

The Visual Economy of HIV/AIDS

A report for the AIDS, Security and Conflict Initiative

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This project is available on the web at www.visual-hiv aids.org

Cover photograph: The United Nations headquarters in New York, illuminated for the General Assembly debate on HIV/AIDS, 26 June 2001 (Based on an unattainable Reuters photograph, *New York Times*, 27 June 2001. Photo manipulation by Ross Parker/David Campbell).

Introduction – Research Questions and Report Structure

This report investigates the way HIV/AIDS has been visualized through photography since its public emergence in 1981, and examines whether that visualization has altered since the disease was problematized as a security issue in 2000. Its focus is on photojournalism as published in a small selection of major US and UK media outlets, notably *the New York Times*, *The Guardian* and *The Observer* (London), as well as *Time* magazine, since 2000. Also considered is the work of selected documentary photographers and photojournalists who have undertaken special projects on HIV/AIDS, as well as a sample of photography used by the United Nations (UN) and non-government organizations (NGO) publications concerned with HIV/AIDS.

This investigation seeks to address a number of research questions:

1. How has HIV/AIDS generally been pictured since the emergence of AIDS in 1981?
2. What are the features of the HIV/AIDS security problematic that set the parameters for the way the issue could be pictured? For example, are the main regions of concerns, projected infection and mortality rates, along with the social effects and security consequences of the pandemic, represented in contemporary photographs?
3. How has HIV/AIDS as a security issue been pictured in recent years? To what extent is sexual violence considered part of the visual securitization of HIV/AIDS?
4. What is the gap between the security problematic of HIV/AIDS and its current visualization?
5. To what extent does the photographic portrayal of HIV/AIDS picture something specific to the pandemic, or to what extent does it reproduce the established iconography of African disaster?

6. What recommendations for alternative photographic practices can be made to encourage a better visualization of HIV/AIDS?

This report contains six main sections that address these research questions. The first four sections each conclude with specific questions for the photographic practice of visualizing HIV/AIDS since 2000 that arise from their particular concerns. The structure of the report is as follows:

- Section 1 details the debate about the securitization of HIV/AIDS since 2000;
- Section 2 surveys the general representations of HIV/AIDS since the virus was first noted in the early 1980s;
- Section 3 reviews studies of the media coverage of HIV/AIDS since 1981;
- Section 4 analyzes the photographic visualization of HIV/AIDS between 1981 and 2000;
- Section 5 examines how the photojournalism of *The New York Times*, *The Guardian/The Observer*, and *Time* magazine pictured HIV/AIDS between 2000 and 2007 in the wake of the securitization debate; explores the work of selected documentary photographers and photojournalists who have undertaken special projects on HIV/AIDS since 2000; and considers the pictures selected UN and NGO publications have used to picture HIV/AIDS since 2000;
- Section 6 details the main findings and lists recommendations for photographic practice.

1. The Genealogy of HIV/AIDS as a Security Issue

HIV/AIDS is a recent arrival in our lives. It has been an object of medical knowledge and action for only thirty years, been subject to epidemiological research for twenty-five years, and regarded as an issue in domestic political economy for only ten years (Barnett and Prins, 2005: 11). Yet, in the last decade, there has arisen a powerful mode of understanding – that HIV/AIDS constitutes a global security threat. The formal securitization of HIV/AIDS by the United Nations system began in December 1999 following a visit to a centre for AIDS orphans in Lusaka by the then US Ambassador to the United Nations Richard Holbrooke (Prins, 2004: 941). In the aftermath of his experience, Holbrooke pressed the UN Security Council to consider the impact of the disease on the people of the region, but this option was foreclosed by the fact HIV/AIDS could not be considered a threat to international peace and security in the terms traditionally required by the Security Council mandate.

Beginning with a speech to the Security Council by then US Vice President Al Gore in January 2000, efforts to bring HIV/AIDS within the remit of the Council commenced. Gore directed his attention to HIV/AIDS in Africa, and called the disease “a global aggressor that must be defeated.” While noting, “the United Nations was created to stop wars,” Gore argued the international community, through what he called “a sacred crusade,” had to “wage and win a great and peaceful war of our time -- the war against AIDS,” (White House Press Office, 2000). Gore’s discourse both drew from, and led to, a series of related policy initiatives that sought to push HIV/AIDS further up the international agenda.

In the same month as Gore’s statement, the United States released a National Intelligence Estimate (NIE 99-17D) that made clear the rising global health threat posed by infectious diseases including HIV/AIDS (National Intelligence Council, 2000). Together these American declarations laid the groundwork for UN Security Council Resolution 1308 (17 July 2000), which recognized that HIV/AIDS was devastating for all levels of society but prioritized “the potentially damaging impact of

HIV/AIDS on the health of international peacekeeping personnel, including support personnel” (United Nations Security Council, 2000). In a similar vein, UN General Assembly resolution S-26/2 of 27 June 2001, entitled “Declaration of Commitment on HIV/AIDS,” declared the impact of HIV/AIDS constituted a “global emergency” (United Nations General Assembly, 2001).¹

The emergence of HIV/AIDS as a security issue within the United Nations system was made possible by the intersection of two discourses that developed throughout the 1990s. The first was the growth of the idea that national security, a preoccupation with the defence of state interests and territory, was being supplemented if not eclipsed by wider considerations of human security (Peterson, 2002/03; Prins, 2004). This view culminated in the International Commission on Intervention and State Sovereignty (ICISS) report which articulated “the responsibility to protect” whereby the international community could bear the responsibility to provide security to a state’s citizens when their own governments did not prevent avoidable catastrophes (ICISS, 2001). The second was what King (2002) has called “the emerging diseases worldview.” Although public health has long had an international dimension and been associated with national security – especially given its role in colonial missions undertaken by both Europe and the United States – the last decade of the 20th century witnessed a different configuration of the nexus of security, disease and commerce. Starting with a US National Institutes of Health conference on “emerging viruses” in 1989, this worldview came to dominate American understandings of global health. One of its seminal statements was the 1992 report of the National Academy of Science’s Institute of Medicine (entitled *Emerging Infections: Microbial Threats to Health in the United States*) in which the factors contributing to disease emergence were said to include migration, urbanization, population growth, wars, economic crises, human behaviours, travel, and commerce, all set in a context of inadequate sanitation and immunization. As King (2002: 768) observed, this pantheon of co-factors “was in many ways a wholesale condemnation of the consequences of modernity.”

Emerging Infections became globally significant because of a coordinated campaign that saw various global health bureaucracies support its thrust and numerous medical journals (36 publications

in 21 countries) amplify the topic through dedicated special issues. Importantly, this ontology of epidemic disease was promoted through popular publications like Laurie Garrett's (1994) book *The Coming Plague: Newly Emergent Diseases in a World out of Balance* (King, 2002: 767-69). When Garrett (1996) expanded on her argument in a *Foreign Affairs* article on "The Return of Infectious Disease" – illustrated with a 1944 photo of suspected plague carriers in a New Dehli hospital – and the Institute of Medicine (1997) updated its concern with a report on *America's Vital Interest in Global Health*, the alliance of global public health with economic and security interests was firmly cemented (King, 2002: 770). One of its official statements was Presidential Decision Directive NSTC-7 in which the Clinton Administration called for attention to infectious diseases in US security policy (White House, 1996).

Together these discourses established the conditions of possibility for the official securitization of HIV/AIDS from 2000 onwards. The tone and content of this discourse was made clear in a report by the International Crisis Group (ICG, 2001: 24):

AIDS is raging much as a military conflict might, inflicting similarly devastating effects with no end in sight. Since it began, now two decades ago, 22 million men, women and children have been killed, a death toll that far exceeds the military casualties from the wars of the twentieth century combined. 38 million people are now fatally wounded, and 16,000 more fall victim everyday. If urgent and more adequate actions are not taken immediately, it projected that by 2005, more than 100 million people will have been caught in the crossfire, and by decades end, more than 40 million children will be left orphaned.

Understood in this way, HIV/AIDS is "the strangler's cord choking Africa" (ICG, 2004: i) which also produces "a viral coup...quietly conspiring in China, India and former Soviet Union" (ICG, 2001: 24).

All geopolitical issues and events require frameworks – discourses in which certain metaphors and other forms of language help organize understanding – in order for them to be apprehended.

Issues and events do not emerge naturally as problems on the international agenda; they have to be problematized so that we can think and therefore act in terms of particular solutions addressing a specific problematization (see Campbell, 1998). The securitization of HIV/AIDS problematizes a virus, disease and its consequences in a way that makes them available for particular forms of action. Securitization gives the issue a greater sense of threat and urgency, puts it on the political agenda of the state, brings into play national and international bureaucracies involved in diplomacy, intelligence and military affairs, and demands a policy response from the highest echelons of government (Prins, 2004: 940; Garrett, 2005:11). Whether a large-scale war or global emergency, the securitization of HIV/AIDS cast the virus as an aggressor and called on states or international agencies to fight against it.

There are, however, two forms of the securitization of HIV/AIDS – a *broad construction* in which all aspects of international peace and security are at risk, and a *narrow construction* in which the focus is on the impact of the virus and disease on uniformed military personnel (Barnett and Prins, 2005: 11). In the broad construction, HIV/AIDS is regarded as challenging all dimensions of personal, economic, communal, national and international security (ICG, 2001). In Garrett's (2005: 20) summary this means HIV/AIDS is at least potentially responsible for "the reshaping of the demographic distribution of societies, massive orphaning, labor shortages in agricultural and other select trades, strong challenges to military forces, an abiding shift in spiritual and religious views, fundamental economic transformations, and changes the concepts of civil society and the roles of the state." This broad construction makes HIV/AIDS into a cause that is both all encompassing but rather diffuse. Analysts pursue a form of counterfactual argumentation which declares (especially in relation to sub-Saharan Africa) that "the pandemic will have a catastrophic impact, simply because it is inconceivable that mortality on the scale that is now inevitable will not have such an impact" (de Waal, 2003: 2). As Ostergard (2002: 333) claims, "to scholars and practitioners who study Africa, the issue of whether HIV/AIDS constitutes a threat to state security in Africa seems obvious." However, cases like Botswana – where there is no social conflict despite an HIV prevalence rate of 40% (four times the alleged threshold of 10% prevalence as a barometer of social breakdown) – call into

question the idea of clear causation between the virus and conflict. Being largely unable to specify particular consequences as directly and solely related to HIV/AIDS, the claim is then made that through the damaging impact on governance and the social fabric in societies with high rates of prevalence and mortality, “instability” – by definition a common but indefinable condition of insecurity – is the likely outcome (e.g. ICG, 2004: 7; Garrett, 2005: 14, 25).

Of course, as HIV/AIDS dramatically shortens life expectancy, and many of our models economic and social development assume a particular adult longevity, there could be massive challenges arising from the impact of the disease, though it is difficult to verify this argument (de Waal, 2003; cf. de Waal, 2006: ch. 4). However, because HIV/AIDS is a “long wave” event – with the time from infection to morbidity and then mortality exceeding fourteen years – it spans human generations in a manner that combines an immediate impact on personal lives with a diffuse and deferred impact on social structures (Barnett and Prins, 2005: 11; Garrett, 2005: 20). That makes HIV/AIDS distinct from prior pandemics often cited as comparisons, such as the Black Death of 1348 and the influenza outbreak of 1918, for which the time of morbidity and mortality could be measured in days and weeks (Garrett, 2005: 20).

Although this broad construction of HIV/AIDS as a security issue, with its suppositional arguments and wide-ranging but diffuse consequences, has dominated much political rhetoric in recent times, the *narrow construction* of HIV/AIDS as a security issue is what has specifically directed international attention at the UN. Indeed, Security Council Resolution 1308, so often cited as a manifestation of the general securitization of HIV/AIDS was clearly limited to the impact of the virus and disease on military forces and their likely contribution to international peacekeeping personnel (see Ostergard Jr., 2002 for the claim that the military is the realm where HIV/AIDS is obvious as a security problem). Yet, despite her role in creating the possibility for the securitization of HIV/AIDS, Laurie Garrett’s report for the Council on Foreign Relations about the links between the virus and national security concluded that, except in cases where rape was an instrument of war, there was little evidence that HIV transmission was increased by war, and that the prevalence of HIV in the

armed forces of affected regions was similar to the general population (Garrett, 2005: 9, 29). In their UNAIDS review of the specific relationship between AIDS, uniformed personnel and peacekeeping, Tony Barnett and Gwyn Prins (2005) revealed the paucity of hard evidence for the general claims recycled in international policy documents about military forces being a key primary vector of infection. While noting there were specific examples of this (especially in relation to the South African National Defence Force), each case was complex and nuanced and required analysis in its own terms (see. de Waal, 2006: 77).

The problematization of HIV/AIDS as a security issue, therefore, is based either on a series of largely counterfactual arguments that extrapolate seemingly logical, but necessarily general, concerns from the scale and scope of the pandemic, or a series of narrow claims for which there is as yet little firm scientific evidence. As a result there have been a series of objections to the securitization of the virus and disease. The first set of objections stems from those who, while noting the rise of the human security perspective, continue to regard security in national terms and thereby conclude that HIV/AIDS is not currently a challenge to the territory, institutions or sovereignty of most developed countries, especially the United States (see Peterson, 2002/03). The second set of objections comes from those who, accepting the broader changes in conceptions of security, regard the militarization of the issue that flows from the construction of the virus as an aggressor constituting a clear and present danger as potentially dangerous in its partial focus (see Elbe, 2006). In particular, the way this problematization homogenizes the pandemic and overlooks the variable aetiology of the virus in different geopolitical locations is highlighted for concern. The reduction of HIV/AIDS to a single dimension prevents recognition of the fact that heterosexual transmission enabled by labour mobility is most significant in Africa and India, while prevalence in Russia and Eastern Europe is a function of increased drug use in a liberalizing society, and rates of infection in China are the product of political economy in which blood was sold and circulated without adequate screening (Prins, 2004: 947-51).

Whether the problematization of HIV/AIDS as a security issue is an entrenched and overt perspective governing policy is open to question. In 2006 Russia declared HIV/AIDS a threat to

national security (Sjöstedt, 2008). However, official statements about strategic priorities emanating from the US and UK governments, while mentioning health pandemics in passing, do not highlight HIV/AIDS as a security issue, preferring to position the pandemic as an international development and healthcare issue. The current candidates for the US presidency similarly consider the pandemic to be a question of healthcare rather than security, though contemporary strategic analyses from independent think tanks continue to list disease as a major international security concern.² However, even if the securitization of HIV/AIDS is now only implicit, there remains a set of objections around the way the securitization of HIV/AIDS relies on a conception of biopolitics with potentially negative political consequences.

The securitization of HIV/AIDS is significant because it not only offers a different problematization of the virus and disease; it also makes "international security a site for the global dissemination of a biopolitical economy of power that first emerged in 18th century Europe around the government of 'life'" (Elbe, 2005: 404). Biopolitics is concerned with the health of a population, thereby constituting disease as a general danger without specifying how disease should be dealt with. Policy is aimed at a statistically monitored population, and a wide range of social and political actors additional to the formal institutions of the state are incorporated in the practices of government directed towards securing the health of the population in question. As such, biopolitics' emphasis on health and life appears benign and humanitarian. However, partially replicating issues that have arisen in other historical contexts, there are two connected and potentially negative outcomes of this focus on health. First, biopolitics normalizes behaviour by establishing certain behaviours as deviant. Conduct is regulated in terms of a healthy norm – a concept that does not necessarily rely on the evaluation of disinterested science – with challenges to or digressions from this norm regarded as pathological, potentially disciplining a range of practices that are not dangerous. Second, in the establishment of the healthy/unhealthy or the normal/pathological as regulative ideals, a biopolitical economy of power could mark off those who should prosper (the HIV-negative) from those who should suffer (the HIV positive). It is possible, therefore, that governments driven by such biopolitical considerations could enact discriminatory policies that mean that the guardians of the population

(political elites, the military, etc.) might be given privileged access to health care that is unattainable by the unhealthy. Taken to the next step, enacting biopolitics could mean that the unhealthy should be removed from their population or prevented from entering in the first place. At the furthest extreme, this biopolitical emphasis on health could mean governments concluding that it would be best if the unhealthy did not live (Elbe, 2005: 406-12). None of these are necessary outcomes even if they are logical consequences; we have, however, seen examples already of the first two possibilities if not officially the third.³

(a) Questions for photographic practice

Imaging complex issues through the technology of photography involves finding or constructing observable phenomena that can be recorded analogically or digitally. These traces then have to be understood as representing the concept the practitioner wishes to picture. Photography, therefore, is a complex process of mediation whereby specific moments – events, people, or sites – have to materialise something that cannot be easily encapsulated but which needs to be readily grasped. In the context of this report, the question is how can a concept like “the global HIV/AIDS pandemic” be made real through traces recorded by an individual with a camera in a particular place?

The way this general challenge has been met over the relatively short life span of HIV/AIDS is the subject of this report, especially Sections 2-4. Each of those sections will conclude with a series of questions that focus attention on the specific challenges for photographic practitioners that follow from the analysis. In terms of how it might be possible to visualize the issue of HIV/AIDS given the debate on securitization discussed in this first section, the following questions arise:

- (i) Should the emphasis be on the broad or narrow constructions of security with respect to HIV/AIDS?

- (ii) If the desire is to picture the broad construction, how can photographs convey the idea that the HIV virus could be understood as an aggressor or threat, that fighting it requires a global emergency or total war, and that the battle will involve state action and large scale casualties? How would such photographs be distinguished from situations of war generally?
- (iii) If the desire is to picture the narrow construction, how can pictures of the military and peacekeeping operations be related to the issue of HIV/AIDS?
- (iv) How can photographs, which generally record the 'here and now', connect to the understanding of HIV/AIDS as a "long wave" event spanning human generations?
- (v) How can photographs represent the variable aetiology of HIV/AIDS?
- (vi) How can photographs avoid being instruments of biopolitical discrimination, through which the demarcation of the 'healthy' from the 'unhealthy' is made?

2. Representations of HIV/AIDS – An Historical Perspective

In Paula Treichler's (1987: 32) oft-quoted by still pertinent observation, "the AIDS epidemic – with its genuine potential for global devastation – is simultaneously an epidemic of a transmissible lethal disease and an epidemic of meanings or signification." Indeed, Treichler's study of how AIDS was conceived in the early days of the epidemic in the United States revealed no less than thirty eight different framings of the virus, its causes and effects. The anxiety that produced this unstable epidemic of signification stems from what Sander Gilman (1988:1) identifies as "the fear of collapse, the sense of dissolution, which contaminates the Western image of all diseases." In Gilman's understanding, this fear of our personal or social collapse does not remain internal to us or our societies: "rather, we project this fear onto the world in order to localize it and, indeed, to domesticate it. Then it is not we who totter on the brink of collapse, but rather the Other. And it is an-Other who has already shown his or her vulnerability by having collapsed."

Gilman's influential work on the history and meaning of medical representations has demonstrated how for Western societies models of disease are part of our general security discourses. Driven by a sense of the self's fragility – whether that self by an individual body or a national collective – it is our sense of mortality that requires disease be bounded, contained and distanced. Moreover, argues Gilman (1987: 107), "it is in the world or representations that we manage our fear of disease, isolating it as surely as if we had placed it in quarantine. But within such isolation, these icons remain visible to all of us, proof that we are still whole, healthy, and sane; that we are not different, diseased, or mad." In this context, disease and its representation has historically always been a security issue, in which the fear of generalized collapse is regarded as a threat to the security of the identity of the self.

The intrinsic status of representations of disease as part and parcel of security discourses has been even more pronounced given the rise in the 1990s of the "emerging diseases worldview" discussed in section 1. As Mayer (2002: 290) has argued with respect to viruses, their highly flexible

nature means, "the virus embodies the key qualities of the global age, yet under markedly negative insignnia. It discloses the flip side of global contact scenarios, giving vent to the fearful insight that the bright new world of compatibility, cosmopolitanism, and communication is only to be realized at the cost of systemic instability and vulnerability." In the words of Fernandes (2008: 66-67) conditions like HIV/AIDS and Ebola "offer a symptomatology of our present disquiet about globalization and the end of the supremacy of nation-states." Viral discourses thus have notions of insecurity in the form of systemic instability and vulnerability at their heart, and the onset of a new virus requires work in the world of representations to bound, contain and distance the danger from the fragile and mortal self.

When the US Centers for Disease Control (CDC) released a morbidity and mortality report in June 1981 that listed twenty-six cases of a previously unknown condition, the sexual orientation of its sufferers was marked as a key causal factor. As a result, over a year before the term AIDS was coined, the condition came to be known as 'Gay-related immunodeficiency' (GRID) and was understood as part of the larger family of sexually transmitted diseases (STDs) allegedly brought on by the life-style and practices of men who have sex with men. That AIDS was cast from the outset as a 'gay disease' in both popular, media and scientific accounts meant that its victims were viewed through the prism of the person afflicted with STDs generally, which is "one of the most potent in the repertory of images of the stigmatized patient" (Gilman, 1987: 89; see also Treichler, 1987, 42-51). This stigmatization was compounded when the CDC expanded its list of risk groups for AIDS to what came to be called the "4-H's" – homosexuals, heroin addicts, haemophiliacs and Haitians. This cemented the idea that the disease affected specific marginal groups because of who they were. Although a viral aetiology of AIDS had generally been accepted by May 1984, meaning the scientific analysis of the disease revolved around the nature of the viral agent, most public discussion remained focused on the perceived abnormal behaviours of marginal groups involved in the disease's propagation (Treichler, 1987: 44, 52).

Following Prins (2004: 933-35) we can identify three principal means through which AIDS was apprehended during the 1980s and 1990s. In the first instance, was *the medicalized* engagement

in the US directed at drug users and men who have sex with men. Secondly was the *somatic* engagement, whereby the fear of widespread heterosexual transmission meant the virus was sexualized and linked to moral judgment. Finally came *the internalized* engagement in which the public scale and scope of the epidemic was denied in favour of a concern with individuals being directed to behave normally and responsibly. What the medicalized, somatic and internalized engagements fuelled was the transference of blame to victims via stereotypes (Prins, 2004: 935). What they obscured, amongst other things, was the importance of a political economy of public health in the life of HIV/AIDS. If, as Prins (2004: 938) argues, political economy is “the place where suffering and its alleviation collide with power,” then attention to the political economy of public health would refrain from making “the prostitute” the poster girl of HIV/AIDS in Africa and India. In most media coverage of HIV/AIDS where sex as a medium of exchange is being discussed, the figure of the prostitute collapses a variety of conditions onto the stigmatized body of a person, such that they are always regarded as *infectors* rather than the *infected*, and the concern for their role as vectors of disease eclipses questions about their personal health (Sacks, 1996; Raimondo, 2003). Instead of ascribing a fixed identity to an individual a political economy framing would call attention to the “structural dysfunctions in the microeconomics of poor societies” that often push young women into sex work (Prins, 2004: 939). Instead, therefore, of seeing multiple partners as an expression of a supposedly innate, primitive, and insatiable sexuality, this could be understood as part of the domestic political economy with public health consequences.

That these representations are not fixed is demonstrated by the transformation in the US of attitudes towards people who are HIV+ or suffering from AIDS. By the late 1990s HIV/AIDS had lost its stigma to such an extent that people who are not infected can identify with the disease, through the wearing of the red ribbon, for example. Although the sexual behaviours attached to AIDS are still stigmatized, a combination of activism which turned HIV/AIDS into a cause at the heart of gay liberation, celebrity calls for a normalization of social attitudes, and recognizable “faces of AIDS” in the media and popular culture have meant that, in North America at least, identification with the domestic victims has trumped the blaming of stereotypes (Gilman, 2007).

The role of stereotypes in the representation of disease is to ensure the security of the self by locating danger outside us. As Gilman (1987: 100) observes, "the desire to locate the disease is the desire to be assured that we are not at fault, that we have been invaded from without, polluted by some external agent." Given this, the de-stigmatization of HIV/AIDS in North America is likely to have been made possible, at least in part, by the fact that there was a ready location for this desire to externalize danger. AIDS had been labelled an "African" or "Haitian" disease from the earliest days of the epidemic, although this characterization had been subsumed by the original focus on drug users and men who have sex with men. Once attention turned away from the latter groups, the former came under greater scrutiny – which was a cruel irony for the Haitians, given that it is likely they contracted HIV from seropositive North American tourists (Gilman, 1987: 102). This focus on Africa is now central to the international policy environment of HIV/AIDS. Africans – an homogenizing term for a continent of 900 million people in 57 countries and thousands of cultural groups – are routinely understood as a single population with problems. Constructed as "an abstract target group for global help" by the various practices that have internationalized, institutionalized and medicalized HIV/AIDS, they are deemed to be the source of the pandemic and therefore made subject to the agents of change in the developed world (Seckinelgin, 2008).

None of these considerations alter the fact that HIV/AIDS spread rapidly in sub-Saharan Africa and remains perhaps the region's biggest social problem. However, the search for an explanation for the high rates of HIV prevalence, morbidity and mortality underplayed a range of standard epidemiological cofactors in disease transmission (such as malnutrition, migration, gender relations, poverty and the lack of public health care) and emphasized individual sexual behaviours marked as "promiscuity" (Stillwaggon, 2003: 811; Stillwaggon, 2006). The prioritization of the behavioural paradigm thereby transferred the early concerns with the medical and somatic representations of HIV/AIDS in North America and Europe to Africa despite a lack of direct evidence to support its basic contention. In her aetiology of the argument about behavioural factors, Stillwaggon (2003: 812) notes "most assertions about African sexuality cite the same sources, which

are based on ethnographic reports of varying reliability, many of which date from the early twentieth century." Of particular importance here is the work of John and Pat Caldwell of the Australian National University, who, in a term that echoed 19th century racial science, deemed Africans to be *Homo Ancestralis*, a single group separate from *Homo Sapiens*, and identified by an exceptional and exotic sexuality. Although many noted investigators have looked to "local cultural practices" as an explanation for high HIV prevalence in the region, as Paul Farmer (2001) concludes, "most such claims are splendidly unsupported by serious research" (see also Nguyen and Stovel, 2004: 10).

Given the multiple citations to their research in both academic articles and policy documents, the Caldwells produced a particularly powerful instance of what Barnett and Prins (2005: 18) have called "factoids." These are, they write, "the intellectual viruses of quick and dirty synthetic studies. They are soft opinions that have hardened into fact. The term describes pieces of data that look credible at first glance, but which are insecurely grounded in evidence. They achieve this status as a result of a form of pyramid selling by recycling through publications, grey literature and reports of meetings." Given that the Caldwells' sources on African sexuality were "often old, biased and unreliable" (de Waal, 2006: 21), and their perspective lacked cultural nuance, historical specificity and an appreciation of dynamic traditions (Reid and Walker, 2005), the persistence of their claims made them factoids par excellence.

The problematic nature of the Caldwells' factoids is highlighted by the fact that there were, even at the time their research was being regularly called forth, a number of scientific assessments that directly challenged the tenets of the behavioural paradigm. For example, a 1992 World Health Organization (WHO) survey concluded that "it becomes more and more clear that morbidity and mortality due to these infectious diseases are as much a function of the state of human development than they are the virulence of the micro-organisms which are their biological cause" (Quoted in Schell, 1997: 132). A 1995 WHO survey contradicted the view that the HIV/AIDS pandemic was fuelled by extreme promiscuity and a 1999 UNAIDS survey of four African cities questioned the

correlation between various measures of partner exchange and HIV prevalence (Stillwaggon, 2003: 811).

At the same time, the evident problems with the thesis of an innate, exotic sexuality and natural promiscuity should not prevent a consideration of how particular sexual practices, made possible by the political economy of which they are a part, contribute to the pandemic. The epidemiological study of Halperin and Epstein (2004), for example, suggests that concurrent sexual partnerships could be significant in explaining the extensive heterosexual transmission of HIV in southern Africa. The authors are careful to note that various demographic surveys and studies show that on average African men do *not* have more sexual partners than men elsewhere, and that African men and women have similar, if not *fewer*, numbers of lifetime sexual partners than heterosexuals in western countries. What is different, then, is that some African men and women have two or three concurrent partnerships that can overlap for some months or even years. Significantly, Halperin and Epstein note that while most of the women in these concurrent partnerships are *not* prostitutes (leaving aside the essentialization of identity in that term) these relationships have a transactional dimension related to gender inequality and poverty.

However, one counterintuitive feature of the pandemic in southern Africa is that HIV prevalence is highest in the relatively wealthy countries of the region, and within those countries it is highest amongst the wealthiest citizens (Swidler and Watkins, 2007: 147). In this context, while highlighting the importance of “transactional sex” – the exchange of sex for material support – Swidler and Watkins argue that their fieldwork in Malawi demonstrates that concurrent relationships are common, not because of a desire for sex or money per se, but because of a social commitment to patron-client relations:

We believe that the pervasiveness of multiple sexual partnerships is better understood as driven neither by men’s nature nor by women’s poverty. Rather, these partnerships are but one form of a complex system of social insurance that mitigates uncertain risk by binding

patrons and clients – at every social stratum and in many of life's activities – in a web of ties held together by an ethic of redistribution and reciprocity. Even if a man's libido were low or a woman were not poor, forging ties of dependence through transactional sex might make sense, just in case (Swidler and Watkins, 2007: 157)

Similarly, a particular relationship to ameliorating risk, rather than an innate or exotic promiscuity, is understood as enabling high rates of infection in Catherine Campbell's ethnography of a South African gold mining community. Campbell's study revealed how underground miners who faced danger through their labour, while living in all-male hostels far from their families (arrangements that were part of apartheid's forced labour migration), constructed their identities by practicing a macho sexuality which functioned as a diversion from the foreseeable threat of injury even if it meant they knowingly increased the likelihood of future HIV infection (C. Campbell, 2003: ch.1).

What these more nuanced accounts of sexual networks suggest is that the problem with the behavioural paradigm is that it has come to be largely understood as synonymous with assumptions of an innate and exotic sexuality, downplaying in turn the way sexual practices are historically specific and part of a wider economic and social context (see Hunter, 2005). As such the term 'promiscuity' – evident even in some of these accounts (see Epstein, 2004), and which connotes the casual, frequent and morally questionable changing of sexual partners – is singularly ill equipped to encapsulate what is at stake in this issue. That these crude notions of African sexuality persist, and are propagated in the absence of scientific support, speaks to the continuing power of colonial stereotypes of Africa in the European imagination. Although few proponents of the behavioural paradigm argued openly in terms of race, suppositions of racial difference were made in terms of cultural characteristics allegedly common to hundreds of millions of people in numerous and disparate cultural groups. These permeated the social science literature on HIV/AIDS in Africa throughout the first fifteen years of the pandemic, echoing the long established representation of Africa as a distinct and exceptional place populated by people with an exceptional sexuality (Stillwaggon, 2003: 811-812). The end result was

another instance of what Mayer (2002: 1) has called "Africanity," the artificial concoctions of Africa which "attest to the fact that at least in one respect the gigantic project of colonialism did work: forcing most diverse regions, traditions, and cultures in Africa into one symbolic system, colonial rule brought about an imperialist framework of representation that is still effective today."⁴

There are, of course, a number of African voices that have contested the reinvigoration of these colonial discourses, most notably that of South African President Thabo Mbeki. Although the Mbeki government's stewardship of the HIV/AIDS crisis in South Africa deserves serious criticism (Prins, 2004: 935; de Waal, 2006: 34-45), the opprobrium his perspective has attracted also suggests the difficulties faced when challenging established representations. These issues were evident around the 13th International AIDS conference held in Durban in July 2000. In advance of the conference some 5000 scientists (including 400 African researchers) issued "The Durban Declaration" in an effort to secure the claim that "HIV causes AIDS" (*Nature*, 2000). Their document revealed that the controversy centred on how causal responsibility for the pandemic could be ascribed. The scientists argued that despite the role played by factors such as malnutrition in determining the risk of the disease, "HIV is the sole cause of the epidemic." In contrast, Mbeki – while associated with some scientists who claimed erroneously that HIV was not the etiological agent of AIDS – did not dispute in his opening conference speech that HIV was the viral source of AIDS. However, he put greater emphasis on the non-viral co-factors when it came to explaining the scale and scope of the pandemic. As he declared, "this is the story: the world's biggest killer and the greatest cause of ill-health and suffering across the globe is listed almost at the end of the International Classification of Diseases. It is given the code Z59.5 –extreme poverty" (Mbeki, 2000). This was an effort to move the discourse of HIV/AIDS from "the mono-causal clinical to a complex conjunction of the scientific, clinical, political and economic" (Fernandes, 2008: 91). As such, there was no need, as Paul Farmer (2001) concluded, to "excommunicate [Mbeki] for pointing out the obvious – that inequality is the major co-factor in this epidemic, as in most epidemics. And that inequality's origins are neither fated nor mysterious" (see also Whiteside, 2002 on the relationship between the pandemic and poverty).

Furthermore, the clash between Mbeki and the Durban Declaration highlighted how the researchers associated with the public statement were not averse to crossing from the scientific to the populist in their own arguments (Fernandes, 2008: 94). The Declaration, while stating that the disease recognized no geographic boundaries, nonetheless posited a specifically African geographic origin for HIV/AIDS. Having done so, it then revived colonial stereotypes by suggesting promiscuity needed to be the major focus of the public health priority of prevention. This was achieved by the priorities accorded various preventative policies. Before either blood screening or retroviral drugs were mentioned, the Declaration highlighted the fact that “the sexual spread of HIV can be stopped by mutual monogamy, abstinence or by using condoms.”

While this may be true, this primary emphasis on preventative strategies flows directly from the behavioural paradigm, narrowly construed and statically constructed. This emphasis on voluntary behaviour change has been the leitmotif of the global public health response to HIV/AIDS. Although various states have implemented divergent strategies, the centrality accorded voluntary behaviour change is a shift from earlier public health strategies that privileged coercion, compulsion and collective action by state authorities (Baldwin, 2005). Interestingly, sub-Saharan African countries “have without exception stuck faithfully to the liberal script” of individual responsibility, placing their faith in “the discipline of good epidemiological citizenship” – an approach that explains the Bush Administration’s activist response to HIV/AIDS in Africa (de Waal, 2006: 48, 64) – that fits with broader neo-liberal development scripts (see Manzo, 2003).

(a) Questions for photographic practice

Despite HIV/AIDS being an ‘epidemic of signification’, this review has demonstrated that a few of the many possible modes of representation came to be sedimented as dominant modes of understanding in the 1980s and 1990s. Given this historical context, there are a series of questions for photographic practice:

- (i) How has the desire to contain, bound and distance disease been photographically represented? Have photographs of HIV/AIDS done more than replicate colonial stereotypes, particularly in relation to Africa?
- (ii) How have photographs of HIV/AIDS embodied the emphasis on the medicalized, somatic and internal frameworks for the disease?
- (iii) To what extent do photographs of HIV/AIDS replicate the idea of the essentialized vector (such as the prostitute) or the stigmatized patient?
- (iv) Have photographs of HIV/AIDS supported the central assumptions of the behavioural paradigm of disease causation over and above the role of co-factors associated with development issues?
- (v) How can photographs represent in context the dynamic, culturally nuanced, and historically specific sexual networks that contribute to the HIV/AIDS pandemic?

3. Media Coverage of HIV/AIDS 1981– 2002

Coverage of HIV/AIDS in the US media has declined since the late 1980s, and this has coincided with a decline in research into media representations of HIV/AIDS (Bardhan, 2001; Swain, 2005). Nonetheless, this section will review the available studies of US media coverage since 1981, calling attention to some of the major themes and transitions in the reporting.⁵ This will establish the parameters within which the photojournalism of HIV/AIDS, as a particular component of media coverage, should be considered.

The best overview of US media coverage can be found in the 2004 study published by the Kaiser Family Foundation (Brodie, Hamel, Brady, Kates, and Altman, 2004). Entitled *AIDS at 21: Media Coverage of the HIV Epidemic 1981-2002*, the KFF study analyzed 9,000 news stories from in four national US newspapers, three major regional papers, and the three major television network news programs. For ease of discussion, certain years were grouped together according to stages and key events in the epidemic. The groupings used throughout the KFF report (Brodie et. al., 2004: 2) are: 1981 – 1986, the early years of the epidemic and the Reagan years; 1987 – 1990, increased attention to epidemic, the advent of AZT and the first Bush presidency; 1991 – 1995, Magic Johnson and Arthur Ashe declaring their status and the Clinton presidency; 1996 – 1999, the introduction of protease inhibitors and more people “living with HIV/AIDS”; and, finally, 2000 – 2002, increased attention to the global epidemic and the second Bush presidency.

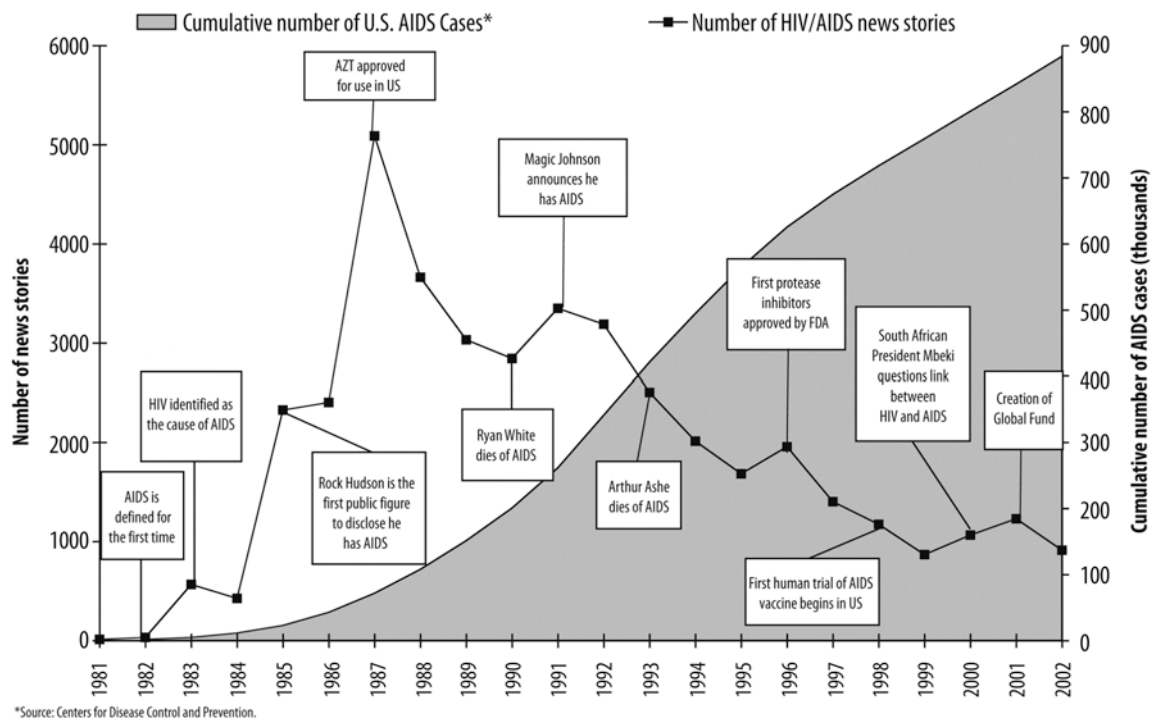


Figure 1: Total number of HIV/AIDS news stories in selected media outlets with key events and cumulative U.S. AIDS cases over time (Brodie et. al., 2004: 3).

As Figure 1 demonstrates, the decline in coverage begins in 1987, only six years after the original identification of what came to be known as AIDS and well before the large increase in the cumulative number of cases. The fact that coverage is not directly linked to specific characteristics of the disease is underscored by another major study (Armstrong, Carpenter and Hojnacki, 2006) which reviewed the media coverage of seven diseases (including AIDS) across nineteen years of US print and broadcast coverage and concluded that mortality was *not* a consistent predictor of media attention to disease (see Figure 2).

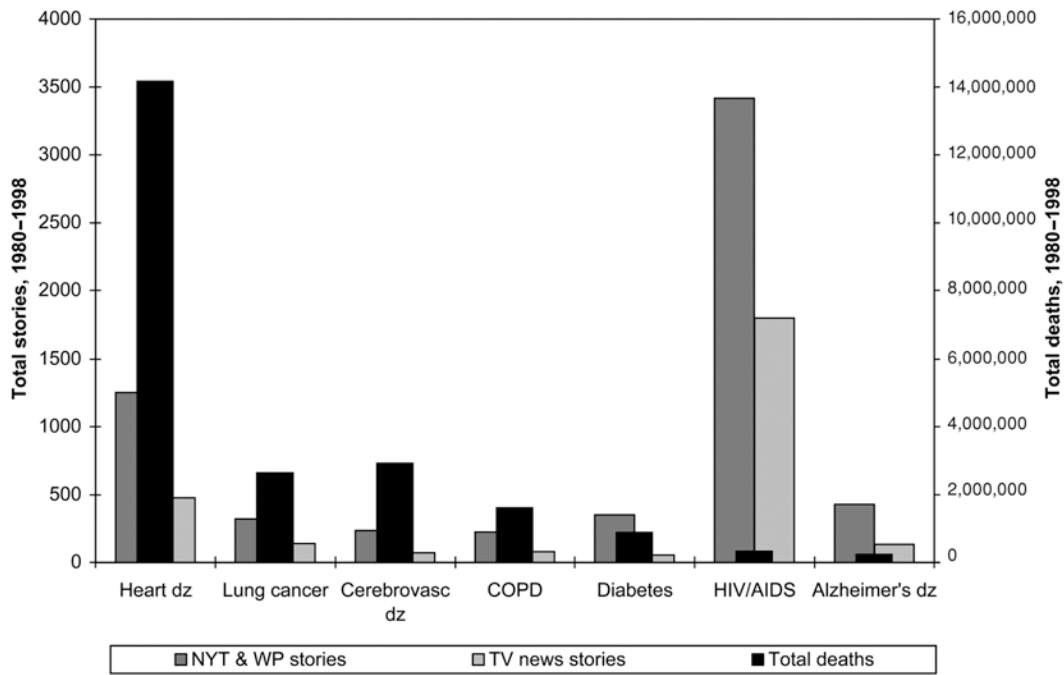


Figure 2 (Armstrong, Carpenter and Hojnacki, 2006: 732)

According to Armstrong, Carpenter and Hojnacki (2006: 735, 760) AIDS attracted vast media coverage at the outset because it originally had a high case-fatality rate, it struck white males in the prime of life, was connected to sex and benefited from the publicity work of organized advocacy groups. Indeed, who suffers is a critical factor in explaining different levels of attention, and race is an issue in determining who warrants attention. Armstrong, Carpenter and Hojnacki (2006: 731) found that diseases that burden blacks rather than whites received less attention – a result that is robust across their full range of diseases and associated media coverage. Similarly, the KFF study revealed that once African-Americans were increasingly infected with HIV (such that they now account for half the new infections in the US, with AIDS the leading cause of death amongst African-Americans aged 25-44) coverage was directed elsewhere, with only 2% of reports on this aspect of the disease (see Cohen, 1999: ch. 5 for the trend of under-reporting of African-American communities in stories of AIDS). Overall, once HIV/AIDS is understood as a chronic but manageable disease, rather than a guaranteed death, coverage declines (Swain, 2005: 259-60).

While overall coverage declines in the twenty-one years of the KFF study, the nature of the coverage changes. As Figure 3 demonstrates, throughout the two decades reviewed coverage was overwhelmingly US-focused with 94% of print stories having a US dateline and 86% representing a US-only perspective. Starting in 1997 this focus begins to shift, with the number of international stories increasing and domestic stories declining. One of the drivers of this is reporting was the issue of AIDS in Africa, which peaked at 14% of all stories in 2000.⁶ By 2002 some 20% of stories had a non-US dateline and more than 40% presented some form of global perspective. In the same period broadcast news was more likely to present a global perspective than the newspapers, with 62% of their stories having some global perspective, compared to the 40% of newspapers (Brodie, et. al., 2004: 2, 4).

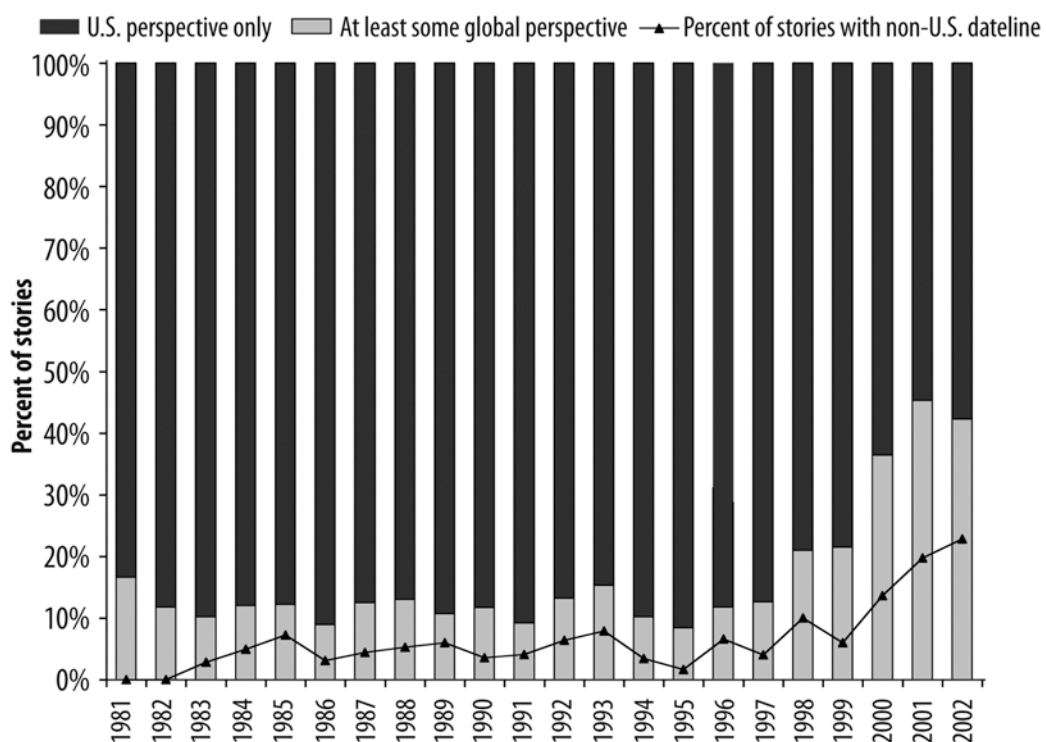


Figure 3: Percent of stories with U.S. vs. global perspective and percent with non-U.S. dateline by year (Brodie et. al., 2004: 4)

The KFF study provided a comparative analysis of US and European news coverage on the global pandemic by including over 600 stories from *The Times* (London). Although the majority of

reports in *The Times*, like their American counterparts, had a national bias, overall 36% of *The Times* coverage presented a non-U.K. perspective, compared with 14% of total U.S. print coverage (and 19% of coverage by nationally focused U.S. papers) that presented a non-U.S. perspective. Similarly, 14% of the London paper's coverage had a non-U.K. dateline, compared with 6% of total U.S. print coverage (and 7% of coverage by nationally focused U.S. papers) that had a non-U.S. dateline. During 2000-2002, *The Times* coverage was closer to US levels, with 48% of their stories having a non-U.K. perspective, compared with 40% of total U.S. print coverage (and 49% of coverage in nationally focused U.S. papers) that presented a non-U.S. perspective. From this the KFF report concluded that the UK paper "was more likely than U.S. print coverage to present a global perspective" (Brodie et. al., 2004: 5).

In terms of identities singled out for coverage there have been significant changes. Gay men were the subject of all the stories (100%) in 1981, but declined to just 5% of reports in 1986, a proportion that was static at that level until 2002.⁷ The affected population identified in the news has also changed, shifting from the US – declining from 18% to 10% between 1981 and 2002 – to Africa, which rose from 1% to 19% in the same period. However, in terms of the visual "face of AIDS" on television news, the most frequently portrayed population was health care professionals, who were the focus of 20% of broadcast stories (Brodie et. al., 2004: 5).

(a) Questions for photographic practice

While, overall, US and European media coverage of HIV/AIDS has declined in the first two decades of the pandemic, there have been some significant shifts in the nature of the coverage. Although the majority of coverage in the US and UK media outlets reviewed above remains focused on the domestic or the national, there has been a marked increase in international and globally-focused coverage in the period 2000-02, with the story of 'AIDS in Africa' being the main driver of this shift.

This suggests that the increased internationalization of media coverage is correlated with the advent of the securitization of HIV/AIDS. Whether there is a causal relationship between the two is uncertain. In the one available study to date on the media coverage of HIV/AIDS as a security issue, which deals with the situation up until 2000, Johnson (2002) reveals how the issue was not well covered in the US press prior to a front page *Washington Post* article on 30 April 2000 (Gellman, 2000). This means that it was not until some four months *after* the release of the US National Intelligence Estimate on global health and disease, and some four months *after* then Vice President Gore's address to the UN Security Council, that the first story summarizing the shift in policy discourses on HIV/AIDS appeared. This suggests that the much-discussed 'CNN effect' – whereby it is assumed that policy makers often follow media controversies – was not operative here. Indeed, the fact that nineteen other global papers ran accounts based on the *Washington Post* story showed how the dissemination of the national security frame was an instance of "inter-media agenda setting" (Johnson, 2002: 88). Furthermore, although there was significant political attention on the securitization of HIV/AIDS in the wake of the *Washington Post* story, there have been relatively few articles about the disease written from within the national security frame (Johnson uncovered only seventy two in the period 1981-2000). Nonetheless, despite this paucity of reporting, public opinion polls have shown widespread acceptance of the national security frame as applicable to HIV/AIDS, underscoring the power of this mode of representation in organizing popular understanding (Johnson, 2002: 91).

None of the media analyses reviewed here – with the exception of the KFF study's discussion of the face of AIDS on television network news – have been concerned with the photographic images that accompany the reporting under review. Johnson (2002: 92) noted that these pictures merited qualitative research, hence the concerns of this report. There is however one significant question which arises from this section's review for photographic practice. Most of the media coverage of HIV/AIDS has not been indexical – that is, it has not been directly driven by facets of the pandemic such as the number of deaths caused or the racial identity of current victims. Yet news photographs in particular are said to have a particular indexical function – they are said to denote actuality. Thinking

about the implications of this review of media coverage for the forthcoming survey of the photographic visualization of HIV/AIDS we need to ask:

(i) Will the photojournalism and documentary photograph function solely in denotative terms as a literal representation of actuality, or will it also function in connotative terms as a conceptual symbol of how we should orient ourselves to the pandemic?

4. The Photographic Visualization of HIV/AIDS 1981-2000

Diseases are most often pictured through portraits of the suffering patient, which become images of the disease anthropomorphized. These portraits help establish the structural limits that define the boundaries of the disease, and these boundaries are in turn produced in part by the aesthetic limits of the specific media in which the portrait appears – such as the perspective of the photograph (Gilman, 1988: 2). Viewed historically, the image of a given disease, as made available through the face of a patient, is a continuous one only marginally influenced by changing understandings about the nature or scope of the disease in question (Gilman, 1988: 3). The overall 'look' of the disease in the first decade of HIV/AIDS was consistent with this conclusion (Watney, 1990: 173).

Starting with photographs of gay men, their bodies marked by the lesions of Kaposi's Sarcoma and with visible wastage, the early images of HIV/AIDS emanating from the US were what Douglas Crimp has called portraits of abjection and otherness (Takemoto, 2003: 84). Sometimes combined with scientific close-ups of the isolated virus in a diptych, these pictures constructed the disease as an individual problem rather than a social responsibility (Watney, 1990: 1987, 190). Most notable in this regard was Nicholas Nixon's famous series of portraits people with AIDS, originally part of his 1988 Museum of Modern Art (MoMA) show "Pictures of People," and later the subject of this book *People with AIDS* (Nixon and Nixon, 1991).



Figure 4: Nicholas Nixon, *Tom Moran*, 1987

Nixon's portraits (Figure 4) were well received by art and photography critics, who praised the way their individualization of the disease was said to challenge stereotypes. In contrast, AIDS activists regarded the photographs – many of them showing people with cases of AIDS more advanced than that pictured here – as doing little more than replicating standard media images of ravaged, debilitated, hopeless victims. For Crimp (1992: 118, 130), while they embodied the liberal hope that giving AIDS a face would overcome the bureaucratic inertia blocking research on HIV, they were "phobic images" that lacked context and promoted fear. They promoted the idea that the hospital or hospice was the true location of AIDS, and that people with AIDS were passive individuals who had been "sentenced to the black-and-white testimonial space of the 'AIDS victim'" (Watney, 1990: 182-83). Nixon's images, and others like them, were emphatic statements of the idea that AIDS=death that transformed "distinct and distinguishable social beings into interchangeable examples of that equation" (Ogdon, 2001: 76). The resultant effect of this consistent mode of representation was to "abstract the experience of people living with AIDS away from the determining context of the major institutions of health care provision and the state. By being repeatedly individualized, AIDS is subtly and efficiently de-politicized" (Watney, 1990: 187).

Portraits like Nixon's used the photographic convention of the close-up, often of the face, to make their point. While this strategy was read by the art and photography critics as humanising, it is possible to understand this approach as achieving the reverse. This point is well made in Ogdon's (2001: 84-87) critique of Nixon's photographs, where she deploys Gilles Deleuze's arguments about the way the close-up relies on the face, how it works to "facify" its subject, and what the effects of this operation are. For Deleuze (1986: ch. 6) the close-up is the face and is more than just the result of a zoom. It effects an absolute change in which the person in the frame becomes an object: "*the close up abstracts it [the subject] from all its spatio-temporal co-ordinates, that is to say it raises it to the state of Entity*" (Deleuze, 1986: 96). Facification – the reliance on the close-up – is thus a form of effacement in which ironically the capacity of the face to individualize is lost, along with its role in socialization and communication (Deleuze, 1986: 99-100).⁸

Nixon's MoMA show was met with quiet dissent from AIDS activists who objected precisely to the way the focus on the face had dehumanizing effects. The year previous to the exhibition had seen the formation of the People with AIDS Coalition the founding statement of which decried their labelling as 'victims', said they were only occasionally 'patients' (because of the implied helplessness), and declared they were above all else 'people with AIDS' (Jones, 1997: 394). In this vein, ACTUP protested the Nixon show with a flyer that called for "no more pictures without context" and an end to photographs that displayed passive and ravaged individuals (Crimp, 1992: 118).



Figure 5: Benetton, AIDS – David Kirby, February 1992.⁹

ACTUP's campaign did not prevent the continued use of such photographs. In 1992, in a controversial development that blurred the boundaries between advertising and editorial photography, the Italian clothing corporation Benetton used a news photograph of a man dying from AIDS as part of a campaign. Under the guidance of its creative director Oliviero Toscani, Benetton had pioneered the use of constructed and documentary photography to associate its brand with humanitarian values and promote social causes. To raise awareness of AIDS, Toscani and the designer Tibor Kalman used a photograph of David Kirby (Figure 5), dying in the Ohio State

University Memorial hospital in May 1990. Kalman had come across this photograph – taken by Therese Frare and originally published as a black and white image – while reading an issue of *Life* in November 1990. Frare’s photograph won a World Press Photo award in 1991, but it was the Benetton campaign which brought it to wider public attention and provoked debate, about AIDS and the ethics of this image. Frare had taken the photograph at Kirby’s request, and both Frare and the Kirby family gave their consent to Benetton for the photograph to be colourized and used in the campaign. In 2003 *Life* made it part of the collection of 100 images the magazine claimed changed the world (Benetton, 2006; Kalman, 2006).

Despite widespread concerns, phobic images such as those of Nixon and Frare abounded in the 1980s and 1990s, especially when the subject was AIDS in Africa and other foreign locations.¹⁰ As Bleiker and Kay (2007: 147-51) demonstrate in their incisive reading of a 1986 news photograph taken in Uganda by Ed Hooper (see Figure 6), which was published in *Newsweek* and *The Washington Post*, distant locations lend themselves to the production of the iconography of anonymous victimhood (Campbell, 2003). Hooper’s picture “is an attempt to capture the universal nature of death, stripped free of context and culture. As a result, it shows an image of passive victims, void of agency, history, belonging, or social attachment” (Bleiker and Kay, 2007: 149).



Figure 6: Two victims: Ugandan barmaid and son

Bleiker and Kay (2007: 140-41) offer three accounts of the practice of photography – the naturalist, the humanist and the pluralist. Dispensing with the first because of its untenable assumptions about mimetically reproducing an objective and value free reality, they focus on the other two. They read most photojournalism as embodying a humanist ethos that seeks to elicit compassion in order to enable change. The pluralist conception of photography comprises local practices that seek to shun stereotypes. They stress that these are ideal types and that a single photograph could encompass more than one mode. Nonetheless, their discussion of humanist photography is especially relevant to this report.

Bleiker and Kay's analysis draws out the function of photographs like that of Hooper. Pity, compassion, sympathy and empathy are related but distinct emotions that photographs – even when they are published simply as illustrations to accompany reports – can inspire. The meaning of each is complex, but insofar as photographs of suffering are meant to affectively arouse the more fortunate, pictures such as Hooper's can have a paradoxical effect. While they may disturb viewers at one level, they can be comforting at another: "death in a distant and dangerous elsewhere can...become a way of affirming life in the safe here and now" (Bleiker and Kay, 2007: 151).

The familiar persistence of photographs like Hooper's in the representation of HIV/AIDS in Africa suggests that the images are a product of what social scientists call "path dependence" – the way in which current visual forms replicate orientalist historical traditions (Bleiker and Kay, 2007: 145) rather than current conditions. As Schell (1997: 101) argues, "perhaps the media images of devastation and starvation in Africa have helped constitute the continent to Americans as a habitat where humans are victims and disease and famine have the upper hand." That these particular visual forms are not natural is demonstrated by the changes in strategies for representing people living with HIV/AIDS in the United States over the last decade. In a shift that is both driven by and parallels the relative de-stigmatization of HIV/AIDS discussed in Section 2, photographs of HIV/AIDS patients are now more likely to represent robust individuals free from the external marks of the disease (such as

the former basketball star Magic Johnson) than the emaciated figure of the dying victim as seen in the 1993 film *Philadelphia* (Fernandes, 2008: 94-95).

These portrayals of people living with AIDS as healthy survivors have been actively promoted by commercial interests that see the gay community in the US as a significant market. In his study of advertisements in three gay newspapers, using a seven-month sample from 1995, Jones (1997) detailed how individuals were pictured as empowered, heroic and even athletic. These images manifest the changing of understanding of HIV/AIDS in the US that has seen it move from being an automatic death sentence to a disease that can be managed by antiretroviral drugs. The pharmaceutical industry has been active in using pictures that represent this shift, creating the idea that such drugs are treatments for a condition that need not compromise the lifestyle of their consumers. Reacting against this representation, in April 2001 the US Food and Drug Administration ordered the industry to change its advertising strategy to better reflect the issues facing people living with HIV/AIDS (Lindsey, 2001).

These 'positive' photographs of the healthy, active but infected person, while representing a significant shift in the media construction of HIV/AIDS that estranges the naturalization of the 'negative' pictures emanating from Africa, do not in the end escape the stigmatization of HIV/AIDS. As Jones (1997: 409) concluded:

The creation of the 'idealized' self – healthy, empowered and possessing options – is intertwined with and dependent upon the creation of its opposite, a 'damaged' self – diseased powerless, guilty of both ignorance and moral failing – fulfilling in fact, all of the worst indictments of the less generous popular press. Neither of these identities is a 'realistic' portrayal of or helpful model for people with HIV/AIDS. They merely fuel the already powerful pattern of stigmatization existing in the larger social frame.

(a) Questions for photographic practice

This review has demonstrated how what Douglas Crimp called phobic images – the portraits of abjection and otherness that individualize responsibility and depoliticize the pandemic – were prominent in the photographic visualization of HIV/AIDS between 1981 and 2000. Drawing on the established tradition of anthropomorphizing disease through pictures of the patient, these images of ravaged, debilitated and helpless people, often in hospital settings, gave the disease a face but nonetheless help to establish the biopolitical border between the healthy/unhealthy.

There have, however, been changes in visual representation throughout this period, at least in North American and Europe. Most notably, we have seen the way photographs shifted to a concern with people living with AIDS rather than simply dying from the disease. This transformation might have been made possible, at least in part, by the relocation of the phobic images from the domestic space of northern societies to the foreign realm of the global south. As section 3 demonstrated, the internationalization of news coverage of the pandemic meant that there was increased attention on AIDS in Africa, and visually that focus came through photographs that replayed colonial stereotypes of the 'dark continent' through an iconography of anonymous victimhood. This has meant that images of death abroad have helped secure life at home.

Building on the issues for photographic practice raised in sections 1(a), 2(a) and 3(a), this discussion gives rise to a number of questions for that practice in the wake of this review of the photographic visualization of HIV/AIDS between 1981 and 2000:

- (i) Did the increased photographic attention to HIV/AIDS internationally simply replicate the phobic images of the 1980s?
- (ii) Did the photography of HIV/AIDS continue to rely on the body and the face of individuals associated with the pandemic?

- (iii) Were the photographs from 2000 onwards portraits of abjection and otherness, or did the shift to pictures of people living with HIV expand to include those outside Europe and North America?

- (iv) Were there elements of the global pandemic specific to the global south that challenged the established visualization of HIV/AIDS?

5. The Photojournalistic Visualization of HIV/AIDS since 2000

To examine how HIV/AIDS has been visualized since the emergence of the security problematic in 2000, this section examines three categories of primary sources. First, to consider how HIV/AIDS has been pictured in the mainstream print media between January 2000 and August 2007, this study selected three newspapers, *The New York Times* and *The Guardian* (London) – along with its sister Sunday publication *The Observer* – for analysis. These are major newspapers in their respective markets and understood as quality publications, with *The New York Times* being the self-styled paper of record for the US and *The Guardian/Observer* being a liberal paper committed to a global perspective with some sensitivity towards issues in Africa.¹¹ The photojournalism of *The New York Times* is examined in detail, with the pictures that accompanied page one stories, and those that accompanied stories explicitly invoking the notion of HIV/AIDS as a security issue, being the major focus of the analysis. The photojournalism of *The Guardian/Observer* is examined via the papers' distinctive use of photo essays and major supplements to draw attention to the issues surrounding HIV/AIDS.

Second, this section analyzes the documentary projects of a selected number of photojournalists who have reported on HIV/AIDS since 2000, with some attention to the way *Time* magazine dealt with the issue. This is followed, thirdly, by a brief consideration of the images of HIV/AIDS used in selected UN and non-government organization sites since 2000. Any study of this kind is necessarily a limited snapshot of the global media landscape at any one time; however, the extensiveness of the sample reviewed for each paper, the nearly seven year time-frame of the study, and the analysis of supplementary work by committed photojournalists, means that the argument has comprehensive and detailed sources of evidence for its conclusions.

(a) Methodology

Determining where and when news photographs relating to HIV/AIDS have been published in *The New York Times* and *The Guardian/Observer* means it is necessary to determine which articles are relevant and which of those have associated images. The methodology for this analysis follows that used by nearly all the secondary studies of media content reviewed in Section 3 (see Bardhan, 2001; Johnson, 2002; Brodie et. al., 2004; Wallis and Nerlich, 2005; de Souza, 2007). To construct the sample of articles from each of the newspapers being reviewed the Lexis-Nexis database was used to search for relevant content, beginning with a keyword search for "HIV". The total number of articles for each year of the sample were viewed in expanded list format so that those articles that were not directly about HIV/AIDS (whether they dealt with the issue at an international, national or local level, were about the virus itself, the science relating to it, and particularly, HIV/AIDS being described as a security issue) could be eliminated. Eliminated items were often obituaries and very short news summaries or world briefing mentions, usually with only a sentence or two of content, and often sourced from news agencies. The title, word count and number of mentions of the search terms in the short article summary provided were also examined, as this helps to determine whether the article merely mentions "HIV" once in the course of discussing a different topic or whether the article is focused on some aspect of the virus and its impacts. Lexis-Nexis also provides percentages for the search term and other terms deemed to be key for representing the content of the article, and these were also used to narrow the sample down to the most focused and relevant articles that might have images associated with them. For many articles Lexis-Nexis notes if there is an associated picture by listing the caption and credit. However, this is not an exhaustive feature in the database, so page one articles, lengthy articles (400 words or more) and magazine articles were checked to see if news photographs were present.

To get an overall sense of the nature of each paper's coverage, the articles remaining after the elimination process were analysed in terms of a series of story themes. The main themes were stories of patients, care giving, prevention, and science, and those that had either a national or

international foci.¹² Given the primary concern of this study, stories that dealt overtly and specifically with HIV/AIDS as a security issue were identified. Articles with images were also coded in terms of the geographic regions to which the story themes referred or in which the story themes were set.

The photographs associated with the articles were also coded in terms of the story themes and regions they represented, because we cannot assume that the images that accompany a particular article necessarily represent the same story themes and regions as the article. In addition, the pictures were analyzed for gender, in terms of whether they showed “male”, “female”, “male and female” or “unknown,” as well as their specific subject content.

(b) Summary analysis of *The New York Times* article coverage

There were a total of 3,996 articles concerning HIV in the seven years of the sample, 635 of which were analyzed in detail after the elimination process as described above. Of that number, 272 had images associated with them. Figure 7 represents the total number of articles, the number of articles examined after the elimination process, and the articles that were examined that had images. It shows, consistent with the discussion in Section 3, how coverage of HIV/AIDS has declined from a high in 2001.

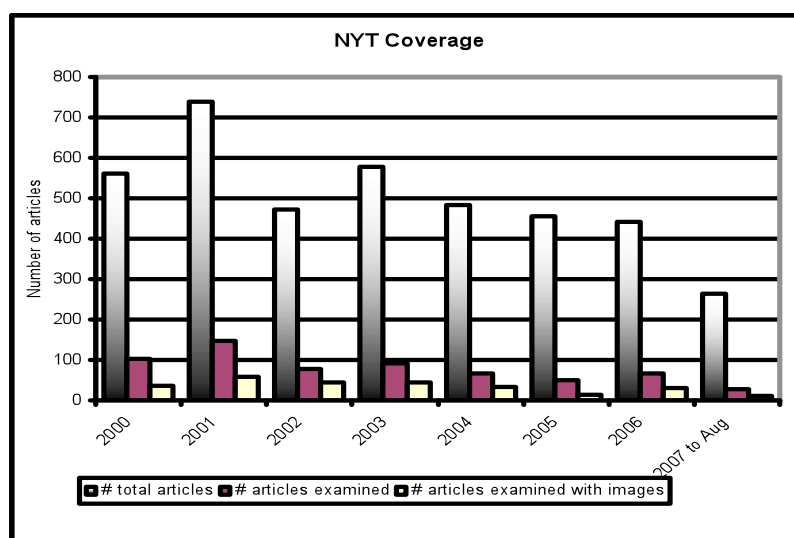


Figure 7

The variations in regions covered by *The New York Times* articles that were analyzed are illustrated in Figure 8, where these regions are abbreviated as follows:

- A = Africa
- CA = Central Asia
- EA = East Asia (includes Australia)
- EE = Eastern Europe
- I = India
- LA = Latin America (includes Caribbean)
- ME = Middle East
- NA = North America
- SA = South America
- SEA = Southeast Asia
- WE = Western Europe

This demonstrates how Africa and North America dominate reporting, followed by general international stories and coverage of HIV/AIDS in China (East Asia).

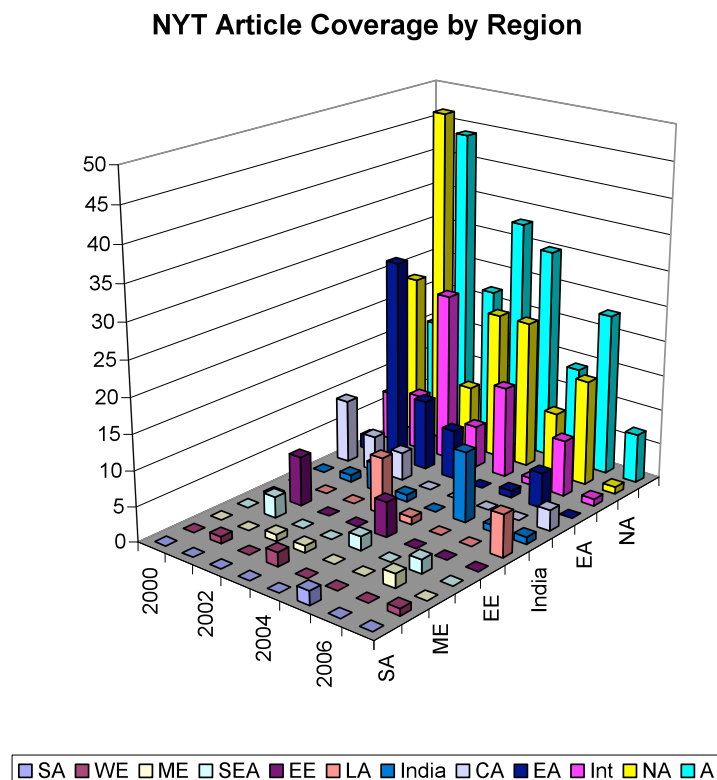


Figure 8

(c) Summary analysis of *The New York Times* image coverage

There were 540 images (including photographs, drawings, charts and maps) accompanying the articles analyzed, of which 355 were photographs. The regional distribution of those images is detailed in Figure 9, and demonstrates a similar focus on Africa, North America and East Asia in the pictures.

NYT Image Coverage by Region

REGION	NUMBER	PERCENTAGE
Africa	187	34.6
North America	147	27.2
International	69	12.8
East Asia	54	10.0
Central Asia	21	3.9
India	18	3.3
Latin America	15	2.8
Eastern Europe	12	2.2
Southeast Asia	7	1.3
Western Europe	4	0.7
Middle East	4	0.7
South America	2	0.4
TOTAL	540	100

Figure 9

The story themes of the images are detailed in Figure 10, and the gender breakdown of the 355 photographs in the sample is revealed in Figure 11.

NYT Image Coverage by Story Theme

STORY THEME	NUMBER	PERCENTAGE
National	163	30.2
Care giving	105	19.4
Prevention	90	16.7
Patient	80	14.8
International	79	14.6
Science	23	4.3
TOTAL	540	100

Figure 10

NYT Photographic Coverage by Gender

GENDER	NUMBER	PERCENTAGE
Male	171	48.2
Female	109	30.7
Male and Female	38	10.7
Unknown	37	10.4
TOTAL	335	100

Figure 11

NYT Photographic Coverage by Content

PHOTO CONTENT CODE	NUMBER
Patient	103
AIDS educators/health personnel	49
African citizen	45
Politician	40
Children	24
Scientist	15
Patient and AIDS educators/health personnel	13
Patient and caregiver	10
Building	7
Caregiver	6
IV drugs/equipment	2
Other	31
TOTAL	355

Figure 12

Figure 12 details, once drawings, graphs and maps had been eliminated, the content of the photographs (314 out of 355) that could be codified. Of these pictures, just under 45% involved patients, 22% were of educators or health care personnel, 16% were of African citizens (who were not included in any of the other codes) and 14% were of politicians. Of the overall sample of images, 10% were in a clinic setting.

Of the 540 photographs and other images, thirty-nine images (including thirty-two photographs) were placed on the front page. As this placement is associated with a prominent story and thereby makes the images more significant, this sample will be analyzed in more detail.¹³

(d) New York Times page one photographs

This section lists all the front-page articles on HIV/AIDS between January 2000 and August 2007 that were accompanied by photographs. The photographs that are reproduced here are those that appeared on the front page of the first section of the paper. Where photographs accompany the article inside the paper, but do not appear on the front page, they are described by reproducing their captions.

Joseph Kahn and John Kifner, "World Trade Officials Pledging To Step Up Effort Against AIDS," 17 April 2000.

[No front-page image; photo on p. A16]

Caption: Protesters who had chosen to be arrested sat down on Pennsylvania Avenue in Washington yesterday as they waited for the police to take them. (Paul Hosefros/The New York Times)(Pg. A16).

Michael Wines, "Heroin Carries AIDS to a Region in Siberia," 24 April 2000.



Figure 13. Caption: An H.I.V.-infected mother, 23, with other heroin addicts in a hospital bathroom in Irkutsk, Russia. (Jacqueline Mia Foster for The New York Times)(Pg. A1); In a hospital in Irkutsk...a 22-year-old drug addict received outpatient treatment with his mother at his side. ... Andrei Kurnosov, who once studied law, injected himself with heroin in the bleak two-room apartment where he lives. Now 30, he makes a living as a petty thief. (Photographs by Jacqueline Mia Foster for The New York Times) (Pg. A12).

Marc Lacey, "President Urges Nigeria to Fight Tyranny of Aids," 28 August 2000.



Figure 14. Caption: President Clinton walking with doctors yesterday while visiting Ushafa, a village in north-central Nigeria. He wore a traditional Nigerian robe. (Reuters)(Pg. A1); President Clinton, in a traditional Nigerian robe, got an enthusiastic greeting yesterday in the village of Ushafa, near Nigeria's capital, while Kyata Shamba, 13, wore an American flag as she prepared to greet him. (Rick Bownner/Associated Press); (Agence France-Presse)(Pg. A8)

Diana Jean Schemo, "Survey Finds Parents Favor More Detailed Sex Education," 4 October 2000.

[No front-page image; photo on p. A27]

Caption: Jennifer Shattles, a teacher at Montgomery Blair High School in Silver Spring, Md., recently instructed students in an elective class in sex education. The school, with a diverse population, is more liberal than most. (Marty Katz for The New York Times)(Pg. A27).

Elisabeth Rosenthal, "In Rural China, a Steep Price of Poverty: Dying of AIDS," 28 October 2000.

[No front-page image; photo on p. A4 – same person as in Figure 21 below]

Caption: Dr. Gao Yaojie, who is fighting an AIDS epidemic in rural China. (Pg. A4)

Donald G. McNeil, Jr., "Romania's AIDS Children: A Lifeline Lost," 7 January 2001.

[Photograph unavailable]

Caption: Children who are H.I.V. positive saying a mealtime prayer in Doru House, an orphanage in Bucharest. (Dan Giurca for The New York Times)(Pg. 1); AND YESTERDAY'S CHILD -- At the same hospital in 1990, Mihail Militaru, 1, had AIDS. A shocked Romania had learned that tainted blood had infected thousands of children. (B. Bisson/Corbis-Sygma); TODAY'S CHILD -- An H.I.V.-positive boy...has lunch at Doru House on the grounds of Dr. Victor Babes Hospital in Bucharest. (Dan Giurca for The New York Times)(Pg. 6).

Donald G. McNeil Jr., "Indian Company Offers to Supply AIDS Drugs at Low Cost in Africa," 7 February 2001.

[No front-page image; photo on p. A10]

Caption: Dr. Yusuf K. Hamied, whose company offers low-cost AIDS drugs. (Santosh Verma for The New York Times)(Pg. A10)

Rachel L. Swarns, "Aids Drug Battle Deepens In Africa, 7 March 2001.

[No front-page image; photo on p. A6]

Caption: AIDS protesters like these members of the National Association of People Living With AIDS, in Johannesburg, above, marched many streets this week demanding drug price cuts. In Pretoria, below, Prudence Mabele, 29, who has been H.I.V.-positive for 11 years, made her protest inside a mock coffin. (Agence France-Presse); (Joao Silva for The New York Times)(Pg. A6)

Rachel L. Swarns, "AIDS Obstacles Overwhelm A Small South African Town," 29 March 2001.



Figure 15. Caption: "You don't know how many coffins I've bought," says Dr. Smangaliso Hlengwa, who treats patients with H.I.V. in Hlabisa, South Africa. Coffins, large and small, are lined up for sale at a local funeral parlor. (Joao Silva for The New York Times)(Pg. A1); Orphaned by AIDS, Makhonsandile Mbatha, 11, in the foreground above, and his cousin, Ntokozo Sibiya, 13, dress to go to school in rural Hlabisa, South Africa. Dr. Smangaliso Hlengwa, at left below, visits a couple at their home. The man's brother, a patient of Dr. Hlengwa, has just died of AIDS. (Photographs by Joao Silva for The New York Times)(pg. A8)

Rachel L. Swarns, "Free AIDS Care Brings Hope to Botswana, 8 May 2001.



Figure 16. Caption: Dr. David Marumo, studying an X-ray at a hospital in Jwaneng, Botswana, is heartened by new developments in AIDS treatment. (Joao Silva for The New York Times)(Pg. A1); Priscilla Masiapetto, left, and Mmateleki Kgosimore, wives of Debswana diamond miners, will be eligible for AIDS treatment under a new plan. The mine in Jwaneng is operated by Botswana's largest private employer.; Debswana mine employees in Jwaneng, Botswana, start work before dawn. More than a third have H.I.V. (Photographs by Joao Silva for The New York Times)(Pg. A14)

Elisabeth Rosenthal, "SILENT PLAGUE: A Special Report: Deadly Shadow Darkens Remote Chinese Village, 28 May 2001.

[No front-page image; photo on p. A6]

Caption: A funeral for an AIDS patient last winter in Weishi County, Henan, one of the afflicted areas. White scarves are a local tradition.; Li Xu Rong, 49, and her husband, above, of Donghu are among the many villagers in the Henan Province infected with H.I.V. as a result of selling their blood. Gu Yulan, 46, left, also has the virus, and is suffering from fevers and mouth sores. (Elisabeth Rosenthal/The New York Times)(Pg. A6)

Sheryl Gay Stolberg, "In AIDS War, New Weapons and New Victims," 4 June 2001.



Figure 17. Caption: Shawn Pleasant, 7, who was infected with H.I.V. at birth and who has cerebral palsy, gets a drug mixture daily, masking the taste in ice cream. (Stephen Crowley/The New York Times); Living with H.I.V. today often means a daunting daily drug regimen to suppress the virus. (Pg. 1); "I don't want to die," Ronald Taylor recently told Dr. Veronica Jenkins at a Washington AIDS clinic. "I want to get myself better." (Photographs by Stephen Crowley/The New York Times); To combat AIDS, Elsie Carter begins every morning with a drug cocktail, the kind that brought her back from the death bed. Dr. Tim Price, whose practice caters to gay men, says he has seen a marked rise in longtime H.I.V.-negative patients who test positive. (Pg. 24)

Jennifer Steinhauser, "A New York Vastly Altered by AIDS," 4 June 2001.



Figure 18. Caption: An exhibition at the Museum of the City of New York tells the history of the Gay Men's Health Crisis. (Ting-Li Wang/The New York Times)(Pg. A1); To draw attention to AIDS causes, the group Act Up helped popularize the "die-in" style of demonstration, like this 1990 protest outside St. Patrick's Cathedral. (Misha Erwit/Magnum Photos); (Photographs by Peter Shaaf Hotline ,The Estate of Robert Mapplethorpe, Dith Pran/The New York Times St. Patrick's , Jack Manning/The New York Times Halston , Chang W. Lee/The New York Times Needles , Sara Krulwich/The New York Times Angels , Associated Press drug protester) (Pg. B5)

Christopher S. Wren, "Powell, at U.N., Asks War on Aids, 25 June 2001.

[No front-page image; photo on p. A4 – photo in security list]

Caption: Peter Piot, left, executive director of the United Nations agency fighting AIDS, with Secretary General Kofi Annan, center, and Harry Holkeri, president of the General Assembly, spreading an AIDS quilt yesterday. (Agence France-Presse)(Pg. A4)

Jennifer Steinhauser, "U.N. Unites to Combat AIDS But Splits Over How to Do It," 27 June 2001.

[No front-page image; photo on p. A10]

Caption: The United Nations Secretariat Building glowing with an AIDS ribbon to honor the first General Assembly special session devoted to discussion of a health issue. Activists and scientists were among those at the session. (Reuters)(Pg. A10)

Kevin Sack, "Epidemic Takes Toll on Black Women," 3 July 2001.



Figure 19. Caption: After years of unprotected sex, Tyeste W. Roney, 20, learned in February that she was H.I.V. positive. (Michelle V. Agins/The New York Times)(Pg. A1); Jean, with a mask partly concealing her face, contracted AIDS after years of unprotected sex. "I guess I just blocked it out of my mind," she said.; Dr. Hamza O. Brimah, the only AIDS specialist in a nine-county area around Greenwood, Miss., examined Tyeste W. Roney at his clinic. (Photographs by Michelle V. Agins/The New York Times)(Pg. A14)

Seth Mydans, "Fighting AIDS: A New War Is Killing Cambodians, 7 July 2001.



Figure 20. Caption: Touch Saroeun, 31, ex-Khmer Rouge soldier and tank driver, now one of many Cambodians sick with AIDS. (Seth Mydans/The New York Times)(Pg. A1); At an AIDS hospice in Phnom Penh, Keo Chantha, left, Nguyen Thi Linh and Uy Kimheng. Patients in Cambodia have particularly grim stories. Keo Chantha, for example, was sold into prostitution by her brother. (Seth Mydans/The New York Times)(Pg. A4)

Elisabeth Rosenthal, "Doctors' Dirty Needles Spreading Disease in China," 20 August 2001.

[No front-page image; photo on p. A10]

Caption: At a huge "recycling center" in Beijing, a migrant worker who gave his name as Mr. He reached into a bin and pulled out IV tubes with needles. (Elisabeth Rosenthal/The New York Times)(Pg. A10)

Elisabeth Rosenthal, "China Now Facing An Aids Epidemic, A Top Aide Admits," 24 August 2001.



Figure 21. Caption: Dr. Gao Yaojie, right, runs her own H.I.V. education program, filling a void but angering Chinese officials. (Agence France-Presse)(Pg. A1); Reported H.I.V. infections in China have risen sharply this year. AIDS patients in Beijing, above, rest in a hospital, but less help is available for a villager, right, in Henan Province. Many farmers have contracted AIDS by selling their blood using unsterilized practices. (Associated Press); (Elisabeth Rosenthal/The New York Times); Yin Dakui, deputy health minister, spoke about China's AIDS crisis. (Associated Press)(Pg. A10)

Elisabeth Rosenthal, "AIDS Patients in China Lack Effective Treatment," 12 November 2001.

[No front-page image; photo on p. A8]

Caption: Zhang Xiaqing, 8, tested positive for H.I.V., so her father took her to Beijing. They are staying in a migrants' village on the city's northern outskirts. (Mark Leong/Matrix, for The New York Times); Xiao Li, 29, is an Internet designer whose health is deteriorating after eight years with H.I.V. He is being treated only with herbal medicines. (Elisabeth Rosenthal/The New York Times)(Pg. A8)

Rachel L. Swarns, "South Africa's AIDS Vortex Engulfs a Rural Community," 25 November 2001.

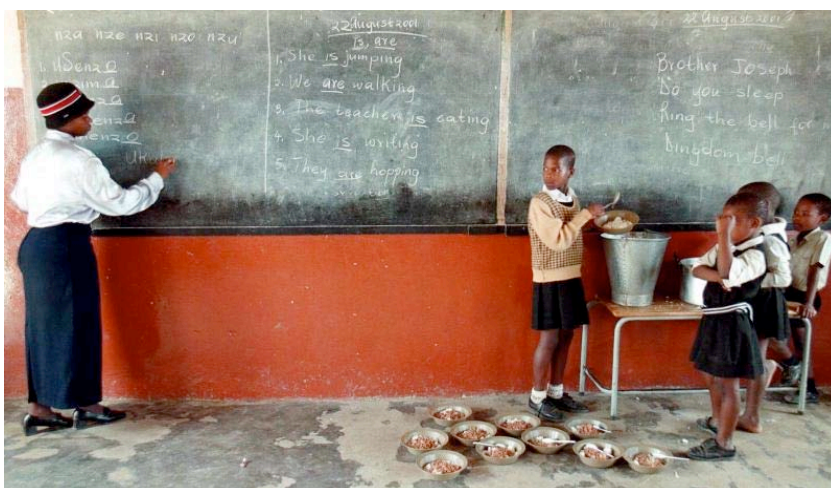


Figure 22. Caption: At Gwegwede school, where two teachers died of AIDS, Theodora Mngomezulu with pupils at lunchtime. (Joao Silva for The New York Times)(Pg. A1); In Hlabisa, where hawkers display their wares on the only tarred stretch of road, 35 percent of the adults are infected with H.I.V.; At Hlabisa Hospital's morgue, swamped by AIDS, relatives collected the body of a 20-year-old woman who died of a lung infection. (Photographs by Joao Silva for The New York Times)(Pg. A22)

Rachel L. Swarns, "A South African Hospital Fights AIDS and Despair," 26 November 2001.



Figure 23. Caption: A patient at Hlabisa Hospital has fluid drawn from his lungs. (Joao Silva for The New York Times)(Pg. A1); Patients in the male wards at Hlabisa Hospital, which suffers from soaring admissions and shortages of beds and health workers.; Nurses at Hlabisa Hospital covered Simon, a deceased patient. He showed signs of AIDS, but died before a diagnosis could be made. (Photographs by Joao Silva for The New York Times)(Pg. A10).

Donald G. McNeil Jr., "A Lonely Crusade Warning Africans of AIDS," 28 November 2001.

[No front-page image; photo on p. A14]

Caption: A patient waits for an X-ray at Dr. Neil E. Jorgensen's clinic in Mtubatuba, South Africa. Dr. Jorgensen has waged something of a one-man education campaign about AIDS.; Dr. Jorgensen, here examining a young patient, has brought the rate of H.I.V. in Mtubatuba's mill work force to 28 percent, well below the region's 36 percent. (Photographs by Joao Silva for The New York Times)(Pg. A14)

Donald G. McNeil Jr., "South African Victims Face Rapists and H.I.V.," 30 November 2001.

[No front-page image; photo on p. A12]

Caption: A 17-year-old rape victim near her home in Thandanani in KwaZulu/Natal Province. Though her attacker was arrested, he refused to take a blood test, a right he has by law. (Joao Silva for The New York Times)(Pg. A12)

Elisabeth Rosenthal, "Spread of AIDS in Rural China Ignites Protests," 11 December 2001.



Figure 24. Caption: A man who got AIDS from selling blood was tended by his father. (The New York Times)(Pg. A1); A young man with AIDS, right, in Dongguan South is cared for by his mother and grandmother. The village is in an area where AIDS is spreading.; A group of women in Dongguan South talked about their AIDS problems. They either are H.I.V.-positive or have relatives who are. As Xie Yan, left, who is H.I.V.-positive, spoke, her young son sat on the floor. (Photographs by The New York Times)(Pg. A16)

Elisabeth Rosenthal, "A Poor Ethnic Enclave in China Is Shadowed by Drugs and H.I.V.," 21 December 2001.

[No front-page image; photo on p. A8]

Caption: At a detoxification center in Butuo, China, drug users recently attended a seminar on the dangers of H.I.V. (Elisabeth Rosenthal/The New York Times)(Pg. A8)

Elisabeth Rosenthal, "With Ignorance as the Fuel, AIDS Speeds Across China," 30 December 2001.



Figure 25. Caption: "Entertainment workers" outside their bar in Sichuan Province. (Elisabeth Rosenthal/The New York Times)(Pg. A1); Chinese doctors tend to view sex workers, like these prostitutes in Guilin in the southwest, as a "bridge" that allows the spread of AIDS. Various programs seek to educate China's sex workers, but not their customers. (Agence France-Presse, 1996)(Pg. A8).

Elisabeth Rosenthal, "Gays in China Step Out, With One Foot in Closet," 12 April 2000.

[No front-page image; photo on p. A10]

Caption: A nightclub in Shenzhen, China, that focuses on gay men. Gay clubs, newsletters and Web sites are giving men in a few places like Shenzhen new choices and a level of freedom that was unthinkable a few years ago.; When a club closes at 3 a.m., a group of friends go out to eat. The man at the right, who has drunk too much, is open with his wife and friends about being gay, but wears a wedding band for the benefit of his parents. (Photographs by Justin Guariglia/Contact, for The New York Times)(Pg. A10)

Sheryl Gay Stolberg, "Congress Awakens to AIDS With a Convert's Zeal, 12 May 2002.

[No front-page image; photo on p. 20; see security list for picture]

Caption: Senator Jesse Helms, speaking to a Christian relief organization recently, said he was ashamed he had not done more to fight global AIDS. (Agence France-Presse)(Pg. 20)

Lawrence K. Altman, "AIDS Study Finds Many Unaware They Have Virus," 8 July 2002.

[No front-page image: photo on p. A13]

Caption: At a candlelight vigil yesterday in Barcelona, Spain, during the world AIDS conference there, participants called for inexpensive, life-saving medicine to be made available in poor countries. (Reuters)(Pg. A13).

Elisabeth Rosenthal, "AIDS Scourge in Rural China Leaves Villages of Orphans," 25 August 2002.



Figure 26. Caption: Wei Zhicheng, 8, with his grandfather, Wei Minrong, who is dying of AIDS in the Chinese village of Donghu. Zhicheng's mother died of AIDS in 2000, and his father and grandmother are also dying of the disease. (The New York Times)(Pg. 1); Dong Yangnan, 12, lives with his grandfather because both of his parents have died of AIDS in the last year. (Elisabeth Rosenthal/The New York Times); Ren Furong, 3. Both his parents have AIDS. His mother is bedridden, his father is still able to farm.; Ren Genqing, 16. His father died of AIDS in 2000, his mother in 2001. He must care for his younger brother, 12.; Liu Zhenrong, 5. His father died of AIDS, and his mother is bedridden with the disease.; Dong Xuili, 7. Both of her parents have contracted AIDS and are bedridden. (The New York Times)(Pg. 4).

Henri E. Cauvin, "AIDS Imperiling African Armies, Key to Stability of Many Nations," 24 November 2002.

[No front-page image; photo on p. A12 – see Figure 47 below]

Caption: At an army base in Luanda, Angolan soldiers train to teach others how to defend themselves against H.I.V. (Joao Silva for The New York Times)(Pg. 12)

Rachel L. Swarns, "For South Africa's Poorest AIDS Victims, a Place to Die," 28 December 2002.

[Photograph on p. 1 unavailable]

Caption: Armandos Pheto, who gets free care and basic medicines, had been living with AIDS in a concrete pipe. (Joao Silva for The New York Times)(Pg. A1); Jane Vundla, left, can still walk and feed herself and her children, none of whom are infected with H.I.V. but who live with her at the Sparrow Rainbow Village hospice. But her eyesight is failing and she grows weaker every day. "I worry that my brain is loose," she said. Some patients at the hospice, however, are so frail they can no longer get out of bed. (Photographs by Joao Silva for The New York Times)(Pg. A8)

Sheryl Gay Stolberg and Richard W. Stevenson, "THE PRESIDENT'S PROPOSALS: AIDS POLICY; Bush AIDS Effort Surprises Many, But Advisers Call It Long Planned," 30 January 2003.

[No front-page image; photo on p. A19]

Caption: Many may have been surprised by the president's AIDS initiative, but Dr. Anthony S. Fauci, a leading federal scientist, says he was not one. (Associated Press)(Pg. A19)

Rachel L. Swarns, "Free AIDS Drugs in Africa Offer Dose of Life," 4 February 2003.

[No front-page image; photo on p. A6]

Caption: Nobantu Kwinana outside her home in Khayelitsha, outside Cape Town. At first, she said, she just hoped to die. "Now," she said, "I'm not scared."; Three patients of the Khayelitsha clinic who view life with new hope. Left to right, Pumza Charlie, 24, Doris Matanda, 40, and Akhona Jazi, 24.; A patient receives her medication at the clinic in Khayelitsha. (Photographs by Joao Silva for The New York Times)(Pg. A6)

David Gonzalez, "As AIDS Ravages Caribbean, Governments Confront Denial," 18 May 2003.

[No front-page image; photo on p. A8]

Caption: A Dominican man, left, says his clinic does not know his illness, but a health worker says he has AIDS. In Puerto Plata, current and former sex workers teach AIDS prevention.; A woman in Puerto Plata, in foreground, gestured in disbelief as Dr. Sonia Ramirez, left, told her she had H.I.V. The woman later tore up a paper version of the diagnosis. (Photographs by Angel Franco/The New York Times)(Pg. 8)

Richard W. Stevenson, "Bush Pushes South African in Fighting AIDS," 10 July 2003.



Figure 27. Caption: President Bush and President Thabo Mbeki of South Africa after saying at a news conference that they shared the aim of restoring stability to Zimbabwe. Mr. Bush also promised to provide more funds to fight AIDS. (Associated Press)(Pg. A1); President Bush toured the Ford Motor plant yesterday in Pretoria, where he promoted closer economic ties between the United States and Africa. (Associated Press)(Pg. A10)

Elizabeth Becker, "In Reversal, U.S. Nears Deal On Drugs for Poor Countries," 28 August 2003.

[No front-page image; photo on p. C6]

Photo: David Huezo, left, president of the American Chambers of Commerce in El Salvador, talked with Peter Allgeier, the deputy United States trade representative, at a meeting last month in San Salvador . (Photo by Associated Press)(Pg. C6).

Sharon LaFraniere, "AIDS Patients in Zambia Face Stark Choices," 11 October 2003.

[Photograph on p. 1 unavailable]

Caption: Kasango Kabaso with his daughters. He and the elder girl are H.I.V.-positive, but money for drugs is scarce. (Photo by Lori Waselchuk for The New York Times)(Pg. A1); At an AIDS counseling center in Lusaka, above, Jean Malenga, right, a counselor who is infected with H.I.V. herself, lent a sympathetic ear. In the photo at left, Janet Phiri, an H.I.V.-positive volunteer, fed a patient in a hospice near Lusaka. Mrs. Phiri receives medication for her work. (Photographs by Lori Waselchuk for The New York Times)(Pg. A6)

Celia W. Dugger, "Rural Haitians Are Vanguard In AIDS Battle," 30 November 2003.

[No front-page image; photo on p. A20]

Caption: Dr. Paul Farmer, founder of Partners in Health, with an H.I.V. patient in Cange, Haiti. The group began giving antiretroviral drugs to patients in Haiti in 1999, when such efforts were virtually unknown.; Before leaving for school one recent morning, a 9-year-old girl named Fanise took anti-AIDS medication brought by Mrs. Guerrier, one of a small army of villagers in Haiti that delivers medications to the poor.; Margareth Guerrier is one of about 700 Haitian villagers who make regular rounds, mostly on foot, delivering drugs for AIDS and tuberculosis. (Photographs by Angel Franco/The New York Times)(Pg. 20)

"World AIDS Day Tribute," 2 December 2003.



Figure 28. Caption: Flowers being placed yesterday in the midst of the names of victims at the National AIDS Memorial Grove in San Francisco. (Photo by Justin Sullivan/Getty Images).

Sharon LaFraniere, "Millions of AIDS Orphans Strain Southern Africa," 24 December 2003.



Figure 29. Caption: A child in an AIDS orphanage in Beira, Mozambique, one of the few such institutions available as the disease kills millions of African parents. (Photo by Joao Silva for The New York Times)(Pg. A1); Mavis, 5, whose parents are believed to have died of AIDS, at an orphanage in Beira, Mozambique. She is also infected with H.I.V.; As the AIDS epidemic continues to devastate Southern Africa, the orphans of the dead are being left to fend for themselves. In the village of Cemento, Mozambique, Jose Nhambo, 17...transported two of his brothers on a bicycle. Both of his parents died of AIDS. (Photographs by Joao Silva for The New York Times)(Pg. A10)

Donald G. McNeil, "Romania Declares Victory in Fight against AIDS," 11 February 2004.

[Photograph on p. 1 unavailable]

Caption: An 11-year-old H.I.V.-positive Romanian boy named Anisor, with his morning batch of medicines in an orphanage in the town of Galatsi. (Photo by The New York Times)(Pg. A1). Above, Ciprian, left, and Costel, both H.I.V. positive, in an orphanage in Galatsi, Romania. Left, Anisor after a too-tight cast was removed from his left leg. (Photographs for The New York Times)(Pg. A12)

Gardiner Harris, "Price of AIDS Drug Intensifies Debate on Legal Imports," 14 April 2004.

[No front-page image; photo on p. C14]

Caption: Abbott Laboratories' decision to raise the price of Norvir has drawn the attention of Congress. (Photo by Joe Raedle/Getty Images)(Pg. C14)

Deborah Sontag, Sharon LaFraniere and Michael Wines, "Early Tests for U.S. in Its Global Fight on AIDS," 14 July 2004.



Figure 30. Caption: Aggrey Mwiindwa, 32, is counseled at a clinic in Lusaka, Zambia, about drugs he gets under an American program that has renovated four clinics. (Photo by Lori Waselchuk for The New York Times)(Pg. A1). Dorcas Mwishu, 13, who apparently was born with H.I.V., at a clinic in Lusaka, Zambia, with her aunt, Rose Akebu. Both of Dorcas's parents died of AIDS before she was 3. (Photo by Lori Waselchuk for The New York Times). Randall L. Tobias, coordinator of the United States global AIDS program, got an H.I.V. test in April in Mozambique. (Photo by Themba Hadebe/Associated Press)(Pg. A10)

Michael Wines, "As AIDS Continues to Ravage, South Africa 'Recycles' Graves, 29 July 2004.

[No front-page image; photo on p. A4]

Caption: So many people are dying of AIDS in Durban, South Africa, that gravediggers like Innocent Gasa are interring fresh bones atop old ones. Phmelele Diamoni, 4, visiting the Durban grave of her mother, who died last October at 25. Phmelele's sole support now is her grandmother, Judith Diamoni, 73, who is unemployed, divorced and broke. A coffin is wheeled into Central Funeral Services, a mortuary. In Durban, 51 of the 53 municipal cemeteries are officially filled to capacity. (Photographs by Jeffrey Barbee for The New York Times)(Pg. A4)

Lynette Clemenson, "Links Between Prison and AIDS Affecting Blacks Inside and Out," 6 August 2004.



Figure 31. Caption: William, an AIDS patient, with Sharon Lipscomb, his caseworker. (Photo by Michelle V. Agins/The New York Times)(Pg. A1). Dr. Adaora A. Adimora and Dr. David Wohl, infectious disease specialists at the University of North Carolina, are studying the connections between high incarceration rates and the spread of H.I.V. (Photo by Michelle V. Agins/The New York Times)(Pg. A16)

Linda Vallarosa, "Patients With H.I.V. Seen as Separated By a Racial Divide," 7 August 2004.

[No front-page image; photo on p. A13]

Caption: A worker for the Donald R. Watkins Memorial Foundation drew blood from a Houston resident for a free H.I.V. test last month. (Photo by Michael Stravato for The New York Times). Dr. Valerie E. Stone, who treats H.I.V. patients in Boston, says she is increasingly alarmed about H.I.V.-related death rates among blacks. (Photo by Jodi Hilton for The New York Times). Keith Cylar died this year of heart disease related to H.I.V. (Photo by Housing Works)(Pg. A13)

Sharon LaFraniere, "Donor Mistrust Worsens AIDS In Zimbabwe," 12 August 2004.

[No front-page image; photo on p. A6]

Caption: Stella Monda, 39, whose husband died of AIDS, said she expected it to kill her, too. She wondered who would care for her daughter Chido, left, 17, and two other children. The youngest, 12, is H.I.V. positive. Alista and Khemist Bhero, both infected with H.I.V., must prepare their six children, including Tendayi (left), 2, to become orphans. (Photographs by The New York Times)(Pg. A6)

Michael Wines and Sharon LaFraniere, "Hut by Hut, AIDS Steals Life in a Southern Africa Town," 28 November 2004.



Figure 32. Caption: Delisile Nyandeli, second from right, rears her son and nine other children -- siblings, nephews and nieces orphaned by AIDS in Swaziland. (Photo by Jeffrey Barbee for The New York Times) (Pg. 1). Lavumisa, Swaziland, is filled with families devastated by AIDS. Dido Khosa...lost his mother to AIDS. He says his father now beats him regularly. Khanyisile and Boy Matse...are married; he is ill, but she fears getting tested...Vayillina Madlopha cares for her granddaughter, Tibuthye, because the girl's parents both died. (Photographs by Jeffrey Barbee for The New York Times)(Pg. 34). Esther Simelane...became infected with H.I.V. while caring for her daughter in Lavumisa. Now that her daughter and son-in-law have died, Mrs. Simelane must rear her two grandchildren, above, Nomfundo...and Ndabendele...(Photographs by Jeffrey Barbee for The New York Times)(Pg. 35)

Marc Santora, "U.S. Is Close to Eliminating AIDS in Infants, Officials Say," 30 January 2005.

[No front-page image; photo on p. A26]

Caption: Yvonne, a Bronx resident, with her 14-month-old son. She is H.I.V.-positive, but he is not. Yvonne learned of her virus after giving birth in 1994. Dr. Stephen Nicholas, an AIDS specialist at Harlem Hospital Center. (Photographs by James Estrin/The New York Times)(Pg. 26)

Marc Santora and Lawrence K. Altman, "Rare and Aggressive H.I.V. Reported in New York," 12 February 2005.

[No front-page image; photo on p. B4]

Dr. Thomas R. Frieden, left, commissioner of the Department of Health and Mental Hygiene, at a news conference discussing a rare strain of drug-resistant H.I.V. (Photo by John Marshall Mantel for The New York Times)(Pg. B4)

Sharon LaFraniere, "AIDS and Custom Leave African Families Nothing," 18 February 2005.



Figure 33. Caption: After Ellen Wyson, 38, lost her husband to AIDS, her brother-in-law took her house and all her possessions. (Photo by Jeffrey Barbee for The New York Times)(Pg. A1). Photos: Chikumbutso Zuze, 11, is a dispossessed orphan whose father's family took everything when his father died. He is now supported by his maternal relatives, who have children of their own and could not take his sister. (Photo by Jeffrey Barbee for The New York Times)(Pg. A6)

Sharon LaFraniere, "AIDS Now Compels Africa to Challenge Widows' 'Cleansing'," 11 May 2005.



Figure 34. Caption: After the death of her husband, Fanny Mbewe forced herself to undergo "cleansing" sex. (Photo by Jeffrey Barbee for The New York Times)(Pg. A1). Photos: Amos Machika Schisoni working with his tobacco crop. His unofficial job is to have sex with women who have lost their husbands. Evance Joseph Fundi, headman of Ndanga, with sons, from left, Joseph, 7, John, 9 and Patrick, 10. He believes in "sexual cleansing." (Photographs by Jeffrey Barbee for The New York Times) When Paulina Bubala's husband died, she was sexually "cleansed" by his nephew. She is H.I.V. positive. (Photo by Mariella Furrer for The New York Times)(Pg. A8)

Sharon LaFraniere, "AIDS, Pregnancy and Poverty Trap Ever More African Girls," 3 June 2005.

[No front-page image; photo on p. A10]

Caption: Lisario Mariquele, 15, another orphan, is trying to start school while looking after her year-old son and three younger siblings. Her parents are dead, probably from AIDS, so Flora Muchave, center, 16, has left school to look after her younger brother and her own son. (Photographs by Joao Silva for The New York Times)(Pg. A10)

Amy Waldman, "On India's Roads, Cargo and a Deadly Passenger," 6 December 2005.



Figure 35. Caption: Saradh, 36, is a prostitute in Chilakaluripet, India, a southern town along the national highway. The town has become a center for H.I.V. infection. (Photo by Tyler Hicks/The New York Times)(Pg. A1). Photos: AT WORK -- A prostitute in Chilakaluripet. Crackdowns on brothels have scattered prostitutes to homes and the highway. EDUCATION -- Truckers watching a demonstration of how to use a condom in Nelamangala, a major stopping point along the national highway. LIVELIHOOD -- A eunuch working as a prostitute in a bathhouse in Nelamangala, a major stopping point for truckers. DISEASE -- A woman with AIDS at J. J. Hospital in Mumbai, one of the few hospitals that gives antiretroviral drugs. (Photographs by TYLER HICKS/The New York Times)(Pg. A17).

Jim Yardley, "New Estimate in China Finds Fewer AIDS Cases," 26 January 2006.

[No front-page image; photo on p. A8]

Caption: Ma Ziyang, 31, at a clinic in Nanning that treats H.I.V.-positive patients. Mr. Ma says he became infected by injecting heroin and sharing needles. (Photo by Ashley Gilbertson/Aurora). Peng Changsheng, an H.I.V. patient in Gongmin Township, Sichuan. (Photo by China Photos, via Getty Images)(Pg. A8)

Sharon LaFraniere, "Slowly, Africa Starts to Care for AIDS Children," 8 March 2006.



Figure 36. Caption: Tsokotsa Lepheane, 7, has AIDS, but more readily available medical care in Lesotho may give him longer life. (Photo by Joao Silva for The New York Times) (Pg. A1). In Maseru, Lesotho, a girl is tested for H.I.V. at a clinic built by the Baylor College of Medicine with \$2 million from Bristol-Myers Squibb. For outpatients at Quthing Hospital in southern Lesotho, the wait for the two doctors can be long. Pediatric AIDS treatment began only in July. (Photographs by Joao Silva for The New York Times)(Pg. A6)

Sharon LaFraniere, "Circumcision Studied in Africa as AIDS Preventive," 28 April 2006.



Figure 37. Caption: Thulani Shongwe, 29, a health club attendant in Swaziland, has gone several times to a hospital in the southern African country's capital to be circumcised, but has been told each time that the medical staff is too busy. (Photo by Jeffrey Barbee for The New York Times)(Pg. A1). After being circumcised, Daniel Longwenya spoke with the head nurse at a clinic in Mbabane run by the Family Life Association of Swaziland. Mzwandile Magagula has been circumcised as a medical measure, but four other boys in his family have not. (Photographs by Jeffrey Barbee for The New York Times)(Pg. A12)

Celia W. Dugger, "Clinton Makes Up for Lost Time in Battling AIDS," 29 August 2006.



Figure 38. Caption: Bill Clinton spoke with a girl at a treatment center in Lesotho in July. The Africa trip was his fifth since 2001. (Photo by Evelyn Hockstein for The New York Times)(Pg. A1). Photos: BEDSIDE -- Nelson Mandela and Bill Clinton visited sick infants in Johannesburg. RETURNING HEALTH -- A woman and her baby, who is H.I.V. positive but whose condition has been improving, rested at a hospital in Rwinkwavu, above. The facility is being financed in part by the Clinton Foundation, which works with Partners in Health, a nonprofit group credited with transforming the dilapidated outpost, which lacked even a doctor, into a thriving rural hospital. At left, John Gumiriza stood by a photo taken of him in 2005, before he started taking antiretroviral drugs, which have been provided to him and others at reduced cost. (Photographs by Evelyn Hockstein for The New York Times)(Pg. A8)

Celia W. Dugger, "U.S. Jobs Shape Condoms' Role In Foreign Aid," 29 October 2006.

[No front-page image; photo on p. A20]

Caption: USAID buys condoms from Alabama at twice the price of Asian ones. Workers at the sole American condom factory for the USAID program, in Eufaula, Ala., fear losing their jobs to lower-paid Asian workers. (Photographs by Jacquelyn Martin for The New York Times)(Pg. 20)

Marc Lacey, "Mexican Migrants Carry H.I.V. Home to Unready Rural Areas," 17 July 2007.

[No front-page image; photo on p. A12]

Caption: Dr. Indiana Torres says a fifth of her H.I.V. cases can be traced to migration. "They think that because it's the United States, it's safer," she said. A 3-year-old girl, waiting for medicine at a Puebla hospital, was born with H.I.V., which her father contracted while working in Washington State. (Photographs by Adriana Zehbrauskas for The New York Times)(Pg. A12).

Carlotta Gall, "A New Sorrow for Afghanistan: AIDS Has Joined a Growing List," 19 March 2007.



Figure 39. Caption: In the old section of Kabul, Afghanistan, a user injects heroin. (Photo by Aaron Huey/Atlas Press, for The New York Times) (Pg. A1). Heroin users in the old section of Kabul. Most smoke heroin, but the injectable form of the drug first hit the city's streets about five years ago. A farmer, holding his 18-month-old son, as he was tested for H.I.V. in Kabul, Afghanistan's capital. The boy had previously tested positive. (Photographs by Aaron Huey/Atlas Press, for The New York Times)(Pg. A7)

Erik Eckholm, "Puerto Rico's AIDS Care in Disarray Over Funds," 5 June 2007.



Figure 40. Caption: Rolando Warren Gonzalez, at his shelter in Loiza, P.R., said he has had six two-week periods with no H.I.V. medicines in the last year. (Photo by Nicole Bengiveno/The New York Times)(Pg. A1). Sandra Molinias Rabe and her partner, Raymond Quinones, at their shack in Corozal, P.R. Ms. Rabe, who has not been able to receive a steady supply of medicine, is one of many cases that slip through the cracks. (Photo by Nicole Bengiveno/The New York Times)(Pg. A18)

(e) New York Times page one photographs – analysis

Between 2000 – Aug 2007 there were sixty-four articles dealing with HIV that began on page one and had photographs accompanying them. Often those photographs were on the inside pages where the article concluded. Some thirty-two of these front-page articles had photographs that were also on page one. When analysed in terms of the identities pictured in the photographs (Figure 41) and the subject and/or setting of the photograph (Figure 42), the following breakdown is evident (with the first column referring to all photographs associated with page one stories, while the second refers to the photographs with those stories that also appeared on page one):

IDENTITIES	PHOTOGRAPHS WITH PAGE ONE STORIES	PAGE ONE PHOTOGRAPHS
Person HIV+	17	10
Politicians	6	4
Funerals, memorials	6	3
Health care professional	5	1
Prostitute	3	3
Patient	4	2
Scientist	3	1
Educator	2	1
Drug Users	2	1
Protestors	2	0
Widow	2	2
Gay men	1	0
Soldiers	1	0
Other	4	0
TOTAL	64	32

Figure 41

SUBJECT/SETTING	PHOTOGRAPHS WITH PAGE ONE STORIES	PAGE ONE PHOTOGRAPHS
Africa	24	16
North America	16	5
East Asia	11	4
Latin America	5	1
East Europe	3	3
India	2	1
Central Asia	1	1
South East Asia	1	1
West Europe	1	0
TOTAL	64	32

Figure 42

This breakdown reveals that people living with AIDS in Africa was the predominant subject of the photographs, and even more so with respect to the front page. In particular:

- 30% of the photos were concerned with HIV+ people; the same percentage appeared on page one, and only one of the photos of HIV+ people (see Figure 26) showed someone said to be "dying of AIDS"
- 9% were of child orphans (two of whom were also HIV+), and these pictures comprised 17% of the page one photos
- 9% were of politicians and 9% were of funerals or memorials
- 8% of health care professionals
- only 5% of the photographs were of prostitutes, but all of these were on the front page
- in terms of subject/setting, 37% involved African countries (and they made up 50% of the page one images)
- 25% were in North America (but these comprised only 15% of page one images), while 17% were in East Asia

Overall, then, we can conclude that the front page photographs tend towards a representation of HIV/AIDS in terms of people who are HIV+ living with the disease, child orphans, all in an African setting.

(f) HIV/AIDS and security in the *New York Times* -- article coverage

Very few of the hundreds of *New York Times* articles on HIV/AIDS explicitly discussed the issue in terms of security. In total only twenty-nine articles over the sample period explicitly discussed or mentioned HIV/AIDS as a security issue. There were six of these articles in 2000 rising to eleven in 2001, before declining to five in 2002 and 2003, one in 2004 and 2005, with none from 2006 until August 2007. These statistics show the coverage follows debates in international policy circles, with the largest number of articles being organized around the January 2000 UN Security Council meeting and the 2001 UN General Assembly debate.

(g) HIV/AIDS and security in the *New York Times* -- photographic coverage

This section lists all the articles that specifically discuss HIV/AIDS as a security issue *and* have photographs accompanying that story, regardless of whether they are front-page stories or photographs. Accompanying the twenty-nine *New York Times* articles that directly and overtly discussed HIV/AIDS as a security issue, there were ten photographs, four charts and two maps, with none after 2003. The photographs, identified by their stories, captions and credits as published in the paper, were as follows:

Barbara Crossette, "Gore Presides Over Rare Security Council Debate on AIDS," 11 January 2000, p. A3.

[Photograph on p. A3 unavailable]

Caption: Vice President Al Gore speaking at the U.N. next to Secretary General Kofi Annan. AIDS has become an international security problem. (Marilynn K. Yee/The New York Times)

Christopher S. Wren, "Powell, At U.N., Asks War on Aids," 26 June 2001, p. A1. [Photo p. A4]



Figure 43. Caption: Peter Piot, left, executive director of the United Nations agency fighting AIDS, with Secretary General Kofi Annan, center, and Harry Holkeri, president of the General Assembly, spreading an AIDS quilt yesterday. (Agence France-Press)(Pg. A4)

Jennifer Steinhauer, "U.N. Unites to Combat AIDS But Splits Over How to Do It," 27 June 2001, p. A1.

[Photograph on p. A10 unavailable – see report cover for representation]

Photo: The United Nations Secretariat Building glowing with an AIDS ribbon to honor the first General Assembly special session devoted to discussion of a health issue. Activists and scientists were among those at the session. (Reuters)(Pg. A10)

David E. Sanger, "South African Links AIDS To Broader Issue of Poverty," 27 June 2001, p. A10.



Figure 44. Caption: President Thabo Mbeki of South Africa and President Bush at the White House yesterday. In addition to AIDS, the two leaders discussed global trade and the political situation in central and southern Africa. (Paul Hosefros/The New York Times)

Barbara Crossette, "New Determination Is Seen Emerging in AIDS Battle," 28 June 2001, p. A14



Figure 45. Caption: At the three-day U.N. conference on AIDS, delegates met in the General Assembly hall, as well as in passageways throughout the complex. "Over the last year," Mark Malloch-Brown of the U.N. Development Program said, "we have seen a quantum jump in the level of awareness and response to H.I.V." (Photographs by Marilyn K. Yee/The New York Times)

Sheryl Gay Stolberg, "Congress Awakens to AIDS with a Convert's Zeal," 12 May 2002, p. 1. [Photo p. 20]



Figure 46. Caption: Senator Jesse Helms, speaking to a Christian relief organization recently, said he was ashamed he had not done more to fight global AIDS. (Agence France-Presse)(Pg. 20)

Henri E. Cauvin, "AIDS Imperiling African Armies, Key to Stability of Many Nations," 24 November 2002, p. A1. [Photo p. A12]



Figure 47. Caption: At an army base in Luanda, Angolan soldiers train to teach others how to defend themselves against H.I.V. (Joao Silva for The New York Times)(Pg. 12).

Sheryl Gay Stolberg and Richard W. Stevenson, "THE PRESIDENT'S PROPOSALS: AIDS POLICY; Bush AIDS Effort Surprises Many, But Advisers Call It Long Planned," 30 January 2003, p. A1.

[Photograph on p. A19 unavailable]

Caption: Many may have been surprised by the president's AIDS initiative, but Dr. Anthony S. Fauci, a leading federal scientist, says he was not one. (Associated Press)(Pg. A19)

Richard W. Stevenson, "New Threats and Opportunities Redefine U.S. Interests in Africa," 7 July 2003, p. A1.



Figure 48. Caption: President Charles Taylor of Liberia, right, with President Olusegun Obasanjo of Nigeria, agreed to step down yesterday (Agence France-Presse)(Pg. A1); President Bush, leaving St. John's Episcopal Church in Washington yesterday, begins a five-nation trip to Africa tonight that is viewed by many as a test of the United States commitment to that continent. (Agence France-Presse)(Pg. A8).

Richard W. Stevenson, "Bush Has Praise for Uganda in Its Fight against AIDS," 12 July 2003, p. A4.



Figure 49. Caption: President Yoweri Museveni of Uganda welcomed President Bush at an AIDS event in Entebbe. (Associated Press)

Of the ten articles explicitly discussing security, six of those articles were on page one, with only a single photograph on the front page. When considered in terms of the identities, seven were of politicians, and one each of a soldier, scientist and others. In terms of the subject/setting of these photographs, three were in/or Africa with seven in/of North America (including three at the UN). This means 70% of this very small sample dealt with politicians in North America (nearly half of whom were pictured at the UN in New York), while only one image matched the “narrow construction” of the securitization of HIV/AIDS by showing military personnel. Visually, then, security was very much associated with the national and international political elite in North America or Africa.

(h) Summary analysis of *The Guardian/Observer* article coverage

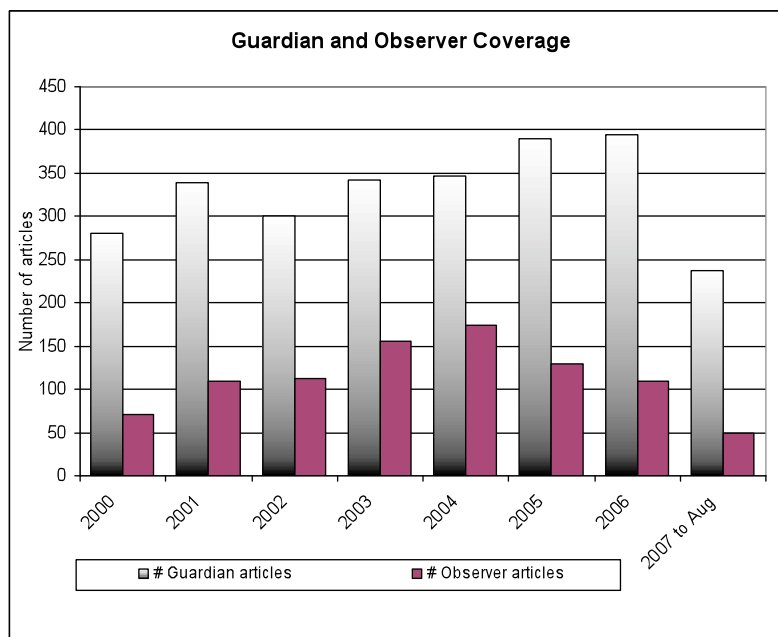


Figure 50

The article coverage of *The Guardian/Observer* is very similar in all but one respect to the article coverage of *The New York Times*. There are hundreds of articles in the sample period, demonstrating themes consistent with those found in *The New York Times*. Very few (no more than three/year, and only one after 2004) directly discuss HIV/AIDS as a security issue, suggesting that

this framing has not had a long shelf life in the media. The one significant difference, evident in Figure 50, is that coverage of HIV/AIDS in *The Guardian/Observer* increased in the years between 2000-06.

(i) Summary analysis of *The Guardian/Observer* image coverage – photo essays

Although an impressionistic survey of the photographs that accompanied *The Guardian/Observer's* article coverage suggests they replicated content, themes and proportions not dissimilar to *The New York Times* analysis above, the absence of a readily searchable database detailing *Guardian/Observer* photo credits over the seven year sample period means a similarly precise analysis is not possible for the UK-based paper. Nonetheless, there are two features of *The Guardian/Observer's* image coverage that was different to that seen in *The New York Times*, and the following section details these – the photo essays that have been presented as supplements and stories in the paper.

The Guardian is sometimes noted for its adoption of a clear editorial stance on particular global issues. With respect to HIV/AIDS this ethos was behind a series of supplements and articles organised around the story of Grace Mathanga, a 30-year-old Malawian who is HIV positive, and the way her situation was part of a network that included politicians, scientists, industry leaders and doctors. The first supplement ("Saving Grace," 18 February 2003) was a twelve-page broadsheet pullout, with text, photographs and graphics on HIV/AIDS occupying the full size of each page (see Figure 51 for reproductions of the first four pages).¹⁴ The story was introduced by an editorial that specifically invoked the security problematization of HIV/AIDS, declaring at the outset that "there is another war to fight, but few appear ready to pick up weapons for the cause." Nonetheless, the key issue posed by the paper was: "why can the poor not get the drugs to live with Aids when the rich can?"¹⁵

The paper's editor detailed the thinking that led to the supplement:

We write about Aids all the time but after a while you feel people have stopped noticing and we wanted to overcome that. It is a subject so important that we shall carry on keeping it on the front burner. We sat down four or five months ago with people from Oxfam and Médecins Sans Frontières. We wanted people to be aware of the complexities but not to get bogged down in them. In an essential way, it is an incredibly simple matter: it is the most overwhelming medical problem facing the world and the drugs are there to alleviate it. This idea of a chain of people came to me as we were talking, a graphic and journalistic device if you like to try to get the point over.

In terms of production, a unique feature of the supplement was the involvement of the art director from the outset. The paper's ombudsman (a post they call the "reader's editor") described the process:

A photographer was dispatched to get full-length pictures of all eight people in the chain. He went to Malawi, India, Switzerland and Norway. The art director said, "With most newspaper projects and a lot of magazine projects, how they look is decided at the last moment. To do what we did [with the eight individuals in the chain ranged in full-length portraits across two broadsheet pages] I had to have a clear idea of the appearance of it over a month earlier. We wanted to tell the story without the pictures of hospitals and funerals. Looking at it now the page I am most pleased with is one devoted to pictures of the drugs, explaining what each does [see Figure 52]. Somehow seeing them makes the whole thing more concrete."¹⁶

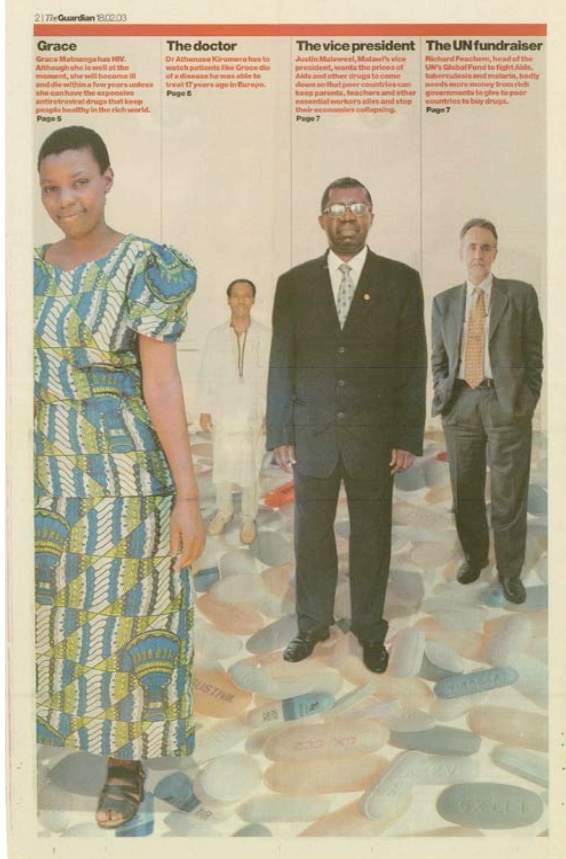
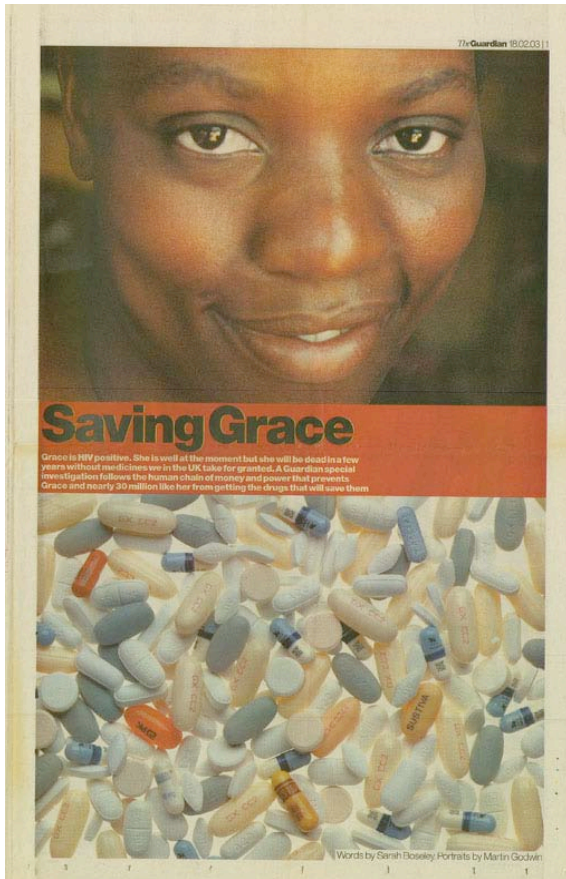


Figure 51

The 12 essential Aids drugs The World Health Organisation list

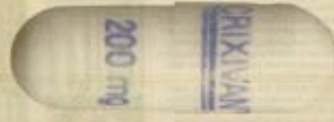
Nucleoside reverse transcriptase inhibitors such as AZT. These slow down production of the reverse transcriptase enzyme that HIV needs to turn RNA into DNA.

Protease inhibitors work on an enzyme which breaks down protein. HIV uses protease to reproduce itself when the viral DNA reaches the nucleus of a host cell

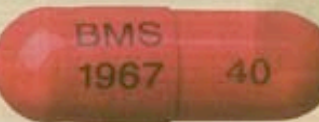
Abacavir
UK price £281.70/\$425.55
Africa price £201.45/\$305.92
Trade name: *Ziagen*
Made by: *Ciba*
Adult dosage: 300mg twice a day, separate from



Didanosine
UK price £205.44/\$344.55
Africa price £155.53/\$235.32
Trade name: *Didan*
Made by: *Merck & Co*
Dosage: 300mg every 8 hours



Zalcitabine (dCT)
UK price £93.65/\$141.15
Africa price £33.27/\$51.72
Trade name: *Zalcit*
Made by: *Smith-Kline Beecham*
Adult dosage: 600mg twice a day for those over 55kg and 300mg for those who weigh less



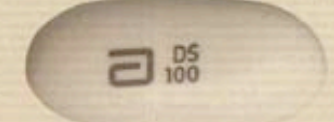
Ramipril
UK price £2016.41/\$3059.43
Africa price (estimated) £1375.34/\$2119.45
Trade name: *Tritelone* or *Tritelone*
Made by: *Pfizer*
Adult dosage: 100mg capsule twice a day or 250mg capsule three times a day. *Pfizer* has very recently discontinued production in Africa



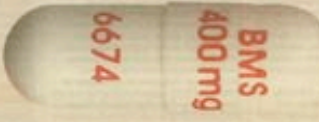
Zidovudine (AZT or ZDV)
UK price £246.75/\$370.75
Africa price £81.95/\$123.95
Trade name: *Retrovir*
Made by: *Ciba* and *Ciba*
Adult dosage: 300-600mg per day



Ritonavir
UK price £922.68/\$1425.76
Africa price £274.71/\$415.00
Trade name: *Riton*
Made by: *Abbott Laboratories*
Adult dosage: 300mg twice a day. WHO recommends that the drug is used in combination with zalcitabine, zidovudine and zalcitabine as a booster and not on its own. *Pfizer*



Diflucanone (ddI)
UK price £139.33/\$219.99
Africa price £116.28/\$174.25
Trade name: *Trinorin*
IC is the one-a-day form
Made by: *Smith-Kline Beecham*
Adult dosage: Based on body weight 125, 30, 50, 150mg/dose. *Diflucanone* and *stavudine* in combination are used for 11 a day in Africa to *BMS*



Nevirapine
UK price £205.07/\$315.99
Africa price £105.54/\$163.35
Trade name: *Nvirapin*
Made by: *Ciba*
Adult dosage: Three 150mg, three times a day. *Pfizer* recently discontinued these drugs in Africa. *Abbott* have £200/year



Lamivudine (3TC)
UK price £789.25/\$1217.55
Africa price £145.95/\$223.95
Trade name: *Epiar* or *3TC*
Made by: *Ciba*
Adult dosage: 150mg twice daily



Lopinavir/Ritonavir
UK price £2887.75/\$4506.45
Africa price £224.71/\$345.00
Trade name: *Kalatra*
Made by: *Pfizer*
Adult dosage: *Pfizer* has recently discontinued these drugs in Africa. *Abbott* have £200/year



Non-nucleoside reverse transcriptase inhibitors also block production of transcriptase but they bind the cell's reverse transcriptase in a slightly different way. This group of drugs began to be approved in the late 1990s

Efavirenz
UK price £209.05/\$315.00
Africa price £216.71/\$334.75
Trade name: *Sustiva*
Made in Africa
Made by: *Roche*
Adult dosage: 600mg once a day



Nevirapine
UK Price £205.07/\$315.99
Africa Price £171.25/\$265.00
Trade name: *Nvirapin*
Made by: *Ciba*
Adult dosage: 150mg twice a day. *Pfizer* recently discontinued these drugs in Africa. *Abbott* have £200/year



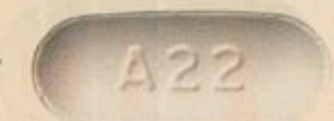
Combination drugs

These pills, which mix some or all of the types above, are sold at low prices by generics companies and have made treatment far simpler in poor countries. Patents prevent the big firms from combining their own drugs with those of others

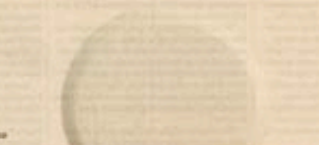
Combivir
Not available in the UK
Africa price £215.95/\$331.00
Contains: *zidovudine*, *zalcitabine*, *didanosine*
Made by: *Ciba*
Adult dosage: One tablet, twice a day. *Abbott* only for those who the patient has been on *zalcitabine* alone for at least two weeks without problems.



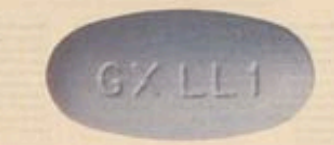
Codivir
UK Price £171.25/\$265.00
Africa Price £155.53/\$235.32
Contains: *lamivudine*, *zalcitabine*
Made by: *Ciba*
Adult dosage: 300mg per day for two weeks, then 150mg per day. *Pfizer* has for one-off treatment of patients due to give birth to prevent transmission of HIV to the baby.



Trisovir
Not available in the UK
Africa Price £116.28/\$174.25
Contains: *zidovudine*, *zalcitabine*, *didanosine*
Made by: *Ciba*
Adult dosage: One tablet twice a day.



Trisovir
UK Price £205.07/\$315.99
Africa Price £145.95/\$223.95
Contains: *zidovudine*, *zalcitabine*, *didanosine*
Made by: *Ciba*
Adult dosage: One tablet, twice daily.



All prices are per patient per year, and may not always be exact because of currency variations, taxes etc.

Figure 52

In approaching the issue photographically, by refusing to use pictures of hospitals and funerals, the "Saving Grace" supplement attempted to self-consciously construct a different iconography for the pandemic. However, in placing a woman at the centre of the story, and a woman who functioned as a symbol for how the pandemic should be understood, this search quickly reverted to traditional icons. Although the focus on Grace Mathanga detailed the life of a specific, named individual (as most progressive codes of conduct for imaging the majority world require), the reasons for putting Grace centre stage were detailed by *The Guardian's* health editor, who conducted the interviews and wrote the copy for the original supplement. In a follow-up article on the supplement, Sarah Boseley wrote:

A year ago, I went looking for a woman who could, somehow, encapsulate a tragedy. She could have been anywhere in Africa. She could have been a mother, a widow or never married. She had to have just one thing in common with some 15 million of her sisters. She must have HIV. I was looking for someone who could bridge a gap of more than a thousand miles and an even bigger cultural chasm - someone whose story would touch the understanding and the hearts of people in the rich countries of Europe, the USA and beyond.¹⁷

Grace Mathanga was thus a metonym for a tragedy, a person who "could have been anywhere in Africa" but who nonetheless functioned as a face for the disease. Although the paper was keen to keep the issue of HIV/AIDS alive by returning to the story organised around Grace, and although some of the associated reporting wanted to detail the global political context of the pandemic, on each occasion the associated personal photographs reproduced standard representations of 'African' disaster and reinforced the individual over the social. This was also the case when Grace Mathanga became the symbol around which *The Guardian's* annual Christmas charity appeal was organised in 2005 (see figure 53).¹⁸

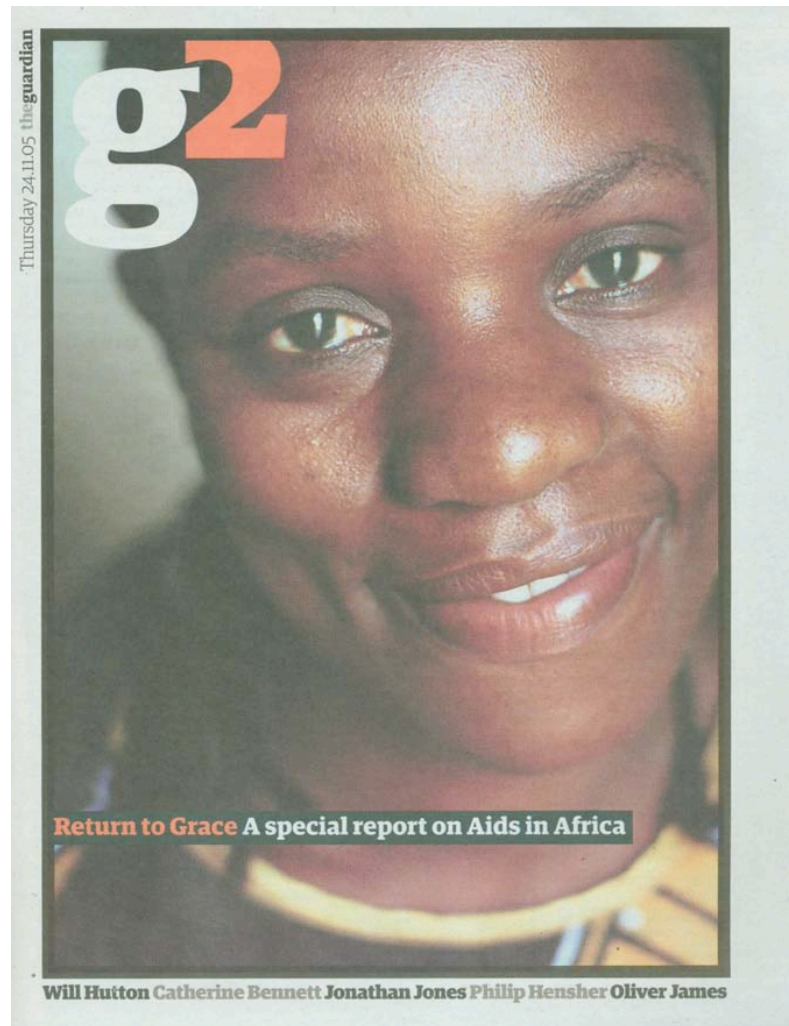


Figure 53: *Guardian G2*, 24 November 2005

The second distinctive feature of *The Guardian's* coverage has been its use of photo essays produced by Gideon Mendel, a South African photojournalist who is London-based. Since 2000 *The Guardian* has published eight major photo essays by Mendel in its magazine supplements (see Figures 54-58 for the title page images of some of these stories), a number of which have been supported by on-line galleries for the paper's web site *Guardian Unlimited*.¹⁹ These photo essays come from Mendel's work on the subject of HIV/AIDS in southern Africa for the past fifteen years, and a review of his images will help establish whether this long term commitment to the subject can produce a visualization of the pandemic different from the largely standard iconography normally present in the mainstream media.

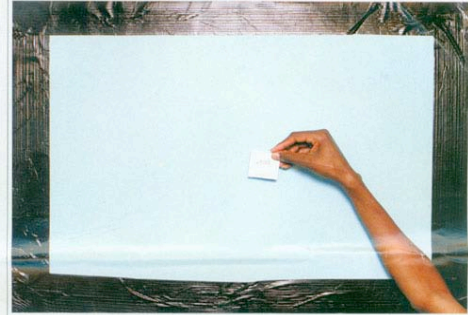


WHILE THE WORLD LOOKS AWAY Aids has taken a terrifying grip in Africa. The disease is making alarming inroads across the globe, but at least two thirds of those who are HIV-positive live in Africa. It is the leading cause of death, ruinous economically and tragic in its consequences, orphaning millions of children. In the west, drugs are making Aids manageable — in great swathes of Africa, barely anyone can afford them. Kevin Toolis and the photographer Gideon Mendel went to a small district hospital in Malawi and, over 24 hours, followed the lives and deaths in three particular families

The Guardian Weekend | December 2 2000 13

Figure 54: 2 December 2000

GETTING BETTER



One of the participants in Mendel's latest project is Judge Edwin Cameron, who says: 'As an African living with HIV/AIDS, albeit a privileged African, I am in an epidemic of death and deprivation. I feel grateful that my voice, and Gideon's depiction of a tiny part of my life, is an integral part of this sequence.' Pictured below, in a detail: Cameron holds his life-saving medicines in the palm of his hand.



In one sense — the hardest sense — the Aids crisis in South Africa is getting worse. Many more people are infected every day. But a more positive mood is spreading among those who already have the disease — and victories are being won. Mothers, activists, gay men and others have spearheaded a campaign, on the streets and in the courts, that resulted in October in the government agreeing to distribute a drug that can prevent women passing on Aids to their newborn babies. And, despite official opposition, the latest, most effective antiretrovirals are being distributed to a small proportion of Aids patients, and they are working. The fight gathers force for the medicine to be made available to everyone. People who were once afraid of the stigma,

if neighbours and friends knew they had Aids, are now bravely speaking out. Giving a focus to this new movement is the photographer **Gideon Mendel**. This is the third year Guardian Weekend has featured his long-term project. Previously, his work has been documentary, black-and-white, often showing the sick and dying. This time, it is different: more polemical, and in colour. Many of the shots are portraits, or 'self-portraits', with a frame that his subjects, people with HIV/AIDS, have filled as they chose: most looking into camera, some — unable to reveal their identity — holding an object that is central to their lives. Their testimony is as important as the image. The work has developed into a poster exhibition that is now travelling South Africa. →

The Guardian Weekend | December 14 2002 17

Figure 56: 14 December 2002

For eight years, photographer **Gideon Mendel** has turned his camera on Africa's Aids epidemic. Not just on the sick, the dying and the grieving — the harrowing images with which we all have become familiar — but on the positive steps being taken to tackle the crisis and the people fighting for a healthier future. In the second part of a series begun in Weekend last December, **Melissa Denees** introduces his new pictures and the stories he heard as he took them

THE LIFE SAVERS

Daphene Stone is director of Aids management at **Chikankanda Hospital, Zambia**. The hospital took visits and family referrals as part of its homecare programme. Here it is difficult to afford an aspirin. Our country spends \$6.50 per head on health care per year and we have more than 300,000 people living with Aids. It is impossible to look after all of them in hospitals or hospices, so the Aids team at our hospital started looking for another way. We decided to try to help people in their homes where we can visit, monitor them and teach their families how to care for them.

It works. Homecare uses the strength of the extended family and fulfils the desire of most Zambians to die at home. We also found that neighbours were curious. We learned that the patient was an entry point not just into the family but into the community. That was when we started saying that care and prevention are linked. We have now also trained care and prevention volunteers in 16 villages. Our 'commonly-sensitising' philosophy challenges people to look at their customs and personal behaviour. We know of many cases where this has led to change.

The Guardian Weekend | October 27 2001 39

Figure 55: 27 October 2001

Anonymous mother of two, HIV+, children also HIV+ - Not on treatment. My husband died in 2000. I want you to know the way I feel about our situation. I need help. I need you to know that we need you to love us, support us. My first boy is 10 years old and sick. He has suffered a lot, and me too. We suffered emotionally. I want him to be like other kids, and I give him love because I am his mother and he needs me. He falls me how he is feeling. He is so sad. He wants to play like other kids and to attend school. He wants to live a life. I want him to get antiretroviral drugs.

Mr President, I want you to know my feelings. My kids are suffering and I am suffering too. This is not politics, this is our life. I have a dream. I want to live with my kids in a house. I want to do anything. I can't give them whatever they want — love, a house, warmth. →

SALVATION IS CHEAP Five million people in South Africa are HIV positive, and of those one in 10 has been promised treatment. Even this is a huge leap forward. But the fight is now on to claim the new, relatively cheap drugs for everyone who needs them. For a decade, the photographer **Gideon Mendel** has been chronicling the Aids epidemic that has, until recently, led inevitably to death. This is the fourth year that Guardian Weekend has featured his work. In his new panoramic pictures, which tell so much of a story in a single frame, he, Guilhem Alandry and Tessa Lewin show those who, untreated, have nothing but hope, and the miraculous, transforming effect for those who are receiving treatment. Introduction by **Sarah Boseley**

The Guardian Weekend | October 18 2003 17

Figure 57: 18 October 2003



Figure 58: 28 November 2007

Mendel's work on HIV/AIDS began in 1993 after he decided that working in Africa and being asked to shoot stories of famine was pornographic. The immediate prompt came when Network Photographers (his agency at the time) helped initiate a global project called "Positive Lives" ((Mendel and Denes, 2001: 40; Mendel, 2001a).²⁰ Using a group of diverse photographers from around the world, Positive Lives was designed "to challenge the stigma and prejudice faced by those living with HIV/AIDS and to support the equal treatment and Human Rights of all." Although Mendel's earliest encounter with AIDS was in a London hospital ward, as an African photographer he felt the need to respond to the pandemic on his continent. His first photo essay in *The Guardian Weekend* was a cover story that focused on the patients at a small Malawian hospital (Toolis and Mendel, 2000). The black and white pictures detailed their wait for medical attention, the sparse conditions for treatment, the impact of the disease on their bodies, and the funerals that inevitably followed. In a series of

framings that were the product of the paper rather than the photographer, AIDS in Africa was introduced on the cover as a potential “catastrophe without end” and the story was summarised



Figure 59: *Guardian Weekend*, 2 December 2000, 16-17.

on the contents page as being about a “dying continent.” The juxtaposition of Mendel’s photographs with colour advertisements for credit cards, perfumes, computers, supermarkets, mobile phones, luxury watches and brand name fashions – many of them showing healthy white models (see Figure 59) – both drew on and reproduced conventional representations of Africa. As Bates (2007: 67) argues, with a sense of deficiency and lack made manifest, pictures presented in this manner “reflect a visual legacy of degeneracy and disease inherited from the discourses of 19th- and early 20th- century colonialism and missionary medicine.”

Mendel’s black and white photographs from the 1990s came together in his book *The Broken Landscape*, a projected supported by Action Aid, the title of which continued the idea of a place marked by absences and failures (Mendel, 2001). Some of the images of the dead and dying in this project recalled Nicholas Nixon’s portraits (see Figure 60; cf. to Figure 4 above) with their presentation of devastated bodies. Mendel (2001a) reflected on this in his interview for *Digital*

Journalist: "Initially, I approached it in a very direct, photojournalistic way, looking to make strong images. When people are dying from AIDS, they're skeletal. Visually, it is often a very extreme and dramatic situation."²¹ This was, in Mendel's eyes, a product of photography itself: "Documentary photographers are instinctively drawn to images of victims...to images of emaciated people dying. There is a very strong visual situation there. Health and education projects are much harder to photograph because they are not inherently dramatic" (Mendel and Denes, 2001: 40).



Figure 60: Gideon Mendel, A patient with AIDS at Edendale Hospital in Kwazulu/Natal, South Africa. Due to the strong stigma associated with the disease in her community she had been ostracized by her family and abandoned in the hospital. A recent survey in the area found that close to 40% of pregnant mothers were testing HIV-positive. April 1995.



Figure 61: Gideon Mendel, A protest march through the streets of Durban organized by TAC (Treatment Action Campaign) during the 'Breaking the Silence' International AIDS Conference. The protesters were demanding free access to proper drug therapy drugs for people with HIV or AIDS in poor third world countries. The HIV-positive t-shirts are worn to challenge the stigma so often associated with the disease. Durban, KwaZulu/Natal, South Africa. July 2000.

In his later work for *The Guardian* Mendel's approach evolved and to an extent moved away from the standard approach of photojournalism. As he noted, "by working on this issue over the years, I have found I've really had to challenge myself and my way of approaching the subject. I'm much more concerned about portraying people in a more positive, individualized way. I have also chosen to keep on returning to some communities that I have photographed in, sort of digging a deeper hole, getting more connected to a few communities, rather than having wider geographical coverage (Mendel, 2001a)."

This approach was evident in subsequent photo essays for *The Guardian Weekend*. "The Life Savers" (Mendel and Denes, 2001: 39) was billed as turning the camera "not just on the sick, the dying and grieving – the harrowing images with which we all have become familiar – but on the positive steps being taken to tackle the crisis and the people fighting for a healthier future." The pictures of educators, health workers, activists (see, for example, Figure 61) and people living with

AIDS – many of which had been published in *The Broken Landscape* – portrayed communities taking control and responding with their own resources to the pandemic. In “Getting Better” (Mendel, 2002) he wanted to photograph people living and working with HIV/AIDS in a “less documentary, more conceptual” manner (Mendel and Denes 2001: 40). When his subjects were reluctant to be pictured, Mendel took some tape and constructed square black frames on walls, and told people it was a space for them to do what they want. Eventually they came forward to put part of himself or herself or an object of interest (such as a condom; see Figure 56 above) into the frame. In “Salvation is Cheap” (Mendel and Boseley, 2003), a collaboration with the Treatment Action Campaign (TAC) in South Africa, he used panoramic images to call attention to the available treatments that were reaching only one in ten of those who were HIV+ in that country.²² In “The Children Left Behind” (Mendel, 2004) he worked with the International HIV/AIDS Alliance to cover the impact of trade in the Beira Corridor, a major trucking route linking Zimbabwe with the Mozambican port of Beira, on the spread of the virus, and the resultant impact on child orphans in the region, in an effort to “show some of the faces behind the horrifying statistics.”²³

Unlike a news photographer providing images for illustrative purposes, Mendel regards himself as engaged in the subject he is representing because “photography is a political act – it works as a weapon of evidence” (Mendel and Denes 2001: 40). As he told *Digital Journalist*:

Photographs can be powerful weapons. They can convey intimacy, tragedy, passion and hope. I do not consider myself an objective photographer. I see my work on AIDS in Africa as partisan and committed to social issues. I hope that my images address the pain and suffering caused by the disease yet at the same time work to challenge the stereotype of people with AIDS in Africa as pathetic victims. In Africa, as in the West, people with AIDS are starting to come together to mobilize against the prejudices they often face, to help their own communities fight against the virus, to demand equal access to new drug treatments. As a photojournalist it is all too easy to be drawn to horror. It is much harder to photograph hope. In order to properly address this issue, I feel that it is important to do both well.²⁴

Treatment Action March Johannesburg
Treatment Access, South Africa 13



Poster series by Gideon Mendel, made in collaboration with the Treatment Action Campaign, with the support of SIDA, MSF South Africa, Perinatal HIV Research Unit, ActionAid, The Wellcome Trust, The South Africa National Gallery, Positive Lives and Network Photographers. Design by SMITH. Produced by Chris Boot. www.gideonmendel.com/pdf/treatmentaccess.pdf

Figure 62: Poster series by Gideon Mendel, made in collaboration with the Treatment Action Campaign, with the support of SIDA, MSF South Africa, Perinatal HIV Research Unit, ActionAid, The Wellcome Trust, The South Africa National Gallery, Positive Lives and Network Photographers. Design by SMITH. Produced by Chris Boot. Large copies available from <http://www.gideonmendel.com/pdf/treatmentaccess.pdf>.

For Mendel, the pandemic is an event that photography as a technology of visualization finds difficult to grasp. He describes HIV/AIDS as a “hidden holocaust” that “photography cannot convey the sheer scale of it...You can photograph a sea of refugees leaving Afghanistan or Albania, or a city razed to the ground – but you cannot photograph 25 million Africans living with HIV. It’s invisible” (Mendel and Denes 2001: 40).²⁵ The consequence of this is that competing tensions have to be negotiated: “there is a real danger when photographers approach AIDS in a gratuitous way because the ramifications are potentially so extreme. For me, it’s kind of walking a tightrope. I have made some photographs that show the horror. But it’s important not just to show people dying but to show that there are [millions of] people living with AIDS in Africa.” Importantly, Mendel identifies specific strategies to try and assist in negotiating these issues, strategies which both supplement the photographs and use them in particular ways. As he notes:

I've also come to feel that images aren't enough to express the story of AIDS. What I've found very effective is combining visuals with personal quotes from the people I'm photographing to give them a voice alongside their image. I've used this approach in exhibitions, on... website[s]...and in ...*A Broken Landscape*...It has also become a priority for me that my work be used and seen in the countries where the photographs have been taken. I am currently working with Action Aid to produce a series of 20 educational posters [see Figure 62 above] using my images and the quotes I have collected from my subjects. These will hopefully be widely distributed in Africa"²⁶

In her critique of visual representations of HIV/AIDS, Bates (2007: 72) argues that Mendel's photographs in *A Broken Landscape* display a "patronising attitude and ahistoricity." However, Bates' condemnation is based on her reading of one small section of Mendel's book ("Hospitals"), and overlooks, amongst other things, the images of community action and political resistance published in the book, not to mention the photographs Mendel has produced subsequent to 2001. Moreover, Bates' judgement is inattentive to the reflexive accounts Mendel has offered about the difficulty of picturing a pandemic that is largely "invisible," and the tightrope between "horror" and "hope" that has to be negotiated by a photographer wanting to portray the complexity of the issue.

Mendel's body of work on HIV/AIDS is not specifically directed at the securitization of HIV/AIDS since 2000, and neither the broad nor narrow constructions of security discussed in Section 1 are referenced directly by his photographs. Nonetheless, in terms of the questions for practice raised in Section 1(a), his pictures, especially those concerned with community action, are an attempt to image the pandemic as a long-wave event with widespread social effects. Like any photograph, Mendel's pictures do bound and contain the pandemic in the context of sub-Saharan Africa, but in their emphasis on communal contexts, and aided by their novel forms of circulation and distribution, they challenge rather than replicate colonial stereotypes. In the context of the questions in Section 2(a) and 4(a), although some of his early work replicated the phobic images of the 1980s, and

although the individual body and face continue to dominate his subjects, Mendel's photographs demonstrate how the emphasis on imaging people living with, rather than dying from, HIV/AIDS has gone beyond Europe and North America.

Photographs are unavoidably polysemic, with their meaning open to a range of interpretations regardless of the intentions of the photographer, making it impossible to conclude that a practitioner either fully succeeds or fails in addressing particular challenges. For example, some of Mendel's earlier pictures, especially those of patients in hospital settings, could function as instruments of biopolitical discrimination. Nonetheless, we can see overall in Mendel's work how the approach of a committed image-maker, working over a long period of time, sensitive to the need to foreground the voices of those most affected by the pandemic, and backed by media outlets able to circulate the work that is produced, can challenge the standard iconography that has marked the photographic visualization of HIV/AIDS. This is achieved, however, not by eliminating 'negative' images and replacing them with 'positive' pictures, but by offering a rich series of photographs and publishing them with other media that illuminate the social and political context of the issue.

(j) Selected photojournalists and documentary photography projects since 2000

In the history of documentary photography and photojournalism, the weekly news magazine has been culturally significant as the privileged site of production for photo essays and stories capable of offering (in principle) a more complex view of challenging issues (Panzer, 2005: 12-19). However, no matter the intention of the individual photographer, this capacity has often resulted in a normalization of perspectives that produce the external space of the foreign other (see Lutz and Collins, 1993 on *National Geographic*) or the internal space of the domestic self (see Kozol, 1994 on *Life*). This section will look at some of the major news magazine stories on HIV/AIDS, and the work of some of the most prominent documentary photographers, to consider whether this photographic domain has reproduced or challenged the standard iconography of the pandemic.

Gideon Mendel's work has appeared in *National Geographic* as well as the *Guardian Weekend*, and the magazine's selection of material for publication demonstrates how the breadth of Mendel's work can be compressed to fit a more conventional narrative. In "Living with AIDS" (Mendel, 2005), the photographer's text highlighted the work of a local project (Siyaphila La – 'we are living here' – a joint initiative of the Nelson Mandela Foundation, MSF, and the local health department) in administering generic ARV drugs through nurses and clinics, thereby confronting the prejudicial view that this therapy was too complex and expensive for African communities. However, *National Geographic* illustrated this story about the residents of the Lusikisiki region of South Africa with five Mendel photographs of women and children, one of whom was gaunt and near death (see Figure 63). Aside from a single, small image of pills in an outstretched hand, these few images failed to underpin the contested politics of the issue, preferring instead to put forward what the magazine called the "voices of the stricken" (Mendel, 2005: 72).²⁷



Figure 63. *National Geographic*, September 2005, 68-69.

Despite the magnitude of the issue, *Time* magazine has devoted relatively few covers to HIV/AIDS, with only eight between 1983 and 2001, and none since. Where there were photographs as opposed to graphics, two of the covers pictured scientists, two dealt with AIDS in Africa (see Figures 64, 65), one with the virus and one showed Magic Johnson. The persistent emphasis on women and children is evident, as is the fact that the covers pertaining to HIV/AIDS do not differ substantially from other magazine covers illustrating stories about disease and global health generally (Figure 66) or specific diseases such as malaria (Figure 67).



Figure 64: *Time* 17 July 2000

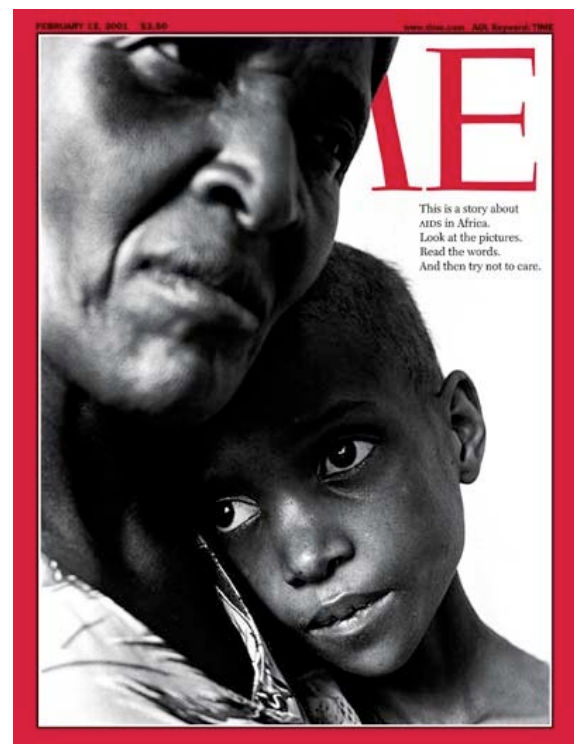


Figure 65: *Time* 12 February 2001

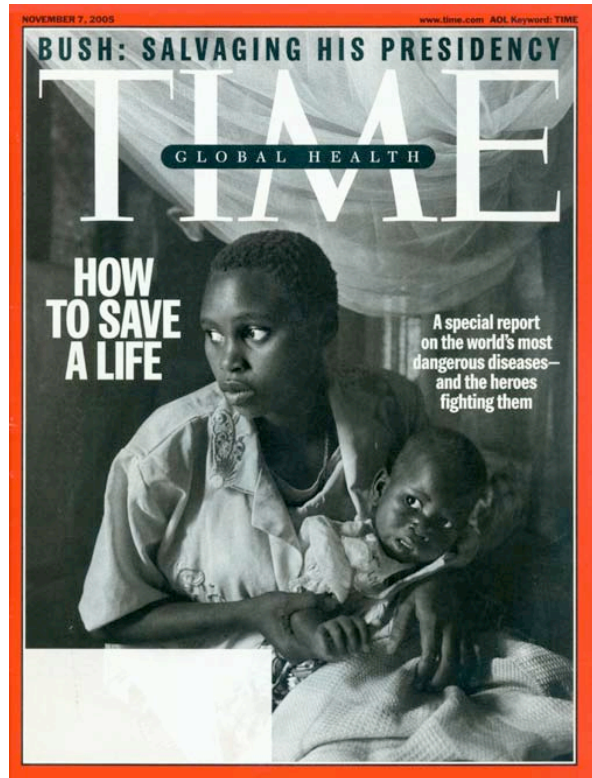


Figure 66: *Time* 7 November 2005

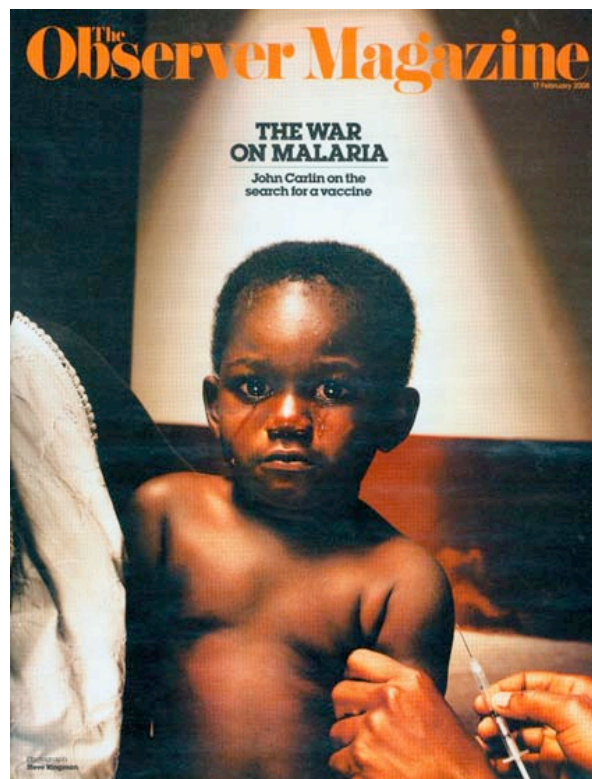


Figure 67: *The Observer*, 11 February 2008

The photographs for the *Time* special issue of 12 February 2001 were taken by renowned American photojournalist James Nachtwey.²⁸ Accompanying the cover story ("Death Stalks a Continent") Nachtwey's twenty-five black and white photographs were shown in a multimedia presentation entitled "The Plague."²⁹ Graphic and uncompromising, these photographs begin with a distraught father holding a crying baby, present images of the debilitated and diseased, focus on the hospital setting, show the dead, include single images of an orphan and prostitute, reference the sexual abstinence campaigns of Zulu communities in Bulwer, South Africa, and concludes with a full-frame shot of the coffin at the funeral of Fortunate Chitofu, a Zimbabwean who had previously been photographed lying ill in bed. As the magazine had advertised, these were "haunting" images that presented HIV/AIDS as a spectre over Africa leading to the fate that befell Chitofu. Both the story and its pictures made a big impression on readers, who donated over US\$800,000 to a designated charity (Brijnath, 2007: 373).

Nachtwey's photographs for the November 2005 *Time* special issue on global health – which included a number of AIDS victims – followed similar lines, with those suffering or dying from AIDS at the forefront. His 2006 essay on the health consequences of the war in Congo was equally replete with these subjects; notwithstanding the range of ailments and diseases being treated, Nachtwey's photographs concentrate almost exclusively on victims who are either passive or in distress.³⁰ Nachtwey defends this approach by emphasising the importance of bearing witness to unpalatable situations, describing his images as testimony for those victimised by their situations. At the same time, Nachtwey argues his photographs are right to show beauty as part of the testimony: "the people I have met deserve eloquence...Why shouldn't someone living in dire poverty also be beautiful?...Or have dignity" (Smyth, 2008: 13-15).³¹ Unlike Mendel's photographs, then, Nachtwey's work largely eschews the political and focuses on the humanitarian, demonstrating that a long-term commitment to engage with the HIV/AIDS pandemic does not, by itself, result in pictures that challenge the standard iconography.

Previously known as one of the great war photographers, British photojournalist Don McCullin has also documented HIV/AIDS in southern Africa in collaboration with the UK charity Christian Aid. In two trips to the region in 2000 and 2004 McCullin produced a body of black and white pictures published under the title "Life Interrupted" (McCullin, 2004) and exhibited in prominent locations, including the UN headquarters in New York. McCullin – in a manner that recalls Mendel's desire to turn away from famine imagery – wanted to return to Africa for what he called the right reasons. He concluded that HIV/AIDS was an issue of poverty, and an issue that was photographically challenging. The disease, argued McCullin, is "visually unkind to the eye. It infringes upon the comforts of magazines themselves because it's difficult for the business side to run advertising up against certain serious stories, and AIDS is one of the most unattractive, powerful and important visual stories on earth."³² To try and cope with this challenge McCullin adopted the familiar trope of the family: "I totally focused my leaning towards the children and parent angle because that is the most serious side of it. Already there are millions of orphans in Africa. Who should grow up without both parents? Nobody, I think." As one generous assessment of his photographs stated:

He found that the way to photograph people whose lives are dominated by terminal illness and stark poverty was to make family portraits. Carefully posed with the subjects looking directly at the camera, McCullin's portraits focus on the humanity in people who have next to nothing, a statement that they and their homes are fitting for this classic form of photography usually reserved for celebrities. McCullin said: "I did it that way because I wanted to offer these people some dignity. I didn't want to be taking advantage of wretched people dying on the floor. I wanted to become their voice in a way."³³

However, these home portraits can be understood as signifying absence and lack as much as dignity and humanity. As such, McCullin's photographs share purpose, form and content with Nachtwey's pictures. Like Nachtwey, McCullin places considerable emphasis on the photographer functioning as a witness (Campbell, 2003a: 67-71). Nonetheless, from photographs of cemeteries and funerals to the portraits of mothers and children sitting or lying passively, McCullin's rendering of

HIV/AIDS repeats recognizable subjects and settings.³⁴ Despite wanting to highlight health care inequalities in relatively wealthy nations like Botswana and Zambia, McCullin's photographs offer few points of contrast beyond the encouraging before and after portrait of a woman called Charlie who benefited from ARV treatment.

Tom Stoddart, whose career is surveyed in his book *iWitness* (Stoddart, 2004), is another renowned photojournalist who has worked on HIV/AIDS in addition to other well-known conflicts and emergencies. While equally committed to the idea of bearing witness, Stoddart photographs from a perspective of passionate commitment, where he is driven by anger at injustices, and seeks to make pictures that transmit that anger rather than pity to viewers (*Imaging Famine*, 2005a). Stoddart's black and white photographs from southern Africa – presented in his book under the heading of "Scourge" (Stoddart, 2004: 301-47; see also Stoddart, 2007; Stoddart, 2007a; Epstein and Stoddart, 2008) – offer stark renderings of funerals, the deceased and the debilitated. The product of a five year project on AIDS in Africa, Stoddart's pictures come from spending time at sites like the Mothers of Mercy hospice in Zambia – which he describes as part of "the frontline on the battle against AIDS" – during which he seeks to "respect the dignity" of the victims he portrays (see his commentary in the video at Stoddart, 2007a). Some pictures of training in prevention notwithstanding, such as the images of condom use (Stoddart, 2004: 336-7), it is clear that both the style – while indisputably his own – and the subjects of Stoddart's AIDS photographs nonetheless echo both the work of Nachtwey and McCullin as well as his earlier work on famine in Sudan (Stoddart, 2004: 13-47, *Imaging Famine*, 2005b). One photograph, however, offers something different. The picture of a child being born in Malawi (Stoddart, 2004: 318), when placed at the end of Stoddart's (2007a) video, carries a different meaning. By ending a story with an image of birth rather than death (as Nachtwey did in his 2001 *Time* essay) the outcome of the pandemic is de-naturalized, while the caption – "Baby Mercy has a 35% chance of dying from aids before she is 15" – nonetheless foregrounds the scale of the challenge.³⁵

Given the many talented documentary photographers and photojournalists working on HIV/AIDS, a review of this large body of work would be very lengthy and would likely demonstrate a number of individual differences between practitioners. Whether it would reveal a portfolio that diverged greatly from the main elements of the work of Gideon Mendel, James Nachtwey, Don McCullin and Tom Stoddart is open to question. To conclude, therefore, this section will look briefly at the photographs of Pep Bonet, a younger Spanish photographer who has already gained international recognition.³⁶ Working in conjunction with MSF Holland and MSF Spain Bonet produced an extended essay POSITHIV+, which has been exhibited, published and placed on the web (Bonet, 2005).³⁷ Bonet's work contains many images that could, his particular aesthetic notwithstanding, be found in a number of photojournalistic portfolios – patients in critical condition, orphans, prostitutes waiting for clients, children who are HIV+, bodies of AIDS victims, bare and insufficient hospital wards. Indeed, a couple of his images, although in bold colours, recall specific photographs produced by Mendel and Nachtwey. Bonet's (2005: 53) picture of an HIV+ patient in Humera, Ethiopia (2003), showing the gaunt person's back directly echoes Mendel's 1995 photo from Edendale Hospital in Kwazulu/Natal (see Figure 60 above), while his picture of another patient at Humera, with his thin arm dangling over the side of the bed (Bonet, 2005: 58), bears strong similarities to Nachtwey's photograph from the February 2001 *Time* cover story on AIDS in Africa (which is captioned as "the wasted arm of a patient in the Church of Scotland Hospital in Tugela Ferry, South Africa").³⁸ The issue here is *not* a lack of creativity or originality on Bonet's part but, rather, recognition of the fact that when the photographer works with the NGO to picture their medical projects the range of possible visualizations for HIV/AIDS is relatively limited.

These similarities notwithstanding, Bonet has expressed his desire to avoid African stereotypes and do something different.³⁹ One strategy has been to avoid photographing people's faces in recognition of the stigma many feel for being HIV+. Another, however, is to produce vibrant, colourful head and shoulders portraits of smiling, self-confident individuals who are successfully undergoing ARV treatment (Bonet, 2005: 78-79).⁴⁰ Although done differently – in black and white, against a portrait studio's featureless background, and taken years apart – Torben Eskerod's stark

head and shoulders portraits from Brazil, that accompany João Biehl's (2007) powerful ethnography of that country's response to AIDS, achieve a similar dramatic effect that potentially sets them apart from the standard iconography.⁴¹

(k) Selected photographs from UN and NGO publications since 2000

Picture galleries are much used by both the UN agencies and NGOs to highlight aspects of the HIV/AIDS pandemic. Mostly these galleries are largely illustrative, providing descriptive photographs taken by members of staff or contracted photographers (such as Didier Ruef's photos of the Global Fund's work in Djibouti, or Evelyn Hockstein's pictures for the UNAIDS story on Mbagathi district hospital in Kenya) designed to highlight the partners and programs of the organisation in question.⁴² Largely devoid of the dying and the debilitated, these photographs portray the campaigns, concerts, meetings and preventative programs taking place worldwide to deal with the pandemic. Their images are literal with a standard news aesthetic that foregrounds educators, health workers, politicians and local participants.

Sometimes, though, the boundary between the various photographic domains is blurred. This is evident when both the UN and NGOs use established photojournalists to provide more aesthetic and conceptual essays. As discussed above, the likes of Gideon Mendel, James Nachtwey, Don McCullin, Tom Stoddart and Pep Bonet have more often than not worked in close association with various NGOs to obtain access to sites of the pandemic and in return provide ways of highlighting the issue. For example, Mendel's and McCullin's photographs have been used in a collaboration between the World Health Organization, the International HIV/AIDS Alliance and Christian Aid to put on-line a global photo story entitled "Voices of Hope."⁴³ Similarly, Damien Schumann's portraits of people in the Western Cape of South Africa living with HIV but suffering from TB were used by UNAIDS to demonstrate the connection between these diseases.⁴⁴ In Canada, the PhotoSensitive collective has produced three essays on HIV/AIDS in a number of African countries, as well as Cambodia and India, in partnership with organizations like Care Canada.⁴⁵ NGOs have also been prominent and pulling

together large exhibition projects, such as the *Positive Lives* project supported by Concern, or the *Pandemic: Facing AIDS* project backed by the Elton John Foundation, the Bill and Melinda Gates Foundation, and UNAIDS (amongst others).⁴⁶ Each of these initiatives has built upon the work of established photojournalists and covered the pandemic in ways described above. In addition, part way between the news and documentary aesthetics on UN and NGO web sites, are the galleries of images that provide both a documentary representation of the victims and a news representation of how the aid organisations respond to their recipients needs. Notable in this regard are the photo essays Christian Aid has put together to convey its concerns, with David Rose's HIV in Zambia project covering a community home-based care project, while Heidi Bradner's pictures detail the lives of Indian sex workers and how local partner organisations are responding.⁴⁷ Significantly, the anonymous photo essay "Behind India's Boom" effectively details – largely through the captions accompanying the images – the inequalities in India's economy that drive people into risky behaviour such as recycling needles and sex work.

Getty photographer Brent Stirton's work for the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC) is a good example of how the documentary aesthetic is central to the production of photographs for NGOs. As one of the most significant non-governmental organizations dealing with the pandemic, the GBC (of which Getty Images is a member, and for whom Getty provided Stirton's services) has actively used imagery to get its message across. Since 2003 Stirton has produced a library of over two thousand pictures from South Africa, Ukraine, China and India (Stirton, 2006). Although working to a commission, Stirton has had two aims, which combine aesthetic and political considerations. The first is to produce some different images: "a lot of HIV work is really focused on beautiful pictures of dying people...I've tried to find lateral issues if I can, so I can do it in a different way" (Lang, 2006). The second is "to provide good people with a body of visual evidence which they can use to compel the relevant authorities to act" (Stirton, 2007).

The GBC has used some of Stirton's photographs in a slideshow portraying a three-day "Healthy Women Healthy Economies East Africa Field Trip" by a business delegation to Kenya in

2006. The most remarkable feature of this presentation are the written comments of the American business people who made the trip, which detail the way the largely standard images (such as the facial close-up of a crying child called Mercy) were invested with considerable emotion by their viewers.⁴⁸ Overall, though, Stirton's photographs are more compelling than the sample deployed by the GBC in this presentation. His portfolios of work from southern Africa, Kenya, India and Ukraine are aesthetically dramatic, especially when shot in saturated colours.⁴⁹ Across these differing contexts he provides a series of photographs that deal with familiar subjects, including drug addicts, sex workers, people living with HIV, and orphans. But he also shows individuals in affected communities organising counselling, education and support. There is the recurring motif, found in the previously discussed work of Nicholas Nixon, Gideon Mendel and Pep Bonet, of the person with an emaciated body, shot from behind to disclose their gaunt features and prominent bones.⁵⁰ Yet there are also compelling images of people who have received antiretroviral treatment despite government neglect prospering as a result.⁵¹

One interesting feature of Stirton's work is his attention to issues of gender. In a series called "The Feminization of AIDS in Kenya" he provides thirty five photographs – some of which the GBC used in its slideshow discussed above – that deal with how women are disproportionately infected with HIV compared to men.⁵² Likewise, the set of pictures dealing with India opens with a photograph that signifies what Stirton describes as "an age old story" – the rights of women. Showing a veiled woman forced into sex work by her mother when only eleven years old, who later became a drug addict in order to cope, Stirton's photograph was taken while the woman was secreted in a shelter for those attempting to make a new start.⁵³ Also notable is Stirton's 2004 portrait of an AIDS orphan in South Africa. Criticised by Bates (2007: 71-72) for its ahistoricity and lack of context – because of the way it focuses on an individual body, and does not locate the girl in either a particular moment or a specific community – it was one of the images Stirton himself highlighted. Interestingly, Stirton argued the photograph stood out for him in large part because he wanted to achieve the very things for which Bates criticised it: "she is symbolic of the 12 million-plus AIDS orphans in Africa today. In her white dress she is a symbol of purity that has been affected by disease through no fault of her

own. For me, there is no justification for the impact this disease has had on innocent children worldwide” (Stirton, 2006).



Figure 68: A girl wearing a white dress in a field in Richards Bay, South Africa, 28 March 2004. Brent Stirton/Getty Images.

(1) Summary analysis of selected photojournalists since 2000

Although selective, the preceding discussion of the work of documentary photographers and photojournalists in portraying HIV/AIDS since 2000 – and the way some of their work has been published in news magazines and used by the UN and NGOs – details a number of important considerations for the question of how the pandemic has been, and could be, photographed.

All the photographers considered here eschew the idea of being dispassionate and objective recorders of the pandemic. Indeed, all of them understand their photographic practice as being political, at least in the broadest sense of being engaged with politics in the world. The concept of bearing witness and producing visual evidence is central to the self-understanding of these individuals, with some (Gideon Mendel and Tom Stoddart, in particular) being explicit about their political passion with respect to the pandemic. Equally, most of these practitioners expressed directly a desire to photograph the pandemic differently, with the likes of Mendel, Pep Bonet, Brent Stirton and Don McCullin declaring in interviews that they wished to move away from the standard iconography and stereotypes of disease, debilitated bodies and death that marked so many images of HIV/AIDS.

It is not possible to argue simply that this pursuit of an alternative photographic rendering of HIV/AIDS by committed photojournalists has either been a failure or a success. That is because each of these photojournalists, their stated intentions notwithstanding, has produced photographs that reproduce the icons and stereotypes of the pandemic. Each of their portfolios is replete with pictures of the victims and their death in social environments and cultural styles, more often than not African, which recall other conflicts and emergencies. The reason for this outcome is, in part, because of the limitations inherent in attempting to photograph an extensive spatio-temporal concept like a 'pandemic' (what Mendel calls the invisibility of the issue), which is compounded by the restrictions that come from having access only to the sites of the pandemic (such as hospitals) provided by the NGOs that photographers are working with.

However, there is also the limitation inherent in photography as a technology (what Mendel called the strong visual situation of victims that instinctively draws the eye of photojournalists). This latter point suggests – and the comparable pictures produced by different photographers in differing locations supports this – that while we still tend to read photographs as referencing external events or issues they are just as likely to reference prior visualizations which represent the same events or issues. Photographs, therefore, might be thought of as being produced in part by the genres of

photography as much as they are made through their indexical relationship to the events or issues they portray. This is evident even in those pictures that do challenge the icons and stereotypes of the pandemic. For example, Bonet's colourful portraits of people living with HIV, or Stirton's compelling photograph of the South African miner who benefited from ARV treatment, rely on the portrayal of an individual – especially their face or body – in a manner consistent with the humanistic tradition of documentary photography throughout the twentieth century.

These photographers succeed most in avoiding the iconography of the pandemic when they supplement their pictures with other information in different media to make the story. Indeed, Stirton's miner photograph, or Stoddart's picture of the child being born, succeeds because of the information about the individual and their circumstances contained in the accompanying text. Of course, we rarely if ever consume images in isolation, so this in itself is not a surprising point; photographs are generally accompanied by, and their meaning in part produced by, the captions, headlines, articles or audio with which they are associated. Notwithstanding this, the mere co-presence of photograph and text is not by itself a remedy for those wanting to do something challenging and different. When Mendel's work appeared in *National Geographic* it carried a different valence to that evident when it was published more extensively in *Guardian Weekend*. Challenging stereotypes, then, requires a media outlet that wants to tell a different story, and one which readily employs a range of supplementary strategies (such as the voice of the subjects pictured) that can foster a new understanding by associating the photograph with elements of the cultural, economic, political and social context it seeks to portray. This issue will be discussed further in the recommendations that follow.

6. Conclusion and Recommendations

Appreciating the cultural construction of global problems through pictures requires us to move away from the analysis of individual images to the notion of a *visual economy*. For Poole (1997: 8) the idea of economy calls attention to the way “visual images [are] part of a comprehensive organization of people, ideas and objects.” This organization involves three levels: the organization of production comprising the individuals and the technologies that produce images; the circulation of goods, meaning the transmission and publication of images and image-objects; and the cultural resources and social systems through which images are interpreted and valued (Poole, 1997: 9-10). In addition to the organizational dimensions which bring a picture into being and help produce its meaning, the idea of a visual economy makes clear that the visual field is both made possible by and productive of relations of power, and that these power relations bear at least some relationship to wider social and political structures which are themselves associated with transnational relations of exchange in which images are commodities. The consequence of this is that people in disparate places can be part of the same economy when they may not be part of the same culture. Furthermore, it might be the case that the workings of the visual economy produce cultural differences that make any notion of a culturally common visual world unsustainable.

Invoking the idea of visual economy means that images cannot be isolated as discrete objects but have to be understood as imbricated in networks of materials, technologies, institutions, markets, social spaces, affects, cultural histories and political contexts. This means that a study of this kind has to be concerned with an examination of what images do in circulation rather than just an interpretation of their iconography. Therefore, in conjunction with the individual biographies, habits and skills of selected photographers, the idea of a “visual economy” signals the practices through which a place and its people is enacted and our response made possible.

This study has been premised on these assumptions and sought to outline aspects of the visual economy of HIV/AIDS by addressing six research questions about the photographic

representation of HIV/AIDS, especially the way in which the pandemic has been visualized since being problematized as a security issue in 2000. Although substantial, this study deals only with photojournalism and documentary photography as elements of the visual economy of HIV/AIDS, while recognising that other visual artefacts – such as public health posters, prevention campaigns, memorialisations like the AIDS quilt, fictional films, soap operas and video documentaries, not to mention erotic art or pornography – all have a place in the overall visual economy and may introduce themes different from those discussed here.⁵⁴ In this conclusion, though, the main themes and findings relating to photojournalism and documentary photography will be brought together in sections that respond directly to those research questions.

(a) How has HIV/AIDS generally been pictured since the emergence of AIDS in 1981?

The photographic portrayal of HIV/AIDS has to be understood in relation to the larger context of how the pandemic has been represented generally since the official emergence of AIDS in 1981. Although there has been an 'epidemic of signification', the multiple framings of the virus, its cause and effects were designed to contain, bound and distance the disease so that the biopolitical boundaries of normal/pathological could be installed and fixed. This meant that, at the most general level, the discourse of HIV/AIDS was always already a 'security discourse', seeking to secure the healthy from the unhealthy, us from them, the self from the other. As detailed in Section 2, the politics of representation inherent in this process was obvious at the outset when a particular identity politics located understanding in the liminal identities of the "4-H's" (homosexuals, heroin addicts, Haitians and haemophiliacs) rather than the nature of the viral agent. Over time this worked to reduce the range of possible representations to three approaches – the medicalized, somatic and internalized engagements with the pandemic. In turn, these representations led to an emphasis on the behavioural paradigm – narrowly construed and statically constructed – whereby responsibility for the disease was located at the individual level, and the idea of voluntary behaviour change around notions of abstinence, faithfulness or condom use became the hallmarks of good epidemiological citizens. To be sure, these strategies can make a difference, but this emphasis on a liberal

individualism downplays the equally important non-viral co-factors that make up the cultural, political and social economies in which HIV circulates.

As Section 3 demonstrated, media coverage of the HIV/AIDS pandemic has both depended upon and reproduced the medicalized, somatic and internalized engagements with the pandemic. General coverage in the US declined in the period after 1987 – despite rising levels of infection and mortality – because of the prevailing view that the disease was chronic but manageable rather than inherently fatal. This relative de-stigmatization of HIV/AIDS in the US and Europe was borne out in the way these declining levels of coverage saw the subjects and settings of stories shift from a preoccupation with gay men in the US to a concern with AIDS in Africa. This was supported by the analysis of the article coverage in the *New York Times* (2000 – 2007) conducted for this study. As Section 5(b) concluded, in terms of regions Africa and North America dominated reporting, followed by general international stories and coverage of HIV/AIDS in East Asia (largely China). Given that these reports relocated the medicalized, somatic and internalized representations to geographically distant sites, it suggests that the de-stigmatization of HIV/AIDS at home was made possible in part by the transference of the stigmatizing strategies abroad.

With HIV/AIDS overwhelmingly represented as a sexually transmitted disease propagated by particular identities, both generally and in terms of media coverage, it is not surprising that the photographic visualization of the disease between 1981 and 2000 was replete with images of abject individuals. With portraits of patients anthropomorphizing the disease, the 'look' of AIDS in the 1980s was marked by phobic images of ravaged, debilitated and hopeless individuals in medical settings. As discussed in Section 4, although photographic practitioners and critics read these portraits as humanizing by giving AIDS a face, others considered their reliance on the close-up as a form of effacement that abstracted people from their social context.

Whichever claim is more persuasive, what was significant about photography's encounter with HIV/AIDS was the way in which features of this technology reinforced the liberal, somatic

understanding of the pandemic. That is because the dominant, humanist tradition of documentary photography is itself somatic; that is, it has historically relied on images of the individual (their body and face) in order to signify social issues. However, the images of individuals documentary photography produces represent neither simple individuals nor complex abstractions. Rather, these somatic images embody a specific way of being human that Hariman and Lucaites (2007: 21, 88-89) call the "individuated aggregate." In this understanding, the individuated aggregate, although appearing in a photograph as a singular person or persons, instead depicts collective experience metonymically by reducing a general construct (such as the HIV/AIDS pandemic) to a specific embodiment (the patient, caregiver or health practitioner, for example). The individuated aggregate has to be personal enough to convey the details of a particular life, but equally impersonal so those details do not derail a larger generalization. Recall, in this context, the statements in Section 5(g) from *Guardian* editors about their choice of Grace Mathanga as the symbol of HIV/AIDS in the special supplement, or the quote from Brent Stirton in Section 5(k) about how his portrait of the girl in the white dress (Figure 68) is symbolic of all AIDS orphans and their innocence. This dual characteristic help explains how certain photographic forms – such as the mother-and-child portraits that abound in crisis situations – become icons that have staying power through time despite varying contexts of production and reception.

Section 5(c) summarized the main features in terms of subjects and settings of the 355 photographs that accompanied all the articles on HIV/AIDS during the 2000 – 2007 survey period, revealing in the process how the pandemic was metonymically embodied in images. The main features included the following:

- (i) The regional focus was on Africa (35% of photographs), followed by North America (27%) and East Asia (10%);
- (ii) 48% of the photographs showed men compared to 30% with female subjects;

- (iii) Patients made up 45% of the coded photographs, 22% were educators and healthcare professionals, 16% were 'African' citizens not included in other categories, and 14% were politicians.

Thirty-nine of these photographs appeared on the front page of the *New York Times*, a selection and placement that marks these images out as symbols of particular importance. The main features of these page one photographs were:

- (i) In terms of subject/setting, 50% involved African countries, 17% were in East Asia, and 15% in North America;
- (ii) 41% of the pictures had male subjects, 28% female, and 25% children of both genders;
- (iii) 30% of the photos were concerned with HIV+ people, and only one of the photos of HIV+ people (Figure 26) showed someone said to be "dying of AIDS"
- (iv) 17% were of child orphans;

Overall, these summaries show a number of trends: Africa was the most common setting for photographs (especially on page one), male subjects outnumbered female subjects (largely because the politicians, healthcare providers and scientists pictured were predominantly male); and people living with HIV (especially as patients) were a consistent focus.⁵⁵ Children were prominent subjects, especially on page one, while pictures of prostitutes, although relatively uncommon (at 5% of the total number of photographs), were all published on page one. The review of selected documentary photography projects in Section 5(j), and the way they were taken up by UN agencies and NGOs in

Section 5(k), showed that – notwithstanding some variation, especially when projects were able to show pictures in a series rather than singly – they shared similar subjects, settings, and styles with the news photographs summarised here.

What these photographs, with these subjects and settings do, is visually perform the social field we have come to understand as the pandemic of HIV/AIDS (Campbell, 2007). This understanding is made possible through photography's somatic form where the individual body and face is the camera's subject. Indeed, thirty-six of the thirty nine *New York Times* page one photographs (92%) make individuals the centrepiece of their concern, while the three that do not foreground individuals (Figures 15, 18, 28) still contain people in the picture. The end result of this is that, as Hariman and Lucaties (2007: 90) argue, "the figure of the individuated aggregate fuses individual and collective reference to create a symbol; the iconic representation becomes the event itself" – something well represented by the role assigned women and children in relation to HIV/AIDS and "the war on malaria" on the covers of *Time* and *The Observer Magazine* (Figures 64-67).

The metonymic structure of the individuated aggregate also serves another double function, one related to the work photographs do as opposed to the things they represent. Photographs prompt structures of feeling historically present in audiences, using the somatic form to not only display the subject's emotions but to place viewers in an affective relationship with the subject (Hariman and Lucaites, 2007: 35-36). This means that documentary photography, itself a liberal humanitarian technology (see Stomberg, 2007), works to activate a humanitarian structure of feeling, proffering via that structure of feeling a particular problematization of the event that calls forth established humanitarian modes of response. As such, the individuated aggregate allows the figure of the individual to embody a larger social and political context "in a manner that fulfils both the need for collective action and the primacy of individual autonomy in a liberal-democratic society" (Hariman and Lucaites, 2007: 21). However, given the way it secures liberal individualism, the collective action inspired by the individuated aggregate will be a humanitarian kind and will not contest the fundamentals of liberalism at home or abroad, as Grace Mathanga's role (Figure 53) as the face of the

Guardian's 2005 Christmas charity appeal demonstrates. In this context, the question for photographic practice posed in Section 3(a) requires an understanding of pictures in which the way they orient us to the pandemic through symbolic connotation is of greater importance than their denotative function.

In conclusion, this discussion means, in response to the questions for photographic practice posed in Section 2(a) and 4(a), the photojournalistic visualization of HIV/AIDS since 2000 has contained, bounded and distanced the disease by replicating the medicalized, somatic and internalized understandings of the pandemic through its deployment of the individuated aggregate. Initially this involved photographs of the stigmatized patient, but these portraits of abjection and otherness are now less common. The fact that people are now shown living with HIV rather than dying from AIDS demonstrates that the early activist concerns about the phobic images of the 1980s have been transferred, despite all photographers being drawn visually to emaciated victims of the disease, to the photojournalism of the global pandemic. Images of the essentialized vector of disease – specifically the way 'the prostitute' is understood as a key character – can be found but are relatively infrequent, though when they are produced they are used prominently. Through the individuated aggregate the photojournalism of HIV/AIDS has supported the central assumptions of the behavioural paradigm of disease causation over and above the role of non-viral co-factors associated with development issues. Moreover, photojournalism is yet to find a way to represent in context the dynamic, culturally nuanced, and historically specific sexual networks that contribute to the HIV/AIDS pandemic, without replicating a colonial discourse of native promiscuity.

(b) What are the features of the HIV/AIDS security problematic that set the parameters for the way the issue could be pictured?

The problematization of HIV/AIDS as a security issue was a feature of international policy debates in 2000 – 2001, as Section 1 makes clear. It proceeded in terms of a broad construction, in which all aspects of international peace and security are at risk, and a narrow construction in which

the focus is on the impact of the virus and disease on uniformed military personnel. The broad construction has been largely unverifiable because of its general and suppositional arguments, making it difficult to imagine how pessimistic future scenarios could be photographed. Moreover, analysts are now concluding that the liberal script for disease prevention that flows from the dominance of the behavioural paradigm of disease causation has extinguished both the social threat of societal collapse many feared, as well as any desire for political transformation many thought would follow (de Waal, 2008). This means photography is unlikely to have to grapple with the many of the questions in Section 1(a) about need to convey the idea that the HIV virus could be understood as an aggressor or threat or that fighting it requires a global emergency or total war – all the while making photographs that would have distinguished this from situations of military conflict generally.

That HIV/AIDS is unlikely to provoke the sometimes-expected political crisis even in sub-Saharan Africa does not free photography from a number of challenges in relation to the pandemic. The scale and spread of infection, morbidity and mortality remain extensive, and finding strategies to image a long wave event – beyond the common motifs of patients, hospitals and funerals – is not easy. As UNAIDS (2007) made clear in its latest epidemiological survey, global HIV prevalence has risen from 29 million in 2001 to 33 million in 2007, though the rate of increase has levelled off. Sub-Saharan Africa remains the most affected region, with 22.5 million living with the virus (68% of the global number). The estimated number of new infections in 2007 was 2.5 million, of which 68% occurred in sub-Saharan Africa, and the estimated number of deaths from AIDS in 2007 was 2.1 million, of which 76% occurred in sub-Saharan Africa. In this context, photojournalism's pre-occupation with AIDS in Africa is not misplaced. However, the question is not *whether* HIV/AIDS in Africa should be extensively pictured, but *how* it should be photographed.

One thing the photojournalism of HIV/AIDS needs to achieve – as asked in Section 1(a)(v) – is an understanding of the variable aetiology of the pandemic. The security problematization of HIV/AIDS tends to homogenize the pandemic and overlook the way different geopolitical locations face different concerns, such as how prevalence in Russia and Eastern Europe is a function of

increased drug use in a liberalizing society, and rates of infection in China are the product of political economy in which blood was sold and circulated without adequate screening. In this light, the review of the *New York Times* photographs shows photojournalism is conveying aspects of this variable aetiology. However, this brings the concomitant danger that all pictures from Eastern Europe deal with drug use while all photographs from China show victims of flawed blood transfusion. Moreover, the main challenge remains whether this variable aetiology is best symbolized through the individuated aggregate.

Photography's somatic focus, through the individuated aggregate, can record and symbolize aspects of the 'here and now' of the pandemic. The way photography functions as a technology means that portrayals of infection, morbidity and mortality are relatively easily accommodated. However, even if an international security crisis is not produced by the pandemic, the cultural, political and social effects of this long wave pandemic remain a topic that needs to be photographed, and the ability of current practice in photojournalism to effectively achieve that in ways that go beyond the constraints of the individuated aggregate remains a question. Furthermore, whether current photographic practice has produced pictures of the pandemic that cannot be read or used as instruments of biopolitical discrimination, demarcating the 'healthy' from the 'unhealthy', is unclear. However, given the polysemic nature of photographs generally, this requirement may be too much to require of photography alone.

Finally, these larger problems do not address the more limited concern of whether the narrow construction of HIV/AIDS as a security issue – focusing on the impact of the virus and disease on uniformed military personnel – can lead to pictures that are readily distinguished from the nature and function of the uniformed military in other contexts.

(c) How has HIV/AIDS as a security issue been pictured in recent years? To what extent is sexual violence considered part of the visual securitization of HIV/AIDS? What is the gap between the security problematic of HIV/AIDS and its current visualization?

Despite the prominence of the security problematization in international policy circles as detailed in Section 1, and notwithstanding the questions the security problematization posed for photographic practice in Section 1(a), there were – as Section 5(f) and 5(h) demonstrated – very few articles in the *New York Times* or the *Guardian* which discussed the pandemic explicitly in security terms other than to report on the international policy debates. There were even fewer articles with photographs that attempted to render the pandemic in security terms, and those that did, as Section 5(g) showed, portrayed politicians in North America (nearly half of whom were pictured at the UN in New York) or Africa. Visually, then, security was very much associated with the national and international political elite in those two places.

Although the narrow construction that understands HIV/AIDS as a security issue in relation to uniformed military personnel has been more prominent in policy debates than the broad construction, this has not translated into imagery. Indeed, only a single photograph from the *New York Times* – Joao Silva's photo of Angolan soldiers training to teach others how to defend themselves against H.I.V (Figure 47) – specifically connected the pandemic to the military.⁵⁶ In other locations, such as Garrett's Council on Foreign Relations report on the linkages between HIV/AIDS and national security, there are two generic photographs of UN peacekeepers but they are not engaged in activities related to the pandemic (Garrett, 2005: 30, 56). In contrast, Garrett's report is illustrated by images of African children, without captions or details, thereby effacing their particular context in favour of the universal message these individuated aggregates imply (see Figures 69 – 71).⁵⁷ Taken by Stephen Shames of Polaris Images in 2000, these photographs from Uganda bear no direct relation to the subject of Garrett's report.



Figure 69: From Garrett (2005: 2)



Figure 70: From Garrett (2005: 69)



Figure 71: From Garrett (2005: 19)

Overt representations of sexual violence are absent from the photographs linked with the explicit discussion of security. However, the issue is to be found in other images, such as the page one *New York Times* photograph (Figure 34) of a widow who was subject to “cleansing sex.”

However, issues of sexual violence might be construed as indirectly part of other images, such as those of orphans and prostitutes, though the association would depend on narratives or text beyond the image.

On the surface there is a considerable gap between the security problematic and the major themes evident in the current visualization of HIV/AIDS. It is certainly the case that the broad construction of security has not been visualized, and the narrow construction is occasionally photographed but rarely published. However, the gap may not be as large as it first appears. Security in the photojournalistic visualization of HIV/AIDS might be understood in ways that do not depend on the assumption that the content of security pictures has to be different and distinguishable. Firstly, following the discussion in Section 2, it is possible to read photographs that help install the biopolitical sense of healthy/unhealthy as being implicated in the discourse of 'our' security by rendering the danger of the pandemic as (culturally, racially or geopolitically) distant. Secondly, and more positively, it is possible to read security as a code in much of the visualization of the pandemic in so far as the pictures of child orphans, patients and others show them as subject to a condition of human insecurity.

(d) To what extent does the photographic portrayal of HIV/AIDS picture something specific to the pandemic, or to what extent does it reproduce the established iconography of African disaster?

The photojournalistic visualization of HIV/AIDS images the pandemic in specific ways, by recording, as traces of the 'here and now', those who are living with the virus, those affected by the disease, and those struggling to manage the pandemic. However, as discussed above, especially in relation to photography's somatic form and the metonymic operation of the individuated aggregate, these visualizations take place in ways and through styles that are familiar no matter how many specific variations from the familiar we can identify. Additionally, as the reviews of media coverage in Section 3 and the analysis of the photojournalism in Section 5 made clear, Africa has emerged as the

most common (if not the dominant) subject of and setting for visual representations of HIV/AIDS. Given the scale of the pandemic in the sub-Saharan region of the continent it is easy to argue that this is an objective representation of an epidemiological reality. However, aside from a failure to appreciate how photography cannot be objective, this conclusion would overlook two things. First, the labelling of AIDS as an African disease emerged in the early 1980s, at the outset of attempts to understand what HIV was, and some time before the impact of the virus on the region was understood. Second, the issue is not whether HIV/AIDS in Africa should received considerable visual attention, but, rather, how that visual attention is structured.

In this sense, this analysis concludes that the photographic visualization of HIV/AIDS is produced through the workings of a scopic regime (Campbell and Power, 2008). In turn, that regime can be understood as bringing together three traditions that enact the events and issues they purport to simply represent, with the pictures of the pandemic constructed at the intersection of these traditions. These three traditions are:

- (i) the genre of documentary photography and photojournalism, dating from the late nineteenth century but most prominent in the 1930s, with its commitment to representing social issues through the somatic form in the service of a liberal humanitarianism;
- (ii) the medicalized, somatic and internalized problematization of HIV/AIDS as a sexually transmitted disease of liminal identities and marginal behaviours, dating from the emergence of AIDS in the 1980s and continuing into the present;
- (iii) the scopic regime of 'Africa' itself, dating from the earliest encounters but reaching its apogee in the nineteenth century colonial era, which homogenized, infantilized and feminized the continent as a viral space.

It is in photographs of the child that we can most easily witness how these traditions that comprise the scopic regime intersect and visualize HIV/AIDS. Such photographs are common in the photojournalism of HIV/AIDS, whether it be on the front page of the *New York Times* (Figures 17, 22, 26, 29, 32, 36, 38), in policy reports (Figures 69-71), or even medical statements like the “Durban Declaration” (Figure 72).



Future orphans? The death toll from AIDS in Africa will be enormous unless action is taken now.

Figure 72: From *Nature* (2000: 15).

These photographs use children as individuated aggregates to embody visually notions of innocence, pure victims, and moral clarity as well as signifying future dangers and possibilities (Moeller, 2002). Especially in the figure of the 'orphan', these pictures evince a generic quality that ensures the widest possible appeal with its concomitant call to action (as expressed in the caption to Figure 72). However, these photographs elide the fact that the international definition of an orphan includes children who still have a mother or father alive. This means, for example, that while the 2003 UNICEF report *Africa's Orphaned Generations* counted 34 million orphans in sub-Saharan Africa (11 million of whom were orphaned by AIDS), over 28 million of those children – or 85% – had one surviving parent. As Meintjes and Giese (2006: 410-411, 415) argue, this means that children's experience is being framed in terms of their dead rather than their living parent, and that "the majority of orphans are portrayed as experiencing the social circumstances which evidence indicates are in fact exceptions." As a result, notwithstanding the real issues that face those who have lost both parents, concerns about childhood generally being lived without adult support or socializing networks, and thus creating the conditions for communal breakdown, are wide of the mark (de Waal, 2006: 83-86).

Importantly, this understanding of the orphan photographs demonstrates how pictures of children are paradoxical. Because notions of innocence and dependence are associated equally with colonial ideology and humanitarian practices, these photographs re-install a vision of the inferior global South that distances us from them at the same time they are designed to close that gap through their call for an external response (Manzo, 2008). Accordingly, these photographs are functioning as colonial stereotypes. As Bhabha makes clear, the stereotype is the central rhetorical figure of colonial discourse, but because colonial discourse is itself paradoxical – claiming both a rigidly superior order amidst degenerate disorder – ambivalence is at the heart of the stereotype, which must "vacillate...between what is always 'in place', already known, and something that must be anxiously repeated." As Bhabha (1994: 66) argues, "it is ambivalence that gives the colonial stereotype its currency: ensures its repeatability in changing historical and discursive junctures; informs its strategies of individuation and marginalization; produces the effect of probabilistic truth

and predictability which, for the stereotype, must always be in excess of what can be empirically proved or logically construed." Operating in these terms colonial discourse "produces the colonized as a social reality which is at once 'other' and yet entirely knowable and visible" (Bhabha, 1994: 70).

Photography is a crucial technology for colonial discourse understood in this way, but this understanding establishes a novel ground for reading the images it produces. As Bhabha (1994: 67) declares:

My reading of colonial discourse suggests that the point of intervention should shift from the ready recognition of images as positive or negative, to an understanding of the *process of subjectification* made possible (and plausible) through stereotypical discourse. To judge the stereotyped image on the basis of a prior political normativity is to dismiss it, not to displace it, which is only possible by engaging with its *effectivity*...In order to understand the productivity of colonial power it is crucial to construct its regime of truth, not to subject its representations to a normalizing judgement.

(e) What recommendations for alternative photographic practices can be made to encourage a better visualization of HIV/AIDS?

Because the question of how to judge images has to move beyond positive/negative, or right/wrong, the issue of what constitutes a better visualization of HIV/AIDS revolves around understanding the way pictures are implicated in the process of subjectification, and how alternative stories and modes of publication can help displace some of the more stereotypical accounts of the pandemic. Towards this end, there are three strategies that can be recommended for making a better visualization feasible.

- (i) The first involves photographic practitioners being involved in a reflexive process whereby the limits of the technology and its traditions are discussed in relation to the parameters of the issue. In large part that would mean practitioners dissecting the

themes discussed in this report, bringing their experience to bear on some of the issues highlighted here, such as how the complex sexual networks implicated in the pandemic, or the critical understanding of what constitutes an orphan, could generate different visual accounts. This warrants reworking one of the hallowed understandings of documentary photography, Robert Capa's admonition that "if your pictures aren't good enough, you're not close enough," into the epithet recently offered by renowned Yale photographer and critic Tod Papageorge: "if your pictures aren't good enough, you're not reading enough" (Quoted in *Blind Spot*, 2007). In other words, given that photojournalism is about telling a story, the details of that story and what is at stake in different ways of picturing it needs to be researched and understood by the practitioners prior to making photographs. This would enable all the questions posed in Sections 1(a) – 4(a) to be addressed in one way or another.

One means to achieve this would be to conduct workshops with photojournalists, picture editors and multimedia producers along the lines of the United Nations Development Programme's (UNDP) Leadership Development Programme Arts and Media initiative (see Kripalani, Bhattacharya, Sharma and Kumar, 2005). This initiative was driven by the 2001 UN General Assembly meeting on HIV/AIDS and the Millennium Development Goals, and led to a number of UNDP Country Teams conducting workshops with the print and broadcast media in order to change the discourse around the pandemic. However, picture editors and photojournalists were not included in many of these events and their work was not central to these exercises. This proposal could be developed with partners like the Global Media AIDS Initiative (<http://www.thegmai.org/>) and World Press Photo (<http://www.worldpressphoto.org/>).⁵⁸

- (ii) The second strategy comes from the recognition that the best visualizations of HIV/AIDS are those that appreciate photography is a multimedia technology rather

than just the production of pictures in isolation. Traditionally, this has meant that extended photo essays, in conjunction with supportive articles, made by practitioners committed to an issue over time – exemplified by Gideon Mendel’s work for *The Guardian*, in Section 5 (i). Equally noteworthy is the Pixel Press production of Sebastião Salgado’s project on “The End of Polio” (<http://www.endofpolio.org/>), which involved a book and a web site to showcase a series of varied photographs that demonstrated how communities in the global South were integral to this public health programme. Increasingly, multimedia also means the production of rich media pod casts that use a combination of still photographs, audio, linked resources, and video to provide a more comprehensive view. Although not perfect in this regard, Kristen Ashburn’s *Bloodline: AIDS and the Family*, produced by MediaStorm (<http://mediastorm.org/0012.htm>), is an effective vehicle for the voices of people living with HIV in Zimbabwe. Multimedia’s capacity to broaden the context of photographs would allow many of the questions for photographic practice in Sections 1(a) – 4(a) to be addressed in ways linked to specific stories.

- (iii) The third strategy involves what Bleiker and Kay (2007) called pluralist photography (see Section 4), and others call participatory photography. This involves providing the skills and equipment to communities so that they can produce their own images, both in the narrow sense of making their own photographs of their situation, as well as the broader sense of deploying those photographs in ways to change how they and others see themselves. A UK-based organization, PhotoVoice (<http://www.photovoice.org/>), is a pioneer of this approach and has assisted in the making of stories on HIV/AIDS.⁵⁹ While this form of photography cannot and should not replace other approaches, and while it cannot guarantee images that necessarily contest the stereotypes of the pandemic, it warrants a more influential place in our visual economy.

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ENDNOTES

¹ For details on, and documents from, the 2001 UN General Assembly Special Session on HIV/AIDS, see <http://www.un.org/ga/aids/coverage/> (accessed 27 March 2008).

² See, for example, the US State Department's HIV/AIDS site (<http://www.state.gov/s/gac/>) with its links to the President's Emergency Plan for AIDS Relief (PEPFAR, <http://www.pepfar.gov/>) which is rendered as an international healthcare initiative, and the UK government's mission statement of the Foreign and Commonwealth Office at <http://collections.europarchive.org/tna/20080205132101/www.fco.gov.uk/Files/kfile/MissionStatement91.3MB.pdf>. The Department for International Development's document *Taking Action* (July 2004, at <http://www.dfid.gov.uk/pubs/files/hivaidstakingaction.pdf> -- illustrated on the cover with a Gideon Mendel photograph) is the UK government's major statement on HIV/AIDS, and positions the pandemic in the context of development and the Millennium Development Goals. However, although then Prime Minister Blair's introductory statement refrained from an explicit linkage with security, the theme was implicit when he wrote (p. iii) that it is "not just our strong moral duty to help but how it was in our national interest. Only coordinated and decisive action can prevent the effects of worsening poverty and instability spilling across our borders. You can't pull up the drawbridge in the modern world." In contrast, none of the current candidates for the US presidency link HIV/AIDS and security explicitly. Both Hilary Clinton and Barack Obama discuss the issue on their campaign sites in the category of healthcare rather than foreign affairs or national security, while John McCain presents only a press release for World AIDS Day 2007. For an overview of the position of these candidates see Kaiser Family Foundation, "2008 Presidential Candidate Spotlight: Global Health and HIV/AIDS," at http://www.health08.org/issue_globalhealth_hiv aids.cfm (all sites accessed 27 March 2008). For a recent strategic report that pays attention to the threat of global disease pandemics, see Kearns and Gude (2008).

³ See Garrett (2005: 29) for mention of the elite circulation of antiretroviral drugs in some militaries.

⁴ On the colonial history of representing Africa, see Brantlinger (1985), Jarsoz (1992), Campbell and Power (2008). On the figure of the virus as important to the colonial tropes of "Africanity," see Schell (1997), and Mayer (2002: ch.7).

⁵ There are a few studies available dealing with national media contexts other than North America or Europe. Wu (2006) analyzes the Chinese Xinhua News Agency coverage since 2004, contrasting it to Associated Press reports on HIV/AIDS in China, revealing that each had a very different frame, with the former being pro-government and the latter critical. Analysis of the print media in India is found in de Souza (2007), who revealed a series of competing frames ranging from the idea of a war against AIDS to a concern with children and women as innocent victims. Wallis and Nerlich (2005), in a study of UK media, demonstrated how the war frame was common to coverage of HIV/AIDS but not replicated for other diseases such as SARS.

⁶ For studies that examine the heavily troped nature of early journalism about AIDS in Africa – replicating the colonial stereotypes discussed in section 2 – see Watney (1990) and Treichler (1991).

⁷ For studies that examine the focus on sexualized and somatic images in both the pictures and text of early media accounts, see Watney and Gupta (1986) and Austin (1989-90).

⁸ The photographic history and meaning of the head and shoulders portrait, and the practice of "frontality" (where the subject looks directly into the camera), is discussed in Roberts (1988: 75-77), Tagg (1988: ch. 1), and Kozloff (2007).

⁹ The Benetton photograph is publicly available from http://production.investis.com/ben_en/about/campaigns/list/aids_david_kirby/. Frare's original black

and white photo and caption can be seen at <http://thereseffrephotography.com/gallery/2004gallery900.stm> (accessed 29 March 2008).

¹⁰ These issues are not restricted to Anglo-American domains, or Anglo-American representations of foreign locations. As Varas-Diaz and Toro-Alfonso (2003) demonstrate in their content analysis of images of HIV/AIDS in the main Puerto Rican newspaper between 1995 and 2000, familiar representations of subjects close to death, fragmented, isolated, in decay, and dangerous to a healthy society dominate the pictorial coverage.

¹¹ Despite its claim to being the paper of record, Cohen (1999: 154-68) demonstrates the *New York Times* was slow to cover HIV/AIDS at the outset, with the first front page story appearing two years after the early CDC reports in 1981. By the late 1980s, however, its coverage became more frequent and exceeded other US newspapers. Nonetheless, its focus on marginalised communities in relation to the pandemic remained poor.

¹² These themes, in more detail, refer to stories as follows: *Patient* = story that focuses on an individual or group of HIV/AIDS patients & their difficulties, successes etc; *Care giving* = story that focuses on the efforts & challenges of caregivers & HIV/AIDS educators; *Prevention* = story that focuses on efforts & means of preventing HIV/AIDS infection & spread; *Science* = story that focuses on new scientific developments with regards to HIV; *National* = story that focuses on economic, political & social factors concerning the spread & danger of HIV/AIDS at a national level and/or national statistics; *International* = story that focuses on economic, political & social factors concerning the spread & danger of HIV/AIDS at an international level and/or international statistics.

¹³ After locating and seeking permission to reproduce these photographs, twenty-eight were available for presentation here.

¹⁴ "Saving Grace," *The Guardian*, 18 February 2003. The supplement's content and graphics, though not the photographs, can be found at <http://www.guardian.co.uk/aids/subsection/0,7370,897482,00.html> (accessed 5 February 2008).

¹⁵ "Saving Grace" [Leader], *The Guardian*, 18 February 2003, at <http://www.guardian.co.uk/leaders/story/0,,897761,00.html> (accessed 5 February 2008).

¹⁶ "Saving Grace, possibly," *The Guardian*, 24 February 2003, at <http://www.guardian.co.uk/aids/story/0,,901587,00.html> (accessed 5 February 2008).

¹⁷ "Saving Grace," *The Guardian*, 13 March 2004, at <http://www.guardian.co.uk/values/getinvolved/story/0,,1166413,00.html> (accessed 5 February 2008).

¹⁸ For various updates see "One small miracle brings hope to thousands threatened by Aids," *The Guardian*, 16 February 2004, at <http://www.guardian.co.uk/aids/story/0,,1149000,00.html>; "Saving Grace – September update," *The Guardian*, 27 September 2004, at <http://www.guardian.co.uk/values/getinvolved/story/0,,1313988,00.html>; and "Saving Grace Foundation," *Guardian Unlimited*, July 2007, at <http://www.guardian.co.uk/values/getinvolved/story/0,,2135661,00.html>. The major follow-up was a G2 supplement cover story to launch the 2005 Christmas appeal, "Return to Grace: A special report on Aids in Africa," *The Guardian (G2)*, 24 November 2005, at <http://www.guardian.co.uk/uk/2005/nov/24/christmasappeal2005.sarahboseley>. The photographs that accompanied this story were taken by Martin Godwin and are available in a gallery at <http://www.guardian.co.uk/gall/0,,1649062,00.html> (all sites accessed 5 February 2008).

¹⁹ The Mendel photo essays published by *The Guardian* over the last seven years include:

"While the world looks away," *The Guardian Weekend*, 2 December 2000, at <http://www.guardian.co.uk/aids/story/0,,405639,00.html>

"Life Savers," *The Guardian Weekend*, 27 October 2001, at <http://www.guardian.co.uk/weekend/story/0,,580531,00.html>

"Getting Better," *The Guardian Weekend*, 14 December 2002. [No link available]

"Salvation is cheap," *Guardian Weekend*, 18 October 2003, at <http://www.guardian.co.uk/aids/story/0,,1065594,00.html>. Done with the assistance of the Treatment Action Campaign in South Africa, there is a web presentation of the images at <http://www.guardian.co.uk/flash/mendel.swf>

"The children left behind," *Guardian Weekend*, 10 December 2004, <http://www.guardian.co.uk/aids/thechildrenleftbehind/story/0,,1370100,00.html>. Undertaken in conjunction with the International HIV/AIDS alliance, the photographs can be seen at <http://www.guardian.co.uk/aids/thechildrenleftbehind/gallery/>

"Eight women once voice," *Guardian Weekend*, 11 June 2005, <http://www.guardian.co.uk/g8/story/0,,1504347,00.html>. This was a project with Action Aid, and timed to coincide with the 2005 G8 meeting in the UK and the Live 8 campaign, and an interactive guide with the pictures can be seen at <http://www.guardian.co.uk/africa8/0,16068,1501265,00.html>

"An answer in Africa," *The Guardian*, 26 November 2005, at <http://www.guardian.co.uk/christmasappeal2005/story/0,16796,1649881,00.html>. This was part of the same Christmas Appeal that employed the story of Grace Mathanga. An interactive slideshow with the photographs is at <http://www.guardian.co.uk/aids/answerinafrica>

"A mother's legacy," *The Guardian (G2)*, 28 November 2007, at <http://www.guardian.co.uk/aids/story/0,,2218201,00.html>. Derived from Mendel's work for the UNICEF's "Lesotho Voices" project (<http://www.unicef.org.uk/lesothovoices/>) this story was linked to a slideshow at <http://www.guardian.co.uk/slideshow/page/0,,2218289,00.html>

²⁰ Positive Lives remains active and can be found at <http://www.positivelives.org/>. Mendel's work for this project can be found in the Global Reach section of the site under the title "Africa: A Broken Landscape" at http://www.positivelives.org/index.php?part=global_reach&mode=2 (accessed 20 February 2008).

²¹ See "Gideon Mendel," http://www.digitaljournalist.org/issue0106/voices_mendel.htm (accessed 20 February 2008).

²² See the interactive presentation of these images, with audio interviews of those photographed, "Salvation is Cheap," at <http://www.guardian.co.uk/flash/mendel.swf> (accessed 7 March 2008).

²³ See the photographs and stories, "Gideon Mendel in Mozambique: The children left behind," at <http://www.guardian.co.uk/aids/thechildrenleftbehind/gallery/> (accessed 7 March 2008).

²⁴ See "Gideon Mendel," http://www.digitaljournalist.org/issue0106/voices_mendel.htm (accessed 20 February 2008).

²⁵ Alex de Waal (2006:17-18) concurs with this: "The AIDS pandemic is a disaster with few parallels, because it is so easy to make it invisible or pretend it is something else. An earthquake, flood or famine is dramatically visible and politically salient, because it affects entire communities in a

spectacular fashion, including their leaders and spokespeople. AIDS is more like climate change, an incremental process manifest in a quickening drumbeat of 'normal' events."

²⁶ See "Gideon Mendel," http://www.digitaljournalist.org/issue0106/voices_mendel.htm (accessed 20 February 2008). These posters can be seen in full at <http://www.gideonmendel.com/archive/> (accessed 7 March 2008).

²⁷ This story can be seen in a *National Geographic* multimedia presentation, "Living with AIDS," at <http://ngm.nationalgeographic.com/ngm/0509/feature4/index.html> (accessed 10 March 2008). While the title page photograph from this web presentation appeared as the title image in the magazine, the six photos in the gallery were not the pictures used in the print version. Mendel's story was published in a special issue of *National Geographic* dedicated to Africa. As Campbell and Power (2008) argue, this context is important because the September 2005 special issue on Africa "is a stark reminder of the power of the dominant scopic regime of African even when alternatives are sought. While the cover declares 'Africa – whatever you thought you should think again,' it also advises readers that inside is a free map of the 'wild continent.' The contents page is illustrated by four images, three of which involve fighting zebras, desert dunes and dancing pygmies. The society's month long focus on Africa was headlined by streamed video images from Pete's Pond in Botswana's Mashatu Game Reserve, the first colour spread in the magazine pictured a baby elephant walking through the reception of a Zambian lodge, the largest of three photographs illustrating the 'Africa in Fact' section was of a Congolese militiaman swaddled in ammunition, the Africa Quiz begins with a question about the Burrough's *Tarzan* novels and focuses on Hollywood films, and Jared Diamond's overview article privileges the continent's geography and history as determinants of its contemporary condition. To be sure, there is some attempt at a more contemporary, nuanced account of a heterogeneous place – as in the article on Nairobi, written by Binyavanga Wainaina – but when the final photograph in the magazine is an archive shot of Teddy Roosevelt posing with a rhino he shot during a 1911 safari, the nuance seems limited."

²⁸ In a short biographical statement related to an earlier project, *Time* described Nachtwey in the following terms: Nachtwey is "the pre-eminent photojournalist of his time. His work reflects an iconic intensity that at times seems almost religious-appropriate for a man so moved by suffering that he cannot turn away from the tragedies he records. Nor can anyone else who sees, and is haunted by, his powerful images." "The Other Side of the Lens," *Time*, 15 May 1995, at <http://www.time.com/time/magazine/article/0,9171,982937,00.html?internalid=related> (accessed 10 March 2008). In a subsequent testimonial about his photographs of global public health, Liam Fitzpatrick described Nachtwey's images as having a "seraphic compassion for those in suffering." Liam Fitzpatrick, "Reality Show," *Time*, 1 February 2008, at http://www.time.com/time/specials/2007/article/0,28804,1642444_1709121_1709130,00.html (accessed 10 March 2008).

²⁹ See James Nachtwey, "The Plague," at <http://www.time.com/time/2001/aidsinafrica/> (accessed 12 May 2007).

³⁰ James Nachtwey, "One Life at a Time," 30 October 2005, at http://www.time.com/time/photoessays/james_nachtwey_global/; and Nachtwey, "The Congo's Hidden Killers," 2006, at http://www.time.com/time/photoessays/2006/congo_audio/ (accessed 10 March 2008).

³¹ The debate about the place and value of "beauty" in photographs of extreme situations is extensive, and often conducted in relation to the work of Sebastião Salgado. See the discussion in Campbell (2003) for the main elements of the argument.

³² See "Don McCullin," at http://digitaljournalist.org/issue0106/visions_frameset.htm (accessed 10 March 2008).

³³ "Don McCullin - From images of war to portraits of AIDS," Reuters AlertNet, 13 March 2003, at <http://www.alertnet.org/thefacts/imagerepository/237661> (accessed 10 March 2008). For a short video showing McCullin at work, see "Don McCullin – Life Interrupted" (Video), at <http://revver.com/video/485566/don-mccullin-life-interrupted/> (accessed 10 March 2008).

³⁴ Jane Elliot, "Recording the African HIV tragedy," BBC News, 24 November 2004 at <http://news.bbc.co.uk/2/hi/health/3984995.stm>. A selection of McCullin's pictures can be seen at http://news.bbc.co.uk/2/shared/spl/hi/picture_gallery/04/health_0life_interrupted0_by_don_mccullin/html/1.stm (accessed 10 March 2008).

³⁵ In Stoddart (2004: 353) the caption of this photo states: "Olivia Williard gives birth to baby Mercy in Simika Village, Malawi. She is helped by a traditional birth attendant who has been trained by Médecins sans Frontières. In Malawi 30% of women giving birth are HIV positive."

³⁶ For an overview of Bonet's biography and work, see his site "Pep Bonet, Photographer," at <http://www.pepbonet.com/index.html> (accessed 10 March 2008). This site contains three portfolios on HIV/AIDS with dozens of images from Africa and Asia. In 2005 Bonet won the W. Eugene Smith Grant in Humanistic Photography, photojournalism's most prestigious project award.

³⁷ See Pep Bonet, "POSITIHIV+," at <http://www.fonart.com/net/posithiv/eng/index.htm>, where 61 photographs can be viewed in a slideshow with captions. A shorter version, along with an interview and background material, is Public Broadcasting Service, *Frontline World*, "POSITIHIV+: AIDS in sub-Saharan Africa," at http://www.pbs.org/frontlineworld/flash_point/africa/index.html (accessed 10 March 2008).

³⁸ These photographs are numbers 29 and 33 in Bonet, "POSITIHIV+," at <http://www.fonart.com/net/posithiv/eng/index.htm> (accessed 10 March 2008). The Nachtwey photograph is the seventh in Nachtwey, "The Plague," at <http://www.time.com/time/2001/aidsinafrica/> (accessed 12 May 2007).

³⁹ This is from the audio interview accompanying the slideshow at Public Broadcasting Service, *Frontline World*, "POSITIHIV+: AIDS in sub-Saharan Africa," at http://www.pbs.org/frontlineworld/flash_point/africa/index.html (accessed 10 March 2008).

⁴⁰ One of these photographs is number 54 Bonet, "POSITIHIV+," at <http://www.fonart.com/net/posithiv/eng/index.htm> (accessed 10 March 2008).

⁴¹ Three of Eskerod's portraits can be seen on-line at "Will to Live: AIDS Drugs and Local Economies of Salvation," http://www.publicculture.org/will_to_live_aids_drugs_and_loca (accessed 29 March 2008).

⁴² See, respectively, The Global Fund to Fight AIDS, Tuberculosis and Malaria, "Investing in Our Future -- Djibouti and HIV/AIDS," at <http://www.investinginourfuture.org/djibouti/hiv/photos/index.asp>; UNAIDS, "At Mgbathi district hospital, UN officials realize progress made and challenges ahead in the response to AIDS in Kenya - 4th July 2007," <http://www.unaids.org/multimedia/photoGalleries/Nairobi2007-2/nairobiPopup.htm> (accessed 25 March 2008).

⁴³ See "Voices of hope: stories from communities affected by HIV and AIDS," 2005, at <http://www.who.int/hiv/photostories/en/> (accessed 25 March 2008).

⁴⁴ See Damien Schumann, "Documentary/Dialogues", at <http://www.dspgalleries.com/damienschumannphotography.html> for the original story, and at <http://www.unaids.org/multimedia/photoGalleries/Sydney2007/sydneyPopup.htm> for the UNAIDS version (accessed 25 March 2008).

⁴⁵ See the on-line galleries and videos of the projects "HIV Positive," "AIDS: Picture Change," and "Rwanda," at <http://www.photosensitive.com/> (accessed 29 March 2008).

⁴⁶ *Positive Lives* can be seen at <http://www.positivelives.org/>; The *Pandemic: Imagining AIDS* exhibition can be seen at <http://www.pandemicfacingaids.org/en/flash/exhibitPreview/exhibit.adp>, with the photographs from the associated book at <http://www.pandemicfacingaids.org/en/flash/bookImages/images.adp> (accessed 25 March 2008).

⁴⁷ See, respectively, "Because they care," at http://www.christianaid.org.uk/stoppoverty/hiv/zambia_gallery/index.aspx; "A conspiracy of cruelty," at http://www.christianaid.org.uk/stoppoverty/hiv/gallery_sexworkers/index.aspx; and "Behind India's Boom," at http://www.christianaid.org.uk/stoppoverty/hiv/india_gallery/index.aspx (accessed 25 March 2008).

⁴⁸ See <http://www.businessfightsaids.org/live/media/multimedia/slideshows.php>. The Mercy photo is at <http://www.businessfightsaids.org/live/media/multimedia/slideshows/gadde.php> (accessed 25 March 2008).

⁴⁹ See "The Global Coalition Against AIDS – South Africa," at http://www.brentstirton.com/feature-aids_gbc_africa.php; "HIV and Africa," at http://www.brentstirton.com/feature-aids_africa.php; "India Tops the AIDS Pyramid," at http://www.brentstirton.com/feature-aids_india.php; and "Ukraine...Sex, Drugs, Poverty and HIV," at <http://www.brentstirton.com/feature-ukraine.php> (accessed 25 March 2008).

⁵⁰ See "The Global Coalition Against AIDS – South Africa," at http://www.brentstirton.com/feature-aids_gbc_africa.php, image #4; "HIV and Africa," at http://www.brentstirton.com/feature-aids_africa.php, image #8; and "India Tops the AIDS Pyramid," at http://www.brentstirton.com/feature-aids_india.php, image #5, (accessed 25 March 2008).

⁵¹ "The Global Coalition Against AIDS – South Africa," at http://www.brentstirton.com/feature-aids_gbc_africa.php, image #32; and "Ukraine...Sex, Drugs, Poverty and HIV," at <http://www.brentstirton.com/feature-ukraine.php>, images # 68-71 (accessed 25 March 2008). These details come from the associated written commentaries provided by Stirton at http://www.brentstirton.com/project_gbc-aids_words.php and http://www.brentstirton.com/project_ukraine_words.php respectively (accessed 25 March 2008).

⁵² See http://www.brentstirton.com/feature-aids_kenya.php, with a short explanation at http://www.brentstirton.com/project_kenya-aids_words.php (accessed 25 March 2008).

⁵³ "India Tops the AIDS Pyramid," at http://www.brentstirton.com/feature-aids_india.php, image #1, with the story at http://www.brentstirton.com/project_india-aids_words.php (accessed 25 March 2008).

⁵⁴ See, for example, Gilman (1995: ch. 6) on public health posters, Sturken (1997: ch. 6) on the AIDS quilt, and Hodes (2007) on dramas and documentaries. For studies of prevention campaigns that intersect with the themes discussed here, see Mitchell, Walsh and Larkin (2004), and Johnny and Mitchell (2006).

⁵⁵ Gender figured differently in other photographic contexts. In a study of photographs published in the South African liberal newspaper the *Mail and Guardian* between January and August 2004, Shefer (2004) found that women's experience accounted for nearly 70% of the articles, and the accompanying images depicted women as either passive victims or vectors of infection responsible for the pandemic. In her review of *Time* magazine's coverage of the pandemic between April and June

2004, Brijnath (2007) found women were also depicted as vectors of infection while 'Africa' itself was feminised through colonial tropes.

⁵⁶ *The Guardian* published one similar news photograph – David Levene's picture of Ivory Coast rebels standing in line with large boxes of condoms distributed by Médecins Sans Frontières – to illustrate the story "Europeans reject abstinence message in split with US on Aids," *The Guardian*, 1 December 2005.

⁵⁷ The captions for these photos were readily available from Redux, who licenses the images. They are as follows – Figure 69: "Sunday March 5, 2000, Kalungi Village, Rakai, Uganda. Nakyeyune Sanyu (girl, 7), one of five children orphaned by the death of their mother from AIDS, cries as her mom is buried;" Figure 70: "Saturday March 4, 2000, Kalungi Village, Rakai, Uganda. Kirabira Emmanuel (boy, 11) digs for food. Rear: his sister, Ndagano Spesioza (girl, 13). Head of family: Kaganda Godfrey (boy, 16). Lived with grandfather until he died in 1990. Living in grandfather's house. Their father's house fell down;" Figure 71: "2000, Masaka, Rakai, Uganda. Grandchildren of 70-year-old Benedete Nakayima sweep the yard to clean it. Benedete lost six daughters and five sons to AIDS and now cares for 35 of her grandchildren."

⁵⁸ Examples of analyses other investigations have produced include the journalist's resource *Reporting on Children in the Context of HIV/AIDS* (Bird et. al., 2005) and the UNAIDS (2006) report *Getting the Message Across: The Mass Media and the Response to AIDS*.

⁵⁹ In 2000, in conjunction with Christian Aid and Femmes Fondation Plus, PhotoVoice worked with 15 HIV+ women in Kinshasa to produce a "Positive Negatives: Picturing Life with HIV/AIDS" (see <http://www.photovoice.org/html/projects/photovoiceprojects/africaandmiddleeast/positivenegatives/index.html>, accessed 1 April 1, 2008). As Bates (2007: 70-72) argues, a number of these images are indistinguishable from some of the photojournalistic stereotypes. While they do not constitute a better visualization in the terms of this conclusion, they are, because of the circumstances of their production, nonetheless an important visualization.