

Blood on the Page

Blood on the Page:
Interviews with African Authors
writing about HIV/AIDS

By

Lizzy Attree

**CAMBRIDGE
SCHOLARS**

P U B L I S H I N G

Blood on the Page: Interviews with African Authors writing about HIV/AIDS,
by Lizzy Attree

This book first published 2010

Cambridge Scholars Publishing

12 Back Chapman Street, Newcastle upon Tyne, NE6 2XX, UK

British Library Cataloguing in Publication Data
A catalogue record for this book is available from the British Library

Copyright © 2010 by Lizzy Attree

All rights for this book reserved. No part of this book may be reproduced, stored in a retrieval system,
or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or
otherwise, without the prior permission of the copyright owner.

ISBN (10): 1-4438-2077-6, ISBN (13): 978-1-4438-2077-6

TABLE OF CONTENTS

Acknowledgements	vii
Introduction	1
Interview with Phaswane Mpe.....	21
Interview with Sindiwe Magona.....	33
Interview with Kgafela oa Magogodi	77
Interview with Alexander Kanengoni.....	99
Interview with Vivienne Kernohan aka Violet Kala.....	111
Interview with Charles Mungoshi	121
Interview with Niq Mhlongo	139
Interview with Valerie Tagwira.....	149
Interview with Jonny Steinberg.....	163
Interview with Siphiwo Mahala.....	173
Interview with Tendayi Westerhof	193
Interview with Luta Shaba	207
Interview with Stanley Nyamfukudza	221
Interview with Liz McGregor.....	235
Bibliography	239
Biography	243
Index.....	245

ACKNOWLEDGEMENTS

Thanks are owed to a huge number of people for support on this project and the PhD research that it was part of. So thank you: Nana Wilson-Tagoe for your support and guidance; Kai Easton for taking me on in my final throes and polishing things up; Matthew Huntley for putting up with me, with love, and, like my mum Mary Attree, for having faith in my dreams; my brother Larry Attree for constant competition; Terry Edwards and Thomas Albert Fox for being attentive, poetic and enigmatic; Siriluck Edwards for putting up with Fox; my grandparents Allen and Kathleen Edwards, Agnes and Nat Redfern for their stoicism, laughter and love; Meg Samuelson for her kindness, patience and calm, and for sending me the manuscript of *Nobody ever said AIDS* early; and Ranka Primorac for mentor-like support and regular helping hands up out of the pits of despair.

Above all thanks to Phaswane Mpe for encouraging me to come to Johannesburg and meet him, as these were the most formative moments of my research – your words put me on the path to complexity.

Thanks to all the authors who gave their time generously: Sindiwe Magona, Kgafela Oa Magogodi, Alexander Kanengoni, Vivienne Kernohan, Charles Mungoshi, Niq Mhlongo, Valerie Tagwira, Siphwiwo Mahala, Jonny Steinberg, Luta Shaba, Tendayi Westerhof, Liz McGregor and Stanley Nyamfukudza for being kind enough to meet me and speak to me at length about their work.

David Attwell and Elleke Boehmer for being such supportive examiners; Sander Gilman for appreciating cherry blossoms and being a great mentor; Robert Muponde for faith and advice on request; Sunanda Ray for believing in sharing propaganda; Irene Staunton and Murray McCartney for feeding and supporting me body and mind; Jon Hyslop for accommodating me at WISER in 2004; Isabel Hofmeyr for generously welcoming me into her home in transit to Zimbabwe in 2006; and Agnes Muriungi for being the only other person I knew working on HIV and AIDS in literature in Africa in 2004, a formidable colleague and friend.

There were lots of people who provided encouragement and valuable references along the way: Akin Oyetade, Kwadwo Osei-Nyame, Stephen Chan, Tom Odhiambo, Pam Nichols, Chiedza Musengezi, Jane Nineham, all those at SAfAIDS, Mbonisi Zikhali, Fungai Machirori, Deborah Posel,

Graeme Reid, Sarah Nuttall, Julia Hornberger, Liz Gunner, John Thieme, Lutz Marten, Nhlanhla Thwala, Elana Bregin, Imraan Coovadia; Sean Christie for finding the keys; John Coetzee and Dorothy Driver for housing me in Cape Town; Brian Chikwava for his unwavering translation skills and cups of tea; Premesh Lalu, Lameez Lalkhen and all those at the Centre for Humanities Research at the University of the Western Cape for welcoming me to Cape Town with energy and valuable insight; Anette Hoffmann for cooking, hugs and underwater company; Heidi Grunebaum for friendship; Rui Assubuji for Frida; Paolo Israel and Annachiara Forte for dreaming of the Spaghetti Comaroffs and driving as if in Rome; Katrin Berndt, Bettina Weiss, Pauline Dodgson-Katiyo, Kizito Muchemwa, Lene Bull Christiansen, Mai Palmberg for company in Harare and wild mushroom soup; Elina Oinas and Elizabeth Seabe for taking me to clinics in Khayelitsha; Donald Paul for faith and support; Brian Hurwitz and Neil Vickers for allowing me to audit their wonderful MA in Medical Humanities at Kings College London; Drew Shaw for referring me to Stanley Nyamfukudza's short stories in 2005 and sparkling company in Bulawayo in 2009; John Hawley; Michael Green; Jocelyn Alexander for sending me a photocopy of Horizon magazine; Margaret Ling, Dobrota Pucherova, Tendai Marima, Zoe Norridge, James Graham, Wendy Willems, Fraser McNeill; Miranda King for editing while pregnant; Peter Jenkins, Kate Tull, Grit Weinhold, Dave Harris; Alice, Alan and Judy Lloyd for lending me the oldest and sturdiest laptop in the world; Asma Shah, Halima Begum, Tom Levine, Tim Hogbin, Patrick Steel for last minute edits and comments; Ashleigh Harris, Starfish & Heartbeat – especially Selina Sello and Isaac; and Peter Simon for editing my laboured sentences with patience, wit and enthusiasm.

Thanks to my kindred spirit Kiers McFarlane and Toni Viladevall for their art library in Barcelona where I serendipitously found the brilliant cover image “Do not be friendly with aids worm”; to Barbara Murray for helping me to locate the late Zephania Tshuma's provocative work at the CAAC Pigozzi Collection in Geneva, and their coordinator Elisabeth Whitelaw for generously waiving the copyright fee. And thanks to all at Cambridge Scholars Press for putting the book together so beautifully, especially Carol Koulikourdi, Amanda Millar and Soucin Yip-Sou.

Fieldwork was funded by: SOAS, AHRB Centre for Asian and African literatures, and facilitated by WISER (Wits Institute for Social and Economic Research) in 2004. The research for this book was aided by a grant from the University of London Central Research Fund. Postdoctoral research was facilitated by the Programme for the Study of the Humanities in Africa at the University of the Western Cape. My trips to both South

Africa and Zimbabwe were also funded by the regular secretarial work I found and enjoyed at Birnberg Peirce & Partners, so special thanks to Gareth Peirce and her hard-working colleagues for not only being an inspiration in fighting for justice but for always having typing.

And finally thanks to the excellent bus and cab drivers in South Africa and Zimbabwe, without whom I would literally have got nowhere, especially Howard ‘the pastor’, Dawood ‘my darling’, and Eddie Chigariro.

This book is dedicated to my dad, Lawrence Cornelius James Attree, who, though he lost his life on a road in Gambia in 1978, left a fork in the path ahead: his son and daughter. Planted with his heart, where the soul resides, we were nurtured and fertilised with love, a way with words, and inspired by stories of you.

INTRODUCTION

This collection of interviews with fourteen individual and courageous writers began while I was researching my PhD thesis on “The Literary Responses to HIV and AIDS from South Africa and Zimbabwe 1990-2005” at the School of Oriental and African Studies (SOAS), University of London, in 2003. Through the internet I was able to find an exciting young South African writer and academic, Phaswane Mpe, who was studying at the University of the Witwatersrand (Wits) in Johannesburg. As we exchanged ideas and got to know each other by email, Phaswane suggested I visit South Africa. His ground-breaking novel *Welcome to our Hillbrow* was one of the most fascinating additions to the South African canon of post-apartheid literature I had read, and I was excited to think that I could take the opportunity to interview him about his innovative work in person. When I met Phaswane in November 2004, he was 34 years old, the sole remaining parent to his two young children, and though we danced together with friends and colleagues at an end of term party, he was in poor health and sadly died suddenly on 12 December 2004 in Polokwane, only a few weeks after I interviewed him. I was devastated, but it made me determined to transcribe and circulate the interview to those who knew him in the hope that it would shed some light on his inspiring work and on his recent decision to give up his studies and become a *Ngaka* (healer). The interview was published by the *Journal of Commonwealth Literature* in 2005 (SAGE publications), and was then reprinted in a posthumous collection of Phaswane Mpe’s work entitled *Brooding Clouds* by the University of KwaZulu-Natal Press in 2008.

Early the following year, 2005, I then learnt of the deaths in quick succession of Kabelo ‘Sello’ Duiker, who committed suicide, and the Zimbabwean writer Yvonne Vera who died of AIDS-related meningitis. These events spurred me to write an article for *Wasafiri* entitled “Already Falling Apart?” in which I expressed concern that a young generation of talented African authors were falling prey to the devastating HIV/AIDS¹ pandemic sweeping southern Africa, which remained silenced in most

¹ Although I am aware that HIV and AIDS are not synonymous, for ease of reference I continue to use the oblique abbreviation HIV/AIDS throughout.

public and literary discourse.² This made me all the more committed to continue to interview those writers who had written about HIV/AIDS since the early 1990s, and to seek detailed explanations as to what had motivated them to write and how the pandemic had affected them. My research took me between Zimbabwe and South Africa and could no doubt have been extended to east Africa and beyond. The interviews contained in this collection are with South African and Zimbabwean authors whose work I have found poignant, dignified and inspiring. They are the first writers to tackle the subject of HIV/AIDS in either country, and I was particularly intrigued to discover how their narratives may counter the racialized, hyper-sexualised, gendered narratives that dominate HIV/AIDS discourse not only *about* Africa, but also *from* Africa as a counterpoint to western HIV/AIDS narratives.³

Most critical and medical discourses about HIV/AIDS begin in America in the early 1980s, often locating Africa as its source. The virus that causes AIDS was identified by a French scientist, Luc Montagnier, in 1983.⁴ But until recently, western HIV/AIDS narratives have largely ignored the

worldwide situation of the AIDS pandemic, treating Africa – as it has been generally treated in American discussions – not as a place where real people are sick but as a laboratory for disease, important only as the locus where a biological agent was discovered or developed for use against American gay men.⁵

² I hope it is clear that I am not suggesting K. Sello Duiker's death was directly linked to HIV/AIDS. I linked the three deaths because I was among the one hundred or so people present at Phaswane Mpe's memorial at WISER during which Duiker read part of a short story he was working on – he apparently often shared his writing with Mpe. John Matshikiza also linked the two deaths in the *Mail & Guardian*, and Liz McGregor suggested in an obituary in *The Guardian* that 'one possible explanation for his [Duiker's] suicide was that he felt that his creativity was being stunted by the mood-stabilising drugs he had to take'. See Lizzy Attree, "Already Falling Apart?" *Wasafiri* 46, Winter 2005. pp. 30-1. I thought it plausible that the sudden death of his friend and colleague may have contributed to Duiker's struggle with depression.

³ See Barbara Bowen, "Series Editor's Foreword", *Aids Narratives – Gender and sexuality, fiction and science* by Steven F. Kruger. (New York: Garland Publishing, 1996), p.viii.

⁴ Alan Whiteside and Clem Sunter, *Aids: The Challenge for South Africa* (Cape Town: Human and Rousseau, 2000), p.2.

⁵ Steven Kruger, *Aids Narratives – Gender and sexuality, fiction and science*. (New York: Garland Publishing, 1996), p.237.

In 1988, Susan Sontag identified the “predictable efforts to pin the disease on a deviant group or dark continent”, in her seminal text *Aids and its Metaphors*,⁶ and James Agar rightly surmises that this basic narrative of stigmatisation amounts to

a mysterious entity presented as a kind of cultural, linguistic, geographic, religious and social homogeneity... Such a narrative is based on racist stereotypes of a Third World Africa, figuring Africa (from a western and Eurocentric position of supposed superiority) as an overpopulated, primitive land marked by animalistic sexual license.⁷

In the language of stigma and victimisation, Africa can just as easily be figured as a female continent that has been raped, plundered and pillaged by everything from colonialism and neo-colonialism to HIV/AIDS.⁸ The unequal power relations that such ideas demonstrate are inseparable from discourses on HIV/AIDS both in Africa and the West.⁹

The over-reliance on statistics to tell the story of HIV/AIDS risks “the dehumanization of the person with AIDS, the replacing of the individual by a statistic, the subordination of individual behaviour to membership in a community ‘at risk’”.¹⁰ In the case of southern Africa, the community ‘at risk’ is the entire population. The most recent regional and global estimates were published in the *AIDS Epidemic Update* on World AIDS Day, 1st December 2009.¹¹ All estimates of the total number of people

⁶ Susan Sontag, *Aids and its Metaphors*. (New York: Penguin, 1988), p.92.

⁷ James Agar, “Remembrance of Health Lost: Dis/Figuring Africa in European AIDS writing.” In *National Healths: Gender, Sexuality and Health in a cross-cultural context*. (London: UCL Press, 2004), p.98.

⁸ For more on the feminisation of Africa see for example David Spurr, “Eroticization”, *The Rhetoric of Empire – colonial discourse in journalism, travel writing and imperial administration* (Durham: Duke University Press, 1993): “The allegorization of colonized nations in terms of the female *figure* (bodily, rhetorical) has been a cliché of colonial history”, p.171; Elleke Boehmer, “Motherlands, Mothers and nationalist sons: theorising the engendered nation”, *Stories of Women* (Manchester University Press, 2005), pp.22-41; Sander Gilman details the derogatory associations of Africa and African women “The Hottentot and the Prostitute”, *Difference and Pathology – Stereotypes of sexuality, race and madness* (Ithaca: Cornell University Press, 1985), p.99.

⁹ I am keen to avoid essentialising and homogenising ‘the West’ as much as ‘Africa’. However, as an analysis of the difference in postcolonial trajectories of various European and North American cultures is beyond the scope of this brief introduction, I use the term to cover the UK, France and North America.

¹⁰ Kruger, *Aids Narratives*, p.80.

¹¹ *AIDS Epidemic Update* (2009).

living with HIV in a given country are for 2008. A previous annual UNAIDS (United Nations AIDS) and WHO (World Health Organisation) Update states that the level of HIV infection in Zimbabwe was at its height in 2001 at 34%,¹² and that in 2005 in South Africa 5.5 million people¹³ were infected, second only to Botswana in the prevalence of infection, which having hit 39% is thought to be one of the highest in the world.¹⁴ Globally, AIDS killed approximately 2.3 million people in 2003,¹⁵ rising to 2.9 million people in 2006¹⁶, and falling to 2 million in 2008.¹⁷ In 1998, AIDS was the largest killer in southern Africa, nearly double the one million deaths from malaria and eight times the 209,000 deaths from tuberculosis.¹⁸ It has long been the case that of those dying globally of AIDS, the majority live in southern Africa.

The idea of literary representations of HIV/AIDS seems unnecessary when the statistics above seem to speak for themselves. However, the statistics cannot tell the whole story: as Paula Treichler said over ten years ago, “understanding the AIDS epidemic as a medical phenomenon involves understanding it as a cultural phenomenon... Deeply entrenched

¹² *AIDS Epidemic Update* (2003): “Figures released this year have put national adult HIV prevalence in Zimbabwe at 25% while it had been estimated at 34% at the end of 2001. Unfortunately, this does not correspond to a real decline of 9% in prevalence. The new figure represents a statistical correction of the 2001 estimate, which had relied on antenatal data that included a significant proportion of testing irregularities. In addition, new data has become available from a national survey. The corrected estimates, although lower, therefore show no actual decline in HIV prevalence in the country.” It is regularly reported in national newspapers and news services that 3,000 people die each week in Zimbabwe – see “Zim gets Aids drugs”, *News24 (SA)* www.zwnews.net 07/06/07. The 2006 UNAIDS Update states: “The only evidence of declining national adult HIV prevalence in southern Africa comes from Zimbabwe, where both HIV prevalence and incidence have fallen (UNAIDS, 2005). Antenatal clinical data show HIV infection levels in pregnant women hovering at 30-32% in the early 2000s before declining to 24% in 2004. In the capital, Harare, prevalence among pregnant women peaked at over 36% in 1996 before falling to approximately 21% in mid-2004... However, inconsistencies and biases in some of the data mean that the extent of the decline in HIV prevalence might not be as substantial as indicated by the antenatal clinic HIV data.” Chan suggests that the height of the 2001 Zimbabwean epidemic is attributable to simultaneous food shortages in *Grasping Africa*, p.80.

¹³ *AIDS Epidemic Update* (2006).

¹⁴ Whiteside and Sunter, *Aids: The Challenge*, p.54.

¹⁵ *AIDS Epidemic Update* (2003).

¹⁶ *AIDS Epidemic Update* (2006).

¹⁷ *AIDS Epidemic Update* (2009).

¹⁸ Whiteside and Sunter, *Aids: The Challenge*, p.44.

institutional agendas and cultural precedents in the First World prevent us from hearing the story of AIDS in the Third World as a complex narrative”.¹⁹ When the associated social and cultural implications of infection with HIV are considered, fictional representations contribute significantly to our understanding of the impact of HIV/AIDS on communities and individuals, and provide a much-needed basis for ‘humanising’ an epidemic which is unimaginable statistically. It has been said that the feelings and reactions that HIV/AIDS inspires are often “too unreal for words”,²⁰ and it is this very notion, that certain diseases are taboo, unmentionable, and hardly even named as such, that makes verbalisation of this epidemic a modern imperative. In 2004 Njabulo Ndebele wrote in the foreword to the innovative short story collection *Nobody ever said AIDS* that “the intimate ways in which people across all communities are being affected by HIV/AIDS are all too often lost in media reports and statistics. It is creative responses ... that remind us of the power of art in foregrounding the human face of suffering”.²¹ He reminds us of the facility with which words can “open the space for us as readers to understand, to mourn, and to grieve”.²² It is with this in mind that I completed my interviews with the authors who were writing these valuable and rare texts at a time when their governments were doing very little to halt the rise in infections or treat those who were already infected.

South Africa

HIV/AIDS was originally conceptualized in two completely divergent ways in South Africa. Thomas Long summarizes the dichotomies that arose in the 1980s:

The apartheid National Party had used fear of AIDS in its campaign against the African National Congress; what had initially been

¹⁹ Paula Treichler, *How to have theory in an epidemic – Cultural Chronicles of AIDS*. (Durham, NC: Duke University Press, 1999), p.99.

²⁰ Richard Dellamora, *Apocalyptic Overtures – sexual politics and the sense of an ending*. (New Brunswick, NJ: Rutgers University Press, 1994), p.154.

²¹ Njabulo Ndebele, “Foreword”, *Nobody ever said AIDS: Stories and Poems from Southern Africa*. Rasebotsa, Nobantu, Meg Samuelson and Kylie Thomas, eds. (Cape Town: Kwela Books, 2004), p.9.

²² *ibid.*

stigmatized as a 'Gay Plague' suddenly became 'Black Death' with racist images of hypersexual black men fueling white anxieties.²³

For the imaginary of HIV/AIDS, the legacy of apartheid created for some time the confusing idea that:

[T]here were “two totally different kinds of AIDS. The one that only affected blacks was acquired through sexual and ritual contact with baboons in central Africa. The other was acquired by sexual contact with homosexuals – white AIDS.” (Seftel 1988, 21)²⁴

The highly racialized and sexually homophobic attitude to HIV/AIDS has had serious implications for the development of HIV/AIDS discourse in South Africa. Sadly, as many commentators have observed, South Africans “have been burdened by governmental failings before and after our transition to democracy, in which ineptitude on the part of the apartheid government in dealing with AIDS has been grievously matched by our democratic government”.²⁵ The combination of two successive governments that failed to adequately address HIV/AIDS in South Africa has led to the unique predicament South Africa experiences to this day. There was much hope and expectation that with the end of apartheid there would be a new attempt to tackle the growing HIV/AIDS crisis. Long, amongst others, outlines the reasons why this was not the case:

Upon the end of apartheid, black majority leaders were in no better position to confront the epidemic, and ...Thabo Mbeki, has questioned the medical consensus about HIV and resisted providing government funds for making antiviral drugs available to pregnant women, choosing instead to call for moral reform.²⁶

Finally, in 2002, Mbeki “proposed that ARVs be made available to pregnant women and rape survivors without further delay”,²⁷ bringing to an end the political resistance of the government which, in 2001, Archbishop Desmond Tutu had suggested was “undermining his [Mbeki's]

²³ Thomas Long, *AIDS and American Apocalypticism – The Cultural Semiotics of an Epidemic*. (Albany: State University of New York Press, 2005), p.184.

²⁴ Paula Treichler, *How to have theory*, p.116.

²⁵ Liz Walker et al., *Waiting to Happen – HIV/AIDS in South Africa*. (Cape Town: Double Storey Books, 2004), p.9.

²⁶ Long, *AIDS and American Apocalypticism*, p.184.

²⁷ William Gumede, *Thabo Mbeki and the Battle for the Soul of the ANC*. (Cape Town: Zebra Press, 2005), p.171.

stature in the world”.²⁸ It seemed that the issue of mother-to-child transmission of HIV united South African leaders behind campaigns for treatment in a way in which the simple infection of men and women could not.²⁹ It has led some, including most notably the former President Nelson Mandela, to speculate that “the ANC does not care about the death of millions”.³⁰ The latent sympathy for the ‘innocent’ mirrors patterns in America, where hæmophiliacs became the ‘innocent’ victims of HIV infection, and roused public sympathy in a way that gay victims could not. After a 2003 court ruling, the government “reluctantly rolled out a public programme to make ARV drugs available to people with Aids”,³¹ which effectively removed the moralising that accompanied previous restrictions to mother-to-child transmission or rape survivors.

Although Mbeki resisted sacking his Health Minister Manto Tshabalala-Msimang, who controversially advocated the use of garlic, lemons, the African potato and beetroot as cures for AIDS, he at least supplanted her with a new head for the AIDS task-force, the Deputy President Phumzile Mlambo-Ngcuka. Within weeks of her appointment in October 2006, Mlambo-Ngcuka finally broke the government’s denial about the link between HIV and AIDS and was seen walking arm in arm with Zackie Achmat of the TAC.³² Since Mbeki’s deposition in 2008 by Kgalema Motlanthe and the appointment of first Barbara Hogan, and then Aaron Motsoaledi as health ministers, the HIV/AIDS message has changed dramatically with the current President Jacob Zuma publicly taking an HIV test on World AIDS Day in 2009. Some would say Zuma’s private life undermines the government’s policy message, but attitudes to openness and treatment have nevertheless changed substantially in recent times.

Most significantly, during Mbeki’s presidency, HIV prevalence rose from 20% to 30%.³³ In the context of new-nationhood, and the unique position of South Africa in being able to reconfigure, redefine and re-create national consciousness in the new era of democracy, it is

²⁸ *ibid.*, pp.169-70.

²⁹ Mother-to-child transmission became the first campaign issue of the Treatment Action Campaign (TAC) when it was established in 1998: see Helen Schneider, “On the fault-line: the politics of AIDS policy in contemporary South Africa.” *African Studies* 61, 1 (2002), p.148.

³⁰ Gumede, *Thabo Mbeki*, p.169.

³¹ Andrew Meldrum, “South African government ends Aids denial”, *The Guardian* 28/10/06.

³² *ibid.*

³³ *ibid.*

particularly interesting to read Helen Schneider's view that "the conflict around AIDS, in the context of an emerging post-apartheid state, represents a battle between certain state and non-state actors to define who has the right to speak about AIDS, to determine the response to AIDS, and even to define the problem itself".³⁴ Schneider, following Pierre Bourdieu, argues that "contestation in the AIDS field, from the perspective of political leaders, is over symbolic capital: *the legitimate right to hold and exercise power*".³⁵ Part of this contestation lies in a perceived threat to rights over 'the struggle', as Schneider points out:

AIDS activism in South Africa cannot be seen as a simple reflection of movements elsewhere. The social movement around AIDS in South Africa, even the gay rights elements of it, have roots in the mass democratic movement of the 1980s and 1990s, giving it a wider social base and a need to frame AIDS struggles within broader political and economic struggles.³⁶

According to Mandisa Mbali, who builds on Schneider's work, the persistent return of Mbeki to allegations of racism when he was criticised for his HIV/AIDS policies, harks back to an era in which race defined the political battles of those in power.³⁷ This delimitation of the debate to categories of racial discrimination acted as a form of defence against any criticism of the government, and unnecessarily diverted the debate away from the real problems that faced the majority black population, who also represent the majority of those infected.

³⁴ Helen Schneider, "On the fault-line", p.153.

³⁵ *ibid.* (My italics).

³⁶ *ibid.*, p.157.

³⁷ Mandisa Mbali makes the point that "Mbeki is fundamentally constrained in his thinking by the ghosts of apartheid and colonial discourse around Africans, medicine and disease". Mbali, "Mbeki's Denialism and The Ghosts of Apartheid and Colonialism for Post-apartheid AIDS policy-making", (University of Natal, Public Health Journal Club Seminar 03/05/02), p.8. <http://www.nu.ac.za/ccs/default.asp?3,28,11,1216>. She asks whether we should "see Mbeki's misguided attempt to rehabilitate African sexuality as an attempt to redefine South Africa [*sic*] nationhood and the body politic, in terms of his misty concept of the 'African Renaissance'? Can Mbeki's attempt to re-mould images of African sexuality, by denying the veracity of mainstream western biomedicine's model of AIDS, be seen as a nationalistic attempt to defend the nation against ideas that it is degenerate?", p.17. She answers by stating: "The fact is that Mbeki offers no feasible alternative for reducing AIDS mortality and effectively preventing HIV", p.21.

One of the reasons that South Africans do not seek medical treatment for HIV/AIDS – other than Mbeki’s confusing messages about HIV and AIDS, in addition to the failure of the South African government to start treatment in the early stages of the epidemic – is rooted in a traditional culture that is far more easily accessible than expensive western healthcare. Liz Walker, Graeme Reid, and Morna Cornell’s excellent book *Waiting to Happen – HIV/AIDS in South Africa* provides a context that helps to explain many of the unique circumstances that have led South Africans to approach HIV/AIDS in the particular way that they have. For example, on the subject of traditional healers, it is important to remember that:

[T]here are an estimated 150,000 to 200,000 traditional healers in South Africa... as many as 80% of African people consult traditional healers and they do so for a number of reasons. The absence of hospitals and clinics in many regions (particularly in rural areas) and understaffed and overcrowded health facilities (where they do exist) partly account for widespread reliance on traditional healers.³⁸

Given that only in 2005 were initial treatment programmes rolled out to 200,000 HIV-positive people, and that this is just a fraction of those known to be infected, the fact that there is an equivalent number of healers shows the ubiquity of their presence: if there is actually one traditional healer for every person in treatment, no wonder so many HIV-positive people are not in treatment.³⁹ Not only are traditional healers, or *sangomas* and *n’angas*, particularly accessible to the people of southern Africa (including Zimbabwe), but:

[I]llnesses are understood to have a social cause, be they the consequence of bad relationships or the result of some action taken by the patient (or a close relative). Traditional healers usually take a holistic approach, dealing with all aspects of the patient’s life, social context and psychological state. They provide culturally familiar ways of explaining the cause and timing of ill health and its relationship to the social and supernatural worlds... They also provide a conceptual framework that helps many of their patients to understand their illnesses.⁴⁰

³⁸ Walker et al., *Waiting to Happen*, p.94.

³⁹ Sangomas have been enrolled in HIV/AIDS response by the African Medical Research Foundation – see, for example, Rebecca Harrison, “Sangomas help fight HIV”, *Mail and Guardian* 04/06/07.

⁴⁰ Walker et al., *Waiting to Happen*, p.94.

If, for example, Zulu speakers refer to AIDS as “u yi AIDS” (meaning “you are AIDS”), this suggests a completely different way of understanding medically explained phenomena that perhaps the western intellectual tradition takes for granted as universal.⁴¹

Particularly important in the understanding of disease – and particularly diseases of great misfortune, such as those which kill the young and apparently innocent, and those which cannot be cured – is the role of the ancestors. Walker *et al.* elucidate:

the role of an individual’s ancestors is seen as particularly important. Ancestors are the guardians of social norms and values and ‘they have the power of unmediated intervention in the lives of their descendants’.⁴²

This epistemology means that spiritual causes or sources of infection are frequently sought to explain a patient’s sudden onset of sickness. Inevitably, when an unexplained or apparently random infection occurs, such as HIV/AIDS, witchcraft is often thought to be the cause. It is not unusual therefore to learn that: “many people in Africa believe in the power of witchcraft and attest to its effects on their daily lives. Witchcraft may explain misfortune, bad luck, illness and death where no other obvious reason can be found.”⁴³ Witchcraft is understood to mean:

‘the manipulation by malicious individuals of powers inherent in persons, spiritual entities and substances to cause harm to others’... The AIDS epidemic is well suited to interpretations through the paradigm of witchcraft. It is mysterious, elusive, difficult to understand and constantly changing...The obvious injustice of a disease that, in addition to being incurable, primarily affects the most vulnerable – the poor, the youth and the ‘blameless’ – fuels suspicions of witchcraft.⁴⁴

The link between witchcraft and silence, which in the context of HIV/AIDS has been particularly deadly, has been exacerbated by the

⁴¹ “You are ingculazo”: “‘ingculazo’ is a nasty, horrible word – its associations are sex and dirt and filth. It’s the most unpleasant thing you could say about someone.” *The Orphans of Nkandla* directed by Brian Woods (True Vision Production, 2003). www.bbc.co.uk/bbcfour/documentaries/features/orphans.shtml. Confirmed by Lutz Marten and Nhlanhla Thwala: “u yi AIDS” means “you are AIDS” – “it means you are consumed by AIDS, you are AIDS itself, your personality has been taken over by AIDS. It’s not specific to AIDS, you could also say this of, for example, hunger”, by email 29/09/06.

⁴² Walker *et al.*, *Waiting to Happen*, p.95.

⁴³ *ibid.*, p.100.

⁴⁴ *ibid.*

obfuscation and silence⁴⁵ of political leaders like Mbeki, and further strengthens misunderstanding and confusion around HIV/AIDS. The stigma of HIV/AIDS, which makes it a taboo subject, has also silenced people who might otherwise question the injustice of such widespread infection and death, so soon after the achievement of freedom in 1994. Walker *et al.* reiterate that “the stigma associated with AIDS is often more likely to be about witchcraft than about sex. With regard to both AIDS and witchcraft silence is the norm.”⁴⁶ Questioning these taboos involves widespread social disruption and leaves the enquirers open to accusations of witchcraft themselves, or other more politically dangerous accusations regarding ‘the legitimate right to hold and exercise power’. Whichever is the defining *raison d’être*, collectively stigmas associated with sex, possible witchcraft and the perceived living contamination with death or simply the impending fear of death, has meant that this silence has become normalised in South Africa.

Silence has meant that the truth about HIV/AIDS infection has been lost in the abyss, and that in its place dangerous and libellous reasoning has taken hold, for example, “large-scale fear of AIDS, misinformation, popular mythology, and the legacy of mistrust left by apartheid have created an environment highly unsympathetic to those infected with HIV and living with AIDS”.⁴⁷ Not only are people unsympathetic, but also the root cause of infection is not addressed, so that when wives are blamed, their husbands re-marry, passing HIV to their new wives. Or when husbands die, wives are inherited by brothers or other male family members, passing HIV to these new husbands. Failure to treat these stigmatised and infected members of the community also means that the predominant narrative of HIV/AIDS is that of a lethal death sentence. The hope that would be provided by successful treatment is a narrative silenced along with everything else. The TAC represents one of the few voices willing to speak up and demand access to drugs. Their figurehead Zackie Achmat urges (in such publications as *Long Life...Positive HIV Stories* (2003)) that although “the tragedy of the HIV epidemic is depicted in some detail in *Long Life...* the message of this book is not one of tragedy, it is one of struggle and hope for the rights to life, dignity and health care.

⁴⁵ “Following internal pressure within the ANC and an interview with Time Magazine in September 2000, perceived by many to be damaging, Mbeki apparently told the ANC National Executive that he was to withdraw from public debate over the science of HIV/AIDS.” Schneider, “On the fault-line”, p.149.

⁴⁶ Walker et al., *Waiting to Happen*, p.100.

⁴⁷ *ibid.*, p.102.

HIV/AIDS can be treated".⁴⁸ It is the combination of these complexly interacting threads that begin to provide the 'complex narrative' that Paula Treichler urged us to seek out over ten years ago.

Zimbabwe

The Zimbabwean context differs significantly from South Africa's in that the President has never denied the existence of HIV or its link to AIDS. Long writes of Zimbabwe that:

[I]f there is a population that deserves the right to configure AIDS in apocalyptic terms, sub-Saharan Africans are it, but the trope is also used for the same demonizing purposes in Africa as in the United States. Robert Mugabe, President of Zimbabwe, frequently characterized AIDS as a message from God calling people to moral reform and repeatedly targeted homosexuality as a national threat.⁴⁹

Unlike Mbeki, Mugabe has at least spoken about HIV/AIDS,⁵⁰ but he has usually done so by linking it, as outlined above, to a moralizing message, placing the nation in danger from deviants or dissidents, whom he has long used to secure his own position and reinforce ZANU-PF national and political dominance. The identification of homosexuals with the HIV/AIDS pandemic has been particularly misleading in a country where the dominant means of transmission is heterosexual. According to Long, "apocalyptic discourse is particularly effective in promoting group solidarity by engaging the individual and collective sense of threat and crisis".⁵¹ However, Long also points out that "the apocalypse is equally at home at the service of radicals and reactionaries."⁵² So the utilization, manipulation and interpretation of such metaphors are not a foregone conclusion, and are certainly not culturally uniform. Indeed, the failure of such messages is proven by simply looking at the statistics.

HIV prevalence in Zimbabwe rose to a high of 34% in 2001. This dramatic increase has, from 2003-2006, decreased to 25% in 2003 and

⁴⁸ Zackie Achmat, "Afterword", *Long Life...Positive HIV Stories*, Jonathan Morgan and the Bambanani Women's Group (Cape Town: Double Storey Books, 2003), p.182.

⁴⁹ Long, *AIDS and American Apocalypticism*, pp.184-5.

⁵⁰ "Aids has hit my family, says Mugabe", Meldrum and Carroll, *The Guardian* 17/06/04.

⁵¹ Long, *AIDS and American Apocalypticism*, p.9.

⁵² *ibid.*

20% in 2005, suggesting the epidemic may be coming under control.⁵³ Some would doubt the accuracy of such statistics in modern Zimbabwe, and indeed the UNAIDS reports include caveats to their statistics based on the difficulty of verifying the information provided by the government. Prevalence figures, rather than incidence figures are also misleading, as prevalence will fall with higher mortality, since it measures those who are currently infected. So a fall in prevalence looks positive epidemiologically, but can in fact be negative, showing a high number of deaths from AIDS. Incidence figures would give a better picture of how quickly HIV is spreading, as they would indicate the number of new infections. Prevalence also goes up when treatment is successful because the lives of those with HIV are extended, which means that the numbers of those currently living with HIV goes up, even as incidence of new infections continues to add to the prevalence figure. This gives the impression that the epidemic is worsening, when in fact higher levels of treatment enable people to live longer.

Suffice to say that the concealment or publication of accurate HIV prevalence data is always political, and in Zimbabwe we find “the most telling example of the politicisation of data”.⁵⁴ Barnett and Whiteside cite that:

[T]he first report to the Global Programme on AIDS in Geneva was of several hundred cases in 1987. A few weeks later South Africa (then still under the apartheid regime) reported 120 cases. Within days the Zimbabwean government reduced its reported cases to 119 (*AIDS Analysis Africa*, 1990, p.6).⁵⁵

In his biography of Mugabe, Stephen Chan comments that in 1997, when HIV and AIDS were becoming a more pressing problem in Zimbabwe (topping the list of southern African countries with an infection rate of 25.84%),⁵⁶ it still was not an electoral issue.⁵⁷ The effacement of HIV/AIDS from public discourse in Zimbabwe seems mysterious, but can be explained by the populace’s intransigent reluctance to reveal the causes

⁵³ *AIDS Epidemic Update* (2006).

⁵⁴ Barnett and Whiteside, *AIDS in the Twenty-First Century – Disease and Globalization*. (Basingstoke: Palgrave Macmillan, 2003), p.55.

⁵⁵ *ibid.*

⁵⁶ *AIDS Epidemic Update* (1998).

⁵⁷ Stephen Chan, *Robert Mugabe – a life of power and violence*. (London: I.B. Tauris, 2003), p.135.

of death of AIDS sufferers, and thus to keep the issue below the surface.⁵⁸ This correlates very closely to the silencing described in South Africa above, but seems to relate much more closely to the reluctance of ordinary people to speak out against AIDS. This is reinforced by Sunanda Ray's conviction that "during the period 1985-1990... accurate information on the existence of HIV and how to protect oneself from it was actively suppressed by politicians and the medical profession".⁵⁹ Since then, Mugabe has certainly not been reticent in speaking about HIV/AIDS, but the distinct moral tone he employs (perhaps reinforced by his staunch Catholicism),⁶⁰ famously describing homosexuals as pigs and dogs,⁶¹ has not (of course) removed the stigma associated with infection, merely confused the issue. Such silencing, endemic in other issues related to political dissidence in Zimbabwe,⁶² is not the basis from which a political grassroots campaign could be launched to force the government to address issues such as inadequate healthcare, treatment, and education on sexual health in particular.

Chan concludes his brief two-page section on the disease, writing that "the President has done nothing presidential in this field – but thousands of citizens will die from HIV/AIDS, and their poverty will not help them postpone that death".⁶³ He mitigates this neglect by citing the failure of the economy in general to provide education and drugs, saying that "there is little he [Mugabe] can do".⁶⁴ But to contextualize this amongst other southern African countries, not least South Africa, he confirms that "there has been little enough done in any of the southern African countries to combat HIV and AIDS".⁶⁵ Interestingly, Ray contrasts Mugabe's *inaction* with the proactive stance of Uganda's President Museveni, who

⁵⁸ Alexander Rödlach's book *Witches, Westerners, and HIV – AIDS & Cultures of Blame in Africa*. (Walnut Creek, CA: Left Coast Press, 2006), suggests that local perceptions of the HIV/AIDS epidemic in Zimbabwe, linguistic, ethical and moral codes, witchcraft and conspiracy theories should also be considered alongside political agendas, religious beliefs, and the psychology of devastating grief.

⁵⁹ Sunanda Ray and Farai Madzimbamuto, "The HIV Epidemic in Zimbabwe – The Penalty of Silence", *The Round Table* 95, 384 (2006), p.221.

⁶⁰ The politics of Catholicism in Zimbabwe means abortion is illegal.

⁶¹ Cris Chinaka, "Mugabe takes another shot at West – and gays", *Reuters* 25/02/06.

⁶² The Access to Information and Protection of Privacy Act in 2002 is particularly important, as it has limited the freedom of the press in Zimbabwe. Criticising the President directly is also an imprisonable offence.

⁶³ Chan, *Robert Mugabe*, p.135 (published the year before Mugabe's speech re: his extended family).

⁶⁴ *ibid.*, p.134.

⁶⁵ *ibid.*

“recognized the risk to the army, what that meant for his power base, and declared openly that AIDS was threatening to become a disaster and called for international help to fight the epidemic”.⁶⁶ The comparison and disparate results between these countries, which are both poor and autocratic, adds weight to the notion of unique national characteristics evidenced in the response to HIV/AIDS.

Surprisingly, following reports that up to 3,000 people die of AIDS-related illnesses every week in Zimbabwe, the *AIDS Epidemic Update* of 2006 suggests that Zimbabwe is one of the very few southern African countries achieving a decline in prevalence.⁶⁷ Though it is hard to disprove the decline in HIV prevalence, it is doubtful that current statistics from Zimbabwe are entirely reliable. The numbers who have migrated, and those who have already died, are in their millions, and a true picture, for a population reduced from twelve to ten million at most, will take another few years to emerge. Nevertheless, Zimbabwe’s record in successful education programmes, although not necessarily government sponsored, and massive NGO and charitable funding for safe-sex campaigns, testing and treatment, could have begun to turn the tide on HIV/AIDS for the time being. Sadly, threats to survival in the forms of starvation, malnutrition, unemployment and generally inadequate healthcare provision mean that a reduction in HIV prevalence does not necessarily decrease mortality. Indeed, contrary to the apparent decline in HIV prevalence, the life expectancy in Zimbabwe is 37 for men and 34 for women,⁶⁸ a drop of some thirty years since Independence in 1980.

The interviews

It is against this background that the first interview with Phaswane uncovers the secrecy and shame associated with HIV and AIDS in South Africa and focuses on the novel *Welcome to our Hillbrow* (UKZN Press, 2001). Although it has been said that Phaswane “dared to speak of the loss of a whole generation at the jaws of the monster that was about to take him down”,⁶⁹ the ambiguity that surrounds his death is in keeping with the cultural mystification of AIDS that he laid bare in his fiction, always performed at least one remove from reality. Mpe’s first novel *Welcome to Our Hillbrow* was short-listed for the South African *Sunday Times* Fiction

⁶⁶ Ray and Madzimbamuto, “The HIV Epidemic in Zimbabwe”, p.223.

⁶⁷ *AIDS Epidemic Update* (2006).

⁶⁸ *AIDS Epidemic Update - Country Profiles* (2006), p.488.

⁶⁹ John Matshikiza, *Mail & Guardian*, South Africa, 21 February 2005.

Award 2002 and the Sanlam Literary Award for Fiction 2001, and has been added to prestigious University syllabuses around the world from Cape Town to Leeds. The novel is based on short stories, four of which appear in *Unity in Flight: Short Fiction*⁷⁰ and one in *Modern South African Stories*,⁷¹ which are now reprinted in *Brooding Clouds*. He was a Doctoral Fellow at WISER and held an MA in African Literature (1996) from the University of the Witwatersrand, and a Diploma in Advanced Study in Publishing (1997) from Oxford Brookes University, Oxford. His stories, poems and academic articles were published in books and journals locally and internationally, such as: *New Coin*, *English Academy Review*, *Botsotso Magazine*, *Blue Fifth Review*, *Urban 03*, *Nobody ever said AIDS* and *Popular Culture*. Since his death in 2004 a collection of his poetry and short stories has been published in South Africa entitled *Brooding Clouds*, and, as I have said, this collection also features the interview that follows here.

Sindiwe Magona's work had interested me since she started publishing short stories about HIV/AIDS in 1999: in fact, she is the first South African woman, to my knowledge, to write about HIV/AIDS in her fiction. I could not have known, when we originally met in 2006, that she would become the first black South African woman to publish a novel focussed on HIV/AIDS: *Beauty's Gift*, 2008. The initial interview therefore focuses on two short stories "A State of Outrage" in *Opening Spaces* (Heinemann/Baobab Books, 1999) and "Leave-taking" in *Nobody ever said AIDS* (Kwela Books, 2004) and the unpublished play *Vukani/Wake Up* which is now published in isiXhosa.⁷² The interview has since been updated to include questions on the publication of the novel *Beauty's Gift* (Kwela Books, 2008) which focuses entirely on the impact on her four best friends of Beauty's death from AIDS, and which was shortlisted for Best Book in the Commonwealth Writers' Prize 2009. Sindiwe is an articulate and charming speaker: I hope her unwavering passion comes across in the written interview.

Speaking with each author brought new perspectives to the subject of HIV/AIDS. The poet Kgafela oa Magagodi for example was adamant that there was so much more than HIV/AIDS to write about in the 'new' South Africa, and it's worth bearing in mind throughout this book that "while it's interesting to look at how HIV/AIDS as a subject matter has occupied a lot of writing, it doesn't occupy the centre". His interview, however, focuses

⁷⁰ *Unity in Flight: Short Fiction*. (Johannesburg: Botsotso Publishing, 2001).

⁷¹ Stephen Gray, ed, *Modern South African Stories*. (Johannesburg: Ad Donker, 2002).

⁷² First performed at the Masque Theatre in Muizenberg in 2006.

on the poetry collection *Thy Condom Come – Untamed Love Lines* (New Leaf, 2000) which Phaswane Mpe actually brought to my attention in 2004 and which takes a striking, satirical approach to sex, love and relationships in Kgafela's inimitable style.

The order in which the interviews are reproduced and published here reflects the chronology in which they were recorded. I travelled from my interview with Sindiwe in Cape Town to Johannesburg by bus in 2006 to interview Kgafela and then by Greyhound to Harare, Zimbabwe. There I met the renowned author Alexander Kanengoni whose short story "Effortless Tears" is derived from the first short story to be published in Zimbabwe featuring HIV/AIDS, appearing in an earlier form as "The Writing is on the Wall" in *The Herald* newspaper on 29 December 1990, before being published in the short story collection *Effortless Tears* by Baobab Books in 1993. In the story, Alexander reflects on the widespread and disturbing silence at funerals, during which, although everyone knew the cause of death, AIDS was never mentioned.

Soon after Kanengoni's collection was published, Vivienne Kernohan wrote *Waste Not Your Tears* (Baobab Books, 1994) under the pseudonym Violet Kala. The interview with Vivienne focuses on her novella, which was the first book published by a woman in Zimbabwe on HIV/AIDS, and the short story "Homecoming" in *Writing Still* (Weaver Press, 2003,) which she also wrote (under the pseudonym Vivienne Ndlovu). HIV/AIDS is a central concern for Vivienne who works for SAFAIDS in Harare, and the novella describes the vicious, knowing infection of Loveness with HIV by the 'ladykiller' Roderick, with a degree of sympathy for both sides.

Charles Mungoshi's interview places him in the centre of a much-neglected story-telling tradition from Zimbabwe, which features HIV/AIDS alongside all the troubles and tribulations of life he has written about so beautifully since the 1970s. The interview attempts to focus on the short stories "Did You Have to Go that Far?" in *Walking Still* (Baobab Books, 1997), and "Letter to a Friend" in *Seventh Street Alchemy – a selection of writings from the Caine Prize for African Writing 2004* (Jacana Media, 2005), but embraces much else, including Sufism, music, quantum physics and the writing process itself. It was a real pleasure speaking to one of Zimbabwe's most well read and respected writers.

Returning to Cape Town in 2008 for a post-doctoral fellowship at the University of the Western Cape enabled me to meet writers at the Cape Town Book Fair. It was there that I spoke to Niq Mhlongo, whose second novel *After Tears* (Kwela, 2007) included references to AIDS alongside the infamous 'After Tears' parties held after funerals in Soweto. Niq's first novel *Dog Eat Dog* (Kwela, 2004) was subtitled as belonging to the

Kwaito generation, featuring township slang and representing the lives and loves of the young men and women who have grown up since democracy in South Africa. Niq describes how difficult it was to feature HIV/AIDS centrally in his story, and hence its position as a thread in a broader canvas. Interestingly, Niq has since worked on the script for a film to be made about the Guateng YFM Radio DJ Khabzela, partly based on Liz McGregor's book, which details his well-known death from AIDS (a short interview with Liz McGregor features at the end of this collection). It will be fascinating to see how this story translates in to film.

Returning to London briefly in the summer of 2008 enabled me to speak to Valerie Tagwira whose interview deals with the novel *The Uncertainty of Hope* (Weaver Press, 2006), an edited version of which can be found on the Weaver Press website. As a practising doctor living in London, Valerie's novel was unique and captivating when it was published, not least because it was the first lengthy novel in a long while – particularly by a woman – to come out of Zimbabwe. Its arresting focus on the events of *Murambatsvina*⁷³ in 2005 was incisive in its implicit criticism of the Zimbabwean government, and her inclusion of diverse women's stories which featured HIV and AIDS was refreshing.

After a few attempts to meet Jonny Steinberg in person, missing him in both Cape Town and London, I decided to email him a selection of interview questions about his latest book. In the process I began to realise that perhaps the person I really wanted to speak to was Sizwe Magadla (not his real name) from Lusikisiki in the Eastern Cape of South Africa, whose story Steinberg tells in *Three Letter Plague – a young man's journey through a great epidemic* (Jonathan Ball, 2008) in an attempt to explain why Sizwe is so reluctant to test for HIV. In this interview we grapple with the difficult question of what it means to tell someone else's story, which Jonny handles with his usual intellectual aplomb.

I caught Sipiwo Mahala while he was in London in 2009 on official Department of Arts and Culture (DAC) business regarding the South African Market Focus at the 2010 London Book Fair, and his interview concentrates on the novella *When a Man Cries* (UKZN Press, 2007), which marks a significant development in literature about HIV and AIDS from South Africa in that it uses the first person to tell the story of a school teacher whose risky sexual behaviour means that his HIV status is unknown by the end of the book. Sipiwo has contributed short stories to

⁷³ Operation Murambatsvina ('clear away the rubbish') was a government initiated housing clearance instigated in May 2005 with echoes of Gukuruhundi ('to blow away the chaff') – the name given to the massacre of 20,000 civilians in Matabeleland by Mugabe's 5th Brigade in 1982.

several anthologies, and two of his stories appeared in the *Southern African Short Story Review: The Best Stories of 2002*. Most recently he edited *Africa is Calling*, a special publication for South Africa's cultural manifestation programme during the 2006 Soccer World Cup in Germany. He is currently the Deputy Director of Books and Publishing, with the DAC in South Africa.

I returned to Zimbabwe later in 2009 after postponing a trip in 2008 because of the cholera epidemic. In Harare I met Tendayi Westerhof and Luta Shaba who both used the subject of their own lives and their own HIV infection to write the semi-fictionalised novellas *Unlucky in Love* (PPAAT, 2005) and *Secrets of a Woman's Soul* (Lutanga Shaba, 2005). Both women are AIDS activists: Luta Shaba is a trained lawyer and is currently Executive Director of The Women's Trust, an NGO that provides personal empowerment and leadership training for women. It was a daunting and inspirational two days, and an honour to speak to these courageous women who shine a light on what it is like to live with HIV in Zimbabwe.

This year I eventually tracked down Stanley Nyamfukudza in London to interview him about the short story collection *If God Was a Woman* (The College Press, 1992), which, as far as I am aware, was the first published collection to feature HIV/AIDS in Zimbabwe. The title story "If God Was a Woman" is told in an internal monologue, stream of consciousness style, and Stanley reveals that the controversial subject matter of his collection was not so much the battle between men and women, as their mutual ability to lay each other low in the entanglements of sexual and emotional relationships. In this story, the risk at the heart of this age-old endeavour is the unwanted guest, "that shadowy third one" (p.125): HIV/AIDS.

And finally the interview with Liz McGregor focuses on *Khabzela – The Life and Times of a South African* (Jacana, 2005), which McGregor researched and published while in Johannesburg affiliated to WISER. In this, the first book of its kind, McGregor straddled the awkward position of describing and interrogating the death of a young DJ on Guateng's youth radio station YFM who was openly HIV positive, but who then refused to take ARVs and died soon afterwards. Like Jonny Steinberg, Liz approaches the infection of a South African who could stand as an 'everyman', although as we discover Khabzela was not an average South African although his behaviour and beliefs may well be emulated across the country, raising questions about individual behaviour and responsibility as well as the universal fear of death.

By the end of this survey of writers and literature we still remain without the voice of young black men from either South Africa or Zimbabwe talking about their own infection with HIV/AIDS, a silence which remains at the heart of the epidemic in both countries. There are, however, many other writers whose voices wait to be heard. I have omitted speaking to strictly autobiographical HIV positive writers such as: Edwin Cameron, Adam Levin, Derrick Fine and Elaine Maane who have documented and revealed their lives in *Witness to AIDS*, *AIDSAFARI*, *Clouds Move* and *Umzala* respectively. And the late Koos Prinsloo's stories from the 1980s that Phaswane mentions in his interview have yet to be translated into English from Afrikaans, and so remain inaccessible to me at present. Kgebetli Moele's *The Book of the Dead* (Kwela Books, 2009) will no doubt be the subject of interviews to come, featuring as it does the voice of HIV itself, which could be unprecedented worldwide. It was my privilege to have met with and spoken to the writers in this collection and asked them about their work, which I admire and continue to study. I hope you will take the time to listen to what they all have to say about HIV/AIDS in South Africa and Zimbabwe and go on to read the stories they have written which speak about HIV/AIDS in their own words, and on their own terms.

London, February 2010.