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## **THE AIDS REBEL;** An activist fights drug companies, the government-and his own illness.

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Khayelitsha is a sprawling, ramshackle township on the outskirts of Cape Town, South Africa. Most of the settlement's residents live in huts that have been constructed with corrugated tin and insulated with cardboard, plastic tarps, and sheet metal. More than five hundred thousand people live in the township; half are unemployed, and the average monthly wage is less than a hundred dollars. The dominant language is Xhosa. Although Khayeli-tsha resembles a squatter's retreat, it was in fact designed by the apartheid government. In 1983, the white regime decided to purge blacks from settlements close to the heart of Cape Town. The authorities dumped the evicted residents in Khayelitsha, which means "Our New Home." Houses were laid out in a grid pattern to help the police control disgruntled inhabitants. Since then, many families have established roots in Khayelitsha, but the crowded, unsanitary neighborhoods have also become home to viruses and germs. Khayelitsha has long had one of the highest tuberculosis rates in the world, and in recent years it has been decimated by aids. About fifty thousand people are infected with H.I.V.

On a warm March morning, a man named Zackie Achmat walked through Khayelitsha's dusty streets. He wore a white sweatshirt bearing a large message in garish purple letters: "h.i.v. positive." It was a typically audacious gesture by Achmat, a former male prostitute who has become South Africa's most prominent aids activist. He is the chairman of the Treatment Action Campaign, or tac, a grassroots movement that works to secure life-saving aids medicines for poor South Africans. Achmat, who is forty-one years old, is the most important dissident in the country since Nelson Mandela. He looks nothing like his elegant predecessor, however. His skin is golden, reflecting his Malaysian heritage, and his wide, boyish face is incongruously framed by chic, horn-rimmed spectacles.

Achmat, who lives in Muizenberg, a pleasant coastal town twelve miles from Khayelitsha, received a mixed greeting from the locals. Some people shuffled by him, straining to avoid eye contact. For them, Achmat is an unwelcome reminder of an unstoppable and unspeakable menace. South Africa has five million H.I.V.-positive people, more than in any other country. (If the disease were as prevalent in the United States, more than thirty million citizens would have H.I.V.) A more common reaction to Achmat, however, was awe. People gaped and whispered as he passed by, as if he were a pop star. A few had the nerve to approach. "Zackie, thank you for all you've done," one woman said. "Please keep fighting."

Achmat pumped his fist and nodded. "We will," he said. "And we'll win!"

A few minutes later, Achmat came across a pair of teen-age girls walking arm in arm. One wore an "h.i.v. positive" shirt just like Achmat's, which had been given to her by the local tac branch.

"Khayelitsha fashion," Achmat said. He then passed an older woman planting vegetables in a small garden patch. She, too, was wearing an "h.i.v. positive" shirt. Her face lit up when she saw him. "I have seen you only on television," she said.

Achmat pointed to a "Wanted" poster that had been plastered to a nearby telephone pole by tac supporters. The poster featured head shots of the health minister and the trade minister, both of whom were high-ranking members of the African National Congress, or A.N.C. The government has refused to distribute drugs like AZT to the public, and, in response, tac was charging the officials with "culpable homicide." Such pugnacious rhetoric repelled some South Africans, but Achmat said it was justified.

Achmat's real adversary is not the A.N.C. bureaucracy but its leader, Thabo Mbeki. A cerebral, proud man credited with helping to negotiate South Africa's remarkable transition to democratic rule, Mbeki succeeded Nelson Mandela as President in 1999, with the goal of fostering an "African renaissance." He celebrated the idea that African solutions could be devised for African problems. Mbeki's insistence on self-reliance became corrosive, however, when he applied it to aids. He denounced Western antiretrovirals, which suppressed the H.I.V. virus, as "harmful to health." He even questioned the link between H.I.V. and aids. Mbeki's stance not only bewildered people outside South Africa; it alienated many of his supporters at home, including Achmat.

At 10 a.m., Achmat arrived at a small white bungalow. The building housed the aids ward of the local health clinic. He stepped inside reluctantly. "Too many sick people," he muttered. "I hate missionary work." Once indoors, however, he chatted warmly with patients and staff. The Khayelitsha aids ward represents a triumph for Achmat. It is the first public clinic in South Africa to have begun offering antiretroviral therapy. The program is run by Doctors Without Borders, the international humanitarian organization; to save money, the clinic imports generic aids drugs from Brazil.

The H.I.V. clinic is led by Eric Goemaere, a Belgian doctor. When Goemaere came to South Africa, in 1999, he had hoped to set up a drug-therapy program in Johannesburg. He was rebuffed by government officials, who said that antiretroviral medicines weren't affordable. Goemaere packed his bags. On his way back to Belgium, he stopped in Cape Town to have dinner with Achmat, whom he knew only by reputation as a charismatic campaigner for aids treatment. Achmat immediately persuaded Goemaere to stay. He told Goemaere that a group of renegade A.N.C. officials in Khayelitsha had just staged a revolt and begun administering AZT to pregnant mothers, with the goal of reducing H.I.V. transmission to newborns. Goemaere agreed to meet with these A.N.C. officials, and soon took over the Khayelitsha program.

Three hundred and eighty men and women are now enrolled in an expanded antiretroviral program, and in ninety-two per cent of them, Goemaere said, the virus had been suppressed to the point of being undetectable. "The medicines are incredible," he said. Despite claims by some American officials that Africans would not be able to stick to the complex drug regimens, the clinic's patients were even more fastidious than those in the United States.

Goemaere's program had also helped to alleviate the shame that many Africans felt about being infected. Most patients entered the aids ward without embarrassment, in full view of the community. "Much of the stigma around H.I.V. is because it has been seen as a disease of automatic death," Goemaere said. "If we offer people hope that they can live with the disease, then the stigma begins to fade." He added that far more Khayelitsha residents were asking for H.I.V. tests. "This is the impact of treatment on prevention," he said.

As word of Khayelitsha's "miracle clinic" has spread, infected South Africans from all across the country have attempted to gain entry. One young woman from Langa, a neighboring township, was so desperate for medicine that she assumed the identity of a cousin from Khayelitsha. Unsuspecting doctors admitted her into the program, but generally only Khayelitsha residents are eligible for antiretrovirals. Even with this limited scope, the clinic cannot meet the demand. Thousands of locals need antiretrovirals, and Khayelitsha's pilot program can afford to treat only a fraction of them.

"Does anybody have medicines here?" Achmat asked a group of patients crowded inside the clinic's small waiting room.

Out of twenty people, two patients raised their hands. One woman said that she had started antiretroviral therapy last year, after falling sick. She had since gained fourteen pounds and returned to work. "I'm feeling great," she said. She then pulled back the lapel of her shirt to reveal dark bumps along her neck and shoulder; a rash is an occasional side effect of taking antiretrovirals.

"So will you stop taking the medicines?" Achmat asked.

"No way," she said, wagging her finger. "Never!"

Achmat smiled. Although he is H.I.V.-positive himself and needs antiretroviral drugs, he does not take them. In 1999, Achmat began the world's first drug strike. "I will not take expensive treatment until all ordinary South Africans can get it on the public-health system," he announced. "That probably means I will die a horrible death, even though medical science has made it unnecessary." Achmat has since fallen ill; his pledge, however reckless, has made him a hero to many poor South Africans.

Before Achmat left the clinic, he spoke with some nurses. "Why do you fight so much, Zackie?" one asked. They were referring to the images of Achmat in that week's newspapers depicting their normally cheery spokesman shouting

"Murderer!" at the country's health minister, Manto Tshabalala-Msimang. For years, Achmat had managed to maintain warm ties with many A.N.C. officials even as he fought for change. In late March, he gave up, and tac launched a national civil-disobedience campaign against the A.N.C.-his own party. "It's really not nice at all," he told the nurse. "But we have to get the government to give us the medicines."

Achmat is a determined fighter, but so is his opposition. The government has suspended doctors who furtively supplied antiretrovirals to their patients. For nearly two years, Mbeki has refused to grant interviews about aids, but his deputies made it clear to me that they and the President still believed that antiretrovirals were dangerous-and that the "H.I.V. model" was at best a theory. "Western scientists once said to us the earth was flat," a senior A.N.C. official told me. "Now we know it's round. I bet one day we look at aids the same way." When the truth at last emerges, she added, "The world will have President Mbeki to thank."

Achmat grew up in a Muslim community on the Western Cape during the nineteen-sixties. It was the height of apartheid, and he was labelled a "colored" child because of his Asian ancestry. His father was a member of the Communist Party; his mother and his aunt were shop stewards who organized union protests. Achmat, who was appalled by the treatment of black workers at his mother's factory, quickly became a radical himself. He had an additional reason to become politicized: he was gay. "These elements were recipes either for fascist sympathies or for socialist sympathies," Achmat recalled, grinning.

In the nineteen-seventies, school boycotts became a popular form of civil disobedience against apartheid. Although the coloreds typically joined blacks in striking, Achmat noted that his ethnic kin were often the first to cave in and scurry back to school. Achmat decided that a new approach was necessary. "Instead of convincing colored kids to continue the boycott, I thought it might be easier if I just made it impossible for them to attend school," he said. During the Soweto uprisings of 1976, Achmat, who was fourteen years old, set his high school on fire. Nobody was injured. (He now seems embarrassed by the incident.) He was jailed for three months, and endured severe beatings. By the time Achmat was eighteen, he had embraced Trotskyism and been arrested five times. In a 1980 prison stint, he joined sixty other detainees in staging a landmark hunger strike, which won the inmates beds, books, and radios. Achmat saw how effective the threat of mortal sacrifice could be.

In the years that followed, Achmat, who was often unemployed, turned tricks for money. He heard talk of a "gay plague" striking down men in North America, but he didn't take the threat seriously. He visited bathhouses and indulged in the sexual freedoms of a liberalizing South Africa. Like many A.N.C. loyalists, he felt that Western governments were hyping the dangers of aids. "It seemed far-fetched that a disease would conveniently kill fags, prostitutes, drug users, *and* blacks," Achmat said. "Doesn't it sound like propaganda? It was a Reaganite wet dream!" The fact that he retained his health made him dismiss further warnings.

In 1990, Mandela was released from prison, and the white government agreed to dismantle apartheid. Achmat was poised to celebrate when, after a routine doctor's examination, he learned that he had H.I.V. "First, I went into denial," he said. "Then I fell into the most profound depression. We had just won our freedom-it was the most exciting time in this country's history-and I was preparing for death." He didn't leave home for six months. He rented hundreds of films on video, ordered takeout, and girded himself for the end.

"My doctor told me I had six months to live," he recalled. "When I looked around after six months and noticed I was still alive, I concluded it might be time to leave the house." Achmat decided to channel his political fervor toward ending discrimination against gay South Africans. He had never studied law-indeed, because he had been a teen-age revolutionary, he had never graduated from high school. Yet he had a flair for persuasion, a talent that would serve him well in a courtroom.

In 1994, Achmat founded the National Coalition for Gay and Lesbian Equality. He initiated a campaign to incorporate gay rights into the new South African constitution. Achmat won successive victories at the Constitutional Court, helping to bring about the decriminalization of sodomy. "It was a right in which I had an obvious self-interest," he told me.

Achmat also became involved in aids activism. An openly gay judge named Edwin Cameron had recently created an advocacy group called the aids Law Project, and he hired Achmat. "I had the formal skills of an experienced lawyer, but Zackie had the guile of a street fighter," Cameron said. Achmat became close friends with Cameron, who had been one of only a few white lawyers willing to defend A.N.C. guerrillas under apartheid.

It was predictable that the apartheid regime would do little about a disease that mainly afflicted poor black people, but the A.N.C. proved to be surprisingly inattentive to aids. Mandela, a traditional African elder, was uncomfortable speaking publicly about sex. South Africa's disorganized new government was struggling to provide basic services: housing, electricity, water, and jobs. Gun-wielding Zulu secessionists and powerful white elites had to be placated. With so many pressing problems to confront, the government regarded the country's soaring H.I.V. infection rate as an abstract worry.

In February, 1996, Cameron requested a meeting with Mandela to discuss the government's aids policy. Mandela delegated the task to Deputy President F. W. de Klerk. Halfway through the meeting, a senior A.N.C. official arrived unexpectedly. It was Thabo Mbeki, who shared the post of Deputy President with de Klerk. The tenor of the meeting changed. Mbeki expressed grave concern about aids, firing questions at Cameron about the possibility of finding a medical solution. "He really, really cared," Cameron recalled.

Mbeki was particularly interested in finding an African remedy. Continued dependence on foreign "charity," in his view, would keep Africans locked in a state of subjugation. "We are our own liberators!" Mbeki liked to say. As a former A.N.C. revolutionary, he also relished the idea of bucking conventional wisdom. Surely Western drug companies did not have all the answers.

After the meeting, Mbeki pursued his own investigation of aids therapies. In early 1997, he approached his A.N.C. colleagues and informed them with great excitement about Virodene, a new South African drug. Whereas antiretroviral triple therapy, which entailed the use of three drugs in tandem, cost more than twelve hundred dollars a month, Virodene cost six dollars. If Virodene was everything its makers claimed it was, Mbeki said, South Africa would be able to bypass the Western pharmaceutical industry.

The makers of Virodene and a group of patients were invited to speak before the Cabinet. The patients offered stunning testimonies. One man claimed that on Virodene he had gained twenty-two pounds in three weeks, and that boilson his body had vanished. "It was like a church confessional," Jakes Gerwel, Mandela's Cabinet secretary at the time, told me. "The patients said they were dying, they got this treatment, and then they were saved! The thing I will always remember is the pride in South African scientists."

The inventors of Virodene had been turned down for a license by the Medicines Control Council, South Africa's equivalent to the Food and Drug Administration, which said that the experimental drug was potentially harmful and ineffective. The Virodene scientists charged that the real reason was that South Africa's "aids research establishment" was beholden to Western drug firms. Mbeki was sympathetic to this argument. Over the years, thousands of South Africans had participated in experimental drug trials, only to be abandoned once results were tallied. Most of these trials were supervised by white doctors, who were paid huge sums by pharmaceutical firms.

The discovery of Virodene was touted in the South African press. Achmat saw the headlines on his way home from work. "When I saw 'South African Researchers Find a Cure for aids for Fifty Rand a Month,' I was so overjoyed," he said. Then Achmat read the details in the paper. "My heart sank," he said. He saw that Virodene's makers had tested the drug on humans without demonstrating its safety.

In fact, South Africans soon learned, Virodene was toxic. The drug's main ingredient, dimethylformamide, was an industrial solvent that caused severe liver damage. The South African media, still dominated by white journalists, seized on Mbeki's mistake. The *Sunday Times* of Johannesburg said that the Cabinet's "combined technical knowledge of the HIV virus would fit on the back of a postcard." Politicians were equally withering. Tony Leon, the head of the Democratic Party, said that Mbeki suffered from a "near obsession with finding 'African solutions' to every problem," even if it meant turning to "snake-oil cures and quackery."

Mbeki refused to admit his error. He and other A.N.C. officials called the criticism racist. Nkosazana Dlamini Zuma, the health minister at the time, claimed that members of the Democratic Party hated A.N.C. supporters, adding, "If they had their way, we would all die of aids."

The politics of aids had long been racially charged. Conspiracy theories had circulated all over Africa, and even among some African-Americans, suggesting that aids was part of a plot to wipe out blacks. In South Africa, these fears had some basis in fact. The apartheid government sponsored a clandestine germ-warfare program that was accused of targeting A.N.C. officials. Far-right white politicians expressed the hope that aids would leave whites less outnumbered. Clive Derby-Lewis, a Conservative Party M.P., once said, "If aids stops black population growth, it would be like Father Christmas." The A.N.C. government had always shown remarkable magnanimity toward South African whites, granting amnesties to confessed killers and withstanding appeals for Zimbabwe-style land seizures. But the combination of the Virodene scandal, South Africa's tainted past, and the whiteness of the medical establishment helped turn the aids debate into a race war by other means.

Achmat was dismayed by the Virodene incident, but he remained faithful to the A.N.C. Mbeki had made a serious mistake, but, he said, "at least this was an attempt to find a solution on the established basis that H.I.V. causes aids."

In October, 1997, Achmat visited the home of Edwin Cameron, his friend, who had fallen dangerously ill with full-blown aids. He had a severe lung infection. Achmat was horrified. Not only was he watching a beloved friend in agony; he was seeing his own future.

Three weeks later, Cameron began antiretroviral triple therapy. The drugs, which had just become available in South African pharmacies, cost Cameron a third of his salary. They had an immediate effect. By December, Cameron was able to hike up Table Mountain, which looms over Cape Town. "Zackie and I knew that the only reason I was alive was something very artificial-my capacity to afford these drugs," he said.

The following year, Achmat himself fell ill. He developed thrush, an oral fungal infection, which made it difficult for him to swallow; he believed he would soon die. His doctor told him that an expensive drug called fluconazole could treat his opportunistic infection. Achmat spent what money he had, and his friends helped to cover the rest. The drug, manufactured by Pfizer, cost fourteen dollars a day. In countries where generics were available, Achmat learned, the drug cost seventy-five cents.

Achmat's friend Simon Nkoli, a well-known gay-rights activist, suffered from the same ailment but could not afford the drug. In November, 1998, he died, and Achmat found a new cause. Speaking at Nkoli's memorial service, he announced the formation of the Treatment Action Campaign.

At the same time that Achmat and several activist friends were organizing tac, a thirty-six-year-old Zulu woman named Gugu Dlamini disclosed on radio and television that she was H.I.V.-positive. Although more than three million South Africans then had H.I.V., fewer than a hundred had spoken openly about their disease. In the West, aids had been stigmatized by its association with homosexuals, drug users, and contagious death. In Africa, where aids mainly affected heterosexuals, the infected were commonly branded as promiscuous, unfaithful sinners. Three weeks after Dlamini spoke out, she was knifed to death by a group of neighbors. Some of the attackers were rumored to be her ex-boyfriends.

Both Mbeki and Achmat expressed dismay over Dlamini's murder. "We have to treat people who have H.I.V. with care and support, and not as if they have an illness that is evil," Mbeki said. Achmat spoke out in a different way. He recalled an apocryphal but inspiring tale about Christian X, the Danish king. The monarch was said to have begun wearing the Star of David after the Nazis invaded his country, in 1940. His action, legend had it, prompted Gentiles throughout Denmark to do the same: Jews would feel embraced and the Nazis would have trouble finding their targets. tac had a hundred T-shirts printed. On the back of each shirt was a photograph of Dlamini and the words "Never again." On the front, in purple lettering, was the phrase "h.i.v. positive."

In April, 1999, Edwin Cameron became the first government official in South Africa to announce publicly that he had H.I.V. The judge revealed his status on national television, becoming his country's Magic Johnson. "I'd fallen sick with aids and been brought back to life by the medicines, and I held public office," he told me. "This was something I couldn't *not* do." Cameron had no idea how people would respond. "I thought I might be reviled," he said. Several days before admitting his condition, Cameron, driving home from a friend's house, became so racked with fear that he pulled his car over to the side of the road, rested his head against the steering wheel, and burst into tears. The day after his announcement, however, Cameron arrived at work to find his office filled with flowers. "The country had been waiting for someone in public life to come out," he said.

Although Cameron had been courageous, the fact that he was white and upper middle class made him an imperfect spokesperson for South Africa's aids epidemic. Achmat felt that the aids movement needed a figurehead, and impetuously decided to put himself in the position of the millions of South Africans who couldn't afford the medicines that were keeping Cameron alive. He would stage his drug strike.

Achmat made the announcement at a workshop for aids groups. "The truth is, with the right medication, H.I.V./aids is like diabetes-it can be managed," he said. "The only reason we don't have this medication in South Africa is because we are poor, not because it doesn't exist." To force change, he said, he would risk his own life.

Cameron opposed Achmat's stand. "There's an element of hubris to any form of martyrdom," Cameron said. "He was expressing Zackie rather than the issue." Their friendship was strained for several months. Still, there was no question that Achmat's extreme act helped tac gain notoriety. The organization set up field offices in Durban and Johannesburg. The group's membership grew rapidly, especially among young people. Some signed up out of nostalgia for the anti-apartheid struggle, but most joined for a more personal reason: the loss of loved ones. The longer the epidemic raged, the stronger tac grew. "For most people, it's the fact that their brother or sister or their aunt or their mother or their neighbor is going to die," Achmat said.

The township of Mitchell's Plain is separated from Khayelitsha by a large sand dune. It is slightly wealthier than its impoverished neighbor, yet in March it seemed enveloped in gloom. Nyameka Ndashe, a twenty-one-year-old resident, recently dropped out of school to take care of her ailing mother. Her stepfather, she said, had infected her mother with H.I.V. several years ago; Ndashe had since run him out of the house. "He knows he better not come anywhere near here," she said. Ndashe's three-year-old brother, who was born with H.I.V., died last year.

Ndashe's mother urgently needed antiretroviral therapy, but it was unavailable in Mitchell's Plain. Ndashe took me to visit her mother, who was in the hospital. She was barely visible beneath the covers of her bed. Up until December, Ndashe told me, this skeletal woman was healthy enough to work full time as a domestic helper and part time as a church volunteer. Then, suddenly, she developed aids. In the last five weeks, her weight had dropped from a hundred and forty-six pounds to ninety-five pounds. She had also lost her hearing and begun muttering to herself. Ndashe hadn't visited in several days. Observing her mother's head bobbing up and down, Ndashe pleaded with her to stop. Her mother said, faintly but firmly, "I can't stop. I'm losing my mind." She had contracted tuberculosis, which often exploits the weakened immune system. The doctor told Ndashe that the disease had made its way to her mother's brain.

When her mother's condition worsened, Ndashe became a volunteer for Achmat's organization. tac, she hoped, would bring antiretrovirals to Mitchell's Plain. A social worker stopped by her mother's bed, and Ndashe began pressing her about antiretroviral therapy. The social worker shrugged. "The medicines are too expensive for the government to afford," she said. Ndashe reminded her that the government would save money if it offered the drugs rather than paying for the extended hospital stays of aids patients and shouldering the loss to South Africa's workforce. The social worker wasn't swayed. "The medicines have toxic side effects," she said.

"Yes, but look at the side effects from not taking the medicines," Ndashe said. She pointed to her mother, who had turned to face the wall. "You have to go to Khayelitsha to believe it," Ndashe said, springing up from the edge of her mother's bed. "There the people with H.I.V. are so healthy they walk around like this!" Ndashe, a slender young woman who is more than six feet tall, puffed out her cheeks and curved her arms in front of her, suggesting the shape of a belly. She ambled across the filthy, cracked tiles of the hospital ward, imitating the fleshy Khayelitsha patients who had been brought back to life. When she sat back down, her laughter quickly faded as she glanced at her mother. "Zackie better hurry," she said.

When Achmat first made his drug pledge, his primary target was the Western pharmaceutical industry, not the A.N.C. He understood that the government could not possibly subsidize antiretroviral treatment until drug companies agreed to drop their prices-or their patents-in South Africa. "We didn't want to burden our government with a bill that it couldn't afford," Achmat recalled. There was also a tactical reason for targeting the drug industry first. If anything could rally activists who had been dormant since apartheid, it was a big-business enemy with a reputation for greed and callousness.

tac decided to publicize the plight of the most helpless segment of the country's burgeoning aids population: babies. By 1999, some forty thousand babies were being born each year to H.I.V.-positive mothers in South Africa. A short course of AZT given to infected pregnant women would diminish by half the likelihood that the newborn would inherit the virus. Yet the regimen's cost-fifty dollars-was prohibitive for most South Africans. By highlighting the deaths of innocent children, tac's campaign aimed to shame AZT's manufacturer, Glaxo, into lowering the price of the drug.

The A.N.C. supported Achmat's campaign. "If you want to fight for affordable treatment, then I will be with you all the way," Dlamini Zuma, the health minister, said. In a joint statement, Achmat and Dlamini Zuma called upon business, labor, and religious organizations to pressure Glaxo to lower prices.

The government seemed to be waking up to the aids crisis. It had launched a prevention campaign, erecting billboards that promoted abstinence and safe sex. The health ministry had increased free condom distribution from six million in 1994 to a hundred and ninety-eight million in 1999. Achmat even felt that he had the implicit support of Mbeki, whom Mandela had chosen as his successor. In a speech, Mbeki had accused the pharmaceutical companies of profiteering. "As long as it is only available at exorbitant prices," Mbeki said of AZT, "it makes it impossible for the government to make it available to ordinary people." As Achmat saw it, "We were fighting on the same side."

tac joined the A.N.C. in supporting the Medicines Act, legislation that would make it possible for South Africa to override drug patents and provide more affordable generics. The measure had passed but never gone into effect, thanks to an intense lobbying effort by the pharmaceutical industry and the Clinton Administration. In February, 1998, thirty-nine drug companies had filed suit in Pretoria's High Court to stop South Africa from manufacturing generics. The drug companies argued that there would be no incentive for research and development if patents were not enforced. Charlene Barshefsky, the United States Trade Representative, threatened to punish South Africa with trade sanctions. Several other Clinton Administration officials, including Vice-President Al Gore, demanded the repeal of the Medicines Act.

In response, tac positioned hundreds of protesters from aids groups, unions, and churches outside the American consulates in Cape Town, Durban, and Pretoria. "stop bullying!" the signs urged Washington. tac then teamed up with four advocacy groups: Doctors Without Borders, act-up, Health gap, and Consumer Project on Technology.

In June, 1999, in Carthage, Tennessee, just as Gore was declaring his intention to run for President, a dozen people interrupted his speech and began chanting, "Gore's greed kills!" The Vice-President looked aghast. The protesters continued to hound him along the campaign trail.

Achmat and the other activists achieved their goal: the Clinton Administration removed South Africa from its sanctions watch list and ended its campaign against the Medicines Act. President Clinton announced that the United States would henceforth insure that "people in the poorest countries won't have to go without medicine."

South Africa was now free to produce generics, yet its newly elected President, Thabo Mbeki, was developing doubts about the safety of antiretroviral drugs. A high-ranking official in the health ministry had given Mbeki an advance copy of a book, "Debating AZT," which suggested that the drug was toxic. Mbeki, a micromanager who juggled a wide range of intellectual pursuits, decided to research the matter. He learned of an obscure group of academics and journalists who called themselves "aids dissidents." The group made three startling claims: H.I.V. was a harmless "passenger" virus; aids was a "life-style disease" caused by poverty and malnutrition; antiretroviral drugs didn't help patients, and often wrecked their immune systems. These views lacked scientific support. The Food and Drug Administration, the World Health Organization, and South Africa's own Medicines Control Council had all deemed AZT a safe, beneficial drug.

Nevertheless, in October, 1999, Mbeki, speaking before the National Council of Provinces, argued that "a large volume of scientific literature" claimed that AZT was "a danger to health." He continued, "It would be irresponsible for us not to heed the dire warnings which medical researchers have been making." Mbeki said that his new health minister, Manto Tshabalala-Msimang, would be entrusted with finding out "where the truth lies." At a conference in December, the minister was unequivocal. "Could you, with a clear conscience, introduce those toxic drugs to a woman and her child?" she said. "I say no."

Mbeki telephoned David Rasnick, an American biochemist who disputed the idea that H.I.V. caused aids. "He asked me if I would support his efforts regarding AZT and aids," Rasnick later said. An intense e-mail correspondence ensued between Rasnick and Mbeki. Rasnick began contributing articles to the South African media. "The contagious H.I.V. hypothesis of aids is the biggest scientific, medical blunder of the twentieth century," he wrote in the *Mail & Guardian*, a Johannesburg newspaper. International health institutions, he wrote, were "terrorizing hundreds of millions of people around the world by their reckless and absurd policy of equating sex with death." Money should be steered not toward harmful antiretroviral drugs, Rasnick argued, but toward the improvement of nutrition and sanitation. Mbeki's photograph was posted on a Web site, Virusmyth.com, that promoted the views of Rasnick and other skeptics.

Edwin Cameron had first learned of the aids dissidents' views in the nineteen-eighties, shortly after receiving a diagnosis of H.I.V. He knew that the dissidents blamed the spread of aids on recreational drug use among homosexuals. "I was all too bitterly aware of the dissidents and their blame agenda," Cameron said, "but the thought that it would reach the mind and heart of our President . . ."

In March, 2000, Cameron and three civic leaders wrote Mbeki in defense of AZT. Sitting in his judge's quarters several days later, he heard the sound of paper coming through the fax machine. The President had responded to him directly. Cameron read Mbeki's sixteen-page reply with a "sense of fear and dismay." The President questioned the "available evidence" suggesting AZT was safe, noting that a similar "consensus" had once "existed on the use of Thalidomide."

Mbeki went public with his iconoclastic view. He argued that the aids epidemic had been cynically hyped by drug companies. "The reality is that the predominant feature of illnesses that cause disease and death among the black people in our country is poverty," he said.

Mbeki was partly right. Poverty had accelerated the spread of aids in Africa. Whereas a middle-class person who contracted herpes could easily be treated, a poor person with lingering sores was left highly vulnerable to H.I.V. Moreover, antiretroviral therapy required carefully calibrated doses. Failure to adhere to these complex regimens could inspire resistance to the drugs, rendering them less effective. Although the Khayelitsha program had proved that antiretrovirals could be dispensed in poor urban townships, rural areas often lacked the proper infrastructure.

Nonetheless, the fact was that antiretrovirals helped patients live longer-and H.I.V.'s role in causing aids had been confirmed by thousands of researchers. Yet Mbeki was starting to think like a conspiracy theorist. It was as if, having

harbored dreams of African self-reliance, he couldn't quite bring himself to believe in a disease that could undermine all his grand plans. Mbeki denounced the notion that the disease had African origins as "wild and insulting." He insisted that his critics dismissed his arguments because they viewed Africans as "germ carriers, and human beings of a lower order that cannot subject its passions to reason."

While Mbeki's position was hardening, Achmat's organization was continuing its pressure on Glaxo to lower prices. tac demanded that the company reduce the cost of AZT. H.I.V.-positive protesters picketed Glaxo's South African headquarters. They staged fasts and rallies in Durban, Cape Town, and Soweto. In March, 2000, tac scored a big victory: Glaxo announced that it would halve the price of AZT in South Africa.

Mbeki was unmoved, however, by those who urged him to buy the drug. "I am taken aback by the determination of many people in our country to sacrifice all intellectual integrity to act as salespersons of the product of one pharmaceutical company," he said. Mbeki linked his stand to larger moral principles at the core of South Africa's post-apartheid identity, such as freedom of speech. Why was it, Mbeki asked, that the mainstream was trying to muzzle dissent? "Not long ago, in our own country, people were killed, tortured and imprisoned . . . because the established authority believed that their views were dangerous," Mbeki wrote in a letter sent in April, 2000, to U.N. Secretary-General Kofi Annan, British Prime Minister Tony Blair, and President Clinton. "We are now being asked to do precisely the same thing that the racist apartheid tyranny we opposed did, because, it is said, there exists a scientific view that is supported by the majority against which dissent is prohibited." He charged that those who were supporting the use of antiretrovirals were actually trying to poison blacks. A statement from the President's office likened antiretroviral therapy to the "biological warfare of the apartheid era." It said, "Our people are being used as guinea pigs and conned into using dangerous and toxic drugs."

Earlier that year, Mbeki had ordered the formation of an international aids advisory panel. The panel was made up of thirty-three scientists, two-thirds of whom subscribed to the standard H.I.V. model and a third of whom claimed it was false. The panel held its first meeting in May, 2000. World-renowned virologists and fringe scientists were given equal time. In the words of David Rasnick, the biochemist, "It was a victory from the moment we stepped off the plane."

The panel was lambasted in newspapers around the world. Dr. Jerry Coovadia, a physician at the University of Natal, wrote an op-ed in South Africa's *Sunday Independent* entitled "Leave Science to the Scientists, Mr. President." An op-ed in *Newsday* said of Mbeki, "A person can be so open-minded that his brains fall out."

That summer, South Africa hosted an international aids conference that drew twelve thousand delegates. People expected Mbeki to use the occasion to clarify his position. But in his keynote address Mbeki declared that extreme poverty, not aids, was "the world's biggest killer." Since poverty also broke down peoples' immune systems, Mbeki said, "We could not blame everything on a single virus."

These statements, combined with Mbeki's indulgence of skeptics like Rasnick, gave him a reputation for saying that H.I.V. didn't cause aids. In fact, A.N.C. loyalists told me, this was an exaggeration designed to humiliate the President. Essop Pahad, Mbeki's close friend and adviser, said, "He has *never* said it. You will never produce a shred of evidence that he said any such thing."

Whether or not Mbeki explicitly rejected the H.I.V. model, he subjected it to relentless challenge. Poverty may increase people's vulnerability to aids, but Mbeki's words implied that a variety of diseases that had always afflicted the poor-like malaria and tuberculosis-were suddenly being dressed up as aids. By attributing the aids epidemic to mass poverty and malnutrition, Mbeki sidestepped difficult questions about sex and responsibility. If aids was the "logical" outgrowth of economic deprivation, not unprotected sex, then it was easy to conclude that there was little that destitute Africans could do to save themselves. Mbeki championed African self-reliance, yet he had taken a stance on aids which treated his countrymen as helpless.

Achmat was stunned by the intractability of the A.N.C. leadership. When he initiated his drug strike, he had expected that the hardest part of his battle would be fighting companies like Glaxo. "Zackie got trapped," Cameron said. "When he made his pledge, there was no way he could have anticipated that the dissident position would so influence government policy."

Within Mbeki's inner circle, suspicion of antiretrovirals grew deeper. Some officials even suggested that keeping H.I.V.-positive people alive could accelerate the spread of aids. "If an infected person on retrovirals has an improvement in quality of life, he may stop preventive methods," Pahad told me. There was a brute logic to this argument, but tac naturally insisted that allowing millions to die wasn't the proper response. Persuading people who begin antiretroviral treatment to practice safe sex, Achmat argued, would more effectively rein in the epidemic.



Toward the end of 2000, Achmat flew to Thailand, where he bought five thousand capsules of fluconazole, the drug that had alleviated his thrush. In Thailand, the generic version was available for twenty-eight cents per capsule, whereas Pfizer was selling the patented form, Diflucan, for as much as eighteen dollars. Achmat passed through customs carrying three thousand capsules, and enlisted a South African soap-opera star to carry the rest. Doctors applauded tac, but the government arrested Achmat on smuggling charges.

Nevertheless, after Achmat's Thailand stunt, Pfizer agreed to offer Diflucan free to public clinics in South Africa. Five major drug companies had announced discounts on antiretrovirals of up to ninety per cent in South Africa. Prices kept falling, increasing the pressure on the Mbeki regime to purchase the drugs and offer them free of charge in public clinics. By 2001, antiretroviral therapy that cost fifteen thousand dollars per year in the United States was available in South Africa for three thousand dollars; the government could likely have reduced the price to three hundred and fifty dollars by purchasing generic antiretrovirals from India. By that point, however, Mbeki had staked his reputation on the idea that the drugs were dangerous. The fact that they were now affordable could hardly justify a change in course.

"We saw the government policy wouldn't change even with cheap drugs," Achmat said. "It was devastating."

Mbeki's intransigence began to inspire a revolt within the A.N.C. Party loyalists noted grotesque inconsistencies in government policy; for example, H.I.V.-positive members of parliament were covered by health plans that paid for the very medicines that were deemed too toxic for South Africa's poor. The trade unions, a core A.N.C. constituency, mutinied, and joined tac in demanding that H.I.V.-positive workers be treated. South Africa's ambassadors abroad and its foreign minister began to complain that they could no longer advance the country's agenda. All anybody wanted to talk about, they said, was Mbeki's baffling views on aids.

Even the judicial system turned against the President. In August, 2001, a coalition that included tac sued the government for failing to provide Nevirapine, an antiretroviral that was often used to curb transmission of H.I.V. from mothers to their newborns. The drug had been offered free by its manufacturer, Boehringer Ingelheim, but the government had refused to administer it, citing its alleged toxicity. tac presented affidavits from pregnant mothers who had been denied the treatment they sought. Physicians described their eagerness to begin dispensing Nevirapine. "Doctors at this hospital have bought Nevirapine with their own money and are already administering it," Dr. Andrew Grant, the acting superintendent of a hospital in the KwaZulu-Natal province, wrote. "We have seen no side effects on this regime (except extreme gratefulness)." South Africa's highest court ruled that Mbeki's government was violating the constitution. The state was forced to begin providing Nevirapine to pregnant mothers.

Most important of all, Nelson Mandela joined tac's cause. Since leaving office, Mandela had begun to offer leadership on aids. He had called for pregnant mothers to be given AZT. He had said openly that he believed H.I.V. caused aids, a statement noteworthy only in South Africa. He had disclosed that he had lost a niece and two sons of a nephew to aids, becoming one of the first A.N.C. officials to "out" his family members. But Mandela, an A.N.C. loyalist, had delivered only oblique criticism of Mbeki. At one ceremony honoring aids workers, Mandela stumbled over his text, told members of the audience he had made a mistake-then joked that at least *he* was willing to admit it when he'd done so. At a Soweto clinic, Mandela said, "If the government says, 'Don't make any move until we have completed our research,' young people and babies are going to die in scores every day." He argued, "It is necessary to be broad-minded, not to feel that your ego has been attacked, if you listen to what the public is saying."

Mandela was in Barcelona last summer for an international aids conference, and Achmat, who had been scheduled to fly to Spain to speak but had contracted a lung infection, delivered video testimony from his sickbed. He described the success of Khayelitsha's pilot program. "Just because we are poor," Achmat said, "just because we are black, just because we live in environments and continents that are far from you does not mean that our lives should be valued any less." Mandela decided that he would go to see Achmat when he returned to South Africa.

Mandela's visit to Achmat's home, in July, 2002, offered a kind of coronation. The local papers carried photographs of the two men together. They began to speak regularly by phone. "The sinner and the saint," Achmat liked to say. In December, Mandela visited the Khayelitsha clinic. One patient presented Mandela with an "h.i.v. positive" shirt. The former President took off his floral shirt and put on the tac shirt-doing more with one gesture to lessen the stigma of H.I.V. than any South African before him.

Mandela's actions made clear that the A.N.C. had split into two factions, and, for a moment, it appeared that Mandela's side was gaining control. In April, 2002, the President's Cabinet issued a striking statement: "The government's starting point is based on the premise that H.I.V. causes aids." The budget for aids prevention and treatment would be tripled. Rape survivors would be given prophylactic doses of antiretrovirals. And, at long last, the A.N.C. announced that it would explore the cost of offering antiretroviral drugs to the wider public.

Mbeki approved all of these actions, leaving many with the impression that he had finally changed his mind. He had not. Last spring, he sent his colleagues a rambling e-mail message. The document, which ran to a hundred and fourteen pages, was written mainly by Peter Mokaba, the former head of the A.N.C. Youth League. It attacked drug companies, antiretrovirals, and the mainstream "thesis" on H.I.V. The centerpiece of the document was a sarcastic monologue that lashed out at racial stereotypes:

Yes, we are sex-crazy! Yes, we are diseased! Yes, we spread the deadly H.I.V. virus through our uncontrolled heterosexual sex! In this regard, yes, we are different from the U.S. and Western Europe! Yes, we, the men, abuse women and the girl-child with gay abandon! Yes, among us rape is endemic because of our culture! Yes, we do believe that sleeping with young virgins will cure us of aids! Yes, as a result of all this, we are threatened with destruction by the H.I.V./aids pandemic! Yes, what we need, and cannot afford because we are poor, are condoms and antiretroviral drugs! Help!

Achmat was given the paper before he boarded a flight for a meeting at the U.N. He was crushed. "On the record, you had, for the first time, an indication of the madness, the irrationality, the blindness, the willfulness, the vindictiveness of Mbeki on this question," he said. Several weeks after Achmat read the essay, he learned that Mokaba had died of aids.

Mbeki disassociated himself from aids skeptics like Rasnick, but, because he had not stopped sympathizing with their position, he never retracted his earlier remarks, leaving many South Africans confused about the science of aids. Although fifteen hundred South Africans were being infected each day, he failed to assume a central role in the government's aids-prevention campaign, and he devoted no public speeches to the disease. In his few public references to aids, he persisted in calling it a disease "of poverty and underdevelopment."

In January, 2003, Tshabalala-Msimang invited Roberto Giraldo, a scientist and aids skeptic, to South Africa to deliver a presentation. Even though Giraldo declared that "the transmission of aids from person to person is a myth," the health minister eagerly took up his recommendations on nutrition. She urged aids patients to take "garlic, lemon, olive oil, and African potatoes" to boost their immune systems. "These things are affordable for South Africans," she said, "not like things like antiretrovirals." Indeed, when the KwaZulu-Natal province secured seventy-two million dollars from the Global Fund to help pay for antiretroviral programs, Tshabalala-Msimang blocked disbursement of the money, claiming that the grant application had been improperly filed. Meanwhile, Botswana had already begun providing antiretrovirals free to the public.

Achmat was forced to accept that nothing had really changed. tac's leadership decided that it was time to organize a country-wide campaign of civil disobedience. They intended the protests to be the biggest in South Africa since the days of apartheid. "The difficult decision for me was not to take off my suit and go to the streets to fight for treatment," Achmat said. "That was easy. The emotionally torturous thing for me to do was to recognize we had to take on the A.N.C. *Our A.N.C.*"

On March 20th, Achmat squatted near the Cape Town Central Police Station with a hundred or so black South Africans. "We have bail money for everyone," he told the crowd. "Who wants to be arrested first?" Dozens of arms shot into the air. Those gathered ranged in age from fifteen to seventy-one. Few had ever been to jail before.

That morning, Achmat had left a polite message on the voice mail of Jacob Zuma, Mbeki's deputy, who had negotiated with tac in the past. "If you call us back, we'll meet anytime, so we can sort out what can be sorted out," he had said. "Call anytime!"

At one o'clock, Achmat and his colleagues stood up. They walked with their arms linked to the police station, a couple of blocks away, carrying tac's "Wanted" posters, the hallmark of the civil-disobedience campaign that was being launched that day. tac protesters flooded the police station, catching a half-dozen officers off guard. Achmat asked to see the station commander. "We'd like you to arrest the minister of health and the minister of trade and industry," he said to the guard who greeted him. "We are staying right here. You either have to arrest the minister of health and the minister of trade and industry or you must arrest us."

"Arrest us or them," Nyameka Ndashe, the young woman from Mitchell's Plain township, shouted. "They are killers!" She told me, "I can't take it that my mother must die because of H.I.V. that can be treated."

Achmat had just recovered from bronchitis, and he looked worn out. His CD4 count, a conventional measure of a person's immune system, was hovering around two hundred; aids patients in the United States are typically urged to begin taking antiretrovirals at three hundred and fifty. I asked Ndashe if Achmat should abandon his pledge and take his medicines. "He is our comrade," she said. "He will never take them until we get our treatment."

Achmat answered a ring on his cell phone, and gave the thumbs-up sign: two hundred tac protesters had occupied a

police station outside Johannesburg. The goal was to have six hundred volunteers arrested, in tribute to the six hundred South Africans who died of aids each day. The tac protesters, most of whom had H.I.V., began dancing and stomping in unison. The few on antiretrovirals shook their green pill containers like tambourines. "In the parliament they are shivering," they sang in Xhosa. "Don't be scared, comrades!" Achmat disappeared with two tac associates into a back room for negotiations with the police. An hour or so passed, and the crowd began to chant, "Bring out Zackie, we want Zackie!"

Achmat emerged from the rear of the station and announced, "The police have opened up a docket against the minister of health for culpable homicide." The protesters burst into song once more, and Achmat offered a dance of his own. Ndashe grimaced, watching him. "Zackie has many things," she told me, "but he has no rhythm. None!"

The protesters were then formally charged with unlawful entry. They filed into a booking area, where they proudly stated their names. Many were disappointed to learn that the police didn't have enough cells to hold them overnight. Achmat assured them, "You'll have plenty more chances to go to jail in the weeks ahead."

Just after the launch of the civil-disobedience campaign, six tac volunteers died of aids, including several who had been involved in police-station takeovers. All were under forty. Achmat, who said that he had already lost about fifty friends to aids, wondered whether it was wrong to have waited four years before launching a campaign against the government. "Most of us who are A.N.C. members have put our party loyalty before people's lives," Achmat said bitterly.

In late March, at a health conference in Cape Town, Achmat's rage erupted in public for the first time. When Tshabalala-Msimang, the health minister, stepped up to the podium to speak, dozens of tac protesters began shouting, "You're a disgrace!" When Achmat and a tac colleague began reading a prepared statement, the minister left the podium and sidled up to Achmat in front of TV cameras.

"I'll stand next to you," Tshabalala-Msimang said.

"You should be in jail," he screamed.

"You're sweating, Zackie," she noted, seeming to mock his illness. "Shall I give you a tissue to wipe your sweat?"

"Does somebody *decent* have a tissue?" he asked, incensed. Achmat's hand shook wildly as he tried to continue reading the statement. "You never visited the pilot program in Khayelitsha," he said.

"Wipe your sweat," the minister commanded.

"Take your wig off!" Achmat replied.

The South African newspapers covered the incident on their front pages. Achmat was mortified that he had lost his temper. He was embarrassed further when, a few days later, the nurse at Khayelitsha asked him about the outburst. Yet he concluded that the aids crisis demanded an end to politeness. "I've never been afraid of making people uncomfortable," he told me. "I also know that the only reason you make people feel uncomfortable is when it's absolutely necessary."

After a month of protests, Jacob Zuma agreed to hold a meeting in late May with tac leaders, who in turn agreed to suspend civil disobedience. In addition, the government announced that an extra four hundred million dollars would be budgeted for "appropriate medical treatment." All that was left was for the Cabinet to deem antiretrovirals "appropriate" and announce a national treatment program. If it didn't, tac promised, civil disobedience would begin again.

The government's actions were encouraging, but Mbeki remained aloof. Indeed, people who had spoken with the President about aids did not believe that he would change his views. A prominent Cabinet member, who refused to be named, related a conversation that he once had with the President.

"I've been to so many aids funerals," the minister said. "I attend more every month."

The President was irritated by the comment. "What makes you so sure they died of aids?"

The official explained that young men in their twenties and thirties don't just die of pneumonia.

"Yes," Mbeki said, "but you don't really know how they died, do you?"

A few days after his arrest in Cape Town, Achmat wondered whether tac's activism had made Mbeki more stubborn. "If

we didn't act, would he have caved in and let people live?" he asked. "I doubt it. It's not the way he's approached this thing." He paused. "If we had remained quiet, the H.I.V. dissidents would have had a much stronger position. What would have happened is it would have looked like American white doctors telling the government what to do with its people, and Mbeki's cranky ideas-which he still holds-would have been the dominant position in the government. And that would have been a tragedy for the country."

Achmat said that his drug strike had damaged his immune system, which was now "seriously messed up." He was constantly exhausted and, despite being coddled by fellow tac volunteers and friends, had been plagued all year by a recurrent lung infection. "My health is very consistent," he quipped. "It is going steadily downward."

Achmat had always rejected pleas that he resume taking medicine, citing the government's refusal to announce a treatment plan. He even resisted requests from Mandela. However, in March, when I asked what would persuade him to relent, I was startled by his response. "I'm seriously considering taking my medicines," he said. "There's a strong possibility, indeed a probability, that I'll take them, because the situation is so close to changing."

Achmat hadn't yet made public his readiness to take antiretrovirals, and he said he was afraid that he might still change his mind. He also worried that if he took medicine and then died-antiretrovirals didn't save everyone-his death would be exploited by aids skeptics. But, for the moment, he was prepared to retreat from his pledge, even if it earned him public scorn. Unlike Mbeki, he was not too proud to moderate his position. "I never took my stand in order to score a point," he said. "I did it as part of a campaign, and it served its purpose."

Achmat pointed to some of the positive developments that had occurred in the years since he began his drug strike. "So much has changed," he said. "There's a critical mass of people living openly with H.I.V. Drug prices have come way down. And now there's money allocated by the Treasury." Achmat knew that this sounded like a rationalization. Until the government officially reversed its policies, four hundred thousand South Africans who needed antiretrovirals wouldn't get them.

It seemed that what Achmat was really trying to say was that if he remained committed to his stand he would do more harm than good to his comrades-who needed him alive and healthy in the struggle. "I don't want to kill myself for Thabo," he said, laughing. "I want to make sure that people get medicines."

Edwin Cameron was relieved when he was told about Achmat's change of heart. "We already have two hundred and fifty thousand deaths a year," he said. "We don't need another. And we certainly don't need to lose the most visionary voice in the movement."

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