

The HIV and AIDS Collective Memory: Anecdotal Notes on Texts of Trauma, Care-giving and Positive Living

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The story of Botswana's 50 years of Independence cannot be told without remembering the story of HIV and AIDS. Remembering, yes, but sometimes we wish to forget this painful story to make our lives 'normal' again –so we can think about the future with some degree of certainty; so we heal the pain it caused; so we can avert the fears it so recklessly planted in our mist. But our attempt to forget is our intense remembering. First diagnosed in 1985 in Botswana, the country has lived with HIV for 35 years of its 50 years as a nation. Having been, at some point, the country with the highest infection rate in the world and still remaining among the top five infected countries, HIV and AIDS has been a story of terror and trauma in the collective memory of Botswana. It is a story that can be told from the perspective of those at the graveside, if they could speak and if we could listen to their voices. It is a story that can be heard from the voices of orphaned children and children born with HIV. It is a story of burdened care-giving grandmothers, of child-headed homes, of stigmatized People Living with HIV and AIDS (PLWH and A), of accused widows, of grieved parents, friends, family and workmates; and of those who are living positively with HIV, among many others. It is a story that can be told from the perspective of government ministries, opposition parties, non-governmental organisations, donors, faith-based organisations, the private sector and community-based organisations, all of which grappled with the HIV and AIDS pandemic to avert its reckless abandon upon the soul of the nation, more often than not, with ungenerous dividends compared to the invested efforts. It is a story that can be told by economists, politicians, sociologists, academics, and culturalists –a multi-sectoral story, which has cross-cutting currents in all levels of Botswana. So perverse was the HIV and AIDS upon our nation that we collectively owned up saying, 'you are either infected or affected', for there was no one who was left untouched. HIV and AIDS is our story as the nation of Botswana.

In this anecdotal essay I want to remember the HIV and AIDS story in Botswana as a collective memory of trauma and revelation that wrote itself upon our hearts, bodies and soul of the nation. I describe HIV and AIDS as a text that wrote itself upon our physical and social bodies. It was a virus that logged in people's bodies, silently multiplying in its host, destroying the white blood cells over a long period. Because of its silent invasion, we first heard of HIV and AIDS on the radio, government clinics, newspapers and television by the mid-1980s. It seemed such a distant myth. Its silence and slow invasion led many people to ignore the warnings, calling it the 'Radio Disease' –for real people had not seen anyone with AIDS in their families or neighborhoods. Besides, news had it that HIV and AIDS had been discovered among the gay communities in California. It seemed so far from us, both geographically and sexually. We were largely, although certainly not exclusively heterosexual people, and so we thought such a story has very little to do with us. By mid-1990s the HIV and AIDS story was taking a new angle. It was a merciless storm. It began to break the silence as those who have been living with HIV, knowingly and unknowingly, began to show symptoms of AIDS.

AIDS is a syndrome. It merely describes a body whose immune system has been depleted by HI virus, leaving one's body vulnerable to various infections that often brought its victims to succumb to some other infection –before the ARV medication intervened positively. By breaking the silence, through break-

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ing up bodies of individuals, and showing up with opportunistic infections, HIV had begun to break the silence within families and communities since caregiving, death and funerals became common, but such a historical trajectory was far from a smooth linear plot.

The silent invasion of the physical body and the breaking down of its immunity became the metaphor of how HIV and AIDS played itself in the social body of Botswana. Between silence and breaking the silence among individuals and the social fabric, there was, to be an endless vicious circle. The historic discovery of HIV among gay communities, and later among other vulnerable communities such as sex workers and injecting drug addicts, seemingly associated the virus with sexual and moral discourse. Sexuality comes with its own cultural discourse of secrecy, silence and morality claims. The historical association of HIV with gay communities and sex workers, could only add salt to the wound, given the prevailing homophobia, now and then. It somewhat implied that if you are HIV positive, you must be sexually immoral and that your sexual life has been exposed against the cultural codes of secrecy. It implied that you were exposed, thus shamed.

The earliest governmental public campaign also, inadvertently and inevitably, subscribed to the same. It was held that preventing HIV is as easy as ABC –Abstain, Be Faithful to your partner or Condomise! Billboards, posters, stickers, murals, t-shirts, radio and television adverts littered the landscape of Botswana with the chorus: ‘To Prevent HIV is as Easy as ABC’. The unspoken and unintended text behind this message was the suggestion that if you are HIV positive you must have failed to abstain, to be faithful to your partner or to condomise, and therefore sexually immoral. These, and multiple other perspectives, began to spin another more hideous pandemic; namely, HIV and AIDS stigma and discrimination.

Stigma and discrimination were the isolation and the fear of People Living With HIV (PLWH) and AIDS and, at times, their families. Stigma a Greek work, meaning to be branded and marked, meant that PLWH and A were socially marked as immoral. But it was much more complex than that. Such people were also socially marked as those whose bodies hosted the incurable HI virus, hence they could pass it on to ‘us’. They were socially marked as those whose bodies carried death awaiting to happen. They were socially marked as symbols of the collapsed boundaries that blurred life and death. They were, in other words, socially marked for carrying our worst fears as people: helplessness in the face of an incurable virus; possible dehumanising suffering, social death and ultimately physical death.

In short, the HIV and AIDS stigma was a pandemic that gripped the larger society, indicating the entrance of the virus upon the social bodies of Botswana. It had less to do with PLWH and A and more to do with the fears of the general public in the face of an incurable and deadly disease. The HIV and AIDS discrimination was, on the other hand, the implementation of our stigma upon people living with HI virus when ‘we’ refused to live or eat with them, threw them out of family and work and refused children orphaned by HIV to play with ‘our’ children or isolated them. HIV and AIDS stigma and discrimination would thus spin forms of resistance and new language: grandmothers, caring for multitudes of orphans refused to register their grandchildren for social welfare services if this would expose them to stigma; the general public resisted undertaking HIV testing from health clinics, for such a test could mark one for both social and physical death; and among many who succumbed to the AIDS syndrome often died of unspecified ‘short’ or ‘long’ illnesses, but hardly, if ever, of AIDS. If the families specified the course of death, their relatives often died of other opportunistic infections such as TB and pneumonia.

Needless to say, the prevention of HIV and AIDS was not as easy as ABC! The HIV and AIDS narrative of Botswana repeatedly demonstrated the complexity of the pandemic at every corner and angle. While the ABC promotion littered the landscape of the nation, indications were to the contrary. Statistically, the infection rate was hardly abating in the first two decades and way into the third decades of the campaign. Surprisingly, police statistics indicated that rape increased in the 1990s and early 2000s to levels that were unknown to the nation. Why? Rape was the rejection of ABC, entirely. Unbeknown to the

architects of the ABC campaign, HIV and AIDS ate away at Botswana masculinities. The HIV and AIDS incurability was itself an anti-masculine discourse, for it planted helplessness and fear, where a man was supposed to be strong and in control.

ABC further reduced the 'rights' of men by insisting that their access to a woman's body should be policed and limited. Where culture taught that *monna poo gaagelwe lesaka* or *monna gaa botswe kwa a tswang* ('a Motswana man, married or single, was culturally defined as free to see other women apart from his official partner') the ABC campaign said, 'be faithful to your partner'. This redefinition of faithfulness limited the sexual rights of a Motswana man to one woman. One could not expect cultural attitudes to change overnight, and so married women became more vulnerable, for their partners could still 'graze' elsewhere (hopefully, with a condom!) but when they were home condom-use was, more often than not, not acceptable. Some 80% of infected married women had been faithful to their spouses, statistics began to indicate. Marriage, the sacred institution of the family, was redefined as a risky institution, for single women were better positioned to negotiate condom use with their partners than married women.

The promotion of condom use, against the deadly virus, similarly suggested that a Motswana man no longer had the right to deposit his sperms in a woman. No. All sperms were better off deposited in a condom and discarded, unless the couple has both tested and agreed to be faithful towards each other. Resistance against condom use was manifested in multiple-ways. Myths, for example, against the condom began to circulate. The condom supposedly had worms that made people ill; while others said, '*ga o kake wa ja nekere e phuthetswe*' ('no one eats a wrapped sweet/candy'). Some falsified the very existence of AIDS, calling it 'American IDEas About Sex', while others minimised the danger of AIDS holding that 'make love now, for tomorrow it will be airborne!'

Rape, the forceful taking of women's bodies, was one way of rejecting the whole of ABC and asserting the right to have women's bodies without being faithful or condomising. The devastation of Botswana masculinities was also manifested in growth of intergenerational sex, where older men preferred younger girls; first, because they believed they were less likely to be infected; second, because they could have more control, by using cash and age power to insist on having sex without a condom. But lastly because the AIDS terror and desperation had also generated another myth; namely, that one's blood could be cleansed of the HI virus by the blood of a virgin. Consequently, young girls were lured, others raped and sometimes there was incest. HIV and AIDS pandemic was breaking the silence concerning patriarchal roles of men as protectors of women, children, family and nations. In so doing, the HIV and AIDS story was calling for a complete re-definition of gender relations and distribution of power.

The HIV and AIDS narrative was increasingly demonstrating its complexity as the years went by. Far from being just individual choices; far from being just individual morality –it was also about structural spaces and social morality. Far from individual bodies it was also about social bodies and structures. Far from individual physical bodies existing independently they were meshed with and in social and structural bodies. Much as there is unequal distribution of power, the powerlessness of the poor and vulnerable will always haunt and affect the empowered. Our lives are intertwined. As long as there was poverty, gender inequality, discrimination on the basis of age, race, sexuality and ethnicity; many people were unable to make choices that protected them from the HI virus. Those who had the power to decide, became equally vulnerable for the viral level in our country was such that we were all vulnerable. We were, and are, all living with HIV and AIDS.

Indeed, by the second decade of HIV and AIDS pandemic, it had become accepted that HIV and AIDS is a pandemic that co-exists and depends upon other social pandemics such as illiteracy, unequal access to economic, cultural, political and social power. The HIV and AIDS narrative highlighted that the healing of the individual bodies and nation demanded the healing of our social relations –the imperative to

address all social inequalities and discriminations. Incurable and deadly, HIV and AIDS became a text of terror and trauma on the physical and social bodies of Botswana, calling us to be a care-giving nation and to positive living. The HIV narrative highlighted and underlined prevention, care-giving, positive-living, adherence and breaking the silence by reading the silences that often harboured social injustices.

As we celebrate half a century of being an independent nation, HIV narrative has imbued us with a rich language of ever-seeking to break the silence, to be care-giving nation, that seeks to empower all its members, since social inequalities constitutes ill-health, for individuals and the nation as a whole. Positive-living for Botswana is the art of adhering to building healthy social structures for all our members.

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