Dictionary used to define Third World was published in 1989. More recent definitions (found on Dictionary.com) minimize or remove any reference to the Capitalist/Communist power play that gave rise to the term. Simultaneously,

colonialism, then by Cold War politics, and now by a stampeding disease they are equally impotent to stop.

The term *Third World* is not the only instance in which terminology is used which has the side effect, intended or not, of diminishing African AIDS patients. Examples are widespread and show a marked contrast from the coverage of the epidemic in the United States.

In 1987, Randy Shilts, the often hailed and sometimes controversial author of And The Band Played On, a detailed accounting of the early years of the AIDS epidemic in the United States, railed against the “new language” that was growing up around the epidemic.

AIDSpeak jargon...went to great lengths never to offend. A new lexicon was evolving. Under the rules of AIDSpeak, for example, AIDS victims could not be called victims. Instead, they were to be called People With AIDS, or PWAs, as if contracting this uniquely brutal disease was not a victimizing experience...AIDSpeak...was a fundamentally political tongue. (Shilts: 1987, p 315)

Whether there is truth or merit in Shilts’ argument is not at issue<sup>17</sup>. The point is that as early as 1987, rhetoric surrounding the AIDS epidemic in the United States had undergone a shift in which AIDS patients were no longer defined or victimized by the

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“impoverished” and “underdeveloped” are added to the definition. Thus, the product (term) remains, without any understanding of the situation which gave rise to it.

<sup>17</sup> It should be noted that scholars of the epidemic, including Douglas Crimp, whose work I mentioned briefly in chapter one, objects to Shilts’ characterization of AIDSpeak, viewing it as a net positive.

disease, but were seen as people who happened to be HIV positive. The movement to stop calling AIDS patients “victims” was already well underway in the United States by the mid-1980s.

That movement seems to have largely bypassed discussions of AIDS in Africa. Shilts points to the evolution of AIDS patients from victims to people with AIDS and talk of “promiscuity” changing to become discussions of being “sexually active,” but in coverage of Africa, those changes were largely unnoticed. In all, Africans with AIDS are referred to as victims 27 times in the articles collected for this study. To be sure, there are situations in which people with AIDS *are* victims. However, they are not always victims in every situation. Singling out a person as an *AIDS victim* diminishes other aspects of their lives and personalities. Especially galling is the fact that coverage characterizes as AIDS victims both people who are living with the virus and also those who have *already died* from it.

### **3.2.2. Story Structure**

Treichler argues that “Western AIDS discourse transforms a culture so that it ceases to recognize itself but paradoxically becomes recognizable to the West.” (Treichler: 102). Media coverage is, by necessity, informed by our collective notion of what “Africa” is and represents. AIDS discourse situates the “Third World” in contrast to the West, and

attributes characteristics to that world, the “dark continent” in particular, which are both incomprehensible and savage (Treichler: 101). While this divide will be discussed in depth in the following chapter, it directly contributes to the portrayal of African AIDS patients as victims. This is accomplished primarily through the manner in which those patients are described and how they are purported to act.

### *Physicality of African AIDS Victims*

One characteristic that appears consistently throughout the data is the decrepit manner in which African AIDS patients are described. For example:

“In one bed, Fatima Germain, an AIDS patient from Bangui, lay still. Her withered 25-year-old frame displayed several AIDS symptoms—weight loss, fever, cough, diarrhea.” (NYT: 1/4/1987)

As this sample suggests, HIV/AIDS consumes African AIDS patients. In pursuit of the noble goal of portraying the severity of the epidemic, media coverage often describes AIDS patients in the starkest terms available. As Treichler argues, this stands in contrast to the coverage afforded the AIDS epidemic in the West. While Western AIDS-patients are depicted as largely healthy, active members of society (rather than people blithely awaiting their fates), African AIDS patients are rarely portrayed similarly.<sup>18</sup>

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<sup>18</sup> In the early years of the American epidemic, AIDS patients were described in terms similar to those now used to describe African AIDS patients. The difference, however, lies in the fact that now, HIV-positive Westerners are rarely, if ever, described in terms that highlight their decrepitude. Once antiretroviral drugs were made widely available in the United States, the physical aspects of an HIV

Indeed, from the description offered above, it is impossible to see these people as anything other than victims.

The case of Fatima Germain is one of many in which the outward, physical deterioration of African AIDS patients is used as a narrative device to indicate internal turmoil. Popular Ugandan singer Philly Lutaaya's physical appearance is described prior to what the journalist describes as his "haunting" voice.

"Students packed a grassy field at Makerere University in April 1989 for a farewell concert by singer Philly Lutaaya. This symbol of swaggering virility had grown gaunt, with splotchy skin and the fine, sparse hair of a baby." (WAPO: 3/29/2007)

"Virility," is the quality of being manly. "Swaggering virility" can be reasonably described as a cocky manliness. The description provided for what Lutaaya looks like *now* (in 1989) excessively infantilizes him.

For closer study, take the *Boston Globe* article from December 7, 1997. In it Amos, whom we are told is a "once-powerfully built man" is described using adjectives that bring to mind child-like behavior.

"Amos squirms restlessly on a gurney that adds an extra bed to a ward...A one-powerfully built man, he has a surprisingly soft voice. But raw terror glistens in his eyes, behind the tears." (Boston Globe: 12/7/1997)

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diagnosis were significantly less noticeable. As is evidenced by the dates on which many of the aforementioned stories on the African epidemic were written, describing African AIDS patients in terms of their physicality is still remarkably common.

Amos “squirms restlessly” and he has “a surprisingly soft voice,” indicative of either femininity or youth. Finally, he is literally so terrified that the not only is he crying, but the journalist can literally see that terror in his eyes.

Further, the description is written in a way that accentuates Amos’s deterioration. By juxtaposing Amos’s soft voice with commentary that he was *once* a powerfully built man, the reader is left with the impression that Amos has withered away. Similarly, the discussion of the terror in his eyes, when considered in context with the description of his once powerful frame, further infantilizes him.

This is not to say that Amos had not actually deteriorated significantly. Without any care, he almost certainly would have. Nor is it a reprimand to the journalist for discussing that which is not seeable or knowable. The terror in his eyes may not have been readily apparent, but it was in all likelihood there. By combining all of these disparate forces, however, Amos is put forth as a person who has been completely and utterly destroyed by AIDS. And the terror in his eyes, while he squirms on a gurney, drives home the point that there is nothing he can do to save himself.

This is not an isolated example. All the instances above, and many others not mentioned here, put forth people who are described in ways typical of discussions of either the very old or the very young. Fatima Germain’s withered frame, Philly Lutaaya’s sparse, baby fine hair and a host of other descriptions that serve to dehumanize AIDS patients. African AIDS patients are routinely described in similar ways. African AIDS

patients are defined and described by their relationship *with* the AIDS virus, and by what the virus has done to them. People with AIDS are not viewed as “people” but always as people with AIDS, and they are described so their AIDS status, even if never explicitly stated, is implicitly understood.

*Agency of African AIDS Victims*

Earlier in this chapter, I discussed the ways rhetoric which constructs the AIDS epidemic as an actor capable of foresight, planning and motive. The corollary to this is that Africans with AIDS are only occasionally put forth in a similar manner. Often, AIDS is the actor, while the people are presented as constantly reacting to the epidemic’s advances. The following example illustrates the complete inability of Africans to effectively combat the disease, or control their lives in the face of it.

But in the Third World, diagnosis with AIDS is still a death sentence in the vast majority of cases. (Boston Globe: 12/7/1997)

In the case of the *Boston Globe* article, there is nothing factually inaccurate about the description of AIDS as a death sentence. In vast swaths of the continent, this is still the case. However, a death sentence is something handed from one person, usually a judge, to another, a criminal. Further, the “condemned,” as AIDS patients clearly are in this construction, have no recourse to appeal the decision. Put plainly, AIDS has condemned its victims to die, and there is absolutely nothing those victims can do to take charge of their lives.

That overriding sense of helplessness is not limited only to Africans who are HIV-positive, however. Rather, it spills into the general population as well. Consider the following quotation from The January 14, 2002 edition of *USA Today*.

Tholakele Myeni doesn't understand what causes AIDS or how it is transmitted. But she knows what the disease has taken from her: her mother, her father, a sister and now, it seems, her dreams. (USA Today: 1/14/2002)

Confronted with supporting her siblings after her parents' deaths from AIDS, Tholakele Myeni has no choice but to give up on everything she has planned for her life. AIDS has taken her family and her dreams, and she has no choice but to play the hand she has been dealt. While Tholakele almost certainly wants to care for her family, and almost certainly would, the overwhelming image conveyed by AIDS discourse is one which creates the African people as bystanders reacting to the AIDS epidemic, rather than getting ahead of and fighting it.

However, African AIDS patients are not only victimized directly *by* the AIDS epidemic, but also in the "war" to combat it. References to the "war on AIDS" discussed earlier in this chapter all imply that Africans are not even combatants in the fight for their lives. Consider the following example:

"But beyond the walls of the hospital, Venter says, doctors are not winning—and probably cannot win—the war against the epidemic." (WAP0: 6/20/2007)

In this *Washington Post* article from June 20, 2007, African AIDS patients are taken out of the fight against the disease entirely. The war against the AIDS epidemic is being waged by the doctors, not the patients, or the African population at large. Similar examples abound in which development professionals, doctors, and philanthropists are depicted as the warriors in the AIDS epidemic, fighting valiantly against impossible odds. AIDS patients, on the other hand, are either left out of the equation entirely, or set up as perpetual victims of the disease. In fact, this construction victimizes Africans further, because now they are not only subjugated to a deadly disease, but also to their Western benefactors. The implicit statement is that Africans, without the help of the West, would be unavoidably doomed in combating the disease.

Point being, Africans are constantly at the mercy of their disease (or simply the disease, because even people who are HIV-negative are forced to live lives that contend only with the disease). This is in many cases true—older siblings are called upon to care for younger family members when parents die. Children are forced to leave school to work when a parent becomes too ill to earn, it creates the impression that Africans in countries struggling with the AIDS epidemic are singularly controlled and moved by the progress or stagnation of the AIDS epidemic. Such implications further feed into the belief that AIDS “does” while the African people are “done to.” In Western media coverage of the AIDS epidemic, Africans are often presented as perpetual victims, incapable of changing course or controlling their lives.

### **3.3. Conclusion**

There is certainly a danger in attributing motive to the media's treatment of the African AIDS epidemic. Similarly, it is difficult to ascribe broad trends to all AIDS reporting that focused on Africa. There are certainly instances where African AIDS patients exhibit agency and take some control of their lives. However, the vast majority of coverage throughout the past twenty years has constructed "African AIDS" as an epidemic of vast and unyielding proportions against which the people of Africa toil in vain.

This is accomplished first by extensive, complex and varied use of metaphor throughout the two-decades of coverage studied here. The scientific attempts to identify and control the disease and social desires to protect at risk populations, rather than operating as individual endeavors, fused together into a broader, pitched battle: the WAR ON AIDS. That metaphor gave rise to many others, including the creation of AIDS as an independent actor capable of thought, cunning and intention.

Further, the language used by many reporters is often layered with meaning which further victimizes African AIDS patients. Whether by overt acts, such as referring to "AIDS victims," or the "Third World," or the more subtle journalistic tools of utilizing specific words or syntactic structure, Western media, intentionally or not, puts forth to the American population the image of a continent completely destroyed by the AIDS pandemic.

## **Chapter 4. Stigmatization and AIDS in Africa**

One of the most pervasive characteristics of the AIDS epidemic, and one of its most tragic qualities, is the universal stigmatization of people living with AIDS. From the epidemic's beginnings in Southern California, AIDS patients have been systematically shunned by their governments, health care systems, and fellow citizens.

Much of this stigmatization can be traced back to the disease's emergence in the gay communities in California and the injecting drug user communities in New York. AIDS was, from the beginning, cast as a disease which was only contracted by participating in nefarious, deviant behavior. AIDS' early connection to deviancy informed all future discourse on the topic.

The early association with homosexuality was particularly troubling. In epidemiological terms, heterosexuals were much less likely to acknowledge an infection which implied homosexuality. In terms of the media, the early classification of AIDS as a sexually transmitted disease permanently colored all future media coverage of the epidemic. AIDS was contracted through sex, a highly charged topic people are generally reticent to discuss. Further, the constant association with deviant sex often led to reporting that presupposed that people with AIDS were participating in, if not homosexual, certainly unusual activity

The biases and stigma first displayed in media coverage of the American epidemic carried over into coverage of the epidemic in Africa. In many African cultures, homosexuality and frank sexual discussions are even more taboo than they are in the United States. Further, AIDS was often viewed by Africans—especially in the early years—as a “white man’s disease,” in addition to a homosexual disease. Cultural misunderstanding between journalists and their subjects often contributed an additional layer of stigmatization on coverage of the African epidemic.

This chapter seeks to explore US news coverage of the African AIDS epidemic in terms of the level of stigmatization of the African AIDS patients and governments. First, I focus on stigma applied to individuals, specifically the dichotomy of innocent/deserving victims and AIDS “carriers.” Next, I look at stigma as it is attributed to particular professions. The stigmatization applied to African governments is examined, in order to ascertain whether biases against governments affect our opinions of their citizens. Finally, I address the ways in which media coverage has begun to *de-stigmatize* the epidemic.

#### *Goffman’s Theory of Stigma and African AIDS Patients*

Goffman (1963) differentiates between three distinct types of stigma. The first, the abominations of the body—physical deformities—are the most obvious and easily identifiable. The second, blemishes of individual character, are only noticeable once a particular trait is revealed or a pattern of behavior becomes readily apparent. These

“blemishes” run the gamut from personality traits, to psychological disorders, to political ideology. The final category Goffman names are tribal, stigma based upon race, religion or nationality.

The stigma applied to AIDS patients falls into the second category. Unnoticeable to all but the patient, AIDS status is only readily obvious upon confirmation by the patient, or in the illness’s latest stages, when the internal condition manifests itself outwardly. At this point, AIDS patients can be classified as stigmatized by both blemishes of individual character—since AIDS is generally associated with “deviant” behavior—and abominations of the body.

Goffman’s theory of stigma is applied to American media to discover how it covered the African AIDS epidemic over the past twenty years. It is undeniable that a large portion of the primary audience for American print media has never traveled extensively in Africa. That being the case, the descriptions and characterizations provided by journalists often serve as the reader’s only point of reference for what “Africa” is really like. As the previous discussion of metaphor made clear, readers who rely on the media as their only source of information on the epidemic are presented with the image of a people who are largely the victims of an unstoppable plague. Little differentiation is made between HIV-positive Africans and those who are HIV-negative. Both groups—all Africans—are grouped together as unable to prevent the disaster awaiting them. Media coverage not only stigmatizes the people with AIDS, but often the entire continent. Most

coverage creates the impression that AIDS is rampant across the continent, and that every African is either HIV-positive or somehow derelict in preventing the spread of the epidemic. This chapter will explore not only the individual stigmatization of AIDS patients, but also the manner in which “Africa” is set apart as something fundamentally different from the West.

#### **4.1. Parallels of Levels of Responsibility in the U.S. and African Epidemics.**

In chapter three I showed that journalistic accounts of the African AIDS epidemic are couched in terms and frames molded by the epidemic in the United States. The way the American press chronicled the American epidemic is replicated in the coverage afforded to the African epidemic. This is most obvious in how “people with AIDS” are set apart not only from the larger society, but from one another.

Much has been made, both in the United States and abroad, of the differentiation between “innocent victims” and what can only be described as “deserving victims.”<sup>19</sup> In the U.S., the innocent victims were children and hemophiliacs, people whose behavior had no relation to their HIV status.<sup>20</sup> Indeed, after his Presidency, Ronald Reagan penned an editorial on the occasion of Ryan White’s, the young hemophiliac AIDS activist,

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<sup>19</sup> Though no one was ever explicitly referred to by the media as a “deserving victim,” that is the logical descriptor when victims are split into groups and one is labeled “innocent.”

<sup>20</sup> “Innocent victims” in the U.S. were primarily hemophiliacs, as mother to child transmission has never been an overriding problem in the United States.

death. Reagan had only mentioned the AIDS epidemic a handful of times during his presidency and eventually regretted his inaction regarding the “innocent victims,” of AIDS (Washington Post: 4/11/1990). The other victims—those seen as at least moderately responsible for their HIV-status—were homosexuals and intravenous drug users.

Though the groups are comprised of different people, the same innocent/deserving victim dichotomy exists in reporting on the epidemic in Africa, albeit with significant overlap. Very young children are still viewed as “innocent victims,” and are therefore subjected to little stigmatization by the press. Similarly, married women are also protected from receiving “blame” for the epidemic’s spread. However, just as in the United States, groups seen as spreading the disease through irresponsible behavior are singled out as worthy of derision. Just as with the previous discussion of victimization, this generally takes the form of how the two groups are described by the press.

## **4.2. Stigmatization of Individuals**

As Goffman makes clear, stigma is assigned to any person in possession of a trait or characteristic which fundamentally sets them apart from the community at large.<sup>21</sup> It is telling that, when speaking of AIDS patients in Africa, journalists often rely upon the characterization of a person with AIDS as A CARRIER. In the next examples, it is

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<sup>21</sup> In a strange twist, the “community” here is the Western press and the audience for that press. The AIDS patient is being created and described for the Western Audience. As the second part of this chapter will show, the African AIDS patient is not described as particularly different from his/her surroundings.

particularly striking that the AIDS patients are never provided with a gender, or any discernable characteristics.

The study groups are in three categories: AIDS **carriers**, AIDS **carriers** who are pregnant, and “discordant” partners, couples in which one partner has AIDS and the other does not. (NYT: 2/28/1987)

Here, AIDS patients are stripped of any characteristics considered unnecessary to the scientific considerations at hand. It would have been just as easy to have called the study subjects “AIDS patients” and “pregnant women with AIDS.”<sup>22</sup> By referring to them as “carriers,” rather than as men, women or, more generally, people, the writer devalues them, effectively stripping them of their humanity.

African governments are no longer denying the presence of an AIDS epidemic on this continent where the World Health Organization estimates that at least 50,000 people have died of the disease and another 2 million to 5 million are **carriers** of the virus. (WAPO: 2/20/1987)

In the last year, health authorities have identified **carriers** of the virus that causes AIDS for the first time in Nigeria, Ivory Coast, Ghana, Senegal, Gambia and Togo. (NYT: 4/15/1987)

Cartoons in the Nigerian press routinely depict the AID virus or an AIDS **carrier** wrapped in American flags. (NYT: 11/19/1987)

The verb form of carrier, carry, is defined by the Oxford English Dictionary as “to transport, convey while bearing up,” while a carrier is “a bearer.”<sup>23</sup> The use of the noun

<sup>22</sup> The ideal construction would be “HIV-positive pregnant women,” but the delineation between HIV and AIDS is rare in discourse on Africa, and all but nonexistent in coverage from 1987.

<sup>23</sup> Oxford English Dictionary Online. Oed.com Entry: carry. Accessed on March 20, 2008.

carrier to describe AIDS patients therefore implies that what they are carrying—AIDS—is something they intend to transport from one place to another, to give to someone else. They are, therefore, people to stay away from, lest one risk being “given” the virus.

In the description of AIDS patients as *carriers*, we see a clear example of Goffman’s delineation between actual social identity and virtual social identity. AIDS patients, because of the clinical progression of the syndrome, do not generally look any different from the population at large. When one sees an African man or woman, it is not immediately obvious whether or not that person is HIV positive. As AIDS is still highly stigmatized within many African cultures—due to what is usually described as the deviant behavior associated with its spread—there is no incentive for an AIDS patient to declare his/her status. The following examples show that women are the most frequent designates of transmission.

This compared with a 1981 survey of 111 **women** at the same clinic that detected no AIDS virus **carriers**. (NYT: 2/24/1987)

Infection rates among women seen at maternal health clinics in Thailand have also climbs sharply; in Rwanda and Burundi, one of every five pregnant **women carries** the AIDS virus. (NYT: 6/8/1997)

Twenty-five percent of Batswana adults **carry** the virus...and among **women** in their early 30s living in Francistown, the rate is 69 percent.

As is evidenced by the examples above, any time an AIDS carrier is gendered, the *carrier* is almost always female. This is a stunning inversion of what women are

generally considered to carry inside them; life. Instead, African women—prostitutes and wives alike, are constructed as the bearers of a deadly virus. Jean Comaroff noted as much in “Beyond Bare Life: AIDS, (Bio)Politics and the Neoliberal Order.” With regards to Africa, Comaroff (2007: 201) contends:

Mass-mediated images of the disease have had a signal impact on late-twentieth century Western constructions of third world peoples...Once more [Africa] is depicted as a horrific exemplar of all that threatens the natural reproduction of life: mothers whose wombs incubate death...men who rape virgins—even babies—to rid themselves of infection, children bereft of innocence who are driven to preternatural sex and violent for profit.

African women, then, are described primarily as possessors of a terrible disease, carrying it inside them as routinely as Western women carry children. The stigma assigned to them is deepened by the fact that they continue to bear children, in spite of their HIV-status.

With similar frequency, reporting on the AIDS epidemic portrays African AIDS patients as “infected,” a word with troubling connotations, with HIV.

If H.I.V.-**infected** women are not treated with AZT in pregnancy, roughly 25 percent of their babies will be born **infected** with the virus. (WAPO: 9/19/1992)

Infect is defined as “to taint or contaminate with something that affects quality, character, or condition unfavorably.”<sup>24</sup> A synonym often used in the European press, and occasionally in the U.S., describes Africans as “afflicted” by the AIDS epidemic. This is

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<sup>24</sup> Dictionary.com. Random House Unabridged Dictionary. 2006.

in contrast to Westerners, who are either “H.I.V. positive” or “affected” by the epidemic. The consistent use of *infect* has an effect similar to that of referring to AIDS patients as *carriers*. To be infected is not only to be sick, but also, generally, contagious. Such descriptions serve to further separate the patient from both the Western audience, and the community of which he is a member.

The literal construction of “stay away” from AIDS patients is rarely stated so explicitly. While everyone agrees that AIDS is something it is best to avoid exposure to, journalists have generally shied away from outright exhortations to escape from the disease. Still, such sentiments do appear in African AIDS discourse, as the next example illustrates.

John Bwalya, the young man who moved to Lusaka late last year to escape his brother’s AIDS-**infected** widow, typifies his country’s attitude about AIDS. He believes he and his family would be shamed if his real name were published in the newspaper. (WAPO: 7/3/1987)

Bwalya is described as literally *running away* from his HIV-positive sister-in-law<sup>25</sup> for fear of contracting AIDS. Similarly, the construction of his brother’s widow as “AIDS-infected” is particularly pernicious, because it again implies that the virus has completely consumed her internally, even if the effects are not visible externally. The article then further stigmatizes Bwalya, implying that his concern regarding bringing shame upon his family is somehow small-minded or foolish—just another “belief.”

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<sup>25</sup> Though the article refers to her as “AIDS-infected,” she is never proved to have AIDS. She is, in all likelihood, HIV positive.

In “Narrating Disease: AIDS, Consent, and the Ethics of Representation,” James Dawes argues that “naming is a fundamentally different linguistic act than counting. The body count is an essential tool in an emergency: it slams language into immediate contiguity with *mass*, thus not merely facilitating action, but also compelling it.” (p.30) Dawes, speaking about the early years of the epidemic in the U.S., argues that rattling off statistics regarding the body count is *more* compelling than just telling the stories of individual AIDS patients.<sup>26</sup> By combining the physical (the sheer volume of people infected) with the individual narration, the reader gets a complete picture of what the epidemic is.

This may be true in theory, however in practice it is rarely ever the case that statistics and compelling narration are used together to illustrate the severity of the AIDS epidemic. Often, statistics are used as shorthand; a quick, effective way to convey the scale of the epidemic without using too much type.

Consider the following examples, in which people are given cursory acknowledgement, before prior to the recitation of statistics:

Last year, between 1 and 18 percent of healthy blood donors and pregnant women in urban areas of the worst-hit countries were **infected** with the AIDS virus, according to published reports (WAPO: 5/31/1987)

Tests of 1,000 pregnant women at a maternity hospital in the Ugandan capital in 1986 found that 13 percent were **infected** with the AIDS virus. (WAPO: 5/31/1987)

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<sup>26</sup> Much in the way Randy Shilts did in “And The Band Played On,” in which every chapter started with the number of infections and deaths from AIDS.

The growing number of H.I.V.-**infected** women reflects the surge in the epidemic in third world countries. (NYT: 7/21/1992)

These patients are no longer people. Rather, they are lumped together into larger groups (in the case of the three quotations above, by gender) and are held up as indicative of the larger threat Africa faces. This is especially true of articles in which the HIV-positive women are also pregnant. These women are again held up as incubators of illness (Comaroff: 201). We learn little about the individual women, aside from the fact that they are HIV-positive, and that there are quite a few of them.

It is here we can see a fatal flaw in the constant recitation of statistics to convey the immensity of the AIDS epidemic: rather than numbers working in concert with narrative to tell the stories of the afflicted, numbers *replace* the stories. AIDS patients *become* statistics and are deprived of their humanity in the process.

### **4.3. Dangerous Professions: AIDS as Occupational Hazard**

This concept of AIDS carriers also intersects with the previously mentioned issue of the agency of African people. During the earlier discussion of victimization and the AIDS epidemic, we noted that African AIDS patients are rarely shown as actively controlling their fate. Rather, they are “done to,” rather than “doing.” This holds true when the person in question is dealing with AIDS, the disease. When it comes to explaining the spread of the disease and constructing “Africans” for a Western audience, they are

presented as conscious actors. However, they are actors of the worst kind. Often, in attempts to explain the course and spread of the epidemic, articles will rely on generalizations and gross oversimplification.

The clearest indication of a person's HIV status provided by the press, short of stating that status outright, is the manner in which a person is described. In Africa, unlike in the United States, mentioning a person's profession in many cases serves as an adequate indication of whether or not that person has HIV/AIDS. The groups primarily associated with the AIDS epidemic in Africa are truckers, migrant workers forced to travel to large cities for work,<sup>27</sup> and above all, prostitutes.

In Kenya, female **prostitutes** seem to be the major **carriers** of the disease. (NYT: 2/24/1987)

Long distance **truckers** are spreading AIDS infection as they travel across the trans-African highway through Uganda to the sea. (NYT: 6/3/1987)

In Togo, 21 of 68 **prostitutes** tested proved to be **carriers** of the AIDS virus, officials announced this month. (NYT: 4/15/1987)

As with the earlier discussion of AIDS *carriers*, prostitutes are similarly seen as possessors and purveyors of a deadly disease. They are, however, often viewed as worse, or more culpable, than AIDS carriers, because they intentionally, by virtue of their profession, spread the disease to their clients.

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<sup>27</sup> Early in the epidemic, this group was populated predominantly with Africans who traveled to South Africa to work in the gold mines.

Never the victim of AIDS, she [the prostitute] is instead the locus of disease, and through sex the African Man functions as her mode of dissemination. From the vagina of the sexualized African woman, the Prostitute, comes disease. Within the narrative, her vagina is not only the “reservoir” of disease, but also its creator. (Austin: 134)

Prostitutes, as indicated by the February 24 1987 and April 15 1987 stories mentioned above, are sometimes viewed as the source of the African AIDS epidemic. Once the African prostitute is singled out as the origin of the AIDS epidemic, she can effectively be blamed for the destruction it causes.

Austin’s argument is further strengthened when one considers the construction of prostitutes in contrast to the portrayal of other professions which expose the worker to the risk of HIV infection. Consider the following quotations from May, 1987 and October, 2002:

When the war ended in 1991, thousands of infected soldiers and **prostitutes** returned home, spreading H.I.V. and AIDS in their villages and towns, and the threat continues, the report said. (NYT: 10/1/2002)

Many married men in Africa have little choice but to pursue work as **migrant laborers**...increasing the amount of sexual relations outside of marriage. (CSM: 5/1/1987)

When discussing the dispersal of prostitutes throughout Ethiopia after the civil war, their movement is described as a threat. Merely by moving from one place to another, prostitutes are deemed to be risk prone and dangerous members of society.

Contrast that with the description of African migrant workers. Unlike the aforementioned prostitutes, migrant workers are portrayed here as sympathetic characters. Due to the economic devastation that gripped most of the continent, they are forced to leave their families and travel long distances in search of work. Then, in a stunning non sequitur, these economic realities are used as the explanation for increased sexual contact with prostitutes. Moving away for work has no appreciable effect on sexual fidelity, yet the connection is made here, as it frequently is in AIDS discourse, and it is taken as verifiable fact. Prostitutes are constructed as predators combing the countryside, while migrant workers are the unfortunate victims of circumstance.

AIDS related discourse which sets the “prostitute” out as one of the primary spreaders of the AIDS epidemic is pervasive for many reasons. Primarily, the sexist overtones inherent in discussions of prostitution are difficult to ignore. However, one glaring problem with the assertion that AIDS in Africa was spread primarily through prostitution is that it is, according to scientific inquiries into the issue, simply untrue. Consider the following example, from *The Washington Post* in November, 1997:

Many of those **prostitutes** infect men who live in Busia. (WAP0: 11/8/1997)

This is the most direct attribution of responsibility for the spread of AIDS available. Prostitutes, we are told, are infecting their clients. Ignoring momentarily the implications of the term “infect,” which implies intention, the argument that prostitutes

are giving *men* AIDS is highly unlikely. Valerie Sacks, in “Women and AIDS: An Analysis of Media Misrepresentations,” argues that the assumptions inherent in the above quote, and the frequency with which they are repeated by the media, “is remarkable given the inconclusive findings [...] and given the lower probability of a man contracting the disease from a woman” (p.61). Put plainly, the biology of sexual intercourse makes it significantly easier for a man to transmit HIV to a woman than vice-versa.

Sack’s discussion regarding transmission from prostitute to client comes in the context of the U.S. epidemic (she discusses the differences between sex workers and prostitutes who sell sex to feed a drug habit), but because there is no difference in sexuality between African women and American women, the principle holds true with regards to the AIDS epidemic.

Much as word choice contributed to the victimization of African AIDS patients, so too can it serve to further separate out and stigmatize members of a society deemed unsavory. Consider the following from the April 15, 1987 edition of *The New York Times*:

The spread of AIDS to West Africa seems to follow one familiar pattern for the spread of a disease; exposure during foreign travel and then propagation through **prostitutes**...Of eight people who died of AIDS...last year, six were women who worked as **prostitutes**...In Ghana, of 107 victims of AIDS identified in the last year, about 90 were **prostitutes**, health officials say. (NYT: 4/15/1987)

At issue here is the repeated and extraordinarily negative use of the descriptor “prostitute.” The term “prostitute” is not one typically utilized in AIDS-related discourse. Prostitute is defined as, “A woman who engages in sexual activity in return for payment...any promiscuous woman, a harlot.”<sup>28</sup> The term more often applied to women who traffic in sex for profit, especially in the developing world, is “sex worker.” It grew from the desire of many in the development community to separate sex work, which many African women engage in in order to support their families, from the negative connotations associated with prostitution. The definition is ultimately very similar, “a person who works in the sex industry,”<sup>29</sup> with a few small, but important, differences.

First, “sex worker” is gender neutral. Though the dictionary defines a prostitute as a *person* who sells sex for money, prostitute is predominately used as a descriptor for women. When discussing a man who sells sex for money, he is referred to as a “male prostitute” in order to convey the gender differentiation. Though the majority of sex workers in Africa are women<sup>30</sup>, removing the gender association of the term has the effect of de-stigmatizing women, removing the promiscuous connotations associated with “prostitute.”

Further, “prostitute” also has an adjectival and verb formation, meaning “dishonored or debased.” Most sex workers in the developing world—Africa

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28 Oxford English Dictionary. Oed.com 1989. Entry: prostitute. Accessed March 21, 2008

29 Oxford English Dictionary. Oed.com Entry: sex worker. Accessed on March 21, 2008

30 This is less frequently the case in Haiti, where, in the early years of the epidemic, there was a booming homosexual sex trade.

particularly—engage in the trade due to economic insecurity and the need to provide for their families. As there is nothing dishonorable or debased about such intentions, “sex worker” is a more neutral term, both in terms of gender specification and moral judgment.

Sex worker is a term that has evolved along with the AIDS epidemic. It was coined by the development community for many of reasons mentioned above. It only entered common parlance in mid-1990s and is relatively wide-spread in current coverage of the AIDS epidemic. However, “prostitute” is still, on occasion, used interchangeably with “sex worker,” thus perpetuating the female dominated stigma associated with sex work.

#### **4.4. Government for the People: Stigmatization of Institutions**

The American public and, by extension, the press, generally view situations or disputes through the prism of “us versus them.” This propensity to boil down even the most complex situations into two distinct groups working in opposition is apparent in discussions of politics, culture, and international affairs. An off-shoot of colonialism, the West tends to view the developing world, or the “Third World” discussed in the previous chapter, as something completely and fundamentally foreign to the Western experience (Treichler: 99):

Deeply entrenched...cultural precedents in the First World prevent us from hearing the story of AIDS in the Third World as a complex narrative. One consequence of this inadvertent cultural imperialism is that very simple generalizations...may be accepted as “the truth about AIDS.”

Though Treichler was speaking about the AIDS epidemic specifically, her point can easily be extrapolated to refer to the prism through which the West views the entirety of the developing world. Simplifications created in order to make complex situations understandable become the norm, and in the process the complexity is lost. This oversimplification becomes problematic when nuance is lost entirely, thus creating images of the developing world that conform to what we *think* we know. Ultimately, we inadvertently stigmatize entire countries and regions of the world.

This is most readily apparent with regards to the African AIDS epidemic when one looks at the coverage specifically dealing with African governments. Much of the reporting portrays the governments of African nations as irrational and ignorant in their insistence on ignoring the AIDS epidemic, as is evident from the following quotation from *The Christian Science Monitor* of January 14, 1987:

According to Ms. Hosken, however, African nations are simply **not willing** to examine the issue. (CSM: 1/14/1987)

The not so subtle implication here is that African governments are completely aware of the enormity of the AIDS problem facing their countries and purposefully choose to do nothing for reasons that are obviously malevolent. Further, many journalists

covering the AIDS epidemic often failed to link a nation's response to the AIDS epidemic and the wider economic, cultural and diplomatic considerations all governments must consider. The following quotation, also from *The Christian Science Monitor*, provides a useful illustration of this phenomenon.

**Kenya**, as Foreman notes, **insists that AIDS is “a minor problem,”** apparently so as “not to discourage tourists...” On the other hand, Brazil publicly admits that AIDS is a serious problem there. (CSM: 6/18/1987)

The image evoked here is one of a government which cares more about its reputation and economy than it does about its people. Further, the quotation leaves out information which sheds light on the responses of the Kenyan government that does not excuse their behavior, but does explain it.

First, Kenya in 1987 did not have a serious AIDS problem. By 1987, forty deaths had been reported in Kenya, compared with the thousands reported by Uganda and Tanzania, both neighbors of the West African country. Medical experts did not believe AIDS was a burgeoning threat to Kenya at the time—yet the article chronicles orders from the U.S. and U.K. militaries telling their soldiers to stay away from locals, for fear of contracting HIV and Prince Charles' insistence on bringing a personal blood supply with him during his tour of the country as if the entire population were HIV-positive.

Second, the comparison to Brazil is misguided. Further, the Kenyan economy relied solely on tourism. Conversely, Brazil possessed industrial capabilities. The Brazilian economy was much more diversified, and while Brazil certainly relies on

tourism, it also relies, to a greater extent, on industry. In fact, Brazil ultimately mandated the production of generic antiretroviral medication and offered it to all HIV-positive citizens, something Kenya remains incapable of doing.

While there is no defense for governmental inaction in the face of the AIDS epidemic, the failure to even acknowledge differences between Brazil and Kenya which may contribute to the differing responses serves the purpose of portraying the Kenyan government as negligent, while Brazil is behaving responsibly.

*Malice and Ineptitude as Explanation for “Inaction”*

The African response to the AIDS epidemic is often portrayed as wildly irrational. This notion is furthered by the sometimes exaggerated notions of fear, revenge and drama, which serves to infantilize the governments, portraying them as petty and small-minded in the face of unspeakable horror. Consider the following example, in which the Kenyan government’s reaction to coverage of the AIDS epidemic is treated as petty and foolish:

Kenya is **Reacting Bitterly** as AIDS is Highlighted (CSM: 2/24/1987, Headline)

Much as the comments discussed earlier, this quotation also serves to deride the Kenyan government<sup>31</sup> for its response to the AIDS epidemic. The quotation is further remarkable, because it completely ignores—in fact the entire article does not even

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<sup>31</sup> It is unclear who the author is talking about when he mentions “Kenya.” It seems to apply to both the government and the Kenyan press (which is state owned), but the Kenyan people could also be included.

mention—the concerns of Kenyans, Africans in general, and developmental groups, that underneath the concern about AIDS lay Western discrimination, and racism towards Africans. Similarly, no mention is made of the fact that Kenya’s response to a move by Britain<sup>32</sup> () has a deeper historical context. Until independence, Kenya was a British Colony, as so any relationship must take into account the sentiments colonialism engenders. Many African leaders, and a sizable number of Africans, saw discussions of AIDS in Africa as thinly veiled racism (Jarosz 1992: 112). To refer to the African response to a former colonial power as “bitter” devalues them and makes them seem misguided and irrational.

While some of the rhetoric of the AIDS epidemic is applied to certain African countries and not others, there are many journalistic tropes that appear repeatedly throughout the data, and serve the broader purpose of undermining the governments they reference. One such example, illuminated below, is the tendency of Western journalists to point to the underreporting of AIDS cases as indicative of larger and more widespread corruption or incompetence.

Thousands of cases are believed to have **gone unreported**. (WAP0: 2/20/1987)

But all specialists say they believe many more are **unreported for medical and political reasons, especially in Africa**. (CSM: 12/11/1987)

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<sup>32</sup> This article also mentions the British Navy’s request that British soldiers stay away from local women[0]

Both of these examples are intended, either directly or by implication, to provide evidence of governmental ineptitude with regards to Africa's handling of the AIDS epidemic.

When dealing specifically with instances where governmental incompetence is at issue, journalists often point to underreporting of AIDS cases as an indication of malfeasance on the part of various African governments. The quotations imply that underreporting is either a sign of an ill-equipped health care system, or the intentional desire of government officials to hide the "truth about AIDS" in their countries. Implied in the discussion of underreporting is the suggestion that underreporting does not occur in the West. Hidden in disclaimers of "underreporting" is "the coded allusion to the unsophisticated testing and surveillance procedures of ('primitive') Third World countries" (Treichler: 206). The dichotomy arises in the readers' mind because of entrenched beliefs that the American medical system is the best in the world. Such commentary dealing with the relative capabilities of African health systems in contrast to Western medical practice serves to stigmatize entire nations and regions by implying that their governments are too incompetent to effectively handle the epidemic. Further, completely lacking from discussions regarding the reporting of AIDS cases is the fact that underreporting *also* occurs in the West, due to AIDS' uncommonly long incubation period. Further, mention is rarely, if ever, made to the fact that many African countries

have experienced cases of severe over-reporting due to varying clinical presentations of HIV/AIDS.<sup>33</sup>

Journalists are also quick to make light of instances in which African governments downplay the epidemic. This denial of the severity of the AIDS epidemic is intended as further proof of governmental ineptitude and malfeasance. However, this is not always the case. This stigmatization of African governments is an unfortunate side effect of the preconceived notions we already possess regarding the developing world.

Within the Eurocentric, biased, doomsday mode of reporting typical of Western AIDS coverage, afflicted African people appear as passive recipients of internal and external help, while Africans at large are charged with failing to address the epidemic, even failing to be aware of it. (Treichler: 209)

Take, for example, Kenya, which is mentioned explicitly in several of the aforementioned quotations. Perhaps the most striking indication in the differences (read: stigmatization) of Africa versus the West, occurs in the article from February 20, 1987:

**Fearing AIDS**, British defense authorities last month declared Kenya's beach towns off limits for their troops.

**Getting even**, Kenya's government-run daily newspaper this month ran a banner headline : "Prince Charles Scared of AIDS."

**Dramatizing cases** of acquired immune deficiency syndrome here, a British newspaper, The Guardian, began a three-part series on the disease in

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33 Whisper campaigns have been circulating for years within the development community and medical journals regarding serial over-reporting of HIV/AIDS in the developing world. Such stories only got traction in the mainstream press in 2007, when the United Nations AIDS Program revised its estimates for total AIDS cases down from 40 million to 33 million.

Africa with a histrionic look at Nairobi's prostitutes: "It is at dusk...that the hooker preens itself and emerges to stalk its prey: the wazungu," or white man.

**Getting even**, a columnist in the government-run newspaper wrote that the "utter horror that is AIDS" in "swinging London" is the result of "glamorized sodomy."

-February 20, 1987: WAPO

This exchange references a spat between Britain, a former colonial power, and Kenya, a former British colony. The most noticeable difference in the characterization of each country is the motives assigned to its actions. Britain is put forward as having legitimate concerns regarding the prevalence of the AIDS epidemic, which is completely reasonable. Further, *The Guardian*, London's paper of record, is described as "dramatizing" cases of AIDS, when the language used in the story is extremely confrontational. There is first, of course, the reference to Kenyan sex workers as hookers, a term even more stigmatizing and less commonly used than prostitute. Further, the "hooker" in question is referred to both as "it" and as a creature hunting its prey. This has the effect not only of removing gender, but completely dehumanizing the sex worker. Further, the implication that an African is *hunting* a white man adds to the image of Africa as a menacing, forbidding continent.<sup>34</sup>

The actions of the British government and press are described by the U.S. journalist as both cautious and dramatic. Contrast that description with that afforded to

<sup>34</sup> This dehumanization is, oddly, common when dealing with Kenya. In another article, this one from The New York Times on February 24, 1987, Kenya's response to reports of the AIDS epidemic in Africa was to emit a "national roar fiercer than those normally heard in this East African nation's safari parks."

the Kenyan government and press. In both instances, the Kenyan press is characterized as “getting even” with the U.K. The subtext of the above extract seeks to portray the Kenyan press as petty and petulant, in spite of the fact that their responses were in no way more outrageous than Britain’s. Further, specifically singling out the “government-run” press, serves as a mental cue for readers, especially readers in a society which has long enjoyed freedom of the press. “State-run media” is, in the United States, synonymous with totalitarianism and corruption.

The exchange completely leaves out the larger point, and Kenya’s main cause for concern: the Kenyan economy was, at the time, heavily dependent on Western tourism. While governmental concerns regarding AIDS’ effect in the economy are mentioned later in the story, it is *after* Kenya has been described as England’s petulant former colony. This instance, and many others, clearly illuminate Treichler’s point; African AIDS is seen as an issue completely independent from any other concerns. While there is a complex interplay between economics, social equity, and governmental accountability when dealing with the Western AIDS epidemic, AIDS in Africa is considered much simpler and easier to understand. Further, any failure to deal immediately and forcefully is seen as further proof of a developing country’s inability to form an honest, open, democratic government.

#### **4.5. Drawing Together: De-stigmatization through Comparison**

Cataloguing instances of stigmatization is not as straight-forward a task as pin-pointing metaphors of victimization. Part of this is attributable to the fact that instances of stigmatization are not as clear as victimization. Another important facet, however, is the fact that there exists in the coverage a subtle shift in focus. While the stigmatization always remains an undercurrent throughout Western reporting on the epidemic, there is a definite trend towards closing the gap, towards creating an image of Africa that does not seem so foreign, hostile, and wildly dissimilar to the United States.

The number of orphaned children is the equivalent of the combined populations of New York, New Jersey, Pennsylvania and Connecticut. (WAP0: 11/21/1997)

By many standards, Africa is doing better than it has in decades. The number of democratically elected governments has risen sharply in the past decade, and the number of violent conflicts has dropped...Last month, the World Bank reported that average GDP growth in Sub-Saharan Africa has averaged 5.4 percent over the last decade, better than the United States, with some countries poised for dramatic expansion. (Boston Globe: 12/8/2007)

In apparent attempts to make the scale of the epidemic more comprehensible to their audience, journalists occasionally compare population size and cultural events to their counterparts in the United States. While this provides a frame of reference for the Western reader, it also has the effect of rendering the thing being compared less foreign. Comparing the orphan population in Africa to the total population of four heavily

populated states and the issue is no longer so abstract. Further, those orphans are, psychologically at least, no longer completely foreign to the reader.

The same is true for the second quotation, which goes slightly farther than the first. The *Boston Globe* takes advantage of preconceived notions of what sub-Saharan Africa represents in the Western mind and inverts it. The quotation not only raises sub-Saharan Africa up a level, but it actually surpasses the United States, completely changing, at least momentarily, the frame of reference for readers.

Another, potentially more important technique which serves to de-stigmatize the AIDS epidemic can be seen in comparisons between the sexual behavior of Africans and Westerners.

Medical anthropologists specializing in Africa say no research evidence exists showing that the Africans are more promiscuous than Americans or Europeans. (WAPO: 5/31/1987)

Researchers attribute the resilience of HIV in Botswana—and in Southern Africa generally—to the high incidence of multiple sexual relationships. Europeans and Americans often have more partners over their lives, studies show, but sub-Saharan Africans average more at the same time. (WAPO: 3/2/2007)

A hot spot of contention between African governments and the West had always been the issue of assigning blame for the propagation of the AIDS epidemic.<sup>35</sup> Due in part to cultural misunderstandings and the relatively wide-spread sex industry in Africa,

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<sup>35</sup> Thabo Mbeki, in claiming the AIDS epidemic was caused by poverty and not H.I.V., cited as one of his reasons the latent racism inherent in accusations of AIDS in Africa. Mbeki saw Western concern about AIDS as implication that Africans could not control their sexual desire.

Western observers tended to conclude that Africans were *more* promiscuous than their Western counterparts. Though the quotation above makes clear that this fact was known at least as early as 1987<sup>36</sup>, this supposition, that Africans generally had more sexual partners than their Western counterparts, was often held up as an explanation for the epidemic's rapid spread throughout Africa, whereas AIDS never really entered the mainstream in the U.S. These quotations, by explicitly drawing the comparison between African and Western sexual habits, accomplish a goal similar to those mentioned above. By comparing something foreign—Africa—to something we have a personal knowledge of—our own sexual habits—the foreign object becomes more comprehensible.

#### **4.6. Conclusion**

The propensities of Western audiences to view all issues as situations that boil down to us versus them have, as we have seen, had far reaching repercussions. The press plays an integral role conveying information to an audience that may never visit the setting of the reporting. The manner in which that story is conveyed fundamentally alters the audience perception of the subject.

This chapter sought to examine the ways Western media coverage stigmatized African AIDS patients and their surroundings. By examining individual stigma applied to people, stigma applied to both occupations and government institutions, we have seen the

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<sup>36</sup> Though the date also provided a note that said African AIDS patients had, on average, 32 sexual partners.

various methods used to discredit and cast doubt upon entire countries and regions. Finally, by examining select instances of de-stigmatization, we saw the effects on discourse of bringing Africa and the United States together. Unfortunately, if the only information an American received regarding Africa was gleaned from media coverage afforded to the AIDS epidemic, s/he would come away with the impression that the entire continent is woefully incapable of dealing with the problems facing it.

The following chapter summarizes broader trends that emerged in the data. These trends are used to chart a definitive course for the past twenty years of coverage of the African AIDS epidemic.

## **Chapter 5. As It Stands Now - Media Coverage of the African AIDS Epidemic 1987-2007**

This study was undertaken with the intention of ascertaining whether or not coverage of the African AIDS epidemic has changed over the past 20 years. The primary objectives were to identify changes—if they existed—document them, and then conclude whether or not the changes have been good for the affected nations.

This chapter focuses on each of the hypotheses listed in the introduction to this study. By critically evaluating each of the hypotheses, and the ability of this type of study to cover them, we will be able to recommend avenues for future study of media coverage of not only the AIDS epidemic, but all international health issues.

### **5.1 Development of Coverage of the African AIDS Epidemic**

#### **5.1.1. Stigma**

With regards to the question of whether media coverage of the African AIDS epidemic has changed over the past twenty years, the answer is a decidedly mixed bag. While certain aspects of the coverage certainly did change, others remained remarkably stable.

For instance, as chapter five indicated, there was a move by the American media to de-stigmatize the epidemic. Rather than constructing the issue as one of East vs. West, the media made a decision to begin comparing the regions, thus creating a narrative

which highlighted similarities rather than divisions. This is evident, among other places, in comparisons of the populations of Africa to the population of the United States.

Such comparisons go a long way towards grounding an abstract concept such as population size, number of infections, and number of orphans in a concrete metric already present in the minds of readers. Further, it grounds in reality the truly stunning numbers associated with the African AIDS epidemic. The concept of 22.5 million people living with the virus<sup>37</sup> in Sub-Saharan Africa is difficult to grasp. Comparing it to the population of Texas (23.9 million), a state well known to American readers, makes the concept more accessible.

Perhaps more important to the goal of lessening the stigma placed on Africans in general—and AIDS patients in particular—are the attempts to dispel the myths associated with the spread of the disease in Africa. This takes the form of actively combating the notion that African adults are fundamentally more promiscuous than Westerners. The comparison of specific behaviors builds upon the notion of comparing entire populations. If the latter makes the concept of vast numbers of AIDS patients more accessible, the former further humanizes Africans by portraying them not as members of a large, indistinguishable group, but rather as people whose lives and actions are remarkably similar to the lives of people in the United States.

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<sup>37</sup> Joint United Nations Program on HIV/AIDS. 2007 AIDS Epidemic Update Fact Sheet. [http://data.unaids.org/pub/EPISlides/2007/071118\\_epi\\_regional%20factsheet\\_en.pdf](http://data.unaids.org/pub/EPISlides/2007/071118_epi_regional%20factsheet_en.pdf). Accessed December, 2007.

While efforts to de-stigmatize the epidemic are a step in the right direction, it is impossible to deny that AIDS is still heavily stigmatized. This is evident when one considers the fact that, of the examples cited as instances of de-stigmatization of African AIDS patients, most occurred in the last two years covered by this study: 2002 and 2007. And even including those instances where journalists attempted to lessen the stigma attached to AIDS, the vast majority of coverage still constructs AIDS patients as people to be spurned, feared and pitied. The American press often buys into and perpetuates the stereotype of AIDS patients as *things* to fear and keep away from.

This is accomplished primarily by dehumanizing AIDS patients, constructing them as subhuman *and* completely contaminated by the disease. This stands in contrast to the journalistic descriptions of Western AIDS patients, who are no longer defined by the disease. The description of AIDS patients as “carriers” of the virus has the effect of implying not only that a patient brings AIDS with them everywhere they go<sup>38</sup> but also that they intend to *transport* the disease from one person to another. The construction of AIDS patients as carriers—rather than as people—as the dual effect of dehumanizing them while simultaneously relegating them to pariah status in relation to HIV-negative people who want to avoid contracting the disease.

Similarly, the frequent use of “infected” to describe an African AIDS patient effectively creates the impression that the patient has been completely consumed by the

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<sup>38</sup> Which is true.

virus. Just as the description of AIDS patients as carriers had the effect of dehumanizing them, so too does the implication that they have effectively been taken over by the virus. A “carrier” who is “infected” with the AIDS virus ceases to be human, and becomes instead an entity to be feared not just by African society, but by the world at large.

Further, in attempts to make the spread of the African epidemic more comprehensible to a Western audience, journalists often rely upon broad characterizations of subgroups within a culture. The presence of stereotypes is widespread in AIDS related discourse, but no character is as ubiquitous as the African prostitute, who is often characterized as willfully ignoring the presence of the AIDS epidemic and intentionally endangering herself and her clients. She is thereby accused of spreading the disease across the continent. In addition, the use of the term “prostitute,” rather than its more benign synonym “sex worker” attaches highly moralistic connotations to a profession many women—and men—enter out of economic necessity.

The ultimate effect of language that seeks to slice African populations up into smaller groups to whom responsibility for the epidemic is assigned is the creation of deeper hostilities among those population groups, among nations, and between affected populations and the development and community workers seeking to help them. The tendency to belittle AIDS “victims” by describing them as less than human has the consequence not only of setting AIDS patients apart from the larger society in which they live, but also of setting those societies apart from the West. We (the West) avoided the

widespread disaster the AIDS epidemic has wrought on Africa, we must therefore be different (read: better) than them. Such delineations have very real effects on the international effort to confront the epidemic.

### **5.1.2. Victimization**

Unfortunately, progress similar to that made in de-stigmatizing the AIDS epidemic has not been made in terms of the portrayal of AIDS patients, and Africans in general, as victims of the disease.

Rhetoric regarding the AIDS epidemic in Africa is still heavily dependent on metaphors which convey victimization. The *war on AIDS* is still underway with just as much intensity as it was in 1987. In fact, one could argue that the battle has intensified, if only because the total number of people affected has skyrocketed over the past twenty years, from just over 5 million in 1990(UNAIDS: Slides and Graphics) to around 33 million today.<sup>39</sup>

The rhetoric of victimization characterized by elaborate metaphor, personification and the physical description of AIDS patients is still heavily favored by journalists covering the AIDS epidemic. There has been little, if any, change in how the epidemic is viewed. Similarly, our conception of who African people are has remained remarkably static. Africans are still viewed largely as passive recipients of international aid and

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39 United Nations Joint Programme on HIV/AIDS. 2007 AIDS Epidemic Update. [www.unaids.org](http://www.unaids.org). Accessed December, 2007.

generosity. They are still perceived to be the victims of a largely unstoppable foe. Though the occasional story will point to AIDS activism undertaken by African people<sup>40</sup>, there is still the strong undercurrent in media coverage that the only way to stop the spread of the epidemic is by mobilizing Western aid agencies, scientists, and donations and pouring them into Africa.

One concern I had throughout the course of this study was the relatively paltry number of articles collected to represent AIDS coverage in the 1990s. There are two possible explanations for the lack of Africa-specific AIDS coverage during this period. First, the announcements by basketball great Magic Johnson (in 1991) and tennis pro Arthur Ashe (in 1992) regarding their HIV-status rocked the media both in the United States and abroad and dominated AIDS related news in 1992. Ashe's announcement was made in April and dominated the headlines until July, when the entire world was transfixed by Magic John's membership on the U.S. Olympic Dream Team.<sup>41</sup>

The second possible explanation for the dearth of coverage focusing on the AIDS epidemic in 1997 deals with the scientific breakthrough's of the latter half of the 1990s. The AIDS triple cocktail, the combination antiretroviral treatment which effectively turned AIDS into a chronic condition in the West, was unveiled at the 11<sup>th</sup> Annual

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40 The most prominent example of Africa-based AIDS activism is the group the Treatment Action Campaign of South Africa, which lobbied for free antiretroviral drugs and frequently flaunted patent laws by smuggling generic AIDS medication into the country. TAC also contacted the American activists ACTUP (the AIDS Coalition to Unleash Power) and created international consensus which led to the widespread availability of antiretrovirals in South Africa.

41 Additionally, the Olympics are a story that effectively shuts out most international reporting, as nearly all the nations of the world participate and put their best foot forward for the international audience.

International AIDS Conference in July, 1996. Coverage again focused on the Western epidemic, the emergence of a viable treatment for AIDS, and the new phenomenon of AIDS treatment activism.<sup>42</sup> The medical breakthrough in the United States barely factored in to coverage of the African epidemic. In 1997, one article mentions the triple cocktail explicitly, in reference to the fact that AIDS patients in Africa, because they are so poor, will likely not reap the benefits of the new treatment. In fact, five of the 18 articles collected in 1997 focus specifically on the ethics of medical tests undertaken in Africa in order to gauge the effectiveness of a shorter course of zidovudine (AZT), a drug from the 1980s, on the mother to child transmission of HIV.

The aforementioned developments—the AIDS acknowledgements by Johnson and Ashe and the discovery of the triple cocktail—could have skewed coverage of the international epidemic away from the unfolding crisis in Africa. Indeed, the failure of the media to press for reduced drug prices to developing nations can be considered a failure in its own right.

Overall, the media's portrayal of African AIDS patients—and Africans in general—as *victims* of the AIDS epidemic remained steady throughout the twenty-year span which constituted this study.

Journalistic rhetoric continues to construct Africans as the prey of an unstoppable predator which will—in fact, which *seeks*—to destroy their lives. The frequent

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<sup>42</sup> Veterans from the campaigns of the 1980s who now reassembled to protest the high costs of the drug therapy.

characterization of HIV/AIDS as an adversary which is actively seeking its victims remains remarkably constant, and is present in articles throughout the twenty-year span of this study.

## **5.2 Positive Change? The Evolution of AIDS Coverage**

Though relatively minor, it is difficult to deny that Western coverage of the African AIDS epidemic evolved throughout the past twenty years. Coverage of the epidemic has increased and continues to grow. The broadcast media has also started paying attention, running periodic segments on the epidemic. That being the case, this study also sought to discern whether the change in coverage was beneficial to the African nations affected by the epidemic.

The answer to this question is largely subjective, and it cannot be ascertained merely by reading the articles. Rather, an understanding of both the reporting and the international climate and opinion regarding international aid must also be taken into account.

The primary function the media serves is to provide their readers with a well rounded and nuanced understanding of events with which they are not intimately familiar. Whether or not they are successful is beside the point. When it comes to coverage of international aid issues, the media plays another important role, that of national conscience.

Simply put, media outrage can spur government action. Foreign aid is generally a difficult appropriation to get through Congress. The money is being sent overseas to aid people who cannot contribute to a Congress-member's reelection. Sustained media attention has the ability to turn public opinion towards greater concern for international issues.

From the research I conducted in order to complete this study, one could conclude that the change in coverage has benefited those affected by the disease. For one, the sheer volume of stories relating to the AIDS epidemic has grown. The total number of stories in 2002 (30) was extraordinarily close to the total at the beginning of this study, and the beginning of the epidemic, 1987 (31). 2007 saw an increase to 42 stories which met the criteria laid out for this study. A quick search of Lexis Nexis reveals that, from January 1, 2008 through April, 29 articles that specifically focus on the African AIDS epidemic have already been produced by American media outlets.

Attention begat activism and activism begat funding. World AIDS Day, held every year on December 1, has grown from an unremarkable United Nations meeting during which epidemic updates were offered, to an international event commemorated by red ribbons, media retrospectives and calls for increased attention, funding and compassion. World famous artists and musicians organize philanthropic events and concerts to raise awareness about the epidemic. MTV, the epicenter of youth culture in

America, creates a slate of documentaries for the event and broadcasts news reports from the annual 46664 concert in South Africa.<sup>43</sup>

It is not simply a case of increased attention to the AIDS epidemic that leads to my conclusion that Africa has benefited from increased media coverage. As mentioned earlier, most of the examples of de-stigmatization of the AIDS epidemic occurred in 2002 and 2007, towards the end of this study. While on the one hand this shows that the majority of coverage of the AIDS epidemic for the first 15 years heavily stigmatized AIDS patients, on the other it gives credence to the supposition that the overall coverage of the epidemic is at least shifting in the right direction—towards a more nuanced and less judgmental reporting of the issues. The late appearance of examples of de-stigmatization indicates that not only has progress been made, but also offers hope that coverage will continue in the direction of normalizing Africa in the American psyche.

### **5.3 Suggestions for Further Study**

This study tackled the question of how the media constructs the African AIDS epidemic for a Western audience. This thesis should serve, however, as a very small chapter in the ongoing study of how the Western media is shifting its practices to fully account for a world in which national borders are increasingly meaningless. Globalization has

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<sup>43</sup> 46664 is Nelson Mandela's charity organization. It is named for his prison number from his years on Robben Island.

simultaneously broadened the breadth of information available to the Western consumer and drawn the world significantly closer together. It is no longer enough to comment on an issue half a world away as if it will never affect the United States. Rather, the media must cover wars, economies and health threats to distant nations with the same detail and intensity as it offers to issues in New York or California.

The most obvious example of continued study of western media coverage of the African AIDS epidemic is further attention to the issues of the portrayal of HIV-positive Africans in Western media. A continued focus on how the media portrays HIV-positive Africans—whether they are afforded greater agency, and are victimized and stigmatized less as time goes on—will go a long way toward either supporting or nullifying the conclusion reached herein.

Further, how the media covered the epidemic's evolution in Africa would also serve to illuminate the understanding afforded to African AIDS patients. This study pointed to several quotations in which journalists mentioned how the African epidemic unfolded, but those mentions were nearly always in context of differentiating it from the epidemic in the United States (and, further, to assuage or justify Western fears that AIDS would enter the general population in the West). Many journalists, through no fault of their own, filter their understanding of the world through a paradigm deeply rooted in their experience in the United States. This is understandable, but creates troublesome problems when those reporters then explain an African phenomenon through an

American frame. Africa and America are fundamentally different, and so a comparison of the evolution of the epidemics on each continent is not instructive and inefficient. African culture is permissive of certain behaviors Americans find repellant and American culture is permissive of behaviors Africans would not dream of. Multiple concurrent sexual partners, relationships many Africans engage in, are not an earth shattering revelation on a continent that is not deeply rooted in America's Judeo-Christian ethos. Further, economic factors create the necessity for behaviors (sex work) than Americans do not look kindly on, but applying American morality to a situation that is fundamentally not American (especially when sex work serves the moral end of feeding your family—is a course which will lead only to further stigmatization, further misunderstanding, and the reemergence of the stock characters (the prostitute, the Ugly American) which only serve to hide the severity and urgency we face in combating the AIDS epidemic.

In the context of the stigmatization of AIDS patients, this thesis discussed the fact that the African epidemic is always viewed as a single problem, completely divorced from other cultural and societal factors. AIDS in Africa is seen as strictly a medical emergency, and issues of poverty and development are largely left out of the discussion. Further analysis of the epidemic would do well to focus on how coverage diversified over the course of the past twenty years and beyond, specifically looking for whether, or when, the Western media looked/began looking at AIDS not only as a health issue, but one part of a complex web of social and cultural concerns. At what point was

heterosexual sex pinpointed as the primary method of transmission? How did the media handle the different population groups affected? Was a differentiation made between the effects on men, women and children? Was the disease's affect on Africa's orphan population explored? Studying these questions will provide a clearer picture of the state of AIDS coverage today, and what steps are necessary in order to move towards a more equitable discussion of the African epidemic in the future.

#### **5.4 American Media Coverage of the African AIDS epidemic**

In the twenty-five years since the first cases of what became known as HIV/AIDS were identified in California, the disease has reached every continent and every country. The AIDS epidemic is, in many ways, the great equalizer. It does not discriminate against one group or another. While extraordinary advances have been made in the field of medical science and drug therapy, AIDS is still universally fatal.

An HIV-positive patient's chances of survival, however, are still very much dependent on where that patient is lucky—or unlucky—enough to live. Antiretroviral therapy (ART) has the potential to extend a patient's life for at least ten years.<sup>44</sup> Without drug therapy, patients who develop AIDS can expect to survive for less than a year.

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<sup>44</sup> National Institutes of Health. [www.niaid.nih.gov/factsheets/hivinfn.htm](http://www.niaid.nih.gov/factsheets/hivinfn.htm). HIV Infection and AIDS: An Overview, NIAID Fact Sheet

The vast majority of AIDS patients in the United States are guaranteed ART by the Ryan White Act. In the developing world—and in Sub-Saharan Africa in particular—no such guarantees are made.

The media has an important role to play in the evolution of the AIDS epidemic. More than perhaps any other medium, the press can mobilize public opinion in support of, or in opposition too, an extraordinary catalogue of causes. With the AIDS epidemic in particular, a situation in which millions have died and continue to die, and millions more are infected every year, journalists are able to spotlight inequities in care and support and create a groundswell of public outrage that demands action.

With such extraordinary influence comes the responsibility to portray the epidemic as it unfolds in reality, rather than in a way that is most dramatic, cinematic or sensationalistic. While coverage has certainly improved, the press still has a long way to go towards the goal of portraying those affected by the disease in Africa not as victims, or people to be afraid of, but rather as full-fledged, well rounded, active people much in the way American's living with AIDS are often portrayed today.

This study ought to serve as one entry in an ever growing catalogue of research regarding coverage of the AIDS epidemic. Turning a critical eye on the construction of victimization and stigmatization in the context of the African AIDS epidemic is an important step in understanding, and ultimately improving, coverage of the epidemic.

I begin my research with the intention of understanding how the Western media constructs the AIDS epidemic in Africa for an American audience that is largely unaware of the vast, expanding epidemic. This study, which focused on the victimization and stigmatization of AIDS patients, and Africa in general, provided a deeper analysis of the issues facing the American media as we move forward. Further studies will critique and expand on the findings included here. I am pleased with the conclusions this thesis reached, but eager to learn more. The AIDS epidemic, which has existed in the public consciousness for nearly 30 years, shows no signs of slowing down. Nor are we close to a vaccine or a cure.

In the absence of the silver bullet which makes talking about the epidemic obsolete, we must devise tactics which allow for the full inclusion and acceptance of people with AIDS both in the United States and at home. Fundamental to that task is creating a media environment that reports information free from the bias that turns AIDS into something to be victimized by and stigmatized for having.

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## **Chapter 7. Appendix: Data Sources**

The following is a list, in alphabetical order by publication and separated by year, of the data sources used in this study.

### **Newspaper Articles 1987**

#### *The Boston Globe*

January 19: AIDS and History

#### *Christian Science Monitor*

January 14: Nations step up AIDS education campaign in developing world.

May 1: Tackling AIDS; Developing nation campaigns call for social responsibility

June 18: Testing for AIDS is hurdle for travelers

December 11: Plans for combating AIDS take shape, but outlook still grim

#### *The New York Times*

January 4: AIDS Danger: Africa Seems of Two Minds

January 29: Zaire is supporting immunization test against AIDS virus

February 8: Zaire, ending secrecy, attacks AIDS openly

February 24: Kenya is Reacting Bitterly as AIDS is Highlighted

March 8: Output Up as 'Africanization' Grows in Zaire

March 16: AIDS: The Victims; AIDS, an Unknown Disease Before 1981, Grows into a Worldwide Scourge

April 15: AIDS is now spreading to populace West Africa

April 19: The Terrifying Normalcy of AIDS

May 29: AIDS Making Rwanda Anxious and Secretive

May 31: AIDS' Global Peril is High on Agenda at Summit Meeting

June 3: Key World Health Official Warns of Epidemic of Prejudice on AIDS

August 2: High AIDS Rate Spurring Efforts for Minorities

September 27: A Traveler's Guide to AIDS

October 5: Zambian, in Appeal, Says Son Died of AIDS

November 1: Frank Talk on AIDS Brings Praise for Uganda

November 19: In the Cradle of AIDS Theory, a Defensive Africa Sees a Disguise for Racism

*St. Petersburg Times*

August 16: We must all work together against AIDS

December 6: Africans resent blame for AIDS

*The Washington Post*

February 20: African Recognize AIDS Problem; Nations Begin Public Health Drives, but Resent Publicity

March 25: AIDS Toll Masks Immensity of Threat; Worldwide, 5 Million May be Infected and Passing Virus to Others

May 31: AIDS Seen as Threat to Africa's Future; AIDS Hits African Urban Elites, Is Broad Threat to Development

July 3: Tribal Customs Worsen Spread of AIDS in Zambia

July 28: AIDS: The New Phase of Denial; After the Hype, a Backlash Obscures the National Debate

September 15: AIDS Spreads in Latin America; Health Officials Search for Ways to Stem the Tide

October 10: AIDS Takes Heavy Toll of African Children; Illness Could Wipe Out Recent Gains in Infant Mortality, Conference Told

November 17: Planning the Global Strategy on AIDS; World Health Officials Must Outrace the Epidemic's Ravages

## **Newspaper Articles 1992**

*The Boston Globe*

July 26: New problems, new hopes at AIDS parley; Humbling reports in Amsterdam

November 15: AIDS' grip on Asia

*The New York Times*

February 13: U.N. Sees H.I.V. Cases Nearing 12 Million

March 9: Black Politicians Discover AIDS Issue

April 9: An Emotional Ashe Says That He Has AIDS

April 12: Education Effort Fights AIDS in Zimbabwe

June 22: Briton Sees AIDS Cutting Population in Parts of Africa

July 21: Women Worldwide Nearing Higher Rate For AIDS Than Men

October 23: Theory Tying AIDS to Polio Vaccine Is Discounted

November 8: Edge of the Chasm—AIDS Comes to Asia

*St. Petersburg Times*

December 16: Hormone therapy could extend lives

*The Washington Post*

March 9: Epidemiology: AIDS in Africa

April 5: It's Possible, but Not Likely; This Theory Leaves Even More Mysterious Questions.

September 14: AIDS Nears Epidemic Rate in India; Prostitution, Blood Supply, Drug Use Blamed for Spread of Disease

December 31: The Source of Lies About AIDS

## **Newspaper Articles 1997**

*The Boston Globe*

October 24: AIDS research drop placebo plan

December 7: Ashes on the ground; Rapid spread of AIDS in Botswana demonstrates raging threat to Third World

*International Herald Tribune (The New York Times and The Washington Post)*

December 12: In Tanzania, Many People and Many Woes; AIDS is a Major Threat/Some Progress in Family Planning

*The New York Times*

January 24: Report of South African AIDS 'Breakthrough' Angers Experts

May 6: The Doctor's World; Surviving With AIDS Is One Problem, Cancer Is Yet Another

June 8: Mother's Dilemma—A special report; In War Against AIDS, Battle Over Baby Formula Reignites

September 18: U.S. AIDS Research Abroad Sets Off Outcry Over Ethics

October 9: AIDS Research in Africa: Juggling Risks and Hopes

*The Washington Post*

February 14: Rape Stalks South Africa's Children; Poor Community's Agony Reflects National Struggle With Crime

March 29: Hillary Clinton Praises Uganda as Model of Reform; First Lady Avoids Issue of East African Country's Alleged Role in Zairian War

April 23: Medical Group Condemns U.S. AIDS Drug Tests in Africa for Using Placebo

September 4: Help Lease Likely Where Most Needed; Africa Ravaged by Virus

September 18: Researchers Assailed for AIDS Studies on Pregnant Women in Third World

November 8: Deadly Dowry: Inheriting AIDS in Kenya

November 21: The Orphans of Worldwide AIDS

**Newspaper Articles 2002**

*Christian Science Monitor*

March 19: Puppets get people past the taboos

July 10: Kenya's slums battle AIDS

August 1: In Southern Africa, teen abstinence is 'cool'

November 15: How AIDS brings famine nearer

*The New York Times*

January 29: Grappling With South Africa's Alarming Increase in the Rapes of Children

February 3: On Stages and Screens, AIDS Educators Reach South Africa's Youths

February 5: A Bold Move on AIDS in South Africa

March 31: An AIDS Skeptic in South Africa Feeds Simmering Doubts

May 8: Education Suffers in Africa As AIDS Ravages Teachers

June 1: Zimbabwe Acts to Obtain AIDS Drugs At Low Prices

June 23: U.N. Finds AIDS Knowledge Still Lags in Stricken Nations

July 14: The World: AIDS and the West; Whistling Past the Global Graveyard

August 10: South African Village, Fearing AIDS, Trusts God More Than Drugs

October 1: AIDS in 5 Nations Called Security Threat

November 18: Overseas/AIDS; One by One, Charities Attack the AIDS Juggernaut

November 18: Overseas/AIDS; For Children Left Behind, A Place to Feel at Home

November 24: AIDS Imperiling African Armies, Key to Stability of Many Nations

December 28: For South Africa's Poorest AIDS Victims, a Place to Die

*The Philadelphia Inquirer*

May 13: S. African AIDS activists see new government attitude

*USA Today*

January 14: Their future is dying

May 1: An all-out war against AIDS

*The Washington Post*

February 20: A Party Man Bucks the ANC on Drugs; Provincial Leader Offers Therapy for Poor Women Pregnant and With HIV

March 15: Mbeki Pressured to Lead South African Fight Against AIDS

April 14: AIDS Warriors; Carter, Gates Sr. Find Hell and Hope in a Continent's Plague

April 27: S. African Catholics Ambivalent About U.S. Scandal; Some Sympathize With American 'Outrage,' but Most Are Preoccupied With Joblessness and AIDS

May 25: Mothers With AIDS Move O'Neill to Back Money for Treatment

October 6: The Sugar Daddies' Kiss of Death

November 17: Southern Africa Runs Short of Food and Hope; AIDS, Drought and Politics Fuel Famine

December 2: All-Out Effort Fails to Halt AIDS Spread; Botswana's Program Makes Progress, but Old Attitudes Persist

**Newspaper Articles 2007**

*The Boston Globe*

April 23: Psychiatrists see big need in Ethiopia

July 16: He trains Ugandans to use acupuncture - Brookline specialist takes needles, hope to the heart of the African AIDS epidemic

August 27: Saving the babies: A victory in Africa

December 9: Africa Rising Democracy is expanding. Conflicts are ebbing. Economies are growing at a healthy clip. The untold story of a continent that is surprising the pessimists.

*The Christian Science Monitor*

August 1: South Africa orphanage persists without its founder

August 23: Is Western aid making a difference in Africa?

September 5: In Africa, lives are improved without handouts

September 26: In AIDS' wake, new family

October 31: In Africa, a papercraft path out of poverty

December 20: In South African slums, lives lifted by a chance to play

December 3: In Zambia, woman boxer emerges as a new role model

*The New York Times*

January 11: AIDS Drug to Protect Fetus Is Safe for Infected Mothers, Study Finds

January 17: U.N. Says Global AIDS Effort For Children Falls Far Short

February 23: Circumcision's Anti-AIDS Effect Found Greater Than First Thought

March 13: A Caveat on Circumcision as AIDS Prevention

March 20: Rise of a Deadly TB Reveals A Global System in Crisis

May 8: Report on Child Deaths Finds Some Hope in Poorest Nations

May 15: Rock Star Still Hasn't Found the African Aid He's Looking For

April 7: Even as Africa Hungers, Policy Slows Delivery of U.S. Food Aid

April 10: World Briefing Africa: Mozambique: 139,000 H.I.V. Babies In 6 Months

April 15: Preventing H.I.V., but at What Price?

June 6: New AIDS Cases in Africa Outpace Treatment Gains

August 10: South Africa Fires Official Praised for Anti-AIDS Work

October 20: World Bank Report Puts Agriculture at Core of Antipoverty Effort

November 13: Redesigning A Condom So Women Will Use It

November 25: A Time To Rethink AIDS's Grip

December 25: Food Scarcity and H.I.V. Interwoven in Uganda

*The Washington Post*

March 2: Speeding HIV's Deadly Spread; Multiple, Concurrent Partners Drive Disease in Southern Africa

March 7: HIV Study Raises Caution About Circumcision

March 29: Uganda's Early Gains Against HIV Eroding; Message of Fear, Fidelity Diluted by Array of Other Remedies

May 31: U.N. Urges HIV Testing for All Patients in Hard-Hit Nations

June 20: Spread of AIDS in Africa Is Outpacing Treatment

July 13: In Zimbabwe, Fewer Affairs And Less HIV

July 23: In Botswana, Step to Cut AIDS Proves a Formula for Disaster

August 17: Official's Firing Revives S. African Battles Over AIDS

September 7: HIV Loosens Tribe's Resistance to Circumcision;  
Many Kenyans See Survival at Stake

September 13: Under-5 Mortality Drops to Record Low

October 25: Warning Is Sent to AIDS Vaccine Volunteers; S. Africans Among  
Recipients Who May Be at Higher Risk of Contracting Virus

November 5: Scientists Track Time and Place of HIV's Arrival

December 16: 'Best-Kept Secret' For HIV-Free Africa; Birth Control Better Than Drugs,  
Researchers Say

December 31: Bush Has Quietly Tripled Aid to Africa; Increase in Funding to  
Impoverished Continent Is Viewed as Altruistic or Pragmatic