

Review: Jonny Steinberg's *Three Letter Plague*

a book review
by

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Johannes Fabian, in "Time and the Emerging Other" (1983) analyzes the discursive implications of traditional, "western" anthropology within the context of Africa. His main objective is to outline how anthropology and its object of study was (re)produced through an ideological position founded on notions of difference or "othering." This world-view, for instance, fed the conception that Africa, in comparison to Europe, was "primitive." Fabian points out that early anthropological study of Africa and its inhabitants were framed through certain western prejudices about Africa, which simultaneously reinforced them. He focuses chiefly on the temporal logic of western anthropological discourse and how its conceptions of evolution and development placed its western observers "higher up" the evolutionary scale than the African "object." Fabian's project is incredibly interesting but one particular point stands out in relevance to this review: he mentions that one of the main ways in which a system of "othering" – typical of western discourse – was reinforced by anthropological study was through what he refers to as a lack of "coevalness."¹ It is this notion of coevalness – or lack thereof – that I would like to use in relation to South African writer, Jonny Steinberg's new book, *Three Letter Plague: A Young man's Journey Through a Great Epidemic* (Johannesburg: Jonathan Ball Publishers, 2008. ISBN 9781868422883 1868422887). In particular, I would like to employ the concept when observing how Steinberg has achieved a way of bridging the gap between himself and the subject matter of his book, the lives of "others."

Within the context of Fabian's theorization of coevalness, the anthropologist or observer would for a time inhabit the space of his or her object of study – usually a social group. During this time, the anthropologist would gather data through which he or she would try and understand the social mechanisms of this particular group.

However, as Fabian points out, this act in itself reinforces the same boundaries put in place through western ideology. The experiences of the observer, whilst in Africa, would also be understood as something other than his or her “normal” experiences; inversely, the autochthonous peoples would also be framed as “abnormal.” And, as soon as the data was gathered, the lives of those observed would be written about, accessible only really to the west. In relaying the information, the anthropologist would cease to inhabit the same “time” as the observed and the distancing of the “others” through the space of the written word would reinforce their position – both geographically and politically – on the periphery of the western “center.”

Three Letter Plague is a real and urgent narrative about HIV and AIDS in South Africa. The story takes place amongst various communities in rural Transkei, specifically, Pondoland. The text reveals a nuanced and complicated scene of how the HIV/AIDS pandemic has impacted the lives and environment of the area. In a sense, Steinberg’s performance is very similar to that of the anthropologist as he spends a large amount of time, spread out over three years, living in selected communities, immersing himself in the lives of these communities and simultaneously making them the object of his research. *Three Letter Plague* recounts these experiences and findings for a different audience. The purpose of his research is to understand the habits and patterns of people other than his “own.”ⁱⁱ The intention of text is to inform and to educate his readership about certain pressing questions around HIV/AIDS. For this text to be useful in the way that Steinberg surely hopes, the dynamic of coevalness is relevant.

The author chose the rural Transkei and the story of a “young man’s journey through a great epidemic”ⁱⁱⁱ for chiefly two reasons. The first is mentioned in the Preface: “I came across the idea of this book some time during the afternoon of April 9, 2005, while reading Edwin Cameron’s book, *Witness to AIDS*. In that book, Cameron tells a ghastly story one does not easily forget.”^{iv} Steinberg recounts the story of how, in 2001, the Botswana government offered free anti-retroviral treatment to anyone infected with HIV/AIDS, in the hope of curbing the dramatic increase of infection in the country. However, although “it was a dramatic declaration of intent, unprecedented in sub-Saharan Africa [...] more than two years after the launch of the programme, only about fifteen thousand people had come forward for treatment.”^v Steinberg quotes Cameron’s reasoning for this: “Stigma...people are too scared – too ashamed – to come forward and claim what their government is now affording them...the right to stay alive.”^{vi} It is the notion of and the destructive potential of stigma that fascinates the author, inciting his desire to write about someone who refuses to be tested for HIV because of fear – of ostracism and of living with a terminal disease.^{vii} Sizwe Magadla, the central player in Steinberg’s text, embodies these fears. A “typical” young man from rural Pondoland, Sizwe becomes the subject of Steinberg’s story and the main vehicle through which Steinberg gains access to Pondoland and the lives of its peoples.

Through Sizwe, Steinberg shows that his subject is not unique – most of the people in Pondoland are crippled by the same fear – so much so that it seems HIV/AIDS will never be dislocated from the negative place it occupies in the imagination, perpetuated by entrenched and resilient belief systems.

Steinberg chooses the area of the Transkei for a second important reason. In 2006, Lusikisiki – the capital – hosted one of the most renowned HIV medical programs in South Africa. The program was run by the international aid organization, *Medicins Sans Frontieres (MSF)*, headed up by the dynamo, Dr. Herman Rutter. The aim of the program was to install clinics and involve the surrounding communities in HIV/AIDS testing, treatment, and counseling. The intention was to create an accessible and integrated healthcare system for those suffering from the virus. The MSF's Lusikisiki program allows Steinberg to raise an intersecting reason for this country's record of non-treatment: the power of the public healthcare system to generate or prevent access to treatment. According to this view, if the public healthcare system is properly decentralized with the placement of smaller clinics in many different areas (drawing the expertise of local nurses and counselors, as well as trained medical professionals), those suffering from AIDS will feel more inclined to accept their status because treatment would be more integrated into the everyday. Easy accessibility makes the whole process itself less insurmountable and in turn, has the potential to break down the stigmas that surround the disease. Dr. Herman Rutter is vociferous and adamant that in this way, the pandemic can be brought under control. One is reminded in the text of the South African government's attitude towards AIDS and ARV treatment, but Dr. Herman Rutter sets out to prove that with decentralized healthcare, the distribution of ARV's will become easier to monitor and maintain – for everyone involved, including the government. Through a restructuring of the public health care system, the limiting effect of negative perception could diminish, including that perpetuated by the government itself.

Magadla and Rutter represent opposite approaches to the place HIV/AIDS occupies in South Africa's public imagination. The former embodies a pragmatic, yet almost callously objective scientific approach. The latter has a more idiosyncratic attitude, cultivated through local social norms and ideas. Steinberg spends time with both his subjects in their respective home spaces – with Sizwe in his permanent home, Ithanga, and with Rutter in his temporary abode in Lusikisiki, during his time heading up the MSF program. While Dr. Rutter represents an important figure or trope – in juxtaposition to Sizwe Magadla – it is with Sizwe and not Dr. Rutter who Steinberg and the reader develop a relationship.

His time spent with Sizwe and his community is much more delicately balanced than with Rutter, who is a gregarious, and public figure and no stranger to being written about. A doctor, he administers treatments for the virus but is himself uninfected. He can therefore be relatively objective about what he sees and the role he plays in society. Exposing his views to the general public, or having his beliefs and practices made transparent to an audience will not estrange him from his community. Being candid will not affect the immediate path of his career. In fact, transparency is what he calls for in dealing with HIV/AIDS. Dr. Rutter is a fleeting character, not native to South Africa. Once the program is set up in Lusikisiki, we know he will soon be leaving for Europe. This motivates and enables Steinberg to get as much information from him in the shortest space of time. Luckily, Dr. Rutter is willing, and his cynicism and medical candor also allows Steinberg to communicate and relay his story with equal directness.

With Sizwe, however, we are held back (as Steinberg is) for most of the book. Sizwe, unlike Rutter, must be cajoled to speak, as Steinberg points out: “I asked him immediately if I could write about him. He told me he would think about it; it took him more than a month to say yes.”^{viii} Sizwe fascinates Steinberg. From the start, he tries to gain access to Sizwe’s psychology, both internal and social, in order to understand his reasons for not testing for AIDS. In doing so, Steinberg presents Sizwe as something of an “everyman” – a typical young, South African rural male. Thus, Sizwe’s story is captured as a type of case study.

Sizwe’s ideas around the effects of HIV/AIDS in his community take many months to emerge. So too is his response to the presence of the MSF in Lusikisiki. For Sizwe, the MSF’s clinics are potentially threatening. Steinberg is sensitive with Sizwe, allowing his subject to dictate the pace at which information is relayed. In order to draw as much valuable information from Sizwe as possible, Steinberg needs to be gentle. The author understands the need for a sustained and reliable relationship with his main subject but is also motivated by a deep responsibility. It is also necessary to treat Sizwe with such care since Ithanga is his home community. As it is Sizwe who is the main focus of Steinberg’s research, Sizwe is guarded, wary of what Steinberg might reveal – to himself and to his community. Even if he may not be HIV positive, to raise the issue itself is almost taboo. Furthermore, since most of those who suffer from HIV/AIDS are black, Steinberg would need to be cautious of being patronizing, or of typecasting Sizwe and his immediate community.

But, Sizwe's slow process allows the author access to the myriad socio-political and religious belief systems that contribute to the way the AIDS virus is configured in Pondoland and by extension, South Africa.^{ix} Sizwe reveals in stages a range of explanations for the high HIV infection in Pondoland. On one level, these reasons are founded in semi-religious belief systems. Sizwe mentions demons and curses numerous times, for instance. "Some people may have sent a demon to have sex with me; a demon with HIV. That is why I am scared to test. I think I will test positive."^x With this type of thinking, we see how the illness is kept removed from a pragmatic sense of the everyday, cast rather into a world of transience. As the reader learns from the text, it is not "good magic" that is seen to be one of the causes of illness in a person, but rather a darker kind. The community of Pondoland itself sees malicious, "black" magic as a tool used by some to afflict the virus upon their one's enemies. This reinforces the negativity surrounding the virus as well as the people who carry it within the community itself. Sizwe also reveals a deep suspicion of Western, "colonial" medicine. It is seen to be a dangerous tool of the West, used to infect black South Africans rather than cure them.^{xi} Thus, ARV's and medical care for the virus are treated with scepticism – as are western doctors. Also linked to this is the belief that "medical science had been blinded by the racism of its practitioners."^{xii} Moreover, Sizwe raises the issue of what it means to lose one's reputation amidst a tight-knit community, especially considering the primacy given to his patriarchal role. If Sizwe, the head of the family were to be ill, his family would inevitably suffer economically and socially.

Through his relationship with this young man, Steinberg also uncovers the subtle implications of what it means to be "known" to be sick – where being "sick" is a weakened state, especially if one is infected with a deadly, contagious, and incurable disease. In fact, for many, the very act of being tested means revealing oneself, something most are not willing to do. Those potentially at risk would generally rather remain ignorant of their status. If infected, an individual could have access to regular, effective treatment and counseling and the possibility of a relatively healthy life. Yet denial seems to be the norm for most of the people Steinberg encounters. Above all, Steinberg's approach testifies to the shame of being HIV positive and the need for secrecy typical of those infected or those who know the positive status of family or friends.

Although the author expresses frustration at what he sometimes feels is obstinacy in local communities, at does not judge this desire for secrecy. He does try to push Sizwe towards an interrogation of his own attitude, at times imploring Sizwe to be tested. At other times he confronts Sizwe about something he may have said that Steinberg may disagree with – although this often backfires, making Sizwe more reticent. Steinberg displays moments of confusion about the local people's attitudes when he feels that they are ignoring the chance to save their life or those of others by not recognizing the miracle of ARV's, or being able to admit to being HIV positive. Generally, Steinberg's position is similar to Rutter's in that he has a more objective, even cynical view of the negative stigmas surrounding the virus.

However, Steinberg also recognizes the nature of Sizwe's fear, and the strength of the belief systems that feeds it. The intimate time spent with Sizwe forces Steinberg to confront and relate his own harrowing experience of being tested for the virus as a younger man. We learn that the brutality of the medical system also made Steinberg feel completely exposed and "morally" judged – for being sexually active and for being homosexual. Through his anecdote, we gain the impression that merely wanting to know one's status is perceived as something taboo. By relating this story, Steinberg draws parallels between himself and Sizwe, breaking down some of the distance that exists naturally between him and his subject.

By approaching Sizwe and his community with such care, the world of both Steinberg and Sizwe open up for the reader. This technique of Steinberg's ensures that he does not fall into the trap that Fabian sees as typical of the western anthropologist figure researching Africa. As a result, by the end of the book, Steinberg is more ambivalent about how one can go about conquering the stigmas surrounding HIV/AIDS. Even though this ambivalence is carried through to the end of the text, it does not make the reader feel the research or the book is inconclusive or unresolved. Rather, Steinberg's text reflects the many contradictions besetting anyone facing a future in a South Africa that has yet to devise a way of managing this epidemic. This ambiguity mirrors Sizwe's own ambiguity around his status and how he should act. Steinberg immerses his self into his work, inhabiting the space of his subject, and vice versa. His capacity and desire to inhabit Sizwe's internal and external worlds, during and post-writing, transforms this book into more than an account.

It is Steinberg's understanding of *coevalness* that allows his text to be more than an act of reportage. In "Time and the Emerging Other," Fabian suggests that underlying the approach of the traditional anthropologist, is the assumption that his position in the world is stable in some way. In other words, the colonial observer/anthropologist favored a certain set of "norms," perceived to be "right" or "correct." Thus, when writing about Africans, everything they saw as "normal," was framed as "abnormal" by the western observer. Needless to say, the western observer would not and could not incorporate the world-view of the "other" into his or her own – this would be unheard of, impossible and far too much of a threat. Steinberg, by allowing his own position to be challenged by what he finds in Pondoland, prevents this kind of relationship from developing. Consequently, he is able to become coeval with Sizwe and his community, where the access between him and his "subject matter" is fluid and dialogic.

The author ensures that Sizwe reads his manuscripts as he writes them, too. This ensures that Sizwe is a critic as well as a subject or object of research. Steinberg values any concerns Sizwe has with what has been written, or the manner in which it has been written. And, as he deals with these kinds of moments in his relationship with Sizwe, he is incredibly honest with the reader about his emotional reactions to what has been discussed.

As in his previous book, *The Number* Steinberg pays careful attention to the ethical considerations of interpreting, as an outsider, a situation from which he is ultimately removed. He is extremely vociferous about this, yet in many ways, more than compensates. Owing to Steinberg's ability to co-habit and represent in an honest and integrated way that which he encounters through his research, his choice to keep the identities of the majority of the communities secret is less problematic than it could be. Sizwe, we learn quickly, is not the young man's real name. In fact, very few of the main characters retain their real names. Now, in a text that deals with stigma, concealment, and secrecy, to keep these identities secret seems somewhat ironic. One can of course completely appreciate this choice, given the trend in South Africa for those who are HIV positive to be ostracized. Yet, this dynamic of concealment also has the potential to feed into the stereotypes associated with the disease, in a sense reinforcing or emulating the lack of transparency that exists when dealing with HIV/AIDS in South Africa, and Africa in general. To a degree it has the potential to transform the characters into tropes – representatives of a whole nation or continent of people.

While we may argue about the tension this creates in the book, it speaks volumes around Steinberg's approach to his readership. There exists the argument that most of the people in the book would not even read *Three Letter Plague*. In many ways, this book has been published for the benefit of those far removed from life in Pondoland. So then, why bother with pseudonyms? But, in keeping these identities private, Steinberg assumes that they will have access to the text and does not concede to that argument. He thus includes his subject matter wholly, keeping their involvement direct and personal. In so doing, Steinberg crosses the divide that often exists between author and subject and writes a book that does not merely reproduce out-dated modes of reportage and research. *Three Letter Plague* becomes less exclusive in this way.

Three Letter Plague is a book about a rural community living with AIDS in South Africa. If written by someone else, this type of research could have objectified the "other" – deliberately or not. Steinberg, however, ensures that he does the opposite and instead brings us into a world – his world – in a cohesive and integrated manner. We are left with an enduring sense of the complex attitudes towards HIV/AIDS, but not with pity or condescension to those who suffer most from the virus and all its manifestations. The time and lives of the people in the text become part of our own imaginations and realities, something we can draw on while trying to configure our own approach to South Africa's great epidemic. Simultaneously, this text provides its audience with the opportunity to re-assess its approach to this epidemic in Africa and the developing world. This allows the audience to become coeval with a reality that for most "westerners" is kept at a distance. For this reason, *Three Letter Plague* is one of the more important and meaningful acts of writing to come out of this country in recent years.

Notes

ⁱ Fabian, Johannes. 1983. "Time and the Emerging Other." *Time and the Other: How Anthropology Makes Its Object*. New York: Columbia University Press, p. 32.

ⁱⁱ Steinberg embarks on a research project studying the social habits and ideologies of black, rural South Africans. His goal is to discover more about how their social patterns and belief systems seem to perpetuate the stigma around HIV and AIDS. Steinberg himself, while being a South African, is educated, urban and, ostensibly, "western" – in a way that the communities in Pondoland are not. Of course, he and his "subject matter" share the same nation space and, one can imagine, a similar sense of what it means to a South African in this current climate, politically and socio-economically. However, Steinberg's journey, as an author and researcher, is one where he delves into communities and a way of life, and thinking, that he is not naturally familiar with. There is a dynamic, therefore, of him being an "outsider." This is something he tries to overcome, as the rest of this review discusses.

ⁱⁱⁱ The full title of the book is *Three Letter Plague– a young man's journey through a great epidemic*.

^{iv} Steinberg, Johnny. 2008. *Three Letter Plague*. Johannesburg and Cape Town: Jonathan Ball Publishers, p. 1.

^v Steinberg 2008: 1

^{vi} Steinberg 2008: 1

^{vii} The fact that it is usually transmitted sexually is one of the main reason for this, but the negative perception of HIV and AIDS is perpetuated by more pervasive socio-political belief systems and patterns. If we look at the statistics, one sees a far greater number of poor and black South Africans afflicted. This feeds into a variety of residual race and class issues which local society, as well as government, seem unable to properly address.

^{viii} Ibid, p. 15

^{ix} It must be said that Sizwe and his community are Xhosa. While for instance, the Xhosa suffered their own particular experience of colonial invasion and rule, Steinberg is not focusing directly on Xhosa belief systems, per se. Rather, he is using the rural, Xhosa community to demonstrate the power of entrenched "traditional" belief systems in South Africa and the capacity they have to prevent such a community from accepting western medical influence. This skepticism of western medicine is found embedded in many communities across the South African terrain, having emerged through a collective experience of white colonialism and racism.

^x Ibid, p. 15

^{xi} This is a persistent perception shared amongst many black South Africans. Besides reading about it in *Three Letter Plague*, please see reports such as: www.cssr.uct.ac.za/media/question_of_trust.pdf.

^{xii} Ibid, p. 91