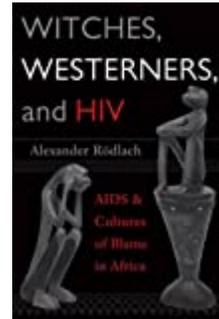




Alexander Rödlach. *Witches, Westerners, and HIV: AIDS & Cultures of Blame in Africa.* Walnut Creek: Left Coast Press, 2006. 272 pp. \$29.95 (paper), ISBN 978-1-59874-034-9.



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Published on H-Africa (April, 2009)

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Public Health Workers Listen Up: AIDS, Prevention, and Origins in Zimbabwe

At many schools of public health, when a professor asks how an AIDS program in Africa should be run, hands shoot up. The answer is obvious. It must be “culturally sensitive.” Few, if any, details are ever given about what aspects of culture a program should be sensitive to, and rarely is a specific place even mentioned. The important thing is to be sensitive to local ideas—a belief simplistically carried away upon graduation.

For better or worse, many public health graduates end up running international health programs, though before jetting off to southern Africa with a photo of Paul Farmer tucked in their bags, they ought to be handed a copy of Alexander Rödlach’s *Witches, Westerners, and HIV*, an ethnography with practical implications and full of fine detail. What the author brings to a discussion about AIDS in Africa is specificity of place and culture, plenty of experience in both, and an unwillingness to hide behind too much theory. As a Catholic priest stationed in Plumtree and Bulawayo, he spent nearly a decade living in Zimbabwe in his dual capacity as priest and anthropologist. He is a conscientious researcher and

he knows his subject matter.

The book is divided into four parts: “The Cultural Life of HIV/AIDS,” “HIV/AIDS and Sorcery,” “HIV/AIDS and Conspiracy,” and “The Implications of Culture.” There are a total of ten brief chapters, none of which are burdened with too many endnotes, and all of which can be read independently.

One of Rödlach’s arguments is that many AIDS programs focus on preventing new infections, while Zimbabweans are focused on the origins of AIDS and finding a cure. The “origins question” is important because there is a real, operative link between peoples’ beliefs about where a disease comes from and their own health-seeking behavior. An illustrative, albeit simplified example is: if someone believes malaria comes from a parasite, it makes sense to go to the hospital. If malaria comes from displeased spirits, it makes sense to go to a traditional healer. Both are reasonable places to look for a cure, but one’s choice depends on the perceived etiology.

The significance of origins is reinforced by traditional

healing systems, where “the question of causality is of prime importance” (p. 111). When there is a problem the first step is to locate the source. This is why it is such a problem when AIDS programs prioritize prevention while people want to know “where did AIDS come from?” Rödlach argues that if healthcare professionals had addressed the origins question more directly and persuasively, it “might have persuaded people to engage in responsible sexual behavior” (p. 178).

I found part 3, with chapters about conspiracies involving healthcare providers and Westerners, most fascinating, though the chapters would have benefited from a more explicit and in-depth exploration of the way that real events have shaped these current conspiracy theories. Rödlach writes that Zimbabweans told him that the source of the disease were American laboratory tests of HIV on convicted prisoners. While it is doubtful that prisoners were intentionally infected with HIV, prisoners *were* often used for medical research in the United States, and during the 1940s American prisoners were infected with malaria.[1] How does such historical reality change our interpretation of Zimbabweans’ conspiracy theories?

In the chapter “Conspiracy Paradigms,” Rödlach includes an intriguing study of the language used to discuss HIV/AIDS in Zimbabwe. One of these words is “clever,” which refers to using “knowledge and experience for selfish purposes” (p. 127). “Clever” also describes people or types of research where the welfare of others is not considered, and, in another sense, “clever” means abandoning traditional norms. Just in case you were wondering, Westerners—and especially Americans—are thought to be particularly clever.

Another of Rödlach’s findings is that Zimbabweans attach morality to their AIDS beliefs. This is not at all surprising but is effectively supported with concrete observations about the implementation of AIDS programs in Zimbabwe: “Because marketing generally ignores morality when promoting the use of condoms, it has unintentionally become connected to promiscuity” (p. 186). This prescient reflection is, however, followed by the rather

problematic recommendation that “marketers need to understand local morality and design materials that do not violate local standards” (p. 186).

This recommendation illustrates one of the book’s weaknesses. Rödlach wants policymakers to understand local morality as an anthropologist would. When describing the work of an international AIDS organization, he complains that it would have been better “if agency representatives had first sat down with people, learned their language, got to know their joys, fears, and hopes, and only then designed intervention and care programs” (p. 179). I cannot disagree with such an assertion. But public health graduates are unlikely to become anthropologists and there needs to be a workable middle ground. The topic is too important—and perhaps too urgent—to leave such issues of cultural sensitivity to trained anthropologists.

This book would be more useful for Africanists (irrespective of discipline) if it were more regionally grounded. Given the country’s location right in the middle of southern Africa, it would have been a stronger work if Rödlach explained more thoroughly how Zimbabwean ideas of AIDS have been shaped by labor migration patterns, economic interconnections, and the history of colonialism in the region. At the same time, the subtitle alluding to “Africa” as a whole is neither justified nor necessary. Rödlach’s findings are important enough within the southern African context—and the reader can easily take away the broader lessons.

As it is, the book makes an important contribution to understanding AIDS in Zimbabwe and provides a useful set of findings that can and should inform the implementation of AIDS programs across the continent. Let us hope it gets into the hands of public health graduates soon.

Note

[1]. Jonathan Moreno, *Undue Risk: Secret State Experiments on Humans* (Routledge: New York, 2001), 33.

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Citation: Melissa Graboyes. Review of Rödlach, Alexander, *Witches, Westerners, and HIV: AIDS & Cultures of Blame in Africa*. H-Africa, H-Net Reviews. April, 2009.

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