

Review

Three Letter Plague: A young man's journey through a great epidemic

Jonny Steinberg (Jonathan Ball, Johannesburg & Cape Town, 2008)

Reviewed by Sepetla Molapo

Jonny Steinberg's *Three Letter Plague* is a well written book on HIV/AIDS in contemporary South Africa. Steinberg is a good story teller whose use of language enables the reader to imagine the places and people he writes about. This reader-friendly use of language makes for easier access into the more complex issues on a subject that raises difficult questions because of the politics that revolves around it.

The book is a fascinating exploration of the dynamics underlying the reluctance to test for HIV/AIDS on the part of a young man, Sizwe. This is despite the availability, in his village, of a well-run centre that conducts HIV/AIDS testing and provides antiretroviral therapy (ART).

While Sizwe will not test for HIV/AIDS he is nonetheless most willing to encourage and assist others to do so. Unlike many young men from his village of Lusikisiki, for whom mine work is the main livelihood, Sizwe owns a small spaza shop that supplies basic commodities in the village. He stands out as a most interesting figure among his contemporaries. Steinberg's primary objective is to examine why this man will not test for HIV/AIDS.

Lusikisiki, is an impoverished rural community in the Eastern Cape. According to Steinberg, Lusikisiki is more than a village as it comprises a small town and a cluster of villages. It is in this community where the Medecins Sans Frontieres (MSF), in partnership with the Eastern Cape provincial government's department of health, runs an HIV/AIDS centre.

It also here where a significant number of people live with HIV/AIDS and where some die from its complications.

In Steinberg's exploration of what seems like Sizwe's illogical behaviour we come to terms with Sizwe and his AIDS scepticism and also with the complex world views that inform how many inhabitants perceive HIV/AIDS. Sizwe, it would seem, is himself not immune to these beliefs which cast doubt on how he and many of his contemporaries understand what they are told is HIV/AIDS.

For some of Lusikisiki's inhabitants HIV/AIDS is not just a virus contracted through unprotected sexual intercourse. It is regarded, among other things, as a mischievous plot by whites to kill blacks while others explain its complications in terms of jealousy and witchcraft. It is within this complex world that Steinberg locates Sizwe's AIDS scepticism, manifest in his reluctance to test for HIV while he assists others to do so.

The book is a fascinating inquiry into a young man's journey through a great epidemic. Yet the book ends strangely when this young man's AIDS scepticism furnishes the lens through which Steinberg explains the absence of men from AIDS treatment programmes. The danger in the conclusion that Steinberg reaches is that it considers all men who are absent from AIDS treatment programmes in the same way. As a consequence he fails to ask critical questions about this absence although the clues are present in the narratives of the inhabitants of Lusikisiki. Steinberg is in a hurry to

join Edwin Cameron's battle cry which sees this absence being as a result of stigma and too much shame – the shame that compels men to forfeit their right to health.

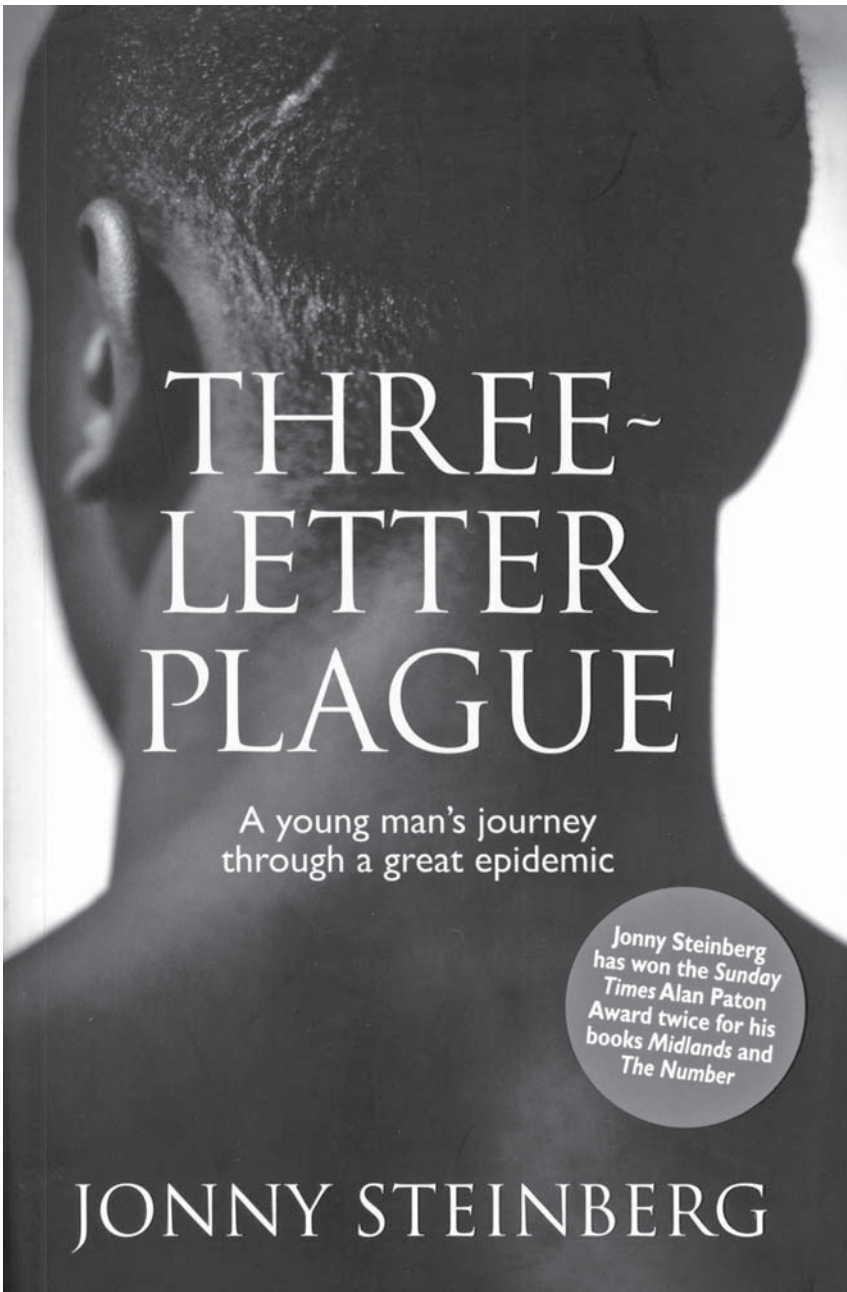
Sceptics, like Sizwe, could be a fraction of men who are absent from HIV/AIDS programmes, but they cannot be used as an explanation for the absence of all men from these programmes.

There are other sceptics who would never show up for treatment even if they were to test AIDS positive and become ill. They would not be doing so because of fear of stigma or too much shame, but because of an acceptance that in the absence of a cure for AIDS it is acceptable to die.

My own work on HIV/AIDS among mineworkers in one of South Africa's mining towns seems to suggest this. Some of these men seem not to want to live in a prolonged state of life under ART. The implication here, it would seem, is that not all men are interested in living long lives. Some are more interested in living fully, for tomorrow, they say they die. Thus, when they are living to the full and the HIV/AIDS tragedy strikes, they accept that life has to come to an end.

You can surmise that the absence of men from HIV/AIDS programmes is mainly a result of stigma and too much shame only if, like Steinberg, you assume that all men are interested in living long lives. There are people, it would seem, who privilege experience and quality of life over longevity.

If we consider then, men who are absent from HIV/AIDS programmes



THREE-LETTER PLAGUE

A young man's journey
through a great epidemic

Jonny Steinberg
has won the *Sunday
Times Alan Paton
Award* twice for his
books *Midlands* and
The Number

JONNY STEINBERG

as diverse, we will realise that a significant number of these men do not necessarily see AIDS programmes as vehicles for their right to health. One has to be assertive to conceive of AIDS programmes as embodiments of the right of men to health. The right to health is not self-evident. The tendency to approach the right to health as something that is self-evident assumes a universally shared sense of meaning about the body as well as sex. This means a very limited definition of health.

Interestingly, Steinberg implicitly shows that the AIDS programme in Lusikisiki is located in a world charged with a plurality of meanings about health. However, in

his conclusion, he sacrifices this fascinating account in favour of the elevation of stigma and too much shame and fails, as a result, to use this account to tease out what it is that we ought to understand by stigma and shame. These two are simply taken for granted.

Sizwe's journey through the AIDS epidemic in Lusikisiki can only serve as a basis for further inquiry into the absence of men in AIDS programmes and not as a conclusion. One would suppose that this could be a route towards engaging institutions and the bearing they have on the provision of health. By taking stigma and shame for granted, Steinberg's work becomes partisan and lends itself to

dominant ideologies manifest in the battle between the South Africa's government and non-governmental organisations. In doing so, it fails to help us imagine alternative ways to provide AIDS medication.

Also, this obsession with stigma and shame seems to provide Steinberg with an easier conclusion to what is otherwise a complicated subject about people and the diverse ways in which they understand how the world works.

Further, it seems that the choice of Lusikisiki betrays Steinberg's position within AIDS ideologies and also pre-existing stereotypes about HIV/AIDS in South Africa. HIV/AIDS is seen as a reality among the poor who are often statistically constructed as HIV infected, dying and in need of the saving grace of AIDS programmes.

The act of saving itself may not be wrong, but when this is located within the broader context of the pathologisation of African sexuality beginning with colonialism, a pathologisation that continues to underscore most AIDS research today, one wonders whether Steinberg would not have helped the cause of AIDS research more if he had conducted his research somewhere in the suburbs of South Africa. It would seem to me that the choice of Lusikisiki continues to reinforce the assumption that AIDS belongs to a particular community. I am sure there are effective AIDS programmes in the suburbs. Steinberg's justification for choosing Lusikisiki is not convincing. More than anything, it seems to betray his position in the politics of AIDS in which the poor are often used to win ideological battles. LB

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