

ON RESISTANCE, REFLEXIVITY AND RECIPROCITY

Steinberg, J (2008) **Three-letter plague: A young man's journey through a great epidemic**. Johannesburg: Jonathan Ball. ISBN 978-1-86842-288-3 pbk. Pages viii + 342.

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Early on in Jonny Steinberg's **Three-letter plague**, a narrative account of Sizwe Magadla's journey through the HIV/Aids epidemic in a rural Eastern Cape community in South Africa, he initiates this conversation:

"What are you afraid of? What is it you think people might do to you?"

"There have been things happening in my sleep," [Sizwe] said, looking down at the floor. "Twice now, I have woken up in the morning and I have been wet and sticky. I am twenty-nine. Wet dreams are for boys, when you are maybe thirteen or fourteen. I have Nwabisa sleeping next to me. I am a man."

"So what is happening to you when you sleep?"

"Some people have maybe sent a demon to have sex with me: a demon with HIV. That is why I am scared to test. I think I will test positive."

At the time of this conversation with Sizwe, I was taken aback by what appeared either to be a confessional outburst or a moment of exhibitionism. I couldn't decide which. I asked him immediately whether I could write about him. He told me he would think about it; it took him more than a month to say yes." (p. 15)

Within the heterogeneous genres of writing about HIV/Aids in Africa, auto/biographies about HIV-affected lives are diverse in authorial voice, subject matter, context, intent and audience. Steinberg's **Three-letter plague** occupies an uneasy South African sub-genre of life-writing about black experience of HIV/Aids by white authors (see also Ashforth, 2000; McGregor, 2007). With varying degrees of reflexivity and trepidation, such texts discursively rehearse colonial acts of objectification of black people based on difference; and their writing interprets these incomprehensible African Others for *another* audience – probably a white, western, middle-classed, well-educated, English-speaking, book-reading

audience. Furthermore, such texts cannot approach HIV/Aids in an ideologically neutral way, where any situated set of knowledges, beliefs or behavioural practices is equivalent and interesting on its own terms. The acts of representation of individual lives and their communities of practice grapple with so-called “cultural barriers to public health” – participation in myths and witchcraft, refusals to use condoms, or non-adherence to antiretroviral (ARV) treatment - within a hegemonic biomedical truth-regime of HIV/Aids. They become cautionary tales with a didactic edge. Here, the rhetorical conventions of auto/biographical or ethnographic writing seek to present, explain and justify issues to others in order to reinforce (or occasionally unsettle) taken-for-granted truisms, and to critically examine problematic questions relevant to the practice of subjective or social life (Van Maanen, 2011).

Steinberg’s three-year ethnographic project in **Three-letter plague** produces a nuanced, complicated biographical weave of journeys, stories, voices and languages of HIV/Aids. His narrative “translates” sex and masculinity, social status and money, health practices and beliefs, illness experiences and death – everyday lives in the communities around Lusikisiki – for a wider audience of readers. Steinberg is drawn to this setting, action and set of characters through his own perplexity about the recalcitrance of stigma around HIV/Aids even while the increasing availability of biomedical technologies promise to extend life. To explore this perplexity, he casts his narrative plot as a “stage” on which “there are two figures” (p. 320).

First is a culture of silences, suspicion and resistance to “Aids Science”, and Sizwe Magadla – a pseudonym to conceal his identity, a recurring theme of negotiation in the book – becomes the central figure / voice which embodies these fears. Sizwe secretly suspects that he, his partner, and their infant son are HIV-positive, but he resists testing. His home and *habitus* is in Lusikisiki, and he becomes Steinberg’s guide to local kinship and community networks and customs, his interpreter/translator of *isiXhosa*, and the subject of the story. Steinberg’s (sometimes thwarted, always reflexive) attempts to “get inside” Sizwe’s skin/psyche and his *Mpondo* culture constitute another powerful theme of the book. Steinberg draws his experiences as a gay, Jewish man into the narrative – including his own anxiety about an HIV-test – to plumb and refract masculine subjectivities.

Second is the *Medicins sans Frontiers* (MSF, also known as *Doctors Without Borders*) ARV treatment programme in Lusikisiki, which in 2003 was boldly experimenting with a decentralized healthcare arrangement of multiple smaller (nurse-led) clinics for HIV-testing and ARV-treatment, and community-participation in awareness, counselling, treatment-education and support. This programme was forged in a partnership between MSF and the *Treatment Action Campaign* (TAC), a progressive, grassroots social movement dedicated to the rights of people living with HIV and Aids to appropriate (biomedical) treatment in South Africa. The seemingly miraculous work of service provision, patient activation and community involvement in this rural-Lusikisiki intervention in the poorly-resourced Eastern Cape, and its sister ARV treatment site in urban-Khayelitsha in Cape Town in 2001, set a daring precedent for the South African Department of Health’s national ARV rollout policy and programme from 2004. The gritty politics of these groundbreaking MSF interventions and their somewhat unsteady aftermath are well

trammelled in **Three-letter plague**, and have been extensively documented elsewhere (see Robins, 2009). Dr Hermann Reuter – his real name - led the Lusikisiki project, and he embodies the pragmatic, rational and effective biomedical science, MSF/TAC model. Reuter becomes a key figure in Steinberg’s didactic narrative in that he provides a credible, workable, community-participatory intervention against which to critically counterpoise both Sizwe’s resistance to testing and treatment, and the South African (Mbeki) government’s stuttering record of Aids denialism and ARV non-treatment at the time (O’Shaughnessy, 2008).

Three-letter plague is a narrative account of the collision between different health belief models or “languages” about HIV/Aids and healthy/sick bodies, and the tangled responsibilities for rights and reflexivity that come with translation of those languages for various audiences. It is a narrative account that is populated with “talk” in sprawling surfaces of dialogue and silence. Sizwe’s translation between *isiXhosa* and English lubricates Steinberg’s entry as ethnographer into innumerable support groups, interviews and conversations. The MSF programme stands on its nurses, community health-workers and treatment-education activists (many of whom are HIV-positive and ARV users themselves) discussing and sharing expertise and experience as talk-technologies to defeat silence, ignorance, myths and stigma. As Steinberg discovers “their talk is about far more than drugs: it encompasses sex and love and work and the course of life; it is by definition political and ideological; it carves out friends and enemies, it scorns and it praises and it excludes” (p 88-9). Reuter is proud of the knowledge and power he transfers to patients; and he insists on the obligation to install a “language” - of condoms, CD4-counts, ARV pills, doses, side-effects – that will enable people living with Aids to save their own lives (cf. TAC rhetoric: Geffen, 2010). Sizwe’s admiration of patients’ ability to “talk” western biomedicine is not without ambivalence. His confessional communication to/with Steinberg about HIV/Aids is cast against his silence on these matters in his daily life, and within the MSF programme.

Steinberg has spoken elsewhere of the difficult issues inherent in telling someone else’s life-story, and of what reflexivity means in this task (see Attree, 2010). In **Three-letter plague**, the figure/story of Sizwe is slowly, meticulously and complexly drawn: tracked through multiple, sometimes contradictory conversations over the years of his ethnography and their deepening relationship, and in recursive loops of dialogue/writing that revisit these conversations from different vantage points. This interviewing and writing work is akin to genealogy where a problematic in the present – Sizwe’s HIV-test - is tracked back and forth in riffs that explore critical life events and his experiences of these. It is a narrative approach that powerfully resists linearity or essentialism (cf. Tamboukou, 2008). The reader learns of how Sizwe’s father practiced as an *inyanga* (traditional herbalist), and was called by ancestors to become an *igqira* (traditional diviner), resulting both in the family’s penury and in their openness to metaphysical ontologies of health/illness. As a young man, Sizwe’s linguistic and business skills have marked him out in his community – he has acquired a spaza shop on the proceeds of his translation work for tourists. These experiences resonate through the scaffolding of his acknowledged social standing as a man who is able to secure a family, and he had begun the traditional negotiations regarding *lobola* (bridewealth) with the family of Nwabisa, the woman he hopes to marry, the mother of his son. In his patrilineal culture, marriage is the means by which his children

carry his name into the future as heritage. The arrival of HIV-infection and testing at this juncture of his life's narrative, with its concomitant social disgrace, is calamitous for Sizwe, and cuts to the root of his masculinity, and the patriarchal masculinity of his generation.

Epstein (2008) has sharply noted that denialists, dissidents and alternative health practitioners – who dare to stand outside a biomedical regime of truth – are frequently caricatured as irrational crackpots, charlatans and buffoons in recent writing about the HIV/Aids epidemic. Steinberg avoids these traps of buffoonery for Sizwe. His ideas and beliefs about HIV/Aids are patiently drawn out and contextualized throughout the book; sometimes returned to later to interrogate them, but without stereotypy or flippancy. For example, Sizwe mentions several times his deep suspicion of western colonial medicine and the hidden agendas of white doctors in suppressing traditionally known cures, or deliberately injecting black people with “Aids infected needles” (p 147). In a later conversation between Steinberg and Sizwe about the steady decline in the quality of healthcare service patients were receiving following Reuter's departure from the MSF programme in Lusikisiki, Steinberg asks whether he [Sizwe] still believed that Reuter was “part of the conspiracy of the *umlungus* to kill the blacks” (p 320). Sizwe upholds his suspicion of a white-plot, but uneasily excludes Reuter and ARV treatment from it – “He wants to do good with those pills. He is not part of the plot. He doesn't even know about it.” (p 320)

The power in this shifting, unsettling narrative structure lies in the running commentary it produces on the relationship between Steinberg and Sizwe. They are collaborators and co-constructors, but are also at times in conflict over the meaning of what they see, and they feel (in Steinberg's nuanced representation of this) the awkwardness of the inequalities of their worlds and the flinty limits of reciprocity in research and representation endeavours. In the process of writing **Three-letter plague**, Steinberg offered Sizwe the opportunity to read draft chapters, and to push back against misrepresentations. Steinberg reflects these difficult conversations around interpretation with sensitivity, exposing his assumptions for readers and allowing himself to be “caught out” doing what he so carefully abhors/resists. The interstices of power between them become, in moments like the following, fluid and dialogical:

“When you wrote about Mabalane [Sizwe's cousin] in your book,” [Sizwe] says, “why did you say that the fence around the property was knee-high?”

“I don't remember. Did I say it was knee-high? Is it knee-high?”

“It is about the height of the stomach. You exaggerated. You wanted to show that the man's place was fucked up. What fool wastes his time and money building a knee-high fence? Anything can get over it, even a small dog.”

He had said nothing of this when he had first read the chapter about Mabalane. That was some weeks ago. It was one of those thoughts, I guess, that one holds back. Now he is telling me he has seen his world through my eyes, and what he saw was people with useless fences around their gardens and useless bottles of herbs in their rooms ...

I have rubbed his face in it. I went to Mabalane's place, and what I saw was a knee-high fence. (pp. 224-5)

What Steinberg's **Three-letter plague** innovatively explores (and embodies) is how a biomedical "language" of HIV/Aids is not a neutral technology in a post-colonial, post-apartheid context; and neither is it without voices of resistance and alternative places for agency. It is easy to infuse such voices and places with the exotic strangeness of traditional African beliefs/practices, and to run quickly on into caricature, ridicule or pity for ignorant victims. But Steinberg's narrative strategies wittingly engage *multiple* voices, which unsettle the dogma and authority of truth regimes by opening uneasy narrative spaces for ambiguity, uncertainty, and grey areas of commonality and resistance between taken-for-granted facts. As his didactic project, he draws readers into complicit configuration with another understanding of the HIV/Aids epidemic. It is an understanding that works from underneath to worry at our assumptions of whiteness, rightness, manhood and choice; and what we think we are doing when we intervene to save lives. It is a book that *must* (continue to) be widely read.

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