4-2010

Fleshing Out the Spirit of Contention: Conflicting Preventative Approaches to the AIDS Pandemic in Africa and the Promise of a Scientific Narrative

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Conflicting Preventative Approaches to the AIDS Pandemic in Africa and the Promise of a Scientific Narrative

A Thesis Presented to

The Honors College

Louisiana State University

In Partial Fulfillment

of the Requirements for

Upper Division Honors Distinction

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April 2010

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Introduction

Historically, it seems that the pursuit of man's understanding of life has revolved on two academic axes – science and art. For centuries, the two may have well as existed as different worlds, functioning not just separately, but competitively. While scientists seek to uncover the truth of life by measureable facts, artists grapple with it through observable realities of the human experience, which are often explained and appreciated through a narrative mythology. C.S. Lewis poses that "what flows into you from the myth is not truth but reality (truth is always about something, but reality is that about which truth is), and, therefore, every myth becomes the father of innumerable truths on the abstract level" (67). Science threatened to disrupt the fuel for the narrative imagination, which was found in the ambiguity of the natural world and man's relation to it.

A scientist's mission is to uncover the truth behind the experienced reality, measuring the patterns of the earth and finding man's place in it. Scientists have a method to uncover these biological facts, but they often do not present them in such a way that is easily accessible to the general populace. Narrative can successfully present realities that allow a vast array of people to grapple with the way life is lived. Although less concerned with experimental studies, it achieves a level of access science does not. The mysteries of life that science can uncover do not threaten the power of narrative, but can create a more solid foundation of truth that mythological reality can build upon.

However, narrative artists feared that sparks that lit the fire of their imagination would be put out by a black and white world with hard science. Such opposition was most evident during the Age of Enlightenment when the religious leaders, whose authority was found in explaining the mysteries of life with their mythology, forbade the scientific pursuits. And so the contention between methodology and mythology began. Those who sought scientific answers and those who loved the narrative myth drove a defensive wedge between the preferences, creating a barricade of thought and the creation of two cultures.

Over the years, most in the West have grown up with a tendency to simply accept this system of segregated pursuits. In primary school, most school days are divided into two blocks of learning: humanities and science. In secondary school, they offer electives of either an upper level science or art class in order for the adolescent to explore their individual forte. Finally, in college, most aspiring students must choose a route of language or numbers. Rarely are the two combined for any length of time.

Each field carries such pride over their particular field that they not only forget to celebrate the good in the other, but they become blind to it. The lovers of the humanities embrace the beauty of variable expressions of the imagination and are taught to shiver at the cold, hard world of lab coats and numbers. The scientists, on the other hand, explore the tangible world around them and roll their eyes at contemplation of inestimable reality. C.P. Snow observes in his book *The Two Cultures* that the literary intellectuals and the scientists were "comparable in intelligence, identical in race, not grossly different in social origin, earning about the same incomes, who almost ceased to communicate at all" (14). The problem does not lie in the different methods of research that the humanities and sciences pursue; it is that they don't efficiently communicate, if at all. The longer the fields do not communicate, the more different

they become and the more they forget how to collaborate. Over time, the pride that each side takes in their own interests turns into a contention other interpretations of the truth. It is almost a competitive streak that will not be solved by silence.

The longer that the academic cultures stand separate, society stands incomplete. The scientists appeal to the objective, physical nature of life, while narrative appeals to the subjective nature of being human. Although science and myth have undergone centuries of separation, they can never be fully divorced from one another. They share the same passion – the study of life. Never has the world been more aware of the need to unify the two than now.

The AIDS epidemic in Africa has been a fairly recent threat to the future of an entire region's existence. In response, two different programs have been implemented to stop the progression of the deadly threat: condom distribution and abstinence. The two seem to oppose one another and each are promoted by the two cultures just described. Educators focused on the scientific approach say the problem won't be solved until condoms are *incorporated into* the culture, and humanitarian organizations focused on narrative mythology claim that the problem won't be solved until a new understanding *changes* the culture by abstinence.

Unfortunately, the two programs work fairly exclusively from one another. In fact, in some ways, they are blindly hostile. In February 2009, Pope Benedict XVI was verbally attacked when he commented that condom distribution is not helping simply because it was interpreted as a closed minded perspective of a religious figure. He may not know all of the in's and out's of the scientific method, and he may promote the abstinence approach, but this does not mean that his observations should be disregarded as a mere opinion rather than a reliable source of knowledge. If one is to be culturally relevant and solve the problem threatening the southern and eastern regions of Africa, the scientists and mythologists must drop their weapons

of hostile defense and objectively view this crisis together. They must stand on the common ground of the shared love for the study of human experience in the natural world. They must disconnect preference from their approach, as they are serving only to slow down the fight. As long as there is no collaboration, there is a weakness in their efforts. As one Western authority tells Africans too much sex is the root of their problems, the other seems to give them license to have as much sex as they want. And we wonder why the problems in Africa are not improving the way we predicted…

It is important to realize, neither of their attempts is wrong, but simply incomplete.

Thesis Statement

This paper addresses the Western development of two distinct academic cultures, the sciences and the arts. Although both are concerned with the study of life, the differences in their appreciation of it cause division. Such competitive dissention has never been more problematic than when addressing the AIDS pandemic in Africa. For the purposes of this paper, sexual educators will represent the scientific approach to exploring a biological truth and faith-based organizations will be critiqued for their narrative appeal to a mythological reality. As scientists quantitatively monitor the effects of condom distribution, and humanitarians qualitatively gauge the success of abstinence programs, they are only met with increasing statistics of the disease. Before a solution can be formulated, techniques of both science and mythology must be implemented to create a culturally relevant solution for Africans whose understanding of science and spiritually is conflated rather than conflicting.

Before a solution can be formulated, it is important to appreciate both the biological discoveries of the Western scientists about HIV and the mythological explanations that define traditional African healthcare. The first chapter will focus on the disease from a medicinal perspective, demonstrating that simple treatments are not enough to reverse the epidemic's progress across the continent. It will also discuss the traditional African approach to illness and the understanding of AIDS specifically, which centers on the conflation of science and mythology. Western medical missionaries stand as examples of a successful compromise between Western science and spirituality. However, because AIDS cannot yet be conquered with treatments, but preventative methods must be implemented to slow its progression.

Chapter two will focus on preventive programs of sexual education and condom distribution developed by scientific methodology. While it is a rational solution that allows for quantitative observation, condom distribution is only a temporary fix at best. It may slow down the problem temporarily, but it will not be a long-term resolution. The physical resources these educational programs require are simply impossible to supply for an indefinite amount of time. Also, education limits the audience's ability to engage in dialogue that facilitates a unified effort to fight against this disease laden in shame. As long demeaning social conditions and detrimental belief systems are not addressed, they will remain in place, and unhealthy sexual practices will ultimately prevail.

Chapter three critiques the attempt to use specifically Biblical narratives to change the culture with abstinence. These Biblical stories can be ideally presented in a way that would engage the audience in discussion and promote a community to support healthy sexual choices. Religious mythologies are far reaching, but carry institutional baggage that can accentuate the feeling of shame rather than alleviate it. Shame closes doors of communication, which combats

the purposes of narrative. The narrative form is a good vehicle of communication, but it must specifically address the biological war that the people are engaged in at the present time.

Chapter four suggests the implementation of a scientific narrative that marries the biological discoveries of AIDS to the accessibility of narrative to promote engagement and communication through performance. Already there are many performance narratives that communicate some scientific truths, but most misidentify the enemy as those who contract AIDS through irresponsible behavior. Africans must understand that the virus is not the result of a spiritual curse, but a physical infection. It is the virus that should be targetted, not the fellow man. These narratives can be used in hopes of promoting a new mythology in which communities should come together in openness and honesty to fight a universal enemy. The AIDS crisis will not be reversed on individual decisions, but a unified stand for life, which is most efficiently communicated by a scientific narrative mediated by their own leaders.

Chapter 1

Biology and Belief Systems: Can They Collaborate?

Before one can effectively consider a way to move forward in Sub-Saharan Africa, one must understand the unique complications that HIV has presented. The Western biological discoveries will be discussed first, followed by the African perspective on health issues. The problem with the Western division between biology and mythology then rises to the forefront, as the two are still very much conflated in Africa. Western scientists must consider both realms in order to be effective for a long-term period of time.

Although some may wonder if Western practices can be altered to fit the culture, religious medical doctors are already conflating the two realms. In the chapter, Christian physicians will be spotlighted as people who have the ability to affect medical life in Africa because they can reconcile the spiritual mythology with biological truth. However, no matter the intentions to bring modern day medicine into cultural norms, the resources of treatment are economically impossible to maintain for a disease to which there is no cure.

Biological Background of HIV

AIDS, an acronym for Acquired Immunodeficiency Syndrome, is the Africans' most dreaded and misunderstood diagnosis. These misunderstandings, however, are not limited to Africa, so it is important to have a solid foundation of the disease before the rest of the paper is explored.

First of all, people do not contract AIDS; they contract HIV, which when it reaches a certain titer in the blood, will ultimately be called AIDS. Scientists spent years in the laboratory researching the cause of this infection that creeps into the lives of individuals and explodes across a continent. HIV has been discovered to be a unique virus; the body's immune system does not seem to fight it off and vaccines do not seem to have much effect. This disease has proven to be a ticking time bomb of mortality, which cannot be caught soon enough to cure. One must understand the basics of the immune system before one can understand fully the devastation that the disease poses.

The body's immune system is comprised of an army of defenses to fend off any microscopic invader that would compromise the body's normal function. The body's front line of defense, called innate immunity, uniformly wards off invading molecules, called antigens. If an antigen penetrates through this defense line, there is a second, more specific system known as the acquired immune system. It is comprised of cells that recognize specific invaders, identify them, and remember them in order to prevent any subsequent infections by the same cells. A library of antibodies is built by the acquired immunity over one's lifetime to quickly destroy antigens it recognizes. CD4 cells are a part of the acquired immunity and are the linchpin to the HIV/AIDS crisis.

CD4 cells is a class of Helper T cells, which patrol the blood in search of foreign particles that have made their way into the body's system. The CD4 cells identify bacteria and viruses based on their membrane proteins and sugars that identify them like a fingerprint. Once the foreign body is identified, two subclasses of acquired immunity, cell-mediated and humoral, are called into action. These other two lines can only be activated after the antigen has infected the body cells.

HIV, appropriately identified as the Human Immunodeficiency Virus, targets the CD4 cells, posing a huge risk to the immune system. The body does not immediately recognize the virus's membrane as foreign, so it enters through mucosal surfaces, slipping past the body's innate defense, and passing into the bloodstream almost undetected. It is tossed into the lymphatic system where the CD4 cells are kept. For any other virus, this would be a death sentence, but for HIV, this is its life source.

Viruses cannot survive outside of a host. Most viruses attack somatic cells, but HIV is specific for the immune cells. When it reaches a lymphatic duct full of CD4 cells, it goes to work attaching to its host using surface gp120 proteins, invading the cell's machinery, and replicating its genetic information.

Most other viruses initiate a full-fledged attack and immediately burst host cells with thousands of prodigies. This often results in an abrupt onset of a sickness, but is short-lived as the immune system regains strength and the body wins the battle. However, HIV quietly takes its residence among the helper T cells, producing proviruses (a dormant form of itself) for possibly years at a time until the cell is activated.

Because the virus stays in an inactive form for so long, it is often months before a victim knows he/she is infected. When the immune system is compromised by another infection, the CD4 cells are activated, releasing the HIV viruses, which then go to distract other CD4 cells from accomplishing their natural defense activity. One may be curious, though, as to why the body doesn't simply make antibodies against the HIV virus. This is where the terrifying complexity comes into focus.

HIV always seems to be slightly mutating, such that every time the body builds enough antibodies to fight it off, the virus has already morphed beyond the body's defense and infected

other cells. The body simply cannot catch HIV; neither can the scientists. Thus far, they have tried hundreds of ways to enable the body to recognize a common trait in each of these viruses, but they have yet to find a way to deliver a preventative vaccine.

Moreover, as HIV viruses continue to hijack the fighter cells and destroy them upon reproduction, the body loses more and more of its defense mechanisms. Soon, infections that would normally be of little significance to the body gain a foothold because the body no longer has the strong internal defense system. The only solution researchers have devised to this point is a series of treatments to slow the reproduction of the virus; however because of its mutation rate, resistant strains expose themselves after only a few treatments.

Concoctions of several different drugs called ARV's (antiretrovirals) are used to combat the threat but not cure the infection. These antiretrovirals are often administered as a variety pack of three different drugs, as many victims develop immunity to at least one. Among the options are drugs that inhibit replication or bind to the HIV reverse transcriptase (required for HIV within the host cell to replicate), inhibit function of HIV protease (required for the organization of the protein coat of the virus), or inhibit insertion of HIV's genetic material into the cell. Although juggling these drugs slow down the progress of the disease and have the capability to improve one's quality of life, they are expensive, especially for the infected Africans live at and below the poverty line.

People never die of an infection unique to AIDS; they die of illness that are seemingly harmless to an uncompromised immune system. Pneumonia. A small bacterial infection. Opportunistic diseases compound into a deadly concoction for those who no longer have a way to fight it off. Disturbing isn't it? The best scientists in the world have not found a way to save millions of people from dying with common symptoms.

Once HIV gets a foothold in a community, it spreads quickly. Like any other virus, it is extremely contagious in blood transfusions, contact with mucosal surfaces, or breast milk; but unlike other viruses, it will never be expelled from the system. People infected will always be a carrier and will always put their future sex partners at risk regardless of the treatment.

Unlike other regions of the world where the disease is most prevalent in a specific group (like homosexual men in the West), HIV is imbedded in a large pool of the heterosexual population in Africa. HIV started to spread its roots in the 1930's in western Africa, as isolated communities became mobilized by a growing economy. The disease spread when a large group of Africans were relocated to Haiti, which began the slow migration of AIDS to the Western world. Then, in the 1980's, the disease exploded across Sub-Saharan Africa as economic development generated contacts between various regions. The statistics are staggering. As of 2008, 33.4 million people are living with AIDS in Africa, compared to the 1.5 million living with it in the United States. Every year, 2 million new cases emerge (Shah 2).

At one time, the growth of HIV was attributed to the fact that many Africans provide for their families as truckers, miners, soldiers, or migrant workers. These traveling workers are often classified as "high risk" as they are effectively the vehicles of the virus. "High risk" individuals are those that congregate in high-density cities where sex work is another common practice because of the unsteady economy. HIV finds a healthy host to be its carrier from city to city. While this is a viable possibility as to how the disease initially spread, it does not account for why it has persisted over the past years.

Helen Epstein, a health care professional, describes in her book *The Invisible Cure* an alternative with a "concurrency network," which would increases and spread the disease across geographical and cultural boundaries frequently within long term relationships. According to her

research, about 40% of men and 30% of women in Uganda admit to having sexual relationships that overlap by several months or years. This creates a network of sexual relationships, in which several partners may be exposed to the virus without knowing it. The spread of HIV does not follow a linear path from one partner to the next over several years; it is a web that exposure, resulting in the exponential growth in victims yearly. Despite one's own personal choice, if his/her partner is in sexual relationship with another partner in the same timeframe, both are part of the life-threatening concurrency network (Epstein 58-69).

Unfortunately, the symptoms are not detected immediately. If one contracts HIV, the first symptoms are vague, like a fever and swollen lymph nodes, and are therefore not detected for at least two weeks. In those two weeks, the possibility that the disease will spread to one's mistresses, husbands, or a breast-feeding infant is exponentially increased. The disease is not confined to seemingly promiscuous relationships, but has nestled itself into trusted relationships, where such a threat would not seem possible. Because it the disease is often surrounded by a sentiment of shame, it would be a disgrace to admit a risk of transmission with their partner, so the issues are rarely spoken of and HIV continues to destroy generations.

Traditional Medicine in Africa

While most Western medicine works to treat only the physical symptoms, most Africans regard health "in terms of a harmonious balance between person and environment. The person was conceived of as an interaction of physical, mental and spiritual/supernatural imperatives" (Campbell, 26). Their social mythology follows a pattern by which one's spiritual condition can be physically manifested within a person, and therefore must be treated simultaneously. Although educational seminars that explain the logical science behind treatment and protection,

many Africans believe their physical choices are not the only thing to control their health. There will always be uncontrollable factors in the spiritual realm that have the ultimate power. Because they associate disease with character, medical problems are often perceived as the consequence of sin or jealousy from another.

It is not that most people in Africa do not acknowledge the disease that is taking their family members. Their deeper questions are simply not answered by the information presented to them through Western explanation. Fiona Scorgie studies the patriarchal and social stigmatisms regarding AIDS in her essay "Weapons of Faith in a World of Illness," and interviewed a woman who confesses her mythology of HIV. The woman tells Scorgie that she understands,

> There is AIDS, I recognize that. But there are many cases where you find that this thing is happening to people who are already having problems in their family. That's all I'm saying. It must be so, because if you look at how AIDS affects so many people in one family, you have a situation where those who are dying [of AIDS] are all coming from *one family* but they have *different boyfriends*. So how can it be that they are getting AIDS from their boyfriends? The problem is with the family and their *amadlozi* [ancestors]. (103)

Because tribal parts of Africa have little familiarity with the scientific technology, they devised their own systems of explanation long ago. Logically, they connected their observations with an unseen spiritual realm, developing a mythology to connect one's character with one's health. Therefore, the results of laboratory experiments are not enough to displace their mythology, for it is the soil that keeps their culture rooted. Even the best treatments will not replace an African's perceived reality if it is never addressed. Instead, doctors speak their own lingo with their own explanations, which is not fully appreciated by their patients.

For example, Westerners devised the term "high risk" to classify those who have more promiscuous sexual practices. While this term is perfectly logical for a Westerner, most Africans

do not attribute the prominence of AIDS. Instead, many survey their circumstance and devise that AIDS is prominent amongst mineworkers because these are cherished jobs in places like Mozambique, ridden with war and poverty; it is a curse set on them by a jealous neighbor. Felix Mensah explains this intertwining system of a physical responsibility and spiritual influence best in his essay, "The Spiritual Basis of Health and Illness in Africa." He writes,

> In traditional African societies, belief in the very existence of jealous neighbors and malevolent spirits literally hovering around our physical domain, ready to take advantage of any slackness or human action, imposes a special responsibility on the individual and communities to be constantly on the lookout so that actions or omissions do not play into the hands of the spirit world. The implication is that there are two levels of responsibility for every human misfortune, including illness. One is the *spiritual*, over which the individual has no control. The other is the *human*. The essence of the human responsibility is that an individual and or group should avoid taking unnecessary risks because risky behavior is an essential element in the ability of the spirit world to cause havoc. (174)

The underlying health mythology in Africa is based on the understanding that if one does not care for his body, he will suffer the physical consequences manifested by the spiritual realm, which may be completely beyond his control. Many tribal communities still live in fear of failing to appease the spirits, not knowing if their actions are enough to satisfy their requirements. While their physical decisions are in their control, their overall health is a matter external to themselves. Scientists need to acknowledge this mythology with respect in order to present their logic in such a way that caters to their patients' needs.

While many Western scientists view the traditional medicine of Africa with haughty skepticism, the "hocus-pocus" that the herbalists use have kept villages alive for centuries. These treatments are not merely elementary superstition, but practices that have stood the test of time. These generational traditions of medicine have lead to the trust that Maurice Amutabi addresses this issue in his article, "Recuperating Traditional Pharmacology and Healing among the Abaluyia of Western Kenya." He reports, "herbalists are the most common medical

practitioners… Rarely do Kenyans go for biomedicine before trying one form of herbal medicine or another" (153). Although not based on the modern scientific method, "herbalists use rigorous methods refined by long experience, which are quite difficult to understand or follow. They are equipped with impressive databases on the proof of the efficacy of their medicines" (155). Traditional African healers are well versed in the lay of the land and their methods do result in physical healing, or else they would not still hold the respect of their communities. The herbs they deal with are known to combat most illnesses that Westerners combat with synthetic drugs. Interestingly, there is the possibility that the cure for AIDS could by dependant on the discoveries of the ecological healers. A specific African potato (*Hypoxis hemerocallidea*) that contains rooperol, has been reported to be anti-HIV when used in conjunction with other herbs (van Wyk & Gericke 1997). However, such things have obviously not made an impact on healthcare, yet. Until then, the herbalists must still face the facts that they are dealing in unique territory at present with AIDS.

Herbalists and other traditional healers have had centuries to perfect the remedies, a community solely relying on traditional knowledge with such a unique disease like AIDS could be devastating. But Africans continue to choose to trust in tradition. These healers provide an affordable service that many Africans trust over the Westerners because of the healer's holistic approach. The rituals involved in treatment are meant to expel the disease and evil spirits while appeasing the good ones.

Such a practice is described for the cure of gonorrhea, a common sexually transmitted infection in Africa:

> The doctor's role is that he will give you instant relief with his injection. Thereafter the [herbalist's] procedure must take place over a longer period. Firstly, you have to vomit after taking the emetic, then the healer will administer an enema, then you will take a steaming session to produce excessive sweat, and finally the healer will make incisions in

> your pubic area. All this process is some kind of cleansing of your reproductive system, and this gets rid of the 'eggs' that have caused the problem. (Campbell, 27)

Many Africans recognize that the Western scientist treats the pain but does not provide the cure because the cure is found deeper than physical healing. Western doctors see no need to acknowledge a different realm of causality because they do not believe it has any control. However, their patients do, and if the Western doctor does not answer all of their needs, they should supplement their treatment with a traditional healer.

Catherine Campbell, author of *Letting them Die*, interviewed a South African miner about his understanding of AIDS treatment. He tells her, "Black people (traditional healers) can heal AIDS. AIDS is centered around sores, and black people are really good when it comes to healing sores" (26). Traditional doctors would perform a string of superstitious rituals to heal the patient by acknowledging the spirits of the natural world and cleansing the victim of the ones that bring harm. These healers may have indeed found a biological solution to heal most sores, but the sores that result from HIV are not indicative of any disease they have ever encountered. As long as the people believe they are receiving a cure, they will continue to live life as normal, seeing no need for protection. This is a downright dangerous trap for future victims of HIV; the virus can penetrate into the pool of a community without any resistance. Although the traditional healers know about AIDS, they do not have the techniques to treat the actual cause of the symptoms.

A competitive plurality between the modern and native health systems is natural. The Western division between hard science and creative explanation only perpetuates the disconnect physicians have with more traditionally minded people.

A Promising Collaboration

Obviously, a purely biological promotion to find a cure is culturally insensitive to the holistic healthcare approach in Africa. If the Africans understand health in a spiritual and physical sense, this is the way it should be combated. The mythology of the supernatural is not one that should be revoked, but redirected. These traditional healers often focus on evil spirits that inflict diseases based on behavior or ancestral punishment. These beliefs often result in a spirit of fear among the patients, for how can one physically combat the unseen world? This is where religiously affiliated physicians, specifically Christian physicians, have found their niche. Many have successfully united their narrative belief system with a scientific understanding of the African's afflictions. The mythology of the Christian faith is one that does not negate the spiritual realm, but gives followers of the faith power over it through the practice of prayer. This holistic approach is a way to use Western knowledge without trampling on African mythological tradition.

Although modern scientists would like to deny the supernatural influence, several Christian doctors who have traveled to Africa have claimed witness a spiritual interaction. The Bible obviously does not oppose the existence of spiritual forces of the earth or a more complex composition of man, so these doctors more readily accept the spiritual claims many Africans submit. Felix Mensah recounts the story of one particular doctor, Opare-Sem in his essay, "The Spiritual Basis of Health and Illness in Africa." When he attempted to treat a pregnant woman who started having ante partum hemorrhage after seeing "soothsayers, herbalists, and fetish priests." He recounts, "As soon as I touched her, just at that touch, I felt was like a bolt of electricity going through my right arm and immediately, I became paralyzed in that arm" (Mensah, 176). This happened three times, an unseen force preventing him from performing the

surgery. Not all understanding of healing is found beneath the microscope. There is a world of nature that many Western scientists are not in tune with because they are decidedly disconnected from supernatural mythology, but that does not mean that they can ignore the reality that many Africans believe that they experience.

Mensah also recounts the experience of Ohene Kweku Opare-Sem, a hematologist and oncologist living in Ghana. He says, "I believe there is a spiritual basis for man's existence, and this can be extrapolated to the basis for all infirmities. Touching a physical mass does not mean a disease has no spiritual root. Usually finding a physical reason makes us stop; if not, then most people go on to find a spiritual reason" (Mensah 175). The spiritual realm is one that is real and interactive in life on earth, and in this way is similar to traditional beliefs about health in Africa. According to Christian mythology, man is made of both spirit and flesh, and therefore, health must be considered for more than physical causality and combated with drugs alone. These religious doctors are known for acknowledge the spiritual realm through prayer over their patients, but they do not allow pure superstition to seep into their physical treatment.

The incorporation of prayer could be a way to earn credibility for Western doctors in Africa. It is important to embrace the culture in order to gain trust before treatment can begin. As one gains trust, more people will start visiting them seeking health counsel, and then the Western doctor can instruct the patients on healthy sexual practices, enlightening them to the fact that although a spiritual realm does exist, their own physical actions dictate whether or not they contract a disease like AIDS.

However, because these Christian doctors seem like a threat to traditional healers and the African culture, many have had strange experiences because of their desire to help. Dr. Ken Aboah describes that because he healed a young boy who had failed to be cured by the

traditional healers, "a consensus by fetish priests and spiritual healers [formed] to harm me spiritually since I was destroying their livelihood" (Mensah 177). Maurice Amutabi exposes in "Recuperating Traditional Pharmacology" that there has been

> a looming fear that such knowledge [of traditional medicine] will be lost forever when the healers pass away, unless information is carefully recorded by researchers that have been born and bred among them and have even benefited from such treatment, so as perhaps to appreciate their value. There has been an imperative necessity to document information on indigenous concepts of illness and health, indigenous practitioners, health service delivery and development, and implications for western medicine. (158)

Alternative medicine is a valuable part of African culture and should be retained. The seemingly ethereal methods that have been passed from generation to generation have proven themselves effective in many cases. Western doctors must then find a way to change the perception of health, the lack of control and fear, without entirely erasing the system as it stands.

Traditional medicine cannot act autonomously to treat AIDS and strict biomedical information fails to efficiently communicate to the people. The traditional healers of Africa are obvious advocates to promote a full-bodied understanding of AIDS in a mythological context. After all, these healers are the embodiment of scientific knowledge living according to the unseen supernatural mythology. They know the cultural stories, the context beneath them, and have the respect of their peers. If they could promote a new mythology of hope, equality, and unity to their patients, perhaps they would begin to affect the culture in a positive way.

Although it would require a little humility, the Western scientist should educate the traditional healers with the information that would be useful to their treatment of AIDS. The doctors should not discredit spiritual effects on the body, but simply reveal the reality that a physical virus is the ultimate culprit of their ailments. If it comes from the mouth of a native, the victims may see their responsibility and motivate future generations to take better control of their health. The potential prevention method here is to maximize the scientific narrative system

already set in motion by the African culture and direct it toward affecting the masses with the biological reality of their situation. These people need to be "in the know" on the deeper causation of the disease that is killing everyone.

Wouldn't it be wonderful if the pharmaceutical companies and distribution centers started distributing these ARV's to the traditional healers to give to their devoted patients? Such a thing seems unlikely, but it would make sense. If the patient had was not comfortable visiting a Western doctor but would take whatever their local healer would give them, their health would improve with every visit. These ARV's are known to result in the "Lazarus effect", referring to Lazarus of the Bible who rose from the dead by Jesus, because these drugs rejuvenating the lives of those who seemed to have been given a death sentence.

This approach is valuable as it would reduce the number of orphans and give life to the children who are infected since infancy. But it presents its own laundry list of problems because such drugs are not a cure, but merely a treatment. A lifelong treatment is fiscally impossible to supply to an entire continent for the rest of history.

George W. Bush attempted to make these drugs more accessible to Sub-Saharan Africa while he was in office. The cost of ARV drugs was reduced from $7,000 a year for an individual to $300 by distributing generic drugs. Such a dramatic decrease has allowed hundreds of thousands of people to be treated that otherwise would not have had the opportunity. In large cities, millions are being tested, found positive, and given the means to alleviate their symptoms. But this attempt that seems to be a progressive step in their healthcare, has actually posed some serious complications. After the rate of AIDS in Uganda plummeted a few years ago because of their own prevention programs, the statistics are rising again as ARV's are becoming more common.

The ARV's make the disease less visible, which diminishes the fear that used to accompany the death sentence of the disease. Without such a heightened degree of self-awareness, the people become more complacent with their sexual practices. If they live their life as they always have, depending on America to pick up their bill for treatment, a huge economic problem arises. According to Bob Simon of *60 Minutes*, "The U.S. says they simply can't afford caring for any new patients. So unless other wealthy countries step up, millions are doomed." If America is struggling now to maintain the supply of a lifetime supply for already infected Africans, how will they do it for future generations? It is impossible. The money will run dry. The supply will run out. And what then? Let everyone die? The world is only buying time with this method. It is time to reverse the problem.

Evidently, ARV distribution is not enough to give to the traditional healers. They need to understand the origin, transmission, and proper treatment of those infected. The deeper knowledge given to them should channel to other members of the community who trust the words from their traditional healer over a Westerner. Everyone must understand the physical reality of the infection beyond how it is only perceived. Catherine Campbell understands that "dealing with an epidemic involves the creative establishment of new approaches and new alliances that are specifically tailored to the new demands presented by the epidemic disease in question" (57). To reach thousands of cultures across a continent, one must find a way to present a universal truth in a universal way, whether it is through revamped healing tactics or a more creative narrative. The Africans can be true to tradition while communicating scientific discoveries through open conversation.

Conclusion

The biological and mythological perspectives on life are conflated in Africa. Although less technologically sophisticated, traditional African medicinal solutions have stood the test of time and proven to be effective against many native diseases. Despite the centuries of tradition and testing that their practices revolve around, HIV does not function like any other illness the healers have encountered before. It does not have many unique symptoms for traditional healers to identify, much less treat it, and prevent its transmission before it is too late. If a Western scientist believes he is capable of affecting the crisis in Africa with a modern understanding, he must speak the scientific language without ignoring the African mythology of healthcare. Christian medical doctors have already begun to embrace this and have found a way to speak the people's language. This makes them accessible and versatile.

However, medicine will not be the answer, because as much as it benefits the lives of millions of Africans, America is very soon reaching its economic limit for the supply of aid. Until a vaccine is developed to stop the spread of HIV in its tracks, prevention is paramount. It must incorporate both elements of narrative mythology and scientific realities to effectively affect the African culture.

Chapter 2

The Scientific Method: Prevention by Condoms

In keeping with Western tradition, science and art separately promote their own solutions to the AIDS pandemic in Africa. Although together they could reflect the holistic approach that many Africans appreciate, the two cultures do not communicate well enough to maneuver this yet. There is certainly more than one way to prevent the spread of HIV, but it is when these seem to be presented as separate truths that the task is confusing. This chapter will focus on the potential and shortcomings of the roles scientists have played in initiating a prevention movement for Africa through education and condom distribution.

Scientists understand the macroscopic pattern of the spread of HIV through numerical results and implemented condom prevention programs through a series of educational seminars in places where the risk seemed to be the highest. This method is uniform protection for anyone who decides to heed their advice, regardless of lifestyle choice. They assumed that knowledge would be the key to solving the AIDS crisis. Surely if they knew the way that the disease is transmitted by sexual contact with infected individuals, they would be motivated to use the condoms. The problem is that there is not always a correlation between knowledge and understanding, and it is understanding that promotes change.

Naturally, a scientist's approach would be dictated by quantitative analysis. Researchers measured how the population density relates to the prevalence of the disease, the number of educators needed to explain their method, and the number of condoms needed to supply adults with adequate protection. Although predictions would lead them to mining communities and

large cities, such seminars are needed in far more places than these. Epstein notes that in Africa, "sex crosses social boundaries more frequently than in the West. It occurs between rich and young, urban and rural, old and young, and this sexual mixing gave rise to an 'epidemiological pump' that drove the virus through the population" (53). Sex knows no boundaries and HIV knows no name, so Africans must be sure to know what they are fighting.

If man responded to his environment as uniformly as microbes responded to theirs, the scientists' discoveries would affirm their hypothesis of an inverse relationship – the spread of HIV would decrease as condom distribution increased. However, as Helen Epstein, a health care critic, observed in her book *The Invisible Cure*, "as condom use soared, HIV rates soared as well" (Epstein 54). How could such a logical approach have no effect on the problem?

Although education seemed the most efficient way to communicate the scientist's agenda, its approach is essentially flawed. Because the vast majority of lay people all across the world have little understanding or interest in what a gp120 protein is or how their CD4 cells are depleted, the education centered on how to prevent the spread of disease, rather than explaining the biological nature of the disease itself. The understanding of such matters is reserved for the Western doctors. So biologically knowledgeable educators jump straight to the punch line to obtain the most immediate response: *Use a condom and you will not be infected*. Hundreds of educators positioned themselves throughout the continent, holding large group meetings in central cities and villages about the importance and practicality of condom use, which allows one to continue their lifestyle patterns without the fear of contracting HIV.

Although condom education seemed like an effective method to convince the people to use them as an "everyday" form of protection, several AIDS experts admit in the article "Reassessing HIV Prevention," that "consistent condom use has not reached a sufficiently high

level, even after many years of widespread and often aggressive promotion, to produce a measurable slowing of new infections in the generalized epidemics of Sub-Saharan Africa" (748). From an objective perspective, it is evident that there is not a linear relationship between available resources and results. Unlike microbes, humans require much more to convince them to change their ways than a simple lecture and piece of latex.

There are three main issues with the approach to condom education and distribution as the scientists have promoted it. First of all, the success of the scientists' approach is based on materials that will naturally run out over time. Education requires manpower and condoms require economic power, both of which are not in infinite supply. Secondly, the scholastic presentation style Westerners chose to communicate the topic of HIV with is culturally inappropriate, as it allows little opportunity to respond. Failing to open lines of honest communication leads to the third issue - it allows false perceptions of the disease to fester. This method can only lead to a temporary fix at best. After all, many are likely return to their previous behavior if the results are not immediate because they still believe that their disease could lie beyond a purely physical causation.

The condom approach to prevention is a viable short-term solution, but as resources are limited and the communication around the disease is closed, AIDS will continue to be a problem in southern and eastern Africa.

Reliance on a Limited Resource

The condom distribution method seems to be the most immediately effective solution to the AIDS pandemic, as it can be immediately implemented without impacting cultural norms. Educational seminars are held in which the risk of HIV is addressed and proper condom use is demonstrated. People have the opportunity to absorb the information and are given the barrier

against the threat. Assuming everyone takes the risk seriously, would condom distribution be entirely effective at reversing the effects of HIV? No. When dealing with persistent cross-cultural diseases, tangible resources like condoms simply cannot result in a long-term solution.

Helen Epstein records an encounter she has with a Kenyan community in her book *The Invisible Cure*. She educates the men in a village on sexual health, and having first been met with laughter, she rejoices as the men are eventually convinced and heed her advice. However, her excitement soon turned to distress as she realized that the condom basket "would soon be empty and no one would come to this remote village again to replace it" (72). Epstein was faced with the reality that even if everyone in the village were to receive the education, no matter how enthusiastic or committed these men were to the cause, they would only be protected for as long as the box supplied the area.

The condoms are only a temporary tactic to promote a suspension of the spread of HIV, rather than an actual reversal because of the limitations of the expenses and manpower required to make the condom distribution successful. Educators carry a hope that will fade with the supplies. What a tragic scenario: finally to gain the knowledge of what is killing your village, having the promise of a solution, but ultimately lacking the resources to maintain it; an African's ignorant distress will be replaced with an educated devastation.

Another problem is the limitation of manpower. As is often the case in many of these secular AIDS prevention programs, the Westerners travel to Africa with good intentions to offer their advice and their resources… and leave. There are simply not enough workers to supply every village and every city with long-term representatives to encourage and clarify the conditions of sexual health. As more and more people continue to fall victim to the disease month after month, many may doubt the condom's effectiveness and be more likely to return to

their former behavior. Even if at first someone tried to take control over their health, it may seem that the burden is too heavy to bear as an individual under such harsh conditions. The constant presence of an educator is necessary because otherwise, the people will return to the behavior that is most comfortable for them if they are not held accountable.

These educational seminars often do not seek to unify, but supply. It is not enough for only pockets of people to know of a solution, especially with solution that is limited to a tangible resource. In the future, these resources will run low, and even those with the knowledge of the prevention method, will not have the opportunity to maintain it.

Complications with Education

The limited resources are not the only problem with the condom solution. According to Catherine Campbell, author of *Letting Them Die*, "even if all of the [condoms] are available, people won't use them because the education has not opened doors of communication – the stigma of the shamefulness of the disease persists, so people won't take them" (128). The style of education itself is a problematic dynamic about this approach. Western educators work according to their own schedule, using Western lingo, and Western techniques, presenting information without dialogue. The presentation of facts without an opportunity for the audience to engage does not change anything but the cultural practice. What has to change is for the problem to be open acknowledged so that the community can support one another as a whole, rather than as individual cases. If people are kept down by their own feelings of shame and lack of self-worth, their motivation to change will be depleted from lack of encouragement.

However, it seems education has the opportunity to do a revolutionary work in the attitudes in many of the Africans, especially those who live in the South African mining camps

as Catherine Campbell describes. Most residents in these cities carry a feeling of hopelessness and lack of control over their health because they are live under dangerous conditions. Campbell observes that the "greater one's sense of self-efficacy (or the degree to which a person feels that he or she has control over important aspects of his or her life), the more likely one is to engage in health-promoting behavior" (30). These educational seminars give an individual the feeling of accountability and possibility of self-preservation through their newfound knowledge. However, the perception of control is not the same as true empowerment, which is more complicated than simple knowledge can accomplish.

The social contexts of these places are so oppressive that one cannot take an isolated stand. In the context of these mining communities, prostitutes are obviously at a greater risk but feel they have no choice but to comply with their customer's desire. These educational seminars may promote "self-efficacy", but these African women need to value the lives of their fellow women and fight for them. As an individual, this may be true, but if the community of women rallied together to fight for one another, they help sustain the feeling of self-efficacy. A sense of control stems from a sense of power, and there is obviously more power in numbers.

The problem is that these educational seminars do not seem to allow such a unified effort. They focus on the individual choice, not addressing the need for a foundation of support of one's community. With this focus on individual choice, these seminars make the disease seem like an individual problem. This of course shuts one off from communicating their own struggles and risks, for no one desires to be labeled with the stigma surrounding HIV.

Despite the educators' best efforts, it is idealistic to assume that everyone would feel free to attend these educational seminars. Cycles of hierarchy are rarely thrown off balance; those who are below the line of privilege will continue to be kept down. The people who are higher in

the socio-economic ladder in the community are more likely to present themselves as representatives of the community; those who are on the outskirts before will continue to hold that role.

Catherine Campbell describes how one's social place defines one's place in the health community. There are two types of social disadvantages: "material social exclusion (poverty) and symbolic social exclusion (lack of respect and recognition)" (45). These two qualities typically go hand-in-hand; however there are the obvious cases of sex work where the worker may not experience material social exclusion, but would certainly experience symbolic social exclusion. One needs only to be a part of only one of these groups to be shunned from these meetings.

Campbell goes on to explain, "Apart from the direct effects of socio-economic deprivation of health, members of marginalized groups often lack the material or symbolic resources to deal with health-damaging stress. Social exclusion often undermines access to health-related knowledge" (45). Ironically, health awareness is difficult to reach those who are most at risk. Whether it is the money to reach the city via bus or the social freedom to attend, many are left unreached. This reiterates the perception of education in general – it is reserved for the elite. It is for the brightest, most economically equipped, for those who are able to carry the torch of knowledge to the next generation. One cannot easily break free of the hierarchy imposed by a cultural institution. It seems an efficient way to distribute information and supplies, but the conditions upon which one receives the information are problematic.

The choice of education material is questionable as well. These distributions sessions have been limited only to the "how" and brief "why" of their prevention method to the virus; but it is the "why" that keep the people motivated to use condoms consistently. As long as

educators deprive the Africans of a complete knowledge of the disease, their audience will not understand the urgency by which they must prevent it. If people are simply told that a condom will protect them from contracting the disease, they will use it when they believe there is a risk, but ignore it when they believe they are safe. The problem with a disease like HIV is everyone is at risk because no one really knows the concurrency network they enter in to. Many come away from these seminars with the belief that a condom is only necessary some of the time or when they are with a prostitute. This is not a problem with audience, but the communicated material.

Many have suggested using the method of peer education to distribute condoms. This certainly holds some validity. Helen Epstein, a scientist who spent some time in her career distributing condoms to remote Africa villages, recounts her educational experience in Kenya in her book *The Invisible Cure*. The first time she attempted to educate the men on how and why a condom is to be used, she was met with laughter. The men are not used to receiving information from a woman, but once the leader of the village affirmed her efforts, the men enthusiastically grabbed the supplies. It was only after the tribal leader gave merit to her plea that they became enthusiastic to her message. If there is not a respected leader in the community to support the continued effort, it will be regarded as irrelevant and foolish. After all, the facts "are not simply passively accepted by their audiences, but must compete with alternative beliefs, experiences, and logics that may be more compelling than the information the health educator seeks to impart" (26). The Africans already have their own idea about what is killing them and a simple piece of latex would not immediately seem like the answer. Most educators do not address the possibility of a spiritual influence over the African's health, so the

educator must earn his/her place amongst the people by addressing only one half of the other perceived problem.

Furthermore, to heed the advice of the scientist would be to admit an uncomfortable truth to a cultural outsider. Full honesty can only be found in an environment void of cultural intimidation or reputational threat. A dialogue promoting honest discussion and emotional visibility within a people group will come if the facts are related from someone within their people group.

Catherine Campbell describes the efforts of the Summertown Project, which attempted to implement peer education. This "involves training members of groups who live and work in situations that place them at high risk of HIV-infection to disseminate information about sexual health risks, and to distribute condoms" (42). The Summertown Project made many progressive attempts to fight against the spread of AIDS in these high-risk areas, specifically the mining communities. They implemented three main actions: aggressive syndromatic management of sexually transmitted infections, community-led peer education and condom distribution, and the creation of a partnership between community constituencies and international project management. The incorporation of these three pieces seemed like a winning combination because it places responsibility and activity in the hands of the locals. To hear the message from a fellow worker is certainly more effective, and even more so when it involves the participation of the recipients.

Their goal was to "change their behavior through collective action to change peer norms" by developing "leadership skills among groups of women… to promote women's economic empowerment programmes and to reduce women's economic dependence on men who might refuse to use condoms… and link up peer groups from marginalized communities with more

powerful groups at the local and national level" (43). The Summertown Project recognized the limitations for purely Western education and instead used "open and often very noisy activities that draw attention to the groups involved in them" (81). Once the audience was gathered, a more formal session would be conducted to educate them on the proper sexual practices.

However, no matter how many opportunities or supplies the Westerners gave the people, there was no long lasting effect. And indeed this is what they observed. Campbell writes, "If the Project had been successful in increasing condom use and improving the uptake of effective STI services, one would have hoped for reductions rather than increases in STI levels. This lack of impact was evidenced in the three groups surveyed (sex workers, mineworkers and township residents in aged between 15 and 49)" (44). People continued in their destructive behavior without a condom even though the presentation style switched from an outsider to a peer.

Educators need to find the value in presenting the whole story, not just a "to do" list. Those at risk in Africa deserve just as much as anyone to know the "why," not just the "how." As long as no one understands the scientific "why," they will continue to draw their own conclusions about a spiritual origin, which dangerously keeps the disease shrouded in fearful mystery.

A Sexually Discriminatory Solution

The cultural implications of the condom campaign have proven to be problematic as well. On the one hand, the scientific educator vocally encourages the African to have healthy, monogamous relationships, and yet they distribute what seems to be the magic pass for their

inevitable encounters. This seems to be a contradictory message. Furthermore, the condom method itself is based on a masculine choice, and not a mutual human desire for protection. In many parts of Africa, especially in mining communities, women do not have a voice in whether or not a condom is used. Their health is not in their hands, but in the control of their partner. Such patterns are often seen in small communities as well, where the value of a man is based on the size of his family. It is his reputation that must be exalted, often at the risk of sexual safety.

The initial damage of HIV can be understood from a biological perspective, but the propagation of AIDS is also social. Peter Lamptey of Family Health International wrote an article in a medical journal, "the social conditions that make people vulnerable to HIV infection in the first place must be improved, including poverty, unemployment, and discrimination against women" (Epstein, 103). The nasty system of using women as sexual objects is only perpetuated by the condom campaign. The condom is a protection method that is implemented at the man's discretion. In many societies in Africa, women feel they have no power to influence their decision. The condom campaign perpetuates the system of a strict patriarchy, a dangerous practice in the face of such an epidemic.

In reality, many of these men will know the truth of the scientific solution, but they do not treat it as a reality in their daily lives for several reasons. Catherine Campbell speculates that such a failure in execution is more likely to be "located within a context that provides limited social support and scant opportunities for intimacy," like those communities deemed "high risk" (33). Those who are not in committed relationships discover that condom use reduces the pleasure in their sexual escapades; why would the use something that would diminish what they have paid for?

Women typically do not have a say in such matters, and they become the victims and incubators for the virus. Louise Bourgault, author of *Playing For Life*, reports

> Women are twice as likely to contract HIV from a man than a man is from a woman. And women report being far more willing to use condoms, to practice fidelity to one partner, or to abstain from sex altogether. But women are much less able to negotiate the conditions in which sex takes place than are their male partners. (226)

As long as the women are kept as mere objects of pleasure, having no say in their own sexual health, the concurrency network will continue to spread. Even though women have a desire to protect their own sexual health, the decision plays into the hands of the men.

Although it is easy to talk about HIV in large cities, according to Pricilla Wald, author of *Contagious*, "the virus cannot be 'contained' in 'risk groups' because desire cannot be contained by social classifications. HIV indelibly marks a variety of social interactions" (240). Helen Epstein's surveys have suggested, "Africans do not have more sexual partners, on average, than people in the West do" (22). Sexuality is a human desire, not an African problem. However, when scientific educators target certain areas to promote condom use, the virus seems to be centered on the unclean and sexually immoral. Therefore, Africans who are in committed relationships either do not see the need to use a condom in their committed relationships, or they are too ashamed to be associated with this amoral group, so they hide their concurrent relationships. These campaigns fail to promote the reality that HIV knows not the class or character of the person, but seeks only the opportunity.

In rural situations, there are people who do not use condoms although they are advised to. Recall Epstein's experience in the community in Kenya; she realizes that the supplies will run out, however, it is just as likely that the village people may simply stop using them before this happens. She understands that "the men and their partners would soon find – as men and women everywhere find – that condoms are uncomfortable and awkward to put on, and they

prevent conception, which many people want" (72). It may be easy to convince the people at first that protection is necessary, especially when one's encounter is with someone whose sexual history is unsure. However, should people in trusted, monogamous relationships endure the "awkwardness" when they think they are not at risk?

The problem is that they are. Just like in the West, in a long-term relationship, infidelity is still possible. Consider a man who, while away from his family, visits a trusted mistress who is unknowingly HIV positive. Because he knows her, he proceeds with the brief sexual encounter unprotected either because a condom is unavailable or he sees no need for one since mistress is no stranger. Now, imagine he contracts HIV and returns to his wife and sleeps with her without protection because she is to be the mother of his children. The virus is most easily spread in the first few weeks after it is contracted, especially among men who are uncircumcised, which is often the tradition in the African culture. Remember back to the biological explanation of HIV in the beginning of this paper - HIV remains dormant for quite sometime before symptoms begin to show. This only adds to the tragedy, for the man condemns the one he most loves to a slow death before he knows he is a carrier. Epstein observes, "so much HIV transmission in Africa occurs in long-term relationships in which there is a degree of intimacy and trust, so condoms are seldom used, and this makes the epidemic even more difficult to control" (60). If HIV were like any other virus that hits hard and fast, it would be easier to catch; but the victims of the disease are blinded until it is too late.

In these long-term relationships the desire and the expectation for a family is paramount. A woman's role is domestic in most villages and her value is found in the home. The condoms in these cases are culturally counteractive. To use a condom to prevent the risk of contracting a disease in which one does not believe they are at risk seems ridiculous if it sacrifices the growth

of your family line. Condom use simply does not make sense to them, although it is equally applicable because of concurrency networks. Someone could be a carrier in a committed relationship for years and never know it until it is too late.

The residents in African villages run in to the same problem that those in "high risk" areas do – a lack of long-term support. As the men discover the discomfort of the condoms, the Westerners have already moved on to another village and they are left to their own logic to justify their actions. No one wants to admit they are unfaithful or amoral so condoms are denied and further discussion is closed.

Conclusion

Although scientists hypothesized that the crisis of AIDS could be reversed with condoms because it is a form of prevention, it runs into the same problems that ARV treatment drugs have encountered. The immediacy of this system is appealing, but the economic implications limit its long-term effectiveness. There is no way to physically or financially supply this generation of Sub-Saharan African adults with condoms, much less continue to supply future generations.

Also, the Western method of education falls short as it presents the information without a venue to respond to the material. The behavior may change, but as long as the understanding of the virus is still spiritually based, there will continue to be a misunderstanding of those who are infected. Lines of honest communication need to open in order to bring the reality of the virus to the light, rather than hiding it in shame. A unified effort can only be made when the community recognizes the nondiscriminatory threat on their society.

Sexual hierarchies also make the condom solution particularly problematic because it is allowing the men to fight for their sexual health, but allows little women room to choose. In

many parts of Africa, women are subservient to their men and it is his choice as to whether he will use a condom. There needs to be a system that caters to both men and women without discrimination or demoralizing either party.

Condoms are a short-term solution that is being implemented upon a foundation of a highly stigmatized disease. Although it takes more time, these barriers of shame need to be broken down before these people can move forward with determination and purpose. Such things will not be communicated in a seminar, but open dialogue. These unseen cultural denominators can be most efficiently combated with a narrative.

Chapter 3

A Narrative Vision:
Prevention By Abstinence

Remember back to C.P. Snow's observation that the scientific community and the artistic communities rarely interact, as they distinctively solve problems according to the advantages of their particular preference. The scientists developed the programs to implement condom use to immediately affect the sexual practices of Africans; whereas, narrative artists appeal to the culture by using story as the ultimate means to affect the understanding of sexuality.

Although the scientific method may inspire urgent attention, rarely does a list of rules perpetuate an action like narrative does. No matter how much the Africans know in their heads about HIV and the benefits of condom use, their foundational cultural habits before the condom method will drive their actions after a while. Although scientists would like to believe the scientific method could effectively pin down a problem and provide a solution, one must acknowledge that narrative accounts, whether it is a religious myth or a moral fable, shape a culture. The standing African mythology of HIV revealed by the culture is one of inequality, superstition, and hopelessness derived from the mysterious death that surrounds them. Story in different narrative forms has the potential to unify people from several cultural contexts through a shared experience.

First, let's define narrative in the context of this paper. Narrative holds the central identity of a story, whether it be written, spoken, sung, or danced. While scientific facts and trends may become outdated, the reality that these narratives hold remain true over years, for

they express qualities of the human condition that are not limited to time or location, which is the nature of the mythology behind the story. This mythology dictates action, whether it is conscious or unconscious, because it shades one's perspective of life.

Most of these narrative myths have morphological characteristics that enable them to promote universal ideals. A mythological story is not bound by words, but principle; it is like chocolate – it can take on many different forms, but as long as it retains the same substance, the flavor is undeniable. This variability in presentation is important for communication in Africa, for theirs is a culture that values participation and dialogue. With different participants, different layers of the truth are uncovered as their own experience is projected on the narrative. Anthropologist Maragaret Drewed observed that in performance narrative, "each re-enactment has the power to bring new elements of social life to the surface. In a given ritual or performance in a given year or at a given moment, performers may decide to bring 'front stage' – to make public/to tell a story about – realities which had formerly been kept 'backstage'" (Bourgault 249). This ability to create empowers the narrator and allows them to feel some ownership and responsibility over the issue. It is not a strict methodology that must be heeded to like science, but a world of variable narrative bearing a mythology that resolves to relate to all peoples.

Narrative reaches across the socio-economic barriers that traditional education methods cannot. A story's value is found in its ability to relate to a mass of people, for the vital members of society and the outcast. It answers Jacques Lacan's critical principle that man has an innate desire to be "known," to be made self-aware in another.

However, not all mythologies serve to propel their culture forward, but also can paralyze them in fear and vulnerability. Among them will be the mythologies that bear the fruit of

profound superstition or sexual inequality in Africa. One cannot easily eliminate these myths from a culture, for these stories are the soil in which the peoples' lives have been rooted.

Religious organizations recognized the need to treat the culture and promoted a different solution to the AIDS problem. Instead of distributing condoms, which seemed to encourage the polygamous culture of the Africans, they brought the message of abstinence to increase faithfulness. Many faith-based organizations have set themselves up in Africa, but for the purposes of this paper, I will focus on the Christian faith-based programs because these have been the most prevalent and my own faith allows me a more informed perspective, rather than a speculative one. Christian organizations believe they can present the gospel story as a narrative to combat the HIV assault on the African people groups. The mythology behind the narrative would promote a lifestyle of abstinence for reasons external to the self. This push for a new mythology has potential for success because it touches the root of the African's behavior, rather than simply trying to destroy the fruit of their beliefs, like their unsafe sexual practices, as scientists have. A mythology that promotes abstinence would obviously retard the spread of AIDS, but only if the mythology behind the story is understood. The principles cannot simply be followed like a set of rules, or the Africans remain just as disconnected from the solution as they were with the scientists' presentation of condoms. Disconnection ultimately ends in a return to one's previous lifestyle because the foundation has not changed.

Although there is great potential for a narrative to affect the culture, several main issues have presented themselves against the efforts of these organizations. First, the entire concept of abstinence seems not only undesirable, but also almost impossible for some, especially cities where sex work and transactional relationships (sex in exchange for gifts and reputation) are commonplace. Such economic instability makes abstinence, even when it is out of obedience to

God, is not possible. The Christian narrative presented in its ideal form, however, would bring value to women and give them the unity they need to fight for one another.

Secondly, a change in a culture takes time and these religious organizations may enforce rules based on partial truths in their mythology to support a behavior. Many may seem to obey the rules to avoid judgment, but are actually far from a "pure" lifestyle. This judgment is the third roadblock because it further incurs the taboo of the disease such that the people wear a façade to hide their "sin." Therefore, those most at risk will not ask for condoms, for it may mean that they are engaging in sex with an infected individual outside of the context of marriage. In this way, they have only increase their risk by choosing unprotected sex when they cannot abide by the designated ideal. The AIDS crisis will not be solved if people are not willing to make visible their reality.

Scientists sought to treat only the physical cause of HIV; narrators seek to change only the belief causation. Both of these are incomplete methods to reach a solution. If there is only a change in the belief but no real change in their physical circumstance, their quality of life does not change.

The Seeming Impossibility of Abstinence

While the condom approach is complicated by the unrealistic requirement for resources, the abstinence approach, proves much more difficult. The scientists were simply cutting the cultural weeds down; the mythologists are pulling the weeds up by their roots. The problem is, their roots run deep and form a web of beliefs that will never be completely untangled. Abstinence, whether or not it is heeded to, is a familiar idea in West because of the unconscious

religious mythologies that have colored our reality; things look different in Africa because they have not been raised in the same soil of beliefs.

For a financially stable African community, one's first sexual experience is not held as a sacred event or a taboo subject of conversation. Instead, it is simply an expected right of passage to becoming an adult, met with respect and openness from a fairly early age. Additionally, the youth learn that is sex is not only acceptable, but necessary to promote a happy countenance, healthy body, and a clear complexion. It would be difficult to convince an African that a practice that has been so normal in their culture since childhood is something that should be regulated and shunned.

However, in the poverty-stricken areas of Africa, the strong sexual culture can be attributed to much more than a simple carnal desire, but a source of monetary gain. Although many associate Africa with a less developed lifestyle, there are several cities in which the pursuit of wealth is as much a reality as it is anywhere else in the world. The only difference is much of Sub-Saharan Africa does not have the economy to support these metropolitan areas. Many women hope to survive by sleeping with a wealthy man, who will in turn continue to pay them for their services either with social connections or straight cash, which is termed "transactional sex." According to Helen Epstein, these relationships have been

> heightened by the penetration of the global market in consumer goods – makeup, clothing, cell phones, cars, and son on – into impoverished communities throughout southern Africa… On the main roads in large cities, BMWs and Mercedes-Benzes swish by, their occupants shuttling between chic shopping malls and lush suburbs. But about 60 percent of black South Africans live beneath the poverty line, and 50 percent are unemployed. Millions of people lack sanitation and piped water and live in shacks with dirt floors. (78)

Westerners brought the illusion of accessibility to Africa several decades ago, but only a privileged few hold positions of power. The rest are taunted by a life of luxury out of their reach.

For most women, sex work is the only option, however despised, to earn money. Campbell found common life themes in these women "including the death of spouses or parents, dropping out of school after falling pregnant, and finding it difficult to find work, leaving an abusive man, or 'running away' from the poverty and hardships of home " (64). They have almost no power to choose their clients based on their physical or sexual health practices. Money is the only determining factor. However, this puts them in constant danger as sex workers reported that "clients almost always refused to use [condoms], saying that they preferred 'flesh-to flesh' sex for their pleasure and their health" (71). The worker must choose between feeling the effects of her choice immediately, as she needs the money to pay the bills, or in the distant future with the risk of AIDS. After only a few months in the business, whether to enter it was voluntary or not, most said they would "immediately give up sex work if she could find a permanent employed partner" (68). This relationship would resemble that of sexual transaction.

Transactional sex often does not provide the necessities of life, but minor luxuries. It involves a continual relationship in which to a woman gives one man what he wants (sex), the man gives her what she wants (financial stability) in return. To be abstinent to many means to accept poverty, both financially and socially. In most of these relationships, men hold the financial power and, therefore, the sexual authority as well. When a woman enters into one of these relationships, she must sacrifice her ability to choose to remain sexually safe, for ultimately the decision for condom use is up to the man. These men hold several contemporaneous sexual partners, so if he contracts HIV, he passes it to several women, down several concurrency

networks. The women are held in bondage to their partner's often violent and oppressive lifestyle, and yet they deny themselves the voice by continuing in these relationships to accrue the goods he promises to bestow. These gifts are seemingly trivial, like makeup and jewelry; seemingly insignificant for the danger they put themselves in. But, "the gifts themselves are often of less importance than the social connections and relationships they signify" (Epstein 76). There is a hierarchy of power revolving on monetary supply, which is directly connected to social stability, which is all centered on sex, and drives the system of transmission forward.

Because these practices are common, many assume Africans are satisfied with the system, but this is simply not true. Just because the concurrent sexual behavior of the men is more typical, does not mean that people do not desire a change. The human spirit is the same across language and cultural boundaries. Epstein reports the encounters she had with young South African women: "All of the young women I spoke to that day said they had only one boyfriend, but most were aware that their boyfriends were not faithful to them… [Mcha] is unhappy about his other girlfriend. 'I don't know how much care he gives her compared to me. He might be loving her more'" (75). African women may be accustomed to the way the culture is formulated, but their hearts are not numb. They still desire true love, commitment, and security, but cling to hope and endure out of necessity.

Muriel Keubka of South Africa's Medical Research Council explains, "When a girl gets something in a transactional relationship, she sees it as a sign of love, not as an exchange for sex. Unfortunately, men don't always see it the same way. Transactional relationships are more likely to be coercive and violent" (Epstein, 79). Men have spent money on these women and feel they have a rightful ownership over them; but the women cling to the hope of love. When Epstein asked why the women of Ngcingane did not stand dessert these abusive men,

> the answer was almost always the same. "Because I love him," both Mcha and Thokozile said in separate interviews. "But why?" I asked. "I like that he's working so he won't ask for money from me. It's boring when your boyfriend asks for fifty cents for a cigarette. This one can help me out with financial problems when I have them, not like the others. Sometimes he loads airtime on my cell phone." (76)

The women crave both the feeling of being cared for and someone to be identified with. They do not understand that abuse is not supposed to be in the equation of love because they have not witnessed anyone live any differently. This is a complicated situation because in these relationships, the women could choose to find a way out, but they choose not to. The way that they experience their reality is only through the scope of their mythology that tells them there is no other way. A narrative other than one that inspires a faith and strength outside of oneself is too weak.

The Potential of the Christian Narrative

Christian faith-based organizations went to Africa on the merit that their biblical story would have the power to change a culture. Unlike literature, the truths of the Bible are not restrained by precisely calculated words. Instead, it focuses on the power of the story to reach a multitude of people by presenting a profound message that transcends words. Such an example of this is the recent publication of *The Message*, which is basically a paraphrase of the Bible, using modern day language to convey the stories in a more modern way. Although it is not primary text, it is still regarded by many biblical scholars as a legitimate tool by which to teach Christian principles to youth.

The stories in the Bible hold great potential to affect a culture. Although many regard it as a logocentric, holy text, the stories can be used without being tied to words. One must remember that Jesus himself spoke in parables. He related foreign, higher realms of thought in a

form that his audience could understand based on their present realities. The same is true of the entire biblical story. Although the words are significant, the central message is what carries the power to change the culture.

Therefore, the biblical stories can be treated as a narrative and molded to fit the culture. Already, organizations have been formulated that adapt the stories into forms that can be preformed, sung, or danced, speaking a language deeper than words. The central characters do not have to remain centered on stagnant, unfamiliar Israelites, but can be presented as an African brother. The barrier of culture is one that can be broken without sacrificing the truth of the myth. After all, one can guarantee that the images Jesus portrayed of heaven are not literal, for man could not have grasped such things. Instead, He adapted the truth of the afterlife into a reality man could grasp. The same is possible when one treats the Christian story of the gospel as narrative.

One story that can be used to teach the women and give them an identity is the story of Hagar, Abraham's servant, out of Genesis chapters 16 and 21. After Abraham impregnates her in attempt to have an heir, his barren wife is infuriated and mistreats Hagar out of jealousy. Hagar flees from the household, but an angel meets her along the road and tells her to return and blesses the child she will bear, naming him Ishmael, which means "God hears" because the Lord heard her misery. When Ishmael has reached his teenage years, Abraham dismisses both Hagar and Ishmael out of his household with only a bit of bread and water. In the desert, on the verge of death, an angel appears and provides both of them with the sustenance they needed until the boy grew to be a strong man.

This story would be impacting for women, as many parts of Africa run on a masculine driven society. In situations where women feel used or out of control, especially in sex work or

transactional sex, this story gives them hope that they are known by Someone; they have value. Even if their children are born out of relationships in which they had little say, God will still provide for their families. Remember, Catherine Campbell submits that self-efficacy is the first step toward health-promoting behavior. This efficacy does not just come from awareness of a situation through education, but a redirection of beliefs that define the cultural system.

Narrative more easily opens lines of communication for discussion and participation than strict education. Such openness is crucial to finding a solution for AIDS prevention. Helen Epstein writes "every abstinence event I attended involved much praying and discussion of Jesus" (196). Narrative gives words by which people can identify and struggle with their reality and look for a viable solution. These Christian narratives offer more than a story to identify the problem, they offer a hope for a source outside of oneself to find a change. Epstein point out that "it was sometimes hard to tell what the aim of these organizations actually was – preventing AIDS or saving souls" (196). It seems, the aim of these organizations was "both/and" not "either/or"; they attempted to prevent AIDS by presenting their narrative to change their mythology.

What is it about the Christian mythology beyond this story that lends itself to a changing culture? The principles behind the story are far reaching. Beyond the message of abstinence, it gives a role for all of those affected by the disease. It gives a feeling of worth to the women, a sense of hope for their families, the command to walk in unity and fight for one another. If the mythology of the biblical narrative were heeded to, the treatment of women and principle of caring for one another would certainly challenge the selfish abusive system as it stands. The biblical message also offers an explanation for purity beyond the physical sexual health.

Apart from what different denominations promote, the biblical mythology behind abstinence is as follows: Sex was created by the One true God who desired that it be enjoyed between one man and one woman in the context of marriage. Sexual purity and faithfulness to one's spouse is a command in the Old Testament, restated by Jesus in the New. Anything that breaks the Law of God is deemed as sin and the consequence is eternal separation from God. However, because God loved His creation and His namesake, He sent His son Jesus to atone for all sins through His death and resurrection. His death forgives all sins, past, present, and future. When one trusts that the "gospel" is true, he receives the Holy Spirit which dwells within the believer, such that his body is no longer his own. He is to keep his body pure, as to honor the constant presence of God in him; purity of the body reflecting the purity of spirit. Although God always promises to provide a way out of sinful practices, man still has the choice to obey or disobey. When man sins, there is a natural consequence for sinful behavior, which is not condemnation from God, but simply the result of living in a fallen world. Ultimately, there is the hope that God can satisfy every earthly longing in a spiritual way and that after death, those who believed in this gospel will live forever in the presence of their Creator.

These are some of the principles the mythology promotes that would effect the Africans: 1) Sex is good, but in the context of marriage. 2) Sex should be reserved for one partner. 3) There is a God who loves them. 4) They have a choice to obey the law of the spirit. 4) AIDS is the natural consequence of human action, not condemnation of a Spirit. 5) God will empower men/women to remain pure in body and provide for their needs 6) There is hope of a life beyond that which they see. 7) Those infected are relieved of shame.

Remember that according to C.S. Lewis, "what flows into you from the myth is not truth but reality (truth is always about something, but reality is that about which truth is), and,

therefore, every myth becomes the father of innumerable truths on the abstract level" (67). The biblical narrative has a potential to affect the Africans' perception of reality. The myth explains why life is not as beautiful as it should be, why they have the desires that they do, why they should protect themselves, and how they can be satisfied without presenting a constant risk to their body. It also gives them a motivation for keeping their body pure. One must have a motivation outside of oneself to change a foundation. This motivation can be found out of respect for a higher power, or to perpetuate group survival.

Furthermore, people have an innate desire to know where they came from so that they can understand where they are potentially headed. As their health system stands, superstition taints their decisions. They feel out of control because the disease is attributed to a curse or spiritual punishment. The Christian narrative alleviates the concern that the disease is a result of personal judgment. If they do not feel judged, they will feel free to live the rest of their lives outside of that shame. Although a life of purity seems unfeasible, biblical mythology promotes that the things that seem impossible can be overcome with the power of God as they grow with faith. This faith will give them a new perception of significance and purpose,

However, those who actively present the Christian myth openly recognize that the task of abstinence is still daunting. Emily Chambers of Samaritans Purse when asked about "the role of faith in abstinence programs, her eyes opened wide. 'Its *huge*', she exclaimed. 'Abstinence is near impossible without the helping hand of the Lord'" (Epstein 196). Narrative without a mythology that does not function on faith either in a higher power or in collective humanity is too weak, for an individual cannot perpetuate change alone.

Unfortunately, it seems that many of these faith-based organizations have developed a bad reputation for perpetuating the shame culture in Africa. The problem lies not with the

mythology itself but with the cultural presentation of it. Once again, the Westerner is bound by his own cultural preferences that he forgets to be culturally relevant.

A Cage of Institution and Judgment

Narrative offers one the sense of an identity born of a new mythology that appeals to the essence of man untouched by socio-economic position. However, identification carries the risk of creating cliquish separations instead of achieving universal harmony. Those who embrace the same mythology naturally tend to congregate together. This is fine until rules and expectations begin to separate between those who are "insiders" and the "outsiders." When an ideology becomes culturally insensitive, it turns into a binding institution. When the narrative aspect of the gospel is extracted, the mythology becomes only a set of rules, instead of a diffusive and morphological tool.

Although many people associate Christianity with the institution, the denomination, and the worship practices, none of these things are present in the story of the gospel. The narrative itself is meant to cross the cultural boundaries. Some faith-based organizations forget the cultural conversation their narrative carries, and simply seek to transplant their own religion overseas. As they to inject their own nonnegotiable structure of their "church" into the fluidity of the myth, they become not only ineffective in their religious goals, but also completely counter to the physical needs of the people.

Today, several missionaries recognize the trend of transplanting Western religion and have spoken out against it. Ed Stetzer, a Christian missionary, comments, "It's tragic to walk into a church in Western Africa and see people awkwardly singing hymns written centuries ago in Europe" (58). These people are not responding to a story, but the expectations of a religion

already tainted by another culture. Narrative should allow the people to respond to its message in their own way, with their own words, and own ideas.

An institutionalized mythology leads to as little real social change as condom campaigns. According to biblical mythology, the desire and power to be pure will increase with faith, not the other way around. Unfortunately, it seems some organizations have found it much easier to bring an institution that enforces a behavior than wait for the development of faith in response to the narrative. However, the mythology is impossible to fully understand without the framework of the narrative. The biblical narrative exposes layers of mythologies, but many organizations have extracted one that would result in achieving their goal of abstinence. When ideological requirements precede the understanding of the narrative, the mythology cannot impact the culture. This is the same trap scientific educators fell into – the sense of urgency to bring knowledge to a mass of people quickly, sacrificed proper understanding to achieve faster results.

Many faith-based organizations capitalized on the mythology of sin to promote obedience to other biblical principles. However, without narrative context, this only tells half of the story. Remember, the mythology of the biblical story is man does sin, but he is forgiven and the physical consequences are the only ones he will suffer. This whole concept has been skewed in an attempt to see hard and fast results

Fiona Scorgie writes in her essay "Weapons of Faith in a World of Illness," that although religious organizations hold great potential, "their overall approach to AIDS has tended to be a moralizing one, either directly or indirectly stigmatizing those living with the disease by equating AIDS with promiscuity – and, therefore, sin" (87). Africans don't need new morals; they need a new mythology. As it stands, Africans are accustomed to the idea of a spiritual causality for physical problems; because of this, there is already a huge taboo over contraction of HIV. It is

typically viewed as the result of either an ancestral sin or jealous hex from a neighbor, but it seems that the Christian rules then adds more blame to the plate – this time on the victim himself. It is right for the African to take a knowledgeable responsibility for his/her actions, but should not to be condemned for them.

Louise Bourgault records an African song that illustrates this equation of sin with the disease:

Please refrain from sins
God forbids fornication/adultery
If you fornicate, you spread slim (AIDS).
People must desist from fornication
…
Young men don't fornicate.
Young girls don't fornicate
God forbids fornication
If you people sin
You invite death

Elders don't commit adultery
Women don't commit adultery
If you sin you invite death. (162)

This song blends African slang ("slim") with high Christian terminology ("fornicate") in an almost bumpy vernacular. However, this song demonstrates how the Western Christian culture has so infiltrated the way this particular group views the disease. According to biblical mythology, adultery is indeed a sin and if one is a Christian, it would be a practice he would not ideally engage in. However, this chant is problematic because sin is the culprit that exacts death. HIV is not the spiritual result of sin, but the physical result of an unhealthy action. However, people have tied their behavior as a means to attain their faith, rather than a reflection of it.

Unfortunately, many do not extrapolate the biblical narrative that AIDS is the natural consequence of human action, not a punishment for sin. They understand that AIDS is a result of

sin. As long as these organizations teach a mythology of sin on the agenda of abstinence, there will be no cultural transformation because there will be no opportunity for faith. This ultimately leads to confusion and a misinterpretation of the truth. Helen Epstein documents an African's concern over this,

> How could people they respected and cared for have such a "sinful" disease? So they denied the disease's existence, attributed it to dark forces beyond their control, or searched the cosmos for answers. All over Africa, bizarre rumors about AIDS swirl through townships and rural areas: AIDS is caused by witchcraft, a CIA-backed germ-warfare campaign against blacks, or some poison in the food. "It seems this thing is like magic," an old man said. "Nothing can stop it." (148)

This is evidence that Christian mythology is not replacing African philosophy, but simply adding to it. Without an understanding of the story, the mythology is reduced to a standard of judgment and not a newfound identity of freedom. Despite the goal of biblical narrative, naked mythology furthers the shame that they feel over their ailment, causing their continental problem to be hidden by individual façades built by disgrace.

As long as one feels shame, he/she will not address the issues that make obedience impossible. Epstein notes, "the church's prudishness about sexual matters threatened to further disempowered these women and put them at even greater risk of HIV" (73). The church over-compensated for a pure life and became pedantic. These women do not feel the church is a safe place to discuss such issues, so they pretend their lives are above such "sin." If one is afraid to speak the name of their ailment, the fear of it will only increase. Hiding the issue will never bring about the healing it needs.

These organizations cannot ignore that abstinence seems impossible for many, especially those in "high risk" cities who find the money for their physical survival in sex work. This is not something that is a symbol of moral bankruptcy, but a devastating social and economic system. A sex worker confessed, "I do get affected psychologically by this work. All I can hope is that

God will forgive me, because I really have no alternative. Selling your body is not a good thing, it is simply not right" (Campbell, 73). Christian institutions simply cannot afford to allow their rules to label people, for the cultural system is much more complicated than that. The beauty of using a narrative to affect a culture is its ability to reach across economic or cultural differences and reveal a truth in someone's life. The truth of the gospel story should not just motivate this particular sex worker that her body is one that should be respected, but it must also call to action those who can rescue her from her financial bondage. The narrative does not convey the same message to everyone, but as it inspires different things, everyone works together as a body to answer the needs and bring about a cultural change.

The church cannot be "prudish" about sexual matters and expect to be efficient in fighting the AIDS crisis because, "HIV makes sex visible; it shows that people's desires are not bound either by the social sanction of marriage or the social classifications of race, gender, and sexuality, and it demonstrates the indifference to these desires, like the virus through which they are manifest, to natural boundaries as well" (Wald, 240). There is power in this visibility. If everyone recognized that they were bound by the same struggle, they would not be kept down by its power. But, the Africans miserably attempt to hide their actions for fear for their reputation. The virus must be given a face so that victims and future generations can identify it and unite under a common cause and fight against it.

It is important to promote the actual biology in addition to the spiritual mythology in order to complete the transformation of the Africans' perspective. Interestingly enough, the mythology of biblical narrative would not rule out the possibility of spiritual interaction. In fact, the biblical myth is one of empowerment from a source outside of oneself, but has been

diminished to one of submission to an institution, which leads to disappoint and shame. This will certainly not do.

Conclusion

The faith-based organizations started with the right idea to use narrative to transform the beliefs of a culture. They recognized that it is not enough to obey rules; man must have the answer to "why" satisfied in their minds. The biblical narrative offers this most importantly, as it motivates the believer to keep his body pure to pursue a purpose higher than himself. However, such an understanding has been skewed as the narrative framework was removed to present an ideology to promote abstinence.

With the installment of rules without adequate explanation, the abstinence programs fell into the same trap that the condom campaigns did. People will fail to uphold the principles given to them because it was still an individual battle. Out of shame, they hide what they believe to be a consequence of sin and further the biological tragedy.

Mind you, not all faith-based organizations have become institutionalized. Many still have freed themselves to embrace all people: educated and ignorant, sick and well, Christians and non-Christians. These are the people who live their lives according to the narrative and not institutionalized expectation. These are the organizations that need to be replicated but often fly under the radar because in many ways, their task is much harder. They do not see results immediately because to change someone's mythology takes time.

Although narrative has the power to reach and unify the masses, and in the case of Christian mythology, relieve the mind of an antagonistic spiritual realm, it will never take the place of the biological truth of the disease to bring their reality into focus. There needs to be a

way to unite the two concepts, science and creative narrative, in such a way that reaches all people to such an extent that it actually changes the culture.

Chapter 4

A Call to Arms:
The Promising Possibility of Scientific Narrative

Scientists have favored the methodical distribution of tangible goods to solve the epidemic of AIDS. Narrators have concerned themselves with the beliefs that drive the person to their behavior, correcting it with a new mythology. Separately they serve as hinges to reverse the trend of HIV transmission in Africa, but both must work together to open the door to a continental freedom from AIDS. Biological truth must coordinate with narrative communication to produce a solution that is both immediate and eminent.

There are different forms of scientific narratives that are already in place, from children's books in primary schools to performance art for entire communities, that show great potential to open lines of communication with accessible information, but have limitations to their effectiveness. The ideal scientific narrative should answer the classic mythological question of origin. This would serve to identify the scientific reality that the HIV is a physical virus and not a spiritual manifestation. However, a narrative venue would allow the scientific truth of the HV virus to be personified in a way that would spark conversation and pinpoint the real antagonists to their lives, which is not their fellow man, but the virus itself.

Literary Scientific Narrative

Attempts to prevent the transmission of HIV have been aimed at those showing the most exponential rates of infection, the adult generation. Although they should be educated on forms

of prevention, scientists and narrative artists need to understand that these forms of prevention are learned from a young age. The group to target must be the future generations whose life mythologies are still being formed. Catherine Campbell was encouraged upon discovering that although research shows that young people between the ages of 15-25 have an almost 60% infection rate,

> the vast majority of young people under the age of 15 are *not* HIV-positive. This means that young people in their early or mid-teenage years are a promising group for prevention efforts. Furthermore, with the significant number of young people in school, many members of this vulnerable group are located in an already established framework within which HIV-prevention programmes could be implemented. (121)

If the target group is the emerging youth, incorporating a scientific narrative about AIDS into their educational curriculum would be a practical and effective option for developing a new cultural mythology. The youth are a fresh soil of opportunity and change. These are the ones who need to know that to prevention is not a futile effort, but one that brings life when it is adhered to. In fact, Helen Epstein observed that as she told them about sexual health and HIV transmission, the "young people, especially those not yet sexually active, are eager to know more" (65). When eagerness is met with resources and a support system, there is potential for success.

Primary books exposing them to the truth of HIV could be implemented in schools as the children are learning to read to encourage prevention at an early age. Such issues may seem like dense material for children's stories, but to this culture, it would actually serve to offer a truthful explanation to the situations they witness daily, while promoting ideals of self-awareness and community support.

Another way in which these written narrative accounts would benefit the culture is to deflate the taboo quality of AIDS by early exposure. Communication is hindered by the

barricade of shame that block out an adequate understanding of the virus, which perpetuates closed judgment, and disables Africans from sharing the burden of the disease. If the topic were never perceived as a closed topic, this generation could openly discuss and support one another to prevent transmission.

Steve and Susan Vinton are two Christian missionaries, operators of an organization called Village Schools International, witnessed the effects of this system. After discovering that most of the entire village was infected with HIV, the parents pleaded with the Vintons to find a way to teach their children how to avoid the disease. So, the educational leaders compiled stories of people in communities who have been infected by AIDS, how to detect it, and how the transmission occurred. They illustrated them and bound them for the students. Depending on the level the book was intended, the books offered a more comprehensive view on the background of the disease. These biological facts would be incorporated into a narrative that could be easily related to and remembered. The students developed a sense of knowledgeable responsibility as they learned that the disease is a physical manifestation of a biological entity, rather than a physical manifestation of a spiritual consequence. The stories also promote principles of equality and the importance of men in the village to protect their women from intruders who may threaten the livelihood of the entire village. Susan seemed optimistic that in the next 30 years because of this narrative approach, AIDS would no longer be the tragedy of Africa.

This method of educational narrative reflects some of the same problems of the condom campaign, the economic and social implications. Written books may have been a great tactic for the Vintons because they could be used as supplemental material for their students, who were already literate. However, in many parts of Africa, education is not held in such high esteem,

especially for women. In Tanzania, with a population of 35 million people, only 15,000 young people have the opportunity to graduate from high school. These are only the students who have the economic stability to purchase school supplies and provide the $80 per year tuition. No matter how many students do well on their national exams, only a handful out of all of the villages are chosen to continue their education. Formal education is not simply an assumed pursuit, but it is a huge privilege that speaks to one's social status. The rest of the population stays in their respective villages to take over the family trade or enter into the workforce (Vinton 1).

Therefore, the written narrative would be confined to the educated and literate of the community. Furthermore, like most formal education, the information would be experienced individually, rather than as a group. This sometimes limits the amount of honest response as each are left to their own interpretation. However, the written form has its benefits because misinterpretations or important principles can be recalled in the same form at a moment's notice.

Although the written word gives a sense of a tangible truth, it would require an unrealistic amount of money and manpower to make this a success among all the villages in Africa. The same stories cannot be told the same way to different people groups; they need to be personalized. So much valuable time is eaten up doing the research, composing relevant stories, printing and binding books for each community, time that in the era of an epidemic should be treated with urgency.

The brilliancy of narrative, though, is that the story does not have to be dependant on stagnant words, for the message supersedes them. Stories are told to attach a character with the principle so that the reader can understand the reality of their actions. The same principles that are encouraged through the books can also take a multitude of performance forms.

Performance Narrative

African culture is one that is highly expressive and thrives on group gatherings. There are several accounts that promote HIV/AIDS education through song and performance narrative. While the educational books hold potential for practically reaching the growing generation, such knowledge is meant for individual consumption. The beauty of performance presentation is that it is meant to be shared in a community of people. It loses its allure if it is experienced individually. This facilitates the narrative's defiance of social classes and the ability to embrace people of all walks of life. Especially with the AIDS crisis, Catherine Campbell submits, "It is vitally important that policies and interventions advocating participation as a means of addressing social inequalities should not be blind to the complexities of seeking to promote such participation by socially excluded groups" (56). Remember that one of the strongholds in the condom campaign was the fact that not everyone would feel welcome to attend an educational seminar. Performance education gives the opportunity to involve those who are excluded from typical social gatherings. It allows members of the community to see that all peoples from all walks of life are afflicted, not just certain groups.

The narrative, whether it is spoken, acted out, or sung gives great insight into the human struggle with HIV. It raises awareness of how the virus is contracted, how to prevent it, and what to do to help those who are infected. Prevention is key and these stories are a great way to promote that, appealing to both the younger and older audiences.

Oral narration and storytelling is certainly a viable option for communicating a new narrative and mythology to cope with AIDS. The tradition has been perfected for centuries, as most African tribes that did not historically have a written language kept their history through the

spoken word. Ancient African folktales promoted mythologies that reinforced morality, solidarity, and pride in one's native tribe. Oral narrators are already in place today who tell the story of AIDS as they have experienced it. Louise Bourgault, author of *Playing for Life*, describes a common story:

> Herbeougou, a mythological village of good fortune, appears in a number of tales, many about AIDS. Typically, a young person, usually a male, leaves Herbougou to seek his fortune (often the funds for a bride-price). These young men are seduced by the city and the attractive females who live in it. Eventually, they fall ill and die of AIDS. (131)

This narrative exhibits mythologies that malign promiscuous relationships, count material wealth as dangerous to one's perception and logic of sexual health, and opens the women's eyes to the fact that they are not innocent in the fight against AIDS. The same type of message can be communicated in a theatrical setting, incorporating more members of the community.

Bourgault promotes interactive performance narrative, which allows the audience to feel empowered to live change they desire to see. They design situations which are "relevant to their social circle. They involve entire communities; they involve audiences; they work to integrate a whole group; they foster and operate from group consciousness; and they offer opportunities to perform that less than optional" (255). Even if only by responding as an audience member, people will feel the sense that a change is possible for them as they embrace that the change is for the community. The pressure of their peers will involve an entire community's interaction and attempt to find a solution. These performances help to unify communities under a common understanding of their situations and the options for moving forward.

Scripted theatrical presentations are also popular at HIV awareness events. According to Bourgault, theatre in its purest form is centered around change. She describes most of the plots of the performances put on by DreamAide,

> show desperate victims consulting a series of traditional healers, Western doctors, and finally turning to God. The play also depicts the harsh realities of township life for Black South Africans… The performances often show defiant youths that have lost their social moorings in the face of overly authoritarian, grossly inept, or severely irresponsible parents. And quite disturbingly, some of the plays feature boys who are HIV+ and who go around infecting others so that they will not have to die alone. (224)

This story accounts for the physical as well as the spiritual causality of the disease. It initially paints an extremely negative portrait of the infected. Most would like to assume, that if someone discovered they were HIV positive, they would certainly stop sleeping with people. However, according to this story, no one is safe. There will always be those who exhibit malicious behavior and it is impossible to distinguish them from those who are genuine. It is best to abstain from unprotected sexual behavior with anyone that is not committed. Such a message is actually one of the more dangerous ones in the mythological scope, as it actually causes dissention and further shame for those already infected. Helen Epstein reports of a youth who attended an event promoting sexual health and reported,

> I learned basketball at the Y-Center and at meetings we talked about resisting peer pressure, [like when] your friends advise you to break your virginity, to prove you are girl enough. But I was afraid the people there would find out my sister had HIV. We talked about it as though it was someone else's problem. (133)

Until they understand "why" the disease persists in their region, they will continue to be marked with shame, especially when all of the mythology seems to identify the victims as outcasts. There is a place for them in the fight against AIDS, and it is not merely to serve as an example to be shunned.

Song is another form that the narrative can take, which is able to penetrate through prejudices and reveal the mythology in its essence. The song is more than words, but an embodiment and emotional experience of the story. It does not merely reflect village life, but contextualizes it in another sense of the human spirit.

The beat allows the message to be more easily retained with preciseness rather than dramatic performance narrative. Gregory Barz, author of *Singing for Life*, argues that music is not merely an aesthetically pleasing practice that typically defines the African culture. Instead,

> Music can be understood as medical intervention when it both encourages medical analysis – "signing about HIV helps people learn about the need to go for testing" – and takes the form of the medical treatment itself – "Music is taken as medicine. Even if one is in pain, they will get back some life if there is music. Even for the bereaved or those in shrines, even in the prison, music is there. So *music is medicine for teaching.*" (59)

The beat of the music resounds with the beat of the soul. The accessibility lends itself to be used as a powerful tool to educate the listeners, both verbally and nonverbally. The beat allows one's soul to feel the mourning or the hope of the situation and respond with empathic action. One may be able to hide from the performances, but they cannot hide from the beat of the music.

One of the songs that they teach the nursery school children is called "Bakabitandika nk'onigambo," or "It All Started with a Rumor" and is as follows:

It all started as a rumor
The disease continued spreading
The rumors continued spreading as well
AIDS has become a serious problem!
Let us tell you the story of a person who refused to listen
Those who could spread the messages did so about AIDS
It is transmitted by unsafe blood transfusions
Unsterilized instruments
And unprotected sexual intercourse
One person, however, refused to hear
He went to a shop
Bought a dress for his girlfriend
Bought the most recent lotions – "Mufti and Revlon"
He bought these things at extravagantly high prices
When all he was buying was AIDS!
The man became infected with HIV
He lost all his charisma and strong will
He started selling his property looking for a cure!
AIDS cannot be cured in villages
Neither can medical doctors cure it!
The only cure is death and the hoe
Young boys and girls, we hope you have heard our message

Men and women, you can make the right choices or not
Adulterous and promiscuous people, you have nowhere to go
AIDS is finishing you
Ask God to forgive you
(Barz 22)

This is an example of early childhood education that is not bound by a physical book. This limited information may be beneficial for small children because they are too young to understand much else about the disease. Instead, they have been given a model of what the disease looks like practically and the way it is transmitted. This, however, is the extent of the scientific evidence of it, extending really only to what is experienced about the physical disease. Like other oral narratives, it accounts for the reality of the ways women specifically are roped into relationships that leave them at risk. The references to the extravagant lotions refer to the transactional relationships that were discussed earlier, in which men receive sexual favors by giving women small gifts. This is interesting, though, because this song actually seems more sympathetic to the young man. Typically in these types of songs, women are sympathized because of their lower social status. In this case, however, the young man ignorantly "buys" AIDS as he buys his partner's sex. This accentuates the fact that AIDS is not something that is by coincidence, but the direct result of the actions one chooses to participate in.

However, while behavioral choices are certainly the key to contracting the disease, it is really the only thing that has been identified. As is the case in many of these narratives, it seems that HIV is the result of extravagant living, or that the only ones who can contract the disease are those who participate in transactional relationships because they are somewhat morally denigrated. The person is told to ask God for forgiveness. In reality, it is often the result of concurrent relationships with an infected partner, systems that are not alluded to at all in this

story. Those in marital relationships who contract the disease from their partner have not sinned because they contracted the disease, but are simply a victim of the concurrency network.

These performances obviously help raise awareness to the problem of AIDS and give a context by which people can express the struggles in their reality. However, one must question what new truths these presentations are bringing to the light. These performances are based on exhibiting the facts of the disease rather than superstition, but the subjects of them are simply replicas of situations that the Africans experience daily in their communities. They do present scientific fact in them, but only in the form of symptoms, broad modes of transmission, and some treatment. The symptoms are obviously practical for the audience to know, but they need to more than what the disease *does*; they need to know what it *is*. Change does not merely come from awareness but understanding.

An Original Ending

An understanding of the origin of HIV in Africa is often a story that is overlooked, but one which has incredible potential to alleviate some of the mystery surrounding the disease. People all over the world, including the Africans themselves, know that they are the axis of this disdainful disease. Why did it take such an extreme turn on their soil? If one believes the origin of the disease is supernatural or of an inherited sinful ancestry, is there any hope to escape a curse? Not really. The victim feels doomed and defenseless and guilty of some sort of sin.

Narrative mythology often serves to answer these questions of origin. Once one has a point of origin, they can better understand their present reality and future possibilities. C.S. Lewis once said of myth, "if one removes History from [facts of nature, universal facts], there is nothing more to be said about them; any comment about them becomes purely tautological" (65).

All of the superstitious myths that have been developed in the African culture regarding the mysterious origin are simply repeating the same theme of uncontrollable circumstance and punishment. The scientists can qualify their account of the virus's origin by historical fact, so that it a deeper significance in Africa. Africans need more than imagination at this point; they need the truth.

The origin of the disease itself has been debated for several years, however the most accepted hypothesis revolves around blood transmission. Scientists believe HIV is a primate disease that crossed into the human population in the 1930's. The form that mostly infects humans is HIV-1M, although there are two other strands that have exposed themselves to lesser degrees. Many people associate AIDS with sexuality, but the actual origin of it was most likely by another method.

Many African tribes have historically survived on hunting for their means of survival, monkeys being among their prey. Suppose statistics were out of favor for a particular tribe and a hunter cut his hand while preparing the meat of an infected monkey, mixing their blood. Because HIV is originally a primate virus, it must have undergone a genetic shift to attach CD4 cells in the *Homo sapien* species. It is still unlikely that such a genetic shift would occur, but because DNA of a primate and human are so similar, the transformation is possible. Now, statistics get very slim here, which is probably one of the reasons the virus has not shown itself until now. The mutated virus would then transfer to the hunter by blood, to his wife by sexual intercourse, and his future children through the breast milk. Such a transfer could have been happening for centuries, but it was never cause for panic because those infected would have been isolated to a few tribes.

As Africa became industrialized, an influx of highways allowed a previously unexplored mobile lifestyle. People were able travel long distances for trade, join national armies, or move across cities to seek refuge from violence. What was once an isolated case of HIV could have spread to neighboring tribes and exploded when it hit a city because of the sheer mass of people and more apparent sexuality. If an infected man were to give a prostitute the disease, think of the exponential rate by which the disease would spread.

Most epidemics are spread by close contact with those infected, quickly increasing the number of victims, but then dissipating as those infected quickly die off. However, HIV does not kill its victims immediately. In fact, many may lead a fairly normal life for years after the infection, spreading the disease to those they love, potentially remaining in the genetic pool for generations.

If the Africans understood this explanation, perhaps it would begin alleviating the superstitious stigmas that surround the disease, which would allow them to take better precaution in protecting themselves against it. Despite their current mythology, it did not originate with a supernatural curse or consequence of sin, but likely with an innocent and accidental encounter with a carrier. They do not necessarily have to understand all of the biology of genetic shift to understand the underlying message of the myth – the original fault does not lie with the African, but the responsibility to stop the spread does. This cannot be accomplished through individual decision but communal efforts based on historical truth that transforms their mythological reality.

Construction of the Scientific Narrative

The first important quality of the scientific narrative is its necessity to be formulated and presented by a Native African. Ultimately, faith-based organizations struggle with the same basic problem many of the scientists struggle with – the need to be in control of their project. In order for the solution to prevail, the Westerners cannot continue to hold onto their own logic, hoping to see the face of modernity reflected back in the face of the Africans. A change will only come through understanding, and this understanding must come from the native culture.

If a new mythology of unity is implemented, change is possible. Such a thing has already happened in Uganda. Helen Epstein reports,

> Hundreds of tiny community-based AIDS groups sprang up throughout Uganda and Kagera to comfort the sick, care for the orphans, warn people about the dangers of casual sex, and address the particular vulnerability of women and girls to infection… Their compassion and hard work brought the disease into the open, got people talking about the epidemic, reduced AIDS-related stigma and denial, and led to a profound shift in sexual norms. (160)

This has been the most powerful movement since the beginning the crisis. Guess what? Although some of their medicinal practices were implemented, Westerners did not take center stage to the solution. The Ugandans "rapidly demystified the disease, understood how it was spreading, set their own policies, and didn't wait for Western experts to tell them what to do" (Epstein 64). The Ugandans changed from a lifestyle lived in fear of the disease, to one focused on the care of their fellow man. Such things are initiated by open discussion of one's struggles. If the people infected with AIDS are shrouded with social discrimination, it will remain a mystery to those who can help bear the burden. It is only when one is able to be vulnerable and expose his reality that another can help him change it.

Narrative holds the capacity to lift the veil of mystery and reveal the truth of the disease for what it is. Whether it take the form of theatre, song, or oral tale, a story should be constructed that would explain the origin of the disease, as described earlier. The process of demystifying the disease comes in the form of compassion and identification. Those prevention programs which have most succeeded are those that included, "frank conversation people had with family, friends, and neighbors – not about sex, but about the frightening, calamitous effects of AIDS itself" (Epstein 134). Once the stigma of shame over the disease turns to the realization of the common human experience of the disease, lines of communication will open. This would inspire not only prevention advice, but care for those already infected, as they recognize that they do not suffer from a compromised or cursed character, but are afflicted by a virus who shows no favoritism. If those who are infected are cared for instead of ridiculed, they will be more likely to identify themselves and seek treatment.

When one understands that the disease not necessarily speak to the character of the person, but to the tragic nature of the disease itself, it begins to diffuse the hostility between the people. There has been a dark power of mystery that has loomed over Africa for far too long, which needs to be lifted by a narrative inspired by Western scientific hypotheses.

Thus far, there have been communities who have rallied together under a campaign to promote a common lifestyle pattern by presenting the battle of man against his own natural inclinations. These serve to unite those who practice good health hygiene by exposing those who do not. Promotion of good health, though, should not have to involve a negative stereotype of those infected. Remember, that although one's lifestyle choice makes one more susceptible to the disease, their character alone does not determine whether or not they contract AIDS. Some

contract it from trusted partners; some have no choice in the matter. As long as victims of AIDS are antagonistically cast, those innocent will never speak out.

Barz relates a segment of brilliant song that demonstrates principles of this balance. It is called "Eitulilimuki," or "What is the luggage?"

This *Silimu* is wrong, it is a wrong disease
When it want to make you sick, it sends opportunistic infections
You feel headache, as it resolves the ears start to hurt
When the pain in the ears subsides, again backache sets in
As the backache subsides, again abdominal upset comes
As the abdominal upset resolves itself, profuse diarrhea begins
This *Silimu* is a real disease, it is a wrong disease indeed
It is after us, killing us
It selects by choice
When it arrives in a village, it selects indiscriminately
It has taken good me, it has taken good women
It has taken even young children, it has taken the rich people
But even with the poor, this AIDS does not discriminate
It came for me here, even though I am poor man
Gentlemen, I ask you to safeguard yourselves against the disease

Ladies, I urge you to safeguard yourselves against the disease
I also urge you children to safeguard yourselves
This disease is very bad
I urge you politicians to help those victims within your reach
I urge you relatives to take care of those patients within your reach
Children, I urge you to safeguard yourselves against the disease
It came for me, sincerely, I am here, a poor man, it came for me (20)

This song offers great medical symptoms of the disease, but it is most unique in that it attributes these symptoms to the disease itself and not attaching it to the stigma of an "immoral" transmission. In fact, it capitalizes on the point that it comes for everyone, no one is exempt from the threat. By focusing on the fact that AIDS is a threat to everyone, it is an automatic doorway to promoting unity among the community, the need to fight and care for one another. There are too many narratives that cast the antagonist of the narrative as the one who is afflicted with AIDS. As long as this belief persists, the communities will remain divided and people will

hide their reality because they don't want to be identified as the enemy. What people need to shun is the virus itself, not each other. Society cannot start moving forward until this reality sets in.

One can lessen the deep correlation between character and the virus by presenting what scientists have discovered about the disease in an accessible way. One of these discoveries would be the hypothesized origin of the disease. If one understood the origin of the disease in Africa, the nature of an innocent hunter met with a deadly disease, perhaps these stigmas of wrongdoing would pass.

In this case, the scientific narrative would include an actor playing the part of a hunter. It would begin in the woods, on a hunt, which would draw in the audience with the excitement of the event. It is important to identify the hunter as a trustworthy character, displaying characteristics of manhood through his ability to provide for his family in an honorable way, rather than on sexuality. Such things would be an interesting reminder to those in mining communities, as Campbell experienced that many of these men defined their manhood by their sexual encounters. In reality, this seems to be a universal identity across cultures, but such things can no longer be excused in such an urgent time. Encouraging a different way to define manhood is important in times like these.

While on the hunt, the man would retrieve his kill and in the process of cleaning it, he would cut his hand. The HIV virus would physically appear out of the money and stealthily attach himself to the hunter by climbing onto his back. It important that this is not portrayed as a brutal attack, for the symptoms of the virus are not felt until later. The virus, however, would be costumed in dark, threatening colors. The hunter would seem oblivious to the virus and greet his wife and children. A scene could allude to the couple sleeping together, and another virus would

attach himself to the wife. The progress could continue to their future children though breast milk. It is important in such a narrative to maintain the image that this infection is not the result of moral failure or punishment from the gods, but simply a fluke transmission. Concurrent relationships could be portrayed here, but are not necessary. Ultimately, the hunter would be offensively attacked by the virus, who would be deemed a brutal, nondiscriminatory killer.

Such a narrative story could take on several plot lines, but holding a few central mythologies. One would be the truth that the disease was not the result of any sort of sin, but of a biological accident. This understanding can potentially lead to a greater degree of respect for those infected, as it does not always point to a character deficiency. However, it would also point to the fact that while the origin of the disease is not in spiritual judgment, the perpetuation of it is the physical result of their behavior. This behavior should not be condemned, but amended.

These narratives can also convey scientific truths about the virus itself through narrative. The virus has been appreciated as a scientific truth, but that does not mean it cannot benefit from the creative vehicle of narrative. Scientist cannot lug around their microscopes, proving to the people through their techniques that the virus exists, but they can make virus visible through narrative. In reality, the way that the HIV virus attacks the CD4 cells is very much like a battle scene. If this narrative were to take a biological turn, a battle scene could be portrayed as a group of actors, representing the white blood cells, stood guard against a number of harmless pests. Then, larger actor dressed in dark garb would slip in and make his residence among these white defenders. As other little threats made themselves known, the HIV virus would slowly overtake the white blood cells. Dramatic battle scenes and deaths would certainly add to the scenarios. The theatrical presentation could even incorporate a doctor character who would step in to

defend the white blood cells, making it clear that medicine cannot exterminate the virus, but only shield it from attaching to the native cells.

This could make for quite an entertaining myth based on scientific fact. Terminology does not make something scientific, and can therefore be discarded for simplicity in these scenarios without sacrificing the contextual truth. It would communicate the true mythology of a waging war inside the body, initiated by a physical enemy that has settled in the body to stay. Such things would inspire a response and a dialogue because they can be understood in relation to their present context.

Such a narrative centered with a war-like flair could be potentially useful. Pricilla Wald, author of *Contagious*, explores the other narratives circulating in the Western culture that "pits human being against microbe" (39). If in these performances, Africans are set in opposition to a visible enemy, the disease itself, they will resist it and not each other. For years, many Africans have attributed the virus's effects to a spiritual or moral force. These people need to have a clear understanding that it is the result of a physical infection. By presenting the virus as an actual entity, the audience would understand that HIV is a real and physical force with an agenda against the human body.

These two options for a scientific narrative just discussed are promising because they convey scientific discoveries through a narrative venue that would bring to light the disease that lies in speculation and inspire dialogue. Using this idea of making the virus an active character in these dramatizations can finally be applied to amend the AIDS narrative performances that are already in effect today. The current performances simply bring to the stage daily events as they are experienced by thousands of Africans affected by AIDS. They offer no real new perspective, but simply put the situation on display in order to encourage open conversation.

What would be ideal though, is to take these stories and add a third party, the HIV virus. If the blame was passed from the dirty trucker or the seductive women and was focused only on the HIV virus, the people may realize who the real enemy is. After reading several performance scripts, the only narrative that is similar to that which I speak is a poem called "Flesh to Flesh; Dust to Dust," which is recorded by Patrick Ebewo in his essay, "The Impact of Theatre/Drama on HIV/AIDS." It follows the typical plot line of a woman who contracts AIDS after sleeping with her long-term boyfriend. He leaves her for another women and she is forced to prostitute her body to pay for her children, obviously infecting some of her customers. After the play draws to an end and the main character is breathing her last breath, the HIV virus steps to center stage and makes the following speech:

> I am the Be-All and the End-All
> I am the Alpha and the Omega
> I am the dry biltong that fills the mouth
> I am the fire that burns without ashes
>
> I am the Be-All and the End-All
> The power of the devil cannot conquer me
> Your guardian Angels cannot break my bones
> The pastors have tried and failed
> The herbalists have tried and failed
> The medical doctors have tried without success
> You cannot conquer me!
> I dwell on the corridors of kings, queens, generals, lawyers, priests –
> Beggars, peasants, lecturers, students
> Adults and children alike
> I treat my guests with the fullest respect
> I seize their appetite
> I give them cough
> I make them sweat and shit like birds
> I prescribe for them slimming tablets they won't forget
> I decorate their faces for the final grand slam
> And, then, c-r-u-s-h them! (475)

This particular monologue is rich in the blending of cultures and perceptions. Images like "dry biltong," which is the African version of beef jerky, place the virus specifically on this continent.

However, the diverse list of things that have warred against the virus proves that the virus is a universal threat. The virus is fought both in the spiritual and physical realm. Interestingly, the virus is fought by both the devil and the guardian Angels, making it a completely different spiritual entity that cannot be classified according to traditional divisions of good and evil. It then addresses the fact that each cultural solution of physical resistance, pastors, doctors, and herbalists, fail to break the virus's bones. This gives a great portrayal of the terrifying force of the disease once one is victimized by it. This is not a threat to take lightly, for the virus's desire is to "crush" its victims in every respect, their health, reputation, and family.

The cultural depiction of the character is complex as well because it seems to incorporate a Christian satanic character and the character of the demonic spirits that the African tribesmen fear so greatly. Whichever way the character is read, the performance plays on the supernatural beliefs in Africa. This does not mean that the reality of the virus is somehow negated; it simply serves to give the virus a personality. Ironically, by making the presentation a bit more creative, the virus is made more tangible.

Narrative can relate the essence of scientific fact without sacrificing the deeper mythological message. In this particular play, the virus is not only seen in a new light, but the other characters are also placed under a new scrutiny. The prostitute who was originally infected with this disease is pitied, along with all of the others that were subsequently infected. These characters were not met with judgment or condemnation, but compassion, which is an improvement on other AIDS narratives that are in place today. A scientific narrative that personifies the disease frees the people from being identified by it. Those infected by the disease are not embodiments of the disease; it is separate to who they are. This enemy external to

themselves breaks down barriers of communication and honest expression and concerns to prevail.

When they embrace the reality of the active biological battle, perhaps they will passionately unite to fight against the tiny terrorist. Individuals spread the disease but the whole continent feels its repercussions; the battle against AIDS will never be won from individual efforts. Wald submits, "the emphasis on human agency put the survival of the species in the hands of human beings, who would presumably be more invested in human survival" (40). Once those at risk understand the control the have over their health, they will feel the weight of responsibility that drives social change for survival because it is not just for themselves, but their entire culture. This is especially exciting for women in the sex trade profession, for those women will only gain a voice if they make a unified effort against the system. One must have someone else to fight for. This is the same motivation Christian narrative promoted – a motivation to glorify something outside of themselves. Narrative has the power to embrace an entire culture and motivate the audience to stay accountable to one another for the good of the whole.

Such accountability and motivation are fully appreciated from the mouth of one of their own. Those in Sub-Saharan Africa are fully capable to perpetuating this union of science and narrative, they simply need the intellectual and economical resources. No matter how hard a Westerner attempts to relate to the culture, he will never have the respect or lasting influence a native African would. It is of vital importance to train a leadership team in each people group to shout a call to arms, encouraging his fellow people in a language they understand to rise up, take responsibility for themselves, their fellow man, and future generations and rebuke the fear the virus has them paralyzed with. One who fully understands the cultural implications of HIV's

mystery must demystify it. With an understanding the virus's strategies, the different communities can develop their own plan of attack, the battle plans drawn by one of their own and followed by the masses.

Wald poses an interesting supposition on the union of science and narrative. The cultural, political, and biological implications of disease run

> much deeper than state mechanisms and inflects the conception of community articulated in narrative. Outbreak narratives actually make the act of imagining the community a central (rather than obscured) feature of its preservation… From its fragility – its tenuousness – it also derives power, reminding its citizens that the community, and all of the benefits its confers on them, is contingent on their acts of imagining, just the literal health of the nation depends on their obeying the regulations set in place by medical authorities. (Wald 53)

It is such an interesting conflation we have come upon, for this suggests that because the physical fighting of the disease has not solved the problem, it must be fought with the imagination. It is this unseen power that will effect the visible world in a tangible way. And so we have returned back to what the Africans have always supposed and Westerners have tried so hard to refute – the worlds of calculation and imagination influence each other in ways that one cannot fully untangle. Measureable facts are used to create a myth, which effects mythology to perpetuates belief, leading to a behavior, to create further facts of life. It is a cyclical trend weaving between the real and imaginary that encompass one's experience of life.

Conclusion

The scientific narrative embodies the remarriage of measureable truth and experience. There are forms of performance narratives that are already in place, but they convey mostly medical symptoms and social warnings, seldom offering a new perspective through which to view the virus itself. The scientific discoveries of the virus itself should be used to explain that

which is shrouded in mystery to many Africans. Drawing from the idea of mythology, the scientific predictions of origin of the disease need to be explained in narrative form. Also, the biological battles within the body would help explain the "why" instead of just the "how's" that those in Sub-Saharan Africa have been fed for decades. The virus needs to be made known for its physical entity, which may be most effectively conveyed as it is personified on stage.

Until the Africans realize their common enemy is a physical entity, unbiased to particular characters or family history, the mythology of their culture will never change from oppressive to embracive, and the trends will never reverse. The solution will not be found in a condom campaign or an abstinence plea, but an understanding that of the disease to unify the continent under a common battle cry. It seems that reunion of scientific fact and narrative creativity would be a valuable venue to explore. Such proceedings must be facilitated, and only facilitated, by Westerners. They are useful for may have their physical resources and scientific knowledge, but the Africans have the emotional accessibility to promote an open environment to expose the disease completely for what it is.

Conclusion:

Conflation of the Cultures

The Western development of the scientific and artistic cultures has proven a place of social weakness instead of civilized specialization. The crisis in Africa has put flesh and bones on this spirit of contention as millions of people are dying while the two fields work separately to find a solution. The Westerners kept the physical truths of the virus were kept separate from the social beliefs about it. This only caused their approaches to be imperfect in a cultural context where the physical and spiritual realm are certainly still considered key players in the role of health.

The watching world is only met with increasing statistics scientists quantitatively monitor the immediate effects of condom distribution and humanitarians qualitatively affect the culture for the long-term with abstinence. It is not that either of these approaches is wrong; they are simply incomplete. Just as the AIDS pandemic must be brought to light before a united stand can manifest itself, the contention between the sciences and the arts must be brought to light in order to develop a strategy to fight against this biological threat.

Science capitalizes on the physical manifestation of life and the way it works. These truths are crucial to understanding how to perpetuate life. Narrative works to explain the experience of life itself. It opens opportunities for participation and dialogue that traditional education lacks. Science and art should not negate one another, but serve to complement one another, bridging the gaps of communication and knowledge where they lie.

The AIDS crisis in Africa makes urgent such a remarriage in thought. This is most efficiently and effectively satisfied with the creation of a scientific narrative. The scientific

narrative would adopt the venue of creative, interpretive performance to present the biological discoveries about the virus in an accessible way. Such performance allows a variety of different people to have access to the knowledge and unify under a common goal, against a common enemy. These narratives allow entire groups of people to engage in and verbally struggle with the truth. Science serves to present the facts of the physicality of the virus, which initiates the deflation of the antagonistic identities victims feel they are given. Through this scientific narrative, flesh is given to the viral enemy. It is only when African communities recognize they cannot fear one another, but fight individually for one another, that they will win the battle.

Ultimately, Westerners cannot lead this battle forever. They bear the knowledge and resources that the Africans do not have access to, but nothing can replace the testimony of a fellow African. African leaders should be trained to further develop these narratives and take the solution back into their hands. It is their homeland; they should claim the victory.

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