JOUR 312I Karadjov

STEPHANIE HEMMENS

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***Introduction***

A global issue today and in the past is the spread of AIDS and the virus that causes it, HIV, particularly in South Africa. This is an extremely important issue that deserves comprehensive coverage in the media and would fall into the “hard” news category. Once media consumers are aware of this issue, they can take action.

I will be analyzing and comparing two major English-language newspapers: The Los Angeles Times and Cape Argus. These daily mainstream publications—one from the United States and one from South Africa—have many similarities and differences. I will be explaining how media outlets in the United States and South Africa represent the same newsworthy problem: AIDS in South Africa. Both newspapers have their own angles of coverage in terms of more salient issues, explanations, recommendations, causal analyses, depicted people, etc. I will mention these below.

***Los Angeles Times Coverage***

Donna Bryson’s article, “AIDS Vaccine Researcher Optimistic” (2010) states that HIV causes AIDS and to protect people from getting infected, an experimental AIDS vaccine is underway, which must protect over one-third of those who receive it and last for over six to 12 months. The article mentions both sides to the story: one person is optimistic that a vaccine is possible in the future and another person believes it’s still a difficult challenge. The article also states that South Africa has the highest number of infected people with HIV, estimated at 5.7 million. The most important aspect of this story seems to be that an inexpensive vaccine will help Africa.

Robyn Dixon’s article, “South Africa Launches AIDS Campaign” (2010) states that Jacob Zuma is HIV-negative. His exam was part of a campaign for 15 million people to be tested by next June. AIDS activists criticized him “after he admitted having unprotected extramarital sex with a family friend half his age.” He was found not guilty of rape, yet he had put his three wives’ health at risk. The article also mentions that Thabo Mbeki, Zuma’s predecessor, did not believe HIV caused AIDS and was against life-saving antiretroviral (ARV) medicines. The article shows that Southern Africa’s polygamous history contributes to having the highest HIV rate worldwide. The tone of this article seems to highlight Zuma’s flaws in contrast to his drive for promoting awareness.

Dixon’s other article, “S. African Leader Takes Wife No. 5” (2010) states that 67-year-old President Zuma married his third concurrent spouse at his fifth wedding and is also currently engaged. Women’s rights and AIDS activists have criticized his polygamy. The article focuses on Zuma’s past married life and his wives, one who has a passion for helping AIDS orphans.

“U.N. Steeply Lowers its AIDS Estimates” (2007) by Jia-Rui Chong and Thomas H. Maugh II states that the spread of AIDS has finally declined due to extensive changes in sexual behavior and prevention programs, such as condom use for sex workers. South Africans have rallied for stronger action against HIV/AIDS and TB.

Maugh’s other article, “New HIV Infections Are in Decline” (2009) states that the amount of new HIV infections each year has decreased by about 17 percent since 2001. However, only two out of five infected people begin treatment. HIV was said to be the virus that causes AIDS. This article focuses on the global aspect of this pandemic, stating that in 2008 a slight increase of people had HIV, because more people live longer due to the availability of ARV drugs. About 2.9 million lives have been saved because of increased access to AIDS drugs as a result of international assistance programs. These drugs have decreased mother-to-child transmission and reduced the amount of orphans.

Nastasya Tay’s article, “TB with HIV” (2010) states the concern of the deadly combination of HIV and tuberculosis, which has caused a huge decline in life expectancy in Lesotho. Those infected with HIV commonly die of TB, which is caused by bacteria attacking the lungs and spread when those infected cough and sneeze. This article also states that the cause of AIDS is HIV and Lesotho has the third-highest HIV rate as well as the fourth-highest TB rate. Some patients walk five hours to get their medication from a clinic. Men in Lesotho travel to South Africa to work in mines, some returning with HIV and a form of TB which resists many antibiotics. Tuberculosis can be cured by taking $20 antibiotics for six months.

“Global Fund Disputes Times Report on Africa” (2007) by Charles Piller and Doug Smith states that a Times story noted the decline in AIDS and TB deaths among HIV-positive patients. The World Health Organization claimed that sub-Saharan African countries’ life expectancy rates improved slightly from 2003 to 2005, yet these statistics showed one-third of the nations’ life expectancy halted or decreased. Other data shows stalling or declines in key health measures, even though generous grants were provided.

Paul Zeitz’s article, “Doubletalk Won’t Pay the AIDS Bills” (2007) states that Bush administration programs provided AIDS treatment to many more Africans, though the proposal isn’t what it’s meant to portray. The article mentions that Laura Bush visited AIDS programs in four African countries that depend on funding from the Global Fund to Fight AIDS, TB and Malaria, though George Bush wanted to limit U.S. assistance. The author’s organization, the Global AIDS Alliance suggests a plan for fighting AIDS and strengthening health systems, calling for at least $50 billion spent from 2009 to 2013.

Maugh’s additional articles, “Dr. Manto Tshabalala-Msimang Dies at 69” (2009) and “Manto Tshabalala-Msimang, 1940-2009” (2009) state that Tshabalala-Msimang never provided AIDS treatment because of denial and therefore permitted 300,000 unnecessary deaths in South Africa. She instead urged victims to eat fruits, vegetables and herbs. However, she improved health services in rural areas and decreased drug prices. Still, activists forced the government to provide ARV drugs to those in advanced stages of AIDS and to pregnant women, preventing mother-to-infant HIV transmission.

***Cape Argus Coverage***

“Statistics Show Millions More HIV Positive” (2008) states that 2 million more South Africans have the virus than what government estimates reveal. About 6.1 million of the 7.6 million infected people are 20 to 64-years-old who could contribute to the economy. However, nutrition schemes, non-governmental intervention programs and ARV drugs have caused a decline in infections.

“Mandatory HIV Testing ‘Violates Their Rights’” (2009) states that Health MEC Theuns Botha plans to have every clinic’s patients in the Western Cape be tested for HIV, since people have “avoidance” behavior and choose not to be tested. The article shares the other point of view that educating people about HIV and testing would have a better governmental impact.

Sipokazi Maposa’s article, “HIV Home Tests – More Warnings” (2010) states that HIV home testing kits are risky, their accuracy is not guaranteed and results can be devastating. The article encourages people to get free HIV tests at public clinics, which include pre- and post-test counseling, because home kits revealing positive results could result in suicides, especially if there is no support system.

Maposa’s other article, “‘President’s Escapades Could Scuttle Aids Fight’” (2010) states that “the government’s HIV and AIDS prevention efforts and its campaign against multiple sexual partners” could be ruined due to President Zuma’s decision to have unprotected, extramarital sex. The article stresses Zuma’s inability to be a role model and set a good example. A proposed solution is for young South Africans to differentiate right from wrong.

“Aids Activists Serenade New Health Minister” (2008) states that AIDS activists welcomed Barbara Hogan as she became health minister, committing to fight the HIV/AIDS virus. Her forerunner, Manto Tshabalala-Msimang was said to be responsible for thousands of preventable deaths. AIDS denialism was also revealed to be true of Thabo Mbeki. The article points out the faults of these political leaders.

“Call for an Aids Truth Commission” (2008) states that South Africa should have a Truth and Reconciliation Commission to observe how the government has dealt with the HIV and AIDS epidemic over the past decade. The article also states that Mbeki’s and Tshabalala-Msimang’s government denialism had ruined South Africa’s health sector. Activists accuse Tshabalala-Msimang of spreading confusion about HIV and AIDS due to her distrust of ARV medication and support for nutritional remedies mentioned above. Increased death rates of the poor and children younger than five resulted from a gap between health services received by the rich and poor. The unavailability and price of public transport to clinics as well as staff shortages have contributed to the lack of health care. This article suggests that new national health insurance can help cover hospital user fees, however.

“Aids Vaccine Research ‘Needs Political Will’” (2008) states that government funding must occur if South African scientists continue their research in finding an AIDS vaccine. The article also mentions Hogan’s acknowledgement that HIV causes AIDS while Tshabalala-Msimang promoted using “nutrition and foods such as garlic, beetroot and African potato,” rather than ARV drugs. Experts value lab research over large-scale human clinical trials for fighting HIV. Neutralizing antibodies would permit the human immune system to completely block infection. Another remedy was to enhance nurse training in South Africa.

“Researchers Launch HIV/AIDS Vaccine Trials” (2009) states that two South African-produced, safe and effective HIV/AIDS vaccines were discovered and will be tested in clinical human trials. A vaccine was much needed, since ARV drugs are expensive. The 36 trial participants will help end the spread of AIDS.

Donna Bryson’s other article, “Fresh Hope for Aids Vaccine as Researchers Make Progress” (2010) mentions the world’s first successful test of an experimental AIDS vaccine, acknowledging that HIV causes AIDS. Researchers have tried determining if HIV-positive people produce antibodies prompting an HIV vaccine. The vaccine is a solution and the most efficient public health measure. President Zuma even announced a need for treatment for HIV-positive South Africans.

“HIV-negative Zuma Lines up Behind Testing Drive” (2010) states President Zuma’s belief that a nationwide HIV testing campaign will benefit South Africa’s education and promote HIV-positive victims’ privacy and human dignity rights. He was publicly tested and announced his HIV-negative result. The Health Department increased the ARV treatment facilities from 500 to 1,000 as well as the qualified nurses administering the drugs from 250 to 850. The article also urges leaders to screen for HIV/AIDS.

***Conclusion***

The previous two media approaches are very much the same, though they differ as well. It was a challenge to find articles on this topic in the Los Angeles Times, since global news isn’t reported on very much, although most stories covered more than one country, not just my focus. Obviously, the Cape Argus had a plethora of pieces to choose from, since the newspaper is headquartered in South Africa where this disease is most prevalent.

I observed a few similarities. Both media outlets recognize that HIV causes AIDS and a vaccine can be the remedy for it. They also report on the important fact that Jacob Zuma had unprotected, extramarital sex, which could influence the nation’s youth. Furthermore, these newspapers blame Manto Tshabalala-Msimang for hundreds of thousands of deaths, due to her disbelief in ARV drugs and her outrageous proposal to just eat nutritiously.

On the other hand, I observed some differences. Each publication reveals different data. Cape Argus seems much more knowledgeable of South Africa’s AIDS pandemic. However, I was pleasantly surprised to read the Times’ extent of foreign information. Much of it was identical to what was covered in the other publication.

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