

**“Africa’s Deadly Enemy:”
An Analysis of Canadian Newspaper Coverage of the HIV/AIDS Pandemic in Africa**

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Abstract

“Africa’s Deadly Enemy:”

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Sophie Wertheimer

In a little over two decades, the HIV virus has seeped into the bloodstream and consciousness of the world’s population, leaving few and little untouched. In addition to constituting an important medical and scientific issue in and of itself, the HIV/AIDS pandemic has also come to represent a “focal point for many of the social ills that plague modern society.”¹ In this thesis, I analyse coverage of the HIV/AIDS pandemic in Africa published in English Canadian newspapers between 2000 and 2003. Locating my corpus within the wider discourses surrounding the HIV/AIDS pandemic as well as the study of racism, (neo/post) colonialism and ‘Africanism,’ and employing Critical Discourse Analysis as my methodological framework, I echo a claim made by leading HIV/AIDS cultural theorist Simon Watney in reference to coverage of the late 1980s, where he posits that “Western commentary on AIDS in the Third World tells us much about the

¹ Ken Morrison and Allan Klusacek, eds, “Introduction” *A Leap in the Dark: AIDS, Art and Contemporary Culture*, Montréal: Véhicule Press, 1992: ix

forms of contemporary racism.”² Tracing the various ways in which the West has constructed and represented Africa in the past, I argue that much of this tradition still persists, as clearly reflected in the analysis and excerpts of the articles under scrutiny. Arguing that the media have a pivotal role to play in (re)producing this understanding of Africa and Africans on the part of the West, I offer suggestions and recommendations that may lead to bettering this highly problematic coverage.

² Simon Watney, “AIDS, Language and the Third World,” *Taking Liberties: AIDS and Cultural Politics*, London: Serpent’s Tail, 1989: 190.

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Table of Contents

Introduction.....	1
Chapter 1. Research Precedents.....	8
Racism and the media	10
‘Africanism’	15
The social and cultural dimensions of HIV/AIDS.....	19
The HIV/AIDS pandemic in Africa	23
Chapter 2. Questions of Method.....	27
Issues of Language.....	27
Corpus.....	31
Methodology.....	37
Chapter 3. Homogeneous Africa/ Homogeneous AIDS.....	41
Chapter 4. Hopeless/ Helpless Africa...and the Glorious West.....	60
Chapter 5. Infectious Africa.....	86
Chapter 6. Alternative Africa.....	109
Towards a Conclusion.....	125
Bibliography– Corpus.....	135
Bibliography.....	140

Introduction

For reasons which can certainly use close psychological inquiry, the West seems to suffer deep anxieties about the precariousness of its civilization and to have a need for constant reassurance by comparing it with Africa. If Europe, advancing its civilization, could cast a backward glance periodically at Africa trapped in primordial barbarity, it could say with faith and feeling: There go I but for the grace of God. Africa is to Europe as the picture is to Dorian Gray – a carrier onto whom the master unloads his physical and moral deformities so that he may go forward, erect and immaculate. Consequently, Africa is something to be avoided just as the picture has to be hidden away to safeguard the man's jeopardous integrity. Keep away from Africa, or else!¹

It is Christmas Eve, and like most other Christmas Eves that I have experienced thus far, I find myself seated at the table in the house where I grew up, surrounded by my parents, my sister, and an unfortunate turkey who no longer has a clue. The atmosphere is not as festive as it ought to be; a certain heaviness looms. The reason: my family fears for my life.

Only a month or so before, I learned that I had been selected to participate in an internship in the West African nation of Niger, where I would be working for three months with a local HIV/AIDS and sexual-health organization. I am delighted at the prospect of an experience that will surely be enriching on a variety of levels. My family

¹ Chinua Achebe, "An Image of Africa: Racism in Conrad's 'Heart of Darkness,'" *Postcolonial Discourses: An Anthology*, ed. Gregory Castle, Oxford and Massachusetts: Blackwell Publishers, 2001: 218.

is not. They assume the worst. They think that there is much risk involved in this endeavour, and I suspect they may even believe this to be my last Christmas Eve with them. There is confrontation and even tears, but my mind remains set. In the month of April, I leave for Niger. As expected, I take part in a wonderful, enriching and exciting experience, to return unharmed, happy and well-fed to my native Canada. My family is most probably relieved, but I don't care to ask.

A few years later, as I embark upon a new voyage, that of writing my master's thesis, I cannot help but be reminded of that infamous Christmas Eve. I wonder how it is that my parents and sister – well-educated, travelled and generally open as they are – could have reacted so strongly to the idea of their precious kin going to work on a project in Africa. While I do not wish to accuse my family of being racist, I will not deny that theirs was a reaction that found its roots in racist ideology. In many ways, I cannot blame them for feeling this way. I too have preconceived notions or ideas about 'groups' or 'types' of people, and though I try very diligently to dispel and remove them, this is not always an easy task, as it requires constant work and self-reflection. While Canada may pride itself on being open and multicultural, I believe that most Canadians are racist to some degree or another. In fact, I believe it is practically impossible not to be, because racist ideology seems to exist at the very core of how we understand and experience the world, others and ourselves. As Peter Rigby reminds us in *African Images: Racism and the End of Anthropology*, "we do not need the Klu Klux Klan or the 'bad' skinheads to

tell us about the illusion of a hierarchy of 'races' and their supposedly different forms of social and cultural behavior, varied propensities towards criminality and sexuality, or inferiority-superiority in 'intelligence.'" ² Indeed, we find all of this in school textbooks, in everyday conversations, in the media, and many of the other cultural texts and discourses that inform who we are and what we do as Canadians. Although my family's reaction may have been racist, it is perhaps not peculiar, unique or surprising. They are very much a product of their culture.

This is the assumption that both motivates and guides my master's thesis. More specifically, I will use coverage of the HIV/AIDS pandemic in Africa published in Canadian newspapers between 2000 and 2003, to bring to light the racist ideologies and notions that both produce and are reproduced by these cultural texts. In locating the corpus within the wider discourses surrounding the HIV/AIDS pandemic as well as racism, colonialism and 'Africanism,' I will echo a claim made by leading HIV/AIDS cultural theorist Simon Watney in reference to coverage of the late 1980s, where he posits that "Western commentary on AIDS in the Third World tells us much about the forms of contemporary racism."³

In addition to pursuing the analysis of Western representations of HIV/AIDS in Africa begun by Watney as well as several other academics, I believe this endeavour

² Peter Rigby, *African Images: Racism and the End of Anthropology*, Oxford: Berg, 1996: 13.

proves relevant, if not necessary, on a variety of other levels. While recent scholarship on HIV/AIDS and culture seems to have lost the zeal of the earlier days of the pandemic, HIV/AIDS continues to be a very important and urgent issue, affecting not only the health of millions of individuals throughout the globe, but their families, cultures and societies. As the pandemic reconfigures itself over time and space, and as new discourses, responses, medications, knowledges and experiences are produced, a focused and sustained examination is thus necessary.

In the article "Queer Peregrinations," Cindy Patton explains that:

AIDS science, as it trickles down through policy and media, substantially informs popular interpretations of the epidemic, shaping the experience of those directly affected and forming the moral logic which determines the popular acceptability of policing in fact or through resource distribution. In addition, the narrative of scientific progress, which emphasizes the coherence and additive nature of scientific research, helps rationalize discriminatory policy and continued pursuit of unwarranted narrow research questions.⁴

There is a direct link between the representations of HIV/AIDS and the ways in which the pandemic is subsequently dealt with. In regards to coverage of the HIV/AIDS pandemic in Africa, these representations certainly have made in the past, and continue to make to this day, a direct impact on African and African diasporic nations and peoples. As Gloria Waite points to in "The Politics of Disease: The AIDS Virus and Africa:"

³ Simon Watney, "AIDS, Language and the Third World," *Taking Liberties: AIDS and Cultural Politics*, London: Serpent's Tail, 1989: 190.

⁴ Cindy Patton, "Queer Peregrinations," *Acting on AIDS: Sex, Drugs and Politics*, Eds. Joshua

Underlying the current situation is the legacy of racism that permeates many of the African AIDS issues. Racism merges with ideas about “corrupt sexuality” and “contagious disease” to make Africans pariahs in several parts of the world. Within five years after the AIDS epidemic emerged, a campaign was discernible, sometimes very strident in tone, to check the immigration of African workers and students into Asia and Europe. The overall consequence was to suggest that Africans should not only be banished from international travel, but in fact condemned to work out their problems in isolation.⁵

Almost twenty years later, this still seems to be the case. We must therefore persist in tracing how HIV/AIDS affects and is affected by society and culture, not only for the sake of sheer knowledge, but also in the hopes that this knowledge may provide us with alternative ways of understanding and responding to the disease, or at the very least allow us to avoid mistakes made in the past and often repeated in the present. As Allan Brandt posits, “The recognition of the process by which AIDS has been culturally defined provides us with an opportunity to guide and influence responses to the epidemic in ways that will be constructive, effective, and humane.”⁶

This is certainly one of the major motivations behind the present thesis. I will not fool myself into thinking my study will lead to any major changes in the way the Canadian media cover the HIV/AIDS pandemic in Africa, but this does not negate my

Oppenheimer and Helena Reckitt, London and New York: Serpent's Tail, 1997: 238.

⁵ Gloria Waite, “The Politics of Disease: The AIDS Virus and Africa,” *AIDS in Africa: The Social and Policy Impact*, Eds. Norman Miller and Richard C. Rockwell, Levison, NY: The Edwin Mellen Press, 1988: 157.

⁶ Allan M Brandt, “AIDS: From Social History to Social Policy,” *AIDS: The Burdens of History*, Eds. Elizabeth Fee and Daniel M. Fox, Berkeley and Los Angeles: University of California Press, 1988: 163.

strong conviction that we are definitely due for major change. Very idealistically, I hope that my thesis can bring convincing insight as to why coverage of the HIV/AIDS pandemic in Africa is so highly problematic, while offering suggestions and comments that may be useful in effecting change. Furthermore, as many of these problems are not unique to coverage of the HIV/AIDS pandemic in Africa, but apply to many other topics and groups of peoples as represented and discussed in the media, even more idealistically, I hope this project can help in further demonstrating the biases intrinsic to much of the Canadian media in general.

In bringing to light certain of the racist ideologies and assumptions that permeate coverage of the HIV/AIDS pandemic in Africa, I also hope to encourage readers to become more critical of these representations and to understand them within the wider context of unequal power relations between Africa and the West from which they emerge. In turn, this can perhaps lead to an increased consciousness and critique of other media representations, as well as an examination of individual beliefs and ideologies. As mentioned above and as I will hopefully demonstrate through my analysis, much of the culture and heritage that we share as Canadians, if not Westerners, is premised upon racist notions and ideas. While the act of removing these deeply ingrained concepts is a difficult one, it is necessary if we are ever to become the multicultural and non-racist society we claim ourselves to be. Just as I have embarked upon the act of “de-racisting” myself, both through a meticulous dismantling of any preconceptions or generalizations

my culture may have wired into my worldview, as well as by acknowledging my position of privilege within current distributions of power, through this project, I hope to further encourage my readers to “de-racist” themselves.

Finally, I hold a tremendous degree of admiration and respect for the peoples of the African continent. I have experienced the geographical Africa just once, in Niger, and this for a ridiculously short three-month stay. I have also experienced Africa through representations ranging from *National Geographic*'s television specials, to books about responses to HIV/AIDS in Africa, to grim pictures of dying babies in *Time Magazine*, to the music, films and literature of Africans from around the world. While my knowledge of Africa's cultures, societies and political and economic situations may be infinitely small, I hope to be critical and conscious enough to order it in a manner that gives credit to this continent's great richness. I do not wish to further exoticize or objectify African peoples and cultures. However, I also feel additional attention and legitimacy must be granted to them, and this in a dialogical manner whereby all voices are not only heard but listened to as well. Through this project, I wish to encourage a questioning of how we understand and view Africa in general, as well as in relation to the HIV/AIDS pandemic more particularly. By extension, I wish to stress not only the richness of African understanding of and responses to HIV/AIDS, but also the importance of letting them reach us and affect the way we think about ourselves and others.

Chapter 1– Research Precedents

In the essay “Sexual Cultures, HIV Transmission, and AIDS Prevention,” Richard Parker writes that “in little more than a decade the rapid spread of the international AIDS pandemic has profoundly changed the ways in which we live and understand the world.”¹

While I do not question the veracity of Parker’s claim, I believe an inversion of terms can also provide interesting insight: The ways in which we live and understand the world has profoundly affected the AIDS pandemic and its surrounding discourses. In addition to being an important medical and scientific issue in and of itself, HIV/AIDS has also come to constitute a “focal point for many of the social ills that plague modern society.”²

The course taken by the virus, how it has been understood, categorized, talked about and dealt with, the scientific and biomedical research, the media coverage, all of these aspects that construct the reality of AIDS have often followed pre-existing ideologies and patterns of domination and oppression. As Paul Farmer suggests in his book *AIDS and Accusation*: “The spread of HIV across national borders seems to have taken place within our lifetime, but the conditions favoring the rapid, international spread

¹ Richard Parker, “Sexual Cultures, HIV Transmission, and AIDS Prevention,” *AIDS* 8.1, 1994: 309.

² Ken Morrison and Allan Klusacek, “Introduction,” *A Leap in the Dark: AIDS, Art and Contemporary Culture*, Montreal: Véhicule Press, 1992: ix.

of a predominantly sexually transmitted disease were established long ago, further heightening the need to historicize any understanding of the pandemic.”³

This has certainly been the case in relation to the HIV/AIDS pandemic in Africa. The course of the virus on the continent and how it has been represented in the West exist within a complex historical continuum of “knowing” and “dealing with” Africa, these in turn being products of many other interconnecting factors and ideas. In order to understand the current coverage of the HIV/AIDS pandemic in Africa as embodied in my corpus, it is necessary to contextualize it within a broader framework that accounts for these many factors. The work of numerous academics and writers can allow us to do so. For the sake of clarity, I have decided to subdivide the research precedents that inform my work into four categories, namely work that addresses:

- Racism and the media
- ‘Africanism’
- The social and cultural dimensions of the HIV/AIDS pandemic
- The HIV/AIDS pandemic in Africa

³ Paul Farmer, *AIDS and Accusation: Haiti and the Geography of Blame*, Berkeley: University of California Press, 1992: 14.

Racism and the media

Before even trying to understand the racist implications of coverage of the HIV/AIDS pandemic on the African continent, it is important to situate it within the wider parameters provided by the study of racism and its intricate relationship to the media. In fact, this proves important at a very basic level in that it allows me to define the terms and to disclose certain of the assumptions that will reoccur throughout this project.

Recent scientific advances have demonstrated that there are no biological or genetic differences in the make-up of the world's different peoples, the racial categories that we have assigned and maintained throughout centuries of human history thus proven to be obsolete.⁴ Instead, it is argued that culture or ethnicity have now replaced biological markers of difference such as skin color, and that in turn, the formers have become the principal reason for and source of oppression. In light of this, many have argued that the concept of racism itself, in that it refers to attributes that do not actually exist, should no longer be employed. I do not agree with this completely, in that I believe racism premised on biological markers, while scientifically false, is still believed and practiced throughout the world (on the part of whites and minorities alike, as we see for example in the pigmentocracies of certain African communities). Furthermore, as Jan Pieterse suggests, "The hierarchies of culture are not necessarily different from those of race – the rhetoric

⁴ See Etienne Balibar, "Is there a Neo-Racism?" *Race, Nation, Class: Ambiguous Identities*, eds. Etienne Balibar and Immanuel Wallerstein, New York: Verso, 1991: 17-28.

of 'race' used to be embedded in a wider culture of hierarchy, and many of the same features survive in contemporary representations of otherness."⁵ Additionally, as Teun van Dijk specifies in his study of racism in the European press, "ideologies may perhaps no longer be premised on the belief that whites are a biologically 'superior' race, but assume that other ethnic or racial groups happen to be 'backward' along other dimensions."⁶

In response to this problem with defining race and racism, several academics have decided not to abolish the term, but rather to refine it by further developing and specifying the many forms racism can take. In *Discourses of Domination: Racial Bias in the Canadian English Language Press*, Henry and Tator speak of a 'new racism' that encompasses aversive, inferential and institutional forms of racism (among others). This new racism manifests itself not in blatantly violent and racist behaviours, but rather in more insidious manners, such as governmental policies, media reports and individual speech.⁷ I find this nuance to be both important and necessary, but it is also paramount to acknowledge that more violent forms of racism still persist. Furthermore, while the debate surrounding the validity of racism as a concept is an important and necessary one, it seems to remain largely confined to the privileged milieu of academe. As to how this

⁵ Jan Nederveen Pieterse, *White on Black: Images of Africa and Blacks in Western Popular Culture*, New Haven and London: Yale University Press, 1994: 14

⁶ Teun van Dijk, *Racism and the Press*, London and New York: Routledge, 1991: 29.

debate impacts or affects the actual lived experience of racism – that of both its perpetrators and its victims – remains to be seen.

In the current context, I thus believe that racism still remains the most adequate term. Indeed, the peoples of Africa are discriminated against and subjugated not only on the basis of their cultures, but on the basis of skin color as well. Furthermore, as the current perception of Africa is very much the product of a history of racist thinking and acting, continued use of the term allows us to acknowledge this history and to see today's racism as the result of the many mutations it has undergone and forms it has taken over time. I will therefore be using the term racism in my study, defined as:

The assumptions, attitudes, beliefs, and behaviours of individuals and the institutional policies, processes, and practices that flow from those understandings. Racism as racialized language or discourse manifests itself in euphemisms, metaphors, and omissions that support given ideologies and policies. It is reflected in the collective belief systems of the dominant culture, and it is woven into the laws, languages, rules, and norms of Canadian society.⁸

My arguments are also premised on the basic assumption that the Canadian environment, as well as the West (if not the world), is dominated by whiteness. By this I mean not only that whiteness is taken to be the norm, rendering all non-whites “others,”

⁷ Frances Henry and Carol Tator, *Discourses of Domination: Racial Bias in the Canadian English-Language Press*, Toronto: University of Toronto Press, 2002: 23.

⁸ Frances Henry and Carol Tator, *Discourses of Domination*: 7.

but that most institutions are governed primarily by whites.⁹ Whites therefore have access to and retain most forms of power and continue to maintain the system in a way that privileges the continued dominance of whiteness. In order to uphold this dynamic, minorities¹⁰ must be kept from accessing forms of power. This occurs on a direct level, as minorities are afforded less access to positions of power within institutions, as well as ideologically, in that minorities and whites alike are made to believe that those who are not white do not have the abilities and capacities to achieve or maintain these positions of power.¹¹ These dynamics are the result of hundreds of years of white domination, and while the scale is gradually losing some of its imbalance, it remains overwhelmingly tilted toward the side of whiteness. As Valentin Mundimbe observes in relation to Europeans (which I would replace today with the more encompassing term “White” or even “Western”):

⁹ I use white and whiteness in accordance with the literature that informs this section, namely the recent study of whiteness by academics such as Richard Dyer and John Gabriel. However, throughout the rest of the study, I use the related but different term West or Western, as I feel that given the context and goals of this study, the term Western draws from the much vaster history and list of referents that shapes and informs the current conceptualizations and ideologies of Africa. White as a concept is more recent, and while I understand it to be intricately bound to issues of power, racism and the dominance of the West upon “others”, it will rarely reoccur in subsequent sections.

¹⁰ Similarly, I am using minority mostly within this context, again in accordance with the literature that informs these concepts (see Gandy, Gabriel, Entman). In the remainder of the study, I use the more specific term black (see *Issues of Language*) instead, and understand blacks to be included in this definition of minority, discriminated against because of their skin color and other racial and cultural markers. However, it is important to note that the term minority can also refer to whites belonging to non-dominant groups, such as members of gay communities, women, people with disabilities, etc...

¹¹ While these are my own thoughts and words, they are definitely shaped by the writings of others, most notably Richard Dyer, *White*, London and New York: Routledge, 1997.

The fact that universal civilization has for a long time originated from the European center has maintained the illusion that European culture was, in fact and by right, a universal culture. Its superiority over other civilizations seemed to provide the experimental verification of this postulate. Moreover, the encounter with other cultural traditions was itself the fruit of that advance and more generally the fruit of Occidental science itself. Did not Europe invent history, geography, ethnography, and sociology in their explicit scientific forms? ¹²

We might also append the media to this list, because as institutions governed almost entirely by whites,¹³ the media have and continue to play an important role in disseminating and maintaining the dominance of whiteness. This occurs at many levels that are not always conscious or explicit. For instance, through the emphasis in coverage on topics and issues of interest to whites, as well as through a persistent othering and subjugating of minorities, the media “are not only a powerful source of ideas about race ... but a place where these ideas are articulated, worked on, transformed and elaborated.”¹⁴

Canadian coverage of the HIV/AIDS pandemic in Africa therefore exists within a media context that contributes to the maintenance of whiteness through, among other things, the use of specific representational modes and strategies in the depiction of minorities. Literature on the mediatic representations of various racial groups can

¹² Valentin Mundimbe, *The Invention of Africa: Gnosis, Philosophy, and the Order of Knowledge*, Bloomington and Indianapolis: Indiana University Press, 1988: 20.

¹³ See chapter 3 in Frances Henry and Carol Tator, *Discourses of Domination*, on the representation of minorities in the print-media institutions in Canada, the United States and the United Kingdom.

therefore bring interesting insight to the wider issues of racism and the media. Oscar Gandy's *Communication and Race* and John Gabriel's *Whitewash: Racialized Politics and the Media* are important resources for understanding the dominance of whiteness in Western media and how this in turn affects representations of minorities. In *The Black Image in the White Mind: Media and Race in America*, Robert Entman and Andrew Rojecki undertake a similar project, concentrating on the representation of blacks in media of the United-States, and locating these cultural texts within the country's specific context of black-white relations. Similarly, Christopher Campbell's *Race, Myth and the News* examines the representation of minorities in American television news reports. In addition to providing insight and theoretical grounding for understanding the intricate relationship of media and racism, his study also proves useful in addressing the specific strategies and ideologies of the news as genre, and the ideologically powerful position it holds within Western culture.

'Africanism'

In order to fully understand the racist implication of coverage of the HIV/AIDS pandemic in Africa, it is also necessary to trace how these specific cultural texts fit within wider ideologies and patterns of 'knowing' and representing Africa. To this effect, I have

¹⁴ Stuart Hall, "The Whites of Their Eyes: Racist Ideologies and the Media," *The Media Reader*, eds. Manuel Alvarado and John Thompson., London: BFI, 1990: 11-2.

gathered a variety of texts that address the Western representation of Africa both in the media and in popular and scientific culture. For instance, Jan Pieterse's *White on Black: Images of Africa and Blacks in Western Popular Culture* provides a historical overview of the visual representations of blacks and Africans in Western popular culture, namely North America and Western Europe. Pieterse surveys images of the past centuries, tracing their influence on the Western conception of Africa and illuminating the socio-economic and cultural functions played by such representations. Toward the end of the book, Pieterse notes that "what is striking in all this is that there were drastic changes and differentiations in European images of Africa which were related mainly to changes which took place in Europe. There were drastic changes in the imagery even in periods when Europeans had no contact whatever with black Africa."¹⁵ In addition to providing interesting ways of analyzing specific representations of Africa, many of which still permeate my chosen corpus, Pieterse's analysis also recalls the idea that Western representations of Africa do not coincide with an actual reality, but rather are the product of a self-serving and often biased Western imagination. While they do not tell us much about Africa, these representations certainly speak volumes about the West.

Peter Rigby's book *African Images: Racism and the End of Anthropology* and Alexander Butchart's *The Anatomy of Power: European Constructions of the African Body* undertake similar mandates, concentrating respectively on ethnographic and

¹⁵ Jan Nederveen Pieterse, *White on Black*: 29.

medical-scientific representations of Africa. Like Pieterse, the authors trace the racist ideologies that guide and inform these representations and how they contribute to maintaining dynamics and ideologies that favour the West. Furthermore, these texts, the latter especially, also provide wonderful insight into the relation of Africa to Western medicinal and scientific institutions and discourses, useful in better understanding these particular facets of the HIV/AIDS pandemic and how they are addressed in the chosen corpus.

The work of a few of the many African and African diasporic writers who have spoken on such issues will also serve as an important resource in better understanding Africa and its relation to the Western imaginary. In *The Invention of Africa: Gnosis, Philosophy, and the Order of Knowledge*, Valentin Mundimbe traces the various discourses that have contributed and created the Western conception of Africa, comparing these to African knowledges and discourses. His thorough and articulate analysis illuminates many of the discursive strategies associated with the colonization of Africa, while offering wonderful insight into issues surrounding knowledge, and how it is valued and legitimated in accordance with the world's unequal power structures. Additionally, the work of W.E.B. du Bois and Frantz Fanon, while it may predate my own by a few decades, is still as relevant and powerful as ever. Personally and politically driven, it brings to light many of the devastating effects of colonization, while offering advice and suggestions for the healing of its scars.

Texts that speak of the representation of Africa in the media are also of great use in allowing me to contextualize my study. Articles drawn from the anthology *Africa's Media Image* and Sanford Ungar and David Gergen's *Africa and the American Media* underline certain themes and leitmotifs that seem to recur within all Western coverage of Africa. Most notably, all authors argue that coverage of Africa is very scarce and often assumes a "bad-news slant": "Those aspects of African life covered by the foreign media are stories easily reported in brief dispatches and comfortably understood by the American audience ... The confusing barrage that results has a common theme: Africa is a failure and needs our help."¹⁶ In addition to supporting many of the ideas put forth in my thesis, these texts also prove useful in their examination of incentives and factors – on the part of both the media and the public – that continue to drive Western representations of Africa. For instance Bosah Ebo mentions the fact that "Africa is not considered an important player in global politics" and that "the commercial, political, and sociocultural criteria that the American media use for selecting foreign news stories undermine the significance of African news events."¹⁷

Finally, although my thesis concentrates on the representation of Africa, work undertaken in regards to other "groups" or geographic areas is also useful in illuminating

¹⁶ Beverly G. Hawk, "Introduction: Metaphors of African Coverage," *Africa's Media Image*, ed. Beverly G. Hawk, New York: Praeger, 1992: 6.

¹⁷ Bosah Ebo, "American Media and African Culture," *Africa's Media Image*, ed. Beverly G. Hawk, New York: Praeger, 1992: 22.

wider patterns of racial discrimination and oppression and their intricate relation to culture. Most notably, I allude here to Edward Said's wonderful book *Orientalism*, in which he traces a genealogy of the discourse of the Orient as created and formulated by the West, most notably the French and English colonizing cultures. While Said posits that there is a material manifestation to the Orient in that it refers to an actual physical space inhabited by actual groups of people, there is little correspondence between the "reality" of the Orient and the discourse of Orientalism. Very much like those of Africa, the representations of the Orient create an "other" that is placed in a position of subjugation and inferiority, allowing the West to preserve its full reign both physically in actual colonization and ideologically.¹⁸ I believe there are many additional connections to be made between Said's Orientalism and "Africanism," defined accordingly as the complex interplay of realities, representations and ideologies of Africa over time and space, all shaped and shaping of unequal power relations. Said is an inspiration, and his work will be an important pillar in my project.

The social and cultural dimensions of the HIV/AIDS pandemic

Although I hold as an assumption the fact that HIV/AIDS affects everyone differently and that the experience of the disease is very much shaped by local contexts and factors, the situation(s) in Africa and how they are represented in the West are certainly

¹⁸ Edward Said, *Orientalism*, New York: Vintage, 1978.

influenced by the wider discourses surrounding HIV/AIDS as well as health and disease in general. The vast and abundant literature that has been produced in response to and as a result of HIV/AIDS is therefore key in guiding and informing my research.

Many academics have devoted their attention, if not their complete careers, to exploring the various social and cultural issues raised by the HIV/AIDS pandemic. Simon Watney, Cindy Patton and Paula Treichler are certainly the most widely recognized and cited. Their work explores a multitude of issues related to HIV/AIDS, often concentrating on cultural representations in the West. They also provide ample theoretical grounding upon which to construct and understand the pandemic. Their work is pivotal in my project, not only in relation to their writing on the representation of HIV/AIDS in Africa, which I will return to in the next section, but because it informs much of what I know and think about the pandemic on a more implicit level.

Other texts such as the anthology *A Leap in the Dark: AIDS, Art and Contemporary Cultures* and Bateson and Goldsby's *Thinking AIDS* will also contribute to my research. The authors explore and address certain themes and ideas emerging from the pandemic as a whole that can provide interesting insight when related to the African context in particular. For example, a recurring theme in all these texts is the importance of the media in shaping understandings and responses to the disease. As Kinsella posits in *Covering the Plague: AIDS and the American Media*, "the AIDS story has challenged the ground rules of American journalism. It has forced reporters to acknowledge that their

treatment of the news, far from being objective, is often shaped by their personal prejudices and their assumptions about their audiences.”¹⁹ While in this thesis, I concentrate on representations of Africa and Africans in the media, they certainly aren’t the only group to have been stigmatized and subjugated through and because of the HIV/AIDS pandemic. Drawing from the critiques of the media representations of other groups, gay men as a notable example, can certainly bring to light issues that apply in relation to coverage of HIV/AIDS in Africa as well.

Although HIV/AIDS is a unique condition and has brought on unique responses and ideas, it also exists within a broader history of human responses and understandings of disease. Sander Gilman is most probably the leading academic on these issues, and his many books and articles devoted to the representation of illness, whether at a popular or medical level, bring valuable insight to the more symbolic aspects of disease, especially within the Western environment. For example, in *Disease and Representation: Images of Illness from Madness to AIDS*, Gilman notes how the infectious diseases that have marked the course of human history, for instance the bubonic plague of the Middle Ages or the syphilis epidemic of the late nineteenth and early twentieth centuries, have often been associated with ideas of otherness and difference. In fact, he contends that this is a leitmotif in Western conceptualizations of disease in that, through this association of

¹⁹ James Kinsella, *Covering the Plague: AIDS and the American Media*, New Brunswick and London: Rutgers University Press, 1989:1.

illness with those who are “not us,” disease is distanced, itself becoming other. This proves particularly relevant in the case of HIV/AIDS, perhaps the ultimate example of the othering that occurs with disease. Furthermore, Gilman is very attentive to the role of racist ideology in shaping these understandings of disease, his work proving useful both theoretically and on a more direct level in regards to the issues surrounding the pandemic in Africa as addressed in my thesis.

Susan Sontag makes similar claims in her book *AIDS and Its Metaphors*, which also seeks to locate the pandemic within a broader social history of disease. More particularly, Sontag traces and questions the moral judgements that guide understandings of illness in general and AIDS in particular, claiming that “The age-old, seemingly inexorable process whereby diseases acquire meanings (by coming to stand for the deepest fears) and inflict stigma is always worth challenging.”²⁰

In addition to this literature that addresses more generally the social and cultural aspects of disease and HIV/AIDS, I also draw from texts that do so in relation to African and black populations more particularly. For instance in *Bad Blood: The Tuskegee Syphilis Experiment*, James H Jones provides a powerful account of the troubling scientific study that took place in Alabama between the 1930s and 70s, and that sought to document the effects of untreated syphilis, using as its subjects 200 poor black men. Jones locates this particular incident within the wider context of the intersections of race

and medicine in the United-Sates, noting for instance that because of their perceived inferiority, blacks were believed to be more susceptible and not to react to disease in the same manner as whites.²¹ In addition to these more general morcels of information, there are many parallels to be made between syphilis and AIDS, in relation to the condition itself, but also in regards to the discourse and beliefs produced in response to these diseases.

In Cathy Cohen's *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics* and Barbara Browning's truly inspiring *Infectious Rhythm: Metaphors of Contagion and the Spread of African Culture*, both authors are concerned with tracing how HIV/AIDS has affected and been responded to on the part of African populations throughout the world. They locate their analyses within the wider history of blackness, noting how the almost continual subjugation of blacks has both shaped the course of the pandemic as well as how it has been viewed by the dominant and dominated cultures.

The HIV/AIDS pandemic in Africa

While I have no knowledge of any research initiatives that have sought to analyze coverage of the HIV/AIDS pandemic in Africa published in the Canadian media, a

²⁰ Susan Sontag, *AIDS and Its Metaphors*, New York: Farrar, Straus and Giroux, 1988: 94.

²¹ See chapter 1 in James H. Jones, *Bad Blood: The Tuskegee Syphilis Experiment*, New York: The Free Press, 1981.

number of academics have addressed similar issues or have analysed media texts produced in other Western contexts.

Many of the authors mentioned in the previous section have devoted book chapters or articles to this very task. In the chapter of *Practices of Freedom: Selected Writings on HIV/AIDS* entitled “Missionary Positions: AIDS, ‘Africa,’ and Race,” Simon Watney analyzes British coverage of “African AIDS,” arguing that it “condenses ancient fears concerning contagious disease, together with vengeful fantasies concerning ‘excessive’ sexuality, understood in essentially pre-modern terms as both the source and cause of AIDS,” thus redrawing “the epidemic in the likeness of older colonial beliefs and values, targeted at the assumed (white) reader.”²²

In the article “From Nation to Family: Containing ‘African AIDS,’” and the chapter “Inventing African AIDS” from the book *Inventing AIDS*, Cindy Patton surveys American coverage of the pandemic in Africa, investigating more particularly “how Western inventions of Africa as poverty-stricken and as heterosexual set medical science on a genocidal course which masquerades as Western altruism toward the client-state ‘Other.’”²³

In her chapter “AIDS and HIV Infection in the Third World: A First World Chronicle,” Paula Treichler analyzes Western representations of HIV/AIDS in the Third

²² Simon Watney, “Missionary Positions: AIDS, ‘Africa,’ and Race,” *Practices of Freedom: Selected Writings on HIV/AIDS*, Durham: Duke University Press, 1994: 104 and 118.

World, with specific emphasis on the African continent. Stressing the importance of taking these accounts as “representation and discursive production,” as opposed to “reality,” she seeks to “illuminate the construction of AIDS as a complex narrative and raise questions not so much about truth as about power and representations ... [as well as] the power of individual authors and the Western mass print media to produce and transmit particular representations of AIDS according to certain conventions and, in doing so, to sustain their acceptance as true.”²⁴

Richard and Rosalind Chirimuuta’s work also demonstrates the racist ideologies that guide not only the media coverage but also the scientific and medical research surrounding HIV/AIDS in Africa. This same theme finds itself reiterated in a number of additional articles, such as Bibeau and Pedersen’s “A return to scientific racism in medical social sciences: The case of sexuality and the AIDS epidemic in Africa” and Gloria Waite’s fascinating piece “The Politics of Disease: The AIDS Virus and Africa.”

Most of these texts were written in the younger days of the pandemic, namely the eighties and early nineties, and thus examine coverage produced at this time or earlier. However, it is my contention that interest in issues related to HIV/AIDS seems to have decreased quite radically in the past decade, and consequently, there is very little current research being published in relation to recent Western representations of HIV/AIDS in

²³ Cindy Patton, *Inventing AIDS*, New York: Routledge, 1990: 77

Africa. In many ways, I understand my project to be a continuation of these initiatives, and therefore use these important sources not only to inform and guide my analysis, but also as a basis for examining how coverage of these issues may have since changed, affected by as well as reflective of the ever-changing context of the pandemic.

²⁴ Paula Treichler, *How to Have Theory in an Epidemic: Cultural Chronicles of AIDS*, London: Duke University Press, 1999: 109.

Chapter 2– Questions of Method

If we relinquish the compulsion to separate true representations of AIDS from false ones and concentrate instead on representation and discursive production, we can begin to sort out how particular versions of truth are produced and sustained and what cultural work they do in given contexts. Such an approach illuminates the construction of AIDS as a complex narrative and raises questions not so much about truth as about power and representations (...) [as well as] the power of individual authors and the Western mass print media to produce and transmit particular representations of AIDS according to certain conventions and, in doing so, to sustain their acceptance as true.¹

Issues of Language

In the essay “Difference and Otherness in a Global Society,” Alberto Melucci advances:

We should then be aware of the fact that we are always situated speakers, writers, observers. We are always located somewhere in a social and cultural field and that we should be able to account for our specific location in this field and for the partiality of our point of view...In a text on ‘racism’ and ‘antiracism’ it is therefore necessary to take a self-reflexive attitude and to make clear my own point of view.²

I thoroughly agree with Melucci, and thus consider it important to include the following section in order to situate myself within the present study and specify certain of the choices and assumptions embedded in the language I will use throughout. As may have been inferred from my introduction, I am a white Canadian woman of middle class

¹ Paula Treichler, *How to Have Theory in an Epidemic: Cultural Chronicles of AIDS*, London: Duke University Press, 1999: 109.

² Alberto Melucci, “Difference and Otherness in a Global Society,” *Oxford Readers: Racism*, Eds. Martin Bulmer and John Solomos, Oxford: Oxford University Press, 1999: 412.

background, and given these circumstances, have been bestowed the privilege of living a fairly facile existence. This has also allowed me to dedicate myself to my primary passion, namely the pursuit of knowledge and understanding of that which surrounds me, and within the academic realm, I have found a wonderful venue to do so. While I certainly value knowledge for the sake of knowledge, I am also committed to producing and using knowledge in a way that critiques and questions current power dynamics and social structures, with the ultimate goal of contributing to social change. This philosophy, just as it affects most of my academic work, definitely informs and shapes the present thesis.

However, regardless of the benevolent motives that may inform my work, I feel it important to underline the privilege I have been bestowed as a middle class white Westerner. Furthermore, having been raised and educated within a Western milieu, I have definitely been shaped and informed by Western culture. In fact, it fundamentally influences much of what I know and understand. While I may speak as a self-identified Westerner, this does not preclude the fact that I am highly critical of this culture and how it has affected and shaped the current world order and the situation of peoples throughout the globe. This includes African and African diasporic populations, which constitute the main focus of enquiry in the present context. Indeed, while I may analyze Western representations of the HIV/AIDS pandemic in Africa, by extension, I must and will speak of Africa and Africans. I hope to do so in a critical and informed manner, without

however denying the fact that I am speaking of the other, and this, from a position of power and privilege.

Furthermore, by virtue of my career choice, I have been granted the possibility of making my voice be heard, of contributing to dialogue surrounding the issues I examine within my academic work. I believe this entails, or should entail at least, a great degree of responsibility, in that I am adamant in contributing to this dialogue in a manner that brings into question assumptions and ideologies without perpetrating them. This task can prove rather difficult, in that the tools I behold to speak of these issues, language most notably, are very much shaped and affected by a history of Western dominance, assumptions and ideologies. I am painfully conscious of the fact that language is never neutral, that every word carries with it much weight. While I may be unable to do so for every single word used in my study, I feel it important to define and specify certain of the terms that reoccur throughout my work, in order to further clarify my position as a situated speaker, as well as to emphasize the fraught nature of the language I employ.

Therefore, within the context of this study, I use Canada/ian and West/ern somewhat interchangeably. More precisely, I understand Canada as being an intricate component of the West, in that it shares histories, ideologies, economies, cultures, texts, and power common to the other Western nations, these being the United States and Western Europe. While I am addressing texts produced within a Canadian context, I believe that these are also reflective of patterns and ideologies found within the wider

Western environment. Indeed, they too are the product of a shared history of domination, colonization and representation (all intertwined) of the West onto Native populations in North America and what we now understand to be Third World Countries.

Therefore, I use the term Canada when referring to a local context or to designate the media from which I draw my corpus. In turn, I use West/ern when referring to the wider patterns and ideologies that shape and are reproduced in these texts, and that are shared, to varying degrees, by most Western nations and cultural texts.

Similarly, I use Third World to refer to the nations that hold the least amount of power— economically, culturally, vocally— on the current world stage, and that are more often than not post-colonial states. In turn, I use Africa, African cultures and African peoples in reference to the African continent more precisely, included within this understanding of the Third World.

The term black is also a common recurrence, used in reference to the wider experience of African and African diasporic populations, racially marked by their darker (different shades of blacks and browns) skin tone. I realize black is a term that finds its roots in a history of colonialism and racism, but through its re-appropriation on the part of African and African diasporic populations, the fact that it is a common term within the literature that informs my work, and because it shapes and informs so much of our understanding of race and racism, I feel its use is thus legitimated.

I must also specify here that I am fully conscious of these, as well as many of the other terms used through my study's homogenizing properties, in that they reduce into a single unit areas of the world, groups of peoples and dynamics that are extremely complex and dense, and vary immensely from one community to the other. While I am fully aware of the limitations of my language, I must now proceed with its use, hoping that these few clarifications will have rectified certain ambiguities, or at least emphasized the importance of acknowledging that these words, as well as most, if not all others, carry with them the weight of an extremely complex and fraught history.

Corpus

With the advent of anti-retroviral medication in the mid-nineties, the number of "visible" AIDS cases significantly decreased – at least in the West, where these expensive drugs could be afforded. The sense of urgency associated with the early years of the pandemic gradually dissipated, and general interest and media coverage of issues related to HIV/AIDS suffered a similar fate. In Canada, the past few years have seen very little mass mediatic discussion of the pandemic, especially in regards to the local context. However, the media, and more particularly newspapers, have not remained entirely silent on these issues, and certain aspects of the disease still seem to garner a degree of interest. This is the case with the situation on the African continent, which finds itself represented in Canadian newspapers approximately twenty times a year per publication. Using

electronic databases to survey the principal Canadian mainstream³ daily newspapers, I have found a considerable quantity of articles published that address the HIV/AIDS pandemic in the African context. While they are almost all as equally problematic and thus worthy of examination and analysis, constraints of space and time have forced me to limit my selected corpus.

First and most notably, I have chosen to concentrate solely on articles published in English-language newspapers. This was a practical decision, as it allows me to evade the timely task of translation. Furthermore, as most of the literature I employ to supplement my analysis is published in English, and given that I have the ability and privilege to do so, I find it pertinent to use English sources for my analysis. However, being a Québécoise, I am fairly familiar with the Francophone press in Quebec and will mention in passing that I believe my analysis of the English-language may hold true of the French press as well. Furthermore, while my current thesis project may not necessarily allow me to do so, I certainly intend to devote my attention in the future to analysing the Franco-Canadian coverage of the HIV/AIDS pandemic in Africa.

Second, I have decided to concentrate on coverage published between the years 2000 and 2003, as these are the most recent at the time of my writing, and thus the most

³ By mainstream media, I mean “the set of schemas most widely stored in the public’s minds and the core thematic frames that pervade media messages.” From Robert M. Entman and Andrew Rojecki, *The Black Image in the White Mind: Media and Race in America*, Chicago: The University of Chicago Press,

pertinent in terms of noting current trends and ideologies. Furthermore, as my project seeks to mirror similar analyses undertaken in the 1980s or '90s by scholars such as Cindy Patton and Simon Watney, this selection may allow for insight into how Western coverage of the pandemic in Africa has changed since the earlier days of the pandemic (if at all, and if so why?).

Third, I have decided to omit articles that address the HIV/AIDS pandemic in South Africa or in Northern Africa. Because of South Africa's rather specific historical context, and the fact that it is comprised of a large white population, this country seems to garner much more media attention, and much more nuanced attention, than its other African counterparts. Northern Africa too, with its Arabic influences and lighter-skinned peoples, is often not included in the idea or discourse of "Africa" as set forth by the press and as constructed in the Western mind. "*Africans*, as it is used in the Western press, does not mean anyone who lives on the African continent, but rather people who are black and live on the African continent...North Africans and descendants of European settlers are not included in the term."⁴

Fourthly, I have decided to examine articles produced and catalogued under the heading of "news," as opposed to editorial, opinions or more creative pieces that address

2000. In the Canadian context, as was examined above, this means (among other things) media that speaks to/for the dominant (white) population.

⁴ Beverly G. Hawk, "Introduction: Metaphors of African Coverage," *Africa's Media Image*, Ed. Beverly G. Hawk, New York: Praeger, 1992: 8.

these issues and can also be found within mainstream newspapers. As Deborah Lupton posits, “while news is not fiction, it is not reality, but a selective and edited story about reality. However, the privileged status that news has in our culture means that the information it presents is generally accepted as real, in a way information transmitted in a fictional drama series, for example, is not.”⁵ Although news articles certainly spring from the personal accounts and interpretations of journalists, their status as a news piece obscures this subjectivity, and for the most part, they are taken to be “real.” Their news status thus adds to the potency of these articles, in terms of reproducing and legitimating the problematic ideologies that I will trace in my analysis, thus rendering them an ideal site for the examination of the way in which the West constructs and imagines Africa.

Having defined and applied these criteria, I am still faced with an overabundance of material. I have therefore chosen to limit the quantity of sources from which I draw the articles, while still keeping a quantity sufficient for achieving an overall impression of pan-Anglo-Canadian coverage. I will thus be using articles drawn from mainstream newspapers published nationally or in major Canadian cities. These are: the *Calgary Herald*, the *Edmonton Journal*, Montreal’s *The Gazette*, Halifax’s *Daily News*, the *Globe and Mail*, the *National Post*, *The Ottawa Citizen* and *The Vancouver Sun*. Those familiar with the Canadian newspaper industry will notice that most of these sources, except for

⁵ Deborah Lupton, *Moral Threats and Dangerous Desires: AIDS in the News Media*, London: Taylor and Francis, 1994: 27.

the Halifax *Daily News* and the *Globe and Mail*, are owned by the same media conglomerate, CanWest Publications. This certainly influences the quality of the coverage, in that articles in these publications often use the same news agencies for their primary information or cross-reference from one source to the other. In this given context, I am interested in tracing ideologies as embodied in the corpus and as read by a large quantity of Canadians. I am therefore primarily concerned with the information contained in these articles, as opposed to the wider context in which they came to be. As these are very widely distributed and influential newspapers within the Canadian environment, I believe that regardless of ownership, they provide a good overview of the types of discourse and ideologies informing English Canadians on the HIV/AIDS Pandemic in Africa.

From these nine sources, I have thus compiled a selection of articles ranging in quantity from five to twenty per newspaper. After having read them all, I have selected four to seven articles from each source for my final analysis. These articles were selected as to draw equally from each of the three years covered. Furthermore, I chose articles that address the issues most commonly explored within coverage of HIV/AIDS in the African context, namely the social and cultural aspects of the pandemic in Africa, issues related to medication and treatment access, and HIV origin theories. While I may on occasion draw from additional articles and sources to further validate my arguments, and while all my previous and current reading of the press certainly inform my position, I am left with a

final corpus of forty-six articles. I feel this is an adequate sample size in regards to the scope and aims of the study. Indeed, this will allow for more depth in the examination and use of the individual articles, while also providing a basis for finding certain reporting trends common to mainstream English Canadian press coverage as a whole.

Furthermore, the methodology that I am employing –Critical Discourse Analysis– does not impose rigid guidelines in terms of corpus size. We see this well reflected in Deborah Lupton’s chapter on methodology employed for her analysis of Australian coverage of the HIV/AIDS pandemic:

The sample size is not necessarily a very important factor in critical analysis, for the primary focus of the analysis is upon the structure, style and persuasive features of texts and how these features reflect the socio-cultural context ... The emphasis is upon looking for patterns in the texts, for both consistency and differences in the content and form of accounts, for shared features, and for the function and consequences of accounts.⁶

My analysis, while restricted to these forty-six articles, seeks to uncover wider patterns in Canadian news reporting of the HIV/AIDS pandemic in Africa. I have developed this analysis based on my own consumption and understanding of media related to the HIV/AIDS pandemic in Africa, an interest that I have been exploring personally and academically for the past four years. I also formulate my analysis based on the writings produced by authors who have undertaken similar initiatives, such as Simon Watney, the Chirimuuta’s, and others discussed in the section on research

precedents. I therefore believe my analysis can apply not only to the articles in my corpus, but to other articles that address the HIV/AIDS pandemic in Africa, drawn from newspapers as well as other mediatic forms, such as television and radio.

Methodology

Critical discourse analysis (CDA) constitutes the main method through which I will analyze my selected corpus. With roots in linguistics studies, discourse analysis, studies on racism, content analysis and cultural studies, CDA has existed since the 1980s. Teun van Dijk and his cohorts at the University of Amsterdam have played a pivotal role in both developing and applying this method. Van Dijk's work will therefore be of utmost importance as both a model and a guide. Henry and Tators's *Discourses of Domination: Racial Bias in the Canadian English-Language Press* also employs CDA as the lens through which the authors analyze press coverage of ethnic affairs in Canada. Finally, in *Moral Threats and Dangerous Desires: AIDS in the News Media*, Deborah Lupton uses CDA to examine Australian coverage of the HIV/AIDS pandemic. Given their relevance to my own project, in both topic and methodology, these texts will constitute the principal references shaping and informing my methodological framework.

⁶ Deborah Lupton, *Moral Threats and Dangerous Desire*: 27.

CDA is premised on the idea that “Media discourse is the main source of people’s knowledge, attitudes and ideologies, both of other elites and of ordinary citizens.”⁷ By extension, the media therefore play a paramount role in the reproduction of racism, and this has been a major focus in the application of CDA thus far. The reproduction of racism occurs at a variety of levels, whether in the content of the media text itself or in how the text is structured, the language it employs, and how it relates to other texts and ideas. While pieces of the corpus are analyzed individually, this must be done always keeping in mind the wider context in which they exist, such that they be “regarded as links in a historical and ideological chain, from which meanings are drawn and culture reproduced. This approach acknowledges the ‘intertextuality’ of texts, or that texts are sites where meaning is produced from the interaction of the texts with other cultural forms.”⁸

CDA thus “provides a tool for deconstructing the ideologies of the mass media and other elite groups, and for identifying and defining social, economic, and historical power relations between dominant and subordinate groups.”⁹ CDA, unlike other forms of media-text analyses, does not seek to demonstrate the mechanisms through which these ideologies are received and understood by the audience. As Stuart Hall points out in

⁷ Teun van Dijk, “New(s) Racism: A Discourse Analytical Approach,” *Ethnic Minorities and the Media: Changing Cultural Boundaries*, ed. Simon Cottle, Buckingham: Open University Press, 2000: 36.

⁸ Deborah Lupton, *Moral Threats and Dangerous Desires*: 31.

“Encoding-Decoding,” there exist a variety of ways in which a given text can be understood by its audience. Like other CDA practitioners, I am interested in the “dominant-hegemonic position” –that is, the one that operates inside the dominant code.¹⁰ While I do not deny that there are other ways of reading and understanding the items in my corpus, I will concentrate on this particular position, as I wish to trace the racist and Africanist ideologies that shape and are reiterated in my selected corpus and in turn, how these exist and operate within the wider context of white/Western dominance.

Additionally, while van Dijk and others have defined parameters for the application of CDA, it remains a fairly flexible method that allows room for experimentation and much interpretation. While I use the CDA method, I do so in a manner that leans toward a cultural studies approach more than a rigorous content analysis. I use the corpus as a reflection of and as a tool that allows me to bring to light wider patterns of Western thought and practice in relation to Africa and the HIV/AIDS pandemic.

Finally, CDA is a political methodology in that it seeks to illuminate the problematic nature of the media with the ultimate goal of altering these practices. As Henry and Tator contend: “If social change is ever to be brought about, the everyday

⁹ Frances Henry and Carol Tator, *Discourses of Domination Racial Bias in the Canadian English-Language Press*, Toronto: University of Toronto Press, 2002: 72.

¹⁰ Stuart Hall, “Encoding-Decoding,” *Culture, Media, Language*, ed. Stuart Hall et al., London: Hutchinson: 136.

discursive practices of systems of representations such as the media must be altered.

Critical discourse analysis offers means of understanding how the 'commonsense' of language practices becomes important in sustaining and reproducing power relations."¹¹

CDA proves useful not only in relation to the analysis of my corpus, but also in regards to the wider relevance and motivations of the study, in that I believe that in order to counter racism, it is first and foremost important to examine where and how racism is produced and reproduced. At the risk of sounding cliché, knowing is definitely part of the battle.

¹¹ Frances Henry and Carol Tator, *Discourses of Domination*: 248.

Chapter 3– Homogeneous Africa/ Homogeneous AIDS

Africa is a massive continent with over 600 million people in 2, 300 tribes distributed in 53 different sometimes very different, countries...Scientific and media descriptions of Africa's "AIDS elephant," with its 53 body parts, have sometimes been like those of the proverbial blind men surveying the elephant. Most researchers concentrate on the tusk and, not surprisingly, come out with "the AIDS problem in Africa is very sharp and pointed; the whole continent is like that"...To these safari experts, Tanzania and Sierra-Leone, Uganda and Gabon, Zaire and Ghana, Rwanda and Gambia, are all the same.¹

In his pivotal book *Orientalism*, Edward Said explores the complex interplay between the Western construction of the Orient as motivated by various social, political and economic factors and the Orient as a geographical entity inhabited by actual peoples and cultures.

Said posits that:

The Orient was Orientalized because it was discovered to be "Oriental" in all those ways considered commonplace by an average nineteenth-century European, but also because it *could be* – that is, submitted to being – *made* Oriental... Orientalism depends for its strategy on this flexible *positional* superiority, which puts the Westerner in a whole series of possible relationships with the Orient without ever losing the upper hand.²

This positional superiority thus allowed the West to 'create' the Orient, in a way that may have coincided little with the actual reality of the Orient, but that certainly coincided greatly with Western preoccupations and interests. Said thus views Orientalism as a:

¹ Dr. Konotey-Ahulu as quoted in Richard and Rosalind Chirimuuta, "AIDS from Africa: A case of Racism vs. Science?" *AIDS in Africa and the Caribbean*, eds. George Bond et al. Colorado: Westview Press, 1997: 175.

Distribution of geopolitical awareness into aesthetic, scholarly, economic, sociological, historical, and philological texts; it is an elaboration not only of a basic geographical distinction but also of a whole series of “interests” which, by such means as scholarly discovery, philological reconstruction, psychological analysis, landscape and sociological description, it not only created but also maintains it; it is, rather than expressed, a certain will or intention to understand, in some case to control, manipulate, even to incorporate what is a manifestly different world.³

The theoretical framework offered by Edward Said in relation to Orientalism seems to encapsulate rather precisely the notion of ‘Africanism’ as introduced in the section on research precedents. Indeed, just as the West invested much time and effort in “knowing” the Orient through Orientalism, it also took up another similar project, namely that of “knowing” Africa. With the mapping of the continent on the part of European explorers and gradually shifting in the seventeenth and eighteenth century to a more direct and violent colonization and associated slave trade, this “knowing of the colonized has been one of the fundamental forms of control and possession”⁴ of Africa on the part of the West.

Indeed, for the “discovery” and control of the African continent to occur in terms most profitable to Europeans, it was necessary to articulately develop and delineate who and what Africans were, what they could and could not do, and what was best for them.

² Edward Said, *Orientalism*, New York: Vintage, 1978: 6-7.

³ Edward Said, *Orientalism*: 12.

⁴ Jan Nederveen Pieterse, *White on Black: Images of Africa and Blacks in Western Popular Culture*, New Haven and London: Yale University Press, 1994: 94.

The needs and interests of the African people silenced through violent and persistent subjugation, Western discourses, whether cultural, medical, anthropological or religious, to name but a few, were thus able to freely conceive of an Africa not premised on its actual reality, but based on the:

‘Manichean Allegory’ according to which the conqueror and the conquered are separated by an unbridgeable gap between worlds. If such literature can demonstrate that barbarism of the native is irrevocable, or at least very deeply ingrained, then the European’s attempt to civilize him can continue indefinitely, the exploitation of his resources can proceed without hindrance, and the European can persist in enjoying a position of moral superiority.⁵

Since the 1960s, and in some cases much earlier, African nations have been disentangling themselves from the intricate web of Western colonization and its devastating side effects. Independence has done little however, to change the Western “knowing” of Africa, and the continent continues to be perceived in a highly negative light. As Peter Rigby notes:

Current at the broadest level now is the general idea that Africans cannot properly govern and look after themselves, since, through their “primitive” agricultural practices and social institutions, they are constantly beset by famines and other disasters, which require external (“Western”) aid to ameliorate. The historical dimensions of pre-colonial, colonial, and post-colonial political economy in the creation of famine conditions are ignored, and the misplaced zeal of current international solutions is brushed under the discursive carpet.⁶

⁵ Jan Nederveen Pieterse, *White on Black*: 98.

⁶ Peter Rigby, *African Images: Racism and the End of Anthropology*, Oxford: Berg, 1996: 75.

Furthermore, through factors such as their significantly small amount of power on the global stage, the many hardships they have had to face, and the persistent Western inability to listen, African nations and peoples have for the most part remained silenced. And left greatly unchallenged in its persistent positional superiority, the West has continued to perceive itself as “the center of legitimate knowledge, the arbiter of what counts as knowledge and the source of ‘civilized’ knowledge”⁷ to a point that still today, most of what we know of Africa is very much rooted in the colonial history outlined above.

This holds true in relation to the term “Africa” itself, which collapses into a single unit a continent rich with a multitude of nations, peoples, cultures and ethnic groups. As Beverly Hawk writes in the introduction to *Africa’s Media Image*:

Africans did not historically refer to themselves by a single term... The act of naming “Africans” by one collective term may have been useful for colonial goals, but it is not particularly useful for understanding culture... It is a colonial label. North Africans and descendants of European settlers are not included in the term. This narrow, racial definition of Africa, structured by language and employed to tell the African story, tells readers and viewers that the continent has a simple, homogeneous culture.⁸

This certainly seems to be the case with the articles included in my corpus, which construct the geographical location under inquiry as a uniform mass, where nations and

⁷Linda Tuhiwai Smith, “Chapter 3: Colonizing Knowledges,” *Decolonizing Methodologies: Research and Indigenous Peoples*, London: Zed Books, 1999: 60.

ethnic groups become amalgamated under the rubric "Africa." One need not even read the full text of the articles to come to this conclusion. Headlines such as "Health catastrophe bringing a continent to its knees: Ailing Africa"⁹ or "AIDS: Plague of apocalyptic proportions ravages Africa"¹⁰ point to this perception of the African continent as a homogeneous land, "which is immediately denied any of the cultural, social, economic and ethnic diversity taken for granted in Europe and North or South America."¹¹

Furthermore, while many articles address the HIV/AIDS situation in relation to a particular African nation, headlines often disregard these specificities, thus applying one given context to the entirety of the continent. For instance in an article drawn from the *Globe and Mail*, Stephanie Nolen traces the HIV/AIDS profile of Malawi, a country on the Eastern coast of the continent. While the author dedicates the entire article to exploring the situation in this particular locale, even more specifically how HIV is affecting the nation's elites, the article's headline "Africa on the Brink"¹² seems to disregard the important fact that Malawi's response and experience of AIDS, and even

⁸ Beverly G. Hawk, "Introduction: Metaphors of African Coverage," *Africa's Media Image*, Ed. Beverly G. Hawk, New York: Praeger, 1992: 8.

⁹ Paul Salopek, "Health catastrophe bringing a continent to its knees: Ailing Africa," *Edmonton Journal* [Edmonton] January 23, 2000: E8.

¹⁰ Neil Darbyshire, "AIDS: Plague of apocalyptic proportions ravages Africa: 42 million inhabitants of the sub-Sahara are infected on the eve of World AIDS Day," *The Vancouver Sun* [Vancouver] Nov 30, 2002: A14.

¹¹ Simon Watney, "Missionary Positions: AIDS, 'Africa,' and Race," *Practices of Freedom: Selected Writings on HIV/AIDS*, Durham: Duke University Press, 1994: 110.

experiences within the various groups in this country, is not the same as in other African nations. Instead, it appears that the situation in this given context becomes a template that can apply to all other African nations, given that they are all almost identical in the Western psyche.

Similarly, in the *National Post* article “Africans faced with extinction,” Michael Smith provides the typical rehashing of recent statistics produced in relation to the pandemic in Africa. He quotes the head of the National AIDS Coordinating Agency in Botswana, Dr Banu Khan, who mentions in regards to his country, “We are faced with extinction.”¹³ While these words are uttered in relation to the specific HIV/AIDS context of Botswana, in the headline, the quote is applied to the entire continent, such that it is not longer just the Botswanese people who are threatened with extinction, but African peoples as a whole.¹⁴

We find more proof of this in the *Halifax Daily News* article “NGO working to save lives: Improving conditions in Africa doesn't come without risks,” which recounts the experience of Megan Miller, a Canadian medical student afflicted with a bout of

¹² Stephanie Nolen, “Africa on the brink,” *Globe & Mail* [Toronto] Jun 19, 2002: A1

¹³ Michael Smith. “Africans ‘faced with extinction’: Study says AIDS will chop life expectancy below 40 in 11 countries - 27 in Botswana,” *National Post* [Don Mills] Jul 8, 2002: A1.

¹⁴ I might add here that the term ‘extinction’ itself, which makes its way into a few more of the selected articles, is one that I find particularly problematic, in that it can be quite directly associated to Darwinist theories of evolution. These have been pillars in the creation of the “hierarchy of races,” used to explain the inferiority of non-whites, and thus legitimate colonization and other forms of cultural subjugation. The word ‘extinction’ therefore exists within a very fraught context in relation to Africa, and should be used with much caution.

malaria upon her return from an internship with an NGO in Gambia, West Africa. The article concludes with Miller's response to the question as to whether regardless of the hardship, she would again participate in this type of work. She replies: "Africa is like no other place on Earth. It has always held a place in my heart. I definitely want to go back."¹⁵ While I do not wish to diminish Ms. Miller's work, I wonder to what extent a two-month stay in a specific African nation provides one with the authority to speak of the continent as a whole.

Similarly, in the *National Post* article "Africa's deadly enemy," Susan Martinuk alludes to a study conducted in Uganda by researchers from the Johns Hopkins University, that proved "downright deadly for the 90 Africans who were infected with HIV during the course of the study."¹⁶ If "Africa" is a uniform mass, then Western logic entails that its inhabitants are also a homogeneous people. Consequently, one need not even specify nationality or ethnicity and instead can use the term "Africans." However, as Simon Watney reminds us with much necessity in the article "Missionary Positions," "It is important to recognize that every country affected by HIV has its own epidemic,

¹⁵ David Swick, "NGO working to save lives: Improving conditions in Africa doesn't come without risks." *Daily News* [Halifax] Aug 16, 2002: 2.

¹⁶ Susan Martinuk, "Africa's deadly enemy: AIDS poses more of a threat than famine and war combined," *National Post* [Toronto] April 25, 2000: A18.

shaped by a multitude of variable local factors, amongst which the circumstances of the population groups affected first by the virus are the most important.”¹⁷

While “collapsing the many cultures residing on the continent into ‘Africa’ is an act of political and cultural violence,”¹⁸ it does however maintain the perception of Africa as being uniformly affected, if not devastated, by AIDS. This in turn allows the authors of the articles to evade the complex socio-scientific discourse surrounding the pandemic. Indeed, according to the corpus, this “Slim Disease” or “New Black Plague” affects all “African AIDS victims” in a similar manner regardless of class, age, culture, gender, sexual orientation and geographical location, to name but a few of the factors that detrimentally shape the experience of HIV/AIDS. An examination of the use of statistics within the corpus, proves highly telling of this construction of Africa as uniformly affected by AIDS.

Indeed, if we can make one generalization in regards to coverage of the HIV/AIDS pandemic in Africa (and most probably AIDS coverage in general), it is that no news text seems to be complete without the numerical listing of tragedy. Indeed, not one single article in the corpus abstains from using statistics in the discussion of the pandemic on the African continent. Most often, these statistics are grouped into a single

¹⁷ Simon Watney, “Missionary Positions: AIDS, ‘Africa,’ and Race:” 110.

¹⁸ Cindy Patton, “From Nation to Family: Containing ‘African AIDS,’” *Nationalities and Sexualities*, eds. Andrew Parker et al. New York: Routledge, 1992: 223.

paragraph, often located towards the introductory section of the piece. *The Gazette* article

“The orphans of AIDS,” provides a typical example of the customary statistics listing:

Each day, about 400 Zimbabweans die from AIDS-related illnesses, most of them likely to have children. It is the same story across Africa, where new statistics show that 23.3 million people are infected with HIV, the virus that causes AIDS. In 1998, 2.3 million Africans died from AIDS-related illnesses, while 200,000 died in the continent's many wars.¹⁹

While statistics may certainly be important and necessary tools in helping us trace and respond to the HIV/AIDS pandemic, they are not the neutral and unbiased quantitative measures of reality we often assume them to be. Barbara Browning makes this very point when she advances:

The statistics—figures—regarding HIV infection are fraught with complications, not merely because they are changing so rapidly, but because they have an uncanny way of slipping into figuration. This means two things: on the one hand, these numbers seem to lift off the page and signify to us something other than literal, living, dying, men and women. On the other hand, they are often read too literally—as representing the “reality” of a situation that is in fact much more complex, and implicates many more people.²⁰

In fact, there are many factors, of which I will explore a few below, that should render us weary, if not fully skeptical, of the statistics we read in relation to HIV/AIDS in general, and the pandemic in Africa more specifically. In the first place, many of the

¹⁹ Bert Roughton, “The orphans of AIDS: More than 9 million children in Africa have lost their parents to AIDS, and with 23.3 million Africans now infected with HIV, that number is expected to triple over the next decade,” *The Gazette* [Montreal] Mar 26, 2000: C4.

²⁰ Barbara Browning, *Infectious Rhythm: Metaphors of Contagion and the Spread of African Culture*, New York: Routledge, 1998: 17

methods used to extract HIV/AIDS figures are premised on Western understandings of the disease, relying “on tests and clinical definitions developed in the West, which assume a Northern hemispheric distribution of pathogens.”²¹ These may not always apply as easily in another context where health and disease are experienced differently and affected by very different factors. For example, as the Chirimuuta’s posit in “AIDS, Africa, and Racism:”

In most developing African countries, the diagnosis of AIDS depends on the WHO clinical case definition. Unfortunately, confirmatory tests are rarely available, and in an analysis of over 500 patients who fulfilled the WHO clinical case definition but were HIV-serology negative, various conditions were identified as potential diagnostic pitfalls. Infections, particularly tuberculosis, other bacterial infections, hidden pus and parasitic infestations very often mimic AIDS. Lymphomas and occult carcinomas often present with prolonged fever and cachexia akin to “SLIM” disease.²²

Additionally, methods used to extract statistical data of HIV/AIDS in Africa are often applied differently than they are in the West. As Treicher notes:

Estimates of infection and actual cases of AIDS for entire populations may be derived from inadequate data; too few studies, studies of too small a sample size, nonrepresentative samples, and so on. Rates estimated for all Africans in a given country (or even “Africa”) are often based on small studies in urban areas; studies of “prostitutes” may in fact classify all sexually active single women as prostitutes.²³

²¹ Cindy Patton, *Inventing AIDS*, New York: Routledge, 1990: 79.

²² Richard and Rosalind Chirimuuta, *AIDS, Africa and Racism*, London: Free Association Press, 1989: 155.

Data drawn from a very specific context may thus be generalized and come to represent an entire community, nation and in some cases, the continent as a whole.

Finally, figures are sometime inflated or deflated on the part of government officials, AIDS organizations and activists as well as various other parties motivated by a range of economic and political factors. Barbara Browning notes that certain African officials have been said to tinker with numbers in order to preserve their country's image and counter potential losses to the tourism industry.²⁴ Similarly, Joan Shenton mentions that inflated numbers may also lead to increased funding for HIV/AIDS- related research and prevention, an incentive that many would find more attractive than that of valid statistics with little funding to follow.²⁵

These few factors said to influence HIV/AIDS data gathering bring into question the very validity of the statistics used in the coverage of HIV/AIDS in Africa. However, this seems to evade most of the authors of the articles in my corpus, who continue to use these statistics abundantly and seldom critically. I find a slight exception to this in *The Vancouver Sun* article "AIDS: Plague of apocalyptic proportions ravages Africa," where Neil Darbyshire states: "Today, on the eve of World AIDS Day, reliable figures are

²³ Paula Treichler. *How to Have Theory in an Epidemic: Cultural Chronicles of AIDS*, London: Duke University Press, 1999:113.

²⁴ Barbara Browning, *Infectious Rhythm*: 78

²⁵ Joan Shenton, *Positively False: Exposing the Myths around HIV and AIDS*, London and New York: I.B.Tauris, 1998: 161.

notoriously difficult to extract.”²⁶ While I commend this added nuance, he then goes on to list the traditional horror figures provided by UNAIDS, and the exceptional sentence comes to stand as a disclaimer as opposed to an actual critique. The other authors do not even bother to include such nuancing, and throw numbers at the reader with little hesitation. Apparently, they do not question them much either, in that numbers often contradict themselves from one newspaper to another, and in many cases, within articles drawn from the same source.

Furthermore, in some instances, the statistics employed are just blatantly false. For example, I turn once more to the *National Post* article “Africa’s Deadly Enemy,” where Susan Martinuk states: “with every minute that passes, there are 11 new HIV infections around the world – 10 are Africans – Half of all babies are born HIV positive.”²⁷ The sequence in phrasing creates the false assumption that 50 per cent of all African infants are born seropositive. Although one cannot deny that certain areas in sub-Saharan Africa are particularly affected by the virus, the claim that half are born with HIV is statistically impossible. Indeed, the rate of mother to child transmission is a little “over 30% in [some] African populations,” and an estimated 2 to 4 million positive women throughout the world give birth annually.²⁸ If the African continent is comprised

²⁶ Neil Darbyshire, “AIDS: Plague of Apocalyptic Proportion ravages Africa.”

²⁷ Susan Martinuk, “Africa’s deadly enemy.”

²⁸ L.M. and J.A. Mofenson, “Advances and Research Directions in the Prevention of Mother-to-child HIV-1 Transmission,” *The Lancet* 355, 2000: 2237-44.

of a population of over 794 million with a yearly birthrate of 37 million, by what strange calculations can one conclude that 50 per cent of all African infants are born with HIV?²⁹

Furthermore, the author conveniently neglects to mention that through “passive transfer of maternal antibodies,” infants will have the antibodies for the HIV virus present in their blood for a period of up to eighteen months.³⁰ This does not mean that the child is in fact carrying the virus, and many will test seronegative within their first two years. Finally, breast-feeding has also proven to be a significant mode of transmission, and an HIV negative neonate may become positive through exposure to a seropositive mother’s breast milk.³¹

In omitting to contextualize the statistics provided with this important epidemiological information, articles like “Africa’s deadly enemy” paint a highly unrealistic picture of rates of infection, giving the impression that the entire continent is affected uniformly by the disease. Furthermore, as Treichler observes, “the overwhelming difficulty of even characterizing the diversity of the epidemic, let alone containing it, suggests that statistical measures—numbers—may once again be functioning

²⁹ Information taken from the United-Nations website: www.un.org.

³⁰ S.M. Yeung and D.M. Gibb, “Pediatric HIV Infection: Diagnostic and Epidemiological Aspects,” *International Journal of STD and AIDS* 12, 2001: 549-54.

³¹ *Ibid.*

as Williams says they did in the late nineteenth century: to offer us the illusion of control.”³²

Indeed, statistics of the HIV/AIDS pandemic in the African Continent as they are used in the corpus do not seem to serve a solely informative purpose. Quite the opposite, they appear to obscure the many complex and different ways in which various African communities are affected by HIV/AIDS, instead depicting Africa as a homogeneous mass, harbouring a uniformly infected and affected population. Not only does this occur through the use of overgeneralizing headlines and overabundant statistics, but also in the very language that is used to discuss the situation.

In the article “AIDS: Keywords,” Jan Zita Grover notes that the appearance of the HIV/AIDS pandemic has resulted in an “enormous outpouring of words.” Emulating Raymond Williams’s keywords, Grover examines the assumptions and problems that spring from the use of particular words in the context of the pandemic, in hope that “identification of some of these terms might contribute “not resolution but perhaps, at times, just that extra edge of consciousness. In a social history in which many crucial meanings have been shaped by a dominant class, and by particular professions operating to a large extent within its terms, the sense of edge is accurate. This is not a neutral

³² Paula Treichler, *How to Have Theory in an Epidemic*: 115

review of meanings.”³³ For instance, she applies her analysis to the term “victim,” advancing that it is problematic in that it creates a sense of fatalism that “denies what is in fact being done by people living with AIDS and those working with them.” According to Zita Grover, it also creates an association with the idea of guilt in that “victims are often seen to be in some way complicit with, to have courted, their fate.”³⁴

Grover is not the only one to have noted and problematized the assumptions and ideas ingrained in much of the language of AIDS. In fact, the early years of the pandemic saw a strong movement that sought to criticize and replace certain terms, including “victim,” with other words that people affected by AIDS felt were more nuanced and empowering. They were successful in many instances, and several terms and expressions such as “dying of AIDS” and “victim of AIDS” have been eradicated from media discourse of the pandemic in Western countries, replaced with the more empowering and positively toned “Person Living with HIV/AIDS” or its acronym PWA.

However, in coverage of the pandemic in the African context these terms continue to be used abundantly. While Western seropositives may be “living with HIV/AIDS,” African seropositives are constantly referred to as being “victims of AIDS.” In fact, as Miller and Rockwell observe in the introduction to *AIDS in Africa: The Social and Policy*

³³ Jan Zita Grover, “AIDS: Keywords,” *AIDS: Cultural Analysis/Cultural Activism*, ed. Douglas Crimp, Massachusetts: MIT Press, 1988: 18.

³⁴ Jan Zita Grover, “AIDS: Keywords:” 29.

Impact, "The language of crisis and catastrophe has permeated the discussion of AIDS in Africa."³⁵

This is certainly the case within the articles under inquiry where terms such as "victim of AIDS" is the rule rather than the exception. And by no means is this the only linguistic formulation that draws from a lexicon of catastrophe and apocalypse, one long eradicated in discourse of Westerners with HIV/AIDS. Indeed, while the disease may "affect" North Americans and Europeans, in the case of Africans, it "devours,"³⁶ "devastates,"³⁷ "afflicts,"³⁸ "strikes down,"³⁹ "decimates,"⁴⁰ "cripples,"⁴¹ and of course "kills"⁴² them. Similarly, the pandemic is not just a "crisis"⁴³, but also a "plague of apocalyptic proportions,"⁴⁴ "a deadly enemy,"⁴⁵ "carnage,"⁴⁶ an "orphan-making machine"⁴⁷ and better yet, the "worst social catastrophe since slavery."⁴⁸

³⁵ Norman Miller and Richard C. Rockwell, "Introduction," *AIDS in Africa: The Social and Policy Impact*, eds. Norman Miller and Richard C. Rockwell, Levison, NY: xxiii.

³⁶ Stephanie Nolen, "Africa on the brink," *Globe & Mail* [Toronto] Jun 19, 2002: A1

³⁷ Michael Smith, "Africans 'faced with extinction,'" *National Post* [Don Mills] Jul 8, 2002: A1.

³⁸ "Rays of Hope in the AIDS war," *Globe & Mail* [Toronto] Jun 7, 2001: pNA.

³⁹ Bert Roughton, "The orphans of AIDS."

⁴⁰ Andre Picard, "AIDS in Africa greatest disaster since slavery," *Globe & Mail* [Toronto] Jul 10, 2000: pNA.

⁴¹ "Destructive path of HIV-AIDS," *Globe & Mail* [Toronto] Nov 28, 2002: pNA.

⁴² Melanie Brooks, "'Sometimes, it is better not to know': Against all odds -- and denial -- Tanzania prepares to fight the disease that's killing Africa's hope of development," *The Ottawa Citizen* [Ottawa] Oct 20, 2002: C3.

⁴³ Ken Georgetti, "In Africa, AIDS no longer just a disease, it's a crisis," *Calgary Herald* [Calgary] May 9, 2002: A23.

⁴⁴ Neil Darbyshire, "AIDS: Plague of apocalyptic proportions ravages Africa."

⁴⁵ Susan Martinuk, "Africa's deadly enemy."

⁴⁶ Joanne Laucius, "Canada coaxed to battle AIDS: Funds needed. Carnage feared in Africa and Asia," *The Gazette* [Montreal] Jul 30, 2003: A12.

⁴⁷ Bert Roughton, "The orphans of AIDS."

These are not isolated examples of problematic terms used in the corpus, but in fact just a minute selection of the general vocabulary used in reference to Africa and combined into statements like this excerpt from *The Ottawa Citizen* article “‘Sometimes it’s better not to know’”:

Just as it **kills** parents' hope for their children, AIDS is **killing** Africa's hope of development. **Cutting people down** in their prime working years of 15 to 49, AIDS **kills** the family wage earners and **shreds** the household income as the survivors try to support **sick** relatives. Children are orphaned. The disease is **crippling** Tanzania's educational system as entire generations of teachers are being **wiped out**; government leaders, factory workers, doctors -- skilled workers, **dying**.⁴⁹

Or another particularly poignant example, the following excerpt from the *Globe and Mail*'s deceptfully titled “Rays of Hope in the AIDS War:”

Africa is **afflicted** with AIDS like nowhere else. Roughly two-thirds of those 36 million **victims** live or lived in sub-Saharan Africa, together with an estimated 30 million children left as orphans. **Stir in hunger and grinding poverty**, regional wars, corrupt governments and a social infrastructure often unable to deliver even **the barest essentials**, and Africa is commonly seen as a basket case of 700 million unfortunates, a **hellhole** beyond help.⁵⁰

⁴⁸ Thomas H Maugh, “Africans with AIDS might not reach 30,” *The Gazette* [Montreal] Jul 11, 2000: A12. I might add that I find this last statement, uttered by the director of HIV/AIDS prevention at the Center for Disease Control and repeated in a few instances within the corpus, to be particularly loaded, in that it makes no mention of the involvement and responsibility on the part of the West in the perpetration of these “catastrophes,” slavery especially but HIV/AIDS as well.

⁴⁹ Melanie Brooks, “‘Sometimes, it is better not to know.’” Emphasis my own.

⁵⁰ “Rays of Hope in the AIDS war.” Emphasis my own. Abstained from highlighting the whole thing.

Were this type of language still used in reference to Westerners living with AIDS, it would continue to perpetrate incendiary controversy and stimulate a call to arms on the part of AIDS activists. In the case of the HIV/AIDS pandemic in Africa, it is not only left uncontested but repeated and reproduced with little apparent restraint. Why is it that people with HIV/AIDS living in Africa are referred to as “doomed,” “victims,” and worse, while seropositive North Americans are “living with HIV/AIDS”?

I believe this is partly the result of the silencing of Africans as mentioned in the introductory section of this chapter. Unlike some Westerners affected by HIV/AIDS, for example the early activists who waged the fight against the term “victim,” most African peoples do not have the opportunity to voice their critique of these terms or to offer alternative ways of discussing the situation. Instead, the West continues to create its “knowing” of Africa, in this case the HIV/AIDS pandemic, according to its own biases and with little attention to the complexity of the actual reality. As Beverly Hawk posits:

These paradigms were not chosen because they are an accurate summary of African reality and experience. They do not originate in Africa at all. They were chosen because they correspond to notions about African already existent in the minds of Westerners. The “news” is not new, nor challenging to colonial notions about Africa... What is marketed to us as news from Africa is actually news created by Americans to the shape of an image Americans currently hold.⁵¹

In the end, what transpires from this Western construction of Africa, is a continent where all are same, and where all are equally “devastated” by HIV/AIDS, “a romantic tragedy

in which poverty is so total, so basic, that there is nothing to be done to save the continent.”⁵² Homogeneous Africa devastated by Homogeneous AIDS thus becomes Hopeless/Helpless Africa, the focus of the next chapter.

⁵¹ Beverly G. Hawk, “Introduction: Metaphors of African Coverage:”13

⁵² Cindy Patton, *Inventing AIDS*: 83

Chapter 4– Hopeless/Helpless Africa...and the Glorious West

All the evidence suggests that people with AIDS in Africa are treated with all the care and support that their communities can provide. There can be few more starkly telling contrasts in the modern world than between the way in which black African societies treat their sick and dying, and the spectacle of the tens of thousands of Americans with AIDS, few of whom can afford such drug treatments as are available-- many of whom are homeless and living out on the streets of New York, Los Angeles and every major city in the United States.¹

In *The Invention of Africa*, Valentin Mundimbe traces Western conceptualizations and representations of Africa, looking more specifically to those produced by the European colonizing cultures. Like many of the authors whose work informs the current study, Mundimbe argues that the overwhelmingly negative tone that permeates the Western idea of Africa through time, played and continues to play an important role in allowing the West to maintain its domination of the continent, as well as an image of itself as ultimately superior. He posits that:

European writing about Africa presents itself in Africa with uniform authority as the product of sciences, itself a European property that Africans are told they should aspire to; an ethnographic account of this writing must recognize that much of what has been produced is of poor quality, and that what is good has not succeeded in replacing inaccurate representations of Africa in, say, the popular press. We would all like to identify our society with its best achievements, and we tend to forget or to excuse as aberration its mediocrities, horror, and blunders.²

¹ Simon Watney, "Missionary Positions: AIDS, 'Africa,' and Race," *Practices of Freedom: Selected Writings on HIV/AIDS*, Durham: Duke University Press, 1994: 119.

As Mundimbe points out, this model of conceptualizing and representing Africa, created by and for the West, has yet to be eradicated, or at the very least rectified in the Western mind. This certainly seems to be the case in relation to my corpus. In the following chapter, I wish to examine how the articles under inquiry continue to construct Africa as thoroughly incompetent and inferior to the West, a hopeless and helpless continent. Guided by the assumption that these representations not only reflect the West's construction of Africa, but also that of itself, I will also devote some of this chapter to exploring the way in which the West glorifies itself through coverage of the HIV/AIDS pandemic in Africa.

While the African continent is strongly affected by the HIV/AIDS pandemic (of course, to varying degrees and in different ways according to each community), judging from the media coverage on these issues, it seems that Africans are little concerned and overwhelmingly inactive in response to this crisis. Indeed, what transpires in the corpus is an idea of the continent as being not only "ravaged" by AIDS, but completely powerless in the face of the pandemic.

Most notably, the articles under inquiry make very little mention of African projects and groups initiated in response to HIV/AIDS. Quite the contrary, they purvey the impression that almost nothing is being undertaken at a local level. This certainly

² Valentin Y. Mundimbe, *The Invention of Africa: Gnosis, Philosophy, and the Order of Knowledge*, Bloomington and Indianapolis: Indiana University Press, 1988: 65.

seems to be the case in *The Gazette* article “The Shattering impact of AIDS on Africa,” where Norman Webster, having provided the customary picture of an Africa completely devoured by the disease, ends the piece in stating: “So what is being done about this great shadow on human society? Not much, although some are trying.”³ Similarly, in *The Vancouver Sun* article “AIDS: Plague of apocalyptic proportions ravages Africa,” Neil Darbyshire examines the situation in Uganda, noting that:

Uganda was hardest hit of all countries by the epidemic in its earliest years and infection peaked in the late 1980s, when one sixth of the entire population was HIV positive. Since then, this country has become a rare AIDS success story. By facing up to the epidemic quickly, through education, counseling and the devolution of AIDS support and medical services to local levels, it is the only state in central or southern Africa to see a marked decline in the prevalence of the virus. Infection levels are now down to five per cent.⁴

While at least he praises the accomplishments of one African nation in regards to the pandemic, by extension, he seems to convey the idea that other countries either remain inactive, or in the cases when they have mounted HIV/AIDS education, counseling and support programs for their populations, have apparently remained unsuccessful since infection rates aren't on the decline. However, as Paula Treichler notes in *How to Have Theory in an Epidemic*:

³ Norman Webster, “The shattering impact of AIDS on Africa,” *The Gazette* [Montreal] Mar 6, 2003: A31.

⁴ Neil Darbyshire, “AIDS: Plague of apocalyptic proportions ravages Africa: 42 million inhabitants of the sub-Sahara are infected on the eve of World AIDS Day,” *The Vancouver Sun* [Vancouver] Nov 30, 2002: A14.

Within Sub-Saharan Africa, many AIDS initiatives have been undertaken by both governmental and nongovernmental organizations. Booklets designed for the public and for health extension workers address transmission, prevention, compassion, and tolerance. Others address the science of HIV/AIDS. Still others venture to talk about touchier subjects: conflicts in moral values between urban and rural areas; the need for men to take more responsibility for the households when their wives or partners become ill; the importance of changing sexual practices; the importance of economic restructuring; tensions between church and state; the realities and pitfalls of Westernization; the potential risk of familiar customs and rituals; and so on.⁵

My own experience in Niamey (Niger) working with a local HIV/AIDS prevention project has provided me with a clear illustration of the discrepancy between the actual situation and Western mediatic representations of it. Although I do not wish to perpetuate the very notions I am criticizing and generalize my knowledge of one specific city to the entirety of the African continent, I can state with assurance that responses to HIV/AIDS in Niger's capital are both plentiful and dynamic. A large number of local organizations provide services for their communities through informative workshops and plays, condom distribution, HIV testing and direct care services, to name but a few.

While this may be the case, the articles surveyed make hardly any mention of local initiatives taking place in communities throughout the African continent, confirming Sanford Ungar and David Gergen claim that "reporting out of Africa focuses heavily on the difficulties that nations are experiencing in their quest for modernization

⁵ Paula Treichler, *How to Have Theory in an Epidemic: Cultural Chronicles of AIDS*, London: Duke University Press, 1999: 227.

and generally ignores the breakthroughs.”⁶ In fact, this seems to hold true not only in the mediatic representation of Africa, but that of minorities in general. As Christopher Campbell explains in *Race, Myth and the New*, “the commonsense selection process of news organizations often dictates coverage of “negative” minority news, while “positive” stories about progress and success in minority communities tend to be shelved due to what journalists consider a lack of newsworthiness.”⁷

Faithful to this tradition, the articles in my corpus, while they remain silent on African achievements and initiatives in response to HIV/AIDS, are very quick to point out all the resources that Africa lacks, or to denigrate the few resources believed to be available. This holds particularly true in regards to African health care, which is often depicted as non-existent. We see this well reflected in the *Globe and Mail* article “What it takes to fight HIV/AIDS in Africa,” where the anonymous author posits that “they [African nations] must also develop the basic health-services infrastructure needed to deliver effective and reliable care where it is needed most.”⁸ Not only does the phrasing imply that such an infrastructure does not exist, which is false, but that steps towards developing one have not even been undertaken, since he feels the need to remind African nations to do so.

⁶ Sanford Ungar and David Gergen, *Africa and the American Media*, Occasional Paper No.9, New York: The Freedom Forum Media Studies Center at Columbia University, November 1991: 4.

⁷ Christopher Campbell, *Race, Myth and the News*, London: Sage Publications, 1995: 30.

⁸ “What it takes to fight HIV/AIDS in Africa,” *Globe & Mail* [Toronto] Jul 16, 2003: A14.

When African health care is held to be existent, it is depicted in a way that implies it to be totally inadequate and ineffective. For instance, in the *Globe and Mail* article "Africa on the Brink," Stephanie Nolen examines the HIV/AIDS situation in Malawi, noting that "sixty per cent of Malawi's hospital admissions are HIV-related, but patients with the classic signs of AIDS aren't even tested, not when each test costs \$1.50, and the country has only \$6 in its annual health-care budget for each Malawian."⁹ While this nation may be equipped with a health care system, the latter is very obviously flawed and incompetent since it cannot even afford to diagnose HIV infection adequately. Similarly, in the *National Post* article "Circumcising Africa," Larry Krotz describes a research project in Kenya that seeks to confirm a link between circumcision and lower risks of contracting HIV. Midway through the article, he mentions "Next door, outside a city-run health clinic, a dilapidated building badly in need of a paint job and some glass in its windows, food workers line up for their monthly cholera test. On the dusty road, bicycles, schoolchildren and women with loads atop their heads move steadily by."¹⁰ His description of the clinic, while it may stylistically enhance the piece, very much calls into the question the quality of Kenyan health care. If the clinic is so damaged on the outside,

⁹ Stephanie Nolen, "Africa on the brink," *Globe & Mail* [Toronto] Jun 19, 2002: A1.

¹⁰ Larry Krotz, "Circumcising Africa: Does circumcision help prevent the transmission of HIV, as some scientists suspect? A Canadian-U.S. study in Kenya hopes to find out," *National Post* [Don Mills] Jun 29, 2002: B1.

one can only imagine that its insides, and the care provided by its workers, is too in a state of advanced decrepitude.

In fact, not only is African health care depicted as being almost absent and profoundly inadequate, certain articles even go so far as to hold it partly responsible for the high rates of HIV infection. In *The Gazette* article "Keeping Track of the Drugs," John Graham concludes the piece in stating that:

New research indicates hospitals and clinics might be part of the AIDS problem in Africa. A group of scientists recently challenged the consensus that 90 per cent of HIV infections in Africa were caused by sexual contact. They claim medical transmission of the virus, that is, through re-using needles in health facilities, could be responsible for many more HIV infections than previously thought.¹¹

In addition to depicting African health care as so incompetent that it in fact exacerbates the HIV/AIDS pandemic, this type of argument, which I will mention in passing is not unique to this particular text but in fact a leitmotif within Western coverage, does "not take into consideration the parlous state of the health services bequeathed by the departing colonial powers, and the substantial achievements of independent governments to redress these deficiencies."¹² And as Sander Gilman reiterates most poignantly:

Another irony is that one of the minor means for the transmission of the HIV viruses in black Africa has its roots in the imposition (and acceptance) of models of Western medicine. The status of Western medicine and its association with inoculation is so high that no medical treatment, even by indigenous medical

¹¹ John R. Graham, "Keeping Track of the Drugs," *The Gazette* [Montreal] Jul 17, 2003: A27.

¹² Richard and Rosalind Chirimuuta, *AIDS, Africa and Racism*, London: Free Association Press, 1989: 131.

practitioners, is complete without an injection. Due to the prohibitive cost of needles and syringes, blood is passed from patient to patient as the needle is used and reused. It is not the fantastic, perverted nature of black sexuality that is at the core of the transmission of the disease in Africa but the results of a wholesale importation of a Western model of medicine without sensitivity to local circumstances.¹³

According to the corpus, the poor quality of African health care is not the only factor noted to exacerbate the high rates of seroprevalence. Indeed, it would seem that local beliefs and practices are also considered to be elements that compound the problem. In "African AIDS fight also up against cultural differences," Irwin Aisling notes that "Africa has been fighting AIDS for more than a decade, with a pitiful outcome in most countries. Now, some international organizations are beginning to question their approach -- condoms pour into the continent; consultants enter on high salaries, dispensing advice." He later goes on to posit "Well-meaning ideas that have had success fighting AIDS in North America and Europe seem meaningless. A confidential HIV test? A wife refusing to have sex with an adulterous husband? Local culture has no room for such ideas."¹⁴ Regardless of the quality of their health care, according to Aisling, Africans are doomed to become infected with HIV, in that their cultures in themselves either encourage behavior that facilitates the spread of the virus, or leave no room for change and prevention.

¹³ Sander Gilman, *Sexuality: An Illustrated History*, New York: John Wiley and Sons, 1989: 325.

¹⁴ Irwin Aisling, "African AIDS fight also up against cultural differences," *National Post* [Don Mills] Jul 5, 2003: A14.

We find this idea reiterated in the *Edmonton Journal* "Superstition, tradition Kenya's enemies in its confrontation with AIDS epidemic," where Nelson Craig posits that:

Education is a cornerstone of a new \$150-million U.S. effort to combat the spread of AIDS in Africa. Yet in the continent's war against the disease, superstition and tradition often prove more influential than leaflets and television ad campaigns. Some Kenyans believe that condoms -- after abstinence the best though hardly foolproof way to avoid infection -- have tiny holes, rendering them ineffective, say health workers and educators in Kibera, a poor area of Nairobi.¹⁵

This idea of local myths and customs constituting a significant barrier to stopping the spread of the virus finds itself repeated in this particular condom form in many instances throughout my corpus. It also assumes new guises, for instance in the *Globe and Mail* article "Africa on the Brink," where Nolen mentions in passing "Added to this is the widespread belief here, as in neighbouring countries, that having sex with a virgin girl can cure a man infected with AIDS, a practice responsible for the rapid spread of new infections."¹⁶ Yet as the Chirimuutas posit in relation to a scientific paper published in the eighties and making similar claims, "What do the authors of this paper know about African traditions of male sexual freedom, and does no such a "tradition" exist in the West? And on what evidence are we to believe that a significant number of African men

¹⁵ Craig Nelson, "Superstition, tradition Kenya's enemies in its confrontation with AIDS epidemic," *Edmonton Journal* [Edmonton] Jan 12, 2000: A5.

¹⁶ Stephanie Nolen, "Africa on the brink."

are having sex with virgins to cure themselves of AIDS? But then if you already believe that Africans are more primitive and superstitious no evidence is required.”¹⁷

In the *Edmonton Journal* article “A lethal tribal tradition: Circle of Death’,” a reprint of an article originally published in the British magazine *The Spectator*, author Colin Bostock-Smith exposes a Zambian tradition know as “cleansing,” where a recently widowed woman must sleep with one of her husband’s relative in order to cleanse herself of his spirit. Even for the sake of ‘objective’ journalism, the author makes no effort to dissimulate his outrage in regards to this custom. Quite the contrary, he writes with an overwhelmingly accusatory and condescending tone, perhaps the same he directs at Michael, the farm owner who gives money to one of his employees intent on being “cleansed.”

This thought infuriates me; but Michael's anger is spent. He hands over four typically dirty 10,000-kwacha notes. Then he makes a dismissive gesture. The mother and daughter turn and slowly walk away, along the rutted track between the small cattle pen and the farm tractors, towards the collection of huts where they live, under the acacia trees. Michael turns to me and perhaps there's an accusation in my glance. After all, hasn't he just financed a meaningless and dangerous charade?¹⁸

¹⁷ Richard and Rosalind Chirimuuta, “AIDS from Africa: A case of Racism vs. Science?” *AIDS in Africa and the Caribbean*, Eds. George Bond et al. Colorado: Westview Press, 1997: 172.

¹⁸ Colin Bostock-Smith, “A lethal tribal tradition: Circle of Death / In Zambia, the widow of an AIDS victim can be “cleansed” if she sleeps with a male relative of her dead husband. It's a custom that helps spread the disease,” *Edmonton Journal* [Edmonton] Oct 8, 2000: E3.

Dangerous, perhaps, but even then, it depends on a variety of factors, for instance, whether the cleanser and the cleansed are seropositive to begin with, whether ejaculation in the vagina occurs, whether a condom is used. As the author assumes all Africans to be HIV positive "Of course he died of AIDS. This is central Africa, what else would a young man die of? At Ndola Central Hospital, 70 per cent of in-patients test HIV-positive,"¹⁹ then yes, perhaps the tradition may be considered as an increased risk factor in acquiring HIV, and should be stated as such. As for the tradition being meaningless, which the author so authoritatively claims, one is left to wonder why the two women have spent so much time and energy trying to find the money that will allow for the cleansing to occur. The practice may be meaningless, but this seems to be the case only in the eyes of the author, intent on preserving his Western views regardless of the entirely new cultural context in which he finds himself. This does not come as much of a surprise, since as Ebo Bosah explains:

American [and Canadian] correspondents are generally not sensitive to cultural nuances in African countries because they do not have the necessary training or background to explain the historical and cultural significance of African social events to American news consumers. The result is that American correspondents deculturalize news from Africa by stripping it of its social relevance and value.²⁰

¹⁹ Colin Bostock-Smith, "A lethal tribal tradition: Circle of Death."

²⁰ Bosah Ebo, "American Media and African Culture," *Africa's Media Image*, Ed. Beverly G. Hawk. New York: Praeger, 1992: 20.

Unfortunately, accusations directed at Africans for harboring myths and customs counter-productive to the fight against the pandemic are not reserved for the “general population.” African leaders are repeatedly criticized for their beliefs and practices in regards to HIV/AIDS.

The *Edmonton Journal* article “Khadafy accuses CIA of planting AIDS virus devastating Africa” devotes itself in its entirety to this very task, noting that “ It was not the first time an African leader had made comments about AIDS that are roundly rejected by scientists.” One of these comments includes “ “Who made the AIDS virus?” asked Khadafy, wearing a black cap and a floor-length white robe. “Some say it's from monkeys in Africa. Those monkeys have been here for centuries. How can it appear now?”” While this claim is perhaps not so far fetched, it certainly does contradict the general Western assumption that HIV originated in Africa. This is not lost on the author who concludes the article in quoting Nancy Powell, the acting secretary of state for African affairs in the United States, who comments ““I think he embarrassed the other leaders,” she said. “His views are clearly not theirs. But the point he made that most Africans agreed with is the idea in the West that AIDS started (in Africa) is not true. That is very sensitive.””²¹ While the African origin of HIV finds itself repeated and reiterated

²¹ John Donelly, “Khadafy accuses CIA of planting AIDS virus devastating Africa: Drug companies withholding vaccine, Libyan leader says,” *Edmonton Journal* [Edmonton] Apr 28, 2001: E20. While this article does not concentrate solely on Sub-Saharan Africa, quoting the Libyan president’s comments, it addresses issues found within much coverage of the pandemic within the sub-Saharan

in countless Western texts and discourses, including much of my corpus as we shall observe in the next chapter, only when the accusations are inversed does this become a “sensitive issue,” or a cause for embarrassment. Who is embarrassed when the West makes African origin claims? No one it would seem, as these are Western-based and thus almost automatically assumed to be right. When African leaders, in all their imagined inferiority and infantility, make such comments, they are ridiculed and blamed for standing in the way of their nation’s eradication of HIV/AIDS.

Similarly, African leaders are often accused of denial, of not acknowledging the HIV/AIDS pandemic in their nation at all, or of doing so much too late. We see this in the *National Post* article “Africans 'faced with extinction',” where Michael Smith advances that ““Unfortunately, many African countries are only beginning to see the impact of high levels of HIV prevalence,” said the Census Bureau's Karen Stanecki.”²² Perhaps more obviously, in the *Globe and Mail* article “Rays of Hope in the AIDS war,” the anonymous author posits that “ after years of denial, African leaders have begun acknowledging the enormity of the challenge they face.”²³ While this may be the case with certain African leaders, it certainly isn’t applicable to the entirety of the continent. Many, if not most African government have implemented elaborate HIV/AIDS

context, while also making claims about Africa as a whole. I have therefore chosen to include it in my analysis.

²² Michael Smith, “Africans 'faced with extinction': Study says AIDS will chop life expectancy below 40 in 11 countries - 27 in Botswana,” *National Post* [Don Mills] Jul 8, 2002: A1.

prevention programs and funding projects, and this since the very appearance of the virus in their nations.

Furthermore, while it is easy to accuse these African leaders of denial and neglect, the authors seem to forget the fact that Western governments too have been know to adopt questionable positions and tactics in regards to the HIV/AIDS pandemic. As Margaret Cerullo, and Evelyn Hammonds note in relation to earlier coverage of the HIV/AIDS pandemic in Africa, “reports continue to highlight the “reluctance” of leaders from African countries to acknowledge the presence of AIDS in Africa while conversely not noticing the reluctance of our own country to confront the epidemic which has up until recently been dealt with by organizations in the gay community.”²⁴ Indeed, it might be useful to be reminded here that “even as late as 1986, the epidemic was not given much serious attention by the Reagan administration...In public, the president had uttered the word “AIDS” only once.”²⁵

Somehow, it seems that wrongs done in the West are either left unnoticed, or made to pale in comparison to their African equivalents. We see this reflected in yet another theme that surfaces quite frequently within my corpus, that of the rejection and

²³ “Rays of Hope in the AIDS war,” *Globe & Mail* [Toronto] Jun 7, 2001: pNA.

²⁴ Margaret Cerullo and Evelyn Hammonds, “AIDS in Africa: The Western Imagination and the Dark Continent,” *AIDS: Readings on a Global Crisis*, ed. Elizabeth Rauh Bethel. Boston: Allyn and Bacon, 1995: 47.

²⁵ James Kinsella, *Covering the Plague: AIDS and the American Media*, New Brunswick and London: Rutgers University Press, 1989: 3.

stigma experienced by African peoples living with HIV/AIDS. In *The Ottawa Citizen* article "African AIDS sufferers ostracized by families, friends," Ravi Nessman explains that:

AIDS in sub-Saharan Africa has become what leprosy was to medieval Europe, only more deadly. In an effort to dispel the myths and prejudices surrounding the disease, experts from around the world will gather Sunday in Durban at the 13th Annual International AIDS Conference, whose theme is "Break the Silence." Many of those infected are shunned by their families and fired from their jobs. Their neighbours taunt them. Some are denied treatment -- after all, they are going to die anyway, some say -- and those who are hospitalized are often neglected by nurses, who gossip about their illness with other patients.²⁶

Similarly, in *The Gazette* article "The orphans of AIDS," Burt Roughton recounts the story of five African children recently made orphans by AIDS. Tracing what has become the typical media portrait of the plight of the AIDS orphan, he tells of sorrow, doom, and hardship. Upon losing both their parents, not only are the children left with no one in the world to care for them, but they are even shunned by their remaining family, as is disclosed in the following quote:

Local charities are struggling with the uncle trying to see if they can pay him off to leave the children alone. The uncle has shown little inclination to be compassionate with his nieces and nephews.

"It's now a fallacy that the African family is there to cushion the impact on orphans," said Marvellous Mhloyi, the chairman of population studies at the University of Zimbabwe.

²⁶ Ravi Nessman, "African AIDS sufferers ostracized by families, friends: International conference aims to 'break the silence'," *The Ottawa Citizen* [Ottawa] Jul 5, 2000: A18.

Worsening economic conditions have pushed relatives to be indifferent, even callous. "Human beings are selfish," Mhloyi says. "Under difficult economic times, that degree of selfishness increases."²⁷

For the most part, I believe this statement to be untrue. Just as Watney implies in the epigraph of this chapter, I hold as a firm conviction the fact that African peoples, like Westerners and all other human beings, care for each other and are inclined to do whatever they are able to do in order to help those close to them. There are of course variations in inclination, as well as many factors that may prevent one from providing help, and just as families and friends feud and sometimes even hurt each other in Africa, well if Oprah, Dini and Geraldo have taught us anything, it's that it happens in the West as well.

Indeed, while quick to accuse Africans of turning their backs on families and friends, these articles omit to remember that the same can be said of Western people with HIV/AIDS. The first few years of the pandemic witnessed much blame throwing, stigmatizing, accusing and naming within the American milieu, and many of those affected by HIV/AIDS lost their jobs, their families and many of their friends. This initial panic and fear very much shaped the perception of the pandemic on a Western and even global scale, such that to this day, wherever in the world, an HIV diagnosis often brings

²⁷ Bert Roughton, "The orphans of AIDS: More than 9 million children in Africa have lost their parents to AIDS, and with 23.3 million Africans now infected with HIV, that number is expected to triple over the next decade," *The Gazette* [Montreal] Mar 26, 2000: C4.

with it much stigma. It is also interesting to note that the gay community, one of the first to have been affected by the pandemic and to have developed a strong infrastructure for the fight against the disease, was also accused in the media of within-group betrayal and rejection. Watney speaks of this phenomenon in *Policing Desire*:

On the one hand, we hear repeatedly of “AIDS victims” who have been abandoned by their families, but more especially by gay friends and lovers. Whilst it would be pointless to pretend that this has never happened, it nonetheless remains intensely significant that one of the only ways in which we are invited to think of the situation of gay people with AIDS is as victims of one another, or of their own communities. Thus attention is deflected away from the real rejection on the part of governments, hospitals, welfare organizations, as well as the mass media.²⁸

In sum, what transpires from the corpus is still very much a construction of Africa and Africans as fully incompetent and unable to deal with the pandemic. As the Chirimuutas observe in regards to earlier coverage of these same issues:

We are given an overwhelming impression in the West that ordinary Africans are unconcerned about the AIDS epidemic and are unlikely to change their sexual behaviour, that the governments are incapable of effectively monitoring the spread of the disease, are deliberately hiding the facts, and are unwilling to mount a public health campaign.”²⁹

I would go so far as to argue that many of these articles even seem to hold Africans responsible for the high rates of infection in their nations, in that their beliefs and

²⁸ Simon Watney, *Policing Desire: Pornography, AIDS and the Media*. Minneapolis: University of Minnesota Press, 1996: 123.

²⁹ Richard and Rosalind Chirimuuta, *AIDS, Africa and Racism*: 113.

practices, and the resources available to them are made to seem as so fixed and inadequate that they become a barrier to the fight against AIDS.

In fact, Africans are perceived as unable to deal with the HIV/AIDS pandemic to such a strong extent that the latter now threatens to annul all steps taken by these nations towards development. This phenomenon of 'reverse development' seeps into the corpus on various occasions, for example in the *National Post* article "Africans 'faced with extinction'," where Michael Smith asserts: "By 2010, we project that life expectancies in these countries will be back to levels that have not been seen since the 19th century."³⁰ Similarly, in the *Calgary Herald* article "In Africa, AIDS no longer just a disease, it's a crisis," Georgetti opens the piece in stating that "Beyond the millions of individual tragedies and the hardship crushing countless communities, the AIDS epidemic drains all potential for development in these nations."³¹ In *The Gazette* article "Botswana faces disaster," Roger Thurow posits:

Peaceful, bucolic Botswana, with its steady climb out of abject poverty, should have been the star of this week's World Summit on Sustainable Development in neighbouring South Africa. Instead, it has become Exhibit A for how human development has, in many ways, gone in reverse since the last time world leaders gathered to pledge improvements for its citizens and the environment, 10 years ago in Rio de Janeiro.³²

³⁰ Michael Smith, "Africans 'faced with extinction.'"

³¹ Ken Georgetti, "In Africa, AIDS no longer just a disease, it's a crisis," *Calgary Herald* [Calgary] May 9, 2002: A23.

³² Roger Thurow, "Botswana faces disaster: 'Look at us. It is like the whole country is HIV positive,'" *The Gazette* [Montreal] Aug 31, 2002: B1.

This talk of reverse development reaffirms the idea of Africa as ahistorical and doomed to remain in a state of perpetual underdevelopment. This again draws from a tradition long predating the HIV/AIDS pandemic, as Mundimbe points to in saying “nineteenth-century anthropologists depict the essential paradigm of the European invention of Africa: Us/Them. Often they express the belief that the African is a negation of all human experience, or is at least an exemplary exception in terms of evolution.”³³ The HIV/AIDS pandemic certainly does constitute another hardship that African nations must face, but as Gloria Waite encapsulates:

While analysts have been quick to point to the economic consequences of the AIDS epidemic on Africa’s future, some socioeconomic factors such as poverty that have contributed to the spread of the epidemic are rarely mentioned. An analysis of socioeconomic factors would point to the role of multinational corporations and foreign governments, in conjunction with their African collaborators, in the impoverishment of the African people. Perpetual underdevelopment gives rise to spiraling poverty and limited health services. The problem is not, as one writer calls it “low health standards in Africa,” but rather inadequate health-care resources. It is not aberrant cultural traits of Africans that must be searched for in the quest for the spread of AIDS in Africa, but rather the aberrant nature of the African economies—which are still dependent on external forces or, in the case of South Africa, bound by apartheid constraints.³⁴

Instead of taking these important factors into consideration, the articles in my corpus continue to accuse Africa of its inability to deal with the various problems that besets it. In fact, it seems that no matter what Africans do, this is never good enough, never

³³ Valentin Mundimbe, *The Invention of Africa*: 71.

“advanced” enough. As Melanie Brooks posits in *The Ottawa Citizen* article

“Sometimes, it is better not to know”

In many ways, AIDS education in Africa is similar to where North America was at the beginning of the epidemic in the 1980s. “Remember, if you engage in sexual relations, you are sleeping with all the people your partner has ever slept with. Use a condom,” a poster reads in Swahili, with a picture of a man and a woman with lines joining them to their previous partners.³⁵

This quote proves particularly telling, not only in regards to its construction of Africa as always lagging behind, but also in that it clearly insinuates that what sets the bar for development is very obviously the West. Indeed, throughout the corpus, the West is always taken to be the ultimate authority, the true exemplar of that which is ‘developed,’ ‘successful,’ and overall ‘right’. In regards to HIV/AIDS, it seems that only the West can develop and hold in its possession the methods effective for dealing with the crisis. For instance, in *The Vancouver Sun* article “AIDS ravaging poorer countries,” the author discusses an upcoming international HIV/AIDS conference, noting that:

Maria Minna, minister for international cooperation, will represent Canada at the conference. She will issue the second edition of a new HIV/AIDS Action Plan by the Canadian International Development Agency to help control and prevent the

³⁴ Gloria Waite, “The Politics of Disease: The AIDS Virus and Africa,” *AIDS in Africa: The Social and Policy Impact*, Eds. Norman Miller and Richard C. Rockwell. Levison, NY: The Edwin Mellen Press, 1988: 151.

³⁵ Melanie Brooks, “‘Sometimes, it is better not to know’: Against all odds -- and denial -- Tanzania prepares to fight the disease that's killing Africa's hope of development,” *The Ottawa Citizen* [Ottawa] Oct 20, 2002: C3.

spread of the disease in developing countries. Among other things, the plan outlines **what does and does not work in the effort to combat AIDS.**³⁶

This phrasing obviously implies that the West, in this context Canada, is best positioned to dictate HIV/AIDS prevention methods, in that it “knows what works and does not work.” However, Cathy Cohen reminds us that “as scholars have discovered, often the trusted, culturally sensitive, indigenously constructed sources of information are those most effective in educating and changing behavior with regard to AIDS.”³⁷ Indeed, HIV/AIDS prevention and education brings with it a whole variety of other issues and factors, which are proper and unique within each community. Accordingly, it is often argued that those best suited in developing HIV/AIDS related projects are within the targeted community themselves, in that they are familiar with the many factors that influence and shape the perception and experience of the disease on the part of their community. By extension, what works in the context of the gay community in Toronto, for example, most probably won’t work if applied to a community in Kenya, and by extension, what works in one African community may not work in another African context. While the West may be in a position where it has experience, advice and resources to share in regards to HIV/AIDS prevention and education, it certainly doesn’t

³⁶ “AIDS ravaging poorer countries: Delegates to a global conference will hear there are no cures in sight for the disease,” *The Vancouver Sun* [Vancouver] Jul 7, 2000: A16. Emphasis my own.

³⁷ Cathy Cohen, *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics*, Chicago and London: University of Chicago Press, 1999: 187..

hold all the solutions, since HIV infection continues to affect many members of its own population. Furthermore, considering that most Westerners have little and very biased knowledge of African cultures, one can also assume that perhaps they aren't the best positioned for developing effective HIV/AIDS prevention in Africa.

Additionally, the corpus often implies Western-based medication to be the true effective measure for dealing with the pandemic. For instance, in the *Edmonton Journal* article "A yield more precious than diamonds," Tim Butcher examines an HIV/AIDS treatment program established for miners working in the Orapa diamond mine in Botswana. He quotes Dudley Wang, the mine's medical officer in saying that "All the evidence points at between 50 and 100 of our employees who would otherwise be dead, being alive today because of the treatment."³⁸

Similarly, in the article "The shattering impact of AIDS on Africa," Norman Webster states that in South Africa "five million adults in its population of about 45 million have the virus, as do more than half a million children and one in every four pregnant women. Almost none of these have access to anti-retroviral drugs, and so are doomed."³⁹ These claims imply that Western medicine is the only true way of *saving* one

³⁸ Tim Butcher, "A yield more precious than diamonds: Botswana diamond mine shows Africa can make strides in treating AIDS," *Edmonton Journal* [Edmonton] Aug 23, 2002: A15

³⁹ Norman Webster, "The shattering impact of AIDS on Africa."

from an HIV infection and thus “undermine other and different ways of viewing medicine and the body.”⁴⁰

Furthermore, the authors conveniently neglect to mention that while anti-retroviral therapy may prove effective in prolonging life with the HIV virus, it does not constitute a cure. Not only do people with HIV who take medication see a decrease in their quality of life – because of the very regimented regulations for drug intake as well as their devastating side-effects – but they will eventually develop full-blown AIDS. These important details seem to evade the authors of these articles and many others in my corpus, and instead they reproduce a pattern where “Western medical science is conceived as a transhistorical, transcultural model of reality; when cultural differences among human communities are taken into account, they tend to be enlisted in the service of this reality, but their status remains utilitarian.”⁴¹

Because Western-based modes of HIV/AIDS prevention, education and treatment are implied in the corpus as being the only truly effective measures, by extension, all hope of “salvaging” this “dying continent” lies in the hands of the West. As Susan Martinuk so eloquently expresses in the *National Post* article “Africa’s Deadly Enemy,” “Famine, poverty and civil war are a routine part of life in Africa, just as large scale

⁴⁰ Dennis Altman, *Global Sex*, Chicago: The University of Chicago Press, 2001: 73.

⁴¹ Paula Treichler, *How to Have Theory in an Epidemic*: 119.

humanitarian efforts are a routine part of ours.”⁴² Similarly, in *The Vancouver Sun* article “AIDS: Plague of apocalyptic proportions ravages Africa,” Neil Darbyshire explains: “To see people in such hardship engenders immediate sympathy and the desire to provide immediate solutions. But helping one person, 1,000 people or 10,000 people with a one-off aid grant will not solve the problems of Africa's AIDS victims. What is required is longer-term planning.”⁴³ Beset by such constant tragedy and chaos, Africans are depicted as being fully unable to do anything that may potentially help their cause. Instead, the authors imply that the only true solution for rescuing Africa must and will come from the West.

This hold apparent when one compares the discrepancy between coverage of HIV/AIDS initiatives in Africa produced by African individuals and communities and those undertaken by Westerners. Indeed, while the corpus makes little mention of the varied and rich African projects and organizations that do HIV/AIDS related work throughout the continent, they do not hesitate to speak in much detail of the endeavours of benevolent Westerners. Most notably, Stephen Lewis, special UN envoy to Africa who has been extremely vocal and active in the African fight against AIDS is repeatedly profiled and quotes in the surveyed articles. While I do not wish to denigrate the wonderful and necessary work of Stephen Lewis, a man that I respect and admire greatly,

⁴² Susan Martinuk, “Africa's deadly enemy: AIDS poses more of a threat than famine and war combined,” *National Post* [Don Mills] April 25, 2000: A18.

I feel attention to his projects and visions for Africa deflects from that of actual African initiatives and points of view, especially since these are so seldom included. Furthermore, reference is often made to the emotional toll Mr. Lewis' work has having. For instance, in the *Globe and Mail* article "Someone is beginning to listen," Stephanie Nolen writes:

On Jan. 4, these pages carried a profile of Stephen Lewis, describing the work of the one-time Canadian politician who now has the thankless job of United Nations Special Envoy for HIV/AIDS in Africa. That article described his struggle to make the developed world care about the implosion of a continent he loves -- and his increasingly frayed mental state.⁴⁴

Thus represented, Stephen Lewis becomes the new "bearer of the African burden,"⁴⁵ struggling and damaging his own self in order to save this disastrous continent. But if he doesn't do it, who will? Certainly not Africans themselves, if we are to assume as true what the corpus insinuates.

As argued throughout, coverage of the HIV/AIDS pandemic in Africa coincides with the argument that Western representations and understandings of the Other, in addition to constituting a means of knowing and controlling the other, also "becomes a means for comprehending oneself."⁴⁶ Through the representation of Africa as completely hopeless and helpless, and the constant valorization of Western ideas and initiatives, the

⁴³ Neil Darbyshire, "AIDS: Plague of apocalyptic proportions ravages Africa."

⁴⁴ Stephanie Nolen, "Someone is beginning to listen," *Globe & Mail* [Toronto] Jun 28, 2003: F3.

⁴⁵ Valentin Mundimbe, *The Invention of Africa*: 47.

⁴⁶ *Ibid*: 33.

West continues to define itself as ultimately superior and knowing. As Tator and Frances paraphrasing Sherene Razack argue:

In promoting and sustaining the values of the dominant society, the media often draw a line between the 'First World' and the 'Third World,' the 'West' and the 'non-West,' the 'North' and the 'South.' This demarcation is created by the constant production of images that distinguish between the attributes, capacities, and strengths of the West (largely positive) and those of the countries of the East or the Third World (largely negative). The First World is rational, progressive, efficient, moral, modern, scientifically and technologically ordered, and in the side of the good and the right. The Third World is linked with racialized premises; it is defined as traditional, underdeveloped, overpopulated, irrational, disordered, and uncivilized.⁴⁷

Indeed, *Hopeless and Helpless Africa* not only redraws and confirms the tradition of conceptualizing Africa as "a continent of poverty and flies,"⁴⁸ but it also validates the West's position at the top of the hierarchy of cultures, in that it continues to imply "that the black and brown and yellow people are not simply untrained in certain ways of doing and methods of civilization; that they are naturally inferior and inefficient; that they are a danger to civilization as civilization is understood in Europe."⁴⁹ Not only is Africa hopeless and helpless, entirely dependent on Western benevolence to rescue it from HIV/AIDS and the many other disasters that afflict it, but it also comes to constitute a threat to the West, thus becoming the Infectious Continent.

⁴⁷ Frances Henry and Carol Tator, *Discourse of Domination: Racial Bias in the Canadian English-Language Press*, Toronto: University of Toronto Press, 2002: 44.

⁴⁸ Sanford Ungar and David Gergen, *Africa and the American Media*: 4.

⁴⁹ W.E.B Du Bois, *W.E.B du Bois: A Reader*, New York: Harper and Row, 1970: 416.

Chapter 5– Infectious Africa

The depth to which racist ideology has penetrated the Western psyche remains profound. The association of black people with dirt, disease, ignorance and an animal-like sexual promiscuity has in no sense been eradicated. When a new and deadly sexually transmitted disease, the Acquired Immune Deficiency Syndrome, emerged in the United States this decade, it was almost inevitable that black people would be associated with its origin and transmission.¹

And, indeed, they have. The act of pinning blame for infectious disease is not unique to HIV/AIDS. As noted previously, most, if not all, large epidemics have led to a proliferation of accusations, always directed toward those “other” than the accusers.² As Susan Sontag explains:

There is a link between imagining disease and imagining foreignness. It lies perhaps in the very concept of wrong, which is archaically identical with the non-us, the alien. A polluting person is always wrong, as Mary Douglas has observed. The inverse is also true: a person judged to be wrong is regarded as, at least potentially, a source of pollution.³

In relation to HIV/AIDS, it seems that black populations have constituted an ideal scapegoat upon which to demonstrate and perpetuate this association between illness and the other. The first few years of the pandemic saw the Haitian community, both in North America and Haiti, particularly affected by the virus. Because at the time seroprevalence

¹ Richard and Rosalind Chirimuuta, *AIDS, Africa and Racism*, . London: Free Association Press, 1989: 1.

² We witnessed the recurrence of this dynamic in relation to the recent SARS epidemic, almost automatically blamed and associated to Asian populations.

was mostly confined within “identifiable” populations, Haitians were assigned the attribute of “risk group” and granted a membership in the now infamous 4H club, comprised of “Homosexuals, Haitians, Heroin users, and Hemophiliacs.” However, as Leibowitch explains in Paul Farmer’s *AIDS and Accusation*, “The Haitian people as a whole, marked hereditarily by its ethno-cultural features, found itself, with regards to AIDS, in the same position as other socio-cultural groups with sociologically acquired characteristics: homosexuals or intravenous drug users. The crime of racial discrimination was imminent.”⁴

Along with being assigned as a risk group, the seroprevalence in certain Haitian communities also led the West to assume that it was they who must have been responsible for harbouring the disease and bringing it into the Western environment in the first place. The opposite was never considered, of course, as “nothing of this sort, it was argued, could have arisen in the germ-free West.”⁵ The Haitian origin theory of the disease was soon dismantled and proven to be false, but much harm had already been done, with the stigmatization and discrimination of Haitian communities throughout the world, as well as in creating an association between the disease and blackness.

³ Susan Sontag, *AIDS and Its Metaphors*, New York: Farrar, Straus and Giroux, 1988: 48.

⁴ Paul Farmer, *AIDS and Accusation: Haiti and the Geography of Blame*. Berkeley: University of California Press, 1992: 212.

⁵ Cindy Patton, *Inventing AIDS*, New York: Routledge, 1990: 83.

This correlation of HIV/AIDS with black communities was by no means exceptional. Quite the opposite, it came to represent another notch in a long history of Western conceptualization of health and disease in relation to black populations. Indeed, as Sander Gilman points out: “In the United States we have labeled AIDS an “African” or “Haitian” disease. Whatever the reality of the origin of the disease, this assumption is, of course, very much in line with the white American sense that blacks have basically different relation to disease because of their inherent difference.”⁶

The medical and scientific interest in black populations began with European colonial medicine and found its epitome in the United States in the 19th and 20th century. Often premised on the notion of a hierarchy of races, or at least of a fundamental difference between races, the discourses produced within these disciplines emulated and confirmed ideologies established through colonization and its associated racism. In fact, very much like the “knowing” of Africa outlined in the chapter Homogeneous Africa/Homogeneous AIDS, this association of blacks and disease served an important function in allowing Westerners to exert full power over black populations. James H Jones makes this very point in *Bad Blood: The Tuskegee Syphilis Experiment*, when he states:

There was a compelling reason for this preoccupation with establishing physical and mental distinctions between the races, one that transcended the disinterested

⁶ Sander Gilman, *Disease and Representation: Images of Illness from Madness to AIDS*, New York: Cornell University Press, 1988: 263.

pursuit of empirical facts. Most physicians who wrote about blacks during the nineteenth century were southerners who believed in the existing social order. They justified slavery and, after its abolition, second-class citizenship by insisting that blacks were incapable of assuming any higher station in life. Too many differences separated the races. And here “different” unquestionably meant “inferior.”⁷

Furthermore, the fact that HIV/AIDS was early on understood and categorized as a sexually transmitted disease further problematized its association with black populations. Indeed, not only did this phenomenon come to draw from a history of Western conceptualization of disease in black populations, but also a tradition of ‘understanding’ and ‘thinking’ of blacks in relation to sexuality. Sander Gilman’s work also traces this fascination with black sexuality, noting the persistent efforts on the part of the West to link it to pathology and difference. He cites as an example physicians’ preoccupation with the black woman’s genitalia, a theme he says “dominates all medical descriptions of the black during the nineteenth century,”⁸ and that contributed to creating this idea of blacks as sexually “different,” most notably in terms of their “promiscuous appetites.”

Gilman explains this phenomenon when he posits:

In “seeing” (constructing a representational system for) the Other, we search for anatomical signs of difference such as physiognomy and skin color. The Other’s physical features, from skin color to sexual structures such as the shape of the genitalia, are always the antitheses of the idealized self’s. Here the links between “pathology,” “sexuality,” and “race” become even more overt: sexual anatomy is

⁷ James H. Jones, *Bad Blood: The Tuskegee Syphilis Experiment*. New York: The Free Press, 1981: 17.

⁸ Sander Gilman, *Sexuality: An Illustrated History*, New York: John Wiley and Sons, 1989: 293.

so important a part of self-image that “sexually different” is tantamount to “pathological”—the Other is “impaired,” “sick,” “diseased.” Similarly, physiognomy or skin color that is perceived as different is immediately associated with “pathology” and “sexuality.”⁹

Western preoccupations with the sexual and medical differences of blacks were very soon merged, such that this sexual difference came to be understood as having direct consequences on black people’s health. For instance, the American syphilis epidemic of the late 19th and early 20th century affected whites and blacks alike, but was still perceived as doing so differently in black populations, touching them more strongly because of their pathological sexuality.

Noting that there had to be a break in the skin for the spirochetes to enter the body, a team of physicians from the United States Medical Corps thought it entirely possible “that the negro’s well-known sexual impetuosity may account for more abrasions of the integument [skin] of the sexual organs, and therefore more frequent infections that are found in the white race.”¹⁰

Not only was this association racist and ideologically violent, but it also had direct and dire consequences on black populations, as James H Jones clearly illustrates:

The white image of black sexuality was responsible, at least in part, for the neglect of blacks by social hygienists. Blacks suffered from venereal diseases because they would not, or could not, refrain from sexual promiscuity. Social hygiene for white rested on the assumption that attitudinal changes could produce behavioral changes. A single standard of high moral behavior could be produced

⁹ Sander Gilman, *Difference and Pathology: Stereotypes of Sexuality, Race, and Madness*. Ithaca and London: Cornell University Press, 1985: 25.

¹⁰ James H. Jones, *Bad Blood*: 25.

by molding sexual attitudes through moral education. For blacks, however, a change in their very nature seemed to be required.¹¹

While the civil rights and anti-racism movements of the 20th century certainly aided in rectifying these profoundly flawed ideologies, they nonetheless seem to remain strongly anchored in the Western mind. The HIV/AIDS pandemic provides tangible proof of this, as we see reflected in Gilman's assertion that:

Blacks were deemed to be at risk because of their perceived sexual difference, their sexual practices, their hypersexuality, as well as their sociopathic use of drugs. Black sexuality, associated with icons of sexually transmitted disease, became a category of marginalization, as it had in the past. What is interesting is that in the 1980s, after white America was made aware of the intolerable state of blacks in this country through the civil rights movement in the 1960s and 1970s, one could no longer as easily localize the source of disease among American blacks, as had been done in the Tuskegee experiment. Rather, the source of pollution was seen in foreign blacks, in black Africans (specifically in Rwanda, Uganda, and Zaire) and Haitians, thus assuaging American "liberal" sensibilities although still locating the origin of the disease within the paradigm of Western racist ideology.¹²

According to this pattern, it was only logical that when the Haitian-origin theory of HIV/AIDS was disproved (and even before), the finger of accusation be turned toward an even "blacker" and "other" source: the African continent. And indeed, this "undifferentiated apocalyptic Africa has proved an ideal site in which to find and 'see'

¹¹ James H. Jones, *Bad Blood*: 48.

¹² Sander Gilman, *Sexuality: An Illustrated History*: 323.

disease”¹³ Since the advent of HIV/AIDS, Africa has repeatedly been proclaimed the source of origin of the malignant virus, on the part of Western scientists and researchers, and of course the media. Harlon Dalton points to this when he says that “from the perspective of the black community, interest in HIV’s possible African roots seemed insatiable. Article after article appeared, recirculating identical hypotheses.”¹⁴ However, as Richard and Rosalind Chirimuuta posit, “when the scientific literature supporting an African origin is examined it is found to be contradictory, insubstantial or unsound”¹⁵ and to this day, no African origin theory has successfully been proven. This important fact does not seem to prevent many of the articles in my corpus from rehashing the African origin theory, or assuming it to be a given.

For instance, in *The Gazette* article “AIDS started in 1930s: study says,” the anonymous author provides details of an American study claiming to have traced the genetic mutation of the HIV virus from a similar virus found in simian species. The article posits that “AIDS evolved from a benign simian infection into a human-killer in the early 1930s, long before it was recognized as a disease, but it stayed in remote Africa until jet travel, big cities and the sexual revolution spread it worldwide.”¹⁶

¹³ Simon Watney, “Missionary Positions: AIDS, ‘Africa,’ and Race,” *Practices of Freedom: Selected Writings on HIV/AIDS*, Durham: Duke University Press, 1994: 118.

¹⁴ Harlon L Dalton, “AIDS in Blackface,” *The AIDS Reader: Social, Political, Ethical Issues*, Ed. Nancy F. McKenzie, New York: Meridian, 1991: 128.

¹⁵ Richard and Rosalind Chirimuuta, “AIDS from Africa: A case of Racism vs. Science?” *AIDS in Africa and the Caribbean*. Eds. George Bond et al. Colorado: Westview Press, 1997: 165.

¹⁶ “AIDS started in 1930s: study.” *The Gazette* [Montreal] Jun 9, 2000: A2.

This assertion finds itself repeated in slightly differing forms in articles published around the same date, namely the *Calgary Herald's* "Unravelling the AIDS-monkey mystery: Study pushes origin of AIDS virus to 1930," as well as the *National Post* article "Social disruption, vaccination boosted AIDS epidemic: researchers: 1930s African origin." Three years later, a series of similar articles resurfaces, this time positing that "One form of the virus that causes AIDS made the jump from animals to people by 1940, a new analysis indicates. HIV-2 didn't become widespread until the 1960s, perhaps spread during a war in the west African country of Guinea-Bissau, where researchers say it originated."¹⁷ This quote, drawn from *The Gazette* article "HIV origins go back to 1940s," also finds itself rearticulated in the articles "Chimp study solves puzzle of AIDS link," again from the *National Post*, and "HIV hit humans in 1940s," again from the *Calgary Herald*.

While these articles claim to present truths as produced by various scientific studies, the theories advanced are in fact speculations, not definite answers. Certain authors point to this nuance, for example Jeremy Manier of the *Calgary Herald* who says "it is more **plausible** that HIV spread from chimpanzees to people who hunted the animals for food."¹⁸ Similarly and rather ironically might I add, the *Daily News* article "Scientists find HIV-like virus in wild chimps," comments on a similar and unsuccessful

¹⁷ "HIV origins go back to 1940s," *The Gazette* [Montreal] May 13, 2003: A17.

study that concludes “This particular type of chimp in Tanzania could not be the source for human AIDS, because the viral strain researchers found is too genetically different.” Rather than attributing the failure of this theory to the Western biases from which it originates, the author resorts to reaffirming the obvious validity of the monkey-human claim, stating that “the Alabama scientists are beginning the next key step: tracking different chimps in an even more remote part of Africa, where the virus is thought to have jumped from animals to man.”¹⁹ At least, by virtue of pointing to the failure of one HIV-monkey origin theory, he points to the potential failure of all other such theories. Other authors do not even bother alluding to this important detail, wording the articles in such a way that the speculative qualities of the theories are evaded, and these are instead stated as fact. For example, in the *National Post* article “Chimp study solves puzzle of AIDS link,” the anonymous author posits that “In the 1990s, scientists showed HIV-1, the most prevalent AIDS virus, was transmitted to humans from chimpanzees in central Africa.”²⁰ This is false.

Furthermore, these series of articles, published between 2000 and 2003, are by no means providing new or groundbreaking information. In fact, the theory of HIV having mutated from an equivalent simian strain, and then jumped from monkey to African, is a

¹⁸ Jeremy Manier, “Unravelling the AIDS-monkey mystery: Study pushes origin of AIDS virus to 1930,” *Calgary Herald* [Calgary] Feb 5, 2000: O7. Emphasis my own.

¹⁹ “Scientists find HIV-like virus in wild chimps.” *Daily News* [Halifax] Jan 20, 2002: 56.

²⁰ “Chimp study solves puzzle of AIDS link,” *National Post* [Don Mills] Jun 13, 2003: A15.

leitmotif that seems to date back to the very beginnings of the pandemic. As Joan

Shenton argues:

By the mid-1980s it had become widely accepted that AIDS originated in Africa. It was Kevin de Cock from the Institute of Hygiene and Tropical Medicine who set the ball rolling by suggesting that AIDS was an 'old disease from Africa.' Next Robert Gallo, in the company of his colleague Max Essex stepped in and put forward the monkey hypothesis—that an African green monkey virus jumped species infecting humans and subsequently spread throughout the world.²¹

Because the West's "knowing" of Africa includes the notion that Africans live in close proximity with nature²², it is commonly believed that animal species like monkeys not only abound on every part of the continent, but that they are intricate elements of a typical African existence. Monkeys are not only perceived as constituting a staple in the African diet, but the Western mind has also been known to accuse Africans of giving dead monkeys to their children as toys, or of injecting monkey blood into their pelvic areas for increased sexual pleasure, the latter theory printed in non other than the highly praised medical journal *The Lancet*.²³ However, as the Chirimuuta's remind us with much necessity:

Most Africans, in fact, have little contact with monkeys (Biggar 1986b), and amongst those who regularly hunt monkeys, for example the pygmies of the equatorial rain forests, AIDS is notable for its absence. On the other hand, in

²¹ Joan Shenton, *Positively False: Exposing the Myths around HIV and AIDS*, London and New York: I.B.Tauris, 1998: 158.

²² See Paul Bohannon and Philip Curtin, *Africa and Africans*, Third Edition, Illinois: Waveland Press, 1988 (1964): 7.

²³ Richard and Rosalind Chirimuuta, "AIDS from Africa: A case of Racism vs. Science?:" 169-70.

recent years there has been a marked increase in contact between man and monkeys not in Africa but in the West. In the 1920s the transplantation of monkey testes to humans was widely practiced, and many thousands of men in Europe, America and Australia received the benefit of this operation that promises to restore youth and vigor. Monkeys have also been used widely for scientific research...If there is any truth in the hypothesis that HIV originated in monkeys (and African monkeys are not the only candidate) it would seem more appropriate to investigate modern medical research than speculate about the customs and behavior of Africans.²⁴

We even find a hint of this notion of Westerners having considerable contact with monkeys in the *National Post* article "Social disruption, vaccination boosted AIDS epidemic: researchers: 1930s African origin," where Maggie Fox, paraphrasing AIDS researcher Korber advances that "people can catch perfectly harmless viruses from apes and monkeys. For example, the simian foamy virus often infects lab workers, but causes no harm."²⁵ The theory that HIV may have been passed on from monkey to humans in a Western laboratory, and then transported from the West into Africa, is one that has often been considered, certain of its believers going so far as to claim AIDS to be an American laboratory invention. While there are many valid arguments in support of this theory and others like it, Paula Treichler, points out that:

²⁴ Richard and Rosalind Chirimuuta. "AIDS from Africa: A case of Racism vs. Science?:" 170-1. I also wish to ad here a particularly pertinent comment made by a student during a lecture I gave on the present topic. She related the HIV monkey theories to the recent outbreak in "mad cow disease", noting that while westerners are quick to judge Africans for eating monkeys, we do not even question our own carnivorous habits or the possibility that these too may be providing us with more than mere calories.

²⁵ Maggie Fox, "Social disruption, vaccination boosted AIDS epidemic: researchers: 1930s African origin." *National Post* [Don Mills] Feb 9, 2000: A17.

It is one not easily incorporated within a Western positivist frame— in part, perhaps, because it often reveals an unwelcome narrative about colonialism in a postcolonial world. The West accordingly attributes such theories to ignorance, state propaganda, or psychological denial, or it interprets them as some new global version of an urban legend, like alligators in the New York City sewer system.²⁶

On the other hand, African origin theories of HIV are left unquestioned, used and reused, regardless of the fact that they are highly problematic and harmful in regards to the ideological assumptions that guide them and are reiterated within them. Furthermore, there seems to occur and almost automatic association between origin and guilt. Harlon Dalton encapsulates this point rather precisely as he states:

When pressed to explain why so much time and energy were being devoted to so marginal a concern, white people usually responded that determining where the virus originated might lead to a discovery of ways to slow it down or eliminate it altogether. Perhaps. Black folks, however, offer a different explanation. We understood in our bones that with origin comes blame.²⁷

This seems to hold true of the articles under scrutiny, in that not only do they assign Africa as the source of origin of AIDS, but by extension, they hold Africa responsible for having brought the virus into the Western environment. We see this rather well reflected in *The Gazette* article “AIDS started in 1930s: study says,” where after having advanced the SIV mutation theory, the author states: “ The disease did not become a worldwide

²⁶ Paula Treichler, *How to Have Theory in an Epidemic: Cultural Chronicles of AIDS*, London: Duke University Press, 1999: 104.

²⁷ Harlon L Dalton, “AIDS in Blackface:” 128.

menace, he said, until people left the isolated areas of Africa and carried the virus around the globe.” The article goes on to advance that:

In more recent decades, an age with easy transoceanic travel and the sexual revolution, millions of people have been in and out of Africa. Moore said campaigns to vaccinate the African population against smallpox and other diseases might even have helped HIV spread, saying: "They weren't using sterilized needles all the time." ²⁸

As this last sentence points to, Africa is seen as being responsible for the spread of the virus because its is highly “uncivilized” or “underdeveloped” according to Western notions of civilization and development. As Rosalind and Richard Chirimuuta argue, “the great majority of Western researchers and reporters on Africa present an image of a continent bereft of reasonable medical facilities, competent doctors or governments capable of dealing with serious public health issues.”²⁹ In all its imagined inferiority, instability and dirt, Africa thus becomes a “breeding ground” for disease.

In the *Edmonton Journal* article “Health catastrophe bringing a continent to its knees,” Paul Salopek paints a picture of Africa as a place where even political and economic conditions are ill: “**Chronic** wars, unrelieved poverty, rapid urbanization and corruption are still the traditional villains in the **sickening** of Africa.” He goes on to describe a recent outbreak in the Sudan of a virus that causes “sleeping illness”:

²⁸ “AIDS started in 1930s: study says.” *The Gazette* [Montreal] Jun 9, 2000: A2. Emphasis my own.

²⁹ Richard and Rosalind Chirimuuta, *AIDS, Africa and Racism*: 109.

The slow killer is the culprit in Sudan's hot zone, Western Equatoria province. Not coincidentally, the conditions that exist today in the area are so primitive they mimic the tsetse killing grounds of pre-industrial Africa. Years of civil war between the Arabic north and rebels from black Christian and animist south, where many believe everything in nature has a living soul, have turned the province into one of the **most backward places on Earth**. A few dust roads swallowed by elephant grass are the only tangible legacy of British rule, which ended in 1956. There is not a single working phone, flush toilet or paved road – much less a modern hospital.³⁰

Upon reading this paragraph, one is left to wonder who exactly the “culprit” is. Perhaps the virus, but most probably Africa itself, for not having been able to “keep up with the times”, to profit from the colonial presence of the Europeans. Obviously, a place that isn't even “civilized” or “hygienic” enough to have a flush toilet, will be “infested with devastating illnesses”, this too being an idea that exists within a tradition long predating the pandemic. In fact, it seems to allude quite directly to notions put forth through colonization, as we see reflected in Barbara Browning's assertion that:

Expansionist Western medical discourse in colonizing contexts has been obsessed with the notion of contagion and hostile penetration of the healthy body, as well as of terrorism and mutiny from within. This approach to disease involved a stunning reversal: the colonized was perceived as the invader. In the face of the disease genocide accompanying European “penetration” of the globe, the “coloured” body of the colonized was constructed as the dark source of infection, pollution, disorder, and so on, that threatened to overwhelm white manhood (cities, civilization, the family, the white personal body) with its decadent emanations.³¹

³⁰ Paul Salopek, “Health catastrophe bringing a continent to its knees: Ailing Africa.” *Edmonton Journal* [Edmonton] Jan 23, 2000: E8. Emphasis my own.

³¹ Barbara Browning, *Infectious Rhythm: Metaphors of Contagion and the Spread of African Culture*, New York: Routledge, 1998: 154.

What is worse, of course, is that with the increasingly permeable borders of globalization, Africa can no longer be as easily contained, and the infectious continent becomes an even more significant menace to the West. As Salopek so very subtly states, "For the Western public, the fear of Africa's emerging, elusive 'doomsday bugs' is visceral, literally: Viruses such as ebola and Marburg liquefy the internal organs, causing some victims to bleed even from their pores."³² This idea also finds itself reiterated in other texts from my corpus, for instance the *National Post* article "AIDS crisis threatens UN peacekeepers in Africa," where the author posits that the high incidence of HIV in the African military puts Canadian at risk. Not only does it threaten the peacekeepers working on the continent (exactly how they are contracting HIV is of course left unmentioned), but Canada as a whole.

As business and migration links between Canada and Africa have increased, so has the risk that diseases such as HIV will be imported, he said. As well as putting Canadian troops at risk, it threatens to undermine Western attempts to stabilize the region through peacekeeping, investment and development assistance, says the report.³³

As its title indicates, the *Daily Times* article "NGO working to save lives: Improving conditions in Africa doesn't come without risks," makes a similar point by recounting medical student Megan Miller's bout with Malaria upon returning to Canada

³² Paul Salopek, "Health catastrophe bringing a continent to its knees."

³³ Stewart Bell, "AIDS crisis threatens UN peacekeepers in Africa: report: Canadian troops at risk: Infection rates in some African armies as high as 90%," *National Post*. [Don Mills] Sep 27, 2001: A10.

after a two-month internship in Gambia. Her personal story, of questionable news worthiness might I add, is intertwined with statistics regarding various diseases in Africa. Miller's predicament thus comes to be understood not as an isolated example, but one of the direct and obvious consequences of having ventured onto the infectious continent.

Recent years have also witnessed a rise in concern related to the strict nature of the HIV/AIDS medication regimen, in that missed pills can lead to the development of new drug-resistant strains of HIV. While this is a concern that probably affects Westerners more so than Africans, in that the formers have much more access to these therapies, this issue is taken up in my corpus on more occasions than one. Joanne Laucius makes this very point in the closing sentences of *The Gazette* article "Canada coaxed to battle AIDS: Funds needed. Carnage feared in Africa and Asia," where she mentions "Only two weeks ago at a prestigious conference in Paris, another famous scientist suggested an infusion of HIV-fighting drugs into sub-Saharan Africa could be dangerous. Dr. Robert Gallo, the U.S scientist who discovered HIV in 1983, warned unsupervised use of HIV drugs in sub-Saharan Africa could create "multi-drug resistant mutants."³⁴

The *Calgary Herald* article "New strains of HIV feared in Africa: Interrupted treatments blamed for mutation," devotes itself in its entirety to exploring this question of drug compliance, noting that "doctors and researchers in Ivory Coast say few patients are

³⁴ Joanne Laucius, "Canada coaxed to battle AIDS: Funds needed. Carnage feared in Africa and Asia," *The Gazette* [Montreal] Jul 30, 2003: A12.

managing to stick to the strict pill-taking regimes without interruption -- if they can afford them at all." The author goes on to state in this same article that "In the United States, researchers have reported an abrupt upswing over the past two years in the prevalence of resistant forms of the virus in newly infected people. Even when the drugs are taken correctly, sometimes the virus can still mutate to become resistant."³⁵ Issues of drug compliance and the mutated virus strains that can come to be as a result are therefore not unique to Africa. Regardless of the fact that most of the people with HIV/AIDS who are on these drug therapies are concentrated in the West, it seems that only in the African context does this question become source for concern. The title of this *Calgary Herald* article, "New strains of HIV feared in Africa," certainly seems to convey this point.

Susan Martinuk reiterates it rather paternalistically when she posits, in relation to Africans only, of course: "Taking AIDS drugs isn't as easy as tossing back some Aspirin. AIDS drugs must be taken as part of a strict and complicated regime that involves diet and drugs. The possibility of success is greatly reduced when a majority of the patients are illiterate and unable to set a daily routine that centres around drug-taking."³⁶ Yet as Cathy Cohen reminds us:

³⁵ "New strains of HIV feared in Africa: Interrupted treatments blamed for mutation," *Calgary Herald* [Calgary] Jun 19, 2001: A14.

The question of which patients or people with AIDS have “enough discipline” to receive these new therapies is now a central part of anew generation of AIDS reporting. Journalists are openly discussing and writing about who should be allowed such treatment. These decisions move us disturbingly close to the rationing of life-saving treatments, based not only on limited financial resources, but also on the marginalizing myths attached to ascribed group traits and behaviors that have nothing to do with individual behavior.³⁷

Furthermore, in this sense, Africans are not only held responsible for having infected the West with HIV in the first place, but through their persistent incompetence and under-development, implied in Martinuk’s comment on illiteracy and the inability to stick to the demands of AIDS therapy, they continue to threaten the West, this time with new “multi-drug resistant mutants.”³⁸

Just as it did during colonial times, this Western construction of Africa as diseased and dangerous still seems to serve important functions within the Western psyche. In the first place, while the West is also a sight where diseases can proliferate and affect considerable portions of the population, the construction of this infectious Africa allows the West to absolve itself from any responsibility in relation to the international spread of HIV/AIDS. In “The Anthropology of AIDS in Africa,” the authors argue that:

³⁶ Susan Martinuk, “Free drugs won’t halt AIDS,” *Calgary Herald* [Calgary] Mar 7, 2001: A19.

³⁷ Cathy Cohen, *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics*. Chicago and London: University of Chicago Press, 1999: 184.

³⁸ Joanne Laucius, “Canada coaxed to battle AIDS: Funds needed. Carnage feared in Africa and Asia.”

HIV exists in a world which has become increasingly global in the movement of both capital and labor. Labor migration to and from the Caribbean to the United States has been a major factor in the migration of HIV infection. Similarly, the development of tourist industries, frequently based on U.S. capital as a replacement for the decline of profits from older colonially established sources such as sugar cane, has also traced the routes for HIV to follow.³⁹

As the authors clearly insinuate, Western traditions and practices have and clearly continue to have an impact on the spread of HIV within post-colonial states. Instead of acknowledging this, and by extension its own accountability, it seems far easier for the West to “blame the victim” instead, a process that William Ryan claims:

Is applied to almost every American problem. The miserable health care of the poor is explained away on the grounds that the victim has poor motivation and lacks health information. The problems of slum housing are traced to the characteristics of tenants who are labeled as “Southern rural migrants” not yet “acculturated” to life in the big city. The “multiproblem” poor, it is claimed, suffer the psychological effects of impoverishment, the “culture of poverty,” and the deviant value system of the lower classes; consequently, though unwittingly, they cause their own troubles.⁴⁰

If the origin of HIV is blamed on Africans, not only does the West avoid the unpleasantness of guilt, but it can also remain comfortably complacent and abstain from providing significant help, since after all, Africans “brought it upon themselves.”

Furthermore, the construction of Africa as the site of origin of AIDS, and as a continent completely devastated by the pandemic can also serve to legitimate certain

³⁹ George Bond, John Kreniske, Ida Susser and Joan Vincent, “The Anthropology of AIDS in Africa,” *AIDS in Africa and the Caribbean*, Eds. George Bond et al. Colorado: Westview Press, 1997: 7.

Western practices of questionable ethics, for example the testing of AIDS vaccines and medications within Third World settings. The Chirimuutas make this point as they state: “If Africans are supposedly dying by the millions, then it becomes politically acceptable to use them as a vast human laboratory for testing an AIDS vaccine.”⁴¹ Because in the eyes of the West the situation is so very critical in Africa, and yet Africans don’t seem to be doing anything about it or are doing everything “wrong”, then the testing of Western-developed therapies can be said to constitute one of the only forms of hope for Africans affected by HIV/AIDS. African nations and other countries from the Third World thus “become a projective screen or laboratory for performing ideological or real (vaccine trials?) procedures that solve the master countries’ internal epidemic or absolve their responsibility for the devastation occurring outside the collective Euro-American borders.”⁴²

Additionally, this infectious Africa, where all are ill and where everything is different than in the West, also allows for a distancing from disease. Sander Gilman encapsulates this idea rather precisely when he states:

It is the fear of collapse, the sense of dissolution, which contaminates the Western image of all disease ... But the fear we have of our own collapse does not remain internalized. Rather, we project this fear onto the world in order to localize it and, indeed, to domesticate it. For once we locate it, the fear of our own dissolution is

⁴⁰ William Ryan, *Blaming the Victim*, New York: Vintage, 1976: 5.

⁴¹ Richard and Rosalind Chirimuuta, *AIDS, Africa and Racism*: 140.

⁴² Cindy Patton, “Queer Peregrinations,” *Acting on AIDS: Sex, Drugs and Politics*, Eds. Joshua Oppenheimer and Helena Reckitt, London and New York: Serpent’s Tail, 1997: 237.

removed. Then it is not we who totter on the brink of collapse, but rather the Other. And it is an Other who has already shown his or her vulnerability by having collapsed.⁴³

The representation of the HIV/AIDS situation in Africa thus provides what Achebe calls a “proverbial mirror,” upon which the West can compare and admire itself. Because the situation is much worse “there” than it is “here”, obviously, “we” must be doing something right, we are still in control. “However bad your own problem, it pales into insignificance when compared with Africa’s. Recently, millions were starving, now millions are dying of AIDS.”⁴⁴

Of course, we too continue to become infected with HIV, we too develop drug-resistant strains to HIV, we too continue to be scared of this virus we know so little about and that we have yet to control. By projecting these fears onto the African continent, by comparing our state of affairs to that of the African peoples, without acknowledging our responsibility in making the world what it is, we create the illusion that we are still in control. As long as “African victims” continue to die from AIDS at a speed that surpasses the infection rates in “developed” countries, we can provide dismal help to satisfy our benevolent nature and tend to our daily occupations with the comfort of knowing that it is the other who suffers, the other who is ill and infected.

⁴³ Sander Gilman, *Disease and Representation*: 1.

⁴⁴ Richard and Rosalind Chirimuuta, *AIDS, Africa and Racism*: 90.

But the other is not as easily dominated and containable as he was in the past.

Through globalization, peoples have become increasingly mobile and moving, and borders increasingly permeable. As Susan Sontag notes:

From the untrammelled intercontinental air travel for pleasure and business of the privileged to the unprecedented migrations of the underprivileged from villages to cities and, legally and illegally, from country to county—all this physical mobility and interconnectedness (with its consequent dissolving of old taboos, social and sexual) is as vital to the maximum functioning of the advanced, or world, capitalist economy as is the easy transmissibility of goods and images of financial instruments. But now that heightened, modern interconnectedness in space, which is not only personal but social, structural, is the bearer of health menace sometimes described as a threat to the species itself; and the fear of AIDS is a piece with attention to other unfolding disasters that are the byproduct of advanced society, particularly those illustrating the degradation of the environment on a world scale. AIDS is one of the dystopian harbingers of the global village, that future which is already here and always before us, which no one knows how to refuse.⁴⁵

I believe the West's understanding and construction of infectious Africa is also very much a product of the fear of the unknown, the uncertain, the undefined that seems to characterise globalization and the current world order. As John Gabriel advances in

Whitewash:

[Globalisation is] used to refer to the interdependence witnessed in the growth of global institutions and trading blocs, migration on a scale never witnessed before, the rise of new satellite and digital media and information technologies and the dominance of transnational corporations. Together, these new global conditions

⁴⁵ Susan Sontag, *AIDS and Its Metaphors*: 93.

have served to mobilise white fears and anxieties which have expressed the re-assertion of old identities often based on racialised ideas of the nation.⁴⁶

While the fears and anxieties we are faced with may be new and ever-changing, we always seem to fall back upon the solution we know best. We find countless examples of this throughout history. As Sander Gilman notes “the need to externalize the anxiety generated by change in European (read Christian) middle-class society, a society under extraordinary tension during the course of the nineteenth century” occurred at the expense of the other, by projecting and blaming these fears onto the other⁴⁷. The response to today’s fears, as brought on by globalization, HIV/AIDS and other old and new social issues, thus draws from a Western tradition of creating the other as so different and so utterly wrong that he becomes not only the reason but also the depository for these fears.

Yet as Barbara Browning so eloquently reminds us:

While Western depictions of Africans as virulent and dangerous is certainly not new, the recent acceleration of economic and cultural exchange has apparently raised the stakes. HIV emerged as a pathogen simultaneously with new anxieties over the risks of other “contagions” And while it may seem clear that one pandemic is painfully literal, the other figurative, they were quickly associated with one another. In fact, economic exploitation, cultural exchange, and disease are interrelated – but Africanness is hardly the deadly pathogen.⁴⁸

⁴⁶ John Gabriel, *Whitewash: Racialized Politics and the Media*, New York and London: Routledge, 1998: 37.

⁴⁷ Sander Gilman, *Difference and Pathology*: 35.

⁴⁸ Barbara Browning, *Infectious Rhythm*: 7.

Chapter 6– Alternative Africa

While the AIDS epidemic increasingly becomes a disease of people of color, the literature, images, and general representation of the disease stay predominantly white. This misrepresentation suggests that AIDS in communities of blacks and other people of color is something with which the country, the state, and communities of color in particular need not concern themselves. Further, this absence of attention also implies that activities on the part of the government, pharmaceutical companies, community activists, and others involved in the response to AIDS in communities of color do not merit the scrutiny and careful analysis directed at other groups struggling against this disease.¹

While much, if not all, of my thesis has been devoted to criticizing and deconstructing Canadian press coverage of the HIV/AIDS pandemic in Africa, a thorough analysis must examine all sides of the coin.

Firstly, the link between media sensationalism and public or institutional opinions and responses is not negligible. Indeed, the current representations of HIV/AIDS in Africa certainly convey an image of chaos and crisis, perhaps stimulating the desire to help on the part of Westerners. As Lupton reminds us: “For political reasons, the individuals who act as the intermediaries between the lay public and information health risks, often exaggerate the dangers in the quest for public support for research and policy

¹ Cathy Cohen, *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics*. Chicago and London: University of Chicago Press, 1999: 24.

measures.”² Perhaps can it be argued that the very scarce help that is currently being provided to Africa to assist the continent in its response to HIV/AIDS would be even more minute were representations of it less sensationalic and truer to its complex reality. This point is reiterated by Martha Grise in her analysis of American television coverage of African female genital cutting practices, where she posits: “In one regard, sensationalizing treatments also serve the interests of African activists, since an aroused public may also pressure international agencies to provide funding to support the activists’ efforts. And sensational treatments certainly serve the needs of the news media as they compete for audience share and advertising dollars.”³

Furthermore, for most Canadians if not Westerners, these media representations of HIV/AIDS in Africa constitute one of the only sources of information available on these issues, or rather the most readily available source. It can therefore be said that these media texts are the primary players involved in informing the Canadian public of the situation. By extension, without these texts Canadians would for the most part remain oblivious to the pandemic in Africa. This is certainly reminiscent of the old dilemma as to whether bad publicity is better than none at all. Personally, I have no objections to the Western media covering the HIV/AIDS pandemic in Africa. In fact, I feel this is

² Deborah Lupton, *Moral Threats and Dangerous Desires: AIDS in the News Media*, London: Taylor and Francis, 1994: 26.

important and necessary. However, it is not so much the fact that something is said on these issues that I hold as problematic, but rather the way(s) in which these things are said. Indeed, as I hope to have demonstrated in my analysis, coverage of the HIV/AIDS pandemic is highly biased (a polite way of saying racist) and perpetuates many of the Western traditions of knowing and representing Africa begun in colonial times and even before.

The act of disentangling oneself from this intricate and powerful web proves particularly difficult in that it continues to inform not only what is known of the other but also of the self. However, if we are ever to become the non-racist Canadian society we claim ourselves to be, amongst other things this requires us to alter the ideologies that define current constructions of Africa. Seeing the predominant role played by the media in shaping and disseminating such ideologies, then the media also constitute an excellent venue on which to begin enacting the paradigm shift. Based on this assumption, I therefore wish to offer certain suggestions and recommendations for bettering coverage of the HIV/AIDS pandemic in Africa, and by extension, contributing to the formation of an alternative way of viewing Africa.

One of the first ideas that come to mind in regards to modifying media coverage of HIV/AIDS in Africa, is that of an increase in its quantity. Indeed, one may be inclined

³ Martha Grise, "Scarred for Life? Representations of Africa and Female Genital Cutting on American Television News Magazines," *Images of Africa: Stereotypes and Realities*, ed. Daniel M.

to believe that producing more coverage of the HIV/AIDS pandemic in Africa may help in rectifying the bias, thus providing a more nuanced and comprehensive overview of the situation. However, as Sanford Ungar and David Gergen observe, “there is no evidence to support the notion that greater coverage of foreign affairs automatically produces public enlightenment.”⁴ This holds true especially if the coverage reiterates and reproduces the same problematic ideologies, in which case additional coverage may even be said to exacerbate the situation. As opposed to arguing for a quantitative change in coverage of the HIV/AIDS pandemic in Africa, I believe a qualitative change should be the main point of emphasis.

And in terms of qualitative changes, quite a few recommendations spring to mind. Firstly and most obviously, an increase in the quality of communication, or rather a mutuality in the exchange of communication between Canada and Africa would be key. Indeed, while globalization may have increased and facilitated the exchange of information between nations, this flow remains very much unequally distributed, such that the quantity of information and texts coming from the Third World into the First World do not even begin to compare to the situation in reverse. Daya Kishan Thussu makes this very point, using slightly different language in the introduction to

International Communication:

Mengara, Asmara, Eritrea: Africa World Press, 2001: 258.

A recurring issue in this book is the political and economic implications of such supremacy for Southern countries dependent on information and communication channels which remain largely within the control of a few countries and the corporations based there. Admittedly, the South is far from being a homogeneous entity, with varying degrees of media and communication resources, yet the developing countries share a fundamental disadvantage in their inability to influence the global communication agenda, which continues to be set and implemented by the world's most powerful nations.⁵

This imbalance in the communication flow between Third World and First World nations is by no means new, drawing its roots in the history of Western colonialism and imperialism discussed throughout. Indeed, as referenced on a few occasions in this thesis, colonization implies the imposition of ideologies, knowledges and information from the dominant culture onto the silenced colonized culture. Even though many Third World nations have since obtained their independence and engaged in a process of decolonization, this seems to have done little to improve the North-South divide, in economic terms as well as in regards to communication and information sharing.

Furthermore, with the development in mass media and large-scale modes of information dissemination, particularly during the second half of the twentieth century, this phenomenon seems to have made itself even more blatant and omnipresent. Cultural imperialism on the part of First World nations has thus remained a source for much

⁴ Sanford Ungar and David Gergen. *Africa and the American Media*, Occasional Paper No.9. New York: The Freedom Forum Media Studies Center at Columbia University, November 1991.

⁵ Daya Kishan Thussu, *International Communication: Continuity and Change*, London: Arnold, 2000:1.

concern, as we see reflected in the debates surrounding the New World Information and Communication Order (NWICO). The latter emerged from a demand on the part of the Non-Aligned Movement⁶ and other Third World nations to recognize the importance played by the media in development issues. In 1979, the International Commission for the Study of Communication Problems, commonly known as the MacBride Commission, was established under the tutelage of UNESCO, and sought to:

Study four main aspects of global communication: the current state of world communication; the problems surrounding a free and balanced flow of information and how the needs of the developing countries link with the flow; how, in light of the NIEO (New International Economic Order), a NWICO could be created, and how the media could become the vehicle for educating public opinion about world problems.⁷

The resulting report made note of many problems in regards to international communications, of which the following prove most relevant within the given context:

Flagrant qualitative imbalance between North and South...; a de facto hegemony and will to dominate...evident in the marked indifference of the media in the developed countries, particularly in the West, to the problems, concerns and aspirations of the developing countries...; a lack of information on developing countries...; survival of the colonial era...; messages ill-suited to the areas in which they are disseminated.⁸

⁶ The Non-Aligned Movement is defined as "a movement founded in 1961 among developing countries which claimed to eschew Cold War bloc politics, joining neither Western nor Eastern alliance" in Daya Kishan Thussu, *International Communication: Continuity and Change*: 38-9.

⁷ Daya Kishan Thussu, *International Communication: Continuity and Change*: 45.

⁸ Mustapha Masmoudi, "The New World Information Order," *Journal of Communication* 29.2, 1979: 172-4.

Recommendations and solutions for developing and developed countries, as well as larger international governing bodies were also formulated to counter these notable problems. In regards to developed countries, these suggestions included:

Calling public attention to the action taken by the developing countries, emphasizing the ever-increasing interdependence of the different nations of the world...; to help establish a balance of information flow by devoting more space in newspapers and in radio and television programs to news concerning developing countries...; to ensure that journalists respect the laws of the country and the cultural values of different peoples...; to give particular attention to information supplied by national news-gathering centers or news pools in developing countries....⁹

The MacBride Commission certainly brought to light many issues and problems concerning the state of international communication within the new world order, and while it offered some important suggestions for bettering the regrettable state of affairs, it was amply critiqued, criticized and seems to have remained largely ineffective. Indeed, as Colleen Roach argues in here article "The Movement for a New World Information and Communication Order: A Second Wave?" the MacBride Commission had not given much consideration to issues regarding gender or class in their analysis, and thus while the report constituted a good first step, many problems and inequalities remained to be address.¹⁰

⁹ Mustapha Masmoudi, "The New World Information Order." 181-2.

¹⁰ See Colleen Roach, "The Movement for a New World Information and Communication Order: A Second Wave?" *Media, Culture and Society* 12, 1990: 283-307.

Furthermore, demands for an NWICO were met with much reluctance on the part of developing nations, the United States most notably. Arguing under the guise of “freedom of communication,” they claimed that policy and regulation resulting from an NWICO would entail “too interventionist a role for the state” and would “likely result in the exclusion of foreign journalists, with consequent restriction of information flow.”¹¹ Of course, this debate only served to candy-coat what was really at stake, namely the commercial and economic imperatives of Western corporations, media-related and otherwise. As usual, it seems that the latter forces were more powerful than a desire to rectify the world’s imbalance and inequality, and with the American withdrawal from UNESCO in 1985, NWICO seemed doomed to remain a useful and insightful study with little tangible repercussions. The issues addressed by the MacBride Commission have since been taken up by many other commissions, scholars and communities, but for the most part, they, too, seem to have remained largely ineffective.

This holds true in regards to the African continent, in that while the West may continue to export its cultural texts and discourses onto the continent with little restraint, just as it has done since the beginning of colonization, in turn the amount of African voices and texts that reach us remains blatantly minimal. This is of course a very complex issue that touches upon a variety of other factors, such as the economic precariousness of many African nations, that minimize their access to information disseminating methods.

¹¹ Daya Kishan Thussu, *International Communication: Continuity and Change*: 48.

However, I still believe this is also partly the result of the continued inability and lack of desire on the part of the West to be reached and affected by African voices. Indeed, it would seem that what Mundimbe calls “epistemological ethnocentrism”, or the belief that “there is nothing to be learned from “them” unless it is already “ours” or comes from “us””¹² is rather persistent. We remain overwhelmingly closed to ideas and perspectives that do not coincide with our own, that are produced by the other. We do not hesitate, however, to speak about the other, as the coverage of the HIV/AIDS pandemic should clearly illustrate. And having closed ourselves off from alternative voices, from viewing things through a different cultural lens, we continue to speak of the other in conjunction with our own flawed beliefs and myths. Unaffected by the voices of those most concerned, we thus maintain a construction of the other that seldom coincides with the actual experience of this other. As Teun van Dijk stresses in his essay “Discourse, Power and Access:”

One major element in the discursive reproduction of power and dominance is the very access to discourse and communicative events...we need to explore the implications of the complex questions: Who may speak or write to who, about what, when and in what context, or Who may participate in such communicative events in various recipient roles...Measures of discourse access may be rather faithful indicators of the power of social groups and their members.¹³

¹² Valentin Mundimbe, *The Invention of Africa: Gnosis, Philosophy, and the Order of Knowledge*, Bloomington and Indianapolis: Indiana University Press, 1988: 15.

While rectifying the imbalance in the information flow between Africa and the West would require a reconfiguration of the current world order, unlikely to happen at any time soon given the overwhelming lack of results from the MacBride Commission, these questions can definitely be posed on a smaller and more feasible scale, in regards to Canadian coverage of the HIV/AIDS pandemic in Africa. Including more African voices, whether from African or African diasporic populations, and letting these voices and perspectives affect the way in which the situation is understood and represented, could greatly contribute to rectifying the current Western bias of the coverage. Taking as a given that African voices are those most familiar with the pandemic in African contexts and the many complex factors and issues that affect and are affected by it, one can speculate that a wider inclusion of African perspectives would probably result over time in a more nuanced and culturally sensitive representation of the pandemic in Africa.

Indeed, as Ebo Bosah argues, “any change in American media coverage of Africa must start with a reassessment of both the utility of foreign news and criteria for newsworthiness.”¹⁴ A greater inclusion of African voices might contribute to this paradigm shift, in that these perspectives may well be better suited to determine not only what should be considered newsworthy in regards to African nations, but also how to

¹³ Teun A. van Dijk, “Discourse, Power and Access,” *Texts and Practices: Readings in Critical Discourse Analysis*, Eds. Carmen Rosa Caldas-Coulthard and Malcolm Coulthard. London and New York: Routledge, 1996: 86.

¹⁴ Bosah Ebo, “American Media and African Culture,” *Africa’s Media Image*, Ed. Beverly G.

approach these newsworthy events or issues in a culturally sensitive and relevant manner.

One can infer that by extension, more attention would be granted to the achievements, initiatives and knowledges developed in response to HIV/AIDS on the part of African nations and peoples, as opposed to the lacks and deficiencies that are currently the main objects of focus. In addition to providing the West with valuable alternative ways of understanding and responding to HIV/AIDS, this would also be beneficial in terms of reaffirming a view of African peoples as abled and motivated, not the helpless and hopeless victims the coverage make them out to be.

In turn, these alternative perspectives may also lead to an increased critique of Western beliefs and practices, not only in regards to Africa and Africans but in regards to the West itself. Indeed, as has been argued throughout, the West seems plagued by the bad habit of self-valorization, assuming that what it produces, whether these be knowledges, discourses or cultural texts, is not only right, but also "better." However, as I also hope to have effectively demonstrated, Western knowledges are often replete with biases, omissions and problematic ideologies that draw from a history of power abuse and domination. Acknowledging this, and by extension its own accountability in shaping the current world order would be a first step. Parallel to this, I stress a need for the realization that what the West produces is often far from being "right" or "true."

Hawk. New York: Praeger, 1992: 23.

Additionally, the ideologies and practices developed within the Western environment should by no means be assumed to hold the same validity when applied within a non-Western context. The ways in which the West has understood and responded to HIV/AIDS cannot and should not be applied in an African context, seeing how the experience of health and disease, sexuality and all other issues that arise in relation to HIV/AIDS are influenced by very different factors. Acknowledging the limitations of our models and systems, even within the West but especially when applied to a different cultural context, might lead to a more critical understanding and use of the information produced by these models and systems on the part of Western journalists, and readers as well.

Furthermore, the West has the tendency to see all that is wrong in others, without turning this same critical gaze upon itself. For instance, throughout the corpus, constant allusion is made to the many wrongs perpetrated by Africans in regards to HIV/AIDS, while never acknowledging that these often find an even worse equivalent in the Western environment. Self-criticism and analysis might render more obvious these similarities, thus leading to less judgmental understandings and depictions of African practices and beliefs on the part of Western journalists. Furthermore, this may also contribute to disseminating what Bateson and Goldsby call an alternative position,

One of empathy and the acknowledgment by the society that those who are suffering from AIDS are very much like themselves. Indeed, dealing with the epidemic requires looking at themselves and at the epidemic with new eyes. This understanding requires the insight that people of color are like white people, that rich people are like poor, and that the destinies of people on every continent are woven together.¹⁵

As a last recommendation for bettering Western coverage of the HIV/AIDS pandemic in Africa, I offer one that is both detrimental and fairly easy to enact, consisting of a modification of the language used to talk about these issues. Indeed, while I do not deny that many African populations are very strongly affected by HIV/AIDS, this does not entail that the entire continent is “dying,” nor that Africans are “victims of AIDS,” perhaps not any more than their Western counterparts, and in any case much more complexly than is made out to be. While coverage of HIV/AIDS as it affects the Western environment seems to operate with much more caution in regards to use of language, the language employed in coverage of the pandemic in Africa continues to be predominantly one of catastrophe and chaos. Instead of speaking of a continent “ravaged” by HIV/AIDS, “affected” conveys a similar idea, minus the fatalism and sensationalism. Similarly, the term “African AIDS victims,” should be replaced by Person Living or Affected by HIV/AIDS, just as has been the case in regards to coverage of the pandemic in the West. While the resulting articles may be less sensationalistic, and thus perhaps less attractive to the imagined “average” reader, this simple and very necessary

¹⁵ Mary Catherine Bateson and Richard Goldsby, *Thinking AIDS*: 8.

modification would definitely render the coverage more nuanced and culturally sensitive, if not humane.

In *The Black Image in the White Mind*, Robert Entman and Andrew Rojecki posit that:

The media's mission must be to provide a context that will encourage and allow audiences to engage in interpretation and active challenge of assumptions and stereotypes. The ultimate objective should be serving the interest of genuine autonomous thinking by an audience not unknowingly bound into the discourse and prevented from thinking through another. Seeking such an end could allow journalism to enhance racial understanding not only directly but indirectly by promoting a more critical, analytical frame of mind among media audiences.¹⁶

While this certainly doesn't seem to be the case in regards to the current coverage of the HIV/AIDS pandemic in Africa, the strategies I have outlined above would definitely offer helpful tools towards attaining these ideals. Indeed, the more nuanced and culturally sensitive coverage that may result from such modifications may not only provide readers with a more realistic and comprehensive understanding of the HIV/AIDS pandemic in Africa, but by extension might contribute to creating a fairer understanding of Africa and Africans on the part of the West. This new conceptualization would not only valorize African experiences and knowledges, but also account for the problematic history of power abuse and domination that has defined much of the Western knowings of this

¹⁶ Robert M. Entman and Andrew Rojecki, *The Black Image in the White Mind: Media and Race in America*, Chicago: The University of Chicago Press, 2000: 220.

continent up to the present. This proves necessary not only on an ideological level, but rather directly as well, in that:

The political chances of different groups in society—powerful or weak, central or marginal—are crucially affected by how they are represented, whether in legal and parliamentary discourse, in educational practices, or in the arts. The mass media in particular have a crucial role to play, because they are a centralised source of definitions of what people are like in any given society. How a particular group is represented determines in a very real sense what it can do in society.¹⁷

The way in which Africans are represented in the media thus materially affects what African and African diasporic populations can and cannot do within any given society, as well as more broadly, on the common global stage. This in turn also holds true in regards to coverage of the HIV/AIDS pandemic on the African continent and beyond, as representations influence policy in turn influencing resource distribution and knowledge formation. In fact, I would go so far as to argue that the media have a detrimental role to play in shaping the course of the pandemic, thus heightening the need for them to be more critical and inclusive in their coverage of these issues. Indeed, as Cathy Cohen explains:

How reporters frame and construct drug users, poor women, gay men, [Africans, blacks] and all groups demanding access to treatment undoubtedly will influence who receives such treatment [as well as funding, discursive power, epidemiological representation, etc]. Thus, patterns of institutional marginalization or internal biases that “naturally” exclude or limit the access of

¹⁷ Richard Dyer as quoted in Simon Watney, *Policing Desire: Pornography, AIDS and the Media*, Minneapolis: University of Minnesota Press, 1996.

marginal groups to dominant institutions—whether those institutions be the New York Times, ABC, NBC, CBS, or the CDC—have life-and-death consequences.¹⁸

¹⁸ Cathy Cohen, *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics*, Chicago and London: University of Chicago Press, 1999: 184.

Towards a Conclusion...

The AIDS crisis represents an immense tragedy for many persons and a danger for many more. It also represents an opportunity for changes in our understanding of human biology and social life and the ways in which we use knowledge. From this point of view, the epidemic is a moment of opportunity for discovering the full potential of humanness. If we can use the impetus of AIDS to expand and apply knowledge cooperatively and humanely, we may also learn to control the dangers of the arms race and of world hunger and environmental degradation, for the imagination of AIDS is the imagination of human unity, intimately held in the interdependent web of life.¹

In *Picturing Health and Illness: Images of Identity and Difference*, rather than positing any finite conclusions, Sander Gilman dedicates the last chapter of the book to relocating himself within his study. Addressing with a more personal stance the ideas, experiences, discourses, knowledges and events that have influenced his writing, he moves *Towards a Conclusion*, rather than staking one as his own. Gilman thus offers ways of reading and understanding his work and underlines certain of the leitmotifs emerging from the study he feels to be significant, without however imposing these as rigid guidelines. In this last chapter of my thesis, I wish to undertake a similar project. Returning to the more personal voice of my introduction, I will present certain issues, ideas and problems that have emerged from my work at an academic as well as personal level.

¹ Mary Catherine Bateson and Richard Goldsby, *Thinking AIDS*, Massachusetts: Adison-Wesley Publishing, 1988: 10.

Firstly, while I have amply criticized representations of the HIV/AIDS pandemic in Africa as found in a few of the English-Language newspapers of Canada's major cities, I feel I have only but seldom addressed its "actual lived situation," that is the "real" HIV/AIDS pandemic on the African continent. Indeed, I have deconstructed these Western representations, claiming them to be biased and far from depicting accurately the HIV/AIDS pandemic in Africa, arguing by extension for a paradigm shift. Yet I have provided what I feel is only limited information about the "actual" situation(s).

Furthermore, I have often drawn from the research and writing of others, rather than my own experience and thoughts on the matter, in order to validate my claims. All of this is very much intentional. Indeed, based on my exposure to these issues through the media, my academic work, as well as my experience in Niger, I am fairly familiar with various aspects pertaining to both the HIV/AIDS situation in Africa and more generally African lives and histories. My knowledge, while sufficient in providing me with an overview of these issues, remains significantly minute. Of course, as I am exposed to more and more relevant information and experience, this knowledge multiplies and becomes increasingly intricate and complex. However, this is very much an ongoing process and I have therefore been cautious to ensure that the statements and ideas advanced about the HIV/AIDS pandemic in Africa be true to the limits of my knowledge on these issues at the given moment. I do not believe that this diminishes the validity of my arguments in regards to Western coverage on the HIV/AIDS pandemic and Africa more generally, yet I

feel that at the moment, I can only provide limited alternative views and accounts. This should also point to the very subjective nature of my knowledge, and thus while I have spoken it in ways that I consider to be “truths” according to my own perspective, to echo Paula Treichler (and Michel Foucault), in no way am I claiming this study as “the truth.” All is open to constant re-interpretation, and by all means, I invite you to do so in regards to my work and the issues addressed within it. I too will engage in this process of refinement and re-interpretation as my career progresses, my knowledge expands, and I am exposed to more perspectives and realities.

Not only have I been cautious in my discussion of the HIV/AIDS pandemic in Africa because I feel that this knowledge, while considerable, is also very much limited, but also due to an ongoing preoccupation of mine with not speaking *for* the other. Of course I have spoken *of* the other, but this from my own perspective and experience as a Westerner and hopefully without ever implying that I hold the key to the actual experience(s) of HIV/AIDS on the part of individuals, communities, peoples and nations throughout the African continent. I have, however, spoken with the assumption that the HIV/AIDS pandemic, at an individual, cultural, social (and all the other *als*), is of an extreme complexity, understood and experienced by all differently and according to various new and old factors, ideologies, notions, words. While it is my firm conviction that these experiences, knowledges and discourses are or should be all equally as valid, important and heard, this is unfortunately not the case. I have spoken of the other because

I have the privilege and voice to do so, and while I wish to be heard, perhaps egotistically so, I also sincerely hope that my voice will increasingly be drowned out by that of African voices, those I feel best suited to speak of the pandemic as it affects their continent.

Furthermore, I cannot emphasize enough that what I have presented in this work, while I hope it to be interesting and convincing, is but a mere “scratching of the surface.” I mean this in relation to my corpus, which represents but a minute fraction of all the representations of the HIV/AIDS pandemic in Africa and the Third World that have been produced throughout the world since the beginning of the pandemic. This is also applicable in regards to the discourses, ideologies, concepts, experiences and knowledges that I have explored in the given context. Unfortunately (or perhaps fortunately, for the sake of sanity), theses have a finite number of pages, and by virtue of these time and space restrictions, thoughts, explanations, examples and research often find themselves reduced to an overarching and sometimes superficial gaze. The issues I have examined within this thesis are of an extreme complexity, all intertwined, interrelated in a sticky web of power, ideology, discourse, knowledge and experience. While I hope to have addressed them in a critical manner that does not dissimulate this extreme complexity, I realize that there are many gaps and generalizations within my work. Perhaps is it in the nature of the exercise but still, there is so much more I could have said, so much more I would have wanted to say. Thankfully, I comfort myself in remembering that this is but

the first step in a much vaster research endeavor, that I wish to pursue in my upcoming doctoral studies and much of my subsequent career.

I also feel it important to specify that while I have argued that the articles in my corpus, and more largely the Western media, have and continue to depict the HIV/AIDS pandemic in Africa in a highly biased, racist, sensationalistic and over-simplistic manner, in no way do I deny the fact that indeed, certain communities throughout the African continent (as well as the world) are profoundly affected by the disease. While I advance that the situation in Africa is much more complex than is reflected in the press, I am also conscious that the situation is also very “real.” I wish not to deny the suffering, the pain, the loss, the catastrophe that the HIV/AIDS pandemic has brought and continues to bring to individuals and communities throughout the African continent, and globally. But in addition to stressing the complexity of the situation, I also wish to underline its more positive outcomes, namely the survival, the caring, the initiatives, the knowledges, the sharing that have emerged as a result of the HIV/AIDS pandemic in Africa and around the world.

Finally, if I am to make one final contention, it is that often, we forget that the other is human like ourselves. Based on my exposure to Western media coverage of the HIV/AIDS pandemic in Africa, like the ones I have analysed in the present thesis, I went to Niger expecting to find incredible poverty, disease, despair and inaction. I also went to Niger being repeatedly told by the media, my peers, my family, even the organization

responsible for the project, that I would experience tremendous culture shock, that my values, beliefs and ways of understanding the world would be challenged to such an extent that I would return a changed person. If anything, I experienced quite the opposite of what I had come to anticipate. Of course, I cannot deny that the ways of the Nigerien peoples and communities are much different from the ways of Canadian peoples and communities, but at a basic human level, I saw mostly similarities. I saw people being kind, afraid, supportive, angry and all the other gamut of human emotion. I saw people doing the best they can to take care of themselves, of their loved ones, and often even of strangers. I saw people seeking happiness, success, food, wealth, pleasure, power and all the other human drives, all of this according to their own specific circumstances. While I did witness how HIV/AIDS has affected different communities within Niamey, I also came to realize how complexly the pandemic exists within any specific context, as well as the tremendous amount of energy that is invested on the part of individuals and organizations throughout the country, to respond to HIV/AIDS and provide care for those affected by the disease. I arrived anticipating the ultimate other, the imagined African that I had constructed in my mind through my exposure to Western representations of this continent. I never did manage to find her/him. Instead, I found further proof of the vacuous, aleatory, racist and problematic assumptions that shape Western representations and constructions of the other, and the way in which I had been manipulated by these cultural texts into believing that the other actually existed, in all her or his despair,

poverty and lack. I never ended up finding the other because I discovered instead that while s/he may live vividly in our minds, in reality s/he doesn't actually exist. To pull an old cliché from the proverbial hat, when pricked, do we not all bleed? And whether this blood carries the HIV virus or not, whether the pricked skin is black, brown, yellow, white, and all the other tones on the "flesh color" spectrum, and this wherever on the globe, in the end, we are all still human. We all experience fears, anxieties, suffering, as well as joys and desires. Of course, these are very much shaped by our respective cultures and experiences, but in no way does this negate the fact that these fears, anxieties, joys, etc, affect universally, exist in everyone, albeit in differing manners.

However, it is equally as important to remember that we are not granted the same opportunities for the fulfillment of these drives. Acknowledging our common humanity also implies the acknowledgment of continued inhumanity, the uneven distribution of power and wealth from which the West, amongst others, has and continues to profit and abuse for so long, and this, at the expense of the other. Indeed, as Tator and Frances, quoting Dey, eloquently advance: "To acknowledge that ethnoracial differences and racism make a difference in the lives of people is to concede that Euro- Canadian hegemony continues to organize the structures within which mainstream programs and services are delivered."²

² Frances Henry and Carol Tator, *Discourse of Domination: Racial Bias in the Canadian English-Language Press*, Toronto: University of Toronto Press, 2002: 37.

As has been argued throughout, in order to access and maintain its position of power and domination, the West has invested much in dehumanizing the other. Faithful to its monumental tradition, this Western legacy persists, and the other continues to be dehumanized, perhaps even demonized, in the media most notably, but also in many other realms of human existence and interaction. We have and continue to construct attributes, categories, charts to define and map out the other, always as distant from ourselves, always beneath on the hierarchy of humanity. Convinced that these unfounded assumptions and constructs are truths, we remain oblivious to the fact that when we remove these blinders, it turns out that most if not all of the time, there is no actual difference between the other and ourselves. Barbara Browning makes a similar contention in the conclusion of *Infectious Rhythm*, when she advances:

If the AIDS pandemic might teach us anything, it is that xenophobia, racism, sexism, and homophobia all rest on false assumptions of the hermeticism of identity. Of course, acknowledging one's own incorporation of difference does not mean embracing the virus. But as Ishmael Reed has shown us, contagion can be recuperated as a positive figure for cultural mixing.³

As human beings, we are all potentially at risk of acquiring the HIV virus. However, our circumstances at any given moment and as shaped by a variety of factors, such as race, gender, income, geographical location, power, emotion, self-esteem and the historical precedents that have in turn shaped these, vary immensely from one individual and

community to another. And it is according to these specific circumstances, and of course exposure to the virus, that HIV is transmitted and acquired. HIV/AIDS and what makes us vulnerable to it is thus of an extreme complexity as well as cultural relativity. Yet simultaneously, the various drives that can lead to the transmission of the virus and the way it affects us subsequently exist in everyone, regardless of factors and circumstances.

As Cindy Patton reminds us in *Inventing AIDS*,

Beneath the dramatic media accounts of Africa as a continent devastated by a virus lies the vision of a continent experiencing medical and scientific exploitation. Beyond the post-colonial and post-revolutionary administrations fighting for credibility and political survival on a global, Western-defined stage are people interrelating and seeking pleasures in their bodies.⁴

While the articles in my corpus, and many other of the Western cultural texts produced in regards to the African continent certainly impede this process, it is paramount to acknowledge and remember that African peoples, as well as all the others we have constructed through time and continue to construct in the present, are human beings just like ourselves. The other's circumstances and views may be different from our own, but in no way does this diminish the value and importance of these views, circumstances and existences. While acknowledging our common humanity doesn't constitute the solution to halting the spread of the HIV virus, it may however facilitate compassion for and

³ Barbara Browning, *Infectious Rhythm: Metaphors of Contagion and the Spread of African Culture*, New York: Routledge, 1998: 137.

⁴ Cindy Patton, *Inventing AIDS*. New York: Routledge, 1990: 96.

openness to the other's experiences, knowledges, discourses and ideas. In turn, this may not only provide us with a more humane and diverse understanding of the HIV/AIDS pandemic and how to respond to it, but also a more honest and accountable manner of understanding the world and our roles and responsibilities within it.

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