

***'Just say yes, Mr President': Mbeki and AIDS***  
**by Anthony Brink**

**A PROSPECTUS**

'... when historians assess the democratic credentials of Thabo Mbeki's government in future, it is likely that their most critical attentions will focus on its responses to the HIV/AIDS pandemic ... What explains Mbeki's apparent embrace of dissident ideology?'

**Tom Lodge, politics professor, Wits University, *Politics in South Africa* (Cape Town: David Philip, 2002)**

'In 1998 Mbeki referred to the "escalating HIV/AIDS pandemic" as a "pressing crisis". Therefore, what is not properly understood is why and how such a radical shift in his own views and from the policy position adopted by the ANC national health plan took place.'

**Mark Heywood, AIDS Law Project (now SECTION 27) director and TAC executive committee member, 'The Price of Denial', *Development Update*, February 2005**

'How does one understand a man who is among the finest minds of his generation, yet doggedly denies the scientific evidence over HIV/Aids?'

**Martin Plaut, 'No denial', *Times Literary Supplement*, 22 August 2008**

'The HIV/AIDS issue is worthy of a book in itself.'

**Brian Pottinger, *The Mbeki Legacy* (Cape Town: Zebra Press, 2008)**

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### ONE

**All commentators acknowledge former President Thabo Mbeki's exceptional intellectual acuity**

Political commentators unanimously agree that former South African President Thabo Mbeki is a brilliant, widely-read intellectual, with exceptional radical analytic perspicuity.

Writing in the London *Guardian* on 9 April 2004, Allister Sparks thought 'Mbeki is an exceptionally intelligent man, one of the sharpest and brightest analysts I have ever met.'

Peter Bruce reckoned similarly in his 'Editor's Note' in the *Financial Mail* on 17 November 2000: 'Mbeki is arguably the most intelligent national leader this country has ever had', adding in an editorial in *Business Day* on 14 August 2007 that arguing with him is hard, because his opinions are informed: 'what's difficult about tackling Mbeki is that he is so obviously an enlightened man. He reads, he is erudite, he's good company.'

Interviewed in *Fair Lady* in November 2005, Mbeki's mother Epainette mentioned that his erudition and enlightenment started with unsuitable books when he was a boy:

he read books at an early age which we thought were not for his standard. And he was not talkative. He was reserved, even as a young person. And he had very few friends because, you know, his mind was above average.

(She might have mentioned that having two communist parents helped a bit too.)

That Mbeki reads up on things for himself before forming opinions, and that he doesn't just rely on what he's told by ignorant slobs in high positions posing as experts who are too lazy to do the reading he has, is apparent from his complaint in the *Sunday Times* on 6 February 2000: 'What do you do if ... university people, professors and scientists ... haven't read ... won't read? What do you do?'

Mbeki underscored the point two years later in March 2002 at the start of the preface to his radical scientific and ideological critique and scientific debunk of Robert Gallo's HIV-AIDS hypothesis, *Castro Hlongwane, Caravans, Cats, Geese, Foot & Mouth and Statistics: HIV/AIDS and the Struggle for the Humanisation of the African*, discussed by the ANC NEC in March 2002: 'This monograph discusses the vexed question of HIV/AIDS. It is based on the assumption that to understand this matter, it is necessary to study it.' Also: 'It does not accept the assertion that only scientists and medical doctors are capable of understanding this medical condition.'

Sean Johnson summed up in his foreword to Hadland and Rantao's *The Life and Times of Thabo Mbeki* (discussed below): 'No one doubts his great intellect and skill.'

Mbeki's mother confirmed this in the *Sunday Times* on 23 December 2007: 'What I've noticed throughout the years is that his intelligence is above average. As a result people are unable to reach up to him ... and he won't come down to them.'

In sum: writing in *Business Day* on 22 August 2007, Professor Steven Friedman thought that Mbeki wasn't just South Africa's smartest leader ever, but that he 'may well be the world's most intelligent head of government.'

## TWO

**On AIDS, however, all commentators find Mbeki's thinking incomprehensible – with some saying it's deranged, even dishonest**

South African, American and English liberal and liberal-left commentators, predominantly white, have universally found Mbeki impenetrably inscrutable on AIDS.

In *Beyond the Miracle: Inside the New South Africa* (infra) Sparks wondered, 'How has this highly intelligent man been drawn into this situation that is so damaging of himself and his country?'

Equally confounded, Nadine Gordimer noted in the London *Sunday Times* on 21 November 2004: 'I just can't understand his ... wholly incomprehensible ... attitude. Yet in many ways he is an excellent president. He is so intelligent and such a well-read man.'

In a Wolpe Trust lecture in Cape Town on 23 September 2008, Robert Schrire said he also found him intellectually opaque, but for quite contrary reasons:

He always gives convoluted intellectual reasons that don't make sense. Mbeki is not an intellectual. This is a good thing. I am scared of intellectuals as leaders. We need simple-minded people in government. ... One emotion he exhibits is a visceral hatred of the West. He likes being an Englishman but hates the West.

Believe it or not, this person is an esteemed professor of politics at UCT.

The *Washington Post* recorded on 6 July 2000 that

Mbeki – described by friends and even critics as among the smartest and most capable leaders in the developing world – has become better known internationally for his skepticism about conventional AIDS treatments than for any other reason.

A week later on the 14th, the newspaper's online magazine *Slate* declared what it thought of this, claiming both in the title of the piece 'Thabo Mbeki: Why has South Africa's excellent president gone loco?' (mad) and in the article itself that Mbeki's 'skepticism' for ARV drugs evidenced mental perturbation:

In the last few months, Thabo Mbeki has been introducing himself to the world as a loon ... making a spectacle of himself. ... He portrays himself as an educated skeptic about AIDS. But his late night Web-trolling, credulity about what he read online, and

\$10 scientific phrases smack less of skepticism than obsession. The president of South Africa is acting like a nutter. It's a shame that Mbeki has been diverted by this bizarre AIDS twaddle, because he is normally rational. ... Mbeki's AIDS paroxysm, in short, is uncharacteristic of his lifetime of reasonableness. Why is he fixated on questioning the Western consensus about AIDS? ... Mbeki faces a health catastrophe of unimaginable proportions. ... For 58 years, he has never succumbed to desperation or folly, no matter how dire the situation. If South Africa has become so troubled that even the unflappable Mbeki is coming unhinged, the world should worry.

In an editorial on 15 September 2000 entitled 'Just say yes, Mr President', the *Mail & Guardian* pronounced that Mbeki's thinking on AIDS revealed him to be a special sort of mental defective suffering a complex of disabling psychological problems:

It is not too late for Mbeki to change the growing perception of him as an extremely intelligent man, but one whose intellect contains islands of irrationality that are impervious to reason, who has difficulty in conceding an error of judgement, and who prefers verbal play to the practical tasks at hand.

Max du Preez insinuated that Mbeki's incomprehensible position on AIDS evinces that he's dishonest, claiming in the *Cape Argus* on 20 November 2003 that 'not even the most skilled and devious spin-doctor in the world would be able to explain our president's views and strategies on HIV/Aids.' He eliminated any doubt as to his meaning in the *Star* on 23 August 2007, recording his opinion that Mbeki's thinking on AIDS reflected that he wasn't only dishonest, but schizophrenic as well:

I have been concerned for a long time about the way in which Mbeki seems to be drifting from reality. ... Some of the worrying patterns of behaviour include his continued duplicitous position on HIV and Aids.

In fact he should be locked up, du Preez suggested in the *Daily News* on 15 May 2008:

Mbeki started off with a great initiative to restore Africa's pride and her place in the international community with the African Renaissance and Nepad. But in the end he did Africa more

damage than most African heads of state with his bizarre notions, and criminal denialism, on HIV and Aids.

An editorial in the *Economist* on 29 November 2007 deplored Mbeki's 'weird and destructive views on HIV/AIDS'.

In the January-March 2008 issue of *BBC Focus on Africa*, Andrew Feinstein just couldn't understand 'Mbeki's inexplicable Aids denialism'.

Mark Gevisser mentioned in his biography *Thabo Mbeki: The Dream Deferred* (discussed infra) that Mbeki had briefed him with an updated copy of *Castro Hlongwane*, and that he'd confirmed it set out his views; big-time AIDS expert Hein Marais (who, like Jonny Steinberg, has this way of ejaculating lyrically at the thought of Africans riddled with venereal disease) had suggested two years earlier that this 'screed' which 'flamboyantly declaimed' on the racist junk science of HIV-AIDS was sickening – disgorging the view in his own delirious 'pamphlet' published by the University of Pretoria's Centre for the Study of AIDS, *Buckling: The impact of AIDS in South Africa 2005*, that it was 'a bilious tract'.

Interviewed in the *Sunday Independent* on 23 December 2007, cartoonist Jonathan ('Zapiro') Shapiro's comment on Mbeki's move in owning *Castro Hlongwane* as a statement of his thinking was that of all the year's political wonders it was 'most off the scale on the lunatic meter'.

Taking an equally dim view on his *Mail & Guardian* 'ThoughtLeader' blog on 15 February 2008, AIDS Law Project head of policy and research Jonathan Berger knocked it as 'the truly crazy Castro Hlongwane missive'.

Which is to say, to Marais', Berger's and Shapiro's minds, being right-thinking Europeans, Mbeki's radical scientific and ideological deconstruction of the HIV-AIDS construct in *Castro Hlongwane* evidences that he's mentally sick; but naturally, since as Oscar Wilde once observed, 'In all matters of opinion, our adversaries are insane.'

In a lengthy, vituperative opinion piece in the *Sunday Independent* on 12 November 2007, Jerry Coovadia, 'Professor of HIV-AIDS Research' at Nelson R Mandela Medical School, UKZN, and his son Imraan, a novelist and English lecturer at UCT, concurred in this psychiatric diagnosis: Mbeki's analysis and dismantling of HIV-AIDS in *Castro Hlongwane* as evidence of a 'diminished mind'. It's 'breathtakingly irrational', full of 'sense and nonsense, insinuation and provocation, rationalization and misquotation', they fulminated – 'self-pity and

displaced self-hatred' too. And as for Mbeki's matter-of-fact point that 'HIV' has never been isolated, this was 'Mbeki's lie', they said.

A review of Gevisser's book in *Time* on 5 December 2007 claimed Mbeki's 'independent-minded stubbornness ... his skepticism, in the face of overwhelming scientific evidence, that HIV is the principal cause of aids ... can look like callousness when millions of lives are at stake'. His inability to use 'the media effectively' to explain his point of view 'persuaded Mbeki there was a conspiracy against him, Gevisser writes, and encouraged him to fester in an "increasingly sullen and irascible isolation."'

### THREE

**All commentators contend that Mbeki's political 'legacy' has been seriously damaged by his dissension from Western AIDS orthodoxy**

Commentators are also unanimous that Mbeki's position on AIDS will forever stain what they call his 'legacy'. Most recently, suggesting like du Preez has that Mbeki's scepticism for the Western-proclaimed HIV-AIDS scare evidences a mentally disturbed detachment from the real world, multi-billionaire and Open Society Institute chairman George Soros answered *Mail & Guardian* editor Ferial Haffajee's enquiry in an interview published on 19 February 2008, 'As President Thabo Mbeki ends his term of office, what do you think will be his greatest legacy?':

I think he's done many things right, but the two big spots on his legacy are the ways he dealt with HIV/Aids and Zimbabwe. He started out being very open and realistic, ready to deal with problems and recognising them, but in the course of time, his entourage has isolated him from reality and he became increasingly detached.

Richard Calland and Sean Jacobs opined alike in 'Thabo Mbeki: Politics and ideology' included in their essay collection *Thabo Mbeki's World: The Politics and Ideology of the South African President* (discussed below): 'Thabo Mbeki's legacy is in danger; tragically, "the president with the inexplicably contrary views on HIV/AIDS" would be most apposite at this stage.'

Calland reiterated his assessment in *Anatomy of South Africa: Who Holds the Power?* (Cape Town: Zebra Press, 2006): 'Mbeki's legacy, for all

his other immense achievements, will always be seriously blighted by his quixotic preoccupation with the linkage between HIV and AIDS.' (He probably thinks that by using language like this he sounds clever.)

In *To the Brink: The State of Democracy in South Africa* (discussed below) Xolela Mangcu thought much the same – but going further in implying criminal indolence on Mbeki's part for allowing 'millions' to die:

Thabo Mbeki's legacy will largely be defined by his intransigence on the greatest public health threat facing South Africa, HIV/AIDS. In order to understand the gravity and sheer irresponsibility of Mbeki's apparent denialism, we need only look at the evolution of a potentially manageable disease into a pandemic that has claimed the lives of millions of South Africans.

*Business Day* political editor Karima Brown passed the same verdict on 22 August 2006: 'Whatever Mbeki and his government manage to achieve for South Africa's future, nothing can remove the culpability of millions of preventable deaths that will forever stick to his name.'

Wits politics professor Tom Lodge summed up his criticism of 'Mbeki's reluctance to sanction large-scale provision of anti-retroviral medication to HIV/Aids patients and his personal association with dissident Aids denialists' in the title of an article he wrote for the Helen Suzman Foundation magazine *Focus* in March 2007: 'Mbeki leaves SA a mixed legacy'.

UCT economics professor Nicoli Nattrass explained in her Centre for Social Science Research working paper of 19 March 2006, 'AIDS, Science and Governance: The Battle Over Antiretroviral Therapy in Post-Apartheid South Africa', that the basic problem with Mbeki's open-minded approach to AIDS is that he's thick and stubborn, like a pig:

The most pernicious legacy of President Mbeki's dissident stance on AIDS has been the erosion of the authority of science and of scientific regulation of medicine in South Africa. ... his insistence that all avenues should be explored [was] stupidly pig-headed.

In his column in the *Guardian* on 1 December 2007, Ben Goldacre revealed that he loathes and despises the wogs no less: 'South Africa is ... headed ... by President Thabo Mbeki, a man who remains an HIV denialist ... Our greatest impediment is wishful, brutal stupidity.'

Very obviously dumping his hysterical post-colonial angst, author and columnist Jonny Steinberg claimed in *Business Day* on 6 November 2006 that Mbeki is a deeply psychologically troubled person, sickening

others with his mental disease and Lysenkoism, and that this had harmed his 'legacy':

Mbeki's talk about AIDS was a mixture of ersatz science and sociology ... [His] ideas [about] AIDS and antiretroviral treatment [have] in common [a] frenzied anxiety about an erosion of authority – perhaps even of national sovereignty. ... What Mbeki coaxed to the surface of SA's political culture was an anxious man's nationalism and a paranoid's nativism – both of which instinctively lash out at the arrival of technology and ideas from abroad. ... Mbeki ... treated the AIDS epidemic as a pernicious attack on our sovereignty launched from abroad ... he has made his own sense of besiegement a nation's sense of besiegement. In diffuse and unhappy ways, he has triggered a flurry of trench digging across large strata of SA. It is a troubling legacy to leave behind.

Similarly, Vicki Robinson and Rapule Tabane wrote together in the *Mail & Guardian* on 2 February 2007:

How to squander a legacy ... Deny Aids. ... Mbeki's ... HIV/Aids quackery at the turn of the century ... fatally refuted the scientific link between HIV and Aids. ... In 2001, President Thabo Mbeki began to question the links between HIV and Aids. He established a presidential advisory panel comprised of the world's most notorious dissident scientists.

South African AIDS consultant Virginia van der Vliet, who also thinks she's clever, ascribed Mbeki's thinking on AIDS to blind, ignorant, unrealistic 'ideological fetishism' in her article 'The Poverty Trap' in *AIDSAIert* on 14 March 2007:

[In promoting Lysenko's] doctrine of environmentally (as against genetically) acquired inheritance ... Stalin too imagined that biology was susceptible to his own ideological fetishism. ... President Mbeki's forays into biological science on HIV/AIDS, in which he is as ignorant as Stalin in plant genetics, offer a parallel deriving from an imposed overriding ideological imperative.

The *New York Times* picked up and recycled many of these themes in an editorial on 14 August 2007, namely that Mbeki's thinking on AIDS is disordered; the science he asserts is trash; he is responsible for the

deaths of 'thousands' of people; and unless he changed his mind on AIDS he'd wreck his 'legacy':

What is it about South Africa's devastating AIDS epidemic that President Thabo Mbeki just doesn't want to understand? Mr. Mbeki has catastrophically failed to face up to his country's greatest challenge. For years, he associated himself with crackpot theories that disputed the demonstrable fact that AIDS was transmitted by a treatable virus. ... he suggested that antiretroviral drugs were toxic, and he encouraged useless herbal folk remedies instead. As a result, thousands of South Africans have needlessly sickened and died. ... [South Africa] lacks ... a president who cares enough about his people's suffering to provide serious leadership. Only two more years remain in Mr. Mbeki's presidential term. Unless he finally starts listening to sensible advice on AIDS, he will leave a tragic legacy of junk science and unnecessary death.

According to Gavin Evans, writing in the *Sunday Times* online on 22 January 2008, 'Mbeki will forever be associated with his idiocy over Aids [in] adopting an absurd, flat-earth position that denied the link between sex, HIV and Aids.'

Even generally sympathetic Mbeki biographer Mark Gevisser shares the general liberal consensus in deploring Mbeki's dissension on AIDS. Paraphrasing the judgment he passed in his book, he repeated the standard thoughtless white liberal view in an interview in the *Sunday Times* on 18 November 2007: 'I think the deepest scratch against his legacy will be the way he dealt with HIV and Aids.' And again on 4 August 2008, in podcast audio interview by *Sunday Times* books editor Tymon Smith: 'AIDS and Zimbabwe will remain, into perpetuity, sort of black marks against his name.'

In *The Mbeki Legacy* (discussed below), Brian Pottinger agreed that 'tragically his legacy will probably not be celebrated for [his political achievements], but will be remembered for ... his ambiguity on HIV/AIDS'.

Reviewing the updated, abridged American edition of Gevisser's book *A Legacy of Liberation: Thabo Mbeki and the Future of the South African Dream* in the *New York Review of Books* on 9 April 2009, former New York Times editor Joseph Lelyveld fixed on AIDS in support of his verdict announced in the title of his piece, 'How Mbeki Failed':

Freed from the scourge of apartheid, a liberated South Africa wasted the better part of a decade before starting to marshal its considerable resources to confront the scourge of AIDS (by which time nearly 30 percent of pregnant South African women were estimated to be HIV-positive). Thabo Mbeki was the central reason for that catastrophic misjudgment. In his suspicious mind [‘the brooding recluse who sat up late into the night at his computer in presidential mansions in Cape Town and Pretoria, exploring the speculations of AIDS deniers’] the notion that HIV and AIDS were causally related was only a ‘thesis’ propounded by multinational drug companies bent on opening new markets in Africa.

#### FOUR

**None of Mbeki’s biographers or other political writers – Gevisser included – have interrogated and elucidated the scientific basis of Mbeki’s rejection of the HIV-ARV-AIDS paradigm, and none have examined and deconstructed the ideological core of the African AIDS construct.**

1. Hadland and Ranteo’s *The Life and Times of Thabo Mbeki* (Zebra Press, 1999) was published in April 1999, six months before Mbeki began changing his mind about AIDS. In this context, therefore, the book is useful only to the extent that it shows that at the time it was published, Mbeki was still a resolutely convinced believer in ‘this scourge ... of HIV/AIDS’ and that he hadn’t yet begun questioning Western medical wisdom that ‘Africa accounts for two-thirds of the world’s infected’ by a sexually transmitted virus, as he put it in his *African Renaissance* speech in Tokyo on 9 April 1998, and that patented ARV drugs manufactured and sold by Western pharmaceutical corporations were essential for saving African lives. He still believed this stuff and was pumping it like Ray McCauley doing his Sunday business.

2. Lucky Mathebe’s *Bound by Tradition: The World of Thabo Mbeki* (UNISA Press, 2001) plausibly asserted Mbeki’s African ‘pragmatism’ over characteristically Western ‘a priori or ideological positions’ to account for his open questioning of American orthodox thinking about AIDS, but didn’t enter into the reasons for Mbeki’s radical shift from it at the

end of 1999. In fact, Mathebe doubted that Mbeki 'has an abiding conviction that there is no such epidemic as Aids or a virus called HIV'. But Mbeki's radical AIDS dissident manifesto *Castro Hlongwane* released in March 2002, a few months after Mathebe's book was published, disconfirmed Mathebe's doubts and demonstrated that Mbeki indeed rejects the HIV-AIDS paradigm completely. In *Castro Hlongwane* Mbeki talks of the 'so-called pandemic', and, crucially, pointedly records that 'HIV' has never been isolated by the standards of classical virology:

Strange as it may seem, given what our friends tell us about **the Virus** everyday [*Mbeki's sarcastic boldface and upper case emphasis*], nobody has seen it, including our friends. Nobody knows what it looks like. Nobody knows how it behaves. Everybody acts on the basis of a series of hypotheses about the Virus, which are presumed to be facts, supposedly authenticated by 'clinical evidence'.

Those who have imbibed the faith that millions among us are infected by a deadly HI Virus, will disbelieve the assertion that the work of isolating our unique HI Virus has not been done. The omnipotent apparatus will scream loudly that the telling of this truth constitutes the very heart of the criminal non-conformity that must be denounced and repressed by all means and at all costs.

Rather than perpetuate our self-repression, it is time that we demanded that the necessary scientific work be done to isolate and analyse the Virus that is said to be so deadly.

In short, Mbeki indeed 'has an abiding conviction that there is no such epidemic as Aids or a virus called HIV'. Or to be more precise, though he doesn't doubt the broken health of the poor and drug-poisoned (doctors call it 'acquired immune deficiency' and 'immune reconstitution syndrome'), Mbeki no longer believes in any 'epidemic' of 'HIV-AIDS' slaughtering Africans, or about to slaughter them next year, or maybe the year after that, like he used to.

3. Notwithstanding the promise contained in the title of their essay collection, *Thabo Mbeki's World: The Politics and Ideology of the South African President* (University of Natal Press/Zed Books, 2002), Richard Calland and Sean Jacobs and three other authors repeatedly criticized Mbeki on AIDS, but without any endeavour to explicate his thinking or

motivation – other than to ascribe it to disingenuous ‘obfuscation’ (per Calland and Jacobs) and ‘excuses’ (per Patrick Bond), his ‘belligerent stance, particularly on the issue of HIV/AIDS’ (per Farouk Chotia and Jacobs), and ‘his very stubbornness’, giving rise to ‘his stubborn attempt to contradict progressive consensus on the question of the link between HIV and AIDS’ (per John Saul). In other words, in the view of these extremely progressive writers, in his engagement with AIDS not only is Mbeki dishonest, cantankerous and asinine, he’s politically reactionary too.

Concerning what Calland and Jacobs rightly identified as the hottest issue of Mbeki’s Presidency, these crass insults, consistent with basic white racist stereotypes of Africans, were put up in place of any attempt to analyse the political, ideological and factual basis of Mbeki’s dissent – which thinking Calland and Jacobs pronounce repugnant to good people everywhere: ‘The HIV/AIDS crisis has emerged as the issue on which Mbeki has revealed himself in ways that appal not just foreigners but many South Africans.’

This is to say, in questioning orthodox thinking about AIDS, Mbeki showed something about himself, not hitherto seen, which the extremely progressive authors found disgusting, just as others did.

4. Allister Sparks’s AIDS chapter in *Beyond the Miracle: Inside the New South Africa* (Jonathan Ball, 2003) delivered every cliché, every conventional newspaper story, every thrilling apocalyptic image and prediction that its title ‘An African Holocaust’ anticipated, even a little treatise on how ‘HIV sneaks in’, attacking ‘your defenders’ and everything, which he got from a professor at Duke University Medical Centre in Durham, North Carolina where AZT manufacturer GlaxoSmithKline and other drug corporations just happen to have their R&D HQs.

Sparks’s apologia for the AIDS industry has the quality of a school homework project – its general tone and lack of critical engagement naive to the point of childish. Instead of reviewing the dissident arguments, he mocked the AIDS dissidents instead (I’m ‘obsessive’, although also ‘an able lawyer who argues his case with persuasive force’). Sparks shed no light on why Mbeki thinks what he does about AIDS, save to mention that Mbeki found the leading dissident websites – which is to imply, correctly, that he read scientific critiques of the HIV

theory of AIDS published in medical and scientific journals and archived on the internet. He stated:

Mbeki himself confirmed that the first person to draw his attention to these dissident websites was a lawyer and part-time jazz musician named Anthony Brink, then practising in the provincial city of Pietermaritzburg.

To be precise, it was my work *Debating AZT* that alerted him to the trouble with AZT, but anyway, “‘That was the first time I became aware of this dissident viewpoint,” Mbeki told me.’ (Mark Gevisser confirms in *Thabo Mbeki: The Dream Deferred*: “‘That,’ Mbeki told me, ‘is what sparked it off ...’”)

‘Conspiracy theories lie at the heart of the dissidents’ cause,’ Sparks declaimed, thereby batting to touch with this mindless slur the entire corpus of hard scientific literature dealing with the trouble with the HIV theory of AIDS and saving himself the effort of investigating it – conveniently for him, since he finds ‘the dissidents’ arguments ... difficult to refute’.

Apart from implying that Mbeki is a conspiracy nut, Sparks edified his readers with two psychological explanations for Mbeki’s crossing to the dissidents, speculating that

the dissidents’ accusations that the drug companies were manipulating the research funding and ripping off the poor resonated with Mbeki. ... But there is more to Mbeki’s attitude towards AIDS than all of this. Somehow in this complex man there seems to be a deep-seated anger that the disease and those who point to its catastrophic scale in Africa are maligning black people, that the whole thing amounts to a calumny against African culture and sexual behaviour; that the disease is being used to smear black people. ... Whatever the reasons for Mbeki’s involvement with the AIDS dissidents and his strange reactions to the warnings of the awful realities of the disease, it would be difficult to exaggerate the damage he has done to his own image and that of his government, both at home and abroad.

Interviewed by Chris Barron for the *Sunday Times* on 15 June 2003, Sparks revealed what he really thought about it all: ‘on AIDS ... the present government ... really has behaved very badly, and President Mbeki is personally to blame’.

With this sort of disapproving attitude towards Mbeki's independent investigation of the scientific fundamentals of the HIV theory of AIDS, it's small surprise that Sparks never bothered finding out and then reporting what Mbeki's enquiry had turned up.

5. In *Thabo Mbeki and the Battle for the Soul of the ANC* (Zebra Press, 2005) William Mervin Gumede suggested that

In dealing with AIDS, Mbeki may have wandered off on a deadly diversion that has helped place an entire nation in denial and needlessly taken the lives of millions of its citizens.

Which is to say Mbeki is criminally to blame for the deaths of 'millions' of people. Discounting Mbeki's rejection of ARVs on the grounds of their dangerous toxicity and inefficacy, Gumede went on to imply that his given reasons were false, a red herring to distract from the true one, namely that he was actually indifferent to the sick African poor dying off untreated, because being Africans, unlike whites, they are especially susceptible to infecting each other with HIV and getting AIDS, and in any event, being useless economically, poor Africans aren't worth the money to treat:

Underlying the [government's reluctance to provide antiretroviral drugs] was an unspoken belief among Mbeki's inner circle that spending money on ARVs would be futile, since the real problem lay with the reasons for South Africa's masses being particularly vulnerable to AIDS. At its most cynical, the view suggests that the exchequer was to be spared the cost of subsidising treatment for the poor and unemployed, who were a drain on resources rather than contributors to the state coffers.

That writing of this quality should pass for serious analysis of Mbeki's thinking on AIDS goes a long way to accounting for why Gumede is a darling of South Africa's white liberal establishment.

6. Another feted servant of the same constituency, Xolela Mangcu, claimed in *To the Brink: The State of Democracy in South Africa* (UKZN Press, 2008) that

Thabo Mbeki had shown that under his stewardship racial nationalism would trump even the most deadly public health issue of his time. ... What the whole HIV/AIDS saga reveals is

that Mbeki lost his sense of judgment because of his personal hubris. ... There has been much speculation about why a man who prides himself in rationality should be so irrational in such a critical issue for his nation.

In other words, according to Mangcu, on AIDS Mbeki just went completely kaffir; and because of his overweening vanity he's unable to think straight like normal, sensible people who think as whites do. And who write like them, for them.

7. As a statement of Mbeki's thinking on AIDS, Ronald Suresh Roberts's *Fit to Govern: The Native Intelligence of Thabo Mbeki* (STE Publishers, June 2007) is a crude and worthless fraud. To avoid the job of examining and explaining the reasons for the radical shift in Mbeki's view of AIDS at the end of the nineties, Roberts represented Mbeki to be a conventional subscriber to orthodox thinking about AIDS, just as Roberts himself is, and contended that he's simply been misunderstood. But in *Thabo Mbeki: The Dream Deferred* published five months later, Mark Gevisser recorded that Mbeki himself moved to repudiate Roberts's basic opening lie that 'Thabo Mbeki is not now, nor has he ever been, an AIDS dissident', by telephoning him late one Saturday night in June, the month *Fit to Govern* came out; asking him whether he'd read *Castro Hlongwane*; explicitly confirming that it represented his thinking on AIDS; and having his Presidential driver hand-deliver an updated, expanded version of the work the following day. Without mentioning *Fit to Govern* by name (he thought so poorly of the book that he didn't mention it in his bibliography), Gevisser refuted Roberts's false claim by sardonically echoing his language in contrary terms: 'There is no question as to the message Thabo Mbeki was delivering to me along with this document: he was, as he had been since 1999, an AIDS dissident.'

In a talk at the Marais Road Synagogue Centre in Cape Town on 20 May 2008, Gevisser reported that Mbeki wrote to him after his biography was published to confirm that he was right in describing him as an AIDS dissident (adding that if he'd just look at the evidence, he'd be one too).

*Mail & Guardian* editor Ferial Haffajee summed up in her 'ThoughtLeader' blog on 15 November: Roberts's

book denies that Mbeki was ever a dissident ... Well, that lie has been blown out of the water by the better biography, Mark Gevisser's *A [sic] Dream Deferred*. In it, Mbeki himself confirms that he is still a dissident.

On reading my critical analysis, *Lying and Thieving: The fraudulent scholarship of Ronald Suresh Roberts in 'Fit to Govern: The Native Intelligence of Thabo Mbeki' with reference to chapters 8 and 9 on AIDS: 'A clash of fundamentalisms 1: medical politics' and 'A clash of fundamentalisms 2: racial politics'* (Open Books, November 2007; expanded edition, January 2008), STE Publishers cancelled\* the second impression of Roberts's best-selling book then about to go to press, and its editor Dr James Sanders judged it 'the most serious case of literary fraud and plagiarism in South African literary history'.

Having been refuted by Mbeki himself, Roberts's manifestly false claim that Mbeki isn't a dissident on AIDS doesn't warrant serious consideration.

8. Mark Gevisser's *Thabo Mbeki: The Dream Deferred* (Jonathan Ball, 2007) is billed by its publisher as a 'magisterial biography, both a work of deep scholarship and a gripping, page-turning story'. Several reviewers pronounced it sagely and authoritatively 'magisterial' too. Gevisser tells us on his website that it's

been lauded by *The Financial Times* as 'one of the great explanatory narratives of South Africa over the past 60-odd years' and by the *Times Literary Supplement* as 'probably the finest piece of non-fiction to come out of South Africa since the end of apartheid'.

In its citation awarding Gevisser the 2008 Alan Paton Prize for non-fiction, the *Sunday Times* praised 'his depth of research, quality of thought and analysis', his 'psychological insight' and his 'intellectual vigour'.

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\* In late November 2008 I discovered that notwithstanding STE Publishers owner Reedwaan Vally's reaction to my plagiarism charges reported in *Die Burger* on 17 November 2007 (I translate), 'the reprint of the book, of which all 8 500 copies have been sold, has been temporarily halted until finality over the allegations has been reached. ... He said STE Publishers considers allegations of plagiarism in a very serious light, and if they are true he will feel terribly betrayed by Roberts. ... Brink's allegations ... will be thoroughly investigated', and confirmation of my charges by *Fit to Govern's* editor, the historian and journalist James Sanders (PhD London), and by journalist and political commentator James Myburgh (PhD Oxon), Vally proceeded to reprint *Fit to Govern* three months later in February.

Indeed, 'Judging by the way some newspapers elevate him, it would seem nobody is allowed to challenge or question anything that Gevisser has to say about Mbeki,' wrote Sandile Memela in 'African Renaissance's half-baked "Native Experts"', posted on his 'ThoughtLeader' blog on 14 October 2008.

Reviewing the book on 9 November 2007, *Mail & Guardian* deputy editor Drew Forrest noted that it's

easily the most serious effort by a biographer to get to grips with the elusive leader ... In his foreword, Gevisser argues that the biographer has a duty of empathy with his subject and discloses that he sometimes found this difficult, particularly over Mbeki's baffling and self-destructive foray into the science of HIV/Aids. ... In contrast with Roberts's 'denialism of denialism' – which seeks to present treatment activists, the local and foreign media and the scientific mainstream as victims of some mysterious collective delusion – he immediately concedes Mbeki's dissidence, describing it as a major blot on his presidency. ... But given the author's strong feelings on the issue, the chapter on the president's Aids stance is remarkably free of finger-pointing. His aim is clearly to understand Mbeki and what shaped his outlook, rather than judge him.

In 'André Brink compares two writers' accounts of Thabo Mbeki's disastrous presidency' in the London *Daily Telegraph* on 17 April 2009, regarding the updated, abridged edition of Gevisser's book, Brink wrote:

Obviously we cannot be brought to pardon or sympathise with Mbeki's ... stance on Aids ... but Gevisser helps us to understand ... how – and why – he has developed such seemingly monstrous attitudes. It is fitting that Gevisser should present the story as the unfolding of a tragedy, as Mbeki evolves from the 'reasonable revolutionary' into the seeming madness of his final moments in power.

In his review in the *Times Literary Supplement* on 22 August 2008 under the title 'No denial', Martin Plaut opined that 'Gevisser is at his strongest tackling the most difficult subject of all – Mbeki's denial of the science surrounding HIV/Aids.'

Rian Malan disagreed with all this swooning in his gloss on Gevisser's book in *Empire* in December 2007, and noted correctly that it doesn't

touch sides with the scientific and ideological problems of the HIV-AIDS construct identified by Mbeki at the turn of the century. The crowd attending the book launch at Wits University on 12 November 'had waited eight years for this day, and the waiting had made them desperate – for clarity, for insight, for some sort of explanation', Malan wrote. But although

News reports about the Aids chapter seemed to describe a book that offered insights into recent controversies ... Richard Calland of the *Mail & Guardian* noted that the lack of same was its single greatest failing (all but the last 100-odd pages are about the pre-1994 era).

As personal history Gevisser's biography is generally informative and finely written (Epainette Mbeki described it in the *Daily Dispatch* on 16 February 2008 as 'one of my favourite books'), but on AIDS it's a dud: instead of seeking to 'understand Mbeki and what shaped his outlook' by investigating and detailing the substantive basis of what Gevisser calls 'the president's Aids stance' with reference to the HIV-ARV-AIDS paradigm's medical, epidemiological, scientific, and ideological problems, mentioned and expounded by Mbeki in numerous public statements and documents, Gevisser settled on easy, fanciful psychologistic portraiture: Mbeki's heterodox thinking on AIDS sprung from pathological idiosyncrasies, Gevisser suggested: aberrant, atavistic psychological quirks, scars and blocks that impeded his ability to see what everyone else could clearly see, and distorted and discoloured his ideological outlook too.

In a letter to Gevisser following the book's publication, however, Mbeki himself expressly 'disavowed' this approach (Gevisser's word), deprecating Gevisser's explanation of Mbeki's thinking in soft, imaginary psychological terms rather than relating it to hard scientific understanding.

In his review of the American edition of the book in the *New York Review of Books*, Joseph Lylyveld found the approach anyway unpersuasive. For all

the effort Gevisser devoted to spelunking through the hidden recesses of Thabo Mbeki's psyche ... [the] biography doesn't begin to resolve the issues of character it repeatedly raises [in] Mbeki's handling of the AIDS crisis ... leav[ing] the reader with a conundrum familiar to anyone who has tried from afar to keep

up with these issues. ... In view of the scale and duration of the calamity, the question of why the government's unresponsiveness never became a burning political issue for the movement and its basic constituency can't be seen simply as a function of one man's overrationalized hang-ups. Obviously, there was a drastic failure of leadership.

Gevisser's founding premise was that Mbeki is an 'AIDS denialis[t]' – not in the usual pejorative sense of the expression, but literally so. On Gevisser's version, 'Mbeki's denialism' means he doesn't see sexually transmitted 'plague and death ... on an unprecedented scale' among Africans – the 'plague and death' among Africans (but not whites, coloureds and Indians) 'on an unprecedented scale' that Gevisser and other non-Africans see – because it's a reality Mbeki denies to himself and to the world. That is to say, on Gevisser's version, Mbeki employs 'denialism' as a psychological device to shield himself from the undeniable awful facts, namely that his fellow Africans (not whites, coloureds and Indians) are rife with and are being decimated by a new sexually transmitted 'plague ... on an unprecedented scale'. The reason Mbeki 'refused to accept the severity of the epidemic', Gevisser claims, is because he'd 'experienced the discourse around it as racist' – so, objecting to this, he covered his eyes and 'refused' to see that Africans were keeling over all around him from a new disease that they're going around spreading with their infected genitals. He just 'refused', according to Gevisser, because he found the talk about it disagreeably racist.

But also because

It was just too much ... to deal with the allegation that, at the same time [that the new ANC government faced so many developmental challenges], a virus had already infected millions of South Africans and was threatening to infect a whole lot more.

Gevisser's premise changed as his AIDS chapter went on, however, and by the time his book was out he'd decided Mbeki was no longer an 'AIDS denialist' but rather an 'AIDS dissident'. The change, however, was in little more than name, for although the two terms have quite distinct meanings – the one implying disordered psychology, the other denoting rational disagreement with an ideology or political system – Gevisser's changed description of his subject's thinking on AIDS went merely to softening tone and sentiment: he never budged from

believing that Mbeki sees things through strange, deformed African blinkers, and that his thinking about AIDS is both abnormal in a psychologically disturbed sense and politically and morally damnable too.

On page 731 Gevisser is writing about 'the root of Mbeki's denialism' concerning AIDS, and 'the effects of such denialism'. On the next page it's 'Mbeki's "AIDS denialism"' in inverted commas, signalling that he's already doubting whether the denialist cap fits after all. Twenty pages later he speaks of Mbeki's 'alleged denialism'. At the launch of his book in the Wits Great Hall on 12 November 2007, Gevisser told *Sunday Times* journalist Glenda Daniels (reporting in the daily *Times* two days later) that she'd 'got it wrong. Mbeki is not an AIDS denialist, he is an AIDS dissident.' But in a muddled, crowd-pleasing formulation in his Harold Wolpe Trust lecture in Cape Town on 19 February 2008, Gevisser reverted to his conceptualization of Mbeki's heretical rejection of Western HIV-AIDS dogma as 'denialism':

I don't think Mbeki alone should carry blame for the AIDS policy. There is a difference between his denialism and social denialism. To truly place blame, we also need to look at denialism on the ground.

We need to place the blame for the AIDS policy on the denialists on the ground, denialists like Brink. Truly.

With his basic perspective shifting like sand, it's little wonder that the AIDS chapter of Gevisser's otherwise lovely book is a tendentious mess: shallowly researched, weakly analysed, poorly written, awkwardly structured, badly edited, and compounded by several inexcusable errors of fact and basic history.

Gevisser's fundamental misdirection in his approach to Mbeki's thinking on AIDS – namely that he's in denial about the reality of AIDS everywhere among Africans – inevitably results in his failure to represent Mbeki's radically different take on what Gevisser asserts in his book to be the terrible facts, claims of fact Mbeki disputes on hard scientific grounds. Gevisser employs his AIDS chapter as a pulpit for preaching his own beliefs, set against the foil of what he portrays to be Mbeki's mentally peculiar heresy.

Portended by the title of the chapter, "'Does it fester like a sore, then run?": The AIDS crisis', Gevisser predicates his account of Mbeki's engagement with American AIDS orthodoxy on a series of stock, unexamined, ex cathedra assertions of conventional Western wisdom

about AIDS as a plague of sex-disease, to which he personally subscribes, but Mbeki obviously doesn't. Whereas Mbeki considers that what principally ails the health of the impoverished African majority in South Africa is malnutrition, Gevisser thinks it's their having 'risky sex' (he means without condoms) thereby spreading a new virus around which slaughters the soldier-like immune cells in their blood that defend them against miniature invading germs, so that these terrorist germs eventually overrun and slay them in about ten years time. Like nearly all whites who read the newspapers and watch TV, this is what Gevisser believes from the bottom of his heart.

So we have Gevisser asserting his standard white liberal convictions that 'AIDS exploded across Africa' (not across Europe, not across the US, not across Russia, India, China or any other place); that 'towards the end of the [eighties], the "gay plague" mutated into "black death", as black people began to become ill and die' (in fact, there is no good epidemiological, demographic evidence for this fondly treasured meme of the white South African liberal *Weltanschauung*); that 'an epidemic ... struck, in full force, at the very moment the ANC was preparing for power' (there's a big clue in this mass hysterical notion that Gevisser misses); that Mbeki has 'a real health crisis on his hands' (he means a crisis of rampant sexually transmitted disease among Africans, and Africans only); that 'nearly thirty per cent' of pregnant women were HIV-positive at the start of Mbeki's second term (he means Africans, not whites, coloureds or Indians); that '320 000 South Africans had died of HIV-related illness ... in 2005 ... alone' (he means Africans); and that 'South Africa's own official statistics ... demonstrate that the effects of the epidemic are catastrophic' (among Africans – not whites, coloureds or Indians). Of course, Mbeki has loads to say in reply to all this, but Gevisser isn't interested and doesn't convey any of it.

The reason Gevisser never looked at the scientific problems with conventional AIDS theory, as Mbeki had, is apparent from his approving quotation of 'Malegapuru Makgoba, the eminent immunologist', pronouncing that 'the evidence that HIV existed was "beyond dispute today"' and that the 'couriered volume of about fifteen hundred pages of dissident material' which Mbeki had sent Makgoba in January 2000 was 'pure rubbish' and 'nothing but a critique ... based on flawed arguments that distort, misrepresent and misinterpret scientific facts'. Gevisser signalled his agreement with this 'eminent immunologist': 'the dissidents had already been dismissed by the

scientific establishment as an irrelevancy,' he told us – which is to say he didn't consider their arguments worth the trouble to evaluate independently himself, as Mbeki had.

And all over his AIDS chapter, and in the final chapter of his book too, Gevisser confesses his personal faith that ARV drugs are beneficial medicines for African AIDS 'sufferers', rather than the useless, deadly cell-poisons they are – like arsenic injections in the old days for 'sufferers' diagnosed as syphilis-infected with the Wassermann test, as non-specific and worthless as today's antibody tests for 'HIV', with hundreds of thousands mentally and physically crippled and killed as a result.

Gevisser's failure to look into and expound the rational, factual basis of Mbeki's dissension from Western orthodox thinking about AIDS (his reason for seeing things very differently – and more simply), and thereafter to seriously explore and chart the AIDS construct's ideological bricks and scaffolding, sprung from the negative animus with which he approached the topic.

Although granted a dedicated, 'in-depth', two-hour, face-to-face interview in which Mbeki detailed for him the reasons why he no longer subscribed to the HIV-ARV-AIDS paradigm, citing scientific chapter and verse as he did so, and later furnished by Mbeki with an updated, expanded version of his extensive, scientifically referenced *Castro Hlongwane* critique, Gevisser evidently wasn't listening: his 'strong feelings' on the subject got in the way.

'How would it have helped the understanding of the Aids issue if I had put the knife in?' he asked Maureen Isaacson, interviewing him in the *Sunday Independent* on 11 November 2007. His strong antipathy for Mbeki's non-conformist thinking about AIDS was disclosed again in an interview by Beth Shirley in the *Weekender* on 1 December 2007: he admitted that 'on AIDS' he wasn't listening receptively to what Mbeki was explaining to him, but silently 'fighting' him: 'Once you humanise someone, then maybe it is easier to sympathize with them, even if you are fighting them on AIDS.' In this connection he reckoned, 'The only person that would know Mbeki is himself, but that is if he spends years in therapy.' In other words he's got problems and needs help. In the speech Gevisser prepared for his Harold Wolpe Trust lecture in Cape Town on 19 February 2008, he said, concerning the 'legitimate and even justified ... explosion of anger ... directed at Mbeki', that 'I'd be lying if I said I didn't share some of it myself', although 'Reading Coriolanus

now, in these difficult times, has helped me temper some of my own anger at Mbeki.' On 20 May 2008, at a talk about his book given at the Synagogue Centre in Seapoint, Cape Town, Gevisser was asked whether Mbeki was his favourite politician. No, he replied after a pause to ruminate theatrically, as if he really needed to make up his mind, he preferred Barack Obama. Answering another question he said he was disturbed that Mbeki had moved to protect corrupt police chief Jackie Selebi (he never did), which is to say he thought the worst of him. Indeed, later on in an article in the *Daily Dispatch* on 24 September, 'Mbeki: The party was family', he forcefully suggested he's not only corrupt but a liar too, asking rhetorically (a stock trick of Gevisser's for asserting his viewpoints): 'But was he lying by saying, so emphatically, that he did not meddle in the workings of justice?' – as Jacob Zuma had alleged, without any evidence whatsoever. Chiara Carter reported in the *Independent* on 10 November 2007, 'He admits that the president's views [his 'attitude to HIV/Aids'] are wide open to be called bizarre.' In an interview in the *Sunday Times* on 14 June 2008, entitled 'Explaining Mbeki', Gevisser admitted that 'around HIV/Aids' he found it 'near-impossible ... to remain fair and empathetic – to try to see the world the way my subject did'.

In the updated, abridged version of the book *A Legacy of Liberation: Thabo Mbeki and the Future of the South African Dream* in 2009, Gevisser mentioned that even his rationalisation of Mbeki's views in psychological terms lost him friends 'who saw, in any attempt at empathy, a collusion in genocide'.

Actually he shared his friends' opinion of Mbeki the mass-murderer. So he told Adam Biles in an interview on 17 June 2010 at the Shakespeare and Company Literary Festival, in a hopeless muddle of sentiment, morals, law and science:

Mbeki is, perhaps not incorrectly, accused of genocide. Now how does one write empathetically of Mbeki as an AIDS denialist? If you don't write polemically about it, are you in some way a collaborator in the genocide? My answer is, no. I have no doubt that what Mbeki did was very wrong and incredibly damaging, but if I'm not going to be the one to help explain why he came to this bizarre set of opinions, who is?

Only, notwithstanding his self-opinion as Mbeki's anointed articulator in this matter, Gevisser made no effort to 'explain why he came to this

bizarre set of opinions' and to present the scientific basis of Mbeki's 'bizarre set of opinions' on ARVs, 'HIV', and AIDS.

On one hand Gevisser declaimed to Biles

my absolute refusal to take a polemical position against Mbeki. My approach was that the role of the biographer is to sit on his subject's shoulders and see the world how his subject sees the world. The narrative has to be empathetic when you have a protagonist based narrative.

But precisely because he is too faithfully wedded to his own 'bizarre set of opinions' to countenance the possibility that they might be wrong, and that Mbeki, having once shared them, might be right in rejecting them, Gevisser doesn't take this 'approach' when covering Mbeki and AIDS in his book. He doesn't try to 'sit on' Mbeki's 'shoulders' and 'see ... how' he 'sees' the subject at all. And so lacking any understanding of why Mbeki 'sees' AIDS as he does, Gevisser sees criminal insanity. And the next thing he's empathetically denouncing him as a *génocidaire*.

In his response posted on 18 December 2008 under RW Johnson's review of the book in the *London Review of Books*, Gevisser emphasized that on AIDS he thought Mbeki nuts, and damnably so:

Although R.W. Johnson, in his review of my biography of Thabo Mbeki, acknowledges that I am 'no Aids denialist', he writes that my 'determined sympathy' with Mbeki's position on Aids 'really grates', and condemns my 'silence' about it (*LRB*, 20 November). Actually, I describe Mbeki's Aids stance as 'nativism at its crudest', as an assault on 'common sense', as 'beyond reason', and as 'an obsession that came closer than anything else to compromising his legacy, and that scratches the deepest mark against his presidency'.

The obvious reason for Gevisser's inability 'to try to see the world the way my subject did' is that Mbeki's sudden lapse from ardent crusader leading the government's HIV-AIDS campaign as Deputy President to radical agnostic in late 1999 soon after becoming President himself implicitly posed a challenge to his own passionate convictions in the sex-virus/chemotherapy model of AIDS, and got in the way of a 'fair' and 'empathetic' enquiry by him into why, in the matter of AIDS, Mbeki sees 'the world the way' he does.

In his enthusiasm for the contemporary Western sex-plague in Africa delusion, Gevisser never allows that Mbeki's fundamentally different

understanding of broken health among the African poor in South Africa may derive from careful, scientifically-informed ratiocination. His formulation,

In the face of such an intense crisis, there are many ways of understanding Mbeki's obsession with questioning the 'paradigm' of AIDS – an obsession that came closer than anything else to compromising his legacy, and that scratches the deepest mark against his presidency

reveals that he has no conception of HIV-AIDS as a falsifiable construct, a relatively new model of understanding vulnerable like any other to analysis, deconstruction and demolition – akin to the infectious theory of pellagra in the US South in the first half of last century, accounting for the epidemic occurrence of that kwashiorkor-like disease among poor-whites, with enormous public health programmes conducted to prevent the spread of the infection, special quarantine hospitals built all over, and arsenical drugs liberally administered, until the erroneous germ explanation was overtaken by the correct malnutrition one. And by scornfully enclosing 'paradigm' in inverted commas, Gevisser means to convey his (mis)conception that HIV-AIDS is an incontrovertible empirical reality, like pregnancy (in fact it's the most thoroughly examined and debunked disease construct in modern times), insisting by repetition that Mbeki's 'obsessi[ve]' doubts over the American sex-germ theory of ill-health among the African poor evidences mental distraction.

Purporting to 'unravel the aetiology of Mbeki's own AIDS scepticism by examining ... his political personality and his particular reading of the politics of race, sexuality, and global inequality', Gevisser's own 'reading' of Mbeki's scepticism for the infectious AIDS model is that under pressure of predictions of 'plague and death ... on an unprecedented scale', Mbeki lost the plot. But on Gevisser's own showing it was he himself who did so: in the *Sunday Times* on 4 November 2007, he admitted in as many words that he found Mbeki's exposition of the scientific reasons for his reconsideration and rejection of the HIV theory of AIDS in the August 2000 interview too taxing to follow and understand: 'And we talked, for over two hours, about Aids. I was impressed at his grasp of detail: his recall of information is almost as astonishing as his stamina.'

That none of this 'detail[ed]' scientific 'information' featured in his book indicates that Gevisser grew tired in the course of Mbeki's

disquisition on the trouble with the HIV theory of AIDS, lost track, and switched off, with the result that the only impression left on him following the lesson was Mbeki's mental energy and fine grasp of the scientific issues in the controversy, not the content of what he was explaining. Not even after Mbeki had given him *Castro Hlongwane* in June 2007 – updated since 2002 and almost doubled in length to about 200 pages – did Gevisser make any attempt to articulate the rational, scientific basis of Mbeki's break with AIDS orthodoxy at the end of 1999, set out fully in that monograph; instead, he merely rammed a new section into his AIDS chapter reporting Mbeki's extraordinary contact with him over the document, without carrying its scientific purport over to his readers to help them, as his biographer, to get into Mbeki's mind on AIDS – the big issue everyone wanted explained.

It's likely that the radical content and subversive implications of what Mbeki said during the interview and wrote in *Castro Hlongwane* was too much for Gevisser to take on board and report, because they threatened to knock over his own settled, conventional, media-framed understanding of the sex-virus model of disease among the African poor (and a handful of homosexuals) and deflate his white liberal élan over it.

In this regard a further complication hampering Gevisser's treatment of Mbeki's views on AIDS is the particularly strong appeal of the construct for many gay men – a subject to be explored in depth in *'Just say yes, Mr President': Mbeki and AIDS*. Reviewing the biography in the *Times Literary Supplement* on 22 August 2008, Martin Plaut reported that 'Gevisser, who is an Aids activist, struggled for years to finish the book because of his subject's stand on the subject.' Not only an 'AIDS activist' completely invested in HIV-AIDS mythology, but a gay rights activist too: Gevisser is the co-editor with Edwin Cameron of *Defiant Desire: Gay and Lesbian Lives in South Africa* (London: Taylor & Francis, 1994) – featuring TAC leader Zackie Achmat's fondly recorded memoir of his life as a male prostitute working in the public lavatory at the Observatory railway station in Cape Town. In sum, Gevisser's approach to AIDS in his book was hopelessly entwined in a knot of intense personal convictions, passions, prejudices and biases disabling him from evaluating and reporting Mbeki's dissident views on AIDS and his reasons for them.

As other eager white subscribers to orthodox American thinking about AIDS consider Mbeki's writing in *Castro Hlongwane* indicative of

mental derangement, there's evidence in his AIDS chapter that Gevisser also found Mbeki's thoughts in the document so left-field that they showed him to have flipped his lid.

Dull to the scientific reasons for Mbeki's rejection of the HIV-AIDS model – the reasons it's commercial junk science – Gevisser not only discounts Mbeki's insights concerning the political dynamics that keep it afloat, but persistently pathologizes them, claiming for instance that Mbeki's

ideology on which he was spawned ... found its place in an all-consuming battle with the multinational pharmaceuticals industry where it warped into a belief that Big Pharma was so evil that it could control not only the world's largest government and left-wing activists, but the production of scientific knowledge itself.

Gevisser apparently meant to signal by this 'warped' remark that he finds Mbeki's thinking here twisted, unbalanced ideation, which is to say, unwell psychologically. Only, 'evil' has nothing to do with it, and Mbeki never characterizes the industry in such metaphysical terms. The pharmaceutical industry's control over the production of 'scientific knowledge' is a banal commonplace to anyone who's looked at this; and it's likewise a plain dull fact that the industry's massive marketing machinery has gulled not only the Right in power in the US, but the entire international Left, and got it actually shilling for its merchandise. It gets worse:

Gevisser rejects Mbeki's pained account in *Castro Hlongwane* of how Xolani Nkosi ('Nkosi Johnson') was poisoned and killed by ARVs administered by his white foster mother and Western doctors (as indeed he was; *Just say yes, Mr President: Mbeki and AIDS* documents this in close detail), coarsely discounting it as 'nativism at its crudest'; and again he talks here of Mbeki's 'retreat into a nativism utterly at odds with his own sophisticated understanding of a hybrid, global South African identity' – quoting with approval another voluble AIDS-promoting and ARV-hawking South African white liberal gay, Jonny Steinberg, accusing Mbeki of having 'an instinctive impulse to lash out at the arrival of technology and ideas from abroad'. 'Why,' Gevisser asks rhetorically,

is the acceptance of biomedical technology – which developed the imperfect but best-available solution to the epidemic, in the form

of ARV medication – a form of capitulation to colonial oppression  
... ?

What never entered Gevisser's head in reciting Steinberg's sheer nonsense, and in spouting his own pretty, mental dead-end phrases on this score, is that this 'biomedical technology ... in the form of ARV medication' may in fact be useless and deadly, and no 'solution to the epidemic' at all, having regard to published research findings to which Mbeki referred repeatedly in 1999 and 2000, and in *Castro Hlongwane* in 2002 and the expanded version that Mbeki gave him in June 2007 – considering too the landmark Antiretroviral Therapy (ART) Cohort Collaborative's August 2006 paper in *Lancet* 368:451-458, reporting a study of over 22 000 cases, which found that ARV treatment results in (I quote also from the covering editorial) 'a discrepancy between the clear improvement we recorded for virological response and the apparently worsening rates of clinical progression' (the better ARV-treated patients' 'viral load' got, the sicker they got), 'no significant improvements in early immunological response as measured by CD4-lymphocyte count' (no meaningful rise in CD4 cells), 'no reduction in all-cause mortality' (ARVs do not extend or save lives, as medically claimed and popularly believed), 'and a significant increase in combined AIDS/AIDS-related death risk in more recent years' (ARVs accelerate the death rate of people treated with them, as compared with untreated cases).

It never occurs to Gevisser that the government's 'acceptance' of ARV drugs from a leviathan pharmaceutical industry might quite sensibly be construed as 'a form of capitulation to colonial oppression' – being a species of forced trade, reminiscent of the British exporting of Indian opium to the Chinese at gunpoint, with a massive propaganda offensive achieving for the transnational drug corporations what cannons did for the British.

After contending that one of the main reasons Mbeki rejected ARVs is because he considered accepting them a 'capitulation to colonial oppression' – a risible proposition – Gevisser suggests what's really on his mind in his next paragraph, leaping non-sequitously to comment on 'Mbeki's nightmarish description of a newly liberated, partially Westernized African elite, consumed by avarice and lust'. Having regard to Gevisser's immediately preceding speculation about the reason for Mbeki's rejection of ARVs, his claim that 'there is something beyond reason too, something primal and visceral rather than cerebral

and reasonable' about it tells us he thinks Mbeki's rejection of ARVs unreasonable, primitive and stupid.

Gevisser's failure to have examined the ARV research literature that Mbeki had done, and synopsised in *Castro Hlongwane*, resulted in his inability to understand why Mbeki opposed these drugs on scientific medical grounds, hence his attempt to account for his position in silly fanciful terms. Gevisser was already talking the same sort of nonsense – about Mbeki's rejection of HIV-AIDS orthodoxy too – at his Harold Wolpe Trust lecture in Durban in 2004, according to Jean Kudla's report of the evening, posted on the Centre for Civil Society website:

Gevisser also explored the Mbeki HIV debacle, giving possible personal reasons for Mbeki's curious stance on the issue. Gevisser suggested that South Africa's victory over the large multinational drug companies gives Mbeki the vessel he needs to place his dissatisfaction with the Western imperialist powers. They have become a kind of scapegoat for Mbeki, who needs, according to Gevisser, to feel like the prophet in the wilderness. He feels a need to be proved right in the long run. Gevisser believes that the HIV/AIDS debacle is the manifestation of the confusion and frustration of the dream deferred, and Mbeki's desire to pull another miracle out of the hat.

Although in his book Gevisser's tone is for the most part ostensibly sweet and polite, as white South African liberals usually are, he shares the universal white liberal conclusion that on AIDS Mbeki's dissension evidences that he's not right in the head – the colonial mad kaffir trope – and here he stands shoulder-to-shoulder with the white liberal mob infuriated by Mbeki's insolent disagreement with their insistence that his fellow Africans are riddled with a new sex-virus originating in monkeys and which they originally caught from them by having sex with them or from other kinky, barbarous stuff, and that Africans need to swallow cell poisons every day to live a bit longer. Like nearly all whites unable to make sense of Mbeki's reasoned rejection of the HIV-AIDS scheme, Gevisser resorts to ugly name-calling by insinuation – the effect of which is to suggest that Mbeki is a backward, crazy, dull-witted coon.

A bad one too: by describing ARV promoter Nozizwe Madlala-Routledge, the former Deputy Minister of Health whom Mbeki sacked, as 'a voice of conscience', Gevisser implies that in his engagement with AIDS, Mbeki conducted himself unethically, and that it took this

ridiculous woman to show him up and set an example for him of the sort of ethical behaviour he should be following in promoting ARVs on behalf of the pharmaceutical industry and uncritically parroting the dogmas of the Western AIDS establishment serving it.

And it's not just unethically that Mbeki has acted, according to Gevisser, it's criminally too he implies: heedless of Mbeki's absolute rejection of ARVs because, as he puts it, they're 'immunosuppressive', a 'danger to human health' and ineffective (as the above-mentioned recent massive *Lancet* case study confirms), Gevisser restates the general unexamined white liberal propaganda-consensus that ARVs are, the words of George W Bush, 'life-extending', and that Mbeki's statements calling attention to their toxicity and inefficacy has cost African people their lives:

Mbeki had question[ed] the efficacy of treatment every step of the way, thus denying them [i.e. Africans] the opportunity to live long, relatively healthy lives, as HIV-positive people in the West now did.

As ever, the liberal white man spouting unexamined clichés from the newspapers knows better what's good for the natives than their chief does. Who callously watches them die for want of the special strong medicine from overseas that the white doctors are offering. Which he denies them. Because his damaged head is full of backward ideas.

Gevisser returns to voicing his dissatisfaction with 'Mbeki's particular questioning of the AIDS epidemic' in his book's concluding chapter, sparked by his appalled discovery that Mbeki's mother had allowed a herbalist to dispense a 'micronutrient solution' from an AIDS treatment centre set up in the original Mbeki family home at Mbewuleni in the Eastern Cape. Such 'homegrown solutions' says Gevisser sourly

were often touted as alternatives to supposedly 'Western' pharmacology, and fitted in with the perception – fuelled by Thabo Mbeki's own AIDS-scepticism – that ARVs were some kind of toxic waste being dumped by Western pharmaceutical companies on unsuspecting Africans.

Gevisser, the liberal white man, patronizingly assures us that the 'affirmation of "indigenous knowledge systems"' is all very well, but in Mbeki's case this was 'occluded by ideology': 'therapies become valuable simply because they are African, and, conversely, suspect because they are not.' Only, as is apparent from what Mbeki has said

and written, this is not the case at all, neither 'simply' nor otherwise; it's not the reason Mbeki rejects ARVs (his reason is that they're dangerously toxic and therapeutically useless) and why he supports the nourishment of the sick as the best route back to health – an approach Gevisser derides in the standard white liberal manner: 'health minister Tshabalala-Msimang [is] most notorious [for her] dogged promotion of a diet of beetroot, garlic, lemon juice, olive oil and African potato as a viable alternative to antiretroviral therapy'. He doesn't mention that she's on record confirming Mbeki's support for her advocacy of nutrient-rich food for the treatment of 'AIDS' among the African sick. (And who with any brains would fault a diet of nutritious foodstuffs such as she'd advocated for the chronically malnourished poor as the basis for recovery from ill-health?) And 'occluded by ideology' himself – his own unconscious white liberal AIDS ideology – Gevisser can't conceive that the 'micronutrient solution' he doesn't like, 'because [it's] African' and isn't made by whites in white coats in a white pharmaceutical factory, might be 'valuable simply' because it works, being nutritious, rather than a synthetic chemical compound such as AZT, completely alien to healthy human cells and synthesized in 1961 to kill them. Being a civilized and sensible white man, Gevisser thinks only patented pills marketed by Western pharmaceutical corporations are any good. Since that's what he read in the *Mail & Guardian*.

Here Gevisser's strained pitching for ARVs descends to the ridiculous: as if they aren't the product of "'Western" pharmacology'; as if they aren't 'toxic waste' – in the case of AZT, an abandoned experimental cancer chemotherapy (i.e. a cell poison), and in the case of nevirapine, a disappointing seller in the North, and so dumped 'on unsuspecting Africans' and other people in countries of the South free of charge under a 'Donation Program' for mothers and babies to establish an alternative future market.

'South Africa's poor black communities seemed particularly susceptible' to local, indigenous alternatives to ARVs, Gevisser writes, 'because sufferers had been persuaded that ARVs were bad for them'. He doesn't consider that word might have got around 'poor black communities' that 'sufferers' given ARVs indeed tend to get very ill and die on them, as the research literature predicts. But if indeed they were 'persuaded that ARVs were bad for them', the person responsible for this is none other than the subject of his biography; and what Gevisser means here is that Mbeki has misled the African poor into believing that

ARVs are harmfully toxic, and that he knows better than Mbeki does: ARVs are actually good for you. Because why, doctor says so.

Reviewing the book in the *Mail & Guardian* on 13 November, Richard Calland wrote, with evident scepticism, that

Gevisser offers up a theory as ornate as his subject's own public views on HIV/Aids – by observing that Mbeki sees the epidemic through the prism of sexual shame

(Gevisser's gay phrase). But Mbeki has never anywhere said anything consistent with Gevisser's claim that he feels 'sexual shame', either personally or concerning the intimate behaviour of other Africans anywhere, rich or poor.

Gevisser's claim that Mbeki believes that widespread broken health among the African poor, nowadays called AIDS, is a consequence of licentious or condomless sex – not on account of 'HIV', but due to 'repeated exposure to common bacterial STDs, such as syphilis' going 'untreated' – is evidently a statement of Mbeki's early and not his current thinking. Mbeki told Gevisser that he'd suggested to Kenneth Kaunda after the death of his son that the new political elite

were in and out of bed with prostitutes, it was accepted behaviour. ... I would absolutely not be surprised, Mr President, if your son had sex, was part of that culture, had these STDs, no proper treatment, and so on, because these STDs were treated as [nothing more than] a job hazard. It's part of your lifestyle.

But 'a year later in his Fort Hare speech' Gevisser mentions that Mbeki vigorously repudiated this deeply-rooted mythical belief in exceptional African priapism widely held by whites like him and Edwin Cameron, this idea that Africans are 'natural-born, promiscuous carriers of germs ... doomed to an inevitable mortal end because of our unconquerable devotion to the sin of lust'.

And, Gevisser neglected to report, Mbeki did so again in his Friday 'Letter from the President' in *ANC Today* on 22 October 2004, quoting an African-American academic:

We are portrayed as oversexed or lascivious, and yet the porn and adult entertainment industry is dominated by whites. It is African Americans that get accused of being rampant sexual beasts, unable to control our urges, unable to keep our legs crossed, unable to keep it in our pants.

And again, sarcastically, in *Castro Hlongwane*:

Yes, we are sex-crazy. Yes, we are diseased. Yes, we spread the HIV virus through our uncontrolled heterosexual sex! In this regard we are different from the US and Western Europe!

In a talk at the launch of Pumla Gobodo-Madikizela's book *A Human Being Died That Night* at Exclusive Books in Rosebank, Johannesburg, on 17 June 2003, Gevisser remarked:

After having experienced the ravages of HIV within her own family, she wrote publicly about what she believed to be the wrongheadedness of the government's approach to the AIDS epidemic, and particularly what she believed was a state of denial, at the highest level, about the level of promiscuity among South African men.

African men, he implied, since there's no AIDS to speak of among South African white, coloured or Indian men.

Interviewed by Claire Keeton in the *Sunday Times* on 11 November 2007, though mindful that 'Public health discourse has historically seen Africa as a reservoir of illness and black men as being pathologically oversexed', Gevisser nonetheless ascribed what he perceives to be the African AIDS epidemic (Mbeki sees the timeless diseases of poverty) to the fact that 'we cannot control our primal urges' – only he's manifestly insinuating that it's Africans who 'cannot control [their] primal urges', and are 'unable to keep our legs crossed, unable to keep it in our pants', since, as just noted, it's among Africans that whites locate AIDS in South Africa:

'If we [i.e. black Africans] get Aids because we have too little (or too much, too quickly),' writes Gevisser, 'then Mbeki's mission and the ANC's raison d'être prevails, but if we are dying because we cannot control our primal urges, then Mbeki's own liberatory paradigm is shattered.'

Gevisser admits that 'Mbeki did not mention the "lifestyle" theory specifically' to him during the August 2000 interview; and most tellingly, where Mbeki mentions STDs in *Castro Hlongwane* the "'lifestyle" theory' of poor health in Africa features nowhere.

Gevisser's suggestion that Mbeki holds the 'lust' of a 'newly liberated, partially Westernized African elite' responsible for the appearance of AIDS doesn't square with the facts on the ground either: Western AIDS

experts locate the AIDS epidemic among impoverished Africans in the peri-urban slums and rural wastes, and not in Bishopscourt, Houghton, Waterkloof and the Berea where the 'newly liberated, partially Westernized African elite' have taken up. In fact, in recent private correspondence Mbeki pointedly addresses and scorns the colonial notion to which Gevisser subscribes that Africans liberated politically will go berserk sexually.

But Gevisser concludes his AIDS chapter insisting that

Mbeki sees those around him – his own comrades, members of the same political elite – filling the loneliness with morbid addictions to prostitution and gambling ... with the consequent eruption, across the body of a new-born South Africa, of the lesions and ulcers, the stigmata, of the dream deferred:

What happens to a dream deferred?  
Does it dry up  
like a raisin in the sun?  
Or fester like a sore –  
And then run?

Only this is obviously Gevisser's AIDS morbid fantasy, not Mbeki's – a fantasy he finds so attractive that he invokes it in the subtitle of his book, suggesting that Mbeki's political legacy is a country riddled with a new sexually transmitted disease showing up in 'ulcers and lesions', the deadly price of African immorality and promiscuity. Which Mbeki is responsible for in spurning Western knowledge and advice about.

On the other hand, that Gevisser was writing about Mbeki and AIDS through his own South African white liberal myth-bound 'prism' is evident everywhere in his book – in forcefully implying, for instance, that 'one of the ANC's most celebrated young intellectuals, Jabulani Nxumalo, known universally as Mzala, who died in 1991 at the age of 35 after a long unspecified illness' died of AIDS. 'Is it coincidence that the ANC's first public AIDS-sceptic' was 'already ill'?, Gevisser ponders, considering that he'd written in *Sechaba* just two years before his death that the theory of an African origin of AIDS was "yet another justification for ... racist prejudice". Gevisser's rhetorical question bellows his opinion that it was no coincidence at all.

After quoting Nxumalo dismissively, Gevisser opens his argument in his next paragraph with the astonishing rider: 'even if ... South Africa's new leaders ... were not vectors of infection themselves' – implying that

deep-down he really does think 'South Africa's new leaders', nearly all black, are 'vectors of infection'.

In the *Sunday Times* on 11 November 2007, Claire Keeton reported Gevisser's opinions in this matter, getting clearer, but still politely oblique in the white liberal manner:

'Why was Mbeki susceptible to the Aids dissident position?' he asks. 'The most compelling reason for me is the "dream deferred". You come home to liberate your people but as you do so, you are told the people you are leading to freedom are dying of illness and worse, that you are in some way responsible. The stigma around exiles (and HIV) was intense. I think this is a critical part in understanding why he is a dissident.' ... He describes how the Aids epidemic struck at a time when the ANC [took power].

But in the *Sunday Independent* on the same day, Gevisser removed any doubt about the sick thoughts he keeps: that African freedom fighters returning to South Africa, especially in the leadership echelons, had brought a plague of deadly sex disease home with them, a sex plague they'd contracted in exile in Zambia and other African countries to the north, and which they'd sowed among South Africa's African people with their diseased sexual organs, with the result that, since 'we cannot control our primal urges' as he told Keeton, meaning we can but they can't, they've all got AIDS, 'millions' of them. No longer hemming and hawing as he did in his book and in conversation with Keeton, Gevisser stated his grossly racist opinion to Maureen Isaacson openly, unequivocally and unashamedly: 'In the 1990s it was the exiles who brought Aids to South Africa.'

This is to say, Gevisser had actually swallowed and was regurgitating the vicious anti-ANC propaganda of the apartheid state, peddled in lying pamphlets distributed in African townships by the security police before the first democratic election. Can you believe it?!

Former presidential spokesman Parks Mankahlana died of 'an AIDS related illness', Gevisser claims. In fact he died of severe, ultimately fatal anaemia caused by AZT treatment, and anaemia is not an AIDS-defining disease. Another 'new leader', Peter Mokaba, was one of the 'middle-class Africans with AIDS', who was 'living with AIDS' – he wasn't – and who died of 'an AIDS related illness' too, Gevisser says. He didn't; he died suddenly of an acute allergic reaction to a course of antibiotics prescribed to him for a bout of flu – but all whites in South

Africa, Gevisser included, know that Mankahlana and Mokaba died of AIDS, because in the thinking of South African whites AIDS is what blacks die of nowadays, and hardly anything else. That Nxumalo, Mankahlana, and Mokaba were African was all the evidence Gevisser needed – in Mokaba’s case, his hunch confirmed by the fact that, like Nxumalo, Mokaba also vocally rejected the HIV theory of AIDS, which to Gevisser’s white liberal mind only went to show that he was in denial about his sex-disease too.

Do you understand now what Frantz Fanon meant when he said ‘The Western bourgeoisie is fundamentally racist’?

To underscore his thesis that ‘there is something beyond reason too, something primal and visceral rather than cerebral and reasonable’ in Mbeki’s thinking on AIDS, Gevisser puts it another way: Mbeki’s letter to Clinton, Blair, Schroeder, Annan, and other world leaders in 2000 concerning the glaring holes in AIDS dogma

demonstrates the passion that was lit within him by the dissident’s cause, and suggests very strongly that his attraction to them was polemical and ideological, rather than simply intellectual.

Lacking any conception at all of the scientific reasons impelling Mbeki’s rejection of the HIV-AIDS model, because he hasn’t bothered to read into the subject himself and so doesn’t understand it – even though Mbeki walked him through its problems during a two-hour dedicated interview on AIDS, and spoon-fed him again in *Castro Hlongwane* – Gevisser contends that Mbeki reacted to AIDS irrationally from his gut and not his brains, and got all carried away, like a fool in love or saved by the Lord; and he implies that, in contradistinction to Mbeki and other sceptics, uncritical conformist believers in American HIV-AIDS dogma like himself are rational types. (Gevisser’s subtext here is that thankfully we have the steady controlling hand of the intellectual white man in Africa with the imported wisdom of his motherland to help the dizzy native and show him the way.)

Gevisser’s account of Mbeki’s dissent on AIDS, set in his ‘reading’ of Mbeki’s psychology, and taking no cognisance of the scientific reasons for it, is smashed to pieces on a brute fact in plain sight before him, but which he fails to see: facing ‘plague and death ... on an unprecedented scale’ as Gevisser imagines it – and indeed Mbeki originally did too – Mbeki actively intervened and took charge of AIDS policy in 1996, and directed it vigorously until late 1999, when quite suddenly he went over

to the AIDS dissidents after reading the manuscript of my book *Debating AZT* (confirmed by Sparks in *Beyond the Miracle: Inside the New South Africa*, p. 286) and then some critiques of the HIV-AIDS hypothesis to which science journalist Anita Allen had referred him soon afterwards (in his book Gevisser quotes Mbeki mentioning us both).

Gevisser never comes close to explaining what popped Mbeki's hot air balloon at the turn of the century, and why he took off and threw away his little red AIDS ribbon soon after. His treatment of Mbeki's engagement with the American HIV-AIDS construct reveals virtually nothing of Mbeki's own reasons for dumping it – but it certainly delivers a finely accurate cameo of white South African suburban liberal fantasies about AIDS rife among Africans in the townships and the reserves.

In laying out his clueless version of what Mbeki thinks about 'AIDS', whenever Mbeki says anything antithetical to Gevisser's own fervent beliefs, his benevolent white liberal smile peels back to reveal snarling teeth, snapping and spitting accusations of dementia and genocide. This is how it is with the liberals. The native is not to stray beyond the limits of the intellectual leash that the master allows, or he can expect to be dealt with firmly. He is not to point out that the master's lurid belief system about him – how he goes around squirting deadly germs with his septic penis – is actually a load of shit, albeit supported by awesome technical mumbo-jumbo and divining and treatment rituals. And he is not to say that this belief system, this 'intellectual violence' as Mbeki puts it in *Castro Hlongwane*, is profoundly noxious, both for Africans specifically selected by Western doctors for poisoning with their useless, toxic chemicals, and for Africans generally smeared by its essentially racist charge.

9. In his unbearably mediocre review *The Mbeki Legacy* (Cape Town: Zebra Press, 2008), written before but published just after Mbeki left office, Brian Pottinger repeats the standard white opinion that Mbeki's 'legacy ... will be remembered' not for his political achievements but for 'his ambiguity on HIV/AIDS':

The failure of Mbeki and his top team to embrace the AIDS issue ... and to emblazon his own leadership in confronting the challenge will always be marked against his name.

Except that Mbeki did indeed 'embrace the AIDS issue' in 1996 while Deputy President, and with great gusto too, before suddenly lapsing like a Catholic a few months after taking over from Mandela as President. Why this happened, it didn't occur to Pottinger to investigate.

On one hand he says

in fact there was nothing that Mbeki or his team could have done to avoid an extremely high and continuing level of infection and mortality from AIDS with preventative or curative methods.

But not fussed with consistency, he cancels his decree of absolution in his next sentence: it's no longer absolutely 'nothing that Mbeki and his team could have done' to fight AIDS and save everyone like Jesus and his disciples; now, wow, it's quite something: 'At most they could have saved several hundreds of thousands of lives. The fact that they did not is eternally to their discredit.'

In *The Mbeki Legacy*, concerning what he reckons is the most significant aspect of it, Pottinger doesn't examine, much less does he expound, Mbeki's thoughts on the subject – despite notice in Gevisser's biography that *Castro Hlongwane* reflects Mbeki's views, and that the original draft of it is accessible on the internet. Instead, he ignorantly puts Mbeki down by rehashing the sort of yellow rhetoric characterizing the white liberal newspaper discourse about AIDS. Mbeki's political initiatives in drawing attention to the toxicity of AZT; convening his International AIDS Advisory Panel; writing to Clinton, Blair, Schroeder and other fellow world leaders; and in making many thoughtful public pronouncements about AIDS dogma: its glaring epidemiological anomalies, the non-specificity of 'HIV' tests, and the confluence of African poverty and the appearance of AIDS – all this Pottinger portrays as

the hoops through which the country jumped for years as the presidency and the health ministry cast about with charlatans offering industrial solvents and health diets as a way to combat the disease.

In his view, 'The full absurdity of the intellectual basis of the government's position on AIDS is captured in a 2007 report by fifteen scientists from the Academy of Science of South Africa.' Despite Mbeki's repeated bifurcation of his own thinking on AIDS from

government policy on it, Pottinger sees no distinction. But anyway, he implies: the stupid, primitive black fool.

Pottinger doesn't look at the integrity of HIV-AIDS science as Mbeki has done, because like Gevisser he's a committed believer in the Western sex-virus myth – breathlessly likening it in his book to the 'Black Death', and talking about 'the high mortality rate caused by HIV/AIDS, but the intractably high incidence of HIV is itself a feature of inefficient health policy and public indifference to safe sex' even as Stats SA records that far from being reduced South Africa's population is growing at a healthy 2% a year. Pottinger can't even imagine that there might be anything wrong with the dominant Western medical and social consensus that HIV-AIDS is tearing through black Africa (but nowhere else) as a brand new venereal disease (because, he means, Africans don't care to wear condoms), so he doesn't examine Mbeki's position on it and why he rejects it as unsound, even though he says his approach to AIDS has been the chief, and most deplorable, feature of his legacy. Content to recycle what he's read in the newspapers, Pottinger gives the subject no thought.

In the matter of AIDS, for which he says Mbeki 'will be remembered' most of all, Pottinger's book is useless.

## FIVE

### ***'Just say yes, Mr President': Mbeki and AIDS: a positive explicative appraisal of Mbeki's intellectual and political engagement with AIDS***

*'Just say yes, Mr President': Mbeki and AIDS*, in progress, is a comprehensive history and multidisciplinary deconstruction of the AIDS controversy in South Africa, which I've followed closely since igniting it in October 1999 with the manuscript of my first book, then titled *Debating AZT: Questions of safety and utility*, published in January 2001 as *Debating AZT: Mbeki and the AIDS drug controversy*. With interruptions to write and publish other books and critical scientific literature reviews, and to work abroad for extended periods addressing and organizing international conferences and seminars, and briefing politicians, journalists, scientists, clinicians and activists in Germany, Spain, France, Italy, England, Austria, Switzerland and Russia, I've been working on *'Just say yes, Mr President'* since October 2001, having commenced researching the scientific foundations of AIDS, its cause

and treatment, in September 1996, and ruminating over its ideological freight, in this country particularly, soon after.

On this pre-eminent policy controversy of the Mbeki era, no writer to date has set out the reasons for the sudden fundamental change in Mbeki's stance on AIDS – from eager promoter of orthodox thinking to insistent dissident – on rational and scientific grounds, set against a backdrop of radical ideological deconstruction. In short, the story of Mbeki and AIDS has yet to be told. And it's a story people want told:

Calland and Jacobs pointed out in the 'Introduction' to their essay collection *Thabo Mbeki's World: The Politics and Ideology of the South African President* that all political and policy controversies in Mbeki's first term

pale into insignificance when compared with ... HIV/AIDS ... as his romance with so-called 'dissident' theory that questions the link between HIV and AIDS (and by implication, the utility of anti-retrovirals) deepened throughout 2000. By early 2002 Mbeki and his advisors had allowed his controversial views to dominate his presidency, both at home and abroad. Wherever one travelled, the same – or similar – questions were put: 'Why has he got such funny views on HIV/AIDS?'

The editors underline this estimation in the first line of their 'Conclusion', as quoted in Part Two above: 'the president with the inexplicably contrary views on AIDS would be most apposite [a definition of his] legacy.'

Public fascination with and consternation over Mbeki's dissidence from AIDS orthodoxy was reflected in Roberts's devotion of not one but two central chapters to Mbeki and AIDS in *Fit to Govern*; it was the subject of the first excerpt from the book published in the newspapers; and it dominated his talks, articles and interviews thereafter.

And when Gevisser's *Thabo Mbeki: The Dream Deferred* was published, the big thing the *Guardian* and BBC Online both zoomed in on immediately, with the *Sunday Independent*, *Sunday Times* and local newspapers following, was Mbeki's defiant assertion to Gevisser of his rejection of conventional Western thinking about AIDS.

No author writing about Mbeki has considered and argued that his dissident position on AIDS may follow precisely from the fact that he 'is an exceptionally intelligent man, one of the sharpest and brightest analysts' around, 'so intelligent' and 'well-read', 'enlightened' and 'erudite', and that his dissenting conclusions about the integrity of

Western AIDS cause and treatment orthodoxy, as well as his ideological perspectives in the subject, derive precisely from his intelligent, industrious reading and radical independent thinking.

In their 'Introduction' to *Thabo Mbeki's World*, Jacobs and Calland point up the immense significance of Mbeki's views on AIDS:

Thabo Mbeki is considered to be one of the most important leaders of his generation: in South Africa where he served as the country's deputy president from 1994 to 1999, and as president since June 1999; as a leading African statesman; and as a spokesperson for the developing world. His words command attention in the economic and political power centres of Washington, London, and Berlin and ... have consequences not only for his country but also for his continent.

As is clear from Mbeki's extraordinary approach to Gevisser in June 2007 to correct for the record the false account of his thinking on AIDS given by Roberts in *Fit to Govern*, and his two letters to him after *The Dream Deferred* came out in November, Mbeki is himself concerned to defend his 'legacy' (in the usual positive sense) as a dissident from Western AIDS dogma – what Gevisser fairly calls 'his cause', 'the way he dealt with HIV and Aids'.

*'Just say yes, Mr President': Mbeki and AIDS* will (a) comprehensively document the political history of the South African AIDS controversy, centring on former President Thabo Mbeki's non-conformist thinking about the causes and treatment of AIDS since late 1999, but also detailing his several conformist political initiatives on and statements about AIDS before this; (b) elucidate the reasons for Mbeki's dissent from American conventional wisdom on AIDS, having regard to his public statements in the subject, with particular focus on the medical and scientific facts and issues he's canvassed and the ideological perspectives advanced in *Castro Hlongwane* and other documents and statements, and (c) present a multidisciplinary analysis and deconstruction of the HIV-ARV-AIDS paradigm, including discussion of historical precedents and analogies, with particular focus on South Africa's politics, competing ideologies and mass psychological dynamics across the racial divide since national liberation in 1994.

The book will explore the reasons why South African white liberals rushed to embrace the 'HIV-AIDS' craze so avidly after the advent of African majority rule in 1994; why whites were seized with the belief that, as Gevisser puts it, the 'epidemic ... struck, in full force, at the very

moment the ANC was preparing for power'; why the AIDS-in-Africa construct became integral and central to white liberal ideology; and why in this ideology ARV drugs became politically fetishized as concrete tokens of assumed superior Western scientific knowledge in Africa, with criticism of them absolutely taboo. It also examines Mandela's initial indifference to the enthusiasm, and then his role as a liberal mascot and standard bearer for the faith after he and Mbeki crossed the floor in opposite directions on AIDS; sharply examines the performances of Judge Edwin Cameron and TAC leader Zackie Achmat in the saga; and documents the decline of AIDS as a public health issue in the US and Europe, and its revitalization and refashioning as an American foreign policy issue serving its imperial geo-political and commercial agenda. It concludes by noting recent concessions by UNAIDS experts that AIDS in the West has been a hugely overblown health scare and that, contrary to all insistent false public health propaganda, white heterosexuals are not 'at risk' (but somehow, unlike all other people in the world, black heterosexuals in Africa still are, they say).

*'Just say yes, Mr President': Mbeki and AIDS* will finally explain the biggest, most perplexing policy controversy of Mbeki's presidency, and seek to shift the generally negative Western perception of what Gevisser deplors as 'the deepest scratch against his legacy' to a positive appreciation of Mbeki's disassembly of the HIV-AIDS paradigm and his identification of it as an enormously destructive modern colonial ideology, thereby engendering an appreciation at last of Mbeki's most significant, original political and intellectual contribution to the struggle for the liberation of Africa since taking office as President in 1999.

AB

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arbrink@iafrica.com | 033 344 2420

## **Reviews of *Debating AZT: Mbeki and the AIDS drug controversy***

'the ravings of [a] drivelling conspiracy-theorist, loony, crackpot, fruitcake. ... I'm a professional at spotting weirdos' **David Beresford, *Mail & Guardian***

'I am emeritus professor of organic chemistry at UND. I am also a doctor of science of Oxford University, and although I know little about AIDS and less about AZT, I am trained to evaluate scientific argument. Your book on AZT ranks among the biggest tosh that I have ever read, and far the most sustained. I would not think the distinguished people whose approving comments you quote can have read much of it. I have no wish to argue with you, it would be impossible to penetrate your ignorant conceit, I would not wish to criticise your book, it would take too long. I do not know whether your basic claims about AIDS are correct or not, I have not seen the evidence, your book is not evidence, it is a prosecution brief drawn up by an inferior lawyer. You do not think much of the medical profession, or of medical research. To a certain limited extent and in defined circumstances, I would agree with you, but in general your view is nonsense. If you seriously doubt this, try to envisage life two centuries ago. On the other hand, many believe that the legal profession are a potentially dangerous bunch. This I would agree with. Some medical doctors are criminals, they do not usually get very far, there is rather little to be made out of being a crook G.P. On the other hand, the fees that lawyers get are entirely exorbitant, as a result, there are far too many of them, too many for honest employment, and crooked lawyers have great opportunities that crook medicos can only dream of. As a result many doctors are already afraid of giving first aid for fear of litigation. It would be instructive to see your reaction if you needed medical assistance, possibly for something urgent and nasty. Yours, but not at all respectfully' **David Taylor DPhil, Emeritus Professor of Organic Chemistry, University of KwaZulu-Natal, Durban**

'I do not intend to engage in nonsensical debates on AZT or other AIDS-related matters. I find the issues you raise a total waste of energy but perhaps more exciting for ignorant people in the field. ... Remember that I am the scientist and not you.' **Malegapuru Makgoba PhD, then president of the South African Medical Research Council, now Vice-Chancellor and Principal of the University of KwaZulu-Natal, and chairman of the board, *Mail & Guardian***

'you are justified in sounding a warning against the long-term therapeutic use of AZT, or its use in pregnant women, because of its demonstrated toxicity and side effects. Unfortunately, the devastating effects of AZT emerged only after the final level of experiments was well underway ... Your effort is a worthy one. ... I hope you succeed in convincing your government not to make AZT available' **Richard Beltz PhD, Emeritus Professor of Biochemistry, Loma Linda University School of Medicine, California, inventor of AZT in 1961**

'It must be said in Mbeki's defence that Brink ... is an able lawyer who argues his case with persuasive force. ... "That was the first time I became aware of this alternative viewpoint," Mbeki told me. ... He was able to persuade the country's most experienced investigative journalist, Martin Welz, of the validity of his case, so that Welz not only published a series of ... articles on AIDS in his investigative magazine,

noseweek, but also wrote a rapturous foreword to Brink's book on AZT' **Allister Sparks, *Beyond the Miracle: Inside the New South Africa* (Jonathan Ball, 2003)**

"That," Mbeki told me, "is what sparked it off ..." **Mark Gevisser, *Thabo Mbeki: The Dream Deferred* (Jonathan Ball, 2007)**

'A hefty blow for free speech and against the strictures of dogma ... Crisp. Logical. Sometimes over the top. Bristlingly intelligent. Exhausting. Acerbic. Sometimes vicious. For anyone who wants to know what Mbeki's on about, it's all here, in a nutshell' **Yves Vanderhaeghen, deputy editor, *The Witness***

'Christ this is good ... beautifully written ... extremely accomplished ... so much data. Makes the opposition's platitudes look embarrassingly hollow ... Eleni and I think it's really great' **Valendar Turner MD, consultant emergency physician, Department of Health, Western Australia**

'No ... you don't [merely review the medical literature], it's the way you write, it's the way you put it.' 'Anthony knows more about the science of this than all the other AIDS dissidents put together' **Eleni Papadopulos-Eleopulos MSc, nuclear physicist, Department of Medical Physics and Engineering, Royal Perth Hospital, Perth, Western Australia**

'superb, extremely well researched, analyzed, written. ... I could not have done a better job. ... Are you a scientist or do you collaborate with one? How could you survey so many scientific publications as an attorney? ... Could you publish your article or a variant of it in a medical/scientific journal? It would strengthen our case no end if scientific papers of that quality would come from several sources, not only from Berkeley and Perth.' 'I still can't believe he wrote that. He's really a molecular biologist pretending to be a lawyer' **Peter Duesberg PhD, Professor of Molecular Biology, University of California at Berkeley, member of the National Academy of Sciences of the United States of America**

'Absolutely spectacular ... superb ... the definitive refutation' **Harvey Bialy PhD, founding scientific editor, *Bio/Technology* (now *Nature Biotechnology*), and scholar in residence, Institute for Biotechnology, National Autonomous University of Mexico**

'excellent ... the best, most comprehensive review on AZT currently available' **Etienne de Harven MD, Emeritus Professor of Pathology, University of Toronto, Canada**

'Anthony Brink is a man of many parts: magistrate or barrister by day, musician by night ... prose stylist. Above all, dedicated and fearless. ... his book ... is clear and crisp and his technical mastery most impressive' **Philip Johnson PhD, Emeritus Professor of Law, University of California at Berkeley, US**

'outstanding ... top dollar writing' **Hiram Caton PhD, Emeritus Professor of Politics and History, and former Head of the School of Applied Ethics, Griffith University, Brisbane, Australia**

'Deserves serious treatment. More strength to your arm' **Donald Woods**

Very good. Convinced me completely' **Paul Foot**

'Absolutely amazing ... a work of genius ... he writes really well ... I just love his one-liners' **Rian Malan**

'very nice writing ... you can't really be a lawyer ... I love the parallels with other past failed medical panaceas – calomel etc' **Denis Beckett**

'an outstanding piece of work ... enormously entertaining ... expert, trenchant devastation of AZT apologists' **Neville Hodgkinson, former medical correspondent, London Sunday Times**

'extremely courageous ... I thought I was beyond shockability but [Brink's] revelations were stupefying. I think the marketing of AZT to pregnant women is an obscenity' **James P Hogan, science writer and science fiction novelist, Sligo, Ireland**

'wonderful ... soldier on!' **George Kent PhD, Professor of Political Science, University of Hawaii, US**

'[AZT: A Medicine from Hell] is a well written, lucid article for anybody to read. ... your arguments about prescribing this drug are excellent . ... Perhaps when more people like yourself who are not scientists come out publicly to clarify the issue on this drug, pregnant women will be spared! Your article will now be additional prescribed reading for the students in my class' **Shadrack Moephuli PhD (toxicology), senior lecturer, Department of Biochemistry, University of the Witwatersrand**

'What a good comprehensive review of the literature you performed! ... During my research I noticed a lot of resistance from many different people to believe our data. In general there is resistance to the "bad news"' **Ofelia Olivero PhD, staff scientist, National Cancer Institute, US**

'amazing' **Margaret Driscoll, senior feature writer, London Sunday Times**

'a masterful piece' **David Rasnick PhD, pharmaceutical biochemist and patent holder, California, US**

'a rare combination of incisive insight, entertaining wit, profound perspicacity, all of which and a lot more being available through his racy, delicious pen. He exhibits the uncommon gift of a timely turn of phrase that truly adds spice to the intellectual content. ... Mr Brink's book will have an Illician impact likely to cure the increasingly sick HIV-AIDS establishment in particular and the medical and governmental establishments in general. His expose is both a diagnosis and a cure. ... [It] will remain a classic eye-opener to the misdeeds of modern medicine for decades to come. I am also sure that Mr Illich will give his imprimatur to Mr Brink at first reading' **Manu Kothari PhD, Emeritus Professor of Anatomy, Seth Gordhandas Sunderdas Medical College, King Edward Memorial Hospital, Mumbai, India**

'I started reading it the day it arrived, found it so fascinating that I ... read it through to the end that evening. A case of not being able to put it down. Remarkable research and brilliant writing' **Jaine Roberts PhD, Director of Research, Rhodes University; formerly Deputy Director of Research, Health Systems Trust; and researcher, HIV and Economic Health Research Unit, University of KwaZulu-Natal, Durban**

'Every South African should read it. ... I couldn't put it down' **Akash Bramdeo, television journalist, e-TV**

'It reads like a thriller, pulling you in ... like a bebop solo, every line packed with information' **Hamish Davidson, former professional jazz saxophonist and horticulturalist**

'I laughed and I cried, I laughed and I cried' **Hector Gildemeister DPhil Oxon, molecular biologist, London**

'I read it at work pinned between my desk and my knees and laughed until the tears rolled down my cheeks' **Debbie-Ann Atkins, office machine representative**

'Riveting ... [The] style is very funny; it's a shame the subject-matter is so serious... Perhaps, after all, Thabo Mbeki is a visionary, not the fiddling fool he's made out to be ... [If you are] wondering what all the fuss is about, you will not find a more forceful or persuasive explanation ... than in this book. ... meticulously referenced, *Debating AZT* rattles the not-so-dusty medical skeletons of thalidomide, arsenic and mercury salts. It is a remorseless denunciation of the first and most widely used anti-HIV drug' **Don Bayley, former science editor, *Sunday Independent* and launch editor, *Independent Online***

'Humor kan soms 'n politieke daad van die ernstigste aard wees. Niks is gevaarliker as om onaantasbare persone en instansies belaglik te maak nie. ... Wees gewaarsku – die boek het 'n vreemde uitwerking op die leser. Enersyds laai dit iets ondraaglik swaar – grotesk eintlik – op jou skouers, iets waarvan jy nie meer met integriteit kan afkom nie. Andersyds moet jy nie verbaas wees as daar na dese 'n glimlag aan jou lippe kom pluk elke keer as jy die woord "AIDS expert" hoor nie. ... Die kersie op die koek – wat van *Debating AZT* 'n meesterstuk maak – is die humor waarvan elke reël, asook die spasies tussenin, deurtrek is. ... Brink se styl – die samespel van ligsinnige humor en dodelike erns – laat my byvoorbeeld onwillekeurig dink aan die profetiese literatuur in die *Bybel*. ... Anthony Brink deins nie terug vir "lawsuits" nie. Hy [skryf] in die styl van meeslepende fiksie. Die boek is 'n taboebreker – nie in die eerste plek omdat dit die taboe-gelaaide tema van VIGS in Suid-Afrika aanvat nie – maar ook en veral omdat dit alle genre-matige grense verontagsaam. Volgens die antropoloog Mary Douglas het taboe te make met verskynsels wat dreig om gevestigde klassifikasieskemas te ontwig. Ook die outeur van hierdie boek is in dié sin 'n taboeverskynsel: 'n advokaat uit KwaZulu-Natal wat met innemende hubris die heilige teoretiese grond van die mediese wetenskap betree. ... Ek kan nie *Debating AZT* sterk genoeg aanbeveel nie – of jy nou 'n literêre ervaring wil hê, boeiende geskiedenis wil lees, meer te wete wil kom oor die VIGS-polemiek, tot teologiese en filosofiese besinning gebring wil word, of sommer net lekker wil lag. As ek die pous was (of 'n leidende VIGS-navorsers) sou ek die stempel van goedkeuring op hierdie boek aangebring het: *nihil obstat*. Dit staan geskrywe. Niemand sal ooit kan sê: "Ek het nie geweet nie"' **Gerrit Brand PhD, books editor, *Die Burger***

### Reviews of *The trouble with nevirapine*

'Brink's meticulously researched ... detailed exposé on the controversial AIDS drug ... reads like a sophisticated crime novel and is full of harrowing facts you won't find anywhere else' **Christine Maggiore, founder, Alive&Well AIDS Alternatives, LA, US**

'an amazing job ... brilliantly dissects an avoidable tragedy: how misconceptions and misunderstandings about a new medicine ... caused a pointless, costly and toxic mess that still needs clearing up. An important story with lessons for all of us – and readable with it' **Professor Andrew Herxheimer MB, FRCP, Emeritus Fellow of the UK Cochrane Centre, Oxford; tutor in clinical pharmacology and therapeutics at Charing Cross and Westminster Medical School, London University (ret.); advisor to the WHO; founder of *Drug Therapeutics Bulletin*; co-founder of the International Society of Drug Bulletins; and co-founder of DIPEX.org**

'an expertly written piece about this very dangerous drug' **Dr Jonathan Fishbein MD, formerly Director of the Office for Policy in Clinical Research Operations, Division of AIDS, National Institute of Allergy and Infectious Diseases, US National Institutes of Health**