

History/African Studies Seminar Paper: Presented on the 29th October 2003

‘Without the luxury of time’: AIDS, Representation and the Birth of Rights-based AIDS Activism in the 1980s

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“Two South African Airways stewards have died after apparently becoming the first South African victims of a rare disease which is believed to affect mainly homosexuals and drug addicts”.

“‘Homosexual’ disease kills SAA Staff” *Argus* 4th January 1983¹

"I say, with professional deliberation as an epidemiologist, that the epidemic presents a national emergency and should be a national political priority...Nothing less than a social movement on a national scale can hope to stem the tide...we do not have the luxury of time”.

Mervyn Susser, Keynote Address, 7th Annual NAMDA National Conference, 1990²

Introduction

On the August 4th 2003 Treatment Action Campaign (TAC) activists marched on the first South African AIDS Conference. The singing and toyi-toying demonstrators reached the court-yard next to the entrance to the conference’s venue, Durban’s International Convention Centre, which is usually blocked off to protestors. After a few minutes, Zackie Achmat, the well-known gay rights and AIDS activist and national chairperson of the TAC took the microphone to much applause, then he outlined the rights-based case for HIV treatment access in the public health sector in South Africa.³

¹ Pasted into “Scrap Book Kept by Leon Eksteen who died in August 1986. He was the 5th Capetonian to die of AIDS”. Media Scrap Books Gay Association of South Africa /Gay Association of South Africa 6010 Box. GASA archive South African History Archive, University of the Witwatersrand.

² Mervyn Susser. Keynote Address “Human Rights and Health”. *Health Priorities for the 1990s, 7th Annual National Conference, University of Natal Durban*, (Durban: NAMDA, 1990) 20-21. NAMDA Archive, South African History Archive, University of the Witwatersrand. Conference Proceedings and Publications 1985-1990 Box.

³ Much has been written about TAC’s use of the new Constitution to frame its legal and political argument for treatment access. See: G J Annas. “The right to health and the Nevirapine Case in South Africa”. *New England Journal of Medicine*. 348:750-754; Mandisa Mbali. “HIV/AIDS policy-making in post-apartheid South Africa”. *State of the Nation: South Africa 2003-2004*. Eds. Daniel, J, Habib, A and Southall, R. (Cape Town: HSRC Press, 2003), 317-318; Mandisa Mbali. “Researcher/activist engagements with AIDS policy-making after the death of objectivity” Conference Paper Presented at the Critical/Qualitative Methods Conference at UNISA, Pretoria in September 2003.

At the end of his impassioned speech he called upon the conference organisers, Professors Jerry Coovadia and Slim Abdool Karim, prominent AIDS-researchers and former anti-apartheid doctors to take the podium and declare whether or not they would use the conference to support TAC's campaign for wider HIV treatment access: both duly did as Zackie asked. This powerful strategic alliance between former anti-apartheid doctors and former anti-apartheid gay rights activists for the realisation of rights-based AIDS policy has not, however, always existed and should not necessarily be viewed as a 'natural' alliance. Indeed, for much of the early to mid 1980s the gay rights movement (in the guise of the Gay Association of South Africa) was splintering between conservative, 'apolitical', accommodationist and racist tendencies and 'militant' anti-apartheid, anti-racist tendencies. This was a split which would make a future alliance possible between anti-apartheid gay rights and health activists. Also, anti-apartheid doctors who belonged to the National Medical and Dental Association (NAMDA) were preoccupied by the civil unrest caused by apartheid repression manifest in the States of Emergency throughout the decade. Furthermore, the anti-apartheid movement in general was riddled with homophobia and heterosexism which had to be at least partially overcome for anti-apartheid doctors to form activist alliances with gay rights doctors over AIDS.

To be more precise, it is this paper's contention that contemporary rights-based South African AIDS activism is historically the product of an important alliance which was formed between two identifiable political movements: anti-apartheid gay rights activism, which emerged from splinter groups formed in opposition to the Gay Association of South Africa (GASA) and its accommodationist policy with the apartheid government, and anti-apartheid health activism through NAMDA in the 1980s.⁴ There were some important similarities between the response of both groupings to AIDS, especially in the late 1980s: both were active in making their membership aware of the AIDS epidemic and both were involved in debates about how the late apartheid government ought to respond to the epidemic. Similarly, both groupings argued against AIDS-related

⁴ I do not aim to completely rule-out the possibility of other movements, such as the unions, having shaped modern-day AIDS activism a la TAC but I am making a case for the influence of both these movements.

discrimination and for the rights of HIV positive people and members of certain groups (such as sex workers and gay men) vulnerable to HIV infection and AIDS related discrimination to be protected.

The second major argument made in this paper is that the ways in which different groupings of AIDS activists read the epidemic and its meaning fundamentally shaped the alliances and conflicts within and between them. Whereas GASA interpreted AIDS as a threat to gay rights and feared that gay men would be singled out for discrimination, NAMDA saw AIDS as shaped by the political and socio-economic context of apartheid.

A powerful strategic alliance between these two groupings against AIDS-related discrimination and for a coherent policy response to the epidemic (as evidenced in the 1990s and 2000s) was not possible for most of the 1980s⁵ and only emerged in the 1990s. Moreover, whilst both groups were concerned about the AIDS epidemic they both had different concerns at the time. The overarching issue of the time for anti-apartheid doctors was dismantling apartheid and fighting for a democratic South Africa. On the other hand, the gay movement was divided by debates about how politicised it ought to be and whether it should frame the struggle for gay rights in terms of the broader democratic struggle, debates which, as shall be shown crystallised around the demise of the Gay Association of South Africa and the Simon Nkoli affair. Furthermore, for members of the gay movement who were anti-apartheid there was the additional and equally important fight against homophobia and heterosexism within the liberation movement as well as broader society. Moreover, the emergence of a militant anti-apartheid gay rights activism was a prerequisite to any kind of alliance being formed by gay rights and anti-apartheid activists.

⁵ The strategic alliance of the South African Medical Association with TAC is evidence of the operation of this strategic alliance today. Moreover, this alliance is clearly evident in the support of doctors like Profs Jerry Coovadia and Slim Karim (who were anti-apartheid doctors prominent in NAMDA), shown by their words of support for TAC at its recent demonstration at the 2003 South African AIDS Conference. The power of this alliance is demonstrated by the fact that only a few days after this conference the Cabinet announced it would roll out HIV treatment.

In common were two strategic aims held by both the anti-apartheid gay rights and health activists towards the problem of AIDS: firstly, to get the issue onto the policy agenda of the anti-apartheid movement more broadly; and secondly to get the liberation movement to frame its reading of government AIDS policy in terms of an interpretation of AIDS as the product of the socio-economic and political wrongs of apartheid. The 1990 Maputo Conference held by the US anti-apartheid NAMDA support group Committee for Health in South Africa was important event used by activists to achieving these two strategic aims. Anti-apartheid AIDS activists from both groupings largely succeeded at the conference in placing AIDS on to the liberation movement's health policy agenda and pushing for the liberation movement to frame AIDS as a socio-economic and political problem to be interpreted in anti-discriminatory terms. By 1990 there is also evidence of contact over the issue of AIDS between anti-apartheid gay rights activists and NAMDA. It is also around this time that a new term "AIDS prevention activist" came into being, signifying the birth of contemporary AIDS activism in South Africa. Whilst the most heated debates about AIDS policy-making and a more militant AIDS activism would emerge in the 1990s, AIDS activism in the 1990s built upon anti-apartheid health and gay rights activism in the 1980s, a fact which has been largely overlooked in the very few written histories of the epidemic.⁶

The 'Homosexual' Disease

South Africa today has an AIDS epidemic where an estimated five million of its citizens are HIV positive.⁷ The AIDS policy-making process in recent years has been characterised by conflict between AIDS activists aligned with the Treatment Action

⁶ The one exception here (as is evident from the citations in this paper) is Mark Gevisser's work on the history of gay rights activism, which clearly (although not extensively) shows briefly and in very broad strokes AIDS activism by the gay community as stemming from anti-apartheid gay rights activism. Mark Gevisser. "Chapter 1: A different fight for freedom. A history of South African gay and lesbian organisations". *Defiant Desire: gay and lesbian lives in South Africa*. (Johannesburg: Raven Press, 1994). Karen Jochelson's book on the history of syphilis and racism in South Africa only has one chapter which touches upon AIDS and does not clearly document the rise of AIDS activism in South Africa and its historical antecedents. In particular, she has not looked at the history of gay politics and AIDS in South Africa: Karen Jochelson. *The Colour of Disease: Syphilis and Racism in South Africa, 1880-1950*. (London: Palgrave, 2001)

⁷ A figure extrapolated from the last annual anti-natal clinic survey.

Campaign (TAC) and the government over government denialism and access to HIV treatment.⁸ Contemporary AIDS activists aligned to the TAC have in turn framed their struggle for HIV treatment access in terms of the human rights of people living with HIV/AIDS: that access to such life saving treatment for all HIV positive people is a human right, guaranteed by the rights to life and health enshrined in South Africa's post-apartheid democratic Constitution. In the midst of this devastating AIDS crisis and the policy-making conflicts surrounding it, it may be worth remembering a time when there was only a handful of white gay men dying of AIDS and when a public panic was created by the arrival of a new and poorly understood disease, which was then commonly phrased as the "homosexual plague".

AIDS emerged in South Africa in 1982, one year after the Centres for Disease Control announced the emergence of the new disease amongst young gay men in New York and San Francisco in its Weekly Morbidity and Mortality Report.⁹ As in the United States, shocking headlines announced that the 'homosexual' disease or the 'gay plague' had arrived in South Africa.¹⁰

⁸ I have documented and traced the possible reasons for this disagreement extensively elsewhere: Mandisa Mbali "HIV/AIDS Policy". *The State of the Nation: South Africa 2003-2004*. (Cape Town: Human Sciences Research Council Press, 2003).

⁹ The epidemic was officially identified in 1981. This happened after several young gay men appeared with seemingly inexplicable immune dysfunction related conditions at hospitals and clinics in cities with large gay populations such as New York and San Francisco in the late 1970s and early 1980s. At first the disease was referred to as Gay Related Immune Deficiency (GRID) syndrome, which fed into homophobic interpretations of the disease. Its name was changed to Acquired Immune Deficiency Syndrome (AIDS) in 1982 when 'nongays' began getting sick with AIDS, but AIDS was still mainly read in the West as a 'gay plague' in the popular media and medical journals for much of the early to mid 1980s. For excellent accounts of the homophobic panic generated by the emergence of AIDS in the US see: Paula Trierchler. "Chapter One: AIDS, Homophobia and Biomedical Discourse: An Epidemic of Signification". *How to Have a Theory in an Epidemic: Cultural Chronicles of AIDS*. (Durham and London: Duke University Press, 1999), 19-26. Similarly, Simon Watney has also shown how in Britain AIDS catalysed AIDS-related homophobia in the media: Simon Watney: *Policing Desire: Pornography, AIDS and the Media*. (Minneapolis: University of Minnesota Press, 1987).

¹⁰ See: "'Gay' plague: More victims?" *Sunday Times*, January 9 1983, p.3 and "Scrap Book Kept by Leon Eksteen who died in August 1986. He was the 5th Capetonian to die of AIDS". Media Scrap Books Gay Association of South Africa /Gay Association of South Africa 6010 Box. GASA archive South African History Archive, University of the Witwatersrand.

In her excellent study of the history of the representation of AIDS in the media, medical discourse, and by AIDS activist groups in the United States, Paula Trenchler has argued that AIDS caused ‘an epidemic of signification’:

Whatever else it may be AIDS is a story, multiple stories, and read to a surprising extent from a text that does not exist: the body of the male homosexual...AIDS is a nexus where multiple meanings, stories and discourses intersect and overlap, reinforce and subvert each other. Yet clearly this male homosexual text has figured centrally in what I call here an *epidemic of signification*.¹¹

Whilst Trenchler argues that AIDS is socially constructed through language, it is also worth noting that she does not deny its reality as a “real disease syndrome, damaging and killing real human beings”.¹² Discriminatory representations of AIDS catalysed real discrimination against people living with AIDS in the 1980s and shaped the actions and strategies of activists in response to the epidemic.

Certainly, there is evidence that the way that the epidemic was represented as a ‘gay plague in the South African media in the early 1980s and that this sparked a negative response by gay activists. Gay activists at GASA, some of whom were dying of AIDS at the time, were reading and compiling media scrap-books and responding to the dominant discriminatory representation of AIDS as stemming from some innate pathological characteristic of ‘homosexuals’. Some of these headlines gathered in these scrap-books depicted ‘AIDS carriers’ as sexual predators who lied about their infection and wilfully infected others¹³ and menaces to public health who were unfit to even serve food on airlines. For instance, a Sunday Times article decrying the arrival of the ‘gay’ plague announced in horrified tones that “Seven months before he became the first South African to die of the newly discovered disease- Ralph Kretzen, a self-confessed homosexual-still handled food on overseas flights”.¹⁴

Another more sympathetic early story showed a ‘living skeleton’ early AIDS ‘victim’ Hennie van der Wath, who was the first South African to publicly admit to having AIDS,

¹¹ Trenchler, “AIDS, Homophobia and Biomedical Discourse”, 19.

¹² Trenchler, “AIDS, Homophobia and Biomedical Discourse”, 11.

¹³ Chris Erasmus. “‘Concealment’ by AIDS victims” Unknown paper, undated Leon Eksteen’s scrap book.

¹⁴ Gay plague: More victims?”.

lying helplessly in a hospital beds surrounded by flowers.¹⁵ In terms of this representation it is worth noting that Triechler argues that photos accompanying early AIDS stories in the Unites States employed various representational strategies to separate the ‘innocent’ from the ‘guilty’: for instance people with AIDS coded as ‘innocent AIDS victims’ were shown with stuffed or live animals.¹⁶ In a story in which the innocence or guilt of the “AIDS victim’ was discussed alongside the views of his family on the ‘morality’ of his partner ‘deserting’ him in his time of need, this type of interpretation may be relevant as it is clear that the portrayal of the patient with flowers was coded to reflect his ‘innocence’ and ‘helplessness’.

In South Africa, as elsewhere, in the early 1980s, gay men in South Africa faced the brunt of early AIDS-related institutionalised discrimination. For instance, posters went up in Natal urging “gays” and “moffies”¹⁷ or people who had had sex with “gays” and “moffies” not to give blood to prevent transmission of AIDS.¹⁸

It has been discussed elsewhere how internationally, AIDS was widely represented in the early phases of the epidemic as ‘just desserts’ for the ‘sin’ of ‘homosexuality’ internationally, in line with the conservative view of homosexuality as ‘evil’.¹⁹ In South Africa, the discrimination against people living with AIDS in the early years even included some private hospitals refusing to admit AIDS patients.²⁰ Many of these early

¹⁵ From Charmain Naidoo. “...Victim’s Family”. Unknown newspaper. Leon Eksteen’s scrap book.

¹⁶ Triechler, “AIDS, Homophobia and Biomedical Discourse”, 14.

¹⁷ A derogatory and prejudiced term for South African term for gay men. For more on the historical origins and genealogy of the term see” Shaun de Waal “Etymological note: On ‘moffie”. *Defiant Desire: gay and lesbian lives in South Africa*. Eds. Cameron, E and Gevisser, M. (Johannesburg: Raven Press, 1994), x.

¹⁸ A discriminatory practice that continues today. Shaun Harris “Row brew over ‘moffie’ posters”. Unknown newspaper. “Scrap Book Kept by Leon Eksteen who died in August 1986. He was the 5th Capetonian to die of AIDS”. Media Scrap Books Gay Association of South Africa /Gay Association of South Africa 6010 Box. GASA archive South African History Archive, University of the Witwatersrand. Se also “Gays angry over blood transfusion poster” *The Citizen* 29 January 1986, 15. From GASA media file Vol 8: Scrapbook 5. Media Scrap Books Gay Association of South Africa /Gay Association of South Africa 6010 Box. GASA archive South African History Archive, University of the Witwatersrand.

¹⁹ In these early years, even mainstream medical science toyed with the idea that there was something sociologically innate in ‘the gay lifesyle’, which made gays vulnerable to AIDS. Not, as Watney has argued at the time, a lack of access to accurate AIDS prevention information in the period. Paula Triechler. “AIDS, Homphobia and Biomedical Discourse”, 21-23. Simon Watney. *Policing Desire: Pornography, AIDS and the Media*. (Minneapolis: University of Minnesota Press, 1987).

²⁰ Cas St Leger. “AIDS patients turned away”. *Sunday Times Metro*, July 6 1986.

and panic-filled articles are taken from Leon Eksteen scrap book who, according to its front cover, was the fifth Capetonian to die of AIDS in 1986. Reading through all the media articles in the scrap book, I gained a sense of stigma and panic that early people with AIDS must have felt in South Africa, which coupled with dying from an ill-understood new disease must have exacted a certain emotional toll on these individuals. The lethal nature of the disease, is shown in the scrap book itself, which ends at a certain point at which Leon Eksteen must have become too weak to continue its compilation. But this then leads one to question who would take up the case of these early AIDS patients who were so heavily stigmatised and discriminated against? Were there any organisations who would push for them not to be turned away from hospitals and fired from their jobs?

The Gay Association of South Africa: ‘Apolitical’ and Nonmilitant

As histories of the epidemic in the West have shown there was similar AIDS-related discrimination and relative apathy on the part of governments to the problem. However, in the United States, AIDS-related discrimination, especially the refusal to spend sufficiently on developing HIV treatment catalysed much more radical action. In particular, the radical group AIDS Coalition to Unleash Power (ACT UP) was formed in the late 1989 and had its debut at the Montreal International AIDS Conference. It targeted the US government, pharmaceutical companies and AIDS researchers for failing to develop effective HIV treatment in the first decade of the epidemic.²¹ ACT UP loudly heckled to interrupt speeches, staged ‘lie-ins’ where they would ‘play dead’ and developed powerful political slogans such as “Silence=Death”. Demonstrating the militancy of the group an ACT UP AIDS activist even asked more moderate AIDS pressure groups in 1989: “WHAT ARE YOU DOING TO SAVE MY FUCKING LIFE!”²²

²¹ Ronald Bayer and Gerald M Oppenheimer. *AIDS Doctors: Voices from the Epidemic* (Oxford and New York: Oxford University Press, 2000),138-140.

²²Larry Kramer: “‘What Are You Doing to Save My Fucking Life’ TAC: HIV & AIDS Treatment Action Campaign: A Reading Package for Treatment Action Campaign Volunteers:HIV/AIDS: An Activists’ Guide to Treatment Rights and Literacy: Building a movement to secure the rights and dignity and access

There was no such placard waving on the part GASA in the early 1980s, which actively eschewed militancy. Indeed, the relatively quiescent response by GASA to AIDS related discrimination targeted at gay people can be explained by the nature of gay organisation at the time. GASA was the main nationwide gay and lesbian organisation in the early to mid 1980s believed in a different ‘apolitical’ model of organisation, which mainly focussed on providing social support.²³ As has been documented by historians of South African gay organisation, it aimed to provide its members with total confidentiality and actively eschewed ‘militancy’ and demonstrations.²⁴ As Mark Gevisser has argued

For GASA’s architects being apolitical meant two things: firstly remaining non-aligned in broader South African politics, and secondly, following a moderate, non-confrontational and accomodationist strategy

The reasons for GASA’s conservatism can be explained by its history and its membership. The Gay Association of South Africa was formed in 1982 by the merging of three gay organisations in Johannesburg. Its membership, which numbered over a thousand by 1983 was mostly middle class white gay men and its focus was on developing social support for gay men.²⁵ In terms of developing social support for gay men, GASA had affiliated sports clubs, religious associations, provided counselling and health services and held gay days and jamborees.

GASA did try to inform its membership about the threat of AIDS. It published basic information about AIDS and its transmission in its newsletter Link/Skakel. However, the depiction of the level of the threat posed by AIDS was not universally high across different branches in different regions of the country. As Gevisser has argued, whilst in Johannesburg GASA played down the threat posed by the epidemic in the early 1980s,

to treatment for people with HIV and AIDS” Box 4148. Centre for Health Policy, University of Witwatersrand Resource Room.

²³ I am not arguing that such social support wasn’t vital for lesbians and gays in a heterosexist and heteronormative South Africa, simply that it wasn’t accompanied by militant political resistance to homophobia and heterosexism. This social support through identifying and feeling a sense of belonging to a particular oppressed group is a vital step in gay political organisation as it is a necessary step to all other political organisation.

²⁴ Mark Gevisser. “Chapter 1: A different fight for freedom. A history of South African gay and lesbian organisations”. *Defiant Desire: gay and lesbian lives in South Africa*. (Johannesburg: Raven Press, 1994), 50-51.

²⁵ Geviser. “A different fight for freedom”, 48.

GASA 6010 in Cape Town was, by contrast, a “shrill voice in the dark” providing a range of AIDS prevention and care services,²⁶ and as I have found, and as shall be demonstrated below, it used its newsletter to decry homophobic AIDS related discrimination.

In Durban, GASA also hosted seminars on AIDS for its members such as the one held in aid of the Durban Gay Advice Bureau under the auspices of the GASA Natal Branch at the University of Natal’s Psychology Seminar room in March 1985. The talk was entitled “AIDS Fact and Fiction” by a Dr D Sifris of the GASA AIDS Action Group in Johannesburg, which was billed as “A presentation on the disease, its effects in the community and the counselling of Persons with AIDS and the Worried Well”²⁷

The GASA Natal Coast Branch’s Chairman’s report presented in 1985 at the GASA Natal Branch’s Regional AGM reveals clearly that GASA felt that AIDS would mean a “massive homophobic backlash which we are going to have to deal with on many levels”. He went on to say that

Individually some of us will be brought close to the reality of long term suffering and death, and collectively we will all be faced with caring for and dealing with people who are lonely and perhaps deserted by those closest to them. This is the kind of true gay spirit which I see developing out of the AIDS crisis.²⁸

Fundamentally, however, with its accommodationist and nonmilitant strategy, GASA’s answer to this crisis was not to wave banners and toyi-toyi it was to sit down with the National Department of Health and Population Development’s National AIDS Task Force. Whereas, the anti-apartheid doctors of NAMDA down the road at the University of Natal’s Medical School balked at the idea of ‘collaboration’ with the ‘apartheid regime’, for GASA recognition by the Minister of Health of GASA as the ‘official

²⁶ Gevisser. “A different fight for freedom”, 59.

²⁷The seminar program was a general seminar program covering issues such as the legal position of gay men, transsexuals, STDs and “the process of establishing a gay identity”. “Seminar Programme: To be held in aid of the Durban Gay Advice Bureau under the auspices of the Gay Association of South Africa (Natal Coast Branch) on 30/31 March 1985 at The Psychology Seminar Room, University of Natal, King George’s Avenue, Durban”. GASA Collection. File A: National Gay Groups Minutes- Northern Cape, Eastern Cape, Natal Coast (Durban) and Port Elizabeth 1984-1985. From Gay Groups Minutes etc Box.

²⁸ “GASA Natal Coast: Chairman’s Report 1984/85: Report of the Second AGM held on Friday 19th April 1985 at GASA Natal Coast Office, 51 Williams Road, Congella, Durban”. Page 11. From GASA Collection. File A: National Gay Groups Minutes- Northern Cape, Eastern Cape, Natal Coast (Durban) and Port Elizabeth 1984-1985. From Gay Groups Minutes Etc Box.

mouthpiece of the gay community' with which the National AIDS Task Force was to liaise was 'a positive development'.²⁹

GASA's accommodationist strategy did achieve some small regional gains to reshape the representation of AIDS in a less discriminatory way. The Durban branch was concerned with dealing with "misinformed" and "hysterical" press coverage of AIDS, and had apparently successfully succeeded in forcing Durban newspapers to consult them on stories. However, action on AIDS-related homophobic discrimination only extended so far, as gay people in Durban were told by the GASA Natal Coast chairman to "respect the call by the medical profession not to donate blood under any circumstances until otherwise informed."³⁰ This position was not, however, uniform within GASA, for instance the GASA 6010 (Western Cape Region) newsletter argued against such discrimination in its 1984 newsletter. It argued such restrictions were "blatant discrimination" and that they did not represent "scientific objectivity" but "straightforward hetero. hysteria which is being exploited by the media".³¹ This shows that responses to the epidemic by GASA branches were not uniform nation-wide and differed by region.

Racism and Conservatism in GASA

"Of course, gay men can also be very racist and conservative!"³²

In the years when GASA was trying to respond to AIDS, the divide between militant anti-apartheid and accommodationist non-militant apolitical activists would become so great that the movement ceased to exist as a national movement. This splintering process

²⁹ "Chairman's Report", 11.

³⁰ "Chairman's report", 11.

³¹ Note here that the Western Cape GASA branch seems to have had a stronger anti-apartheid tendency than the Durban branch, tensions which would put an end to the national organisation as we shall see. "A Village Voice: Purple Blood" in GASA 6010: Newsletter/Nuusbrief. No 23. 1983. GASA Collection. File A: National Gay Groups Minutes- Northern Cape, Eastern Cape, Natal Coast (Durban) and Port Elizabeth 1984-1985. From Gay Groups Minutes etc Box

³² So said Zackie Achmat to me when we discussed the history of racism in the South African gay movement at the TAC Treatment Benefit at the Royal Hotel, Durban, 4th October 2003.

incapacitated gay rights activists from formulating any unified strategy to homophobic AIDS-related discrimination and the obvious shortcomings of late apartheid AIDS policy.³³ The cracks in the movement appeared early on and related very closely to the controversy surrounding how to respond to the imprisonment of one of its members Simon Nkoli for anti-apartheid activity.

Simon Tseko Nkoli joined GASA in 1983. Nkoli was a young man from Sebokeng who was deeply involved in anti-apartheid activism. He was the Transvaal Regional Secretary of the Congress of South African Students (COSAS) he also worked for the Detainees Parents' Support Committee (DESCOM) and he coordinated the Education Support Project at the South African Institute of Race Relations.³⁴ Illustrative of the fact that the vast majority of GASA's membership were white middle class men, he was one of the few black activists in GASA and he faced racist discrimination within the organisation.³⁵ Like many gay men, he faced difficulties being accepted by his family once he revealed his sexuality and his family tried to 'cure' his sexuality through visits to different sangomas and even a Western psychologist.³⁶ Eventually his parents managed to accept his sexuality.

Although he found some companionship in GASA (where he met his long-term partner Roy)³⁷ in general there was little tolerance for black members. There is strong archival evidence that racism existed in the organisation as in 1984 the more progressive Western Cape Branch (GASA 6010) denounced racism within GASA in 1984 its newsletter "The 6010th position", in an article entitled "No Room for Racism". It made its case by outlining incidents such as a "whites only" outing in Pretoria and the exclusion of seven black members of GASA from a religious meeting in Johannesburg where they were told

³³ These shortcomings will not be discussed here, as I have already discussed them at length in my BA Honours short thesis.

³⁴ Letter from Simon Nkoli to Roy from detention. 9th April 1986. See also: Maureen Isaacson "Proud to be bashing the gay-bashers", *Saturday Star*, October 21 1995. From: File E. Delmas Treason Trial *Simon Nkoli Collection*.

³⁵ As has been demonstrated by Gevisser: Gevisser, "A different fight for freedom", 52.

³⁶ Simon Nkoli. "Wardrobes: Coming out as a black gay activist in South Africa". *Defiant Desire: gay and lesbian lives in South Africa*. (Johannesburg: Raven Press, 1994), 250-253.

³⁷ Letter from Simon Nkoli to Roy from detention, 12th October 1985.

the meeting was ‘a private affair’. Significantly, it showed the cracks that were emerging around the time of Nkoli’s detention the article argued that gay rights were inseparable from human rights in general: as it stated

How dare anyone make a claim for human rights or against oppression when they themselves are guilty of oppression. To talk of human rights is to talk of fundamental rights irrespective of sex, sexual preference, race, colour or belief.

GASA has no room for bigotry
Human Rights are rights for ALL³⁸

Racist discrimination within GASA drove Nkoli to form an affiliated but separate GASA-linked group for black gays called the Saturday Group shortly before his detention. The Saturday group folded soon after its formation due to the fact that Nkoli was arrested during an anti-apartheid stayaway on September 23rd 1984 at a funeral. He was held for two years and later brought to trial in 1986 on trumped up high treason charges along with twenty one other high profile United Democratic Front activists including Mosoia “Terror” Lekota and Popo Molefe.³⁹

GASA’s participation in the International Lesbian and Gay Association had been tenuous for some time due to the fact that anti-apartheid gay rights activists at the Scottish Homosexual Rights Group (SHRG) had taken issue with GASA’s ‘apolitical’ stance and refusal to condemn apartheid in 1983, a year before Nkoli’s arrest. Nkoli’s arrest catalysed a wave of international support from gay rights anti-apartheid activists. For instance, in 1985, prominent British gay rights activist Peter Thatchell, in a letter to the Editors of *Capital Gay* (a British gay paper) urged gay rights activists to send Christmas cards to Nkoli in jail through his mother.⁴⁰

Activists from the SHRG successfully campaigned for GASA suspension from ILGA, in the light of its refusal to support Nkoli: this suspension was also catalysed by GASA

³⁸ “No Room for Racism”. *The 6010th Position*. Issue One 1984. GASA Collection. File A: National Gay Groups Minutes- Northern Cape, Eastern Cape, Natal Coast (Durban) and Port Elizabeth 1984-1985. From Gay Groups Minutes etc Box

³⁹ Nkoli “Wardrobes”, 253; See also: Seekings. *UDF*; Also on the violent context of youth anti-apartheid activism in the 1980s see: Monique Marks. *Young Lions*.

⁴⁰ Peter Thatchell. “A very brave gay comrade” *Capital Gay*, Friday 22nd November 1985. From “GASA Media Watch Volume III 11 February ‘86-July ‘86. Scrap Book 6.

leader Kevan Botha's announcement at the 1986 ILGA convention that GASA could not support Nkoli due to the fact that he was charged with a common law charge and GASA could not sanction 'criminal activity'.⁴¹

GASA's position on the Nkoli affair, which revealed its 'apolitical' and 'accommodationist' nature simultaneously precipitated both the collapse of GASA as a national organisation and the formation of several explicitly militant anti-apartheid gay rights political organisations which were directly opposed to both GASA and apartheid such as the Pink Triangle (which was mainly 'Coloured'), the Pink Democrats, The Rand Gay Organisation (formed in 1986) and the Gay and Lesbian Organisation of the Witwatersrand (GLOW-formed in 1989) and Lesbians and Gays Against Oppression (LAGO), which was formed in 1986 and was fifteen months later renamed Organisation of Gay and Lesbian Activists (OLGA).⁴² OLGA was the first gay organisation to merge anti-apartheid activism and gay rights activism and was formed by white anti-apartheid activists who had held leadership positions within GASA 6010, whose strong anti-apartheid and anti-racist tendencies have been shown above.⁴³ As shall be shown OLGA and GLOW developed nascent links with NAMDA on the issue of AIDS from the late 1980s.

However, it was a messy break-up and although GASA ceased to exist as a national organisation in 1986, it continued in the late 1980s to operate at a regional level on the Rand and in Natal. GASA Rand challenged the Rand Gay Organisation (a fore-runner to GLOW) to prove the liberation movement was indeed against homophobia. In their 1992 book *Male Homosexuality in South Africa: Identity Formation, Culture and Crisis* Gordon Isaacs and Brian McKendrick argued that

GASA took a stand that before commitment can be made towards a wider political struggle, clear protocols must exist in respect to the ANC's attitude to towards homosexuals, which is ambiguous. Despite alluding to the need for social justice, ANC

⁴¹ Gevisser. "A different fight for freedom", 56.

⁴² Gordon Isaacs and Brian McKendrick. "Chapter 4: The anatomy of a homosexual sub-culture: the Greater Cape Town area". *Male Homosexuality in South Africa: Identity Formation, Culture and Crisis*. (Cape Town: Oxford University Press), 94. Gevisser. "A different fight for freedom", 57.

⁴³ Gevisser. "A different fight for freedom", 57-8.

spokespeople have suggested that homosexuality is 'not normal' and that minority rights are irrelevant in the struggle for majority rule.⁴⁴

Nkoli and his gay comrades did not find the liberation movement free of homophobia: Nkoli's fellow detainees at first asked not to be tried with the same defence lawyers as him because of his sexuality. The groups' lawyers also refused to try the case if his co-accused refused to be tried with him on the grounds of his sexuality, moreover he eventually managed to gain acceptance from some other comrades with whom he was jailed such as "Terror" Lekota and Popo Molefe.⁴⁵

Homophobia in the liberation movement also remained strong in the early 1990s. In the 1991 "Stompie Sepele" trial, Winnie Mandela, in her defence against charges of abducting four youths from Methodist minister Paul Verryn's *Manse* (vicarage) in Soweto and assaulting them, accused Paul Verryn of sexually abusing the young men: Verryn was later proven innocent of these charges at Winnie Mandela's co-accused Jerry Richardson's trial. Winnie Mandela used allegations of Verryn's sexual abuse in her defense and argued that 'homosexuality' was 'unAfrican' a refrain which was repeated in the early 1990s by other African National Congress (ANC) figures.⁴⁶

However, gay rights activists like Nkoli believed in fighting against homophobia in the liberation movement from within and that his involvement in the liberation movement won credibility for the gay rights within the liberation movement: he thought that gay activists had to "stand up and fight" for their rights in the liberation movement even if it meant courting "unpopularity" with other anti-apartheid comrades.⁴⁷ It has already been documented how gay 'anti-apartheid comrades' in OLGA and GLOW, such as Nkoli, fought against this homophobia and to get the outlawing of discrimination on the grounds of sexual orientation included in the ANC's Bill of Rights, which formed the blueprint

⁴⁴ Gordon Isaacs and Brian McKendrick. "Chapter 4: The anatomy of a homosexual subculture: The greater Cape Town area". *Male Homosexuality in South Africa: Identity Formation, Culture and Crisis*. (Cape Town: Oxford University Press, 1992).

⁴⁵ Nkoli. "Wardrobes", 255-256.

⁴⁶ See Rachel Holmes. "White rapists make coloured (and homosexuals): The Winnie Mandela trial and the politics of race and sexuality". *Defiant Desire: gay and lesbian lives in South Africa*. (Johannesburg: Raven Press, 1994), 285-289.

⁴⁷ Nkoli. "Wardrobes", 256.

for the country's democratic post apartheid Constitution.⁴⁸ It can be surmised that this bigger struggle, within the anti-apartheid movement as a whole, by gay comrades for recognition of gay rights within the liberation movement would have further complicated efforts to work with NAMDA on AIDS because as shall be shown, NAMDA had close links with both the ANC and the United Democratic Front.

A new and militantly anti-apartheid gay rights activism had clearly come to the fore in the mid-1980s: a vocal and small but growing body of gay rights activists saw that gay rights had to be brought into the broader struggle for freedom and as GASA 6010 activists in Cape Town had argued two years earlier. This was a development necessary for any cooperation, even at a limited level between gay rights activists and anti-apartheid doctors around AIDS.

Anti-apartheid doctors see their first patients

At the same time as the gay rights movement was splintering and a new more militant anti-apartheid gay rights groups were being formed, anti-apartheid doctors began seeing their first patients with AIDS. Professor Slim Abdool Karim, the Assistant General Secretary of NAMDA in 1987, remembers hearing about a white gay man in the mid-1980s who medical students at the University of Natal's Medical School were talking about trying to see who had AIDS and symptoms of Karposi's Sarcoma⁴⁹: they were interested in his case as they suspected that the patient's condition would be included in an upcoming exam.⁵⁰ He never saw the patient but remembers being intellectually interested in his condition as Karposi's Sarcoma was an extremely rare cancer, especially in young men, before the advent of AIDS.

Dr Janet Giddy, who had been involved in the End Conscription Campaign and had links to NAMDA doctors at the University of Natal's Medical School in the 1980s remembers

⁴⁸ Gevisser. "A different fight for freedom", 70-71.

⁴⁹ A skin cancer which is an opportunistic infection caused by the reduced immunity brought on by HIV infection.

⁵⁰ Interview with Slim Karim, Held 15th September 2003 at the Research Offices, Francis Stock University of Natal, Durban.

hearing nurses wheeling an AIDS patient who was an African man through the corridors of the hospital where she was working in rural Zululand screaming “This one is the AIDS patient!”: the nurses seemed terrified of the patient’s infection, Giddy just remembers feeling sorry for the patient and that his confidentiality was being so unfairly breached.⁵¹

Anti-apartheid doctors with links to NAMDA were seeing a few patients with AIDS in the 1980s and they were reading academic articles on the epidemic, however, the issue did not really feature on the organisation’s agenda for most of the decade and only started to make an appearance on its agenda in the late 1980s.⁵² This was in part because the extent to which the epidemic would develop was unclear to NAMDA’s membership until the late 1980s. Moreover, there were more immediate concerns which directly affected their anti-apartheid membership: the waves of arrest, torture and murder caused by the States of Emergency which were filling the hospitals serving Africans and even affected their own members. It is also important to remember that public hospitals were still segregated in the 1980s and that the political and socio-economic situation in the country, especially the grinding poverty caused amongst Africans, meant that ill-health at the time was seen by such doctors to be caused by the apartheid system. Illustrative of this is that the malnutrition and preventable childhood illnesses were seen by paediatrician and NAMDA founder member Professor Jerry Coovadia as caused by the impoverishment and discrimination against black people caused by the system of apartheid.⁵³

NAMDA had been founded in 1982, partially in response to the scandal around the role of doctors in the death in detention of Steve Biko an anti-apartheid leader of the Black Consciousness movement in the Eastern Cape. The Medical Association of South Africa (MASA) and the South African Medical and Dental Association (SAMDC) were perceived of by anti-apartheid doctors as having covered up the violation of medical

⁵¹ Interview with Dr Janet Giddy, Held on the 15th September 2003 at her office at McCord’s Hospital, Overport, Durban.

⁵² Interview with Professor Jerry Coovadia , Held on the 3rd September 2003 at his office in the Doris Duke Medical Research Institute at the University of Natal’s Nelson R Mandela Medical School.

⁵³ Interview with Professor Jerry Coovadia. Held on the 3rd September 2003 at his office in the Doris Duke Medical Research Institute at the University of Natal’s Nelson R Mandela Medical School.

ethics (the malpractice) by doctors who cared for Biko in colluding with Security Police in his maltreatment and torture.⁵⁴

Coovadia argued in a passionate address to the 1985 NAMDA conference that the NAMDA “grew from the womb of apartheid and in vigorous opposition to it”.⁵⁵ Significantly, in terms of how NAMDA would understand the epidemic, NAMDA viewed health issues in South Africa as inseparable from the apartheid system which denied people their rights, especially their right to access quality health services: as Coovadia went on to argue, in the case of NAMDA

We have not been fooled by those who would have us view health in isolation from the other institutions of this racist society. We reject the argument which seeks to draw a curtain over the erosions into personal and public health by social injustice”.⁵⁶

NAMDA’s main focus was on human rights and health and the impact of apartheid on provision of health services. Unlike GASA, it was deeply political and politicised from its inception and clearly had strong links with both the banned and exiled African National Congress (ANC) and the United Democratic Front (UDF). This is demonstrated by the fact that like the UDF, NAMDA opposed PW Botha’s constitutional reforms with their creation of a Tricameral parliament.⁵⁷ Moreover, as shall be shown NAMDA and its international support group Committee for Health in South Africa (CHISA) met with the ANC in exile and met the ANC’s leader Nelson Mandela in jail in 1990.

Although NAMDA members were seeing AIDS patients, AIDS did not feature early on its agenda. NAMDA had more immediate priorities. For instance, Janet Giddy

⁵⁴ Dr E Jassat. “Keynote Address: The Struggle for Health and Democracy in South Africa. Address to the first AGM of NAMDA held in Durban on the 10th and 11th of December 1983” NAMDA AGM Meeting Minutes 3.2.Vaal. File. Manpower, Minutes of National Council Meetings, AGMs, Interns and Questionnaires/Publications Box. NAMDA Archive.

⁵⁵ Jerry Coovadia. “Overcoming Obstacles to Health in South Africa”, 2. Proceedings of the NAMDA 1985 Conference: Towards Health Care for All. NAMDA Conference Proceedings & Publications Box 85-90. NAMDA Archive.

⁵⁶ Coovadia. “Overcoming Obstacles to Health in South Africa”, 2.

⁵⁷ L Patsky. “Implications of the Constitutional Proposals for the Health of the People of South Africa”. *Papers & Policy Decisions. Proceedings of the First AGM and Conference held at the University of Natal, Durban. December 1983.* (Durban: NAMDA, 1983), 1. From the NAMDA AGM Meeting Minutes 3.2.Vaal. File. Manpower, Minutes of National Council Meetings, AGMs, Interns and Questionnaires/Publications Box. See also: Jeremy Seekings. *UDF.* (Cape Town: David Philip, xxx) for more on the origins of the UDF.

remembers teaching Basic First Aid to anti-apartheid youths in townships around Durban so that they could tend to protestors wounded by police.⁵⁸ This was part of a nation-wide network of NAMDA doctors, referred to as the Emergency Services Group, who provided medical assistance to anti-apartheid activists who had been detained or injured during protests. At the University of Natal's Medical School (one of the few in the country which catered for black students) there was tear-gassing and assault of protesting students and staff and some anti-apartheid staff and students were detained for political activities. Academic and political freedom was never guaranteed with the States of Emergency, as illustrated by the fact that in 1987 the Dean of Medicine banned NAMDA activists from addressing staff and students; the same Dean also lamented the fact that an anti-apartheid academic boycott was in place, which effectively isolated the University of Natal like all other Universities at the time.⁵⁹

Meanwhile, anti-apartheid health activists in New York and London saw another menace on the horizon: a possible massive heterosexual AIDS epidemic. As I have already shown in my Honours thesis, AIDS researchers writing in the *South African Medical Journal* conceived of two crudely racialised and sexuality-determined AIDS epidemics: one affecting white gay men following what they referred to as following "Western" lines and another affecting "black heterosexuals" following the "African model".⁶⁰ This crude apartheid view of AIDS as a racially and sexuality-specific epidemic was mirrored in the South African media where, as Gevisser has argued, the representation of AIDS in the media as the "Gay Plague" changed in the mid-1980s to it being represented as "The Black Death".⁶¹ Similarly, it was rumoured in anti-apartheid medical circles that Koornhoof the Minister of Bantu Affairs had said that "This is a black disease and the

⁵⁸ Interview with Dr Janet Giddy, Held on the 15th September 2003 at her office at McCord's Hospital, Overport, Durban.

⁵⁹ "Letter to SAMJ Editor: Re: Prof Wasserman's Letter" dated 27th March 1988. NAMDA NEC Minutes File. NEC Minutes and Detainee Medical Reports Box 86-91.

⁶⁰ Schoub et al. "Epidemiological considerations for the present status and future growth of the AIDS Epidemic in South Africa". *South African Medical Journal*. 74. For a discussion of the discursive effects of this crude categorisation see my short honours thesis: Mandisa Mbali. *'A long illness': Towards a History of Government, Medical and NGO Discourse around AIDS Policy-making in South Africa*. Available at <www.nu.ac.za/ccs> Moreover, it is worth noting that this crude early model discounted the fact of black homosexuals becoming infected, which clearly happened, as Nkoli's death from AIDS in the late 1990s illustrates.

⁶¹ See: Gevisser, "A different fight for freedom", 59.

more it reduces the black population the better”.⁶² As we shall see, this “Black Death” representation of AIDS would be resisted by anti-apartheid doctors just as the depiction of AIDS as a “Gay Plague” had been resisted (albeit in an accommodationist and rather muted manner) by GASA in the early 1980s.

In a more sophisticated and nuanced sense Mervyn Susser and Zena Stein two distinguished South African anti-apartheid public health experts in exile observed the ‘heterosexual’ epidemics in countries such as Uganda (where it was referred to as the “Slim disease”) and began to worry that AIDS could follow a similar trajectory in South Africa. Shula Marks, a South African based in London, who published eloquent anti-apartheid accounts of health and the history of medicine and health in South Africa in those years, came to a similar conclusion.⁶³

A careful reading of the NAMDA archives and oral accounts reveals that Susser and Stein played a key role in catalysing the rise of AIDS activism in NAMDA. They had led long and eventful lives of struggle against apartheid health and for social medicine before they became interested in the issue of AIDS.⁶⁴ Both were born into middle class Jewish families which moved in similar circles in Johannesburg. Susser attended primary and high school in Durban and went to University of the Witwatersrand in 1939. As with most young white South African men of his generation, his studies were then interrupted by the Second World War, where he served in the air-force. His experiences of war made him want to enter into a socially engaged discipline where he could make a difference to humanity and so he chose to study medicine in 1945, where he met Stein for the first time and where they married.

Both Stein and Susser were interested in the idea of socially engaged medicine and read about the work of Sidney and Emily Kark in building a successful model of social

⁶² Interview with Mervyn Susser held on 7th August 2003 at Centre for HIV/AIDS Networking (HIVAN), University of Natal at McCord’s Hospital

⁶³ Conversation with Shula Marks, on 2nd August 2003 the same day after meeting her at the 2003 TAC National Congress at the Mugg and Bean, Musgrave Centre.

⁶⁴ This life history was obtained from my interview with Mervyn Susser, held on 7th August 2003 at Centre for HIV/AIDS Networking (HIVAN), University of Natal at McCord’s Hospital.

medicine in Polela. In their second year of studying medicine, they sought out the Karks in Polela and were impressed by the Karks's model which saw health comprehensively as a part of the total social context of the community. Furthermore, the Gluckman Commission produced in the dying days of the United Party government had given Stein and Susser hope that a National Health Service along British lines would be established. After the profound disappointment of the election of the Nationalist Party government to power in 1948, with its policy of apartheid, they remained in close contact with the Karks while completing their medical degrees. Stein and Susser were both members of the Communist Party and moved in similar circles as Ruth First and Joe Slovo. After graduation, Susser worked as a doctor from 1952-1955 at Alexandra Clinic in Johannesburg. In 1955, he was asked by the ANC to join its platform at a mass meeting. As a result of his political activities he was forced to resign from his medical post at Alexandra Clinic and he and Stein decided to go into exile, first in Britain and later in the United States.

By the 1980s, they were working at the Columbia School of Public Health in New York. They had participated in the Anti-Apartheid Movement in London from the mid-1950s to mid 1960s, but the period of oppression after Sharpeville had left them feeling demoralised and after their move to the US at roughly the same time they found there were limited opportunities for anti-apartheid activism in the US in the 1970s. The emergence of NAMDA in the early 1980s excited them as it merged their interests in the anti-apartheid movement and social medicine. Susser established the Committee for Health in South Africa (CHISA) in 1986, which was a foreign support organisation for NAMDA and also a US anti-apartheid health pressure group. CHISA provided what support it could to NAMDA and was regularly in contact with the ANC representative at the United Nations.

Meanwhile, in the early 1980s Stein Co-Directed Columbia's Centre for HIV/AIDS established with a National Institutes of Health (NIH) grant at Columbia. Stein became especially interested in women and AIDS and how gender inequality shaped the epidemic, as she began to study HIV transmission and risk behaviours in prostitutes in

New York. Crucially, however, they both realised from early on that the disease could be heterosexually transmitted, a point which was made apparent by hearing about the devastating impact of “Slim disease” in Uganda first-hand from a visiting Ugandan physician.

At the 1985 International AIDS Conference, they heard from the chair of the South African Committee on AIDS that of 300 000 miners tested for HIV, three percent were HIV positive. Many miners came from neighbouring states, which meant that the figure was higher than for the general South African population, where it was still under one percent, but a chilling fact became clear to them as epidemiologists at the top of their field: AIDS was spreading from neighbouring states into South Africa and country realistically faced a Ugandan scenario of a massive and growing ‘heterosexual’ AIDS epidemic. In the meantime, Slim Abdool Karim and Quarraisha Abdool Karim were both awarded scholarships to study Public Health through a scholarship brokered by Coovadia of NAMDA and Susser of CHISA.

As has been shown, AIDS had already morphed at the level of representation into the “Black Death” in the popular media and apartheid government circles by this time in South Africa. In 1987, the government launched a racist and culturally inappropriate “coffin campaign”. Slim Abdool Karim remembers this campaign as depicting a coffin being lowered into a grave and the campaign as referring to AIDS as caused by the ‘African custom’ of men having the right to sleep with their late brothers’ widows, a practice which by then was almost non-existent in South Africa.⁶⁵ Furthermore, only a year earlier in 1986, policy proposals had been seriously mooted by the government for enforced deportation of all foreign HIV positive miners, a move which was resisted by both the National Union of Mine Workers (NUM) and the Chamber of Mines.⁶⁶

⁶⁵ Interview with Slim Karim, Held 15th September 2003 at the Research Offices, Francis Stock University of Natal, Durban.

⁶⁶ It is interesting to note that this was also being picked up by GASA in its media scrap books. “AIDS Reaction”. *The Star*, Tuesday August 1986. From GASA media file Vol 8: Scrapbook 5. Media Scrap Books Gay Association of South Africa /Gay Association of South Africa 6010 Box. GASA archive South African History Archive, University of the Witwatersrand. David Jackson and Lester Venter. “AIDS: Govt, chamber of mines on collision course”. *Sunday Times* August 31 1986. From GASA media file

Many Africans already mistrusted government family planning services⁶⁷ and the discriminatory depiction of AIDS and policy proposals further demonstrated the need for a new mission for Stein and Susser and at a later stage for Slim and Quarraisha Abdool Karim: to convince the anti-apartheid movement of the serious threat posed by the AIDS epidemic and that the illegitimacy of the apartheid government and its discriminatory and woefully inadequate response to the AIDS epidemic necessitated urgent activism by the movement around the problem.

Such a campaign was necessary as NAMDA had many other priorities in the decade of the 1980s as a whole. The late 1980s were no exception, as is demonstrated by the fact that in Natal AIDS was not part of day-to-day branch discussions.⁶⁸ This is demonstrated by the fact that the Durban NAMDA Branch was more preoccupied with issues such as providing Detainee services and health services to communities and hosting public meetings.⁶⁹

The first evidence of activism around AIDS within NAMDA emerged when it arranged sending a delegation to the 1989 Montreal AIDS Conference. Significantly, the anti-apartheid gay rights GLOW activist Peter Busse and a representative from OLGA were invited to be part of the delegation put together by Max Price (of NAMDA Southern Transvaal branch) alongside delegates from the unions and NAMDA.⁷⁰ This is the only concrete archival evidence of cooperation between the two groupings in 1989, but it clearly demonstrates that cooperation between the two groupings was historically enabled

Vol 8: Scrapbook 5. Media Scrap Books Gay Association of South Africa /Gay Association of South Africa 6010 Box. GASA archive South African History Archive, University of the Witwatersrand.

⁶⁷ Mbali, *A long illness*.

⁶⁸ "NAMDA Branch Activity Table: 1988", NAMDA NEC Minutes File. NEC Minutes and Detainee Medical Reports Box 86-91.

⁶⁹ "Durban Regional Branch Report to AGM 5th December 1987". NAMDA Regional Reports File.

NAMDA Regional Reports and Correspondence '90 and Human Rights Commission Reports 87-91 Box.

⁷⁰ "Letter to NAMDA NEC from Max Price", dated 1st May 1989. NAMDA NEC Minutes File. NEC Minutes and Detainee Medical Reports Box 86-91. "Letter to Steven Smith of CIDA: Re: South African nominations for funding by CIDA to Montreal AIDS Conference. . NAMDA NEC Minutes File. NEC Minutes and Detainee Medical Reports Box 86-91. Busse of OLGA would go on to head up the National Association of People living with HIV/AIDS in the mid- 1990s. Interview with Promise Mthembu, Held 19th August 2003, at the Gender AIDS Forum Offices in Smith Street, Durban.

by the emergence of a self-consciously anti-apartheid politicised model of gay rights activism.

However, it clearly emerges from the archival and oral evidence available that foreign supporters of NAMDA played a key role in warning anti-apartheid doctors that they had to accord AIDS top priority status and fight against AIDS related discrimination. In the same year that the delegation was put together to attend the Montreal AIDS Conference, Mencer D Edwards of the US Minority AIDS Council (whose visit was probably facilitated by CHISA) gave a rousing address on the issue of AIDS at the 1989 National NAMDA Conference. He opened his speech with a protest song about the manner of Biko's death and argued that: the Centres for Disease Control (CDC) in Atlanta had covered up the extent of infection amongst US blacks; that AIDS re-defined the civil rights agenda of the 21st century and that political leaders and activists needed to change their own personal conduct to prevent AIDS.⁷¹

In April of the same year, minutes of a NAMDA National Executive Committee (NEC) meeting reveal that three members of the NAMDA Southern Transvaal Branch formed a special interest group on the issue of AIDS, which was affiliated to the newly formed Progressive Primary Health Care Network (to be discussed in the next MA thesis chapter), The point form minutes of that meeting reveal that they argued that AIDS "Needs to be put in the context of apartheid in health" they were also to give an interim policy on AIDS to be given to the NAMDA NEC within one week of the meeting.⁷² The loose notes taken of the meeting also reveal a concern about "Government prejudices" and questions over what government's role should be in AIDS prevention and argued that "Government statistics are not exposed".⁷³

⁷¹ Mencer D Edwards. "Community Development and Personal Empowerment: Lessons from the Responses of African American People to the HIV Epidemic: Keynote Address by Mencer D Edwards, RN, MSN, MPH, executive director National Minority AIDS Council, Washington DC to the 6th Annual Conference of the National Medical and Dental Association of South Africa. Delivered May 12, 1989, Sandton Holiday Inn, Johannesburg, South Africa". HIV/AIDS Issue File. NEC Minutes Box, 1988-1991.

⁷² "Minutes of Combined National Council and Conference Committee Meeting Held on 14 May 1989 at Sandton Holiday Inn-Johannesburg", 1. NEC Minutes File. NEC Minutes 86-91 & Detainee Medical Reports Box.

⁷³ "Minutes of Combined National Council and Conference Committee Meeting Held on 14 May 1989 at

The Birth of Doctor AIDS Activism in 1990

The turn of the new decade brought a number of significant historical events on the national political stage such as the un-banning of the ANC and the release of its leader Nelson Mandela from jail. It was also a significant year for NAMDA, a year when AIDS would be placed firmly on its agenda and a year when CHISA hosted the Maputo Conference where anti-discrimination was firmly established as a principle in AIDS policy. It was also a year which showed even more links between the anti-apartheid gay rights movement and NAMDA. Due to space constraints it won't be possible to analyse the relevant events of that year in full detail (which I will do in subsequent chapters of my MA thesis) but it may be worth will using the opportunity to sketch out a few crucial events.

1990 was a year in which a NAMDA delegation would meet with Nelson Mandela in jail to discuss general progress with “the struggle” only for him to be released later that same year. A month after this meeting, NAMDA Southern Transvaal region announced on the eve of GLOW's first Gay Pride March in Johannesburg that it "Wishes to extend our solidarity to GLOWA (sic) in your pursuit of our common struggle for human rights and national liberation".⁷⁴ NAMDA Southern Transvaal branch was leading NAMDA's response to AIDS from an organizational point of view at the time, so it is fairly significant for the history of links between the two movements over AIDS that this branch of the organization sent this faxed solidarity note to GLOW on the eve of the first Gay Pride march in South Africa.

By the time of the Maputo Conference on Health in Southern Africa hosted by CHISA, AIDS was being placed firmly on the map of anti-apartheid health groups. Stein co-chaired a session on AIDS with anti-apartheid health policy- analyst Anthony Zwi and

Sandton Holiday Inn-Johannesburg”, 2. NEC Minutes File. NEC Minutes 86-91 & Detainee Medical Reports Box.

⁷⁴ Pule Malumane. “Re: Johannesburg Lesbian and Gay Pride March 1990; 13/10/90”. Letter Dated 2nd October 1990. NAMDA Branch Reports File 1988-1991, Branches and Reports Box

it's clear that she and Susser used the conference to push AIDS onto the liberation movement's health agenda. The conference declaration featured a whole specific paragraph on the AIDS epidemic, which argues for urgent action, that the state's response was inadequate and discriminatory and that there was a need for alternative progressive campaign under auspices of AIDS task force. Participants in the conference included NAMDA, NPPHCN, UDF, Critical Health and COSATU.⁷⁵

Later that year, at the 1990 Annual Conference, there was a flowering of presentations and talks on AIDS, complete with four conference presentations by NAMDA members on the epidemic in South Africa addressing everything from the epidemiology of AIDS, to the use of popular theatre in addressing AIDS. Dr JHC 'Noddy' Jinabhai, in his presentation on "Community Perspectives and Organisational Issues", outlined the challenges of community based HIV prevention work. He argued that "AIDS highlights all racial, class and SEX discriminations in society. It challenges politicians, policy makers and communities to take a critical look at the basic value systems and ethics of society".⁷⁶ For Jinabhai, AIDS policy needed to be ethically framed.⁷⁷ He cited a black social worker, a certain Mrs Mkhobo as having argued that convincing black youths that AIDS was a risk was difficult: AIDS was a new disease, with foreign concepts of causality, without signs and symptoms appropriate to STDs requiring management. Sexism and the male dominance in sexual relations were the norm.⁷⁸

It is worth quoting at length the difficulties cited by Jinabhai involved in HIV prevention promotion work in 1990:

"Prevention strategies require a certain social milieu, with a collectively accepted value system and norms...In reality a semi-permanent state of military destabilisation- prevents any effective community based prevention programmes. The townships and rural areas are a seething cauldron of mass mobilization, political agitation, rising waves of expectation

⁷⁵ "Declaration on Health in Southern Africa, Maputo, April 15, 1990", 3. HIV/AIDS Issue File. NEC Minutes Box, 1988-1991.

⁷⁶ N Jinabhai. "AIDS: Community Perspectives and Organisational Issues", 32. *Health Priorities for the 1990s: Proceedings of the NAMDA 7th Annual National Conference, University of Natal, Durban, 13, 14, 15 July 1990.* NAMDA Conference Proceedings & Publications Box 85-90. NAMDA Archive.

⁷⁷ Jinabhai "AIDS", 32-33.

⁷⁸ Jinabhai "AIDS", 32-33.

and brutal police and military action. In such a volatile climate such issues are pushed even lower down the list of priorities. In such a context it may be unrealistic to expect community members to leave urgent and burning issues, such as police action, refugee care and poverty; to spearhead an AIDS campaign

The first reference to AIDS activists also occurred at the conference in a paper on the use of drama for AIDS education, which referred to South African “activists in AIDS prevention”.⁸⁰

South African AIDS activism had arrived as a concept, but it was clear that the way ahead in promoting HIV prevention would be far from smooth. Meanwhile, there was an increasing visibility of militant gay activism on AIDS and other issues (which is to be fleshed out more fully in subsequent chapters of my MA thesis). Susser also gave an address at that conference in which he argued that AIDS was a national emergency with its one percent infection rate and that only a ‘social movement’ on a national scale could ‘stem the tide’: although Susser argued that there was not the ‘luxury of time’ in forming this movement, it would not emerge until almost a decade later with the rise of the TAC when over four million South Africans were infected with HIV.

Concluding Remarks

Some weeks before this paper was written Quarraisha and Slim Abdool Karim hosted a dinner at their comfortable Glenwood, Durban home for donors, academics, and AIDS activists attending the 2003 South African AIDS Conference. Half an hour into the party Jerry Coovadia rose to honour the contributions of Zena Stein and Mervyn Susser to the fight against AIDS and apartheid in health and in playing such a strong role in providing public health education for AIDS researchers. In the crowd applauding them were TAC activists, prominent activists living with HIV, and prominent AIDS doctors. Justice Edwin Cameron a former anti-apartheid gay rights activist and prominent spokesperson for people living with HIV and for treatment access arrived later in the proceedings.

⁷⁹ Jinabhai “AIDS”, 33.

⁸⁰ C Evian. “Popular Theatre and Community AIDS Education”, 39. *Health Priorities for the 1990s: Proceedings of the NAMDA 7th Annual National Conference, University of Natal, Durban, 13, 14, 15 July 1990*. NAMDA Conference Proceedings & Publications Box 85-90. NAMDA Archive.

Many of the prominent people at the party had been involved in AIDS activism and research since the late 1980s and much of their activism was grounded in histories of anti-apartheid doctor and gay rights activism.

Many of the people at that party were involved in the contemporary struggle for HIV treatment access, a struggle that has involved strategic and powerful alliances between former anti-apartheid doctors and gay rights activists, whose power is demonstrated by the fact that four days after the conference the party was celebrating, the government had relented on developing a plan to roll-out HIV treatment.

This alliance is not automatic and has not always existed. In the 1980s, the main gay rights organisation GASA was racist and ‘apolitical’ and non-militant on the issue of apartheid. Similarly homophobia was rife in the anti-apartheid movement. GASA was concerned about AIDS in the 1980s, but its non-militancy prevented it from taking on AIDS-related discrimination in a coordinated national campaign along the lines of the American group ACT UP. A new militant, anti-apartheid gay politics emerged from the demise of GASA and the splintering of gay politics in the mid-1980s: this was a militant politics that would lay the ground-work for the formation of the TAC in memorial to Simon Nkoli’s death from AIDS in the late 1990s.

Similarly, NAMDA members were aware of AIDS through seeing infected patients and reading medical journal articles, but as a militant anti-apartheid organisation, the immediacy of the repression and upheavals of the 1980s made AIDS seem like a remote problem and a lesser priority. NAMDA was concerned about the racist depiction of AIDS, and unlike government interpreted AIDS as caused by the socio-economic and political context of apartheid. Foreign NAMDA supporters like Zena Stein and Mervyn Susser played a key role in catalysing the liberation movement forming a response to AIDS through organisation of the Maputo Conference (which gave prominence to AIDS), providing educational opportunities to anti-apartheid health activists in public health and through presenting papers on the threat posed by the epidemic. By the turn of the decade, AIDS was on the anti-apartheid movement’s health agenda (even if it was fairly low

down on the immediate list of priorities) and nascent links had been formed with the gay rights movement. The stage was then set for the formulation of the architecture of post-apartheid AIDS policy-making, which would, at least on paper, be framed in terms of non-discrimination.

In both the organisational histories of NAMDA and GASA and later post-GASA anti-apartheid splinter groups discriminatory representations of AIDS were resisted. These struggles over representation were vital in the early history of the epidemic to shaping both movements responses to the epidemic. Resisting homophobic and racist depictions of AIDS by the government and the media meant resisting real material discrimination too: resisting deportations, forced testing, and people being turned away from receiving care at hospitals. This resistance was not yet of the militant ACT UP variety: such militancy only emerged a decade later in TAC. However, South African AIDS activism began to emerge in its contemporary form in these years, even when there were numerous other seemingly more important events taking place such as the splintering of the gay movement and the emergence of anti-apartheid gay groups. AIDS activism had also emerged amongst anti-apartheid doctors by the turn of the decade, but their response was limited and later than anti-apartheid gay rights activists, as they were preoccupied with dealing with the broken bones and physical and emotional agony resulting the apartheid state's violence and inhumanity against those who opposed it and lobbying against apartheid in health.

AIDS activism in the 1980s and early 1990s only fired opening salvos in a much longer struggle to get AIDS policy to conform to the broader principles of human rights in a democratic society. This broader struggle for democracy occupied much of their time and energy of anti-apartheid doctors and gay rights activists in those years, which was probably to the detriment of them focussing on AIDS, but has allowed the political and legal space for contemporary AIDS activists to make their case in the streets and in the courts.