

## **The lament of an African**

### **Book review**

Chirimuuta, R, & Chirimuuta, R (1987) **AIDS, Africa and racism**.  
London: Free Association Books.

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The discipline of medical sociology is a relatively new discipline compared to the other "sociologies", and rigorous academic work only found its feet in the 1950s with the work of Parsons. Radical critiques began to appear only in the 1970s as per Illich, the Ehrenreichs and Marxist writers such as Navarro, Waitzkin and others. There were exceptions off course, such as the writings of Virchow and indeed, of Engels himself in his **The condition of the working class in England**.

One of the theses which the radical school postulates is that we need to re-examine the role of the medical profession in the upliftment of the quality of life of our species. Illich (1976), rather provocatively, opens his book by suggesting that "... the medical profession has done more harm than good...and should be abolished."

Bourgeois medical practice and health care has historically developed curative forms of individualised, hospital-based care that allows the medical profession to completely control the health care. The human body has been reduced to a set of parts which need to be fixed when they break down - usually by a particular type of health professional and usually with a drug which is produced by one of the handful of drug multinationals which monopolise the industry. Asking to participate in decisions about

one's own health care is like a motor car asking to participate in a decision about which spare parts should be used to repair it.

If the HIV virus has produced one potentially positive effect, it is that it presents the Western bio-medical approach to health care with a formidable challenge that has the ability to discredit this model and lead the way to new models of health care based on integrated, comprehensive and participatory models of health care. AIDS has this potential because there is no cure, no vaccine, no money for bio-medical care, and the only way of dealing with the epidemic is through preventive and promotive forms of health care and through the participation of communities in their own health care. The medical profession's role has never been so marginal in an epidemic before. In our view, the model for dealing with AIDS and HIV is also the most appropriate model for dealing with the majority of disease entities afflicting the world's populations.

In the same way that HIV forces us to re-examine the dominant bourgeois model of health care, it forces us to re-examine almost every other socio-political, cultural, and personal aspect of our lives. The epidemic begins to ask some age old questions all over again. Who controls where, how and when sex takes place? What kind of a health system do we need for an epidemic of this nature? Can we deal with an epidemic of this nature without dealing with issues of deprivation and poverty? How do we deal with a terminal illness and what are the most appropriate methods of education to employ in the five hundred and seventeen thousand different communities that we have in the world? Indeed what is the most appropriate software for processing epidemiologic data of the spread of HIV in this or that part of the world?

There are hundreds of questions that can be asked about AIDS and HIV - the point we want to make in the above paragraph is that AIDS and HIV infection force us to re-examine our world and that any strategies to contain the epidemic require us to deal with the numerous contradictions in our different societies. The use of the condom or AIDS education is unable to remove conditions which allow for the spread of the disease. For example, South Africans will not be able to deal with the epidemic without the state making more money available for AIDS work, or without a serious attempt at reducing migrant labour and homelessness, or indeed, violence in Natal.

There has never been a disease as political as AIDS before.



Amongst the phenomena which need to be addressed when dealing with HIV and AIDS are denial, discrimination, stereotyping and blame. These have also been fostered since the outbreak of the disease and diminish our ability to combat the disease. One of these phenomena is racism and this is the subject of the book we are reviewing.

Chirimuuta and Chirimuuta (1987) challenge the notion that AIDS is a particularly African problem and they seek to counter Western media propaganda which caricatures AIDS in Africa and presents a scenario of a disease decimating thousands due to their "ignorance and an animal-like promiscuity". The authors argue that the commonly held view that the epidemic started in Africa and was spread by Africans to the rest of the world is motivated by racist stereotypes rather than any solid scientific evidence. In fact they argue that racism has played a greater role in the formation of scientific conclusions by AIDS researchers than scientific fact. The book undertakes a "careful examination of the scientific literature on AIDS in Haiti and Africa..." and attempts to "expose the fundamentally flawed nature of the evidence and arguments offered in support of the African hypothesis, and attempt to explode the myth that Africa is at the epicentre of the world AIDS pandemic." (p2). The authors are at pains to quote from the scientific literature and the media, numerous examples of racist stereotypes, comments, assumptions and conclusions.

They criticize the Western press for snatching up any "research" on AIDS which pointed to the theory that AIDS originated in Africa without examining the validity of such research. The authors claim that this practice arises out of the preconceived racist stereotypes in the minds of the Western media. That the media too had "convicted" Africa for the origination of AIDS long before any substantial evidence was available. The authors go further and claim that the extent of spread of the epidemic has not been conclusively shown in the research conducted up to the time of print of their book. Once again extensive reference is made to careful examination of the scientific literature to do this.

Rosalind and Richard Chirimuuta's book was written in 1986 at the height of the period when all the blame for AIDS was falling on Africa. Four years hence, in 1990, the majority of AIDS activists and the press are saying that "it is not important where AIDS came from, rather where it is going." (Kaunda, 1989).

This renders this book a bit outdated.\* However, it is still important to read parts of this book as racist stereotyping in relation to AIDS still exists and this is particularly the case in South Africa where it is emerging as an issue. In the second chapter, the authors describe how Haiti came to be blamed for the disease and expose how this was based on racist assumptions rather than any evidence. Haitians became associated with AIDS and the Centre for Diseases Control included Haitians on a list of "high risk" groups. Three or four years later it had been established beyond doubt that Haitians were not at any greater risk for AIDS than any other population group in the world.

The authors briefly describe how Haitians in the US had lost their jobs and were treated like criminals because of this unsubstantiated association of Haitians with AIDS by Western researchers. No mention is made of the drop in the number of tourists visiting Haiti from 70 000 in 1981/2 to 10 000 in 1982/3; and the impact this had on Haiti's economy and the 25 000 jobs associated with this industry. A book on the effects of racism and AIDS should not ignore crucial information such as this.

Whilst we would have loved to agree with the authors that AIDS in Africa is being exaggerated due to racist motivations of the various authors, it is now (three years after publication) established beyond doubt that the AIDS problem is becoming worse in Africa than in other parts of the world. Whilst we wholly support the authors views that this does not mean that we should be blamed for AIDS, we argue that there are very good reasons why the pandemic is affecting Africa the way it is. This is due to the underdevelopment and the poverty of many African countries. It is becoming increasingly evident that AIDS is a disease that is chasing the deprived and underprivileged sections of the world's population.

HIV can infect anybody; but it affects different people in different ways. Generally, but not always, it affects the poor and the powerless in society. This explains why AIDS will be more prevalent amongst the deprived, there is no need to "defend" Africa in the way that the authors do. The AIDS problem in Africa will be worse because most countries in Africa do not have the resources and infrastructure to effectively combat this disease. This is a result of the underdevelopment of Africa by the system of international capitalism and the legacies of colonialism.



Two other criticisms which need to be made of this work are that it does not make a systematic survey of scientific and popular literature, but extracts all the racist comments and inaccuracies it could find and collects these in the various chapters. Secondly, it does not deal with African stereotyping of other communities and the extreme denial by Africans of the extent of the problem in our communities (as was the case with all communities). This has led to the delay by many communities, in Africa and in other parts of the world, to begin to combat the pandemic and its related social, political and cultural effects.

The authors make two references to South Africa and one of these is instructive for our purposes. The authors quote a scientific article on AIDS in South Africa which shows that AIDS in this country only affects "white homosexuals" and argues that the disease probably spread from homosexual contacts with the US. The authors then offer us a comment which is not only incorrect and useless but also offensive to ourselves. They comment: "it seems that the only good thing about Apartheid is that AIDS does not affect the black community". In their zealotry to show how parts of Africa (in this case black South Africa) have not been affected by the epidemic the authors suggest that the disease has been spread to South Africa from the US.

This comment must anger us in the light of the serious epidemic we face now. We cannot afford to cry "racism" if it has the effect of underplaying the seriousness of a problem that we now know is well established in this country. It is interesting to note that neither of the authors is from Africa. One of the authors is an ex-Zimbabwean who left that country 18 years ago and is now settled in the Britain. This is very much the syndrome of people of colour who want to be accepted by and are constantly on the lookout for racism so that they can prove the worth of "their kind" to the rest of the world. These individuals are actually in awe of the West whose racism they constantly lament. That racism against Africans is still rampant, particularly in the discourse of AIDS researchers and the media is doubtless. Whether we need to become this defensive is questionable!

For the casual reader we recommend three chapters (1,7,12) - these adequately express the views of the authors. To plod through the remaining chapters is difficult reading and is the task of those who have a particular interest in the subject.

## REFERENCES

\* Since this review was written a revised edition of **AIDS, Africa and racism** (1989) has just become available in South Africa.

Chirimuuta, R, & Chirimuuta, R (1987) **AIDS, Africa and racism**. London: Free Association Books.

Illich, I (1976) **Medical Nemesis**. London: Boyars and Cauldron.

Kaunda, Kenneth (1989) Address to Fifth International Conference on AIDS, Montreal.