Will the "Fight" Ever End?: A Critical Reading of the Metaphors and Discourses that Construct HIV/AIDS in an African Context

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Abstract

In this thesis, I critically examine the discourses that inform how we conceptualise HIV/AIDS in Sub-Saharan Africa as they are produced in a sample of Canadian news articles, two nonfiction texts - Stephanie Nolen’s *28 Stories of AIDS in Africa* and Jonathan Morgan and the Bambanani Women’s Group’s *Long Life...Positive HIV Stories* - as well as two literary texts - John Le Carré’s popular fiction novel *The Constant Gardener* and an anthology of stories and poems from Southern Africa titled *Nobody Ever Said AIDS*, compiled and edited by Nobantu Rasebotsa, Meg Samuelson and Kylie Thomas. Paying particular attention to the role of metaphor in discursive formation, I have found that military metaphors, usually used in conjunction with biomedical discourses, continue to dominate what is said about HIV/AIDS. However, the use of military metaphors to conceptualise HIV/AIDS contributes to stigma and limits the effectiveness of responses to the pandemic. I argue that accessing alternative metaphors and discourses, such as biopsychosocial discourse, can lead to a more layered - and more beneficial - conceptualisation of HIV/AIDS, encouraging a more active response to the pandemic.
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Introduction

For those of us who do not live in a country where HIV/AIDS is pandemic, media and literary sources often play a primary role in shaping our understandings of the experience of the disease. At the same time that the selected content in media and literature informs us about particular issues pertaining to HIV/AIDS in an African context, cultural power and the conventions that media and literary texts follow participate in the formation of discourses that shape what can and cannot be said. In a search for the "truth" about HIV/AIDS in Africa, what we find are discourses that produce knowledge and meaning. This production of knowledge and meaning is influential in shaping our response to the disease. Research by Susan Sontag, Donna Haraway, Paula Treichler and Cindy Patton, among others, draws attention to HIV/AIDS as a complex phenomenon with not only medical, but also political, social and economic implications, producing and reproducing biological, psychological, religious, moral, colonial, political, economic and social discourses that affect the way in which we conceptualise the pandemic. As Kenneth Burke notes, in his account of "terministic screens," the use of any one mode of conceptualisation always redirects our attention away from others, suggesting that any lens through which we view HIV/AIDS has the potential to limit our understanding. By extension, our understanding of HIV and AIDS is limited in a number of ways – through the stigma that accompanied its emergence in North America in the 1980s which has been reinforced through the use of the military metaphor, a trope that Sontag identifies as the master metaphor in discussions of HIV/AIDS, as well as through our access to relatively few discursive frameworks for talking ethically about disease. Focusing on the role of metaphor and its participation in discursive formation, this thesis will critically examine the discourses pertaining to HIV/AIDS in an African context that are circulated in news, as well as literary non-fiction and fiction. While previous research
has focused on the discourses of HIV/AIDS in the West and in Africa respectively, my focus is different in that I am interested in how both Canadian media and literature circulated in Canada and South Africa depict HIV/AIDS in an African context.

Published in 1988, Susan Sontag’s *AIDS and Its Metaphors* examines the connection between language and disease. Sontag draws attention to the ways in which metaphors that construct illness might stigmatise, arguing that critical attention needs to be paid to the way that we talk about HIV/AIDS. Building on the premise that metaphors are used to talk about and conceptualise disease, Sontag argues that even though “one cannot think without metaphors[,] that does not mean there aren’t some metaphors that we might well abstain from or try to retire” (5). Specifically, Sontag posits that the metaphor that she is “most eager to see retired [...] is the military metaphor” because “[i]t overmobilizes, it overdescribes, and it powerfully contributes to the excommunicating and stigmatizing of the ill” (94). While the phrase the “fight against HIV/AIDS” is often used to motivate social action in response to the pandemic, Sontag argues that the language of the fight has the effect of reproducing the binary - and often antagonistic logic - of “us”-versus-“them” relations, contributing to stigmatisation. Whether “the fight against HIV/AIDS” is constructed as society’s fight against an illness, or a fight against an illness specifically in its African context, the risk that accompanies this mode of conceptualisation is that people with HIV/AIDS are often perceived as enemies in the context of HIV/AIDS as a contagious disease, or as victims in need of being “saved.” In both cases people living with HIV/AIDS are deemed as part of the “problem,” suggesting that even in the context of economic success, which is usually the goal of such campaigns, the language used in our efforts to “fight against HIV/AIDS” often complicates or obfuscates the psychological and social contexts of the people affected by the disease.

Sontag commences her exploration of metaphors that describe disease by
reaching back to the 17th century, where she cites the use - in John Donne’s Devotions upon Emergent Occasions - of metaphors that construct the body as a fortress and disease as an invasion. Showing the reproduction of the military metaphor as occurring early on, Sontag quotes a passage from Donne that first reflects on the personal study of health, then on the unpredictable damage caused by disease: “But in a minute a Canon batters all, overthrows all, demolishes all; a Sickness unprevented for all our diligence, unsuspected for all our curiositie” (quoted in Sontag 9). Locating the military metaphor in Donne’s Devotions, Sontag demonstrates the long history of the military metaphor which still dominates biomedical discourses of disease today. Sontag argues that Donne’s version of the military metaphor, that predates biomedicine, “survives in public health education, where disease is regularly described as invading the society, and efforts to reduce mortality from a given disease are called a fight, a struggle, a war” (10). At the same time, she specifically shows their resurfacing during World War I in the context of syphilis and tuberculosis.

Sontag also draws attention to a second lineage in the context of the military metaphor, arguing that the military metaphor is reproduced in the description of scientific processes. Referring to Donne’s image of the cannon invading the fortress as an example of the “gross military metaphor,” Sontag contends that

Modern medical thinking could be said to begin when the gross military metaphor becomes specific, which can only happen with the advent of a new kind of scrutiny, represented in Virchow’s cellular pathology, and a more precise understanding that illnesses were caused by specific, identifiable, visible (with the aid of a microscope) organisms. It was when the invader was seen not as the illness but as the microorganism that causes the illness that medicine really began to be effective, and the military metaphors took on new credibility and precision. (9)

While the military metaphor and medicine are not inextricably intertwined, scientific
research and medical practice are shown by Sontag to be sites for the reiteration and expansion of the military metaphor of disease.

Sontag notes, however, that following a number of successes in vaccine research and medical treatments over the years, the rapid spread of HIV/AIDS has challenged the position of "medicine" as the victor over the enemy disease, thus destabilising its authority.

Medicine had been viewed as an age-old military campaign now nearing its final phase, leading to victory. The emergence of a new epidemic disease, when for several decades it had been confidently assumed that such calamities belonged to the past, has inevitably changed the status of medicine. (Sontag 72)

Sontag contends that what is perceived as the failure of physicians to win the fight against HIV/AIDS has compromised our ability to rely on their authority. At the same time, she also draws attention to the potential for change as a result. Her further argument - "[w]here once it was the physician who waged [...] the war against disease, now it's the whole society" (10) - sets up a few possibilities for response. On the one hand, it suggests an intensification of the threat posed by HIV/AIDS because the syndrome is perceived as defeating all those who come in contact with it, including both physicians and the people who are directly affected by it. From this perspective, the metaphor shifts to society in a context of fear and paranoia, and the military metaphor proliferates, reproducing fear as well as stigma. On the other hand, shifting the "fight against HIV/AIDS" to the whole society opens up the possibility for an additional shift in agency as we all work together in response to HIV/AIDS. This could result in encouraging people with HIV/AIDS to speak, and the whole society to respond and be accountable for their response or lack thereof, opening up the possibility for new and creative approaches to conceptualising HIV/AIDS. While the latter possibility is only an ideal, I have become interested in the extent to which even subtle changes in the
metaphors used to describe HIV/AIDS and the emergence of new metaphors and changes in HIV/AIDS discourse, even in lesser read forms of literature, may open up the potential for this kind of response.

In their book *Metaphors We Live By*, George Lakoff and Mark Johnson draw attention to how important metaphors are in affecting how we perceive and respond to the world around us. They argue that metaphors shape our understanding of reality through their influence on our conceptual system, claiming that “[i]t is reasonable enough to assume that words alone don’t change reality. But changes in our conceptual system do change what is real for us and affect how we perceive the world and act upon those perceptions” (145-146). Further emphasising the role of metaphor in effecting action, Lakoff and Johnson contend that “[w]e draw inferences, set goals, make commitments, and execute plans all on the basis of how we in part structure our experience, consciously and unconsciously, by means of metaphor” (158). To apply this theory to my own analysis of metaphor in this thesis, it follows that if we use the military metaphor to talk about illness, or HIV/AIDS specifically, and we begin to conceptualise the pandemic in sub-Saharan Africa as a war or a battlefield, our response will be different than if we were to talk about the HIV/AIDS pandemic using another metaphor. While the military metaphor works on one end of the spectrum to reinforce ideas of “us” versus “them,” the metonymic “We all have AIDS” campaign designed by the Treatment Action Campaign – that conveys the synecdoche that if one person has HIV/AIDS, then all of us do – communicates a sense of solidarity with the sick that works at the opposite end, challenging the perception that there are any divisions between us.

While the relationship of the military metaphor to medical authority ties the military metaphor to notions of “objectivity” or “specialisation” that may locate knowledge only in the knower, or the so-called expert, the “We all have AIDS” campaign functions to respect the knowledge of everyone equally. While both approaches represent extremes,
many other potentially beneficial modes of conceptualisation may be located in the
middle. In *Metaphors We Live By*, Lakoff and Johnson argue that “the real world is not
an objectivist universe” (218), emphasising the limitation of holding objective views by
pointing out that no one way of thinking about things can offer an absolute truth. In
terms of the “objectivity” of science, Lakoff and Johnson argue that “giving up the claim
to absolute truth could make scientific practice more responsible, since there would be a
general awareness that a scientific theory may hide as much as it highlights” (227). In
this thesis, I argue that a similar critical distancing from notions of objectivity in
discourses of HIV/AIDS would be equally beneficial.

Furthering their claim that there is no objective reality, Lakoff and Johnson argue
that no one metaphor – or mode of conceptualisation – can fully describe our
experiences. Instead, they contend that our conceptual system requires inconsistency
because inconsistency draws out a complexity that allows us to understand concepts
and experiences beyond the means of any singular way of thinking. They argue that
“[t]here is a good reason why our conceptual systems have inconsistent metaphors for a
single concept. The reason is that there is no one metaphor that will do” (221). In the
context of HIV/AIDS, I argue that the reiteration of the military metaphor is reductive and
limiting, primarily because it prevents us from accessing other, potentially more
beneficial, modes of conceptualisation. In response to what I understand as the overuse
of the military metaphor, it is tempting to try to seek out new metaphors (or metonyms,
as in my example above) to replace the military metaphor, but the effort to simply find a
new metaphor would be inadequate to the task for a number of reasons: first, metaphors
are only accepted into popular discourse if they adhere to cultural values which can only
change over time; second, the reiteration of any singular metaphor always limits our
perception by preventing us from accessing other modes of conceptualisation; and third,
we still need to be aware of other potentially harmful discourses that may be associated
with the use of a new metaphor.

In Paul Ricoeur’s *The Rule of Metaphor*, language is posited as polysemic and metaphors as leading to meaningfulness or relevance by reducing deviation of possible modes of interpretation. While Ricoeur views new metaphors as having the potential to open up the “space of speculative thought” (313), encouraging us to think about the comparison that is being made and influencing our perception, he nonetheless contends that metaphors reduce the polysemy of discourse. Ricoeur argues that metaphors are limiting because metaphor makes discourse describable; that is, metaphor reduces discourse into figures. Ricoeur further contends that “[m]etaphor, and above all, newly invented metaphor, is a phenomenon of discourse” (180). Thus, according to Ricoeur, discourse always precedes metaphor. In the case of the military metaphor, Ricoeur might argue that social discourse about health and illness at the time of Donne’s *Devotions* would have given rise to a culturally specific military metaphor that describes health as a fortress and illness as an invasion. From here, he might also argue that the transfer of the military metaphor from general or gross descriptions of health and medicine into biomedical discourse occurred after biomedical discourse began to develop.

Throughout his discussion of discourse, particularly in *The Archaeology of Knowledge*, Michel Foucault foregrounds the notion of “discontinuity,” contending that it is paradoxical because “it is both an instrument and an object of research” (9). Arguing that discourse analysis works to create artificial unity, Foucault draws attention to the “proliferation of discontinuities in the history of ideas” (7). According to Foucault, these “discontinuities” are reduced by discourse. Foucault’s contention that discourse simplifies the discontinuity of ideas can be related to Ricoeur’s notion of discourse as being polysemic. Arguing that the goal of discourse is always to develop consistency and coherence, even though discourse is built on contradictions, Foucault avers that one
way of finding coherence is by “following the thread of analogies and symbols” (150). In doing so, he contends that one can

rediscover a thematic that is more imaginary than discursive, more affective than rational, and less close to the concept than to desire; its force animates the most opposed figures, but only to melt them at once into a slowly transformable unity; what one then discovers is a plastic continuity, the movement of a meaning that is embodied in various representations, images and metaphors. (150)

Here, Foucault suggests that the tracing of figures in language is one possible method of approaching discourse. Even though Foucault draws attention to the subjective qualities - the imaginary, the affective, and desire - associated with this approach, he contends that this type of analysis results in a “plastic continuity.” Considering what kind of coherences discourse might produce, Foucault offers a number of possibilities; however he settles that the use of figurative language expresses something that the speaker’s discourse cannot.

These coherences can be thematic or systematic, explicit or not: they can be sought at the level of representations that were conscious in the speaking subject, but which his discourse – for circumstantial reasons or because of an inadequacy in the very form of his language [...] – failed to express (150)

This assertion does suggest some compatibility with Ricoeur’s interpretation of metaphor emerging out of discourse; however, Foucault’s more complicated proposal suggests that metaphor may serve to facilitate expression as more of a last resort when nonfigurative discourse fails. However, Foucault does not go into further detail concerning the role of metaphor in discourse. In *The Archaeology of Knowledge*, he outlines his approach to analysing discourse, contending that “the term discourse can be defined as the group of statements that belong to a single system of formation” (107), and defines a statement as that which can be said within accepted discourse. In this
thesis, I argue that metaphor can have the discursive force of a statement, suggesting that the military metaphor is often used to invoke biomedical discourse whereas a metaphor that states that "treatment is money" might be used to invoke an economic discourse. While the correlations between metaphor and discourse are not necessarily consistent and it is not always possible to pin a metaphor down to a single discourse, or any discourse at all, I am interested in examining how metaphors open up the potential for communicating alternative discourses in the context of HIV/AIDS.

The possibility for alternative discourses is highlighted in Foucault's notion of discontinuity. Foucault argues that no matter what approach we take to discourse, concepts are always artificially constructed as continuous despite their discontinuity. At the same time, discourse always produces and is produced by contradiction.

At the end of [discourse analysis], only residual contradictions remain – accidents, defects, mistakes - or, on the contrary, as if the entire analysis had been carried out in secrecy and in spite of itself, the fundamental contradiction emerges: the bringing into play, at the very origin of the system, of incompatible postulates, intersections of irreconcilable influences, the first diffraction of desire, the economic and political conflict that opposes a society to itself, all this, instead of appearing as so many superficial elements that must be reduced, is finally revealed as an organizing principle, as the founding, secret law that accounts for all minor contradictions and gives them a firm foundation: in short, a model for all the other oppositions. (151)

Foucault claims that discourse emerges out of contradiction, and that discourse and the contradictions that give rise to it are producing and reproducing one another. At the same time, he claims that because conceptual unities are artificial, they always mask contradictions.

When considering the emergence of discourse which dominates over other ways
of thinking, Foucault suggests that it is important to consider, "how is it that one particular statement appeared rather than another?" (27). In the context of discourses of HIV/AIDS, biomedicine classifies an individual who has HIV antibodies in his or her blood as "infected" by the virus; as having HIV/AIDS, even if he or she is not experiencing any symptoms. With the emergence of Antiretroviral (ARV) treatment that delays the progression of HIV to AIDS, the distinction between "healthy" and "sick" has become even more blurred because an individual who has HIV antibodies, but is healthy by all other measurements, is still perceived as sick. However, categorizing individuals as "sick" despite the discontinuity associated with degrees of sickness can influence their perception of themselves as well as the way that society perceives them, especially given the stigma that is often associated with HIV/AIDS.

While HIV/AIDS is often conceptualised through biomedical discourse, Michel Foucault would argue that biomedicine only offers us one "truth" in the context of many other potential "truths" in the construction of HIV/AIDS. According to Foucault, this is because "truth" is mediated by and perceived through the reiteration of discourses. In The Politics of Truth, Foucault argues that truth "is not defined by a correspondence to reality but as a force inherent to principles and which has to be developed in a discourse" (163). In the context of classifying an individual as "sick," a truth that reserves the term "sick" only for individuals who are experiencing symptoms of AIDS could decrease the stigma associated with people who are HIV-positive.

In support of the idea that alternative approaches to scientific/biomedical discourse are possible, Foucault argues that Mendel's discovery of phenotype in the 19th century was not initially accepted into the scientific community because it was not "in the true" of what was perceived as biological at the time. Drawing attention to the cultural regulation of "truth," Foucault argues that "[i]t is always possible one could speak the truth in a void; one would only be in the true, however, if one obeyed the rules of some discursive
'policy' which would have to be reactivated every time one spoke" (Archaeology 224). In the context of HIV/AIDS discourse, it is possible that subversions of the military metaphor and propositions for discourses that are alternative to the biomedical simply have not been articulated to the same extent because only current constructions of biomedicine are understood as "in the true" of HIV/AIDS discourse. However, because there are always contradictions and inconsistencies in discursive constructions, this thesis examines the opportunity for alternative discourses of HIV/AIDS that may offer us further insight into - and facilitate a greater response to - the pandemic in sub-Saharan Africa.

One possible approach to HIV/AIDS that has developed slightly outside of "the true" of biomedical discourse, is the biopsychosocial model of medicine that motivates a different way of thinking about and responding to HIV/AIDS. While there are many approaches to medical practice, this alternative to biomedicine is proposed by George L. Engel in his article, "The Need for a New Medical Model": A Challenge for Biomedicine." Drawing attention to the importance of biomedicine but also the need for change, Engel suggests that the biopsychosocial model opens up biomedicine to psychological and social approaches to healthcare, attributing agency to the sick by encouraging active participation in treatment. Published in 1977, the biopsychosocial model appears to have made only subtle changes in medical practice in the West; however, its principles for diversifying agency and paying attention to the psychological and social contexts of the sick have been drawn out in the context of HIV/AIDS in Africa.

In her article "Public Discourse and Public Policy: Some Ways That Medicine Constrains Health(Care)," Judy Segal suggests that simply replacing the biomedical model with another model such as the biopsychosocial model will create a binary opposite that is just as limiting as the first. On the one hand, I agree with Segal in that depending on a model to describe illness limits our understanding by directing our
attention away from perspectives that lie beyond its framework; but on the other hand, I argue that the principle behind the biopsychosocial model is to open up possibilities of biomedicine by drawing attention to its interaction with psychological and social influences and experiences, making it more beneficial than the biomedical model. While the biopsychosocial model of healthcare has not replaced the biomedical model in all medical practice or discourse, the adaptation of medical services that have to pay attention to circumstances such as war zones and poverty that may otherwise make biomedical treatment impossible such as the work done by *Médecins Sans Frontières* in the context of HIV/AIDS in Africa, suggests that the same principles that guide the biospsychosocial approach to healthcare have been opened up in response to the challenge of HIV/AIDS.

One example of how a biopsychosocial model has been incorporated into the production of HIV/AIDS in Africa occurs in *28 Stories of AIDS in Africa* by Stephanie Nolen. Christine Amisi, featured in chapter eight of this text, worked as a doctor with Doctors Without Borders in the Democratic Republic of Congo when the UN moved her and her family out of their home to escape military actions from a rebel militia. But no sooner was she brought, along with her family, to a place of safety, than she returned to her patients amidst the attack. Interwoven into Christine Amisi’s story is the story of Doctors Without Borders (in French, *Médecins Sans Frontières*, or MSF), which originated in France in 1971 with a goal of practising medicine differently than the aid groups that preceded them. According to Nolen, “[t]he doctors behind MSF vowed they would do things differently: they would provide medical aid more quickly, without getting sidetracked by politics or state sovereignty; they would speak out about violations of human rights by all sides; and they would refuse to seek government or rebel permission to operate in crisis zones” (107); in other words, they would go beyond biomedical service and consider the biopsychosocial aspects and responsibilities that accompany
issues of disease.

Critics of radical interventions into HIV/AIDS in Africa argue that without the infrastructure of the West, people living with HIV/AIDS in African countries would not be able to follow required treatment regimens, but MSF proves otherwise. Adapting medical processes to function in conflict conditions - conditions that prevail in a number of African contexts, including the eastern region of the DRC in which Christine Amisi lives - doctors with MSF have found alternative methods of diagnosing when a patient should be on ARV treatment, and have reduced costs by using generic drugs, decreasing the frequency of dosage to twice daily, while also ensuring that the drugs they use do not require refrigeration. In order to make sure that patients will take their ARVs, each patient is given a bag of multi-coloured candy prior to treatment with specific instructions to take “two blue in the morning, one yellow at night” for two weeks before starting actual treatment, and it works (Nolen 110). In fact, “[t]he data showed patients had survival rates on the drugs that were as high, and in many cases higher, than people in North America” (109). In Christine Amisi’s story, despite the rebel attacks, all of her patients showed up at the clinic the day it reopened, and few ran out of drugs in the ten days that it was closed. This story, along with accounts of Amisi’s struggles in personal terms with the gender politics of conflict and of working with HIV positive rape victims, draws attention to the limitations of biomedicine in helping people living in African countries like the Congo. Through her narrative, Nolen shows that further attention needs to be paid to the circumstances surrounding adherence and treatment of HIV/AIDS, taking biopsychosocial issues into account and encouraging people living with HIV/AIDS to participate in their treatment. Here, Nolen’s metaphors and expression of the biopsychosocial model of medicine encourage perspectives which in turn challenge the dominant biomedical model/discourse and point to its contradictions and discontinuities.
What brought me to this project was that question of why, twenty years after Sontag called for the retiring of the military metaphor, it continues to be reiterated and still shapes—perhaps more than ever—how we talk about HIV/AIDS. However, as Sontag argues, metaphors cannot just be retired; "They have to be exposed, criticised, belaboured, used up" (94). Upon reflection on its reproduction in dominant forms such as journalism and "popular" fiction, I began to wonder if the lesser read forms of poetry and life writing presented any differences. In this thesis, I have examined the metaphors and discourses that are produced and circulated in a sample of Canadian media in comparison to a range of literature including nonfiction, popular fiction and fiction texts. I begin by focusing on Canadian media because it is what is most accessible to me and has directly and indirectly contributed to my understanding of HIV/AIDS. I then examine two nonfiction texts: 28 Stories of AIDS in Africa by journalist and author Stephanie Nolen, and Long Life...Positive HIV Stories, which is a collection of individual narratives accompanied by artistic depictions of HIV on what are called “body maps,” collaboratively compiled by Jonathan Morgan and the Bambanani Women’s Group in Khayelitsha, one of the townships adjacent to Cape Town, South Africa, and funded by Médecins Sans Frontières. Finally I explore The Constant Gardener, a popular fiction novel by John Le Carré, and Nobody Ever Said AIDS, a poetry and short story collection featuring South African writers that was compiled and edited by Nobantu Rasebotsa, Meg Samuelson and Kylie Thomas.

In my analysis, I have found that the military metaphor and biomedical discourse are reinforced in the more dominant forms of news stories and popular fiction, with only a few exceptions, suggesting that we have not moved very far from the military metaphor that Sontag signalled as harmful in 1988. However, 28 Stories and Long Life layer the military metaphor with metaphors that draw out the cultural, social and psychological contexts within which HIV/AIDS is experienced, opening up the possibility for different
approaches to HIV/AIDS. *Nobody Ever Said AIDS* produces multiple discourses, drawing attention to the many different ways that HIV/AIDS can be conceptualised - some beneficial, and others harmful. My interest in the military metaphor and biomedical discourse has developed out of a desire to understand why we are so stuck on biomedical and military conceptualisations, and out of a further interest in identifying possibilities for particularly more ethical ways of thinking about and responding to the pandemic.

In her book, *How to Have Theory in an Epidemic: Cultural Chronicles of AIDS*, Paula Treichler concurs that the media's participatory role in producing and reproducing popular biomedical discourses both creates and reiterates dominant ways of thinking about HIV/AIDS. Recognising that journalists are under pressure from editors and publishers who need to sell papers, and that newspaper articles are required to have attention-grabbing headlines and leading paragraphs, Treichler contends that it is important to consider the newspaper article as subject to a series of formulaic and cultural expectations.

In his "Agents and Structures: journalists and the constraints on AIDS coverage," Ivan Emke argues that, while there has been a significant amount of critical research on the discourses of HIV/AIDS, more research should be done on recognising the constraints of media formulas. While Emke argues that these constraints should be accounted for in analyses of media discourses of HIV/AIDS, his argument also suggests that news writing itself is limiting. In his effort to justify the limited coverage in the media, Emke implies that news constraints are problematic to the whole framework of the media. Proposing to revamp news conventions is an enormous undertaking, beyond of the limits of this thesis. For the purposes of this thesis, I argue instead that knowledge of the constraints that plague these conventions is important if they are to be challenged; moreover, for consumers of media, awareness of these constraints can encourage us to
be more critical of the discourses that are currently accessible to us. Emke argues that, in an attempt to gain "objectivity," journalists are always looking for the other side of a story, but that this can lead to confusion and inaccuracy. He argues that journalists are also constrained by newspaper requirements to simplify complex stories to adhere to the space limitations of the paper, and that in terms of reporting on scientific matters, most journalists are limited by the fact that they lack a scientific background. He also argues that dominant themes are often reiterated as frames for stories.

Emke's last argument is more fully developed in Walt Lippman's "Public Opinion." Lippman argues that, once they enter into circulation in the media, discourses are nearly impossible to change because public opinions have already been shaped, suggesting that each 'new' story continues to reproduce the same framework for understanding. While it is difficult to deny the importance of science and medicine in responding to an epidemic, I argue that critical awareness of the discourses that are circulated in both news and literary texts is important because the production of different discourses demonstrates that there is more than one way of talking about—and responding to—the HIV/AIDS pandemic. I also argue that literature has already begun to open up new ways of thinking about HIV/AIDS by encouraging its readers to respond actively to the discourses that frame how the experience of HIV/AIDS in an African context is represented.

Drawing attention to the problematic foundation of the military metaphor and its relationship to biomedical discourse, Donna Haraway argues that the science of immunology developed in a context where people's interest in defence and invulnerability was influenced by social and economic factors. The language of immunology, Haraway argues, developed from the militarised context of the Cold War, at a time when fear, invulnerability and a desire for defence were a part of our consciousness. Showing the complicated effect of constructing self and other in
immune system discourse, Haraway contends that

Immunity and invulnerability are intersecting concepts, a matter of consequence in a nuclear culture unable to accommodate the experience of death and finitude within available liberal discourse on the collective and personal individual. Life is a window of vulnerability. It seems a mistake to close it. (224)

Since descriptions of biomedical processes in the immune system rely on images of invasion and defence, it seems evident that military metaphors are not going to be easily retired. However, Haraway's examination of the effects of immunological discourse on constructions of the self also includes the metaphor of life as a window. The metaphor of life as a window suggests that the shift of agency from so-called experts to society, and specifically to individuals within society, opens up the possibility for alternative ways of thinking about disease. On the one hand, the phrase "[l]ife is a window of vulnerability" reiterates the metaphor of the body as a fortress which is vulnerable to attack by disease; however, on the other hand, the phrase that follows - "[i]t seems a mistake to close it" - draws attention to the agency of the individual who can choose whether to leave the window open or closed. At the same time, the image of an open window dispels the division from "us" versus "them," opening up the space between inside and outside and suggesting that it is important to keep the window open - even if we are the ones on the outside. In her example of the implications that immunological discourse has for how we conceptualise identity, Haraway notes just how problematic the military metaphor can be, challenging what has previously served as a viable metaphor for the body. Haraway goes on to argue that military defeat of disease is unrealistic. She writes, "[t]he perfection of a fully defended, 'victorious' self is a chilling fantasy [...] whether located in the abstract spaces of national discourse, or in the equally abstract spaces of our interior bodies" (224). As a point of departure, Haraway encourages us to examine the effects of reiterating the military metaphor on individuals.
and society. In addition, her attention to “national discourse” also encourages us to explore the potential for overlapping discourses that influence the desire for invulnerability that reinforces military language in the context of immunology.

In order to navigate the relationship between Donna Haraway’s insight into the discourse of biomedicine that affects our conceptualisation of HIV/AIDS and Susan Sontag’s emphasis on the military metaphor as gaining authority through its reiteration in medicine and science, it was useful for me to consider the significance of discussing illness in terms of “medicine” and “science” challenged by Sontag compared to “biomedicine” explored by Haraway. What I found was that the existence of multiple approaches to “medicine” - whether naturopathic, homeopathic, traditional medicine in African cultures, or alternative approaches to what we call “medical practice” such as the biopsychosocial approach - has warranted a need to distinguish the medical practice to which Sontag refers from these other approaches to healthcare and illness. In *AIDS and Its Metaphors*, Sontag uses the terms “medicine” and “science” in their general sense to refer to what Donna Haraway calls “biomedicine” in “Biopolitics of Postmodern Bodies: Constitutions of the Self in Immune System Discourse.” Haraway contends that biomedicine is only one aspect of what is often generalised as “science,” drawing attention to the reductive effect of conceiving of these terms without considering them in the context of their specificity or complexity. Haraway writes,

The words for the overlapping discourses and their objects of knowledge, and for the abstract corporate names for the concrete places where the discourse-building work is done, suggest both the blunt foreshortening of technicist approaches to communication and the uncontainable pressures and confusions at the boundaries of meanings within ‘science’ - biotechnology, biomedicine, psychoneuroimmunology, immunogenetics, immunoendocrinology, neuroendocrinology, monoclonal antibodies, hybridomas, interleukins, Genentech,
While discourses of "science" dominate popular discourses of HIV/AIDS, Haraway's examination of the reductive effect of these discourses suggests that these reiterations are always flawed by oversimplification and over-generalisation. When considering the "objectivity of science," the many aspects of science that Haraway discusses compromises the claim of objectivity because they constitute specific "truths" that may not be adequately conceptualised through the general classification of "science." The "foreshortening of technicist approaches" (204) in reiterations of scientific discourse reiterates to the tendency to develop artificial unity pointed out by Foucault.

While Sontag argues that we have lost our ability to rely on the authority of physicians in the "fight against HIV/AIDS," Haraway argues that the authority of biomedicine continues to be reproduced by society. Haraway argues:

> The power of biomedical language – with its stunning artefacts, images, architectures, social forms, and technologies – for shaping the unequal experience of sickness and death for millions is a social fact deriving from ongoing social processes. The power of biomedicine and biotechnology is constantly reproduced, or it would cease. (204)

On the one hand, Haraway's insight into the cultural authority of biomedicine and biotechnology suggests that either we have no alternative but to continue relying on medical authority in the "fight" against HIV/AIDS despite its compromised reliability. On the other hand, Haraway also shows that society has taken up both the authority and the language of biomedicine in its effort to continue to "fight."

While I argue that the potential for expanding agency and the responsibility to act in response to HIV/AIDS may be opened up by a shift in authority, Sontag argues that as long as the military metaphor is reiterated, it will continue to be accompanied by harmful effects. Highlighting the reiteration of military metaphors in "all sorts of ameliorative
campaigns whose goals are cast as the defeat of an ‘enemy’ (11), she contends that, Abuse of the military metaphor may be inevitable in a capitalist society, a society that increasingly restricts the scope and credibility of appeals to ethical principle, in which it is thought foolish not to subject one’s actions to the calculus of self-interest and profitability. (11)

Here, Sontag points to capitalist society as limiting our ability to conceptualise HIV/AIDS differently, arguing that our ethics are consistently compromised as a result of economistic and individualistic cultural values. At the same time, she raises an important question about whose interests the reiteration of the military metaphor serves. Repositioning “science” as the authority in the “fight against HIV/AIDS” may suit the economic interests of pharmaceutical companies, even though it has the effect of stigmatising the sick. Considering the military metaphor in this respect, it follows that the emphasis on economics in society, and the power associated with the pharmaceutical companies all serve as forces that could be keeping the metaphor in circulation. Sontag further posits that the abuse of the military metaphor compromises accountability, suggesting that it desensitises us from understanding the effects of its use. She writes,

War-making is one of the few activities that people are not supposed to view ‘realistically’; that is, with an eye to expense and practical outcome. In all-out war, expenditure is all-out, unprudent - war being defined as an emergency in which no sacrifice is excessive. But the wars against diseases are not just calls for more zeal, and more money to be spent on research. The metaphor implements the way particularly dreaded diseases are envisaged as an alien ‘other,’ as enemies are in modern war; and the move from the demonization of the illness to the attribution of fault to the patient is an inevitable one, no matter if patients are thought of as victims. (11)

Sontag argues that while military metaphors are often used to motivate action in terms of
raising awareness and funds, the language of the military metaphor facilitates a compromise in our ethical responsibility.

While Sontag argues that HIV/AIDS compromises the authority of the physician, her interpretation of society as being concerned with self-interest and as having compromised ethical principle suggests that shifting responsibility to society may be ineffective. The continued reiteration of biomedical discourse further reflects the value that is placed on biomedicine by society - even if medical authority has been compromised as Sontag argues. Since the military metaphor is so often reiterated alongside biomedical discourse, it too reflects a cultural significance. While I am focusing on the reiteration of the military metaphor in the context of HIV/AIDS and biomedical discourse, the military metaphor is also used to describe many other concepts in society. For example, Lakoff and Johnson point out how arguments are conceptualised and enacted through the metaphor “argument as war.” Because military metaphors are so embedded in our conceptualisation systems, the notion of removing them from disease discourse - or even perceiving illness from additional perspectives as I propose - is an enormous challenge because it is part of our foundational thinking.

Reflecting on the reiteration of medical language in social and personal conceptualisations, Donna Haraway explores how the discursive constitution of the immune system inflects how the self is constructed. Emphasising the cultural resonance of specific medical processes, Haraway argues that “the immune system is a plan for meaningful action to construct and maintain the boundaries for what may count as self and other in the crucial realms of the normal and the pathological” (204). She suggests, in other words, that this scientific discourse has a metaphorical correlate which consolidates and fixes “selves” and “others.” Haraway’s insight into internalised conceptualisations of immunology and biomedicine into the “self” draws attention to both the far-reaching effects of the military metaphor and the enormity of the challenge
Sontag poses in her hope to retire it.

However, Sontag argues that the process of retiring the military metaphor cannot be immediate. After tracing the scientific understanding of disease that produces HIV/AIDS metaphorically as invasion, pollution and plague, she posits that

With this illness, one that elicits so much guilt and shame, the effort to detach it from these meanings, these metaphors, seems particularly liberating, even consoling. But the metaphors cannot be distanced just by abstaining from them. They have to be exposed, criticized, belaboured, used up. (94)

While we might ask why the military metaphor continues to be circulated, the answer would be that metaphors, and the discourses that they contribute to, are complexly linked to cultural values and can only be changed slowly over time that have to be explored in all their complexity and multivalence.

The way that we understand biomedicine is usually reflected in two dimensions: (a) as objective, which has been problematised by Foucault and Lakoff and Johnson, among others, and (b) as isolated, when it is in fact layered, overlapped and informed by other discourses, as pointed out in Haraway's example of immunology. In terms of who gets to speak, when knowledge is posited as "objective," agency, as I have previously noted, is situated in the knower, and when it is specialised, it is situated in the expert. However, if agency follows the shift of biomedical language into society, then it may be expanded so that we all realise our potential to respond to HIV/AIDS, and respect the agency of the perspectives of the people who are directly affected by HIV/AIDS.

What is unique about "science" in relation to other discourses is that it is constructed as "objective." While Lakoff and Johnson's claim that science would be more responsible if it gave up the claim of absolute truth, Paul Ricoeur argues that there is "no absolute zero" in terms of neutral language, and the language of science is the least marked and the least figurative and therefore "relative degree zero" (140), affirming
the common conception of science as, at least, *nearly* objective. However, Sontag’s examination of the military metaphor and Haraway’s direct analysis of the military metaphor in the description of immunology demonstrates that science is in fact very figurative. On the one hand, it can be inferred that even the most “objective” discourses contain figurative language, reinforcing Lakoff and Johnson’s assertion that “we think in metaphors” and their suggestion that they are necessary in order to describe all kinds of concepts, including biomedical processes. On the other hand, the choice of the military metaphor in biomedical discourse is not a necessity - in her “Biopolitics of Postmodern Bodies” Haraway draws attention to an alternative theory of immunology that uses a “network” metaphor - and its reiteration is limiting because it diverts us away from other modes of conceptualisation.

In my analysis I have found that the constraints of structure of each representational form that I have examined affect the number and types of discourses that are made accessible. Many believe that the media conveys and reiterates dominant cultural power and discourses, whereas literature is expected to challenge or subvert our foundational thinking. While I suggest that access to the greatest possible number of texts and discourses leads to a more nuanced and multivalent understanding about HIV/AIDS in Africa, even an approach that encourages multiple discourses is problematic because not every discourse is beneficial. For example, moralising discourses give agency to the sick by way of blaming them for their “deviant” behaviour, and denialist discourses deny that HIV/AIDS even exists. I found that both biomedical discourse and its accompanying military metaphors are dominant in Canadian media articles about HIV/AIDS in an African context, but I also found that these articles offer some challenge to the dominant modes. At the same time, the literature that I examine points to the potential for comparatively more alternatives to this discursive framework.

As a journalist for *The Globe and Mail*, Stephanie Nolen reports regularly on
HIV/AIDS and events that take place in Africa. However, reflecting on the lack of news coverage on HIV/AIDS in Africa in an appeal to other journalists in the *Ryerson Review of Journalism*, Nolen argues “It isn’t news that AIDS has reached pandemic proportions. But shouldn’t it be?” (69). While admitting that it is difficult to tell the stories that she finds in Africa, she says “I don’t know how to tell these stories. But what really mystifies me is why more people aren’t trying” (70). Nolen serves as an example of a journalist who begins to endeavour to move beyond cultural and journalistic constraints; however, her frustration with the lack of news coverage draws attention to the limiting force that the conventions of news writing can have on both the discourses that are invoked, and what gets covered in the first place.

While news writing is constraining, the nonfiction genre also has constraints. While it enables more perspectives and opens up literary space to explore topics in with greater depth, it still has to comply with the expectations of a publisher and be deemed as “marketable” in society. Nolen’s nonfiction book *28 Stories of AIDS in Africa* demonstrates the effort that she has made to tell the story of HIV/AIDS in Africa outside of news writing. In fact, its title and structure support the argument that just one story - or one mode of conceptualisation - is not enough. In her introduction to *28 Stories*, Nolen claims, “nothing I was sent to cover anywhere in the world compared to what I saw AIDS doing in sub-Saharan Africa. And yet this story never made the news at all” (3). While it is her frustration with the lack of news coverage that brought her to Africa, her experience suggests that HIV/AIDS itself as an issue does not fit easily into news writing conventions. Nolen argues, “You don’t get in and get out on a story like this: you get in, and sit down, and start a very long conversation” (4). Here she invokes a metaphor of HIV/AIDS as a conversation that emphasises the importance of participating in discourses of HIV/AIDS, of asking questions, being critical and responding accordingly. Nolen contends that unlike coverage of other news stories, “AIDS is not an
event, or a series of them; it’s a mirror held up to the cultures and societies we build” (4). Here the metaphor of HIV/AIDS as a mirror that reflects our culture draws attention to HIV/AIDS as affecting everyone and indicates that the cultural costs of not acting to understand the complex circumstances and effects that continue to increase the spread of the disease are high. At the same time, our failure to see it as a mirror may also constitute an act of “misrecognition” in terms of our lack of understanding and response. These metaphors - of HIV/AIDS as a conversation and as a mirror - both encourage the reader to participate and engage with discourses of HIV/AIDS; however, the complexity of these metaphors does not lend itself to being captured in the necessarily concise headline or lead paragraph of a news article.

The metaphors used by Stephanie Nolen in 28 Stories represent cultural discourses rather than biomedical discourses. They encourage us to participate and interact with the subject of HIV/AIDS in order to broaden our social understanding. At the same time, the metaphor of HIV/AIDS as a conversation draws attention to the potential for layering social and cultural discourses with biomedical and other discourses. Demonstrating the importance of conceptualising HIV/AIDS as a phenomenon layered by different contexts and circumstances, several theorists have examined the complexity of HIV/AIDS in Africa from a number of different perspectives. In his book about HIV/AIDS writing, Untimely Interventions: AIDS Writing, Testimonial, and the Rhetoric of Haunting, Ross Chambers comments on the role of ideology in discourses about HIV/AIDS. He argues that witnessing functions outside of dominant ideology and causes individuals to read about HIV/AIDS in a way that they may otherwise resist. In other words, Chambers suggests that witnessing invokes discourses that are alternative to the dominant discourse about HIV/AIDS. According to Chambers, “witnessing ‘turns’ what would otherwise be an infraction or an error, through the power of troping, into a meaningful if disturbing utterance that can participate in the exchanges
and interactions that constitute culture” (21). In this thesis, I have found that nonfiction literature that recounts personal experience through witnessing in *28 Stories* and *Long Life*. Through the opening up of alternative and overlapping discourses, these texts subvert the dominant representations of HIV/AIDS in Africa.

In *Neoliberalism and AIDS Crisis in Sub-Saharan Africa: Globalization’s Pandemic*, Colleen O’Manique draws attention to issues of power in reaction to the spread of HIV/AIDS which contextualise the persistent dominance of biomedical discourse. In her initial research into HIV/AIDS in Africa, O’Manique finds that “[s]cientists initially looked to parallels with the western experience to guide research on the epidemiology of AIDS” (26). This prioritising of western experience influenced what questions were being asked and how funding was distributed. O’Manique contends that “[d]espite the more inclusive and nuanced understanding of ‘African AIDS’ [that emerges] the overwhelming focus remains on biology and behaviour,” undermining the significance of contributing factors that are different in African countries such as “debt, privatization and other structural adjustments, falling non-oil commodity prices, and western agricultural subsidies [adding that] Also erased is historical context” (40). O’Manique argues that “the evolution of the global epidemic follows patterns that are shaped by relations of power that are upheld in the current hegemonic response to HIV” (4), thus implicating the West in its failure to respond more effectively.

Similarly critical of the Western response to HIV/AIDS in Africa in her book *Globalizing AIDS*, Cindy Patton sets up a dichotomy between tropical medicine, which she associates with “international” thought, and epidemiology, which she associates with “transnational” thought. Distinguishing between these two approaches to the science of disease, Patton argues that these “thoughtstyles” are often used together in discourses of HIV/AIDS. In tropical medicine, the focus is on vaccinations and immunity whereas epidemiology focuses on treatment. Patton suggests that “[t]he way ahead is one that
joins the work of science, of politics, and of experience" (132), noting that tropical medicine reiterates colonial attitudes in associating disease with foreignness, yet suggesting that tropical medicine's focus on immunity might be more productive than the current epidemiological treatment.

The colonial foundations of "tropical" medicine draw attention to other potentially harmful discourses. As mentioned above, denialism, influenced by Thabo Mbeki's public denial of the connection between HIV and AIDS, is another harmful discourse. Throughout the Canadian media, Thabo Mbeki's denial of HIV/AIDS is foregrounded in depictions of Mbeki as corrupt and insane. However, in his article "Denialism," Adam Sitze draws attention to the complexity and specificity of Mbeki's claims that are reduced in these articles, positioning Mbeki's denial against a greater denial in the West that continually excuses our failure to react to the circumstances of HIV/AIDS. Sitze's summary of Mbeki's argument about HIV/AIDS includes an emphasis on poverty as a bigger issue than disease, the claim that ARVs cannot cure poverty, and attention to the role of capitalism in the distribution of medication. These well-founded concerns demonstrate rationality not expressed in any other documentation of Mbeki's denialism. At the same time, Sitze's reiteration of Mbeki's claims in the context of his article demonstrates the role of discourse in shaping our perception by offering us additional insight into where Mbeki's claims may be coming from. Although Sitze is not defending Mbeki, he draws attention to the issue of western hypocrisy that is reiterated in dominant discourses. Sitze's article further contextualises the limitations of Western perceptions of HIV/AIDS in Africa, and perhaps the discourses that construct them, as encouraging and excusing complicity which, I argue, is associated with the overuse of the military metaphor.

In the time since AIDS and Its Metaphors was published, the military metaphor has continued to be reiterated in the context of HIV/AIDS and the number of people living
with and dying from HIV/AIDS in sub-Saharan Africa has continued to increase. In 1988, Sontag argued that

were AIDS only an African disease, however many millions were dying, few outside of Africa would be concerned with it. It would be one of those ‘natural’ events, like famines, which periodically ravage the poor, overpopulated countries and about which people in rich countries feel quite helpless. (83)

Twenty years later, when HIV/AIDS has reached pandemic proportions in many African countries, we might question whether language reiterated in news and literary discourse has contributed to a lack of response in North America. Throughout popular representations of HIV/AIDS in the media and in news coverage, military metaphors continue to be reproduced as the dominant form of conceptualizing the disease. Such representations fail to challenge the way in which we think about HIV/AIDS. In 1988, Sontag argues that "[e]ven the disease most fraught with meaning can become just an illness [...] when the illness is much better understood and, above all, treatable" (93).

Today, antiretroviral (ARV) treatment is available throughout the Western world for those who can afford it, but continues to be denied to individuals living with HIV/AIDS in sub-Saharan Africa through the lack of more affordable generic drugs and limited distribution. Despite promises made by the G8 in 2005 in the Millennium Development Goals to “cut the worst of poverty and hunger in half [by 2015], achieve universal primary education, promote gender equality, reduce by two-thirds the under-five child mortality rate, reduce by three-quarters the maternal mortality rate, halt and reverse the spread of HIV/AIDS and malaria” (Stephen Lewis 3), all countries in the G8 are behind on their targets. While these goals do not refer to Africa only, achieving them would have significant consequences for Africa where poverty, lack of education, gender inequality, child and maternal mortality rate, and of course, HIV/AIDS (which is a factor in increasing all of the above) continue to be experienced every day. The limited progress made so far in
fulfilling these promises draws attention to a problem with our global response. The implications for the effects of discourse are immense: discourse shapes the way that we conceptualize illness; in turn, the way that we conceptualize illness shapes our response to it. In their article "'Compassionate Leave'?: HIV/AIDS and Collective Responsibility in Ingrid de Kok's Terrestrial Things," Susan Spearey and Sarah Brophy argue that while more detached news discourses can contribute to complicity, literature that imparts a deeper understanding can lead to collective responsibility, promoting a more active response in the reader. In their article, Spearey and Brophy contend that while media often unwittingly desensitises its readers, de Kok's poems expose the many layers of HIV/AIDS discursively, encouraging the reader to examine his or her own position in the scenario of witnessing AIDS, not as an objective and disinterested observer, but as an agent in the production and circulation of discourses that are often harmful. Similarly, I argue that the overuse of biomedical discourses may limit an active ethical response. Building on this research, I am interested in how media and literary text contribute to our conceptualisation of and response to HIV/AIDS in an African context.

In her earlier book Witnessing AIDS: Writing, Testimony, and the Work of Mourning, Sarah Brophy examines the role of discourses in shaping our response to HIV/AIDS, demonstrating that some discourses are unproductive and harmful - "often homophobic, racist, or otherwise biased or discriminatory" (12). However, she ends her book by arguing that the four texts that she examines "ask readers to think again, and to think differently, about the social and institutional frameworks that shape the lived and felt experience of HIV infection and AIDS" (212). Like Brophy, I hope to demonstrate that literature opens up a range of discourses that are otherwise unavailable to us. I also hope to encourage a more critical engagement with the dominant biomedical discourse and military metaphor.
While maintaining the argument that metaphors can have the discursive force of statements in the formation of discourse, I am interested in developing the connection between creative awareness and collective responsibility. I argue that the most problematic aspect of biomedical discourse and military metaphors is their overuse, because their ritualised use limits the development of new ways of thinking about HIV/AIDS - not only through their stigmatising effects, but also in their reiteration because it can result in a loss of meaning over time. As the most accessible genre that produces discourses about HIV/AIDS, the media can also act as a point of departure for readers influencing them to become interested in HIV/AIDS and then to seek out literature to access a different “truth” which may complement the knowledge and meaning produced in the media. Maintaining that a biopsychosocial understanding of HIV/AIDS is a beneficial alternative to dominant biomedical conceptualisations of disease, but also recognising that any model or discursive framework can divert our attention away from other ways of thinking about HIV/AIDS in Africa, the following chapters examine how specific metaphors may participate in discursive formation. Throughout this thesis, I also maintain an interest in how metaphors and related discourses might contribute to complicity and/or an active engagement with discourse and an ethical response to HIV/AIDS in an African context.
Chapter 1
Canadian News: Popular Representations of HIV/AIDS

For most people outside of Africa, the media is the most accessible source of information about the HIV/AIDS pandemic on the African continent. As a result, it plays a primary role in the way that the pandemic is conceptualized. On the one hand, news coverage is effective because it reaches a broad audience and makes people aware of the pandemic in a general sense; on the other hand, the constraints of news coverage can lead to a limited understanding by reducing the crisis of HIV/AIDS in an African context to a set of reiterated popular discourses. According to Ivan Emke in “Agents and Structures: journalists and the constraints on AIDS coverage,” the news is responsible for informing, not educating, the public and it is unfair to attribute the responsibility of education to journalists. However, I argue that because of the its role in the production of meaning, the media educates through the formation of public opinion and, therefore, it is even more responsible for influencing the way that people think than institutionalized programs designed to educate. While many people believe that the news produces and reproduces cultural values, the reproduction of only popular discourses is dangerous because it prevents us from accessing other discourses of HIV/AIDS that may help to contextualise the pandemic in a more beneficial way.

In order to assess what is currently being said about HIV/AIDS in Canadian print media, I originally looked at 275 articles from the Canadian Newsstand database. I limited my study to the articles released from January 2007-June 2008 in national Canadian newspapers. I also limited my search to “South Africa” instead of “Africa,” in an effort to find articles dealing with a specific African country. However, since many reports that covered issues of HIV/AIDS in South Africa also pertained to other countries in sub-Saharan Africa, the results were not actually limited to reports on South Africa
only. Out of all African countries, I chose to focus on South Africa because the
government policies there are highly controversial, rates of infection are extremely high,
the Treatment Action Campaign is one of the most prominent and successful citizen-led
lobbies on the continent, South Africa has a sophisticated medical infrastructure, and
some of the most respected and well-trained doctors and nurses in the world, and yet its
success rates at treatment do not really reflect these facts. Of the 275 articles I looked
at, I selected 50, yet only 41 of these articles matched the search criteria of “HIV/AIDS”
and “South Africa.” Of these 41 articles, 2 were missing sections of text, making these 2
articles incomplete. The following analysis of current news articles on HIV/AIDS in
South Africa is based on the 39 complete articles that adhered to the search criteria.

The newspapers that feature the articles studied in this thesis include: The
Vancouver Sun, Edmonton Journal, Toronto Star, Ottawa Citizen, The Winnipeg Free
Brunswick Telegraph. Since all major Canadian dailies are represented in the Canadian
Newsstand Database, I believe the articles to be a random sample of newspapers from
across Canada that represent a range of regional interests and perspectives. However,
since many articles credit the Associated Press of the U.S., Reuters of the U.K., and
Agence France-Presse of France, as well as individual papers in which articles were
published, it is important to note that my analysis of discourses circulated in Canada
may overlap with discourses circulated elsewhere. While individual papers are subject
to their own political leanings (for example, The Toronto Star leans to the left whereas
The National Post leans to the right), the principle behind the Canadian Press, the
Associated Press, Reuters and Agence France-Presse is to publish articles that are
“objective” and can therefore be circulated throughout several papers despite their
political leanings. While I have shown how the notion of objectivity is problematised by
Foucault and Lakoff and Johnson, among others, the claim of objectivity in the media still
enables the same news stories to be printed in different papers that may have different political stances. As an ideal that many papers agree on, "objectivity" does have the effect of streamlining the media to some degree by decreasing the variability of the news articles - and discursive perspectives - that are published. Where the same article has occurred in two papers, I have chosen to focus on just one without belabouring the editorial changes made by the two papers, but it is also important to point out that there often are changes to the article or headline depending on the paper it is published in; exploring this aspect of news production could be a point of departure for further studies of journalistic responses to the HIV/AIDS pandemic. My analysis is based on what I consider to be a cumulative representation of the news articles that shape contemporary Canadian news about HIV/AIDS in an Africa context.

Of the sample of 39 articles published in nation-wide in Canadian newspapers about HIV/AIDS in South Africa, the following events were covered: 7 reports of research studies and 5 reports of failed medical trials; 4 reports on a condom recall due to alleged bribery to distribute faulty condoms; 3 reports on Mandela's 89th and 90th birthdays; 2 reports on the election and succession of Thabo Mbeki by Jacob Zuma as president of the ANC party in South Africa; 4 reports on the firing of deputy health minister Nozizwe Madlala-Routledge; 1 report on the South African/UN agreement for new HIV/AIDS action plan; 1 report leading up to the G8 Summit; 1 report leading up to World TB Day; 2 reports on Stephen Lewis' Grandmother to Grandmother's campaign and 1 report on a gender inequality speech given by Stephen Lewis; 3 reports on charity events, as well as 2 reports that profiled South African individuals (only one individual with HIV/AIDS and, the other a doctor living in South Africa); 2 reports that conveyed the personal experience of a reporter in South Africa; and 1 opinion piece on the shortcomings of the West in response to HIV/AIDS in Africa.
News values generally include timeliness, proximity of event to readership, conflict, eminence and prominence of actors involved, consequence and impact, and human interest (Itule and Anderson 15). Drawing attention to what is considered to be an even more prominent news value, Michael Schudson quotes Donsbach in “The objectivity norm in American Journalism,” who says “[o]bjectivity’ is the chief occupational value of American journalism” (149). Journalism, like science, is posited as objective and carrying cultural authority. Despite the long critical tradition that sees goals of “objectivity” as untenable and idealistic, in news reporting, and in the training of journalists, the pursuit of “objectivity” remains paramount. While Foucault argues that there is no such thing as objective truth, in a survey of over 150 editors in the United States, “[a]pproximately one-fourth of the editors listed fairness and objectivity as the most pressing ethical issue facing journalists” (Itule and Anderson 472). I have argued that an assumed objectivity can distance readers from the subject and compromise their ethical response, whereas the editors of the journalism textbook who reference the survey suggest that “objectivity” is ethical. While the priority of “objectivity” in journalism has come under some scrutiny, it has yet to be substantially challenged.

In “Re-thinking Objectivity,” for example, Brent Cunningham draws attention to the tradition of working toward “objectivity,” but posits that a more responsible approach in journalism would recognise its limitations in communicating what I interpret as artificial truths. Cunningham argues,

Objectivity has persisted for some valid reasons, the most important being that nothing better has replaced it. And plenty of journalists believe in it, at least as a necessary goal. Objectivity, or the pursuit of it, separates us from the unbridled partisanship found in much of the European press. It helps us make decisions quickly - we are disinterested observers after all - and it protects us from the consequences of what we write. (26)
While Cunningham points out that maintaining the ideal of objectivity can be useful in journalism, he suggests that objectivity is imperfect, drawing attention to the positioning of journalists as “disinterested observers” rather than individuals who actively engage with their subject of reportage. Shifting his focus from journalists to readers, Cunningham contends “readers need, more than ever, reliable reporting that tells them what is true when it is knowable, and pushes as close to truth as possible when it is not” (26), suggesting that readers would benefit if reporters were able to admit that they do not know everything. At the same time, Cunningham implies that “truth” is possible – a proposition that Foucault would reject. However, like Lakoff and Johnson who argue that science would be more responsible if it recognised the fallacy of absolute truth, Cunningham argues that if journalists recognise the construction of objectivity in the news as being subjective, then journalists will be more responsible in their reportage.

Cunningham contends that this admission would change the way news is reported. He argues, “[w]e need deep reporting and real understanding, but we also need reporters to acknowledge all that they don’t know, and not try to mask that shortcoming behind a gloss of attitude, or drown it in a roar of oversimplified assertions” (30). Here, Cunningham draws attention to the strategies a journalist might employ to purport objectivity. While a “gloss of attitude” refers to writing style and the tone of assuming “objectivity” where it is not warranted, “oversimplified assertions” may refer to the reduction of possible discourses into words, metaphors or phrases that detract from other aspects of the subject that may be contradictory. In this thesis, I am interested in how military metaphors function to oversimplify the experience of the HIV/AIDS pandemic in Africa.

In “Biopolitics of Postmodern Bodies,” Donna Haraway argues that the focus on vulnerability and defence during the Cold War affected the way that the immune system was conceptualised with lasting effects on biomedical discourse today. Likewise, in his
article on news values and social justice, Jack Lule argues that the Cold War also contributed to fear of the “other” in the context of journalism, changing the way that international news was reported. Lule’s attention to the influence of the Cold War suggests that journalism has produced its own constructions of “us” versus “them” presumably increasing propaganda but decreasing our ability to relate to news stories that were deemed to be “foreign.”

Lule argues that foreign policy developed during the Cold War in the United States limits what is covered in international news. In “News Values and Social Justice: U.S. News and the Brazilian Street Children,” Lule argues that news values have compromised reportage on recurring murders of street children in Brazil. Considering the relative lack of coverage leading up to and including a mass murder of street children, Lule asks, “Has the deaths of the children somehow fallen outside U.S. requisites for newsworthiness?” (169). In response, Lule suggests that international news values have compromised what gets reported on and what is said about global news in American newspapers due to a time when “foreignness” was perceived as a threat. Positing the need for change, Lule argues that “a humane journalism of social justice should find a place in the vacuum of values created by the removal of the Cold War framework” (170). However, the surprisingly few articles about South Africa and HIV/AIDS in Canadian media and the continued reiteration of the military metaphor suggest that the Cold War has left resonating effects on both the production of discourse and its circulation. The limited coverage of news about the African continent in Canadian journalism is addressed by Stephanie Nolen in her article, “Out of Africa: It isn’t news that AIDS has reached pandemic proportions. But shouldn’t it be?” In her article, Nolen challenges the lack of news coverage on issues and events that take place in African countries.
While Lule argues that the cultural context of the Cold War has influenced the reportage of international news, there are also a number of other news values that determine what is covered and how the news is reported. In order to write in the news genre, journalists are trained to observe these news values as guidelines to decide what is newsworthy. Although news values are often reinforced by editors and publishers as ingredients to a successful news story, the way in which they inform news coverage is often limiting. While Lule’s focus on “international” news values is not referred to specifically in this list, the criteria of proximity of event to readership may work similarly to limit international news coverage.

Current representations of HIV/AIDS in Africa as a news story in Canada do not necessarily rank high in regards to the news criteria for coverage listed above; instead, news articles that are published about HIV/AIDS in Africa are often made to fit these values in interesting ways. As an ongoing issue, HIV/AIDS is not new and thus not considered timely. Situated in an African context, it is not within close geographical or cultural proximity to Canada either. As a result, the stories that do get printed are often yoked to these values - highlighted as “events” or linked to contemporary Canadian issues. In discourses of HIV/AIDS in Africa, this sometimes means considering how scientific discoveries will affect Canadians as well as Africans, or focusing on prominent figures like celebrities or politicians who are involved in aiding individuals in Africa countries. While they are represented in the structure of reports, these news values can also, more importantly, be seen in metaphors used in articles, making the issue of HIV/AIDS salient for Canadian readers, thus helping reporters adhere to the news values listed above, as well as the values of newsworthiness and relevance.

While news values determine which articles are selected for news coverage and print, the articles that are selected are also conventionally expected to follow specific forms that further limit the way in which news stories are constructed. The most popular
form, the inverted pyramid, begins by presenting the most pertinent information, according to news values, in a concise leading paragraph which is followed by the other information considered important, in descending order of relevance. For example, the title of Maria Cheng's article, published in the New Brunswick Telegraph Journal, is: "A cut against HIV; Health Studies confirm circumcision significantly reduces chances of HIV infection." This title tells us exactly what Cheng is reporting before we even begin to read the story. If we do begin to read it however, the lead paragraph reiterates that there has been "a major breakthrough in the fight against AIDS." Here, the prioritisation of "facts" over contextual material determines what is said first, and often the contextual material is what gets overlooked, whether it is edited out of the article in order to save space and column inches, or ignored by readers who have already been (partially) informed from the leading sentences. In terms of discourse, the rigid structure of the inverted pyramid form lends itself to the same rigidity of content by reducing issues such as HIV/AIDS into headlines and leads, artificially unifying and simplifying the complexities of the pandemic.

Over one quarter of the news articles in this corpus draw on biomedical discourse and the articles reporting on biomedical issues are consistently structured following the conventions of the inverted pyramid style. The majority of articles are reports on scientific studies, contributing to the construction of scientific authority in the context of HIV/AIDS in Africa. In all of the articles relating to scientific studies, as well as other articles that refer to HIV/AIDS in terms of something that needs to be explicitly "combated," the traditional inverted pyramid style of news writing is followed. This combination of biomedical/military content with the inverted pyramid form reproduces "objectivity" and authority by reducing "truths" about HIV/AIDS into the brevity of "facts."

In the context of the crisis of HIV/AIDS in Africa, adhering to news values limits how the news is reported in a number of ways and can be particularly problematic in
terms of locating agency because making discourses fit these values often has the effect of reproducing national identity and scientific authority instead of accessing individuals' direct experience with HIV/AIDS in an African context. Susan Sontag argues that HIV/AIDS challenges the authority of medicine and science to "vanquish" the "invading" disease; however the authority of medicine and science continues to be reasserted in the news, alongside the additional authority of celebrities, as evidenced by a number of articles in this corpus. In order to negotiate what this means in terms of agency, I suggest that agency, constructed through the focus of the journalist regarding who the actors are (and are not) and what constitutes action in the encounter with the pandemic, as well as the inclusion of quotations by subjects or "experts" also plays an integral role in either supporting or subverting dominant notions of authority perpetuated by "objective" and "scientific/biomedical" discourses. While the authority of biomedicine continues to be reproduced as dominant, in "News Values and Social Justice," Lule argues that a more ethical, or what he calls humane, journalism would result from "breaking from convention to report on the anonymous, giving voice to the silent, and moving beyond surface events to explore fundamental problems" (173). In this corpus of 39 articles, only one article describes the personal experience of an individual living with HIV/AIDS in Africa, and even this is mediated through the voice of a journalist. In "AIDS: sorrow and silence," John MacFarlane tells the story of his experience of spending time with Tamara Kalipa who has just lost her cousin and her husband to HIV/AIDS, describing Kalipa's experiences as he witnesses them. However, the majority of the other articles position authority in biomedicine, celebrity, or both, suggesting that our cultural value of scientific "objectivity" is accompanied by an additional prioritisation of economics and celebrity status.

Who gets to speak, and whose perspective of HIV/AIDS is purported as authoritative or "truthful" is also influenced by which discourse is circulated. Since
biomedicine and journalism are both constructed as “objective,” they can have the combined effect of distancing readers from the subject enabling us to be passive observers, contributing to an apathetic response. However, subversion of any one of these modes may increase journalist and reader engagement with the subject, which could encourage a more ethical understanding. In “Power, Ethics, and Journalism: Toward an Integrative Approach,” Bowers, Meyers and Babbili contend that

In journalism, rarely is there an opportunity to explore or question the rich moral texture of the values that drive the profession. When journalists have the opportunity to think of ethics at all, they have been encouraged to think about codes, rules, procedures, and action-oriented outcomes, and to rely on the moral excellence of ethical protocols rather than explore professional values. (231)

In this passage, Bowers, Meyers and Babbili argue that news conventions not only limit what is reported, but also limit how the ethics associated with the subject are approached. Reflecting on the flaws in this method or approach to ethics, Bowers et al further argue,

Emphasis in journalism ethics on prescribed courses of action and institutional or professional guidelines for newsgathering encourages a problematic, disengaged performance of the journalist’s role when justification for moral responsibility is required. (231)

By disengaging with the subject matter, a journalist is encouraged to maintain a disinterested position, effecting the same response in his or her readers. This position reinforces the detached position of “objectivity” where journalists are expected to act as impartial observers.

While Bowers, Meyers and Babbili point out that journalists are constrained by expectations about objectivity and news values that limit their ability to engage with the subject of reportage, Cunningham claims it is a failure of the press to allow “the principle
of objectivity to make us passive recipients of the news, rather than aggressive analysers and explainers of it" (26). I argue that the positioning of readers as passive recipients or observers of the news makes us apathetic, contributing to our complicity in worsening the pandemic in Africa by facilitating our inactivity.

Closely linked to the ideal of objectivity in the news that can encourage passivity on the part of readers, the dominant discourses about HIV/AIDS also allow us to remain inactive in responding to the pandemic. Based on the articles I have analysed, I argue that biomedical discourse, and the military metaphor that often participates in its discursive formation, dominates the Canadian media and contributes to a reduction of understanding and lack of active response in readers. Biomedical discourse and military metaphors direct our attention away from counter-discourses of HIV/AIDS in an African context and enable us to assume that the “battle” against HIV/AIDS is being waged by “the experts.” These modes of conceptualisation also confine our interpretive framing of the pandemic to the often-repeated dominant discourses, at the expense of a range of counter-discursive framings. Because of the complexity of scientific research, both journalists and readers may be rendered unable to directly respond to HIV/AIDS from a biomedical perspective, and the reduction of biomedical processes into military metaphors can reinforce the notion that the “authorities” are “taking care of the problem,” further limiting the ability of the average reader to engage with the issue.

In the following analysis of news articles, I first establish that the military metaphor pervades news discourses about HIV/AIDS while I demonstrate its association with biomedical discourse. Expanding this focus, and further demonstrating the vastness of its effects, I then look at how the military metaphor is adapted and reworked, suggesting that other discourses may be present, which produce slightly different and sometimes more beneficial discourse-effects. These include economic, political, social, and behavioural/psychological discourses. I also examine other metaphors - HIV/AIDS
as a natural disaster, HIV/AIDS as a "highway" and HIV/AIDS charity work as a form of "dream fulfillment" - to explore the extent to which these alternative modes of conceptualisation challenge the cultural work of the military metaphor. I attempt to show that despite news conventions that purport objectivity, as well as the dominant but limiting discourses and metaphors that are often used to construct HIV/AIDS in an African context, dominant discourses are often subverted by both the form and content of some news stories, which may offer alternative approaches to understanding the pandemic and encourage readers to engage with the issues of HIV/AIDS in Africa, potentially contributing to a sense of collective responsibility.

The Military Metaphor

In her article published in the New Brunswick Telegraph Journal, "A cut against HIV; Health Studies confirm circumcision significantly reduces chances of HIV infection," Maria Cheng uses non-speculative language that refers to scientists as "experts." The authority of these scientists is reproduced by the inclusion of quotations by three different doctors and no one else. Linking notions of combat to physicians, the authority purported by the doctors' quotations reassert scientists and doctors as "armed" defenders of the "battle" against "HIV/AIDS." In addition to constructing their data as "fact," Cheng privileges the work of Western researchers as performing an active duty in the "fight" against HIV/AIDS, specifically in an African context. Considering the work of earlier U.S. research that studied the effectiveness of circumcision in decreasing the spread of HIV/AIDS, the article also constructs circumcision as "a new weapon against HIV" (emphasis mine). Further segregating Africa as the battleground for the fight against HIV/AIDS, the article's concluding paragraph notes that "it is unknown whether circumcision would be equally effective in concentrated AIDS epidemics, as in Asia and eastern Europe." The article goes on to reproduce a potentially moralist and homophobic
conceptualisation of HIV/AIDS by saying that in these places, "AIDS primarily strikes gay men and drug users" (emphasis mine). This language shifts conceptualisation of HIV/AIDS as an enemy that can be defeated in Africa to an enemy that is attacking vulnerable groups. However, throughout the article the associations between HIV/AIDS and Africa, and HIV/AIDS as enemy, combine to suggest that Africa itself is an enemy to Western research and effort, harmfully discouraging readers from responding to the pandemic because of the construction of Africa as a battleground.

While Cheng's article uses military metaphors almost exclusively to talk about HIV/AIDS, other articles layer military metaphors with other concepts that serve to reinforce the effects of the military metaphor less directly. The effort of Canadian newspapers to make HIV/AIDS in Africa more "newsworthy" by emphasising aspects of the pandemic that are more relevant to Canadians, whether a result of Lule's argument that newspapers tend to decrease foreign content, or a rhetorical strategy to make the story more enticing for Canadian readers, often layers discourses of nationalism with the military metaphor. This could encourage the paper to use metaphors of multiculturalism or tolerance in order to appeal to or reproduce how Canadians perceive their national identity. However, Larry Krotz's Canadian-centric news article published in the National Post entitled "Now we know: Circumcision saves lives" emphasises that we should be proud of our Canadian researchers but it fails to contextualise their Canadian identity beyond their role as scientists. Instead, the military metaphor proliferates in reference to the "AIDS war" (paragraph 5) in tandem with metaphors that emphasise economics and celebrity, suggesting that our national identity is compromised by these factors and leads "naturally" to our identification with medical researchers. This formation of nationalism encourages a distinction between "us" as scientists, and "them" as the subject of research in Africa. At the same time, rich and powerful persons are positioned as
controlling the response to the pandemic, implying that "we" are capable of saving or rescuing "them."

However, the result of the scientists' success in proving the effectiveness of circumcision in reducing the transmission of HIV/AIDS is complicated by economic and social discourse, communicated through the attainment of celebrity attention: "Bill Clinton singled out circumcision in his speech to the World AIDS conference, Bill Gates turned on the money tap, and [then it] finally came anointment in TIME magazine" (paragraph 9; emphasis mine). The metaphor, "turning on the money tap" simplifies the economic complexity of the HIV/AIDS crisis; if there really were a "money tap," then there would be no reason for people to continue suffering in sub-Saharan Africa without access to ARVs. At the same time, the suggestion that the media needs to "anoint" scientific discovery to put it into practice is also problematic because it detracts from the issue at hand, suggesting that medical authority has been subsumed by celebrity and media attention and needs to be socially approved - by Americans - before being put to use to save people in the African continent. In the context of the HIV/AIDS "war," these socio-economic interests draw attention to aspects of research that interrupt and regulate medical response. Larry Krotz frames his story with lead and concluding paragraphs that comment on how proud we should be as Canadians that Canadian scientists have made progress in research, making HIV/AIDS more "newsworthy" because the research progress was made in Canada. However, the exclusive focus on the Canadian researchers links national identity to constructions of "us" versus "them" implicit in the military metaphor.

While the focus on the article unites "us" with the success of Canadian researchers, "Africa" is constructed in a very general sense as if the countries within it were all the same. In the second paragraph, Africa is introduced as the continent where trials are performed, but the specific countries that they took place in are not named until
the fourth and fifth paragraphs. Also in the second paragraph, “tribal customs” are described as the reason why many “African men remain uncircumcised,” generalising Africa as a primitive continent while at the same time constructing tribal customs as something very different from the religious customs that often guide decisions for or against circumcision here in Canada. While appealing to Canada to increase the research budget to further the science of researchers, the article contrasts “Africans” to Canadian researchers through the difficulties that “Africans” cause as research subjects with specific reference to “small crises of behaviour” (paragraph 6). Agency is attributed to people living with HIV/AIDS in Africa only insofar as they are blamed for the potential issues of failing to adhere to the researchers’ study, positioning people with HIV/AIDS as the only barrier to further success. The reproduction of the “us” versus “them” binary directs our attention away from the implications of research for African research subjects, and the people who may actually benefit from the results of the research reported on in the article.

The Military Metaphor -- reworked

While the military metaphor is commonly used in relation to biomedical discourse, I argue that it is also reworked, with potentially more beneficial effects, for other discourses. In Kate Lewis’s report on a failed anti-AIDS vaginal microbicides, the authority of Stephen Lewis - former UN special envoy for HIV/AIDS - is invoked throughout. Despite the headline, “Tool in fight against AIDS found to boost disease risk,” that mentions the “fight against AIDS” (emphasis mine) in the article published in The Ottawa Citizen, Kate Lewis avoids dichotomising Western researchers and the African people with HIV/AIDS who are subjects of research, challenging the effect of “us” and “them” constructions implicit in most reiterations of the military metaphor. Instead of subordinating research participants to researchers, the report on the failed study pays
attention the sacrifice that the participants made. Stephen Lewis is cited as arguing that
"we need to remember the tremendous courage of the women who were involved in the
trial. They are the true heroes" (paragraph 6; emphasis mine). Using the military
metaphor to valorise people with HIV/AIDS locates people with HIV/AIDS as heroes.
While the financial losses of the pharmaceutical company running the study are also
mentioned, primarily through quotations of statements made by Stephen Lewis, the
article maintains a tone of hope that lives (and money) were not lost without a cause.
Instead, the need for microbicides is reinforced.

By metaphorically establishing research participants in African countries as
heroes and at the same time supporting researchers across the globe in their response
to HIV/AIDS, the "fight" is constructed not as something between Western researchers
and people with HIV/AIDS, but as a unified effort among all parties involved, redrawing
the lines of "battle," and encouraging us to rethink the way that the military metaphor can
be used. Here, the disease itself is the "enemy." Working within the established
biomedical discourse and military statements, Stephen Lewis's perspective, interwoven
throughout the article with direct quotations despite whatever leaning the author and
paper may have, encourages readers to realise a new understanding of people with
HIV/AIDS as heroes instead of victims despite the context of the failed preventative
microbicide. On the one hand, this reworking is still limiting because it serves to
reinforce North American discourses of disease where individuals are commonly
represented as "fighters" who can potentially "triumph" over their illness. On the other
hand, reconsidering individuals with HIV/AIDS as heroes instead of victims, which is a
more popular and less dignifying mode of representation, is a progressive shift in
HIV/AIDS discourse due to the propensity for stigmatising the disease.

Military Metaphor and HIV/AIDS as Natural Disaster
Another alternative use of the military metaphor appears in the anonymously authored article published in the Vancouver Sun which credits Agence France-Press, "Deadly mix of TB and HIV on the rise in Africa; Report calls for urgent measures to combat epidemic" (emphasis mine). The author of the article constructs TB and HIV in both military terms as well as in terms of a natural disaster. The lead begins: "Drug-resistant tuberculosis and HIV have merged into a double-barreled epidemic that is sweeping across sub-Saharan Africa" (emphasis mine). It locates "the eye of the storm" in sub-Saharan Africa - combining these metaphors to imply that the "battle" against HIV/AIDS becomes out of control in the context of a co-epidemic. When referring exclusively to TB, this article alludes to efforts to "fight the disease" (paragraph 5), in the same way that HIV/AIDS is constructed as something that needs to be fought against, demonstrating that HIV/AIDS is not the only disease to be conceptualised in military terms. In fact, military metaphors are commonly invoked when discussing many illnesses. In her AIDS and Its Metaphors, Sontag suggests that HIV/AIDS is represented similarly to representations of cancer and syphilis before it. However, the discussion of HIV/AIDS and TB as a combined epidemic in this article is structured as though each disease is a fight on its own, but together they are a natural disaster that cannot be controlled. While the metaphor of a natural disaster usually facilitates a response to an event that has happened outside of North America as a general term to describe an incident, the insistence on a "global" effect in this article subverts "us"-versus-"them" divisions. Another researcher quoted from the WHO warns that "the imminent danger of a global co-epidemic is clear" (paragraph 10; emphasis mine). While the warning of danger suggests that a co-epidemic can suddenly hit at anytime, the article goes on to say that "TB control has been severely destabilized in regions with high rates of HIV" (paragraph 11; emphasis mine), reinforcing the lack of control associated with such an outbreak. HIV/AIDS and TB are thus constructed as "controllable" in comparison to a
co-epidemic which is not. This globalised construction of the threat of the HIV/AIDS “war” becoming a “natural disaster” threatens the authority of doctors and physicians who are attempting to respond to HIV/AIDS, but are not equipped to “combat” a natural disaster.

*Gender Equality as a Battle*

In an article published in *The Montreal Gazette* entitled “UN urged to get moving on gender inequality,” Irwin Block reports on a speech given by Stephen Lewis at a summer school conference at a university in Quebec. Very significantly, this is the only article in my corpus that even mentions gender as a consideration despite the abundance of literature that supports Lewis’s claim that this is a major issue. It is difficult to discern why there are so few articles covering the issue of gender equality in the context of HIV/AIDS in the news. Stephanie Nolen and Jonathan Morgan and the Bambanani Women’s Group, in contrast, bring this consideration to the fore in their writing. However, given that the majority of the news articles that I found when establishing this corpus use what have been called *masculinist* discourses, that is - biomedical/scientific and military discourses - it is possible that these discourses limit or efface conceptualisation from a feminist perspective, negatively impacting the attention that is placed on this aspect of the pandemic. Here military terms are invoked in the context of the “fight for gender equality” in the lead paragraph of the story. However, the 262 word article only briefly covers the issue of gender inequality, paraphrasing Lewis who says “The status of women in Africa is the most dramatic and distressing aspect of the AIDS/HIV pandemic.” The article fails to refer to any details of experience that may

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1 see Katie Hogan’s *Women Take Care: Gender, Race, and the Culture of AIDS*; Nancy L. Roth and Katie Hogan’s *Gendered Epidemic: Representations of Women in the Age of AIDS*
have been included in Lewis’s speech that would have further contextualised the need to pay attention to gender issues of HIV/AIDS.

**HIV/AIDS Charity Work as Fulfillment**

In an effort to elevate the donors for their charitable acts and to posit North Americans as solving the “problem” of HIV/AIDS in Africa, coverage of charity events also focuses primarily on the donors rather than the intended recipients. Of the three articles covering charity events, two are celebrity-endorsed, and the third takes place in Alberta and is published in *The Edmonton Journal* due to proximity to the event. While all three articles focus on the individual who has organized the event, more than the cause or the people involved, the consistent theme of a hopeful donor creates a discourse of fulfillment - for the donors. HIV/AIDS is talked about significantly less than the production of the events that are being organised in response to it. Two of the articles - the first focusing on Nigel Lythgoe and “American Idol Gives Back,” and the second on Annette Schouten Woudstra who has organized a fundraiser, “Art for ART” (ART: Antiretroviral Treatment) - begin with a lead that focuses on Lythgoe and Woudstra respectively. While the third article on Oprah Winfrey’s school initially focuses on some of the girls that will be attending it in South Africa, it goes on to tell the story of Oprah’s experience instead of the children’s. As foreshadowed in the title, “The proudest, greatest day of my life: Oprah opens school for poor South African girls,” written by Jonathan Clayton and published in *The Ottawa Citizen*, the article begins with a lead that contextualises the need for Oprah’s school by including two brief sentences about the difficult lives of two girls before they were given the opportunity to attend the school. However, describing Oprah as fulfilling her “dream” to open a school for girls in South Africa, this article posits charity as dream-fulfillment for the giver. All three articles are written in a narrative style that tells about the experiences of the donors, but while
quotations are included from the two celebrities in the articles reporting on their work, the non-celebrity is not given the same space to speak, drawing attention to the authority of celebrity in our culture.

In the Oprah article, which stands out based on its use of so many dreamlike metaphors, the girls profiled in the lead paragraph are described as “taking part in something akin to a reality TV show, plucked from obscurity and abject poverty to live an implausible dream” (paragraph 3; emphasis mine). The disjunction here, however, is that even though there is a huge middle class in African countries, and South Africa in particular, this is not the background of the girls recruited for Oprah's school. Thus using TV references to describe the experience of girls who are represented as having been “plucked from [...] abject poverty” compromise the agency of the South African girls. Oprah herself is further constructed as a “fairy godmother” (paragraph 4). Thus the article draws attention to Oprah's role as a wish-fulfiller, in what is a predominantly middle-class metaphor. While this may be another example of how news articles try to make international news more pertinent to North Americans, the girls' experience is described in metaphors that we can relate to and understand at the expense of not being able to hear how the girls themselves conceptualise it. To the same effect, Oprah's paraphrased words reiterate that she is the one who is “fulfilling a long-cherished dream” (paragraph 6), maintaining the focus of the article on Oprah.

While the other two articles do not produce the same direct metaphors about dream-fulfillment, they do produce a similar discourse, focusing on personal experiences and emotions to emphasise and valorise the donor's experience. In Alex Strachan's article, “American Idol Gives back with charity concert,” for example, Strachan notes that Canwest News Service asked if Lythgoe was “worried at all about donor fatigue” (paragraph 7), phrasing the act of donation as having physical as well as economic effects for the donor, which is ironic in the context of HIV/AIDS. In all of these articles
focusing on charity, HIV/AIDS itself is overtaken by a focus on the donors, compromising the agency of people in African countries actually living with HIV/AIDS while limiting the role of North Americans to philanthropic donors (a position that sustains the asymmetrical power relations between those in the global north and south). All of these examples of the focus on Canadian researchers and Western donors demonstrate the limitations put forth by the news values of proximity and eminence and prominence. Despite the beneficial acts of the individuals covered in the news stories, the discourses that are circulated about them direct our attention toward science and philanthropy respectively, and away from the actions and experiences of people who are living with HIV/AIDS in African countries.

_HIV/AIDS Charity Work as Life-altering_

As the founder of the charity Grandmothers to Grandmothers, Stephen Lewis has also gained attention for HIV/AIDS in Africa by organising an ongoing campaign for grandmothers across Canada to raise money for grandmothers in Africa who need it. One of two articles that deal with this campaign, Debra Black’s “To the rescue of AIDS orphans; With a whole generation decimated, South African elders must care for their grandchildren,” published in the _Toronto Star_, conveys the experience of a grandmother, Paulette Pelletier-Kelly, who visited South Africa. Quotations by Pelletier-Kelly reiterate the difficulty that faces grandmothers, and the orphans they care for, because so many of the children’s parents have died of HIV/AIDS. Using emotional appeals by providing insights into the experiences of Pelletier-Kelly, principally, and, secondarily, of one grandmother in South Africa named Sibiya, this article is unique in its narrative form and its focus on the people who are affected by HIV/AIDS rather than the disease itself. Also unique to this article is a narrative style that evokes images of nature; the lead paragraph reads: “Their soaring but mournful voices rise above the wild mango and fig
trees, wrapping the veldt and the nearby Kaalrgug Mountains in a blanket woven from grief and hope.” The nature imagery of “soaring” voices suggests that a sense of freedom may be enabled by the actions of the campaign. Later in the article, the children are portrayed as “galloping like newborn foals” (paragraph 9). Together these animal metaphors connote a sense of innocence, constructing both a peaceful and “primitive” quality of experience. At the same time, the metaphor of the singing voices rising “in a blanket woven from grief and hope” suggests that the voices have united, but the comfort that is offered in the metaphor is far from the children’s reach. The implication of “innocence” may also position the children as “victims.”

While the children - and their grandmothers in South Africa - are positioned as “victims” of HIV/AIDS, this article focuses on the perspective of Pelletier-Kelly who is posited as a hero because she has witnessed HIV/AIDS in Africa and is responding to it. The article’s emphasis on her experience may encourage participation in this and other charity foundations for HIV/AIDS in Africa; however, its focus on her experience may persuade Western readers to feel as though we can solve the “problem,” deterring from the agency of the people in Africa who are living with HIV/AIDS or caring for those suffering from it. Despite its focus on unifying Canadian and South African grandmothers as having a common role, the article encourages Canadian readers to respond to the pandemic in terms of our need to do something to solve their “problem,” and so draws attention to the complicated constructions of “us versus them” that can contribute to a stigma, but can also persuade people to unify in order to help “them.” Unlike biomedical productions of this dichotomy, the campaign is something that everyone - or at least every grandmother - has the potential to participate in.

HIV/AIDS as Apocalypse and Sacrifice
Thabo Mbeki and his denialist claims that HIV/AIDS - and specifically ARV treatment - are part of a Western conspiracy is the most public debate about South Africa in Canadian newspapers. Articles covering the firing of deputy health minister Nozizwe Madlala-Routledge, who is positioned as a scapegoat for these claims, are used to heighten the authority of “Western” biomedical science over the South African government. At the same time, Mbeki is constructed as ignorant and “crazy.” In an anonymously authored article published in *The Montreal Gazette* entitled “South Africa is still denying AIDS,” Mbeki is referred to as having a “bizarre attitude” (paragraph 10) and needing to “face reality” (paragraph 12). Stephen Lewis, in an article published in *The Edmonton Journal* that is critical of Mbeki’s role in limiting South Africans’ access to treatment invokes an apocalyptic AIDS metaphor in “AIDS Armageddon rages in South Africa; Why is the world turning a blind eye to President Mbeki’s refusal to help victims?” While it is likely the Lewis did not title this work (because newspapers often hire staff that work specifically on headlines), his article does go on to construct Mbeki as a tyrant who has betrayed his country. Lewis reports that “[Mbeki] will always be known as the president who presided over the AIDS apocalypse” (paragraph 8). Further constructing Mbeki as an enemy to his people, the term “victim” is used to describe people with HIV/AIDS and Lewis advocates that “no longer can the citizens of a country be sacrificed on the altar of destructive and deadly state behaviour” (paragraph 13). This mix of metaphors - HIV/AIDS as apocalypse and people living with AIDS as sacrifice - draws out different aspects of the representation of HIV/AIDS. While the prevalence of HIV/AIDS toward the end of the twentieth century nearing the end of the millennium drew out apocalyptic thinking in response to HIV/AIDS, the metaphor of the “AIDS apocalypse” functions here not as an inevitable judgment on the world, but as something that was brought on by Mbeki’s failure to respond to HIV/AIDS. Likewise, the metaphor of “a country being sacrificed on the altar of a destructive and deadly state,” also places
blame directly on the actions of the government, manipulating the metaphor of an “altar” to draw attention to HIV/AIDS as specifically not an act of God. The power of these metaphors to evoke attention helps Lewis to solidify his argument against the South African government’s failure to respond to the pandemic.

In the context of Lewis’s further argument that the UN should follow through on the responsibility to protect and aid South Africa in the HIV/AIDS crisis, metaphors of apocalypse and Armageddon also have the dramatic effect of constructing the fatalities associated with HIV/AIDS in Africa as inevitable as a religious consequence for Africa as a continent, while at the same time expressing a global consequence. Lewis argues that “[i]f a government, like that of South Africa, refuses to roll out anti-retroviral treatment to save the lives of millions of its people, then the international community has a responsibility to intercede” (paragraph 17). Despite constructing South Africa as a place where this intercession is needed, Lewis maintains his focus on the government as distinct from the people of South Africa, calling on the international institution to step in for the sake of the people who are subject to this unjust government. While appealing to international intervention and the distribution of responsibility in responding to HIV/AIDS in South Africa, this article positions the South African people as needing to be “saved” from their government. By distributing responsibility, a political response is encouraged, unifying North Americans with the South African people against the South African government. Lewis’s appeal to the UN uses this “us” versus “them” dichotomy in this context to promote action when foreign aid is needed in African countries.

HIV/AIDS as a Highway

While the articles above have explored the biomedical/scientific, economic, social and political contexts of HIV/AIDS, Helen Epstein explores behavioural, social and psychological context in her article “HIV Superhighway.” Epstein makes an important
point that, statistically, Africans do not have more sexual partners than Westerners, but points out that they may have long-term concurrent rather than consecutive partners. Epstein is not moralising, but claims that social conditions, such as the heavy reliance on migrant labour forces, have made it such that these partnerships tend to be concurrent rather than consecutive, which poses a risk. In the context of HIV/AIDS, she invokes the metaphor of HIV as a highway, attributing agency to people with HIV/AIDS by positioning them as "drivers" - however, instead of implicating these drivers as being to blame for the spread of HIV/AIDS, she uses this metaphor to point out that people with HIV/AIDS are agents in the pandemic.

This article begins by reporting on the failure of a vaccine from the pharmaceutical company Merck. However, Epstein uses this information as a point of departure to focus on the issue of behaviour in the context of the pandemic. She says, that "[i]deally, science would provide a magic bullet that would knock out HIV. Failing that, most AIDS researchers would settle for another type of magic that would generate political will and spur people to have fewer sexual partners and to use condoms more consistently" (paragraph 2; emphasis mine). While all other articles on scientific studies and failed trials have been presented in an inverted pyramid style, Epstein's article uses the Merck vaccine failure to contextualise her examination of the socio-cultural factors that affect transmission of HIV/AIDS in Africa. While Epstein begins with the invocation of the military metaphor in the terms "magic bullet" and "knock out HIV," she then diverts attention away from the focus on scientific research in order to foreground the issue of behaviour and agency of African people, introducing the alternative metaphor of HIV as a highway at the same time.

HIV/AIDS as Silenced
When I began this project I expected to find that all metaphors work as statements in the formation of specific discourses; however, what I found was that the military metaphor is unique in its link to biomedicine because of its overuse. A metaphor can be defined as something that is described in terms of something else. According to Lakoff and Johnson, "we think in metaphors" and yet there is no single metaphor that communicates an experience or event in its entirety. While in a sense all metaphors can be considered effective on the basis of the work they do in opening up possibilities for understanding, all metaphors are also ineffective, because they are always approximations, comparisons, and euphemisms and imperfect (approximate) analogies for the thing that we are trying to express. Of the five reports on personal experiences in my corpus, three reports focus on the experiences of reporters, while one focuses on the experience of a doctor in Johannesburg, South Africa, and just one focuses on the experience of an individual actually living with HIV/AIDS, in Cape Town, South Africa. Producing discourses of compassion and emotional appeal through the story of Tamara Kalipa who is experiencing the effects of HIV/AIDS in her family, "AIDS: sorrow and silence" uses a narrative of a personal profile to attempt to show what it is like to live with HIV/AIDS. Using a narrative style in this 5-page article, John MacFarlane recounts a number of Kalipa's experiences as he witnessed them. At the same time, MacFarlane interweaves a number of insights into the context of HIV/AIDS in Africa, drawing attention to the silence and sorrow associated with the pandemic. McFarlane invokes the military metaphor of biomedical discourse to say that he is unsure of the success of the fight against HIV/AIDS, arguing that "[he] won't presume to say whether the fight against HIV and AIDS in South Africa is being won or lost, because the answer to that question will become clear in years or decades, not months" (paragraph 9). The military metaphor does not recur again until the end of the article when MacFarlane suggests that "fear, chauvinism and poverty" are the "most difficult issues to combat" when dealing
with HIV/AIDS in Africa. His representation of Kalipa’s life with HIV/AIDS and the loss of her cousin and husband to HIV/AIDS characterises her as a brave female as he commends her for giving a speech about her husband’s death in which she explains that he died from tuberculosis, widely understood to be an AIDS-related disease, in a place where “AIDS” is not discussed openly. While commenting that HIV/AIDS is rarely spoken about directly, MacFarlane reproduces the psychosocial context of emotions and actions that are limited by government and traditional perceptions through the complex articulations of Kalipa’s experiences. In this account of her experiences, however, only two non-military metaphors are used - the first, occurring on page 4 of the 5-page article, refers to MacFarlane “biting his tongue,” remaining silent when Kalipa forgave her husband for cheating on her; and the second, occurring on page 5. The fourth metaphor from the last paragraph reintroduces the military metaphor with a suggestion of “bravery”; however, Kalipa is noted as dismissing this attribution as MacFarlane notes that Kalipa “brushed off [his] attempts to praise her for her bravery.” These metaphors of silence/dismissing are reinforced by the relative lack of additional metaphors throughout the rest of the 5 page article which suggests that the articulation of her experience into discourse - let alone metaphor - is challenging. A metaphor is defined as describing one thing in terms of another; in the context of Kalipa’s story, MacFarlane’s understanding of her experiences is positioned as not being comparable to anything else.

MacFarlane’s experience with Kalipa is represented in details that are sustained throughout the entire article. Included in the article are references to the ride to her home, the floors in her house, the bucket they use as a toilet, and the funerals of her cousin and her husband. Walking with Kalipa to visit the home of her cousin’s family, MacFarlane explains

Eventually we arrived at the home of the family of the man who died. There were several women busy preparing and cooking food over an open fire. A couple of
younger men hacked with axes at brush in order to keep the fire burning, while a few older men loitered nearby. We were brought into the family's hut, which had become the main kitchen for the funeral, with women bustling in and out, washing dishes and chopping vegetables. (paragraph 18)

While there are some technical metaphors here - "hacked" with axes - this passage leaves the impression that MacFarlane's experience is open for interpretation by the reader, encouraging the reader to find the significance in his description. This simple passage describes the role of everyone in the family in response to the death of Kalipa's cousin. The consistent mechanical tone of this passage draws attention to the event of preparing for a funeral as something that has become ritualised in the context of HIV/AIDS. With this level of detail, which is similarly seen in many of the stories included in Stephanie Nolen's *28 Stories of AIDS in Africa*, specific descriptions seem to take the place of metaphors, suggesting that in some cases metaphors euphemise and provide shorthand depictions of more particular and detailed experience. Despite the presence of narrative form in this corpus, it is doubtful that breaking news articles would receive as much attention in the current media if they were presented in this style instead of the inverted-pyramid style because that would contradict media conventions as well as readers' expectations. While challenging the dominant news forms with narratives may be a useful way to circumvent dominant media discourses, the narrative invoked here reflects the stylistic form of the feature story and describes Kalipa's experience accordingly.

I argue that the newspaper industry in itself is constraining, but some critics argue that news readers also constrain what and how issues are reported. The role of the reader can be viewed as contributing to discourses that enable apathetic responses when readers fail to engage with news articles that offer alternative discourses contrary
to their expectations. So far I have been talking about discourses as if they originated in news and literature, but it is important to point out that texts are just one way that discourses are circulated. Working dynamically throughout a culture, power, knowledge and ideology all influence what discourses are produced and reiterated in the consciousness of society. In *Analysing Newspapers*, John E. Richardson distinguishes between two readership roles: the audience as consumer and the audience as commodity. On the one hand, readers are influenced by the discourses that are circulated in the media, and are viewed as consumers of the media who are affected by it; on the other hand, reader expectations and culturally accepted discourses also affect the reception of what is said in a news story, and readers are seen as being a commodity in influencing what can be said in the news. This is important when considering the efficacy and tenacity of the military metaphors, their commonsensical quality, easy intelligibility and their Foucauldian “in the trueness.” Always balancing between this flux of influencing and being influenced, readers can be dually understood as both constructing and being constructed by the news.

At the same time that readership expectations encourage the reiteration of news conventions based on the forms that they are accustomed to, readers can also encourage an artificial unity in news content. In “Public Opinion,” Walter Lippman argues that newspapers cannot change their opinions on a given subject once their readers have become interested in it because they can risk losing the interest of their readership. Lippman’s insights in “Public Opinion” suggest that, once an audience is influenced by the media to think in a certain way, then the audience’s expectations regulate what can be said in the media about that topic in the future. Thus the responsibility of the news genre is shared: while responsible news reportage is important, readers who feel a sense of collective responsibility and interest in HIV/AIDS in Africa may also encourage newspapers to be more responsible through their own
critical awareness of the news constraints at work in the genre, or by exercising their agency: writing letters to the editor, or querying certain modes of representation.

Another way that some writers respond to the limitations of journalistic constraints is by writing in a different genre. Included in this corpus as journalists, Helen Epstein, Stephen Lewis and Stephanie Nolen have all written books about HIV/AIDS in addition to having published news articles, suggesting that there is more to be said about HIV/AIDS than can be conveyed in the media. The following sections of this thesis will examine what happens in the work of discourse about HIV/AIDS in Africa when literary space is opened through conventions of literary non-fiction and fiction.
Chapter 2
Nonfiction Texts: Overlapping Discourses of HIV/AIDS

Stephanie Nolen’s *28 Stories of AIDS in Africa* and Jonathan Morgan and the Bambanani Women’s Group’s *Long Life...Positive HIV Stories* are two nonfiction texts that offer insights into the personal experiences of people with HIV/AIDS in African countries. While the version of *28 Stories* that I am referencing addresses a North American readership, informing us about some of the details of HIV/AIDS in an African context to encourage a more complex understanding of it, *Long Life* addresses both a South African and international readership as a testament to the effectiveness of Antiretrovirals (ARVs) in a country where denialist discourses still circulate, demonstrating the capacity for discussions about ARVs to change the way that HIV/AIDS is experienced and conceptualised. Both texts layer economic and political discourses with psychological and social, as well as biomedical, ones, while showing the beneficial effects - in medical practice and public perception - of taking a biopsychosocial approach to treating HIV/AIDS. While I was surprised to find that the military metaphor is still the most common metaphor in these texts, I also found that a number of other metaphors were used intermittently in conjunction with and in addition to it, showing how the military metaphor might overlap with other conceptualisations of HIV/AIDS. In support of Foucault’s argument that new discourses can arise out of discontinuity, both Nolen and the Bambanani group tell the story of HIV/AIDS in Africa from a number of perspectives. *28 Stories* provides an overview of HIV/AIDS throughout Africa and makes reference to scientific research and medical treatment programs as well as the role of the *Médecins Sans Frontières* (MSF). *Long Life* gives insight into the experiences of people living with HIV/AIDS and receiving ARV treatment from MSF in Khayelitsha, South Africa.
As a journalist for The Globe and Mail who has lived in Johannesburg, South Africa since 2003, and one who has advocated for the importance of paying attention to the HIV/AIDS pandemic throughout Africa, Stephanie Nolen, in 28 Stories of AIDS in Africa, demonstrates the continued effort that she has made to make the story of HIV/AIDS in Africa known. While she expresses frustration with the lack of news coverage, her own attempts to report on HIV/AIDS suggests that it is an unconventional topic in terms of news coverage. Recall that Nolen argues, “You don’t get in and get out on a story like this: you get in, and sit down, and start a very long conversation” (4) and that “AIDS is not an event, or a series of them; it’s a mirror held up to the cultures and societies we build” (4). In my previous chapter, I argued that news articles can be limited by the constraints of journalism’s protocols and conventions. However, the stories in Nolen’s book function to open up possibility by engaging her readers with the complex circumstances that continue to perpetuate HIV/AIDS as pandemic. Telling the stories of people all over sub-Saharan Africa, Nolen combines the authority of news writing with the spatial and structural freedom of a nonfiction book. While the nonfiction form still constrains, in terms of needing to appeal to a publisher and being marketable to the public, Nolen escapes the pressure to adhere to news values in this form because she has already established that HIV/AIDS in Africa is worth paying attention to by making it the subject of her book. At the same time, she is not restricted by word counts or restraints of column inches, enabling her to elaborate on stories that might otherwise need to be restricted simply to “fit” into a newspaper. Still, quotations from the body of her text are reiterated at the tops of pages and are reminiscent of newspaper style, but one could argue that such stylistic echoes simply establish her book as a work of literary journalism.

Nolen’s choice to write a book in addition to reporting on HIV/AIDS in news articles suggests that accessing more than one genre to approach the story of HIV/AIDS
is crucial. Working outside of the constraints of news writing, the title and the structure of the stories that she includes support the argument that just one story - or one discourse - is not enough. Even though her text demonstrates the extensive research that went into the formation of her book, Nolen makes no claims to objectivity or absolute truth. Instead she layers selected discourses, encouraging us to understand the discontinuities that underlie popular discourses of HIV/AIDS. Throughout 28 Stories, Nolen engages her readers with the interplay of biomedical, psychosocial, cultural, political and socio-economic circumstances and conceptualisations that contribute to how the pandemic is constructed and perceived.

Unlike the news stories that I examined which often refer to African countries as if they were all the same place, Nolen draws attention to the socio-political context of the location of each individual's story that she tells in her book. Nolen writes "[t]here is always a danger in talking about ‘Africa’ - as if it were one place, one country, one homogenous story. Africa is fifty-three countries, many of which are themselves made up of hundreds of peoples and cultures" (11). Compared to news articles, this genre affords Nolen the narrative space to provide details to emphasise the historical and political context of each distinct place. In addition to this information included in the body of her text, HIV/AIDS in Africa is visually contextualised with two maps of the continent are included on pages preceding the introduction. The first map shows HIV/AIDS prevalence rates throughout Africa, which vary - often drastically - from country to country. The second map locates each of the 28 people whose stories are told in the book. While the maps serve as a useful resource for both of the above reasons, their inclusion in the book, directed at a Western audience, visually reiterates her point that it is important not to think about “Africa” as one homogenous place. At the same time, it reminds us of how often it is constructed this way. In 28 Stories, Nolen not only constructs discourses about HIV/AIDS but also provides a “thumbnail sketch” of each
country, distinguishing each country from one another while at the same time drawing attention to the shared crisis of HIV/AIDS.

Prefacing each person's story with a photo and titling each section with his or her name, Nolen weaves experiential and contextual histories into the story of each individual to represent the several populations throughout sub-Saharan Africa living with HIV/AIDS. Nolen enables her readers to connect to these individuals by dispelling generalisations and stereotypes throughout the entire book. At the same time, by including specific details of experience and circumstance in each individual story, Nolen offers a critique of how the reduction of these experiences to "popular" terms, phrases and metaphors in the media, euphemises the story of HIV/AIDS in an African context, which, in turn, compromises how it is understood. Instead of talking about "people with AIDS," Nolen tells us the stories of Siphiwe Hlophe, Mohammed Ali, Prisca Mhlolo, Lydia Mungherera, Noé Sebisaha, Manual Cossa, etc.; instead of referring to Tigist and her brother Yohannes as living in a "child-headed household," Nolen contextualises the society that has made child-headed households a commonplace; instead of telling us that Mpho Segomela was just another child who died of HIV/AIDS, she tells us "her favourite story" about the time that Mpho bought a bag of candy for all of the kids at school (255).

Out of the 28 stories in the book of the eponymous name, I have chosen to closely examine five stories that focused primarily on scientific research and treatment in order to develop a more direct comparison with the news articles of the same focus. Given the reiteration of the military metaphor within biomedical discourse, I was also interested in specifically looking at how the military metaphor may have been adapted in stories that show how the challenge of HIV/AIDS has led to less "objective" scientific or more biopsychosocial medical approaches. In addition to examining Christine Amisi's story, which focuses on her role as a physician in the conflict zone of Bukavu, in eastern
Congo, I also examine the story of Pontiano Kaleebu, a vaccine researcher in Entebbe, Uganda; Agnes Munyiva, an “immune” sex worker in Majengo, Kenya, and subject of western research; Ida Mukaka, an HIV/AIDS counsellor in Lusaka, Zambia; and Moleen Mudimu, an individual dying of HIV/AIDS in Mabvuku, Zimbabwe, because she cannot afford ARV treatment. In these stories, metaphors that work in opposition to the military metaphor include HIV/AIDS research as a dance or a hunt; vaccine development as a “trick” and the perfect HIV/AIDS vaccine as fantasy; economics that influence research as “cold”; immunity to HIV/AIDS as a “callus”; antibodies as “guardians” situated on a “raft”; and HIV/AIDS treatment as a drug “cocktail” and as “magic.”

While ARV treatment is the most successful medical response to HIV/AIDS so far, vaccine research is an alternative area of scientific study that has the potential to prevent HIV from being transmitted in the first place. While failed vaccine trials are covered profusely in the media, the hope of eventually finding a vaccine is rarely reported in the news. However, Nolen’s inclusion of Pontiano Kaleebu’s story in chapter sixteen reminds us of the potential for medical intervention through the discovery of an effective vaccine, as well as foregrounding the fact that HIV/AIDS is being researched by African - and not exclusively western - scientists. The pervasiveness of the military metaphor in immunology is articulated in Pontiano’s description of HIV as his “foe” (209), and HIV as always having “one more manoeuvre in its arsenal” (209), which situates the virus as an enemy in the sense of both strategy and military action. However, these metaphors are each followed by alternative ones, showing how military metaphors may overlap with other modes of conceptualisation. After describing HIV as a foe, Nolen describes Pontiano’s interaction with HIV as “a long, slow dance in which he and HIV are engaged” (209; emphasis mine). Similar to the metaphor of being involved in a long conversation with HIV, the image of a dance emphasises the ongoing nature of the virus. The dance is “long” and “slow,” which draws attention to the complexity of HIV/AIDS by
connoting a sense of interplay between the virus and the researcher as well as the people that it affects. Unlike the military metaphor, the metaphor of HIV/AIDS as a dance functions in lieu of the goal of conquest, mastery and eradication. Pontiano is a researcher at the Uganda Virus Research Institute, with a PhD in immunology and virology; however, as Nolen describes Pontiano and his work, she continues to layer biomedical constructions and military metaphors with other ways of thinking about Pontiano's research, pointing out the unknowns in the path to discovering a vaccine, and positing the vaccine efforts alongside economic constraints as well as psychosocial and ethical issues. In order to describe how conventional vaccines work, Nolen writes, “a vaccine is, in essence a trick: it is made up of all or part of a microbe, killed or altered so it can’t cause infection, and introduced into the body which thinks it is being attacked and provides an immune response - making proteins called antibodies to wipe out the invader” (210-211; emphasis mine). Here, Nolen combines the metaphor “trick” with the military metaphors commonly used to describe immunological processes. By framing the description of military metaphors and immunology with the description of a vaccine as “trick,” Nolen complicates the attack/defence dichotomy, introducing the role of the researcher who performs the trick and complicating the agency that is often attributed to the virus as an enemy.

To think of HIV as if it were a single virus, she suggests, limits both scientific efforts and discursive frames. In fact, Nolen uses Pontiano’s story to explain that “[t]here are two different types of HIV, which have only 43 per cent of their genetic material in common - and within those types, there are many different subtypes, or ‘clades,’ which also differ in their makeup and cause the disease to progress in different ways” (213). Here the “makeup” works both literally and metaphorically, as HIV is described as both being “made up” of genetic material and wearing “makeup” in the sense of being masked and mysterious. While the different strains of HIV are rarely distinguished in discourses
of HIV/AIDS, Nolen contends that these strains have rarely been distinguished in science either, claiming that “[s]cientists don’t know whether a vaccine made to target one subtype of the virus will work equally well against all the others” (214), and that research to figure this out has only started recently. While medical practise has adjusted in African countries in terms of treatment provided by MSF, scientific research has likewise had to adapt to the challenge posed by HIV/AIDS in making a vaccine. Nolen writes “[t]he perfect vaccine would block HIV infection in every single case. But that scenario, Pontiano said, is a fantasy” (216), metaphorically drawing attention to the naivety of thinking about science as attaining perfection in the context of HIV/AIDS. Since a perfect vaccine seems to be very unlikely at this time, researchers are hoping for results of even 40 per cent efficacy in order to reduce transmission even if they cannot prevent it completely, lowering the standards of what is considered scientific “success.” Dispelling the myth of scientific objectivity, Nolen points out that Pontiano continues to look for a vaccine after twenty years, revealing a very human aspect of science by focusing on the subject who performs the scientific research. Pontiano’s story expresses a sense of hope, because Nolen contextualises the vaccine trials into a progression toward the prospect of eventual success.

While Nolen draws attention to the challenge that HIV poses to “science” in the context of HIV/AIDS research, another factor in the limited progress of the vaccine, discussed in Pontiano’s story, is the economy. After explaining that Pontiano has been concerned about the ethics of his research, particularly the question of whether or not his research participants will have access to the HIV/AIDS vaccine should he find it, Nolen says “[c]old economics has largely resolved that problem” (218), implying that economics are detached from the humanity - the researchers and the sick - involved in research efforts. Nolen further states that, until recently, vaccine research was largely underfunded because treatment is more profitable for pharmaceutical companies than
vaccination, which usually only requires a one-time dose. However, she explains that the International AIDS Vaccine Initiative has now stepped in to say that “any finished product must be priced within the reach of the poor, or else [they] can take over production” (219). Through this statement, Nolen points out that some progress has been made on an international level. The fact that Nolen does not use economic metaphors in the story reflects Pontiano's own focus on the research and the people that he is trying to help. Funding is a big issue in vaccine research; however, Pontiano is characterised as performing his research for reasons that go beyond monetary rewards.

Throughout *28 Stories*, Nolen continues to show how complex HIV/AIDS is and to question commonly held assumptions about the disease. Challenging the notion that everyone who is exposed to HIV gets HIV/AIDS, Nolen draws attention to “discordant couples” in the context of Pontiano's research - where one member of the couple is positive and the other is not despite repeated exposure - suggesting that immunity is possible. Likewise, Nolen also draws attention to the possibility for immunity to the virus in Agnes Munyiva's story, featured in chapter 18. To describe Agnes's resistance to HIV/AIDS, Nolen uses the metaphor of immunity as a “callus” and antibodies as guardians, gathering on a “raft,” layering a more creative metaphor with the military metaphors commonly associated with immunology. She writes

Agnes has, in effect a *callus*: the first time she was exposed to the virus, her body produced enough *killer T cells to fight it off* [...] but Agnes's body, it seems, not only produced sufficient and strong enough cells to *fight the virus* off the first time, it then produced a whole raft of those *killer Ts*, *flooding* her system with *guardians* whose sole brief was to keep an eye out for cells infected with HIV.

(243; emphasis mine)

The layering of a set of established military metaphors associated with immunology, such as “killer T cells,” with mentions of a “callus” that protects Agnes from the disease
and "guardians" that keep an eye out for HIV cells, reflect the complexity of Agnes's immunity to the virus. As "guardians" rather than "warriors" or "fighters," her own cells are constructed as more unified in her body, contradicting the "us"-versus-"them" depiction that normally accompanies immunological descriptions of HIV/AIDS.

As a sex worker in Nairobi, Kenya, Agnes "had been routinely exposed to HIV over a decade or more" (247) without contracting the disease. While she has become an important subject of research, checking in with researchers at a clinic for over twenty years, she continues with her life as before even though she and others in the same situation "would like nothing more than to get out of sex work" (251). From a biomedical perspective, it is important not to change Agnes's position because she is of value as a subject of research; however, the ethical dilemma of profiting from Agnes's sex work by accumulating data regularly draws attention to the potentially harmful effects that may emerge out of a purely biomedical focus. Unlike the discordant couples discussed in the chapter featuring Pontiano, Nolen suggests that studying Agnes's immunity is exploitative; while her immunity to the virus does suggest that there is some hope that broader immunity may be possible, the fact that Agnes has been studied for such a long time without any explicit change in her situation and with no direct compensation for her role as a research subject demonstrates a compromised sense of ethics in the research.

Although Agnes's story shows the drawbacks of focusing exclusively on biomedical research, Nolen provides an alternative perspective to healthcare in her attention to the psychosocial aspects of HIV/AIDS in Ida Mukuka's story in chapter 22. Here, Nolen layers the medical contexts with the experience of an HIV/AIDS counsellor in Zambia. Ida became an activist after her brother died of AIDS, and was practising as a counsellor when she found out she was HIV-positive. Known as an individual who "could work magic" when it came to convincing others to test for HIV and accept their status if it turned out to be positive, her story emphasises the fact that these tasks are
not easily performed. At the same time, Ida's own difficult experience demonstrates that even role models and educators in the context of HIV/AIDS are susceptible to both the biomedical transmission of HIV and the psychosocial effects that accompany diagnosis. Ida's role is posited as a vital one, one that emphasises the importance of addressing the psychological and social concerns raised in Nolen's account of Ida's attempts to counsel and encourage others. Ida is described as a warm and comforting individual with "weapons" that equip her to handle the many different situations that the people she counsels present to her.

Ida is warm and comfortable talking to people, quick to squeeze a hand or give a shoulder a comforting pat, and it is easy to see why she makes a good counsellor. But those attributes mask her real weapons: acting skills worthy of Broadway and the mind of a military strategist. Each time a weeping woman turned up in her office, telling Ida she had tested positive and that her husband had beaten her or chased her from their home, Ida leaned across the desk, narrowed her eyes, and started to scheme. (289; emphasis mine)

This description of Ida's character and her "weapons" (being able to handle the problems that individuals diagnosed with HIV/AIDS bring to her) demonstrate that even within the context of the "fight against HIV/AIDS," there are elements of HIV/AIDS that go beyond biomedical practise. By using this story to represent the psychosocial context of the pandemic, Nolen implicitly draws attention to the problem of stigmatisation that the counselling process works to overcome, pointing out the significance of paying attention to these aspects when considering how to react to HIV/AIDS and suggesting that Ida performs "magic" in using these "weapons" to help people to feel differently about their HIV/AIDS status. At the same time, the idea of "magic" refers to the effects of ARV treatment that people receive at her clinic, making people who may have been very ill and would otherwise have died from HIV/AIDS well again.
As examined in the Introduction, Christine Amisi’s story produces a biopsychosocial discourse through the discussion of the medical actions of MSF that have successfully adapted diagnosis and treatment to the conditions in the conflict zone of Bukavu, Congo, but it also draws attention to the actual military context in the Congo that makes this change in treatment strategies necessary. In Christine Amisi's story, ARV treatment is described as a “drug cocktail,” reinforcing “the dominant thinking in the developed world that AIDS treatment was a luxury that simply could not be provided in poor countries” (107). While treatment is referred to as a cocktail because it is a combination of drugs that are mixed as a cocktail would be, the word “cocktail” also implies a sense of higher-class and luxury because it is usually the higher classes that are associated with drinking “cocktail” beverages. In Christine Amisi's story, Nolen uses the term “drug cocktail” in the context of an argument that militates against providing treatment to poor countries and describes treatment as a “luxury,” medications as “sophisticated” and administration as needing to take place in “top-class medical facilities” (107). While MSF has largely opposed this way of thinking by showing that treatment can be just as effective in poor countries as it is in developed ones, the story of Moleen Mudimu in Zimbabwe, featured in chapter 25, reminds readers that ARV treatment is far from universally accessible in Africa. Nolen describes Moleen as the sickest person that she has ever seen - because she does not have access to treatment. She describes the situation of visiting Moleen and her husband with the following image: “Moleen, at thirty-two, was dying from AIDS, and the drugs to keep her alive, to make her well, were for sale at the pharmacy just down the road” (322). Further tracing the decline in what used to be very good healthcare, now a “fractured health system” (326), she claims that the economy under Robert Mugabe diminished to the point that healthcare is no longer available:
Zimbabwe’s health system collapsed right along with the rest of the country. Clinics that had had 100 per cent coverage in their measles and polio vaccines stopped inoculating children after the vaccines spoiled without the electricity to run freezers. Grass grew up around the ambulances at rural hospitals because there was no gasoline. And Zimbabwe’s nurses and doctors fled the country for vastly better pay in South Africa or England, or went on strike because inflation rendered their chronically late pay packets worthless by the time they arrived.

(325)

As a result, people like Moleen continue to go without treatment. However, Nolen explains that health care should not be an “unobtainable luxury” (323), calling into question the problematic way of thinking about HIV/AIDS treatment that is constructed through the metaphor of the “drug cocktail” in Chrisine Amisi’s story. These circumstances contextualise Moleen’s inability to access the drugs that Nolen claims she should be able to afford; because of inflation, Moleen does not have enough money to buy the medication she needs. While Christine Amisi’s story and the stories of the women of the Bambanani Women’s Group featured in Long Life demonstrate the biomedical and psychosocial benefits of access to ARV treatment, Moleen Mudimu’s story draws attention to the fact that ARV treatment is still only accessible to a minority of individuals due to complex economic and political reasons such as the circumstances outlined in Zimbabwe through Moleen’s story. Like Tamara Kalipa’s story discussed in the last chapter, Moleen’s story reproduces sorrow and silence that appear to be difficult to express metaphorically, once again drawing attention to the potentially reductive process of using figurative language. Nolen describes Moleen as follows:

In seven years of reporting on AIDS in Africa, I had never seen anyone as sick as Moleen. She was so thin that the flesh sank into a crevice between the bones of her forearms. Her hair was gone, her eyes were enormous. [...] She wore a
bright red cotton nightgown that didn’t quite reach her kneecaps – they jutted out of her fleshless legs like golf balls. (321)

While it may technically be a metaphor referring to drowning or sinking below the surface as in death, the term “sank” also quite literally describes the sinking of Moleen’s skin in between her bones. The more pronounced metaphor in this passage - the simile of Moleen’s kneecaps jutting out of her “fleshless legs like golf balls” - shows the limitations of metaphor in trying to describe something that must be so incomparable to anything else. Imagining Moleen’s knees like golf balls here emphasises just how sick Moleen is. It is an ironic image because we know that she will not have the chance to play golf, and that she can barely even sit up.

While Moleen’s story in 28 Stories shows just how important MSF programs that provide access to treatment are by telling the story of someone who will die without them, Long Life, created by Jonathan Morgan and the Bambanani Women’s Group through the Memory Box Project, funded by MSF, shows how important access to treatment is by demonstrating how successful it can be in lengthening and improving the quality of life for people who have HIV/AIDS. The Memory Box Project, located in Khayelitsha, a township near Cape Town, South Africa, is a counselling practise that used to focus on helping people who were diagnosed with HIV/AIDS to make Memory Boxes or Memory Books in preparation for their expected deaths. However, Long Life documents a change in the effect of being diagnosed with HIV/AIDS, due to ARV treatment made accessible to all of the individuals who participated in making this book. With ARV treatment, Body Maps encourage a focus on life instead of preparation for death. The Bambanani group in South Africa represents only a relatively small number of people who have access to treatment, and this book serves as testimony to their experience. The importance of accessing ARV treatment is emphasised throughout the
book and its effects are demonstrated in all of these women who have begun to live a "longer life."

In addition to showing the effectiveness biomedical drugs, Long Life highlights the importance of psychosocial support, suggesting that no one aspect of treatment works on its own. Even in the context of therapy, many methods were combined in the making of this book: "The end product and the ways we got here hold strands of art therapy, narrative therapy and body work" (8). Here the metaphor of therapy as being composed of "strands" draws attention to layering or interweaving of approaches to - and resulting discourses of - HIV/AIDS. While letters from the three doctors from MSF are included in the book, and the therapists - Jonathan, Kylie and Jane - are also given a chance to speak as facilitators in the conversations recorded in the book, the majority of Long Life is structured to encourage people with HIV/AIDS to speak for themselves. Each of the 13 stories is supplemented by the inclusion of their body map image and of handwritten drafts of their stories as graphics. There is also a lack of grammatical editing in the body of the narratives which has ensured that the narratives are published in the exact words that the individuals who are telling their stories have used.

The motivation behind documenting the body map workshops into a book was to give a public voice to people with HIV/AIDS who might not otherwise have one, and to reach a broader readership to tell them that people can live “positively” with HIV. While they have not even disclosed their HIV status to their families, even withholding their African names so as not to be identified, many of the women featured in this book have participated in the book in the hopes of promoting a more supportive environment where people can disclose their status without fear of being stigmatised. The preface to the book suggests that it is intended to reach a broader audience and I argue that it is the type of book that should be circulated further to help people in other countries to understand how HIV/AIDS is experienced by people who live in South Africa. The first
page of *Long Life* is complemented by a photograph of 5 pairs of hands arranged in a circle, visually uniting the group, introducing the support group context of the book, and inviting their readers into their circle. In the middle of the image of their hands, the Bambanani group has stated its intentions for the publication and circulation of the book:

> We Bambanani women are making this book because we want to teach people living with HIV how to live with HIV. And to also teach those who are not living with it how to survive. And to let people know that we positive people are getting a treatment to help us live longer. We want to tell the whole world that we are many and we are working. We are healthy. Also we want our stories to be published in other countries. For those who are positive to not lose hope, maybe someday we will get a cure. We want people outside to know that it is not the end of the world. You can live as many years as you want. (5)

Addressed to both a South African and an international readership, the group wants to tell people with and without HIV/AIDS that people on ARVs are healthy. Not only are these women living with HIV, but, as they state in the above quotation, they are teaching other people to live with HIV too. As the first women to participate in the Body Map workshops that inspired the creation of this book, all of the women who contributed to *Long Life* were trained to lead additional workshops for others. While the body map workshops continue, fulfilling the group's hope to teach other people to live with their status, their aim to circulate the book in other countries has been limited. It was only circulated in South Africa before going out of print. Nevertheless, the unique structure and combination of discourses in *Long Life* say something about what it is like for people who live with HIV/AIDS in South Africa. Unlike *28 Stories*, all of the stories included in *Long Life* offer different perspectives of individuals living with HIV who are both receiving ARV treatments and working with *MSF*. In addition to the doctors, therapists and facilitators that were a part of the project, the book includes narratives of Thobani,
Nomawethu, Nondumiso, Victoria, Noloyiso, Bulelwa, Thozama, Bongiwe, Ntomizodwa, Maria, Nomonde, Ncedeka and Babalwe. Because the book documents a workshop where everyone interacts together, it was difficult for me to choose just a few perspectives to focus on. As a result, I have tried to focus on the group as a whole, as representative of the “Bambanani group.” Like 28 Stories, military metaphors still pervade a number of descriptions of HIV/AIDS; however, also like 28 Stories, these metaphors are layered with other metaphors, adding to the complexity of experiences narrated. In Long Life, the metaphors that suggest other ways of seeing include the ARV medicine case as a “lunchbox”; HIV/AIDS as a “snake”; HIV/AIDS as “fire”; HIV/AIDS as a “storm”; and ARVs in terms of strength and consumption.

As discussed in the context of Christine Amisi’s story in Stephanie Nolen’s 28 Stories of AIDS in Africa, patients that qualify for treatment at MSF are expected to be active participants in their own health care, and this biopsychosocial approach to healthcare is constructed as having contributed to an exceptionally high adherence rate to treatment. In his letter to the group, Dr. Herman Reuter refers to his very specific fight to provide access to ARVs, invoking the common military metaphor. He says “[t]he one thing that has made my patients respect me is my fight for the right of all South Africans to have access to ARVs. This is a fight for life” (49; emphasis mine). As in the military metaphors used in Canadian news articles, the term fight is connected with the discourse of biomedicine; however, the specific fight - the fight for access to treatment - is unique. In contrast to the Canadian news articles focused on in my study, in which ARV treatment was not specifically referred to, Reuter’s use of the military metaphor calls for action by providing access to treatments that already exist as opposed to reiterating the biomedical fight. In this case, the fight for access has nothing to do with biomedicine, and everything to do with politics and economics. Commenting on the role of doctors and their effect on her life, Victoria explains that “Herman is a great man. If
you lived in Khayelitsha you would know that we don’t call him Herman. We call him Themba. It means ‘hope’ in Xhosa and that’s what he brings us, he and the other doctors who provide ARVs and give us access to treatment” (53). Metaphorically viewing doctors in terms of hope, Victoria demonstrates the affect of having a clinic like the one run by MSF in Khayelitsha.

As does Themba, Victoria uses the military metaphor to reflect the broader social definition of what “fighting against HIV/AIDS” means. She says that “[w]e are trained by the Memory Box Project to do things that help win the fight against HIV and AIDS, mostly teaching other people the Memory Box work and doing field work for researchers” (56; emphasis mine). Thus “the fight” is constructed as a collaborative effort in Long Life; Themba makes a case of the need to provide access to ARV treatment, while members of the Memory Box project fulfill the role of educating others. However, like Canadian discourses in the media, biomedical defences are still constructed as being of the highest priority. In Ntombizodwa’s message to the government, she says, “South Africans must respect the MSF who bring us the weapon to fight our enemy” (157; emphasis mine). This is followed by an appeal to her government to “take two hand of the MSF they help your people’s lives” (157). Ntombizodwa’s appeal suggests that in addition to scientific advancements that make treatment available, people need to be willing to admit their status and the government needs to be interested in providing access to treatment, in order to make it possible to distribute.

Françoise, another doctor from MSF, expresses frustration that HIV/AIDS is still a fatal disease in Africa compared to its status as a chronic illness in Western countries where ARVs are more accessible. While the slow discursive conversion of HIV - from a fatal disease to a chronic illness - is alluded to in Maria’s paraphrasing of her counsellor who told her that HIV is like sugar diabetes, the limited access to ARVs in South Africa and other countries in sub-Saharan Africa is a factor that has inhibited this process.
Amongst a list of her experiences as a doctor, Françoise writes about “[a] patient with zero CD4, not one single piece of defence anymore, who stands still, and tries to exert pride and dignity, as well as her will to fight” (74; emphasis mine). Françoise points out that the will of her patient was not enough to “win the fight” against HIV/AIDS without treatment. Remarkning on the many people who still die in South Africa without access to treatment, Françoise explains that

[h]uman ghosts are haunting our corridor every day and I wish it would not be the death row sometimes. I get angry against the emptiness when I can hear about a chronic cough, the chronic unbearable pain, the chronic diarrhoea, when I am the last hope, the last chance and I know it is already too late. (74)

Françoise refers to people in the last stages of HIV/AIDS as “human ghosts” which is symbolic of the difficult deaths that people without ARVs face. In doing so, Françoise conveys her own disappointment with not being able to save them despite the expectations of her role as a doctor. Françoise further expresses her frustration by claiming that “MSF decided to challenge the passive killer, the South African government, to make ARVs available to some of our patients” (74, emphasis mine), but she notes that there are only “400 slots” and this is not enough to make ARVs available to everyone.

Despite the many claims by the members of the Bambanani Women’s Group included in Long Life that they did not understand HIV/AIDS before they were diagnosed, every narrative included in Long Life provides evidence that they understand it now. This is reinforced by each woman’s specific knowledge of the names the drugs that they are taking. In Bulelwa Nokwe’s story, she writes

I started ARVs the 4th of April 2002. I remember taking my pills for the first time.

I was given a pill box that has all the morning times and evening times and days of the week on it. It is big like a lunchbox. I was so excited that time I took the
pills for the first time because now I qualified and I knew I would not become sicker like before. I was on Nevirapine and combination AZT and 3TC, but after a month I was sick, I had sores all over my mouth. I couldn’t eat and my doctor, Themba, told me he’s going to change the Nevirapine to Efeverenz. Right away the sores went. (84)

Bulelwa associates her pill case with a “lunchbox,” producing a comparison between ARVs and food, drawing attention to their shared quality of sustenance or nourishment. Bulelwa’s narrative describes the work of the MSF in designing a program that encouraged her participation. Her knowledge of the drugs that she is on and the difference between the ones that are more and less effective for her act as testimony to just how effective the program is.

Each individual’s body map involves a visual production of the virus in her body, usually drawn as dots outlining the body, and each accompanying narrative describes the virus in some way. Nomawethu draws a snake to show how she perceives the virus; she says: “[i]n my opinion the virus look like a snake. You can’t see it and it’s moving in the secret ways and the dark ways” (23), suggesting that HIV/AIDS is somehow sneaky and mysterious, like a snake. Because she also refers to the snake as moving in “secret” and “dark ways,” she is also using the snake to refer to HIV/AIDS as evil. However, a second picture shows her standing on top of the snake with an explanation that “This virus is a destroyer but I destroy the virus too” (23), suggesting that access to treatment has altered the way that she conceptualizes her relationship to HIV. In a sense, this also means that she has conquered evil, which, in the context of the “cold economics” of HIV/AIDS, may also refer to overcoming the many obstacles that political, economic and social circumstances play in keeping ARV treatment away from people in African countries.
Bongiwe, on the other hand, draws a picture of a fire to illustrate her understanding of the virus, explaining, "[i]n my picture the HIV looks like fire because I felt that it was like something was burning inside because I had lots of pains in my body. But now I cannot feel it because I am healthy" (107). In this description of the virus as a fire, Bongiwe uses the sensation of "burning" to describe how HIV/AIDS felt before she received treatment. In her narrative, Noloyiso's uses the metaphor of HIV/AIDS as a storm to describe her experience with HIV/AIDS. She writes, "HIV, it's like one word, but lots of sickness. I represent HIV like a storm. If a storm comes, there is heavy rain, thunder, storms, lightening and wind. I represent HIV like that. I did have rash, thrush, falling of hair, coughing and headaches" (67). Here Noloyiso uses the image of a storm to represent the many symptoms that accompany HIV/AIDS when it progresses. Both the metaphor of HIV/AIDS as a fire and as a storm conceptualise HIV/AIDS as a natural phenomenon and, in turn, suggest something about the lack of control that these people must have felt when their infection was at its worst; they contribute to the description of pain and experience, but they also construct HIV as having lasting effects that take time to heal. Often it is not until after a fire is put out or a storm is over that a full survey of the damages it has caused can be seen. In this project, only a few people are receiving ARV treatment compared to the rest of the population, so it is just the beginning of change. As the group attempts to recover from the effects of HIV/AIDS through its efforts at medical and psychosocial treatment, these metaphors express recognition that this cannot be an instantaneous transformation.

Maria's body map has red dots all over it; she says, "[t]hese dots I think it's where the virus lives" (125), constructing HIV as a living entity inside of her. Nondumiso's body map and accompanying narrative include both the virus and the ARVs, suggesting that the ARVs have changed the way that she views HIV. Nondumiso says, "On my picture I drew the virus - it's the small blue dot. The white is my blood. The red circles are the
ARVs eating the virus, and the virus is going down. The ARVs are strong” (41; emphasis mine). Here it is the ARVs that are being metaphorically constructed as consuming HIV, demonstrating that treatment enables the production of different ways of thinking about illness, inspired by a biomedical approach to illness, that enable her to focus on the treatment more than the virus. Although this metaphor is problematic in that it serves to perpetuate ideas of “us”-versus-“them” where the treatment is used to “fortify” us with its “strength,” the hope that accompanies “winning the fight” shows the potentially empowering effects of the military metaphor when we can construct “us” as victorious, demonstrating one reason why it continues to be circulated.

Because of the limited formal education of many of the women whose narratives are included in the book, in combination with the fact that English may be a second or third or fourth language for them, their unedited narratives serve as further testimony to their experiences of living in a country where it is difficult to pursue a high level of education. While most women do mention education in their personal stories, many of them also mention the limits to their education and describe one reason or another - usually financial reasons or pregnancy - for why they had to stop going to school. For example, Noloyiso explains that after meeting her boyfriend, “[t]hat year in Standard 9 in 1989 I fell pregnant and I had to leave school to have the baby. I finished Standard 9. The next year in 1990, I didn’t go back to school and in May I had the baby” (64). And she herself adds that “[m]y story is similar to other women in this book. Get pregnant young, don’t finish school, find out we are positive, lucky to find work, like that” (65). Here Noloyiso’s attention to the commonness of the women’s experience demonstrates that early pregnancy and a lack of education may be contributing factors to the difficulties that other women in South Africa may have encountered in their lives. The rhetorical phrasing of pregnancy, which stands out in nearly all narratives of these women, and is a common expression in South Africa, is that they “fell pregnant.” The
conditions of sexuality that are constructed throughout the narratives suggest that their lack of education may contribute to their lack of contraceptive use and subsequent lack of female independence. Despite the commonness throughout the narratives of all twelve women in the group, many experienced painful consequences as the result of pregnancy at a young age. Bulelwa explains that

As I was growing I had ups and downs. I fell pregnant at age 16. That time my mother and father had separated and I was staying at home with my father by force. Things were not going well. I was staying with my grandmother and she beat me, saying why I do those things that made me pregnant at that age. (82)

This passage sets up the context where stigma and violence are often interconnected around sexuality. In a conversation, the women all reveal that they know someone who has been stigmatised or worse when they disclosed their status. Bulelwa says, “Gugu Dlamini was murdered when she disclosed her status” (171); and Thozama admits that “I have told no one [...] just this group” (171). In her narrative, Thozama elaborates on why she has not disclosed her status outside of the group explaining that her husband has requested not to know so she cannot reveal it to anyone: “My husband, I asked him to come and draw some blood for HIV testing. He said he was not ready for that. I said, ‘I am ready.’ He said, ‘If you go, when you come back you mustn’t tell me, because I can’t sleep with someone who is positive” (96). Thozama’s husband shows a desire for ignorance, as well as the way that silence can support ignorance in a time when knowing one’s status can save lives, especially when treatment is available. Susan Sontag, in AIDS and Its Metaphors, says that such stigma will decrease once treatment is found; this book offers testimony to this idea at the same time that it shows how slow the process of decreasing stigma can be.

Common to all women in the book who have children, each is concerned with whether or not they have passed on the disease to their babies. However, the narratives
of the women included in this book suggest that often the women have little choice in deciding when they have sex, and whether or not their partner uses a condom, because they are pressured by and expected to concede to the men in their lives. Patriarchal discourse is invoked throughout the text and it is predicated by the information that the support group is made up of women only. While Jonathan makes it clear that they would have welcomed a male perspective, the only man who initially signed up for the group left an unfinished painting. Jonathan contends that “Most men don’t want to know their HIV status and only present for treatment when they are very sick, which is often too late. As a result HIV-positive support groups are mostly made up of women” (14).

Evidence of men being even more reluctant to talk about HIV/AIDS than women is supported by the narratives of the women throughout the book. Many of the women’s husbands do not even want to know their wife’s status, but it is most often the men who pass HIV onto them. In a dialogue, Thozama says to Bulelwa that “it is usually our men who are positive and who infected us” (91). And yet the group lacks a male perspective to counter or to further contextualise that opinion. In this discussion, Bulelwa expresses her fear that the man that she has started dating might have “run” when she told him she was HIV-positive, and Nomonde replies that it is difficult to know when to tell someone because “if you do it as soon as you meet someone you might just lose him [...] but if you do it later and he runs away you have wasted all that time” (91). Here Nomonde expresses time as having a finite value by referring to the possibility of “wasting it.” At the same time, she reiterates Bulelwa’s use of the term “run” away, which connotes ideas of fear associated with the stigma of HIV/AIDS. In the context of HIV/AIDS, relationships are complicated because of the transmission of HIV/AIDS through sexual contact. The fact that Thozama suggests that it is usually men who infect women draws attention to the idea that they would prefer not to take responsibility themselves, and
suggests that it is somehow easier for them to cope with having HIV/AIDS if they are able to transfer blame to someone else.

In both 28 Stories and Long Life, the discussion of healthcare is expanded to include the biomedical as well as psychological, social, economic and political contexts of HIV/AIDS. Maintaining a critical distance when talking about biomedical practises in 28 Stories, Nolen challenges the claims of objectivity constructed by biomedical discourses in the media. While Nolen claims that the reason that she chose to write 28 stories is to represent the 28 million people living with HIV/AIDS in Africa, she acknowledges that even the number of 28 million is an approximation. Arguing that statistics are not effective at eliciting a response on their own, Nolen points out that despite the staggering number of 28 million people who are known to have HIV/AIDS in Africa, “[t]he African pandemic is as much of a crisis with twenty-eight million people infected as it is with twenty-three or thirty-three million” (17). Further criticising the relative lack of response to the pandemic to date, Nolen argues that “[t]he inaction of the previous two decades is ample proof that numbers alone, no matter how high, are not enough to motivate us to respond in any adequate way to the crisis” (17). Implicit in the suggestion that numbers are not enough to motivate an active response, objectivism, fostered by news conventions and the overuse of biomedical discourse, is posited as resulting in the same passive complicity, which she aims to overcome in her appeal to readers to respond actively to the pandemic.

As a life narrative, Long Life offers insight into what it is like to live with HIV in Khayelitsha, South Africa, by drawing connections between the reader and the members of the Bambanani Women’s Group and inviting the reader to engage in reading the dialogues and the stories that are put forth. Using first person pronouns that allow us to get to know each of the women, and including us in their conversations by addressing the reader as “you” with instructions in the opening pages - “When you see a face with a
speech bubble near the writing, it means that person is the one *talking to you*" (10; emphasis mine) - the Bambanani Group ensures that we are active participants in reading their story. While the work of MSF demonstrates international intervention, *Long Life* also makes an appeal to the Mbeki government, showing that aid can be limited by African countries themselves based on their socio-political context. The most important cultural work that this text does is that it combines the discourses of biomedicine with those of psychological, social, political and economic circumstances to locate HIV in the context of the lives of people who live with it every day, which suggests that with access to ARV treatment - which requires a combination of all of these perspectives - HIV need not be a terminal disease, a revolutionary turn in the way that HIV/AIDS can be conceptualized. Through the collaborative effort of the MSF and their biopsychosocial approach to medicine, *Long Life* works to culturally reconstruct the pandemic so that it can encourage people living in African countries to seek out the services that are available to them. This text also attempts to show that, despite the challenging circumstances of poverty and lower average rates of education, individuals living with HIV/AIDS in African countries have the same right to access medication and social support as anybody else. Even though each of the metaphors that I examine tells us about some aspect of the group’s experience, the whole text is far more than the sum of its parts. Through the personal narratives articulated by the individual members of the Bambanani women’s group, as well as the interwoven narratives from members of the MSF and support therapists, HIV/AIDS is discursively produced within a context of socio-political and economic complexity. Encouraging readers to recognise that treatment has changed the way that people experience HIV/AIDS, *Long Life* also opens up the possibility for more beneficial discourses to develop in the context of talking about the pandemic.
Appealing to an audience that has chosen to learn more about HIV/AIDS, both *28 Stories* and *Long Life* include glossaries of terms. *28 Stories* also includes a section devoted to “How You Can Help,” and another section that directs readers to further resources entitled “Where You Can Learn More.” This suggests that Nolen’s encounter with the reader is part of an ongoing process of learning and responding to the pandemic, enacting the metaphor that she invokes in her introduction, of HIV/AIDS as a “conversation.” Likewise, *Long Life* documents the conversations that take place during body map workshops, enacting the same metaphor. At the end of *28 Stories*, Nolen addresses her readers directly, invoking the military metaphor to motivate action, contending that “[t]he most valuable thing that you can do to fight the AIDS pandemic in Africa is to talk about it.” Nolen draws attention to the importance of discourse in shaping our response to the pandemic and arguing that the role of discussing and thinking about HIV/AIDS is just as important as sending money or going directly to Africa where people who are not familiar with the cultures or language may be of little help. Nolen claims that talking more about HIV/AIDS will eventually lead to more pressure put on the government to react ethically to the crisis, emphasising the role of media, literature and discourse in influencing readers to reiterate and circulate more helpful discourses about HIV/AIDS. Similarly, *Long Life* also draws attention to the power of discourse to decrease stigma and help people to learn more about ARV treatment. That is, both works of nonfiction offer insights into the pandemic, suggesting that the more we talk about it, and the more we learn about it, the better we can react to it. By layering “factual” and experiential layers of the pandemic, both *28 Stories* and *Long Life* help us to understand HIV/AIDS in a way that moves beyond popular discourses circulated in the media and encourage us to respond accordingly.
In this thesis, I examine the discourses of HIV/AIDS in an African context that are produced in news articles, nonfiction and fiction genres. I argue that news writing produces dominant knowledge and meanings about HIV/AIDS — biomedical discourse and military metaphors — but that nonfiction challenges dominant discourses by offering biopsychosocial considerations as an alternative to strictly biomedical approaches to HIV/AIDS. While the military metaphor is still dominant in the nonfiction texts I examine, it is layered with other metaphors producing multivalent conceptualisations to the disease. Throughout this thesis, I have looked at the genres of news writing, nonfiction and now fiction as if the distinctions between genres were discrete. However, from a socio-rhetorical perspective, this is not necessarily the case. As Carolyn R. Miller argues in her article, “Genre as Social Action,” “a theoretically sound definition [of genre] must be centred not on the substance or the form of discourse but on the action it is used to accomplish” (24). In fact, she argues that genres (typified, recurring actions) define situations, and thus enable and constrain our perspectives about them. Thus, I contend that the majority of the news articles I looked at function together in a genre that performs the act of reinforcing dominant ways of thinking with the motive to inform our established views, whereas the nonfiction texts I look at challenge dominant ways of thinking by presenting a viable alternative to biomedical discourse by overlapping it with other factors implicit in approaching HIV/AIDS from a biopsychosocial perspective. While we might expect fiction and poetry to challenge the dominant modes of conceptualisation even further, I argue that this is not necessarily the case.

In this chapter, I look at two fictional texts that perform very different socio-rhetorical acts. *The Constant Gardener*, published in the United States by British author
John Le Carré, is a work of popular fiction made into an Academy-Award winning movie. *Nobody Ever Said AIDS*, compiled and edited by Nobantu Rasbotsa, Meg Samuelson and Kylie Thomas is a collection of stories and poems from sub-Saharan Africa, which was motivated in part by the lack of writing about HIV/AIDS in English, beginning a new genre instead of entering into a popular one. Both texts encourage us to think critically about the way that we understand HIV/AIDS. However, *The Constant Gardener* reinforces popular discourses as news articles do whereas *Nobody Ever Said AIDS* provides a proliferation of discourses, showing that there are many ways of conceptualising experiences of HIV/AIDS - some beneficial, others harmful. Miller's further argument that "if genre represents social action, it must involve situation and motive, because human action, whether symbolic or otherwise, is interpretable only against a context of situation and through the attributing of motives" (24) suggests that recognising the recurring acts that constitute genre can help us to interpret and respond to the discourses produced by the typified genres. I argue that *The Constant Gardener* limits our response as news does, opening up additional ways of thinking about economics and complicity in that sense, but reinforcing the need for a "fight" against HIV/AIDS from a biomedical perspective. *Nobody Ever Said AIDS* opens up possibilities for response but can be limiting too through its intention to show the proliferation of discourses without directing us to a particular mode of response.

I have chosen to examine *The Constant Gardener* because it foregrounds the interdependence of economic, political, social, cultural and biomedical dimensions of the pandemic in Africa from the perspective of someone outside of it. Characters at the moral centre of this novel - primarily Tessa and Justin - are idealised according to their courage to discover and act against the unethical practices of the pharmaceutical company, ThreeBees, and their leaders. Although this novel is fictional, Le Carré includes an author's note at the end of the book, clarifying his position as an author while
at the same time drawing attention to potentially similar problems with the real pharmaceutical industry that were brought to his awareness during his research for the book. Thus, even though it is fictional, *The Constant Gardener* constitutes another "truth" that is useful because of its self-proclaimed subjectivity, encouraging critical thought through the unassuming context of entertainment. My exploration of this text begins by looking at biomedical discourse and the military metaphor that serves to divide "us"-versus-"them" through assertions of nationality and virus metaphors, then moves on to look at how "big pharma" and discourses of economics challenge biomedicine in the novel, how metaphors of religion emphasise corruption of biomedicine through economics, and the significance of nature/gardening metaphors in the novel.

Emphasising the connection between HIV/AIDS and Tuberculosis, most of the corrupt trials for Dipraxa, a drug that has been developed to treat TB, are taking place in sub-Saharan Africa because of the high occurrence of TB as a result of the high rate of HIV/AIDS. Like other texts examined in this thesis, Le Carré constructs HIV/AIDS as an unspoken but known condition common in Africa; the focus on Tuberculosis, the disease that is being experimentally treated, is constructed in terms of its status as an opportunistic infection that has a high rate of occurrence in Africa because of the related high rates of HIV/AIDS. The notes that Tessa records in her notebook about Wanza's death from TB treatment do not name its relationship to HIV/AIDS, but can be inferred by Justin's comment that it was possibly "Aids-related" (195). The discussion of TB as both a euphemism, and an effect of HIV/AIDS, is consistent with popular ways of talking about HIV/AIDS in Africa.

Le Carré uses illness metaphors to construct the context of HIV/AIDS and TB in the novel. Imaginatively elaborating on the accepted statements of that which can be said about HIV/AIDS from a Western perspective, Le Carré creates a scenario where the trusted objectivity of biomedicine has gone askew, foregoing responsibility to the sick, to
the concerned, and even to the scientists that enable biomedical production. When pharmaceuticals become a business, Le Carré demonstrates, there are many complicit actors involved. However, even while challenging biomedicine, the military metaphor is implicitly enacted through “us”-versus-“them” constructions that serve to reinforce colonial distinctions between what are referred to in the text as “Westerners” and “Africans.” Tessa is constructed as a “hero” and a martyr from Britain because of her attempt to fight for the rights of people in Africa. However, the role of Tessa, and later Justin, as “hero,” enacts the military metaphor by suggesting that it is the Westerners who need to solve the “problems” of Africa. Women mourning her death write that “Tessa fought for us no matter where the battleground, no matter what the taboo” (81). While Tessa is constructed as “battling” gender inequality as well as the ThreeBees pharmaceutical company responsible for conducting the Dipraxa trials, the wording of the phrase “Tessa fought for us” is problematic in terms of the agency of the women in Africa because it suggests that they did not or could not fight for themselves. While they serve as socially aware models for Western readers, Tessa and Justin also subsume the agency of the African people, locating power and knowledge in the West.

Both Tessa and Justin die as a result of their quest for social justice in Nairobi, Kenya, and throughout the world, where Dypraxa was being tested. As a result Tessa and Justin are constructed as heroes who act out against the complicity that surrounds them. The metaphor in the title - *The Constant Gardener* - is reproduced in the novel due to Justin’s continued interest in gardening before Tessa’s death. Sacrificing everything to ensure that his wife did not die in vain, Justin gives up this pastime and takes up the responsibility of finishing what Tessa started. Justin is still constructed as a “gardener” because where he once tended gardens “under Tessa’s doting eye” (501), he now tends to her unfinished affairs. However, Justin is only able to do this because he has the means. As a British officer, and with Tessa’s inheritance, he has the money to
make himself comparatively untraceable as he travels to Italy to read Tessa's notes and laptop, to Germany to talk to Birgit from Hippo, to Canada to talk to Lara Emrich and then back to Kenya and then the Sudan to find Lorbeer. Despite Tessa's apparent desire to help Kenya solve its own problems, Justin's journey suggests that the average Kenyan would not have the means to do it on his or her own.

Paralleling my own findings in news discourse, biomedical statements that employ the military metaphors are found explicitly in the context of a news article Justin reads from among Tessa's documents: “ThreeBees will be at the forefront in the fight against the terrifying worldwide rise in new strains of TB” (302). In Justin's final confrontation with Lorbeer, one of the chief inventors of the drug Dipraxa, the two men are described as “two victims of the same disease” sweating in the tent (636). This description is used here to refer to Justin and Lorbeer even though they do not have HIV/AIDS or TB themselves. These references reinforce the common conceptualisation of the sick as “victims,” extending it here to include all those affected by it.

In AIDS and Its Metaphors, Susan Sontag argues that panic over sexual transmission of HIV has manifested in the use of terminology such as computer "viruses," in the context of which “the only sure way to curb the threat of computer viruses, experts agree, is to not share programs or data” (Sontag 79). This type of panic, Sontag contends, fosters a sense of individualism and selfishness that facilitates stigma, separating “us” from the perceived threat of “them.” In addition to the context of HIV/AIDS and TB infection and treatment, everyone who has come in contact with Tessa electronically has communicated a computer virus that they discover after she is dead. When Guido discovers that his computer is “infected,” Justin responds by saying “[p]erhaps there was some bug in her machine that infected your machine. Is that possible? She picked something up and passed it on to your by mistake” (388). Paralleling the discourse of computer viruses to illness and “infection” implies that Tessa
"infected" Guido by mistake. Le Carré reproduces fear of virus transmission in the context of a computer virus, analogously reinforcing the fear commonly associated with disease.

While Le Carré’s author’s note assures us that his fictionally corrupt High Commission in Africa is not based on the real thing, he represents Western complicity in its most direct and exaggerated form in the novel. The setting of The Constant Gardener spans the globe from Britain to South Africa to Uganda to the Sudan to Russia to Canada, but the novel’s primary focus is on Nairobi, Kenya, where the side-effects of preliminary drug trials of an experimental tuberculosis treatment are being suppressed, due to a monopolized pharmaceutical industry that is being overseen and therefore supported by the British government. In recollection of a conversation he has with Tessa who attempts to persuade him to assist her by passing on reports that implicate the ThreeBees, Sandy Woodrow, representative of the High Commission of Britain, explains that the High Commission does not protest against ethical concerns in Kenya because they are there “to represent our country, not theirs” (61), distinguishing a perspective of “us”-versus-“them” that contradicts Tessa’s concern for Africans. But Tessa’s response is constructed as an exception in comparison to others’. According to her many eulogists who printed a pamphlet and handed it out locally in Nairobi after she is found dead, “Tessa [...] had broken the mould. With her wealth, parentage, education and looks she should have been up there dancing and feasting with the worst of Kenya’s white supremacists. Instead she was the opposite of all they stood for. Tessa was in revolt against her class, race and whatever she believed was tying her down” (Le Carré 80). As the plot continues, her widowed husband, Justin, takes up her revolt - or “battle”- and works to expose the active complicity of the High Commission, as the construction of majority opinion still places “us” over “them.” Alison Landsbury at the High Commission in London further constructs the division of people according to
nationality, responding to Justin’s inquiry of Arnold’s whereabouts by saying “we must let the good Belgians look after their own,” (237), withholding compassion and interest in whether he is alive or dead on the justification that he is not British.

Framing the novel with a quotation from Robert Browning’s “Andrea del Sarto,” that reads: “Ah, but a man’s reach should exceed his grasp./ Or what’s a heaven for?” on the page before the title page of the book, Le Carré draws parallels between Robert Browning and his artist character Andrea del Sarto, and Justin, who are both inspired by their wives to strive for a greater level of art, and to follow her activism and expose the corrupt pharmaceutical companies, respectively. In the poem “Andrea del Sarto,” the artist wants to paint his wife, and expand his theory of art, but she wants to get away, to explore the world, and to sneak off with her lover. In The Constant Gardener, Justin’s memories of Tessa include her sneaking off with Arnold to explore the corruption of the pharamaceutical industry, but there is suspicion from the members of the High Commission, as well as Justin himself, that they may have been having an affair. While this concern gets dispelled when Justin finds out that Arnold is gay and his work with Tessa requires secrecy for their own protection as well as his, the comparison to “Andrea del Sarto” is interesting because it draws attention to the significance of the distance in Justin and Tessa’s relationship, while at the same time framing it as a love story. Following this comparison, Tessa is characterised as part-British, part-Italian, just like Elizabeth Barrett Browning and her politically-motivated Aurora in Browning’s Aurora Leigh. These references to the Browning poets of the Victorian period work as a reminder of the Victorian period and the colonialism associated with it, which arguably persists through the post-colonial subordination of the sick in Africa.

Drawing attention to the differences between actively responding to HIV/AIDS and TB in Africa and being complicit the commodification of treatment, Justin explains that “Tessa distinguished absolutely between pain observed and pain shared” (193).
According to Tessa, "Pain observed is journalistic pain. It's diplomatic pain. It's television pain, over as soon as you switch off your beastly set" (193). In the context of this thesis, the distinction of "pain observed" is another way of describing the apathy that often results from "objective" style of conventional journalism which positions readers as observers rather than participants engaging with the experiences of people with HIV/AIDS. Tessa's ability to make this distinction and Justin's reiteration of it encourages readers of The Constant Gardener to critically examine their own response to the pandemic, specifically in the context of not challenging the injustices of the pharmaceutical company.

While the practise of "science" is questioned throughout the novel and we are challenged to consider economic and political contexts that impede it, faith in science as an entity is recovered by statements, such as Birgit's, that "Dypraxa is a very good drug that has not completed its trials" (430). Thus it turns out that it is more a matter of how people use science that is contested throughout the book rather than a questioning of science itself. Similarly, the objectivity of science is re-stabilized by the discursive suggestion that the pharmaceutical company of focus is "unscientific." When Justin finds Lara Emrich, the woman who discovered the molecule Dypraxa, in Saskatchewan, Canada, she tells him: "At the time of the unscientific trials, few side-effects were observed" (499; emphasis mine). Restating that Dypraxa is a "good drug," Emrich says that there are three issues with it: "Issue one: the side-effects are being deliberately concealed in the interest of profit. Issue two: the world's poorest communities are used as guinea pigs by the world's richest. Issue three: legitimate scientific debate of these issues is stifled by corporate intimidation" (501; emphasis mine), further suggesting that science itself is "victim" to the economy. In response to Justin's question of whether or not Kovacs submitted a report on Wanza's case, Lara says: "It was a contemptible report. I was educated as a scientist. This was not science. This was polemic" (510;
emphasis mine), suggesting that the discourse used in the report undermined the science that it was reporting.

When Justin meets Lorbeer in Germany, she retells Lorbeer’s metaphorical confession - that he not only got carried away with money, but also played a role in killing Tessa and Arnold. In his confession, Lorbeer describes “the god Profit” as the motivation for unethical behaviour of the ThreeBees, positing the worship of money as a religion. Lorbeer’s confession expands this metaphor by using biblical allusions. In the confession, “Lorbeer killed [Tessa] with his treachery. He committed the sin of Judas, therefore he cut her throat with his bare hands and nailed Bluhm to a tree” (438). Here Tessa is posited as a religious figure and Arnold as a Saint - nailed to a tree in allusion to Christ’s crucifixion. This extended allusion serves to reinforce the distorted sense of economic discourse that is internalised by Lorbeer and his “god Profit.” While he does find religion after leaving ThreeBees, his conceptualisation of profit as his previous mode of worship emphasises the notion of corruption and immorality associated with the company. Referring to the ThreeBees as “the Forces of Darkness [who] are determined to repress the truth” (439), Lorbeer sets up a dichotomy of good and evil, further remarking on the power of the ThreeBees in exploiting others for the sake of financial gain.

While The Constant Gardener focuses on Western responses to the pandemic in sub-Saharan Africa, the focus of Nobody Ever Said AIDS is centred more specifically on the experiences of people who are directly affected by HIV/AIDS in southern Africa, offering a proliferation of discourse because of the nature of the anthology and inconsistency of personal interpretations and experiences. While biomedical discourse is only reproduced in a few passages, the military metaphor is still reiterated in social contexts. Nobody Ever Said AIDS opens up the possibility for alternative modes of understanding. Its purpose seems to be to provide a forum to talk about HIV/AIDS,
implying that a response will follow, emerging out of the reiteration of new discourses. In his "foreword" to Nobody Ever Said AIDS, Njabulo S. Ndebele quotes Judge Edwin Cameron who says “[w]e risk a failure of words and concepts, of sympathetic insight in the fact of AIDS. We need to fight this failure” (9). This quotation draws attention to the reconstruction of the “fight” against HIV/AIDS in a social context produced in this compilation of stories and poems from Southern Africa. Ndebele himself goes on to argue that

[i]n allowing us access to the social and interior worlds of [the authors’ and poets’] characters, [the writers included in the compilation] encourage us to empathise with them and to seek new ways of responding to the pandemic and its devastating effects. (9)

Here, Ndebele points out the direct relationship between discourse and response that is of central focus to this thesis, positing fiction and poetry as opening up possibility by offering direct insight into the perspectives of people currently living in Africa during the pandemic. Kylie Thomas and Meg Samuelson's introduction, following Ndebele's foreword, begins with an explanation that when they started the book in 2002, “there was virtually no published creative writing in southern Africa in English by or about people living with HIV/AIDS” (11). Thus access to discourses about HIV/AIDS through literature in English in Southern Africa is a relatively new phenomenon. Like Ndebele, Samuelson and Thomas use military metaphors in a social context. They claim that “[m]any of the writers in this volume rightly perceive HIV/AIDS to be a threat to the rights for which they and their predecessors fought in previous decades” (13; emphasis mine). Here, HIV/AIDS is perceived as a “threat” to previously “won” battles, referring in part to the end of apartheid in South Africa. In their introduction, Samuelson and Thomas follow the “fight” for rights with other metaphors. They write: “[i]t is our hope that the stories and poems in this book will inspire others to rise up with their words and create bridges
across the silence of HIV/AIDS" (14; emphasis mine). Here, discourse is posited as enabling people to “rise up” or overcome silence, and bridges refer to the possibility for unification through language. Shifting the metaphorical focus to the way that we respond to HIV/AIDS rather than the disease itself, Thomas and Samuelson implicitly show that the way that we respond is just as - if not more - important than learning about scientific definitions of the disease perpetrated in biomedical discourses. Although Nobody Ever Said AIDS features 44 works of poetry and short stories, I narrow my focus to just six. I have chosen to look at “Nobody Ever Said AIDS,” a poem by Eddie Vulani Maluleke, “The Fire Next Time,” a short story by Norah Mumba, “Thabo’s Tongue” a short story by JJ Eli, “The Head of the Household,” a poem by Ingrid de Kok, “Not at All!,” a poem by Nasabanji E. Phiri, and “I Hate to Disappoint You,” a short story/essay by Puseletso Mompei, to demonstrate some of the several ways that authors and poets in the anthology conceptualise HIV/AIDS.

Eddie Vulani Maluleke’s poem “Nobody Ever Said AIDS” is the first creative work that appears in the anthology, and also provides the title for the book. While drawing attention to the silence surrounding the HIV/AIDS pandemic, Maluleke also points to a number of other ways that HIV/AIDS is conceptualised with a theme of identity loss throughout the poem. Reiterating the phrase “That was me” at the end of stanzas 2, 3, 4 and 5, the poem begins by creating an image of Friday nights in “Sis Thandeka’s kitchen,” singing and dancing, laughing and having a good time. However, the phrase, “That was me” (emphasis mine), is repeated less frequently through the rest of the poem as the speaker’s identity becomes lost in the ballad of sickness. The military metaphor is present near the end of the poem when the speaker says “[t]he enemy was in our bodies/ [m]aking us cough and die/ [e]ating us like worms” (96-98), demonstrating the perception of HIV/AIDS as “enemy” that “eats” people who it infects. Because “worms” are also associated with images of death and decay, this quotation further suggests that
the HIV/AIDS “consumes” identity even before death. However, this image is not reflective of the entire poem. Similarly, the specific images of dancing in the kitchen are distorted as “Jimmy/Petros/And Jabu/All got sick/And skinny like broomsticks” (39-43; emphasis mine), suggesting that change has occurred because they do not dance as they did at the beginning of the poem. At the end of the poem it is concluded that

We all died
Coughed and died
We died of TB
That was us
Whispering it at funerals

*Because nobody ever said AIDS* (121-126; emphasis mine)

Featured as the title of the anthology, the progress into sickness sets up the context of HIV/AIDS in the collection. In his poem, Maluleke argues that “[w]e all died [...] Because nobody ever said AIDS,” suggesting that if HIV/AIDS were discussed more openly and directly, as this book aims to do, that the metaphorical death of identity may not accompany the illness.

Many of the other stories and poems included in *Nobody Ever Said AIDS* function to challenge common misconceptions about HIV/AIDS in Africa, and further contextualise its complexities. In Jenny Robson and Nomthandazo Zondo’s “Baba’s Gifts,” the main character MaNdlovu anticipates the return of her husband from working at the mines. Contextualising HIV/AIDS in terms of gender struggles and the circumstances that facilitate long absences from individual’s families because they need to go off to work, Robson and Zondo construct the complicated social context that can lead to problems in preventing HIV/AIDS transmission. Having visited a clinic where she has been advised by Nurse Margaret about how to use a condom to protect herself from HIV, MaNdlovu keeps trying to find the right time to talk to her husband about it but she
is afraid: “What if it makes him angry? What if it makes him suspicious?” (101). With the condom in her hand, MaNdlovu attempts to suggest to her husband Dlamini to use it, but he will not hear of it. Dlamini tells MaNdlovu “You throw that nonsense away, MaNdlovu. And then you join me here in bed” (102). Despite her education in how to protect herself, “MaNdlovu knows she must do what he instructs, no matter what Nurse Margaret has explained” (102). At the end of the story, she gets into bed beside him and “[h]e smells of the city, despite his bath” (102). The metaphor implicit here is that the city is a site of transmission. That he “smells” of it suggests that he may have contracted HIV and that she recognises that he “smells” also emphasises her resentment in having to be with him despite it. While it is implied that he has been with other women while he was away, MaNdlovu is constructed as a woman who has to obey her husband regardless of what he has done. The helplessness suggested by Robson and Zondo in this story works to point out issues of gender inequality and the difficult circumstance of a woman who feels that she has to obey her husband despite her own intentions.

In her poem “The Head of the Household,” Ingrid de Kok draws further attention to the context of the effects of HIV/AIDS on family and society. Shifting the focus from spouses and parents to children and orphans, de Kok demonstrates the usefulness of detail in conveying the experiences of child-headed households. Without the use of the words HIV, AIDS or orphan, de Kok’s poem describes “a girl of thirteen” (1) whose “children are many” (2), and articulates specific images of their struggles, creating images that progress from the girl walking with the children and carrying them, to the image of the children “in sickness and distress” (10) lying on the floor. These images suggest that the children are also affected by the HIV/AIDS that presumably caused their parents’ death. The final two lines sum up the articulate description offered in the text by metaphorically stating that the girl has “children in her arms/ house balanced on her
head" (21-22), suggesting that the "house" on the girl's head is unstable, destabilised by HIV/AIDS.

Throughout the anthology, the effects of HIV/AIDS are portrayed as devastating in a number of ways. In her poem "Not at All," Nasabanji E. Phiri draws attention to the futility of trying to describe HIV/AIDS in comparison to anything that has come before, positing HIV/AIDS as indescribable. After establishing that it is not like influenza - "Influenza was better/ [because] It came and went" (3-4) - nor "like the great drought/ For the drought was and is no more" (7-8), nor smallpox, Phiri's speaker attempts to describe what it is like to the speaker's grandmother. The speaker says in the fourth stanza that it is "like a fire/ That burns intently in the depths of hell" (14-15). However, in the fifth stanza a different comparison is made: "It is like a thorn that pricks continuously,/ Piercing the flesh, and not regressing" (18-19). By the sixth stanza, "It is like the mamba,/ Whose deathly strike/ Paralyses the heart instantly" (20-22). The speaker's persistent attempt to identify what HIV/AIDS is like reveals just how inadequate her metaphors are. In the last stanza, Phiri's speaker finally tells her grandmother, "It is AIDS [...]/ Not like any of the other sicknesses./ Not at all." (32-34). At the same time, she precedes these closing lines by stating that "it is not at all like yesteryear/ When the medicine man could rush to the rescue" (30-31), drawing attention to the inadequacies of relying on biomedicine, and biomedical discourse, alone in response to the pandemic.

While expanding the contexts of HIV/AIDS in Africa that are often restricted in media representations, Nobody Ever Said AIDS as a compilation works to deconstruct presumptions about African experiences that outsiders often make. Puseletso Mompe'i's "I Hate to Disappoint You" specifically attacks stereotypes of people living with HIV/AIDS, arguing against common misconceptions that construct people with HIV/AIDS as helpless victims. In her essay, Mompe'i addresses the overly sentimental work of
journalists, arguing “Sensitive, politically correct journalists have made careers out of soppy stories. They have played a huge role in promoting this permeating myth, that all HIV carriers are angels who have been hit by an undeserved dose of the virus” (105). Arguing against the role of journalists who can compromise the agency of people who are living with HIV/AIDS and the tendency for people with HIV/AIDS to be constructed as if they were all the same, Mompei contends that individuals with HIV/AIDS are still the same individuals and representations of their diagnosis should not re-shape how they are understood. While she does explain that there are new struggles that she faces because of her HIV status, Mompei’s speaker describes the problem of sharing her status with someone else as a burden to her, despite the seemingly beneficial process of making HIV/AIDS a shared experience; she says “It has been my problem and I have had the freedom to handle it the way I want to [...] If I let another person in on my status that would force me to deal with his reactions, his concerns and whatever emotions he is grappling with” (107). Thus witnessing is constructed as a burden, and we, the observers who contribute to the burden of the sick. The work closes with an appeal: “I hope you expand your definition of HIV positive and stop thinking of us as skinny prostitutes who live in shacks, using candles for light” (108). Reiterating popular stereotypes to make her point against them, Mompei calls for a more individualised understanding of people with HIV/AIDS.

The complexities of HIV/AIDS are further elaborated on in Norah Mumba’s “The Fire Next Time,” which describes the experiences of the main character Zondi both before and after she finds out that she is HIV-positive. A nurse who was experienced in seeing patients with HIV/AIDS, Zondi was still shocked by the results of her test, when she finds out she is HIV-positive. However, Mumba also reproduces the psychological and social effects of the main character Zondi’s diagnosis in addition to Zondi’s physical sickness. Zondi and her husband Joe are described as having been very much in love
at the beginning of the story; however, when she tells him about her status, "He slumped down like a deflated balloon emptied of air, reduced to a limp and rubber tongue" (56), saying nothing as he lies in bed beside her. While the metaphor of Joe being "deflated" connotes a loss of hope - perhaps because he was quite sure he had given her the virus - the metaphor of his tongue as "limp and rubber" reflects the silence that is so commonly associated with HIV/AIDS. In addition to the social distancing in her relationship, the psychological effects of her diagnosis are implicit throughout the short story. Right from the beginning of the story we discover that Zondi has taken to re-reading letters from her cousin Thokoza as an escape from her present situation, drawing attention to her isolated psychological and social state that accompanies her illness. Since she never does tell Thokoza the truth about her illness, her relationship with Thokoza serves to further reinforce the silence that is associated with her disease.

While these aspects of experience layer awareness of the complex effects of the disease, hinting at biopsychosocial concerns, Mumba also includes references to a potentially harmful moralist discourse in her use of the metaphor of fire which she relates to another metaphor, "HIV/AIDS as punishment." Reflecting on her youth, Zondi argues, "[h]ow were we to know that our lives would be disrupted by this fire raging all over Africa? This fire of as yet unknown origins that has left no family untouched and is determined to destroy each household" (57). Unlike the "fire" in Bongiwe's narrative in *Long Life* where fire was used to describe the burning pain associated with HIV/AIDS infection, fire here reflects transmission and raging connotes motivation in the process of devastation, invoking God as a punisher. The story is preceded by three quotations that refer to the wrath of God through fire. Within the story, Zondi tries to come to terms with her loss of identity to the disease. The narrator enters her consciousness and reveals a thought process that questions whether this "fire" has been created by God as a punishment: "[t]hey say that after God punished the world with a flood and saved Noah
and his family, he pledged never to use water as punishment. But take heed, the fire next time!” (60). Reiterated in the title of the story, the implications of this discourse can be harmful because it justifies stigma and constructs HIV/AIDS as punishment so that people with HIV/AIDS may be labelled as deviant or deserving of their illness as a result. At the same time, viewing HIV/AIDS as punishment compromises any attempt at intervention through the construction of HIV/AIDS as simply an act of God that perhaps should not be tampered with. When ARVs are already available throughout the West, the notion that people living with HIV/AIDS in Africa may be constructed as being punished by a higher power is extremely counter-productive, potentially also justifying a lack of access to treatment when it exists elsewhere.

Another example of a potentially harmful discourse includes the discourse of denialism, fostered by South Africa’s former President Thabo Mbeki, addressed by JJ Eli in the short story “Thabo’s Tongue” included in this anthology. Fictionally and metaphorically, Eli equates Thabo Mbeki with “the King,” and HIV/AIDS as “the Beast.” In the story, “[t]he Beast had taken particular pride in proving to the King that he was real, punishing the King for denying his superior strength” (181), and it is the King’s swollen tongue – which further supports metaphors of silence in the context of HIV/AIDS – that make him helpless to the beast’s fatal attack. Embodied in “the Beast” is an exaggerated depiction of HIV/AIDS as an “enemy.” While Eli constructs an anti-denialist discourse in this analogous story, it is still problematic that the Beast is constructed as superior to the government which could increase access to ARV treatment. Even though the story ends with a hope that a “new leader” will come, the ideas that the Beast is superior to the government is problematic in constructing HIV/AIDS as “defeating” those who may respond to it. While it is important to be critical of these discourses of HIV/AIDS that can lead to harmful conceptualisations and responses to HIV/AIDS, it is equally important to understand how these discourses conflict with more beneficial
discourses. For example, moralist discourses can lead to stigma and therefore bring challenges to the social context encountered by people living with HIV/AIDS, whereas denialism conflicts with the biomedical needs of individuals in need of medication. While Eli’s poem reflects the people of South Africa’s desire for revenge on Mbeki, a more beneficial response would look at how the mistakes of Mbeki’s government can be confronted now, and how to prevent them from happening in future contexts.

While *The Constant Gardener* appeals to Western conscience by framing the story of HIV/AIDS in Africa from the perspective of British characters living in Africa, the novel still suggests that Africa needs the West because Tessa and Arnold and then Justin are the ones who act on the discovery of Dypraxa. Since no Kenyans contribute to this process, it is implied that they could not have done it on their own. The trusted government official in Kenya that Tessa apparently wants to submit the report to is only mentioned briefly. At the same time, Wanza, the most significant Kenyan character, is a victim that Tessa is moved to avenge. Thus the limited characterization of individuals who are native to Kenya or other African countries mentioned in the book prioritises Western experience and agency while at the expense of excluding the Africans who experience the exploitation of the pharmaceutical companies directly. The novel’s emphasis on Western characters and the many examples of complicit behaviour are important when considering our role in responding to HIV/AIDS in Africa. However, while the text does challenge us to question the economic context of treatment, the production of biomedicine as exploitative - along with the individuals who are harmed during the drug trials - serves to reinforce dominant modes of conceptualisation. While issues of complicity are also brought to the fore, the re-instatement of biomedical authority enables us to resort to passivity, knowing others are going to “fight” for us.

*Nobody Ever Said AIDS* offers a very different view into the disease, from the perspective of people living in sub-Saharan Africa, affected directly or indirectly by the
HIV/AIDS pandemic. Including a broad range of perspectives and a number of creative discourses, the poems and stories compiled into _Nobody Ever Said AIDS_ demonstrate the existence of both beneficial and harmful discourses, which is significant because the presence of harmful discourses indicate that they are often internalised by the individuals with HIV/AIDS. Communicating the agency of people directly affected HIV/AIDS, _Nobody Ever Said AIDS_ serves to make a multiplicity of discourses available to us, encouraging us to understand the pandemic in new and creative ways. The drawback to this, however, is that a proliferation in itself is not beneficial in terms of response, but may work as a point of departure for responses to follow.
When she drew attention to the connection between language and disease in 1988, Sontag pointed out the harmful conceptualisations that accompany the military metaphor, arguing that the reiteration of military metaphors in the context of HIV/AIDS leads to stigmatisation and excommunicating of the ill. However, despite her call for the retirement of this metaphor, I have found that it continues to pervade discourses of HIV/AIDS - both in dominant and lesser read publications. In this thesis, I expected to find a dramatic difference in the use of the military metaphor, which most often functions in biomedical discourse in the media and in literary texts, but found that while literature does open up more possibilities for alternative modes of conceptualisation, the differences are subtle, using the military metaphor in its alternative social context to motivate action, or layering it with other metaphors that complicate the way that HIV/AIDS is represented.

In Chapter 1, I examine the representation of HIV/AIDS in an African context, and find that news values may participate in constraining discourse. I argue that the "objectivity" posited by journalism, just as science purports "objectivity," contributes to the positioning of readers as passive observers, resulting in an apathetic response. While there are some exceptions to dominant discourses and metaphors in the news, the most explicit exceptions occur in articles that adapt a narrative style in feature stories, challenging forms and conventions of news writing as well as popular discourse. In Chapter 2, I examine the way that HIV/AIDS is portrayed in nonfiction texts, and find that 28 Stories of AIDS in Africa and Long Life open up potential for what could be considered a biopsychosocial discourse. While it is still predominant, the military metaphor is used in conjunction with other metaphors such as "HIV/AIDS as conversation" which encourages us to actively engage and respond to the pandemic. At
the same time, notions of "objectivity" are challenged, and biomedicine is layered with psychological, social, economic and political discourses, further encouraging us to understand HIV/AIDS in its broader contexts. In Chapter 3, I explore the popular fiction novel *The Constant Gardener* and find that, similar to the news, it reproduces notions of the "objectivity" of science and reinforces biomedical discourse using military metaphors. In the same chapter, I explore the compilation of short stories and poetry entitled *Nobody Ever Said AIDS*. I argue throughout this thesis that it is important to find new ways of responding to the pandemic, I contend that the proliferation of discourses in *Nobody Ever Said AIDS*, that includes beneficial as well as harmful discourses, may not directly function to motivate a beneficial response.

While news discourse is the most accessible discourse to many of us, there are significant advantages to accessing literary discourses when trying to understand HIV/AIDS in an African context. By challenging our foundational thinking, literary space in nonfiction and fiction texts has the potential to encourage a more engaged readership, leading to a more active response. As a point of departure, it would be useful to take more extensive look at how biopsychosocial discourses have developed alongside the interventions of MSF, or to create a comparison between biomedical, biopsychosocial and other medical models such as naturopathy, homeopathy, or traditional medical practises of African countries. Research in these areas may contribute to additional discursive conceptualisations of disease. Further research may also involve analysing the pervasiveness of military metaphors throughout our culture, and perhaps examining how the reproduction of military metaphors into popular ways of thinking may complicate military discourse.

While the layering of biomedical discourse and military metaphors with other modes of knowledge and meaning may seem like a small step in the "fight" against HIV/AIDS constructed throughout popular discourses about HIV/AIDS in the media,
Stephanie Nolen, Jonathan Morgan and the Bambanani Women's Group, and the editors of *Nobody Ever Said AIDS*, all make it clear that the more we talk about HIV/AIDS, the more we can dispel the harmful judgments associated with it, become active in responding to the pandemic, and influence our governments to take political action by expanding public opinion. While the military metaphor appears to be far from retired, using it in conjunction with ways of thinking is one way that we can complicate the artificial unity that is produced and reproduced in popular discourses of HIV/AIDS in an African context.
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