Debt, Sexualization, and AIDS:
Dismantling the AIDS-in-Africa Discourse

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Abstract

Since early after its discovery in 1981, AIDS has often been framed as a sexual disease spread through deviant and hypersexualized populations, perhaps nowhere more so than in Africa. Much has been written about the pandemic in Africa, with the majority of recent attention placed on the sexual transmission of the virus. Omitted from the discourse are other possible avenues of transmission. My thesis hopes to highlight this problem by identifying key works contributing to the sexual discourse, and drawing attention to other possible areas of research which could broaden the scope of research on AIDS in Africa. In this thesis, Edward Said’s idea of Orientalism is used as a framework through which to understand the creation of the sexual discourse, arguing that it has become dominant and therefore obstructing alternate avenues of scholarship and investigation. Due to this focus on promiscuity and sex, the literature on the transmission through medical injections was omitted. The focus on sexual transmission as the basis of the pandemic has excluded much discussion on other contributing factors, such as poverty. Arguments for the role of poverty in HIV transmission often centre on sex. For example, women forced into transactional sexual relations or sex work, or movements to urbanization that weaken cultural mores and norms and result in promiscuous sexual relations. The emphasis on the sexual transmission of AIDS in Africa, at the expense of thorough analysis of the non-sexual transmission, has stunted the understanding AIDS, placing blame for the transmission onto Africans themselves, turning AIDS into an ‘African problem’.
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Introduction

The AIDS pandemic in sub-Saharan Africa has reached unprecedented proportions, with an estimated 22 million people currently living with HIV/AIDS in this region. Much has been written about the pandemic, with the majority of recent attention placed on the sexual transmission of the virus. The focus on sexual transmission emerged in the early 1980s, soon after the discovery of the virus. This focus on sex suggests the idea of deviance, with influential researchers arguing that African culture is inherently promiscuous. At the same time as this sexual focus emerged there were medical doctors noting the frequency of unsafe medical injections in much of sub-Saharan Africa; in many cases warning of the possibility for high numbers of iatrogenic HIV infections. In the early 1980s and 1990s most sub-Saharan African countries were under the influence of the World Bank and International Monetary Fund (IMF) to reorganize their economies in light of the recent debt crisis. This historical economic context helps explain how the disease became so widespread in this region. However, the focus on sexual transmission crowded out alternative explanations for HIV/AIDS in Africa.

This thesis will use Edward Said’s idea of Orientalism to explain how HIV/AIDS in Africa has come to be seen as a disease of the sexually promiscuous. Understandings of HIV/AIDS in Africa differ from AIDS in the Western world. The notion of the “sexually promiscuous African” has become so prevalent in the study of AIDS in Africa that it has created what I refer to as the dominant sexual discourse. This sexual discourse works to negate other lines of research that would add to the understanding of the AIDS pandemic in Africa, and offer other possible avenues for prevention. I will argue that
early after the discovery of the disease in 1981, medical doctors and other researchers were reporting the widespread use of unsterile medical injections, and warning that this could be potentially disastrous in terms of transmission of the disease. Such reporting began as early as 1984. However, despite these early warnings, this line of argument was pushed aside, and the sexual discourse dominated.

Central to the argument is the consideration of the ignored primary sources written by medical doctors working in Africa in the 1980s. There has been little attention given to these sources. What is especially troubling is that even in the 1980s, these reports were underutilized, or even ignored, making them especially important for current research. Focused attention on this research could possibly lead to more diverse approaches to the understanding of the AIDS pandemic in Africa, and this, in turn, could lead to the development of more effective policy measures taken to combat the disease.

Said’s idea of Orientalism will be used as a lens through which to understand the creation of the sexual discourse, its metamorphosis over time, and the authority of which it has taken. In order to identify the development of a dominant sexual discourse I will analyze major works on HIV/AIDS in Africa written soon after the discovery of the widespread nature of the disease in Africa in the early 1980s. Said discusses the concept of Orientalism as being a construed knowledge of a space lacking specific geographic boundaries. This is similar to the way knowledge is construed about Africa, going back to colonial involvement on the continent, and the images and perceptions that were generated from this involvement. The consideration of Orientalism and Africa is much deeper than the discourse on AIDS. It can be tied to a broader colonial discourse that
framed Africa and Africans as untamed nature and people.\textsuperscript{1} This discourse relied on racial ideas to create perceptions and understandings of the African body, disease, and the practices that we thought to transmit disease.\textsuperscript{2} This connection can also be seen in earlier discourses surrounding discourse on disease, Megan Vaughn describes how earlier racial ideas pathologizing Africans and creating them as overly sexual led to the misunderstanding of disease, specifically non-endemic syphilis and yaws, which in colonial East Africa was initially assumed to be venereal syphilis due to the earlier racial assumptions.\textsuperscript{3}

In addition, I will look at a selection of the literature that has been left out of the dominant discourse, and therefore most writing on AIDS in Africa: reports about unsafe medical practices. Major questions addressed in this thesis include how the sexual discourse was constructed, why it gained such dominance in a field which receives so much attention and research, as well as the role played by the economic situation in Africa in the transmission of the virus. Most notably I will address a question posed by researchers Randall M. Packard and Paul Epstein in 1992. They asked, “why, given all the social and economic factors that distinguish African populations from those in the West did researchers choose to focus on sexual promiscuity?”\textsuperscript{4} And, finally, this thesis seeks to question who the focus on promiscuity serves.

This thesis argues that the neoliberal discourse upon which structural adjustment programs are based, coupled with the sexual discourse on AIDS in Africa, created a

\textsuperscript{1} An example of this idea in the popular discourse is Joseph Conrad’s \textit{The Heart of Darkness}.
premature narrowing of the scope of research on HIV/AIDS in Africa. The narrow research focus has led to the omission of other, possibly significant, routes of transmission. One example of what has been omitted which is examined in this thesis is the use of unsafe medical injections. This thesis will argue there is an active link between HIV infection and structural adjustment. As opposed to focusing on the role that diminished overall health in African countries has had on development efforts, this thesis examines the ways in which development efforts have diminished health care. As an example, it considers how the discussion of the transmission of HIV through unsafe injections has been ignored.

HIV/AIDS is such a globally important issue because of its severity, destructiveness, and researchers’ inability to fully understand and government and non-profit organizations’ inability to control it. After nearly three decades of the sexual discourse, attempts at shifting the focus now seems difficult. At the recent 2010 International AIDS Conference, held in Vienna, Austria, there was an attempt to connect HIV to human rights. Framing HIV as a human rights issue is a positive progression in gaining a fuller understanding of the pandemic; it will bring to the fore issues such as poverty and gender inequality that compound and exacerbate the crisis. The problem lies not in the desire to establish connections between HIV and human rights, but rather that the very nature of the research being done remains – to a large degree – based on ideas of sexual transmission and notions of deviancy. This does not square with a discourse on human rights. Although important work is being done on problems such as mother-to-child transmission and developing more accessible drug options, there is still an overt focus on sex.
A brief look at the popular media published during the time of the conference shows the extent of this claim. One example of this is the attempt to develop drugs designed to decrease sexual transmission. For example, an article reported on testing in South Africa for a gel form of a drug that would decrease the risks of infection to women.\(^5\) Besides the problem of major Western pharmaceutical companies profiting from these medical advances is the fact that these studies are perpetuating the narrow approach to research that has been pursued since the late 1980s. This research received much attention, and was covered in stories by several other newspapers.\(^6\)

Another topic coming from the research presented at the conference, which is relevant to the central argument of this thesis, and which received attention in the popular media, is based on a World Bank study that acknowledges poverty as an “underlying factor in the spread of HIV in the developing world”.\(^7\) The study gave 4,000 girls cash payments on the requirement that they stay in school. The findings stated that the girls were less likely to be infected with HIV if they received the cash payment because they would be less likely to be sexually active, as they would not need to use sexual relations in exchange for financial support. The study claims to “show the potential for using cash payments to prevent people, especially women and girls, from engaging in unsafe sex

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while also ensuring that they stay in school and get the full benefits of an education”.

Besides being economically unfeasible as a prevention policy, this study is also problematic as it is situated well within the sexual discourse. Despite the initial focus on poverty, and the conference’s focus on human rights as a move forward in the fight against HIV/AIDS, the dominance of the sexual discourse carries on and, as witnessed by these articles, highlights the lack of divergent approaches and innovative research.

Aside from serving as examples of the continued focus on sex and deviance, among AIDS studies referring to Africa, these news stories are significant in showing why the research in this thesis is important. They show the extent to which this discourse has come to define AIDS in Africa. As will be argued in the chapters that follow, the sexual discourse rests on power, the wielding of knowledge, and control. The sexual discourse contains ideological elements that further reinforce aspects of control and coercion as a response to AIDS. The narrow research focus makes it very difficult to reframe how HIV/AIDS in Africa is thought about and studied.

This thesis attempts to reframe the understanding of HIV/AIDS in Africa by addressing the dominance of the sexual approach to research on AIDS in Africa, acknowledging its limitations, and proposing that an early alternative was presented in the literature, could have been significant early on in the epidemic, and was silenced due to the intellectual, economic, and political investment in the sexual discourse. The first chapter introduces the concept of Orientalism and discusses the formation of the sexual discourse. It demonstrates how this sexual narrative took hold in the research on HIV/AIDS in Africa. The second chapter looks at the contextual history of HIV/AIDS in Africa, specifically focusing on the structural adjustment programs of the World Bank.

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8 Ibid.
and IMF. The final chapter argues that even when alternative arguments are put forth they tend to remain rooted in the sexual discourse. Avenues of research that did not fit into this pattern were simply left out. The example provided is of medical injections and their role in the transmission of the virus in the early part of the pandemic. This is just one example of many, for example blood transfusion or food pathogens, which have remained on the margins of HIV/AIDS research.9

Gender analysis has become an important aspect of the research on HIV/AIDS in Africa and in the Humanities and Social Sciences more generally. Much has been published on this topic, however, this thesis does not provide an in-depth analysis of gender issues. Gender is addressed in Chapter Three in the discussion of migration and urbanization, and the transactional sexual relationships that are normally entered into by young women, for example, where a gendered analysis is a key factor in the sexual discourse these works represent. This thesis, however, attempts to draw attention to the need for an entirely non-sexual transmission, highlighted by the example of the transmission through medical injections, and therefore places less emphasis on gender than many recent works. The main objective of this thesis, however, is to point out that the focus on the sexual transmission omits other avenues of transmission, and therefore must be broadened. The narrowing of the research focus presents the sexual transmission

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9 One recent example of an alternative to the sexual transmission discourse is a study conducted on the transmission of the virus through toxins found on certain staple foods in sub-Saharan Africa, such as maize. Due to the high levels of maize consumption in sub-Saharan Africa, the researchers estimate that one million HIV infections could be avoided. Of course, this research is new, and further studies must be undertaken to substantiate the findings. Even if the future studies on this topic prove it to be minor in the transmission of the virus, this study is hugely significant, as it is fully removed from the sexual discourse, and explores an aspect of transmission that is not based in the sexual aspect of the behavioral discussion. (Jonathan H. Williams, et al, “HIV and Hepatocellular and Esophageal Carcinomas Related to Consumption of Myotoxin-prone Foods in Sub-Saharan Africa,” American Journal of Clinical Nutrition 92 (2010): 145-160.)
of HIV as the sole route of the spread, with nominal attention also placed on mother to child transmission. A broader focus of the ways HIV/AIDS was transmitted provides a deeper understanding of the nature of the transmission, and it impact. It therefore places less emphasis on gender than many recent works.10

The main point of this thesis is not to argue that the sexual transmission of HIV is not important in the AIDS pandemic. This is based on the act of sex and the transmission of the virus through sexual intercourse. Sexual transmission is the primary way in which HIV is transmitted in Africa. This fact is not in dispute in this thesis. Rather, the focus is to establish that the sexual discourse is, in fact, dominant in the academic literature on HIV/AIDS, to consider how and why it came to be, and to understand the effects of such a dominant discourse. Considerations of the sexual transmission of the virus are important, and need to receive continued attention. The idea of the dominant discourse relies on the construction of sexuality, and the sexual discourse is based on the way sexuality in Africa is viewed by those creating the discourse. Much of this is based on the notion of the hypersexual African, a concept that will receive more attention below. The discourse on HIV/AIDS is formed in both popular and academic settings, and each inform the other to a certain degree. Although the popular discourse is important in shaping perceptions of AIDS in Africa, this thesis focuses solely on the academic discourse mainly due to the sheer volume of academic writing on AIDS in Africa. Studies on the popular discourse would be an interesting area for future research.

The main objective of this thesis, however, is to point out that the focus on the sexual transmission omits other avenues of transmission, and therefore must be broadened. The narrowing of the research focus presents the sexual transmission of HIV as the sole route of the spread, with nominal attention also placed on mother to child transmission. A broader focus of the ways HIV/AIDS was transmitted provides a deeper understanding of the nature of the transmission, and its impact.

My study represents a new approach to the study and understanding of the pandemic in Africa. Aside from the significance of the new findings that may result from this and future studies, this will offer a new insight into the strength and continuation of the dominant sexual discourse. Future research on this topic could question the extent to which the power structures have silenced this approach, and what this might offer to the understanding of the scope of such power structures, and their motivations. Studies such as this, taking a new focus to understanding HIV transmission, are necessary both for the way HIV/AIDS is handled in Africa, but also for the way power structures are studied and understood. More focus must be given to this type of research in order to broaden the scope of research and understanding of HIV transmission in Africa.
Since shortly after the discovery of AIDS in 1981 the sexual transmission of the virus dominated the literature on HIV/AIDS worldwide. While the discourse outside of Africa centered on specific populations that were considered to be hypersexual – for example male homosexuals and commercial sex workers – in Africa the discourse involved the perceived deviance and hypersexuality of the majority of Africans. It has been argued that this idea is so prevalent in Western notions of Africa and Africans that it has essentially “hijacked” all discourse on AIDS in Africa.\textsuperscript{11} Making this argument, Eileen Stillwaggon claims that research on HIV transmission in Africa followed established ideas of what she calls an “African hypersexuality”, which led to a narrowing of the scope of research, ultimately sidelining the consideration of other possible significant routes of transmission.\textsuperscript{12} Other authors have begun to comment on this idea, and consequently a challenge to the limited scope of the sexual transmission of HIV has emerged in recent years, yet the focus on sexual transmission remains.\textsuperscript{13} This discourse centered on the idea of difference, and followed a very narrow understanding of socio-cultural factors surrounding HIV transmission. This created a very limited approach to

\textsuperscript{12} Stillwaggon, 11.
\textsuperscript{13} See, for example, Randall M. Packard and Paul Epstein, “Epidemiologists, Social Scientists, and the Structure of Medical Research on AIDS in Africa,” \textit{Social Science and Medicine} 33 no. 7 (1991): 771-794.
the research being done on the spread of HIV, and can be closely connected with the discourse on debt and economic mismanagement outlined in the following chapter.

This chapter will identify and analyze a number of works which have been key in creating and continuing this discourse in order to demonstrate how it has become dominant within the vast literature on this topic. It will use Edward Said’s theory of Orientalism to explain the development of this discourse. It will also argue that the dominance of the idea of sexual transmission has had major effects on AIDS research. The general acceptance of this idea has meant that much has been omitted from the discussion of HIV/AIDS in Africa, and this in turn has negatively affected the research on the AIDS epidemic in sub-Saharan Africa. Most especially, the focus on sexual transmission has prevented fuller discussion on the transmission of the virus via medical needle injection, suggesting it was recognized as a significant route of transmission, as an example of how the economic situation in Africa influenced the AIDS pandemic.

I will draw from Michel Foucault’s work for the conceptualization of discourse, as it will be used in this thesis. Foucault describes discourse “as practices that systematically form the objects of which they speak”\textsuperscript{14}. In this sense, discourse is not merely the discursive practice – as Foucault says not “a mere intersection of things and words”, but the perception and knowledge that these intersections create\textsuperscript{15}. This knowledge is created through a continuous building upon of ideas, beginning with a misconstrued foundation. It works to create an understanding of an object or idea that can then become its sole understanding – omitting or silencing other lines of questioning. Often this is accompanied by the modification and incorporation of dissenting voices to

\textsuperscript{14} Michel Foucault, \textit{The Archaeology of Knowledge} (London: Routledge, 1972), 54.
\textsuperscript{15} Ibid, 54.
weaken that position and strengthen their own. Therefore, in the context of this chapter, discourse is an active force creating understandings and perceptions of AIDS in Africa.

Creating a Discourse

This continuous building upon of ideas from an unguided or misunderstood premise is reminiscent of Said’s theory of Orientalism.\textsuperscript{16} The idea in \textit{Orientalism} most pertinent to this thesis is that Orientalism can be best understood as a form of intellectual power. Said states that:

\begin{quote}
because of Orientalism the Orient was not (and is not) a free subject of thought or action. This is not to say that Orientalism unilaterally determines what can be said about the Orient, but that it is the whole network of interests inevitably brought to bear on (and therefore always involved in) any occasion when the particular entity ‘the Orient’ is in question.\textsuperscript{17}
\end{quote}

It is in this way that Orientalism creates a dominant discourse. It is a subtle force that shapes and guides the direction of a discourse and lines of questioning that may be asked. The power it uses simultaneously relies on and creates the discourse.

Despite creating a discourse, Orientalism is a repressive, rather than productive, form of power. This can best be explained as a “set of constraints upon and limitations of thought” rather than a production of thought.\textsuperscript{18} The repressive nature of this creation of a discourse lies in the way it enables only a certain, and very particular, discourse; a selective ordering of the discourse that allows a narrow focus. Said addresses this, stating that “the Orientalist makes it his work to be always converting the Orient into something else: he does this for himself, for the sake of his culture, in some cases for what he

\begin{footnotesize}
\textsuperscript{17} Ibid, 3.
\textsuperscript{18} Ibid, 42.
\end{footnotesize}
believes is the sake of the Oriental”.\textsuperscript{19} This chapter argues that the constraints and limitations contained in the production of a discourse such as Orientalism have important insights into the discourse on AIDS in Africa, and will be used a lens through which the discourse can be understood.

The same process Said describes in Orientalism can be seen in the African context. One example of this is the image of ‘the African’. To a large degree, and within health in particular, this image is based on sexuality. In this context African sexuality is made to be other and deviant, and is paired with ideas of being wild, untamed and animalistic. These misunderstandings of Africans are false, and are created in much the same way as Orientalism is. The images of the wild, untamed African were created in a long discourse that goes beyond the sexual discourse. These can be seen in the notion of African as the heart of darkness. The dangers of this broader discourse on Africans can be seen with examples from the colonial context. In many cases colonial medical officers would look no further than sex and sexuality when trying to understand African illnesses previously unknown to them. Megan Vaughan provides a good example of this in her discussion of syphilis and yaws in colonial British Africa, highlighting how colonial medical officials often misdiagnosed yaws, similar to syphilis but not sexually transmitted and in fact most often caused by poverty, as syphilis due to the narrow approach taken to African health.\textsuperscript{20}

Said calls Orientalism a “system for citing works and authors”, and claims that individual authors play a role in determining the “otherwise anonymous collective body

\textsuperscript{19} Ibid, 67.
of texts constituting a discursive formation”.\footnote{Said, 23.} This discursive formation is based on the use of previous works on a given subject to represent a certain knowledge of that subject, without necessarily conducting any critical study of it, or evidence for it. The framework provided by Said’s Orientalism is useful in the way that it explains not only the power of the produced – and manipulated – discourse, but the ways in which the discourse is actually created. The discourse is a “created body of theory and practice, in which, for many generations, there has been a considerable material investment”.\footnote{Said, Ibid, 6.} Said traces Orientalism from the eighteenth and nineteenth century colonial interventions of the British and French to the American involvement in the Orient post World War II. The process of globalization and the spread of free market capitalism shifted the influence to include international organizations alongside nation states, all of which played a role in shaping the discourse. This global reach is something that is also evident in the AIDS studies discussed below.

Another important aspect of Said’s notion of Orientalism is the implications it has for those creating the discourse. In the case of perceptions of HIV/AIDS, difference and prejudice have been dominant themes. It is possible to argue that this lies in the nature of the virus itself, in that a superficial view of the AIDS crisis could highlight the racial difference between the majority of sufferers and those whose lives remain, for the most part, unaffected. This idea could be used to promote the belief that certain races are biologically superior; however, this is exactly the type of ill-conceived logic that the creation of the AIDS in Africa discourse is built upon. The motivation for promoting such a false and harmful message needs to be questioned. Conclusions can be drawn
based on Said’s assessment of these ideas in Orientalism, and the agents creating the sexualized AIDS discourse.

The theory of Orientalism also highlights the difficulty in operating outside of a discourse once it has been popularized. This is not to say that there is an overt system of censorship; Orientalism’s influence is far more subtle than that. Instead, restrictions are imposed through the ‘knowledge’ that is formed by the system of citing and re-citing certain ideas. In this way, alternative ideas from outside this believed knowledge system are deemed illegitimate and flawed.

**AIDS and the Hypersexualized African**

Translating the idea of Orientalism into the context of AIDS in Africa, the focus becomes a loose set of ideas constituting knowledge of Africans, and, for the most part, relies on a superficial and mistaken understanding of African people and culture. These ideas are often based on perceptions of racial difference, which allows for an ‘othering’ of Africans. The idea of HIV transmission in Africa is therefore placed within the broader, generally accepted ‘knowledge’ of Africa – the countries, cultures, societies, and people – which has been created over time. In relation to the discourse formulated on AIDS in Africa, this Orientalized discourse begins after the discovery of AIDS in 1981.

Just as Said identifies early authors as the impetus for Orientalism there are similar figures in the development of the dominant sexual discourse of AIDS transmission in Africa. Within this dominant discourse, the literature can be grouped into three different core schools of thought. 23 One is the research based on the idea of African

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23 Due to the enormity of this literature, only a small representative portion was included in this analysis. The groupings used here are broad categorizations that offer a wide, yet inclusive understanding of the literature that created and carries on the notion of a dominant discourse. Particularly, these groupings focus on both the perception and the knowledge that emerge from these writings.
promiscuity. The second is the behavioural approach, with a particular focus on the idea of sexual networking. A third school, which emerged in later years, has focused on the political and economic factors contributing to HIV. This school can be further divided in two sub-groups: one, focusing on the additional problems HIV has for the existing social and economic situations in most African countries; the second gives closer consideration to role of poverty and its effects on HIV/AIDS. In this sub-grouping the focus on poverty is at the individual level, and leaves out broader discussions which would include the interaction of global actors, such as the World Bank and IMF, and the consequences of their actions on individuals. These two categories will be discussed in the following chapter.

Two of the earliest examples of the discourse centered on the difference of African AIDS versus that of AIDS in the rest of the world can be seen in articles by Peter Piot et al and Robert Biggar, published in 1984 and 1986 respectively. Piot et al argue that Central Africa offers a new epidemiological setting, thus creating difference between the epidemiological setting of the United States, and that seen in Africa. The article clearly stresses the importance of the heterosexual transmission in Central Africa, noting the male to female ratio of occurrence as 1:1. In this article there is a clearly established delineation between North American AIDS and African AIDS, but this argument lacks the level of overt racism that emerges in the later writings. At the same time, Piot et al state the need for further research into other modes of transmission. He identifies

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24 These two groupings are taken from Eileen Stillwaggon, “Racial Metaphors: Interpreting Sex and AIDS in Africa,” *Development and Change* 34 (2003): 822. Stillwaggon also identifies a third group which is the actual policy documents emphasizing behaviour change, although not expressly stating the problem with African sexuality. These documents are created by international organizations such as the World Bank and various United Nations (UN) focus groups such as the Joint United Nations Program on HIV/AIDS (UNAIDS). This group will not be given attention here as it is outside the scope of this thesis, yet it remains very important to further study on this topic.
injections as being a possibly important focus area for future studies.\textsuperscript{25} At this time, only three years after the discovery of the virus, the discussion of the modes of transmission was still fairly open, however, what is witnessed, even by this example, is the early focus on sexual transmission, and the postponing of other important focus areas to “future research”.

The second of these two articles was written by epidemiologist Robert Biggar. Like Piot, Biggar argues the importance of the sexual transmission of HIV in Africa, and makes the outright claim that non-sexual routes of transmission have contributed little to the epidemic in Africa.\textsuperscript{26} He identifies promiscuity as a major factor in the transmission, and points out that the men who frequented prostitutes were especially vulnerable to the virus.\textsuperscript{27} As evidence for the importance of the heterosexual transmission Biggar also notes that those testing positive were most usually in the age range of sexual activity.\textsuperscript{28} Although this is a reasonable claim it lacks a level of critical thought. As the disease has a long latency period, meaning that it takes infected individuals ten years on average to display symptoms, it is thus likely that infected children would not display symptoms until they were in the age range of sexual activity.

As Piot before him, Biggar also gives mention to a possible alternate route of transmission. He suggests that vertical transmission – that from mother to child – would pose a problem in the future, claiming, however, that needles would be unlikely routes of transmission. Despite the acknowledgement of vertical transmission, Biggar essentially eliminates the opening of other discourses by relegating the problem of other routes of

\textsuperscript{27} Ibid, 81.
\textsuperscript{28} Ibid, 81.
transmission to the future, thereby creating a singular focus on the sexual transmission in the present. This is the discursive practice defined by Foucault. More than simply the “intersection of things and words”, the manner in which these two authors discussed the sexual transmission created a perception.\textsuperscript{29} The systematic formation of the object, in this case AIDS in Africa, was produced, in part, by the focus on sexual transmission, and the relegation of discussion of other possible forms to future or later research, which was not taken up with as much vigor as these earlier researchers might have wanted.

What is so surprising about these two articles is that, despite AIDS being such a new discovery, and the limited knowledge of the disease at this time, these authors were willing to rule out possibilities that could have given a scope for both a more comprehensive understanding of the epidemiology, and more effective policy measures to limit its spread. After these early writings a pervasive sexual theme emerged in the literature on HIV/AIDS in Africa.

Both Piot and Biggar are instrumental in establishing the system of citations which became key to the establishment of the creation of knowledge. If the study of the discourse on HIV/AIDS in Africa can be seen as a microcosmic example of the overarching theory of Orientalism, then these two authors can be seen as laying the foundation of the discourse. The sexual discourse was then carried forward in a more overtly racist manner, focusing on cultural and biological difference in black Africans.

Early writing on the hypersexualized African can possibly be best represented by the work of medical doctor and anthropologist Daniel Hrdy. In a 1987 article Hrdy claimed that the most important cultural factor contributing to HIV transmission was

\textsuperscript{29} Foucault, *The Archeology of Knowledge*, 54.
promiscuity. He claims that although “generalizations are difficult, most traditional African societies are promiscuous by Western standards”. The first problem with this statement is the notion of the pan-African culture. Hrdy offers nothing to narrow down or explain any limits on his broad conceptualization of culture. Nor does he offer any evidence as to why promiscuity was considered to be such an important element of this culture. The second problem is his assumption of a traditional African culture, an assumption that did not reflect historical or anthropological understandings of Africa by the 1980s.

The remainder of Hrdy’s article is thinly veiled racist sentiment presented as an explanation for the differences between HIV transmission in Africa and the West. Hrdy employs the concept of Africans as a separate species, one linked to the past with an arrested evolution. He notes the “striking analogy” between Africans and vervet monkeys, stating that African promiscuity is similar to female vervets “engaging in dozens of copulations on a single day”. This statement is not only insulting, it creates an image of African people as sub-human, and less worthy. It works both to offer an explanation for why AIDS is worse in Africa, and to justify the lack of meaningful response to the crisis.

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31 Ibid, 1112.
32 Recently, in his book Heterosexual Africa?: The History of an Idea from the Age of Exploration to the Age of AIDS (Athens: University of Ohio Press, 2008) Marc Epprecht argues that the idea of African promiscuity is widely misunderstood. He states that, in popular and academic thought, there is a connection between African polygamy and contemporary promiscuity, but that African sexuality operated outside the Western cultural conceptions of polygamy or monogamy. The author argues, that although common, polygamy was not nearly as prevalent as was made to seem, therefore the connection that is often made between polygamy and promiscuity in Africans is overly simplistic.
If it were possible to identify key figures in the production of the dominant sexual discourse it would certainly be the work of John and Pat Caldwell. In the latter part of the 1980s the Caldwells wrote two papers which have established a place of preeminence in the literature on HIV/AIDS in Africa. Both papers focus on the concept of difference, and pursue the argument of a culturally different African sexuality. This difference is reminiscent of nineteenth century race theory in that it attributes biological variation to explain difference. Difference must be measured against a norm, and in this case African sexuality is juxtaposed to what is assumed to be the normalcy of what the authors refer to as the “Eurasian society”.

The first of the two articles was written in 1987, and contains the central argument that there is a traditional cultural system, based on social, economic, and religious elements that led to what they deem the continent’s high level of fertility. Essentially, their argument focused on the sexual nature of Africans, and the importance of this on fertility rates. The socio-cultural differences between Africans and others which the Caldwells identify are based on anthropological field studies that were, in many cases, several decades old when they published this article. As evidence of difference between Africans and the Eurasian norm the Caldwells often use absurd examples that highlight their insensitivity rather than any meaningful difference between

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36 John C. Caldwell, Pat Caldwell, and Pat Quiggin, “The Cultural Context of High Fertility in sub-Saharan Africa,” *Population and Development Review* 15 (2) (1989). The term Eurasian society is taken from Jack Goody (1976) and the authors are vague as to what, exactly, it refers. They claim that Western thought is pervaded by ideas from this society and that these two societies are not limited to geographic space, but instead are fluid entities that change as influence is exerted from one to the other. It is interesting to note that the influence the authors remark on is the unidirectional Western to African influence (187).
37 Ibid, 417.
the African and Western systems. For example, they cite the revulsion shown by mothers in Sierra Leone when confronted with stories of infanticide as a point of difference.\textsuperscript{38} Yet the expression of revulsion to stories of infanticide is hardly something unique to these Sierra Leonean women.

The Caldwell\textquotesingle s take the notion of difference further by introducing the use of the concept \textit{Homo Ancestral\ae } – in essence creating Africans as a separate species.\textsuperscript{39} They explain their use of the term \textit{Homo Ancestral\ae } by comparing it to French anthropologist Louis Dumont\textquotesingle s term \textit{Homo Hierarchicus}, although the most explanation they give of this comparison seems to rely on the fact that both studies are on non-Europeans and, therefore, the subject matter was so different as to necessitate a classification system based on biological difference in order to be understood.\textsuperscript{40} What is most surprising about this use of a perhaps dated idea, is the manner in which it is simply used without any explanation to create a link from Dumont\textquotesingle s idea to their use of \textit{Homo Ancestral\ae}. Not only is the unmistakable link to biological difference problematic, the use of Latin in order to render this racist discourse scientific and credible renders it even more spurious.

Despite this critique on the Caldwell\textquotesingle s failure to adequately define and explain their use of concept \textit{Homo Ancestral\ae}, their metaphorical use of the concept provides the exact vagueness they need. By using this metaphor, and drawing a loose comparison of Africans to some poorly defined, presumably past species, the Caldwell\textquotesingle s have created a situation where they never have to state outright that this is what they mean.\textsuperscript{41} The metaphor works to \textit{imply} this meaning, but the implication is clear. They introduce the

\begin{footnotesize}
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  \item \textsuperscript{38} Ibid, 424.
  \item \textsuperscript{39} Ibid, 410.
  \item \textsuperscript{40} Ibid, 410.
  \item \textsuperscript{41} Stillwaggon, \textquoteleft Racial Metaphors\textquoteright.
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concept on the second page of their article, devote one paragraph to outlining the idea, and then do not mention it again in the subsequent 24 pages of the article. This situates the idea in the reader’s mind, and the authors never have to make outright claims on the extreme difference of Africans they wish to highlight; the reader is left with the image in his or her mind, and therefore will make the connections.

This stylized use of language can be tied back to the idea of Orientalism. Said states that in depicting the Orient “the Orientalist is required to present the Orient by a series of representative fragments, fragments republished, explicated, annotated, and surrounded with still more fragments.”\textsuperscript{42} The metaphorical use of Homo Ancestralis depicts a fragment of a representation of Africans, but is used to represent an entire continent of people.

Their 1989 article, titled “The Social Context of AIDS in Sub-Saharan Africa” argues that “there is a distinct and internally coherent African system embracing sexuality, marriage, and much else”\textsuperscript{43} and that in “the context of AIDS it is even more important to understand sub-Saharan African society and the role of sexual relations within it”.\textsuperscript{44} The Caldwells argue that African culture is dominated by sex, and that this sexuality permeates most practices and beliefs within African culture. This notion of the hypersexualized African represents both the idea of an insatiable desire for sex and an indiscriminate attitude towards sexual partners which is often explained as being shaped by culture. The culture is what shapes the desires and actions of its individual members. In the context of HIV/AIDS the Caldwells see African hypersexuality as a leading cause for the high rates of HIV/AIDS in Africa. Creating this basis of overwhelming sexual

\textsuperscript{42} Said, \textit{Orientalism}, 128.
\textsuperscript{44} Ibid.
behavior among Africans is where the major problem with the Caldwells’ work emerges. The difficulty is not necessarily that this idea is stressed, but that it is based on an ill conceived notion – the social and cultural difference of a non-European race. This is analogous to Said’s Orientalism in that the premise of research is coming from a place of misunderstanding.\textsuperscript{45}

The Caldwells did not create the sexual discourse; the link between hypersexual Africans and HIV transmission certainly existed before their 1987 article.\textsuperscript{46} What is so exceptional about their work is how they took an idea and, through the use of metaphor and stereotype, created an enduring and trusted knowledge on the practices of an entire continent of people. This base has been used and reused as unquestioned evidence to promote racially deterministic ideas of HIV transmission. As with Orientalism, there are many actors in the creation of this discourse, but the influence of the Caldwells on subsequent research makes them worthy of such concentrated attention.

For example, William Rushing, often citing the 1989 Caldwell article, argues from the premise of the promiscuous sexual nature of Africans.\textsuperscript{47} The stated aim of Rushing’s book is to understand the social aspects of AIDS. However, what Rushing does instead is to further the myopic version of AIDS in Africa as put forward by the Caldwells. In an example of his thinking on the issue, Rushing claims that whether “semen causes immunosuppression by itself or via HIV is immaterial to the social dynamics of risky sexual behavior and its roots in social institutions”.\textsuperscript{48} Rushing claims that polygamous behavior is the most relevant factor in HIV transmission, therefore

\textsuperscript{45} Said, \textit{Orientalism}.
\textsuperscript{46} See, for example, article by Piot 1984, Biggar 1986, and Hrdy 1987.
\textsuperscript{48} Ibid, 4.
warrants ample attention.\textsuperscript{49} He uses the idea of pan-African culture, stating that “ethnographic studies leave no doubt that having multiple sexual partners is a common cultural practice in many groups in Africa” citing Caldwell et al and Hrdy as evidence for this claim.\textsuperscript{50}

The second school of thought within the dominant sexual discourse is the behavioural approach, with a specific focus on the role of sexual networking. This approach, although still within the sexual discourse, uses sex and sexuality in a different way, which is important to note. Much of the previously cited work, especially that of the Hrdy and the Caldwells is anchored in a racist sentiment. These authors refer not to sex necessarily, but rather use a cultural understanding of sexual practices. The works that are considered below have a more nuanced approach to the sexual transmission. Their consideration of other factors in the transmission, and the careful analysis they give to these factors, separate them from much of the earlier work. However, the sexual transmission remains key, and as such, these works remain within the dominant sexual discourse.

A recent example of this is the work of Tony Barnett and Alan Whiteside, who, in their 2002 book, give particular attention to the idea of transactional sexual relations; sexual relationships that center on the exchange of presents or cash and differs from sex work in that they are longer term relationships that benefit both parties, and often make up a significant percentage of income for the recipient. Here the focus is on university students who, the authors claim, might have up to three concurrent sexual relationships – one with a richer older man who might be needed to pay student fees, a campus

\textsuperscript{49} Ibid, 60. \\
\textsuperscript{50} Ibid, 60.
boyfriend, and possibly a boyfriend in the hometown.\textsuperscript{51} Barnett and Whiteside also expand their discussion of the idea of concurrency to examine the global networks and the importance of this on the transmission of the virus. Their focus is on migrant workers and the importance of migration in moving HIV from a local epidemic to a regional or even global pandemic.\textsuperscript{52}

The focus Barnett and Whiteside take, despite such attention to the sexual nature of the transmission, is rooted in the broader social and economic impact of HIV/AIDS. They, therefore, bridge the two groups outlined above, and focus on the existing social and economic problems in Africa as well as the behavioral aspects of the transmission. These authors stress the need to consider the long-term causes that contribute to the poor position many African countries were in before the emergence of the AIDS crisis. Here, specifically, they identify the slave trade and the scramble for Africa in the nineteenth century.\textsuperscript{53}

Perhaps the most noteworthy claim in Barnett and Whiteside’s work is that “HIV/AIDS mixes sex, death, fear, and disease in ways that can be interpreted to suit the prejudices and agendas of those controlling particular historical narratives in any specific time or place”.\textsuperscript{54} This analysis shows the historically broad and geographically deep consideration advocated by Paul Farmer, and gives a substantially fuller view of the AIDS crisis in Africa.\textsuperscript{55} This shows a movement away from the racist approach of authors like the Caldwells, to include more nuanced interpretations of the pandemic while

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\textsuperscript{52} Ibid, 87.
\textsuperscript{53} Ibid, 128.
\textsuperscript{54} Ibid, 66.
keeping in line with the dominance of the sexual discourse. This exemplifies the shifting nature of the discourse, and its ability to absorb other ideas, without ever veering too far from the line of the sexual discourse.

A recent continuation of the hegemonic heterosexual discourse centering on the idea of concurrent sexual partners is Helen Epstein’s 2007 book. Epstein bases her argument on the assumption that HIV is primarily transmitted through heterosexual relations, and fails to consider other routes of transmission. In this way it is very similar to Said’s Orientalism in that the basis is taken as fact. Not only is this basis taken for granted, there is not even a modicum of debate or questioning to determine whether or not other venues should be explored. Epstein posits the idea of concurrency, that is the preeminence of the role of sexual networks in the transmission of HIV to such astonishing levels. Concurrency is based on the idea of heterosexual transmission, but one of tempered proportions compared to that of writers such as the Caldwells or Hrdy. Ideas of promiscuity are not mentioned; instead the sexual relations are based on small numbers of concurrent sexual partners. These partners are, in turn, linked with other networks, therefore passing the virus rapidly and widely amongst a population. In this way Epstein’s argument becomes, essentially, a more politically correct version of the dominant sexual discourse. It represents an important shift from notions of a primitive culture driven by a savage, indiscriminative desire for sex to more defined, and perhaps logical patterns of multiple sexual partners. What can be identified with this example is the continuation of the sexual transmission, and how the earlier discourse framed and precluded these later, and more sophisticated, writings on the sexual transmission.

57 Ibid.
Epstein’s argument, while valid and relevant in terms of policy development, gives no mention of other routes of transmission, even to simply acknowledge their importance. Therefore, she continues the narrowed line of thinking established early on in the research of the virus. Her work serves as a good example of the way the dominance of one idea serves as a foundation for much of what comes after, and can limit the terrain for other ideas.

A more recent example of the sexual network theory of HIV transmission is the 2008 work by anthropologist Robert Thornton.\(^{58}\) In a similar vein as Epstein, Thornton bases his argument on the transmission of HIV through sexual networks, which, he argues are constructed through “unimagined communities”, or the social meanings of the private act of sex.\(^{59}\) These unimagined communities are created based on “social level” determinants.\(^{60}\) Thornton’s anthropological based argument diverges from Epstein’s more science based approach, yet both attempt to offer nuanced discussion of HIV transmission, and both remain rooted in the sexual discourse.

**Omitting Alternatives**

The dominance of the sexual discourse has caused a silencing of research on other possible routes of transmission. Although there are other possible routes of non-sexual transmission, including blood transfusion and mother to child transmission, this thesis will focus on medical injections. There were notices of transmission via medical injections early after the discovery of AIDS in 1981.\(^{61}\) It is interesting to note that many

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\(^{59}\) Ibid, 29.

\(^{60}\) Ibid, 56.

of these took the form of letters to the editor, suggesting the nascence of this knowledge, and that even at this time it was not yet fully researched. Although case numbers were low, this form of transmission was in fact a significant form of transmission. Later, there was little attention given to this non-sexual transmission. Any mention of this idea was simply stated as a need for more attention to the matter.

Despite the dominance of the sexual discourse, there were authors noting other, possibly significant, routes of transmission or, in the very least, the need to address a broader range of contributing factors. The challenges form a small part of the literature on HIV/AIDS in Africa. Analyzing the challenges the authors provide strengthens the idea of the hegemony of the sexual discourse. Many of the authors make compelling arguments for the need for further research, and the possibilities of other routes of transmission. In light of the strengths of these arguments, it is difficult to understand why they would be, for the most part, ignored.

Despite the strength of the dominant discourse, there emerged, in the 1990s, a significant challenge. One of the first examples of this challenge came from Cindy Patton in her book *Inventing AIDS*.\(^\text{62}\) Patton argues for the need to consider the space between the macro- and micro-level politics that dominate the discussion in HIV/AIDS.\(^\text{63}\) She calls the approach she takes in this book paradoxical as she simultaneously critiques the discourses surrounding AIDS while at the same time attempts to elicit new ways to write about it. Her use of the word ‘invention’ therefore focuses on the ideas surrounding AIDS, and not the disease itself. Patton gives attention to the issues of class, race, and


\(^\text{63}\) Ibid, 1.
gender, and the ways these are interconnected with different levels of politics, but her analysis does not encompass the economic factors that influence the levels she outlines.

The first major challenge to this discourse from the international community came from the World Health Organization’s World Health Report in 1995. In this report, the first of the annual publication, extreme poverty is recognized as a disease. The report, titled “Bridging the Gaps” is devoted to what it calls the “twin shadows of poverty and inequality” under which so many people live.64 This report is of great importance because it gives specific attention to the role of political and economic factors upon disease distribution and transmission. The report includes – in a short paragraph – discussion of the global economic situation, directly focusing on economic inequality. It acknowledges the harmful effects of debt servicing and specifically mentions SAPs and the destructive force of these policies, clearly stating that they have made the situation in developing countries worse.65 The strongest wording is for debt servicing, which explicitly critiques the policies of the international financial institutions – the World Bank and IMF – for having “poor countries paying money to rich countries”.66 In this way it poses an important challenge to the idea of the sexual perverseness of African people as main factors in HIV transmission and focuses attention on the role of the global economic system. Yet even this report is unable to shake reliance on the behavioural/sexual discourse, stating that behaviour “is of importance to health either directly through learned lifestyles or indirectly in the environmental and socioeconomic context” and lists AIDS as a “lifestyle disease”.67

65 Ibid, 40.
66 Ibid, 40.
67 Ibid, 12.
The report also focuses on the importance of increased condom use in prevention, a view clearly centered on the basis of a primarily sexual transmission of the disease. This focus on sexuality, exemplified with condom use, is beyond what would be necessary given the extent of the disease in heterosexual communities. The point, again, is not that condom use is unimportant, but that the focus cannot be solely placed on this for research or as a means of prevention.

Although it is necessary to acknowledge the limits of the challenge posed by the 1995 World Health Report, the fact that a Western-based international organization is acknowledging and promoting the idea of poverty as not only a disease but one that is the “world’s deadliest disease” is a bold step to recognizing and stating the role of broader economic factors upon which such a claim is dependent.\(^\text{68}\) The WHO report ultimately offered an important departure from the discussion of sexual transmission, and directs focus to the broader issues.

The next challenge to the dominance of the sexual discourse made to an international audience was by former South African president Thabo Mbeki in 2000.\(^\text{69}\) Mbeki, during his opening address at the Thirteenth International AIDS Conference, put forth a bold critique of the research being done on HIV/AIDS in Africa. He reiterated much of the 1995 WHO World Health Report, stressing the role of poverty in the transmission of the virus in developing countries. During his speech Mbeki first acknowledged the silencing of the discourse that has occurred in the literature, by stating that what was “being said repeatedly, stridently, angrily, is - do not ask any questions!”.\(^\text{70}\)

\(^{68}\) This claim is made by Dr. Hiroshi Nakajima, Director-General of the World Health Organization in the Message for the Director-General in the introduction to the report.

\(^{69}\) Thabo Mbeki, Opening Address at the Thirteenth International AIDS Conference, July 9, 2000.

\(^{70}\) Ibid.
He then questioned the sexual discourse, calling attention to the fact that positions situated outside the scope of the dominant line of questioning were silenced. The question he asked is straightforward: “are safe sex, condoms and anti-retroviral drugs a sufficient response to the health catastrophe we face”. In his address Mbeki called for a comprehensive response to the approach taken to deal with the pandemic, one that would include poverty and inequality.

Discussion of Thabo Mbeki’s views on HIV/AIDS warrants serious considerations. Mbeki’s beliefs about the causes of HIV are, justly, labeled as denialist. AIDS denialism is the belief that AIDS does not exist or that HIV is not the cause of AIDS. This thesis in no way supports these or any other denialist beliefs. However, the challenge that Mbeki leveled at the international AIDS community was a relevant one, and one that, despite the abhorrence of his other ideas, deserves attention. His questioning emerges from a knowledge of the history of colonial rule and racist political struggle, not just in South Africa, but in most of Africa. His conceptualization of AIDS is based on the rejection of these ideas. Denialism can also be thought of as a reaction to great uncertainty surrounding HIV/AIDS. This reaction is more a matter of understanding the situation by looking to other possibilities than denying a certain element of the explanation.

Taking a different route but still challenging the dominant notion of heterosexual transmission was the book The River, by journalist Edward Hooper published in 1999. Hooper’s book gained widespread attention. His argument is that HIV entered the human

71 Ibid.
population and was transmitted in high numbers through polio vaccines during mass inoculation trials and programs in the 1950s in central Africa. The doctors working on the development of the vaccines at this time vehemently rejected this argument. The argument itself, although extensively researched and incredibly well written, seems too difficult to prove definitively. Yet, Hooper offers an incredibly important challenge to the dominant discourse, one that incorporates poverty, power, colonialism, and biomedicine. Despite the lack of force the argument ultimately had, the significance lies in the direction the argument took. Hooper attempted to expand the discussion on HIV/AIDS in a direction that was in direct opposition to the dominant discourse. He challenged the dominance of the discourse by completely removing discussion of sexuality from his argument.

Ernest Drucker et al wrote an article in 2001 which argues for a need to look more specifically at the history of medicine in Africa, and states the strong possibility of correlation between the increased level of injections and HIV prevalence. Drucker’s approach is more rooted in medicine than the previous challenges, and he bases his argument on the need of the virus to adapt from its commonly believed origin as a simian immunodeficiency virus (SIV) to a human host. Drucker argues that it is likely a “biologically relevant modern event” led to this rapid adaptation resulting in the global pandemic. He stresses the importance of injections to the epidemiological process that could “reorder some fundamental biological relations between agent, host, and environment”.

Drucker looks at the historical situation to explain the increased role of injections in Africa. He uses two coinciding events to suggest that the role of injections is far more important than has been previously thought. The first of the two is the introduction of injected antibiotics as a common treatment beginning in the 1950s and gaining popularity in the 1960s.\textsuperscript{77} Drucker cites a study that shows by the 1960s 25-50 per cent of households had received injections within the previous two weeks.\textsuperscript{78} Megan Vaughn traces this back even further to medical missionaries in the late nineteenth and early twentieth centuries.\textsuperscript{79} This treatment soon took on great popularity in Africa, largely due to its effectiveness, and the demand for injections in treatment has been common since.

The second contributing event Drucker gives is the independence movements of many African countries in the decades after World War II. This led to the decline in medical services, as already noted in this thesis, and the weakening of regulatory measures.\textsuperscript{80} The result of this weakening can be witnessed in the high levels of unsafe injections. By the 1990s several sub-Saharan countries reported that 60-96 per cent of outpatient visits resulted in injections, and that 31-90 per cent of injections given were unsafe.\textsuperscript{81} Therefore, the possibility of HIV spreading through injections at this time cannot be ignored.

One of the strongest, and more recent, challenges to the hegemonic sexual discourse has emerged from two works by Eileen Stillwaggon. In her 2003 article “Racial Metaphors: Interpreting Sex and AIDS in Africa” Stillwaggon argues against the

\textsuperscript{77} Ibid, 1991.
\textsuperscript{78} Ibid, 1991.
\textsuperscript{79} Vaughn, Curing Their Ills, 61.
\textsuperscript{81} Simonsen, “Unsafe Injections,” 791.
Caldwells and their use of the metaphor *Homo Ancestralis*.\(^82\) She cites the Caldwells work as the foundation of the behavioral model of AIDS in Africa. Her first criticism is of the pan-African culture they promote in both articles. The idea that the 53 countries and multitude of different groups of people would all have these underlying socio-cultural similarities is not only naïve; it shows the narrow-mindedness and lack of respect from which this research begins. Stillwaggon begins with the simple and yet highly pertinent observation that the sexual/behavioral approach to HIV/AIDS research has, through its singular focus, neglected what she claims are the “standard epidemiological cofactors” to disease transmission: malnutrition, parasite load, and access to health care.\(^83\)

She then offers a scathing critique of this system of research. She argues that despite there being a “cultural debate” in the social sciences as to whether it is possible to offer a neutral explanation of events in, or practices of, another culture, this debate has been absent from the research on HIV/AIDS.\(^84\) She quotes Gunnar Myrdal, writing in 1944, saying it is “not valuations attached to research but rather [that] they permeate research…[and] insinuate themselves into research at all stages”.\(^85\) Stillwaggon centers her critique of the Caldwells on what she calls the “particular use of metaphor in filtering and distorting observations and the use of suggestive language to make implied comparisons that are not supported with data”.\(^86\) Metaphorical language is often effective in creating comparisons. However, in this case metaphor works to produce an image, while simultaneously omitting any real evidence for difference between Africans and North Americans and Europeans.

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\(^82\) Stillwaggon, “Racial Metaphors”.
\(^83\) Ibid, 811.
\(^84\) Ibid, 809.
\(^85\) Ibid, 809.
\(^86\) Ibid, 812.
The use of metaphor is an interesting way to avoid direct comparison, while leaving no ambiguity in the message. Susan Sontag argues that the use of metaphor creates the discourse of illness because it:

implements the way particularly dreaded diseases are envisaged as an alien ‘other,’ as enemies are in modern war; and the move from the demonization of the illness to the attribution of fault to the patient is an inexorable one, no matter if patients are thought of as victim. Victims suggest innocence, by the inexorable logic that governs all relational terms, suggests guilt.87

Therefore metaphor becomes a crucial element in the creation of the discourse. Metaphor is the “intersection of things and words” that Foucault describes; the place from where the discourse grows.88

In her 2006 book *AIDS and the Ecology of Poverty* Stillwaggon carries this critique further and also gives consideration to the epidemiology of the virus. Here she focuses on policy and the failures AIDS policy has had due to misunderstandings about the spread of the disease. Stillwaggon focuses on social and economic factors and argues the directionality of the virus begins with poverty, moves to illness, and ultimately to HIV.89 This idea rests on the fact that poverty causes degradations to health, resulting, in much of Africa, in depleted immune systems and increased susceptibility to infectious disease among Africans. She also gives great consideration to malnutrition and parasites, arguing both result from impoverished living conditions. She places heavy emphasis on how endemic disease in Africa fosters HIV transmission. Thus, her work might not directly challenge the sexual discourse, but it does highlight an alternative narrative.

88 Foucault, *The Archaeology of Knowledge*, 54.
89 Stillwaggon, *AIDS and the Ecology of Power*. 
The only challenge that takes direct aim at the sexual discourse is David Gisselquist et al in a 2003 article entitled “Let it be Sexual: How Health Care Transmission of AIDS in Africa was Ignored”. These authors argue that studies done up to 1988 prove more new HIV cases were transmitted through medical procedures than heterosexual relations, with more culpability put on medical injections than blood transfusions. Although Gisselquist does not directly mention or challenge the literature, the point he is making is clear; a premature closure of research topics has taken place, and resulted in a focus on one aspect of a complex epidemiology.

Gisselquist uses detailed studies and reports from medical doctors, most working in field hospitals, from the five-year period between 1983-88. Although making a very compelling argument, it is very difficult to prove the claim made by Gisselquist as the evidence is scarce, difficult to obtain, and not easily accessible to those without a medical background. Having said this, it is something that needs more consideration, especially in the historical context of the global economic system.

The challenge Gisselquist poses to the dominant sexual discourse is effective in drawing awareness to the omission of other modes of transmission, and arguing the case for medical injections as an important route for such transmission. However, his analysis does not question why this could have been possible at that time. This leaves a very large gap in the research. It fails to take account of the contextual history into which HIV/AIDS came in Africa in the 1980s. This issue will be addressed in the next chapter.

Chapter Two

Economic Considerations

Third World countries could have been run by people of towering moral stature and god-like intelligence – they would still have found themselves deep in the red.\footnote{Susan George, \textit{A Fate Worse than Debt} (New York: Grove Press, 1988), 27.}

In the early 1980s the effects of a global economic crisis struck the newly independent countries of sub-Saharan Africa. This period of economic decline created a situation in which many developing countries, specifically those in sub-Saharan Africa, were unable to make interest payments on loans owed, mainly, to international commercial banks. The response from the international financial institutions (IFIs) was to implement an aggressive system of economic reorganization known as structural adjustment programs (SAPs). This chapter will provide an overview of the period of structural adjustment, an assessment of how ideas of development and health merged with neoliberal thinking, and how this in turn created a reliance on neoliberal ideology in sectors typically removed from market influences. These circumstances led to the destruction of health care systems in Africa, and provided an avenue for the possibility of increased iatrogenic HIV infection. This chapter will then discuss the impact these
adjustments had on health systems in Africa, and how structural adjustment influenced the transmission of HIV in Africa during the 1980s and 1990s.  

The importance of the discussion of the debt crisis and structural adjustment lies in the role of these events in the creation of a health care system dominated and determined by market forces. This reversed the gains made in health and improvements to health care systems after independence, and allowed for the intervention of market-dominated constructs of health care to prevail. The dominance of market-based medical systems increased the use of unsafe medical injections – injections performed with unsterile needles and/or syringes. The imposition of funding conditionalities, specifically medical budget cuts, demanded by the IFIs caused a lack of safe equipment and, in some cases, properly trained medical staff, providing a route of HIV transmission through medical injections.

The Debt Crisis

In order to historicize structural adjustment, one must first address the debt crisis of the 1980s, and the period leading to it. Prior to the implementation of structural adjustment programs in the 1980s, there had been a time of relative prosperity for developing countries. Western countries were experiencing economic growth, leading to demand for exports of developing countries. At this time many of these prospering developing countries were emulating the social and political policies of Western and

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92 As Mohan, Brown, Millward and Zack-Williams note, although SAPs have a similar ideological basis and underlying assumptions, they differ across and within regions. The impacts of the adjustments will differ in some ways from country to country. While this thesis acknowledges this, it will still use a regional consideration of the effects of structural adjustment, yet narrowing this consideration by focusing on a specific issue; that of destruction of health care systems and the consequent use of unsterilized needles and syringes in medical facilities, and how this impacted the transmission of HIV.
European countries and providing government assistance for social programs, for instance welfare, education, and health.\textsuperscript{93}

Following this time of prosperity there came two oil crises, in which the Organization of Petroleum Exporting Countries (OPEC) drastically increased the price of oil, leading to increased prices in the West, and a consequent decrease in demand for exports from developing countries.\textsuperscript{94} In addition to these oil crises, the cost of borrowing increased dramatically at this time. In the 1970s real interest rates – that is the interest rate minus inflation – were 0 per cent or lower, meaning that it did not cost debtor countries to borrow money.\textsuperscript{95} In the 1980s inflation fell but interest rates remained high, forcing many countries to take new loans to make debt servicing on old ones.\textsuperscript{96} This drastically increased the level of debt in developing countries, and left no export revenue to make loan re-payments. Much of the debt was owed to private lenders in Western countries, who, in 1982, decided to restrict lending to developing countries. Seeking assistance from the IMF – known as the lender of last resort – was the only option available to many of these countries. Countries seeking the assistance of the IMF and World Bank were forced to agree to economic restructuring and the so-called conditionalities. These included cuts to social service spending, and political changes toward democracy and notions of good governance, placed upon these debtor countries by the IMF in return for various forms of economic assistance.\textsuperscript{97}

\textsuperscript{94} Laurie, et al, “Socioeconomic Obstacles,” 540.
\textsuperscript{95} George, \textit{A Fate Worse than Debt}, 28.
\textsuperscript{96} Ibid, 28.
\textsuperscript{97} African countries that underwent SAPs in the ten year period from 1980-1989 were: Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo, Cote d’Ivoire, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea Bissau, Kenya, Madagascar, Malawi, Mali, Mauritania, Mauritius,
The causes of the debt crisis are debated in the literature, and are typically centered on two positions: the inability of debtor countries to manage their domestic economies and the role of the global economic system and interventionist policies of the IFIs. Clearly, these different points of view serve different political and policy-based opinions. The first of these two viewpoints often emerges from the writing of those involved in the World Bank or IMF, or those working within agencies that follow their ideology and policy prescriptions. They posit that despite initial hardships, structural adjustments will ultimately produce positive changes. For example, economist and IMF historian Margret Garritsen de Vries, writing in 1987, outlines three causes for the debt crisis of the 1980s: the excessive borrowing by developing country governments and lending from commercial banks in developed countries, the world economic recession, and the domestic economic policies of the developing countries. In the first of the three de Vries acknowledges both sides of the borrowing versus lending issue, but then focuses on placing the blame for the debt crisis squarely on the shoulders of the developing countries by stating that it was caused by the domestic economic policies of the debtor countries. De Vries’ opinion, like that of most other IFI economists writing on structural adjustment, is that the long-term goal is the focus, and short-term sacrifice is a necessary step in achieving a greater good. However, these perceived benefits have failed to materialize, especially in relation to the poorest sectors of African societies.

In an attempt to bridge these two camps, African Studies specialist Peter Korner integrates the two extremes of strictly domestic mismanagement and the role of the

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Morocco, Mozambique, Niger, Nigeria, Sao Tome, Senegal, Sierra Leone, Somalia, Sudan, Tanzania, Togo, Tunisia, Uganda, Zaire, Zambia, and Zimbabwe.

global economic system. Although addressing external forces, Korner still focuses on the role of the former. The discourse that emerges from this perspective, although seemingly more sympathetic to the developing countries, is very harmful as it focuses blame on these countries, while granting excuses for the IMF and World Bank to implement structural adjustment. Korner takes the perspective of developing country dependency, explaining the domestic mismanagement as being rooted in a colonial legacy. This colonial legacy refers to the idea that African governments inherited a defunct and corrupt system of governance from the departing colonial rulers. He states that the debt crisis is “built into the economic, financial and development policies of the governments of the developing countries.”

Of particular interest is the way in which Korner bases his argument in the very critical idea of dependency theory, while continuing to promote a lenient take on the IMF and World Bank. Korner uses dependency theory simply to highlight the perceived ineptitude of post-independence African governance, while omitting critical analysis of the role of the global economic system in creating this perceived ineptitude.

By outlining the external factors of the debt crisis, but then turning to the domestic issues as the determining factor, Korner renders inconsequential the effects of the global economy in the circumstances of developing countries. The discourse created by such authors perpetuates an already well-established form of created ‘knowledge’ centered on the inability of African governments. This allows for continued intervention, but with only minor changes, seemingly, in order to address the external issues outlined above. The basic premise remains unchanged. As Korner states, in “positive terms,

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intervention would be required to bring about a reformed, development oriented conditionality – if necessary over the heads of the ruling classes.”

In other words, the idea Korner endorses is to bypass the sovereignty of these independent nation-states in order to promote a certain economic system. Korner also states that the responsibility of the debt crisis in the developing countries was “to a large extent the responsibility of the governments and ruling classes of independent states who, given the nature of their own interests, are virtually bound to violate basic principles of the productive use of capital”.

The use of blame is clear in this ideology, and becomes part of the overarching neoliberal discourse. It deflects attention from other possible directions that would be more valuable for dealing with these crises. The insidious quality of such discourses creates a seemingly sympathetic attitude toward the policies they promote or that emerge from them. However, the reality is just the opposite. Even supposed improvements to structural adjustment programs still suffer the limitations these ideas impose.

To explain this idea, Michel Chossudovsky argues that there is a neoliberal counter paradigm that the ideology itself creates. Chossudovsky explains this idea by saying the counter paradigm “develops alongside and in harmony rather than in opposition to the official neoliberal dogma” and he gives sustainable development and poverty alleviation as examples. Korner’s explanation of the debt crisis clearly highlights Chossudovsky’s notion of the counter paradigm. By failing to take a stance in opposition to the domestic mismanagement camp, and yet never fully agreeing with the

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100 Ibid, 4.
101 Korner, The IMF and the Debt Crisis, 30.
103 Chossudovsky, The Globalization of Poverty, 42.
idea of domestic mismanagement, this suggestion develops alongside, and is fed by, the position of the IFIs.

Economist E. Wayne Nafziger expresses another example of this counter paradigm. Nafziger argues for the idea of debt relief in response to the debt crisis, and the importance of African countries to get out of debt for the benefits this will have on the industrialized – not African – countries.\textsuperscript{104} He argues from a class-based approach, placing blame for the economic crisis in Africa on the African political and economic elites. This approach could be taken as a support for the poor majority, whom he describes as “peasant smallholders, farm workers, single female farmers…war victims…and refugees” among others.\textsuperscript{105} What emerges, however, is the opposite. The attack on African governments removes blame from the IFIs, who are certainly not working to benefit the poor majority Nafziger identifies.

The discourse Nafziger uses focuses attention and responsibility onto Africa and Africans. This is not to say that this is a necessarily incorrect analysis of certain aspects of the debt crisis. However, it omits and, therefore, works towards an ignoring of the other – perhaps more fundamental – causes behind this crisis. These include the irresponsible over-lending from the international commercial banks or the bailout schemes of structural adjustment created by the IMF and World Bank. The greatest danger in this type of discourse is the popularity it has come to enjoy. It is a very palatable line of argumentation as it seemingly supports these peasant smallholders and single female farmers, yet it poses no meaningful challenge to the premise of structural adjustment.

\textsuperscript{104} E. Wayne Nafziger, \textit{The Debt Crisis in Africa} (Baltimore: Johns Hopkins University Press, 1993).
\textsuperscript{105} Nafziger, \textit{The Debt Crisis in Africa}, 45.
Structural Adjustment Programs

The response to the debt crisis by the IFIs was to introduce a series of programs called structural adjustment. Although elements of structural adjustment existed before the start of the debt crisis, the SAPs of the 1980s and 1990s “for the first time consolidated and coordinated these macroeconomic policies, and then applied them in a manner that gave developing countries little choice other than to drastically restructure their economies along the lines mandated by the programs”.

Structural adjustment programs were based on the neoliberal ideology that became prominent in the 1980s with the elections of Margaret Thatcher in the UK and Ronald Reagan in the USA. This ideology is based on the foundational belief in the need for privatization, liberalization, and good governance. Despite the reliance on these principles, structural adjustment cannot be viewed simply as being synonymous with neoliberalism. Important distinctions will be made below between the two.

One difficulty in discussing structural adjustment is the imprecision in the definition of this term. As with the debt crisis, different scholars and organizations have conflicting views on the nature and purpose of these programs. As defined by Pamela Sparr, structural adjustment can be thought of as “a generic term to describe a conscious change in the fundamental nature of economic relationships within a society”. Another definition states that “structural adjustment is the process by which the IMF and the World Bank base their lending to underdeveloped economies on certain conditions, pre-

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determined by these institutions”. 108 Michel Chossudovsky claims that “structural adjustment is conducive to a form of ‘economic genocide’ which is carried out through the conscious and deliberate manipulation of market forms”. 109 On the other hand, a more positive interpretation, from former World Bank economist Joseph Stiglitz, describes structural adjustment as “the programs that were designed to help countries adjust to and weather crises”. 110

Simply, and aside from interpretation based on ideological stance, structural adjustment programs are macroeconomic policies based on the economic restructuring of a sovereign government, encouraged by the IMF and World Bank. These policies were implemented to allow African countries to continue to make payments on their loans. Structural adjustment consist of a long list of changes, namely, “budgetary reform, a reorganization of public expenses, tax reforms, financial liberalization, export-led growth and competitive rates of exchange, trade liberalization, attracting foreign direct investment, deregulation of economic sectors and of the labor markets, and the protection of property rights”. 111

The SAPs were implemented by imposing conditionalities on the receipt of further loans in order to reorganize African economies and promote free trade policies in recipient countries, many of which had adopted socialism with their independence. These conditionalities, many of which were focused on cutting social service spending, generated a great deal of criticism. The rationale was that these measures would cut

government spending which could then be applied to loan repayments. Chossudovsky claims that the objective of the conditionalities was, in fact, to enforce “the legitimacy of the debt servicing relationship while maintaining debtor nations in a straight-jacket which prevents them from embarking upon an independent national economic policy”.

Essentially, what was created was an imperialistic system, with western organizations usurping the sovereignty of African countries.

The Hegemony of Neoliberalism

During this conservative revolution of the 1980s, the tenets of neoliberalism and neoclassical economics became doctrine, and due to the preeminence of the United States and the UK in the IFIs, policies emerging from these institutions relied heavily on such principles. After these essentially neoliberal states assimilated this ideology, they yielded authority to the World Bank and the International Monetary Fund. The authority to control the newly emerged debt crisis, ensuring the IFIs would not suffer from the threatening default of loan repayments.

The neoliberal framework, from which SAPs emerge, is a term, like structural adjustment itself, which is difficult to define without admitting some bias. A fairly neutral definition would be that neoliberalism is “the ideology of the market and private interests as opposed to state intervention”. It is this bringing together of individual interests and market forces, and the apparent desired removal of any state activity in market forces, that makes neoliberalism so different from Keynesian economic policies,

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114 David Harvey, A Brief History of Neoliberalism (Oxford: Oxford University Press, 2005), 73.
that emerged in the post World War II period.\textsuperscript{116} The economic policies, what David Harvey refers to as embedded liberalism, the economic policy adopted after WWII, was premised on the liberal idea of the individual as the key actor, but relied heavily on state involvement in economics and market forces. It is this period that sees the emergence of the welfare state and increases in social services; SAPs later destroyed the advances made. It is this which neoliberalism works to destroy.\textsuperscript{117}

A brief review of the literature on neoliberalism and the discourses emerging from this is imperative for a complete grasp of structural adjustment. As mentioned above, neoliberalism can be thought of as having the market as the main actor, as opposed to the state, essentially private over public. David Harvey, a geographer and Marxist scholar, offers another way of considering neoliberalism. Harvey writes of neoliberalism as a “theory of political economic practices that proposes that human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterized by strong private property rights, free markets and free trade”.\textsuperscript{118}

Harvey claims that neoliberalism has become a “hegemonic mode of discourse” through the ways it has become internalized and perpetuated by schools, universities, media, and especially institutions such as the IMF and World Bank. Furthermore, according to Harvey, in order to become a hegemonic discourse the ideology upon which it rests must appeal to society’s main institutions, values, and desires. After this is accomplished the ideology is established as part of the collective thought and in this way

\begin{footnotes}
\footnote{Harvey, \textit{A Brief History}, 11.}
\footnote{Ibid, 11.}
\footnote{Ibid, 2.}
\end{footnotes}
it is situated above questioning or reproach.\textsuperscript{119} In order to fully implement SAPs, the designers of these policies had to discredit the alternative or competing policy approaches and economic theories.\textsuperscript{120} In this sense, neoliberalism is a repressive force; it disallows any alternative theory by rendering it obsolete. This is similar to the ideas Michel Foucault outlines regarding power in his work \textit{The History of Sexuality} in which he discusses the way a repressive framework is used to disallow alternative behaviors.\textsuperscript{121} After the repression of counter paradigms the way was open for the dominance of neoliberalism in all forms of policy regarding economic development and the global liberalization of markets.\textsuperscript{122}

The absence of true alternatives has been one of the major reasons for the continuation of structural adjustment, even to the present. Although SAPs, as they were conceptualized and implemented in the 1980s, are no longer used, the programs implemented today, for example debt relief initiatives under the Highly Indebted Poor Countries Initiative (HIPC) and their enhanced version HIPC-II, are based on the same underlying principles as the SAPs. Although presented as an alternative, these initiatives are simply an agglomeration of the ideas of neoliberalism with superficial modifications that are touted as positive social changes, without ever actually changing the premise of the ideology.

Another example of what appears to be an alternative idea is the notion of good governance. This approach, like the HIPC initiatives, is inherently neoliberal.

\textsuperscript{119} Ibid, 5.
\textsuperscript{121} Michel Foucault, \textit{The History of Sexuality, Volume One}, Foucault’s use of repressive power in “The History of Sexuality” is based on an idea of discourse that is spoken of, but from a perspective of negation. This differs somewhat from the idea presented here in that this discourse creates more of an omission.
\textsuperscript{122} Mohan et al, \textit{Structural Adjustment}, xvii.
Justification for the good governance approach comes from the idea that African countries were politically unable to govern effectively, therefore must have outside, specifically Western, influence. Good governance works to limit the political options a country may take, enforcing liberal democracy as the sole political system. At the same time that good governance ensures Western influence, it limits the power of the state. Rita Abrahamsen argues that good governance, while seeming to side with the poor, the overwhelming majority, in fact allows the West to “continue its undisputed hegemony on the African continent”. This process of discrediting and omitting any other avenue of thought established neoliberalism as the dominant discourse, even in the face of the failure of the programs so firmly based on this ideology.

Despite structural adjustment being based upon and firmly entrenched in neoliberal ideology, it is important to note that there is a difference between the two. Deep connections can be drawn, yet the two are not interchangeable. As Chossudovsky explains, the main difference between neoliberalism and structural adjustment programs lies in government involvement. Far from being a true free-market system promoted by neoliberalism, structural adjustment relies on heavy regulatory involvement. Instead of coming from nations states, this regulation is enforced by the IFIs. Although seemingly based on the anti-statist neoliberal ideology, the implementation of structural adjustment necessitates much more state involvement. The free-market framework upon which neoliberal ideology is based is not part of structural adjustment as practiced by the IMF and World Bank. Harvey notes that after the debt crisis in the 1980s these two organizations became practical enforcement agents for neoliberal ideas and free market activities.

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123 Abrahamsen, *Disciplining Democracy*, 44.
fundamentalism.\textsuperscript{125} Therefore it is an inherent flaw within the very foundation of the free-market system. A free-market can never exist; it will always need significant state involvement.\textsuperscript{126}

This thesis addresses the structural adjustment policies of the IMF and those of the World Bank mainly as a single body, yet it is important to note the differences between the two. In the 1980s there was a shift in the relation between the World Bank and IMF from distinctive spheres of operation to overlapping mandates. The policies coming from the IMF were implemented with the mandate of stabilization, and were typically short-term programs and focused on the demand side of a country’s economy, while the World Bank typically focused on the long-term and supply side, and intended to fund specific, pre-determined development projects.\textsuperscript{127} Despite the differences in the details of the policies, both World Bank and IMF policies were usually implemented in conjunction with each other, and in fact IMF policies must be implemented before the World Bank will begin to develop a program for a country, making the two closely entwined with each other.\textsuperscript{128}

Structural adjustment has been described as constituting “a new interventionist framework”.\textsuperscript{129} A key difference here is the role and scope of the state. Structural adjustment calls for much more state involvement than does strict neoliberal ideology, yet what this amounts to is the seemingly contradictory form of state involvement. What must also be noted is the involvement, not of domestic government, but that of the IMF

\textsuperscript{125} Harvey, \textit{A Brief History}, 29.
\textsuperscript{126} This argument was made, first and most famously by Karl Marx, and also later by Karl Polanyi in \textit{The Great Transformation} (1944).
\textsuperscript{127} Abrahamsen, \textit{Disciplining Democracy}, 37.
\textsuperscript{128} Ibid, 37.
\textsuperscript{129} Chossudovsky, \textit{The Globalization of Poverty}, 15.
and World Bank in the economies and state systems of the debtor countries. The 1990s saw more foreign advisors in Africa than in the 1950s, the period before independence.\textsuperscript{130} Given this analysis, structural adjustment is tantamount to a form of imperialism, and therefore quite different from being strictly neoliberal. Nevertheless, it remains rooted in, and its policies based upon, neoliberal thinking.

One of the major reasons for the neo-imperial character of SAPs is their political nature. Despite the economic role of SAPs and the fact that the justification for their implementation was, in fact, an economic crisis, they have been described as “more political than economic”.\textsuperscript{131} Both the economic and political sides of SAPs are factors in their neo-imperial power. The term ‘political’, as used in this context, refers to a system of national and global politics or governance. This situates the World Bank and IMF as actors in a global political regime. The political nature of SAPs could also be viewed more broadly as the contest for power, and in this way they certainly are more political than economic. In this sense, SAPs serve as a method, with the legitimate excuse of dealing with the debt crisis, to wrest control and power away from African countries and hold it within the sphere of the IFIs.

The Neoliberal Conceptualization of Health Care

The significance of structural adjustment on the political and economic affairs of debtor countries has been considerable, and has generated a number of subsequent problems. For example, the repercussions of neoliberalism, the debt crisis and the resulting structural adjustment programs on health expenditures and care have been


\textsuperscript{131} Mestrum, “Global Poverty Reduction?”, 63.
devastating. A common argument regarding this issue is the mismanagement of funds by dishonest or inept government officials. This is the argument taken by the World Bank in the 1993 World Development Report, which states that simply:

Because a particular intervention is cost effective does not mean that public funds should be spent on it. Households can buy health care with their own money and, when well informed, may do this better than governments can do it for them. But households also seek value for money, and governments, by making information about cost-effectiveness available, can often help improve the decisions of private consumers, providers, and insurers.132

This quotation is taken from the section titled “The roles of the government and of the market in health”. This clearly highlights the neoliberal and neoclassical economic ideology behind the World Bank; that of privatization and the duty of consumers to act rationally.

The conditionalities, besides constituting a form of neo-imperialism, created the most damaging social effects. Many researchers and authors have come to the conclusion that SAPs have been extremely detrimental to health care.133 Most authors focus on the exclusion to services and treatment that result from SAPs. This thesis will take a different approach, focusing on what can be thought of as a more active linkage of HIV infection to structural adjustment. As opposed to focusing on the role of diminished overall health in African countries has had on development efforts, this thesis will look at the ways in which development efforts have diminished health care. As an example, it will consider

how the discussion of the transmission of HIV through unsafe injections has been ignored.

The western biomedical system became prevalent in Africa as the result of medical missionaries and colonialism. Many larger hospitals in urban centers are direct relics from the colonial period. These hospitals were used for the care of colonial officials and settlers, while rural clinics emerged from the work of missionaries and tended to focus on the care of rural Africans. The interrelationships of medical services and economics have a long history in Africa. The medical system of the colonial period in Africa was adopted with little or no change by newly sovereign nations after independence. This system of elite health care remains in Africa today. Structural adjustment and the conditionalities based on health spending reinforced a health care system centered on elite access. Mainly, however, there was simply a worsening of an already serious problem: the practical destruction of traditional forms of medicine by a business-dominated health system, which was stressed beyond its limits.

The “currently dominant biomedical model incorporates the global capitalist economic assumptions about health resulting from individually chosen lifestyles.” This is significant in the case of AIDS discourse as the disease is often explained by sexual deviance and individual agency. A major problem with this is the limiting explanatory route it lends itself to; little to no consideration is then given to other possible routes of

136 Ibid, 642.
transmission. However, what is seen regarding HIV transmission during this period is how, according to Peter Lurie et al, the macroeconomic policies led to conditions “favoring the spread of HIV infection”. These authors identify four main ways this occurs: the development of transportation infrastructure, migration and urbanization, declines in the subsistence economies, and reduction in social service spending – for example on health care and education. This has an impact on both the quality of care available and on limiting economic options. The latter in turn could lead to the risky practice of transactional sex. These arguments are well known in the HIV/AIDS literature, and have all been made in other works, so will not be focused on in this chapter. Most relevant to this chapter is the reduction in social service spending. The focus of this line of argumentation is often on the break down of health care systems and centers around the issues of prevention and treatment.

The result of the debt crisis, the political shift to the right, structural adjustment and the consequences of the dominance of the underlying ideology of these events can be thought of as the neoliberal conceptualization of health services. This neoliberal conceptualization can best be understood by analyzing the discourses established by the international organizations participating in global health and economics. In the World Bank’s 1993 World Development Report, focusing on human health, health policy, and economic development, the message clearly reads as a neoliberal interpretation of health services. This is true for other years of the World Development Reports, specifically those prior to 1993, before the heavy focus on human development emerged in the 1990s.

138 Ibid, 18.
Perhaps the most important factor of the neoliberal conceptualization of health is the focus on the economic benefits of good health. This is the crux of the issue for the international financial institutions, and, using Harvey’s phrasing again, as a hegemonic discourse has permeated all other institutions, as can be witnessed in the academic writing on this topic. This is generally how the link between health and poverty or poverty reduction is viewed. This is especially the case in the literature taking an explicit neoliberal position.

The 1993 World Development Report offers great insight into this hegemonic discourse, and provides an accurate example of how the neoliberal discourse is melded into the sphere of global health care. The Report makes the linkage between “poverty, economic growth, and health; establishing economic policies for growth is one of the most valuable things a government can do”.140 This, in turn, will allow for the increased focus on putting a dollar value on improved health. Improving health only becomes a goal when there is a positive market value attached to it.

Further, the 1993 Report states that since “health is helped by economic recovery and faster long-term growth, adjustment lending, by facilitating economic progress, benefits health in the long run.”141 It is in this way that disease comes to be seen as a threat to the economic order, an inconvenience. On the other hand good health was seen as a way to avoid this inconvenience, rather than as a goal in itself, although it is never labeled as such. Instead, the World Bank and other organizations use the term development to represent this thought without seeming cold and inhumane. Therefore, the 1993 World Development Report has an entire chapter devoted to this idea. The

141 Ibid, 45.
chapter title, “AIDS: A Threat to Development” highlights the Bank’s concern with the spread of HIV/AIDS, not in terms of human suffering, but as a threat to the continuance of their fundamental ideology.  

As explained above, the neoliberal ideology places the importance of the market at the centre of the relegation of goods and services. This understanding of health care puts a market value on the dispensation of health at the national level by forcing governments to cut medical budgets, and, at the individual level, by imposing user fees for previously funded services. This is justified by the thought that fees are implemented for the greater good of development. When this understanding of neoliberalism is applied to sectors that normally may be considered outside the scope of market forces, what emerges is a different understanding of these sectors. Historically, this shift can be seen in the transition from embedded liberalism to neoliberalism discussed earlier.

Defining health care in terms of a market value sets a dangerous moral precedent; those with money may access health care while those unable to pay become a necessary, if unfortunate, sacrifice made in the name of development. Placing health care within the market system creates a system where health is subject to rationalizations based on supply and demand, as opposed to the intrinsic value of health. One example of this, taken from a World Bank document, states that demand “for health care, especially curative care, also tends to be price inelastic, meaning that any increase in user fees will result in a less than proportional drop in demand and thus increase in revenues.” Because people will always be willing to spend money on health care if they have it; this approach exploits individuals until they are not capable of spending any more.

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142 Ibid, 99.
In a 1988 World Bank paper on the implementation of user fee programs for medical services in Cote d’Ivoire, the authors predicted that the program was “likely to have highly regressive welfare effects”, and would benefit the upper section of the income distribution. Further, the authors state the framework of the study:

is a model in which utility depends on health and on the consumption of goods other than medical care. If an illness or accident is experienced, individuals must decide whether or not to seek medical care. The benefit from consuming medical care is an improvement in health, and the cost of medical care is a reduction in the consumption of other goods.

This cost-benefit analysis to the possibility of an injury epitomizes the neoliberal conceptualization of health care. Far removed from the notion of health as a human right, this approach weighs the treatment as how much one is willing to pay; if one cannot pay, there will be no treatment, and the money will simply be used elsewhere in the market.

The neoliberal conceptualization of health care, therefore, places health care within this very narrow framework of market forces, economic growth, and development. This allows for a price-based system, focused on user fees, limited medical workers, and inabilities to provide primary care to those most in need. The Alma Ata Declaration declared health as a human right in 1978. This helped situate health and health care in a rights-based discourse, but this was soon replaced in the 1980s and 1990s, specifically due to structural adjustment. The discourse then switched to one favoring the dictates of SAPs. As mentioned earlier, the political shift to the right in the West predicated this

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145 Ibid, 4.
146 Declaration of Alma-Ata. 1978.
downturn in health in Africa. Brooke Schoepf calls this the “conservative alliance” and states that their authority was determined, in part, by their dominance in the IFIs.\textsuperscript{148}

The significance of this neoliberal school of thought and its impacts on health care for this thesis focuses on the cuts made by governments to health spending, and the effects of this on HIV transmission at the time of these cuts. Looking at the data on health care expenditures before and after the debt crisis, and giving a comparison of these two set of figures provides a good basis for understanding the impact of these policies. Also, consideration of the figures for the number of health care practitioners per population highlights the difficulty in obtaining care from trained personnel.

The destruction of the health care systems in Africa came after a time of increases in life expectancy, decreases in child mortality, and the eradication or control of some diseases in many sub-Saharan countries. After the co-optation of health care by the neoliberal ideology, these benefits to health and life were reversed. At the time of structural adjustment health was no longer viewed as an entitlement, as a motor of development, or as a public good. Instead, discourse about health as a human right was relegated to the margins”.\textsuperscript{149} The general trend in countries participating in the structural adjustment programs was a decline in spending and quality of care. Between 1980 and 1985 there was a 26% reduction in health, education, and social welfare spending in sub-Saharan Africa.\textsuperscript{150} By 1990 average health care spending by African governments was

\textsuperscript{148} Ibid, 24.
two dollars US per capita.\textsuperscript{151} In comparison, Canadian government health expenditures for 2000 were $1465 US per capita.\textsuperscript{152}

Total government expenditures were severely cut, with the worst cases being nearly 50 per cent in Tanzania, 60 per cent in Zambia, and 70 per cent in both Sierra Leone and the Democratic Republic of the Congo. These countries also saw the largest decreases in health care spending.\textsuperscript{153} Evidence of this decline in health care spending can be gathered from different measures relating to the health sector. One of these measures is the distribution of the already limited government expenditures. One World Bank study claims that 50-80 per cent of government expenditures on health care in the 1980s went to major hospitals, leaving the remaining amount for hospitals in smaller urban centers and rural medical clinics.\textsuperscript{154} The same report claims that of government health expenditures in the mid-1980s major hospitals received 74 per cent in Lesotho, 70 per cent in Somalia, 66 per cent in Burundi, 54 per cent in Zimbabwe, and 49 per cent in Botswana. Furthermore, in Zambia in the 1980s the three central hospitals used 30 per cent of the Ministry of Health’s resources, and 45 per cent of total hospital resources for the country, the remainder of which was then divided between the country’s 39 other hospitals.\textsuperscript{155}

By creating an economic system based on market principles and incorporating services such as health care into this economic system, neoliberalism, and by extension the structural adjustment programs that emerged from this system, have greatly

\begin{itemize}
\item \textsuperscript{151} Ibid, 210.
\item \textsuperscript{152} World Health Organization, Global Health Observatory. http://apps.who.int/ghodata/ (accessed September 2, 2010).
\item \textsuperscript{153} Frances Stewart, \textit{Adjustment and Poverty: Options and Choices} (London: Routledge, 1995), 156.
\item \textsuperscript{154} World Bank, \textit{Better Health in Africa: Experience and Lessons Learned}, 47.
\item \textsuperscript{155} Ibid, 48.
\end{itemize}
contributed to the decimation of health care systems in Africa. It is argued that the
decline in health care systems was a factor in the increase in HIV transmission in Africa
during the time this economic change was occurring. The diminished efficacy of health
care systems, and the confluence of this with both the implementation of structural
adjustment programs and the increasing spread of HIV in Africa, must not be ignored.

The hegemony of the neoliberal ideology has also worked to rule out differing
approaches to the analysis of neoliberalism, furthering the promotion of policies based on
its tenets. Neoliberalism provides an example in this thesis of the power of a hegemonic
discourse, and how the development of such a discourse can omit other paradigms. This
will be developed further in the following chapter.
Chapter Three

Looking for Alternatives: Medical Injections

This chapter examines two strands of argumentation that have served as alternative arguments about HIV transmission: medical injections and economic risk factors. It shows that explanations which are totally removed from the sexual discourse – such as the medical injections – have been marginalized and largely ignored. Other alternative arguments, such as those around economic risk factors, have been subsumed by the sexual discourse and thus remain current. This incorporation of the argument of economic risk into the sexual discourse causes an over emphasis on this aspect of the argument, sensationalizes the sexual transmission, and detracts from the more pressing concern of poverty. Due to this, it loses some validity as a critique of the economic contributions to HIV transmission.

The first of these alternative approaches considers the role of unsafe injections in HIV transmission. In the first few years after the discovery of AIDS many researchers and medical doctors discussed the problem of high levels of unnecessary injections occurring in Africa. Even when medication could have been administered orally Africans often demanded injections and medical personnel complied. However, these injections were often carried out with unsterile equipment, and little attention has been paid to ways that this could have transmitted the disease to large sectors of the African population. The
early literature that raised questions about the role of injections in spreading HIV was subsequently ignored, not gaining the widespread debate it needed. Authors who have more recently taken up this argument, for example David Gisselquist, received a backlash of criticisms refuting the possibly great importance of this mode of transmission. One must question the motives behind such a vehement reaction to an attempted widening of research focus.

The second of these alternative approaches, emerged in the 1990s and focuses on the economic factors which led to increased risks of HIV transmission. This research tends to highlight the way global economic policies have affected communities and individuals. Migration, labor, and economic inequality are common topics in this research. Despite the attention to the global economic system, and its impacts on the individual level, this approach remains rooted in the overarching sexual discourse which emphasizes notions of deviant sexuality. Often this approach considers the way economic policies increase or necessitate participation in behaviours known to have a high risk of HIV transmission. The attempt to offer an alternative approach – based on global political and economic forces – is ineffective as this approach is not considered outside the sexual discourse.

Medical Injections and HIV

Soon after the discovery of AIDS many researchers and medical doctors were discussing the problem of high levels of unnecessary injections occurring in Africa. They acknowledged that these injections were often carried out with unsterile equipment, and issuing a warning that attention must be paid to this, as it could transmit the disease to large sectors of the African population. The literature on transmission through medical
injections offers a valuable element to the discourse on AIDS in Africa. First, it identifies the problem of the transmission through injections, and second, it highlights the shortcomings of the dominant sexual discourse.

Fundamental to the discourse on transmission through medical injections is the complex nature of injections in Africa. Introduced in the 1920s during mass immunization campaigns for yaws and kala-azar, injections became widespread after penicillin was introduced to Africa post World War Two. During this period penicillin was almost exclusively administered via injection, as it was not well absorbed if taken orally. The efficacy and ease of injections to treat endemic disease, such as yaws, ensured their popularity with patients.

In the 1960s, a study by UNICEF indicated that one quarter to one half of households in many countries in sub-Saharan Africa received an injection in the previous two weeks. By the 1990s, 60-96 percent of outpatient visits were given an injection. Often these injections were simply saline solutions given to meet the demands of patients. Given the long latency period of the HIV, on average ten years, the high rates of injections at this time, and the presence of the virus in the population, it would suggest that the virus would reach a high level of prevalence by the 1970 and 80s. Coupled with the lack of sterilization due to the health budget cutbacks necessitated by SAPs the continuation of high rates of injections in the 1990s would be the most destructive. As the

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earlier period would have worked to establish the virus in a broad swath of the population, continuing with these injection practices would accelerate the virus’ transmission at an even more alarming rate.

In 1989 the Bulletin of the World Health Organization indicated that HIV was transmitted in health care settings either through infected equipment, blood, organs, or tissues.\(^{161}\) This article, based on a study carried out the previous year, focused on the role of transmission either from patient to health-care worker, or vice versa. Patient – to – patient transmission was briefly considered, and the article cited the reuse of injecting equipment and the overuse of medical injections in many countries as being contributing factors.\(^{162}\)

A decade later a second World Health Organization Bulletin, written by L. Simonsen, medical officer with Communicable Disease Surveillance and Response at the WHO, claimed that there was a significant level of unsafe injections occurring in developing countries. The article, a literature review, claimed that “unsafe injections occur routinely in most developing world regions, implying a significant potential for the transmission of any bloodborne pathogen.”\(^{163}\) Further, these authors reported findings that eighteen studies “reported a convincing link between unsafe injections and the transmission of hepatitis B and C, HIV, Ebola and Lassa virus infections and malaria.”\(^{164}\) Occurring over ten years after the initial report on the importance of transmission through injections, this article highlighted how quickly and effectively the dominant sexual discourse was able to push aside this other research.

\(^{162}\) Ibid, 580.
\(^{163}\) Simonnsen, “Unsafe Injections”, 798.
\(^{164}\) Ibid, 789.
The importance of the transmission through injections in this time period is, first, the confluence of the structural adjustment programs and the economic reorganization that was taking place. These economic changes led to the shortages in trained medical professionals and safe medical equipment used in hospitals and medical clinics. Second, the spread of the virus at this time must be considered. By the early 1980s HIV had already reached epidemic levels in parts of sub-Saharan Africa. With such high levels of the virus already in the population it would not be difficult for transmission to occur at substantial level through injections with improperly cleaned needles or syringes. High prevalence would also allow for the subsequent transmission through sexual relations. The significance of this timeline is the suggestion that injections might have acted as vectors, spreading the virus to enough of the population where it could then have been easily transmitted through heterosexual relations, into the more general population. It is this non-sexual transmission of the virus that has not received the attention in the research on HIV/AIDS in Africa.

The idea of a silenced discourse does not suggest an overt presence prohibiting the publication of dissenting voices. As the framework of Orientalism suggests this is a more insidious, subtle force. The silencing comes more from the dominance of the sexual discourse than any major attempt to quell the emerging opposing ideas. As with Orientalism, the sexual discourse acts more through a “set of constraints upon and limitation of thought”, rather than overt force. What is especially important to note is that the dominance of the sexual discourse does not equate to an absence of other discourses; rather, it is a subtle attempt to marginalize these alternatives. In the 1980s

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166 Said, *Orientalism*, 42.
researchers were trying to understand the problem of medical injections and disease transmission, and the possible impacts on HIV transmission. This provoked subsequent publications denying any link between injections and HIV transmission. Below is a sampling of the work, published between 1984 and 1991, stating either a correlation between needle exposure and HIV, or a direct link between the two, and those denying the possibility. During this period of HIV transmission early in the epidemic there were few authors reporting on this correlation. The sampling given below is of the most widely published reports.

Initially there was a small, but significant, amount of attention to the likelihood of medical injections as a considerable mode of transmission in Africa. This argument emerged in tandem with the new research on AIDS in Africa after the severity of the disease was identified. By 1985 reports from medical doctors emerged claiming that AIDS was being seen in patients outside the risk groups, such as homosexuals.\textsuperscript{167} An article published in 1989, based on an evaluation conducted on four clinics in Burkina Faso, reported high numbers of injections being administered. In one case as many as 1077 injections were performed for every 1000 consultations, with other clinics performing 118, 773, and 992 per 1000.\textsuperscript{168} The same study reported that, of these injections, only 14 syringes and 70 needles were disposed of in the first example and 21 and 250 syringes and 120 and 700 needles in the second two, with no information given for the fourth clinic.\textsuperscript{169}

\textsuperscript{169} Ibid, 106.
Other writings by medical doctors in the early 1980s show that, at this point in the
epidemic, attention was being given to the likelihood and seriousness of the non-sexual
transmission. As early as 1985 Vachon, Couland, and Katlama linked HIV transmission
to low socioeconomic levels. They questioned the claim that AIDS in Africa is truly a
sexually transmitted disease, and argued that the low socioeconomic levels prevalent in
Africa were significant in transmission. They also identify the problem of reused,
unsterilized needles and syringes in parts of Africa with high levels of AIDS.

A year later, in the correspondence section of the highly regarded scientific
journal Nature, medical doctor John Seale wrote of the high level of reuse of syringes in
developing countries. He cites a 1976 Ebola outbreak in a hospital in Yambuku, Zaire
where only five needles and syringes were used for all in- and outpatients. A mere five
years after the discovery of AIDS, Seale predicted that due to this large scale of
hypodermic reuse “millions could be infected by the AIDS virus”. The fact that this
idea was not taken up by other researchers is interesting, especially given the stature of
the journal it appeared in. Even though, at this early point, this idea was brought up with
some frequency, it seems to have been on the fringes of the scientific and medical
literature.

In 1986, medical doctor H. V. Wyatt, in an editorial to the journal Tropical
Doctor, argued that although HIV transmission is undoubtedly spread sexually, it would
take significant time for this form of transmission to become common; a core group of
transmitters would have to be infected and from here heterosexual transmission would be

\[173\] Ibid, 391.
common. He suggested that injections acted as “amplifiers” for the spread of the virus, and in this way the virus entered the population.\(^\text{174}\) Although Wyatt still relied on the sexual discourse for part of his argument, the acknowledgment of another mode of transmission in the early stages of spread is important. Wyatt used the role of injections as prior to that of sexual spread in that the initial spread relied on injections to reach a certain level of prevalence before sexual transmission would dominate. He claimed that once further spread occurred through sexual relations, “the initial role of the injections would be obscured”.\(^\text{175}\)

The strongest evidence for the transmission of high levels of HIV transmission resulting from the use of unsafe injections comes from two studies completed by Dr. Jonathan Mann, former head of the WHO’s Global AIDS Programme. The focus of both studies is children under age fourteen. Children are not normally sexually active and therefore offer a setting whereby the sexual transmission becomes irrelevant. In cases of children testing seropositive, the explanation for the acquisition of the virus must be found elsewhere.

Both studies were carried out at Mama Yemo Hospital in Kinshasa, the Democratic Republic of the Congo - then called Zaire. Geographically this was the epicenter of the disease, and therefore had high prevalence rates early on. The first focuses on children aged 2-14 years. HIV/AIDS prevalence rates are given for adults, meaning those 15 years and older. This study was conducted in order to address the apparent lack of HIV positive cases in children, but showed an unexpectedly high rate of

\(^{175}\) Ibid, 97.
the children testing positive. Of the children participating in the study 11 per cent were found to test positive for HIV.  

The three main factors associated with seropositivity in the first study of older children were blood transfusions, previous hospitalization, and receiving medical injections within the previous year. Nearly ninety-five percent of the seropositive patients received medical injections within the previous year. This study had a major flaw, however, in that it did not account for vertical transmission, also known as mother to child (MTC) transmission of the virus. The second study carried out later that year addressed this problem with the main finding stating the importance of vertical transmission in pediatric HIV cases. However, besides MTC transmission, the three most important factors were medical injections, being male, and blood transfusions. Most strongly associated with HIV seropositivity were medical injections, with an average of 34.5 injections per year for patients testing positive, and 14.5 per year for those testing negative.

By 1991 Stephen Minkin noted the importance of the role of medical injections in the transmission of HIV, and argued against the difference between AIDS in Africa and that of the West. By this time enough studies had been conducted, and authors had facts from field research, and were therefore able to offer more than hypothesis. For example, Minkin noted that between “1981 and 1983 HIV infection in a cohort of

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177 Jonathan Mann et al, “Human Immunodeficiency Virus Seroprevalence in Pediatric Patients 2 to 14 years of Age at Mama Yemo Hospital, Kinshasa, Zaire,” Pediatrics 78 no. 4 (1986): 674.
179 Ibid, 655.
180 Ibid, 655.
Nairobi prostitutes jumped from 4% to 61%. Eventually 85% prevalence was reported among a cohort of prostitutes in Nairobi.”

Minkin was able to make definitive claims about the transmission of the virus through injections, stating that the “repeated use of unsterile equipment creates an effective medium for passing HIV from one infected person to many others. The multiple use of syringes and needles creates risks of much higher magnitudes than those associated with simple single needle stick accidents using disposable equipment in the West.”

Besides denying an inherently different African AIDS epidemic compared to that in the West, Minkin also denied the idea of the sexual explanation for the high rates of HIV in Africa, arguing against the “improbability of a purely sexual explanation”. He looked to transmission outside Africa as support for this claim, citing that “the estimates of risk from infected male to female per contact at 1: 500 or 0.2% outside Africa. The numbers of sex partners among African prostitutes does not appear to be unique, averaging in Zaire 3-4 encounters per week. HIV infection among prostitutes in New York or elsewhere in the U.S.A., and Europe is rare in the absence of IV drug injecting.”

Although there is limited concrete evidence for the argument that HIV was transmitted via injection in the early part of the pandemic, there is enough evidence, as outlined above, to suggest it had a significant role. But these works remained on the fringes of the discourse surrounding AIDS in Africa. Although many of the reports outlined above were published in major scientific and medical journals they often took

182 Ibid, 787.
183 Ibid, 787.
184 Ibid, 787.
185 Ibid, 787.
the form of correspondence and letters. Part of the reason for this is the fact that many of the people reporting on this were medical doctors who witnessed first hand the unsafe injections, and in many cases the emergence of AIDS symptoms in patients.

The article by David Gisselquist and others provides a more recent discussion on the possibility of transmission via injections. Gisselquist argues that between 1983 and 1985 20 to 40 per cent of new HIV cases were transmitted through medical injections. This challenge to the heterosexual discourse was disputed in 2004 when George P. Schmid et al argued that downplaying the role of the sexual transmission of HIV would seriously damage efforts to control its spread. They claimed that “sexual intercourse is by far the most important route of transmission” in sub-Saharan Africa, and that is where focus must be placed. Not only are these authors furthering the dominant sexual discourse, they are actively denying the notion of other modes of transmission, and discouraging research on alternative possibilities. Returning to the discussion of Orientalism, and the comparison to the AIDS in Africa discourse to this idea, the article by Schmid et al shows the level to which the discourse has been accepted. Not only is there an unbalanced focus on the sexual discourse, but also the power of the dominant discourse provides a strong limit to dissenting ideas. The possibilities of further research offered by these authors are situated well within the dominant discourse. They suggest lack of circumcision as a likely problem in the effort to control the spread of HIV. Circumcision very likely has an important role in sexually transmitted HIV, and has

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186 Gisselquist, “Let it be Sexual,”.
190 Ibid, 486.
received considerable attention in recent years. The problem with this, however, is that it follows the sexual discourse, and places further limits on the attention that could be given to broader research ideas.

Another recent argument made in rebuttal to the idea of injection transmission states there is no correlation between HIV infection and needle exposure. This article takes a stronger position in denying the possibility of injection as a significant route of transmission. Despite their claim that there is no correlation between HIV infection and injections, the authors report that thirteen out of sixty-seven participants reported no previous sexual relationships during the study period. Instead of giving further consideration to facts that seem to contradict their aim, the authors explain this discrepancy by claiming a “misreporting of sexual behavior”. Therefore, this study is based on the assumption that study participants are unwilling or unable to accurately report details of their past, while the researchers assume their own knowledge is sound, based on the longevity and strength of the sexual discourse, as to simply discount the study’s information when it does not coincide with their assumptions.

The question that emerges is why this evidence has been rejected, and who does this focus serve. Gisselquist claims there were several reasons for the promotion of the heterosexual transmission theory: the interest of the researchers to present AIDS in Africa

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193 Ibid, 144.

194 Ibid, 144.
as different from that of the United States, in order to promote condom use and therefore as a corollary to the effort to curb African population growth; the ideas of the timeless ‘traditional’ African sexuality led to notions of promiscuity into which HIV transmission fell; and finally, the WHO tried to muffle public discussions of HIV being transferred through medical equipment as such discussion could lead to avoidance of immunization campaigns and hurt public health efforts.\textsuperscript{195}

It is also possible that the belief about HIV in the United States, where it was initially discovered, influenced the African context. In the United States, the disease was first recognized in the homosexual male population. This led to the disease being labeled Gay Related Immune Deficiency (GRID)\textsuperscript{196} and Gay Compromise Syndrome, and closely related with deviance and hypersexuality.\textsuperscript{197} With this early basis, it is possible that the notion of deviance and AIDS simply transferred over to the situation in Africa.

The long latency period of the virus is another explanation as to why its transmission is not more closely linked to unsafe injections.\textsuperscript{198} By the time people are diagnosed, which, in developing countries sometimes does not occur until people are very sick, the injections might have occurred long before and likely did not enter into a person’s medical history. Other authors lay the blame squarely on the shoulders of the IFIs and the economic system. Nana Poku argues that “by treating the pandemic as a health crisis caused by a hypersexual culture, the World Bank and the IMF can continue to pursue their structural adjustment programmes (SAPs) on the continent,

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\item[\textsuperscript{195}] Gieselquist \textit{et al}, “Let it Be Sexual”, 158.
\item[\textsuperscript{198}] Simonsen, Ibid, 796.
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uninterrupted”. This argument, though valid, is somewhat misleading. The World Bank and IMF do not solely create the discourse relegating Africans to a hypersexualized people. They certainly use this discourse to further their own agendas, but it gives them too much credit to say they are more than one part of a large movement creating this belief. It must be considered in terms of colonialism, and the motive to dominate others.

Considerations of Economic Risk

The second of the two alternative approaches is based on economic considerations that lead to increased poverty and decreases in social service spending by national governments. This approach is multi-faceted, with several different topics given as elements which link macroeconomic involvement and HIV transmission often focusing on the failures of development policies. Structural adjustment focuses on the economic growth of a country, which, too often, is conflated with the idea of development. In the pursuit of development, structural adjustment programs were implemented in a region of the world where poverty was rampant, nascent political systems were emerging in the wake of decolonization, and the forces of imperialism were still at play. Structural adjustment policies and the dominance of neoliberalism exacerbated poverty by reducing the availability of government services in health, education, and economic development.

AIDS is, without question, shaped by structural adjustment, as shown in the previous chapter, as well as broader economic and political forces. There is considerable attention paid to this. However, the influences of economic forces are rarely, if ever, separated from the sexual discourse on transmission in Africa. The problem with this lies

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199 Poku, Ibid, 538.
in what is left out of the research, and how giving attention to what is omitted would ultimately provide a much more comprehensive, and useful, understanding to the AIDS pandemic. There is little, if any, discussion on the importance of economic factors outside the issues of sexual transmission.

Within the scope of works dealing with the economic influences in the transmission of the virus there are two different focuses. The first considers how AIDS affects the economies of African countries; the negative consequences of the loss of a large sector of the adult work force or the toll of caring for those sick. This is the more common approach to the economic argument regarding HIV/AIDS in Africa. The second is the more critical focus on how economic change has contributed to the spread of HIV in Africa. This is often centered on the discussion of economic development and the push to a neoliberal state.

The premise of both these arguments remains on the sexual transmission of the virus. As an example of the latter, Peter Laurie, Percy Hitzen, and Robert A. Lowe acknowledge the role of development in the epidemiology of the disease, and argue that an alternative development strategy is needed to lessen the spread of HIV. Their critique rests on the role of development in fostering sexual behavioural changes in ways that heighten known risk factors.

Alternative economic arguments are too often usurped by the sexual discourse. In one such example a key misperception in the study of HIV/AIDS in Africa is identified as being the focus on sexuality as an inherent trait of African culture. The authors of this study attempt to clarify the misperceptions by asking if “being promiscuous and poly-sexual [is] an African culture trait or is poly-partner sexual activity a survival response

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dictated and enhanced by a vicious political economic system engendered by colonialism and globalization? The challenge to this misperception is not to ask whether African cultures are promiscuous, but rather to assume promiscuity and thus ask if Africans are forced into sexual behavior because of outside forces.

Fundamental to this idea is the assumption that African sexuality is something unusual or deviant. This sexual discourse has permeated the research conducted on HIV/AIDS in Africa. Even in work which sets out to critique what they deem to be misperceptions of the disease, and that rightly acknowledges the problems of the focus on promiscuity, the existence of promiscuity or a different form of African sexuality is accepted.

Urbanization provides a good example for the way poverty and economic factors forced people to participate in risk behavior. Often, after the implementation of SAPs, the resulting poverty forced people into cities in the attempt to find wage labor to pay taxes or user fees for previously funded social services. Urbanization is seen to increase transmission because people are more likely to participate in risky behavior. In Africa these risk behaviors typically center on sexual behavior. One study found that urbanization led to earlier participation in sexual relations, more partners, and less likelihood of using practices known to decrease the chances of transmission.

Another factor linked to urbanization is migration. Migration is a major issue to be considered when talking about increased risk behavior. Attention has been focused on

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204 Ibid, 311.
the complicated nature of the social, political, and economic forces pushing people into the grim situation where the only choice presented is to die of starvation now or expose oneself to HIV infection and worry about death later. Although arguments made are incredibly important and highly valuable to the study of HIV transmission, the focus of the transmission remains sexual. These arguments have centered on the breakdown of social regulations monitoring sexual relations, which in turn increased the number of partners migrant workers have.205 Most recently this has been written about as a breakdown of social capital, a term used to describe the role of group membership, both in terms of relational elements and material ones, that can have positive benefits on individual members of the group.206

As such, migration was seen as influencing sexual relationships between migrant workers and “multiple casual partners” they may have in the cities where they find work and others in the countryside.207 This led to a break in relationships in the rural areas where men were leaving for work in cities, and women became infected not only by the men returning from work in cities or mines, but also because the women needed to participate in relationships with multiple men in order to replace incomes that might have been lost when husbands left to find work.208

This argument is strikingly similar to the notions of sexual networking outlined by Epstein and Thornton, and in this way the economic-based argument of migration and HIV transmission can be clearly linked to the dominant sexual discourse. With this

example, the economic approach does not flow parallel to the sexual discourse, but in fact relates so closely to the dominant sexual discourse as to be difficult to draw out differences.

Closely tied to the problem of migration is the issue of transport routes and how disease follows patterns based on the routes used by truck drivers, allowing the virus to travel from urban to rural settings and between countries. The virus is thus transmitted at truck stops, spread from sex workers to the truck drivers, who then pass it on to their wives and girlfriends, and the sex workers pass it to local men with whom they have further relations. This route of transmission is linked to SAPs as a significant part of the policies are designed to liberalize economies: increase trade and open markets, necessitating the transport of goods. As with the argument on migration, this consideration of transport routes offers a more detailed interpretation of the transmission of the virus. It combines the influence of structural adjustment and trade liberalization with the social changes, highlighting the reality of increased participation in risk behaviors. The historical situation of colonialism and structural adjustment is understood as a factor influencing the transmission and limiting individual agency. It highlights the complexity of the idea of choice, in that when given two bad choices an individual must choose the one that will cover immediate needs. What it does not do is distance these arguments from the idea of sexual transmission.

Especially striking is that the economic argument on HIV transmission in Africa is rooted in the sexual discourse. Here the focus is on the links between poverty and women who are consequently forced into sex work. Often this takes the form of commercial sex work, where women make their livings by engaging in transactional sex.

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This is a form of sex work where one engages in sexual acts with a form of compensation, but not necessarily money and often involves relationships that last longer than one encounter. Often transactional sexual relations are described as being between a young woman and older man who is able to pay for school fees or other expenses. The woman would have a relationship of sorts with the man, but very likely has a regular boyfriend as well. With the introduction of structural adjustment many of the previous modes of social security, for example economies of affection, or the reliance of family members or friends, were destroyed.

The issue of sex work as a risk factor in the transmission of HIV/AIDS must take into consideration the role of income and gender inequality. Women tend to suffer the effects of structural adjustment more than men. One reason women are more likely to suffer is because many of the jobs available to people forced to live in slums go to men, for example, security guards and factory workers. In some cases then, sex work becomes an act of desperation. This economic deprivation created situations where people are forced to live in conditions which in turn increase the chance of participating in risky sexual behavior.  

210 This stresses the link in common thought between economic need and desperation resulting in risky sexual behavior. The same is linked with migrant workers and men traveling to work in mines. Often they engage in risky behavior because of the terrible living conditions, brought about by structural adjustment and other political and economic forces.

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The discussion is not whether these issues are important or relevant in the study of HIV/AIDS in Africa; clearly they are. The key issue is whether a deeper exploration of the role economic change and deepening poverty played in fostering the spread of HIV infections in Africa might lead to challenging the dominance of sexual transmission as the only important cause of such infection. The fact that transmission has become synonymous with the more specific sexual transmission is evident in these arguments. It is only when attention turns to mother to child transmission that the non-sexual transmission receives consideration.

Given all these examples it is clear that AIDS in Africa has been considerably shaped and influenced by global macroeconomic policies, yet the dominant discourse remains sexual. The examples above demonstrate how structural adjustment distorted social relations in Africa, leading people to engage in risky sexual behaviour. This differs from the earlier discussion which placed blame for HIV transmission on specific characteristics of African culture, suggesting these lead to sexual practices that increased the transmission of the virus. Instead, what these examples highlight is that the focus on sexual transmission has prevented a deeper exploration of the impact of structural adjustment on the spread of HIV/AIDS.

**Notions of Blame**

By placing the onus of HIV transmission on Africans, blame can then be removed from other sources. Situating HIV as an ‘African problem’ rather than looking to the global economic system removes blame from where it could be more reasonably placed. Creating an ‘African problem’, without looking at the other causes, is used to justify further Western involvement in the continent. Most importantly, the sexual discourse was
formed, in part, by the continuation of ideas of the diseased native and colonial-era racism, as well as being set within the discourse of neoliberalism and structural adjustment. It seems undeniable, then, that this had significant repercussions on the development of understanding of both the virus itself, and the nature of the growing epidemic.

The fact that the relationship between structural adjustment and health care in sub-Saharan Africa, and specifically on the transmission of HIV has been, and remains, understudied is problematic for a number of very serious reasons. Ignoring this relationship veils the full destructiveness of these programs, and allows for their continuation. This has been shown with the slight modifications made to, and the renaming of, these programs intended to elicit positive perceptions for macro-economic involvement in Africa. The HIPC discussed previously serve as examples of this.

A second reason is that policy and containment measures are based on what is known about the evolution of the epidemiology of the disease. With only a partial understanding of how AIDS has reached the prevalence levels currently witnessed in sub-Saharan Africa today it cannot be hoped that control of AIDS will be achieved. This also poses problems for potential future disease outbreaks, as it has been argued that the understanding of HIV/AIDS in Africa is part of a broader understanding of relations between Africa and the West.

Perhaps most disturbing is the way that the health scare that AIDS posed was used as a way to keep in place the economic policies that had been implemented, despite the clear signs that they were not producing the positive changes they were intended. Using the AIDS crisis in Africa allowed the IMF and World Bank to keep implementing their
structural adjustment programs. This is not a new idea, nor is it limited to health care.\textsuperscript{211} In 1977 Maynard Swanson used the term “sanitation syndrome” to discuss the idea of using medical ideas to impose political policies.\textsuperscript{212} In this case, Swanson argues that infectious diseases were used as societal metaphors, which, in combination with racial beliefs, allowed the imposition of segregation policies in South Africa in the early twentieth century.\textsuperscript{213} Essentially, what is being done in the case of HIV/AIDS in Africa is that a health crisis, and the medical knowledge and beliefs around it, have served as justification for the implementation of political ideas. In the case of structural adjustment, the ideas were already implemented, and the medical ideas surrounding HIV/AIDS provided justification for their continuance. This was accomplished by framing AIDS as a threat to development, as has been outlined in the previous chapter. Situating AIDS as a threat to development, as opposed to development as a threat to human health, allowed the IMF and World Bank to continue to intervene. AIDS could then be framed as wreaking havoc on development, and therefore the only way to battle this threat would be with further development of great involvement on the part of the West.

A great part of the above argument relies on racist sentiment and how this plays out in views of sexuality to explain the motivation behind pursuing policies that do not benefit those they claim to aid. This idea of racist motivation is complex. It encompasses such notions as othering, power, and control, all themes of this paper. The sexual discourse is based on long held ideas of racial inferiority. This has been accepted in the medical and social science literature of AIDS in Africa, and continued in this medium by

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\item Ibid, 387.
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the system of citations upon which it relies. The need for this continuation is only partly due to this intellectual investment. With the case of AIDS in Africa there is also a political and economic investment that relies on the sexual discourse.

This chapter examined two alternative arguments about HIV transmission. The first of these alternatives is the role of medical injections and the second is economic risk factors that can exacerbate the transmission of the virus. This chapter shows that explanations which are totally removed from the sexual discourse – such as medical injections – have been marginalized and largely ignored. Other alternative arguments – such as those around economic risk factors – have been subsumed by the sexual discourse. With its incorporation into the sexual discourse, the economic approach has lost validity as a critique, and instead furthers the notion of a purely sexually transmitted virus.
Conclusion

Within this field, which no single scholar can create but which each scholar receives and in which he then finds a place for himself, the individual researcher makes his contribution.\textsuperscript{214}

The discovery of AIDS in 1981 sparked a considerable amount of research on this new and seemingly incomprehensible illness. Most of the research conducted in the social sciences and humanities focused on the sexual nature of the transmission of the virus. In this way it created a dominant discourse, connecting the perceived over-sexualization of African cultures and the spread of HIV/AIDS in Africa. This thesis focused on the creation of this discourse surrounding AIDS in Africa, focusing on how it reached a level of dominance in the literature, and excluded or marginalized the appearance and legitimacy of other discourses, such as transmission via medical injection. This thesis argued that the continued political and economic influence of Western countries contributed to the creation of a system where the economic well-being of African countries is valued less than the economic growth of those in the West. The increased poverty resulting from this situation has created under-studied and poorly understood avenues for the transmission of HIV through unsafe medical injections. Despite this increased possibility for iatrogenic transmission, the dominance and

authority of the sexual discourse has ensured that other areas of investigation into HIV transmission in Africa have been at best understudied, or at worst, ignored altogether.

This was not always the case. Initially, the research on AIDS in Africa, in the hopes of reaching an understanding of the complexity of the illness, considered different avenues of transmission, specifically medical needle reuse in sub-Saharan Africa. As this thesis has shown, the discussion of alternative routes of transmission was later subsumed by the dominant discourse around the sexual transmission of the virus. Although sexual activity is an extremely important route of transmission, it is not the only one. The narrow focus on sex created a dominant discourse that has permeated and shaped the research on HIV/AIDS in Africa.

The work of Edward Said, specifically his theory of Orientalism, has been used as the conceptual framework for my thesis. In his book, *Orientalism*, the focus on discourse highlights how notions of the other were created and how, in turn, the other was cyclically defined by this knowledge. This intellectual power, which is based on unequal power relationships, is used to create an authoritative voice of which it speaks, resulting in an authority in discourse.

In addition to the foundation of Orientalism and the creation of the discourse, the sexual argument relies on the continued power of representation. What is especially troubling and worthy of study is that this representation is one of the African as created by the knowledge and research of Western experts. This ‘knowledge’ is then carried forward into the writings and understandings of subsequent researchers. These representations create and define the subjects of the research. The relationship between power, control, and knowledge shaped the understanding of AIDS in Africa including the
ways in which it is dealt with and the manner in which it is studied. This involvement of Western experts presenting and representing Africa and knowledge of Africa constitutes a continuation of colonialism and practices of domination.

The concepts of power, knowledge and control are fundamental in understanding the creation of this discourse. Power, in this interpretation, is a repressive – rather than productive – force, and while facilitating the development of the sexual discourse it limits the pursuit of other, differing ideas. Through the creation of this understanding of what AIDS in Africa was and is, researchers defined AIDS in Africa as a purely sexual disease. The discourse is based on the interconnections of knowledge, control, and power, and relies on the “ordering of objects” to create the sexual discourse on AIDS in Africa.²¹⁵ It is based on the idea of deviance and the over-sexualized African. As shown in this thesis, the discourse of African sexuality gained traction within various fields, and by the 1990s had overtaken all other avenues of research. It homogenizes a geographically huge and culturally rich area into a place of dangerous, promiscuous sexual relations. Regrettably, this discourse is just the latest of many unwarranted, irresponsible, and even exploitative mischaracterizations of Africa and Africans by Westerners.

Medical doctors expressed concern over the transmission of HIV through the practice of unsafe medical injections beginning in the early 1980s. This posed a warning for its potential seriousness in the rising numbers of new cases. For the most part, this warning was ignored, and the research focused on the sexual transmission of the virus. Despite a few challenges made to the dominance of the discourse, for instance the labeling of AIDS as a disease of poverty by the World Health Organization in 1995, the

²¹⁵ Foucault, *The Archaeology of Knowledge*, 54.
focus remains on the deviant sexual nature of Africans. Deviancy, as used in this context, is an effective method to distract people in the West from one of the root causes of HIV transmission – poverty. It offers a way to disassociate the disease from the mainstream, and portray it as a disease about which only those in marginalized groups must worry.

The sexual discourse subsumed more than just the iatrogenic. It also diminished the attention focused on the economic and political context of the rise of the AIDS pandemic during a time of economic structural adjustment imposed by Western financial institutions – specifically the IMF and World Bank. This added to the poverty burden of many African countries; this burden actually played a major role in shaping the transmission of the virus. The structural adjustment programs – firmly neoliberal in their ideology – were implemented to deal with the debt crisis in Africa in the 1980s. Briefly, this neoliberalism preaches the cure-all qualities and strength of the market system, with the corollary that all items and services should become linked to a monetary value. In this way, health – previously defined as a human right in the 1978 Declaration of Alma Ata – became a commodity like any other and subject to market forces. As discussed, structural adjustment exacerbated already prevalent poverty, and led to severe hardships. Due to the commodification of health care created by the neoliberal basis of structural adjustment, access to medical treatments became very expensive and government abilities to fund health care stagnated. One of the many consequences of this was that injections were often performed with reused and improperly sterilized equipment.

An alternative approach to the research exists, which takes an economic focus. The economic basis of this approach takes into consideration the role of structural adjustment programs on the AIDS pandemic, yet it remains rooted in the sexual
discourse. Attention is focused on the economic repercussions of structural adjustments, forcing individuals into risk behaviours that center on sex. This can be seen with the attention to issues such as migration and urbanization, and their role in increasing transmission. This remains an important aspect of the transmission of the virus and should receive continued attention, yet it does not effectively separate the economic argument from the focus on sex. Economic approaches need to be taken further to include issues outside the sexual transmission.

The repercussions of this directed focus on the hypersexuality of Africans and sexual transmission is significant for both academic research and policy development and implementation. In terms of research, the reliance on a previously existing literature creating the notion of an African sexuality and stressing its abnormality established a foundation for the dominance of the sexual discourse. The system of citing and re-citing these works means that the current understanding of HIV/AIDS in Africa is based on the very same misunderstanding. Further, the dominance of the attention given to the sexual transmission omits consideration that could be paid to broader areas of research.

The seriousness of this oversight for academic research should be enough to cause concern. Given the nature of this topic, however, the research conducted in academic settings influences the policy decisions of governments, aid agencies, non-governmental organizations, and advocacy groups. By focusing prevention policies only on behavioural aspects of transmission and attempting to procure behaviour change in areas where individuals have little control, the outcome for success is bleak. What must first be recognized and acknowledged are the limitations of the dominant sexual discourse; from there, practical solutions that work outside these limitations may be realized.
The sexual discourse is prevalent not only in the academic literature on which this thesis has focused, but is also a strong theme in popular discourse. Popular media, newspapers, and literary representations also use this dominant notion of sexual transmission. This representation in popular texts allows the continuation of the sexual discourse – in a broader and more accessible manner. Future research on this topic could focus on the popular representations of HIV/AIDS as a purely sexual disease. Using Orientalism, as done in this thesis, would provide a valuable framework from which to approach such a study, as it provides an understanding of both forms of discourse.

Finally, the importance of the sexual discourse for the international financial institutions, the World Bank and the International Monetary Fund, cannot be overlooked. As previously stated but worth repeating, “by treating the pandemic as a health crisis caused by a hypersexualized culture, the World Bank and the IMF can continue to pursue their structural adjustment programmes (SAPs) on the continent, uninterrupted”²¹⁶. The use of an argument focused on promiscuous sexual behaviour places blame for the transmission of the virus onto individuals, neglecting attention that should be paid to those forces controlling their economic livelihoods. Before positive change can occur, this omission must be confronted.


Online Sources:


