

When Bodies Remember

Experiences and Politics of AIDS in South Africa



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DIDIER FASSIN

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The illustration on the cover is a sketch of a serigraph by Ernest Pignon-Ernest, inspired by the photograph of Hector Petersen's death, a tragic symbol of the Soweto uprising and resistance to apartheid. This work, which evokes the ravages of AIDS, appeared in 2003 on the walls of Soweto and Warwick. The author is deeply grateful to artist for authorizing its reproduction without charge.

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As If Nothing Ever Happened

The past will always be a powerful presence in the present. . . . For those of us who are survivors of the past, it is important that we do not forget.

ZAKES MDA

Preface to John Kani, *Nothing but the Truth*

“WE CANNOT AFFORD TO ALLOW the AIDS epidemic to ruin the realization of our dreams. Existing statistics indicate that we are still at the beginning of this epidemic in our country. Unattended, however, this will result in untold damage and suffering by the end of the century.” At the Maputo AIDS Conference in 1990, Chris Hani, the exiled charismatic leader of Umkhonto weSizwe, the armed wing of the African National Congress (ANC), thus shared his vision of a menaced future.¹ At the time AIDS data for South Africa seemed reassuring. Whereas between 10 and 20 percent of the adult population of central Africa were HIV-positive, annual surveys of major South African cities gave figures below 1 percent. Some specialists wondered how to explain this relative immunity: did the country have an epidemiological profile similar to Western nations, where specific groups, mainly homosexuals and heroin addicts, were the most exposed to infection, rather than to African nations, where heterosexual transmission was threatening the population at large? That year, after four decades of apartheid rule, the thirty-year ban against opposition political parties was lifted and, after ten thousand days in prison, Nelson Mandela left Robben Island. The transition to democracy was under way. It would be completed in 1994 with the first free democratic elections the country had ever known. The “new South Africa” could begin. A few months before, however, Hani, who had been secretary-general of the South African Communist Party (SACP) since 1991,

was assassinated by a “white extremist.” He had continually called for peace and reconciliation, in a period when the issues facing postapartheid South Africa were negotiated in a climate of tension and violence.

Ten years after the Maputo call to mobilize against the scourge of AIDS, as I started my research in South Africa, the country had become the world’s epicenter of the pandemic. According to the international agency UNAIDS, in 2000 there were an estimated 36 million HIV-infected persons throughout the world; 25 million of them were on the African continent, the vast majority in sub-Saharan Africa. In the Republic of South Africa alone there were 4.5 million cases, for a total of 43 million persons. In other words, more than one infected person in ten worldwide was a South African, and more than one South African in ten was infected. A Department of Health survey conducted the same year found a nationwide rate of seroprevalence among pregnant women of 24.5 percent. The figure was as high as 36.2 percent for the province of KwaZulu Natal, whose capital is Durban, and 29.4 percent for the province of Gauteng, which encompasses Johannesburg. Ten years earlier the figure had been 0.7 percent. The effects were already showing in mortality rates. A Medical Research Council study found as many deaths from natural causes among persons ages 30 to 40 as in the 60 to 70 age group: instead of the usual regular increase of mortality from childhood on, the graphs were showing unprecedented plateaus. The proportion of deaths due to AIDS was estimated at 20 percent for all adults and 40 percent for persons ages 15 to 49. Projections from the data gave even greater cause for alarm: between 1990 and 2010 life expectancy at birth could decline from sixty to forty years.² Most of this dramatic evolution affected the so-called African populations. Five years later the situation has worsened: almost 6 million persons are estimated to be HIV-positive, the rate of infected women in the annual antenatal survey reaching 27.9 percent. But let us go back to the year 2000.

At Baragwanath Hospital in Soweto, the largest hospital on the African continent, which was recently renamed after Chris Hani, HIV infection had for so long been part of the daily work and life of all medical and paramedical staff that it was no longer categorized as a specific pathology, which would justify placing patients in the infectious disease ward. In gastroenterology and pneumology, in obstetrics and pediatrics, a majority of patients were HIV-positive. The infection had become one ordinary feature of the pathological profile, regardless of what service patients were in.

Moreover, barring complications, persons living with AIDS were rarely hospitalized, because other than through clinical trials no antiretroviral drugs were available for them. Very few persons with AIDS were admitted to the few charity hospices in the township to live out their last days. Most would die at home, with at best a few visits from a volunteer from a neighborhood humanitarian association. Medicine could do nothing for these people. When their families brought them to the emergency room in the terminal stage of the disease, they were usually sent back home. Ambulance companies were increasingly unwilling to transport these undesirable patients.

In one decade the prediction announced in Maputo had thus been realized. The dream of a democratic renaissance had become the nightmare of a catastrophe foretold. Delivered from the violence of apartheid, South African society had fallen prey to the disaster of AIDS. Commentators have noted the simultaneity of these facts, and it has become commonplace to say that the fight against the disease is the new battle that must be waged now that apartheid has been vanquished. Many people assert that one tragedy has been overcome only for another to take its place. On the heels of political terror has come biological horror. The same collective strength and resources must thus be mobilized in this new struggle. And, indeed, some of the actors of yesterday's struggle against apartheid are today fighting on the new front. But are the two realities as separate from each other as is often suggested, or are they irremediably entangled? Do they tell two different stories or the same one? To ask a symmetrical question, is it necessary to think of apartheid and AIDS as comparable phenomena with similar dynamics? Looked at somewhat differently, do they pertain to two sets of politics or to one?

Among the many posters designed by the Treatment Action Campaign in its mobilization for access to antiretroviral drugs, one, cosigned by the Congress of South African Trade Unions (COSATU), has been especially successful. On it two photos are juxtaposed. The first is titled "15 June 1976. Hector Petersen. Age 13." A teenager in tears with a little girl at his side bears the body of a boy gunned down by the police. It is the most famous and dramatic scene from the Soweto uprising. The second photo, titled "1 June 2001. Nkosi Johnson. Age 12," shows a familiar face. Everyone in South Africa recognizes the sick boy who spoke at the opening of the Thirteenth International AIDS Conference in Durban to ask the South African president to make antiretroviral drugs available to all. Nkosi Johnson died a few months later. Yesterday's martyr with today's victim. Both images represent

symbols of the past and present struggles. Apartheid not long ago and AIDS from now on. It was undeniably effective to bring the two together just after commemorating the twenty-fifth anniversary of the Soweto uprising, which itself marked the renewal of the fight against the old regime. But what truth was the poster affirming? That the life of a child is as valuable as any other life and that all political causes that attempt to save one child are of equal worth? Compassion, especially when it is directed toward children, has undeniable efficacy in swaying public opinion. Most campaigns for drug availability have been based on this “moral sentiment,” as Adam Smith (1976) would have said.

However, there are other truths, as emotional as this one but less consensual. In South Africa AIDS is not just an epidemic that people fight. It is also an epidemic about which people fight each other. It is not only a matter of policy in the way we speak of health policies targeting prevention, treatment, and patient assistance. In the sense that it often sets actors and theories virulently at odds, and may well partake of the very definition of politics, it is also a political issue. As many observers have noted,³ only a few years after the advent of democracy in South Africa, AIDS has become the main political question, not so much because of its incredibly rapid spread or even its incalculable human and economic costs, as for the violent way it confronts the frailty of political power and rends people’s lives and relations.

Michael Walzer (1983), searching for the foundation of a just society, proposed as a criterion “the shared understanding of social goods,” in other words, agreement on what is good for all and each. History and memory are such social goods, as they represent the relationship with time through which identities and differences are built. In South Africa such shared understanding—what may be called, more simply, history and memory—can hardly be said to exist. This is clear from the work of the Truth and Reconciliation Commission (TRC), which had difficulty getting its hearings published in full, and the tensions surrounding the procedures for compensating victims. Playing on the national reconstruction slogan, “the rainbow nation,” Deborah Posel (2002) calls the contradictory versions of events that emerged in the TRC hearings, which interfered with both the reconstitution of particular stories and the production of a collective history, a “rainbow of truths.” Even the remarkable charisma and consensus-reaching skill of the commission’s president, Archbishop Desmond Tutu, have not been enough. Frustrations have grown in proportion to hopes

placed in the process and dashed by the results, deceived expectations of reparations and too easily obtained amnesties. But more important, perhaps, the hearings have demonstrated publicly the impossibility of restoring one common historical truth, and—however honest and sincere the work of the TRC has been—the very notion of shared memory has had to be abandoned.

The most acclaimed theatrical event of the postapartheid era, *Nothing but the Truth*, tells how a father, his daughter who works as an interpreter for the TRC, and his niece who has just arrived from London are confronted with a series of revelations about the past, especially about the old man's brother who has recently died.⁴ The whole family has lived the myth of the exiled hero, victim of the apartheid regime, but they discover that the father was more of a womanizer than a fighter and that he had to leave the country simply because of a love affair. Beyond the intimate wounds of these lies suddenly unveiled, however, the father suffers from not knowing the truth about his son who was killed by the police years before; no inquiry has been conducted, and the perpetrator remains free. This might be the deepest truth the TRC brought to light: on the one hand, where the present is constructed in pain and discord, there can be no unique truth about the past; on the other hand, if justice is not done, no reconciliation will be possible. Truth and justice, however relative and fragile they might be, are deeply linked.

This is attested by the social history of AIDS, whether we consider the intense controversy sparked by the South African president's declarations on the etiology of the disease and the effects of antiretroviral drugs or the deep inequalities in the distribution of the disease and access to drug treatment. On one side, opinions on Mbeki's declarations are divided along the wounds that remain in memory. Prejudices resurface; mistrust is reborn. On the other side, regarding the objective facts about who gets AIDS, the disparity reflects the violence of the past. Social differentiations are perpetuated; racial tensions sharpen. In opening this book with an analysis of the controversy surrounding the president's declarations on the virus and the autobiography of a woman dying of the disease, in working to hold together simultaneously the macro- and micro-political histories of AIDS—an approach resisted strongly in South Africa, where the first elicits condemnation and the second compassion—I hope to shed light on what I believe is in fact one reality—that through which bodies remember.

THE CONTROVERSY

*many rains later
media reports have confined the leader
to the oblivion of a secluded farm—however
now & then an outburst splutters on the front page
a croaking yell from an obstinate past
the old vulture will not be forgotten
already
fresh broods of misanthropes are on the rise
as everywhere the blood testifies.*

SEITHLAMO MOTSAPI

“The Leader Reclines”

I first learned of what would become the largest political and scientific controversy in the history of AIDS in early April 2000. In an interview I was conducting on AIDS policies, an international official from a West African country whom I had known for some time opened his desk drawer and took out a fax, indicating its contents should not to be divulged publicly.⁵ He told me it was a copy of a confidential letter President Mbeki had sent to several “world leaders,” among them U.S. President Bill Clinton, British Prime Minister Tony Blair, and UN Secretary-General Kofi Annan, to explain his recently stated policy on AIDS. It referred to the meeting of South African and international experts that Mbeki had convened to assess knowledge on the epidemic and the means to fight against it. The Presidential Panel, as it was called, included famous scientists involved in the discovery of the virus and clinical trials on the infection but also researchers known for their dissenting view of its causes (they consider the virus an “innocent passenger” of the disease) and treatments (they claimed antiretroviral drugs were responsible for the death of most patients). In his letter Mbeki expressed his indignation at the negative reactions his initiative had provoked in the world scientific community. His intention, he wrote, was simply to understand the specificities of the African epidemic and choose solutions adapted to that context rather than merely reproduce interpretations and remedies used in Western countries, where propagation characteristics were clearly different. Obviously, the missive I had in my hands was a potentially dangerous document that I decided to safeguard. I could not have imagined that it would cause the first global controversy over AIDS.

A Contemporary Apostasy

President Mbeki's "letter to world leaders" did not remain a secret for long. On April 19, just days after I received a copy, the *Washington Post* published long excerpts of the letter, along with a lengthy commentary on its contents and the "emotional controversy" it had sparked. The South African president, the article explained, was challenging the orthodox view of the etiology of the infection and the efficacy of its treatment. Although the letter neither explicitly proposed an alternative interpretation nor openly questioned the link between HIV and AIDS, it gave credit to heterodox scientists and thus put his country in a crisis of confidence. Surprisingly, in referring to the "scientists who dispute the prevailing views in the West on the causes and treatment of the disease," the editorial writer, Barton Gellman, seemed to suggest the relevance of Thabo Mbeki's analysis, as if the theories generally accepted by researchers referred to a specifically Western position—as if scientific truth was less dependent on universal criteria than on geopolitical considerations.

The controversy grew over the next few weeks. Indignant reactions multiplied, leading an editorial writer for the celebrated British medical journal the *Lancet* to question whether it made sense for specialists the world over to attend the Thirteenth International AIDS Conference in Durban—the first time since the epidemic had begun that the conference was to be held in an African city. A large number of researchers, physicians, and activists feared that their presence would lend legitimacy to the dissidents' theses. But the scientific gathering ultimately took place. As Mbeki began his opening remarks, half the audience stood up and walked out in a spectacular expression of collective disapproval. In the weeks leading up to the conference the president had clearly manifested his skill at provocation.

In Pretoria on May 6 and 7 and later in Johannesburg on July 3 and 4, less than a week before the Durban conference, Mbeki had called meetings of his Presidential Panel. Sixty-three experts had been invited to evaluate knowledge on AIDS. Fifty-two actually participated in the working sessions, including some of the most important experts in the world. Of the two presumed discoverers of the virus, Luc Montagnier attended and Robert Gallo did not. There were institutional officials, such as Awa Marie Coll-Seck, a director of the UNAIDS program; Helen Gayle, director of the Centers for Disease Control in Atlanta; and Clifford Lane, director of the National Institutes of Health in Washington, D.C. There were South African specialists in various disciplines, including the immunologist Male-

gapuru William Magkoba, president of the Medical Research Council; the pediatrician Jerry Coovadia, president of the Durban conference Scientific Committee; the gynecologist James McIntyre; the infectious disease specialist Salim Abdool-Karim; and the economist Allen Whiteside. And there were the dissidents, more or less well known, to whom the panel gave an un hoped-for forum for disseminating their views and, perhaps more important, an opportunity to strengthen their network. Among this group were the Americans Peter Duesberg, David Rasnick, and Charles Geschekter; the Canadian Etienne de Harven; the Colombian Roberto Giraldo; the Austrian Christian Fiala; the Australian Elena Papadopoulos-Eleopoulos; and the South African Sam Mhlongo. The jurist Stephen Owen served as “facilitator.” It had been understandably hard for representatives of legitimate science to decide if it was preferable to be on the panel or to abstain, to participate so as to defend their ideas at the risk of paradoxically seeming to support their opponents or not to take part and thereby avoid being compromised but leave the door open to heresy. Ultimately, the orthodox were more numerous than the heterodox on the panel, but on each of the select themes, there was supposed to be an equilibrium of viewpoints. President Mbeki opened the first working session with these words:

I am going to read a few lines from a poem by an Irish poet, Patrick Pearce. It will indicate some of what has been going through my mind over the last few months. The poem is titled “The Fool,” and it says:

“Since the wise men have not spoken, I speak but I’m only a fool;
A fool that hath loved his folly,
Yea, more than the wise men their books or their counting houses or
their quiet homes,
Or their fame in men’s mouths;
A fool that in all his days hath never done a prudent thing . . .
I have squandered the splendid years that the Lord God gave to my
youth
In attempting impossible things, deeming them alone worth the toil.
Was it folly or grace?”

I have asked myself that question many times over the last few months: whether the matters that were raised were as a result of folly or grace.

You will remember the letter we sent inviting you to this meeting. It included a quotation from a report by WHO on the global situation of the HIV/AIDS pandemic. It said that of the 5.6 million people infected with HIV in 1999, 3.8 million lived in sub-Saharan Africa, the hardest hit re-

gion. There were an estimated 2.2 million HIV/AIDS deaths in the region during 1999, being 85% of the global total, even though only one-tenth of the world population lives in sub-Saharan Africa. . . . It was because it seemed that the problem was so big, if these reports were correct, that I personally wanted to understand this matter better. Now, as I've said, I'm only a fool and I faced this difficult problem of reading all of these complicated things that you scientists write about, in this language I don't understand. So I ploughed through lots and lots of documentation, with dictionaries all around me in case there were words that seemed difficult to understand. I would phone the Minister of Health and say, "Minister, what does this word mean?" And she would explain. I am somewhat embarrassed to say that I discovered that there had been a controversy around these matters for quite some time. I honestly didn't know. . . .

According to these reports, clearly something changed here. In a period of maybe five, six, seven years after 1985, when it was said that such transmission in this region was not endemic in Southern Africa, there were high rates of heterosexual transmission. Now, as I was saying, being a fool, I couldn't answer this question about what happened between 1985 and the early 1990s. The situation has not changed in the United States up to today, nor in Western Europe with regard to homosexual transmission. But here it changed radically in a short period of time and increased radically in a short period of time. Why? This is not an idle question for us because it bears very directly on this question: How should we respond? . . . And so you see why I've been thinking over this matter over the last few months that perhaps I should have allowed the wise men to speak. Indeed when eminent scientists say: "You have spoken out of time," it was difficult not to think that one was indeed a fool. But I'm no longer so sure about that, given that so many eminent people responded to the invitation of a fool to come to this important meeting. Welcome and best wishes. Thank you very much.

As Thabo Mbeki's biographers, Adrian Hadland and Jovial Rantao (1999: xvi), have noted, "While many senior politicians both in South Africa and abroad charge staffers to write their speeches, Mbeki generally does them himself." He writes with particular care over long hours, perhaps as much from a literary taste for rhetoric of which he plays with virtuosity as a concern for the trace of himself he will leave to posterity. Identifying oneself as and with a fool when one is chief of state is a move not devoid of irony, and this fool was clearly there to speak the truth to all "wise men."⁶ At the height of the controversy journalists and politicians did indeed call Mbeki's mental health into question, first expressing their astonishment at his "non-

sense” and “irrationality,” then more openly wondering about his “paranoia,” finding him “depressed” or even “off the rocket,” to the extent that Sonti Maseko, editorial writer for the *City Press* newspaper, felt compelled to title her piece of October 8, 2000, “President Mbeki Is Not Mad.” It is characteristic of political life in South Africa for debate to become personalized, and obviously the South African president helped the process along by taking a controversial personal stance on this sensitive issue and persistently using the first person. This psychopathological approach sheds little light on the polemics surrounding AIDS, and it is another line of interpretation that I have tried to explore.

The Fool's Truth

I long abstained from speaking out on the Mbeki issue in South African academic circles, though the politics of AIDS was the focus of my research. The controversy was too delicate a matter, I thought, and everyone was already quite familiar with its substance. A Western anthropologist might say nothing relevant or innovative. It seemed preferable to leave the speaking to my South African colleagues, who had direct knowledge of and experience with the situation. Moreover, if one did not immediately denounce Thabo Mbeki's ideas in a scandalized or ironic tone, one was in danger of being cast as a dissident. But I changed my mind about keeping silent in April 2001 during the AIDS in Context conference, organized as part of the History Workshop at the University of Witwatersrand in Johannesburg.⁷ There I was struck by the fact that whereas the conflict of opinions was getting the majority of political and media attention, it was mentioned in only two of the conference's eighty-seven papers, neither of which was presented by a social scientist. However, as soon as participants left the sessions for a break or a meal, all they spoke about was what the president had said or not said, either expressing how appalled they were at his erring ways or scoffing at his incompetence. What was a taboo subject in the scientific inner sanctum was thus a commonplace of informal conversation and discussion among those same scientists.

There were, it seemed to me, two reasons that the researchers were silent on the controversy in their talks. First, faced with such a grave issue, they could only take sides, as many of them had previously done under apartheid. The issue was a matter for urgent activist “involvement,” not analytic “detachment,” to use Norbert Elias's (1956) words. In a sense action was a necessity and science was somewhat out of place. Second, they surely perceived the intellectual and political risks involved in interpreting disputes

that exacerbated unhealed wounds from the recent past. On this point, and though they had been rejected by all involved, the old racial oppositions resurfaced, and every time the polemic was evoked, in groups of specialists or gatherings of friends, affiliations were revealed that followed the vehemently condemned and yet very present and relevant “color line” (Du Bois [1903] 1994). In most situations the white researchers were extremely critical of Mbeki—or showed contemptuous irony—whereas their black colleagues defended him—or expressed irritation at the attacks against him. For my part, these two observations convinced me that the “affair”⁸ deserved to be taken seriously and that it would no doubt provide keys to a better understanding of contemporary South African society.

Let me use a metaphorical circumlocution. In a preamble to a discussion of “historical consciousness,” John Comaroff and Jean Comaroff (1992: 41) make this surprising revelation: “Paradoxically, it is a fool who taught us the most on consciousness in rural South Africa.” The story they relate takes place in a psychiatric hospital in Tswana country. The protagonist is a mental patient. His eccentric outfit, in which references to the mine (boots and leggings) are mixed with references to religion (cape and miter), includes a shining sash across his chest with the letters “SAR” embroidered on it. What the white doctors saw as just another extravagant touch the black nurses and patients recognized as having meaning and power. Comaroff and Comaroff continue, “SAR was his church and he was its only incarnation. The letters corresponded to South African Railways. In fact, just as we were meeting him, the night train for Johannesburg passed by noisily taking its everyday load of migrant workers.” The message on his clothes was understandable to all. The railroad stood as “a tangible link between rural and urban life” and the figure of the proletarian migrants who boarded it evoked the essential distinction between “work for oneself” and “labor for the white man,” the freedom of the first and the exploitation of the second. Therein lie the seeds of historical consciousness, the authors affirm. I would venture a similar parallel. It was a man who some say is “mad” and who occasionally presents himself as the poet’s “fool” who taught me most about the unconscious issues of postapartheid South Africa.

The lesson may have been missed by many of those who criticized and often caricatured the stance of Thabo Mbeki and his supporters, some because they were engaged in the battle against AIDS and saw only too clearly the human cost of the government and public administration’s blatant inaction, others because they were cynically rejoicing in the first faux pas of a government they had never wanted or had quickly distanced themselves

from. But thinking that the president's argument deserves attention does not mean that one wants to discredit the activists' cause or has compromised oneself by conceding to the dissidents. It is not my purpose to determine whether Thabo Mbeki did or did not say that "the virus is not the cause of AIDS," to which the South African press devoted considerable energy for over a year, but rather to try to grasp what was behind "Mbeki's crusade," as a writer for the *Weekly Mail and Guardian* titled his piece in the March 31, 2000, issue. The writer concludes that he sees no "apparent reason" for the stir raised by the president's views. But there were many reasons. The question is thus, how can the anthropologist account for them with the necessary detachment required of the discipline and without renouncing the inevitable involvement that arises from an event in which people suffer and die?

Writing on the aftermath of the September 11, 2001, attacks and their consequences for the social sciences, Hugh Gusterson (2003: 25) comments: "In such a situation where the world is polarized, what is the responsibility of the international fraternity of anthropologists? Surely the humane tradition of our discipline at its best is one not of plunging into conflicts but of seeking to recast and mediate them, to humanize and understand the other rather than taking for granted the terms in which it is vilified." He cites Faye Ginsburg interpreting the positions of the two sides in the violent abortion debate in the United States and Renato Rosaldo deciphering the meaning of headhunter practices in the Philippines. This is what Lila Abu-Lughod (2002: 789), referring to a similar international polarization on the status of women in Muslim countries, calls "respect for difference," which, she explains, has nothing to do with "cultural relativism." She rejects the idea of making male domination tolerable and even acceptable on the grounds of incommensurable values and calls instead for a scientific position that includes the acknowledgment that "we do not stand outside the world, looking out over this sea of poor benighted people." Whether we like it or not, we are part of this world, including when we deal with a radically different Other whose positions we do not support but whose history is nonetheless inextricably linked to our own. The public sphere of AIDS in South Africa, a different historical context but related to the international tensions these authors speak of, proves similarly polarized. Tensions are so sharp between adherents of scientific orthodoxy and supporters of the government theses that over the past few years there has been no room for doing the work usually expected from social scientists: presenting and an-

alyzing discourses, positions, and facts. It is along this uncomfortable dividing line that I propose to proceed.

The only justification I can invoke for doing so is anthropological. First, contrary to what is suggested by the way the debate has been personalized around the figures of South Africa's President Thabo Mbeki and, to a lesser degree, former Vice President Jacob Zuma and two successive health ministers, Nkosazana Zuma and Manto Tshabalala-Msimang, politicians have not been the only ones to contest the authority of biomedical discourse, nor are they the only ones to express thereby their distrust of Western hegemony. That the government's statements on this matter have had great resonance in South African society is not, contrary to what has often been said, because they turned highly malleable public opinion away from the truth but because there were favorable conditions for accepting their assertions. These conditions, which are historical, deserve closer attention. Second, the very way in which the debate developed, that is, outside the usual rules for public discussion, with invective and censure, reciprocal disqualification and anathema, reveals that what is at stake exceeds technical questions and scientific facts, though this is what was emphasized throughout the debate. Very quickly the arguments exchanged and accusations made came to involve some of the most sensitive issues in the contemporary world: race and racism, genocide and denialism. The South African experience of these issues is singularly painful. Here again these realities, shaped by history and reconstructed through memory, cry out for analysis. I believe that taking seriously the entire set of actors and arguments in the AIDS crisis and trying to understand and make intelligible all positions constitute the only anthropologically sound approach, and the only one by means of which the researcher may be useful to the citizen.

The President's Theses

Going back to the controversy itself, what did Thabo Mbeki say? The two texts mentioned—his “letter to world leaders” of April 3, 2000, and his opening speech at the Durban conference on July 9, 2000—present his argument quite clearly.⁹ In the first he justifies his position to his peers without clearly stating it; in the second he expresses his conviction more directly to the world at large.

The letter begins by recalling the actions undertaken by his government in the preceding six years to fight AIDS, attesting to a real commitment to combating the disease. However, Mbeki writes, the African epidemic does

not at all resemble the one in Western countries: the disease is transmitted above all through heterosexual relations and spreads much more quickly; and whereas the situation seems to have stabilized elsewhere, in Africa it continues to worsen dramatically. Does not this indicate that “specific and targeted responses” should be devised for Africa rather than “a simple superimposition of Western experience on African reality”? This, he explains, is what he had in mind when he invited international experts to assess existing knowledge of AIDS. He wants to adapt AIDS policy to African realities rather than accept “the comfort of the recitation of a catechism.” And it is why he felt so indignant at hearing his initiative characterized as “a criminal abandonment of the fight against HIV/AIDS” by his opponents: “Not so long ago, in our country, people were killed, tortured, imprisoned and prohibited from being quoted in private and in public because the established authority believed that their views were dangerous and discredited. We are now being asked to do precisely the same thing that the racist apartheid tyranny we opposed did, because, it is said, there exists a scientific view that is supported by the majority, against which dissent is prohibited.” And he concludes: “It may be that these comments are extravagant. If they are, it is because in the very recent past, we had to fix our own eyes on the very face of tyranny.” A French diplomat remarked to me ironically, in reference to the letter, that Mbeki had known nothing of apartheid personally because he had spent a good part of his life in Britain, sheltered from the violence of the regime. Thus disqualifying his exile as golden is as historically unjust as it is uselessly disparaging.¹⁰ That there are diverse experiences of apartheid is obvious—even more for people who have lived directly under this regime, as recent historical studies and also the hearings of the Truth and Reconciliation Commission have started to reveal, sometimes painfully. But in referring to apartheid in his letter, President Mbeki was not merely being rhetorical about memory; he was referring to a history that speaks to many citizens.

The July 9 speech reveals in greater detail the theory on AIDS that the president had been developing gradually. This time he begins by referring to the apartheid past, calling conference participants to witness: “I am certain that there are many among you who joined in the international struggle for the destruction of the antihuman apartheid system. You are therefore the midwives of the new, democratic, nonracial, nonsexist South Africa as are the millions of our people who fought for the emancipation of all humanity from the racist yoke of the apartheid crime against hu-

manity.” He then presents his thesis in a narrative form legitimized by drawing on official international sources: “Let me tell you a story that the World Health Organization told the world in 1995.” The account is tragically prosaic: “This is the story. The world’s biggest killer and greatest cause of ill health and suffering across the globe is listed almost at the end of the International Classification of Diseases. It is given the code Z59.5—extreme poverty.” Citing numerous epidemiological statistics, he recalls the differences in life expectancy worldwide and the proliferation of infectious diseases caused by malnutrition in poor countries: “As I listened to this tale of human woe, I heard the name recur with frightening frequency: Africa, Africa, Africa!” AIDS is thus the latest avatar of the scourge that lashes the continent, its ultimate product: “One of the consequences of this crisis is the deeply disturbing phenomenon of the collapse of immune systems among millions of our people, such that their bodies have no natural defense against attack by many viruses and bacteria.” Then comes the conclusion, which would cause the scandal: “As I listened and heard the whole story told about our country, it seemed to me that we could not blame everything on a single virus.” Once again justifying the convening of the Presidential Panel by the “desperate and pressing need to wage a war on all fronts,” he ends by enumerating his government’s actions for simultaneously combating the disease and poverty. Few heard his final words, as by then the auditorium was half empty, many attendees having left in disapproval. Nelson Mandela’s closing remarks, three days later, in which he distanced himself from all dissidence, had greater success.

There is no need to engage in a subtle exegesis of Mbeki’s texts or to dissect his utterances on AIDS, as the South African press did: his stance is clearly influenced by dissident theses, in particular those that reject the virus’s role and invoke instead chronic malnutrition and multiple infections. Under these circumstances the analyst that I propose to be has two possibilities. Either he can dismiss the president’s thinking as irrational querying of the viral etiology of AIDS, in which case the terms of the debate become radicalized but simple, or he can try to grasp the particular rationality of Mbeki’s thinking, suggesting a sociological interpretation of the epidemic, in which case one seeks a kind of third way, a means of making biological and social theories compatible, as was done more than a century ago for tuberculosis.¹¹ The first option seems to have been chosen by most actors in South Africa, as demonstrated by the entrenched warfare between Mbeki sympathizers and opponents in the media and in political and scientific circles. The second way is possible, however, and would not involve

pleading moral relativism or renouncing scientific truth but would rather imply a different reading of history and a different conception of politics.

The social sciences have certainly lost out by keeping their distance from these arenas, in South Africa and elsewhere.¹² If, as Marilyn Strathern (2000) affirms, the time has come for “new accountabilities” in public action, this should apply first to those who claim to pronounce truths about societies. Ethics, she remarks, is “a social actor frequently enrolled to justify auditing practices, yet as frequently seen as betrayed by or in resistance to them” (1). In the context of South Africa, as in many others, ethics has readily been invoked to simplify the terms of the debate and, ultimately, to preclude thinking. The president’s questioning of scientifically established facts, along with his repeated refusal to make antiretroviral drugs available, has been rightly criticized. But little concern has been shown by South African actors about the fact that biomedical theories do not take into account the structural components of the development of the epidemic or the realities of the majority of the population’s daily lives, which are of crucial importance for grasping the gravity of the disease and its spread.

As Shula Marks (2002: 17), whose work on the history of public health and the medical profession in South Africa sheds light on present health issues, suggests, “The speed of its expansion is because, in many ways, HIV/AIDS was a pandemic waiting to happen.” She recalls that the social context at the end of apartheid created particularly propitious conditions for widespread infection, in that it multiplied “high risk situations” (Zwi and Cabral 1991), namely, poverty, urbanization, work-related migration, forced population displacements, intensifying civil war, and dislocation of social structures. As Paul Farmer (1999: 9) observes, “It is unfortunate that these topics have been neglected in the social science and clinical literature on AIDS.” The role of the political economy in South Africa’s epidemic remains to be analyzed. If there had been more active opposition to the resolutely behaviorist and strictly medical approaches to the disease so dominant in international public health circles during the first two decades of AIDS, this might have opened a space for critical thinking of the sort Mbeki expressed without engaging him in a dialogue in which his only interlocutors were dissidents. Of course, this is only an optimistic hypothesis, but it should certainly be considered. In any case, it engages researchers’ responsibility.

That the controversy sparked by the president’s letter and speech reveals an insufficiently acknowledged kernel of truth is only one reason for the present study, however. The other is what their reception reveals. Just as in

their study of scientific disputes sociologists of scientific knowledge realized they had to take into account both the content of conflicting theories and the agents' social positions, as Andrew Pickering (1992) recalls, so anthropologists of political crises have to grasp both the substance of arguments used and the configuration of social space thus created. In other words, they must produce an external and internal analysis. The public conflict that so profoundly divided not just elites but the whole of South African society is crucial for what it shows not only of the past that made possible the present realities of the epidemic but also of the present, in which it is proving so difficult to give the past its rightful place. In this respect AIDS in South Africa at the beginning of the twenty-first century is similar to cholera in the nineteenth-century British Empire as studied by David Arnold (1993). It reveals often invisible or obscured realities of the social world, prejudices, tensions, and power relations that already existed but were not perceived at the time. And these realities, to which I have dedicated most of this research, is unquestionably political.

What is a just society? A society that remembers, replies Thabo Mbeki. That answer contains a deep truth that many of his supporters are grateful to him for uttering and that the anthropologist is called on to understand. But it also eludes two other truths. The first is that democracy presupposes confrontation among truths; memory has to be fought for, and indeed, there can be no official version of memory in a democracy. The second is that governing implies having effects on people's lives; the consequence of errors can be devastating. It is these truths, even more violent, that make up the substance of Puleng's story.

A LIFE

They want me to open my heart and tell the story of a life lived in cages. They want to hear about all the cages I have lived in, as if I were a budgie or a white mouse or a monkey. And if I had learned story-telling instead of potato-peeling and sums, if they had made me practice the story of my life everyday, standing over me with a cane till I could perform without stumbling, I might have known how to please them.

J. M. COETZEE

Life and Times of Michael K.

I first met Puleng in April 2002. She was living in the township of Alexandra, in the heart of Johannesburg. The township is the oldest trace of racial

segregation in the city, dating back to long before the practice was legally instituted. Puleng lived in a cellar dug out beneath a shack made of wood and sheet metal, reached through narrow, winding alleys lined with houses and crisscrossed with laundry lines. At the bottom of a few stairs you entered a three-square-meter room that served as a kitchen and opened onto a bedroom. In the bedroom, devoid of natural light, stood only one real piece of furniture, the big bed she shared with her daughter and to which she was now nearly confined. That day, however, she had insisted on getting up for a few minutes to boil water and prepare tea. She had learned from the young volunteer worker who visited her several times a week that foreign researchers were studying AIDS in the neighborhood, and she had expressed the desire to speak to them about her illness and her life.

A Story So Simple

Puleng was twenty-nine. She must have weighed about thirty-five kilos. The angles of her emaciated body could be discerned under her nightgown; the exposed parts of her skin were covered with the disease's characteristic sores, visible in so many African patients. Her face, whose features appeared once to have been delicate and regular, was swollen with edema, especially around the eyelids, as in children suffering from kwashiorkor; she could barely open her eyes. She lay on the bed holding her face in her hands as she spoke to us.¹³ She did not wait for our questions. No sooner had we sat down facing her than in a weak voice, barely audible because of the music the owners above us were listening to, Puleng began to speak.

My name is Puleng. I was born in Baragwanath Hospital in 1973. I grew up in Soweto until the age of seven. Then I came to Alex in this same house where we are now. And this is where I always lived. When I was a child my father went away and my mother raised us alone. She tried so hard. But she drank too much. When she had taken alcohol, we used to sleep in the streets. I have a sister, she was born in 1976. I had a brother also, he was born in 1978, he was my best friend. He died when he was twenty, he was shot by the police, because he was accused of a car theft.

Then came this disease. They told me about it in 1998. I never drank. I never smoked. I never had time to go to casinos. I only had four boyfriends in my whole life. The first one, when I was still in high school, he left me. The second one, I separated from him. The third one, he was married, I could not stay with him. And then the father of my child, I lived ten years with him. He was good to me. But he cheated me. I discovered he had another girlfriend. And his girlfriend died. I said to him:

“How could you do that to me? You’re killing me now with this disease.” When I told him about the disease, he didn’t want to believe me. And he lied to me. He said to me he had done the test and when I asked the doctor, because we had the same one, he told me it wasn’t true. . . . I’m not willing to have another boyfriend, now. We are living here happy with my child. She’s twelve. She goes to school. I want her to be somebody.

So, you see, this is my life. A life of misery. We’ve been suffering so much. But I was talented. I used to write stories when I was a child. The first one, it was after reading a book on Florence Nightingale. And I liked to write poems. I even got a scholarship to study abroad. But there was a fire in my house and all my documents were burnt. I liked to study. I wanted to be a doctor, because it’s nice to heal people. I was so talented. . . . Now, my life is sinking. But I’m very strong, very very strong. And I’ll live until God decides I should pass away. I’d like to do many things. I told my family: “On my funeral day, I don’t want you to prepare a meal.” Because people act like at a party. It costs a lot of money. But what’s the use, if I’m dead. It’s only to put them in debt. No, I just want them to bury me. . . . But I don’t think of that all the time. I thank God to have brought me in this world.

Puleng fell silent. In shadow hardly dispelled by the lightbulb, she laid her head on the pillow. She had recounted her story in one breath. We had not spoken. Later we would ask her a few questions, requesting details on certain aspects of her biography, trying to grasp what it was to live with an incurable disease that incurs social exclusion. She would relate the circumstances in which her brother was killed, she would tell us about her neighbors’ rejection of her, she would criticize the government’s health policy. And she would assure us too, with a sad smile, that at one time she had been “very pretty.” For now, there is just the silence of the room, interrupted by the sounds coming from outside.

I have long wondered about the urgent need Puleng seemed to feel to narrate the story of her existence to us, why she confided in researchers she did not know, merely on the basis of what the volunteer worker had told her, why she gave such tight, definitive shape to her life, as if she were bearing the story inside her waiting to deliver herself of it. I have wondered too what I should do with this testimony collected on the threshold of death. What the terms of this exchange were in which I received her last, tragic gift of self. And what the trace of the life she transmitted to me, a life she knew was ending, meant.

Puleng died three months after we met. She had never received anti-

retroviral drugs, available then only through private pharmaceutical channels at prices utterly beyond reach of the vast majority of sick persons. She had just received approval for a disability grant, but the weeks spent going through the administrative procedures to obtain it meant that the first payment arrived just in time to pay her burial expenses. She left us the small school notebook I had brought her after she had expressed her desire to start writing again. She had only had time to write two pages, in which she basically retold the story she had related orally, concluding thus: "This is all I can share with you about my life. Thank you, all of you who make time to come and see me."

The Gift of the Self

Reflecting on the difficulty of representing violence in anthropology, Valentine Daniel ([1996] 2000: 334–335) recalls the circumstances that led him to focus on a question that he had not initially chosen to work on: "More than ten years have gone by since the responsibility of writing an anthropology of violence pierced, like a shriek in the dark, my world of other preoccupations." He was working then on Tamil culture in Sri Lanka: "I distinctly remember the moment of my commission. A daughter who had witnessed her father's murdered body being dragged away by the army Jeep to which it was tied said at one point in her interview with me: 'You're a man who has seen the world, please take this story and tell the world of what they did to my father, how they treated him.'" What the anthropologist should do seemed very clear: his mediation would make known what had been unknown until then. Through him, a truth might be told that would otherwise disappear forever. He was to carry the message to "a world where the difference between good and evil still holds, but also a world that needs to be told and must not be allowed to forget." The anthropologist's testimony thus answers for both a debt to the distant others and a moral obligation with regard to his own community.

But suddenly this obvious imperative is shaken: "At another point, in the same interview, she pleaded: 'Please don't tell anyone else this story. My father is such a dignified man. He never comes to dinner without bathing and without wearing a clean white shirt. I don't want anyone to remember him the way I see him, with his clothes torn off his body.'" To follow the new injunction, the anthropologist must then remain silent, preserve the person of the speaker and her anonymity, choose the right to confidentiality over the advent of truth. He becomes a silent witness of suffering that is ethically, if not practically, unspeakable. Or rather, the duty that falls to him is

to choose “not only what story to tell and what not to tell, but how to and how not to tell a story.” Clearly, this task cannot be articulated in simple prescriptive terms but, finally, seems more a matter of the researcher’s inner conviction.

The position is itself potentially dangerous because like the doctor and the judge, who are “moral entrepreneurs” (Becker 1963), the anthropologist assumes the extraordinary right of deciding for the Other, and the only source of rules is, clearly enough in this example, what his “conscience” tells him. This is most likely to be the only tenable norm for the critical moment when confidences are offered,¹⁴ when, troubling the serene confidence of scientific objectification and laying the foundation of necessarily problematic intersubjectivity, the respondent makes the interviewer the gift of her life, at least that part of it over which she still has control, what can and should be said of it. A critical moment, in that it reveals a truth about ethnography, its combined fragility and strength, the rationality on which it is based and the feelings that are mobilized, the insurmountable ambivalence that Michel Naepels (1998) calls the “ethnographic situation.” Sympathy for or antipathy to one’s interlocutor, adherence to or rejection of his or her ideas, implicit or explicit biases for or against persons or causes—all contribute to the social science discourse developed. A critical moment also because the researcher can no longer lay claim to “ethnographic authority,” which James Clifford (1988) has shown means closing out knowledge of the Other, but must now rethink his scientific activity in terms of what could be called anthropological accountability. The statements one produces commit oneself not only with regard to one’s peers but also with regard to those who agree to confide, and beyond them to the society one claims to interpret. The moment of my encounter with Puleng crystallized these questions, which for me are political as well as ethical.

In reproducing Puleng’s narrative under her name and signature, thus breaking with the professional practice of anonymity that I followed in my earlier works and to which I return below, I hope not to have betrayed her intentions. It seems to me, given her choice of listeners, her willingness to be recorded, her transmission of a written text reiterating the oral version, her insistence on sharing her life story with others, that Puleng wanted to testify in the first person, to address her words directly to a world she did not know (and would have loved to travel to and discover, she told us). There is perhaps something remarkable, even suspicious, in the unlikely convergence of an anthropologist’s interests, always on the lookout for stories, and the informant’s interests, her longing to tell of herself—neither of

them much concerned with the “biographical illusion” that Pierre Bourdieu (1986) criticized for diverting attention from the social processes underlying individual itineraries; both of them participating in the construction of contemporary societies’ “culture of biographical revelation,” wherein Paul Atkinson and David Silverman (1997) rightly discern the influence of the social sciences themselves.¹⁵ No doubt anthropologists should keep in mind that “iconic figures” of misfortune have emotional rather than demonstrative value, that they illustrate their theses rather than prove them, as Leslie Butt (2002) points out for a series of recent studies in which vignettes of “the suffering other” are given as self-sufficient. Conversely, on the informants’ side, they should analyze more in depth the meaning and implications of what Achille Mbembe (2002) affirms to be one of the dominant traits of African identity, a propensity to describe the self as victim.

Indeed, Puleng’s act of narrating her life takes its source in a long history,¹⁶ that of a subject speaking of self to others, or, in Foucault’s terms, subjectification through “care of the self” as a specific way of being in the world. With AIDS, however, what Aloïs Hahn (1986) describes as “self-thematization,” actualized in “confession rituals” and inscribed within a “process of civilization,” has become a politics in the construction of which North American and European AIDS activists have played a decisive role, first in their own national spaces, then beyond their borders, in particular in Africa to which they have actively exported their models. The aim of this politics is threefold: to combat denial of the disease through sick persons’ narratives and accounts; to fight against stigmatization by making it clear for all to see that large numbers of people are having similar experiences; and to hold the finality of death a bit at bay by reconstituting life stories. The South African health department created a traveling exhibition of thirty-two biographies pasted on boards, each accompanied by the person’s photograph, a humanist and didactic illustration of the diverse origins and trajectories of people living with AIDS.¹⁷ Meanwhile, at the instigation of charity and religious organizations, a practice has developed in the townships of making “memory boxes”, either by the sick persons themselves or by families and friends after their deaths, assembling personal effects and autobiographical recordings, accounts destined primarily for the children that the dying leave behind.¹⁸ Puleng’s confidences were thus part of this South African social context, in which biographical or autobiographical narrative has become a political weapon for fighting AIDS. Hers was not a

singular or unique initiative but rather part of an organized collective activity that has already produced many such testimonies and traces.

But the fact that her life narrative is part of a practice that may be qualified as “cultural,” in the sense that it is deeply embedded in a space of conventions historically situated, does not exonerate the person who receives it from reflecting on its meaning. The narrative form, in the tight sketch version she used of it, is itself a language. It belongs to what Claude Polliak (2002) calls “ordinary ways of speaking of self.” However, it reveals the presence of a code but not its meaning. The understanding of the group culture does not suspend all inquiry into the social agent’s intention. Remark that Puleng was probably unconsciously following autobiographical practices that the media, international organizations, and social science researchers have helped to spread does not mean there is no need to analyze what she meant in telling of herself. To make one’s life into a story is not only to participate in the “tyranny of intimacy” denounced by Richard Sennett (1974) but perhaps above all to testify about what that life is.

Attesting to One’s Existence

In defining the “human condition,” Hannah Arendt ([1959: 85) described what distinguishes human and nonhuman life as follows: “The chief characteristic of this specifically human life, whose appearance and disappearance constitute worldly events, is that it is itself always full of events which ultimately can be told as a story, establish a biography; it is of this life, *bios*, as distinguished from mere *zoē*, that Aristotle said that it ‘somehow is a kind of praxis.’ For action and speech, which belonged close together in the Greek understanding of politics, are indeed the two activities whose end result will always be a story with enough coherence to be told, no matter how accidental or haphazard the single events and their causation may appear to be.” Assembling the scattered fragments of one’s life in order to give them communicable meaning is very simply what it means to live that life. Through this decision to give a biographical account of it, Puleng manifests a sense of life beyond its physiological definition, or *zoē*. And no matter how deeply determined her existence may be by the historical experience of being born and growing up in a township under apartheid, it has a unique meaning for herself and for others, which can be designated by the term *bios*. The difference between the two meanings is what makes humans human. That Puleng desired to narrate her life—“you see, this is my life”—

and to transmit that narrative—“this is all I can share with you about my life”—is enough to make that meaning a political reality, regardless of the cultural schemata her action may fit into. It is this political meaning that I propose to decipher.

Though the tone of her account is not indignant, I think that in recounting her life Puleng wanted to express a sense of the injustice of her condition. She does not speak self-pityingly. She does not look for compassion, even if she arouses it. “We’ve been suffering so much,” she says, but immediately adds, “but I was so talented.” And later: “Now my life is sinking,” she laments, yet quickly insists, “but I am very strong.” If we use Luc Boltanski’s (1993: 16) distinction between two types of response to the pain and misfortune of the world, “politics of justice” and “politics of pity,” this narrative should be understood as expressing an expectation of the former rather than the latter. The first goal of telling the story of her life is not to complain but to denounce its iniquity. It is not intended to produce tears for her suffering that she knows will end soon. It demands truth of the anthropologist and those to whom he will repeat it later. It is not only the fact of dying at twenty-nine from a disease reputed to be incurable that is an affront to the young woman; it is also and above all the accumulation of social violence that has made her existence what it is. AIDS is taking her life, but what life has it been? Her protest is not against a biological fate but against a political fact.

The violence she details is that of an ordinary existence during what was a state of emergency in the township: extreme poverty, physical insecurity, absent father, alcoholic mother, brother killed by the police, life lived in a cellar, school success never rewarded, hopes of a better future repeatedly shattered. With AIDS in the new democracy, she discovers new forms of violence: neighbors shun her when they learn what ails her; the government refuses to make effective therapeutic drugs available; she is to die in near-total destitution because the disability grant she applied for has not come; there is no hope of palliative care to soothe her last days, only the kind words of the charity volunteer. Hardly negligible is the violence of being a woman infected by an unfaithful partner, stigmatized for the moral fault that the disease is understood to carry; the violence of being abandoned by her partner, though he seems to have continued to help her for a time, of having nothing to hope for but a better existence for her daughter. Her life, she says at the end of her narrative, is that. In collecting the moments of her history precisely when they are in danger of disappearing forever, in producing this short narrative, she is seeking to show more than the disease.

Just as she insists that the deteriorating body others see was once desirable and that the drastic physical decline that drains her of all energy should not make us forget that she was a talented teenager, so she indicates that her life is not just a stretch of biological time that death is on the verge of ending but that it is also a social process inscribed in a particular collective history made of political violence, a history of which AIDS is not just the culmination but also one more episode.

Political violence extends beyond the apartheid regime's exercise of direct repression, of which Puleng's personal and family trajectory bear the indelible trace. It is also inherent in and produced by the imposition of a system based on the notion of racial inequality, with, at its core, a policy of segregation in which vast numbers of human beings are confined to narrow physical and legal space. There is political violence in separating family members as part of the overarching logic of exploiting the labor force and in devaluing people's existences through daily processes of disqualification. In describing living conditions in Brazilian favelas, Nancy Scheper-Hughes (1992) speaks of "the violence of everyday life." Paul Farmer (1997), presenting biographies of AIDS victims in Haiti, refers to "structural violence."¹⁹ By using the term *political violence*, I mean simply to recall that politics in the broadest sense concerns the ways in which citizens are enabled to live together. Beyond the experience of the disease as suffering, it is Puleng's experience of politics as violence—historical, social, gendered, ordinary—that I believe she was seeking to transmit to us. In this sense her account is profoundly political.

Social scientists need to take a lesson from it. In fact, the anthropology of AIDS long limited itself to analyzing risk behaviors, especially in Africa.²⁰ As Randall Packard and Paul Epstein (1992: 354) have written, "The medical research community expected the social scientist to adhere to the dominant behavioral model. Constructed in this way, the question immediately narrowed the range of sociological data relevant for the discussion. It became not: 'What is the social context within which HIV transmission occurs in Africa?' but rather: 'What are the patterns of behavior which are placing the Africans at risk of infection?' While the first construction would have allowed for open-ended discussion of a wide range of social, political and economic conditions that might be affecting health levels in Africa, the latter formulation quickly narrowed discussion to an inquiry into the 'customs of the natives.'" Not only is this approach to the problem ineffective, as many studies conducted since have shown, it is also unjust, because it leads to laying responsibility for their affliction on people with AIDS them-

selves, a classic reversal of the order of things that consists in “blaming the victim.” This reasoning has not been applied to Africans alone; in Europe, for instance, there has been a constructed representation of hemophiliacs as “innocent victims,” implicitly suggesting that any others are not. When Puleng hurries to deny having engaged in socially deviant practices and indicates her modest number of lovers, she is rebelling against this understanding of her contamination. How can it be that she has AIDS, she who has never drunk or smoked and has known only four men? To tell her story is to denounce an injustice that consists not only in dying so young but also in not even being able to denounce this as unjust.

In passing on Puleng’s words, I am not trying to illustrate an argument on AIDS, suffering, or inequality. However factually exact it may be, her narrative is of less interest to me as restitution of her biography—for which I would need more details and verifications, a larger context and a more precise chronology—than as a process of subjectification—in producing it she constituted herself as a subject. But this operation does not proceed out of Cartesian interiority (the subject of self-consciousness) to which anthropologists have no access since they know only how to listen to words and observe actions. As Veena Das (1997) says of the suffering of the Indian women whose narratives of kidnapping and rape she collected, I am tempted to say that Puleng’s suffering “eludes me.” I think I can apprehend it, yet it is necessarily inaccessible to me, since I can only see her body and listen to her sentences, and as Wittgenstein explained, it is illusory to think we can know the meaning that her body and sentences have for her: such a belief is what Jacques Bouveresse (1976) calls “the myth of interiority.” What I do know, however, which presupposes no particular psychological hypothesis, is that Puleng wanted to meet with us, tell us her story, tell us of her life in the township, tell us that she objected to the injustice of her illness, its social causes, and others’ moral judgment of her. In Puleng’s case, as for so many other persons I met after her, the speaking subject speaks up and out. She affirms herself as a subject with rights. She claims her rights to a physical as well as to a social existence, to *zoē* and *bios*. The only type of subjectification process I can report on and account for is thus political.

What is a human life? To this question Puleng gives her answer, not only in recounting her own, but also in uttering through her narrative the universal truth that a life is a story within a history. It is a political experience of living with others, and, for her, of the inequality one is subjected to and of the injustice one denounces.

PROPOSITION I: THE STRUCTURES OF TIME

April 2001. In black letters on a wall in Johannesburg may be read the following words: "As if nothing ever happened." No other phrase seems to me to sum up so succinctly the complex and ambivalent relationship of South African society to its memory.

For decades South African democrats both in the country and in exile lived their history in the future tense. To use Rheinhardt Koselleck's (1990) categories for conceiving human relation to time, we could say that the struggle against apartheid was their "field of experience" and apartheid's end their "horizon of expectation." Doctor Burger, whose memory haunts the characters in Nadine Gordimer's *Burger's Daughter*, published in 1979, can stand as a fictional image of these violent years. A courageous man, devoted entirely to the antiapartheid struggle, he sacrifices the present, his family, his freedom, and ultimately his life for a better future in which blacks and whites will participate in the same democratic project. Significantly, the epigraph of the work is from an anthropologist, Claude Lévi-Strauss: "I am the place where something happened." It was a time of certitudes, the present turned toward a radiant future that could not fail to come. In 1994, with the fall of the dehumanizing regime, the longed-for future became the lived present.

For many observers, the "New South Africa" was to triumph over the detested era, the experience of which nearly everyone had an interest in repressing: those who had been victims, because it was associated for them with memories of destitution and humiliation; those who had promoted apartheid, because history had turned against them; those who had combated it, because they wanted to turn the page. The extraordinary feat of averting civil war on the eve of the first democratic elections and the improbable pacification achieved despite predictions of violent division reassured those who wanted simply to move on, especially since everything had happened so quickly. A friend of mine, a professor of medicine, who had been previously categorized as "Coloured," told me how persons who the day before had brushed past him in the hospital corridor with indifference or contempt had suddenly smiled and become friendly. Remarkable *tabula rasa*. In fact, this situation confirmed Renan's profound intuition: "Oblivion and I would even say factual historical error are essential factors in the creation of a nation." In order for the "rainbow" to hold, the bad memories had to be erased, or rather, contained in specific institutions, such as

the Truth and Reconciliation Commission, or the Museum of Apartheid, where the history presented, however authentic and poignant, is also by definition official history or restricted to the confined spaces of historians' books and seminars, where scholarly critiques reach a small, well-educated audience.

But this is not how time flows in real life. In South Africa's new temporal configuration, the horizon of expectation has been superimposed on the field of experience, the one contradicting the other. The past has been rejected and the future has disappeared. What remains is a dense present, where the experience of today is inextricably mixed with a yesterday that dogs it, unacknowledged, and a tomorrow so long hoped-for and already disappointing. The segregation laws no longer exist, but racist practices continue. Civil liberties have been acquired, but social inequalities grow sharper. Political violence has ceased, but ordinary crime is mounting. And those who fought side by side for a better tomorrow clash at times from where they stand on the different sides of yesterday's color line. What is relevant here is the sense of despairing disenchantment in Coetzee's *Disgrace*, published in 1999. While the moral touchstones of the South Africa portrayed here are being lost, its social and race relations endure and lead to grim violence inherited from the recent past. At the end the resignation of the hero thus echoes the renouncement of the author himself who chose to leave his country for Australia.

Other responses are possible, however. I read in the newspaper one day that a friend of mine, a professor at the university, long active in the Mass Democratic Movement, had been told by the minister of health in response to a comment she had made about AIDS that, as a white person, she could not understand what black people felt about it. When I mentioned this anecdote to her, she said she did not remember and preferred in any case not to talk about it. Perhaps in choosing to be silent she was following an intuition not to deepen divisions, and she was respecting the practical wisdom of giving things time. As a citizen of the world, I can only approve of her attitude. As a social analyst, however, and from a position admittedly less difficult and delicate than that of my friend at that moment, I would rather cite Marc Bloch (1993: 61): "Ignoring the past not only harms understanding of the present but compromises present action." Exploration of the strata of time in South African lives reminds us of the obvious fact that the mark of apartheid is still deeply inscribed in bodies.

Memory, buried deep, does not disappear. History relentlessly resurfaces. In a knowing smile or a racist crime. In words blurted out and a gesture one

regrets. This is what AIDS in South Africa reveals, through the experience of the sick and the violence of the controversies. Paul Ricoeur (2000: 554) understood memory as inscribed in three ways: documentary, through the “archive”; biological, in the “brain”; and last, “the most problematic but also the most meaningful” way, “consisting in the persistence of passively registered first impressions,” or, to put it differently, what happens when “an event strikes, touches, affects us” and “its mark remains in our mind.” I am interested here in this third type of inscription. But I believe Ricoeur’s analysis is insufficient in two ways. First, it is not only a passive impression left on the mind; it is also the result of a permanent work of mobilization, reappropriation, reinterpretation. Second, it is not limited to the immateriality of the mind; it is present in the materiality of the body, in its conduct, feelings, deterioration. This embodiment of memory has two dimensions. One corresponds to the way in which past facts are inscribed in objective realities of the present; it accounts for the fact that Puleng became ill and did not have access to treatment because of her life in the township under apartheid and the immediate postapartheid years, and likewise for what Mbeki was referring to in speaking so explosively of the social causes of AIDS. The other consists in the way past facts are inscribed in the subjective experience of the present; it is what is reflected in Mbeki’s references to apartheid and the accusations of racism he makes, and it is what Puleng tells us of her sense of injustice. Through this twofold inscribing, memory becomes actualized. In order for the future to continue to be what Arendt calls a “promise,” it is necessary to recognize that the past is indeed present.

“As if nothing ever happened.” But something did happen, of which I seek here the lasting trace.