ROCHESTER STUDIES in AFRICAN HISTORY and the DIASPORA

Toyin Falola, Senior Editor
The Frances Higginbotham Nalle Centennial Professor in History
University of Texas at Austin

(ISSN: 1092-5228)

A complete list of titles in the Rochester Studies in African History and the Diaspora, in order of publication, may be found at the end of this book.

HIV/AIDS, ILLNESS, AND AFRICAN WELL-BEING

Edited by Toyin Falola and Matthew M. Heaton

UNIVERSITY OF ROCHESTER PRESS

First published 2007

University of Rochester Press
668 Mt. Hope Avenue, Rochester, NY 14620, USA
www.urpress.com
and Boydell & Brewer Limited
PO Box 9, Woodbridge, Suffolk IP12 3DF, UK
www.boydellandbrewer.com

ISBN-13: 978–1–58046–240–2
ISBN-10: 1–58046–240–5

ISSN: 1092–5228

Library of Congress Cataloging-in-Publication Data

HIV/AIDS, illness, and African well-being / edited by Toyin Falola and Matthew M. Heaton.
p. ; cm. — (Rochester studies in African history and the diaspora, ISSN 1092-5228 ; v. 27)
"The chapters presented here were originally presented at a conference on African health and illness held at the University of Texas at Austin from March 25-27, 2005."—Acknowledgments.
Includes bibliographical references and index.
ISBN-13: 978-1-58046-240-2 (hardcover : alk. paper)
ISBN-10: 1-58046-240-5 (hardcover : alk. paper) 1. AIDS (Disease)—Africa—Congresses. 2. Public health—Africa—Congresses. I. Falola, Toyin. II. Heaton, Matthew M. III. Series.
[DNLM: 1. HIV Infections—Africa South of the Sahara—Congresses. 2. Attitude to Health—Africa South of the Sahara—Congresses. 3. Communicable Disease Control—Africa South of the Sahara—Congresses. 4. Health Care Costs—Africa South of the Sahara—Congresses. 5. Health Promotion—Africa South of the Sahara—Congresses. WC 503 H67209 2007]
RA643.86.A35H5512 2007
362.196'979200966—dc22
2006103313

A catalogue record for this title is available from the British Library.

This publication is printed on acid-free paper.
Printed in the United States of America.

To Barbara Harlow, for her indefatigable commitment to African Studies

CONTENTS

1

THE INFECTIOUS CONTINENT

AFRICA, DISEASE, AND THE WESTERN IMAGINATION

Sophie Wertheimer

> While Western depiction of Africans as virulent and dangerous is certainly not new, the recent acceleration of economic and cultural exchange has apparently raised the stakes. HIV emerged as a pathogen simultaneously with new anxieties over the risks of other "contagions." And while it may seem clear that one pandemic is painfully literal, the other figurative, they were quickly associated with one another. In fact, economic exploitation, cultural exchange, and disease are interrelated—but Africanness is hardly the deadly pathogen.
>
> Barbara Browning, *Infectious Rhythm*

In the essay "Sexual Cultures, HIV Transmission, and AIDS Prevention," Richard Parker writes that "in little more than a decade the rapid spread of the international AIDS pandemic has profoundly changed the ways in which we live and understand the world."[1] Although I do not wish to question the veracity of Parker's claim, I believe an inversion of terms can also provide interesting insight: the way in which we live and understand the world has profoundly affected the AIDS pandemic and its surrounding discourses. In addition to being an important medical and scientific issue in and of itself, HIV/AIDS has come to constitute a "focal point for many of the social ills that plague modern society,"[2] ills that in many cases long predate the appearance of this particularly malignant virus.

This idea finds itself reiterated in Susan Sontag's *AIDS and Its Metaphors*, where she traces the moral judgments and ideologies that have contributed to shaping understandings and knowledges related to HIV/AIDS. Although she concentrates on this particular pandemic, unique to its time and context, Sontag advances that many of the ways in which we have come to formulate,

address, and act upon HIV/AIDS are symptomatic of ideological paradigms that existed long before this specific case. For instance, Sontag notes "a link between imagining disease and imagining foreignness," one that, "lies perhaps in the very concept of wrong, which is archaically identical with the non-us, the alien. A polluting person is always wrong, as Mary Douglas has observed. The inverse is also true: a person judged to be wrong is regarded as, at least potentially, a source of pollution."[3]

From the bubonic plague of the Middle Ages to the syphilis epidemic of the late nineteenth and early twentieth centuries, through to the more recent Ebola and SARS outbreaks, many, if not most, of the infectious diseases that have marked the course of human history reflect a tendency to use the other as a scapegoat upon whom accusations, suffering, anxiety, and uncertainty can be projected. In relation to HIV/AIDS, it appears that black populations[4] have constituted an ideal contingency upon which to demonstrate and perpetuate this association between illness and the other.

The first few years of the pandemic saw the Haitian community, both in North America and Haiti, particularly affected by the virus. Because at the time seroprevalence was mostly confined within "identifiable" populations, Haitians were soon assigned the attribute of "risk group" and granted a membership in the now infamous 4H club: homosexuals, Haitians, heroin users, and hemophiliacs. While this categorization certainly caused much harm and violence to all the communities included in the list, the Haitian category proved particularly problematic in that "the Haitian people as a whole, marked hereditarily by its ethno-cultural features, found itself, with regards to AIDS, in the same position as other socio-cultural groups with sociologically acquired characteristics: homosexuals or intravenous drug users. The crime of racial discrimination was imminent."[5]

Along with being assigned the nomenclature of risk group, the seroprevalence in certain Haitian communities led many to assume that it was they who were responsible for harboring the disease and bringing it into the western environment in the first place. The opposite was never considered, of course, as "nothing of this sort, it was argued, could have arisen in the germ-free West."[6] Following much mobilization and contestation on the part of Haitian individuals and communities, the Haitian origin theory of the disease was soon dismantled and proved to be false. Alas, much harm had already been done, with the stigmatization and discrimination of Haitian communities throughout the world, as well as in creating an association between HIV and blackness. In keeping with Sontag's remark about the tendency to correlate illness and the other, the initial reaction to HIV/AIDS came to represent but the newest notch in a long history of western musings on health and disease in relation to black populations.

Beginning with European colonial medicine and finding its epitome in the United States in the nineteenth and twentieth centuries, the western medical and scientific establishment has long fascinated itself with black populations.

Often premised on the notion of a hierarchy of races, or at least of a fundamental difference among the races, discourses produced within these disciplines emulated and confirmed ideologies established through colonization and its close-knit sibling of racism. The creation of a correlation between black peoples and illness played a key function in allowing westerners to exert dominance and power over these populations. Tracing the historical, social, and economic conditions underlying the infamous Tuskegee experiments, a prime example of extreme medical and social racism, James H. Jones advances that:

> There was a compelling reason for this preoccupation with establishing physical and mental distinctions between the races, one that transcended the disinterested pursuit of empirical facts. Most physicians who wrote about blacks during the nineteenth century were southerners who believed in the existing social order. They justified slavery and, after its abolition, second-class citizenship by insisting that blacks were incapable of assuming any higher station in life. Too many differences separated the races. And here "different" unquestionably meant "inferior."[7]

In addition to drawing from a history of western conceptualization of disease in black populations, the association of HIV with Haitian communities came to crosscut a tradition of "understanding" and "thinking" of black peoples in relation to sexuality. In *Sexuality: An Illustrated History*, Sander Gilman traces this fascination with black sexuality, noting a persistent effort on the part of the West to link it to pathology and difference. He cites as an example physicians' preoccupation with black women's genitalia, a theme he says "dominates all medical descriptions of the black during the nineteenth century,"[8] and one that contributed to creating an (ongoing) understanding of blacks as sexually "different" from whites, most notably in terms of their "promiscuous appetites."

Of course, the realm of sexually transmitted illnesses, a nascent source of scientific interest at the time, offered a potent domain for the merging of western concerns with both the sexuality and the health of black populations. Multiple layers of racial and racist stereotyping collided and intertwined, further contributing to the construction of the black "infectious other." For instance, while the American syphilis epidemic of the late nineteenth and early twentieth century affected whites and blacks alike, it was nonetheless perceived as doing so differently in black populations, touching them more strongly because of this supposedly "pathological sexuality." As Jones remarks:

> Noting that there had to be a break in the skin for the spirochetes to enter the body, a team of physicians from the United States Medical Corps thought it entirely possible "that the negro's well-known sexual impetuosity may account for more abrasions of the integument [skin] of the sexual organs, and therefore more frequent infections than are found in the white race."[9]

Although the very legitimate outrage created by the publicization of the Tuskegee syphilis experiment, as well as the civil rights and antiracism

movements of the twentieth century, certainly aided in rectifying these profoundly flawed ideologies, the early association of HIV and Haitian populations provided tangible proof that these had not disappeared from the western psyche. As Gilman notes, while "one could no longer as easily localize the source of disease among American blacks, as had been done in the Tuskegee experiment," instead "the source of pollution was seen in foreign blacks, in black Africans (specifically in Rwanda, Uganda, and Zaire) and Haitians, thus assuaging American 'liberal' sensibilities although still locating the origin of the disease within the paradigm of Western racist ideology."[10]

In keeping with this leitmotif, it seemed sadly logical that when the Haitian-origin theory of HIV/AIDS was disproved (and even before), the finger of accusation turned toward an even "blacker" and "other" source instead. As Simon Watney remarks, the "undifferentiated apocalyptic Africa [that the West has imagined] has proved an ideal site in which to find and 'see' disease."[11] Since the advent of HIV/AIDS, Africa has repeatedly been proclaimed the source of origin of the malignant virus by western scientists, researchers, and, of course, the media. Twenty years later, a short, albeit dense, amount of time within the history of the HIV/AIDS pandemic, this trend does not seem to have abated in any way. Quite the contrary, racist and troublesome tendencies continue to mark the cultural products and minds of much of the western world in relation to HIV/AIDS and Africa more generally.

Using a small selection of articles published in mainstream English-language Canadian newspapers between 2000 and 2003, I will further my inquiry into the role played by the long tradition of western imaginings about illness and health in relation to black populations in informing and shaping our current understandings of and responses to HIV/AIDS. I employ critical discourse analysis as my methodological lens, in that it assumes that "media discourse is the main source of people's knowledge, attitudes and ideologies, both of other elites and of ordinary citizens."[12] Tracing the "dominant-hegemonic position" of these texts—that is, the one that operates inside the dominant code and is reflective of wider ideological patterns[13]—I will argue that in painting an image of the African continent as a land where disease not only abounds but can barely be dealt with or contained, these specific texts draw from and perpetuate a tradition of projecting anxieties and blame about illness onto the African other.[14]

Only a few years into the pandemic, Richard and Rosalind Chirimuuta began actively critiquing the extremely racist ideologies that had shaped much of the early scientific research on the HIV virus. For instance, they examined the persistent desire on the part of scientists to prove Africa as being the source of origin of the virus, an area of scientific inquiry that, though prolific, they concluded as proving "to be contradictory, insubstantial or unsound."[15] To this day, no African origin theory has been successfully proved; yet the continued circulation of African origin theories of the virus seems to have persisted with little restraint. Many of the newspaper articles

currently printed in mainstream Canadian newspapers rehash the African origin theory, often assuming it to be a given. For instance, in a *Gazette* article "AIDS Started in 1930s: Study Says," an anonymous author provides details of an American study claiming to have traced the genetic mutation of the HIV virus from a similar virus found in simian species. The article posits that "AIDS evolved from a benign simian infection into a human-killer in the early 1930s, long before it was recognized as a disease, but it stayed in remote Africa until jet travel, big cities and the sexual revolution spread it worldwide."[16]

This assertion finds itself repeated in slightly differing forms in articles published around the same date, namely the *Calgary Herald*'s "Unravelling the AIDS-monkey Mystery: Study Pushes Origin of AIDS Virus to 1930,"[17] as well as the *National Post* article "Social Disruption, Vaccination Boosted AIDS Epidemic: Researchers: 1930s African Origin."[18] Three years later, a series of similar articles resurfaced, this time positing that "One form of the virus that causes AIDS made the jump from animals to people by 1940, a new analysis indicates. HIV-2 didn't become widespread until the 1960s, perhaps spread during a war in the West African country of Guinea-Bissau, where researchers say it originated."[19]

While these articles claim to present the "truths" produced by various scientific studies, the theories advanced are in fact speculations, not definite answers. Certain authors point to this nuance, as is the case with Jeremy Manier of the *Calgary Herald*, who advances that "it is more *plausible* that HIV spread from chimpanzees to people who hunted the animals for food."[20] The *Daily News* article "Scientists Find HIV-like Virus in Wild Chimps," commenting on a similar study, concludes that "this particular type of chimp in Tanzania could not be the source for human AIDS, because the viral strain researchers found is too genetically different." Rather than attributing the failure of this theory to the western biases from which it originates, the author moves on to reaffirm the obvious validity of the monkey-human claim, stating that "the Alabama scientists are beginning the next key step: tracking different chimps in an even more remote part of Africa, where the virus is thought to have jumped from animals to man."[21] And when this theory once again fails, chances are good that scientists will search for yet another chimp, in an even more "remote" part of Africa.

In trying to find a positive twist to this article, one could claim that by virtue of pointing to the failure of this particular HIV-monkey origin theory, the author points to the potential failure of all other such theories. Other authors do not even bother alluding to this important detail, wording their articles in such a way that the speculative qualities of the theories are completely lost, and these are instead stated as fact. For example, in the *National Post* article "Chimp Study Solves Puzzle of AIDS Link," the anonymous author posits that "In the 1990s, scientists showed HIV-1, the most prevalent AIDS virus, was transmitted to humans from chimpanzees in central Africa."[22] This is false.

Furthermore, these series of articles, published between 2000 and 2003, are by no means providing new or groundbreaking information. The theory of HIV having mutated from an equivalent simian strain, then jumping from monkey to African, is a leitmotif that seems to date back to the very beginnings of the pandemic. As Joan Shenton argues:

> By the mid-1980s it had become widely accepted that AIDS originated in Africa. It was Kevin de Cock from the Institute of Hygiene and Tropical Medicine who set the ball rolling by suggesting that AIDS was an "old disease from Africa." Next Robert Gallo, in the company of his colleague Max Essex stepped in and put forward the monkey hypothesis—that an African green monkey virus jumped species infecting humans and subsequently spread throughout the world.[23]

Because the West's "imaginings" of Africa include the notion that Africans live in close proximity with nature,[24] it is commonly believed that animal species like monkeys abound on every part of the continent and are inherent elements of a typical African existence. Indeed, monkeys are not only perceived as constituting a staple in the African diet but also the western mind has been known to accuse Africans of giving dead monkeys to their children as toys or of injecting monkey blood into their pelvic areas for increased sexual pleasure.[25] As the Chirimuutas remind us with much necessity, however, "Most Africans, in fact, have little contact with monkeys . . . and amongst those who regularly hunt monkeys, for example the pygmies of the equatorial rain forests, AIDS is notable for its absence." They go on to remark that westerners can frequently come in contact with monkeys, in that these are "used widely for scientific research. . . . If there is any truth in the hypothesis that HIV originated in monkeys (and African monkeys are not the only candidates) it would seem more appropriate to investigate modern medical research than speculate about the customs and behavior of Africans."[26]

Indeed, the theory that HIV may have been passed on from monkey to human in a western laboratory, and then transported from the West into Africa, is one that has often been considered, certain of its believers going so far as to claim HIV to be a North American laboratory invention. While there certainly are some valid arguments in support of this theory and others like it, Paula Treichler points out:

> It is one not easily incorporated within a Western positivist frame—in part, perhaps, because it often reveals an unwelcome narrative about colonialism in a postcolonial world. The West accordingly attributes such theories to ignorance, state propaganda, or psychological denial, or it interprets them as some new global version of an urban legend, like alligators in the New York City sewer system.[27]

In keeping with these western assumptions, Maggie Fox does not even pause to consider alternatives in the *National Post* article "Social Disruption, Vaccination Boosted AIDS Epidemic: Researchers: 1930s African Origin."

Paraphrasing an AIDS researcher, she advances that "people can catch perfectly harmless viruses from apes and monkeys. For example, the simian foam virus often infects lab workers, but causes no harm."[28] Alas, this glimpse toward the potential theory of a western origin to HIV pales in comparison with the remainder of the lengthy article, where she seeks to demonstrate that HIV was transmitted through the butchering of monkeys, "somewhere in central Africa."[29]

As this particular example seems to illustrate, while western origins of HIV are not even so much as thought about in passing, African origin theories are left unquestioned, used and reused. In addition to being highly problematic and harmful in regards to the ideological assumptions that guide them and are reiterated within them, these theories are further damaging in that as Harlon Dalton comments, "we [black folks] understood in our bones that with origin comes blame."[30] Indeed, this equation of origin with guilt seems to permeate many of the articles currently being published in Canadian newspapers about HIV/AIDS in Africa. Not only do they assign Africa as the source of origin of AIDS but also they hold the continent responsible for having brought the virus into the western environment.

We see this rather well reflected in the *Gazette* article "AIDS Started in 1930s: Study Says," in which after having advanced the SIV mutation theory, the author states: "The disease did not become a worldwide menace, he said, until people left the isolated areas of Africa and *carried the virus around the globe.*" The article goes on to posit that, "in more recent decades, an age with easy transoceanic travel and the sexual revolution, millions of people have been in and out of Africa". Moore said campaigns to vaccinate the African population against smallpox and other diseases might even have helped HIV spread, saying, "they weren't using sterilized needles all the time."[31]

Because Africa is highly "uncivilized" or "underdeveloped" according to western notions of civilization and development, an idea this last sentence clearly insinuates, it becomes responsible for the international spread of the virus. Indeed, "the great majority of Western researchers and reporters on Africa present an image of a continent bereft of reasonable medical facilities, competent doctors or governments capable of dealing with serious public health issues"[32] and in all its imagined inferiority, instability, and dirt, Africa becomes a breeding ground for disease.

In the *Edmonton Journal* article "Health Catastrophe Bringing a Continent to Its Knees," Paul Salopek paints a picture of Africa as a place where even political and economic conditions are ill: "*Chronic* wars, unrelieved poverty, rapid urbanization and corruption are still the traditional villains in the *sickening* of Africa." He goes on to describe a recent outbreak in the Sudan of a virus that causes "sleeping illness":

> The slow killer is the culprit in Sudan's hot zone, Western Equatoria province. Not coincidentally, the conditions that exist today in the area are so *primitive* they mimic the tsetse killing grounds of *pre-industrial Africa.* Years of civil war between the Arabic north and rebels from black Christian and animist south, where many believe everything in nature has a living soul, have turned the province into one of the *most backward places on Earth.* A few dust roads swallowed by elephant grass are the only tangible legacy of British rule, which ended in 1956. There is not a single working phone, flush toilet or paved road—much less a modern hospital.[33]

After reading this paragraph, one is left to wonder who exactly the "culprit" is: perhaps the virus, but most probably Africa itself, for not having been able to "keep up with the times," to profit from the colonial presence of the Europeans. Obviously, a place that isn't even "civilized" or "hygienic" enough to have a flush toilet will be "infested with devastating illnesses," this too being an idea that exists within a tradition long predating the HIV/AIDS pandemic. In fact, it seems to allude quite directly to notions put forth through colonization, as we see reflected in Barbara Browning's assertion that

> Expansionist Western medical discourse in colonizing contexts has been obsessed with the notion of contagion and hostile penetration of the healthy body, as well as of terrorism and mutiny from within. This approach to disease involved a stunning reversal: the colonized was perceived as the invader. In the face of the disease genocide accompanying European "penetration" of the globe, the "coloured" body of the colonized was constructed as the dark source of infection, pollution, disorder, and so on, that threatened to overwhelm white manhood (cities, civilization, the family, the white personal body) with its decadent emanations.[34]

What is worse, of course, is that with the increasingly permeable borders of globalization, Africa can no longer be as easily "contained," and the infectious continent becomes an even more significant menace to the West. As Salopek so very subtly states, "For the Western public, the fear of Africa's emerging, elusive 'doomsday bugs' is visceral, literally: Viruses such as ebola and Marburg liquefy the internal organs, causing some victims to bleed even from their pores."[35] The notion of Africa presenting a threat to the well-being of westerners also finds itself reiterated in the *National Post* article "AIDS Crisis Threatens UN Peacekeepers in Africa," in which Stewart Bell posits that the high incidence of HIV in the African military puts Canadians at risk. Not only does it threaten the peacekeepers working on the continent (exactly how they are contracting HIV is of course left unmentioned) but Canada as a whole: "As business and migration links between Canada and Africa have increased, so has the risk that diseases such as HIV will be imported. . . . As well as putting Canadian troops at risk, it threatens to undermine Western attempts to stabilize the region through peacekeeping, investment and development assistance, says the report."[36]

Similarly, the *Daily Times* article "NGO Working to Save Lives: Improving Conditions in Africa Doesn't Come Without Risks," recounts medical student Megan Miller's bout with malaria upon returning to Canada after a two-month

internship in Gambia. Her personal story, of questionable newsworthiness might I add, is intertwined with statistics regarding various diseases in Africa. Miller's predicament thus comes to be understood not as an isolated example but as one of the direct and obvious consequences of having ventured onto the infectious continent.

Recent years have witnessed rising concern over the strict nature of the HIV/AIDS medication regimen, in that missed pills can lead to the development of new drug-resistant strains of HIV. Although this is a concern that probably affects westerners more so than Africans, in that the former have much more access to these therapies, this issue is often taken up by the media solely in relation to African populations. Joanne Laucius makes this very point in the closing sentences of the *Gazette* article "Canada Coaxed to Battle AIDS: Funds Needed. Carnage Feared in Africa and Asia":

> Only two weeks ago at a prestigious conference in Paris, another famous scientist suggested an infusion of HIV-fighting drugs into sub-Saharan Africa could be dangerous. Dr. Robert Gallo [notable for his African green monkey HIV origin theory in the 1980s], the U.S. scientist who discovered HIV in 1983, warned unsupervised use of HIV drugs in sub-Saharan Africa could create "multi-drug resistant mutants."[37]

The *Calgary Herald* article "New Strains of HIV Feared in Africa: Interrupted Treatments Blamed for Mutation" devotes itself to exploring this question of drug compliance, noting that "doctors and researchers in Ivory Coast say few patients are managing to stick to the strict pill-taking regimes without interruption—if they can afford them at all." The author goes on to state in the same piece that "in the United States, researchers have reported an abrupt upswing over the past two years in the prevalence of resistant forms of the virus in newly infected people. Even when the drugs are taken correctly, sometimes the virus can still mutate to become resistant."[38] Issues of drug compliance and the potential for mutated virus strains are therefore not unique to Africa. Regardless of the fact that most of the people with HIV/AIDS who are on these drug therapies are concentrated in the West, it seems that only in the African context does this question become a source for concern. The title of this *Calgary Herald* article, "New Strains of HIV Feared in Africa," certainly seems to convey this point.

Susan Martinuk reiterates it rather paternalistically when she posits, in relation to Africans only: "taking AIDS drugs isn't as easy as tossing back some Aspirin. AIDS drugs must be taken as part of a strict and complicated regime that involves diet and drugs. The possibility of success is greatly reduced when a majority of the patients are illiterate and unable to set a daily routine that centres around drug-taking."[39] Yet as Cathy Cohen reminds us:

> The question of which patients or people with AIDS have "enough discipline" to receive these new therapies is now a central part of a new generation of AIDS reporting. Journalists are openly discussing and writing about who should be allowed such treatment. These decisions move us disturbingly close to the rationing of life-saving treatments, based not only on limited financial resources, but also on the marginalizing myths attached to ascribed group traits and behaviors that have nothing to do with individual behavior.[40]

Furthermore, in this sense, Africans are not only held responsible for having infected the West with HIV in the first place, but through their persistent incompetence and underdevelopment, implied in Martinuk's comment on illiteracy and the inability to stick to the demands of AIDS therapy, they continue to threaten the West, this time with new "multi-drug resistant mutants."[41]

Just as it did during times of colonialism and slavery, this western imagination of Africa as diseased and dangerous still seems to serve important functions within the western psyche. First, while the West is undoubtedly a site where diseases can also proliferate and affect considerable portions of the population, the construction of this infectious Africa allows the West to absolve itself from any responsibility in relation to the international spread of HIV/AIDS. In "The Anthropology of AIDS in Africa," Bond et al. argue that

> HIV exists in a world which has become increasingly global in the movement of both capital and labor. Labor migration to and from the Caribbean to the United States has been a major factor in the migration of HIV infection. Similarly, the development of tourist industries, frequently based on U.S. capital as a replacement for the decline of profits from older colonially established sources such as sugar cane, has also traced the routes for HIV to follow.[42]

As the authors clearly state, western traditions and practices have had and obviously continue to have an impact on the spread of HIV within postcolonial states. Instead of acknowledging this, and by extension its own accountability, it seems far easier for the West to "blame the victim" instead. Again, this phenomenon is not particularly new or unique, but instead one that William Ryan claims:

> is applied to almost every American problem. The miserable health care of the poor is explained away on the grounds that the victim has poor motivation and lacks health information. The problems of slum housing are traced to the characteristics of tenants who are labeled as "Southern rural migrants" not yet "acculturated" to life in the big city. The "multiproblem" poor, it is claimed, suffer the psychological effects of impoverishment, the "culture of poverty," and the deviant value system of the lower classes; consequently, though unwittingly, they cause their own troubles.[43]

Following this logic, if the origin of HIV is blamed on Africans, not only does the West avoid the unpleasantness of guilt but also it can remain comfortably complacent and abstain from providing significant help, since, after all, Africans "brought it upon themselves."

Furthermore, the construction of Africa as the site of origin of HIV and as a continent completely devastated by the pandemic can legitimate certain western practices of questionable ethical value, for example, the testing of AIDS vaccines and medications within Third World settings. As the Chirimuutas note, "if Africans are supposedly dying by the millions, then it becomes politically acceptable to use them as a vast human laboratory for testing an AIDS vaccine."[44]

Because, in the eyes of the West, if the situation is so very critical in Africa and yet Africans don't seem to be doing anything about it, then the testing of western-developed therapies comes to represent one of the only forms of "salvation" available to Africans affected by HIV/AIDS. African nations and other countries from the Third World can thus freely "become a projective screen or laboratory for performing ideological or real (vaccine trials?) procedures that solve the master countries' internal epidemic or absolve their responsibility for the devastation occurring outside the collective Euro-American borders."[45]

Additionally, this infectious Africa, where all are ill and where everything is different from in the West, allows for a distancing from disease. Sander Gilman encapsulates this idea rather precisely when he states:

> It is the fear of collapse, the sense of dissolution, which contaminates the Western image of all disease. . . . But the fear we have of our own collapse does not remain internalized. Rather, we project this fear onto the world in order to localize it and, indeed, to domesticate it. For once we locate it, the fear of our own dissolution is removed. 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.[46]

The representation of the HIV/AIDS situation in Africa thus provides what Chinua Achebe has called a "proverbial mirror" upon which the West can compare and admire itself.[47] Because the situation is much worse "there" than it is "here," obviously "we" must be doing something right; we are still in control. "However bad your own problem, it pales into insignificance when compared with Africa's. Recently, millions were starving, now millions are dying of AIDS."[48]

Of course, western populations too continue to be infected and affected by HIV, they too develop drug-resistant strains to HIV, they too continue to be scared of this virus about which so little is known. By projecting these fears onto the African continent by comparing the western state of affairs with that of the African people, without acknowledging any of its responsibility in making the world what it is, the West creates the illusion that it is still in control. As long as African victims continue to die from AIDS at a speed that surpasses the infection rates in more developed countries, westerners can provide dismal help to satisfy their "benevolent" nature and tend to their daily occupations with the comfort of knowing that it is the other who suffers, the other who is ill and infected.

But, as was noted earlier, the other is not as easily dominated and containable as he was in the past. Through globalization, people have become increasingly mobile and borders growingly permeable. As Susan Sontag notes:

> Heightened, modern interconnectedness in space, which is not only personal but social, structural, is the bearer of health menace sometimes described as a threat to the species itself; and the fear of AIDS is a piece with attention to other unfolding disasters that are the byproduct of advanced society, particularly those illustrating the degradation of the environment on a world scale. AIDS is one of the dystopian harbingers of the global village, that future which is already here and always before us, which no one knows how to refuse.[49]

In keeping with Sontag's views, I would even go so far as to argue that the West's understanding and construction of Africa as infectious is also a product of the fear of the unknown, the uncertain, the undefined that seems to characterize globalization and the current world order. John Gabriel advances in *Whitewash*:

> [Globalization is] used to refer to the interdependence witnessed in the growth of global institutions and trading blocs, migration on a scale never witnessed before, the rise of new satellite and digital media and information technologies and the dominance of transnational corporations. Together, these new global conditions have served to mobilize white fears and anxieties which have expressed the re-assertion of old identities often based on racialized ideas of the nation.[50]

Although the fears and anxieties brought on by globalization as well as HIV/AIDS and other social issues may be new and ever changing, it seems easiest to fall back on the age-old pattern of externalizing these "at the expense of the other, by projecting and blaming these fears onto the other."[51] Following a long tradition of colonialist and racist thought, the West continues to imagine the other, in this context Africa, as so different and so utterly wrong that it becomes not only the reason but also the depository for these fears.

Of course, I do not wish to deny the suffering and loss that African peoples and communities have incurred as a result of the HIV/AIDS pandemic; however, it is my strong contention that western texts such as the articles surveyed above provide a very biased and inaccurate account of the effects of and responses to the HIV/AIDS pandemic on this rich, vast, and diverse African continent. Quite the contrary, these texts continue to reflect and produce western imaginings of Africa based not on an actual reality but rather on extremely colonialist and racist precedents, in the process contributing to a perpetuation of ideological, institutional, and social racism. If we accept Browning's assertion that "Africanness is hardly the deadly pathogen,"[52] and pause to consider the violence and prejudice communicated in these media texts and the wider ideologies that inform them, it becomes worthwhile to ask

who exactly presents the biggest threat and is causing the most harm within these dynamics.

Acknowledgments

This chapter is drawn from my master's thesis "'Africa's Deadly Enemy': An Analysis of Canadian Newspaper Coverage of the HIV/AIDS Pandemic in Africa," written under the supervision of Dr. Lorna Roth in the Department of Communication Studies at Concordia University in Montreal. I thank her as well as all the other committee members who were involved in the development of this project.

Notes

1. Richard Parker, quoted in Dennis Altman, *Global Sex* (Chicago: University of Chicago Press, 2001), 68.
2. Ken Morrison and Allan Klusacek, *A Leap in the Dark: AIDS, Art and Contemporary Cultures* (Montréal: Véhicule Press, 1992), ix.
3. Susan Sontag, *AIDS and Its Metaphors* (New York: Farrar, Straus and Giroux, 1988), 48.
4. A note on language: The term "black" is used in reference to the wider experience of African and African diasporic populations, racially marked by their darker (different shades of blacks and browns) skin tone. I realize black is a homogenizing term, one that finds its roots in a history of colonialism and racism, but through its reappropriation on the part of African and African diasporic populations, the fact that it is a common term within the literature that informs my work, and because it shapes and informs so much of our understanding of race and racism, I feel its use is thus legitimated.
5. Jacques Leibowitch, quoted in Paul Farmer, *AIDS and Accusation: Haiti and the Geography of Blame* (Berkeley: University of California Press, 1992), 212.
6. Cindy Patton, *Inventing AIDS* (New York: Routledge, 1990), 83.
7. James H. Jones, *Bad Blood: The Tuskegee Syphilis Experiment* (New York: Free Press, 1981), 17.
8. Sander Gilman, *Sexuality: An Illustrated History* (New York: John Wiley and Sons, 1989), 293.
9. Jones, *Bad Blood*, 25.
10. Gilman, *Sexuality*, 323.
11. Simon Watney, "Missionary Positions: AIDS, 'Africa,' and Race," in *Practices of Freedom: Selected Writings on HIV/AIDS* (Durham, NC: Duke University Press, 1994), 118.
12. Teun van Dijk, "New(s) Racism: A Discourse Analytical Approach," in *Ethnic Minorities and the Media: Changing Cultural Boundaries*, ed. Simon Cottle, 36 (Buckingham: Open University Press, 2000).

13. Stuart Hall, "Encoding-Decoding," in *Culture, Media, Language: Working Papers in Cultural Studies, 1972–79*, ed. Stuart Hall, Dorothy Hobson, Andrew Lowe, and Paul Willis, 136 (London: Routledge, 1980).
14. This chapter is drawn from a wider research endeavor in which I employed critical discourse analysis to analyze forty-six articles drawn from mainstream Canadian newspapers published between 2000 and 2003 on the topic of the HIV/AIDS pandemic in Africa. While the corpus has been reduced in size for the purpose of the present chapter, the wider study followed a similar structure, where the articles were used to illustrate the dominant ideologies about Africa produced and circulating in the western environment, both currently and historically. While I have tried to provide as much information as I feel is necessary, I realize that because it is part of a much larger project, certain gaps may exist within the present piece.
15. Richard Chirimuuta and Rosalind Chirimuuta, "AIDS from Africa: A Case of Racism vs. Science?" in *AIDS in Africa and the Caribbean*, ed. George Bond, John Kreniske, Ida Susser, and Joan Vincent, 165 (Colorado: Westview Press, 1997).
16. "AIDS Started in 1930s: Study Says," *Gazette* (Montreal), June 9, 2000.
17. Jeremy Manier, "Unraveling the AIDS-monkey Mystery: Study Pushes Origin of AIDS Virus to 1930," *Calgary Herald*, February 5, 2000.
18. Maggie Fox, "Social Disruption, Vaccination Boosted AIDS Epidemic: Researchers: 1930s African Origin," *National Post* (Don Mills), February 9, 2000.
19. "HIV Origins Go Back to 1940s," *Gazette* (Montreal), May 13, 2003.
20. Manier, "Unravelling the AIDS-monkey Mystery."
21. "Scientists Find HIV-like Virus in Wild Chimps," *Daily News* (Halifax), January 20, 2002.
22. "Chimp Study Solves Puzzle of AIDS Link," *National Post* (Don Mills), June 13, 2003.
23. Joan Shenton, *Positively False: Exposing the Myths around HIV and AIDS* (London and New York: I. B. Tauris, 1998), 158.
24. See Paul Bohannan and Philip Curtin, *Africa and Africans*, 3rd ed. (Long Grove, IL: Waveland Press, 1988), 7.
25. See Richard Chirimuuta and Rosalind Chirimuuta, *AIDS, Africa and Racism* (London: Free Association Press, 1989).
26. Chirimuuta and Chirimuuta, "AIDS from Africa," 169–71. I also wish to add here a particularly pertinent comment made by a student during a lecture I gave on the present topic. She related the HIV monkey theories to the recent outbreak in "mad cow disease," noting that while westerners are quick to judge Africans for eating monkeys, we do not even question our own carnivorous habits or the possibility that these too may be providing us with more than mere calories.
27. Paula Treichler, *How to Have Theory in an Epidemic: Cultural Chronicles of AIDS* (Durham, NC: Duke University Press, 1999), 104.
28. Fox, "Social Disruption, Vaccination Boosted AIDS Epidemic."
29. Ibid.
30. Harlon L. Dalton, "AIDS in Blackface," in *The AIDS Reader: Social, Political, Ethical Issues*, ed. Nancy F. McKenzie, 128 (New York: Meridian, 1991).
31. "AIDS Started in 1930s." Emphasis mine.
32. Chirimuuta and Chirimuuta, *AIDS, Africa and Racism*, 109.
33. Paul Salopek, "Health Catastrophe Bringing a Continent to Its Knees: Ailing Africa," *Edmonton Journal*, January 23, 2000. Emphasis mine.

34. Browning, *Infectious Rhythm*, 154.
35. Salopek, "Health Catastrophe Bringing a Continent to Its Knees."
36. Stewart Bell, "AIDS Crisis Threatens UN Peacekeepers in Africa: Report: Canadian troops at Risk: Infection Rates in Some African Armies as High as 90%," *National Post* (Don Mills), September 27, 2001.
37. Joanne Laucius, "Canada Coaxed to Battle AIDS: Funds Needed. Carnage Feared in Africa and Asia," *Gazette* (Montreal), July 30, 2003.
38. "New Strains of HIV Feared in Africa: Interrupted Treatments Blamed for Mutation," *Calgary Herald*, June 19, 2001.
39. Susan Martinuk, "Free Drugs Won't Halt AIDS," *Calgary Herald*, March 7, 2001.
40. Cathy Cohen, *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics* (Chicago: University of Chicago Press, 1999), 184.
41. Laucius, "Canada Coaxed to Battle AIDS."
42. George Bond, John Kreniske, Ida Susser, and Joan Vincent, "The Anthropology of AIDS in Africa," in *AIDS in Africa and the Caribbean*, ed. George Bond et al., 7.
43. William Ryan, *Blaming the Victim* (New York: Vintage, 1976), 5.
44. Chirimuuta and Chirimuuta, *AIDS, Africa and Racism*, 140.
45. Cindy Patton, "Queer Peregrinations," in *Acting on AIDS: Sex, Drugs and Politics*, ed. Joshua Oppenheimer and Helena Reckitt, 237 (London: Serpent's Tail, 1997).
46. Sander Gilman, *Disease and Representation: Images of Illness from Madness to AIDS* (Ithaca, NY: Cornell University Press, 1988), 1.
47. See Chinua Achebe, "An Image of Africa: Racism in Conrad's *Heart of Darkness*," in *Postcolonial Discourses: An Anthology*, ed. Gregory Castle, 209–20 (Oxford: Blackwell Publishers, 2001).
48. Chirimuuta and Chirimuuta, *AIDS, Africa and Racism*, 90.
49. Sontag, *AIDS and Its Metaphors*, 93.
50. John Gabriel, *Whitewash: Racialized Politics and the Media* (New York: Routledge, 1998), 37.
51. Sander Gilman, *Difference and Pathology: Stereotypes of Sexuality, Race, and Madness* (Ithaca, NY: Cornell University Press, 1985), 35.
52. Browning, *Infectious Rhythm, Metaphors of Contagion and the Spread of African Culture* (New York: Routledge, 1998), 7.

PART II

Illness Case Studies