

# Thabo Mbeki and the AIDS 'jury'

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## Abstract

*This paper examines the debate regarding efforts by the South African government to control the spread of HIV infections, with particular reference to events surrounding the 13th International AIDS conference. We posit that the reaction of the medical, pharmaceutical, and media sectors to the stance by the President Mbeki on HIV control amounts to an over-simplification of a very complex issue. Empathy and sincere partnership are required to address South Africa's worsening AIDS situation.*

## The AIDS Conference

Certain events that took place around the opening ceremony of the 13th International Acquired Immune Deficiency Syndrome (AIDS) Conference in Durban, South Africa, are laden with important public health implications. Prior to the conference, some influential scientists threatened to boycott the conference in protest against the South African government's stance on AIDS. This issue prompted a *Lancet* editorial urging these scientists not to boycott the medical conference for political reasons, and instead attend "to support local experts in their efforts to shape HIV policy in Africa sensibly" (Editorial, 2000). A week before the conference, over 5,000 scientists from around the world signed a declaration, published in the influential *Nature* journal, affirming that AIDS is caused by the Human Immunodeficiency Virus (HIV), and that 'there is no end in sight to the AIDS pandemic' (Sidley, 2000a). This "Durban declaration" was dismissed by Parks Mankahlana (the spokesman for South African President Thabo Mbeki) as belonging to the dustbin.

During Mbeki's welcome address on 9 July 2001, many delegates walked out because he allegedly did not properly address the problem of Human Immunodeficiency Virus (HIV) infection in South Africa. A few seconds of polite clapping marked the end of his speech. Mbeki is known for not only questioning the efficacy and safety of commonly used drugs against HIV, he also opined that extreme poverty, not HIV was the main cause of Africa's soaring mortality rates. He stated that "... the world's biggest killer and the greatest cause of ill health and suffering across the globe, including South Africa, is extreme poverty. It (seems) to me that we could not blame everything on a single virus". He also reiterated the government's commitment to funding scientific research into an anti-HIV vaccine.

The rising criticism of the South African president was apparent from within and outside the South African scientific community. For example, Dr. David Ho, a widely acclaimed HIV researcher, best known for showing that strong drug cocktails can keep HIV at bay, warned Mbeki in a speech that he faces a legacy 'defined by inaction' if he does not properly address the HIV problem. Dr Ho argued that "... the failure to properly address

the modern plague caused by HIV is an act of (irresponsibility) that will be judged by history", apparently referring to Mbeki's (initial) scepticism that HIV is the main cause of AIDS.

In her critical response to Mbeki's denial of publicly funded AZT (anti-HIV) treatments to HIV-infected South African women, Dr Glenda Gray (medical director of the perinatal clinic at Chris Hani Baragwanath Hospital, Soweto) stated that "... this is exactly what I would have expected from the apartheid government, not [Mbeki]" (Internet communication, 2000a). Other critics have warned that economic growth and development in South Africa would be severely affected unless more funding is made available for anti-HIV treatment.

The scenario described above raises three issues of particular relevance to public health. First, is it true that extreme poverty is a (more important) cause of AIDS than HIV? Second, was Mbeki irresponsible in denying publicly funded chemotherapy to infected pregnant women mainly on account of exorbitant cost? Third, does the HIV epidemic really threaten economic growth and development in developing countries like South Africa? This paper examines these three issues.

## The politics, economics and science of AIDS control in Africa

By revisiting a question that most medical experts have considered long closed (Is HIV the cause of AIDS?), Mbeki has alienated a broad range of political allies, the scientific medical community, the pharmaceutical industry and the media, for quite different reasons. Already, there are over 2000 Internet web-sites, mainly concerned with detailing Mbeki's ('unorthodox') views on this topic. It is noteworthy that Mbeki initially doubted that HIV was the cause of AIDS. He has, however, since revised this position. In fact, in the international news program, *The News Hour with Jim Lehrer* on May 23 2000, he stated that he had never said that HIV was not the cause of AIDS, but he did not deny that he had questioned the link between them. To this extent that Mbeki's earlier stance (that HIV was not the cause of AIDS) formed the basis of the "Durban declaration" in June 2000, that 'declaration' was anachronistic. It would have been more useful if the declaration had addressed Mbeki's current stance, that extreme poverty is a more important cause of AIDS than HIV.

The angry reactions to Mbeki's stance from political, scientific, pharmaceutical and mass media circles apparently hinged on efforts to improve access to care for individuals infected with HIV. In fact, the reactions represented more than sincere willingness to control AIDS in South Africa. His position is being perceived by powerful Western nations as having the potential to escalate the AIDS crisis in Africa, and thereby destabilise global markets and world security. In fact, President Bill Clinton, in April 2000, declared the HIV pandemic as a United States national security threat.

The scientific medical community has invested billions of dollars into AIDS research, and their continued relevance and access to research funding depends, to a significant extent, on their findings and advice being accepted uncritically and universally. Mbeki's viewpoint, which contradicts medical science's ideology of 'truth', was not surprisingly viewed as heretical. 'Poverty' is certainly not one of the easiest issues for medically trained people to investigate. A paradigm shift vis-à-vis the 'cause' of AIDS, from infectious disease to poverty, is almost certain to erode the power and prestige of the medical profession with regard to the control of this disease.

The pharmaceutical companies make hundreds of millions of dollars as profit from anti-HIV drugs every year, and they greatly influence (through specifications on the use of research funds) the direction of HIV research. Nine of the 13 principal sponsors of the South African AIDS conference were multinational pharmaceutical companies. Their continued prosperity depends on almost universal belief that their products constitute the most important tool in the fight against HIV. With over two-thirds of HIV infected individuals living in Africa, Mbeki's stance is definitely 'not good for business'.

Profit and group interests increasingly influence the views of the media worldwide. The media shape public opinion, and have so far been very successful in painting a grim picture concerning the spectre of AIDS in (and its origins from) Africa. Not surprisingly, media barons resent any dissenting opinion, especially from Africans. Furthermore, the media, as well as scientific journals, make a significant proportion of their profit from advertisements of HIV drugs by pharmaceutical companies. Closely associated with the media are information technology companies, like Microsoft, who collaborate with both pharmaceutical companies and researchers in improving the quality and efficiency of their production processes. Indeed, the remaining four of the 13 principal sponsoring companies for the AIDS conference are closely associated with the information technology and media industries.

So far, there has been no clear reaction from any of the above interest groups to the crux of Mbeki's welcome address, that poverty is a more important cause of AIDS than HIV infection. In fact, the important role of (urban) poverty in the causation of AIDS has been highlighted in several scientific publications. Even with established diseases of poverty, tuberculosis and leprosy, a study in Nigeria showed that about three-quarters of patients with either disease who were co-infected with HIV were the urban poor (Awofeso, 1995). Also, trenchant review of the occurrence of tuberculosis and AIDS in South Africa and Zimbabwe found that the 'urbanisation of rural poverty', socio-economic inequalities of employment, poor housing, malnutrition, lack of education and limited access to health care intensify levels of HIV infection and, subsequently, AIDS. This study advocated "long-term development programs that allow Africans to improve their own economic circumstances" (Internet communication, 2000b).

Thus, Mbeki's current view of extreme poverty as a more important cause of AIDS than HIV is not altogether unscientific, but it was not what the predominantly 'scientific' audience at the AIDS Conference wanted to hear. According to Ayer (1990), any theory of knowledge presupposes an ontology, a theory about what is real, and the necessary and sufficient condition for knowing that something is the case are, first that what one is said to know is true; second, that one be sure of it; and third, that one should have the right to be sure. It was apparent that participants at the opening ceremony of the AIDS conference, serving as 'jury', determined that Mbeki, a trained economist, did not have 'the right to be sure' of the knowledge he professed on AIDS. It is quite likely that if Mbeki's speech had been made, unaltered and on the same day, to another professional 'jury', such as participants at an International Conference of Social Workers or Sociologists, he would have received a standing ovation.

One of the authors (NA) experienced a similar fate as Mbeki, albeit in a reverse manner, while working on improving the health of pupils in Koranic training schools ('Almajirai') in Zaria, northern Nigeria. Although a painstakingly conducted case-control study on the prevalence of hookworm among the 'Almajirai' was published in a leading scientific journal (Awofeso, Degeling and Ritchie, 1998), the findings were considered 'naïve' when presented to the teachers and managers of the Koranic schools concerned, as the study did not adequately address historical, religious and political issues!

It is noteworthy that when an 11-year old Soweto boy, Nkosi Johnson, spoke shortly after Mbeki at the AIDS Conference, there was a huge burst of applause when the boy remarked, in passing, that he thought the South African Government should give pregnant women anti-HIV drugs like AZT, so they would not infect their unborn children. Was the thunderous ovation of Nkosi's speech by the participants, the cream of the AIDS research community, an indication that the boy not only knows that what he has said is true, he is sure of it and he has a "right to be sure"? Or is it an indication of the vested interests of the participants, described above?

In examining the second issue raised at the opening ceremony of the Conference, concerning Mbeki's opposition of public funding to HIV-infected pregnant mothers, it is noteworthy that trials on some of the most effective (and expensive) anti-HIV drugs were conducted in South Africa. Some of South Africa's poor HIV positive patients paid the supreme sacrifice in efforts to determine the efficacy of anti-HIV drugs (Sidley, 2000b). While the drugs were given free of charge during the trials, the pharmaceutical companies discontinued free supplies soon after they confirmed the efficacy of the drugs. The performance of drug trials is a pre-requisite for widespread use of medicines. Willing participants are difficult to recruit in the West for such trials because of the risk of complications, including death. The performance of such trials, from which pharmaceutical companies derive immense benefits, was described in a Lancet editorial on this issue! as one of the 'lost opportunities' the HIV infected individuals in South Africa would suffer as a result of Mbeki's stance!

With regard to the economics of HIV treatment, GlaxoWellcome offered to supply the drug at 30% of the normal price for five years. Provided that this is provided to only HIV positive mothers in the last month of pregnancy, Zidovudine (AZT) would cost the South African government US\$50 million, annually which was considered affordable (Epstein, 2000).

However, a 'slippery slope' is apparent in this argument. First, is a 30% discount substantial enough considering South Africa's fragile economy, the HIV seroprevalence (10% nationally) and the number of pregnancies per year (about 3 million)? We think not. Second, the assumption that the 'last month of pregnancy' is fixed, especially with women suffering from chronic diseases, is not valid. We foresee a situation whereby, if the proposal is accepted, there would be calls, based on 'scientifically sound evidence' that the drug treatment should be commenced from the third trimester, and continued till the baby stops breastfeeding. This would push the

cost for AZT alone, even with the 30% discount, to at least US\$150 per year. South Africa clearly cannot afford this yearly cost for one component of its anti-AIDS strategy.

The 'slippery slope' does not end with AZT and pregnant women. If this proposal is adopted, there would be no moral justification for South Africa to 'urgently' address other health problems, such as providing 'a mere US\$30/full course of anti-tuberculosis treatment' to South Africa's millions of tuberculosis sufferers who are co-infected with HIV. This example is particularly relevant for two reasons. First, HIV infection in TB cases is associated with increased mortality. Second, the tuberculosis incidence in the South African mining industry (the cash cow of the South African economy) is in excess of 2,000 per 100,000, and the prevalence of tuberculosis-HIV co-infection has risen to about 50% of all cases (Churchyard et al, 2000). It is apparent that the issue of South Africa's denial of perinatal funding for zidovudine is not one that can be casually dismissed as 'irresponsible'.

Fiercely protective of a continent he believes has been exploited by its former colonial rulers, Mbeki has made social and economic development in South Africa his first priority, and has repeatedly called for an "African Renaissance" (Epstein, 2000). But what is 'development'? Development means improvement in a complex of linked natural, economic, social, cultural, and political conditions. Basically, economics is knowledge about the effective use of resources in producing the material basis of life. Therefore, development is fundamentally an economic process, economics has an abiding interest in development, and all theories of development have significant economic dimensions (Peet, 1992).

Investing in health is sound economics, and health is one of the central elements of productivity itself. However, while the scientists at the Durban AIDS conference were quick to remind 'outsiders' like Mbeki of their limited knowledge in medical science, they did not hesitate to discuss, in an authoritative manner issues like economics that lie beyond their field of expertise. In order fully to answer the question 'does the HIV epidemic threaten economic growth and development in South Africa' it is important to review pertinent literature on HIV and economic growth in Africa.

Although biomedical and public health issues continue to dominate the agenda of AIDS researchers, recognition has grown in recent years that the epidemic is more than just a health problem. It is also a problem with deep economic roots and potentially serious economic consequences. Many influential AIDS experts contend that the epidemic will have a substantial negative impact on national economic well being. For example, Michael Merson, former head of the World Health Organization's global program on AIDS, once stated that "... deaths of millions of disabled adults will ... rob society of their education, skills and experience. The resulting productivity losses would threaten the very process of development" (Merson, 1992).

This view has been described as being unduly pessimistic by some economists. They suspect that projections from WHO and medical scientists overstate the seriousness and immediacy of the threat AIDS poses to economic growth. In a detailed study, which examined trends in 51 developing and industrial countries, they found that, as at 1994, the AIDS epidemic has had an insignificant effect on the growth rate of per capita income. They also found that the insignificant effect of AIDS on income per capita is qualitatively similar to an insignificant effect on output per capita of influenza in India during 1918-19<sup>13</sup>.

## Conclusion

Mbeki has willy-nilly, through his AIDS stance, challenged medical scientists working on this virus to turn away from a predominantly logical positivist (Maddox, 1993) approach and instead adopt a heuristic paradigm (Tyson, 1995) to HIV control in developing countries. It is clear from the AIDS Conference Program (Internet communication, 2000c) that the medical model predominates as far as the AIDS phenomenon is concerned. For example, of the 198 program activities on the Conference Program, only five directly address the important issue of funding for anti-HIV drugs, and the theme for one of the five activities was "Donor agencies too focused on prevention"! The nature of the communiqué that would almost certainly emerge from such a medically oriented conference is predictable, but unfortunate. The 'HIV lobby' is well aware of the immense powers of AIDS 'jury'. Hence their criticism of Mbeki for appointing scientists to his AIDS advisory committee who are sceptical about the role of the HIV virus in the causation of AIDS. Ironically, the structure Conference program is biased against scientists with viewpoints that are not in keeping with the biomedical model.

It is true that science has played an important historical role in breaking the comprehensive hold which religion once had over the mind. The reification of religion was then expressed as a bureaucratic or institutional representation of truth. Any challenge to the institution, or to the bureaucracy that ensured its functions, was registered as an objection to the truth, and the objectors were maligned as heretics. Science began as a heresy, but the reflective mode it stimulated was a heresy of enlightenment. As exemplified by this discourse, where science was once a force against authoritarianism, helping to break the spell of oppressive religious dogma, it has come ironically to cast an authoritative spell of its own in the form of scientism. While religious salvation was once the prerogative of the institutional church, intellectual salvation has become the prerogative of the scientific establishment. Individuals like Thabo Mbeki, who suggest solutions 'outside the square' are being classed as heretics, and subjected to considerable hardships, not to be underestimated (Laura, 1990).

Only through being critical of contemporary assumptions and theories can we advance knowledge, and improve delivery of health care services. The AIDS situation in Africa is a very complex one. The rising AIDS prevalence in that country raises tragic choices. Poverty and underdevelopment in South Africa also raise tragic choices. Thus, AIDS in situations of poverty raise tragic choices in a context saturated with tragic choices. The above analysis indicates that the three widely held views of the scientific community are not indisputable, even on scientific grounds. Also, they amount to an oversimplification of a very complex issue with economic, social, ethical, political and health ramifications. There is a strong need for sincere collaboration (in the literal sense of the word!) between 'developmentalist' politicians like Thabo Mbeki, the media and the medical-scientific community if we are to move beyond the current impasse. To begin with, the medical-scientific community should try to see itself less as a prosecutor-jury-judge, and more as an equal partner in efforts to address the AIDS crisis in Africa and other developing countries.

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