When Bodies Remember

EXPERIENCES AND POLITICS OF AIDS IN SOUTH AFRICA

Didier Fassin

Translated by
Amy Jacobs and Gabrielle Varro

UNIVERSITY OF CALIFORNIA PRESS
BERKELEY LOS ANGELES LONDON
For Thomas, Baptiste, and Camille,
and for the children of Soweto and Alexandra they have met
on the threshold of a world they will share
CONTENTS

INTRODUCTION: POLITICAL ANESTHESIA AND ANTHROPОLOGICAL CONCERN xi

1 / As If Nothing Ever Happened  
   The Controversy 6  
   A Life 17  
   Proposition 1: The Structures of Time 27

2 / An Epidemic of Disputes 30  
   Beginnings 35  
   Heresy 55  
   Proposition 2: The Configuration of the Polemics 70

3 / Anatomy of the Controversies 75  
   Ordeals 80  
   Arenas 96  
   Proposition 3: The Figures of Denial 115

4 / The Imprint of the Past 121  
   Long Memory 127
INTRODUCTION

POLITICAL ANESTHESIA AND ANTHROPOLOGICAL CONCERN

No one will knead us again out of earth and clay,
no one will speak upon our dust.
No one.

PAUL CELAN
"Psalm"

In the mid-1990s, as project coordinator for health issues in a major program of the Centre National de la Recherche Scientifique, France's main research institution, I proposed that we develop projects with South Africa, which had just ended its half century of apartheid and was showing clear signs of becoming a hub of the new world politics. The director replied that studies of South Africa could make no claim to global applicability as the situation there was too singular. Actually, in those years no African country figured among the stated priorities of the Centre. Ten years later I was looking for a publisher for the French edition of this book, having already received a positive response for an English edition. The series editor of a major Paris publishing house had recommended it to one of the directors, who replied that the readership for an anthropological study of AIDS in South Africa was so small that she could not approve
publication. These two converging assessments say much about the contemporary world.

One always has profound reasons for entering into the long and painful process of writing a book. For me, it has been the will to resist political anesthesia, as it was expressed—anecdotally but significantly—by the representatives of the research and publishing institutions whose choices assume, reflect, and, of course, reinforce "our" lack of interest in what is happening with "them," even when what is at stake is the deaths of millions of people. However, as the editors of a special issue of Daedalus (2001) affirm, South Africa matters. It is never superficial to demonstrate interest in the Other.

Cultural anesthesia, Allen Feldman (1994: 410) writes in his examination of the foundations of our perception of violence in the world, is a gloss of "Adorno's insight that, in a post-Holocaust and late capitalist modernity, the quantitative and qualitative dissemination of objectification increases the social capacity to inflict pain upon the Other and . . . to render the Other's pain inadmissible to public discourse and culture. It is upon this insight that a political anthropology of the senses in modernity can be elaborated." Causing suffering and ignoring suffering are for Feldman the two faces of the same contemporary reality. "Generalities of bodies—dead, wounded, starving, diseased, and homeless"—as the media allow us to apprehend the global disorder, whether through war, famine, epidemic, or disaster, depersonalize the others undergoing these events, including them physically in our world while excluding them morally. We are no more interested in the almost six million persons infected with HIV in South Africa than we are in the three million men, women, and children killed over the past decade in the African Great Lakes region. We know that they exist because the press tells us so and television shows them to us, but we feel no need to know more.

Political anesthesia in such conditions does not mean denouncing the weakness of international commitments to fight against HIV/AIDS or to actively promote peace; that is not the issue here, though it is a closely related one. It simply suggests that we do not feel we need to know any more than we already know. We have read or heard that in South Africa AIDS is a problem of sexual behaviors and peculiar beliefs, such as the oft-mentioned belief that raping a young virgin will purify the contaminated perpetrator. We have read or heard that the South African government has denied scientific facts and contested medical authority as a way to justify its scandalous refusal to make life-saving drugs available. Similar commonplaces are readily encountered concerning the massacres perpetrated in the eastern part of the Democratic Republic of Congo, in Sierra Leone, or in Liberia. In these cases the commonplaces are about the protagonists' barbarity. Moreover, in these diverse situations, we speak of "genocide," thus paradoxically distancing ourselves still further from the events because those accused of committing the atrocities seem to have excluded themselves from humanity and their victims, by the very inhumanity of the acts perpetrated against them, become inaccessible to us.

The fragmentary information we receive from an absolute elsewhere is enough for us because it confirms our sense that cultures are incomunicable and, more radically, that social worlds are incommensurable. Clearly we do not share representations or values with these others. We may therefore give up trying to understand them. They are unintelligible—except perhaps to anthropologists, whom we turn to for interpretation of exotic oddness and remote savagery. In the tension described by Zygmunt Bauman (1998: 3) between "the global elite" and "ever more localized rest," there is no inequality more disturbing than that by which we decide what is interesting and what is not, who can still interest us and who no longer does. This statement also applies to relations between north and south or, as people on the African continent see it, the West and the rest. Moreover, in South African society, the same borders are drawn internally along class and color lines.

Through this intellectual and moral retreat from otherness, we renounce politics considered as a way of "dealing with the community and reciprocity of different human beings," in Hannah Arendt's (1995: 31) terms. In a state of political anesthesia, which makes us insensitive to the fate of others foremost by making these others appear incomprehensible to us, only difference counts; neither community nor reciprocity is possible. Against this declared or assumed impossibility, my purpose and hope here is to affirm the principle of intelligibility and provide a means for a kind of understanding in which others are taken fully into account—an understanding based on a sense of shared destiny. The anthropological implications of this project are strong. As Johannes Fabian (1983: 143) wrote in a book that has greatly influenced the discipline, "anthropology emerged and established itself as an aallochonic discourse: it is a science of other men in another time." The necessary reversal of this perspective involves understanding that "anthropology's Other is, ultimately, other people who are our contemporaries." This postulate has important consequences, the first
And in the everyday life of neighborhoods, towns and villages, AIDS also involves women. Women who suffer and the professional and volunteer workers who provide health care, the professional and volunteer workers, also involve in the implementation of care and treatment regimes. This mobilizes the population to care for those in need and also involves men who provide health care, the professional and volunteer workers.

The mobilization of care and treatment regimes, both in the everyday life of neighborhoods, towns and villages, and in relation to representations and practices, is not only about getting down to work, but also about the implementation of effective social responses. It is not a question of simply responding to the immediate needs of individuals, but of responding to the needs of communities who belong to different contexts. AIDS in South Africa involves a complex of economic, political and social factors, and these factors are interrelated in ways that are not always easy to understand.

One of the key factors in the response to AIDS in South Africa is the lack of adequate resources, both in terms of funding and expertise. The response has been largely driven by international organizations, and the lack of local ownership has meant that the response has been fragmented and ineffective. The response has also been hindered by the lack of political will to address the issue, and the fact that the issue has been viewed as a 'foreign' problem.

The book, therefore, is an exploration of the ways in which AIDS has become a global problem, and how the response to it has been influenced by the global context. It is an exploration of the ways in which the response to AIDS has been shaped by the global context, and how the response has been influenced by the global context.

The book also explores the ways in which the response to AIDS has been influenced by the local context. It is an exploration of the ways in which the response to AIDS has been shaped by the local context, and how the response has been influenced by the local context.

The book is an exploration of the ways in which the response to AIDS has been shaped by the local context, and how the response has been influenced by the local context.
rial and symbolic spaces and objects that construct, illustrate, and make explicit a national narrative. "One only speaks so much about memory because nothing is left of it," he writes. But here I am interested in another sort of memory, that which resists its celebration, that which remains burning. I do not want to grasp a past that is being instituted as official but rather a past that is being unveiled. In South Africa the places where memory has left its mark are not those where the national epic was written. They are not the Voortrecker Monument in Pretoria signifying the glory of the Afrikanners or the Apartheid Museum in Johannesburg celebrating liberation from that oppression but rather words and gestures, silences and attitudes that express the grim realities experienced by those who have been on the wrong side of history. Here it is a question of places than nonplaces. What they reveal does not pertain to commemoration. It is, more profoundly, traces of an everlasting past.

My concern is the experience and politics that make up the period of uncertainty that has followed on apartheid. Experience and politics that, while coming after a spectacular break from the dark, hated past, nonetheless continue to take their very matter from it. Despite facile academic use of the prefix post-, this can indeed be called the postapartheid period. No other term expresses so well the dialectic of a social world that has survived its own supposed disappearance. "To articulate the past historically does not mean to recognize it the way it really was. It means to seize hold of memory as it flashes up at a moment of danger," asserts Walter Benjamin (1968: 257). There is no greater peril for South Africa than the AIDS epidemic: with its almost six million infected persons, the country is the hardest hit on the planet. And there is no harsher test than AIDS for this new democracy whose actors have worked so hard to find it on the reuniting of a ravaged people: the disease precisely exposes its fracture lines and obscure areas. My thesis here is that the story of AIDS in South Africa, the spectacular spread of the epidemic in the past decade, the inextricable controversy over its causes and treatment, run in terrible counterpoint to the happy narrative of national reconstruction. At a moment of danger what comes to the fore is a truth very different from the reconciliation courageously undertaken by an instituted commission, a truth reopening wounds presumed to have healed, revealing memories supposed to have been buried, but not.

This book is thus about the moment when bodies remember, to use an expression close to those of Paul Connerton (1989) and Arthur Kleinman and Joan Kleinman (1994), which I discovered long after I had finished writing it. It opens with two parallel narratives: on the one hand, South Africa's President Thabo Mbeki on a crusade before international audiences against the certitudes of medicine, invoking the national past and recalling the continent's profound misfortunes to justify his heterodoxy and discredit his opponents; on the other, the story of Puleng, a young woman in the terminal phase of AIDS, reconstituting, in her dark, noisy basement the coherence of her life to account for the context of her infection and efface the stigma of her contamination before she dies (chapter 1). No two situations seem farther apart than the luxurious setting of the International AIDS Conference at Durban and a corrugated metal shack in Alexandra township. And yet the two narratives recount the same story. The president links the spread of the epidemic to the experience of apartheid; the young woman understands and presents her infection as a consequence of the structural violence of the township. Conducting a political anthropology study of AIDS means holding on to both these extremities of history in South Africa: history at work at the global level and history as lived in local space; the state policies and the politics of subjects. I begin with history at the global level and move gradually into history as lived in local space, keeping in view the ways in which the two mirror and alternately shed light on each other. The book's construction should thus be understood as a progression from macropolitics to micropolitics—or better, an exploration into the heart of darkness of everyday politics of life and death.

The AIDS controversy is considered by many commentators the most salient in South Africa's recent political life as well as the most resounding failure of Thabo Mbeki's government. It is usually situated in the first years of the twenty-first century around two heresies with respect to scientific and medical discourse. The first refers to the etiology of AIDS, for which poverty has been presented as a more decisive cause than the virus. The second pertains to antiretroviral drugs rejected as both too costly and potentially harmful. In both instances links established with a network of Western dissidents have been highlighted. If, however, we seek to apprehend the breadth and meaning of the controversy, it is necessary to analyze it as an epidemic of disputes (chapter 2). It began to develop soon after the 1994 democratic elections around what appear to be highly diverse events: a financial scandal surrounding a musical comedy designed to promote prevention of the infection; the spectacular announcement of a locally produced drug supposed to be effective in treating the disease; criticism of the pharmaceutical industry's international policies; the contesting of national mortality statistics; the refusal of prophylactic treatment for rape victims;
the interruption of prevention of mother-to-child transmission. In this constellation of controversies, a common rhetorical line was being developed that brought together the notions of race war, conspiracy theory, and national regeneration.

The South African political scene as it became structured and divided on the issue of AIDS has been represented in terms of two oppositions: political—between a government promoting heterodox theories and activists defending patient rights—and ideological—between the side of error and the side of truth. In-depth analysis disqualifies this reductionist version of reality, from both an epistemological and a sociological perspective (chapter 3). On the one hand, the terms of the debate cannot be restricted to truth versus falsehood, in which truth would be established once and for all and error definitively circumscribed. Scientific and moral boundaries are more slippery and porous than has usually been acknowledged. It is the case for knowledge about treatment, for which regularly updated data have often been replaced by brandished, imposed certitude. And it is the case for the ethics of research, which has often accepted hasty local definitions rather than universal principles. In general, the AIDS controversy in South Africa invites us to revise our ideas about the role of social conditions in the production of medical norms. On the other hand, description of the public space and its actors highlights the complex alliances and allegiances that, if correctly deciphered, allow for a different reading of South African political life than is commonly presented. For example, many of those who rallied behind President Mbeki did not do so because they believed in his dissident theses but because of their public health expertise on the difficulties of implementing equity in treatment or because their loyalty to the struggle first against apartheid and then in the democratic framework. Understanding this way, the AIDS controversy appears more a discussion about the legacy of the past and the reactualization of political commitments than a battle merely between ideas and programs.

The violence of the exchanges between actors and the almost obsessive repetition of arguments in the debate must therefore be situated in the longer history of which they are a part, the history of public health and epidemics, of the health care system and its professionals. The violence characteristic of this history can be apprehended within two temporalities (chapter 4). The first one is inscribed in the long term. In South Africa health policies have been used to justify, first, racial segregation measures and, later, exploitation of the labor force. Tuberculosis and syphilis provided a foundation on which to construct theories of black inferiority and African sexual promiscuity. The way people's bodies were treated thus cannot be historically dissociated from the ideological and practical domination that culminated in apartheid. The second one is embedded in the short term, the time of AIDS. But there is the time before 1994, before the epidemic. By not taking it into account, many features of today's situation, the codes of which have been designed previously, remain incomprehensible. The stigmatizing representations that the disease has given rise to are drawn from a stock of images accumulated over more than a century. Even more troubling, in the shadow of the regime that was about to be dislodged, genocidal discourses and programs were being developed. Considering this past experience, which combines the ordinariness of colonial occupation with the exceptionality of the apartheid regime whose details are only now being revealed in the public space, enables us to account for the government's statements and policies much more effectively than does the vague notion of "denialism" commonly used to describe it. In fact, two logics are at work: an economy of resentment, whereby the past constitutes an inexhaustible reservoir of painful memory, and an economy of suspicion, whereby the present is interpreted through the lens of an intense mistrust of anyone making any claims to authority.

But history is not merely a narrative or the sum of competing narratives. It is also what is inscribed within our bodies and makes us think and act as we do. South Africans' preracial view of the social world as run through by a color line, the interactions between men and women in matters of love or sex, the attitudes of employers to employees on the farms or in the mines, the norms of conduct people impose on themselves and their children, in sum what is called racial, gender, class, and generational relations—precisely all those relations through which HIV risk and prevention pass—are caught up in and shaped by particular experiences of time. Against the behavioral and culturalist interpretations that have been used to explain the dramatic spread of the disease, interpretations that are as ineffective as they are unjust, it is essential to give meaning to the embodiment of history (chapter 5). Inequality, violence, and mobility are the most salient elements of that history. And here what best enables us to read the complex inscription of the past in the present are life stories, the biographies of people who in most cases lived through the different periods of apartheid, from its establishment through its decline, and the successive phases of the return of democracy, from transition to disillusionment, each experiencing concrete and specific configurations of these realities.

The tragic singularity and the profound sense of contradiction that South
African society is experiencing today have to do with the fact that it has become a society living with death. Death is the individual reality of people with AIDS, their families and their friends, as much as the collective reality of the nation and those who govern it (chapter 6). With one-fifth of the adult population being HIV-positive, there are virtually no households that have not been either “infected or affected,” as the expression often goes. In this context biopolitics, that is, the governmental technologies of the sovereign to protect the well-being, health, and ultimately the life of its subjects, has become necropolitics, in which the most urgent question, for families, is organizing funerals and, for the authorities, managing cemeteries. And yet life is being reinvested in two distinct ways. The first way is represented best by the notion of rebirth. Collectively, this involves a project expressed most fully by the term “African Renaissance,” which has become a leitmotiv for the country’s intellectual and political elites. Individually, it refers to “moral regeneration,” understood in both religious and political terms. The second way, less apparent but perhaps even more fundamental, refers to survival. People often talk of “normal life.” For patients, it means remaining alive, feeding oneself and one’s family, fulfilling one’s obligations with dignity, surviving—in the deepest sense of the word. For the government, this concern with material life has given rise to a major allocation program for the sick and the children they will leave behind, the aim being to maintain decent living conditions for them. At the frontiers of death, South African society is thus redefining what it means to live.

Historians of South Africa continue to debate whether the specificity of apartheid and postapartheid means that the country’s history is unique (the exceptionality thesis) or whether it should instead be considered no more than an exacerbated version of the colonial and postcolonial situation (the exemplarity thesis). Rather than decide between the two, I want to consider what meaning South African history has for the contemporary world (conclusion). Though South African history is particular in many ways, it nonetheless sheds light on many realities beyond South Africa. The world is not only organized into an economic and political hierarchy; it is also morally and ideologically divided. September 11, 2001, and its aftermath are one expression of this division, though certainly not the only one. Relations of authority, wealth, and signification are imprinted on the bodies and minds of the rulers and the ruled. We may observe without being deterministic that these relations take the form of structural violence whose consequences may be measured in terms of mortality rates and seen in the distribution of suffering. We may observe without being functionalist that these relations are also expressed in denunciations of the Western world, in subaltern and nationalist discourses, and in the moral discourses of prophetic churches and fundamentalist ideologies. The politics of inequality as it may be read in the lives of the South African adults who are dying so young and the politics of defiance against power and science that has manifested itself in South Africa have become global issues. Attempting to understand the situation there can help us to move from our current age of anxiety to an age of tranquility, worried concern open to the promise of humanity.

Classic ethnography developed through monographic studies that appeared to be characterized by spatial and social unity, the assumption being that it was possible to provide an exhaustive description of an ethnic group on its territory. In parallel, anthropology in its halcyon days was constructed on theoretical propositions that articulated analytic principles assumed to have universal value in the framework of a unifying culturalist, functionalist, structuralist, or Marxist paradigm. I would like to situate this book at the intersection of these two approaches, to see it as a type of monograph whose unit of intelligibility is theoretical. I have sought to study a problem with a concern to account both for the diversity of its components and the general nature of the issues involved. At the end of his life, Michel Foucault (1994: 545, 611) attributed primary importance to the concept of “problematization”: societal productions such as madness and disease, life, language, and work were “problematized,” and the practice of research itself was “perpetual reproblematization” rather than a search for solutions. It seems to me that the problem of AIDS in South Africa, both in its most ethnographic reality and in its most anthropological meaning, can only be grasped as a problematization of the contemporary world involving relations between history and memory, power and knowledge, truth and suspicion, inequality and violence. What may on first analysis seem an overly dense, heterogeneous tissue of events, statistics, narratives, and anecdotes is very simply the compact, composite matter of which social content is made. The work of the anthropologist in these conditions is to shape problematizations through monographs.

Restitutions of this sort are usually based on narrative. But here we must be vigilant. "A reader's perception that a story 'tells itself' is a powerful illusion created by the author who extracts a story from the words of its narrator and the setting in which the story emerges," notes Charles Briggs (2003: 11) at the beginning of a chronicle of cholera in Venezuela in the 1990s.
cowritten with his wife, Clara Mantini-Briggs. His remark is epistemologically and ethically salutary. On the one hand, the history of AIDS recounted in these pages is the product of both intellectual choices and the practical conditions in which the interviews and study were realized. This means that someone else would have written it differently. In reading and analyzing the mounds of documents and archival material assembled over four years, the hundreds of pages of transcribed interviews and observations, I have worked to produce a certain truth, and I hope not to have failed in the labor of objectification that is part of any and all social science research. Still, it would be less than straightforward not to accept, for a subject that arouses such strong feelings and passions in citizens and researchers alike both in South Africa and in the rest of the world, that any restitution presupposes an interpretation. Rather than pretend to be objective, I have been as careful as possible not to remove myself from the circumstances in which this narrative was produced, to specify my place in the episodes here related. Moreover, it was often in the details of daily life and the interstices of informal exchanges that things appeared to me most clearly. However, as my work progressed, through the ties I established, the presentations I made, and the texts I published, I also became a local and international actor in the history of AIDS in South Africa. It would be disingenuous not to acknowledge that on what is a fairly crowded stage, where many were and are courageously engaged in trying to change national policies, I have tried to produce a kind of truth aimed, among other things, at transforming the public sphere of AIDS both in South Africa society and in the perceptions that the outside world has of it. By speaking repeatedly to the Western medical community, French association activists, and international cooperation circles, I often overstepped the borders defined by the rules of professional anthropology, though there is of course nothing extraordinary in that.

One last confession. Despite all my efforts, I remain an impenitent positivist. I believe my work as an anthropologist helps to produce a bit more truth (certainly not the truth) about South African society; that the combination of empirical study and epistemological distancing makes it reasonable to believe I have succeeded in presenting with some objectivity (while of course acknowledging my own subjective position) a situation made especially delicate by intense passions and interests; last, that there is something of science (though not the Popperian variety) in what I and researchers in my discipline do. But there is more—and worse. I must acknowledge too that my political view of anthropology is also a moral one. I believe the work presented here can be socially useful, that anthropology is not a matter of art for art’s sake, that making the things of this world a bit more intelligible, especially when they appear opaque, incomprehensible, and irrational, can make them less unjust, ineluctable, or unacceptable. To put it bluntly (of course, in a Durkheimian tradition), I am convinced that social science would not be worth a moment’s attention or labor if it had no political role.

The research this book is based on was supported institutionally and financially by the Agence Nationale de Recherche sur le Sida (ANRS), whose executive director, Michel Kazatchkine, and successive social science project directors, Yves Souteyrand and Véronique Doré, devotedly and unswervingly defended the program. Together with the Mission Recherche Expérimentation (MiRe) of the French Ministry of Solidarity, the ANRS funded the translation of the book into English. The Institut National de la Santé et de la Recherche Médicale (Inserm) graciously granted me a two-year leave to finish my fieldwork and write about it.

My institutional collaboration in South Africa began with the School of Public Health and its director at the time, William Pick. It continued with the Center for Health Policy at the University of Witwatersrand and its director, Helen Schneider, as well as Duane Blaauw and Loveday Penn-Kekana; our collaboration has been uninterrupted during the past six years. It was further enriched by exchanges with the Wiser Wits Institute for Social and Economic Research, in particular its director, Deborah Posel.

Nearly all the studies in the Johannesburg townships of Alexandra and Soweto and in villages of the former Lebowa and Gazankulu homelands in the north of the country, today part of Limpopo province, were conducted with the knowledgeable and friendly assistance of Frédéric Le Marcis, then research fellow, and Todd Lethara, research assistant, both at that time members of the anthropology department of the University of Witwatersrand; the “we” used in the fieldwork accounts refers most often to them. I owe grateful thanks to Regina Makwale, who was my guide several times in urban contexts, and to Dios Moapi and his wife, who were generous hosts in rural ones. Discussions with Nono Simelela, director of the National AIDS Programme; Mark Heywood, spokesman for the Treatment Action Campaign; Lulama Sulupha, coordinator of the Friends for Life association; Sokie van der Westhuysen, then in charge of the health subdistrict of Tzaneen; and many others shed valuable light on the various South African “scenes” that have developed around the issue of AIDS.

Exchanges with colleagues and students at the École de Hautes Études
en Sciences Sociales have been greatly enriching, as have discussions with members of the Centre de Recherche sur la Santé, le Social et le Politique (Cresp), whose secretary, Véronique Anohan, provided valuable assistance. Though writing is fundamentally a solitary activity, it was done in this case in a stimulating and encouraging community of colleagues and friends. I am certain this book bears its trace. At times it takes no more than hearing or reading an idea in the margins of a text or in the moment of a discussion for a new line of thought to spring up. In this sense I am particularly grateful to Joao Biehl, Arachu Castro, David Coplan, Jean-Pierre Dozon, Paul Farmer, Achille Mbembe, Mariella Pandolfi, Stefania Pandolfi, Paul Rabinow, Richard Rechtman, Nancy Scheper-Hughes, Mara Viveros, and Sophie Wäthrich. My translators, Amy Jacobs (introduction, chapter 1, conclusion) and Gabrielle Varro (chapters 2–6), have worked hard to get their best out of the French original: they will forgive my numerous revisions of the English version of the manuscript, which also benefited from Kate Warne’s reading. The confidence shown by Naomi Schneider, sponsoring editor at the University of California Press, and François Gèze, director of La Découverte, has made it reassuringly clear that the men and women of South Africa can still be of “interest” to the world of books. And there are debts and gratitude too great to be expressed, among them mine to Anne-Claire Defossez.

Nothing has been more humanly and intellectually decisive for me in the past six years than the time spent with the men and women who told me their stories and shared with me their anxiety and anger, expectations and hopes. Some of them have died. Many more will have when these pages appear in print. While the words of the book are mine, their lives, their bodies, and their memories are its matter.

D. F.

Omy, August 2005
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 intrinsically 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 Dignity, published in 1999. While the moral touchstones of the South Africa portrayed 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 renunciation 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 Pulembe became ill and did not have access to treatment because of her life in the township under apartheid and the immediate post-apartheid 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 Pulembe 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.
from senior officers in the Health Department who were close to the government as well as from their vigorous opponents, leaders of TAC. Within a few months, however, the electronic page that the British Medical Journal had opened on its website so that a debate over the article could take place turned into a tribune for AIDS dissidents the world over, which in turn incited the keepers of the temple of medical orthodoxy to reply. During the year that followed the publication of our article, no less than 232 responses could be read on the page. Except for a few during the first month that discussed the perspective we suggested, almost all the rest dwelled on the heterodox theories, to criticize or defend them. David Rasnick, the first to react, denounced the “expansion of AIDS Inc., an American monopoly”; Claus Köhnlein, another dissident Presidential member, reaffirmed that AIDS did not exist and was only a “test epidemic,” that is, an artifact linked to the use of serological tests; Eleni Papadopoulou Eleonopoulou got her famous “Perth group,” named after the Australian university where she worked, back in the act, to put to pieces the viral interpretation of AIDS; finally, Sam Mhlongo accused us of “remaining ourselves firmly anchored in the controversy,” since we accepted the link between the virus and the illness. Most of the responses, however, no longer even referred to our original article and were only eager to continue their uninterrupted conversation. Originally meant to reach “beyond the controversies,” as its title indicated, our article had on the contrary given them an excuse to pursue their verbal battle in the virtual arena that had always before provided them with a resource for the debate.

PROPOSITION 2: THE CONFIGURATION OF THE POLEMICS

The political history of AIDS in South Africa since 1996 is a chain of disputes rather than the endless solitary controversy that has often been described. This is the thread I have tried to follow and the chronicle I have attempted to piece together here. I show below that to comprehend this, however, requires that we go further back in time. But let us for a moment take all the episodes together. At first sight they appear heterogeneous. A mundane scandal around the financial and political mishandling of an educational program turned into a musical comedy. A false discovery unduly validated and proclaimed, with suspicions of corruption amid the party at power. A decision concerning public health questioned by doctors and activists who pit the value of a human life against the cost of treatment. A scientific meeting that includes the champions of heterodox ideas to review the state of the art of knowledge on the epidemic considered as a provocation just before the worldwide official event on the matter. The publication of dramatic statistics criticized by public authorities for scientific and political reasons. A court case won by the government against the pharmaceutical industry, another one lost against partisans of the prevention of mother-to-child transmission.

In this astounding list, we naturally find the same actors: the government, especially the head of state and his two successive health ministers; health professionals, mainly researchers in biomedicine; political parties, especially the parliamentary opposition; AIDS activists and also human rights activists; scientists and journalists who are part of the intellectual dissidence. We also find the same general set of problematic: the relationship between science and politics, the autonomy of research, the government’s responsibility. But in this representation of the field of controversies to which I shall return later, an argumentative and narrative framework has been woven into the background: justifications are put forward, stories are told. The skeleton of these constructs shows through in public discussions as well as in private commentaries, in the general press but also on the internet. Scarcely visible at first, it becomes clearer and clearer as we look. Let us attempt a comparison. The short story occupies a central place in South African literature. When discovering the collections, the reader is impressed by the diversity of themes, then, often, little by little he or she becomes aware that they share a thematic structure. This is typically the case in the work of Nadine gordimer. The same may be said for the collection of disconnected polemic episodes that progressively form a meaningful frame. In hindsight, it provides the ideological structure of the controversies and, if one hypothesizes that controversies of this scope touch the most sensitive points of society, in the end it reveals the ideological structure of South African society. I want to mention three elements in particular.

The first one is national identity. The question of the nation and its construction, institutional as well as symbolic, is not new, as one often supposed. It was central throughout the twentieth century, that is, from the end of the Boer War when former enemies, British and Afrikaners, were reunited in one and the same union. From the outset, but more and more strikingly as the nationalistic Afrikaner ideology infiltrated white society, the concept of nation became racially exclusive and excluding, especially insofar as the so-called African or native populations were concerned. With the end of the rule of apartheid, the theme of national regeneration became central to the new project of living together. A new form of nationalism,
multiracial but ambiguously African—in other words, socially inclusive but historically determined—arose. Appeals to Africanity must be understood in light of this relationship to that past and to that future: 

Sarafina II was intended to be a culturally adapted communications technique, though it was borrowing from a very cosmopolitan genre; Virodene was presented as a local discovery, though the inventors originated from eastern European countries; Thabo Mbeki’s letter to the world leaders called for specific answers; the first Pretoria trial proclaimed South Africa’s resistance to the multinationals. Conversely, AZT symbolized Western control over the drug, and biomedical science seemed alien to the realities of the country. The biological threat of AIDS, along with its predicted demographic decline, attacked the process of national reconstruction in its very flesh and blood, making all discourse on the theme especially sensitive.

The second issue is race. Like all the colonized societies on the continent, South Africa has known all along that its economic, political, and social relations were defined along color lines. However, from the end of the nineteenth century, the process of racial segregation began to be more and more actively implemented. Under the rule of apartheid, it became tantamount to an intrinsic dogma and official doctrine. The advent of democracy confirmed a project that broke radically with the racist ideology, but was caught in a double bind: on the one hand, one must deny the racial categories and their concrete consequences; on the other hand, one cannot help but see that they persist in representations, practices, and social institutions, so that they must be recognized in order to be combated, notably through affirmative action. AIDS, though it is repeatedly said that it affects all groups, is so much more prevalent among the black populations that it revives racial divisions. The polemics surrounding it are ever more influenced by racist readings and, furthermore, in ways that are ever more radical. In the Sarafina II affair, some said the criticisms by political opponents had racist overtones. When the medical authorities refused to permit clinical trials of Virodene, they were accused of lacking compassion for patients because they were black. When the debate on AZT began, in particular over its supposed toxicity, there was suspicion that someone intended to harm the African populations. At the Durban conference mutual accusations of racism became more and more radical as they were publicized through the bitter exchanges between Thabo Mbeki and Tony Leon. Simultaneously, the racial explanations of the origins of the African epidemic, supposed to have been provoked accidentally or willfully by whites, entered into the shared repertory of interpretations.

The third issue is the conspiracy theory. It, too, delves into history and especially into the history of apartheid. One has only to think of the argument used to justify the toughness of the regime—the risk of destabilization, the besieged fortress syndrome that plunged the country into economic and political isolation—but also of the threats leveled at opponents of apartheid, whether at home or in exile. South Africa after 1994 was seemingly freed from that widespread suspicion of the others, be they distant or close. Yet the polemics surrounding AIDS have progressively rebuilt a double barrier of danger, internal and external. During the debate that raged around Sarafina II, the enemy was inside, the political opposition of course but progressively activists as well. The Virodene episode extended this interpretation, but health professionals had also by now become the new adversaries. The AZT case was nonetheless a turning point, especially from the moment when AIDS dissident networks entered the picture, for the plot appeared a global one, dangerously connecting the Western world, science and capitalism: the pharmaceutical firms were suspected of wanting both to test their molecules on African patients and to enrich themselves at the expense of the continent with the blessings of the wealthy nations. If Thabo Mbeki’s radical heterodoxy clashes with the consensual atmosphere during the Durban conference, largely financed by the international drug companies, conversely, the fact that during the Pretoria trial activists rallied to the government’s cause against the “big pharma’s” dizzingly confirmed in his eyes the correctness of his interpretations. From this perspective, the withdrawal of the case in April 2001 would seem to indicate that the plot had been finally thwarted. But, aside from the fact that the theme does not easily disappear from the public arena, even more disquieting rumors began to be heard in South African society, beyond the political circles, about a government-led plan to exterminate the poor.

These three elements that are part of the polemical framework and more broadly of the historical fabric of South Africa constitute the ideological configuration of postapartheid. It would be possible to reread J. M. Coetzee’s books in the light of this triptych, finding at least for the novels from the apartheid period a sort of ideological prefiguration of the present scene: In the Heart of the Country in 1977, for the impossible national construction; Age of Iron in 1990, for the racial definition of social relations; Waiting for the Barbarians in 1980, for the besieged fortress syndrome. The three elements are intimately intertwined, the racial question undermining the national edifice, the conspiracy suspicion feeding on racist experiences, the construction of the nation being threatened by external as well as internal.
enemies. Though they are not absolutely specific to South Africa, as we shall see, these elements stand out with exceptional violence there. Picking them out of the proliferation of discourses and the emotionality of the debates surrounding AIDS means putting the present in line with the continuities and ruptures of history, where the same patterns constantly recur under new rubrics.
icise me to the neighbours before he or she talks to me." In reality, the problem is less cultural than political or even historical. Several times I heard people say, "They can't help it, they just talk to us the way they did during apartheid," or, "They don't even realize things have changed." Gestures of avoidance such as not wanting to touch the handkerchief proffered by the health minister, shouts of "Shut up!" or "Go to jail!" and insults such as being called a murderer or a liar are not only considered ordinary acts of incivility, they are inevitably interpreted as unconscious resurgences of the past. Even if Achmat claims his longtime membership in the ANC and even if Mark Heywood insists on the years he fought against apartheid, both in the sincerest and most truthful manner, that impression lingers among many of those who suffered from being treated in a similar way under apartheid.

PROPOSITION 3: THE FIGURES OF DENIAL

The history of AIDS is always told as a story of denial, especially in the third world: unacknowledged illness, rejected causes, refuted origins. Nowhere, though, has this discourse taken on such a depth of meaning as in South Africa. The question of denial is at the heart of the controversies developed there: denial as the negation of a truth (that the illness is caused by a sexually transmitted virus) with deleterious consequences (the refusal to use medication considered at best inefficient, at worst dangerous). The word denial itself is usually presented by those who use it as being merely factual, but it is both prescriptive and polemic. Prescriptive, because it establishes one side for truth and one for falsehood, proclaims one's own truth and casts out the other one as error. Polemic, because it also constitutes one side for good and one for evil and thus always amounts to an accusation. Both dimensions become evident in the fact that people are constantly slipping from "denial" (the empirical observation that reality and truth are being denied) to "denialism" (an ideological position whereby one systematically reacts by refusing reality and truth). This is a shift that is all the more significant, as denialism is usually reserved for the most morally sanctioned forms of denial, in particular those that concern genocide. In the case of South Africa, the accusation of "denialism" applied to the doubts expressed on the etiology of AIDS goes hand in hand with the accusation of "genocide," referring to the delays in implementing prophylaxis and therapy with antiretroviral drugs. The government's opponents have constantly repeated this accusation, turning these two historically significant
and deeply disqualifying words—denialism and genocide—into commonplaces. Understanding what is being played out in—or beneath—what is called "denial" thus supposes that we leave the logic of polemics for the time being and perhaps even avoid the matter of who is right and who is wrong—at least in terms of method, not of evaluation. Let us proceed step by step.

To begin, let us accept the complexity of the question of denial as seen by the heterodox, that is, by those who are taken to be the denialists. Of course, the South African president publicly challenges the causality of the virus and wonders why specialists insist exclusively on sexual transmission. But his government has also financed the most explicit information programs on sexuality and the distribution of condoms is among the most generous in the world. For sure, the complicated way in which he states his position is not only an exercise in diplomatic rhetoric but also probably the result of deep doubts, causing him to say that the virus cannot be "the only cause" and that the specificity of the South African scene is its "outstanding poverty." Yet the discourse of many of his collaborators is not strictly one of denial: they are sensitized to the argument of inequality and to accusations of racism; or they consider that poverty, malnutrition, insufficient resources, and the risks of increasing inequalities make the use of antiretroviral drugs problematic; but they do not refute the link between HIV and AIDS. In this respect, aside from a small nucleus of real "heretics," none of them function in the intellectual universe of the dissidents who, on the contrary, have very firm convictions. Acknowledging this cognitive haziness is really the only way to account for the paradoxical fact that, in this context of constant polemics, actions are constantly being developed "as if" one adhered to the unanimously accepted scientific doctrine. Notably, during the controversy, health care policies continue to operate.

Next, we must acknowledge the symmetrical existence of forms of denial on the orthodox side too, that is, on the part of those who are considered to be speaking the truth, the whole truth, and nothing but the truth. In the history of AIDS, the early identification of groups at risk followed by the rapid discovery of a virus led to a double interpretation, behavioral and biological, grounded, of course, but partial. This perspective led to restricting action to certain areas in research (surveys of so-called knowledge—attitudes-beliefs-practices, immunology and virology studies) and intervention (trying to change risk behaviors and prescribing antiretroviral therapies). However, the political economy of the illness, as a possible interpretation, and social health policies, as a complementary response, were not considered, at least up to the time when "human rights" and "women's vulnerability" entered the picture. It is likely that this nearsightedness had direct negative effects on the efficiency of the actions undertaken and indirect negative consequences for the way society accepted them. We must therefore consider that there is a blind spot in denial, which is the denial of those who accuse the others of denial. Let us push this argument a little further. If biomedical research continues to challenge its temporary truths about the illness and the treatments, which is a reasonable way of considering scientific activity, conversely, communication of its results in the public sphere works as if these truths were definitive and indisputable. In clinical practice as in the activists' battle, knowledge is transformed into belief, making any critique a matter of bad faith. Of course, physicians and militiamen themselves do not fool themselves and adopt this attitude of certainty in order to affect opinion. However, when the progress of knowledge forces a heretofore accepted truth to be reexamined or even shows that the opponents were right, as we have seen with nevirapine, rather than give rise to critical reflexivity, it is followed by the public affirmation of a new dogma.

But the use of symmetry as an instrument to analyze the controversies does not mean that the content of the truths in the two camps are symmetrical. Methodological relativism—which consists in treating both points of view in the same manner—is in no way intellectual relativism, which would mean considering both perspectives as equally valid. This working rule not only illuminates the relationship to knowledge by revealing that, on the president's side, certain of the arguments given by the 'socials' are quite relevant and that, on the orthodox side, certainties hammered out by the "experts" are sometimes later discarded. It also allows one to analyze the role of action differently, showing that, on the one hand, the controversy did not prevent health services from functioning almost normally, since they are much more influenced by the momentum of institutional and professional histories than by unrest in the public sphere, and that, on the other hand, simplifying the terms of the debate was a necessary tactic to make public intervention all the more forceful. In both cases, there is a common pragmatic logic irreducible to cognitive and ideological factors that brings the two camps closer together rather than keeping them apart.

To delve more deeply into this reflection, it is not possible to remain with the dichotomous and static view of two truths face-to-face. First, there are more than two truths: orthodoxy, dissidence, and a third way that is polit-
ically on the side of heterodoxy (because it defends the president) but scientifically closer to orthodoxy (it recognizes the existence of the virus but injects both a historical and a social dimension into the debate). Second, there is a dynamics of interaction between the different truths and the groups defending them that produces rivalry and exasperation. The model through which Jon Elster (1990) distinguishes between two forms of nega-

Take a proposition claiming to truth, Elster explains. One can agree or disagree. But the disagreement can take two very different shapes. Either the proposition is rejected: it is negated from within; or its modality is disproved: it is negated from without. In religion one thus has the believer (God exists), the atheist (God does not exist), and the agnostic (uncertain about or indifferent to the existence of God). Similarly, where AIDS is concerned, we have the orthodox (AIDS is caused by the virus, and antiretroviral drugs are effective), the dissident (poverty is responsible for AIDS, and antiretroviral drugs are toxic), and the third way (the question is wrongly addressed, the two etiologies are not mutually exclusive, and implementing treatment presents the risk of increasing inequalities). As we can see, the binary opposition is not workable (one could naturally examine the differences in even greater detail). Up to now, we have stayed with this rather static interpretation. Let us introduce movement by following our philosopher and use two paradoxes borrowed from the field of religion: On the one hand, the religious may have difficulty accepting the distinction between atheism and agnosticism, which they criticize equally. On the other hand, the atheist may have difficulty understanding that by alienating the religious they actually comfort them and even perpetuate the religious mentality. In both cases, there is a radicalization of the opposition; the religious might change the agnostic into an atheist, and the atheist may reinforce the beliefs of the hesitating religious. If we apply these two dynamics of mutual reinforcement and of partisan polarization to the field of AIDS in South Africa, many of the tensions and contradictions become intelligible.

It would, however, be overly simple to stop there—with a problem that might be solved through logic alone. By using this method, I want to show that what one usually sees as irrational and incomprehensible could be elucidated by applying simple intellectual methodologies. But the problem of AIDS in South Africa is not solvable through logic. Once the debates have been dissected and the multiple truths interacting with one another identified, we must face that which resists: beyond the socio-logics, we must confront the anthropo-logics, to use Georges Balandier’s (1974) expression.

What resists is the instability that escapes all efforts at systematizing truth and introduces uncertainty and doubt beyond disidence. Nobody can precisely explain why the virus has progressed so rapidly in South Africa, why we discover today that the drug recommended by everyone for the prevention of mother-to-child transmission has a high probability of becoming resistant, why international organizations have just reduced official AIDS statistics by one-third in Kenya, why we hear one day that AIDS was inadvertently brought in Africa by the polio vaccine (and this fact is later rejected) and the next day that the epidemic of hepatitis C on the continent is due to vaccinations against schistosomiasis (and this reality is today scientifically proved). This very particular configuration of the facts and their exposure in the public sphere derives from what one might call the system of confusion in the real. It is thus this situation of “knowing and not knowing” that must be accounted for. It is the heart of what is called denial, that special figure by which one doesn’t know what one knows. Schematically, this figure can be examined from two theoretical standpoint. The first is Sartre’s bad faith hypothesis, which leads to lying to others and often to oneself: “I know but I don’t want to know.” According to this hypothesis, the South African government, beginning with the president, is consciously refusing to tell the truth in the name of a political project: for example, as a spokesperson has abruptly said, preventing mother-to-child transmission would produce a number of orphans that the state would not be able to support; consequently, one can think that the government would have people believe antiretroviral drugs are inefficient and toxic so as to avoid having to prescribe them. This sort of argument has been widely used in the polemics, but I will not consider it here seriously, because it is difficult to accept the conscious duplicity of such a large part of the South African population, but also on the basis of evidence from my interviews, conversations, and observations, which have illustrated the sincere involvement of many. The second interpretation is the Freudian hypothesis of the unconscious denial that does not permit acknowledging something one rejects: “I know, but I can’t accept I know.” The South African government and maybe society as a whole push away the intolerable, for example, that sexuality which has been the object of so many racist representations and too much discrimination should be responsible for the transmission of the illness that is decimating the nation at the very moment it finally achieved democracy and a deracialized identity. In my view, this interpretation is the only one that seems capable of expressing the experience of AIDS, simultaneously historical and ontological, capable of touching the acusers as
much as the accused. To use the distinction proposed by Alain Cottereau (1999) between “denial of reality” (it’s not true) and “denial of justice” (it’s not fair), I suggest that it is exactly because reality is too unfair that it is denied. Denial, in its deepest sense, signifies the intolerable.

“Alas! Alas! how terrible it is to know when knowing is worthless to he who knows,” cried Tiresias upon refusing to reveal to Oedipus the awful truth of parricide and incest that the latter both ignores and rejects. South Africa discovered in a progressive and contradictory way, in the confusion of truths and the violence of controversies, an evil that was gnawing away at it and which she could only handle in an imperfect and uncertain manner. Some—on the president’s side—have seen in this the heritage of the past, at the risk of becoming paralyzed in their fight against the epidemic. Others—on the activists’ side—have only wanted to see the realities of the here and now, putting all their hopes on treatments, even if they are limited and unjust. As Stanley Cohen (2001) writes, there is something “tragic” in the human condition that leads us perpetually to turn a blind eye all the while perceiving that this blindness leads to a dead end. Common sense, he adds, teaches us to get through daily life in spite of this double bind. The South African AIDS tragedy, because of the history that produced it, probably exceeds such ordinary competence.
usual relativism of social scientists dealing with such cases, we have to oppose the positivism of attested facts. The second supposes one ask oneself what consequences the frequent mention of these worrying and fragmentary “revelations” might bring to bear on a social group. In other words, beyond established evidence of the crimes, we have to consider the sort of general atmosphere of mystery and impunity around the criminals that in the end makes the mere idea of a plot realistic for large segments of the population. The two elements are joined in what one might call the paranoid configuration of postapartheid times, in which delirium belongs to reality and apartheid has outlived itself.

Let us return one last time to Wouter Basson. The acquitted doctor started practicing again as a cardiologist at Pretoria Academic Hospital (formerly Hendrik Verwoerd Hospital, named after the apartheid ideologist) and has been working there without interruption since 1994. In spite of the repeated protests of certain of his colleagues, the man that the newspapers baptized “our country’s Dr. Mengele” is on the payroll of the Gauteng Province Health Department and has been kept on in the official organization of physicians of the Health Professions Council. For many of those men and women with whom I talked this over in the neighborhoods of Johannesburg and the provinces of South Africa, particularly after the conclusion of his trial, the fact that he is so protected raises painful doubts about the permanence of shady connections between the regime of yesterday and the powers of today.

**PROPPOSITION 4: THE HISTORY OF THE VANQUISHED**

History is written according to two patterns, that of the victors, linear, coherent, completely bent toward its end, and that of the vanquished, fragmentary, uneven, full of trial and error, disaster, and expectation. It is a principle based on experience which is always verified that history is always written in the short term by the winners who, though they may prolong their victory over the medium term, can in no case dominate over the long term, writes the German historian Reinhart Koselleck (1997: 238). Such an interpretation may appear optimistic or even demagogic when held up against the facts. Yet it contains a profound truth that transcends the question of knowing whether yesterday’s vanquished may hope to be tomorrow’s victors. Whereas on the side of the victors “the historian is easily inclined to interpret a success won in the short term by an ex post teleology of the long term,” as Koselleck explains, on the side of the vanquished, on the contrary, “the primary experience is that it all happened differently from what they expected or hoped.” In other words, the confidence of the former makes them discover a direction to history, whereas the astonishment of the second deeply imprints a historical meaning. This is not to say that history “from below” is necessarily truer than history “from above.” It is rather a matter of considering that the ordeals lived through in one’s flesh and blood say more about the social world than the developments reshaped by the mind, because they connect the present to the experience of the past in order to build the future rather than connect the present to the project of the future in order to erase the past. There are things one does not forget.

Beginning his speech upon the return of the Saartje Baartmann’s remains on August 9, 2002, Thabo Mbeki warned his audience: “We cannot undo the damage that was done to her. But at least we can summon the courage to speak the naked but healing truth that must comfort her wherever she may be. I speak of courage because there are many in our country who urge constantly that we should not speak of the past. They pour scorn on those who speak about who we are, where we come from and why we are what we are today. They make bold to say the past is no longer, and all what remains is a future that will be.” The phrase “at least” in the second sentence must be given its full weight: when history has not been on one’s side, at least its telling should be. The South African president is regularly accused of using collective memory to justify the position of his party and back up his own authority. It is true that the rhetoric of the president is constantly delving into the past to recall the violence that the African peoples were the victims of; first through European colonization and then through white domination. But he is also speaking of what really existed. As John Comaroff and Jean Comaroff (1997: 411) have written, “Nonetheless, the happenings with which we are concerned had a palpable logic: structures of inequality and exploitation were established, racialized distinctions were inscribed on the landscape, hegemonies emerged that turned hybrid realities into discriminating dualisms, elites and underclasses became implicated in each other’s lives and identities.” That past is not so far off; adults still remember it. To grasp what is being played out today one therefore must look for what was being played out yesterday. Not for the sake of nostalgia or memories but because the mark is still deeply engraved. Walter Benjamin (1968: 238) wrote of the classic historians (epitomized, according to him, by Paul de Coulanges), “they blot out everything they know about the later course of history,” and “their empathy with the victor invariably benefits the rulers.” To this version, he opposed a different reading in which the
present throws light on the past, the only way to seize the stakes of the moment in which we are living on the rebound. He called this "to brush history against the grain." That is what I have been attempting to do.

To the strictly contemporaneous approaches that would have the history of the AIDS pandemic begin in the 1990s, when its progression started to gain momentum, and who therefore lock its interpretation into an impossible dialogue between the government and its opponents, I have tried to substitute a genealogy of the epidemic. This approach first means revisiting the long experience of public health used as an instrument to legitimate racial segregation, contributing to the exploitation of the workforce and building up subjectivity through domination: the fact that health policies and medical practices were also ways of treating patients and preventing illnesses obviously changes nothing. It also means considering, within the shorter period of the presence of AIDS in history, the continental and national contexts in which the representations of the origin of the virus and the mechanisms of its propagation, the racially differentiated programs to combat the illness and care for the sick, the operations of destabilization and elimination of the African majority of the country developed throughout the first decade of the epidemic: again the fact that other types of discourse, more prudent, could also be heard and that other actions, more respectful, were undertaken does not diminish their impact. The stigmatization represented by the categorization of a so-called African sexuality in the language of nature and promiscuity, the denial contained in the fact that only sexual behavior was questioned to the detriment of socioeconomic determinants, and finally the violence symbolized by the concept of plans of total race wars have made their mark throughout the twentieth century and plunge their roots into the beyond. “History weighs more than reality,” complained Susann Coosen, a political scientist at the University of Port Elizabeth, in an opinion piece on the 2004 election campaign. Perhaps we should say rather that history, too, is reality.

In view of this genealogy, the structures of the official response to AIDS can be understood as being something else than the denial that common sense has reduced them to. They fall into place around two sets of moral economies that are also two sorts of relationships to time. The first is the economy of resentment. This is a relationship to the past. We know that for Nietzsche, feeling resentment is what typifies the painful relationship that dominated people have to their history. It is an "invasion of conscience by memory traces," as Gilles Deleuze (1962: 131) has put it. That is why it paralyzes action. In Nietzsche’s vision, dominated people, absorbed in the discovery of the imprints left by time and the denunciation of their authors, are caught up in a powerlessness that they justify by their history. For many in South Africa and particularly for those who underwent and sometimes combated apartheid, AIDS is an experience of the strong sense of the word. They relive and feel anew the past of violence, humiliation, and loss of dignity that they either experienced themselves or experienced through the accounts of parents and relatives. Tuberculosis and syphilis, medical discourses and moral lessons, the image of sexuality and the exploitation of bodies spring to life once again as people experience the epidemic. The second is an economy of suspicion. It is a relationship to the present. Its source can be found in the analysis of ideology proposed by Marx, a prelude to the generalization of the idea that those who dominate hide the workings of their domination from the people they dominate. The notion that something essential is being kept from us about the truth of the world and that it is in the interest of those who hold the reins of power to hide it from us is a common belief. The theory has received official approval from a contemporary school of thought in the social sciences, which Jacques Rancière (1998: 99) sees as "a nihilist interpretation of suspicion theories." AIDS in South Africa, as in many other places on the continent, has bred doubt and mistrust: doubt concerning its reality, mistrust of its specialists. The expression of culturalist and racist prejudices in the years that followed its discovery, the attacks on the sexual behavior and local traditions, imposing solutions emanating from both a minimalism and an oversimplified view of what Africans needed or what they were willing to accept, confirmed them in their skepticism and suspicion. Finally, South African medicine and science, compromised by their active or passive collaboration with the apartheid regime and its crimes, sometimes with the complicity of the intelligence services of the Western states, have discredited anything that might be forthcoming from the white world or even from the West.

Let us make no mistake. It is because the vision of the vanquished is articulated around these two sets of moral economies that it manages to express a truth that the history of the victors refuses to name: for resentment concerns authenticated facts of the past, just as suspicion implies documented realities of the present. These two moral economies can thus not only be rationally analyzed, they also correspond to an essential moment of truth for South African society. If one does not want to recognize them for what they are, one runs the risk of doing nothing more than recrimate and complain, two reactions that have been especially common in South Africa over the past ten years every time the subject of AIDS is broached.
Yet these two perspectives do not obliterate the future, for two reasons. First, other dynamics exist in South African society, and it is obviously impossible to limit the answers to AIDS and more broadly to social problems solely to the above-mentioned duality of resentment and suspicion. Aside from resentment (and to stay within a Nietzschean typology), there are active forces in those who strive for social change. Concerning suspicion (and to stay within a Marxian approach), many social actors do implement praxis rather than ideology. It is therefore impossible to reduce South African politics to a single interpretation, even if it allows us to somewhat apprehend the incomprehensible. Second, the present government and the popular support it receives can no longer be explained by a clearly defined situation of domination. At least on the political level, the vanquished of yesterday are the victors of today. This novel situation has as its consequences that the parties in power and their elites cannot with impunity keep the South African nation that they now rule in the sole logics of resentment and suspicion. They have already been subjected to critiques from people who want acts rather than words and who are beginning to see them as the new dominators.

"What might it be to tell a 'free' story in South Africa, about memory and democracy, and about the intricate relations between individual and collective memory?" Sarah Nuttall (1998: 75) asked in a book on how memory operates in politics, art, and literature. The answer probably lies in the plural experiences of history cautiously rewritten by the Truth and Reconciliation Commission and violently mobilized around the AIDS epidemic. Probably, too, in giving the past the time it needs to be written.
straint cannot be taken as a uniquely defining quality of structure" and "structure is always both enabling and constraining," there are still social configurations in which agency remains extremely limited. South African society under apartheid and even during postapartheid is of that kind. In Joseph's story, a window opened on new possibilities: obtaining a disability grant from the government. It has allowed him to recover some of his autonomy in relation to his family and some dignity in relation to himself. Often criticized, social policies on AIDS do have this capacity.

PROPOSITION 5: THE FORMS OF EXPERIENCE

Writing about the experience of violence and inequality involves the symmetrical risk of giving in to either the pathos of denunciation or the exaltation of rebellion—a trap that Nancy Scheper-Hughes (1992: 533) describes in the conclusion of her own work on disease and death in Brazil. "In writing against cultures and institutions of fear and domination, the critical thinker falls into a classic double bind. Either one attributes explanatory power to the fact of oppression (but in doing so one can reduce the subjectivity and agency of subjects to a discourse on victimization) or one can try to locate the everyday form of resistance in the mundane tactics and practices of the oppressed, the weapons of the weak (here one runs the risk of romanticizing human suffering or trivializing its effects on the human spirit, consciousness, and will)." Her words echo the historian Bellinda Bozoli's reconstituting of the itineraries of South African women (1991: 239): "This study has attempted to question two extremes of approach: the 'victimology' that caricatures black South Africans as the somewhat pathetic objects of colonialism, racism, oppression, poverty, patriarchy, and capitalism; and the converse of this, the 'rah rah' approach which makes romantic, celebratory, and teleological assumptions about black South African consciousness and struggle." I hope that the sort of misrecognition we have described here escapes misrepresentation and that my discourse on the victims of structural violence has not become victimology. I have no doubt, however, that these life stories leave little room for romanticism and that their recounting has avoided the pitfalls of demagogic enthusiasm.

As a matter of fact, in the tension thus created that also more generally opposes structure and agency, South African history, especially the part that history that concerns the African or black population, makes the analysis point toward constraint rather than freedom. How could three hundred years of oppression and exploitation, more than a century of discrimination ending up in the project of apartheid that affects every facet of life and creeps into every pore of the body, leave people with real decision-making power as to their own destiny in the townships and above all in the homelands? This is not to deny the fact that every agent is called upon to make choices—though completely overdetermined by the socio-economic and political-juridical structures—or to say that these periods did not witness any resistance or rebellion, personal strategies and collective actions—but there again, actors' autonomy was severely hampered by the systems of domination.

For Magda, moving between her Lesotho, Natal, and Alexandra, and for Joseph, enclosed in his Lebowa and the neighboring farms of the Transvaal, however different their lives and the forms of violence and inequality they experienced may have been, agency was restricted; and their biographies often resemble a repertoire of events inscribed in situations of poverty and relations of power. The illness itself, which is neither a biological fatality nor a cultural curiosity but the result of those inequalities and that violence, in the end comes to inhibit the field of the possible even more, if only by the physical weakness it causes. Of course, the closer one comes to individual experiences, the more the breadth of each story; the singularity of each trajectory and the personality of each agent bring with them unexpected confluences and bifurcations, unforeseen rationalities and desires that cannot be compressed in the unrelenting game of structures. Magda recuperates her autonomy by joining a home-based care association, participating in activists' demonstrations, obtaining before anyone else antiretroviral treatment during pregnancy and after delivery, or simply by learning to negotiate her relationship with men better. Joseph, in spite of the stronger economic and social constraints that weigh on the rural world than on urban society, recaptures a space in which to live, modest but one he never possessed before, independently from the arrogant authority of his white employers and the deleterious malevolence of hostile relatives, and he even considers marrying again and becoming a landowner. In both cases, it is not without significance that AIDS is paradoxically what allows them to withdraw from the spiral of misfortune and domination, directly for Magda through her involvement in militancy and indirectly for Joseph thanks to his disability grant. Illness is also a social resource.

To account for the epidemic of AIDS in South Africa, for its unprecedented progression and its unequal distribution, for the profusion of controversies and the difficulties to act, for the past that encumbers it and the present with which it forces one to live, we need a theory of the embodi-
ment of the social world, that is, of the way in which history has surreptitiously and decisively infiltrated every interstice of life, words and acts, representations and praxis. Borrowing from the phenomenological interpretation adopted by sociology after Bourdieu (1979) and reformulated in anthropology by Thomas Csordas (2002), we may attempt to articulate what I have proposed to name condition (life embedded in the economic and social reality), on the one hand, and experience (life lived both individually and collectively), on the other. This is what I have tried to do here by associating landscapes and narratives, structural effects and agents' strategies, the world of mines and farms and the trajectories of men and women. It is in this way that the "experience of the body" that Merleau-Ponty (1945) has spoken about can become what he calls "being an experience," in other words, a presence unto oneself, unto others, and unto the world that necessarily preserves the mark of the past, the past one lived oneself as well as the past experienced by the group to which one belongs. But that experience is not homogeneous and does not follow a straight line. Here, another philosophical tradition must be called upon: hermeneutics. For Wilhelm Dilthey (1976), the universe of experience is not uniform. On the one hand, there is the daily experience passively lived through and recorded. On the other hand, there are experiences that form and transform those who have lived them. These facts or moments that emerge from the temporal flow are what structure the meaning of life. As Victor Turner wrote (1986: 35-36), "These experiences that erupt from or disrupt routinized, repetitive behavior begin with shocks of pain or pleasure. Such shocks are evocative: they summon up precedents and likenesses from the conscious and the unconscious past—for the unusual has its traditions as well as the usual. Then the emotions of past experiences color the images and outlines revived by present shock." Both as the individual reality of the sick person and as the collective reality of a social group, AIDS has that effect of making the past color the present.

Achmat Dangor's novel *Bitter Fruit*, considered one of the emblematic works of postapartheid literature, recounts such an experience. It begins abruptly: "It was inevitable. One day Silas would run into someone of the past, someone who had been in a position of power and had abused it. Someone who had affected his life, not in the vague, rather grand way in which everybody had been affected, as people say, but directly and brutally." Far more than writing up the report of the Truth and Reconciliation Commission (which is what the main character of the book is doing) whose contents are precisely the stuff of the history that must be reconstituted, it is thus a banal yet extraordinary event—an unexpected encounter—that unleashes the true resurrection of the period of oppression and upsets the delicate balance of his existence. More than any other experience, AIDS thus unleashes the meaning of things.
the words of the philosopher of deconstruction and the words of the AIDS sufferer, Derrida and Mesias, can legitimately come together—in what they are saying about their mutual survival. It is in this body of writing that the anthropologist seeks the meaning of his work.

**PROPOSITION 6: POLITICS OF LIFE**

In South Africa, AIDS biopolitics have often seemed like "necropolitics," to use Achille Mbembe's (2003) expression. While modern forms of "governmentality" consider life the main target for government action, while the "technologies" of living organisms are the primary characteristic of normalization systems, while "the disciplines of the body and the regulation of populations," following Foucault (1976), sum up the state's mode of intervention par excellence, South Africa—and along with her, the whole of the African continent with its civil wars, ethnic conflicts, and exterminating deliriums—has been portrayed as an exception in the supposedly universal process of civilization—to sound this time like Norbert Elias (1982), who tried to test his theory in Africa at the end of his life.

In the polemics triggered by AIDS, the government's policy, particularly insofar as the delays in implementing the prevention of antenatal transmission is concerned, has been termed a "genocide" by some—such as the artist Pieter-Dierk Huys or the research scholar Malegapuru William Makgoba—a "holocaust" by others—such as Judge Edwin Cameron or the activist Zachie Achmat. These politics of death are equally reflected in the intellectuals' more analytic but no less dramatic reasoning, as in the following text by Ulrike Kirstner: "In Mbeki's logic of governance, the right to life and the right to life-saving and life-prolonging drugs, comes under the sovereign power of state officials. It brings to mind the original definition of absolute sovereign power: namely the power to let live and make die." In the interviews I carried out with residents of Soweto as well as with academics in Johannesburg, it was a recurrent theme, like a dreadful and prophetic refrain of which an inhabitant of the townships gave the following version: "When we are sitting down in the support group, we discuss. This is what we say. The ANC wants us to die. Most people with HIV are unskilled, uneducated, unemployed. We are unskilled, uneducated, unemployed. How will the government benefit from us? The more numerous we are, the more problems we cause. If they can get rid of us, there will be less unemployment, less crime. Let them die." The tragic interpretation of politics espouses Zygmunt Bauman's (2004) depiction of contemporary so-
cities in which he denounced the production of “wasted lives.” Another aspect appears, however, in this man’s words: their extermination, not actively through physical violence, but passively by therapeutic abstention.

The parallel with apartheid is the backdrop for this vision, a parallel that was first used, as we saw, to express the principle of the new struggle. Chris Hani used it in his famous speech in 1990 in Maputo, saying in substance: we have rid ourselves of the scourge that we supported for decades, let us not allow ourselves to be caught short by the one that is coming. It is also in that spirit that the Treatment Action Campaign launched its prevention program in 2001 during the twenty-fifth anniversary of the Soweto uprising: the posters showing yesterday’s and today’s victims side by side underlined the message. But then the comparison progressively shifted from the struggle as such toward the object being combated: “AIDS is our new apartheid” is a phrase coined by Archbishop Desmond Tutu and often heard afterward. And finally, from the combated object we pass to the combated subject: the government of today has thus been likened to the government of yesterday in a rhetoric that covers far more than AIDS and has become a leitmotiv expressing the public’s dissatisfaction with the authorities: “It’s even worse than during apartheid,” one often hears or reads. National officials and representatives are not exempt from this escalation, with the difference that criticism there turns into accusations of racism, systematically used to discredit opponents, including references again to the argument that the adversaries want to exterminate the African population, an argument that the president implicitly and the health minister explicitly have publicly employed.

“Power over life” and “race war”: the two Foucauldian themes of his 1976 lectures at the Collège de France (1997) have merged in the South African public arena. We know that for Foucault, the two characteristics of Western politics of modernity are, on the one hand, the transition from “sovereignty” (the right to “make die and let live”) to “biopower” (the right to “make live and let die”) and, on the other, the transformation of “race war” from a conflict naturalized within a state to “state racism” that implements nonbelligerent forms of eugenics.31 The point where these two transformations meet, between the power of life and state racism, depends on where the break is made: “the break between what must live and what must die.” This policy takes the form of the elimination of the weakest, the “abnormal,” the “degenerate,” in order to make “life generally more healthy and pure.” Whence “the importance of racism,” which is “the condition permitting one to exert the old sovereign right to kill.” In other words, state racism is what has been left over from sovereignty in contemporary biopolitics. The thesis is forceful but problematic, especially because it claims to apply to all contemporary configurations regardless of their historical context or political project: “There is hardly any modern state functioning that at a given moment and within certain limits, in certain conditions, does not experience racism.” That lack of differentiation in the South African discourse is what causes the polemic to swell and finally politics to dissolve. It is, on the contrary, differentiation that I wish to place in the foreground.

Because the apartheid regime postulated the social and political inequality of a priori racially defined, in other words, biologically qualified, groups,32 it succeeded fully and completely—like the Nazi regime in another context—in superimposing power over life and state racism: if eliminating the enemies and even eradicating the black race were a possibility on the horizon that certain groups in the state margins tried to realize (for instance in the chemical and biological warfare but also in a whole series of other projects), fundamentally the dominant principle was one of separation and exclusion. Politics in Arendt’s (1995) sense, that is, living together in “human plurality,” was twice rejected: ideologically and practically. One might therefore say that the racist biopolitics of apartheid were the negation of politics. Better yet: they represented the end of politics, to use the idea put forth by Agnes Heller (1996: 3), for whom “politics begins where biological ties and determinations cease to be overarching, where the membership in a common political body takes precedence over the solidarity with biological body.” Apartheid ended the possibility of politics.

On the contrary, the postapartheid regime rests not on the equality of racial groups but on their nonpertinence: races do not exist; therefore, there is no reason to proclaim them equal. National reconstruction is at that price—at least according to official ideology. But it hits up against the reality principle, on the one hand, which claims that each individual, group, and institution has been raised and socialized into thinking in terms of race, and, on the other hand, the history backslash, for, independently of all reality, the past never ceases to surge and stir people up. Once it is stated that races do not exist, contradictions appear whether in statistics, if only to measure inequalities, or in the policies of affirmative action, consisting precisely in correcting them. Invoking race in the public debate, when it is not simply a question of cynical calculations, means that what exists no more in the law does exist in society, in people’s minds and bodies. So “postapartheid” purges racist biopolitics yet conserves its trace. This is what justifies the prefix post-, for it is an afterward that intimately preserves
the imprint of the before. In that way too, postapartheid is a return to politics, in its Arendtian sense: a difficult return, in suffering, contradiction, and conflict, but a return nevertheless. Its horizon is a common humanity, but a humanity that does not forget.

AIDS, however, causes the biological question to crop up once again in politics. Yet, except if one blatantly misinterprets the facts, it must be admitted that the politics of life being played out around the epidemic have nothing to do with the racial biopolitics of the ancient regime, except that they are its heritage, as postapartheid is apartheid's heir. The unequal socioeconomic distribution of the infection attests to it as much as the violent controversy that has been its hallmark. But what is today's politics that point in two radically different directions—that of the government and that of the activists—and in the name of which the most violent battles the South African nation has known since its liberation are being fought? Are they but one in two opposite forms or, as the government's opponents claim, a politics of death versus a politics of life? To answer that question, we must go back, once again thinking with Arendt [1959: 8], to the more or less clear distinction established between two words that in ancient Greek texts (Aristotle in particular) mean life:  

-  

... and  

... the social life specific to human beings "full of events which ultimately can be told as a story, establish a biography." This opposition was radicalized by Agamben (1997), who speaks of "bare life"—the one inscribed in the body—and "political existence"—the one created by language; for him, modernity is characterized by the fact that "the space of bare life, situated at first in the wings of political organization, progressively ends up coinciding with political space." But in the South African history of AIDS, far from merging as his theory would have us expect, the two politics—of  

... and  

...—collide.

On the one side, the activists and with them those fighting to gain access to treatment in all its forms (prophylactic for the newborn and for rape victims, therapeutic for patients) inscribe their crusade in the register of biological existence. Their slogan in this respect is clear: the right to life. For them, every life saved is valuable in and of itself and the unceasing proclamation of figures recalling the thousands of children it would theoretically be possible to spare thanks to antiretroviral drugs is above all the expression of a sum of physical existences. Hence their incomprehension when the risk of increasing inequalities in the face of illness and death is invoked by the government, since given the economic and health realities of the country, some will receive medicine and others will not: to a certain extent, for them, that criticism cannot object to saving lives, however few. I have proposed we speak in this case of biopoliticizing. On the other side, not considering the strictly heterodox positions that quite obviously appeal to different logics, the government (through its fight against poverty and discrimination) brandishes another form of common good, in the hope of reducing inequalities in access to food as much as to treatment. Its slogan would more likely be: the right to justice. The life it is defending is political. To do this, it depends on the legitimacy it received, and is still receiving, from its constituency, but also, and this is too often forgotten, the polls in which unemployment and violence are far ahead of AIDS among the preoccupations of South African citizens. I suggest that we interpret this perspective as the traditional expression of sovereignty. Of course, the conceptual opposition I have drawn here is too cut-and-dried. First, the activists, who when interviewed admit their fight is based on the principle of biopoliticizing as presented here, also—rightly—affirm that they progressively took their opponents' arguments into consideration, to integrate the question of equity in the problem of access to medicine. Second, the government, which never stops referring to the people as the incarnation of sovereignty, is also in its own way—and legitimately—defending a form of bare life, the one of basic needs, and of enough food to begin with. Nevertheless, in this confrontation between two politics of life—and certainly not a politics of life versus a politics of death—I see the theoretical heart of the controversies that have torn the country apart for a decade now.

Yet that opposition is not insurmountable. Several elements show that it is already concretely being challenged in people's daily acts and commitments. That is the meaning of the prevention and care programs that have never stopped functioning even at the highest point of the polenic and more recently of the roll-out of antiretroviral drugs decided by the government at the same time as the increase in social grants, especially for patients and orphans. But perhaps the confusion between the two forms of life has never been as evident as when the agents expose it and in fact play on it, in the strong sense of the term. By refusing to take antiretroviral drugs as long as they were not available to everyone in the public sector, at least in principle, TAC chairperson Zachie Achmat courageously and publicly threw his own physical existence into the balance and introduced bare life into political action, just as Supreme Court judge Edwin Cameron did by being the first important person of the South African state to announce that he was HIV-positive and gay. Such gestures illustrate in the most convincing
way possible what the new politics of life is becoming, what Nikolas Rose (2001) calls, after Adriana Petryna, a “biological citizenship,” that is, “a universal human right to protection, at least of the bare life of the person and of the dignity of their living body.” In such a regime, “all human lives have the same value” at least in theory, because in practice we very well know that on the contrary “biological lives of individual human beings are permanently submitted to judgements of value.” Nikolas Rose is referring here especially to the domains of medicine, genetics, and ethics. But the remark touches on more than the realm of biomedicine.

The affirmation that all lives have the same value—on which, taking off from very different premises, both the activists seeking to save those who can be saved and the government trying to defend an ideal of social justice may agree—is belied by the biological evidence of premature deaths (young adults and their children as AIDS victims, but also as victims of other illnesses, homicides, and accidents); it is also contradicted by the political evidence of lives that have never really counted (for a long time, even their deaths went unrecorded under the apartheid regime). The inequality of lives, biological and political, local and global, is perhaps the greatest violence with which anthropologists are confronted in the field, as they daily prove the truly existential and vital distance that separates them from the men and women whose histories and lives they encounter.

CONCLUSION

This World We Live In

This world needs a wash and a week’s rest.

W. H. AUDEN

The Age of Anxiety

ON APRIL 17, 2004, South Africa celebrated the ten-year anniversary of the end of apartheid. General elections were held that very day, and the ANC won a landslide victory that was also a personal triumph for its leader, Thabo Mbeki. His party took more of the vote than it had with Nelson Mandela directly after the fall of the hated regime. Few observers noted, though, that in the vast opinion poll conducted a few weeks before, 86 percent of Africans said they would vote for the ANC, 0 percent for the Democratic Alliance, the main opposition party, and the figures were almost exactly reversed for whites: 1 percent and 69 percent respectively. There were huge celebrations in the various spheres and levels; in Pretoria, forty heads of state and approximately ten prime ministers attended a ceremony in the presidential gardens (France was represented only by its foreign minister), and on the city’s public lawns tens of thousands of South Africans, most just ordinary citizens, gathered to express their emotion (little notice was taken again of the fact that there were hardly any whites among them). A few weeks earlier, the roll-out of antiretroviral drugs had begun in all the country’s major hospitals, putting an official end to the long controversy over AIDS treatment. These events did not draw much international media attention, however. America was discovering with horror that its soldiers regularly practiced torture in Iraqi prisons and that it was known and had been covered up at the highest military levels. The European Union was
electing representatives for the first time as a twenty-five-member entity, a process for which there was little enthusiasm among either old or new members; voter turnout proved unprecedentedly low. France was reassured to see itself unified in its protest against the anti-Semitic acts being committed on its soil while continuing to ignore the daily ordeal of racial discrimination in its poor segregated neighborhoods. During the weekend preceding the South African election, all the major French television stations, both public and private, had joined together to organize a televised demonstration focused on the AIDS cause; the point was to remind viewers that infection was still a threat. The programs spoke little of Africa, where it is hardly necessary, however, to recall this obvious fact. Only the controversial presentation of a documentary on the origin of AIDS in which it is maintained that Africans were accidentally contaminated by polio vaccines in the 1950s provoked some discontent, which the filmmakers then responded to with various arguments and justifications.

In the prologue to The Age of Anxiety, W. H. Auden (1991: 449) writes of moments “when the historical process breaks down,” “when necessity is associated with horror and freedom with boredom.” It seems fair to say that today’s world is undergoing such a moment, between “times of peace,” when “there are always a number of persons who wake up each morning excited by the prospect of another day of interesting and difficult work, or happily certain that the one with whom they shared their bed last night will be sharing it with them again the next,” and “war-time,” when “everybody is reduced to the anxious status of a shady character or a displaced person,” when “even the most prudent become worshippers of chance.” This observation is not mere doomsday prophesying. The “age of anxiety” we are living in can indeed be conceived of as a kind of intermediary period in which, at both the national and planetary levels, the security of a minority is bolstered and fueled by the insecurity of the majority and order reigns at the center to the detriment and disordering of the periphery. Ours is an age of anxiety precisely because of the tension that exists between what is being protected and what is being abandoned, what is being fought for and what is given up for lost. In a world of inequality and violence, we can only be reassured on condition that we conceal from ourselves the price that must be paid for such reassurance.

In this respect, the history of AIDS in South Africa can be read as paradigmatic of the world we live in today. It was reassuring yesterday to be able to describe the controversy surrounding the etiology of the disease and the suspected dangers posed by treatments as nothing more than a marginal phenomenon, the misguided notions of a discredited group of dissenters and the whim of a paranoid president. So we did not seriously consider the meaning of an interpretation that put social concerns at the core of the AIDS epidemic, and we did not value the social relevance of this interpretation. It is reassuring today to learn that antiretroviral drugs are at last available and arrangements for home-based care are in place. But we are not asking about the objective conditions in which men and women continue to become infected, the conditions in which they are given access to therapeutic drugs and are followed for their side effects, the conditions in which, very simply, patients work, eat, live. It was perhaps reassuring to think that there are sexual behaviors and cultural representations that favor the spread of the disease. So we did not evaluate how heavily the historical realities of racial disparities, gender inequalities, and production relations weigh in the spread of the disease, or look into what has happened to people in the mines and on the farms, in the townships and former homelands. It is reassuring to see civil society organizing to fight AIDS as it did to fight apartheid. But we are not attending to the deep wounds, rancor, resentment, and suspicion left by the many years of struggle. Moving beyond the framework of AIDS, we are relieved to see this decidedly strong, dynamic democracy take action, just as we were relieved recently to see peace return and reconciliation under way. But we are no more ready today than yesterday to see the presence of the past in the present, a past that will obliterate the future as long as it is not recognized as such; that is, as long as it is recognized not only as memory to be honored but also as present in which the past is reactualized.

A few years ago, Orin Starn (1992: 152) raised the question of why and how anthropology had “missed the revolution” in Peru, letting itself drift along using old traditionalist or populist approaches to the Indians, failing to see the economic and social distress of the Andes peasants, which was facilitating the rise of armed movements, first among them Shining Path. Perhaps we should ask if today we are not missing other revolutions, less audible and visible but undoubtedly violent to judge by the estimated number of victims and above all the sweeping changes these revolutions foreshadow. Social science researchers, who have tended to dismiss social theories about the AIDS epidemic and those who promote them, denouncing more quickly than they analyze, should not feel they are exempt from this doubt, particularly when they set out to construct the AIDS epidemic. I do not wish to err on the side of pessimism with such probing, particularly
since I am convinced by South Africa's demonstration of the ability of its political and intellectual elites and population to cope with this great challenge while maintaining its democratic values. But it is not my purpose here to assess this historical success, which seems to me undeniable; rather, it is to grasp what the South African experience of AIDS can tell us about some of the most crucial issues in today's world. What I have described here of inequality in the face of death, which is first and foremost inequality in life, and of sexual violence, which is also social violence, exemplifies the inequality and violence that affects bodies and afflicts the weak everywhere in the world. Controversies and rumors, distrust of medical treatments and reluctance to believe in medical experts' impartiality, the idea of a national or an international plot—these phenomena attest to the logic of suspicion and resentment that can prevail in situations of domination, and they offer a stunning demonstration of how knowledge and power are intimately related. Interpretations of the world in terms of race and accusations of racism, the feeling of a common cause uniting all black people regardless of national borders or continents, reference to genocidal projects or intentions—these phenomena suggest a full-blown imaginary of race war rooted in the harsh reality of racial discrimination and conflict.

The "pathologies of power" that Paul Farmer (2003) writes of extend beyond the material dimension of social determinations of the disease to the discursive dimension of political interpretations of it. They exceed the limits of the physical body and affect the social body as a whole. Moreover, local space is porous, open to global realities, just as it can itself shed light on global realities. These facts suggest that it is useful and worthwhile to relate the ethnography of South Africa to world history. Media-reported facts about the rest of the planet take on different meaning in light of information collected in the field. We can no longer take lightly the graffiti on Alexandra township walls that glorifies "Bin Laden" scrawled next to calls to "Kill the Boers," any more than we can underestimate the meaning of the contrast so often noted in South Africa between the compassion shown to the United States by Western countries after the attack against the twin towers and those same countries' indifference to the destruction of a building in Nairobi, when both events were due to terrorism and only the victims—Americans, Africans—were different. We cannot understand the South African president's unbending support for Jean-Bertrand Aristide, which moved him to offer the Haitian leader asylum after he was thrown out of power, if we do not understand his sense of South Africans' and Haitians' shared destiny: enslaved, the Haitian people were able to liberate themselves, just as black South Africa, persecuted by apartheid, was able to defeat its oppressors; Haiti was the first country to be decimated by AIDS, while South Africa is the most recent and dramatic nation case; and both heads of state have been demonized by the international community. People in South Africa and elsewhere in the Third World were critically attuned to the fact that anthrax, the deadly bacteria that gripped the headlines of the terrorism chronicle in North America in 2001, was precisely the germ used a few years earlier by the apartheid regime in its biological warfare programs against black opponents, and that in order to obtain sufficient quantities of an anthrax antibiotic, the United States activated an exception-for-health-purposes clause it had refused to ratify a few months earlier, during the World Trade Organization round, in connection with making AIDS drugs available in developing countries. The Nigerian religious authorities' 2004 decision to prohibit a polio vaccination campaign that would have used a product made in North America suspected of being used to sterilize women may be seen, together with the discovery published in the most serious international scientific journals that the disturbing spread of hepatitis C on the African continent might be due to shots given in a program for combating schistosomiasis during the colonial period, are ambiguous echoes of the largely contested thesis that a polio vaccine was responsible for the genesis of AIDS half a century ago. Here phantasmatic production and historical reconstitution seem to make sense in terms of each other. The history of AIDS in South Africa constitutes a web of meaning that extends well beyond country borders and the disease itself. It recounts a political world order composed of both social configurations and symbolic arrangements, relations of knowledge and power, representations of the self and discourses on the other.

In a long and impassioned article published in the New York Review of Books, Helen Epstein (2000) suggested there is a "mystery of AIDS in South Africa" that she considered it her duty to elucidate. It was of course her prerogative to see the situation that way. But why not consider the possibility that the problem lies not only in the existence of a mystery but also in our inability to penetrate it? What we do not understand about South Africa and the AIDS epidemic there may have to do with our not caring enough to understand. The journalist spent three weeks in South Africa—not, she says, enough time for her to grasp the complexity of what she compares to "some mystical Hebrew text" or indeed to meet and speak with all the persons she had hoped to. The fact that some of them were unavailable to see her seemed to her a further indication that she had "come to land in a fairy
tales, where everybody is evasive and ignores appointments.” It both made her indignant and set her to wondering if she herself had not been touched with “South African paranoia.” She does, however, draw a few strong conclusions about this “vaguely postwar atmosphere, in the self-imposed curfew, the corruption and crime,” noting that the South African head of state, whom she had glimpsed on television during an interview shown in the United States, seemed to be hiding something.” In her conversation with a young white South African manager on the flight out of South Africa, she says she is finally given this decisive clue: “It’s all political. Everything is political in South Africa.” The fact that such a short visit was not enough to elucidate the “mystery”—to understand a social world in light of its history—is hardly surprising to anthropologists accustomed to thinking and working in the long term—a practice for which they are often criticized because it goes against the imperious necessity to act in the world. For them, however, the AIDS epidemic and controversy in South Africa may not just be an object of knowledge that can only be understood gradually, slowly, but also a question of ethics, to be conceived in terms of respect for the other. And they may even think it quite all right for a society not to be immediately transparent to a foreign observer, especially since it is hardly transparent to itself. Suspending judgment for a moment, reining in the sense of urgency that compels us to speak out, taking the time to observe and listen, preferring critical reflection to hasty denunciation—these are the intentions, the premises, on which this book is constructed. And they are perhaps the loftiest demands made on us by this world we live in.

Demands that it is no simple matter to respond to. “The structure of modern sensory experience is inherently ironic. The sensory sphere is experienced in such a manner that profound transformations occurring in it or imposed on it are rendered imperceptible to the individual eye. This is precisely why everyday life in modernity has become the site for far-reaching historical transformations. For it is there that the historical unconscious is most powerful,” observes Nadia Seremetakis (1996: 19). In the “polarity between the sensational and the mundane,” which is also the “dichotomy between the sensational and the sensory,” the latter is “left unmarked, unvoiced and unattended to.” We readily talk about the AIDS controversy in South Africa and its most striking moments of clash and conflict, just as we readily talk about September 11 and other history-making events. But we are often silent about the ordinary experience of AIDS, the most personal, intimate suffering, just as we are often silent about the most entrenched injustices in the world and how they are perceived by the people who suffer them. In light of the history of AIDS in South Africa but from a wider perspective, let me then attempt a last analysis of the “profound transformations” that generally remain “imperceptible.” Poverty and violence, discrimination and exclusion—the matters of this study—have simply always been present everywhere. However, in contemporary societies these realities are characterized in a heretofore unknown manner by two inseparable facts: differences among people have never been so great, nor have they ever been so clearly and fully perceived. In other words, inequalities have become both objectively and subjectively patent.

Inequalities have increased. Disparities in life expectancy mean that the worst-off people on the planet may live only half as long as the best-off. The same iniquitous relation exists within certain nations. More subtle but no less cruelly effective is the difference in value attached to the lives of some compared to the lives of others. Highly similar moral assumptions account, on the one hand, for accepting the idea that the majority of third world AIDS victims not be treated when the most sophisticated, costly treatment is made available to sick persons in rich countries, and, on the other, for the practice in contemporary warfare of having bombers fly at altitudes that will protect the lives of Western pilots when this necessarily causes “collateral damage” in the form of hundreds of deaths among precisely those indigenous civilians the bombers are supposedly defending. This polarization can increasingly be discerned in the global space. Certain territories are protected from poverty and violence; economic and civil security is the rule there. Others are left to the ravages of poverty, brutality, misery; in those places, acute material insecurity is people’s daily lot. The South African space inherited from apartheid and then recomposed according to the same logic of protection-abandonment is a particularly expressive form of this reality, which is less manifest elsewhere but just as operative. At the scale of the planet, protected regions such as those encompassed by the European Union can only maintain themselves by applying the principle of restricted access, as is attested by recent developments in immigration and asylum policies. In contrast, abandoned zones are developing and growing. In some cases they represent entire countries, where the best that people can hope for is intervention by international peace-keeping forces and humanitarian organization teams.

Meanwhile, inequalities are being felt more strongly perhaps than ever before. This is of course explained in large part by media attention to misfortunes and suffering throughout the world, above all by the power of the
media images of those misfortunes and that suffering. Poverty is more likely to be seen as an injustice the more unequally distributed it is discovered to be. Violence is more likely to be thought of as intolerable the more conscious viewers are that elsewhere there is peace. But the changes I am speaking of are more fundamentally anthropological, and they entail a twofold relation with identity and time. First, construction of the self involves recognizing that one is a member of a community with a shared destiny—the community of the dominated and oppressed. It should be noted that this identity lexicon differs sharply from the earlier one, where the key term was exploitation. Political and moral self-identification of this sort transcends national borders and often takes on a racial dimension, precisely the dimension along which the African continent and its American diaspora are coming closer today, in particular. But such self-identification does not neglect broader loyalties encompassing other victims, as is shown by the reception of the Palestinian cause in such culturally and historically dissimilar contexts as South African townships and poor French suburbs. Second, self-construction now implies a reappropriation of the past, which in turn reveals the historical continuity of oppression and domination. The present only makes sense because it is linked to what preceded it, to that which was and has been forgotten, to buried humiliations, and to silenced resistance. Today’s numerous reparation demands—reparation for apartheid in South Africa, elsewhere for slavery or for genocide—cannot be dismissed as mere cynical calculation or political manipulation. They are an entirely new expression of the embodiment of time, at once intensely personal and more broadly reflexive. In this sense, the particular ways the dominated and oppressed understand facts and their experience—interpreting their misfortunes and suffering in terms of victimization, grasping certain facts as if they pointed to conspiracy—are indicators of contemporary types of subjection.

The age of anxiety we live in is characterized by tensions generated by the harshest inequalities ever known, inequalities that are also the most profoundly felt by the men and women who suffer them. It is also an age in which the sufferers are invisible to the men and women who profit from these inequalities. The well-off may deny the existence of the badly off, seeing the disparities in contemporary South African society as amounting merely to the rise of a black bourgeoisie, for example. Or they may misread them, seeing the afflicted as responsible for their affliction, as in behavioral or culturalist approaches to AIDS. Or they may simply not take any interest in them. Considered from this perspective, the age of anxiety Auden wrote of is one of rumor and disavowal, blindness and silence, injustices deepened by denial.

But there are other horizons, other possibilities. For “anxiety” we might substitute “uneasiness,” which John Locke understood as a feeling of intellectual discomfort that comes over us when we consider the state of the world and which he saw as a necessary cause of voluntary action. Uneasiness, or better, inquietude, as it is translated in French, which gives it a sense more active than affective. An age of anxiety is blind to inequalities, their causes and consequences: hurrying from commemoration to commemoration, it is without memory. An age of uneasiness is sensitive to inequalities and tries to grasp them as both condition and experience: attentive to the embodiment of memory, it works to apprehend the present as a moment within a history. While an age of anxiety divides the world and produces two contradictory, opposed orders of intelligibility, an age of uneasiness calls for a shared world that nonetheless remains open to different readings, divergent understandings. Anxiety, because it is linked with disinterest in others, paralyzes. Inquietude, when it is associated with concern for others, moves people to act. It is a challenge for anthropologists. And a duty for the citizens of the world.