Anglo American media representations, traditional medicine, and HIV/AIDS in South Africa: from *muti* killings to garlic cures

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Abstract Before 2000 limited media coverage of medicine in South Africa existed, yet much of what did exist centered primarily on traditional healing practices. It was not until the introduction of HIV/AIDS that traditional medicine was seen as having some potential value to the population, but only so far as the ability of traditional healers to direct patients to biomedical treatment. This article examines how the contemporary western media portrays medicine in South Africa and how the introduction of HIV/AIDS as a major news story has shifted the depiction of western and traditional medical treatment. Insights from these questions are examined in light of the colonial context of South Africa's political struggle over medicine.

Keywords HIV/AIDS · Media representations · Traditional medicine · South Africa

“What the government says and doesn't say still matters, unfortunately. I met some South Africans who can get antiretrovirals free at their local clinic but still prefer herbal medicines.

They could live, thanks to the government's highly reluctant actions. Instead, they will die because of its words.”

–Tina Rosenberg in *The New York Times*, 2006

Introduction

On September 21, 2008, Thabo Mbeki resigned his position as the President of South Africa under intense pressure by the leadership of the ruling party, the African National Congress (ANC). The international news media showed no love lost for the former President. *The Guardian* called him a “failed hero” (September 22, 2008) and *The New York Times* stated he “leaves a legacy of squandered potential and significant failures” (September 26, 2008). Although most news coverage readily reported Mbeki's tragic political failures, including his policy of non-confrontation with Zimbabwe and a widening of the gap between rich and poor, his policy on HIV/AIDS medical treatment is what many agree he will be remembered for most. Mbeki and his Minister of Health, Manto Tshabalala-Msimang, systematically and aggressively promoted the use of “traditional” and nutritional medicines—such as beetroot, lemons, and garlic—as legitimate treatments for HIV/AIDS, while deeming antiretroviral (ARVs) drugs toxic or poisonous. This public policy campaign greatly contributed to a general fear of western

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pharmaceutical medicines within the HIV positive population of South Africa. It is estimated that this policy cost about 330,000 people their lives from 2000 to 2005 (Chigwedere et al. 2008).

While it is widely agreed that Mbeki's policies were detrimental to the general health of the HIV positive population in South Africa (Chigwedere et al. 2008; Nattrass 2008), I argue that the condemnation of South Africa's policy is not solely the result of South Africa's failure to treat those infected with HIV, but rather is part of a larger discursive history coming out of a colonial past. More specifically, media representations of medicine in South Africa, which culminate in a mass condemnation of Mbeki's HIV/AIDS policies, reflect an ongoing struggle between indigenous and colonial practices that have dominated South Africa's social, cultural, and economic landscape for over a century.

The devastating nature of AIDS, including the astonishing number of deaths and new HIV infections continually plaguing South Africa, has greatly influenced how the West currently thinks about disease and medicine in Africa. Since South Africa is the most heavily infected and affected nation in the world, and its politics are well publicized in the United States and Britain, it is a good case study to explore the degree to which contemporary representations of the crisis continue to carry and convey persistent colonial discourses and tropes. This article examines the contemporary western media portrayal of western and traditional medicine in South Africa and how the introduction of HIV/AIDS as a major news story around the year 2000 shifted this characterization. Insights are then examined in light of the colonial context of South Africa's political struggle over medicine.

HIV/AIDS in South Africa

South Africa has one of the world's highest rates of HIV infection, estimated at 5.7 million people, about 18% of the adult population (UNAIDS 2008). In many rural areas over 40% of all pregnant women have tested positive (UNAIDS/WHO 2008), creating a health emergency of unprecedented proportions. Creating an effective and comprehensive strategy for dealing with this HIV/AIDS epidemic has not been easy, in part due to other pressing social and political issues that were coincident with the introduction of

the disease. In 1982, when the first case of AIDS was diagnosed in South Africa, the country was in a state of emergency due to the policy of apartheid. When apartheid ended in 1994, the new government began to show concern for controlling the HIV outbreak; 4.3% of all pregnant women were testing positive. Although ANC government started strong on HIV issues in 1994, by 1997, it had completely reversed course, going so far as to deny the severity of the problem (Schneider and Stein 2001; Van der Vliet 2004, Butler 2005). In 1999, Thabo Mbeki was elected president, and only one year later, he began to publicly state he did not believe HIV caused AIDS. His administration decided not to fund antiretroviral (ARV) treatment for HIV positive people using public services, including pregnant women who were at risk to pass the virus onto their child.

In 2003, the South African government finally devised a plan to distribute ARVs, only after the Treatment Action Campaign (TAC), an AIDS activist group, sued the government and won, forcing treatment to become available. By all accounts, the process of distributing ARVs has been slow and fraught with controversy. Currently, 429,000 HIV positive people are on ARVs (UNAIDS 2008), yet the total number in need of ARV treatment is much higher (only about 17% of patients who qualified for ARVs received them in 2005) (Goggin et al. 2009). The government under Mbeki stated the cost of the medicines is too high, and their effectiveness is not known. Former President Mbeki stated on several occasions that ARVs may be "toxic" (Van der Vliet 2004), discouraging their use by his own citizens despite pleas from the international community, activist groups, and other health organizations for him to reverse his position on HIV/AIDS treatment. With President Mbeki's resignation, many are optimistic that the new administration will do better in treating the HIV positive population. At this time it seems the new administration is more likely to support the use of ARVs, but President Zuma is not without his critics. In 2006, he was tried but subsequently acquitted for allegedly raping an HIV positive woman. At the trial he acknowledged having sex with the woman, who he knew to be HIV positive, but stated he took a shower after to prevent infection. He was widely condemned for these actions by women's rights and AIDS activists (BBC 2006).

Medical geography and the colonial present

Within the geography of health literature, there is extensive interest in the complex inter-relationships between “indigenous” and “biomedical” practice. Del Casino (2001) argues that medical geography needs to better understand the “many ways which health care is organized and practiced” (p.407), including the diverse indigenous and biomedical systems typical of South Africa and elsewhere. Kearns and Moon (2002) state there is an “increased interest in well-being and broader social models of health and health care” (p. 606) within medical geography, which would include non-western forms of medicine and health care. Globally, biomedical institutions such as universities and hospitals are beginning to recognize traditional medical practices and other alternative forms of care as important aspects of treatment and healing.

Following Said (1978), the contemporary conditions for the acceptance or rejection of traditional knowledge are prefigured by framings and discourses established in earlier history, especially colonial history. For example, the colonial perception of the indigenous tie to nature, reflecting persistent modern assumptions (following Latour 1993), are present in numerous representations of indigenous medicine. These range from images of the San of Southern Africa trekking through the desert, understanding the medicinal use of each plant, to the Native American ‘harmonious’ ties with nature, with medicine men making teas from barks and flowers to cure ills. By the beginning of the twentieth century African traditional practices, indigenous experts, and natural materials began to compete with modern biomedical medicine practiced by doctors with scientific training. The result was a reconfiguration of what counted as authentic and effective medicine, with struggles throughout the colonies over the status of indigenous medicine. Complex configurations of laws and discourses became sites in which concepts of the indigenous and modernity became entangled and disputed (Flint 2008).

Historically in South Africa, these imaginaries were translated into policies by colonial governments that effectively prohibited traditional medicines. The Suppression of Witchcraft Act (enacted in 1895, amended in 1957), banned the spiritual side of traditional healing because it was perceived as

witchcraft (Ashforth 2005). Since traditional healing entails spiritual aspects as well as the use of herbs as medicines, and both are vital to the practice of traditional medicine- banning one effectively suppressed the other.

Currently the South African government has begun to embrace many of the African traditions suppressed under apartheid and colonialism. This includes the use of traditional medicine. Due to the major health crisis of HIV/AIDS facing the nation this decision has been quite controversial. Yet many working on HIV/AIDS issues see the inclusion of traditional medicine as necessary and helpful (Goggin et al. 2009). However as we will see, the portrayal of traditional medicine is still suffused with colonial images.

The media and medicine

The situation in South Africa has been covered extensively in the international media, however, this coverage has been unable to unravel the complexities without relying on colonial notions of indigenous use and understanding of medicine. Since the media is the main source of information on HIV/AIDS in South Africa to the western world, the discourses it uses tend to color the way the global population understands the crisis. This is important because countries like the United States and the United Kingdom invest heavily in South Africa, and the public’s understanding of the situation there can influence how money is spent. The money spent on HIV/AIDS is significant. For example USAID spend 5.5 million dollars out of a 5.7 million dollar budget in 2008 on HIV/AIDS outreach (USAID 2009).

In this regard, several researchers have examined the role that media plays in shaping our understanding of medicine and medical treatment by considering the representation of particular illnesses and medical conditions, such as SARS in the British press (Washer 2004; Wallis and Nerlich 2005), Ebola in the British tabloids (Joffe and Haarhoff 2002), mad cow disease (Washer 2006), cancer (Clarke and Everest 2006), malaria, tuberculosis, and leprosy in popular African magazines (Pratt et al. 2002) and HIV/AIDS in mass media prevention campaigns (Hutchinson et al. 2007), in film (Hodes 2007), and in magazines (Clarke et al. 2007). These examinations have found that the media can influence how

people view disease through the use of metaphor and discourse. In some cases, such as that of HIV/AIDS, this can create or diminish stigma for those infected.

Millions of people receive their daily news from newspapers. Although circulation numbers have declined for almost every major paper in the past year (Audit Bureau of Circulation 2008a, b), newspapers continue to play an important part in gaining knowledge about other parts of the world. Many newspaper articles are circulated online and are picked up by major television news, radio networks and internet sites, so the same headlines and articles are presented several times (National Public Radio 2008; Alterman 2008). Therefore, examining newspaper articles is one way to gauge what information is disseminated on a topic, including the controversy surrounding South Africa's HIV/AIDS policies.

In this study, I use newspaper articles to demonstrate that representations of traditional medicine in the pre-AIDS period were suffused with pejorative images of traditional medicine as exotic, dangerous, and quaint. The introduction of AIDS as a dominant theme in news stories about South Africa (circa 2000) established several new narratives, but ones consistently conjoined to colonial thinking: (1) Mbeki's denials have led to irrational fears of ARVs and a turn to traditional healers; (2) The expense of pharmaceuticals has led to the use of unreliable traditional treatments; (3) Healers therefore might be enrolled in AIDS management; and (4) Traditional healers need extensive regulation and control.

Thus, in addressing the Mbeki administrations denials concerning antiretroviral medicine, the international media extended historic misunderstandings about the nature of traditional medicine. It further shifted the conversation about traditional medicine to one in which indigenous healers might be seen as a potential resource for managing the AIDS crisis, but it did so while maintaining a tendency to portray traditional healers as threatening, ignorant, and demanding of paternal control. This confusion is not new, of course, as such elisions over what traditional medicine is and does can be traced to colonial images of ignorant indigenous people relying on witchdoctors for treatment and the need of the white doctors to truly heal them from the unhealthy African environment (Brantlinger 1985; Packard 1985; Crozier 2007).

Methodology

Articles from seven major American and British newspapers were used in this research. The newspapers were chosen due to their high circulation rates and for being generally accepted as mainstream news sources (i.e., not tabloids, some of which have a higher circulation rate than the newspapers used in this study). American newspapers include: *The New York Times* (circulation 1,000,665), *The Washington Post* (circulation 622,714), *USA Today* (circulation 2,284,219), and *The Los Angeles Times* (circulation 739,147). British newspapers include: *The Times of London* (circulation 621,831), *The Guardian* (circulation 358,379), and *The Daily Telegraph* (circulation 835,497) (Audit Bureau of Circulation 2008a, b).¹

Articles containing the keywords "South Africa" and "medicine" from 1980 to 2006 were collected from a major newspaper database then sorted for relevance. Articles included in this study meet the requirement that the story is about medicine or medical services in South Africa, while discarded articles included those that just mention South Africa in a story about a different location, or use the word medicine in a non-medical use (such as 'a taste of their own medicine'). There were 376 articles analyzed for this study, 116 articles from *The New York Times*, 109 from *The Guardian*, 78 from *The Washington Post*, 42 from *The Times of London*, 15 from *The Daily Telegraph*, 12 from *USA Today* and 4 from *The Los Angeles Times*. Based on the approach taken by Joffe and Haarhoff (2002) Washer (2004) and Wallis and Nerlich (2005), I coded the newspaper articles with a qualitative software program, finding 15 themes. These themes were selected based on the dominant topic of each article.

Results

Five of the fifteen topics account for 74% of all articles. The most common theme found in the newspaper articles was that of denialism of HIV by top South African government officials and the associated withholding of ARVs from HIV positive people (Fig. 1). The second most common theme was

¹ The circulation numbers are total paid weekday circulation averages for 2008.

Fig. 1 Major topic of each newspaper article

the case in which major multinational pharmaceutical firms sued South Africa for violating patent laws concerning HIV drugs. Third were articles on traditional medicinal practices, including those about traditional healers and traditional medicine. This category includes articles about traditional treatments for disease as well as traditional practices such as circumcision. Articles about *muti* killings were also included in this topic because these are often considered to be murders for use in traditional medicine (a claim I will discuss further). Fourth most common were articles on how South Africans were sick from HIV, which ranged from human interest stories about a person who is HIV positive, to general articles about how South Africa has the world highest number of HIV positive people. Finally, the fifth most common stories were articles on why or how generic ARV medications are the salvation for HIV positive people in South Africa. These articles fall into two categories. They are either editorials that state that generics are needed due to their less expensive cost to fight HIV or they are articles about generic drugs being used already.

Two time periods also emerged when the articles were coded, as there was a shift in tone and content from the year 2000 on. That year the international media took notice of the HIV/AIDS crisis facing the country. The following sections examine the pre and post 2000 coverage, and show how the introduction of AIDS into the media consciousness changed how the media discussed medicine in South Africa.

1980–1999: Coverage of medicine in South Africa

Throughout the 1980s and 1990s, very few newspaper articles appeared in the American and British press regarding medicine in South Africa (17 articles were written between 1980 and 1989, while 50 articles were written between 1990 and 1999, see Fig. 2). In the articles that were written, two dominant themes account for the majority of news coverage in American and British newspapers: (1) inequalities in medical care resulting from apartheid and other associated effects of apartheid on the medical system, and (2) traditional medical practices.

Articles on the inequalities found in the medical system under apartheid were common from as early as 1980. In a *The New York Times* (1980) article entitled “In ‘Tin Town’ Scant Water and Minimal Medical Care,” the author described life in an emerging shanty town that black South Africans had been forcibly relocated to under apartheid and shed light on the poor access blacks had to health care under apartheid conditions. Articles such as these were found until 1990. As apartheid was ending, articles began to focus on hospitals opening their doors to all races and the implications the end of apartheid would have on the medical system.

There were 15 articles on traditional medicine in this time period, which were dominated by two very different storylines: *muti* killings and human interest stories about traditional healers. *Muti* killings (also

Fig. 2 Number of articles for all newspapers by year

spelled *muti*) are particularly prevalent in the British press from 1980 to 1999. A *muti* killing is a practice where a person is killed so that his or her body parts may be used for “medicinal” purposes (the word *muti* is derived from the Zulu and Xhosa word for medicine). Several of the articles about *muti* killings, particularly those around 1995, discuss a very influential report commissioned by the government which came out on *muti* killings and witchcraft in South Africa. News coverage about *muti* killings during this time period usually tells of a child who was killed for his or her body parts, along with details of what each body part would be used for. One article in *The Guardian* chronicled the killings and associated report by stating that:

A victim’s hands, or parts of the hands are, for instance, regarded as symbols of possession, of success or illegal appropriation,’ the report says of the ingredients used in the brews. ‘The eyes of a victim symbolise vision and the blood can give vitality. The genitals and soft parts of a victim, such as parts of the ears, nose, the eyelids and lips, are also used (Beresford 1995).

News coverage stresses the violent nature of this practice, but importantly, coverage of *muti* killings is also tied to traditional medicine in most of the articles. The conflating of traditional medicine with what most South Africans would consider witchcraft is rooted in colonial understanding of how traditional medicine is practiced (for an example see Melland 1923). Linking traditional medicine and violence perpetuates the notion that traditional healers are engaged in harming people, instead of healing. It was this concept that led to bans on traditional practices

such as the Suppression of Witchcraft Act. This can be seen in statements such as this one in *The Times*:

The commission blamed some traditional healers for contributing to the murders. The victims were often killed on the instructions of the healers after being consulted by people with grievances against the victims or who stood to gain from their deaths (Gulmore 1996).

When covering and explaining traditional medicine and *muti* killings, race is also frequently mentioned as an important aspect of this practice in many newspaper articles. It is frequently cited that up to 80% of black South Africans use traditional medicine, or believe in witchcraft, including even the elite and educated. For example, *The Guardian* reported in 1990 that the “witchcraft problem is compounded by the belief that some of the most superstitious of the homeland’s inhabitants are to be found in the upper echelons of government (Beresford 1990).” Other newspaper reporters focus on the potential for whites to be the victims of *muti* killings, primarily because it was believed that organs from whites (generally considered to be more successful and wealthy) would be more effective for use in traditional medicine healing, although none ever mention the actual harming of white South Africans (Gulmore 1996).

The word “witch” also proves to be an important aspect of coverage on traditional medicine with nearly all newspaper articles covering *muti* killing using the term “witch” in some form (witchcraft or witchdoctor being the most common) to describe the events taking place. Drawing on the statement of a *sangoma* (traditional healer) provided to the Portfolio

Committee on Arts, Culture, Science and Technology in South Africa, Ashforth (2005) provides an important distinction between witches and traditional healers. Only witches are involved in the *intentional* killing of individuals for “health” reasons, which are usually related to the belief that an individual is captive to “evil forces.” Conversely, traditional healers do not participate in the killing of individuals, and are more inclined to use spiritual means to heal or protect people who consult them for assistance. This critical distinction is rarely made in newspaper coverage of medicine in South Africa, where traditional healers are often called witchdoctors (see *The New York Times* (Eprile 1993), *The Guardian* (Beresford 1995) and (Dillner 1995), and *The Times* (Hornsby 1986)). Since traditional healers believe themselves to be protecting against witchcraft, the use of the word witchdoctor to describe them is considered insulting.

Sexuality is also a reoccurring theme, with many articles discussing the importance of traditional medicine in curing sexual ailments, some going so far as to claim that all traditional medicine is for sexual purposes (Hornsby 1986). Others discuss the practice of checking girls for virginity (Daley 1999). Still others examine the practice of male circumcision and its importance in becoming a man, often taking a critical view since several boys die each year due to infections (Taylor 1995).

Distinct from the articles on *muti* killings, witchcraft and sexuality are those human interest stories in which traditional medicine is discussed in quaint, often pejorative, terms. The details given usually include the dress of the healers and the exotic appearance of the room:

Inside a small mud hut in her back yard, Nomayeza Radebe begins her ritual. She wears the woven headdress of the spiritual healer, with beaded braids framing her face. For strength, amulets hang from her neck – one a goat’s horn, the other a small vial of mercury and herbs (Duke 1996).

Others explain how much is being lost due to modern influences. For example *The New York Times* (Keller 1992) ran a story on the emergence of telephone *sangomas*– “new breed of seers who work at the intersection of African tradition and Western marketing.” Many see this infusion of the modern as a threat to the traditional.

Representations of traditional medicine in the pre-AIDS period were suffused with pejorative images of traditional medicine as exotic, dangerous and quaint. These images of the witchdoctor with “amulets” hanging from her neck, or the dangerous image of children massacred for use in traditional medicine are the same images that dominated colonial representations. It was these images that led to the suppression of traditional medicine during the colonial and apartheid periods due to fear and misunderstanding of the practice.

2000–2007: The international press takes notice of HIV/AIDS

Beginning in 2000, a shift takes place in news coverage of medicine in South Africa, and HIV/AIDS becomes a dominate theme. A clear change in coverage occurs as 31 articles are written about HIV/AIDS in 2000 and 91 articles appear in 2001. Though the HIV infection rate had been increasing in South Africa for over a decade, it was only in 2000 that the international community began to take notice. As previously discussed, several events and circumstances forced the world to examine the epidemic occurring in South Africa, including the alarming percentage of pregnant women testing positive for HIV (approximately 24.5%, Department of Health 2000) and Thabo Mbeki’s public denial that HIV causes AIDS. From 2000 to 2001, there was also intense coverage of the international trial between pharmaceutical companies and the South African government over the patents of HIV drugs. These events, and the corresponding newspaper coverage that resulted, forced a change in the type of newspaper articles about medicine in South Africa. Suddenly, an HIV/AIDS crisis was at hand. While the topic of medicine was of little importance in western media coverage before 2000, it began to define how the western media saw the country after 2000. South Africa became a country with the most HIV positive people in the world; a place forgotten not only by the West, but also forsaken by their own government, and traditional medicine was now a cure and a curse for those sick with AIDS.

Analysis of newspaper articles from 2000 to 2007 reveals the struggle surrounding what is considered appropriate medical treatment for HIV/AIDS. One of the most common story topics on HIV/AIDS during

this time is that of the limited access to ARVs due to President Mbeki's opposition to the treatment, along with the promotion of garlic, lemons and beetroot as nutritional treatment of AIDS by his Minister of Health, Tshabalala-Msimang. The press dubbed Tshabalala-Msimang 'Dr. Garlic' in many of the articles, as she was quoted as "extolling nutrition over drugs (Boseley 2005)." The Mbeki administration's denial that HIV caused AIDS or that ARVs were effective in treating the disease was the dominant topic in 91 articles in this period. All of these articles were critical of the administration, stating that the government "kills hope" (Boseley 2001), and uses "quackery" and "stupidity" (Goldacre 2007) to explain the policy. Many articles blame the rejection of ARVs on the government:

Such ideas [the government policies] are dissuading many profoundly sick people from seeking powerful remedies only now becoming available on a wide scale..."I'm an African," said Tshabalala, 26, who has three children and favors stylish jeans and a short, spiky hairstyle. "I don't believe in anti-retrovirals. I believe in traditional healers (Timberg 2004).

A second theme is the lack of *access* to ARVs, which is blamed on both government policy and on pharmaceutical companies. In 2001, several pharmaceutical companies filed suit against South Africa for its attempts to produce generic ARV medication. In my sample, 54 articles were written on this trial, most discussing the cost of ARVs, which "few can afford" (Stolberg 2001). The combination of the high cost of ARVs and the denial that they work by the government are reasons stated that such a high percentage of South Africa's HIV positive are visiting traditional healers instead of western doctors.

Also prevalent are articles discussing the ways in which traditional healers could be enrolled to help stop the spread of HIV. They discuss programs implemented that train healers to notice the symptoms and send the patient to a biomedical doctor or hospital, rather than treat the patient with potentially "dangerous" traditional medicine:

Asked about those precautions, she proudly displayed the framed certificate from a 1998 workshop on "The Traditional Healer's Role in AIDS: Sexually Transmitted Diseases and

Primary Health Care" offered at Hlabisa Hospital, a 20-minute drive from her compound, where cattle, donkeys and chickens wander out as patients wander in (McNeil 2001).

In these articles healers are seen as a necessary ally in the fight against HIV/AIDS.

In addition, the notion of regulation is central to the debates over ARVs and traditional healing in South Africa in media coverage. Most of these articles focus on the difficulties in regulating traditional medicine, particularly because traditional healers are often uneducated and undertrained, creating potentially dangerous conditions for treating HIV/AIDS patients:

From the government's standpoint, licensing *sangomas* as physicians cracks the door open to regulating practices and medicines that now cause untold misery (McNeil 2002).

However, when coupled with the theme of healers as a possible solution to the AIDS crisis, the regulation takes on new importance. This is further complicated, since the media equates Mbeki's policies on HIV/AIDS treatment with an increase in the use of traditional medicine (this perceived increase is seen in articles such as "With Folk Medicine on Rise, Health Group is Monitoring" (McNeil 2002), although 'folk medicine' has been the dominant form of medicine throughout all of human history). This places even more importance on traditional medicine and indigenous knowledge although the healers who might be a resource for managing the AIDS crisis are also seen as threatening, ignorant and in need of paternal control. These notions lead us back to the exotic and/or quaint healer, who has dominated the western consciousness around medicine in Africa since the colonial period (Arnold 1988; Vaughan 1991; Flint 2008).

Discussion: medical colonial present

Before 2000 there was limited coverage of medicine in South Africa, yet what did exist centered primarily on traditional healing practices (both the vilified and the quaint), and the inequalities of apartheid in the medical system. Those articles that focused on traditional medicine exhibited orientalist imaginaries

which have been found in representations of African medicine since the colonial era. Traditional medicine as a potentially legitimate treatment option was absent from the representations in the international media. It was not until the introduction of HIV/AIDS, that traditional medicine was seen as having some potential value to the population, but only so far as the ability of traditional healers to direct patients to biomedical treatment.

Once AIDS became the dominant story, there was a dramatic increase in coverage. AIDS breaks in the global consciousness as the new crisis facing Africa, and new stories emerge in the press, many of which focus on the lack of proper treatment for HIV positive people receive in South Africa. According to most newspaper articles, this is both the fault of the government's lack of action and the high price of pharmaceuticals. At the same time the media is critiquing the government, they are exploring the concept of enrolling traditional healers into the fight against AIDS, as they can convince HIV positive people to take their ARVs. The South African government is represented as not only passively allowing large segments of the population to seek traditional treatments over biomedical options, but as also actively claiming the traditional treatments are the better option. They also frequently deny those interested in ARVs access to the drugs, leaving them no choice than to rely on traditional remedies. This leads to confusion in the press. We have a population being directed to traditional healers, then from the healers being directed to a biomedical system not supported by the government and therefore not able to properly care for them. The media addresses this through reporting on a rise in regulation, or calls for regulation. The lack of regulation is seen, in part, as a cause of the AIDS crisis because unregulated healers will not refer a potentially HIV positive person to a biomedical doctor, increasing the chance that person will spread the virus due to their lack of knowledge of their HIV status. An increase in regulation, especially of traditional medicine, is one way to ensure that those who need it are treated correctly, with western medicine, the same western medicine unavailable to them.

This call for regulation could lead us once again back to the colonial approach of dealing with traditional medicine. During the colonial period regulation of traditional medicine occurred on several

fronts. First, the use of witchcraft, or the supernatural for diagnostic purposes or as a treatment was banned. This was largely due to the influence of Christian missionaries who saw such practices as threatening to their efforts of conversion and had a general fear of witchdoctors (Ashforth 2005). Second, healers were forbidden to mix or compound their own herbs as medicines. Although many policy makers at the time stated a fear that the compounded medicines made by traditional healers may do harm to the people using them, the more immediate reason for the ban was that the white doctors did not want competition from traditional healers (Flint 2001, 2008). In the colonial era, traditional medicine was often the only medical care available to the majority of the population, a situation we still find today.

Currently, there is a widening debate about the legitimacy of traditional healing and appropriate regulation of the practice globally. The World Health Organization (WHO) is promoting formal recognition of traditional healers and publishing reports on integrating traditional healing and public health throughout Africa. The WHO has even unveiled a logo for African Traditional Medicine, in effect legitimating its use, even though the international press continues to exoticize it, is pejorative about people's knowledge and narrates the African as victim. There is an inability of the orientalist western imaginary to understand traditional medicine outside of the already prefigured beliefs about Africans and their traditional healing practices, as seen in how the media often conflates witchcraft with traditional medicine. In addition, among conventional medical practitioners themselves in South Africa, there is widespread belief that traditional medicines are unproven, scientifically untested, and ineffective. To the degree that there are emerging calls for the inclusion of traditional healers in contemporary HIV/AIDS treatment, informal discussions with members of the allopathic medical community suggests widespread skepticism and resistance.² Media representations of traditional healing both support and challenge the medical establishment. By calling for inclusion, newspapers confront the expert power of doctors. By representing traditional medicine

² Based on unpublished interviews with biomedical practitioners from fieldwork in South Africa from January to March 2009.

pejoratively, however, the media remains steadfastly in support western approaches to treatment.

In the end, indigenous healers are indeed a critical part of the medical landscape of South Africa and any serious efforts to manage the disease requires their enrollment and participation. So too, the government response to HIV/AIDS must be seen as largely political and potentially dangerous. Nevertheless, the western media remains unable to convey and evaluate the fast-moving events taking place within South Africa without recourse to colonial discourses and assumptions. The discourse of indigenous knowledge, specifically here- healing knowledge- is still relegated to a magical, dangerous practice that requires control for the good of the people. Until the global public receives ethnographically rich and historically contextualized information about traditional healers and indigenous medicinal knowledge, century-old stories will continue to be recycled and retold, with critical implications for human health in the 21st century.

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