

# 6

## A Violence of History

### *Accounting for AIDS in Post-apartheid South Africa*

**Didier Fassin**

I will come and claim you from bones and bullets and violence  
and AIDS.—*Antje Krog, letter-poem “Lullaby for Ntombizana Atoo”*

On 9 July 2000, the opening day of the Thirteenth International AIDS Conference in Durban, a heated debate broke out in South Africa. The controversy was not over President Thabo Mbeki’s association with Californian dissident circles (Fujimora and Chou 1994), nor his support for the theory that AIDS was caused by poverty rather than of viral origin, nor his claims that antiretroviral drugs were ineffective and toxic (Schneider 2002)—all issues that were already the subject of bitter polemic both within and beyond South Africa (Fassin 2003). On this historic day, the first time an international meeting on AIDS had been held in a Third World city, the argument centered on mortality statistics.

The South African Medical Research Council (MRC) had just published figures on deaths in the country, comparing the data for 1990 and 1999. Over the decade, not only had the number of deaths risen dramatically, but also the age profile had changed markedly. The *Sunday Times* headline on 9 July 2000 (figure 6.1) read, “Young people are dying before their parents.” Malegapuru William Magkoba, director of the MRC and famous within the international scientific community for his condemnation of Thabo Mbeki’s heterodoxy, said: “If we had been involved in a major war, that would be the only other thing that could explain the high numbers of young men and young women who are dying in our country” and, because South Africa was at peace, “It can only be explained by the

# Young, gifted and DEAD

## THE HORRIBLE TRUTH: In Southern Africa young people are dying more quickly than their parents

LAURICE TAITZ

THESE shocking graphs show how the number of South Africans who die before they reach 50 years of age almost doubled over the last ten years — an increase attributed directly to AIDS. The figures, which were included by the Department of Home Affairs last week, were presented to stunned members of Thabo Mbeki's Presidential Advisory AIDS Panel on Tuesday by the president of the Medical Research Council, William Magooba. These figures were based on death certificates.

"It has had huge implications in a major way, that would be the only other thing that could explain the high numbers of young men and women who are dying in our country," he told the panel, which included a stunned Health Minister, Manto Tshabala-Msimang, who was hearing the dramatic statistics for the first time.

Magooba's observation was greeted with a "stony silence" by the panel, which had been indulging in an academic debate about whether HIV causes AIDS.

"This is the first data presented that actually goes South Africa a picture of what is really happening. These are not projections. These are real figures," Magooba told the Sunday Times.

The figures prove once and for all that AIDS is taking a devastating toll among South Africa's most economically productive citizens — those aged between 15 and 40 — with more men between 35 and 40 years of age dying than in any other age group in the 1995-2000 period.

The death rate has risen despite better access to health care and improvements in the quality of life of men: South Africans in the ten years since 1990 "in any normal population you expect the old to die, not the young — but here you have young people dying and young women dying more than young men, which is unusual in biological terms."

"It can only be explained by the peak incidence of AIDS which is between the ages of 20 to 30 for women. This is due only to the epidemic," said Magooba. People between 15 and 39 years old form the most

Deaths registered by the Department of Home Affairs

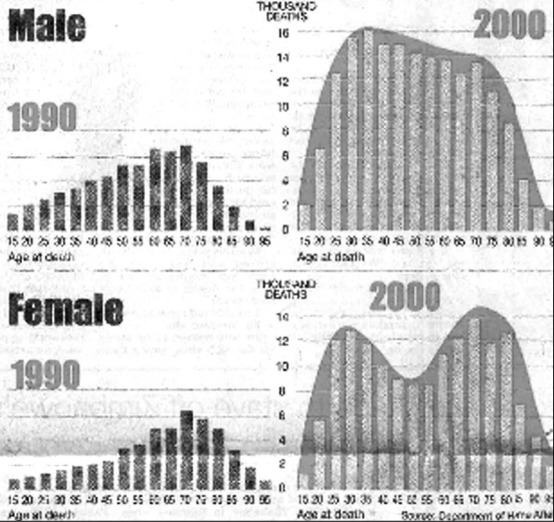


FIGURE 6.1

The violence of statistics. Sunday Times, front page, 9 July 2000 (South Africa). Didier Fassin, photographer.

peak incidence of AIDS" (Taitz 2000:1). The following day brought an angry reaction from the Home Affairs Department, which cited official statistics and declared: "Statistics South Africa confirms that South African adults overwhelmingly die of accidents and violence. The profile of deaths can therefore not singly be due to HIV" (Sapa 2000:1). And criticizing the parallel between the two sets of figures collected ten years apart, the department added: "The 1990 figures excluded the deaths of people of the former homelands, while the 1999 figures reflected the total number of

deaths in South Africa" (Sapa 2000:1). Thus, for the governmental institution, the data were not comparable.

The war of statistics had begun, centering on the interpretation of mortality data. Over the next several years, a series of battles raged around this macabre accounting: studies countering studies, accusations meeting accusations, camp pitched against camp. To each new set of figures published by the researchers, the government responded with its own statistics. Scientific articles and press releases contradicted one another in a vain quest for an elusive truth.

Why did this subject arouse such vehemence? We have become used to thinking of statistics as a tool of not only normalization but also pacification of populations, "the taming of chance," as Ian Hacking (1990) put it. So how do we explain the fact that statistics in South Africa, far from being reassuring and soothing, create anxiety and dissent? To say, as many do, that the president's heterodoxy is the issue explains nothing. In fact his "denial"—as it is generally called—relates to the etiology of the epidemic and the treatment of the disease; he does not question the reality of the problem but rather the explanation and the response. When looking carefully at the terms of the initial argument in this controversy, we find that the issue is about much more than just figures: it is about history. Actually, the Home Affairs Department challenged the statistics on two distinct bases: the evolution in the mortality data and the distribution of the causes of death.

The first argument concerns the comparability of the data for the two periods under consideration. Under apartheid, a large proportion of the population was not counted in official statistics (Botha and Bradshaw 1985). The bantustan policy, instituted in 1951, had created quasi-autonomous or independent territories based on purported ethnic divisions. From 1976 on, the Africans (that is, Blacks) who were confined there, or simply deemed to be resident there, lost their South African citizenship and hence disappeared from the statistics. Even those authorized to live in South African territory and relegated to the townships or hostels barely engaged the attention of the state administration. Reduced to extreme poverty that led to very high levels of mortality, particularly among children, Africans were largely ignored, and the count of their deaths as it was reflected in the national statistics was very incomplete. To put it brutally, they were not counted because they did not count. Thus, in the view of the present administration, comparing the data for 1990 and 1999 was not only scientifically inaccurate but also morally untenable.

The second argument relates to the relative weight of AIDS and violence in mortality statistics. The difficulty of interpretation is due mainly to

the poor quality of the notification of the cause on death certificates, particularly the high proportion of causes declared as unknown (Groenewald et al. 2005). This problem has resulted in two strategies of interpretation. The government believes that the description of death as shown on the certificate should be respected. Demographers contend that corrections should be made on the basis of models. In the first interpretation, violence, predominantly homicide, emerges as the leading cause of death; in the second, it is AIDS. Beyond the technical debate, Mbeki's criticism of what he sees as rash projections derives from a political reading. The instrumentalization of AIDS, which had been presented under apartheid as a disease of Black people due to their low moralities, tends to reinforce the stigmatization of the African population, embedded in the stereotypes of sexual promiscuity promulgated by public health programs. This, in turn, renders suspect any analysis that tends to increase the statistical weight of the infection, particularly if at the same time it effaces violence associated with the legacy of apartheid. For the president, ascribing the increase in mortality to AIDS is doubly unacceptable in the face of this legacy because it misses the structural causes of the epidemic and passes over the most acute consequences of the past.

Thus, the controversy around South African mortality statistics articulates this simple truth: the violence of the arguments about the figures derives from the violence in what the figures do or do not say. This violence is the violence of history. As I have tried to show elsewhere (Fassin 2007), it is the remanence of the past in the present, both in the everyday reality of inequality and in the filter of memory through which people decipher the world. This polemic, which is reawakened each time a new set of mortality figures is published, is understandable only insofar as AIDS itself is considered a violence exerted on South African society. I propose to examine this historical violence on two levels: the violence inherent in the genesis of the epidemic (first part of this text) and a further violence that derives from the denial of this violence (second part of the argument). Although there is no guarantee that this theoretical proposal will be sufficient to appease the scientific and ideological conflicts around the mortality statistics, it will at least offer a new possible formulation by placing violence not outside but at the very heart of AIDS. The paradox is that this violence has become invisible.

This is the perspective I would like to take here. It is at the point where violence disappears from our field of vision that the work of anthropology becomes crucial. The issue is perhaps not so much to ask whether there is, from domestic violence to political violence, from rape to genocide, from

poverty to torture, a “continuum of violence,” as Nancy Scheper-Hughes and Philippe Bourgois (2004b) contend, but to try to recognize violence in the places where it is no longer recognized for what it is. Rather than affirm a continuity that inevitably leads to a certain degree of indiscriminate violence, one should recover the presence and the meaning of violence in the places where it is lived but not spoken, to open it out to reveal the diversity of forms through which it is deployed while remaining hidden, to differentiate it in order better to articulate its manifestations in all their complexity.

In today’s world, only the most visible form of violence—war, terrorism, crime—is designated as such by politicians and the media. Injustice—in either deed or word—is never linked to violence but rather interpreted in an economic, symbolic, or psychological register. Moreover, while local and international courts judge and condemn violence, they never address injustice. This is a convenient distinction that makes it possible for physical violence to be distanced from ourselves in otherness, to be kept far removed from our moral universe. It is thus rendered not only intolerable but also unintelligible, because it is never related to that other violence—of exclusion, discrimination, and humiliation.

Not that there is a simple causal link between the one and the other, as is too easily assumed when acts of Islamist terrorism are mechanically attributed to global inequalities, or riots in French suburbs to social disparities. To put it more precisely, this is not the point: the real issue is whether we are able to recognize violence in social processes that the dominant discourse never articulates in terms of violence. This politics of recognition, as opposed to a politics of denial, implies both identifying and naming violence, affirming its existence where it is ignored, and giving it a reality by speaking of it. On the one hand, it is a question of considering it as “structural,” as Paul Farmer (1999) describes it, that is to say, in terms of what it expresses of the objective social world: it is the violence of power relations, as the researcher is able to reconstruct it. On the other, we need to remain attentive to “poverty, especially poverty of words,” as Veena Das (2007:79) remarks, by articulating this repressed subjectivity: it is the violence inscribed in lived experience as the subject expresses it, even if that expression is outside of language. In this subtle space between objectification and subjectification, between power and words, anthropology needs to remain what it always has been: a matter of how to look at social facts.

In post-apartheid South Africa, violence is at the heart of AIDS. To recount the history of AIDS—or the history of people living with AIDS—is to recount a history of violence (Fassin 2008). But this is not the history that is generally heard: what is preferred is the account of the behavior of

individual sufferers—their unsafe sexual practices—or the collective errors of the government—its dangerous dissidence. Nevertheless, it is this other story that I would like to tell, through the biography of Joseph Mahlangu and through the indignation of Nono Simelela. (I have changed the name of the former, a private individual with whom I spoke in the privacy of his everyday life, but obviously not of the latter, a public figure who was expressing opinions within an academic context.)

The film *A History of Violence* tells of how a secret about the violence of the central character is uncovered: events intervene to reveal his past and brutally inscribe it in the present. My hypothesis is that, for South Africa, AIDS is the event that reveals the suppressed violence. After a peaceful democratic revolution, the Truth and Reconciliation Commission attempted, somewhat to its credit, to circumscribe and control this violence through its labor of national rebuilding and redemption. AIDS tragically offers an alternative narrative in which the violence reappears.

But such an account implies a shift in focus to violence itself. Asked what the title of the film meant, director David Cronenberg (2005) explained that he chose it because of the “multiple possible interpretations” that could be given to it: “At a personal level, we have the phrase that a suspect had a long history of violence, at a national level, when we think of our country as having a history of violence, and at the level of the human condition, as human beings are innately violent.” In this typology, there is an implicit reference not only to physical violence but also to an essence of violence that is seen as inscribed in human nature and which is revealed by the history of individuals or of peoples. I would like to turn this proposition around, not to examine the history of violence with the ontological hypotheses that underlie it, but to explore the violence of history considered as a social production, paying particular attention to the points where this violence surfaces without finding the resources of a legitimate language: when the farmworker suffering from AIDS expresses himself more through his silence than through his sentences, when the director of a national AIDS program speaks more eloquently with her tears than with her words.

### **JOSEPH MAHLANGU’S SILENCES**

When I first met Joseph Mahlangu at a meeting of the support group at Shiluvane health center, in Limpopo province in northeastern South Africa, he was forty-three years old, but I would have said that he was twenty years older. His emaciated body, his graying hair, his lack of facial expression testified to the advanced stages of AIDS, but also to a sort of over-

whelmed resignation. He told us that he had fallen ill a few months earlier at the farm where he had been living and working for four years. He had been hospitalized and cared for during a few days. His employer had promised to take him back when he left the hospital. But when Joseph returned to his workplace a week later, he was fired. The doctors had written to the farmer, informing him that Joseph was suffering from AIDS. When he insisted on claiming at least his last month's salary and compensation for his dismissal, his employer threatened him with a rifle, saying that if he saw Joseph again, he would not hesitate to shoot him. So Joseph did not return. He was now living in the backyard of his sister's house in Tickyline, a sort of rural township in the former bantustan of Lebowa. After it became known that he had AIDS, he was isolated in a small room, where he ate alone the irregular, paltry meals he was served. Too weak to look for work, he had no alternative to this humiliating state to which his family had relegated him. He left his sister's place only to attend the weekly support group at the neighboring health center, in order to meet other people with AIDS and, above all, to eat a proper meal.

### **Living under Apartheid**

Unlike most men in this poor rural region of the former Transvaal, Joseph had not been a migrant worker to the mines of the Rand. He had lived in the area all his life, son of a farmworker who himself became a farmworker. Until the beginning of the twentieth century, Sekhukhuneland had been a Pedi kingdom, which had managed to resist British colonization and then to negotiate a degree of autonomy (Delius 1996). However, in the 1930s under the terms of the Native Land Act of 1913, subsequently toughened by the 1936 Native Trusts and Land Act, the Africans were dispossessed of their land and confined to reserves. The overpopulation of these small areas and the exhaustion of natural resources enabled the mining industry to recruit a cheap and undemanding labor force there. The process of breaking up the kingdom had culminated in the creation, under the 1951 Bantu Authority Act, of two small bantustans, Lebowa and Gazankulu (Thompson 2000). These two homelands were, in theory, meant to separate the Pedi from the Shangaan, but their main purpose was, in fact, to rid the countryside of the last "black spots" of land still in the hands of African owners.

It was difficult to find work in these miserable so-called homelands, except for a tiny minority of local authority officials who were considered collaborators with the apartheid regime. The only work available to the remainder was in the farmlands of the Veld or the mines of the Rand.



**FIGURE 6.2**

*The violence of poverty. Family in rural Limpopo (Tickeyline, South Africa, 2005). Didier Fassin, photographer.*

When democracy was installed in 1994, the bantustans were of course eliminated and racial segregation abolished, but most of the region's population saw little change in their living conditions (figure 6.2). The land still belonged to the Whites, and it was on their farms—increasingly incorporated into international consortia—that Blacks had to work when they did not migrate.

Joseph spent his childhood on the farm where his parents lived and worked, with his four brothers and sisters. Six African families lived there. Each had a mud house, a small patch of land, and a few chickens. Under the mode of production practiced by these white landowners, everyone, even the children, was expected to work for very low wages, which meant that they all had to live on-site. The farmer paid his workers little, but he often gave them a sack of “mealie meal” to guarantee the subsistence that their wages and their own harvests could not meet. When a worker or one of his children committed an offence, usually the theft of a few avocados or mangoes, he would be beaten with a “sjambok,” a traditional rhino- or hippo-hide whip that was to become the symbol of police repression under apartheid. The punishment was meted out in public, in front of the other



workers. The guilty party would lie down on a bench and be whipped.

Once, after one of these punishments, Joseph went to the police. Shortly afterwards, he left his employer. He was then twenty years old. He found a better-paying and less strenuous job as a gardener, working for the bantustan authorities. He married a young woman who worked as a maid for an African family in the small neighboring village. A year later, when the farmer found himself short of labor, he requested that the Lebowa administration dismiss Joseph, who was thus forced to return to his former employment. He remained at the farm against his will until the owner, under pressure from international consortia, was forced to sell up.

After a brief period at another family farm, which also fell victim to local competition, Joseph was taken on at a larger agricultural enterprise. The thirty-four employees were housed on the farm, this time not in traditional houses but in barracks with individual rooms, similar to the mine hostels. The men worked during the week. At the weekend, women came from the surrounding villages, officially to sell fruit and beer. The workers drank a lot. The women offered sexual services to the farmworkers, sometimes becoming their recognized partners. Joseph occasionally had sex with “passersby,” but he explains that he did not have enough money to support a real “girlfriend.” His wife usually spent a week with him at the end of the month, when he would be paid, and then returned to the town. After a few years of this precarious and sporadic marital life, they separated. At this time, they had two children, who lived with their grandparents because neither their mother nor their father was able to look after them, given their parents’ working conditions and way of life. Joseph found another girlfriend among the weekend passersby. She moved into his room with him. A few months later, she fell ill and the farmer turned her out, saying that she was “infecting” his workers. Joseph replaced her with another woman, met in a “shebeen,” an illegal bar, but when he too began to show symptoms, she left him. It was at this point that he was hospitalized.

There is no pathos in Joseph’s narrative. In fact, he does not tell his story: he responds to questions. Similarly, he does not express feelings: he states the facts. Rereading our interviews, I am struck by the brevity and restraint of his responses, their strictly factual character, his apparent distance from his situation. Moreover, I realize as I reconstitute his history that I am not including the fragments of direct quotation that provide authenticity in anthropological accounts. Like Michael K. in Coetzee’s novel (1998[1974]), who also works as a gardener for a local authority, Joseph seems to stand outside his own experience. He never uses the word *violence*, although we understand that he deemed his first employer’s punishment

sufficiently illegitimate to complain to the police and leave his job. We also know that he took the threats of his last employer waving a gun at him very seriously and never returned to claim what he was owed. In fact, violence goes far beyond the moments when it is manifested in the physical brutality of the gesture that strikes or threatens. It impregnates his experience of the world to such an extent that it seems to go without saying, thus becoming invisible. The brutal gesture is effectively no more than the expression of a more fundamental violence that lies in the appropriation not only of the labor power but also of the very lives of the African population.

### **The Political Economy of the Disease**

In the paternalist model of the first farm, the social reproduction of the families is locally restricted; adults belong to the master, who reduces them to strict material dependence by paying them a pittance, but making up their needs in kind. He even feels entitled to interfere in local government in order to recover his recalcitrant worker; children are not entirely under the authority of their parents, and the employer takes on the role of *patria potestas* in order to punish them. In the capitalist operation of the last farm, families are no longer allowed to maintain their social reproduction within the space of the enterprise; employees are merely individuals. Some may, in fact, be women, working as the men do and living separately, although there may also be women who offer sexual services. The conjugal norm is the couple comprising the farmworker and his girlfriend, who is recruited from among the rural poor women of the neighborhood. If there are children, they cannot live with their parents and are generally in the care of grandparents, whose lack of authority over their grandchildren is then deplored. Beyond this inversion of the model of exploitation, what both farms have in common is that the workers' bodies no more belong to them than do their children. When Joseph uses the term "the white man" to describe his employers, the expression holds all the violence of the dispossession of self that is the collective experience of Africans.

AIDS is entirely enmeshed in this violence. The mode of production and the social organization of work and leisure that derive from it form the contextual framework for the transmission of the disease. The gathering of men, separated from their wives and families, in workplaces that become houses of pleasure at the weekend and thus attract the poor women of the neighborhood who seek a little income or gifts, or even a degree of financial protection, creates quasi-laboratory conditions for the development of the epidemic. The low wages mean that the price of sexual services is very low, resulting in a depreciation of bodies and a devaluation of the social

relationships between men and women. It is easy to see how derisive the monthly organized visits from nurses preaching AIDS prevention measures can seem in such an environment.

But the violence does not stop here. It is also present in the stigmatization and exclusion of those who are sick. The women are expelled, accused of infecting the workers. Men are dismissed because they can no longer work. Thus, the spread of the disease contributes to the end of the social reproduction of agricultural labor. In a high-productivity system like modern export agriculture, there is always an oversupply of unskilled labor, and collective tragedies operate as a sort of natural regulation. Because the labor force can be renewed, human losses can be accommodated without difficulty. This analysis is no mere intellectual construct: it is sometimes stated explicitly by employers and decision makers. The Africans in poor areas, in Soweto and elsewhere, were well aware of this and would sometimes tell me: “Most of the people with AIDS are unskilled, have no education, no work. The more there are of us, the more problems we cause. If we can get rid of them, the government says, there will be less crime, less unemployment. Let them die.” They have understood clearly: the political economy of AIDS is fundamentally a moral economy of human life.

### **Culturalism as Usual**

This is a far cry from most early interpretations that aim to account for the progress of the epidemic in Africa (Dozon and Fassin 1989). Since the discovery of the first cases in the Western world, AIDS has been seen as a problem of deviant behavior—initially, morally deviant, subsequently viewed as deviant from the point of view of health (Oppenheimer 1988). Within this framework, the shift from the discriminatory term *risk groups* to the apparently more neutral formula *risk behaviors* was seen as an important theoretical and practical step forward: it was no longer people who were being stigmatized but rather what they did. Nevertheless, in most countries, the dangerous conduct was not interpreted in relation to its inscription in the social environment but was instead analyzed in terms of rational choice or cultural causes. Paul Farmer’s research on Haiti (1992) was the first to present a different picture.

In Africa, the behaviorist tendency in public health has taken on a particular bias (Oppong and Kalipeni 2004). Extending the explanation for the epidemic among male homosexuals in the West, the theme of “sexual promiscuity” has been developed for Africans (Packard and Epstein 1992), with reference to what are imagined to be specific natural appetites but also to historical forms of social disruption. Biological (Rushton and

Bogaert 1989) or anthropological (Caldwell and Caldwell 1996) theorizations gave a pseudoscientific gloss to this explanation. However, they only returned, often unwittingly, to the interpretations current during the colonial period, particularly around syphilis (Vaughan 1992). As in the past, AIDS generated analyses that came back to blaming those who were victims of the disease by holding them responsible for their misfortune.

South Africa was all the more subject to this logic because the abrupt explosion of the epidemic made explanations even more necessary than elsewhere. How were we to understand why the prevalence of HIV infection among the adult population had grown from 1 percent to 20 percent in less than ten years, reaching even more worrying levels among young women? An idiosyncratic note was therefore added to the continentwide theme of “sexual promiscuity”: rape became the cultural key to the singular nature of the South African epidemic. Culture was invoked on two levels.

One, generic, suggested sexual violence as an almost essentialized characteristic of Black South Africans. Unlike their Ivorian or Congolese peers, their sexuality was supposedly not ludic, but brutal. Journalist Charlene Smith (2000:14) wrote, “Confronting rape means recognizing that AIDS is rampant in Africa not only because of sexual promiscuity.” The other, more specific, framework related to what soon became known as “the virgin cleansing myth”: it was reported that some people with AIDS had forced sexual relations with young women in order to purify themselves of their infection. Researchers like Suzanne Leclerc-Madlala (2002), with much recourse to what were purported to be anthropological interpretations, attempted to give an account of a practice whose exoticism ensured that it would gain international attention. Although studies have shown, first, that HIV-positive women were no more likely to report rape than other women but were more likely to have had a violent partner (Dunkle et al. 2004) and, second, that the rapes were related not to strange beliefs but to gendered power relations that are linked to a history of political violence (Jewkes, Martin, and Penn-Kekana 2002), the culturalist explanation of AIDS remains much more commonly accepted.

Thus, the violence of AIDS has found expression in the South African public arena only through the essentialized form of an “African” type of sexual abuse and in the exotic mode of a “neo-traditional” virgin cleansing myth. This occultation had all the more chances to succeed now that the “New South Africa” was striving to erase the traces of its past in order to reconstruct the nation. Under these circumstances, the violence of apartheid, of segregation and colonization, but also of resistance and collaboration, was relegated in a regime of forgiving and forgetting. In spite of the remarkable achievement that the Truth and Reconciliation Com-

mission represented, it left aside much of this violence, which found other channels to express itself (Wilson 2001). AIDS is one.

Thus, if a continuity of violence exists, it is not moral, as is commonly supposed, but historical. Shula Marks' (2002) formulation of AIDS as "an epidemic waiting to happen" renders the idea of this continuity. The society of the 1980s and 1990s brought together the structural conditions that made AIDS possible, as had been the case with tuberculosis in the first decades of the twentieth century (Packard 1989). The mining economy, even more than the rural economy and for a much longer period, had enabled workspace and pleasure space to be articulated, gathering tens of thousands of workers together around mines, in hostels surrounded by bars and brothels often known as "hot spots" (Williams et al. 2000). The pauperization of the homelands and townships had led to growing flows of migrants toward the industrialized zones, in particular drawing young women with no resources who could subsist only through the commodification of bodies in what has been called "survival sex" (Wojcicki 2002).

In addition to this social production of the epidemic, one has to bear in mind the most basic physical violence, that of white supremacy, with its police and army, its farmers and overseers, which imposed a permanent humiliation of the men in front of the women and children. One must also take into account the violence of the territories theoretically reserved for Africans, the homelands and townships, where the absence of legitimate state authority made any local exercise of power legitimate by default, whether that of the "comrades" (ANC members) fighting against apartheid or that of the "tsotsis" (township gangsters) who took advantage of the disorder (Glaser 2000). Moreover, the cultural models of masculinity in African societies offered these structural conditions resources that favored relations of power and sexual constraint between men and women (Wood and Jewkes 2001). It is thus no surprise that the cartography of AIDS reproduces the topography of this violence much more than the phenomenology of sexual behavior or the hermeneutics of cultural representations, as it is generally assumed.

A year after our first interviews, when I returned to Tickyline, I saw Joseph again. He was a changed man. Smiling and talkative where I had known him as defeated and taciturn, elegantly dressed in a white shirt, he seemed in good physical shape. He was renting a small independent room in a compound of the township. He was earning a little money by making cement blocks for a local stonemason. He was even thinking of getting married again as soon as he would be fully well and financially stable enough. He owed this change in his life to the anti-tuberculosis treatment he had been given at the health center, but above all to the disability grant

he had received from the government on the grounds of his AIDS.

The policy of the South African state, which has been strongly criticized for its delay in distributing antiretroviral drugs, has nevertheless been pioneering in the areas of public health, social rights, and economic assistance (Benattar 2004). The unification of the system of health care, which is now available to the whole of the population, and the development of a welfare structure for the most vulnerable categories have transformed the conditions of existence of patients and their families. In particular, for the hundreds of thousands of people living with AIDS who have benefited from a disability grant, receiving a regular income at the level of the minimum wage has allowed them not only to meet their most immediate needs but also to regain some dignity by achieving financial independence. The fact that this policy has not been considered a legitimate response in the context of the fight against AIDS indicates another form of violence: that of the denial of the violence of history.

### **NONO SIMELELA'S TEARS**

The AIDS in Context conference, held at the University of the Witwatersrand in Johannesburg in April 2001, was a first for the continent. Whereas all the previous scientific gatherings had been devoted to the epidemiological, biological, and medical aspects of the disease, the focus at this conference was on the social processes involved in the social production and management of the epidemic. The final plenary session of the conference, which brought together researchers, activists, decision makers, and journalists, took on a distinctly political tone. In a heated debate on the government's resistance to implementing a program to prevent mother-to-child transmission, contributors challenged national policy. A few days earlier, following the death of five women involved in a clinical trial of nevirapin, an antiretroviral heralded as the "magic bullet" (Brandt 1985) for reducing infection rates in the children of African HIV-positive mothers, the Department of Health had suspended the trial. Activists from the Treatment Action Campaign, who were fighting for access to drugs, had immediately protested, claiming that this was just one more delaying tactic by the government, which they accused of "denialism" in relation to AIDS.

#### **Drama in the Academy**

The first speaker at this roundtable session was Zachie Achmat, the charismatic chairperson of the Treatment Action Campaign, who mounted a virulent attack on the Department of Health. He is a widely recognized figure in the struggle against AIDS, not only because of his role as spokesper-

son for people with AIDS but also for his courage in personally refusing to take antiretroviral drugs until the government agreed that these be distributed by the social services. At the end of a singularly vitriolic speech, he read out a letter written to him by a woman with AIDS a few weeks before her death. Her three children were also infected, and she concluded with an impassioned cry: “What you are doing is a Holocaust against the poor!”

The following speaker, Nono Simelela, director of the National AIDS Programme, found herself in the difficult position of having to justify her service’s anti-AIDS program to an audience largely hostile to the government and won over to the activists’ cause. Widely respected for her competence and commitment, she had never espoused the president’s dissident views and had made strenuous efforts to implement a demanding policy in disease prevention, social support, and medical care. As she spoke, her voice was broken by sobs she could barely control.

She stated that, as a gynecologist and mother, she was deeply hurt by the accusation, constantly repeated in the media and once again laid at her feet at the conference, that she was responsible for the death of thousands of children. All of her work, she explained, was dedicated to improving the living conditions and health of the people, but difficult choices had to be made in a context of economic and institutional restrictions. From this perspective, she continued, access to drugs for people living with AIDS, however important, had to be discussed in the light of the impossibility of treating all of them, a fact that meant that the introduction of antiretrovirals would only increase the inequalities. And these economic and institutional restrictions, this poverty, these inequalities, had a history—that of a regime whose traces were still present in the lack of resources in the health care system for the African majority and in the shortage of training for African health professionals, who, moreover, were still suffering the consequences of racial segregation of education. She ended her speech on a personal note: “In this country, the average white person has always known freedom. As far as I am concerned, I went to bed one night with no right to vote and I woke up in the morning as a free person. We still have to deal with the legacy of the previous regime” (author’s conference notes) (figure 6.3). Despite her indignation at the intensity of the attacks on her, she expressed herself calmly, showing her opponent a respect he had not expressed for her. As soon as she finished speaking, she left the conference hall and did not return.

Words have their own violence, as Nono Simelela’s distress clearly demonstrated. It is rare to see a high-level government official moved to the point of being unable to hold back tears at a public event. The unease



**FIGURE 6.3**

*The violence of the past. Memories of racial segregation at the Apartheid Museum (Johannesburg, South Africa, 2007). Didier Fassin, photographer.*

apparent among many in the auditorium after Simelela's departure bore witness to the audience's awareness that a boundary had been crossed in the debate.

The accusation of genocide has, in fact, become astonishingly common in South Africa around the AIDS issue since 2000. In addition to Zachie Achmat, Supreme Court judge Edwin Cameron has publicly com-



pared the government's policy to the Holocaust. Both Malegapuru William Makgoba, the chairperson of the Medical Research Council, and Kgosi Letlape, chairperson of the South African Medical Association, have also spoken of genocide. At the same time, the well-known comedian Pieter-Dirk Uys proposed suing the government for this crime, and the phrase he used in one of his shows, "letting them die," was taken up by British psychologist Catherine Campbell as the title of one of her books (2003). Meanwhile, the newspapers daily carried photographs of newborn babies, with captions pointing to the negligence of the South African authorities, publishing a daily count of the lives of children who had not been saved and articles with headlines such as "Babies too poor to live." It should be noted that some politicians close to the government, who promoted dissident theories, were quick to turn the charges of criminal activity back on the activists and doctors on the grounds that they were distributing dangerous drugs.

Thus, the emotional reaction of Nono Simelela, officially in charge of national AIDS programs, who was caught between the denials of a government to which she tried to remain loyal and the requirements of a policy that everyone acknowledged she was entirely devoted to, needs to be understood in the context of this climate of extreme dramatization in the debate. As she reminded delegates, her loyalty and commitment were inscribed in the context of the heritage of apartheid: her loyalty was not only to the politicians who had been democratically elected for the first time, but also to the ideals defended during the years of struggle against white power. Her devotion was not only to the people suffering from a disease whose recent progression was a product of historical processes, but also in the name of a now sovereign people for whom social justice is declared as an intangible principle.

### **The Politics of Misrecognition**

This reminder of the past, at the very moment when the accusation of genocide is laid at the feet of the government and its representative, has become remarkably topical today with the discovery that the apartheid regime did secretly implement a policy for the physical elimination of the African population. This revelation emerged during the final sessions of the Truth and Reconciliation Commission, in January 1998. A Chemical and Biological Warfare Programme ran until the 1990s, within the context of a clandestine research center employing biologists, chemists, and doctors (Burger and Gould 2002), directed at external enemies and also at adversaries of the regime. A number of operations had been carried out

using microbial agents: cholera against a Namibian refugee camp and anthrax against political opponents. But the program also included a set of scientific trials that aimed to control or even—in the delirious discourse of some—to eliminate the African population. Coordinated by Dr. Wouter Basson, the Project Coast, as it was code-named, focused in particular on contraceptives that could be administered without women’s knowledge and were even alleged to be specifically active in African women. At the same time, the Vlakplaas, a security forces group directed by Eugene de Kock, was implementing a demonic plan to infect African prostitutes via HIV-positive former soldiers so that the women would spread the disease among the African population.

Although these criminal initiatives were ended by the fall of apartheid, the fact remains that this policy had a reality not only in the practices of these white extremists, who can easily be relegated to the fringes of the regime, but also in the discourse heard within the corridors of power (Van der Vliet 2001). For example, in 1990, Health Minister Rina Venter, speaking in the white parliament, accused a Conservative representative of celebrating the good news of the progression of the epidemic, which was going to “stop Black population growth” (Van der Vliet 2001). In the meantime, another member of parliament, F. H. Pauw, declared that the National Party candidates were campaigning on the issue of AIDS, thanks to which the African population would soon become a minority that would no longer threaten white supremacy. This gives an indication of the extent to which, when the apartheid regime was on the defensive, the idea of genocide emerged as a common response to the unstoppable march toward democracy. The media regularly publish further evidence of this violence, in the form of revelations distilled from the trials of criminals, while discussions in the townships offer a disillusioned echo of these reports. Thus, the fact that it has been so quickly relegated to the depths of a past that everyone wishes to forget represents a denial all the more intolerable, given that the accusation of genocide, which was rarely made against the apartheid regime, is now freely thrown at the government that fought that regime.

Thus, there is also a violence in the failure to recognize the violence of this recent past and also the efforts to combat it. Nono Simelela’s tears are due not only to being held responsible, along with her government, for the death of South African children, but also to the fact that the meaning of the task undertaken by the men and women of building this “new South Africa” is not being understood for what it is. The modesty of her argument—“It takes time not because we don’t want to do things but because we need to learn”—must be considered in the context of the imperative

that underlies it—“How must the government decide between the different possibilities offered to combat AIDS? This is an important question, a question of equity and ethics” (author’s conference notes). This question is to be understood as an appeal for understanding. In contrast to the presentation of the South African controversy in terms of truth versus error, responsibility versus negligence, good versus evil, we need to see equity also as a question of ethics.

In the light of history, this is a crucial issue. What colonization, segregation, and apartheid denied the African population were precisely equal rights and practical justice. Thus, the fact that equity is a supreme value on which the democratic regime bases its legitimacy—although the government’s practice is certainly not limited to equity—should come as no surprise. In this case, using the argument of equity to oppose the distribution of antiretroviral drugs is not simply a rhetorical ploy.

The majority of public health experts in the early 2000s believe that two elements need to be taken into account in this context. On the one hand, given the material conditions of the majority of the population in rural areas and on the margins of the cities, reducing the extreme poverty and addressing malnutrition may be even more urgent and more effective measures than introducing antiretroviral drugs. On the other hand, even if the drugs are distributed in the country, the structural realities of the health care system will inevitably lead to an increase in the disparity between city and country, between the white urban areas and the townships, between the well-off and the poor. This position was defended during the roundtable discussion at the conference by David McCoy, technical director of the Health System Trust, an independent organization that produces the annual South African Health Review. But it was also the opinion expressed at the time by a number of international experts (Creese et al. 2002) and echoed in the recommendations of the majority of international organizations.

### **A Confrontation of Ethics**

The fact that these views were not heard in South Africa and that their authors were relegated to the realms of scientific heterodoxy (to which only a few of them belonged) is all the more worthy of our attention, given that this issue has a wider significance for contemporary moral economies. What was happening on the South African AIDS scene was the opposition of two sets of ethics.

On one side, as far as the activists were concerned, was the issue of saving lives. From this point of view, each life assumed to be spared by drug treatment has intrinsic value, and, conversely, condemnation of the

government's policy is presented in terms of the account of deaths that were not avoided. The question of inequality is secondary in the sense that it cannot constitute an argument for delaying the implementation of a program of access to antiretroviral drugs. Moreover, as the activists themselves admit, for a long time this question was not even taken into account, so urgent was the imperative of life. To qualify this position, we can speak of an ethics of life.

On the other side, the decision makers' focus was on promoting social justice. From this point of view, the introduction of drugs was seen as a measure that would inevitably increase the already deep disparities not only in terms of health care but also, more radically, in terms of life expectancy and probability of death. This idea was unacceptable, given all that the men and women in power had fought for. Improvement in living conditions and life expectancy must be equitable, and this is more readily achieved through social policies than through strictly medical measures. To designate this position, we can speak of an ethics of justice.

The two ethics are of course not incompatible. On the one hand, the activists have increasingly opened their views to the issue of equity, which they say they have become aware of in the context of their confrontation with the government. On the other hand, the decision makers have accepted the principle of treatment, with many recognizing that it constitutes an essential element in the response to the epidemiological crisis. The fact remains that the key to interpreting the most significant positions defended by the two sides lies less in the opposition between scientific orthodoxy and heterodoxy than in the tension between the two ethics.

This tension has become critical in today's world. In practice, it is always resolved to the advantage of the ethics of life and the detriment of the ethics of justice. In South Africa, it has become commonplace to present the fight against AIDS as a continuation of the struggle against apartheid, to use the visionary phrase of ANC leader Chris Hani in 1990. This is the meaning of the iconography that juxtaposes Hector Petersen, the adolescent killed by police in the Soweto uprising of 1976, and Nkosi Johnson, the child who died of AIDS after a prolonged, much publicized illness in 2001 (for example, in the Treatment Action Campaign's posters). The two causes and their heroes thus seem to be mutually interchangeable. However, on the contrary, one struggle follows the other, and the stakes are different: the struggle by the activists of the past against apartheid focused on social justice, even if it meant sacrificing lives. The aim of today's anti-AIDS activists is to save lives, even at the expense of increasing inequality.

The obvious moral imperative of the ethics of life is such that not only

does it supersede all other considerations—no one can oppose the idea of saving a person who is ill—but it also renders the ethics of justice meaningless: anyone who subscribes to the latter risks being disqualified from the debate.

The “humanitarian government” (Fassin n.d.) proceeds from this ethical basis. It is manifested today in a wide range of fields, from public health management to the arbitration of international conflicts, and at a wide range of levels, from local initiatives to interstate relations. It is in the name of the ethics of life that nongovernmental organizations are able to intervene in conflict situations, that an exemption from drug patents on health grounds was declared at Doha in the liberalization of international trade, and that immigrants suffering from serious illnesses are able to obtain residence in France when all other doors are closed.

This moral imperative that is imposed on everyone—at least within the framework of Western values, now universalized—derives from the sanctification of human life. Michel Foucault (1976) suggested the emergence of “biopower” as the essential rupture of political modernity. But rather than a power over life, the issue here is the power of life, in other words, the power of a belief that posits life as the supreme value: we could name it “biolegitimacy” (Fassin 2006). Invoking life ends any discussion of possible values that might be different but sometimes contradictory. By placing the right to life above all other rights, it appears as the natural order of things. In acquiring a sort of immanence, it becomes inscribed in the world’s eternal present.

We thus can understand why Nono Simelela was unable to gain a hearing for a discourse that attempted to repoliticize public health issues and relate it to a past that has been repressed too quickly. As the popular French expression has it, all she had left was her eyes to cry. This decline in the authority of the ethics of justice, of which the director of the National AIDS Programme had the painful experience, confirms Nancy Fraser’s (1997:11) analysis of the recent decrease in the influence of socioeconomic problematics, “centered on exploitation and redistribution.” In the case of South Africa, this diminishing legitimacy of the ethics of justice is not simply a reformulation of what politics means: it is a denial of the past.

## CONCLUSION

The South African state was founded on violence. Violence was fundamental to the expropriation of the land and goods of the native population and to the system of economic exploitation that succeeded it. It is present in the segregation of groups on racial and ethnic lines and in the legal

mechanisms of apartheid that derived from this segregation. It is basic to the violation of rights and deprivation of life of the Africans and, to a lesser degree, the Coloureds and Indians, within the framework of an ideological apparatus based on white supremacy—initially British, subsequently Afrikaner.

AIDS both reveals and conceals this violence. It reveals it through the progression of the epidemic, the sociohistoric conditions of which give at least a partial indication and, in the intensity of the arguments, are always played out against the backdrop of the power relations between socioracial groups. But this also conceals it, both through the dominant interpretation, which focuses on behavioral and cultural features, and through the emphasis on strictly medical responses, allied to a disparagement of social solutions. The violence of history is thus intensified by the violence of the denial of this violence—a denial that is all the more successful because many interests come together to demand that attention be diverted from the past in order to address the present more effectively. Both Joseph Mahlangu's narrative and Nono Simelela's discourse testify to this violence and the denial of it. But between the two, there is not just the gap between the poor and illiterate farmworker and the medical doctor in a position of responsibility, in other words, the gap between two experiences of the violence of history. There is also the gap between silence and voice. Where Joseph Mahlangu had trouble in articulating the events of his story, Nono Simelela made a speech of protest. The fact that his silence was not interpreted and that her voice was barely audible is not a reason for denying them. Both are responses to a past of violence that remains intensely present, however difficult it might be to have this heard.

What can we learn from the South African experience of AIDS, then? I suggest the following two lines of reflection.

First, public health knowledge often suffers from what François Hartog (2003) calls "presentism," that is, a relationship to history "as if there were only present" that has invaded our sense of temporality. Epidemiological thinking just as health policy making is taken in the immediacy of the occurring of events, the evaluation of risks, the analysis of behaviors, the display of evidences, the solution to problems. When analyzing situations, public health specialists rarely give sufficient space to their historicization. However, the clue often resides in a better comprehension of how the past is inscribed in the present, how history informs contemporary realities.

Second, violence is generally considered, by common sense but also by policy makers, as limited to physical brutality, either in private situations, when one talks of domestic violence, for instance, or in public events, when

one thinks of war or terrorism. We could say that it is restrictively political. What Philippe Bourgois (2003a) writes about drugs and their victims by overdose and by homicide—that the only way to combat these is to fight race and class inequalities—may be applied more generally to many health problems. Their violence is actually social and economical. We should take it into account instead of concentrating on unhealthy conducts, psychological characteristics, and cultural features supposedly specific to categories said to be at risk.

Both lines of reflection—about the historical and economic dimensions of violence—are clearly stated by Paul Farmer (2004a:317): “The distribution of AIDS and tuberculosis—like that of slavery in earlier times—is historically given and economically driven.” But we may take one step more. Part of the problem of violence and health is that both realities—historical and economic—are largely denied in the contemporary world. Memory claims of dominated groups are generally ignored, and social justice seldom appears as a priority on political agendas. Moreover, those who defend these expectations are often disqualified in the public sphere. Relegitimizing this alternative perspective on violence is certainly a major challenge for global health.

Let us return one last time to the South African case. The battle over the AIDS statistics has revealed how deeply the history of violence is inscribed in the epidemic. By one of the ironies of political life, the South African government, not so long ago accused of overestimating the relative weight of violent death in mortality data, is now being attacked by its opponents over the statistics of homicides. A series of debates in 2006 and 2007 focused on insecurity and crime rates that are among the highest in the world. President Thabo Mbeki, who had been repeating that violence, and not AIDS, was the primary cause of death, is now reproached for not having appreciated the extent of the problem. However, let us have no doubt about it: the fact that this everyday violence is deeply etched into the present of South Africa is just another legacy of a troubled past—another expression of the violence of history.

Translated by Rachel Gomme and revised by the author.

