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Angle on AIDS

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Jeremy: The last in this year's series of radio conferences in association with the Media Monitoring Project and the Open Society Foundation. And this morning we are going to look at the role of the media plays in this crucial debate HIV/AIDS.

Among our guests this morning, Judge Edwin Cameron, we'll hear from him a little later. He lives with the HIV virus. We'll talk to a representative from the Treatment Action Campaign and also get a view on how the issue is being handled in other parts of Africa.

But let's set up the debate this morning and open with William Bird who heads the Media Monitoring Project in South Africa.

William a good morning to you, Let me suggest to you another AIDS Day yesterday, more of the same, more gloom and doom surveys, more appeals from government ministers. Yet the debate doesn't really seem to have moved much. Is that true or false?

William: Well I think it is true to a certain degree and that certainly yes a lot of coverage does seem to be quite similar year and year after. We get quite similar kinds of ways of representing things and I think that's a problem because you get this issue at the moment there is this talk about AIDS fatigue, you get one of the editors of the Sowetan for example he says every time he puts on a story on HIV/AIDS on his front page he loses readership.

So it's not just about editors themselves being down and boring and not taking on the challenge, it's rather about the way in which it tends to be reported. What people are probably fatigued about is the political dimensions to these things, the fact that it's always hearing the same thing oh look the minister said something that people don't agree with, it might be bizarre, silly or ridiculous and then the TAC, Civil Society etc said these and these things about it.

Jeremy: Has the issue become too politicized?

William: It has always been an intensely political issue in South Africa particularly around the issues of treatment and access to treatment. So I think it is a dimension that we are not going to be able to avoid until such time as we get a complete up and running program that people are happy with. Until that happens, I think it's going to continue to be dominated by the political dimension.

Jeremy: And that is something the media can't stay away from?

William: No, they need to make sure that they adhere to that because I think it is certainly in part very much thanks to the media that because of the high profile coverage given to HIV particularly in this conflict that certain moves were made. And of course thanks to Civil Society's pressure.

Jeremy: But because there is this focus on the politics of HIV/AIDS in this country, is it at the expense of the detriment to other issues on a bigger scale?

William: Yes certainly, I mean you can see when we look at coverage from other parts of Africa for example you see that people have been doing quite exciting and quite different things. And when you do that, you bring a different dimension of reporting on HIV/AIDS.

Jeremy: Is the media afraid of this issue or bored with it?

William: I think there is a level of fear on some levels on how to report certain issues. There is a level which peoples ordinary daily lived experiences of HIV are seen to be a bit boring.

Jeremy: They are all the same stories, aren't they?

William: Well not necessarily. The thing were the tabloids work well is that they tell ordinary peoples' daily lived experiences around crime, around all sorts of issues. If they took that and interestingly focused on HIV which they don't tend to do, you'll see quite a different approach I think in reporting on HIV.

Jeremy: Is there a standard template then in the way in which media is reporting AIDS. And if there is, how would you like to see that template broken or changed?

William: Well I think at the moment and certainly the research around this that has been conducted on reporting on HIV is that it tends to follow a fairly traditional conflict orientation which is usually conflict between government and civil society or a disaster in a vaccine trial and it focuses on all of the negative sides of those things.

Jeremy: Which makes for very good headlines?

William: Yes, sometimes it does make for very good headlines but then sometimes also very ill informed and poorly covered issues and stories. Earlier this year there was an example of a vaccine trail that failed, I think it was a [03:44] trail and there were some problems with it and the way that it was reported was that these people that were participating were seen as guinea pigs. So the emphasis was placed on this was some kind of evil Western agenda to practice evil funny medicine.

Jeremy: How would you like the angle changed or softened?

William: Well I think if they interview some of the experts, if they speak to some of the HIV experts that we have in this country and we certainly have among the leading in the world in this country. They would find that there are other far more interesting angles to that they can take. And indeed we've got many of those experts in our show today and you will find out that the angles and dimensions that can be giving out are quite incredible.

Jeremy: Well one of those people is Khopotso Bodibe from the Health-e-news service. Last year he jointly won the Henry J Kaiser Family Foundation Award for excellence in HIV/AIDS Journalism in Africa. We'll be talking to him in just a moment, but William you did refer to some of the more creative ways in which other African countries are reporting this issue. You have two radio advertisements that you brought in with you today and also a clip from Thembi's radio diary from National Public Radio. We'll get to that one in just a moment but set the advertisements up for us.

William: The advertisements were something that were designed and run in Uganda and essentially they were designed at addressing male norms. Even though they don't talk about HIV specifically what they do is something that is quite different and certainly something that we should be learning from in South Africa in terms of focusing on the male and on what the men's responsibility in dealing with HIV and in dealing particularly with women.

(Audio Montage)

Jeremy: I have two observations; one is the overall strong tonality of the radio commercial. Secondly if you listen to this with half an ear, it could be a beer commercial.

William: It certainly buys into those things. It's quite populist in its construction and I think that's why I quite like it. It's got this thing about be a man and it plays very much on the stereotype which is usually be a man means behave like a banana bread. But then in this instance it means behave in a way that is caring and responsible.

Jeremy: And you are saying advertisements like these are more effective than the minister of health coming on the radio and telling us what has been achieved in the past year in terms of HIV/AIDS prevention?

William: I would suggest that it is more likely and last night I noticed that our minister of health was on the lotto show, I'm not quite sure what she was doing there, playing with balls, I'm not sure the relationship with HIV.

Jeremy: Who is Thembi?

William: Thembi is about 20 year old woman who was HIV positive and what happened was a radio producer Joe Richman gave her a tape recorder to make an audio diary around her experiences of living with HIV. And she did this for

more than a year, she went around capturing various little bits and pieces and stories of her life from her conversation with her mother about HIV, to applying for anti retrovirals, facing neighbours, all of these sorts of things. And it is an incredibly moving very personal experience of what it's like living with HIV. And as radio, this particular program won overseas Press Club Award for the best International Radio Story in 2006.

(Audio Montage)

Jeremy: One of the blunt observations, she doesn't sound sick. The second observation is that through all of that and obviously the great ordeal that she's gone through, she really does sound very optimistic.

William: It was one of the reasons that it was a very powerful series. I would certainly encourage people to find it online and listen to the rest of those programs. Because they are particularly compelling and its great radio to listen to "Hello HIV you trespasser" is lovely terminology.

Jeremy: What is the media in 2007/2008 take out of a story like that that was two years ago?

William: I hope that some media, certainly some South African media would be following and taking some few keys from this so that in 2008 we start to see some of these other different angles. It would be nice for example if the tabloids take this kind of approach instead of the [09:43] nonsense they usually portray.

Jeremy: William we'll park you in a corner for a moment or two. Lets bring into our conversation now Khopotso Bodibe from Health-e-news. Khopotso good morning to you and welcome.

Khopotso: Good morning.

Jeremy: Let me put the same question to you as I put to William a little bit earlier today. Is it becoming increasingly difficult to report this issue given that often you are telling the same story time and time again?

Khopotso: Well it is becoming a challenge indeed, I think it really puts [10:11] to find new innovative ways of actually telling the stories and one of the ways to actually do that is to be in touch with communities, with public [10:20] and what people are actually raising as concerns because really because sitting in a newsroom and working as a journalist you'll be cast from general society and communities. It is very difficult to actually engage with the subject.

Jeremy: What is more important in your opinion? Putting a human face to the story, in other words getting the people in those communities that you've referred to, to talk to you, or simply reporting signs and developments and failure as far as this particular disease is concerned.

Khopotso: The human face I would say is very, very paramount. I mean this is a disease that actually affects people. We are talking about life and death and we are talking about hopes and sorrows and despair. But above all it is hope and that's what we are talking about hope for the people, hope that people have.

Jeremy: When you talk to people living in communities that have been affected by HIV/AIDS, is there still hope or is hope fast dissipating?

Khopotso: Hope is not dissipating, hope is actually there, and hope is there in the sense that people still hope that there will be a scene someday for presenting HIV.

There will be for example the [11:24], and right now we are living in a South Africa that there's treatment available. So people are indeed hopeful that we will actually overcome this.

Jeremy: How difficult is it Khopotso to get people to talk about their condition?

Khopotso: Well that is another thing that is very difficult for a journalist. I mean it is not like one of those stories where you go one with your tape recorder and your cameras and you setup and you do an interview. In most cases you find that you have to prepare people before you can actually get [11:56] from them. It is not a matter of ambushing them and this is a story that has a lot of sensitivity that are layered around it so you have to be sensitive to people.

That is something that is in there inner most and they can't really talk to anybody about. First of all they have had to disclose this to immediate family and to immediate friends. They have had to actually have to [12:19] that they are infected and now having to come on to a platform that is public as the media is very very difficult and you have to have those sensitivity in mind before you can actually go out and talk to somebody about this.

Jeremy: Final question for you, does the media have a responsibility in this country to de-stigmatize HIV/AIDS?

Khopotso: Well the media finds itself in a position which is mostly unwanted, which is that of becoming an educator. And in the manner in which HIV is actually affecting the country and everybody, the media cannot actually shy away from the role of becoming the educator. And we become educators we can actually go a long way to actually remove the stigma that is surrounding HIV.

Jeremy: Khopotso Bodibe is with the Health-e-news. Joining our discussion now is Dr. Francois Venter Head of the HIV Commission Society Reproductive Health and HIV Research Unit. Francois a good morning to you and thanks for coming in. Let's pick up on what Khopotso Bodibe was saying as far as the media is concerned. Is it a watch dog role we need to play or do we have a greater role in this country particularly 6 million people infected, to be educators as well?

Francois: I think they have a broader role, I think they have to sort of get out there the consequence of this disease for the society. I think what the media plays a very positive role in this country in terms of insisting on placing on the front the gender again and again. Its very difficult circumstances, I think the media people often engage with the communities in a very broad way which individual

members of the society can put themselves in their gated communities and their tidy little lives and don't have to engage in the problems.

I think reporters are faced with the fact that they are sent one day to a hospital to do a story and they'll just see the consequences of HIV. They'll talk to somebody in a political profile and they'll see the consequences of HIV. So again and again they almost have it shaved in their faces and they have to look for creative ways to deal with that.

Jeremy: Are we too obsessed with the politics and the statistics of HIV/AIDS and as Khopotso was suggesting perhaps not putting enough of the human face onto the disease?

Francois: I'm not a journalist [14:25] because they have to constantly find creative ways of [14:29]. You know this epidemic is slowly growing, the consequences are slow, to try and make it exciting in a way that the readership or listener-ship can actually engage in this is very challenging. I'm quite struck at how often people do and how much work they go out to do, Khopotso in particular going out and hunting out the human face of the tragedy or the human face of a success story.

But to try and deal with what William was talking about earlier, the AIDS fatigue is difficult. We even say in the medical profession, we are trying to grind the fact that half of your patients are eventually going to get HIV that you have got to deal with is very difficult when you've got doctors and nurses that are tired of listening to that.

Jeremy: So how do doctors and nurses and perhaps the media because you're illustrating a similar story. How do we need to change our approach?

Francois: I think the human face and looking for creative ways of showing that human face is very useful. I have a slide where I just show the before and after effects of anti retroviral therapies in an adult and a child and the picture paints more than 1000 words type of approach does it for me. It is much more powerful to show that photograph to doctors and nurses than it is to show life expectancy cables for various forms of anti retroviral therapies.

Jeremy: Are we reaching a point in this course where we are starting to compartmentalize it, that we prioritize this story on a day like this, the day after World AIDS Day, a week's time we have moved on and that in 12 months time we have to pick up where we started again a year earlier?

Francois: I think there is a danger but I must say there is a fairly consistent courage sometimes thanks to our minister they manage to put it in the front pages again and again, but journalists are aware of it. I do hear a constant complaint from journalist that they have difficulty in persuading their senior editors to actually put it on the front page. I think what was said earlier about the Sowetan losing readership when it goes onto the front page is very interesting to me and about how the society just doesn't want to know.

And it's actually reflective in the general denialism, we see it in the HIV testing rates, in the up takes of anti retrovirals, the engagement with HIV [16:22]. I think

[16:24] on World AIDS Day is something that is a bit annoying and a bit artificial but I think we should use whatever opportunity we can get.

Jeremy: To what extent does the health minister help or hinder the debate?

Francois: I think she has really hindered it on the clinical level. We see a lot of fear in my patients and a lot of wanting to negotiate their therapies. So people would come to me and say no doctor can I have a better diet, can we just try this for a while before I can go on anti retroviral therapy.

Jeremy: What do you say to them?

Francois: I say to them, this is not a democratic virus; this is not something that you are going to negotiate. This will kill you. It wants to kill you and it will kill you unless you make this choice and that good nutrition is important for anybody whether you are HIV positive or negative. So those are clear messages that the minister of health should be putting out there and hasn't been. And she has been [17:04] the debate repeatedly which has allowed us to on one hand have a media worth constant profiling of the HIV epidemic.

But it has confused people and particularly in my experience I work in several clinics and one of them is in The City of Johannesburg in Hillbrow which is very very poor and people there are very susceptible to fear messages, they are very aware that the drugs have side effects. While the more educated patients which come to Johannesburg Hospital, where a large some of patients have tertiary degrees, there is very little discussion or convincing needed to take anti retrovirals.

Jeremy: Is the big story in 2008, behavior and change of behavior or seeking treatment?

Francois: Seeking treatment is going to an ongoing issue and I think that we are actually at the stage where we do need people to start looking at creative ways of pushing that. I think the behavior thing is of paramount importance. I think that's there is a lot of discussion about why prevention programs have failed despite good funding, despite good messaging, despite very good uptake. If you go to every South African they know how you get HIV and I think how that translates into behavior change is what's really difficult.

In fact for me it would be the next big story, how do you affect behavior change? And in fact what is that behavior change because science hasn't been made clear. It is a very broad message saying be faithful and I think what we have realize is on particular behavioral science have analyzed the concept of being faithful is not as easy as it seems. What is understood by a rural Mpumalanga woman might not be understood by an urban Hillbrow resident. And I think that's going to be very exciting going into next year.

Jeremy: Nathan Geffen speaks for the Treatment Action Campaign he joins our discussion, Nathan a very good morning to you.

Nathan: Good morning Jeremy.

Jeremy: Are we too focused on the fight between in the media between the health minister and yourself to the detriment of other coverage?

Nathan: Possibly, I see that has risen quite a lot in your discussion this morning is how do we make stories about HIV interesting and there has been a number of examples from last year which I would like to point out and the Sunday Times runs a regular feature where it documents stories of people living with HIV, usually very hopeful stories. And if journalists were looking for those sorts of stories, we've got dozens of them.

I think that inspires people and that might counter the AIDS fatigue that you've been talking about this morning quite a bit. But unfortunately the political realities of the epidemic can't be ignored by the media and ultimately we have to blame the minister of health for the fact that the stats between her and her organization are constantly on the front page because we could move beyond that but it is up to her.

Jeremy: The responsibility of the media is to bring hope as you have suggested and through a series of articles like the Sunday Times or do we have to tell the really stories, the problems in getting the HIV treatment to people, the fact that they people are not being tested, the fact that the epidemic seems to be increasing and not decreasing?

Nathan: It's all of the above. I want to also mention Khopotso Bodibe you interviewed this morning has done a superb job with AIDS journalism over the last year and there have been other examples as well, The Daily Dispatches' expose' of the [01:28] which was a strictly an AIDS story was also the sort of thing that I think people like to read and like to hear about and that is very illuminating.

There is one aspect of media reporting on HIV that does needs serious work Jeremy and I don't want you to see this as media bashing, I think media generally does a good job on HIV reporting but the one aspect is getting the finds right and I'll give you one example. We all know about the vaccine trial that failed and it made front page headlines and it probably made front page headlines of The Star because of the comments made by the minister of health.

But very few people are aware of the fact that one of the biggest breakthroughs in pediatric treatment of HIV took place in South Africa this year. And I think the media was a miss in not reporting it properly. I think a headline saying major breakthrough in treatment for children with HIV would have excited readers would have gotten them to buy newspapers.

Jeremy: And what leads the media into that position? Why are we failing to tell that story and why are we failing to understand the fines of it?

Nathan: Well there is deep structural [02:27] of it and I think that is journalists don't have sufficient education in science and editors don't have enough money to invest in that education for their journalists. We have discussed this at various workshops with journalists and it is a serious problem and I am not exactly sure how one addresses it.

Jeremy: To what extent is the TAC itself to blame when it comes to the politicization of the issue and your on going obsession with almost wanting to catch the health minister out?

Nathan: Well I don't think we want to catch the health minister out and I must tell you I refuse many interviews where people want me to condemn the health minister for this or for that because I think it is [03:03] often but sometimes it is unavoidable and we have to do it. And as for the politicization of the disease, well the disease is politicized and it has to be politicized because it deals with how we allocate our resources for treatment and prevention. I'm not saying we've always acted like angels in how we've dealt with government response to the epidemic, but I think we have tried our best to be ethical and responsible about it.

Jeremy: Just a final question to you Nathan Geffen, you would have hopefully heard a little earlier two radio commercials that we played from Uganda was it William, focusing on positive messaging as far as this disease is concerned. Is government messaging wrong or right in this particular regard?

Nathan: It is completely wrong and it is a point that we make over and over again. We really need all our leaders, our political leaders as well as people with HIV to be saturating media with these messages. Get tested for HIV, if your HIV has advanced to AIDS get treated, use a condom every time you have sex. And if you have HIV get regular screens for TB. Those messages need to saturate media coverage on HIV. It might create fatigue, it might cause boredom every now and then but the reality is if we are not going to saturate the media with those messages people are not going to change their [04:15].

Jeremy: Fatigue is better than death. Isn't it?

Nathan: Absolutely.

Jeremy: Thank you very much Nathan Geffen speaking for the Treatment Action Campaign. In just a moment we'll be talking to the Executive Director of the Zambian AIDS Law Research and Advocacy Network. But before that very quickly François you were nodding your head when Nathan Geffen spoke about media not understanding the fines.

Dr Francois: It is very hard, I mean you need to be an epidemiologist, a [04:37], someone who understands laboratory sciences all those various aspects. And I think to ask reporters to be at that level is very difficult. Having said that I do come across very lazy reporters in the sense of not doing their background research and in that sense not taking it. I think what happens with basic reporting generally, you should have a good network of good solid scientists that you build up over time, that you can bounce ideas off, that you can ask for what are the major moves forward.

What Nathan talks about the major breakthrough was a major thing for South Africa. That PFHIV will be revolutionized by what this report, the preliminary report came out in February, it will be probably published early next year and it will change the way we do business with children with HIV. It will save many many lives and there was very little that came out of it.

Jeremy: Earlier we spoke to a person called Malala Mwendela who is the executive Director of the Zambia AIDS Law Research and Advocacy Network. I asked her firstly how engaged the Zambian media was as far as HIV/AIDS is concerned.

Malala: The Zambian media has been quite involved in reporting HIV/AIDS particularly around issues of access to treatment but also there has been a huge focus on the community related work around HIV as well as issues around children. That has been the main focus of media on HIV.

Jeremy: And of all of those aspects that you have raised, possibly the most important is accessed treatment. In what way does the media handle that particular side of the story?

Malala: The focus I think has been particularly for the government media talking about the services that the government is currently providing around treatment, there isn't so much in the papers or electronic media around the challenges in terms of accessing treatment, the number of people who have access to treatment, the segregation for example of the [06:30] which people are able to access treatment and so on. So it is quite general they don't go into so much detail.

Jeremy: Is it a story that is given a lot of prominence in your country?

Malala: Yes although it is usually on very broad and general issues.

Jeremy: Is the message though being rammed home?

Malala: I don't think so because people are still not getting certain types of information. For example you won't find so much in the media about success stories of people who have accessed treatment, what are their challenges. But also the media hasn't been very clear on addressing [07:07] particularly in the government and private media. It doesn't appear to be an issue that is of interest. Because in the past couple of months we've had quite a number of people coming up with AIDS [07:21] claims and we thought it might be an opportunity for the media to expose [07:26] and point people towards treatment that is currently accessible but we haven't seen that in the media.

Jeremy: That is an interesting one. Is the reason for that just ignorance or exhaustion perhaps because everyone is just so tired of hearing that story before?

Malala: I think it is a combination of not knowing what to put out but also in terms of exhaustion although there are issues that have been put out quite often in the media, there are different dimensions that the public is not aware of which the media can capitalize on. But the other challenge is to try and put out [08:06] they have to strike a balance with what will interest people.

So in a sense it is like the people are tired of hearing about HIV and often the journalists will not put in the extra effort to try and make an HIV story sell. In terms of [08:19] and knowledge, having interacted with a few media people, it is

actually clear that they don't have the correct information that they require and in some cases they don't even know where to get that information. But I think partly as a civil society and people working in the area of HIV/AIDS have a duty to first of all train the media but give them the kind of information to be brought out in a way that we would like to see it in the media.

Jeremy: A special area of interest of yours is UNGASS the special session of the United Nations General Assembly on HIV/AIDS and you make the point that media should focus on UNGASS as a tool for monitoring progress towards universal access. To what extent is that being achieved in your opinion?

Malala: It's not, because in my sense is that the media doesn't have enough information about the UNGASS. You'll see a lot of media reporting particularly in the government papers as we draw closer to for example the high level meeting in 2008. But throughout the year you wouldn't see the media for example bringing out issues that were raised in the last report and following up on progress in terms of what Zambia is doing to meet its commitment. You won't see that during the year.

Jeremy: One of the big issue facing the debate in this country is stigma and HIV/AIDS. To what extent has the Zambian media been successful either in promoting or de-stigmatizing the entire issue?

Malala: I think there has been a shift in the HIV messaging. I think in the earlier days if HIV/AIDS we had very bad publicity around HIV. Whenever you see something in the paper, there would be stories of death or pictures of people who have lost a lot of weight. But now the media has often portrayed the people living with HIV as community leaders where they come from and they are living positively and they are healthy. So in that sense I think the media has begun to contribute to de-stigmatizing HIV. And we have a lot more people now who are living openly and talk about their status openly.

Jeremy: Do you think it has taken a long time to get there?

Malala: I think it has because we are not really there yet and sometimes I tend to think the perspective is a bit biased because I work in HIV an often in an environment that is a safe place for people to talk about their HIV status. But I realized that in the community there is still a lot of stigma against people living with HIV.

Jeremy: If you've been following the debate as obviously you have in South Africa you'll know that HIV/AIDS is essentially a political issue in this country. To what extent does politics play a role in HIV/ AIDS in Zambia?

Malala: One thing we've been trying to do is to make HIV a governance issue. But the way I see it is that the president made a statement that any government official speaking at a public gathering, they must say something about HIV/AIDS. So in that sense there has been some political support you'd call it but it doesn't really come into the debate in politics for example between the different political parties, it is not really an issue.

Jeremy: On the line to us from Lusaka a little earlier, that Malala Mwendela who is the Executive Director of the Zambia AIDS Law Research and Advocacy Network.

Now our final guest this morning is Judge Edwin Cameron an Appellate Court Judge and he lives with the disease himself and he spoke to us a little earlier this week. My first question to him was how much debate in South Africa is being shaped around politics and controversy?

Edwin: I think it is overwhelmingly being shaped by the political agenda which is a bit of a tragedy Jeremy, you know we had the four year period of presidentially led denialism in South Africa which was an abject tragedy and we are still trying to wriggle ourselves out of it not entirely successfully. And because you were talking about messaging this morning let me give you an example. On World Aids Day the minister of health goes onto your program on Friday morning while you were presiding with your colleague on that and she gives her World Aids Day message to mention a positive attitude but she fails to mention but she fails to mention treatment. Now that [12:40] it is a tragedy that the minister of health in a country with 4 to 5 million people with HIV which is a medically treatable disease fails in her message to mention treatment. So we are still struggling, we are still burdened with the [12:56] of the presidentially and ministerially led period of paralysis and denialism.

Jeremy: And to what extent is the media part of that paralysis?

Edwin: The media has been great Jeremy and this is from many of my colleagues in the AIDS activists' movement. I think that we have had great coverage from the media and it is reflected and it further shows that there is almost saturation awareness which is the one issue, less in saturation but very high levels of knowledge. The difficulty with HIV prevention and with treatment has been transmitting the awareness knowledge into action of course. But from the point of view from the media, there have been some stereotyping risk groups of some sorts; there have been some stigmatizing sensationalists' stories and so on.

But my overwhelmingly impression of the media has been put the issue out there on the basis of non stigmatizing rationality, they took the president on as they rightfully should have. In particular some media commentators were absolutely heroic. People like Justice Malala, [14:02] and a whole lot of other in confronting the unscientific denialism that paralyzed us for those four years. And for all of those reasons, I think the media has come out of it quite well.

Jeremy: But it has made no real difference to the debate, has it?

Edwin: You know that's not correct Jeremy. Lets look at the positives, deputy president Phumzile Mlambo Ngcuka has led the formulation of the National Strategic Plan on AIDS, which is great plan, it is well thought out, its got good things inside it, she's being good with it, she's worked the production campaign and COSATU and other civil society sectors. And the difference is this, I've been on treatment for HIV for the last ten years, it saved my life.

We've got 400 000 other South Africans receiving treatment now from the government which is a great news. The bad news is that in the very year in which we got 400 000 people on treatment, we also lost almost 1000 people a day to AIDS. So it is that yawning [15:02] of death and suffering and bereavement and the anguish that we through the media, through our own efforts have yet to bridge.

Jeremy: And what then does the media have to do in terms of the particular scenario that you've raised?

Edwin: Jeremy going back to my scriptures on our health minister, there is one word and one word and one word only that I'll repeat it, treatment, treatment, treatment. We've got to get the message out that AIDS is now a fully medically manageable disease. My viral [15:32] has been undetectable for more than 7 years now; I live a fully fit and active life. I'm not saying it to you Jeremy, but I say for primarily non egotistical reasons in that there are now health care workers.

I met a young doctor in the Rhodes scholarship selection process recently who immensely dedicated young man who is working at an AIDS Hotpoint in the Natal Midlands who said to me before he knew that I was on treatment myself that after 4 or 5 years people who have gone to ARV treatment are going to die. Well that's not correct, it's unscientific, and it is counterfactual. There are studies that show that once you are on medically correct Anti retroviral treatment, your life expectancy is identical to that of a person without HIV.

Sensational but the message is not yet out Jeremy. So we need to emphasis the bereavement, the number of AIDS orphans. 40 000 kids Jeremy born last year unnecessarily with HIV because now that the child [16:30] program is not functioning effectively yet or not sufficiently effectively yet. So we do focus on the bad news stories because we need more action but we also need to focus on the treat ability of this disease, the good news that you can get treatment that treatment does work and we should stop stigmatizing this.

Jeremy: You make an excellent point Judge Cameron but readers, viewers are tired of all of these aren't they?

Edwin: And rightfully so. I sometimes groan when I hear another message but it is part of the normalization. Some of my human rights comrades get anguished looks on their faces when I talk about normalization because AIDS is still exceptionally the levels of stigma discrimination, violence; [17:10] are still high. So to pretend that it's a normal medical condition is wrong.

But we eventually need to get to the point where people can yawn and say I don't want to hear about blood pressure again, I don't want to hear about sugar dependent diabetes because we know that it can be managed, get to your doctor, get a test. So we need to get to the point where people boredom and abreactions to the media message translates into a de-stigmatizing, let's get out and do something constructive about it approach.

Jeremy: This goes against all tenets of free speech but given this crisis that we have in this country should it have been mandatory for the media then to devote a certain space or time to reporting the issue?

Edwin: It hasn't been necessary Jeremy look at the fact between the Action Treatment Campaign, its allies and president Mbeki. It's got saturation coverage and almost overwhelmingly with some hesitant politically correct exceptions, very scientifically rigorous coverage so I don't think that has been necessary. The media is concerned, they know that there is 10% of the population which has HIV, and they know the figures. So I wouldn't think that those kinds of parameters would be called for.

Jeremy: The political debate that you refer to as far as this issue is concerned. How much damage does it do to the broader subject and the articulation of the message?

Edwin: You know one will start with the presidential denialism on HIV was inspired by the refusal to admit that we had a sexually transmitted viral condition that why are you saying that because we are in Africa we have a sexually transmitted epidemic when no one else has it. That re-stigmatized it at a time when we were trying to say get over it, of course it is sexually transmitted but it can be managed.

But the whole political controversy re-stigmatized it. It set back our treatment efforts. Botswana announced a national treatment program on the 1st of May 2001, we only announced the commitment to it 18 months later and we only started getting it off the ground 3 years later. So the loss of time, the loss of lives has been enormous and the negative effect on the rational, sensible, practical dealing with AIDS I think has almost been [19:25].

Jeremy: How will the debate change if Jacob Zuma becomes president?

Edwin: Well Jeremy, now I run for cover and I'm telling you that I'm a judge in the Supreme Court and I can't comment. But let me not be quay Jeremy, some of the statements made in the rape trial were also calamitous. They were disastrous for sensible AIDS awareness. But I think that all along deputy ANC president chaired SANAC for a while. His attitudes and commitments for SANAC didn't follow through as good debating points and my friend and colleague Mark [19:58] will be able to tell you a lot more about that because he was actually on SANAC.

And I think some of the activists on SANAC weren't happy with how much deputy president Jacob Zuma actually did at the time he was. But in terms of actually commitment, in terms of acceptance of the scale of the epidemic, in terms of accepting scientific rationality on it, deputy president Jacob Zuma comes out quite clean.

Jeremy: What role can the media Judge Cameron play in de-stigmatizing the issue? You have referred to stigma being critical part of this debate.

Edwin: It is absolutely critical because it inhibits testing, and testing inhibits the success of our treating program. So the answer Jeremy goes back to what I said to you earlier that I think the best thing the media can do is to get the good news about the treatment out.

Take me as someone who faced death, who was desperately sick 10 years ago. It took me a long time to internalize this message that my [20:48] anti retroviral regiment was really working. And I think we need t get the media to internalize that message as well. And once we get the treatment message out there, it will automatically have a de-stigmatizing effect.

Jeremy: Edwin Cameron thank you very much for joining us.

Edwin: Thank you Jeremy.

Jeremy: Appreciate it, have a good weekend.

Sitting on the Supreme Court of Appeal. Gentlemen in the studio lets wrap this discussion this morning and Dr. Francois Venter let me start with you head of the HIV Clinicians Society Reproductive Health and HIV Research Unit 2008. Where do the media priorities need to be?

Dr. Francois: I think look at why prevention is failing, start looking at the new ways people are looking at prevention. I think people must start looking at the rise of drug resistant TB, I think that is a very scary thing.

Jeremy: But why is that important?

Dr Francois: I think that if we are looking at a form of TB that is almost untreatable, people use the term pre antibiotic era [21:38]

Jeremy: Is this a whole new crisis that we are not aware of?

Dr Francois: It is and in fact it has probably been simmering in the background for the last decade and we have just haven't been looking for it. And it is on the back of the HIV epidemic and in fact HIV positive people are largely going to be affected by it. Lastly all the new treatments are coming along and pushing very hard. And as everyone is saying, treatment, treatment, treatment, the fact that most people are still not accessing treatment in this country despite the fact that government seems to have increased the number of access points quite magically the last year.

We need to be pushing hard and asking the question why are people so scared to test, why are they so scared to come forward for treatment, why is this not like diabetes. You don't make a big fuss about getting you blood sugar or your cholesterol tested. Why are you making a big fuss about your HIV test?

Jeremy: William Bird.

William: I completely agree with Francois of course but I think a number of other issues that we need to look at we must remember in the midst of the 16 days of activism campaign, there is a huge gender dimension to all of these things. We need to need to consider issues around [22:41]. I think there are a whole opportunity for ranger stories around [22:45] and the practical implications of HIV which started at the beginning.

One of the radio diaries from Thembi which made for exciting and compelling listening and again I'd suggest to people to listen to the rest of that series, and I think if we start picking up on some of those stories peoples' daily lived experiences with dealing with HIV.

And I think we also need to remember that sometimes we tend trivialize or forget what is exactly is happening in this country. Last night I was watching one of the news bulletins and they had a tag line saying 1500 new infections each day and it didn't nearly make the headline news, it wasn't even first three to five items. So I think we need to remember that there are some certain advancements but we need to make sure that this stays in our news agenda and we need to make sure that we keep it there for the right reasons.

