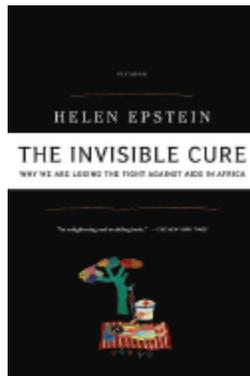


# The Invisible Cure: Why We Are Losing the Fight Against AIDS in Africa

a book review  
by

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In recent decades, the AIDS epidemic has hit hard in Africa, drawing multiple forms of global attention and action that focus on minimizing the tragic consequences and ongoing spread of the disease. Millions have died and millions have been affected. Indeed, it is a cause for concern and action.

Helen Epstein's *The Invisible Cure: Why We are Losing the Fight Against AIDS in Africa* (New York: Picador, 2008; ISBN 9780312427726, 0312427727) dedicatedly explores some of the reasons why we are losing the fight against HIV and AIDS in Africa. Describing approaches for preventing and curing the pandemic, Epstein cites Uganda as an example of an African country where prevention efforts appear to have produced successes. The author compares these successes in Uganda with failed efforts in other African countries in an attempt to explain why HIV/AIDS has spread so far and so quickly in Africa.

The first section, “AIDS Research in Africa,” begins with a chapter aptly titled, “The Outsiders,” in which Epstein establishes her positionality as an American molecular biologist, explaining how she traveled to Uganda to work on an AIDS vaccine project in 1993 and has since been working on and writing about HIV/AIDS in Africa. Offering a very honest reflection of her role in public health research, she details her surprise at discovering the extent to which public discourses have influenced HIV/AIDS in Kampala. Revealing the “politics” of the HIV/AIDS industry, Epstein recounts the words of a German doctor who had spent twelve years in the country:

*He told us, perhaps only partly in jest, that they talk about two kinds of AIDS in Uganda: slim AIDS and fat AIDS. People with slim AIDS get slimmer and slimmer until they finally disappear. Fat AIDS afflicts doctors, bureaucrats, and foreign-aid consultants with enormous grants and salaries; they fly around the world to exotic places and get fatter and fatter and fatter.<sup>1</sup>*

Many people have associated HIV/AIDS with reckless individuals and/or immoral sexual behavior. Epstein’s proposal goes beyond superficial mythologies, explaining that the spread of AIDS is linked to economic, political, and social factors. She explores dominant biomedical and popular theories about the spread of HIV/AIDS in Africa.

Using Uganda as an example, Epstein discusses the effectiveness of various HIV/AIDS awareness and prevention campaigns. Beginning with an analysis of the ABC (Abstain, Be Faithful, Condomize) approach of the early 1980s, Epstein offers explanation as to why the campaign failed, resulting in the highest recorded rate of HIV/AIDS infection. In contrast, the HIV rate dropped drastically during the early and mid 90’s. Research revealed that the spread of AIDS in Uganda was linked to the practice of concurrent relationships. Epstein’s analysis reveals that, for example, if a person has more than two partners, those two partners can be involved with two other partners who in turn, are involved with others and this is how a network is formed. As these relationships are not casual, loyalty is implied which may perhaps result in reduced condom use. Recognizing this social pattern facilitated dialogue concerning sexual and cultural practice. Prevention and intervention measures were therefore devised in conversation with social, political, and economic factors in mind. In Uganda, this exchange led to profound shifts in sexual norms. Reducing the stigma associated with HIV/AIDS was also a crucial element to these efforts.

Gender inequalities, although not titled specifically, occupy the attention of a portion of this book. While researching the nature of sexual relationships between men and women and testing the “concurrency theory,” Epstein collected the sexual histories of one hundred people from several African countries.<sup>ii</sup> Exploring the manner by which unequal gender relations are exacerbated by historical, social, and political dynamics in these particular countries, Epstein offers detailed examples.

Of particular interest, is her account of her visit to meet a group of Masai women who frequent evangelical churches for relief from bouts of “spirit possession,” which in fact have been interpreted as rebellious acts against an increasingly patriarchal social order. The manner by which Epstein places the anecdote in historical context and her propensity to avoid oversimplifying the “Africans,” or certain “tribes,”<sup>iii</sup> is admirable.

She compares her meeting with this group of women, to a group one might consider relatively more “empowered” – urban and educated young women in South Africa. HIV/AIDS is more prevalent amongst this second group and in the urban areas of Africa. Thus, Epstein considers the differing gender dynamics which may create this situation, ultimately proposing that “the tendency to form sexual relationships has also been heightened by the penetration of the global market in consumer goods – makeup, clothing, cell phones, cars, and so on – into impoverished communities throughout southern Africa.”<sup>iv</sup> Epstein draws our attention to the widening gap between rich and poor in many African countries. Socioeconomic inequalities translate into unequal power relations between people. In this context, transactional sex easily becomes a means of survival. The power to negotiate condom use in such relationships is often jeopardized. It is important to note that Epstein’s approach in describing the sexual norms practiced in different African countries is not based on any essential assumptions about “Africa,” or “Africans,” but rather considers the socioeconomic and political frameworks within which different cultural practices are produced.

In southern African countries, most people in the 90’s were in denial about the impact of HIV/AIDS. For instance, Epstein confers that AIDS denialism in South Africa is in part a defensive strategy against centuries of racist stereotypes about Africa and African sexual practices. Epstein importantly notes that as a result, in South Africa, for example, AIDS needs to be de-stigmatized to allow for open dialogue. As the case of Uganda shows, the language about Africa, Africans, and African AIDS only serves to perpetuate such stigmas. Additionally, continued emphasis on un-contextualized “ABC,” approaches needs to consider the local context in order to be successful.

On the question of treatment, Epstein notes the extraordinary struggle by a global network of AIDS activists for antiretroviral medication in Africa. While stating that she would not dedicate much time on the subject, addressing the matter in the preface and in an appendix, Epstein reveals the limitations of these programs. While antiretroviral medications may add up to decades of life for AIDS patients in northern countries, UN estimates propose that they may only provide four to five years to AIDS patients in Africa.<sup>v</sup> Epstein continues, “While it is impossible to put a price tag on even one year of any human life, especially that of an HIV-positive mother whose children would otherwise be orphaned at even younger ages, it would be far better if the mother had never been infected in the first place.”<sup>vi</sup>

Bernadette Nabatanzi, a traditional healer in Kampala is quoted, “AIDS has come to haunt a world that thought it was incomplete. Some wanted children, some wanted money, some wanted property, some wanted power, but all we have ended up with is AIDS.”<sup>vii</sup> The remaining chapters address the devastation of the AIDS pandemic, as evidenced in Nabatanzi’s quote and Epstein counterpoints this narrative with a discussion on the politics of foreign aid and the “economy of AIDS.” Ultimately, with growing global inequalities that perpetuate gendered inequalities in African countries, this book comes as an important intervention to remind us that a “cure” for AIDS in Africa cannot be explored in purely bio-medical terms. An examination of the social, economic, and political factors that make people vulnerable to HIV infection is required.

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<sup>i</sup> Epstein, Helen. 2007. *The Invisible Cure; Why Are We Losing the Fight Against AIDS?* New York: Picador. p. 28.

<sup>ii</sup> Kenya, Uganda, South Africa, Tanzania, Botswana, Mozambique and Zimbabwe and many of the respondent were HIV-positive. p. 67.

<sup>iii</sup> Although she does use the word “tribe” to describe particular social groups in a manner that may perhaps require further interrogation.

<sup>iv</sup> p. 77.

<sup>v</sup> Epstein argues that “this is because HIV mutates and soon becomes resistant to one or all of the cocktail drugs. Therefore, patients must eventually switch to a new cocktail and then to another one. In Western countries, patients have twenty different drugs to choose from, but patients in Africa, even with all the funding for treatment programs currently available, so far only have a choice of roughly six.” p. 264.

<sup>vi</sup> p. 265.

<sup>vii</sup> p. 253. This quote is also used as the prologue to the book.