

**AIDS, Witchcraft, and the Problem of Power
in Post-Apartheid South Africa**

Adam Ashforth

The Occasional Papers of the School of Social Science are versions of talks given at the School's weekly Thursday Seminar. At these seminars, Members present work-in-progress and then take questions. There is often lively conversation and debate, some of which will be included with the papers. We have chosen papers we thought would be of interest to a broad audience. Our aim is to capture some part of the cross-disciplinary conversations that are the mark of the School's programs. While members are drawn from specific disciplines of the social sciences—anthropology, economics, sociology and political science—as well as history, philosophy, literature and law, the School encourages new approaches that arise from exposure to different forms of interpretation. The papers in this series differ widely in their topics, methods, and disciplines. Yet they concur in a broadly humanistic attempt to understand how—and under what conditions—the concepts that order experience in different cultures and societies are produced, and how they change.

Adam Ashforth is the Visiting Associate Professor of Social Science at the Institute for Advanced Study. He was first a Member of the School of Social Science in 1997-98; and agreed to return as a long-term fellow in 1999. This paper was first given as a talk in the Institute's Friends Forum, a lecture series organized by and for the Friends of the Institute for Advanced Study.

A political scientist, his recent writing explores issues raised by the endeavor of the new regime in South Africa to construct a modern state—modeled on liberal democratic principles—in a place, Soweto, where everyday life is lived, for the most part, in a context of endemic interpersonal violence and a fear of malicious supernatural forces. For while the South African state is being remade in the image of a modern liberal democracy seeking to advance the security and prosperity of its citizens, in African communities such as Soweto a great many afflictions and misfortunes are said to result from the secret ministrations of evil people seeking harm for others or illicit profit for themselves by means of powers loosely designated as “witchcraft.” A great many other invisible forces and beings are also deemed capable of wreaking havoc with people's desires for peace and prosperity. And a great deal of money, time, and energy are expended in a quest for security in relation to these forces. These matters of spiritual insecurity have profound implications for the everyday life of politics in the new state. Ashforth's work explores both the experience of living subject to this insecurity and the implications for political legitimacy not only in relation to South Africa but also for more general conceptions of state power.

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Introduction: AIDS or Isidliso?

In a scene replayed tens of thousands of times in recent years in South Africa, a relative appeared at the Khanyile family's door in the shack settlement of Snake Park on the outskirts of Soweto to inform them of a funeral. A cousin in a town not far off had passed away. A young man in his late twenties or early thirties, the deceased had been sick for some time. In their message announcing the funeral, the dead cousin's parents specified nothing about the illness, other than to say he'd been sick for some time. The relative visiting the Khanyiles, however, whispered the cause: "*isidliso*."

Khanyile and his family took note. They know about this *isidliso*, otherwise called "Black poison," an evil work of the people they call witches. Along with whatever treatments the deceased relative would have secured from medical practitioners in his town, they knew without being told that he had been taken to traditional healers to combat the witchcraft manifest in the form of *isidliso*. All of Khanyile's family concurred with this diagnosis except one. Moleboheng, twenty seven and skeptical, thought the cousin's story was "nonsense."¹

"He died of AIDS, obviously," Moleboheng told her mother after the cousin left. (She is far too polite and sensible to say this in front of the relative, for then the relative would report to others that her family were starting vicious rumors.) Mama Khanyile conceded the possibility of AIDS, although that didn't necessarily rule out *isidliso*. Her view was that the AIDS, if indeed it was AIDS, must have been sent by someone. Someone had wanted to see the young man dead and had used witchcraft to send this AIDS or *isidliso* to kill him. Moleboheng still insisted that was nonsense, as she does whenever her mother starts on witchcraft. In this, as in most things pertaining to witchcraft, the daughter and her family agree to disagree. She knows that within African society at large her way of looking at things is in a distinct minority.

As an epidemic of AIDS sweeps through this part of Africa, *isidliso* is the name that springs to mind amongst many in the epidemic's path. To the extent that this occurs, the epidemic of HIV/AIDS becomes also an epidemic of witchcraft. But the implications for a witchcraft epidemic are quite different from those of a public health crisis, at least as such things are conventionally conceived in western discourses of social and political management. In this paper I will examine some of the implications of interpreting HIV/AIDS infection as witchcraft and ask what they might mean for the legitimacy of public power in post-apartheid South Africa. For when suspicions of witchcraft are in play in a community, problems of illness and death can transform matters of public health into questions of public power, questions relating to the identification and punishment of persons deemed responsible for bringing misfortune to the community, that is: witches.

In post-apartheid South Africa, the primary problem of public power can be summarized as the task of creating, through the transformation of a racist and oppressive state, a system of institutions and procedures that is not only represented as the embodiment of "democratic values, social justice and fundamental human rights" on the pages of the Constitution's

Preamble, but which resonates with a popular sense of trust in Law and Government as effective instruments of Justice. Despite the “small miracle” (Mandela’s phrase) of the democratic transformation to date, the South African state still has a long way to go before the legitimacy of governance can be taken for granted as a cultural foundation of political power. And with the HIV/AIDS epidemic following so closely on the heels of democracy, the government’s response to the crisis will surely have an impact on the long-term health of the political system. Yet, if it is the case that even a significant minority of people afflicted with the disease interpret their suffering in terms of “witchcraft,” the political implications will be such as are rarely found in textbooks of political science or public administration. Indeed, it is possible that as a problem of public health, the AIDS epidemic may affect the long term legitimacy of democratic governance in this region as much through the manner in which the problem of witchcraft is managed as with the protection of citizens from the ravages of a virus.

This paper seeks to begin a discussion of the implications of a witchcraft reading of the AIDS epidemic and suggests that it is important both for the anti-AIDS struggle and the endeavor of building and preserving democracy to consider the possible political implications thereof.² I will begin by outlining some of the political dimensions of the crisis understood in the conventional discourses of public health policy. Then I will inquire as to how these dimensions might be complicated by the question of witchcraft. My method here will be somewhat abstract and hypothetical. Rather than an ethnographic description of AIDS and witchcraft in concrete circumstances, I will outline a general framework of presumptions and hypotheses within which discussion of matters relating to occult powers typically take place.³ Given certain elementary propositions concerning the nature and action of invisible power that I shall call the “witchcraft paradigm” (which, I will stress, is by no means mere irrationality or superstition), I shall suggest that it is entirely plausible for people suffering from diseases related to HIV/AIDS to interpret their afflictions as a form of witchcraft. I will examine some of the ways in which HIV/AIDS can in fact be interpreted as witchcraft and will present preliminary evidence to suggest that many people actually do. Following this we will be in a position to begin investigating possible social and political implications of such modes of interpretation.

The AIDS Epidemic as Public Health Crisis

Since 1990, the South African Department of Health has conducted annual anonymous surveys of blood tests of pregnant women in ante-natal clinics around the country. The survey suggests a terrifying rate of increase in infections in the late 1990s. At the end of 1996 the overall prevalence of HIV amongst women of childbearing age (15-49) was estimated at 14.7%. At the end of 1997, it was 16.01%. At the end of 2000 the seroprevalence rate for HIV amongst pregnant women was 24.5%. (Department of Health 2001) In Kwa Zulu Natal, where prevalence is highest, the rate of infection in 1999 was estimated at 36.2%. (Department of Health 2001) Estimates drawn from this survey data suggest that more than 4.7 million South Africans are currently infected with HIV. That figure is likely to double by 2010. (Abt Associates 2000 7)

If it is true that HIV causes AIDS, and AIDS causes death, there is going to be a huge increase in mortality in the years ahead. The decimation has already begun. UNAIDS estimated that 250,000 people died of AIDS in South Africa during 1999. City officials in Durban and Johannesburg announced in May that the number of deaths in 1999 was more than twice that of five years earlier. (Jordan 2000) Statistics South Africa, the official

statistics office of the South African state, predicts that the death rate will continue to rise at 20% per year. (Thomas, Masego, and Khupiso 2001, Internet) The Joint United Nations World Health Organization Programme on HIV/AIDS estimates that life expectancy in southern Africa will drop to 45 in the years between 2005-10, after having risen from 44 to 59 since the 1950s. Less than 50% of South Africans alive today, they estimate, will live to see their 60th birthday. (Joint United Nations Programme on HIV/AIDS 1999) Moreover, 65% of those who have AIDS and who are dying in the greatest numbers are in the age cohort 20-39, the age in which people are normally most economically productive. (UNAIDS and World Health Organization 1998)

By any measure, this is a social and economic disaster. It is also a potential political disaster for the new democratic regime. The public health problems posed by AIDS in South Africa, as in the rest of the continent, are enormously complicated by prevailing social conditions as well as the scale of the epidemic. Public education programs are costly and difficult among illiterate and semi-literate populations lacking extensive communications infrastructures such as in the rural areas of the country where HIV prevalence is highest. Financial resources are scarce and the government is overburdened by social and economic crises that have strained administrative resources to breaking point even before AIDS-related deaths became a factor. Cultural and religious traditions can make it difficult or impossible to openly discuss sexual practices in order to facilitate condom use. The subordinate status of women makes it difficult for them to practice safe sex while being vulnerable to rape and physical abuse. Norms of masculine sexuality encourage multiple sexual partners. Indeed, poverty itself entrenches habits and outlooks—such as the exchange of sex for money or the sense that life is short and risky, AIDS or no AIDS—that can make the message of safer sex extremely hard to sell. Moreover, health services in many parts of the country are rudimentary and overburdened (amongst other things with an epidemic of other sexually transmitted infections and tuberculosis) while medical treatments for HIV and AIDS-related illnesses are expensive and difficult to administer. Even with reduced costs of drug supply, delivering complex pharmacological services to those most in need is well-nigh impossible. These and other factors mean that the magnitude of the task of stemming the spread of infection while caring for the sick and dying make AIDS a public health problem, for South Africa as for the rest of the continent, that may be beyond the capacities of public power to solve without enormous outside assistance. Yet the primary responsibility for the national response lies with the national government and that government will be judged upon its results.

So far, the record of the ANC government in South Africa regarding AIDS has not been particularly impressive. When the ANC took office in 1994, the importance of addressing the AIDS issue was recognized at the highest levels of government. The new government endorsed the strategy of the National AIDS Co-ordinating Committee of South Africa (NACOSA), established under the National Party in 1992, to prevent HIV transmission, reduce the impact of infection, and mobilize resources in the anti-AIDS battle. (South Africa 2000) But the history of the ANC government's anti-AIDS efforts since 1994 is the story of one distraction after another. The first was a long-running scandal over the funding of an anti-AIDS musical, *Sarafina II* in which R14.2million of European Union funds were promised to the producer of the Broadway hit *Sarafina* for a project that never happened.⁴ The *Sarafina II* saga was followed by controversy over the Cabinet's interference in support of the development of a supposed anti-AIDS miracle drug named Virodene, whose use had been banned by the Medical Research Council and whose only active ingredient turned out to be an industrial solvent.⁵

Following the Virodene scandal, the next distraction in AIDS politics was the proposal of 1999—dropped in the face of outrage by healthcare workers and AIDS activists—for legislation mandating compulsory notification of family, health-care providers, and sex partners of HIV positive patients. Then, in April of 2000, in the midst of a storm of protest over the government's refusal to provide anti-AIDS drugs to pregnant women and rape victims, President Thabo Mbeki intervened in the AIDS debate to question whether HIV was really the cause of AIDS and to announce the impanelment of a council of experts to debate the causes of AIDS.⁶ Mbeki's intervention was denounced worldwide and led to his subsequent retreat from public discussion of the HIV/AIDS debate. In January, 2001, the Health Department began a pilot program quietly issuing the anti-retroviral drug Nevirapine to pregnant women. By March of 2001, a campaign for reduced cost anti-AIDS drugs began bearing fruit and prospects for effectively tackling the epidemic began to improve.

In addition to failing to take adequate measures to prevent the spread of infection in the late 1990s, the ANC government has failed miserably in providing leadership in reducing the stigma associated with the disease. Despite great volumes of pious sentiment, no significant ANC leaders have emerged as persons living with AIDS and the party has resisted any effort to publicize the HIV status of its leaders. The first South African politician in office to publicly comment on the HIV status of themselves or their family was the Inkatha leader, and former "warlord" of the squatter settlement Lindelani, Thomas Shabalala, who announced to the Kwa Zulu-Natal legislature in January that his daughter had died of AIDS.⁷ In an interview in March, Shabalala explained his decision to make the family's tragedy public thus: "You know how it is—if you don't tell people the truth, they become suspicious. They try to come up with explanations, which raises unnecessary suspicions such as someone had put muti on the children—which is not good." (Kindra 2001, Print:8-8) To "put muti on" someone is to bewitch them.

While silence reigns over HIV status, accusations about politicians and infections are becoming the stuff of political infighting. On January 7th, 2001, for example, the Johannesburg *Sunday Times* published an edited copy of a letter from Winnie Madikizela-Mandela to the ANC President Jacob Zuma in which, amongst many other things, she complained that President Mbeki had accused her of spreading rumors that he had AIDS. (Madikizela-Mandela 2001, Print:19-19)⁸ The most notorious example of the hypocrisy surrounding HIV/AIDS was the official prevarication over the death, in his late thirties, of ANC Presidential spokesperson Parks Mankahlana in November of 2000. The official pronouncement that the young man had died of "after a long illness" provoked a nation-wide wave of speculation about AIDS as the cause of death, prompting bitter denials from his family and his former colleagues, including President Mbeki. (Harvey 2000, Internet)⁹ Mankahlana's case is sadly ironic as he was in the forefront of defending President Mbeki when the latter made headlines by denying the connection between HIV and AIDS. Perhaps when anti-retroviral drugs become more widely available, political leaders will be able to acknowledge their HIV status without fearing the accusation of double standards arising from their own privileged access to such drugs.

The failure of South African governments to stem the spread of AIDS in the second half of the 1990s is a cruel political irony. Although the danger of AIDS was well-recognized in the country by the end of the 1980s, even with the best of intentions, the white government of the National Party, lacking the trust of the people, would have been incapable of stemming the tide of the disease. In 1990, for example, there were already policies in place to issue free condoms in clinics and AIDS awareness campaigns were being launched in black townships.¹⁰ My friends in Soweto at the time, however, used to joke that AIDS stood for

“American Invention to Discourage Sex.” Doubting that the “apartheid regime” would ever act in true interests of black people, they insisted that the free condoms were really intended to reduce the black birth rate in order to secure white domination. Having never buried anyone from a disease named AIDS, they doubted the reality of the condition. In the aftermath of apartheid, there were few public institutions in South Africa capable of speaking to black people in a way that was granted the authority of truth. (The main exceptions here were churches, but churches have proven notorious inadequate in preaching *safer* sex messages when their primary doctrines specify abstinence.) The message of AIDS awareness could only be preached by a government that was responsive to the people and trusted by them, that is, by a democratic government. When such a government arrived in 1994, however, the opportunity to tackle the disease was missed.¹¹ The consequence ultimately could be a fundamental loss of trust in government.

As the death toll mounts in the coming years, the government will be judged severely upon its performance in handling, or mishandling, the AIDS epidemic. Policies relating to protecting the integrity of the blood supply, educating people about the dangers of exchanging bodily fluids, sponsoring research, subsidizing treatments and caring for the dying and their children will all be scrutinized for signs of failure of political will and action. The tone of such scrutiny was foreshadowed in September of 2000 by the Anglican Archbishop of South Africa, Njongonkulu Ndungane, when he issued a statement saying that history would judge the government’s inaction on Aids “as serious a crime against humanity as apartheid.” (South African Press Association, Daily News Briefings, September 19, 2000) And the trope of governmental responses to AIDS vs Apartheid as rivals for the status of crimes against humanity has become a staple of political discourse.¹²

The consequences of the HIV/AIDS epidemic for democratic governance could be direful. Even when interpreted, as I have just done, in conventional terms of social and political management, the potential threat to political legitimacy is immense. The question I want to address now is: How might these implications be complicated by an interpretation of the disease as “witchcraft?” In order to examine how these implications might manifest themselves, let us consider some aspects of how illness can be conceived of as witchcraft.

The Witchcraft Paradigm: A Brief Anatomy

Cases of premature death or untimely illness in Africa are almost always attributed to the action of invisible forces, frequently those described as “witchcraft.”¹³ Witchcraft in the South African context typically means the manipulation by malicious individuals of powers inherent in persons, spiritual entities, and substances to cause harm to others. The people afflicted are typically thought of as being in more or less intimate relationships with perpetrators—lovers, relatives, neighbors, schoolmates and workmates top the list of usual suspects—and the motive of witchcraft is typically said to be “jealousy” (which in ordinary usage here encompasses envy). It is a mistake to presume systematicity in ideas about witchcraft. In a context such as contemporary South Africa, particularly in urban areas, a great variety of ethnic, religious, and medical traditions from Africa and beyond have interacted over many generations in ways that preclude any authoritative account of a singular “system of belief.” Discussions about matters such as “witchcraft,” then, can encompass ideas from widely dispersed sources. Notions such as Satanic powers, evil ancestors, magical herbs, inherent evil personal powers, minor demons, and “African science” can all be brought to bear with eminent plausibility in speculating on the question of evil and suffering in this world.¹⁴

Yet, while there may be no single “system of belief” of which talk about witchcraft is an indicative factor, it does not seem to me to be too outlandish to refer to the elementary structure of such talk as a “witchcraft paradigm” and to anatomize talk of witches and their craft into a series of inter-related conjectures, suppositions, and hypotheses clustering around a central question: Why are we suffering? As Evans-Pritchard characterized it in his famous discussion of collapsing granaries in Zandeland, witchcraft provides a framework of moral agency that can make sense of seemingly random coincidences in space and time. (Evans-Pritchard 1937 69-70) Regarding undeserved misfortune (that is, suffering that cannot be satisfactorily construed as justified punishment or self-inflicted wound), the invocation of “witchcraft” provides ways of answering the questions: Why me (or he, or she)? Why now? And the key feature of this mode of interpretation is that the conjectures, suppositions, and hypotheses that frame meaningful action in relation to such misfortune posit the malice of another person as the source of suffering. Discourses of “witchcraft” can thus be represented as modes of posing and answering questions about evil: about the beings, powers, forces and modes of action responsible for causing suffering in the world; about the nature and meaning of their effects. And while the forms of witchcraft discourse and witch-finding procedures vary enormously across space and time, there are certain elemental aspects that can be broadly delineated whenever “witchcraft” is invoked in relation to the fundamental questions of suffering.¹⁵

Conjectures, suppositions, and hypotheses framed within the terms of the witchcraft paradigm are premised upon the conviction that suffering and misfortune are a sign of the action of invisible power. The elemental supposition is that persons have the capacity to cause harm to others by secret mysterious means (which may, but need not, include compacts with the devil in the manner of the early modern European witch craze).¹⁶ This supposition obviously has historical antecedents in the African context, but its plausibility is continuously reconfigured in changing times and is by no means a simple product of “tradition.”¹⁷ The basic hypothesis of witchcraft, the chain of reasoning that distinguishes talk of witchcraft from other hypotheses about invisible powers (such as divine retribution, or punishment by ancestors for infringing taboos, or sin), is that the origin of misfortune is social. It is another person, ordinarily conceived, who is hypothesized to have caused the harm. So the form of the question that those afflicted must address in relation to this sort of misfortune is less What has caused this suffering? than Who is responsible for my/our suffering? To treat the malaise of witchcraft is to struggle with the witch by mystical or social means, or both. That is, either the malevolent powers are combated by occult or spiritual means or the individual responsible is identified, induced to retract their evil powers, and punished (or cleansed and redeemed).

The witchcraft paradigm, as a framework within which suffering can be comprehended, is inherently political in the sense that it constitutes a way of understanding one’s place in the world that is replete with struggles against agents of evil manipulating extraordinary powers who are also and at the same time ordinary members of the community. Protection from evil requires intercession with forces and entities capable of resisting the agencies of evil. Before the advent of Christian missionaries, indigenous cosmologies in this part of the world, by all accounts, used not to posit a centralized force of evil, such as the figure of the Devil. (Willoughby 1932 113) Rather, the main threats to human life came from other humans (using sorcery or inherent destructive capacities) or ancestral spirits and the primary source of protection was found in the ancestors of families, clans, and nations.¹⁸

Within a witchcraft paradigm, notions of personal responsibility for thought and action can also be radically different, at times, from those commonly conceived in modern

discourses of politics, economics, and jurisprudence, to say nothing of everyday life. For amongst the many capacities of the witch's craft is the ability to use others as agents without the victims being aware that they have been manipulated. At the extreme, notions of "zombies" (widespread in contemporary South Africa) represent the complete abrogation of responsibility for action (Comaroff and Comaroff 1999, 26:279-303; Niehaus 2000) Everything a zombie does is controlled by a witch. Possession by demons is another mode of abrogating personal responsibility for action. Yet witches can work in less spectacular ways. My friend Madumo, for example, was informed by his healer that a witch had placed a dream into his sleep so as to motivate him with a desire to visit his mother's grave—an otherwise praiseworthy act of filial piety—where he would have been ambushed by magic herbs secreted in the gravel. (Ashforth 2000 208) Some uses of occult power to transform agency are more ambiguous. Magic potions known as *korobela* can cause a person to fall in love, regardless of their own true inclinations—albeit, perhaps, in keeping with their paternal responsibilities. (Ashforth 2000 160). And *intelezi*, a medicine administered to warriors, can cause a person to become preternaturally violent. (Ashforth 2000 109)¹⁹ Given that the essence of AIDS prevention programs is the message of personal responsibility for sexual behavior, such constructions of agency and responsibility inherent in the witchcraft paradigm could be complicating factors to say the least.

AIDS As Witchcraft

It is hard to imagine a disease, or complex of symptoms, better suited to interpretation within the witchcraft paradigm than HIV/AIDS. Consider the basics of AIDS as described by the Centers for Disease Control and Prevention: AIDS is caused by the human immunodeficiency virus which is "passed from one person to another through blood-to-blood and sexual contact." (Centers for Disease Control 1988) HIV can also be passed from mother to baby during pregnancy or delivery and through breast feeding. The bodily fluids that have been proven to spread HIV are: blood, semen, vaginal fluid, breast milk, other bodily fluids containing blood. Most people infected with the HIV virus will contract diseases associated with AIDS such as: Tuberculosis, Toxoplasmosis, Pneumocystis carinii pneumonia (PCP), wasting syndrome (involuntary weight loss), Candidiasis, HIV dementia (memory impairment).

Persons with HIV disease will also commonly suffer a range of respiratory problems and other "opportunistic" infections which their impaired immune systems have difficulty resisting although they might "recover" in the short term. In Africa, the predominant diseases associated with AIDS are tuberculosis, wasting, and diarrhea. (National Institute of Allergy and Infectious Diseases 2000) And although new treatments can prolong the lives of people infected with HIV, there is no cure for AIDS and virtually everyone so infected will ultimately die.²⁰ Once infected by HIV a person can remain without symptoms for ten years or more making it difficult to pinpoint the source of infection. Moreover, the rate of onset of AIDS symptoms varies widely as does the length of time a patient might survive with the disease. Although there is now widespread consensus that HIV "causes" AIDS (National Institute of Allergy and Infectious Diseases 0 AD/11/29), the precise mechanism by which this occurs is not well understood. Nor is it fully understood why some people exposed to the HIV virus do not become infected. (Centers for Disease Control 1996 2496)

In short, the explanatory scheme for this disease that is typically drawn from western medical science is that a virus, spread through exchange of bodily fluids, attacks the immune system leaving the body vulnerable to other infections and diseases. In the years since the

syndrome was identified, steps have been taken to protect the blood supply, thereby eliminating, at least in the more developed countries, the primary source of random infection. At the same time, a great deal of effort has been expended in educating people about “risky behaviors” regarding HIV transmission and encouraging “safer” sexual practices. Given the safety of the blood supply and widespread public awareness of the disease, protecting oneself from infection with the virus, in terms of the western medical scheme of interpretation, is thus largely a matter of personal responsibility when exchanging bodily fluids and managing risks associated with sex and drugs. Bad luck still plays a part, but apart from the risks associated with certain professions that deal with exposure to bodily fluids, risk and responsibility are two sides of the same coin known as luck. And while there may be many questions of morality associated with the exchange of bodily fluids, the agency of the virus itself is morally neutral. Of course, the disease is distributed unequally across populations in line with pre-existing socio-economic inequalities that could be considered immoral and unjust, as Paul Farmer argues. (Farmer 1999, Updated edition with a new preface) But how might one make sense of this situation if one took seriously some of the basic hypotheses of the witchcraft paradigm?

The central questions that the witchcraft paradigm provides answers for in relation to the meaning of suffering—Why me? Why now?—are acutely posed in relation to illnesses associated with AIDS, particularly as the “who is to blame?” question arises no matter how the disease is interpreted.²¹ While AIDS-awareness campaigns in South Africa, as elsewhere on the continent, are spreading the message of a dangerous epidemic at large, and knowledge of the impact and dangers of the disease is becoming widespread, comparatively few people have actually contracted symptoms of the disease to date, and even fewer know for certain that they are infected. This situation is thus fundamentally different from a plague or famine that afflicts all equally. Such large-scale afflictions hardly seem plausible as the work of individual witches (although they might make sense as a collective punishment for a whole people). But an epidemic such as HIV/AIDS that singles out particular victims within intimate social networks can readily lend plausibility to the suspicion that malicious individuals are pursuing secret evil work. Moreover, as the people so afflicted are not always the least virtuous members of a community, or those deemed most worthy of punishment, it is easy to conclude that they are victims of malice rather than justice. In publicity surrounding the epidemic to date in South Africa, the most prominent victims of the disease have been the most innocent. If witchcraft discourses serve to provide an account of undeserved suffering, it would be hard to find a more blameless victim than the AIDS orphan Nkosi Johnson, the young boy who was featured at the International AIDS Conference in Durban of July 2000. And if suffering must have meaning, as many people deeply feel, it is hard to ignore the fact that the epidemic is devastating the poorest and most vulnerable communities in a way that can only seem fundamentally unjust. As we have seen, the witchcraft hypothesis transforms a sense of injustice into a certitude of malice by positing for undeserved suffering a presumption of malicious agency. And the suffering they have caused can only be alleviated by repelling the forces of the witchcraft and protecting against further attack. To my mind, this seems analogous to the struggle against the constantly mutating retro-virus. Like witchcraft, the disease of HIV/AIDS, in the story promulgated as “AIDS awareness,” can never be finally and irrevocably defeated but must rather be constantly protected against and fought.

As my opening story indicates, the form of witchcraft most frequently invoked in Soweto as the cause of death where to my mind the symptoms suggested AIDS (whether or not the AIDS diagnosis has been made by a medical practitioner) is *isidliso* (Zulu; *sejeso* in Sotho).

Isidliso, commonly translated as “poison” (sometimes as “African poison” to distinguish it from merely toxic substances), is a term used to cover a multitude of symptoms, most commonly anything that affects the lungs, stomach, or digestive tract or that leads to a slow wasting illness. These days, *isidliso* is one of the most common afflictions of the witch’s craft.²² It is said to take the form of a small creature lodged in the gullet. Sometimes it resembles the shape of a crab, other times a frog or small animal, a lizard, say. It can even take a man’s form and devour a person from the inside out.²³ Oosthuizen reports, after surveying healer prophets of the African Independent Churches in Soweto and Durban, that regarding *isidliso* “the consensus is that the victim becomes thin, loses appetite, coughs continuously as if he/she has tuberculosis, vomits (blood in some cases), and becomes dark in complexion. The affliction disturbs the heartbeat.” (Oosthuizen 1992 100) *Isidliso* is also thought to wreak all sorts of social misfortunes—divorce, unemployment, unpopularity, family dissension, amongst other things—as well as physical illness and death.

Sent by the witch through *muthi* [mixtures of herbs and other magical substances such as animal fats] adulterating food or drink [ukudlisa in Zulu is “to eat”], the *isidliso* slowly consumes its victim, creating all manner of hardship and pain along the way, such as friendships breaking, lovers leaving, or jobs disappearing. Although spoken of as poison, in relation to *isidliso* this notion is not understood in the limited terms of modern toxicology. For this same poison, while typically thought of as being placed in food—hence the name—is directed towards particular victims not by chemistry, but by intention. Another person can eat the food poisoned for my benefit with no ill effects; me it will kill. *Isidliso* can even enter the victim while he sleeps: the witch places the muti in food consumed in a dream; the muti is placed in the food and the food sent into the dream through witchcraft. (Ashforth 2000 186) No surprise then that *isidliso* is greatly feared. Once inside its victim, the *isidliso* is in a battle to the death and the victim must engage a powerful healer to repel it before it destroys the victim. The more powerful the witch, the stronger the *isidliso* and the more protracted the struggle for cure. For one who is not strong, however, the battle itself can kill. Although I do know some people who have self-medicated themselves for *isidliso* by purging themselves with emetics, generally when such affliction is suspected, treatment by a professional healer is required.²⁴

An indication of the significance of *isidliso* can be seen in studies of attitudes to tuberculosis, another rampant epidemic in southern Africa. In one 1998 pilot study of traditional healers in Natal regarding their treatment of HIV and Tuberculosis,²⁵ 24 healers were asked for their diagnosis “if a patient reports chronic cough, chest pains, and blood in sputum.” Eighteen of the healers responded “*isidliso*”; six diagnosed TB. Those who reported TB suggested that “the difference between *isidliso* and tuberculosis is that *isidliso* is curable by traditional medicine, and a patient coughs sputum without bloodstains, while on the other hand tuberculosis is not curable by traditional medicine, and a patient coughs sputum with blood stains.” This response sounds to me like a distinction emerging more from exposure of inyangas to TB awareness programs and a desire to answer questions correctly rather than “traditional” healing practice. The healers apparently all agreed that *isidliso* cannot be passed from one person to another, but is rather “man-made TB caused by a person mixing a poison with somebody’s food.” (Gcabashe 2000)²⁶

Now, it is important to distinguish between modes of interpreting symptoms such as the coughing up of phlegm (which might be a sign of witchcraft in action), and modes of interpreting “diseases” such as those named by the doctors “AIDS” or “TB.” Traditional healers, like ordinary people, generally have a great deal of respect for the powers of western medicine. They tend to distinguish, however, between diseases which doctors can heal and

those which require “traditional” or “African” methods. Nobody would seriously consider taking a victim of a car accident to an *inyanga*, for example. They might, however, consider it necessary to take such a patient to a traditional healer or prophet after the physical injuries had healed in order to deal with the ultimate source of the misfortune. Similarly, healers will tend not to claim greater power than the doctors in curing TB or AIDS as such, at least once they have been made aware of the clinical nature of the disease.²⁷ They are, however, going to insist that *isidliso* can only be cured by traditional or spiritual methods. And I would venture to suggest that there is not a traditional healer or prophet alive in this part of the world who will not claim the ability to cure *isidliso*. (Of course, when the patient dies, as most do, the healer’s failure is less a function of his or her incapacity than a sign of the awesome power of the witch.) While western medicine pronounces that AIDS cannot be cured, thereby eliminating a potential “natural” counter-explanation to the witchcraft hypothesis of “man-made” illness, the course of the disease has its ups and downs, such that intervention by “traditional healers” can very often seem, at least for a time, efficacious.

In my experience talking to people in Soweto about the current AIDS epidemic in South Africa, most people now know about the disease and would not say that AIDS itself is witchcraft. If pressed to find some supernatural dimension to the epidemic, people of my acquaintance are more likely to offer gloomy disquisitions on the eternal sufferings of Africa or suspect the work of God as punishment for immorality.²⁸ Confronted with the symptoms of respiratory disease and wasting, however, virtually everyone suspects *isidliso*. Given that very few people seek testing for HIV²⁹ and that most people suffering from AIDS are unaware of their HIV status,³⁰ *isidliso* must be being experienced as rampant. Yet, even if AIDS is interpreted along “Western” lines as an incurable disease caused by a virus spread by the exchange of bodily fluids—most often in sexual acts—the witchcraft hypothesis still affords answers to the questions “Why me? Why now?”

Interpreting the symptoms associated with AIDS in terms of the witchcraft paradigm by no means precludes the notion of a sexually transmitted infection.³¹ For example, while it may be accepted that the disease is transmitted through sex with an infected partner, it is does not necessarily follow that the origin of the misfortune lies in that particular person. That is to say, while the virus might be contracted from a man’s illegitimate love affairs, the witchcraft responsible for his infection could have been sent to him by his mother-in-law, or a jealous neighbor, his wife, or a person in any one of a number of different relationships that might have been motivated by jealousy and hatred to malicious occult action. Moreover, AIDS awareness campaigns—highlighting the dangers of exchanging bodily fluids—present a story immediately recognizable to anyone conscious of the hazards of witchcraft and sorcery being wrought with blood, hair, nail clippings, or other bodily excretions.³² If AIDS becomes interpreted as sexually transmitted witchcraft, curing the disease (which usually means expelling the witchcraft) can also be interpreted as requiring a sexual emission of the witchcraft agent.³³

A curious homology also exists between the manner in which the action of HIV is represented in popular discourses of AIDS awareness as an invisible agent working in mysterious ways (such that, for example, a person can seem healthy but still be sick) and commonplace understandings of witchcraft in Africa. The language of viruses “attacking” the immune system parallels the common talk of witchcraft as an attack, as does the fact that the victim of the virus, as the victim of the witch, is said to be in a constant struggle against the invisible forces depleting his or her life. Moreover, witches are particularly keen on attacking the generative capacities of families and lineages, so an affliction that specializes in fertile victims and is passed through sexual contact is tailor-made for their

craft. Even an awareness of the length of time that elapses between infection and the onset of symptoms is conducive to witchcraft hypotheses, for everyone knows that the witch's hatreds are deep and their memories long in communities such as are found throughout urban and rural South Africa where neighbors have lived, loved, and hated each other for generations. Hence, with jealousy the primary motive for the witch's evil, the sexual character of the disease is a fertile field for presumptions of witchcraft. One might almost say that if AIDS didn't exist, the witches would have to invent it. Thus, as the number of cases increases, so must the number and power of the witches. And as the number and power of the witches increases, so grows the need for protection and the desire for justice.

Witchcraft and the Social Impact of AIDS

According to the all the epidemiological data, the persons most likely to be infected with HIV/AIDS are young adults (with women typically ten years younger than men at the onset of the disease). (UNAIDS 2000) Most black households in South Africa have no health insurance and little in the way of income or assets to bear the extra strain of illness. Under such circumstances, if an illness or death arouses suspicions of witchcraft it is likely to strongly exacerbate existing tensions within a household as well as between members of that household and other relatives. For the survivors will be faced with the question: who is responsible?

In my experience of these situations, suspicions of witchcraft—which will come to a head at the time of death and burial—cause recent quarrels within families and neighborhoods to assume new significance, while old grudges and grievances will be resurrected and minutely re-examined in search of probable cause for the crime. Actions or gestures that once seemed innocent (like the loan of an article of clothing or the gift of food) can suddenly turn into ominous portents that were foolishly overlooked at the time. When the illnesses and suffering, such as are associated with AIDS, are protracted before death, families and communities fearing witchcraft have sufficient time to tear themselves apart under the strains of suspicion.

A witchcraft-related illness or death in a house is also likely to exacerbate tensions between that household and members of the surrounding community as the neighbors are possible suspects, too. Community relations generally are likely to be stressed by the presence of persons dying from diseases associated with witchcraft, for neighbors will also be wondering who amongst them might have been responsible for the misfortune in the victim's house. And they will always have their ready suspects. Perhaps the most distressing feature of the witchcraft interpretation of AIDS is that, as the younger and productive members of a household succumb to the disease, their children, if they are lucky, become the wards of grandmothers—and grandmothers have a long history in these parts of attracting suspicions of witchcraft. (Ashforth 2000 82)

A family suspecting witchcraft as the cause of illness will be under increased financial pressure as they will feel the need to consult traditional healers and make feasts for their ancestors. In contemporary South Africa, so-called "traditional medicine" is typically far more expensive for ordinary families than Western medical treatment. In order to line up the full panoply of spiritual forces to ward off an attack of disease such as manifested in HIV/AIDS, it would be necessary for a family to pay for an extended course of treatment with a traditional healer—typically the equivalent of one month's wages for an industrial worker. In addition to the healer's fee, success could not be guaranteed without the hosting of an ancestral feast, the cost of which can run to another couple of months' wages. Few

have this sort of cash readily available without imposing on relatives and friends. Despite strong norms of sharing and mutual responsibility in African families, such burdens breed resentment. When the initial treatments are found to fail, as they will, pressure will mount to try other healers and modes of remedy until all avenues are exhausted.³⁴ Few have the resources to support these treatments through to the last resort, especially as those with income in the house are burdened with ever-increasing costs. So a sense will always remain that if only the right healer had been found (along with the money to pay for treatments) death could have been averted.

As the suffering associated with the witchcraft/AIDS worsens in a family and as “traditional” herbal, spiritual, and ritual remedies fail, the pressure on a victim’s kin and friends to find and neutralize the social source of illness grows. Knowing that *someone* is responsible for all the misery increases the desire for justice. But justice, as we shall see, is not easily attained. For if the witch could be identified and neutralized, their evil work would cease and a cure ensue. In the absence of justice arises the desire for revenge. But vengeance on the part of people who are already victims is a desire that must be delayed, repressed, controlled. It is a desire that can only be acted upon with stealth and secrecy.³⁵ For people filled with such vengeful desires, witchcraft is an obvious solution and an appealing prospect. Their neighbors, relatives, and other associates will know that such people, victims of witchcraft, will be yearning for revenge and thus more inclined to perform witchcraft themselves. Such people should be treated with caution if not shunned completely.

To talk of a “stigma” attached to AIDS in contemporary South Africa without understanding the witchcraft dimensions is, in my view, to risk misunderstanding both the nature of community power relations and the impact of the epidemic. For even as they lie dying, most people do not know they or their loved ones have the disease. Nor would they want to know, or be wise in so desiring. This willful ignorance arises not simply from fear of the name “Acquired Immunodeficiency Syndrome,” nor from shame over the sexual licentiousness that presumably gave rise to the infection in the first place.³⁶ After all, there is hardly a family in the country that does not have children giving birth to children, sons being sought to support their offspring, or fathers finding long lost progeny they secretly sired many years back. Sexual misdemeanors are shameful, sometimes, but commonplace. And while the disease was first registered in South Africa amongst white homosexuals, nobody identifies it now as a “gay disease” or stigmatizes its victims for their sexual orientation. The silences, and stigma associated with symptoms of the diseases decimating villages and townships in the wake of HIV/AIDS, however, make much more sense if their witchcraft dimensions are taken into account.

With cases of witchcraft, silence and discretion are the norm. No-one wants to publicize the fact that they have been cursed. Such publicity would not only be embarrassing, but dangerous, because it would enable the witch to gain intelligence of the efforts being made to counteract his or her occult assault. Such knowledge allows the witch to redouble his or her efforts or seek out other avenues of attack; for this reason, traditional healers typically enjoin their clients to silence. (And when the cure fails, the client’s breach of silence is one of the first excuses proffered for failure.) The essence of curing witchcraft is to engage in a struggle with the witch by employing all the spiritual and medicinal powers of the healer in league with the ancestors of the victim. Any compromise of this struggle could be fatal. And as someone once said in respect of another war: Loose talk costs lives.

Witchcraft, Justice, and Democracy in the Era of AIDS.

Although a great deal more ethnographic work would need to be done to delineate the precise contours on meaning associated with AIDS in different communities throughout South Africa, for the purposes of discussion let us assume that the HIV/AIDS epidemic in black townships and villages is likely to stimulate suspicions of sorcery, fear of witchcraft, and a general sense of spiritual insecurity as more and more people die at an early age of painful, debilitating, and incurable infections that resonate with indigenous categories of interpretation broadly subsumed under the rubric "witchcraft." The question I want to address now is: What might this mean for democratic governance, the rule of law, and human rights?

For people who live in worlds where witchcraft is experienced as a real a present source of danger, managing the problem of witchcraft typically involves two distinct though inter-related strategies: counteracting the unseen forces of supernatural evil on their own terrain through ritual action; and neutralizing the social source of that evil, the witch. The first strategy typically involves healing rituals, prayers, and consultations with diviners, prophets, priests or other experts in spiritual succor. While such rituals and healing practices can have public implications, they are usually conducted in a private manner or in what might be termed "semi-private" family or communal settings such as religious congregations. (Oosthuizen 1992)

From the point of view of public policy, as it is ordinarily conceived, the issues raised in relation to anti-witchcraft action as a form of healing have mostly to do with registration and regulation of healers, the recognition of "alternative" healing practices and therapies, environmental protection relating to the harvesting of medicinal plants and animals, and the protection and exploitation of indigenous biological knowledge and substances. In post-apartheid South Africa, the ANC government has committed itself to "integrat[ing] the activities of the public and private health sectors, including NGOs and traditional healers, in a way which maximizes the effectiveness and efficiency of all available health care resources." (South Africa 1997) In order to do this, the Parliament has proposed the establishment of a national register of traditional healers, recognizing their rights to issues medical certificates and receive reimbursement from health insurance companies. (Select Committee on Social Services 1998, No.144-1998) Given that the final authority for a healer's activities and the source of their healing gifts lie in the domain of unseen spirits, and considering that many of the ailments they treat are considered to have an origin in domains of occult forces, it is difficult to see how bureaucratic regulation could be effective.

The second line of anti-witchcraft strategy, however, the attribution of responsibility for evil to particular individuals, is inherently public and political as it always involves the making and contestation of accusations within a public domain, even if one of limited scope. Indeed, the effort to mobilize resistance to persons deemed witches, to struggle for justice and punishment of enemies of the community, can be an activity that is fundamentally constitutive of the political sphere within these communities as people debate such basic issues of community life as who belongs and who does not and who are the rightful and effective leaders of public action. (Willis 2000) If the AIDS epidemic becomes widely interpreted in terms of witchcraft, it will result in questions about justice, legitimacy, and community power in villages and townships across the country that will surely have political implications for the state as a whole.

In many pre-colonial African polities, the management of witchcraft was a key underpinning of political power, with chiefs and kings as the key intermediaries between the mundane spheres of daily life wherein the witches ply their trade and the invisible domains

of ancestral spirits where the security and welfare of the people is preserved.³⁷ Some ethnographers have argued that witchcraft management was not a judicial function of chiefly authority. In her classic study *The Social System of the Zulu*, Eileen Krige argued that although “witchcraft is looked upon as the most terrible crime ... [it] cannot be tried by judicial processes.” (Krige 1936 252) However, as she makes clear in her description of the “sniffing out” process, the procedures of divination, accusation, and punishment, although motivated by diviners, all take place under the auspices of chiefly authority and can thus properly be considered part of the judicial function of the state.

Even when witch-finding takes place outside the purview of a country’s political system, the challenge to political authority is direct. The history of colonial and postcolonial Africa is replete with instances of documented witch-finding movements forcing both “traditional” and “modern” political leaders to scramble to maintain their authority in the face of competition from charismatic diviners sniffing out witches in their communities.³⁸ In South Africa, witch-finding movements in the 1980s challenged both traditional leaders and the bureaucratic elites of Homeland states in the name of the liberation movement. (Commission of Inquiry into Witchcraft Violence and Ritual Murders 1996; Niehaus 2001; Ritchken 1988)

Amongst other things, the history of colonization and “modernization” (both in its European and African guises) has been a history of suppression of the demands for justice in the face of witchcraft. Colonial governments throughout Africa in the nineteenth century enacted “Suppression of Witchcraft” legislation designed less to suppress the practice of evil, as understood by locals (which the colonial authorities took for superstition), than to suppress the suppression of these activities (which the colonials deemed barbarism). Typically this legislation outlawed the activities of divination, witch-finding, the making of accusations, and the hearing of witchcraft cases in chiefs’ courts. While the law may have protected some victims of witch-finding efforts, the general effect of the legislation was not so much to drive these activities “underground” as to cement in place parallel spheres of political and judicial action, sometimes in the courts of traditional leaders (if they were able to operate outside the purview of colonial officials) sometimes in “informal” community action.

Few African seriously believed the colonial authorities were concerned with protecting them from the dangers of witches, although many converts to Christian churches were impressed with the evident power of the white man’s god and supposed him capable of fending off their occult enemies. (The arrival of a new enemy in the form of Satan and his demons, however, may have increased their terror. [Meyer 1999]) Suppression of Witchcraft Acts were widely seen as merely another assault by the foreign powers upon African culture. And the sense of injustice suffered by those prosecuted under these laws was often intense. (Fields 1982, 16:567-581; Melland 1935, 8:495-503; Roberts 1935, 8:488-494) This has certainly been the case in South Africa throughout the twentieth century.

The current South African version of the Suppression of Witchcraft Act which has been in force since 1895, last amended in 1957, outlaws accusations of witchcraft and the practice of divination, thereby rendering illegal the vast enterprise of traditional healing in the country. (Select Committee on Social Services 1998, No.144-1998) The law also prohibits the hearing of witchcraft cases in the chiefs’ courts. While the law does provide some protection for people accused of witchcraft, it prevents the courts from providing redress to those who consider themselves victims of witches.³⁹ During the colonial and apartheid eras, this was of little consequence as the court system was widely seen by Africans as part of an alien political system and Africans generally had little sense that it ought to serve their

interests. In the democratic era, however, such a disjuncture between community needs and perceptions and the legal system is potentially problematic and there have been several efforts in recent years to amend legislation relating to witchcraft and healing so as to recognize the reality of the evil powers named as “witchcraft.”⁴⁰

Such efforts are probably doomed in the current dispensation. From the perspective of modern statecraft in an era of human rights and the rule of law, there are at least two insurmountable problems involved in the judicial management of witchcraft. The first is evidentiary. Witchcraft accusations can be presented as sworn testimony in courts of law easily enough, as anyone familiar with Arthur Miller’s reworking of the Salem witch trials knows. Witnesses can present evidence of motives that might plausibly be read as inclining a person to witchcraft. They may also testify precisely to the opportunities that a person so inclined might have exploited in pursuit of their evil deeds. Such witnesses might be cross-examined and their veracity tested. But the evidential essence of culpability, such as an eyewitness account of the criminal act, in cases of suspected witchcraft is forever occluded from view. For the crime of witchcraft is, almost by definition (and certainly in practice), secret. The forces at work are unseen, so an “eyewitness” is nowhere to be found, although when witchcraft is suspected herbs that might otherwise be acknowledged as innocent medicines can take on a sinister aspect.⁴¹ “Evidence” is thus sought in different forms.

In African contexts, diviners are generally reckoned to have the power to “see” the actions of a witch’s craft and their accounts of communication with ancestral spirits are taken as genuine forms of knowledge. But this knowledge is not open to direct corroboration in the manner typical required by modern jurisprudence. (Peek 1991) Indirect corroboration of a diviner’s powers can be obtained, for example, by judging the accuracy of their divinations of public facts hidden from their view. But the central proof provided by divination is directly accessible only by the particular diviner. The same holds for the inspirations of “prophets” in the African Independent/Indigenous Churches. (Sundkler 1960; Oosthuizen 1992) Divination, especially when performed in a communal context where the “predictions” of the diviner are validated by the response of an audience, can undoubtedly serve as a powerful means of unifying a community against a perception of internal threat. But such procedures are hardly consonant with the forensic rituals of modern court practice, due process, or doctrines of human rights.⁴²

Within the witchcraft paradigm, it can be argued that the veracity of divination as a form of evidence in judicial proceedings can be safeguarded by requiring corroboration of accusations by independent diviners. By most accounts this was, and remains, the preferred practice in which trials. But even independently corroborated narratives of the unseen worlds can leave questions of guilt unanswered. In order for justice to be seen to be done in cases of witchcraft the guilty party must ultimately confess. Given the inherent secrecy of the act, only the guilty can know what he or she has done. As the authors of the fifteenth century handbook on witchcraft prosecutions, the *Malleus Maleficarum*, noted, “common justice demands that a witch should not be condemned to death unless she is convicted by her own confession.” (Krämer & Sprenger 1486 878) Most people who take witch-finding seriously in Africa would agree. (Willis 2000)⁴³ And nothing is more conducive to confession than torture. (Scarry 1985) Modern prosecutors in an era of human rights probably have less stomach—and, one hopes, less licence—for extracting confessions than a fifteenth century inquisitor or a contemporary African witch-finder.⁴⁴

The second major problem of justice and witchcraft within a modern state is ontological. No matter how culturally sensitive a court system might want to be, there is simply no getting around the fact that the category of the person to which the term “human” in

modern doctrines of human rights refers is not a being capable of inflicting harm in the manner widely presumed by people who speak of witchcraft with genuine regard. Thus, anyone accused of witchcraft in an era of human rights can call upon these doctrines to trump the claims of their accusers. For people who live in a world with witches, however, the willingness of a person to practice witchcraft automatically cancels their rights to membership in the human community; indeed it negates their claim to be considered human. From this perspective, if witches are something other than human, they can hardly claim human rights to protect themselves from the righteous anger and justice of the community. As a traditional healer in Soweto once ruefully put it to me regarding witches: “now they have these human rights, so you can’t just kill them” (Ashforth 1998 6)

To date, most people living with a fear of witches have not begun to insist that government address matters of witchcraft. I would submit that this quiescence is more a sign of the lack of a sense that democratic government is supposed to respond to the needs of the people, and doubt regarding its ability to do so, than a sign of the significance of the issue of witchcraft.⁴⁵ If cases of witchcraft are not dealt with in the formal legal system, however, people subject to the fear of witchcraft are likely to take independent action, which can pose significant problems for the legitimacy of the legal system as the state seeks to police those who would police witchcraft.⁴⁶ In post-apartheid South Africa, the risk for state generally is less that of losing legitimacy than failing to develop a sense of trust in the legitimacy of institutions purportedly representing the rule of law.

When efforts to manage the social dimensions of witchcraft result in “informal” judicial procedures that result in punishment of witches, the modern state is placed in the position of having to prosecute the perpetrators of community justice. In the past decade or so, hundreds of people in South Africa have been killed as witches and the problem of witchcraft violence has become part of the national political agenda. (Delius 1996; Minaar, Wentzel, and Payze 1998:175-199; Niehaus 2001; Commission on Gender Equality 1998) Modern jurisprudence tends to take a rather simple view of the problem of witchcraft violence: arrest the people responsible, charge them with whatever crimes they judge most relevant—kidnaping, assault, and murder are the most common—and then, accept as a plea in mitigation of sentence a sincere belief in witchcraft. (Nel et al. 1992, 15:85-92) Beyond the courtroom, procedures can be established to protect those who are accused of practicing witchcraft. Community mediation can be encouraged to help overcome the social tensions that might underpin the conflicts expressed in terms of witchcraft and public relations efforts can be mounted to defuse the urge to publicly point out witches.⁴⁷

In the absence of a dramatic improvement in physical and financial security, however, such procedures will do little to satisfy those who see witches as destroying the health and prosperity of their communities.⁴⁸ With witchcraft, as with all radical evil, there is no middle ground: you are either for the witches or against them, just as in the days of apartheid one was either for “the people” or against them. There can be no compromise. In a context where state provision of services is inadequate while inequalities thrive (such as in South Africa and the rest of that continent where the prosperity of the ruling economic and political elites often seems to have been consumed at the expense of the masses), the failure to act against witchcraft is potentially serious for the legitimacy of political and juridical institutions. Moreover, where there is scant trust of officialdom suppression of witch-finding can very easily lead to a situation where people see the authorities’ protection of accused witches (who are generally already convicted in the court of public opinion) as evidence that the people occupying powerful positions within the state are using witchcraft for their own nefarious purposes to “eat” the birthright of the people. (Geschiere Peter 1997 97ff)⁴⁹

In South Africa during the 1980s and 1990s, such suspicions that authorities were protecting witches became a staple of politics in regions governed by the former Homeland authorities. As the Ralushai Commission reports of the Venda Homeland, "To politicise rural communities, the revolutionary forces chose witchcraft and ritual killing to destabilise these communities. One finding is that the reason why this route was chosen was due to the fact that the revolutionary forces were fully aware that the local communities were dissatisfied with the manner in which such cases were being handled by the authorities, for example, as witches could not be tried, the government was seen as a protector of witches." (Commission of Inquiry into Witchcraft Violence and Ritual Murders 1996 270; see also 273 for a similar report regarding Lebow) There is no guarantee that the present regime will remain immune to this taint.

Conclusion: AIDS, Witchcraft, and Challenges to Democratic Governance

The challenge to democratic governance posed by life within the witchcraft paradigm takes three broad forms. First, there is the demand from people living within the witchcraft paradigm for governmental response to the harm caused by witches. Related to this is the correlative suspicion that the government is in league with the witches against the interests of the people. This is a different kind of legitimation problem from those commonly found in liberal democracies.

Second, in communities where a witchcraft paradigm informs understandings about other peoples' motives and capacities, life must be lived in terms of a presumption of malice. In other words, it is dangerous to ignore the possibility that anyone, even one's most intimate relations, can, despite all appearances, be poised to commit the most abominable crimes against you and yours. Given the possibilities of occult harm, peaceful community life requires constant vigilance against and protection from witchcraft attack as well as efforts to minimize the impact of social jealousy and procedures to defuse the desire for vengeance. I would argue that, particularly in urban multi-cultural communities, this presumption of malice makes it difficult to build networks of trust and that this has practical implications for civil society, especially when a high prevalence of misfortune (such as is the case with the present epidemic) makes suspicions of witchcraft all the more plausible.

Third, I would suggest that practices of interpreting the nature of power within the witchcraft paradigm put a premium upon the penetration of presumed secrecy in order to reveal the hidden source of evil manifested in particular misfortune. In political life, the tendency to see evil forces manipulating visible appearances and conspiring to pervert the institutions of public power is both extraordinarily difficult to disprove and extremely destructive of trust in the legitimacy of those institutions. Within the witchcraft paradigm, the tendency is to presume that the secret source of power lying behind appearances is inherently evil. If misfortune is widespread, as in the AIDS epidemic, the plausibility of witchcraft interpretations is enhanced and the legitimacy of public power in turn diminished. Under apartheid, this evil was apparent and obvious. It was responsible for the suffering of all black people. In the post-apartheid era, the meaning of misfortune is not so easy to construe. Yet misfortune is every bit as palpable now as it ever was, and with the increasing death toll from AIDS will be even more so.

ENDNOTES

- 1 Moleboheng gave me this story by phone and email. For an account of my connection with Soweto, which began in 1990, see (Ashforth 2000).
- 2 To date, these implications have not been extensively studied. For example, in their excellent survey of the scale of the problem facing South Africa, Alan Whiteside and Clem Sunter, while offering many insightful analyses of the public policy challenges facing the country, nowhere mention the problem of witchcraft and the particular challenges that might arise from the fact that people afflicted with AIDS often see themselves suffering at the hands of witches. See (Whiteside and Sunter 2000).
- 3 For examples of how people talk about witchcraft in contemporary South Africa, I refer readers to my book *Madumo, A Man Bewitched* wherein I tell the story of a young man afflicted by witchcraft in Soweto and his efforts to remove the curse.
- 4 For an account of this fiasco, which involved much incompetence but no proven “bad faith,” see the Public Protector’s report presented to Parliament on January 26th, 1995: *Report in Terms of Section 8(2) of the Public Protector Act 23 of 1994, Report No 1 (Special Report) Investigation of the Play Sarafina II* (South Africa 1995, 1). The content of the play was also criticized as simplistic and misleading. According to the Public Protector’s Report, “The only message that came across clearly, when we attended the play, is that one must use a condom when indulging in sexual activity, otherwise one is bound to contract AIDS and die” (South Africa 1995, 1).
- 5 See the *Electronic Mail and Guardian* for some of the background links on this story: <http://www.mg.co.za/mg/za/links/sa/virodene.html>.
- 6 Mbeki’s intervention occurred after reportedly spending late night sessions surfing the Internet researching the question of AIDS and visiting the sites promoting the views of the so-called “AIDS dissidents” such as Peter Duesberg of Berkeley, who deny that HIV causes AIDS. (McKie and Beresford 2000, Internet Edition) For an example of the sort of material he would have encountered, see (Gesheker 1999).
- 7 In May of 2001, an ANC MP, Ruth Bhengu, became the second politician to describe the personal impact of the disease when she made a statement to the National Assembly about her daughter being HIV-positive. Judge Edwin Cameron has long been the only HIV-positive person in a prominent position to be open about being seropositive.
- 8 In an SAFM radio discussion on April 8th, 2001, veteran columnist (and anti-apartheid activist) Max du Preez referred to this letter and widespread rumors in the ANC that President Mbeki was a “womanizer.” This comment sparked a fire-storm of criticism from ANC officials, including a “declaration of war” on du Preez by the party’s official spokes-

person Smuts Ngonyama and calls by ANC legislators for laws to ban insults to the President. Such sensitivity is doubtless heightened by the association of AIDS and promiscuity.

- 9 Curiously enough, when the Inkatha leader Themba Khosa died in June 2000, there was no chorus of disapproval over media reports of rumors that his death was AIDS-related. (Cullinan 2001)
- 10 The first response of the National Party government to HIV/AIDS was that it was a disease of foreigners and homosexual men and, thus, not deserving of serious attention. By 1988, however, the potential for a widespread epidemic amongst the black heterosexual population was recognized by government officials and the basics of AIDS awareness and prevention programs initiated. For an account of the National Party's handling of the epidemic in the pre-1994 years, see (Grundlingh 2001).
- 11 In assessing the "constraints" on the national response to the epidemic after 1994, the *HIV/AIDS/STD Strategic Plan for South Africa 2000-2005* (adopted by a committee of ANC Ministers) notes, rather lamely, that "both human and financial resources at all levels were limited." (South Africa 2000 10)
- 12 For example, in commemorations of the Sharpeville Massacre on March 21, 2001, opposition Pan Africanist Congress speakers lambasted the ANC government's handling of the epidemic and claimed that it had cost far more lives than apartheid ever did. See the *Daily Mail and Guardian*, Wed. March 21, 2001.
- 13 The literature on "witchcraft" both in Africa and elsewhere is immense and little purpose would be served here in trying to survey it comprehensively here. An introduction to the general topic can be found in (Mair 1969). Evans-Pritchard's book on witchcraft amongst the Azande (Evans-Pritchard 1937) is the grandfather of witchcraft studies in Africa and virtually everything since relates to his work. (Douglas 1977:xiii-xxxviii; Geschiere Peter 1997) For a recent sample of work about the issue in that continent, see the essays in *African Studies Review* 41:3 (1998). Many Africans object to the terms "witch," "witchcraft," and "witchdoctor," arguing that they are both derogatory and misleading. This is undoubtedly so, but the words are impossible to avoid. Not only are the English words common in African usage, but the indigenous terms such as the Zulu *ubuthakathi* have long been inflected with notions deriving from Europe as much as Africa. Nor is it possible to insist on definitional clarity and precision without obscuring the ways in which the words are actually used in everyday practice. I prefer to use the terms loosely, much as my friends in Soweto do, while seeking to tease out from investigation of the context what they might mean. It should also be stressed that the personal manipulation of evil powers spoken of as "witchcraft" is only part of a more general condition of spiritual insecurity involving a great many occult and supernatural forces. (Ashforth 1998, 41:36-67)
- 14 Evans-Pritchard's much celebrated distinction between witchcraft and sorcery consists of a subsidiary proposition about the practices of witches and the nature of their powers. (Evans-Pritchard 1937) While the distinction is useful, it is not watertight in contemporary practice and I shall use the term "witchcraft" here to incorporate "sorcery."

- 15 I will leave aside the vexed question of translatability of terms and evidence for these “hypotheses.” Suffice it to say, the fact that cognate terms for the English word “witchcraft” have been found around the world, and in every language of the southern African region, suggests that the search for some common elements of a witchcraft paradigm is in not vain. This is not the same, however, as suggesting there is only a single system, or variants thereof, in relation to witchcraft beliefs. Without developing the point here, I would also stress that it is a mistake to think of “witchcraft” as primarily a system of explanation analogous to “science” (or, as many have argued, a sign of inherent irrationality, stupidity and backwardness). The various elements of the witchcraft paradigm, I would argue, should be thought of as informing relationships and interaction—which must, in turn, be broadly conceived to include human, super-human, and non-human entities—and within these relations, *explanation* (in the sense of a theory of causation) is only one aspect. Moreover, *contra* the much celebrated “rationality debate” (Hollis and Lukes 1982), explanation while often central, is not always the most important aspect of these relations as they are lived.
- 16 For an account of the complex processes whereby witchcraft came to be understood as a pact with the devil and a central matter for the law in early-modern Europe, see (Peters 1978) and (Kors 1972). For an example of how the devil came to occupy a primary place in African’s imaginations, see (Meyer 1999).
- 17 Indeed, perhaps the most powerful analogy lending plausibility to the witchcraft paradigm today is that of western science against which is posited the equal potency of “African science” as practiced by witches and healers. Living in a world where the miracles of the remote control and mobile telephones are everyday realities and images of nuclear explosions or space travels commonplace, no-one doubts the power of science to effect action at a distance and transform the world and those living in it. Commodities embodying such science, however, just like the classes in Physical Science taught in schools, images of industrial and technological power, or the doctors staffing clinics and hospitals have an irreducibly alien feel in this context. They are not indigenous, not African. They are “things of Whites.” Even when the scientists or doctors are black and African, they are not practicing *African* science. African science is another, secret, sphere of knowledge. In speculation about the powers of witchcraft, while no-one will admit to having mastered African science, to doubt that it is every bit as powerful as “White” science is tantamount to betraying a lack of faith in the African “race.”
- 18 For the past century or so, however, indigenous traditions of interpreting evil forces have been transformed under the influence of Christianity, particularly through the importation of the notion of demonic powers and the countervailing force of the Holy Spirit. Christian cosmologies in turn have been shaped by African traditions, and the largest and most dynamic religious movement of the twentieth century was that of the African Initiated Church, a movement directly engaged, where the so-called Mainline churches were not, in combating the destructive evils of sorcery, witchcraft, and demon possession. (Oosthuizen 1992)
- 19 For a description of how *intelezi* works, and how it can be used in efforts to excuse violence, see the hearings of the Amnesty Committee of the Truth and Reconciliation Commission regarding the infamous massacre at Boipatong where one Mr Mthembu testified that the *intelezi* administered to Inkatha members prior to their attack on residents made him angry

and thus not fully responsible for his actions. (Truth and Reconciliation Commission 1998)

- 20 I have drawn this information from the CDC website [<http://www.cdc.org>] and the National AIDS Treatment Information Project [<http://www.natip.org>].
- 21 The most extensive discussion of AIDS and sorcery to date has been in the work of the medical anthropologist Paul Farmer based in Haiti (Farmer 1992; Farmer 1999, Updated edition with a new preface). While Farmer's work is important, he tends to reduce sorcery to a symptom of poverty and inequality, focusing more on the politics of economic inequality than the dynamics of spiritual insecurity such as I am trying to elucidate here.
- 22 I cannot say whether or not it was always thus. Historical accounts of witchcraft and healing practices from this part of the world all mention the technique of "poisoning" through medicines placed in food and drink but most simply report it as one of many techniques of the witch's craft. See, for example, (Junod 1962 512) or (Wilson 1961, Second 292).
- 23 For accounts of how it feels to be afflicted with *isidliso* and how the affliction is cured, see (Ashforth 2000 166ff).
- 24 African healing traditions are generally described as "holistic" and do not recognize the western distinction between "medicine" and "religion" or "spirituality." There are two basic types of healers in these parts who specialize in treating the woes of sufferers from afflictions such as *isidliso*: the traditional healer and the healer-prophet of the African Independent or Indigenous [Christian] Churches. Traditional healers are also commonly known, in Zulu, the Sowetan lingua franca, as *inyangas* or *sangomas*. (The terms in Soweto these days, along with those from other regional languages, are mostly interchangeable, and whatever subtle distinction they may once have carried has been swamped in tides of innovation and ignorance.) They heal by virtue of their special calling from ancestral spirits, who empower them in the use of herbs and other substances. The best introduction to these procedures of healing is still (Hoernle 1937:221-245). Prophets, authorized through their connection with the spirits of deceased ancestors mingled with those of church founders, ultimately find their calling through communion with the Holy Spirit. They heal by means of holy water or everyday commodities, such as tea, coffee, soap, or Vaseline, administered in procedures not dissimilar, from the perspective of an outsider, to those of traditional healers. The best accounts of prophetic healing are to be found in (Sundkler 1960) and (Oosthuizen 1992). In my experience, all healers, Christian and otherwise, whatever else they may do, claim to be able to read the past and divine the future of their patients in order to provide a much needed spiritual security in the present for people living in a world littered with evil supernatural forces they ignore at their own peril. And all take the work of witches very seriously. At least 80% of Africans in South Africa consult "traditional healers" periodically and there is an estimated 350,000 healers in the country, along with a similar number of AIC prophets. (Select Committee on Social Services 1998, No.144-1998)
- 25 Tuberculosis in South Africa is endemic. The infection rate is more than double that of other developing countries, and about sixty times the level found in countries like the United States and Western Europe with a high prevalence of multi-drug resistant strains. (Fourie 2001) A study in the Hlabisa district of Kwa Zulu-Natal in 1995 found that 44% of TB cases were attributable to HIV. (Wilkinson and Davies 1997, 87:447-450)

- 26 See also (Wilkinson, Gcabashe, and Lurie 1999, 3:838-842).
- 27 Some healers do make blatant claims to cure AIDS, but they generally tend to be circum-spect rather than confront Western medical science head on. For example, in a news item headlined "AIDS Cure Ploughed up as a Weed," the famous South African healer, and former proprietor of a Soweto theme park, Credo Mutwa, praised the healing powers of an indigenous herb known as *Sutherlandia*: "I don't claim this is the cure [for AIDS], but what it does to people is amazing. Men and women who have been sent home to die are alive now because of an ancient African herb," said Mutwa. Asked whether he thought there would ever be a cure for AIDS, the well-known visionary said: "It's right there in the violated plains of my fatherland. It is being ploughed up as a weed." (Own Correspondents 2001, Internet)
- 28 A study conducted in Malawi in 1995 found a widespread attribution of divine retribution to the AIDS epidemic. See (Forster 1998, 93:537-545).
- 29 In a random biomedical and social survey of 2,500 people in the west Rand mining town of Carltonville, when they were offered a free and anonymous HIV test, not a single participant accepted. (Mkaya-Mwamburi, Williams, and Lurie 2001)
- 30 The Abt Associates resource book *HIV/AIDS in South Africa* cites an unnamed study that found that "fewer than one in ten people who were caring for an HIV-infected patient at home acknowledged that their relative was suffering from AIDS. Patients were only slightly more likely to acknowledge their status." (Abt Associates 2000) This finding accords with my impressions drawn from Soweto.
- 31 The interrelation of sexuality and witchcraft is too complex to adequately discuss here. Some ethnographers, most notably Axel-Ivar Berglundt, have stressed that perverse and obscene sexuality is the defining quality of those witches possessing inherent evil powers as distinct from sorcerers and those who manipulate the powers of physical materia in order to produce harmful effects. Such witches are often, though not always, female and are thought to belong to a community "strongly inclined to sexuality. Their breed is the result of offensive and vile sexual relations while their preoccupation is to destroy fertility in men, beasts (particularly cattle) and fields." (Berglund 1976 268) In my discussion of witchcraft with people in Soweto over the past decade I have not found widespread suppositions about perverse sexuality as the breeding ground of witches such as Berglund reports, nor have I encountered the sort of clear-cut distinction between witches and sorcerers that such obscenity is supposed to ground. Among young people of my acquaintance in Soweto, sex and witchcraft are connected primarily through the mechanism of jealousy. And while I have heard stories about witches' familiars such as the notorious *tokoloshe* with his enormous genitals engaging in bestial sex with their victims, these are mostly recounted, at least amongst younger people, for amusement.
- 32 See, for example, (Wilson 1961, Second 290).
- 33 Berglund has a long and fascinating discussion of the ways certain Zulus interpret the dangers of bewitched semen. He quotes an informant as saying "When a man fears that he has been treated secretly with medicines which work on his water (i.e. semen) he does not sleep with his wife. The water can cause sickness in her. So he does not put it into her. He

goes to another woman. He tells her of his desire for her and her beauty. She agrees. He puts the water into her. Perhaps the water does not affect her because it was directed towards his wife. So he expels it in this other woman. Then he goes away. He comes to his home, being light (i.e. empty of evil). He cohabits with his wife and there is nothing that is seen (i.e. she does not get sick). The darkness of those medicines was thrown somewhere else." (Berglund 1976 332) Such an attitude to semen would make sense of the widely reported belief that sex with a virgin cures AIDS. Although I have seen no studies of this, the police figures indicate an explosion in the incidence child rape corresponding with the years of increased awareness of AIDS.

- 34 In this regard adherents of the AIC churches are in a more favorable position as the healer-prophets in these churches do not usually charge, or charge as steeply, for their services as traditional healers. Participation in the AICs, however, involves a major commitment of time and lifestyle. See, (Oosthuizen 1992).
- 35 For an exposition of the psychological dynamics underpinning this sort of action, see (Scheler 1961).
- 36 The simplistic view of sexual shame is reported by Tessa Marcus in a report on AIDS, death, and dying in the Pietermaritzburg region: "The shame and embarrassment surrounding AIDS comes from its link to sex and particularly to unregulated sex, which is typical of and is seen to reflect the uncontrollability of contemporary social life." (Marcus 1999) I don't doubt that people, particularly elders, regularly bemoan promiscuity and social chaos, especially if they are asked to comment on what they have learnt is a sexually transmitted disease. However, as the focus group discussions reported on the same page of this document show, with references to *idliso* and "being bewitched through evil spirits," identifying symptoms, naming them, and specifying causes of illness and suffering engage matters that are far more complex than mere "shame and embarrassment."
- 37 For discussion of the religious and judicial role of chiefs in this regard, see (Pettersson 1953 342ff).
- 38 See, for example, (Apter 1993:111-128) and (Auslander 1993:167-192).
- 39 Judging from the cases reported in the Ralushai Report and local South African newspapers, I would hazard the guess that the Witchcraft Suppression Act is most often enforced when police come are called to protect people from mobs seeking to avenge themselves upon suspected witches. Once the "witch" is taken into protective custody, a case mounted under the Act may serve to redeem him or her to some extent within the community. See (Commission of Inquiry into Witchcraft Violence and Ritual Murders 1996 Appendix 2).
- 40 In 1998, the Commission on Gender Equality hosted a conference on witchcraft violence which endorsed a document known as the Thohoyandou Declaration, amongst other things, recommended reform of the Suppression of Witchcraft Act to "Represent a paradigm shift from the current act which operates from a premise that denies the belief in witchcraft; leading to the Issue being dealt with outside the criminal justice system." (Commission on Gender Equality 1998)

- 41 Thus a diviner once told me that the first thing he would do to eradicate witches from Soweto would be to go house to house and make people drink the *muthi* found there. Innocent people would be unscathed. Witches would either refuse to drink, or die. See (Ashforth 2000).
- 42 For a discussion of the ways in which divination can serve to pervert justice in modern African witchcraft trials, see (Fisiy and Geschiere 1990, 118:135-156).
- 43 Fisiy and Geschiere report that in Cameroonian witch trials, the role of the diviner has come to supplant the requirement of confession and resulted in a pervasive sense of an “unholy alliance” between witchdoctors and powerful elites. (Fisiy and Geschiere 1990, 118:135-156 147ff)
- 44 Where cases of witchcraft have entered the formal judicial system in Africa, the results have generally not been salutary for the health of that system. (Ciekawy 1997, 20:62-72; Geschiere Peter 1994, 64:323-341) Not surprisingly, courts are mostly used by the wealthy and powerful to protect themselves both from the fear of others attacking them through witchcraft, and the accusations that they have amassed wealth by means of sorcery themselves.
- 45 For an example of this, see the transcript of my interview with the former Mayor of Soweto in which, when the connection between witchcraft and democracy was pointed out, the Mayor acknowledged that witchcraft was the “biggest problem” and that the City Council ought to be looking into it. (Ashforth 1998, XXXVIII:505-532 524ff)
- 46 For a discussion of informal policing of witches and the dilemmas facing the legal system of recognizing the realities of witchcraft, see (Harnischfeger 2000, 95:99-112) and (Mavhungu 2000, 7:114-129). For an attempt to reconcile the claims of “tradition” and “modernity” in relation to courts and witchcraft, see (Chavunduka 1980, 8:129-147).
- 47 In July 2000, the Commission on Gender Equality claimed its “Witchcraft Roadshows” have had just such an effect in the formerly violence-plagued Northern Province of South Africa. (Commission on Gender Equality 2000)
- 48 For an example of this sort of attitude, see (Ashforth 2000 97ff).
- 49 For discussion of the general significance of “eating” in African politics, see (Bayart 1993).

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Decoteau not only illuminates the many still baffling aspects of the epidemic and post-apartheid politics in South Africa, but challenges some of the core assumptions of Western social science. This is essential reading. -- Adam Ashforth, author of *Witchcraft, Violence, and Democracy in South Africa*. Her articulation of analysis with ethnographic detail is expert, yet reads effortlessly; her ability to view the political complexities of South Africa from a new theoretical angle is admirable; and her depth of understanding about what is at stake in the fight over AIDS is relevant to anyone who wonders how power works all over the globe. Not a hard slog but a delightful, insightful, caring view of the problems in South Africa as well as relating to the disease in general. A good read.

Foreign relations of South Africa during apartheid refers to the foreign relations of South Africa between 1948 and the early 1990s. South Africa introduced apartheid in 1948, as a systematic extension of pre-existing racial discrimination laws. Initially the regime implemented an offensive foreign policy trying to consolidate South African hegemony over Southern Africa. These attempts had clearly failed by the late 1970s. As a result of its racism, occupation of Namibia and foreign interventionism in After the National Party gained power in South Africa in 1948, its all-white government immediately began enforcing existing policies of racial segregation. Under apartheid, nonwhite South Africans (a majority of the population) would be forced to live in separate areas from whites and use separate public facilities. Contact between the two groups would be limited.

Who Started Apartheid in South Africa? Racial segregation and white supremacy had become central aspects of South African policy long before apartheid began. The controversial 1913 Land Act, passed three years after South Africa gained its independence, marked the beginning of territorial segregation by forcing black Africans to live in reserves and making it illegal for them to work as sharecroppers. With the end of apartheid in 1994 the people of South Africa anticipated profound social and economic change. Yet twenty-one years later, much of the "rainbow nation" is still racially divided in its electoral behavior, and the income gap between blacks and whites is greater than it was in 1994. Leading political figures in the ruling party, the African National Congress (ANC), are often accused of corruption. New political groups are calling for the nationalization and expropriation of land and resources from the white minority. Nevertheless, the constitution enshrines the rule of law, and has popular support across all racial divides.

AIDS, witchcraft, and the Problem of Power in post-apartheid South Africa. Adam Ashforth is the Visiting Associate Professor of Social Science at the Institute for Advanced Study. His recent writing explores issues raised by the endeavor of the new regime. Description: AIDS, witchcraft, and the Problem of Power in post-apartheid South Africa. Adam Ashforth is the Visiting Associate Professor of Social Science at the Institute for Advanced Study. His recent writing explores issues raised by the endeavor of the new regime. Violence and Democracy in South Africa (Chicago University Press, 2005). It argues that the distinction between witchcraft and healing is essentially a moral one (healers and witches use supernatural forces supposedly for different ends) and that both activities fall under the rubric of "African science". Margins, Silences and Bottom rungs: how to overcome the underestimation of power in the study of international relations. In International Theory: Positivism and Beyond, edited by S. Smith, K. Booth, and M. Zalewski, 186-202. The post-apartheid South African government has been vigorously advocating for the redress of past imbalances in the arts and culture of the people of South Africa. The postcolonial paradox Decoteau formulates and her examination of the discursive uses of "tradition" and "modernity" to resolve its abiding challenge not only illuminates AIDS conflicts of the recent past, but also offers useful tools for analyzing current and future political contestation in postapartheid South Africa. Decoteau not only illuminates the many still baffling aspects of the epidemic and post-apartheid politics in South Africa, but challenges some of the core assumptions of Western social science. This is essential reading. at stake in the fight over AIDS is relevant to anyone who wonders how power works all over the globe. Not a hard slog but a delightful, insightful, caring view of the problems in South Africa as well as relating to the disease in general. A good read.