

HIV/AIDS and Discourses of Stigma and Denial: The Interventive Nature of Music Performance

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Abstract

Discourses and general knowledge about HIV/AIDS filter down to the general population through the authoritative language of science and medicine, but various other role players also feature in such knowledge production. These include religious bodies, governments, and the general public. Each has noticeable effects on how HIV/AIDS is known, and more specifically, how those living with HIV/AIDS are treated in society. In this research, I use (auto)biographical texts by Cameron, Levin, McGregor and Steinberg as well as everyday talk, to analyse discursive processes around HIV/AIDS in South Africa. I examine the effects of language used in representing HIV/AIDS and explore how language contributes to a creation and maintenance of negative discourses that generate stigma, shame, and denial among those infected and affected. I then look at two films, one documenting the Mandela 46664 concert held in Greenpoint, Cape Town in 2003 which is captured together with other documentary material on the DVD *46664: The Event* (2004), and the other called *IThemba/Hope* (also 2004), a documentary showing preparations of Sinikithemba choir, Umlazi, to perform at the 10th Conference on Retroviruses and Opportunistic Infections in Boston, USA. Through an examination of the music performances and extra-musical aspects, I interrogate how they can be seen to constitute an intervention potentially contributing to a counter discourse that helps to demystify HIV/AIDS in South Africa and destigmatize the disease.

Declaration

I declare that this dissertation is my own unaided work. It is submitted for the degree of Master of Arts in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any other degree or examination in any other university.

Thembele Vokwana

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Table of contents

Abstract	ii
Declaration	iii
Table of contents	iv
Acknowledgements	vi
Preface	viii
Chapter 1: Mapping the field	1
HIV/AIDS knowledge production: The social dimension of a disease	2
Exploring the intersections between music performance and HIV/AIDS stigma and denial: Issues of methodology and theory	6
Language, power, and ideology: Arguing the case for critical discourse analysis	8
Stigma	11
HIV/AIDS representation	13
Denialism	15
Performance-centred HIV/AIDS intervention	17
Chapter 2: Sinikithemba Choir and the struggle for anti-retroviral treatment in South Africa	20
Introduction to Chapter 2	20
Sinikithemba at home: Establishing the context	22
Sinikithemba at home: Preparation for travel, and further context	29
Sinikithemba abroad: At the airport, the hotel, and the conference	36
Back in Durban: Business unusual	41
Summary of Chapter 2	42
Chapter 3: AIDS is no longer just a disease, it is a human rights issue: Nelson Mandela, 46664 and ‘Rock for Aids’	44
46664 The event: An overview	44
The concert: DVD 1	46
The concert continued: DVD 2	57
Summary of Chapter 3	60
Chapter 4: Towards an ‘HIV+ society’: The interventive nature of music performance	61

Theory and methodology revisited	61
Description: The discourse	62
Table 1: Examples of counter-discursive acts in <i>IThemba</i> and their signification	63
Table 2: Examples of counter-discursive acts in <i>46664</i> and their signification	65
The themes	69
a) Advocacy, affirmation, and the politics of gender	71
b) Normalizing AIDS, creating partnerships	74
c) Subversion of concealed identity	75
d) Political economy of treatment	76
e) Invocation of the ‘Freedom Struggle’	78
f) Resistance and hope	79
Chapter 5: The music, its production and contexts	82
Exploring the processes of production	82
The socio-historical context, and the music	85
Conclusion	89
Looking inward: Personal reflection	91
Looking ahead: New beginnings	93
List of sources	95
Appendix 1: List of contents of the <i>46664</i> DVD	101
Appendix II: Transcription of extra-musical materials on the <i>46664</i> DVD	103
Appendix III: Lyrics of selected songs	115

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Preface

It is just a little over two decades since I first heard of HIV/AIDS. My memory of the early encounters with this acronym and its semantic inflections include a disease that happened in some distant countries elsewhere in the heart of the African continent. This disease was reported to be not only deadly but also linked to America: the CIA or the FBI. Among my peers as teenagers, AIDS came to stand for American Ideas of Destroying Sex. And so, condoms were generally taken as means by which the apartheid government, aided by the US secret services aimed to limit the birth rates of Black people. Declining birth rates of Blacks would ensure their maximum subjugation to the grip of apartheid and also help quell the unrest that was as a result of the relentless fight for freedom in the mid to late 1980s, so we thought. While I may have thought of these as folk tales, literature on the social dimensions of HIV/AIDS reveals that these ‘tales’ are not only a South African feature, but are in abundant circulation elsewhere in the world too. Treichler (1987:32-33) lists 33 ways in which AIDS has been characterized, and some of the examples I have given above appear in the list. (See also Fassin and Schneider, 2003.)

I remember that I had never seen a person with AIDS and so any range of conspiracy theories about HIV/AIDS might as well be true. Perhaps HIV/AIDS just did not exist, so I thought at times. Early into the 1990s, pictures of emaciated people with lesions in their faces and skeletal bodies began to proliferate through the magazines in circulation in those days: *Drum*, *Bona*, *True Love*, *Pace* and occasionally the *The Times* and *Newsweek*. Even then, these were bodies of distant people in faraway places, largely White homosexual males, prostitutes, African women and children in war torn countries. People would say, “ubani unamagama ... unale nto ... ubani usweleke ngenxa yale nto” [So and so has the letters ... has this thing ... s/he died of this thing] or “ubenomkhuhlane ongapheliyo ... u(be)ne Z3 ... ubulewe ngugawulayo” [had a very long fever ... ha(s)d a Z3 ... was killed by AIDS]. ‘The letters’ refers to the acronym HIV/AIDS and ‘a Z3’ is the fast BMW sports car, symbolic of the speed with which HIV/AIDS kills ‘carriers’. Another view is that Z3 refers to living a ‘fast life’, a euphemism for promiscuity. The ‘long fever’ is a reference to the long flu that is symptomatic of the onset of full-blown AIDS.

Ugawulayo is a Xhosa noun deriving from the root verb *-gawula* meaning to hack (shrubs), fell down a tree or clear up a vegetated area: once again the strength of this name for HIV/AIDS lies in its imagery and semantic weight which suggests a degree of destruction or annihilation.

In the mid to late 1990s I began to hear the euphemisms above used to refer to people who were ill, had a dramatic weight loss or had just died under ‘questionable or suspicious’ circumstances. The questions and suspicions were often raised when previously healthy, energetic young people suddenly fell sick and disappeared from the locale in which they lived, mostly to be nursed by parents or relatives in some distant rural areas, far away from the prying eyes of their urban peers. At the same time, HIV/AIDS had begun to be projected onto miners, foreign African nationals, and prostitutes as carriers. Cameron (2005:52) relates how in 1986 the Chamber of Mines announced the results of blood samples of 300 000 miners, 800 of whom were found HIV+ and of these, 760 were from Malawi. These workers were summarily deported and at the beginning of 1988 their contracts were not renewed. This may have been the basis for the projection of AIDS onto miners and Africans from elsewhere in the continent. (See also Marks, 2002.) Stories of HIV/AIDS being closer to home in the mines and KwaZulu-Natal region also began to emerge. Until very late in the 1990s, I personally never knew anyone who had HIV/AIDS or anyone who died of it.

Then in 2000 a friend called to tell me that Mxolisi¹ had made a confession that, ‘*unamagama*’ [he has the letters]; he was diagnosed as HIV positive (hereafter HIV+). While I was one of his closest friends, I was not supposed to know. And so I could never be able to extend a helping hand. In 2000-2001 I knew nothing of anti-retroviral treatment. I was aware of a healthy diet, exercise, and a positive attitude as being important in keeping one as healthy as long as they could while living with HIV/AIDS. While I wanted to extend a helping hand to Mxolisi, I was equally wary of ‘letting out the secret’. Soon thereafter he went back to his parents in a village somewhere in the Eastern Cape, leaving the friends he had lived with in the big cities speculating about his whereabouts. I was disturbed by his insistence that most of us

¹ Name altered for ethical reasons.

who were so close to him must never know. Maybe even more distressing was my inability to extend a single word of comfort and support. A few months later, Mxolisi passed on. He was in his late twenties. He became a statistic and possibly a subject of further gossip. In a bizarre way, he joined many who continue to die in similar circumstances: alone, hidden away, and deeply troubled by stigma, shame, and guilt.

Profoundly saddened by his loss, I wondered how and why would people rather die in silence than speak about their illness, at least to the closest of friends and family? Since then I was to become privy to numerous rumours, some with malicious intent about people with ‘this thing’, and to varied and rather disturbing reactions to being HIV+. I was to learn of families who would take their next of kin out of hospitals to traditional and faith healers to deal with *isidliso* and give them copious amounts of *isiwasho* until they died. *Isidliso* or *Idliso* (in IsiZulu and IsiXhosa, respectively) refers to a poisonous portion assumed to be mixed into someone’s food to kill them. It is assumed that magic and sorcery are used, too, to make one ingest such portions without even physically eating them.² *Isiwasho* is a mixture of water and herbs or other concoctions that are used to cleanse one of the evil spirits or ill luck that are often associated with a spell cast upon an individual.

In the Eastern Cape where I have spent most of my life and have come into contact with various discourses about HIV/AIDS, it is customary in funerals to announce to the attendees the cause of death of the departed. For those whose deaths were rumoured to have links to HIV/AIDS, the cause would not be mentioned. Instead, symptoms such as coughing and sweating would be listed and then the usual phrase ‘*o! ugulile ke bethu*’ [oh! s/he had a long illness] would be repeated many times with no mention of the actual cause of the illness or its name. Yet, if someone dies of a cardiac arrest, high blood pressure, tuberculosis or any other common ailment, such would be mentioned directly by name. It dawned on me that HIV/AIDS had become the disease the name of which no one dared to publicly mention, not in funerals and public gatherings, and perhaps not even in the privacy of the family compound. Naming AIDS as the cause of death seemed to shame both the deceased and the family left behind. Such silence and non-disclosure underscored a subtext, rarely

² See Ashcroft (2002) for a more detailed discussion.

discussed but implicitly known: that HIV/AIDS translated to promiscuity and witchcraft, the consequences of which are a rapid wasting, a long, painful illness, and eventually, death.

In the foregoing vignettes, I have highlighted a series of issues that this research seeks to engage with in greater analytical and interpretive detail. The proliferation of the ‘mythical’ and stereotypical aspects of grassroots discourses about HIV/AIDS points to a very complex layering of issues and events that can be traced, from authoritative biomedical HIV/AIDS science to the political economy of the disease and to ways in which all these coalesce in the global exchange of ideas and practices. In Chapter 1, I examine the socio-political context of AIDS in South Africa and its relationship to discursive practices and how these have affected and continue to affect those living with HIV/AIDS, mostly in a negative manner. Chapter 2 provides a description of the documentary DVD made by a group of HIV+ people who sing in a choir from Durban called Sinikithemba, as they prepare to attend the 10th Conference on Retroviruses and Opportunistic Infection in Boston, USA. This documentary shows how grassroots activism shapes the terrain of HIV/AIDS practice in South Africa.

The second DVD, described in detail in Chapter 3, documents the background against which the high-profile 46664 concert hosted in collaboration with the Nelson Mandela Foundation at Greenpoint stadium in 2003 came into being. I focus on the concert as a site of production of counter-discursive practices surrounding HIV/AIDS both locally and abroad. In Chapter 4, I compare the two films and examine how music and texts as expressive cultural forms are used to engage the personal, subjective domains and the broader communal, political and economic sectors locally and globally in order to transform HIV/AIDS discourses from their often negative representations and connotations into more positive ways of engaging with the disease and with those living in the midst of it whether they are infected, affected, or both. At the end of Chapter 4, I summarise and analyse the main issues that emerge in the two films and in Chapter 5, I link the theoretical foundations of the Research Report to my findings and summarise the role of music within the discourse, speculating on its effectiveness as an interventive strategy.

Chapter 1: Mapping the field

AIDS is stigma disgrace discrimination hatred hardship abandonment isolation exclusion prohibition persecution poverty privation. AIDS is a metaphor. It is a threat a tragedy a blight a blot a scar a stain a plague a scourge a pestilence a demon, killer rampant rampaging murderer. It is made moral. It is condemnation deterrence retribution punishment, a sin a lesson a curse a rebuke judgment. It is a disease (Cameron, 2005:42).

In the Preface, I used a variety of narratives recalled from my experience or memories of HIV/AIDS. These narratives are not just my own but also constitute an aspect of the South African AIDS story as a whole, I suggest. I employ the idea of a ‘story’ to highlight salient issues regarding HIV/AIDS, because just as it does in a story, language is used about HIV/AIDS to proffer meaning (or at times veil it) for a complex set of themes and dramatic twists to the national ‘plot’ and to the role of various protagonists in the continuing narrative. As I show later in this chapter, language, or any form of signification constitutes a ‘discourse’, which is a notion of central importance to this research exercise as a whole.

Discourse as both practice and ideology has its own particular character and practical ramifications, both of which are crucial in the HIV/AIDS narrative. Revisiting the notion of characters, it is worthwhile to emphasize that human beings are involved in all the various aspects of discourse, whether entrenching existing ideologies that maintain a given set of power relations or critically engaging with them to counter the ‘taken-for-granted-ness’ of discourse in everyday life, and the subtle hegemonic dimensions in operation.

What is the AIDS story I engage with here? And how do I go about teasing out its components and untangling the complex themes, plots, and roles of various characters in it? My interest lies firstly in how HIV/AIDS knowledge production takes place, the effects of such knowledge on the society at large, and the roles played by various agencies to unsettle the power dynamics embedded in such knowledge.

HIV/AIDS knowledge production: The social dimensions of a disease

HIV/AIDS knowledge largely circulates through an intricate web of mixed and often negative and ‘condemning’ linguistic practices linked to existing social prejudice and stereotypes, as the quotation from Edwin Cameron that heads this chapter reminds us. Before this knowledge reaches the general populace and performs the negative discursive activity I allude to above, however, it begins its journey as pure language of science.

Any outbreak of a disease first becomes the concern of scientists whose work informs treatment options available to medical practitioners. The same can be stated in reverse, that medical practitioners monitor symptoms that may be taken into consideration in the analytical work of scientists in laboratories. On the surface, this network of scientists and physicians supposedly subscribes to the presentation of neutral scientific data that is incorporated in the various strategies employed to curb the spread of a disease. In the case of AIDS, a ‘simple’ scientific fact is that “HIV causes AIDS primarily [by] destroying the body’s immune system” (Nattrass, 2007:18). The various mechanisms employed in this process are detailed in an increasingly complex biomedical jargon of antibodies, CD4+ T-cells, ribonucleic acid (RNA) and deoxyribonucleic acid (DNA), reverse transcriptase, enzymes, etc. (see Barnett and Whiteside, 2002:30; Nattrass, 2007:15-22). At surface level, none of this scientific language is inflected with any semantic weight in terms of castigating punitive and negative discourses against specific people. After all, it is a bio-chemical language of invisible chemical processes taking place deep in the genetic structure, blood stream, and tissues of human beings.

However, in his critical study of meaning making in scientific data and medical practice Steven Epstein (1996) reveals a complex contestation of scientific facts and voices behind them for gaining ‘orthodox’ positions. The creation of authoritative knowledge about HIV/AIDS establishes particular voices as authoritative while others are shut off as dissident, Epstein argues; and it is at this collision course of the “credibility struggles” that issues of power arise (Epstein, 1996:3). At this point, various other actors come into the scene, such as the “medical-industrial complex” (Ibid:7), with aims reaching far beyond simple elucidation of biomedical facts about a

disease, to the patent rights of medicines, and profit making. Causal links of disease often lead to epidemiological research and speculation about conditions at the source of the disease, the trajectory of its spread and media used in its spread, which need to be explored in order to fully comprehend, control and provide a cure. Here, too the purely scientific data gets enmeshed with the cultural and political.

As an attempt to fully comprehend the disease, basic scientific data on HIV/AIDS often intersect with various other indices of power and politics. The implications of such scientific data then begin to change as it gets enmeshed in the intricate web of power, ideology, and politics. Consequently, it is not surprising to read of typologies of the tainted, those posing a risk to society. Invariably, those belonging to such categories, often termed as 'high risk' - homosexual males, intravenous drug users, immigrants (often African/Haitian), prostitutes - require various forms of containment and quarantining from mainstream (read 'normal/vulnerable') society. Coupled with the creation of such categories of risk behaviours and possible societal contaminants is the originary point of the 'plague', often projected at some distant geographical space, inhabited by undesirable Others. Hence claims that HIV/AIDS is Haitian in origin if discourse emanates from a North American source, Black African if a Euro-American source, continental African if a South African source. Farmer (1987) typifies this spatial projection of disease as the 'geography of blame'.¹

Tony Barnett and Alan Whiteside (2002:36-37), and Stephanie Nolen (2007:8-10) provide a discussion of the epidemiology of HIV/AIDS from a seemingly scientific viewpoint. Collectively, they provide claims of HIV/AIDS transference from monkeys to humans in a process called 'zoonosis'. They argue that this is a result of cultural practices of Africans consuming meat and drinking blood infected with SIV (Simian Immunodeficiency Virus) found in chimpanzees. Yet none of this scholarship provides supporting empirical or ethnographic evidence to corroborate this point. Similarly, for Paul Farmer (1992), in the early days of HIV/AIDS, the American press and scientific literature were awash with unverified stories linking voodoo practices to

¹ The spatial projection of disease on the 'Other' has well documented historical antecedents. Susan Sontag (1990) provides insight into the "link between imagining disease and imagining foreignness" (136) wherein "[o]ne feature of the usual script for plague [is that] the disease invariably comes from somewhere else" (135). She writes of syphilis in the fifteenth century as having been "French Pox" to the English, "Chinese disease" to the Japanese, etc.

the spread of HIV/AIDS wherein the ritual participants, especially priests were “suspected to use human blood ... in sacrificial worship” (3) or ingest raw flesh and blood of chickens during ritual worship. It is easy to read cultural politics and accusations into these kinds of discourses on the epidemiology of HIV/AIDS. (See Paula Treichler (1991) for further insightful discussion of these issues.)

Treichler (1987), Adam Ashcroft (2002), Cameron (2005), and Adam Levin (2005) have noted how HIV/AIDS is represented as a disease associated with a wide range of attributes including witchcraft, with addiction to intravenous drugs, and with moral decay linked to (homo)sexuality or reckless sexual activities. The collective effect of these attributes operates in significant ways. Within the South African context, the theme of witchcraft receives a cogent and insightful engagement from the research of Johnny Steinberg (2008) and Joanne Wreford (2008; 2009). Steinberg (2008) highlights a coalescence of these issues, perhaps alarmingly so. After a series of conversations about HIV/AIDS in Lusikisiki, a site of his research in the Eastern Cape, his deduction is that:

those who speak of the shame of the HIV-positive are a hair’s breadth from speaking of the shame of witches. Like the witch, the HIV-positive woman has a sexual appetite, and again like the witch, her sexual appetite is murderous. As much as people try to strip AIDS of evil by giving it a strictly biomedical explanation, it nonetheless remains lodged in an old and poisonous well of fear, of suspicion, and of misogyny (133).

The cumulative effect of notions of HIV/AIDS linked to sexual permissiveness and the practices of witchcraft, both abhorred by the Christian morality imposed on Africans since the nineteenth century, is immediate denial of the existence of the condition and related seeking out of appropriate medical care. Cameron (2005) inflects this story with a heart wrenching personal testimony:

Perhaps worse than many of its other features, more puzzling, less tractable, and besides complicating everything else, AIDS is also shame. Shame - the humiliation or distress that arises from self-knowledge of *dishonour* or *offence* or *impropriety* or *indecentcy* (45; my emphases).

In such discourses, HIV-positive (hereafter HIV+) people are marked and condemned, hence the shame, secrecy, and guilt and amounting to stigma, associated with the disease. As a consequence of such stigma, the infected and affected resort to silence,

which exacerbates the condition of failing health and limits easy access to treatment and support at what should be an opportune time. Cameron (2005:53) further points out that “[s]tigma is perhaps the greatest dread of those who live with AIDS and HIV - greater to many even than the fear of a disfiguring, agonizing and protracted death”. Liz McGregor (2007) also throws light on this grim picture through the story of Fana Khaba, a very popular radio DJ killed by AIDS. His response to his HIV/AIDS status vacillated between acceptance and denial and a sustained refusal to take relevant medication that could have significantly increased his chances of managing the disease effectively. Bruce Link and Jo Pelan (n.d.) posit that “[t]o the extent that stress is involved in relapses or exacerbations of a condition, any stigma processes that generate stress will contribute to exacerbations or relapses of the condition in question” (10). (See also Stein (2003) for a more extensive discussion on the subject of stigma and its public health implications.)

This does not complete the picture, however. Various commentators on the AIDS story have noted how those in power, especially policy formulators in government, as in the case of South African former Minister of Health Dr Manto Tshabalala Msimang and former President Thabo Mbeki, are sometimes lost in the maze emanating from the discourses about HIV/AIDS, and add to it. Tony Barnett and Allan Whiteside (2002), Helen Schneider (2002), Mandisa Mbali (2001; 2004), and Nicoli Nattrass (2007) provide nuanced discussions of this theme. Subsequently, governments’ policies and practices show them allying themselves with the condemning voices. Involved too are NGOs, religious communities, multinational pharmaceutical companies, and civil society in general. Arnau van Wyngaard (2006) openly admits the church’s implication in the exacerbation of the HIV/AIDS problem in Sub-Saharan Africa by neglecting to respond appropriately to the problems associated with the disease. In particular, the church’s insistence on the relationship between HIV/AIDS and sin receives critical appraisal in this article.² The concern here is with the combined silence and production of negative discourses and punitive gestures towards members living with HIV/AIDS.

² Van Wynagaard (2006) cites the work of van der Walt (2004) to highlight how the church has insisted on the linkage between HIV and ‘Sin’, i.e. those who are HIV+ have committed sinful acts against God.

I argue that in order to fully engage with HIV/AIDS and intervene to curb its spread and related devastating effects, an examination of medico-scientific knowledge alone is insufficient. As the discussion above demonstrates, it is in the social and cultural aspects of HIV/AIDS as encapsulated and mediated in textual practices (discursive acts) that the far-reaching effects of the disease on those living with it continue to have an adverse impact.³

Treichler (1987:31) sounds the challenge thus:

The name *AIDS* in part *constructs* the disease and helps make it intelligible. We cannot therefore look ‘through’ language to determine what AIDS ‘*really*’ is. Rather we must explore the site where such determination really occurs and intervene at the point where meaning is created: in language (emphases in the original).

In light of this claim, I suggest that music performance, including music performance on film as a form of discursive practice is amenable to being - indeed should be - interrogated as an intervention that raises an alternative voice and arouses empowering sentiments and behaviour against the condemning and punitive effects of language. This Research Report therefore seeks to investigate aspects of the relationship between music performance and HIV/AIDS stigma in South Africa and the interventive roles that music performance can play in the framework of HIV/AIDS discourse.

Exploring the intersections between music performance and HIV/AIDS stigma and denial: Issues of methodology and theory

In order to investigate aspects of the relationship between music performance and the production of counter-discursive practices, in Chapters 2 and 3, I examine two very different but equally significant performances from the early 2000s captured on film: *46664: The Event* (2004), based on a celebrity concert held in Greenpoint Stadium,

³ In the context of this Research Report, social aspects of HIV/AIDS refer to the non biomedical/scientific issues such as language use about HIV/AIDS in everyday life, expression and effects of attitudes towards the infected and affected, power, gender, sexuality, politics, and religion etc. as raised in this project.

Cape Town in 2003,⁴ and *IThemba/Hope* (2004), a documentary about the Sinikithemba Gospel Group's appearance at the 10th Conference on Retroviruses and Opportunistic Infection in Boston in 2003. (Hereafter the films are referred to as *46664* and *IThemba*; when I refer to 46664 as a project, concert or event it is not italicized; when I refer to it as a song it is '46664 - Long Walk to Freedom'.) Each of the two films, I argue, uses music, lyrics, and performance techniques to communicate positive messages about HIV/AIDS, raise public awareness of the condition, and create a platform for public support for both the infected and the affected. In this way, such performances help counter some of the effects of stigma. In my description and analysis of these two films I focus mostly on text as counter discourse and to a lesser extent music, and my analysis is necessarily limited by the confines of what one is able to do in a Research Report.

My study has grown out of previous studies that relate to arts in general and the literature on music and HIV/AIDS more specifically. While drama and the visual arts have previously been studied as cultural interventions, especially as media for HIV/AIDS awareness and advocacy (Parker, 1994; Dalrymple, 1995; Marschall, 2002), little attention has been given to the potential for music performance to address similar issues, let alone go even further: to provide critical support towards the HIV/AIDS struggle. The support of large-scale fundraising efforts, the forging of solidarity, and the challenging of misconceptions - all of which characterize the two DVDs studied here - constitute important contributions, I argue, to HIV/AIDS counter discourse. By focussing on discourse and by analysing these two music events using critical discourse analysis (CDA) as propagated in particular by Norman Fairclough (1989; 1995; 2001), I aim to show how they provide counter-discursive strategies against the negative views about HIV/AIDS I have outlined above, and offer a potentially empowering example or model for those affected. I revisit the interpretive tools afforded by CDA in some detail in Chapter 4 after my discussion of the two films. Here, I introduce some of the issues of methodology and theory that using critical discourse analysis raises.

⁴ The former 'Greenpoint Stadium' was demolished not long afterwards in order to build an international soccer stadium for the 2010 World Cup.

In this research a larger question at the back of my mind is this: what insights might be reached through studying these two films as examples of artistic intervention that might help to ameliorate the effects of HIV/AIDS in South Africa? A more foregrounded question is: what kind of theoretical frame should one construct in order to ask a specific set of questions and apply equally specific tools, to show how the artistic intervention works? It is to that theoretical framework that I now turn.

Language, power, and ideology: Arguing the case for critical discourse analysis

Michel Foucault's theoretical heritage, particularly *The Archaeology of Knowledge* (1972[1969]; see also Foucault, 1966; 1976; 1980; 1987) is obviously important for this study, because of his role in developing the *idea* of discourse as related to power and knowledge, and thus to ideology. To deepen my engagement with the analysis of discourse I draw on Norman Fairclough's argument that discourse, mostly carried through linguistic expression - thus textualized - provides a context for the naturalizing of ideologies while it simultaneously creates a platform for their contestation.

There is a dual relationship of discourse to hegemony. On the one hand, hegemonic practice and hegemonic struggle ... take the form of discursive practice, in spoken and written interaction ... Naturalized discourse conventions are most effective mechanism for sustaining and reproducing cultural and ideological dimensions of hegemony. Correspondingly, a significant target of hegemonic struggle is the denaturalization of existing conventions and replacement of them with others (Fairclough, 1995:94).

One needs to be fully cognizant, therefore, of the functioning of power relations in the manner in which society formulates the language to speak about particular objects and events. Discursive acts, when critically analysed and thus denaturalized can often magnify the fault lines of power and powerlessness that exist in society. At the same time, one can argue that discourse also carries with it the revolutionary practices that dismantle the taken-for-granted language of power. Consequently, other scholars in the critical discourse analytical studies find the analysis of practices of freedom from

hegemony particularly fascinating for their work. For them, critical discourse analytical theory is an emancipatory theoretical and methodological paradigm.⁵

Particularly relevant for this study is the notion that discourse is not only confined to speaking and writing, but also includes “practices which naturalize particular relations and ideologies, practices which are largely discursive” (Ibid). And therefore, “[i]n cultural analysis”, Fairclough explains “texts do not need to be linguistic at all; any cultural artefact - a picture, a building, a piece of music - can be seen as a text” (Ibid:4). While he warns that overextending the notion of a text might render it nebulous, “texts in contemporary society are increasingly multi-semiotic, texts whose primary semiotic form is language increasingly combine language with other semiotic forms. Television is the most obvious example, combining language with visual images, music and sound effects” (Ibid). Furthermore, he indicates that “[w]e can continue regarding a text as a primarily linguistic cultural artefact, but develop ways of analysing other semiotic forms which are co-present with language” (Ibid), a point of obvious importance for my methodology. Adam Jaworski and Nikolas Coupland (1999:13) also highlight the fact that “discourse is more than (verbal/vocal) language itself” and includes other discursive acts or “forms of semiosis” such as gesture (body language), sound structures, visual images, and other ways in which social relations can be enacted.

In addition to informing us what discourse entails, Fairclough proposes a critical approach to the study of discourses. In his view, the critical goals in discourse analysis are the link between the ‘micro’ events, such as everyday discursive practices that are often naturalized, to ‘macro’ structures, which are ideological in nature and are often opaque to the participants in a discursive event. In the case of this Research Report the ‘micro’ refers to selected counter-discursive strategies from the two films, such as those that I analyse in Chapter 4, and the macro is the web of ideologies that underscore HIV/AIDS reality in South Africa, such as those embedded in the negative attitudes referred to above.

⁵ See Chapter 4 for further elucidation of this point by scholars such as Wodak (1999), van Dijk (2001), and Janks (2005).

What are the implications of critical discourse analysis (CDA), which offers both a theoretical position and a methodology, for my research project? First, the acceptance of the multifarious nature of discursive practices allows for an analysis that goes beyond examination of the words with which HIV/AIDS is known and their effects. It opens up possibilities for critically looking at the *contestations* that exist in the production of knowledge about HIV/AIDS, and the formulation of practices that govern responses to the disease at multiple levels, ranging from the personal to the official. Second, CDA opens up possibilities for reading the hegemonic underpinnings of the various discourses that are used to frame knowledge and practice around HIV/AIDS against the grain. This research locates the language about HIV/AIDS at the core of stigmatization of those living with the disease; it also sees music performance at the core of de-stigmatization. By studying the two films, then, this research opens up possibilities for examining the means by which counter discourses are created against the language and practices of stigma, denial, and silence. The two films analysed are highly amenable to the kind of theoretical position and analytical methodologies espoused by critical discourse theorists such as Fairclough.

In conjunction with CDA I also consider aspects of the films from a socio-musicological perspective, drawing on Simon Frith's (1996) and Christopher Small's (1998) work on music and performance; because the music and lyrics I analyse are also 'social texts', as John Shepherd puts it in *Music as Social Text* (1991), and such authors emphasize a holistic and contextual analysis of music/text. Small (1998) refers to this as "musicking", by which he means "*tak[ing] part, in any capacity, in a musical performance, whether by performing, by listening, by rehearsing, or practicing [sic], by providing material for performance (what is called composing) or by dancing*" (9; italics in original). The context of music performance allows for an active and often mutually beneficial participation of the composer-performer-listener, an organic and shared production-dispatch-reception of meaning within a performance setting, as Frith (1996) conceives it. For him, the meaning of music and possibly its efficacy too, is generated largely within a performance context where audiences can be moved by what songs, artists, genres, voices, bodies in motion individually and collectively make them to be. In this way, performance is an important tool where shared meanings are generated for both group and individual identification.

These possibilities help to widen the extent to which an interrogation of meanings generated within a performance setting can be analysed. In other words, the performance as a whole can be read as a social process in which discursive practices have taken place with individuals or groups positioned along a continuum of power/powerlessness. Each performance, or each individual song (as I shall show), can be segmented as ‘a fragment’ amenable to in-depth analysis and commentary. The lyrics, the musicians’ attire, the dancing, the musical genres (and associative attributes), instrumentation, the artists’ spoken interpolations, vocal timbre, the audience’s response to and interaction with the artist: all these constitute the ‘text’ on which are inscribed the aspects that can be subjected to a critical discourse analysis. A musical and performance analysis that is in conversation with critical discourse analysis thus guides the theoretical thrust of this Research Report and informs the methodological choices to be made.

In order to contextualize this approach, I now connect the previous discussion on the production of knowledge about HIV/AIDS with four themes drawn from various writings on HIV/AIDS - stigma, representation, denialism, and performance-centred intervention - in order to show some ways in which knowledge about the disease gets to circulate and attain a degree of orthodoxy. Most importantly for this Research Report, I pinpoint the effects this knowledge wields on various sectors of society, entrenching the stigma and denial that is at the centre of the concerns of this project.

Stigma

Much of the scholarship on stigma derives from Erving Goffman’s (1963; 1996) seminal sociological work, which provides a genealogy of its meaning, nature, and effects. The word was initially used, Goffman points out “to refer to bodily signs designed to expose something unusual and bad about the *moral* status of the signifier” (Goffman, 1996:67; my emphasis).

[N]ot all *undesirable attributes* are at issue, but only those which are incongruous with our *stereotype* of what a given type of individual should be. The term stigma, then, will be used to refer to an attribute that is *deeply discrediting* ... an individual who might have been received easily in ordinary

social intercourse possesses a trait that can obtrude itself upon attention and turn those of us whom he meets away from him ... He possesses ... an *undesired differentness* from what we had anticipated (Ibid:68-69; my emphases).

As stigma taints and discredits, it affects public health and the general wellbeing of those stigmatized, as Link and Phelan have shown. “To the extent that stress is involved in relapses or exacerbations of a condition, any stigma processes that generate stress will contribute to exacerbations or relapses of the condition in question” ([n.d.]:10). Joanne Stein (2003) draws attention to the fact that HIV/AIDS-related stigma is often a result of assumptions of sexual immorality, and so those infected who could normally be helped to manage the disease through early diagnosis, hide their status, or refuse to test until the illness develops to unmanageable proportions. Surmising on his own sense of being stigmatized in the discovery of his HIV+ status, Cameron (2005) says:

What is perhaps most poignant and most impenetrable about stigma is that some of its impact seems to originate from within ... Stigma’s irrational force springs not only from the prejudiced, bigoted, fearful reactions others have to AIDS - *it lies in the fears and self-loathing, the self-undermining and ultimately self-destroying inner sense of blame that all too many people with AIDS or HIV experience themselves* (53; my emphasis).

It is also important to consider that HIV/AIDS stigma is not only generated from judgment passed about one’s moral attributes. Ashcroft’s (2002) work, for example, explores local or grassroots discursive practices conflating HIV/AIDS and sorcery (which I mentioned in the Preface), as suggested by the Zulu word *isidliso* (a poisonous and evil potion ingested by an unsuspecting individual): those who are diagnosed with HIV/AIDS, and later discursively referred to as *badlisiwe* or *bathakathiwe* (they have ‘eaten’ *isidliso* or they have been bewitched), are often ashamed of their status. To be known to be bewitched is thus just as stigmatizing as being thought ‘immoral’. This work further reveals how families are as unsettled by the implication of sorcery as those infected. (See also Farmer (1992) on this point.)

As Foucault makes clear, however, discourse is a complex representational mode, instrumental in shaping how a particular subject is known and dealt with. As he put it in *The Order of Things* (1989[1966]), even in “the Classical age, language was posited and reflected upon as discourse, that is, as the spontaneous analysis of

representation” (Foucault, 1989[1966]:252). Foucault’s account of the relation of discourse to ideology in *The History of Sexuality* (1979[1976]) is pertinent to the present study. “The central issue”, he says,

is not to determine whether one says yes or no to sex ... but to account for the fact that it is spoken about, to discover who does the speaking, the positions and viewpoints from which they speak, the institutions which prompt people to speak about it and which store and distribute the things that are said. What is at issue, briefly, is the over-all ‘discursive facts’, the way in which sex is ‘put into discourse’ (1979[1976]):11).

As will be shown later, the fact of the generation and circulation of knowledge about HIV/AIDS be it grassroots or scholarly, who speaks about it and how, and the positions or institutions that they speak from - how it is generally ‘put into discourse’ - all these things structure people’s perceptions of the condition and of those affected.

HIV/AIDS representation

The framing of HIV/AIDS in the media is largely instrumental in how it has become known both locally and globally. David Miller, et al. (1998), Dorothy Nelkin (1991), Roger Myrick (1998), and Catherine Searle (2001) have demonstrated how the language framing HIV/AIDS employs a variety of representational devices that reflect agendas of media portals and ideologies operating within them. One of the persistent references to HIV/AIDS is the military metaphor consisting of words like ‘invasion’, wherein governments have a duty, aided by science, to unleash war on AIDS to protect their citizenry. (In the two films analysed below we shall see how it is likened, with a sense of irony, to the post-9/11 ‘war on terror’.) In the same way that war is strategized for combat and ultimate defeat of the perceived enemy, so is HIV/AIDS strategized as both a biomedical condition and a social one. Often those carrying the ‘invading virus’ are eventually ostracized, because they are marked as spreading the virus that requires both control and annihilation. Searle (2001), for instance, cites a letter sent to a Johannesburg newspaper editor in which HIV/AIDS infection is presented as more calamitous than anything else imaginable since it killed “more children than PW Botha ever imagined killing” (77). Levin (2005), who is someone living positively with HIV/AIDS, says of the effect of the ‘war’ metaphor, that there

was “something very problematic about the media’s persistent use of phrases like ‘the battle against AIDS’, ‘the struggle’, ‘the fight’. What were we fighting: the disease or the people who had been infected with it? Far too often, the answer was the latter” (164).

Visually, HIV/AIDS sufferers are often represented only as emaciated individuals with lesions, at times in rags on unkempt hospital beds (Watney, 1994; Levin, 2005). The proliferation of images of decay and death in turn further inflames the alarmist discourses and reception of information about HIV/AIDS. As I will show in the next section, rather than provide crude facts about HIV/AIDS, this type of imaging creates stereotypes about the disease and those living with it as much as it inadvertently promotes a range of denialist practices. Another representation concerns the carriers of the disease, especially in Africa. Generally, this particular type of representation clearly indicates the coalescence of Afro-pessimism, racism, and misogyny. Judith Williamson (1989:77) and Simon Watney (1994:105) both cite Peter Mutargh’s article in *The Guardian* in this respect, which came from a three-part series entitled ‘AIDS in Africa’. This particular article’s title was ‘Happy Hookers of Nairobi’. “The best time to observe the Nairobi hooker”, begins Mutargh “is at dusk when the tropical sun dips beneath the Rift Valley and silhouettes the thorn trees against the African skyline. It is then that the hooker preens itself and emerges to stalk its prey ... White men looking for fun and with money to burn” (1987).

Mutargh blatantly constructs Black women’s sexuality as dangerous and destructive to the purity of White men who might then return to Europe to spread the disease. Interestingly, there is a curious avoidance in this scene of Black clients who might be just as at risk having intercourse with these seemingly infected prostitutes as their White counterparts as if their race and therefore, possible infection does not matter. Disturbing, too in this narrative is the conflation of safari documentary language with the serious issues of the social context of HIV/AIDS and the related reduction of African women in an animalizing fashion. Phrases like ‘tropical sun’, ‘silhouettes the thorn trees against the African skyline’, ‘the hooker *preens* itself’, ‘*emerges to stalk its prey*’ (my emphases) provide a picture that does not interrogate the political economy that promotes sex work in the Kenyan capital but rather, reveals the underlying sexism that render most women vulnerable to HIV/AIDS. Neither does it

attempt to highlight or suggest possibilities for agency in which such 'hookers' might effectively protect themselves through clever sexual choices such as condom usage. The African media, not entirely immune from global discursive practices, also replicates these vices of representation and thus inadvertently entrenches the stigmatizing biases by which HIV/AIDS and people living with it are known. These representational strategies, and many others not discussed here, significantly structure knowledge about HIV/AIDS and inform reactions towards the infected and affected.

Denialism

The epidemiology of HIV/AIDS has been shown to follow a trajectory that starts in Central Africa, goes to Haiti, and then to the rest of the world, largely via American homosexual men. This has elicited varied reactions from most Third World countries, at both community and government level. In South Africa, this perceived neo-colonial racist trajectory might be at the centre of the communal ambivalence towards HIV/AIDS I noted in the Preface, and also of the government's denialist stance and its much delayed roll-out of anti-retroviral treatment (Mbali, 2001, 2004; Dubow, 2006; Natrass, 2007).

As Cameron (2005) grimly observes:

In Africa, the collision of epidemiology with race and politics has led to a bizarre deviation from rational debate on the causes of - and possible treatments for - AIDS. The cost to the continent - in lives and in public truth - has been very high ... This has led to a distinctive African form of AIDS denialism. This is premised [on] a belief in conspiracy. But in Africa it has racial overtones: the conspiracy is racially inspired (92, 97).

Saul Dubow (2006), Mbali (2001, 2004) and Natrass (2007) point towards the Government's 'denialist' position as being largely instrumental in how HIV/AIDS has been known and dealt with in this country. Mbali's work links this 'denialism' to genealogies of colonial medical knowledge and practices. Anthony Butler's (2005) analysis of the denialist paradigm provides more critical insights into its politics than most scholarship and commentary presents. He provides an explanation of 'micro-denial' which operates at an individual level, wherein a person might engage in unsafe sexual practices and rationalize such behaviour through self-deceit. Even when they

are diagnosed as HIV+, individuals use micro-denial as a means of distancing infection from themselves and projecting it elsewhere, onto the Other. In *IThemba* documentary for instance, the main figure in the film, Zinhle admits:

I did not identify it as something that will happen to me. It's OK, there is HIV. *Someone must have it, but not me.* So the doctor gave me results and he said ... he tried to be serious about it: "You know what, Zinhle, I think you should do something because you are HIV positive". And I said to him, "That's a joke, I don't have time to listen to that". I did not even stay for the post-test counselling and blah, blah, blah because, I just did not want to hear it ... *I denied it, I denied it straight. And that's what gave me more problems* (my emphases).

Biomedical denialism operates on a larger scale, mostly involving sustained intellectual and philosophical debates among medical scientists and government, etc. In South Africa, this facet of denialism reached its peak during the ascendancy of Thabo Mbeki to the (inter)national political arena. Butler (2005) provides an insight into the constituents and influential role players in the development of this brand of denialism. He cites the influence of the communist-inclined component of the tripartite alliance in the political economy of the country, and by extension of HIV/AIDS treatment, which claimed a "conspiracy by international capital to profit at the expense of Africans ... the poverty caused by the international economic order that is the primary cause of what the biomedical orthodoxy wants to label 'AIDS deaths'" (16). South Africa's positioning of itself under Mbeki as engineer of an African Renaissance in the twenty-first century and the collision of this ideal with the reality of an AIDS catastrophe seems to re-entrench a centuries-old scientific racism towards African sexuality and disease. Moreover, Butler is particularly good at highlighting that what is generally regarded as the 'denialism' of Mbeki is also a result of two competing models of health provision and HIV/AIDS treatment: one a mobilization/biomedical paradigm favoured by a civic society opposed to the Government's ARV policy, and the other a nationalist/ameliorative paradigm, which Mbeki preferred. (It is beyond the scope of this discussion to elucidate on 'Mbeki's denialism' and the competing paradigms of HIV/AIDS treatment. See *inter alia* Butler, 2005:5-8 for further discussion.)

Performance-centred HIV/AIDS intervention

Music performance has been explored to some extent, in terms of how it communicates HIV/AIDS awareness (Bourgault, 2003; Barz, 2006; McNeill and James, 2008; Barz and Cohen 2011). Some scholarship on music and HIV/AIDS in Africa has also given significant attention to how music is used as a communal response to HIV/AIDS (for example Barz, 2006). Louise Bourgault (2003) reflects an interest in the link between performance and ritual (in the anthropological sense). Through a comparative study of performance cultures in Mali and South Africa, she proposes that the transference of the ritualistic elements in orature, drama, and music can significantly help to curb the spread of HIV/AIDS in traditional communities. However, her conception of community seems to suggest an organic, almost unchanging traditional community with minimal internal contradictions and tensions. While her work benefits from solid anthropological theorizing, it is not quite clear if its strength would endure when applied, say, to an urban South African setting such as a township, where social cohesion might be complex due to migration and diverse socio-economic relations. Her work pays attention to traditional musical forms but one wonders how her model would effectively work when the use of popular music to achieve similar ends is examined.

Theoretical and methodological developments that have resulted from work in the emerging field of medical ethnomusicology have led to interesting insights in exploring and attempting to understand the relationship between music and HIV/AIDS in African contexts. The pioneering study by Gregory Barz (2006) reveals his concern with the development of grassroots performance groups that have taken upon themselves to communicate awareness against HIV/AIDS. Aiding these community groups, which are often women-centred, are local or grassroots radio stations. Most groups that Barz chronicles are those led by or with a predominance of female members. One wishes for a more engaged critique and sustained commentary on this gender dynamic, however. Why women? Where are the men? What social dynamics have made women and young girls to be AIDS activists? Would the songs and the manner of performance differ significantly if these groups were men centred? What is interesting in the work of these performance groups is the manner and extent

to which knowledge about AIDS is indigenized and made comprehensible to locals. The accessibility of the message to local communities repeated numerous times by their own people might prove to be an effective tool in engaging with HIV/AIDS in sub-Saharan Africa, Barz shows, and he cites the success of early government intervention in curbing the spread of HIV/AIDS in Uganda.

Fraser McNeill and Deborah James (2008) favour a more cautious, critical look at the usage of music at grassroots level to engage with HIV/AIDS. Through an ethnographically grounded study in South Africa's Limpopo province among the Venda people, they challenge the view that music is effective in communicating HIV/AIDS awareness. Instead, they argue that the performances of peer educators, mostly young females, aimed at promoting HIV/AIDS awareness are often viewed with cynicism within a context of generational restraint and skewed gender relations. *Zwilombe*, which are guitar songs largely performed by men and older initiated females mediate messages that go in contra-distinction to the awareness agenda. Disappointingly perhaps, the *Zwilombe* convey a message that labels peer educators as "vectors of the virus ... constituting a threat to fertility that places them at the heart of a perceived crisis of social and sexual reproduction in the region" (McNeill and James, 2008:3). The reflexive nature of this work opens up an acknowledgement of the complexities of uses of music in HIV/AIDS awareness and the intended behaviour change. In many ways, it motivates scholarship that is more aware of the intricacies of the relationship between music performance, identity, and social transformation.

While not directly linked to music and HIV/AIDS performance, literature on the relationship between music and activism or social movement theory adds an insightful dimension to the theoretical direction this Research Report follows. In particular, the work of Rebee Garofalo (1992) and Ron Eyerman and Andrew Jamison (1998) open up new ways of exploring the role of music in social movements. The use of music by activists to mobilize consciousness and collective action against socio-political upheavals is instructive to my project. Both of the films I analyse fall within the ambit of social activism; one from the grass roots and the other from the perspective of international artists. Both show networks of care developed (through performance) in order to effect change at governmental and grassroots level.

Taking all this diverse scholarship into consideration, this Research Report tries to chart new territory showing how it is possible to see the two documentaries as contrasting yet comparable sites of performance through which differentially empowered groups can engage in diverse yet meaningful ways with HIV/AIDS. Barz, Bourgault, and McNeil and James' methodologies are ethnographic and their research sites are localized. The present study similarly follows textual analysis (of film) that is confined to localized sites but like theirs, my study also acknowledges the intersections of the local and the global, not only in the production of knowledge about HIV/AIDS but also in the development of alternative discourses and forms of management of the disease. The significance of my two texts lies in how each locates the importance of communal involvement in engaging HIV/AIDS related issues.

In the next chapter, I provide a detailed transcription of the film *IThemba/Hope* with a view to giving a deeper understanding of the music the group performs, of the motivation for their activities, of the discourses they use to speak about themselves in terms of their condition, and of their individual or communal interventions to deal with the reality of their lives.

Chapter 2: Sinikithemba Choir and the struggle for anti-retroviral treatment in South Africa

When you are in Sinikithemba, you are free to talk about anything and everything to the people that speak your language. So that was a very cool thing. And they also had this music project that was going on. That was even more cool because I love music. So I said, this is what I'm going to be doing. I will hang out here all the time. I will come sing. And I will help those who still need some help here (Zinhle Thabethe, *IThemba*).⁶

Introduction to Chapter 2

The word 'ithemba' in the Nguni language, Zulu means 'hope, and the phrase 'sinikithemba' means 'give us hope' or 'we give hope'. Sinikithemba is both the name of the choir in which Zinhle Thabethe, the main character in *IThemba* the documentary, sings, and the name of the clinic in which it is situated.⁷ *IThemba* is a film of approximately one hour that can be divided into three sections: the preparation of the Sinikithemba Choir to perform in an anti-retroviral conference in Boston, USA; the performance of the choir at the conference; and a closing section which depicts members of the Thabethe family taking an HIV test. The preparation section can be further divided into a series of inter-related scenes where the Sinikithemba Choir is shown in rehearsal led by their conductor, Phumlani Kunene. The venue is an office space at the Sinikithemba clinic. In the same section, the focus on one person, Zinhle Thabethe makes clear for the viewer not only the preparation for the choir's travel to the US but the social context within which this trip was made, its significance within the history of the story of HIV/AIDS in South Africa, and the attendant politics of treatment.

In the first section the documentary mostly shows two places: the office in Sinikithemba clinic used as a rehearsal room and Zinhle Thabethe's home, and both are in Umlazi Township, Durban, in the province of KwaZulu-Natal, South Africa. McCord Hospital and St Anne's clinic (Durban) are occasionally shown, especially

⁶ The transcription of the spoken dialogue in *IThemba* is mine.

⁷ See also Mrs Mhlongo's later comment on 'Sinikithemba'. The relevance of the name of the choir in the context of certain themes in the documentary will also emerge later.

when Zinhle visits the people she counsels or is in conversation with her mentor, Dr Krista Dong. The middle section of the documentary depicts the choir in Boston, and the last section once again returns to Umlazi and Sinikithemba clinic. While the documentary is broadly about Sinikithemba as a choir, the specific issues the film deals with are articulated through close attention paid to Zinhle, who is the main focus of the film.

The reason for this is that Zinhle, a young lady perhaps in her mid to late twenties, is HIV+. The narrative traces her journey from diagnosis, denial, and decline to near death status, and her return to life through anti-retroviral treatment. For the most part, the narrative strategy of the documentary involves close-up shots of Zinhle telling her story. Often, these shots are interspersed with 'black box' screens containing white inscriptions which relay factual information that explains an important point in the narrative or draws attention to an issue that will be screened in a coming scene. There are eight such screens in total. These 'black boxes' add a layer of 'fact' that at once provides a break in the rather harrowing narrative and also provides corroborative commentary on what is being said, and shown. The close-up shots of Zinhle's narrative are interrupted by scenes of the choir rehearsing at Sinikithemba clinic, with preparations for the forthcoming travel to the US highlighted through the comments of choristers and other role players such as Mrs Nonhlanhla Mhlongo, Director of Sinikithemba clinic. Occasionally, images of the immediate surroundings of where Zinhle lives with her family are also shown. These depict the poor, peri-urban socio-economic conditions in which Zinhle, her family, and fellow choristers live.

Music is obviously important in this film, which is in essence a documentary, and which has won at least one international prize: in the 2004 'Media That Matters' Film Festival held in Brooklyn, New York, as winner of the 'Health Advocacy Award' sponsored by the Sundance Channel. But dialogue and images also contribute towards the film as discourse. In order to begin interpreting this discourse, which I do to some extent in this chapter and continue in Chapter 4, I first provide a detailed transcription of the scenes, giving the dialogue, describing the speakers or participants in each scene, and providing the lyrics of the songs sung during rehearsals. In total the choir sings 11 songs, as the closing credits show. However, not all these songs are featured prominently in the scenes where the choir is shown rehearsing in Umlazi or on stage

in Boston. As such, only those songs with audible lyrics and sung extensively have (parts of) their lyrics transcribed below. For the songs sung in Zulu I provide my own English translation, and the remainder are sung in English. The eight ‘fact’ screens are shown as italicized passages with bullets indented into the text.

Sinikithemba at home: Preparation and establishing the context

The film *IThemba* begins with a (black) fact screen that draws the attention of the viewer to issues such as variations in English language usage, setting, and the context of HIV/AIDS in KwaZulu-Natal:

- *This film takes place in KwaZulu-Natal, South Africa. Because regional dialects may be difficult for some viewers to understand, the film has been subtitled.*
- *5.3 million people in South Africa have HIV, more than any other country in the world.*
- *In the province of KwaZulu-Natal, 36% of the adult population is HIV+. Treatment and basic medical care remain scarce.*

Opening credits follow. As they fade, we are in the practice room at Sinikithemba clinic where a group of 20 or so people is rehearsing a gospel song. The group is largely made up of females, with three or so males, including the choir director, Phumlani Kunene. Gender is to become an important undercurrent in the film, as is self-esteem, pride in the body and other themes that foreground gender identity such as motherhood. (HIV/AIDS support groups are often female-driven; see Talia Soskolne et al. (2003) on this aspect of HIV/AIDS support in Khayelitsha township, Cape Town.) The choir director often leads some of the songs, cues the choir in its entries, and also gives directions to the expression he wishes to elicit from the choir. In a slow, homophonic style, they begin singing a gospel song:

This little light of mine
I'm gonna let it shine
I won't let Satan blow it out
I'm gonna let it shine.

Then Phumlani, in a more highly pitched voice, takes over and the song assumes a more upbeat tempo, following a call and response pattern. He sings:

This little light of mine
God gave me the light
Every day let my light shine.⁸

The choreographed movements that the choir uniformly presents underscore the song's energy. In this song, as in all others that follow, the singing is *a cappella*. The song immediately performs the positive attitude and resilience of the singers: life is God-given, a human resistance to the 'evil' of death (Satan). Soon the shots shift to show a panoramic view of a section of Zinhle's neighbourhood in Umlazi township: a collection of modest mud or concrete houses set up against sloping terrain. This view sets the background against which one can begin to fathom the extent of poverty and the limitations to accessing health care facilities as a result of infrastructural limitations, in this area. When, later in the film Zinhle talks about how she was carried by a social worker on her back to take her to a medical centre, the viewer not only begins to understand the major sacrifice made by the social worker but also the difficulty of moving up and down this terrain, for a frail person with full-blown AIDS. A front view of Zinhle's house appears. The camera zooms inside to show Zinhle's mother, Elaine, in the homestead's kitchen. The view of the kitchen, a small space with meagre furnishings illuminates the stringent economic realities within which Zinhle and her family live. The scene changes quickly and shows Zinhle teaching other counselling volunteers about HIV/AIDS facts at St Anne's clinic.

Zinhle: One of three moms: if you count one, two, three, the third mom is HIV positive. One, two, three: that mom is HIV positive. So that brings us into realizing it's a very critical issue.⁹

At home, an alarm clock wakes Zinhle up and she follows her daily routine of adhering to her treatment regime and also readying herself for work. Subsequent to that, a close-up shot initiates a series of monologues where she discusses - in retrospect - various aspects of her journey with HIV/AIDS.

⁸ These lyrics or extracts from lyrics are transcribed verbatim from the DVDs for the purposes of this research only, and are in no way intended to replace - or be used as - material in which copyright subsists. They are given separately in Appendix III.

⁹ My transcriptions of the dialogue sometimes leave words or phrases out, and a gap within dialogue is shown by an ellipsis; ellipses occasionally also denote pauses or interruptions in speech.

Zinhle: I used to think that HIV was just a crazy thing that people were just interested in having tea and talking about, this nonsense. You know, people like to talk, talk about anything, you know. Just to keep themselves busy. It wasn't a very serious thing to me. It was just some disease for some people.

A front view of St Mary's Hospital appears at a distance. Then the scene changes to show Zinhle at work, involved in her counselling services. She repeats: "In every three moms, one mom is infected. So that mom needs some help, and that mom needs education".

This introduces a recurrent leitmotif in the documentary, that of gender. Most importantly, it serves to highlight the fact that it is women who bear children not men, and thus it is women who carry the burden of mother-to-child transmission. As will be shown later, medication for mother-to-child transmission constituted the ground-work for HIV/AIDS activism in South Africa.

The scene changes back to the sitting room at her home with members of her family including her mother, Elaine. This shot is interspersed with others showing Zinhle's immediate neighbourhood. A close-up shot of her face draws attention to her narrative.

Zinhle: I did not identify it as something that will happen to me. It's OK, there is HIV. Someone must have it, but not me. So the doctor gave me results and he said, he tried to be serious about it: "You know what, Zinhle, I think you should do something because you are HIV positive". And I said to him, "That's a joke, I don't have time to listen to that". I did not even stay for the post-test counselling and blah, blah, blah, because, I just did not want to hear it. I just told my mom that I was ...

Elaine: I thought you were joking, because the way you were telling me, you were laughing. I thought, maybe it's a joke.

Zinhle: I wasn't worried because I sick all the time. I wasn't looking horrible. I was still looking fine.

Elaine: There was no help. What were you going to do if you knew it was that?

Zinhle: I denied it. I denied it straight. And that's what gave me more problems.

In Chapter 1, I made extensive commentary on the role of denial in exacerbating the effects of HIV/AIDS. Such denial takes various forms, from the personal to the communal and even national. Instances of denial include negating the very presence of HIV/AIDS as a national disease and a personal assumption that it is something that exists elsewhere but not in one's own neighbourhood, family or even more sinister, in one's own body. Zinhle's comment illustrates this aspect quite clearly.

The scene fades out and a black screen giving details of the choir's make up and the purpose of the rehearsals appears:

- *The Sinikithemba Choir is made up of 30 HIV+ members of the clinic's support group. The clinic provides HIV education, counselling, basic medical care and job training to Durban and the surrounding townships.*
- *The choir is preparing to perform at an international HIV/AIDS conference in Boston.*
- *The choir's US performances are part of a broader appeal for assistance in providing medication for HIV+ people in their community.*

This fact screen presents two new issues in the documentary: grassroots activism as exemplified by the peer counselling and advocacy work done by Zinhle and the training related to this provided at the hospital, and international awareness of HIV/AIDS issues in South Africa especially lack of money to provide equitable and adequate medical care.

The choir is heard singing in the background while clips of Mrs Mhlongo (the director of Sinikithemba) appear. She is opening packages with the choir's uniforms, in her office.

Mrs Mhlongo: The clinic is known as Sinikithemba. The choir is known as Sinikithemba, which means 'Somebody who gives hope' or 'We give hope'. And the choir members, the common factor is they're HIV positive. They are not only singing for themselves, but they are singing for the person who is dying in the rural area without anyone.

Mrs Mhlongo's commentary brings to the fore two further key issues that receive further commentary in Chapters 2 and 4. One is the lonely death that most people living with HIV/AIDS face as a result of denial and rejection emanating from stigma.

Such lonely death could also just be related to social inertia as a result of not knowing how to provide care to those in terminal stages of AIDS. This underscores the poverty levels of most HIV/AIDS affected communities. Second, and more important for this research, Mrs Mhlongo points out the way in which the choir sings ‘for others’, highlighting the collaborative aspect of the counter discourse inherent in the musical interventions analysed in the research.

Phumlani leads the song in a call-and-response pattern:

Abanye bayokhala	[Some will cry
Abanye bayojobula	While others will rejoice
Abanye bayoqheli swa	Yet others will be crowned
Imiqhele yokunqoba.	With crowns of victory.] ¹⁰

Then a trio leads the next section, which begins:

Thandani omakhelwane benu	[Love your neighbour
Nithande nezitha zenu ...	Do also love your enemy ...]

Mrs Mhlongo appears again and continues with her explanation while the voices of the choir provide background music.

Mrs Mhlongo: The stuff you are seeing here, we are preparing for a conference that we’ll be attending in Boston.

The choir reappears, with the singing reaching a climactic fervour and the choir leader prancing up and down the room: “Abanye, abanye, abanye” [Others, others, others]. Domestic scenes follow where Zinhle interacts with her family in the kitchen, hanging laundry outside and providing food to her daughter, Sinenhlanhla.

Zinhle: My daughter is amazing. She told me what not to forget. She told me I should bring my cosmetic bag. She asked me if I would need my coats because she didn’t know what the weather is like. I told her that the weather is very cold in America at this time. And she said, “OK, then you have to take these things”: she takes out my little tops ... The purpose for me to go to Boston is to be part of the conference and also to be part of the touring and performances that will be happening ... There is a lady that just called me, and she is worried that her CD4 count is getting low, so she is so scared, and I had to assure her that whatever we’re going to do in Boston can be the key for her to get medication, which is important.

¹⁰ All translations are mine.

Back in the rehearsal room, Zinhle leads a gospel song, which sounds reminiscent of the *isicathamiya* genre. While leading the song, she also dances in front of the choir, evidently taking charge of the song. Her powerful soprano voice provides the call and the choir responds:

[call]	
Izizwe azihlome bo	[All nations must take up arms
Izizwe azihlome	All nations must take up arms
Nas'isifo sihlaselela	Here is a disease attacking
Izizwe azihlome	All nations must take up arms
Nal'igciwane lihlaselela	Here is a virus attacking
Izizwe azihlome	All nations must take up arms
Nang'ubhubhane uhlaselela	A scourge is attacking
[response]	
Zingahlomi ngemikhonto bo	They must not be armed with spears
Zihlome ngolwazi lokuvikel'kufa.	Rather with knowledge to prevent death.]

The choir's voices fade and Zinhle continues with her narrative. This song is an overt musical intervention in the HIV/AIDS reality. The lyrical content, presented in the local isiZulu language, is a succinct call to action, especially through improved awareness of HIV/AIDS. Thus, the choir's performance has an educational dimension to it.

Zinhle: I grew up singing gospel music. I'm a very energetic somebody. I dance a lot, and I sing a lot [sitting at home with her baby]. I'm not a person who likes to stay in their room. I don't stay. If you see me in the house, it should be a big problem because I don't want to stay. Every day, I wake up to go somewhere, to go somewhere. Even if it's cold, even if it's raining I was outside the house.

A clip of the choir finishing up the song appears.

Zihlome ngolwazi	[Rather be armed with knowledge
lokuvikel'ukufa ...	To prevent death ...]

The shot reverts back to Zinhle talking about herself while her family members interject to express their feelings, fears and thoughts during her illness. This includes Sithandiwe, her sister. Highlighting their ordinariness gives a degree of immediacy to the film, in contrast to the larger-than-life characters that dominate *46664*.

Zinhle: Then I began to be worried.

Sithandiwe: I was worried, I was just asking myself what's going on with this?

Elaine: You started getting sick, I thought, “Is this HIV starting now?” Because I didn’t know anything about it.

Zinhle: It was a waste of time for me from February to get sick in July. Five months, I should have done something. So I was so careless about those results and I did not care and I took it easy and I did not really think it was, it was going to go that far.

Elaine: By that time I was also sick, because I was thinking all about this. I was sick all the time. As she was sick on bed, I was sick sitting here thinking about this thing.

- *Within five months of testing positive for HIV, Zinhle’s condition deteriorated to end stage AIDS.*

A close-up shot of Zinhle magnifies her face as she speaks, and somehow draws further attention to her continuing story.

Zinhle: I didn’t think there was going to be a tomorrow for me. And this lady, who is Phumlani’s neighbour, she is a social worker. She told me there will be a programme where they will be offering treatment to people that has got AIDS in Umlazi. And she said, “You should go there”. She took me. She decided to be so dedicated. She was taking me up and down to this clinic every time she could come, carry me from my mom’s hill on her back, take me to her car, take me to the clinic and bring me back.

As if to draw attention to the difficulty of the task the social worker performed so diligently, the scene shifts from the close-up shot of Zinhle’s face to magnify a steep, narrow, winding path going uphill and then downhill with overgrown grass on the sides next to rather dilapidated mud houses.

Zinhle: Sometimes I think, “Why am I doing this?” Because I’m too thin. People will say, “What is a skeleton doing on the road?” And my mom says, “You don’t have to go there. When you get better you will”. And I said to her I probably don’t have much time, so if I don’t do it now, I might not do it.

- *With the social worker’s help, Zinhle became one of 50 people participating in a scientific study that provides free anti-retroviral (ARV) medication.*
- *Anti-retroviral medication is the only treatment proven effective against HIV/AIDS. The high cost of ARVs prevents most South Africans from accessing treatment.*
- *Zinhle is the only choir member receiving ARV treatment.*

Zinhle: This woman gave me - it's a gift of life. She gave me a second chance. She helped me a lot without asking for a penny. So I owed some people some help. I volunteered in the clinic. I teach in the support group, and also I am a support group member. There is a Zulu saying that says: '*Umntu, ngumuntu, ngabantu*', which means a person is a person because of other people. People should be able to ask for help. That doesn't tax in [sic] your pride.

Sinikithemba at home: Preparation for travel, and further context

With a group of fellow choristers in what seems like a rehearsal room during recess, Zinhle and other members talk excitedly, anticipating their trip to the USA. The mixture of concern about mundane things like the weather and highly significant things like the lack of medication, is poignant.

Zinhle: It's not going to be cold, it will be freezing, isn't it? Since there is no medication at the moment, the kind of thing that keeps us going and keeps us together all the time is to learn and teach and to be able to give hope to each other. Sinenhlanhla asked if I could take her to the airport. I mean she's supposed to be at school the day we're leaving, but she has been trying to get some ways of being in the airport. She's six years now.

Fellow chorister 1: I've told everybody at home, even neighbours. I've told them I'm going.

Zinhle: I don't like cold weather. That's the bad thing.

Fellow chorister 2: Me, I still have to borrow some pants, because I don't wear pants. So I have to borrow it.

Zinhle: I'll give you mine. Hey, can they fit you?

Fellow chorister 2: No, I don't think so.

Zinhle: Look, I'm fat now. I've got sneakers. It's just that I do like high heels. I'm a high heel girl.

Fellow chorister: I'm very excited to see the airplane go up.

Zinhle: I guess I have to put up a very big board at home: "Zinhle is going to America", so that everyone knows.

Back in the rehearsal room, lined up in two or three rows as most choirs do, the leader, Phumlani cues the choir to start a song. The attempt fails; they sing in discord. He repeats, and once again, the song just does not come together. What is interesting

here, is that unlike *46664*, ‘behind-the-scenes’ musical and personal preparation is as important in *IThemba* as the events that culminate in the film. A close-up of Zinhle fades in:

Zinhle: When you are in Sinikithemba, you are free to talk about anything and everything to the people that speak your language. So that was a very cool thing. And they also had this music project that was going on. That was even more cool, because I love music. So I said, this is what I’m going to be doing. I will hang out here all the time. I will come sing. And I will help those who still need some help here.

Another scene of the choir rehearsal, where Phumlani calls on the choir to start a song: “chorus, chorus, chorus”. A female lead singer, with a bright, piercing soprano voice starts yet another gospel song sung in Zulu. The choir responds with rich, resonant voices: “uJes’umongameli wethu, uJes’umongameli wethu” [Jesus is our guide, Jesus is our guide].

The rehearsal scene fades into a shot of Mrs Mhlongo, showing the progress made in putting together the choir uniforms. As in most performance cultures in South Africa, uniforms are highly important and are woven into the performance practice in significant ways. In this case, the women will wear black skirts with white lines on the seams, black tops and red Zulu women’s traditional headgear, *inkehli*, accentuated with colourful mosaic patterns on the brim. The men’s uniform is black, with grey and black mosaic patterns lining the sleeves. Close-up shots of hands showing the sewing of the uniform, with Mrs Mhlongo talking:

Mrs Mhlongo: They have done uniform for the choir as you can see there. Uniform for the choir, this is the skirt.

Close-up shot of Zinhle as she appears again.

Zinhle: Mrs Mhlongo is going to speak on behalf of Sinikithemba at the retroviral conference.

Mrs Mhlongo reappears still commenting about the uniform.

Mrs Mhlongo: You know our ex-President Mandela likes these types of shirts.

Zinhle continues to talk about Mrs Mhlongo.

Zinhle: She’s the one who knows exactly the idea of Sinikithemba. She knows

us, she knows each and every choir member. She knows each and every member of the support group. She can tell you everything about anyone. She knows us beyond our sickness. She's a mom. She's our mother.

The gendered dimension of the epidemic re-emerges once again here, albeit in a different light. Helpers are often constructed as 'mothers' and generally take the role of surrogate families, especially when individuals are rejected by their own families. Because Mrs Mhlongo 'knows everything' and is seen as the authority, it becomes all the more critical when, later on, she is unable to speak at the conference.

A rehearsal scene next, in which Zinhle leads the song with her powerful Soprano voice to the words, "unity, unity, unity South Africa". The choir continues to sing in the background. Mrs Mhlongo re-emerges in close-up. The song affirms the political context of what is happening within the choir and in the clinic.

Mrs Mhlongo: Our main mission to Boston is we want the scientists and other people to put face[s] on people who are HIV positive. It's not figures of people who are dying. It's really human beings, people like you and me. People who can still be saved.

The choir in the foreground sings, "unity is power, waze wamuhle Jehova" [O Jehova, how wonderful you are].

In the hospital grounds, clad in a blue and white floral dress and a white coat, Zinhle walks and chats to her mentor Dr Krista Dong, an American exchange health officer from Partners AIDS Research Centre, based in Massachusetts, USA. At McCord Hospital and Sinikithemba clinic, where Zinhle is based, she is involved in HIV/AIDS related work.

Zinhle: Krista came to South Africa to open an HIV clinic. And also to conduct a study that would offer treatment to the babies.

In a hospital lecture theatre, Krista addresses a group of trainees, perhaps HIV/AIDS volunteers or health personnel.

Krista: Everybody who is positive doesn't need anti-retrovirals. You need those when you become sick. But there is a long process of about five to six years that occurs from the time you get infected to the time you're sick and that's the wonderful time to intervene ...

Zinhle continues to talk about Krista:

Zinhle: I look up to her. She gives excellent care.

Back in the lecture theatre:

Krista: I'm gonna say one more last thing and then I'm gonna turn this over to Zinhle because she's, she really deals with these issues.

Zinhle: We met and I told her the stuff that I'm doing, that I'm volunteering, and she thought it would be a good idea that I could get a paid job so that I can raise my daughter. I see different people in different counselling sessions. I do see people that are, were like me, people that did not whether they were coming or going.

The film shifts to the counselling work being done. In a hospital ward, addressing a male patient lying on a bed:

Zinhle: By the way, how's your mom?

Patient: She's OK.

Zinhle: Good.

Patient: And every time she walks in, I always feel guiltier.

Zinhle: You will get a way of telling her. The surprising thing, I also thought that my mother was going to die when I told her about my status that I was dying of AIDS at the time. She did not, it will happen. And when it happens, your mom won't die.

Patient: It's just part of life, right?

Zinhle: I'm so glad to hear you talking like that today.

The notion of guilt is introduced for the first time. Semantically it is linked to the notion of shame and blame. Evidently, the speaker here feels a sense of having failed his mother, perhaps by engaging in conduct that led to HIV/AIDS, or he might vicariously feel the 'burden' of care that the mother now has to undertake, including the cost of medication and a funeral, should death occur. Zinhle's response is exemplary, encouraging.

Close-up shot of Zinhle:

Zinhle: I talk to them, to the people that I counsel not to fall to the same trap that I fell into. I was denying the whole thing. And I believe if I did act, at the time the doctor told me I was HIV positive, I could have done a lot better,

because HIV does not really need only medical intervention, it also needs personal intervention.

One of her tasks as a counsellor is to encourage testing, building the confidence to get oneself tested. At home, addressing one of her brothers, Richard:

Zinhle: When are you going for testing?

Richard: I will go, but I'm afraid.

Zinhle: You're afraid?

Richard: Yes, I'm afraid.

Zinhle: It's scary to you because you've actually seen me, what I've gone through.

Richard: Where am I going to get treatment?

Zinhle: Only when you've got AIDS will you need treatment. You can prevent yourself from getting AIDS. And that's why you must go. If you are told you are negative, then you should know that there's a lot wide [sic] road ahead of you to remain negative. And also if you're positive, it's a big job because you actually have to be HIV positive and not to get into AIDS. And if you have AIDS, it's a big job because you will have to take medication and you will have to take it properly.

Shifting the conversation to address her other brother, Bongani, with Elaine and Richard joining in the conversation:

Zinhle: When are you going for your test? Because you've got a girlfriend.

Elaine: I don't think it's something you must be scared of because now I've seen people here, young ones. They are dying like flies. You must just go and have test. So you must know, you shouldn't do this, you should do this, to help yourself. Because if you stay like that you won't know what's going on with you.

Richard: I haven't got money. No money. Treatment is too expensive.

Elaine: OK, now you won't be like Zinhle. Zinhle [pause] Dr Singh told her that she was HIV positive. And she thought no, probably the doctor was joking. Now you know exactly the doctor won't be joking. It will be a serious case, so you will start looking after yourself. You mustn't do that, shouldn't do this, mustn't do this and that, you see. You won't be like Zinhle this time.

This reveals how a decision not to test is not only influenced by fearing the discovery of one's living with HIV/AIDS, but also by fearing the cost implications. The scene

fades and the choir in rehearsal appears again. Like in most songs, Phumlani, the choir leader provides the call, leading a song and the choir provides a resounding response. They sing another gospel song, in English, beginning:

Yes, yes, yes my Lord, Yes I will praise you Lord
Oh we ought to praise you Lord ...

In the scene that follows, Zinhle is shown playing with her daughter, Sinenhlanhla on the lawn while Phumlani, the father (choir director) is dancing to music played on the radio inside the house. Later, a close shot of Zinhle appears and her monologue continues:

Zinhle: I haven't had a straight conversation about HIV with my daughter yet because a six-year-old doesn't know whether it's the day or night. But I help her understand that her mother is infected with a disease that needs medication the whole life so that she can understand what I am going through and what her dad is going through. You know it's a very difficult situation. I am worried. I don't want her to be in the same position. If I would be given a chance, I would protect her, and for her never to have HIV. Because for many years I believed she had HIV. Up until a point where Krista asked me to go and test her and I said, there's no reason why I should test her because she's my daughter anyway, she is HIV positive. I always believed she was HIV positive because with the understanding I have for HIV, I believe HIV was in my life probably by 1995. And she was born in '97. And I always thought she's also HIV positive and I didn't even want to test her. At one point, I had to ask her. And that made me sick. I wasn't sleeping for three weeks, waiting for her results to come back. Because I thought if they tell me she's HIV positive, it's all going to be my fault. And I know I wouldn't like that, I don't want her to have anything to do with HIV.

Here emerges another facet of denial. That Zinhle had HIV/AIDS led her to an assumption that her daughter had too, which ironically denies her daughter the right not to be HIV+. The monologue is interrupted by a shot in which Zinhle is shown bidding goodbye to Sinenhlanhla and her friends as they walk to school in the morning along a busy tarred road. Then the camera returns back to her face:

Zinhle: I don't know whether it's by mercy of God or what. She turned to be negative on two tests. So that was the amazing thing I could ever hear. Those were good news. I felt like standing on the tallest building and telling everyone my daughter is HIV negative.

- *An HIV+ mother has a 1 in 4 chance of transmitting the virus to her baby. ARVs reduce the risk by more than half.*

Zinhle's monologue continues, interspersed with images of her walking on a winding path up a steep slope in her neighbourhood. She appears energetic, dancing and occasionally playing with her daughter - a very different person from the one who had to be carried on a social worker's back to get to the medical centre.

Zinhle: Maybe two or three weeks after starting anti-retrovirals one thing that I noticed is that I could walk faster. And the second thing that happened, just maybe a month of taking anti-retrovirals, I got fat, because I could eat. That was fantastic. I really loved it. I ate everything, ate anytime. So I gained weight. I would take care of my daughter. I could walk, I could sing, I got fat. I felt I've got energy. I can go on and on.

- *Taken properly ARVs can reduce the amount of HIV in the body to undetectable levels. The integrated approach of providing ARV treatment with HIV education and basic medical care has proven to be one of the most effective methods of fighting HIV/AIDS.*

Zinhle: People did not want to give anti-retrovirals because they did not know how they work and if they can save someone's life. So they wouldn't like to gamble with the money. So if I can be an example, I can help the next person, as much as I do not know when that will happen, But I could prove that people can be saved by anti-retrovirals.

The shot changes to show snippets of the choir in rehearsal, with Mrs Mhlongo addressing the choir.

Mrs Mhlongo: You are really creating problems. You don't come on time, you are not showing seriousness. Is that wrong? Am I wrong or right? What impression are you giving to the people - that you are not serious enough? That you are not bothered about people who are dying? Because our main purpose is to try and do what? Help other people, *angithi*?

The focus shifts back to Zinhle.

Zinhle: One of the missions I have is to take every day of my life ... is to prove that I could do it; then the next person could do it. I think I am a normal person, except for when I have to take medication. That's when I really know, OK, I'm still a patient. But I do not really feel sick. So if people can see that if I have been through that much of opportunistic infection, and go better because of my intervention, and also because of treatment's intervention, they can do it.

At this point, it is perhaps important to stand back and comment on a significant issue

that this film - and *46664* too - indirectly raises through its narrative, yet inadvertently sidelines. Constant reinforcement of Zinhle's taking her medicine, 'coming back to life', being actively involved in helping others, ensuring that one stays healthy, finding money to make ARV treatment available for everyone, etc. creates a marked rhythm of repetition. Through this repetitive rhythm important concerns are highlighted, especially about the embodied experience of living with HIV/AIDS. Soskolne et al. (2003) probe this issue with informative insights. They explore the ramifications of the constancy of emphasis on a 'positive identity' and challenge us to scrutinize how we might simultaneously overlook the "unintended and problematic consequences of the more painful emotional aspects of HIV/AIDS" (2). I take up this critical issue in Chapter 4.

As Zinhle continues talking, a quick scene change takes place. A low shot of an overgrown, winding narrow path is shown. Zinhle is shot from behind, walking up the steep slope. This scene quickly reverts to her monologue as she continues talking.

Zinhle: I believe that people should walk to their destination, not to bring the destination closer to you. Because, many people have been dying, not because of HIV, but because they have been told, "you've got HIV". Therefore, they think there's nothing else if I can do. I just have to lie on my bed and think about when I will die. I want to help someone realize the goal that I realized and then get going with my life.

A snippet of the choir's rehearsal appears as background to Mrs Mhlongo's encouragement to the group to pay attention to their singing and do their best.

Mrs Mhlongo: OK, just do one song. Show me one song. Show us your stomach; that is the intention ...

As the choir continues with the rehearsal, a shot of an aircraft speeding on the Durban International Airport's runway and lifting off to the sky. The next scene reflects the choir arriving in Boston and walking towards the carousel to pick up the luggage.

Sinikithemba abroad: At the airport, the hotel, and the conference

Krista is talking to Dr Bruce Walker, Director of the AIDS Partners Research Centre and Sheila Davids. This scene at the airport contains an intense dialogue where it

transpires that Mrs Mhlongo was turned back at JF Kennedy Airport.

Krista: So Mrs Mhlongo, Nonhlanhla Mhlongo, she's the director of Sinikithemba and she had a visa to allow her a single entry into the US. But it was for this period. So she never noticed that she needed another visa to come back. They didn't catch it in Durban, they didn't catch it in Johannesburg. They only caught it in JFK. So they are not letting her in.

Sheila: I do not think there is any way.

Bruce: And she's supposed to give the keynote [address] tomorrow.

Krista: She is giving the keynote. Yes she is.

Bruce: They have kept her in New York, and they are putting her on a plane back to Johannesburg tonight. So we need to find some way to get this sorted out.

Sheila: So, who else could do the keynote?

Krista: Well, Helga could.

Sheila: Is there anybody else who would be more effective? You know what I mean?

Krista: Different from Helga? From the choir? Personally, I'd say Zinhle.

Sheila: Because I think it should be somebody from the choir.

The choristers talk among themselves:

Zinhle: What's wrong girls, you don't seem to be excited like myself. Take it easy.

Chorister: No, this is about Mrs Mhlongo and all that stuff. But I'm trying.

Zinhle: Try hard, girl.

Chorister: I'm trying.

Zinhle: At least she is a strong woman. She can take such things.

Another chorister: Ya, she's a man, she's a man.

Zinhle: If it was one of us, we would be screwed.

Another chorister: She's not even a woman, she's a man.

In this part of the documentary, Zinhle reveals remarkable qualities of leadership as

she takes the responsibility to speak on behalf of the group in the event of Mrs Mhlongo's failure to travel due to bungled travelling administrative issues. In fact that she should speak and not Helga shows agency on the part of her as well as that of the group; an empowering position given the fact that HIV+ people are seen as disempowered and sometimes never seen, due to the 'shame' that results from stigma.

Ironically strength here is genderized and Mrs Mhlongo, is referred to as a man. The gender aspect, as will be revealed later in the research report, complicates the role of women in engaging meaningfully with HIV/AIDS. They are caregivers yet they are sometimes denied agency to protect themselves and chart their own paths in handling the trauma of living with HIV/AIDS.

Bruce: So I got in touch with Ira Magaziner, and he's going to call Hilary Clinton, or her office. And I think the other thing we should do is ... Did you try the South African embassy in New York?

Zinhle: I would be crying for two weeks if I was told to turn back home.

From this dialogue in the airport, the scene changes and the choir is shown inside a bus, arriving in Boston singing exuberantly South Africa's popular song, Shosholoz. Then the focus returns to Zinhle, her monologue, and her activities. In her hotel room, Zinhle is waking up and taking her medication, then talking to Krista and later practising her speech with Krista. Sitting on her bed and in a close-up shot, she talks to the camera:

Zinhle: We chatted with that lady that is organizing the conference, how important to me it was, it is, to be here. It's like a dream that someone has saved my life that I don't even know. The people that will be sitting in that conference, probably one of those people who have saved my life, because when I got very sick, there was nothing that could help me except for those drugs. [Brushes her teeth and washes her face, after which she continues:] That is why for me it is important to come and see these people, just to lay my eyes on them.

I think it's the same experience for them. Because probably they wonder, who is this person who lives with four cells? How does she look like? We're part of society, we are mothers, we are you of South Africa. We are daddies, we are exactly like them. Helga, the superintendent said, "By the way we still need someone to talk on behalf of Mrs Mhlongo". And Phumlani said, "I think Zinhle can do that", and nobody paid any attention to that. We continued chatting. It came to a point where they all said, "Okay, now Zinny, do you agree, are you going to be able to talk?" And I said, "Yes. I can do whatever". My mission is just to do whatever it takes to help someone get the

chance I got. Because I am here because somebody helped me. So that's why they got to choose me to speak. Because I just happened to talk about where I come from and what was happening to me, and a whole lot of things. As much as I don't know now what I will say. It's a bit scary.

She then reads part of her speech:

Zinhle: "And to President Clinton who has committed himself to fighting against the AIDS epidemic. I am honoured to share the stage with you". I love that!

Krista: Are you satisfied?

Zinhle: Yes ma'am.

This is an important moment for Zinhle. Not only does she get the honour to address an auspicious audience including former US President Bill Clinton, she also takes the responsibility of representing others, the choir and South Africans back at home who might receive treatment as a result of her presentation.

Zinhle and Krista continue to groom themselves in front of the mirror, getting ready for the presentation at the conference. Eventually, the hotel scene fades and the next shot shows the choir backstage at the conference venue in uniform, ready to perform. Zinhle and Krista go over the rehearsal of the speech for the last time. Then the choir walks centre stage while she stands at the podium to deliver her speech. As she reads the speech, various shots of the audience appear, shifting from close-ups of attentive faces to sweeping views of the auditorium in which the speech is delivered. The speech summarizes her reason for the trip to Boston: namely, to solicit medication for the group and many other underprivileged South Africans with no means to afford ARV treatment. It also dramatizes the background against which this request is made: a resolute will to live in the midst of daunting poverty:

Zinhle: I want to thank the conference organizers for giving Sinikithemba choir the opportunity to be here with you tonight, and share our voices, our music with you. My name is Zinhle. This week as I was preparing for this trip in my home in Durban, I became very excited, thinking that I'm going to see your faces. Faces of the world's best scientists and experts in HIV research.

Like the members of Sinikithemba choir, I am HIV positive. But ten months ago, I became different than most of the people at Sinikithemba. I got on a pilot study that provides anti-retroviral drugs. I am done asking myself, "Why me? Why did I have to be infected with HIV?" Now I ask myself, "Why

me? And why do I get to live while others next to me are dying without treatment?” Some people say there are things more urgent that we need to take care of, before HIV/AIDS. Things like poverty, things like crime, unemployment, violence, diseases like TB, malaria, diarrhoeal diseases.

I am from a poor family. When I was at my most sick, I was living with my mother, with my two sisters, and their four children. Our house had no electricity and had no running water. Well, some people say that really poor countries should not get anti-retroviral drugs. They say poor people, uneducated people, will not be able to be adherent. But I am adherent to my ARVs. I can tell you that ever since I started medication in April, I have never missed a dose, ever. [Applause]

So what can I, as one of HIV positive persons, and we, as the Sinikithemba choir say to you? Well, we want to say thank you. Thank you very much for the job that you have done so far. [In tears with emotion and the voice slightly quivering] And I want to thank you ... [pause] Thank you in advance for the job that you are still going to do. The word Sinikithemba means, “Give us hope”. You do that with your job. You give us hope. You give us hope that we will one day, or someday have treatment that will save our lives. Thank you.

Zinhle finishes her speech in tears while the audience gives her a standing ovation. She then joins the choir and the performance starts. In this song, she leads the choir. The performance scene is a combination of images of the choir performing on the stage, pictures with Bill Clinton back stage after the performance and various other people such as Krista and Sheila congratulating the choir and hugging Zinhle. The choir’s singing forms a soundtrack to all such activity. Their song, in a typical call-and-response style is sung and danced on stage. Zinhle is later joined by two other singers, one of them Phumlani, in a trio middle section that leads to a climactic end of the song, the words of which are as follows:

[Zinhle:]

O Jehova,
Qhaw’elikhulu,
Ngonyama yezwe
Sikhala Kuwe Somandla,
Sinxusa Kuwe,
Siphe amandla
Sinqobizilingo.

[Trio:]

Ngonyama yamazulu,
Qhawe lamaqhawe.

[All: hum-hum]

Ungumfeli waboni bomhlaba
Sihawukele thina boni
Bheka Sididekile,
Asazi nokuthi kwenzekani

[O Jehovah,
Great hero,
Lion of the whole world
We cry unto You Almighty,
We plead with You,
Give us strength
To triumph over trials.]

[Lion of the heavens,
Hero of heroes.]

[You died for the sinners of the world
Lead us, we sinners
Behold! We are confused,
We do not know what is happening

Sibona igazi liphala oh!
Ngenxa yamacala ethu.

[All:]

Siyakhala phambi kwakho
Sikhala Kuwe,
Sinxusa Kuwe,
Siphe amandla
Sinqob'izilongo.
Jehova, O Jehova,
Qhaw'elikhulu
Ngonyama yezwe.

We see blood flowing, oh!
Because of our transgressions.]

[We weep in your presence
We cry to You,
We plead with You,
Give us strength
To triumph over trials.
Jehovah, O Jehovah,
Great hero
Lion of the whole world.]

- *Shortly after the performance, an anonymous donor provided ARVs to all the members of the choir in need of treatment.*

Back in Durban, business unusual

Zinhle is shown in a car accompanying her brothers, Bongani, Richard, and Thembinkosi to take an HIV test. The brothers are shown in various shots with blood being drawn from them, talking to the health workers and receiving their results.

- *After returning from Boston, Zinhle convinces her brothers to go with her to Sinikithemba clinic to be tested for HIV.*
- *Bongani receives his latest results.*
- *Bongani and Thembinkosi both test positive for HIV. Richard's test results are negative. Zinhle remains the only one in the family receiving treatment.*

At this point, the film ends and the closing credits appear, alongside a clip of the choir in yet another rehearsal session. In the shot, the traditional Zulu song 'Tshitshi Lami' (My girl, or 'My beloved maiden' as I translate it below) is being practised, vibrant and energetic with dancers breaking into rhythmically charged steps. Stylistically, it is reminiscent of Zulu *indlamu* dance. Various dancers come to the centre of the room to display their skills while the rest of the singers, standing in a semicircle around them, provide the music and encouragement. In a call-and-response fashion they sing:

Awe kanjani amabel'ejongosi? Okush'ukuthi sel'phuma kanje.	[Why are a virgin's breasts sagging? ¹¹ This means she now has clandestine affairs.]
We tshitshi lami Awusho ngani ma'usuphuma kanje?	My beloved maiden Why haven't you told me that you now have a secret affair?
Awe kanjani amabel'ejongosi? Okush'ukuthi sel'phuma kanje.	Why are a virgin's breasts sagging? This means she now has clandestine affairs.]

At this final point in *IThemba*, after all the positive talk about appearances, thinking well of oneself as a woman, all the avowals of 'liberation' from the imprisonment of negative thinking about HIV/AIDS and particularly its moral tincture, all the expense and upheaval of getting to Boston, all the heartache of leaving Mrs Mhlongo behind, all the fighting talk in front of Bill Clinton, the closing sequence is accompanied by a song that reverts to traditional notions of female 'respectability': girls must remain virgins at all costs, by implication excluding males from a similar call. Yet, at another level, the song indirectly encourages faithfulness and cautions against multiple partners, a practice well documented as directly linked to the containment of HIV/AIDS. (See Leclerc-Madlala, 2000; Motsemme, 2007.)

Summary of Chapter 2

This short documentary has provided poignant details about the reality of HIV/AIDS in a particular area of South Africa around the time of its making (2004). Significantly, the viewer is drawn to the everyday realities of those living with HIV/AIDS and both infected with and affected by it. Central to the everyday issues is the poverty - clearly visibly - as shown in the humble circumstances of Zinhle's family, her surrounding environs, and immediate community. Not so clearly visible but strongly brought out in the film's dialogues and especially the 'black' screens is the context of life with AIDS; the major lack of relevant HIV/AIDS medication that elsewhere in the world makes the disease manageable takes centre stage in the themes the documentary raises. In 2004, Zinhle was still one of the 'lucky' ones, the subject

¹¹ In some African communities (certainly in the Nguni traditions) firm, pointed breasts are a sign of virginity, and thus purity. Sagging breasts on the other hand signify the opposite, that a young girl is involved in sustained sexual activities, something regarded as a taboo by elders in particular.

of an experiment with the then comparatively new (to South Africa) use of ARVs. While a few people (the members of the choir) managed to get the medication after their Boston performance, the absence of access to further treatment for Zinhle's brothers, two of whom receive a diagnosis of HIV+ status towards the end of the film, once again draws a grim picture of the difficulty of life with AIDS in South Africa.

Years later the problems of access to ARV medication in South Africa have persisted despite the government's roll-out to more than two million people. Such complications have arisen from stigma, as some people would not want to be seen in queues to collect medication, while other people were too frail to stand and wait to receive medication. Yet others could not afford necessary tests and variations in medication regimes in instances where the sponsored medication from the Department of Health could not effect any observable boost in one's wellness (Mokoae, 2009).

The theme still raised boldly in Zinhle's narrative and subtly suggested in other people's conversations is the stigma/denial one, the one which most exacerbates the quick spread of HIV and accelerates the fatality of AIDS. At the same time, the film draws the viewer to the processes of agency and living life positively and productively as a way of counteracting the potentially devastating effects of an HIV diagnosis. The film advocates a kind of acceptance, resignation, stoicism, but not, perhaps, enough defiance. What the film does and doesn't show receives a more detailed discussion and commentary in Chapter 4. In the next chapter, I describe, in a similar fashion, isolating the different levels of narrative, the musical intervention to the HIV/AIDS reality in South Africa offered by the 46664 concert in Greenpoint stadium in 2003, made into the documentary film *46664*.

Chapter 3: AIDS is no longer just a disease, it is a human rights issue:¹² Nelson Mandela, 46664 and ‘Rock for AIDS’¹³

Millions of people infected with HIV/AIDS are in danger to be reduced to mere numbers unless we act ... They too are serving a prison sentence - for life. So I have allowed my prison number - 46664 - to help drive this campaign (Nelson Mandela, 46664).

And AIDS has ceased to be something to be ashamed of. It’s simply another medical condition. But if the condition is medical, the solution is political (Bob Geldof, 46664).

46664 The event: An overview

The 46664 ‘event’ is not only a concert performance that took place at a particular time in a particular place but also a media phenomenon and a movie. The film 46664 and footage related to it are packaged on two DVDs, which I collectively call ‘the DVD’, ‘the 46664 DVD’ or ‘46664’ and individually ‘DVD I’ and ‘DVD II’. The concert does, however, partially spill over onto DVD II.

In the narrative below, I describe the concert in some detail. (Appendix I shows the contents of the whole DVD and Appendix III the lyrics of selected songs, although some of these songs are not discussed in detail here.) The 46664 DVD is much longer than the *IThemba* documentary, with far more post-production, including supplementary materials aimed at providing a context for the live concert. While the focus of *IThemba* is Zinhle Thabethe through whom the broader narrative of HIV/AIDS treatment is told, in 46664 the story is told collectively and in different ways by the artists on stage, through prefaces to their performances, or through post-performance commentaries. There is also much more commercial mediation in this DVD than *IThemba*. Notwithstanding, it is still possible to compare the two DVDs. The various sections of the 46664 DVD allow one to encounter and appreciate the

¹² Nelson Mandela (2003) in the keynote address during the 46664 concert (referred to later in this chapter).

¹³ The notion of ‘Rock for AIDS’ is a term I coined as reference to the 46664 event at large. In essence it is a derivation of Garofalo’s (1992) “Rockin the Boat” where he highlights the “relationship between mass-mediated popular musics - that is, musics which hare an intimate relationship with mass communication technologies - and political struggles around the world (1). The 46664 concert can be placed within this category.

motives of the role players in the concert, including event partners, major donors, and musicians.

The *46664* DVD is a formidable documentation of the concert that took place in Greenpoint Stadium, Cape Town on November 29, 2003, with close-up shots of musicians giving personal testimonies as to why they participated in the event, some of which reveal their standpoints on the politics of HIV/AIDS. These range from the social (stigma and denial), to the political (critique of government policies), to the economic (proceeds helping to make possible access to anti-retroviral medication made extremely expensive as a result of the influence of pharmaceutical companies in the West). Other powerful global personalities are featured in close-up shots interspersed with performers, and they similarly endorse the *46664* event and encourage the viewer to take action in support of the campaign or engage with HIV/AIDS issues in their communities.

There is also behind-the-scenes footage that shows the launch of the *46664* project in July 2003 in London and footage taken during the making of the concert in Cape Town during the week preceding it, showing stars like Bono and Beyoncé visiting clinics and NGOs in the Cape Town townships to get a first-hand view of grassroots work dealing with HIV/AIDS. In one of these, Bono visits Baphumelele Children's Home (clinic) and talks in detail about the politics of the funding of HIV/AIDS treatment. (See Appendix II for a transcription of material that is additional to the concert, e.g. the launch speeches and commentaries of celebrities voicing their support of the concert.)

In DVD II there is also a documentary called 'Spirit of Africa' set in Uganda. Its focus is an orphaned boy, Jonathan. While zooming into his life, it simultaneously explores the relationship between music and HIV/AIDS in Africa, grassroots activism in developing networks of care and support, and most importantly, the politics around the roll-out of accessible treatment. This extra-concert footage adds to the discourse with which this research is concerned.

The concert: DVD 1

The opening shot is a horizontal view of Cape Town from Robben Island with an imposing view of Table Mountain in the background as the camera zooms into the city. Further views of the central business district (CBD); more oblique aerial shots giving a birds-eye view of the city and Greenpoint stadium; then the voice of the MC announces the first performer.¹⁴

MC: Welcome to 46664 concert live from Cape Town, South Africa. Ladies and gentlemen, put your hands together for Beyoncé!

The audience shouts and gives thunderous applause. Beyoncé and dancers enter and start to sing and dance. Camera shots shift between close-ups of Beyoncé, sweeping birds-eye snippets of the packed stadium, and close-ups of Nelson Mandela, Graça Machel, and Oprah Winfrey in the VIP seats. This whole opening shows how high profile this event is in putting HIV/AIDS on a world stage, even though the concert is happening in a very specific venue.

After singing, Beyoncé addresses the audience.

Beyoncé: How are you doing tonight? ... I wanna thank you all for supporting such a beautiful cause. And I wanna tell everyone out there, especially all of my young ladies ... there's nothing sexier than being confident and taking care of yourself. [audience applauds] And ... do you know the famous prison numbers of Mr Mandela? [audience screams] ... I want you to say [chanting] "46664". Sing it! [extending the microphone to the audience] Come on, sing it!

Beyoncé begins 'Crazy In Love':¹⁵

It's the way that you know what I thought I knew
It's the beat that my heart skips when I'm with you
Yeah, but I still don't understand
Just how your love can do what no one else can
Got me lookin' so crazy right now ...
Got me lookin' so crazy your love ...

¹⁴ Some of the dialogue not directly relevant to this Research Report has been cut, and cuts within extracts are shown by ellipses.

¹⁵ This and other selected song texts from *46664* are shown in full in Appendix III. As mentioned in fn. 8, copyright subsists in these lyrics, which are transcribed for the purposes of this research only and do not replace - nor may they be used as - such copyrighted material.

The band takes up the tune, dancers move to the rhythm, the camera shows celebrities like Oprah Winfrey singing along; then Beyoncé exits.

MC: Ladies and Gentlemen, please welcome on stage Mr Bob Geldof.

Bob Geldof walks to the lower stage closer to the audience with an acoustic guitar.

Bob Geldof: Good afternoon. This is going from the sublime to the ridiculous. [audience whistles and lifts up hands in salute] ... But you're very lucky there's only two people who're gonna be speaking to you this evening. The lucky part is one of them is Nelson Mandela, and less happily [audience screams, then a quick shot of Oprah, Richard Branson, and Mandela], and less happily the other one is me. My job is to welcome everyone in the stadium and everyone watching at home. And to point out that it doesn't matter how much - or how little - this concert raises in money because AIDS has moved beyond that now. And AIDS has ceased to be something to be ashamed of. It's simply another medical condition. But if the condition is medical, the solution is political. And that's what we're here to reinforce today. [audience applauds]

AIDS becomes political when the rich part of the world can develop drugs that the poor part of the world can't have. AIDS becomes political when it devastates entire countries, when the producers in the economy can no longer function, when it takes out teachers and factory hands and farm workers, and nurses and doctors and thinkers and mothers and fathers and children and [raising his voice] children and children. [audience applauds; shots of Mandela and Graça] AIDS denies the future. And if that isn't political, I don't know what is.

And the reason ... we're here is because a frail, old gentleman, who is one of the few giants of our planet, summoned us here, and you cannot refuse him anything. [audience screams, close-up of Madiba and Graça applauding] This is a man whose entire life is characterized by the pursuit of justice through political action and it says something that this frail, old gent with resolute conviction that will defeat oppressors, with his forgiveness and grace that puts a new meaning to the dignity of men, has decided that in his old age the greatest political peril that faces the world is the scourge of AIDS, and we just happen to agree with that. [close-up of Mandela and Graça, shot of audience applauding]

At the end of Geldorf's rendering of 'Redemption Songs', which begins

Emancipate yourselves from mental slavery;
None but ourselves can free our minds ...
Wont you help to sing
These songs of freedom?
Coz all I ever have: Redemption songs ...

He welcomes Brian May and Roger Taylor from Queen, and Dave Stewart from Eurhythmics, to wild audience appreciation. Taylor sings 'Say It's Not True', in a

mellow voice without modulation in tone or use of a wide vocal range. Instrumentation is sparse. After Geldof's hyped-up tone, this understated performance is welcome. The camera zooms out as the artists exit the stage; sweeping shots of the audience and then an aerial view of the stadium with views of the city in the background again. (This kind of camera technique happens throughout the film.) The MC introduces Paul Oakenfold. These two aspects, camera technique and the continual intervention of the MC, are part of what make this film feel so heavily mediated.

Paul Oakenfold: Oprah's here. I see Nelson. [starts rapping, encourages the audience to participate] Make some noise, people. South Africa! Cape Town, you rock! Can we bring out some of our friends? Amampondo in the house?! Check them out! Amampondo! Come on! Are you ready?

Amampondo drummers on *djembes* line up alongside Paul Oakenfold and crew, and the performance of 'Ready Steady Go' gets under way. The rest of the musicians prance up and down the stage. The audience involvement has worked them up. In that receptive state, Oakenfold declares: "If we can all just give one minute of our lives to AIDS. We will make this world a better place. Thank you very much!" [audience screams with excitement]. He calls out for Baaba Maal who walks on to the far end of the stage to the lower elevation closest to the audience holding an acoustic guitar strapped in front of him.

Baaba Maal: Hi everybody, how are you feeling today, South Africa? I'm very honoured to be here, with this great man, Nelson Mandela. I get the opportunity to sing in front of him in London. And now I want, like an African, to call the attention of people to think about one generation, which if it doesn't take care of them are gonna be far away behind. Who are they? They are the young girls and the young boys who become orphaned because they lose their dad and mum because of HIV/AIDS. If you don't do nothing, one day, they gonna be into trouble because they gonna face poverty, the lack of education, they gonna be into drugs and violence and come back in HIV/AIDS. If you want to help this continent we have to take care of them. This is why I'm singing this song for those young girls and boys all over the world.

He sings 'Baayo', then 'Njilou'. Both songs are rendered in Maal's vernacular language, Fulani, from northern Senegal, and speak to issues of family disruption and the effects of AIDS on children. While seemingly repetitive with short melodic phrases, it is in the intense emotional tone with which they are rendered that both

songs become captivating. Maal's rendition rises to a fervent pitch as he nears the end of the songs.

Maal's performance is soon followed by footage of Robert Faechem, who leads The Global Fund to fight AIDS, TB, and malaria, talking about AIDS. This is one of several interventions in the film made by prominent people, and operates in a similar way to the statistics 'windows' used in *IThemba*. They are designed to give information and encourage the listener to be active in engaging with HIV/AIDS within their communities.

Richard Faechem: ... AIDS is no mere disease; it is the greatest disaster in recorded human history. It threatens our most basic human rights and our common future. President Mandela's vision is that every single one of us, everywhere in the world, stands up to AIDS. 46664 is a symbol of that solidarity. It is a campaign to change the world, to make this a world in which 9000 people will not die needlessly every day of a disease that we know how to beat. We have the weapons of mass salvation that can save millions of lives. We have the medicines, the condoms, the knowledge. Every infection can be prevented and every case can be treated. To succeed we need more money for this fight: 15 billion dollars per year. The Global Fund's role is to get resources from those who can afford it - governments, business, individuals - to those who can use them best, and so far more than two billion dollars has been committed to local partners and projects in more than 120 countries all over the world. But money alone is not enough. Your actions, and my actions, are the basis of true change. Practise safe sex, embrace those who are infected, volunteer your time and your skill. Give one minute of your life to AIDS, or one week or maybe one year. Rise up, roll up your sleeves and pitch in. President Mandela's appeal is a call to service. Let's answer it together and create a world free from AIDS. Thank you.

Faechem refers to a number of things here dealing with the political economy of AIDS. But one of the things that most strike the viewer/listener is his use of the phrase 'weapons of mass salvation'. This parody of the Bush-Blair phrase 'weapons of mass destruction' during the 'war on terror' in the aftermath of 9/11 not only buys into the militaristic discourse around HIV/AIDS mentioned in Chapter 1, but also highlights both the economic inequality between rich and poor countries and the *inequality of values* in rich countries that spend more money on arms and 'arms control' than on health care. Youssou N'Dour ascends the stage to present 'Africa Dream Again', accompanied by a single backing vocalist, percussion, and synthesizer. The refrain is (in translation), "Wake up, stand up Africa to live again", while the verses are a mixture of French and a Senegalese language. This song is reminiscent of the high-

pitched, melismatic style typical of Senegambian vocalists. Like Maal, Youssou N'Dour's approach is grassroots, populist, a 'wake up' call to Africa.

These opening songs and interventions contribute strongly towards establishing the anti-denialism stance of the whole film. Next up is Peter Gabriel.

Peter Gabriel: Thank you so much! I am going to start off by introducing somebody else ... who was known then as Cat Stevens. [audience screams with excitement] ... I'm delighted to be able to do something with him this evening. Please give a great welcome to Yusuf Islam.

Peter Gabriel is joined by Yusuf Islam and the Soweto Gospel Choir to sing 'Wild World', but first, Islam addresses the audience.

Yusuf Islam: Thank you. Well, this is an important event and one event that I didn't want to miss. I believe that where there is hope, there's a solution. And I believe that what's happening today with HIV/AIDS is something that can be solved through our shared humanity and our shared spirituality. We can do it.

This seems like an unassuming speech, but it underlines something that runs throughout the 46664 project, which is a close sense of collaboration between 'the West' and 'Africa'. It is significant that he uses the words "our shared humanity" and "our shared spirituality" because he raises awareness of an aspect of HIV/AIDS debate - its commonality - we have not heard about so far in this film, which has mainly been about the political economy of AIDS. Islam leads the performance of 'Wild World' in English, with the Soweto Gospel Choir providing a counter-melody in isiZulu, "Lo mhlab'unzima, undishiyile, wen'uhambile, take care, take care" [It is difficult on this earth, you have left me, you're gone, take care, take care]. He ends with a short statement:

Yusuf Islam: There are one million orphans left alone without any parents, without any home.

After this song, Peter Gabriel invites Youssou N'Dour and Angelique Kidjo to sing with him as a trio, 'In Your Eyes'. Gabriel starts in English and N'Dour enters with the high-pitched melisma again. The song reaches a climactic point when all the singers participate in various languages in improvisatory melismas - symbolizing the cooperation mentioned above. After it ends, Gabriel says,

Peter Gabriel: This has been a long time coming. Both for getting to this issue and for me personally, after many years having written this next song, waiting to play it in this country with my band for you. [audience shouts]. For Madiba, with this choir here. It's a very emotional moment. But most of all this is for Steve Biko.

This is quite a heightened moment, politically, which the choir underscores by singing 'Nkosi Sikelel' iAfrika' before they join Gabriel to sing 'Biko':

You can blow out a candle
But you can't blow out a fire
Once the flames begin to catch
The wind will blow it higher
Oh Biko, Biko ...
And the eyes of the world are watching now.

Looming large behind the performers is suddenly a picture of Steve Biko. In the refrain, Gabriel and the choir repeat the words, "Biko, Biko". Then a camera shot of Branson and Winfrey moving to the music. In the next shot, the choir and Gabriel sing "Biko, Biko, hey, hey ho!" with clenched fists up in the air. Peter Gabriel then breaks into a moving monologue that significantly links the political struggle against apartheid, as epitomised by Biko, with the fight against HIV/AIDS:

Peter Gabriel: For all those who suffered and lost lives in the struggle against apartheid. [raises his fist] For all those who struggled and lost their lives with HIV and AIDS. [raises his fist again] For Steven Biko. [encourages everyone to raise a fist and join in as the choir continues to sing 'hey, hey ho'. Gabriel moves closer to the audience] Then the rest is always up to you.

A long insert follows, with the following sequence across the (black) screen.

- a clip of Mandela's launch speech in which he explains the 46664 initiative.
- black screen with the words "What is 46664?" and a shot of a group of children in what appears to be Pondo traditional garb, beating drums. Their white T-shirts are all boldly inscribed "HIV-POSITIVE".
- Beyoncé and one of the Queen musicians talking about the 46664 campaign.
- black screen with the words "Why AIDS?" and Mandela's speech at the launch replayed, in which he talks about the devastation caused by HIV/AIDS.
- close-ups of Peter Gabriel and Ms Dynamite commenting on the devastation caused by AIDS, pointing in particular to the stigma that needs to be counteracted in engaging with the HIV/AIDS condition globally.
- black screen with the words "What can you do?" - a passage from Mandela's 46664 launch speech, in which provides the answer, encouraging people to donate money through the 46664 website. Paul McCartney appears too, also encouraging donations.

- Bill Clinton in close-up, endorsing the event.
- Jesse Jackson endorsing the campaign and reflecting about the state of the world in the face of AIDS today.

Bill Clinton and Jesse Jackson's interventions are similar to the earlier one by Robert Faechem:

Bill Clinton: AIDS has been a part of my life since I lost a good friend to it over 15 years ago. When I was President I worked hard, first to bring the epidemic under control in America and then to do more around the world. And since I left office I've been working with my friend, Mr Mandela, with the International AIDS Trust and with my own foundation to try to help build health systems and get medicine as inexpensively as possible to South Africa, Mozambique, Tanzania, Rwanda, and all the countries in the Caribbean. ... Now I've given one minute of my life to AIDS, now it's your turn. So make the call or go to www.46664.com and give one minute of your life to AIDS.

Jesse Jackson: The number one weapon of mass destruction in the world today: AIDS, HIV/AIDS. Forty-three million people have contracted this disease, 30 million in sub-Saharan Africa ... For many of us they're just a number. Not long ago, there was a number, 46664, that was Nelson Mandela's number on Robben Island ... once he became a person, not just a number. Today Nelson Mandela wants to do something big, to help cure the world of HIV/AIDS. You can use that number today, 46664.com, the Nelson Mandela Foundation. Together we are going to fight this killer disease. Save lives, build families, keep hope alive.

The next scene returns the viewer to the concert in Greenpoint stadium. Bono, The Edge, Beyoncé, and David Stewart perform 'American Prayer'.

In the words of Bono, the lyrics of this song are important in they provide a challenge to the (Christian) church throughout the world to undo the prejudice and stigma. Instead, it should be a sanctuary for destigmatization and healing. In South Africa, the church is no exception. With slightly altered lyrics to bear relevance to the context, they sing:

This is the time to finish what we started.
 This is no time to dream.
 This is the room. We can turn off the dark tonight.
 Maybe then we might see ...

Hold on let's not get tired.
 To kick out the darkness.
 Make the light brighter.

Oh ...

An African Prayer
This is our African Prayer
I wanna feel the healing: an African Prayer
I wanna know the meaning of an African Prayer
I want to believe in the African Prayer
Where I can hear the children screaming: "African Prayer!"

This also links up to some extent with the role religion plays in *IThemba*, where many of the songs are gospel songs addressing Jesus although the role of the church in supporting the struggle of Zinhle and her colleagues is conspicuous by its absence. Before the song, Bono addresses the audience in a speech that reinforces this point:

Bono: It's funny how religious people are sometimes the most judgemental. Anyway this is the song we wrote. It's called 'American Prayer'. It could be Irish Prayer, it could be African Prayer. It's just a message to the churches that we need you to open up your door and give sanctuary, and break the stigmatization that goes with being HIV positive. If God loves you, what's the problem?

Bono finishes his speech to a soft tune of guitars playing in the background while the camera moves swiftly between the audience and musicians. He then leads the song, Beyoncé following with her own lines a few phrases later. The performance gains momentum as the singers pitch the song in higher voice registers until it reaches a climactic end with the audience shouting in excitement. Bono thanks Beyoncé, then she walks off stage. He continues his address to the audience, after which he leads the rendition of '46664 - Long Walk to Freedom'.

It's a long walk, long walk to freedom
It's a long walk, long walk to freedom ...

If the cameras and the guns won't forget the human core
In townships of humanity there would be no poor
From where the rock is heavy comes the purest ore
The first six waves might break in the bay but the seventh breaks on the shore

It's a long walk, long walk to freedom
It's a long walk, long walk to freedom
4-6-6-6-4
It's a long walk, long walk to freedom
4-6-6-6-4
4-6-6-6-4

It's a long walk, long walk to freedom
4-6-6-4 ...

Clearly, from what was originally a fairly low key beginning, the film's narrative is now building up into a significant moment.

As he sings '46664 - Long Walk to Freedom' with the Soweto Gospel Choir joining the refrain, Bono interrupts his presentation to welcome Abdel Wright. Abdel breaks into a ragga-style improvisatory passage to which the audience responds with exciting applause and cheers. Abdel then sings a line after which Bono shouts "46664" and lifts a fist rhythmically following the pattern of the call "Four-Tri-ple-Six-Four". The audience quickly follows suit. Bono moves towards the edge of the stage, closest to the audience and encourages them to respond to the '46664 chant' with fists up in the air. He then stops the band for the choir and audience to repeat the refrain, "It's a long walk, long walk to freedom". In the heat of that moment, Mandela walks onto the stage supported by his assistant and the audience roars with excitement. Bono goes on to address the audience, driving the audience's jubilation to thunderous screams, waving, and clapping of hands.

Bono (exclaiming): Not just a President for South Africa, not just a President for Africa; this is a President for anyone, anywhere, who loves freedom. Madiba, Nelson Mandela!

At the podium where Mandela is to deliver his speech, Bono welcomes him. Mandela waves his hands to the audience while trying to calm them down. More frenzied applause. Finally, Mandela begins his address, the political high point of the concert.

Nelson Mandela: Comrades and friends, welcome to this great event. [audience applauds ecstatically] We are enjoying a wonderful concert here in Cape Town this evening, the 46664 concert. 46664 is a vital campaign to help fight a tragedy of unprecedented proportions that is claiming more lives than the sum total of all wars, famines and floods. AIDS is no longer just a disease; it is a human rights issue. [applause] It affects people of all ages but particularly young people. For the sake of all of them, and our future, we must act, and act now. For the past six months my friends from the worlds of music, entertainment, business and technology have been discussing with us what more they can do. Together, the decision was taken to create 46664 campaign. 46664 was my prison number. For the 18 years that I was imprisoned on Robben Island I was supposed to be reduced to that number. Millions of people infected with HIV/AIDS are in danger to be reduced to mere numbers unless we act. [applause] They too are serving a prison sentence- for life. So I have allowed my prison number - 46664 - to help drive this campaign. 46664

will work with governments, charities, artists, agencies and individuals around the world to advance the fight to rid Africa of HIV and to help those affected by AIDS. It is a unique global initiative using the universal language of music and the wonder of modern technology to take our message to the greatest possible audience. This evening's concert features artists from all over the world [applause] helping 46664 to reach particularly our youth, because they are so crucial to ensuring a future where we can live in a world free from HIV and AIDS. [applause] But tonight is just the beginning of the campaign. Tonight is the first of a number of events, marking a long term commitment by the Nelson Mandela Foundation, sponsors and partners of 46664. You can help us by going to the website where you will find your local telephone number to call and pledge your support. By being with us this evening you are already helping. Together we can fight AIDS and ensure a more secure future for everyone. I thank you.

In the throng of people as he comes off the stage, Mandela's voice is heard saying (voice-over), "The struggle is my life. I will continue fighting until the end of the day" while the Soweto Gospel Choir leads 'An Invincible Hope', which then morphs back into '46664 - Long Walk to Freedom'.

Beside the climactic nature of his appearance, Mandela brings two new points into the discourse. One is that 'AIDS is a human rights' i.e. Constitutional, issue, the other is that AIDS is a prison of the mind. By likening the experience of people with HIV/AIDS to his own prison experience, Mandela refers back to the prevalent sense of entrapment in shame, denialism, and stigmatism, raised at the beginning of Chapter 1. At the same time, he directs the listener to the liberating possibilities that come with positively engaging with AIDS in the same way that he also triumphed over his prison experience. After this a sequence of people perform, but the film raises no new issues in terms of the topic of this essay until Johnny Clegg appears.

Before he sings, Johnny Clegg addresses the audience in a way that contextualizes his performance and the event in the South African socio-political landscape: the first serious 'educational' touch in the film.

Johnny Clegg: Hola, Hola Cape Town! The whole world is watching you and that's how it should be, because Cape Town is where some of the first HIV/AIDS activism began and spread to the rest of the South Africa. Viva Zachie [Achmat], Viva! [The audience responds animatedly, Viva!!!] Treatment Action Campaign and many other NGOs working in Gugs [Gugulethu] and Langa, developed ways of dealing with the disease long before other groups were talking about it. NGOs like Medicins Sans Frontiers

and many others who have been very powerful in developing approaches to deal with the disease. We'd also tonight like to think of all the nameless doctors and medical professionals who are working both in government and non-government agencies over the past ten years. [audience applause and close-up of a group of people holding up a T-shirt inscribed boldly with 'HIV Positive'] Some of them lost their jobs giving drugs to people against government policy. We don't see them. And just like Nelson, we didn't see him either, *Asimbonanga*. We'd like to sing for him tonight.

Clegg reminds us here that in South Africa, it was civil society that first engaged the government on anti-retrovirals. He also reminds us that in other countries non-government medical organizations have also been crucial in the campaign for treatment. He thus highlights the issue of treatment in a way that no one has done so far, as a concerted grassroots activism epitomised in even the mostly impoverished places such as Langa and Gugulethu. Just as Geldof did in 'Biko', Clegg in 'Asimbonanga' links the contemporary health struggle with the earlier apartheid political struggle. As he starts to sing, the Soweto Gospel Choir's male section provides the response to the call, 'Asimbonanga':

Asimbonang'uMandela thina	[We haven't seen Mandela
Aph'ekhona	We don't know where he is
Aph'ehleli khona	None of us knows where he lives
Asimbonang'uSteve Biko thina	We haven't seen Steve Biko
Aph'ekhona	We don't know where he is
Aph'ehleli khona ...	None of us knows where he lives ...]

As the song progresses, Clegg recites the names of the prominent activists Steve Biko and Victoria Mxenge. Peter Gabriel joins in, and a strong descant line sung by a soprano leads the song to a moving, yet sombre climax. When the song is over, Clegg calls Jimmy Cliff on stage. In a duet backed by the SGC, Clegg and Cliff sing 'People'. The choir sings the refrain, "People let's get together and show our power all over the world". Jimmy Cliff sings a few more of his well-known songs such as 'Many Rivers to Cross' and 'I Can See Clearly Now'. The first DVD thus ends on a note of great optimism and excitement.

So far, the film has raised key issues that receive more analytical treatment in the next chapter. In particular, the counter-discursive strategies against HIV/AIDS denialism, stigma, and prejudice are variously engaged with by all the artists and personalities. Common among the various themes is a collective message and singularity of

purpose: to bring HIV/AIDS into the public sphere for managing its devastating effects without condemning and marginalizing those living with it.

The concert continued: DVD 2

The second DVD provides a continuation of the concert in a similar manner as presented in DVD 1. As such, I will not get into significant amount of detail describing the concert. Instead, in this section, I will highlight some of the songs.

At the start of the second DVD, The Corrs perform various songs including a collaborative effort with Ladysmith Black Mambazo on 'Eli Lungelo Lelakho Mntwana' [This is your right/privilege, my child]. Joseph Shabalala leads the song in typical *isicathamiya* manner, in which the Tenor leader makes a call in the opening phrase followed in a resonant and vibrant manner by a chorus of Basses. But instead of the next phrase coming from LBM, a member of The Corrs provides a different tune, in English. This alternating pattern between The Corrs and Shabalala leads back to 'Eli Lungelo Lelakho'. One of The Corrs provides a counter-melodic interjection, singing 'Mandela'. A duet between Tshabalala and one of The Corrs follows, while the rest keep the line, "Leli lungelo lelakho". When the song ends, Tshabalala says to the audience, "Hallelujah, thank you, thank you. Hallelujah". The Corrs go off stage.

Brian May (acoustic guitar) and Andrea Corr (vocals) perform 'Is This the World We Created?' which poignantly works on the listener's conscience, on two levels: first, it was composed by Brian May and Freddie Mercury, second, the last time it was performed was in a Live Aid concert. Andrea reminds us of the significance of Freddie Mercury's persona - he was himself an HIV/AIDS sufferer who did not live long enough to benefit from ARV treatment - and of the fact that they hope their appearance in the 46664 event will achieve more in terms of world contribution to the HIV/AIDS campaign. Through the song, May and Corr seem to be challenging donors, governments, and even individuals to become activist rather than apathetic, as it is apathy that has so often has disastrous results.

They sing,

Just think of all those hungry mouths we have to feed
Take a look at all the suffering we breed
So many lonely faces scattered all around
Searching for what they need/Is this the world we created?
What did we do it for?
Is this the world we invaded against the law? ...
Is this what we're all living for today?
You know that every day a helpless child is born
It needs some loving care inside a happy home
Somewhere a wealthy man is sitting on his throne
Waiting for life to go by ...

This is followed by artists such as Abdel Wright, Danny K. Watershed, Youssou N'Dour follow, some of whom dedicate their songs to the children of Africa (N'Dour) while others pay tribute to activists such as Nkosi Johnson (Danny K).

Ms Dynamite's presentation deserves particular attention for the clarity and the solemnity with which she presents her message to the audience:

Ms Dynamite: Ladies, where's all my independent ladies out there? Where's all the sexy independent ladies? And where's all the sexy independent men? ... Ladies, all the ladies in the audience that are not afraid to make their man use a condom, make some noise! [Audience responds, shouting and fists up in the air] I am so glad to hear that. What I want to do right now is bring the tone down a little bit. I know that we are all having a very good time, but we are here for a very, very serious reason today. And firstly I'd like to start by giving all of you in the front some condoms. Please use them - protect yourself, love yourself. ['Protect yourself' is inscribed on her T-shirt] [Condoms are distributed to the audience; a close-up of Mandela and Graça smiling appreciatively] What I'm gonna do right now is sing a song that I composed today. It is called 'Don't Throw Your Life Away'. [She distributes condoms] Okay, are you ready? Okay. [She starts chanting the lyrics of the song backed by an all female backing cast]

The song has no instrumentation. It is delivered in a style almost like hip-hop, and she encourages the audience to sing along to the words, "Don't throw your life away". When the song ends, she says, "People, keep loving yourself, keep protecting yourself, I love you", and walks off stage as the audience screams in appreciation.

Ms Dynamite's rendition holds particular importance since it directly challenges the audience to be involved in a set of behavioural traits in dealing with HIV/AIDS. Firstly, condom usage is publicly encouraged, even enacted through their distribution preceding her performance. Furthermore, her address is largely to women, who are

regarded as major victims of HIV/AIDS infection in Africa. Her message is clear to them: 'to be sexy is to love yourself, to love yourself is to protect yourself'. At the same time, her narrative does not exclude men as partners. They too are invited into this arena of awareness and responsibility for sexual health and wellness.

I telescope the rest of the film somewhat, in order to highlight further remaining points. An insert shows Oprah Winfrey and David de Niro talking, supporting the cause and encouraging the viewer to take an initiative in engaging with HIV/AIDS in some way, their interventions broken up by performance events. Later on, Anastacia, Dave Stewart, and Andrew Bonsu enter the stage to a flurry of rippling guitar passages and an audience that roars with applause. Bono, already on stage leads the song, 'Amandla'. Various artists such as Beyoncé and Youssou N'Dour also join and sing along at the refrain, "Amandla, amandla ngawethu" [Power/strength/might is ours]. Anastacia introduces Andrew Bonsu to the audience while the music subsides in volume.

Andrew's rendition is a heartfelt prayer to God to save Africa from the scourge of AIDS:

Andrew Bonsu: Father in the mighty name of Jesus Christ, Father we praise you for this wonderful day you've given to us ... People are dying! People are suffering! People are crying, oh Lord! ... Father, I pray that you bring us all together to fight AIDS. And bring solution to AIDS. And break the spirit of poverty!

Andrew's prayer underlines an important aspect of the 46664 concert that has emerged: that it appeals to a wide range of sectors to make its overarching themes clear. His prayer invites God's presence in engaging with a wide array of social ills that exacerbate the effects of HIV/AIDS such as poverty. Yet his prayer does not point fingers in accusatory tones, as has often been the case when religious bodies deal with the disease. At the same time, the fact that this spiritual intervention by a young African boy is prefaced by a rendition on 'Amandla' by the various artists goes further to corroborate the notion of partnerships between the young and old, Black and White, Western and African in finding common solutions to deal with the effects of HIV/AIDS infection.

After the prayer, more music follows by various artists and the entire performance ends with a spirited rendition of '46664 - Long Walk to Freedom'.

Over a dark screen, closing credits ascend.

Summary of Chapter 3

Within the South African context, one of the pressing historical needs in which the 46664 project intervened was the specific quest to provide anti-retroviral treatment at a time when the government was not prepared to do so and when the cost was still prohibitive for the general population. Equally important in the concert, however, were the more general calls for normalizing attitudes towards HIV/AIDS in order to subvert the negative messages associated with it.

Unlike *IThemba*, this was a mega event. It was broadcast live to a number of countries across the globe, used state-of-the-art technology for maximum film effects, and applied multimedia technology for diverse audio-visuals. Both behind the scenes and during the event, the expertise and influence of local and global artists, the involvement of business and political heavyweights such as Nelson Mandela and Graça Machel, Oprah Winfrey, Richard Branson, Bill Clinton, and Jesse Jackson was solicited. Collectively, these powerful personalities made the 46664 event a high-profile site of international collaboration for a single cause. As I will show in the next chapter, it is the various issues raised in the course of this film's discursive strategies that make it possible to claim that this film - along with *IThemba* - is a rich site for disseminating its wide set of counter discourses against HIV/AIDS stigma and denialism. I draw largely on critical discourse analysis in order to do so.

Chapter 4: Towards an ‘HIV+ society’: The interventive nature of music performance

The instant association of AIDS with death - death *from* AIDS rather than a consideration of the problem of living *with* AIDS is part of the dominant agenda for thinking AIDS (Watney, 1994:60; emphases in the original).

We have to keep saying that word to ourselves. We keep on saying that word until we are no longer enemies to that word. Until we change that word into something positive. Until it means life for us (Rev Tsietsi Tandekiso, cited in Reid, 1999:49).

Theory and methodology revisited

Fairclough (1995) instructs us that as a methodology, critical discourse analysis “foregrounds links between social practice and language, and the systematic investigation of connections between the nature of social processes and properties of language texts” (96). In order to effectively apply CDA, he proposes a three-dimensional model that represents three interlinked constituents of discourse. He states that “[t]he method of discourse analysis includes linguistic description of the language text” (97). For Hilary Janks (2005), paying attention to the textual data be it linguistic, visual, gestural, sonic, “enables analysts to focus on the signifiers that make up the text ... their juxtapositioning, their sequencing, their layout and so on” (100). She notes, however that paying attention only on the ‘raw’ text might exclude other important realities around it. Fairclough (Ibid) proposes a further step, which is an “interpretation of the relationship between the [productive and interpretative] discursive processes and the text”. In beginning to probe the conditions of the production and reception of a text, one might begin to outline the role players, intended audience and the expectation of what they might need to glean from the text in their disposal. Finally, an “explanation of the relationship between the discursive processes and the social processes” (Ibid:97) is just as significant. In CDA in general, this part of the methodology investigates the social milieu of the production, dispatching and consumption of the text; how discourse is socially (historically) determined receives close attention.

As a theoretical and methodological pursuit, CDA is also noted for its decidedly political leanings, which in part account for its suitability in this research exercise. Teun van Dijk (2001) one of the leading exponents of critical discourse analysis, propagates the standpoint that this methodology must at all times be driven by the need “to [not only] understand, [but] expose, and ultimately resist social inequality” (352). Together with many exponents of this methodology, this inequality is embedded in discourse in a manner that naturalizes discourse practice and at times obscures unequal power relations. Fairclough (2001) reminds us that CDA “has an emancipatory, ‘knowledge interest’” (29), while Ruth Wodak (1999) describes CDA as being “emancipatory and socially critical”, with scholars interested in this methodology allying themselves “with those who suffer political and social injustice” (8).

In order to do use CDA effectively as social critique, I developed a rubric whereby I identified patterns in the discourse from the two films resulting from the use of utterances/gestures that, to me, embody certain emancipatory counter-discursive processes around HIV/AIDS activism in South Africa. I captured these utterances/gestures in Tables 1 and 2 below and my presentation of them is at first largely descriptive. After this, I offer an interpretation of the processes of production as well as the social/historical milieu of these counter-discursive utterances/gestures, in order to fully appreciate the setting in which the performances in the two DVD documentaries described in Chapters 2 and 3 were developed.

Description: The discourse

In the left column of the two Tables below, I provide the name of a speaker of an utterance or performer of a specific counter-discursive gesture. In the middle column, I give a short phrase, taken from Chapter 2 or 3, each of which represents a counter-discursive moment/gesture in the films (including extracts from song lyrics following the title of a song in square brackets), highlighting key words in the text. In the right column, I give short phrases that attempt to capture what each counter-discursive act signifies. These phrases generate a pattern from which I then construct a set of themes that I use for interpretive discussion of the two DVDs. Because CDA is multi-

disciplinary in approach and engages with multi-modal ‘texts’, not all discursive acts included below are spoken or written.

Table 1: Examples of counter-discursive acts in *IThemba* and their signification

Speaker	Discursive act	Signification
Zinhle	One, two, three: that mom is HIV positive. So that brings us into realizing it’s a very critical issue.	Gender and HIV/AIDS. Burden of mother-to-child transmission.
Sinikithemba Choir	[‘This Little Light of Mine’] This little light of mine/I’m gonna let it shine/I won’t let Satan blow it out/I’m gonna let it shine.	Resilience and transcendental resolve of singers.
Sinikithemba Choir	[‘Abanye Bayokhala’] Some will cry/Others will rejoice/Yet others will be crowned with victory.	Hope and transcendence. Collaborative communal support.
Sinikithemba Choir	[‘Izizwe Azihlome’] All nations must take up arms/Here is a virus attacking/They must not be armed with spears/Rather with knowledge to prevent death.	Education, awareness, advocacy.
Sinikithemba Choir	[‘Tshitshi Lami’] Why are a virgin’s breasts sagging?/This means she now has clandestine affairs./My beloved maiden/Why haven’t you told me that you now have a secret affair?	Traditional form of education cautions against multiple sexual partners, but irony of lingering effects of patriarchal power.
Mrs Mhlongo	<i>Sinikithemba</i> which means ‘Somebody who gives hope’ or ‘We give hope’ ... They are not only singing for themselves, but they are singing for the person who is dying in the rural area without hope	Collaborative nature of care and support.
Zinhle	There is a lady that just called me ... she is so scared ... I had to assure her whatever we’re going to do in Boston can be the key for her to get medication.	Caregivers bearing the burden of keeping hope alive for others.
Zinhle	It’s a gift of life. She gave me a second chance. She helped me a lot without asking for a penny; ‘ <i>umuntu, ngumuntu, ngabantu</i> ’.	Humaneness, a strong sense of a shared humanity in countering effects of HIV/AIDS infection.
Mrs Mhlongo	We want scientists and other people to put face[s] on people who are HIV positive. It’s	Advocating for the human face of

	not figures of people who are dying. It's really human beings, people like you and me. People who can still be saved.	HIV/AIDS rather than statistical data and political manipulation.
Zinhle	So I owed some people some help. I volunteered in the clinic ... One of the missions I have ... is to prove I could do it, then the next person could do it. I think I am a normal person.	Personal testimony to make AIDS normal. Self-empowerment in declaring oneself as normal, thus building a set of values to be followed by others.
Zinhle	Sometimes I think, "Why am I doing this?" Because I'm too thin. People will say, "What is a skeleton doing on the road? ... Look, I'm fat now ...". I do see people that are, were like me, people that did not know whether they were coming or going.	Binary oppositions (frailty/strength, skeletal appearance/nourished physique) point to attitude (physical, spiritual, emotional) and to transformation (from near death to life).
Zinhle	If people can see that if I have been through that much of opportunistic infection, and go better because of my intervention, and also because of treatment's intervention, they can do it.	Personal testimony as evidence of efficacy of treatment.
Zinhle	After starting anti-retrovirals ... I noticed ... I could walk faster. ... just maybe a month of taking anti-retrovirals, I got fat, because I could eat. That was fantastic. I really loved it ... I could walk, I could sing, I got fat. I felt I've got energy.	Normalizing life with HIV/AIDS. Emphasis on the ordinariness of HIV+ life.
Zinhle	Now I ask myself ... why do I get to live while others next to me are dying without treatment ... I am from a poor family ... well some people say that really poor countries should not get anti-retroviral drugs. They say poor people, uneducated, will not be able to be adherent. But I am adherent to my ARVs ... I have never missed a dose, ever.	Political economy of treatment. Personal responsibility and agency. Altering attitudes militating against roll-out of treatment.
Richard (Zinhle's brother)	I haven't got money, no money. Treatment is too expensive.	Political economy of treatment. Fear of cost implications of discovering one's status.
Sinikithemba Choir	'Unity, Unity, Unity ma Afrika': popular toyi-toyi song, also known as 'Unity, Unity, South Africans', sung as a gospel piece.	Invocation of the 'Freedom Struggle'. Encouraging collaborative efforts

		in engaging with HIV/AIDS.
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Table 2: Examples of counter-discursive acts in *46664* and their signification

Artist/ Speaker	Discursive act	Signification
Beyoncé	You're all beautiful, ... young ladies there is nothing sexier than being confident and taking care of yourself.	Positive affirmation. Raising gender issues, providing caution, instilling pride and self-worth.
Beyoncé	['Crazy in Love'] It's the way that you know what I thought I knew/It's the beat that my heart skips when I'm with you/Just how your love can do what no one else can/Got me looking so crazy right now.	Mutual respect and responsibility within a relationship, a sense of freedom on the speaker's part (female), reference to gender issues and equality.
Beyoncé	Do you know the famous prison numbers of Mr Mandela?	Subversion of concealed identity. Placing individuals at the centre of HIV/AIDS discourse and activism.
Bob Geldof	AIDS has ceased to be something to be ashamed of. It's simply another medical condition.	Placing HIV/AIDS within the ambit of everyday life. Advocating for normalcy and acceptance.
Bob Geldof	But [even] if the condition is medical, the solution is political. AIDS becomes political when the rich part of the world can develop drugs that the poor part of the world can't have.	Global politics and economics of AIDS treatment. Tensions between North and South.
Bob Geldof	The reason we're here is because a frail, old gentleman, who is one of the giants of our planet, summoned us here ... This is a man whose entire life is characterized by the pursuit of justice through political action and it says something that this frail, old gent with resolute conviction that will defeat oppressors, with his forgiveness and grace that puts a new meaning to the dignity of	Mandela's personhood: frailty is strength, leadership, sacrifice, resilience. These contrasts highlight his ordinariness, suggest that anyone can do and be what

	men, has decided that in his old age the greatest political peril that faces the world is the scourge of AIDS.	he did and was.
Bob Geldof	['Redemption Songs'] Emancipate yourselves from mental slavery/None but ourselves can free our minds ... Won't you help to sing/These songs of freedom?/Cause all I ever have: Redemption songs ...	Appeal to the psychological dimension of both stigma and denial as an important tool in engaging with HIV/AIDS.
Baaba Maal	The young girls and the young boys who become orphaned because they lose their dad and mum because of HIV/AIDS. If you don't do nothing, one day, they gonna be in trouble because they gonna face poverty, the lack of education, they gonna be into drugs and violence and come back in HIV/AIDS.	Calamitous nature of AIDS, vicious circle of effects of AIDS far reaching and cutting across generations. Widening population gap.
Richard Faechem	Nelson Mandela led the world in a triumphant fight against apartheid. Now he has stepped forward to lead us in the fight against AIDS.	Parallels between South Africa's previous struggle against apartheid and current struggle against HIV/AIDS. Challenge to activism and expression of hope.
Richard Faechem	We have the medicines, the condoms, knowledge. Every infection can be prevented and every case can be treated.	Controlling spread of AIDS is within reach.
Richard Faechem	We have the weapons of mass salvation that can save millions of lives ... But money alone is not enough. Your actions, and my actions, are the basis of true change.	Play on the Bush/Blair administrations' war on terror and their controversial stance on AIDS prevention.
Richard Faechem	Practise safe sex, embrace those who are infected, volunteer your time and your skill. Give one minute of your life to AIDS, or one week or maybe one year.	Advocacy, grassroots activism, solidarity, destigmatization, creating partnerships.
Yusuf Islam	I believe that what's happening today with HIV/AIDS is something that can be solved through our shared humanity and our shared spirituality.	Invocation of the spirit of 'ubuntu', expanding its frame.
Peter Gabriel	[Performing the song 'Biko', the choir sings 'Nkosi Sikelel 'iAfrika' ... A picture of Biko forming a backdrop to the stage throughout the performance ... The refrain 'Biko, Biko'	Drawing parallels between the past and current struggles. Using codes of the

	with raised clenched fists] For all those who lost lives in the struggle against apartheid, ... For all those who struggled and lost their lives with HIV and AIDS ... [‘Biko’] You can blow out a candle/But you can’t blow out a fire/Once the flames begin to catch/The wind will blow it higher.	‘days of the struggle’ to emphasize the message.
Bill Clinton	AIDS has been a part of my life since I lost a friend to it over 15 years ago.	AIDS personalized by a high profile personality. Identification with the ‘Other’.
Bill Clinton	I’ve been working with my friend, Nelson Mandela ... to try to help build health systems and get medicine as inexpensively as possible to South Africa, Mozambique, Tanzania ... Now I hope we can bring that inexpensive medicine to other countries throughout the world where there is a problem.	Political economy of AIDS. Highlighting collaborative engagement as key.
Jesse Jackson	The number one weapon of mass destruction in the world today ... AIDS, HIV/AIDS.	Play on Bush’s foreign policy priorities which are highly criticized in relation to American position on AIDS.
Jesse Jackson	43 million people have contracted this disease ... For many of us they’re just a number. Not long ago, there was a number, 46664, that was Nelson Mandela’s number on Robben Island. A great moral authority, freedom fighter, liberator, once he became a person, not just a number. You can use that number today ... Save lives, build families, keep hope alive.	Personalizing AIDS, shifting it away from scientific jargon of numbers, to faces, families, people, communities.
Bono	It’s funny how religious people are sometimes the most judgemental ... It’s just a message to the churches that we need you to open up your door and give sanctuary, and break the stigmatization that goes with being HIV positive. If God loves you, what’s the problem? [‘American Prayer’] This is the time to finish what we started/This is no time to dream ... I wanna feel the healing ... I want to believe in the African Prayer.	Exposing one of the cores of stigma - mainstream religion - and encouraging destigmatizing discourse and behaviour.
Nelson Mandela	AIDS is no longer just a disease; it is a human right issue. ... 46664 was my prison number. For the 18 years that I was imprisoned on Robben Island I was supposed to be reduced to that number. Millions of people infected with HIV/AIDS are in danger to be reduced to	Symbolism of Mandel’s personal history & triumph over de-humanization. Reminder that only

	mere numbers unless we act. They too are serving a prison sentence - for life.	resolute, concerted effort can bring back the human face to sufferers.
Johnny Clegg	Cape Town is where some of the first HIV/AIDS activism began and spread to the rest of South Africa. Viva Zackie, Viva!! Treatment Action Campaign and many other NGOs working in Gugs and Langa, developed ways of dealing with the disease long before other groups were talking about it	Invocation of struggle gestures and language while also taking up the government on the bungled AIDS policy responsible. Showing that major strides can be taken through grassroots activism and personal agency.
Johnny Clegg	We'd also tonight like to think of all the nameless doctors and medical professionals who are working both in government and non-government agencies over the past ten years ... Some of them lost their jobs giving drugs to people against government policy. We don't see them. And just like Nelson, we didn't see him either, Asimbonanga. [A shot with a group of people holding up a T-shirt inscribed 'HIV-POSITIVE'.]	Invocation of struggle memory accords the status of 'freedom fighters' to doctors and health volunteers going against government policy to provide treatment; to uphold a basic human right to the sufferers.
Johnny Clegg	['Asimbonanga'] Asimbonang'uMandela thina/Laph'ekhona/Laph'ehleli khona ... Steve Biko/Asimbonang'umfowethu thina/Laph'ekhona/La wafela khona. [We haven't seen Mandela/We don't know where he is/None of us knows where he is ... Steve Biko/We haven't seen our brother/We don't know where he is/None of us knows where he died.]	Association between the invisibility of Mandela & Biko during apartheid due to govt. denialism and the invisibility of many HIV/AIDS sufferers, also due to denialism.
Robert de Niro	While there I was made aware of the scale of the impact of HIV/AIDS in Africa ... It was not just the shock of the scale of the problem, what hit me most was the resilience of those living with HIV/AIDS, their families and the people working on the front lines to fight it ... When Nelson Mandela speaks, we must listen ... He is asking all of us to give one minute of our lives to AIDS. Why? Because every minute another life is lost to HIV/AIDS.	Expression of hope rather than the gloom and doom language used to describe people and spaces with AIDS; and expression of urgency.
Ms Dynamite	Where's all my independent ladies out there? Where's all the sexy independent ladies? And where's all the sexy independent men? ... Ladies, all the ladies in the audience that are	Positive, affirming language, instilling a sense of agency and control of individual

	not afraid to make their man use a condom, make some noise! ... And firstly I'd like to start by giving all of you in the front some condoms. Please use them - protect yourself, love yourself. ['Protect yourself' is inscribed on her T-shirt.] ... People, keep loving yourself, keep protecting yourself, I love you.	sexuality and health, especially women. Advocacy and education. Normalizing condom usage, which is still regarded ambivalently, if not with suspicion.
Various Artists	'Amandla, (ng)awethu' [Strength/power/might is ours]	Invocation of the inner strength invoked during the struggle against apartheid.

Having selected the discursive aspects of the films, the various actors, and the signification processes they highlight, in the next section I engage extensively with the themes that emerge in the description of the text above.

The themes

An in-depth engagement with the text requires a close reading of the themes that emerge. It is worth noting that in many instances, various dimensions of Fairclough's model intersect: as will happen here, for example, detailed description assumes an interpretive stance. For instance, questions such as who uses the language, for whom, and what commonalities of understanding between the source and the audience are explored while explicating the themes; yet, according to the model, this part is significant in the dimension that explores the processes of production of discourse. When utterances are made or gestures performed, one might ask, what qualities or agendas might be gleaned from those uttering or performing them? And what forms of knowledge and practice are expected to be (re)produced by the audience in relation to the data given and issues it raises?

To illustrate: in *IThemba*, Zinhle addresses a wide variety of people through her narrative which raises a panoply of themes: gendered dimension of HIV/AIDS, mother-to-child transmission, knowledge as a weapon, positive view of self, etc. These themes are of varying order, and some are more urgent and larger in magnitude

and scope than others. For instance, by stating that she was in denial of her disease, that when its effects were visible, she dreaded to walk about under the gaze of the local community, she is obviously addressing that community. Yet, in her direct call for ARV treatment and the way she constantly factors economic realities into the urgency of ARV treatment, she confronts government thinking and the international pharmaceutical industry.

On the other hand, *46664*, which relies on sophisticated media techniques, channels the message of international collaboration and pressure to the same end but via a much more high powered event; we are made aware through a show of frequent close-ups of local and international dignitaries such as Nelson Mandela, Oprah Winfrey, and Richard Branson. Without being told verbally, the potentially persuasive power of such images to influence local and global governments and public-private partnerships and to sway public opinion in engaging with HIV/AIDS, is palpable. In the next section, where I pay more attention to the themes emerging from the two tables above, I engage with these issues in greater detail.

In both DVDs, the politics of many issues can be gleaned directly or indirectly from all actors' statements, which show unanimity in their determination to normalize HIV/AIDS at a variety of levels, especially treatment. Invariably the intentions of the performers are directed towards viewers in order to arouse a similar viewpoint and thus presumably galvanize them to similar action, even if it is on a relatively smaller, more localized scale. These intentions are expressed verbally far more strongly in *46664*.

For the purpose of critical discourse analysis, I have identified six counter-discursive themes embedded in the DVDs through which these intentions are expressed:

- advocacy, affirmation and the politics of gender;
- normalizing AIDS and creating partnerships;
- subversion of concealed identity;
- political economy of treatment;
- invocation of the 'freedom struggle';
- resistance and hope.

The order I present them in is arbitrary and suggests no hierarchy in importance.

(a) Advocacy, affirmation, and the politics of gender

Unlike the much discussed trajectory of the spread of AIDS in developed countries via homosexual intercourse, AIDS in Africa is apparently largely spread through heterosexual intercourse (Leclerc-Madlala, 2000, 2001). Given gender dynamics in Africa, it is often women who are vulnerable, at a number of levels. First, women's sexual rights are often limited, if not downright non-existent. Various scholars (Leclerc-Madlala, 2001; Motsemme, 2007; McNeill and James, 2008) have provided proof of the plight of women in the HIV/AIDS epidemic within the (South) African context. They lack power domestically, even within marriage. Both inside and outside it, complications pertaining to their position emanate from their role as recipients of 'free gifts' in transactional sexual activities that often render them powerless and under male control where at times they are unable to even negotiate safe sexual practices. As Nthabiseng Motsemme (2007) indicates, most women agree to not using protection for fear of violation or losing the partner or spouse from whom a means of living is expected. Some women even agree to such male dictates as a means of proving their worth and the extent of their love.

Second, conflated with the absence of choice in sexual health and reproductive rights is the emphasis on sexual restraint in the context of AIDS prevention. Linked to this patriarchal mode of female subjugation is the double bind where women's dress either denotes 'respectability' (when a woman is totally covered up, perhaps much against her desires) or sexual object (when a woman dresses in ways deemed as revealing).

Third, women are blamed for HIV/AIDS infection as though they are carriers who purposely infect unsuspecting male partners, hence the violence attending disclosure. An extreme case is their desexualization where HIV/AIDS campaigns and everyday discourses are launched from a standpoint that conflates promiscuity with sexual liberation as the supposed cause of HIV/AIDS (Watney, 1994:19). In this equation women and people with HIV/AIDS in general are made to feel guilty and forced into abstinence. Thus sexual pleasure is curtailed.

Fourth, as Katie Hogan (1998) has shown, “a traditional idea of ‘woman’ is often used to reinforce traditional gender stereotypes. Women’s actual diverse experiences and needs are placed within the imagery of traditional femininity and with the idea of ‘woman’ as a role” (168). In this problematic setting, the role of a woman is seen as mostly that of child bearing, hence protective measures such as condom usage are viewed with disdain.

And so, it is extremely effective when Beyoncé starts her performance of ‘Crazy in Love’ at the beginning of *46664* and directly addresses women in the audience, showering them with positive and affirming epithets: “You’re all beautiful ... Young ladies there is nothing sexier than being confident and taking care of yourself”. Ms Dynamite’s ‘Don’t Throw Your Life Away’ proceeds along similar lines: women’s affirmation and empowerment. She too prefaces her performances with a call especially to ladies: “Where’s all my independent ladies out there? Where’s all the sexy independent ladies? ... Ladies, all the ladies in the audience that are not afraid to make their man use a condom, make some noise!”.

Beyoncé and her dancers, all dressed in rather revealing outfits and energetically taking control of the stage, entrench the notion of women’s choices in self-representation, even where attire is concerned. The song itself emphasizes romantic love. The speaker is a woman celebrating the notion of being ‘crazy in love’, being able to share in a relationship which makes her feel whole as a person: “You ain’t there, ain’t nobody else to impress/ It’s the way that you know what I thought I knew ... Got me lookin’ so crazy right now/Your love’s got me lookin’ so crazy right now”. Still affirming sexuality as an asset, Ms Dynamite adds the dimension of responsibility, encouraging her listeners to protect themselves: “Make sure u protected ...When u givin affection”. Evident in both examples is the manner in which women are encouraged to be in charge of their activities during their sexual encounters; to assert their femininity, sexuality, and human rights.

In advocacy work, one of the key aspects - evident in both DVDs - is the provision of education about HIV/AIDS in order to make people aware of its transmission as well as to counter the myths that feed (further) infection, stigma, and denialism. ‘Don’t Throw Your Life Away’ does this in a more direct way than most of the songs on

either DVD. In it Ms Dynamite warns, “You don’t believe what they feed you/It’s not just gays n hoes n those who usin needles ... Don’t watch the face, this killer don’t discriminate ... Don’t throw your life away”.

Her manner of delivery projects and even encapsulates the message: ‘be sexy with AIDS’: to be consciously sexy is to protect oneself by being conscious about sexual activity. Instead of singing she chants, while the main theme of ‘Don’t Throw Your Life Away’ is repeated numerous times by her backing singers, mostly as a response to a call she makes. In *IThemba*, a similar message is carried in the song ‘Izizwe Azihlome’: “Izizwe azihlome bo/Nal’igciwane lihlasela/Zihlome ngolwazi lokuvikel’ ukufa” [All nations take up arms/There attacks the virus/Rather (arm yourselves) with knowledge to prevent death]. Even in traditional contexts, the song implies, protective sexual practices can continue to be endorsed.

The centrality of virginity in general and most specifically among girls, and the related protective practices advocated among youths, receive due consideration in *IThemba*’s ‘Tshitshi Lami’ [My beloved maiden]. In this song, the issue of spousal unfaithfulness, implying multiple sexual partners, is raised. The practice of multiple sexual partners is well documented as instrumental in the spread of HIV/AIDS (Leclerc-Madlala, 2001; Motsemme, 2007). This is possibly why the Sinikithemba choir sings ‘Tshitshi Lami’: “Awe kanjani amabel’ejongosi?/Okush’ukuthi sel’phuma kanje./We tshitshi lami/Awusho ngani ma’usuphuma kanje?” [Why are a virgin’s breasts sagging?/This means she now has clandestine affairs./My beloved maiden/Why haven’t you told me that you now have a secret affair?]

Important here is the very traditional nature of its style, reminiscent of *indlamu*, which extends the song’s reach (and the choir’s and potentially the clinic’s) to urban and rural audiences alike. Interestingly, in *IThemba*, the only two songs that take on the theme of advocacy most clearly use traditional Zulu song and dance styles. What Beyoncé and Ms Dynamite’s songs aim at - empowering women and educating audiences - ‘Izizwe Azihlome’ also does, using a local language and music style.

(b) Normalizing AIDS, creating partnerships

In the *IThemba* documentary, Zinhle chronicles her journey with HIV/AIDS. From a passage alluding to her denial of the diagnosis where she says, “I did not identify it as something that will happen to me ... I wasn’t looking horrible, I was still looking fine”, she later comments negatively on her appearance and what her community’s reactions might be, “Sometimes I think ... because I am too thin. People will say, ‘What is a skeleton doing on the road’”. Levin (2005) presents a similar negative image of a person living with HIV/AIDS, also going through his own sense of denial. He tells us, “[l]iving in South Africa I had grown used to the images I’d seen on TV - emaciated black people, dying alone of AIDS in dark, forgotten huts in the countryside shivering under threadbare blankets with huge hollow eyes” (43-44). Furthermore, he states, “[u]nlike New York or London, here one very rarely saw sick people at the bars or clubs ... Of course this was part of the broader picture of denial ... If you couldn’t see it, it wasn’t there” (Ibid:43).

Inherent in such images and therefore in the expectation of what it means to live with HIV/AIDS are two issues: first, the distance between those living affluent lives in the cities and dying black people abandoned in rural areas, and second, thin skeletal bodies shown as the *only* image of HIV/AIDS. Consequently, a persistent image of ‘life-with-HIV/AIDS-equals-death’ lingers in people’s minds. A powerful counter discourse to this image making is given in the two DVDs. When former US President Clinton declares, “AIDS has been a part of my life since I lost a friend to it over 15 years ago”, an important point is raised: if a high profile personality from an affluent country expected to be a beacon of moral integrity loses a friend to AIDS, then HIV/AIDS is not only contracted by those deemed marginal. This loss, moreover, did not make Clinton shy away from engaging with HIV/AIDS. Instead, we learn, it galvanized him to action, and at an extremely high profile level, to create partnerships with various stake holders in the HIV/AIDS movement. He worked to ward off more deaths instead of living in silence as the friend of an affected person. Zinhle’s testimony is just as powerful. She informs the viewer that “one of the missions I have ... is to prove that I could do it, then the next person could do it. I think I am a normal person”. For Zinhle, what bolsters this statement and makes it more effective is the nature and extent of her involvement in her community and the Sinikithemba choir.

She not only does hospital rounds as a counsellor but also sings and dances, takes care of her child, grooms herself, and keeps her joyful character throughout the documentary.

Both these cases indicate that HIV/AIDS just like any other disease happens to 'normal people'. They (should) normalize what is often abnormalized. In the *46664* DVD Bob Geldof reiterates this point: "AIDS has ceased to be something to be ashamed of. It's simply another medical condition". Ms Dynamite follows a similar line of thought when she sings that HIV/AIDS infects just about everyone: "Sisters and brothers, even defenceless children on his list... whoever, wherever, whenever". And because its effect is indiscriminate, she implies, no one should be blamed for contracting it and made to feel as if they have indulged in unspeakable behaviour.

(c) Subversion of concealed identity

Mandela's speech is the centre point of *46664*. It eloquently dramatizes a parallel between his position as a prisoner with an 18-year life sentence and someone living with AIDS. Of his situation he says, "For the 18 years that I was imprisoned on Robben Island I was supposed to be reduced to [a] number. Millions of people infected with HIV/AIDS are in danger to be reduced to mere numbers unless we act. They too are serving a prison sentence - for life". His equating discourse about HIV/AIDS as symbolic incarceration for those living with it at various levels, with life as a prisoner, dramatizes the idea of banishment, hardly to be seen, except for limited periods by one's own family. Being a prisoner also suggests a certain degree of disgrace and shame. Even though Mandela was a political rather than a common criminal under South African law, as discussed in Chapter 1 the effect of imprisonment is the same: to be a prisoner implies a blemish on one's character, and degrees of punishment reflect corresponding degrees of severity of the crime and the extent of the blemish. The ramifications of 'life sentence' go beyond the physical to the emotional, spiritual, and psychological domains.

By drawing analogies between a numbered, nameless, faceless, long-term prisoner and a person living with HIV/AIDS, Mandela draws out the dehumanization that

accumulates for an HIV+ person. The psycho-social and physical climate of a long painful death is created by society, almost becomes a self-fulfilling death wish. His testimony breaks new ground: destined for death in prison, he was eventually set free; although dehumanized as a ‘number’, Prisoner 46664, he was eventually set free as Nelson Rolihlahla Mandela; from being constricted in a cell on an island isolated from everyday contact, he triumphed to be among the most respected leaders in modern history. In fact, his greatest achievements professionally ensued after years of being a prisoner. Allegorically, this can be seen as suggesting that when an HIV person lives with a healthy attitude and the kind of fortitude Mandela showed as prisoner, one can go on to reach unimaginable heights of achievement personally and professionally. His identity, once concealed as a prisoner - stigmatized as immoral in the way Goffman exposed this (1996:67; see Chapter 1) - is now triumphantly inverted.

Zinhle in *IThemba* follows a similar path, to some extent. During her illness, she refers to herself as having been like a skeleton until she was helped by the social worker who took her in for regular treatment, and her life seemed to have blossomed as soon as she regained her health. In the documentary, we see her working in the hospital, singing in the choir and of course addressing dignitaries in an international conference. Although not a inversion of the same symbolic magnitude as Nelson Mandela’s, Zinhle’s story nevertheless dramatizes the ordinariness of her personhood and makes the realms of possibility for beating odds against a negative HIV related identity feel possible for everyone.

(d) Political economy of treatment

Among the most contentious issues with regards to the politics of HIV/AIDS treatment in South Africa has been the denialism of former President Mbeki and former Health Minister, Tshabalala-Msimang. The cost of treatment is equally contentious, due to the high prices of anti-retroviral drugs.¹⁶ While most scholarship and commentary has highlighted the prohibitive costs of anti-retroviral treatment,

¹⁶ The current cost of a single “3-in-1” combination ARV pill is R89.37, wrote Gabi Khumalo in 2012, and Minister of Health Dr Aaron Motsoaledi described it as “the world’s lowest price for this product” (<http://www.southafrica.info/about/health/hiv-291112.htm#.Uteb8RYzmlI>, accessed 16 January 2014).

Levin (2005) also brings to closer scrutiny the added costs associated with managing the opportunistic infections associated with full-blown AIDS. What remains glaring in the discourse is (lack of) access to adequate and affordable health care. On both *46664* and *IThemba* commentators lament the exorbitant price of ARV treatment (in 2003) resulting from the monopolistic policies of drug companies that guard and inflate profits through a denial to give patent rights for production of cheaper generic medicines.

The policy of both Bush and Blair on HIV/AIDS, which supported the promotion of abstinence over prevention by using condoms, and over the provision of much needed financial resources to fund treatment, also comes under attack, especially on *46664*, and is linked to the two governments' funding of an aimless war on terror in Iraq in search of 'weapons of mass destruction'. As Bono declares, "if the condition is medical, the solution is political. AIDS becomes political when the rich part of the world can develop drugs that the poor part of the world can't have". The then chairperson of the global AIDS fund, Richard Faechem tells us, "We have the weapons of mass salvation that can save millions of lives", while Jesse Jackson states that HIV/AIDS is "the number one weapon of mass destruction in the world today". Roger Taylor and Queen poignantly sing, "It's hard not to cry ... So much heartache and pain/So much reason to grieve/With the wonders of science/All the knowledge we've stored/Magic cartels for lives/People just can't afford".

It is the major lament of most of the international stars participating in the *46664* concert that the monopoly of the developed countries on the patent rights and therefore prices of medicines renders them beyond the reach of most people in the developing world. Bob Geldof uses irony to express his exasperation, singing, "I don't care if the Third World fries/It's hotter there/I'm not surprised ... I can watch whole nations die/And I don't mind at all".

In Chapter 1, I referred to Farmer's (1992) notion of the 'geography of blame', in which 'other nations' are not only blamed for being carriers of HIV/AIDS but are also seen from a First-World normative perspective as originators, because of their unfamiliar, abnormal cultural practices. Zinhle extends this geo-cultural bias to educational bias when she says: "I am from a poor family ... well some people say

that really poor countries should not get anti-retroviral drugs. They say poor people, uneducated, will not be able to be adherent”. In similar vein, Cameron (2005) cites a leading scientist discussing conceptions of time in Africa and claiming that Africans who depend on the sun’s position to tell the time should not receive ARV treatment; erratic dosages become even more dangerous for those under medication (198). Indeed this is an extreme form of the kind of indifference Geldof’s song decries. Small wonder, then, that Zinhle’s claim, “But I am adherent to my ARVs ... I have never missed a dose, ever”, gets resounding applause.

(e) Invocation of the ‘Freedom Struggle’

In engaging with HIV/AIDS, both *46664* and *IThemba* often use discursive strategies which index aspects of one of the crucial moments in South Africa’s history, the liberation struggle which began after Union (1910) and later galvanized the majority of people into decisive action against apartheid. As Sylvia Bruinders has shown, musical practices often provide a sense of identification and belonging to a group, by invoking pre-existing forms of social solidarity (Bruinders, 2010). People’s resistance during the liberation struggle was often expressed in song, whether as freedom songs or as other kinds of composed or recorded songs. The songs of *46664* and *IThemba* simply extend this tradition. Through various forms of signification such as raised fists recalling Biko’s anti-apartheid salute, the shouting of names of struggle stalwarts such as Mxenge, Biko, Mandela (in the songs ‘Biko’ and ‘Asimbonanga’), and the adaptation of well known struggle songs/chants such as ‘Unity’ in *IThemba* and ‘Amandla (ng)Awethu’ in *46664*, a sense of collective affinity with the anti-apartheid struggle is created.

There is an awareness, I argue, that it is in the memory of the struggle (*umzabalazo* in isiXhosa) that a collective will to quash HIV/AIDS stigma, denial and their effects might be achieved. Furthermore, parallels are drawn between the urgency of the political struggle with its blatant disregard of human rights and the current struggle against HIV/AIDS both as disease and as discourse. In ‘Asimbonanga’ Johnny Clegg follows the struggle tradition of recalling in song the names of *amaqhawe* (heroes) who died or were exiled or incarcerated in prison. Such a litany of martyrs adds depth

to the AIDS struggle and strengthens the resolve of participants to continue with it. In addition Clegg refers to “the nameless doctors and medical professionals ... Some of [whom] lost their jobs giving drugs to people against government policy”. Like prisoners, he points out, they were invisible, “just like Nelson ... Asimbonanga”. As a preface to his song he then ‘names’ one of the most prominent leaders of the HIV/AIDS struggle, Zackie Achmat, and incites the audience to declaim the name boldly and proudly, “Viva Zackie, Viva!”

In *46664*, Mandela’s role as a struggle icon is adapted to a new setting as he champions the rights of those living with HIV/AIDS. When he declares “AIDS is no longer just a disease, it’s a human rights issue” he reminds us that unlike “just a disease” that might be deemed a private issue requiring private intervention, infringement of human rights raises the ire of the broader society and necessitates collective action to redress the *status quo*.

(f) Resistance and hope

In *IThemba* the theme of hope, resistance and transcendence finds extensive expression, attributable to the fact that Sinikithemba’s repertoire is largely religious. The choir’s gospel songs carry messages central to the religious beliefs of the Christian faith: transcendence over earthly tribulations in the hope of a reward in the afterlife, and in the meanwhile, spiritual strength in the face of earthly troubles. Sinikithemba choir’s first appearance occurs as they sing, “This little light of mine/I’m gonna let it shine/I won’t let Satan blow it out ... Every day let my light shine”. In another of their songs they sing (here translated into English), “Some will cry/While others will rejoice/Yet others will be crowned/With crowns of victory”, words that reinforce the theme of transcendence. Such lyrics bolster the development of what Sandra Roberts has called a “positive resistance identity” (Roberts, 2005:76), which is an important aspect of living with HIV/AIDS. The resistance is towards the negative effects of stigma while the positive identity comes with rebuilding one’s self-worth, already damaged by the negativity surrounding an HIV/AIDS diagnosis. Roping in religious sentiments (including through song) into the process of engaging

with HIV/AIDS thus provides an important platform for the production of destigmatizing and empowering discourses.

Religious bodies have ironically also been implicated in sustaining discrimination towards those living with HIV/AIDS (see van Wyngaard, 2006). As indicated in Chapter 1, the most negativity around an HIV/AIDS diagnosis comes from the most prevalent mode of transmission of the disease, sex. In many religious contexts, the tendency is to conflate HIV/AIDS with sexual permissiveness, sinfulness, and shame, leading to the ostracism of the infected. These songs, then, champion a religious message *in opposition* to the condemning tones associated with some religious figures and institutions, and indeed to the ‘religiosity’ often associated with the way gospel music is used in churches. This suggests that religious ideologies and practices can also be used as modes for turning the tide of stigma meted out to those living with HIV/AIDS.

The music’s uplifting message is, I suggest, not only directed outwards towards God but also inwards towards ‘self’. The interventive strategies the songs perform have an affective power on those who sing them or even listen to them: they make people forget, at least temporarily, that they are unhappy, anxious, or lonely. The extra material on 46664 includes the documentary *Spirit of Africa*, a narrative about HIV/AIDS in Uganda in which people sometimes testify to the way music dissipates the negative effects of their condition (transcribed in Appendix II). One such person is ‘Grace’, who says:

When we sing together, we enjoy and dance. But when we lose one member we feel lonely. Why don’t you come together and sing our song? When we go back home, we feel lonely. But when we come together, we feel at home. If you are worried, you can sing that thing and then get yourself off the worries. Because I transfer the message I feel relieved. So I so much like singing. For me I’m trying to live positive, but I’m still positive. But for me, a person, I can change the way people think about me, I can change. What makes me happy? Music makes me happy.

A few minutes later in *Spirit of Africa*, however, Kenyan musician Ayub Ogoda cautions that music can only be an intervention strategy, not a cure.

Ayub Ogoda: What makes me happy? Music does make me happy, but it can't be the only thing. I think music, a little bit of money, a little bit of love. It combines. You gotta make a full circle to be completely happy.

Chapter 5: The music, its production and contexts

Brian May: It's entertainment, we want people to have a good time, but it's relevant

Bob Geldof: You may recognize the tunes like 'We will rock you' or 'One' but in an event like this, they all become redemption songs

Yvonne Chaka-Chaka: We are not mourning here, we are not crying. We're just saying, "We want to make people happy and save lives, and collect money to save people's lives". That's how we'll do it
(Commentaries after the launch of 46664 - see App. II).

[Bongo Maffin] Thandiswa Mazwai: We're basically saying it out loud. We're screaming, "We don't want Africa to die, and we don't want our children to have a bleak future. So we want to do something about it now"

Danny K: I think if people are listening to our voices and paying attention to some of the things that we have to say then this is a great way for us to give back to humanity
(Artists talking about why they are supporting Nelson Mandela's 46664 campaign - see App. II).

Exploring the processes of production

Following Garofalo's terminology in the field of popular music studies, events such as the 46664 concert constitute a set of large scale, globally mediated rock concerts that respond to a diverse set of global issues such as famine relief. Characteristically, these are "mass mediated popular musics ... which share an intimate relationship with mass communication technologies and political struggles around the world" (Garofalo, 1992:1). Apart from being star-studded musico-political spectacles utilizing advanced media technologies for reaching maximum audiences, these mega events have other spinoffs such as the creation of "compilation LPs, home videos, and/or 'The Making of ...' documentaries - each of which being able to be produced and consumed in a variety of ways" (Ibid:26). The quotes that head this chapter come from such a source. Both 46664 and the campaign follow this format, relying on current Internet technologies such as the World Wide Web to advance their reach. A common function that binds together mega events emerges: they are used to fundraise for a particular cause, raise consciousness about the cause, display the activist role of the

artists involved, and help mobilize masses around a specific socio-political issue.

As mentioned in Chapter 1, this Research Report does not aim to show the direct therapeutic effect of music in *46664* or *IThemba* as a mediating or mobilizing force, but, rather, to reveal how it is used indirectly and its potential as an interventive strategy. Concerts are, by definition, very public events, and when they reach the proportions of *46664* they are surrounded by hyperbole before, during, and after the event. Music's effectiveness comes potentially from three areas: its emotional power, the song lyrics it can convey and ingrain, and the paratexts in which it is embedded - including, and quite importantly, the hype. Music 'highlights' itself as an interventive strategy by making an event enjoyable and by translating a message into an entertaining, even globally shared experience.

While most of the songs performed in these events were not written for it and thus do not often contain political lyrics explicit to the issue at hand (even though one or two songs do), their importance stems from the fact that the musicians involved preface their songs or make thoughtful declarations about the socio-political issue that is the central theme of the event. Their words are more pervasive in the discourse about HIV/AIDS than 'the music itself', or even its lyrics. As Geldof puts it, above: "in an event like this, they all become redemption songs".

Within the mass ritual of a pop concert, however, even if you are participating vicariously by watching the video rather than by 'being there', the pleasure comes from listening to music often already known from recordings, from the repetition of a pleasure of listening to something already known. The familiarity of the music and the patterns of repetition open people up to accepting the 'message' that comes before or after - and sometimes during - the songs. In the African context there is nothing new in this: Christian missionaries in the nineteenth century fully exploited the effectiveness of hymns in the conversion process. In recent memory, the struggle for liberation used songs; *toyitoyi* to bolster the underlying message of freedom from the grip of apartheid. Incidentally, some of those songs were used in the *46664* event. Perhaps because of this being such a well-known trope, it is not difficult to see how effective music can be in converting people to a new way of thinking about HIV/AIDS.

The discourse in *46664* is also dependent on the star status of people present. On certain occasions, such as the 1990 Wembley concert honouring the release of Nelson Mandela, the presence of the man himself embodied “star quality, political credibility, first hand testimony, and in-depth analysis, all personified in a single individual” (Garofalo, 1992:62). Clearly, the iconic stature of a figurehead endorsing the event lends it credibility and increases the depth of awareness audiences need regarding the issue for which the concert is held. Their awareness of the audience response, is also very visible, and contributes to the discourse. For people not actually present but watching the video in their homes, among communities who may remain ambivalent about opening up the discourse around HIV/AIDS, music acquires an associative power from its performance by high profile stars alongside their positive and encouraging advocacies. Hearing their favourite pop stars talking about HIV/AIDS in the mass concert situation is likely to raise consciousness, and such stars, already role models for other aspects of life, can become role models in this aspect too.

The performance of cultural and economic power that *46664* offers while offering a counter discourse about the disease and its stigma also helps to challenge the feelings of powerless most people in South Africa experience. Massed concerts such as this become rallying grounds for expressions of power against inert or recalcitrant governments. In the case of both films, money raised will not be channelled to governments but to non-governmental agencies, thus the activity of consciousness- and money-raising can be seen as an anti-government one, which carries its own sense of power. Concerts are associated with good times, with parties and celebrations and when they convey such strong messages of power to ordinary people they suggest that money *can* be raised, that governments *can* be overthrown, that their lives *can* change.

IThemba is somewhat different, in that it is not supported by as much technological innovation and celebrity figures, and no mega audience is visible, only the conference audience in Boston. It remains a humble and grassroots production. That said, it too enters the media circuit as it is marketed in the same way that all DVDs and music CDs are. While Zinhle is not as much of a figurehead as Mandela, her presence in the DVD, her (unscheduled) presentation in the concert in Boston, her testimony and

declaration of hope, and her triumph against the adversities associated with an HIV/AIDS discourses, construct her as a figure to be reckoned with. Mandela is a figurehead from the past; Zinhle is a model for the present and future.

Because of her humility and the overall intimacy of *IThemba* as an event, the choir's singing and the conference audience's highly emotional response to it is all the more powerful. The religious metaphors of earthly suffering in the present and heavenly reward in the future conveyed in one gospel song after another tunes in strongly to the audience's sense of being responsible for present suffering being alleviated in the future. Hence the generous donations that came about as a result of the choir's performances.

46664, *IThemba* and similar filmed events are revenue spinners not so much because of the reliance on popular and powerful musical and political figures, but because they use extensive global networks and aggressive marketing, and rely on post-event distribution of the documentary. While the revenue generated might not be adequate to the needs of HIV/AIDS sufferers in South Africa in the broad scheme of things, it nevertheless helps build a platform for further events, activism, and socio-political awareness.

The socio-historical context and the music

In Chapter 1, I discussed the socio-historical context of the development of stigmatizing discourses in the HIV/AIDS setting in South Africa. I referred to the literature that shows 'glocalized' relations in the production of the stigmatizing HIV/AIDS discourses. I also highlighted the effects of negative discourses on those living with HIV/AIDS either as infected or affected. In this section of Chapter 4, another dimension of the socio-historical context of HIV/AIDS, that of civil society's activism will be discussed, as it locates the production of these two within the traditions of specific social movements. By throwing light on the nature and role of social movements in the HIV/AIDS engagement, I provide means for appreciating the revolutionary and counter-discursive qualities of both the 46664 concert and *IThemba*.

Epstein (1996) challenges us to pay “attention to the means by which social movements engage in claims making - how they mobilize, how they construct collective identities, how they ‘frame’ social issues and represent reality” (19). Key aspects of social movements include the ‘resource mobilization’ strategy where coalitions with other disenfranchised groups are formed, sponsorship sought in order to effectively appeal to a wider audience as they seek to provide alternative knowledge production in the discourse and management of the AIDS epidemic. Another key feature of AIDS activism, perhaps as a consequence of drawing its most vocal protagonists from the gay and lesbian movement and its coalitions with sex workers and other marginalized groups, is the “challenge to the ideological linkages between sex and death”, by putting forward “‘sex-positive’ programmes of AIDS prevention that assert the right to sexual pleasure and sexual freedom” (Epstein, 1996: 21). Epstein elaborates on the qualities of this activism by drawing attention to the politicized nature of the body. It is “the tangible form of selfhood” (Ibid) on which are inscribed the pain, fear or knowledge and at times uncertainty, of living with AIDS.

This embodiment of life with AIDS makes one’s body the ultimate site of the struggle for medication, and the most powerful sign of testimony. Citing an ACT UP/New York activist Jim Eigo who declared in a conference, “So here I am, my own and my only audiovisual aid. There will be no next slide” (Ibid), Epstein poignantly points to the powerful discursive strategy of self-presentation which allows for AIDS to have a human face rather than being populated by graphs and statistics from medical scientists, or worse, being represented by images of ailing, bed ridden people who can hardly speak for themselves. Anti-agency practices that assign HIV people to a status of invalids and those that cannot (or should not) be seen, are thus subverted in powerful ways. Furthermore, Schneider (2002) acknowledges the strength of the AIDS movement in advocating for access to drugs due to the basic refusal to see those infected as victims. Associated protests, litigations, and forms of civil disobedience have fundamentally altered government practices in the provision of treatment, while also exerting pressure on the scientific-commercial complex which determined such

aspects of medicines as patents and prices.¹⁷

In South Africa, the Treatment Action Campaign (TAC) might be said to have benefitted significantly from that “social movement spill over” (Meyer and Whittier, 1994 cited in Schneider, 2002:156). Zackie Achmat is the embodiment of someone living positively with HIV/AIDS, with roots as a member of the Mass Democratic Movement (MDM) during the 1980s who fought against apartheid and became an influential figure in the AIDS struggle in South Africa. This particular aspect of the TAC must have given it a “wider social base and a need to frame AIDS struggles within broader political and economic struggles” (Schneider, 2002:157). Moreover, as Schneider points out, the “legal and human rights base also established around the time of political transition in South Africa” (Ibid) greatly inflected the character and trajectory of activism within the TAC. Evidently all these various sectors bore influence on the activist approach taken by the organizers of the 46664 concert as well as the activist doctors whose work was more grassroots and localized at the Sinikithemba clinic. And of course, from the north, there were other role players whose experience and knowledge of the dynamics of “charity rock” (Garofalo, 1992:16) prevailed and lent a significant dimension to the 46664 campaign and concert.

At this point it is important to factor in the role of music in social movements. For Eyerman and Jamison, social movements are not merely political activities, but “provide spaces for cultural growth and experimentation, for mixing of musical and other artistic genres, and for the infusion of new kinds of meaning into music” (1998:1). They argue that “musical and other kinds of cultural traditions are made and remade ... to inspire new waves of mobilization” (2) wherein “the combination of music and politics that takes place in social movements is an important, if often overlooked source of cultural transformation” (5). They highlight the way “social movements utilize the media of artistic expression for communicating with the larger society and, by so doing often serve to (re)politicize popular culture and entertainment” (10). Moreover, they argue that as “cognitive praxis, music helps to

¹⁷ What may be broadly referred to as the ‘AIDS Movement’ in South Africa is formed by a coalition of organization such as NACOSA, NAPWA, TAC, which in turn have close working relations with public health scientists and NGOs such as MRC, AIDS Consortium, and MSF.

constitute a collective actor by actualizing and articulating pre-existing forms of social solidarity” (78). By closely examining various songs and genres in the two DVDs one is able to discern the manner in which some of them - or extracts/gestures from them - are transformed from their ordinary usage to more politicized uses, while others draw from their linkage to previous struggles and are thus re-inscribed into communal consciousness to regenerate a sense of the urgency of the new struggles relating to HIV/AIDS.

Through references made in Chapter 2 and in my analysis in Chapter 4, it is clear that all seven songs featured in *IThemba* are crucially important as interventive strategies: ‘This Little Light of Mine’, ‘Abanye Bayokhala’, ‘Izizwe Azihlome’, ‘UJes’u Mongameli Wethu’, ‘Unity, Unity South Africans’, ‘O Jehova’, and ‘Tshitshi Lami’. (The lyrics of these songs are given in Appendix III.) The songs appear several times, we see them being rehearsed and performed, we see the audience’s response. Most of them have religious connotations and some musical underpinning from the traces of Christian hymnody that features in American as well as South African gospel: indeed, the American gospel resonance is strong. In the case of ‘Tshitshi Lami’ traditional music is also heard, and elements of South African freedom songs sung under apartheid appear in other songs.

There are far more songs in *46664* than I have been able to refer to directly in Chapter 3 or 4, where I mostly draw on ‘Crazy Love’, ‘Redemption Songs’, ‘Biko’, ‘American Prayer’, ‘46664 - Long Walk to Freedom’, ‘Asimbonanga’, ‘Eli Lungelo Lelakho’, and ‘Don’t Throw Your Life Away’. (Lyrics given in Appendix III.) Three of these - ‘Asimbonanga’, ‘Biko’, and ‘Redemption Songs’ - are former freedom songs, still however very much part of contemporary South African culture, as has been shown in Chapter 4, and all draw, appropriately, on tropes associated with the release of Mandela from prison.

Music not so much in evidence in the two films under discussion is jazz, classical music, traditional music such as *maskanda* (and to some extent *isicathamiya*), and choral music or *amakwaya* as it is often called, but this is not to suggest that these styles have not also been incorporated into interventive strategies elsewhere. See, for example, Liz Gunner’s work on *isicathamiya* (2003).

There is plenty of evidence in both films of ways in which “music enters into ... the collective memory, and songs conjure up long-lost movements from extinction as well as reawakening forgotten structures of feeling” (Eyerman and Jamison, 1998:161). Songs like ‘Asimbonanga’, ‘Biko’ and phrases like ‘Amandla (ng)awethu’ (46664), religious songs like ‘Unity, Unity South Africans’ and ‘Abanye Bayokhala’ (*IThemba*) and gestures like clenched fists repeatedly raised up at phrases such as ‘Biko’ and ‘Amandla’ - all collectively provide layers of rich material for discursively engaging in complex and multi-layered ways with current issues surrounding HIV/AIDS.

Conclusion

This research has been an attempt to make an account of and think critically about musical interventions in the worldwide engagement with HIV/AIDS. Specifically in this case, my interest has been the discursive nature of the performances discussed here and how they subvert the negative sentiments around HIV/AIDS and people living with it, sentiments that exacerbate its effects in the world today. I have shown specific ways in which critical discourse analysis methodology is able to engage with multi-modal forms of signification, and have demonstrated its commitment to raising issues of social inequality by exploring everyday discursive practices, in this case musical. My interest in looking at music performance in the ways I have is greatly motivated by Tia DeNora’s observation about “music’s role as a resource for social ordering at the collective and collaborative levels” (2000:110). The embodied nature of music performance, which even vicariously, through film draws the listener to its discursive domains, is important for “crafting agency in real-time social settings” (Ibid). Christopher Small also places a significant weight on the musician-audience-context nexus during a performance. For him, it is at this moment - during *musicking* - where a set of relationships are generated which then encapsulate the meaning of the musical act. For him, such meanings are not just to be found in the organized sounds we call music, “but also between the people who are taking part, in whatever capacity, in the performance; [as] they model, or stand as metaphor for, ideal relationships as the participants in the performance imagine them to be” (Small, 1998:13).

However, it might be apt to ask, can music fully achieve the transformative goals hinted at here? I argue that to reach a definitive answer might be possible only when various other methodologies are used and other questions are asked. Because of the limited nature of this research, a few concerns arise: how does music performance alone, such as discussed here, begin to express the pain of others? What happens when the discursive codes of these films contain loopholes that re-inscribe the very codes they wish to eschew? McNeill and James (2008) partially enlighten us in this respect. Even in these two films, areas of concern arise: *46664*'s emphasis on AIDS in Africa might reify the notion of AIDS being a largely African disease, thus replaying the 'geography of blame' syndrome Farmer (1992) critically explores in his work. *IThemba* through its emphasis on women, does much to show their plight as the major sufferers in the epidemic while also empowering them through the example of Zinhle, however. But another issue arises: all the women in Sinikithemba clinic are Black. Are politics of gender and race then satisfactorily tackled by the discursive thrust of the film? Moreover, one might ask: to what extent is the emphasis on music, on being positive, on putting money into HIV/AIDS treatment side-stepping the embodied experience of living with HIV/AIDS, because most women still "live in a highly patriarchal, sexist society and often do not have the power to negotiate their own sexuality ... [T]here is little help available for people who are ill in poor black communities [where] death and dying [remain] extremely visible" (Soskolne et al., 2003:6, 21).

In closing, given the inexpressibility of pain, emotional or physical brought by the stark reality of an HIV/AIDS diagnosis (Scarry, 1985), can music performance ever be adequate in ameliorating these stark realities in any meaningful way? While these questions remain and are significant in thinking through music's interventive nature in HIV/AIDS activism, its immediacy, its ability to galvanize people under a single cause still remains important to consider.

In the final section of Chapter 5, I reflect on the experience of writing this research report as an individual living in South Africa at a time of AIDS.

Looking inward: Personal reflection

“Your cell counts are around 450 right now,” my GP announces. “So there’s no huge urgency. They’ll usually only put you on the medication if you drop below 200” ...

Although the dope helped a little, the pain in my feet had become a nightmare. I struggled to get shoes on my feet, and walking - even standing - was difficult. I heard neuropathy described as a ‘kind of pins and needles’, but this was closer to walking on a bed of nails (Levin, 2005:18, 40).

A doctor from the Soweto hospital wrote a letter of referral:

RE: Fana Khaba: patient with RVD (retroviral disease) and complications.
Presenting: Bedridden, moribund, unable to walk/move limbs - neuropathy

...

On 31/12/03, doctors at Johannesburg Hospital wrote:

... Bed sore buttocks - extensive - complete loss of gluteus maximus muscle
- infected ... Patient bleeding from colostomy and urine is blood stained. ...

Pulse palpable

Pupils fixed and dilated

Unresponsive to light

Patient pronounced dead.

Time of death: 12h15 (McGregor, 2005:228-231).

I was young when the struggle for freedom was being waged by most people in South Africa in the late 1970s until the early 1990s. In fact I was only an infant when the historic 1976 riots took place. Yet, in 1994, I became a beneficiary to the struggles that I did not quite participate in. When the idea of embarking on this research settled in my mind, I was not only feeling sad because of the passing of Mxolisi, as mentioned in the Preface, but I had also been asking myself, how do I contribute my skills and knowledge in fighting current struggles for the benefit of those coming after me? To some extent, such questions were fuelled by a sense of guilt that I was reaping the fruits of a freedom I never quite fought for, having grown up in the relative calm and comforts of my home in the (former) Transkei.

At the same time, all around me it was evident that HIV/AIDS, homelessness, poverty, and violence constituted a new terrain of disenfranchisement during the period of the transition to the democratic dispensation. Incidentally, all these make up a coalition of adversities that make living positively with HIV/AIDS quite hard, if not almost impossible. In some ways, this research constitutes part of a long journey in

which I attempt to merge my scholarship with the real problems of being a South African in the twenty-first century. No doubt, in the case of the main subject of this research, HIV/AIDS, no amount of my writing can achieve as much as the prompt discovery of a cure. Yet, I remain convinced that interventions from the humanities broaden the ways in which HIV/AIDS can be thought of and accepted more openly and practices in relation to it can be explored. Such practices include developing better systems of care and establishing networks to provide dignity to those who already face the difficulties of living with a disease as complicated as HIV/AIDS.

While engaging in individual and collective efforts to care, other pertinent issues arise and constantly require our attention as researchers and possibly people involved in advocacy work and palliative care. This research has primarily been concerned with the development, use, and effects of disempowering discursive practices which often exacerbate the difficulty of living with HIV/AIDS. I have argued that these forms of linguistic expression directed at those living with the disease point to patterns of judgement and condemnation as well as power relations that exist in society. As if to cleanse and absolve themselves of any sense of responsibility and shared humanity with those living with HIV/AIDS, most people and various centres of governance have turned to forms of denial and stigmatization to deal with this disease.

This research has thus been an attempt to draw attention to ways in which more careful usage of discourse can actually be employed to alleviate the plight of those that are often condemned by society as a result of living with HIV/AIDS. In the previous chapter, I looked at how a positive engagement with HIV/AIDS starts at the level of altered discursive practices. The subversion of the ideological basis of the negative discourses that are largely used to frame thoughts and actions about HIV/AIDS, has undergone close scrutiny and appraisal. I have found that both films propagate similar themes, most importantly those that afford respect and dignity to people infected and affected with HIV/AIDS. In other words, by looking at HIV/AIDS as a human condition that does not blemish those living with it, both films advocate creating more equitable systems of care at individual, communal and (inter)national levels. The films also show that to make this ideal possible, public-private partnerships are important. These range from the activism of individuals to the interventive projects of governments, NGOs, and religious bodies. Moreover, a truly

concerted effort to provide efforts that counter negative discourses and practices towards those living with HIV/AIDS must be encouraged at all levels of society, as can be seen in both films.

Yet, looking at the excerpts from Levin and McGregor at the start of this section, numerous issues that complicate the foregoing discussion arise. For instance, in my writing I have struggled to resolve the following question: how is it fully possible to develop a language and forms of engaging with HIV/AIDS completely devoid of the problematic baggage of ‘struggle/battle against HIV/AIDS’ that carries condemning undertones and confers victim status to people living with it? At the same time, the excerpts indicate that the severity of the impact of the disease on an individual’s psyche and his/her body requires an urgency that can only be accompanied by strong language and decisive action to ensure that its spread is effectively curtailed. Fana Khaba’s body was obviously ‘ravaged’ by the disease at a time of his death, despite the care he was receiving. Similarly, Adam Levin’s account clearly indicates the debilitating effects of the onset of full-blown AIDS. Fully aware of the physical reality of living with a body in severe pain, how does one find a balance between acknowledging the impact of the illness on one’s body and a language that still accords one dignity in the face of impending death? In this case in particular, how does one express alarm and rage in the manner in which Fana Khaba died (and many others who die in even more gruesome circumstances) and at the same time speak about HIV/AIDS in an affirming manner that champions hope and life instead of pain and death?

Looking ahead: New beginnings

As I leave this research exercise, I have not managed to find the balance, due to the intricacies of the relationship between language, real life experiences, and ideology. Perhaps this research plugs a small gap at least, and challenges us to research much further the intersections of music, language, power, and HIV/AIDS. While I have employed critical discourse analysis as a methodological tool and theoretical framework to arrive at the conclusions I have discussed above, it is also evident that my conclusion negates closure and thus creates another point of departure for further

research. Perhaps, the insights I have reached here will contribute to further debate in the humanistic intervention in the engagement with HIV/AIDS in the world today.

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Appendix I: List of contents of the 46664 DVD

The contents are spread over two DVDs, with the live concert captured in two parts: part one on DVD 1 followed by extra-musical supporting material, and part two captured on DVD 2 followed by other extra-musical supporting material. Some of the extra-musical content is transcribed in Appendix II; the lyrics of some of the songs from the concert are transcribed in Appendix III.

DVD I: The concert

Artist(s) in order of performance	Song title or event
Beyoncé	Crazy Love
Bob Geldof	Speech
Bob Geldof	Redemption Song
Queen/David Stewart ft. Roger Taylor	Say It's Not True
Paul Oakenfold/Shifty Shellshock/TC	Starry Eyed Surprise
Paul Oakenfold/Shifty Shellshock/TC/ Amampondo Drummers	Ready Steady Go
Baaba Maal	Baayo
Baaba Maal	Njilou
Youssou N'Dour	Africa Dream Again
Yusuf Islam/Peter Gabriel	Wild World
Peter Gabriel/Youssou N'Dour/ Angélique Kidjo	In Your Eyes
Peter Gabriel	Biko
Bono/The Edge/David A. Stewart	American Prayer
Bono/The Edge /David A. Stewart/ Abdel Wright/Youssou N'Dour	46664 - Long Walk to Freedom
Queen ft. Nelson Mandela/Brian May/ Treana Morris/Zoe Nicholas/ Chris Thompson	Invincible Hope - The Call, The Show Must Go On
Angélique Kidjo	Afrika
Yvonne Chaka- Chaka	Umqombathi
Bongo Maffin	The Way
Johnny Clegg and Guests	Asimbonanga
Johnny Clegg/Jimmy Cliff	People
Jimmy Cliff	Many Rivers to Cross
Jimmy Cliff	I Can See Clearly Now

DVD I: Extra-musical content

Launch of 46664 project: Press conference at the London Hilton on Park Lane, 2003: JF Cecillon, Richard Branson, Bill Roedy, Renato Soru, John Samuel, Nelson Mandela (including comments by Brian May, Ms Dynamite, Roger Taylor.

Behind the concert: Documentary showing the making of 46664.

Commentaries after the launch of 46664.

Fighting AIDS: Footage from a project visit to Mothers-2-Mothers-2-Be and the Baphumelele Children's Home.

DVD II: The concert contd.

Artist(s) in order of performance	Song title or event
The Corrs	Breathless
The Corrs/Roger Taylor	Toss the Feathers
Ladysmith Black Mambazo/The Corrs	Eli Lungelo Lelakho
Ladysmith Black Mambazo	Homeless
Andrea Corr/Brian May	Is This the World We Created?
Abdel Wright	Loose We Now
Danny K	Hurts So Bad
Watershed	Indigo Girl
Bob Geldof	The Great Song of Indifference / (What's So Funny 'Bout) Peace, Love and Understanding (medley)
Zucchero/Queen/Sharon Corr	Everybody's Got to Learn Sometime
Eurhythmics	Here Comes the Rain
Eurhythmics/Youssou N'Dour	7 Seconds
Eurhythmics	Sweet Dreams (Are Made of This)
Ms Dynamite	Don't Throw Your Life Away
Bono/The Edge	One / Unchained Melody (medley)
Queen/Bono/Anastasia/	Amandla
David A Stewart/Andrews Bonsu	Bohemian Rhapsody / I Want it all / I
Queen/Zucchero/Thandiswa Mazwai	Want to Break Free / Radio Ga Ga (medley)
Queen/Anastasia/Amampondo Drummers	We Will Rock You
Queen/Anastasia and cast	We are the champions
Soweto Gospel Choir and cast	46664 chant

DVD II: Extra-musical content

A minute of Art: 12 films (each one minute long) by visual artists representing their own vision of HIV/AIDS.

Spirit of Africa: Documentary about a Ugandan orphan featuring various African artists expressing hope in the face of HIV/AIDS.

Interviews: Artists talking about why they are supporting Nelson Mandela's 46664 campaign.

Photo Gallery: Pictures featuring all the artists involved in the event.

Appendix II: Transcription of extra-musical materials on the 46664 DVD¹⁸

DVD 1: The Launch of the 46664 campaign in London, 2003: Press Conference at the London Hilton on Park Lane

JF Cecillon, Chairman - Music Matrix, Managing Partner Fleming Media, 46664 partner:

Good morning everyone. Today's announcement is the result of an unprecedented eight month collaboration between music, business, technology, media, sponsorship and charity. None of this would have been possible without some very special people. And it is with great pride that we are joined today by Dave Stewart, Brian May, Roger Taylor, who are the drive and inspiration behind 46664, by Ms Dynamite, who will be performing in Cape Town. She's also here with us today. We must pay tribute to Bono for his immense efforts. Dave, Brian and Roger have arranged the recording of what will be one of the most influential albums ever, which we plan to release early next year, with the DVD of the concert. We remain continually inspired by the vision and involvement of former president, Nelson Mandela, who is personally leading the 46664 campaign.

Richard Branson, Chairman, Virgin Group of Companies:

Today is the start of a worldwide campaign to get everyone involved, maybe just giving up one minute of their time to ring this number to hear Mr Mandela's voice and, hopefully, one day to beat AIDS. It's wonderful for all of us to be able to participate in Mr Mandela's campaign to see if we can reverse the horrible tide of HIV and AIDS spreading across Africa and across the rest of the world.

Bill Roedy, President MTV Networks International:

There's a lot of reasons why we've been engaged in the fight, but probably one of the most important reasons is because fully one half of new HIV infections every year occurs to young people below the age of 25. That's our audience. Tragically, that's our audience. SABC has agreed to run the show live, the EBU, European Broadcasting Union, will distribute to 52 countries in Europe, the ABU, Asian Broadcasting Union, will distribute to 28 countries in Asia, the BBC has agreed to air it on radio in 15 different languages. The last time we did this, we were able to generate 500 million TV households in addition to the MTV distribution.

Renato Soru, Chairman and CEO, Tiscali:

As an Internet company, we know what the Internet is. The Internet is the people. And the people today need attention to face such a problem. It's an issue that is not going to be solved only by big companies giving big money, or by institutions or only by governments. It's an issue that will only be solved by the initiative of everybody, of all of us.

John Samuel, CEO, Nelson Mandela Foundation:

Nelson Mandela Foundation takes its inspiration from Mr Mandela on the issue of HIV and AIDS. Mr Mandela's message is a fairly simple one, and that is, all of us must care about the threat from HIV and AIDS. The Nelson Mandela Foundation's programme on HIV and AIDS focuses primarily on two areas of intervention. The first is supporting high-quality research work. There is much we need to understand about the social impact of HIV and AIDS. Its second area of intervention is in care, support, and treatment. Primarily, the foundation looks to support rural communities, particularly where there is absence of infrastructure, absence of technical support, and the need for resources and support. This year the foundation launched its major rural support programme in an area in the Eastern Cape of South Africa where

¹⁸ My transcription. As mentioned in Appendix I, I did not transcribe absolutely everything on the two DVDs but only what was relevant to the discourse discussed in this Research Report.

working in partnership with *Medicins sans Frontiers*, we are responsible for supporting 11 rural clinics that reach a community of over 60 000 people, in which we estimate the percentage of infection to be as much as 40 percent. So, working with that community, providing training to health workers, creating support groups and rolling out treatment is the intervention in that area.

Nelson Mandela, patron of the 46664 concert:

Ladies and gentlemen, I am here today to launch 46664. A tragedy of unprecedented proportions is unfolding in Africa. AIDS today in Africa is claiming more lives than the sum total of all wars, famines, floods and deadly diseases such as malaria. AIDS affects people of all ages, but in particular it affects young people, young people especially in Africa. No longer is AIDS just a disease; it is a human rights issue. For the sake of Africa and the world, we must act now. Act to raise funds to help those affected by AIDS, and raise awareness to help prevent the further spread of HIV.

For the past six months my friends from the worlds of music, entertainment, business and technology have been discussing with us what more they can do. Together, the decision was taken to create 46664. 46664 was my prison number. For over 18 years I was imprisoned on Robben Island known as just a number. Millions of people today, infected with AIDS are just that, a number. They too are serving a prison sentence - for life. This is why for the first time, I'm allowing my prison number - 46664 - to brand this campaign.

46664 will work with governments, charities, artists, and individuals around the world to lead the fight to rid Africa of HIV and to help those affected by AIDS. So much has already been done in this area to make a difference. 46664 will help do more. It is a unique global initiative using the universal language of music and the latest technology to take our message to the greatest possible audience.

On Saturday 29 November, a concert will be staged in Cape Town. Artists from all over the world are giving up their time to support this concert. In the run up to the concert, telephone and the internet will be used to reach the youth, so important in assuming that, in future, we can live in a world free of HIV and AIDS. This will be just the beginning of the campaign. It will be the first of a number of events, marking the start of a long-term commitment by the Nelson Mandela Foundation, sponsors and partners of 46664.

DVD 1: Commentaries after the launch of 46664

Brian May: Dave, Roger and I will work on the set list, then. There'll be the odd Queen song. But we hope for it all to be relevant. That's part of it. It's entertainment, we want people to have a good time, but it's relevant.

Ms Dynamite: It's important for young people to be made aware of the facts. There's so much stereotype and stigma that comes with AIDS and HIV. I don't think that young people are really aware that it can affect and infect anyone and everyone, and it's really important for me to help.

Roger Taylor: I think anybody in the Western world should be passionate about it. Obviously, we lost our singer 12 years ago, so we've been involved in that way ever since. We set up a foundation for him, which is still bringing in lots of money and giving lots away. It is an incredibly important worldwide tragedy that's happening.

Dave Stewart: Nelson Mandela gave me his prison number and said it could be used in some way, maybe as a song. And I approached the late Joe Strummer to write words and Bono to sing and I'd written this tune. I went in the studio with various people - Bono, Paul McCartney and Anastasia - and started making tracks. Their manager Jim Beach and JF Cecillon got together and we all came to South Africa in March and decided, "Ok, let's go for it". It was a massive team of people that pulled it together along with the Nelson Mandela Foundation. Then separately, I'd keep flying off with Bono and working on various tracks and it just became this unstoppable kind of team like something like this always is.

Brian May and Roger Taylor: We are not politicians, we're just musicians using what we do as a platform to just raise awareness effectively. If you can get on TV in most countries worldwide, that's

quite a good way of raising awareness. So this is really a way of pressurizing politicians and pharmaceutical companies to make the drugs cheaply or freely available.

Peter Gabriel: Many people have been campaigning on this issue for many years. So I don't think it's the only thing but certainly if we can make a lot of noise around the world and really help push it up on the political agenda, then maybe we've got a much better chance of getting what the people need.

Angelique Kidjo: I was already involved in working with AIDS before I was contacted to do the show. And of course I said yes. From meetings and finding solutions to the stage and doing what I love to raise awareness worldwide, what's better than that?

Danny K: I was given the enormous honour of being invited on this bill. It was a decision I made in about point three of a second. I said, "Absolutely". It's a great privilege for me as a young South African artist to share the stage with my fellow countrymen and some great international people too.

Yvonne Chaka-Chaka: I think this event has been long overdue and the fact that it was called by a man who commands and demands respect - everybody listens to him - I think it's the right thing. Everybody here has given their time for absolutely nothing, from the media to the musicians, everybody. We really need to thank them because it's a good cause.

Johnny Clegg: Because it's in my country, it's my ex-President, it's South Africans who've come and supported it. And it's been a tremendous honour participating in this and it's a big highlight in my career.

Ms Dynamite: There's so many elements of it to me that are amazing, all artists coming together, the cause, for Nelson Mandela to be part of it, to ... There's just too many factors to kind of put this into one thing, but I'm definitely honoured to be part of it.

[Bongo Maffin] Appleseed: I think Baaba Maal is gonna be dope. Stone, and Black Mambazo... Jimmy Cliff is dope, you know. Appleseed: Jimmy Cliff. Yeah, man, Beyoncé, I like Beyoncé. Stone: Most of the teenagers are going to be checking out Beyoncé. Maybe not the teenagers only. A lot of the people are going to be checking her out.

Beyoncé: I'm just happy that hopefully I can be a part - well, I am part of something that is going to help so many people. I feel like celebrities have a voice and they can reach people that sometimes politicians can't reach. And this is my step to try and change something.

Anastasia: Knowing Beyoncé and Ms Dynamite, I know their tenacity is the same as mine, we're not going to stop for any cause, we're going to keep on going on and keep on being very outspoken as women.

Abdel Wright: Honestly, I hope people don't look on the show as like, "Oh, Beyoncé's performing! Oh, Bono!". You know that hype. I hope they get the message these wonderful artists are carrying. Because you'll always see Bono and Beyoncé perform as long as we live but this message particularly tonight is very important. We need to get the grip of it.

Paul Oakenfold: We felt it was really important to come down as a team and promote the event and we're also using some local talent - some African drummers and an African guitarist. I thought it was better to get the Africans involved because of what it stands for.

The Corrs: Normally, you do a show and just do what you do but in this way we're doing things with other artists which makes it really interesting for us and very musically inspirational for us.

Bob Geldof: You may recognize the tunes like 'We will rock you' or 'One' but in an event like this, they all become redemption songs. And it just is apt that this heroic, political genius, songwriter Bob Marley - who's probably spinning in his grave at the thought of me going to massacre one of his gorgeous songs - wrote a very apt, simple little song that sums up this. Plus, he's a giant in Africa as well so Africans will recognize him.

Yusuf Islam: I particularly want to contribute, if you like, the concern for people's spirituality because I think that life also revolves around how we are inside, and that internal side has to be fixed before you can fix the external. So I believe that's my message today. I'm singing a song called 'Wild World', so the message is clear.

The Edge: The song '46664' which was written especially for the event which will herald the arrival of Madiba, President Mandela and so it's a special moment. I hope the song is as special as the moment.

Yvonne Chaka-Chaka: I'll sing one of his favourite songs - the song that kept him going in jail, an African beer (*umqombothi*, it's an African beer). It isn't appropriate for the concert but it will make everyone boogie because we are not mourning here, we are not crying. We're just saying, "We want to make people happy and save lives, and collect money to save people's lives". That's how we'll do it.

Youssou N'Dour: When you see images like Youssou N'Dour and Peter Gabriel singing a great song, it's kind of built something positive for Africa. Personally, I'm really happy to play this song with Peter here in Africa.

Jim Corr: It's symbolic that there's a lot of people mixing on the stage and coming together coz that's what the world has to do to fight this huge crisis.

Eurhythmics: We never played in South Africa coz we thought, you know, during the whole period, Sun City and all that, Not only that, Annie and I always refused to take royalties out of South Africa for all our albums but we know we had fans here. So, it'll be the first time anybody in South Africa has seen us play Sweet Dreams.

Anne Lennox: For me, it's the first time I've been in a free South Africa. It's early days, I know, 10 years into democracy is just a blink in the grand scale of things. But to be here knowing there is a future, it's really satisfying. In fact, I almost can't express how moved I am.

Sharon Corr: Well, I think the concert is basically the first step. I think beyond the concert, just for starters, a lot of the artists that are involved will continue to raise awareness and I think will continue to raise funds. They've got a lot of very influential people here like Bono and Brian May and Beyoncé and I think they can do a lot in their own territory to raise awareness and funds.

Danny K: This is not just a pop or rock concert, It's a concert that has enormous underlying message. And I think every artist on stage is going to be very conscious of that.

Watershed: It's a nice stepping-stone and a great start to something that is hopefully going to do the world the world of good.

Zucchero: We can be together and do more of these things. The message will arrive one day loud and clear.

Brian May: We will be looking for a sustained commitment and we're making it ourselves. We certainly feel we'd like in some way to continue this wonderful club that's come together - the 46664 banner if you like, the trademark - and we'd like to continue on it, keep hammering away and make sure this isn't just a little puff in the wind.

Jimmy Cliff: I'm hoping that the echoes keep echoing because this is one event and when it's over, I just hope it keeps echoing and echoing because if the echoes stop, people will just go right back. What we want is to rivet the seriousness of the situation in the ears and the minds and the hearts of the people.

DVD 1: Beyoncé and Bono's visit to local NGOs and clinics: Mothers-2-Mothers-2-Be and Baphumelele clinic.

Prior to the actual footage of Bono and Beyoncé's visit to Mothers-2-Mothers-2-Be, and Baphumelele clinic the details below appear on the screen; a black screen with white inscription, perhaps to give

context to the activities of these clinics and NGOs in the townships of Cape Town and magnify the work that the 46664 campaign seeks to achieve in the long term:

Fighting AIDS

On the morning of November the 29th 2003, Beyoncé and Bono went to a township called Khayelitsha outside Cape Town.

First stop was a project called Mothers-2-Mothers-2-Be. The health clinic hosts a support group where HIV+ mothers act as mentors for pregnant women with HIV. These women get support and, with incredible courage, learn how to accept their status, and live positively with HIV despite the stigma. Many of the mothers have no income and so meet at the clinic to do beading work together, which they sell to raise money to care for their children.

Next stop was a children's home called Baphumelele where 4 women look after 40 children sometimes more, aged between 0 to 14.

All of the kids have been abandoned or orphaned, and some of them are infected with HIV. Rosie who runs the home, gives the children the love and affection they need but cannot afford to give them a future. They grow vegetables and have just enough food thanks to their efforts to make ends meet. She can't afford basic health care or AIDS treatment for the kids who need it.

Those who die sometime cannot be buried. The bodies are kept until the money needed for the coffin and burial is collected.

The fact left us in a total emotional shock.

We ask you to excuse the quality of the following footage. You will see the strength and dignity of people who live with the impact of AIDS and poverty, and you will see just how much we all need to do to support them.

This gives Madiba's words a unique dimension: "AIDS is no longer just a disease, it is a human rights issue".

JF Cecillon, 46664. Lucy Matthew, DATA.

Soon after the screen fades away, Bono and Beyoncé are filmed visiting two centres in Khayelitsha, a township on the outskirts of Cape Town. The first is Mothers-2-Mothers-2-Be. There, they are welcome jubilantly by women and children singing and dancing in a circle wherein Beyoncé also joins. Later on, a local person explains the activities of the centre to the guests, the two stars listen attentively and occasionally Beyoncé plays with the children. A lady addresses the audience. However her speech is inaudible. Then a voice is heard addressing the audience, "Who will support me financially?" Another speaker, addressing the gathered audience in a more audible voice says:

When you are told you're HIV positive, it shatters all your dreams. You don't know whether you should carry that baby to full term, or if the baby is born positive, will you be able to live with yourself? ... Life. We cannot remove the diagnosis. You're positive, you're like that. But the key, the message we're passing around to one another is after your diagnosis, what then? And it doesn't have to be a negative end, it's got to be a positive end. For your sake, for the sake of those that love you and for the sake of your baby.

Close shot of women sitting around a table in a group doing beadwork, followed by a scene where the stars are holding the children, cuddling and hugging them and taking pictures while everyone from the clinic looks on cheerfully. This fades into a new shot of the stars visiting Baphumelele clinic.

Baphumelele (the word means 'they have succeeded') is an NGO clinic that provides care to children living with HIV/AIDS. Lined up on the streets are local community people and young children whom Bono greets as he enters the house used as a caring facility. On his way out he makes a moving speech

about the plight of the children housed at Baphumelele and how their predicament can be easily solved should there be easy access to medication. Below are his words:

Bono: Well, you know, you can never get too used to seeing, you know, just the waste of human life. I've been doing this for a few years but I'm still, you know, bewildered and overwhelmed when I see children lying there whose lives are about to end ... for really the stupidest of reasons - money, really is what it is. It's a very stupid reason, money, to let children die. There's beautiful kids in there. And, OK, we will put them on drugs. We will find, myself and Beyoncé, because we're you know, the pop stars from the West and we've got deep pockets but it's only a matter of luck that we came here. There's other places like this and there's other Rosies that won't have Beyoncé or myself visiting. And those babies are gonna die for no good reason. And none of these children, none of them are on medication. Not one of these children.

It is absolutely unacceptable on any level that we have drugs in the West, in Europe and in America. They cost nothing to produce. After research and development, they cost nothing. And there are hundreds of thousands of children and women and men and teachers and nurses and farmers are dying because we're not sharing those drugs that we have, that cost us so very little to produce, with them. What that says about us, actually, I dread to think. How history will judge us... And history may judge us hard, God will judge us even harder. This is an obscenity. This is like watching the Jews being put on trains.

At the end of this speech, both artists are shown talking to a few people lining the streets and soon after they depart the scene.

DVD 2: *Spirit of Africa*: A description/transcription of the documentary

The documentary is set in Kampala, the capital of Uganda and at Real World studios in Bath, England. The central character is an orphaned boy named Jonathan. Through his story, as well as the commentaries of other personalities such as various musicians and the producer of the film; Peter Gabriel, the film explores issues around HIV/AIDS in Africa and the role of NGOs to educate communities, provide care to AIDS orphans and create networks of support for treatment. The use of music to engage with HIV/AIDS is shown in the video in two ways: first, through the collaboration of the musicians at the Real World studios to raise funds and highlight the plight of HIV/AIDS sufferers in Africa with awareness campaigns; second, through the use of music at grassroots level to communicate awareness about HIV/AIDS and offer communal support to those sufferers. Several narrative strategies are used in parallel or juxtaposition to deliver the overarching message of support. Jonathan, Gabriel, other musicians, and various personalities are shown working for two HIV/AIDS NGOs: The AIDS Support Organization (TASO) and Meeting Point, in Kampala, Uganda. The musicians' commentaries are filmed in close-up in a studio, often preceded by their performance on stage or at the recording studio and an introduction by Peter Gabriel or Jonathan; and there is voice-over narration.

The documentary begins in a woodland area, perhaps a park in Bath, where a South African group called Imbizo dressed in traditional Zulu warrior attire appears, jogging and singing. The group sings *isicathamiya* and their run ends at the Real World studios, owned by Peter Gabriel. They are present at the studio, we learn, to take part in an album being put together to help fight HIV/AIDS in Africa.

Voice-over Narrator (hereafter VON): The Spirit of Africa has come to a cold winter's day in England.

The scene changes to a young boy, dressed in black shoes, red short pants, and a shirt exclaiming: "This is Africa" while more images of two young boys at close shot appear. Various other shots show birds picking on food in a rubbish dump next to a lake. The boy continues, "It is beautiful". Then a street market appears and the boy runs around, buys a red and black soccer ball. He then introduces himself.

Jonathan: My name is Jonathan. I am 13 years old.

A few more scenes of the city's peripheral environs. At close shot, Jonathan speaks.

Jonathan: This film is about music and AIDS in Africa.

An array of scenes of street vendors cooking, others selling their wares. Then the VON informs the viewer about the location of the film, Kampala. The city's skyline is shown and close-up shots of Jonathan walking towards the city in winding footpaths as if to magnify the realities of Kampala.

VON: Kampala, capital of Uganda. Uganda, like all sub-Saharan Africa, is being ravaged by the scourge of AIDS.

The scene changes back to Bath where Imbizo completes its entry into the Real World studios and further commentary is made on their presence there.

VON: At the Real World studios in Bath, England, leading artists from all over Africa have come to record an album on the Real World label. This album will raise money to fight AIDS. Many of the songs are about the catastrophic effects of AIDS in Africa.

The narration is interrupted by a scene showing Imbizo clad in assorted vibrantly coloured shirts, black pants, and white sneakers, typical of *isicathamiya* groups. Imbizo sings "Zulu khaya lami/Lapho sophumla khona emva kwethuna/Sihamba sahlukane siy'ezulwini" [Heaven, my home/Where we will all rest after death/We part and go to Heaven], while doing the tip-toe dance characteristic of *isicathamiya*. Unlike the single file in which *isicathamiya* groups often arrange themselves on stage, Imbizo is spread across the stage rather randomly.

VON: The head of Real World is musician Peter Gabriel. [Close-up shot of Gabriel.] In Africa there are millions of kids whose parents have been destroyed by AIDS and they are having to face life on their own. [Shot of a group of children about six years old and flashes of Imbizo singing.] In Africa more people have AIDS than were lost in the two world wars put together.

Imbizo continues to sing, "Ezulwini kungenwa ngezenzo, ezulwini kungenwa ngemisebenzi" [You enter heaven through your deeds, you enter heaven through your works].

Jonathan: Twelve million children have been orphaned by AIDS in Africa.

VON: Nearly one-and-a-half million children have been orphaned by AIDS in Uganda from a population of 22 million. Without families or help from a government lacking in resources to cope with this cataclysm on this immense scale, these AIDS orphans are vulnerable to poverty and abuse of every kind. One source of hope for these children is a Ugandan NGO called Meeting Point. Despite a lack of funds, they care for these orphans and in a mainly illiterate environment, use dance and drama to educate the children. One of the teachers at Meeting Point is Junior.

Junior: You know, when you get AIDS, you are isolated, you are abandoned, you are outcast, so you need a person to bring you back to life and I think that is what Meeting Point is doing. They can give them food, give them money for rent. Almost everything is catered for by Meeting Point. When those people die, Meeting Point, again, takes care of their children. [Drums roll and a group of dancing children, in a line appears dressed in bright uniforms.] I believe that it is only thorough music, dance, and drama that you can drive the message to people.

Jonathan [standing on a railway track]: 17 million Africans have died from AIDS since the 1970s.

People walk along the railway track, past Jonathan.

Peter Gabriel: If you surrender to African music you'll find parts of yourself you won't in any other place. It's just a very rich, emotional food.

Jonathan: Now this is Tama.

Tama appears on stage, to perform Assitan Keita's 'Sima'. The group is made up of a female lead singer and two backing singers, also female. The rest of the group consists of male band members on electric guitar, kora, and djembe.

Peter Gabriel: Tama's been a group we've been working with perhaps four years now and I love what they do.

The band continues to sing. The scene changes back to Jonathan.

Jonathan: Let me show you AIDS in Africa.

This announcement is followed by a panoramic oblique aerial shot showing Kampala at dusk or dawn, and then in daylight Jonathan walks into the courtyard of the premises of TASO. A close-up shot shows pairs of hands counting an assortment of pills or putting them in plastic containers, while other shots show some people seated outside the building, while others inside in the corridors seem to be waiting for their turn to receive medication.

VON: An epidemic affecting tens of millions is being fought without access to the most basic medicines and drugs. The AIDS support organization or TASO was set up to help those living with HIV in Uganda. Grace is a member of TASO who works there as a volunteer:

Grace: I grew up in a family of 11 children. I went to school as any child can go to school. After studies I started thinking of what I am going to do. Also I had a boyfriend and things were not easy because I fell sick off and on and I felt fever so bad that by that time there were rumours of AIDS in Uganda. I wanted also to know what was happening with my life so I went to enquire more about the HIV disease and I was directed to one of the testing centres. After telling you that you are HIV positive - 'Oh, you have AIDS' - the first thing you think of is, 'I'm going to die, it's the end of it'. And now it's different, I know what AIDS is, HIV.

Peter Gabriel: All members of the TASO choir are HIV positive. People with AIDS are often victims of stigma and stigma discrimination, but together they can support each other.

Grace: When we come together we feel at home. When we sing together, we enjoy and dance. But when we lose one member we feel lonely. Why don't you come together and sing our song? When we go back home, we feel lonely. But when we come together, we feel at home. If you are worried, you can sing that thing and then get yourself off the worries. Because I transfer the message I feel relieved. So I so much like singing. For me I'm trying to live positive, but I'm still positive. But for me, a person, I can change the way people think about me, I can change. What makes me happy? Music makes me happy.

Jonathan: In Africa we love music. I started off as a drummer, so what got me into African music was the grooves.

Peter Gabriel: Some of the best music from the point of view of rhythm that you'll find anywhere. A lot of what we do in the West has got its connections in Africa. You have things that on the one hand seem primal and urgent and physical and deep, and yet there's a tremendous sophistication and decoration in the music as well. So I think it's one of the richest areas for music in the world.

A shot of a male musician singing and playing *nyatiti*, a Kenyan stringed traditional instrument. Peter Gabriel introduces him. His name is Ayub Ogada and he is singing '10%'.

Peter Gabriel: Ayub Ogada is a Kenyan musician living in London. Many of his songs are inspired by the AIDS epidemic. Ayub I've known many years now. I think he's completely capable of creating a spell when he plays his nyatiti and the voice is floating above it. It's mesmerizing music that I love.

Ayub Ogada: HIV has just recently taken away one of my brothers, at the beginning of this year. But we were kind of expecting it coz he had it for some time. Yes, HIV, I know it well. One of the big problems with AIDS in Africa is the price that is put upon medicines. The

poorest countries are paying three to four times as much as richer countries, which seems completely nuts. What makes me happy? Music does make me happy, but it can't be the only thing. I think music, a little bit of money, a little bit of love. It combines. You gotta make a full circle to be completely happy.

A TASO choir, dressed in uniform appears, singing, 'In need of peace, youth and freedom, heaven and love. You help that child'. The VON provides information on the activities of Meeting Point:

VON: The Meeting Point drama group compose plays and songs to help the children come to terms with the tragedy of AIDS. (The choir appears, singing the same song as before.) Like millions of whose parents have died from AIDS, Jonathan is terrified of catching AIDS.

Jonathan: You know, AIDS, that is a small kind of animal that can eat your body. Those who are young they can't get healed because those people with AIDS, they are dying, dying, dying, dying ... for us who are growing, we are the ones to look after them. People have not yet learnt that AIDS is the problem, they just love each other, and some of them, when they don't want to get AIDS they use a condom. I don't want to get AIDS, I don't want AIDS. Never get AIDS. When you get AIDS, that is a very big mistake.

The choir sings, 'When they die because of AIDS. Help that child of Africa'.

A scene with a lady teacher in a classroom with learners appears. The discussion centres around HIV/AIDS and how to take care of oneself to prevent infection.

Teacher: You who are thinking that a boy should not be a friend of a girl, you are wrong. You are completely ... you should be careful, otherwise a person can pretend he's loving you, yet he's infected and he wants you to suffer like him. Have you understood?" (The class resoundingly says "Yes" while the teacher continues) You have to wait until you get, what? ... married. Don't have sex before marriage. You put that in your motto. No sex before, what? (Class: Marriage.) What else? Why do people have sex? Who has another answer?

Jonathan (responding to the question): Some people just have sex to feel at home ... because some of them, they just want to feel how sweet it is.

Teacher: So, Jonathan says some people have sex just to enjoy themselves, is it true? Yes it's true, some people have sex without meaning. That is why most of the girls in primary five last year have conceived. There are a big number who have not come back here. Do you think they are happy? So you should not have sex at this age because you will be more unhappy than ever. What else?

A student: Some people have sex to spread AIDS.

Teacher: To spread AIDS, very good. Clap your hands.

VON: In Uganda it is believed that a small majority of the victims of the HIV/AIDS pandemic succumb to their despair and hopelessness they feel by deliberately infecting others. Jonathan lives on the outskirts of Kampala. Both his parents died of AIDS when he was only six years old.

Jonathan: This is my home, it is called Chisugu. This is my brother whom I stay with, he keeps us for everything. He works in Meeting Point. He's a volunteer. I lost my father and my mother. He took me to Meeting Point, where I get help. They pay for my school fees, they feed us, medical care, everything ... they pay for rent and we are living a happy life. I have friends like him. When I grow older I want to be a lawyer. (Introducing the next artist) Listen to Maryam Mursal.

Maryam Mursal appears, singing 'Somalia don't shame yourself'.

Peter Gabriel: Maryam is one of my favourite artists that we work with here at Real World. I think there's a soulfulness there. There's a beauty to the music.

Jonathan: Are we hopeful? Yes we are hopeful.

Peter Gabriel: Uganda has one of the most advanced and comprehensive AIDS and sex education programmes in Africa, with a special emphasis on targeting sex workers and the young. The forward thinking government in Uganda has reduced the HIV infection rate from 14 percent of Ugandan adults in the early 1990s to eight percent in 1999. This shows what is possible in the rest of Africa if the will and the money exist.

Jonathan: We are not statistics, we are people.

Papa Wemba appears, singing 'Awa Y'okeyi'.

Peter Gabriel (comments): The African singer with the greatest voice is Papa Wemba. It is extraordinary. It's a very sensual voice. It's quite a high voice. But it's a very melodic and beautiful instrument.

Jonathan: The future.

VON: Education and prevention must be the way to go. I think it is a criminal behaviour on the part of the drug companies that they will not allow cheap drugs to the countries most afflicted and least able to pay. They've made some moves in that direction, but that could easily be increased on a huge scale.

Jonathan: We must stop AIDS.

Peter Gabriel: Imagine you're very young and you catch this.

Ayub: That's the end of your life basically, especially in Africa, where medication is difficult.

Jonathan: We are real people.

Peter Gabriel: When you read about statistics in newspapers, you can stay quite distanced. When you start getting to know the people, you realize these are individuals with families, loved ones, that are struggling in amazing ways to deal with this terrible disease.

Jonathan: AIDS is killing Africa.

Grace: We as Africans, we have learnt to live with problems. We can go on. We are still Africans.

A close-up of Jonathan appears and he proclaims: 'The End!'

VON: During the making of this film, Jonathan was taken ill with a slight chest infection. The film crew took him to the doctor's to be treated. The doctors suggested an AIDS test. Jonathan tested HIV positive.

A black screen appears with the following inscription:

Africa is home to 70% of the adults and 80% of the children living with HIV in the world. But their spirit is unbroken.

DVD 2: Interviews: Artists talking about why they are supporting Nelson Mandela's 46664 campaign

Anastasia: I'm embarrassed that it's got that far... personally. From my own country to other countries, that we all have let it get this far. And so, it is my duty as a human being to come here and do whatever I could to make the world understand that it is an epidemic.

Bono: The last time there was a health crisis like this was in the fifteenth century with the bubonic plague and a third of Europe died. Well, imagine if the Chinese had had some sort of treatment for the bubonic plague and hadn't shared it out with us because it was difficult and expensive. How would history books ... How would we be reading about the Chinese now? That's us right now.

Dave Stewart: The more you start understanding the size and proportion of it you know, more than the sum total of all wars, the sum of all famines, the sum of all disasters, you start to go, "Perhaps I really don't know as much as I should about it". And that's why it is important for the concert to bring awareness around the world and just get people to actually start to understand how bad it is.

Johnny Clegg: For me personally, it's to also stimulate our national government here in South Africa to take the issue to a higher level. There's been a lot of resistance in some official circles in health departments around the country as to how to deal with this and I think that placing this now on such a powerful international media platform, I'm hoping it's going to give impetus to our local dispensation in the crisis in our country.

Angelique Kidjo: Women are the bones, the spine bone of Africa. Yet the men don't give them the respect and the place they deserve. When you're married and your husband wants to have sex with you, it's not yours to say no. Even if your husband is doing something else around he's not supposed to tell you. That is one of the problems. But the main problem is the education. If the mothers and women are educated, they can refuse to have sex with a man that doesn't want to protect himself.

Baaba Maal: We seem to forget all the orphans who lose their dad and mum from the disease. You know they're going to face a lot of things which are going to be sad for them. They're going to face having to grow up with no love because no one can replace mum and dad. At the same time, if we don't take care of them, they're going to need an education, they're going to need to understand, they're going to need a place in society, to be accepted and supported.

Paul Oakenfold: Awareness is the most important thing, a global awareness. And I think it's especially important for the youth to be aware of what's going on. I think also getting aid to the remote shanty towns out in Africa, that's a difficulty for certain.

Brian May: But if everyone makes a big deal about this cause and takes it to their hearts then I think that people will realize there is no stigma no more. It's just something that's attacking humanity as Nelson Mandela says, and we have to fight it together.

Brian Taylor: Just by promoting the general level of awareness, you've just got to get in there at the root and educate people. Young people must know what it is and how to avoid it.

Youssou N'Dour: Africa has a bad image around the world, AIDS, poverty, war. One thing that is really positive is Mandela's fight to get these people up. And every time I see Mandela, every time people see Mandela in Africa, they really want to say, "Hey, listen, Look. These were positive days". And I think he's a symbol.

Danny K: He's been an incredible leader for us and to be a link in this chain and fighting a cause he so strongly believes in is an incredible honour for me. And, like you say, there's not many people in the world that I think can command such attention and respect.

Yusuf Islam: We have to honour the man Mandela, whose figure head made this possible, who speaks out a message of reconciliation and of trying to help those who are in need. I think we're all sharing that vision and that's why we're here today.

Peter Gabriel: I think he thrives on this stuff but I can't think of anyone else alive today who's more of a hero for me so it's a real pleasure.

Bob Geldof: A man, Mandela whose life can be characterized by the singular fight for justice through political action has come to the correct conclusion that AIDS is not a medical condition, it's a political one and the only way that this scourge can be defeated is by concerted political action.

Yvonne Chaka-Chaka: So many people have been trying to help but the 46664 campaign, I think is one of the best and it's going to open people's eyes around the world because Mandela is the man of the world. He's a man who's been listened to by everybody, and I'm sure this time, some people will listen and it will help those people because it's a human rights issue.

[Bongo Maffin] Appleseed: Nelson Mandela, you know, made the people in South Africa free, now it's time for us and Nelson to make sure that the world is AIDS free.

Danny K: I think 46664 is about turning on that light bulb in everyone's head about the peril and the reality of AIDS in our country. I mean, I am not a politician, we're just musicians, but I think if people are listening to our voices and paying attention to some of the things that we have to say then this is a great way for us to give back to humanity, to my country. So, to the people out there, I'm committed to this cause, we have to be. We're trying to save our lives here and hope the rest of the world helps us too.

Bono: As deep as all our pockets are here, being rich, spoiled rotten rock stars, we cannot afford to fix this problem no matter how much we give. It's going to take governments, it's going to take leadership from Tony Blair, from Bush. It's just going to take leadership from the world.

Ms Dynamite: I think I'd say to young people simply to protect yourself at all times. AIDS is not something that discriminates against particular sets of people, - rich, poor, young, old, black, white, gay, straight. Yeah, and gay, straight. It affects everyone, every day, everywhere.

Beyoncé: I hope to bring more awareness because, you know, I'm young and this is my first step in trying to make a change. And I've learned, and I've just learned a lot of the myths and the rumours and the things that people believe here and some people just don't know. And I just want young people to know that the sexiest thing about being a woman is taking care of yourself.

[Bongo Maffin] Thandiswa Mazwai: We're basically saying it out loud. We're screaming, "We don't want Africa to die, and we don't want our children to have a bleak future. So we want to do something about it now".

Jimmy Cliff: It's a global situation. AIDS is not limited to anyone so everyone wake up coz it could be you tomorrow. It could be your child or your grand child, so everyone wake up now and just do your part.

The Edge: Make a lot of fuss. This is an emergency. Make a lot of fuss. Everyone can help, everyone has a part to play in drawing attention to this problem. And HIV/AIDS, there should be no stigma. It's a medical problem, it's nothing more than that. And we have the resources and the tools to sort it out, but we just need the will.

Andrews Bonsu: I am Andrews Bonsu and I am speaking for the future of Africa. Please help us to save my continent and help us to save my brothers and sisters infected with HIV/AIDS. And I want to tell you that you should give one minute of your life to stop AIDS now.

Appendix III: Lyrics of selected songs¹⁹

i. *IThemba/Hope*

‘This Little Light of Mine’

This little light of mine
I’m gonna let it shine
I won’t let Satan blow it out
I’m gonna let it shine.
This little light of mine
God gave me the light
Everyday let my light shine.

‘Abanye Bayokhala’

Abanye bayokhala
Abanye bayojabula
Abanye bayoqheliswa
Imiqhele yokunqoba.

Thandani omakhelwane benu
Nithande nezitha zenu
Abanye bayokhala
Abanye bayojabula
Abanye bayoqheliswa
Imiqhele yokunqoba.

[Some will cry
While others will rejoice
Yet others will be crowned
With crowns of victory

Love your neighbour
Do also love your enemy
Some will cry
While others will rejoice
Yet others will be crowned
With crowns of victory.]

‘Izizwe Azihlome’

Izizwe azihlome bo
Izizwe azihlome
Nas’isifo sihlaselela
Izizwe azihlome
Nal’igciwane lihlaselela
Izizwe azihlome
Nang’ubhubhane uhlaselela
Zingahlomi ngemikhonto bo
Zihlome ngolwazi lokuvikel’kufa.

[All nations must take up arms
All nations must take up arms
Here is a disease attacking
All nations must take up arms
Here is a virus attacking
All nations must take up arms
A scourge is attacking
They must not be armed with spears
Rather with knowledge to prevent death.]

‘UJes’uMongmeli Wethu’

UJes’umongameli wethu,
UJes’umongameli wethu.

[Jesus is our guide,
Jesus is our guide.]

‘Unity, Unity South Africans’

Unity, unity, is power
Waze wamuhle Jehova
Wamuhle Jehova.

[Oh Lord! You are beautiful
You are beautiful, Lord.]

¹⁹ These lyrics or extracts from lyrics are transcribed verbatim from the DVDs for the purposes of this research only, and are in no way intended to replace - or be used as - material in which copyright subsists.

'O Jehova'

O Jehova,
Qhaw'elikhulu,
Ngonyama yezwe
Sikhala Kuwe Somandla,
Sinxusa Kuwe,
Siphe amandla
Sinqobizilingo.
Ngonyama yamazulu,
Qhawe lamaqhawe.
Ungumfeli waboni bomhlaba
Sihawukele thina boni
Bheka Sididekile,
Asazi nokuthi kwenzekani
Sibona igazi liphala oh!
Ngenxa yamacala ethu.
Siyakhala phambi kwakho
Sikhala kuwe,
Sinxusa kuwe,
Siphe amandla
Sinqob'izilongo.
Jehova, O Jehova,
Qhaw'elikhulu
Ngonyama yezwe.

[O Jehovah,
Great hero,
Lion of the whole world
We cry unto You Almighty,
We plead with You,
Give us strength
To triumph over trials
Lion of the heavens,
Hero of heroes.
You died for the sinners of the world
Lead us, we sinners
Behold! We are confused,
We do not know what is happening
We see blood flowing, oh!
Because of our transgressions.
We weep in your presence
We cry to You,
We plead with You,
Give us strength
To triumph over trials.
Jehovah, O Jehovah,
Great hero
Lion of the whole world.]

'Tshitshi Lami'

Awe kanjani amabel'ejongosi?
Okush'ukuthi sel'phuma kanje.
We tshitshi lami
Awusho ngani ma'usuphuma kanje?

[Why are a virgin's breasts sagging?
This means she now has clandestine affairs.
My beloved maiden
Why haven't you told me that you now have a secret
affair?

Awe kanjani amabel'ejongosi?
Okush'ukuthi sel'phuma kanje.

Why are a virgin's breasts sagging?
This means she now has clandestine affairs]

ii 46664

'Crazy in Love' (46664 version)

I look and stare so deep in your eyes
I touch on you more and more every time
When you leave I'm beggin you not to go
Call your name two, three times in a row
Such a funny thing for me to try to explain
How I'm feeling and my pride is the one to blame
Yeah, coz I know I don't understand
Just how your love can do what no one else can

Got me lookin so crazy right now
Your love's got me lookin so crazy right now ...
Got me lookin so crazy right now your touch's
Got me lookin so crazy right now ...
Got me hoping you page me right now your kiss's
Got me hoping you save me right now
Lookin so crazy your love's got me lookin
Got me lookin so crazy your love

When I talk to my friends so quietly
"who he think he is?" look at what you've done to me
Tennis shoes don't even need to buy a new dress ...
You ain't there, ain't nobody else to impress
It's the way that you know what I thought I knew ...
Yeah, but I still don't understand
Just how your love can do what no one else can

Got me lookin so crazy right now
Your love's got me lookin so crazy right now ...
Got me lookin so crazy right now your touch's
Got me lookin so crazy right now ...
Got me hoping you page me right now your kiss's
Got me hoping you save me right now
Lookin so crazy your love's got me lookin
Got me lookin so crazy your love

Got me looking so crazy, my baby
I'm not myself lately
I'm foolish, I don't do this
I've been playing myself
Baby I don't care
Coz your love got the best of me
And baby you're making a fool of me
You got me sprung and I don't care who sees
Coz baby you got me so crazy

Got me lookin so crazy right now
Your love's got me lookin so crazy right now ...
Got me lookin so crazy right now your touch's
Got me lookin so crazy right now ...
Got me hoping you page me right now your kiss's
Got me hoping you save me right now
Lookin so crazy your love's got me lookin
Got me lookin so crazy your love

'Redemption Songs'

Old pirates ships they rob;
Sold I to the merchant ships,
Minutes after they took
From the bottomless pit.

But my hand was made strong
By the hand of the Almighty.
We forward in this generation
Triumphantly, Wont you help to sing
These songs of freedom? -
Coz all I ever have:
Redemption songs ...

Emancipate yourselves from mental slavery;
None but ourselves can free our minds.
Have no fear for atomic energy,
Coz none of them can stop the time.
How long shall they kill our prophets,
While we stand aside and look?
Some say it's just a part of it:
We've got to fulfil de book.

Wont you help to sing
These songs of freedom? -
Coz all I ever have:
Redemption songs ...

'Biko'

September '77
Port Elizabeth weather fine
It was business as usual
In police room 619
Oh Biko, Biko, Biko
Oh Biko, Biko, Biko
Yihla Moya
Yihla Moya
- The man is dead

[Come down Holy Spirit.]

When I try and sleep at night
I can only dream in red
The outside world is black and white
With only one colour dead
Oh Biko, Biko, Biko
Oh Biko, Biko, Biko
Yihla Moya, Yihla Moya
- The man is dead

You can blow out a candle
But you can't blow out a fire
Once the flames begin to catch
The wind will blow it higher
Oh Biko, Biko, Biko
Oh Biko, Biko, Biko
Yihla Moya
Yihla Moya
- The man is dead

And the eyes of the world are
watching now
watching now.

'American Prayer'

This is the time to finish what we started.
This is no time to dream.
This is the room. We can turn off the dark tonight.
Maybe then we might see.
[Refrain:]
I wanna know the healing of an American Prayer
I wanna know the meaning in the American prayer
I want to believe in the American Prayer
Where I can hear the children screaming: "American Prayer"!

This is the ground that keeps your feet from getting wet.
And this is the sky over our head.
Remember that what you see depends on where you stand.
And how you jump will tell you where you're gonna land.
[Refrain:]
I wanna know the healing of an American Prayer
I wanna know the meaning in the American prayer
I want to believe in the American Prayer

Where I can hear the children screaming: "American Prayer"!

Hold on let's not get tired.

To kick out the darkness.

Make the light brighter.

Oh ...

An African Prayer

This is our African Prayer

I wanna feel the healing: an African Prayer

I wanna know the meaning of an African Prayer

I want to believe in the African Prayer

I can hear the children screaming: "African Prayer"!

'46664 - Long Walk To Freedom'

It's a long walk, long walk to freedom

Freedom rises from the killing floor

No lock of iron or rivet can restrain the door

And no kind of army can hope to win a war

It's like trying to stop the rain or steal the lion's roar

It's a long walk, long walk to freedom

It's a long walk, long walk to freedom

It's like trying to stop the whirlwind scattering seeds and spores

Like trying to stop the tin cans rattling jailhouse semaphore

Like they know when these hands are manacled it's your spirit that gets raw

It's not the small patch of sky you see but the spirit as it soars

It's a long walk, long walk to freedom

It's a long walk, long walk to freedom

When freedom arise from the killing floor

Can't stop the rain I lay at the door ...

Sing this one

4-6-6-6-4

4-6-6-6-4

4-6-6-6-4

4-6-6-6-4

If the cameras and the guns won't forget the human core

In townships of humanity there would be no poor

From when the rock is heavy comes the purest ore

The first six waves might break in the bay but the seventh breaks on the shore

It's a long walk, long walk to freedom

4-6-6-6-4

It's a long walk, long walk to freedom

4-6-6-6-4

4-6-6-6-4

It's a long walk, long walk to freedom

4-6-6-6-4

It's a long walk, long walk to freedom

It's a long walk, long walk to freedom

Sing with me

It's a long walk, long walk to freedom.

'Asimbonanga'

Asimbonang'uMandela thina
Laph'ekhona
Laph'ehleli khona

[We haven't seen Mandela
We don't know where he is
None of us knows where he lives.]

Oh the sea is cold and the sky is grey
Look across the island into the bay
We are all islands till comes the day
We cross the burning water

Asimbonang'uMandela thina
Laph'ekhona
Laph'ehleli khona

[We haven't seen Mandela
We don't know where he is
None of us knows where he lives.]

A seagull wings across the sea
Broken silence is what I dream
Who has the words to close the distance
Between you and me

Steven Biko
Asimbonang'umfowethu thina
Laph'ekhona
La wafela khona

[We haven't seen our brother
We don't know where he is
None of us knows where he died.]

Victoria Mxenge
Asimbonang'udad'ethu thina
Laph'ekhona
Laafela khona ...

We haven't seen our sister
We don't know where she is
None of us knows where she died.

Hayi ngithi "Hey wena!
Hey wena nawe!
Siyofika nini la siyakhona?"
Asimbonang'uMandela thina
Laph'ekhona
Laph'ehleli khona

I say, "You!
Yes, you and you ... !
When will we reach our destination?"
We haven't seen Mandela
We don't know where he is
None of us knows where he lives.]

'Eli Lungelo Lelakho'

Umnt'ongaz' ucabanga ukuthi uyazi
Kant'akazi lutho
Owaziyo wenza kwenzeka
Eli lungelo ngelakho mnganam

[A clueless person always thinks he knows better
While he knows nothing
As knowledgeable one speaks through action
This is your right/responsibility/privilege my
friend.]

'Don't Throw Your Life Away'

In life we have the good, the bad and the plain evil.
He's of the devil, won't stop takin all types of people.
He roams from home to home, late at night; Mr Promiscuous!
Sisters and brothers, even defenceless children on his list.
Disguised he hides his face behind passion.
So dangerous, it's ridiculous.
Whoever, wherever, whenever.
Don't think it could never!
Coz even the unborn are at risk.

Don't throw your life away
Make sure you're protected
Don't throw your life away

When you're givin affection.
Don't throw your life away
Now won't u hear my cry
Don't throw your life away
Coz I don't wanna see you die.
I pray.

You don't believe what they feed you
It's not just gays and hos and those who're using needles.
She could be stunning, that don't mean nothing
Don't watch the face, this killer don't discriminate
He shows no sign when he is attacking
Silent assassin waiting to happen.
He makes mourners out of mothers
Lovers unaware don't know he's there
Killing each other.

Don't throw your life away ...

We got to stop being careless
We gotta use awareness
It could be you, you don't even know
So stop being selfish
Don't neglect your sexual health
Make sure you protect yourself
It could be you, you don't even know
You could infect someone else.

Don't throw your life away ...