

Challenging Aids Denialism – Khabzela: Life and Times of a South African

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Summary

This article argues that the biography *Khabzela: Life and Times of a South African* (Mc Gregor 2005) repositions Aids sufferers at the centre of the current HIV and Aids debate. The article shows that, through the tragic representation of its subject, the biography advocates the supply of ARVs to prolong the lives of those who are infected with the virus.

Opsomming

Hierdie artikel voer aan dat die biografie *Khabzela: Life and Times of a South African* (Mc Gregor 2005) Vigslyers as middelpunt van die huidige MIV en Vigs-debat herposisioneer. Die artikel wys daarop dat die biografie, deur die tragiese voorstelling van sy onderwerp, die verskaffing van ARTs bepleit om die lewe te verleng van diegene wat met die virus besmet is.

Introduction

A shallow reading of the biography *Khabzela: Life and Times of a South African*,¹ written by Liz McGregor (henceforth, the biographer), can erroneously be considered a narration of the “other” by the “self” about post-apartheid Aids denialism and myths. Then the subject of the biography can be mistakenly localised, gendered and racialised as narrative about a township black African male initiated into macho culture as a taxi driver. His sexual behaviour is typically promiscuous, hence the medical result that he is HIV positive. His belief system is ambivalent: African traditionalist and Christian – a Jehovah’s Witness who patronised sangomas and who believes that he has been bewitched.

Yet a deep reading of the biography shows that it refocuses the current political and medical debate about Aids, thus aiming to bring the pandemic

1. The biography will henceforth be identified as *Khabzela*.

under control. Furthermore, the biography challenges post-1994 Aids denialism and the myths around it.

The biographer indicates in the preface to the biography that the story of Fana Khaba (henceforth Khabzela) developed when she wrote as a freelancer for *Poz*.² She was “asked to interview an HIV-positive black celebrity” (McGregor 2005: 7)³ and she jumped at the opportunity when Khabzela announced on air that he was infected with Aids. She wrote that story, sent it to *Poz* and then wrote the biography, *Khabzela*, because the story of Khabzela “got under my skin” (p. 8).

The biographer establishes from the onset the terms on which her voice speaks, and on behalf of whom it speaks. She makes it clear that she is a “journalist” (p. 7) and a “white woman” (p. 16), and that she writes about the dead black man, Fana Khaba:

I had three long encounters with Fana Khaba before his death but the virus was already eating away at his brain and not much of what he told me made sense. I have put together my picture of his life mostly from interviews with his family, his friends, his colleagues and the many members of the medical and alternative healing community whom he consulted during his frantic attempts to defeat the virus. Therefore, this is a life told in retrospect; through the eyes of other people, with all the gaps and shadings that it inevitably involves.

(p. 9)

This implies that Khabzela’s life story is a product of some form of personality journalism⁴ constructed from several “focalisers” (in Gérard

2. *Poz* is an American magazine for people living with Aids.

3. All subsequent references to *Khabzela: Life and Times of a South African* will be indicated by page numbers only.

4. Personality journalism encompasses personal interviews to build the personality profile of the subject of the biography: “Virtually all stories in a newspaper are the result of interviews, which is why a reporter has to know what to ask, whom to ask and how to ask to be effective. Even reporters who witness events must ask questions of persons involved and others to obtain additional facts and quotations for the story” (Leiter, Harriss & Johnson 2000: 249). Leiter et al. mention that

[i]n the personal interview story the reporter is trying to make the subject come alive on paper. In addition to basic biographical information, the reporter tries to capture for the reader the subject’s mannerisms and personality Additional information is often collected from the subject’s family, friends, coworkers, admirers and even detractors, if there are any.

(2000: 250)

Genette's conception of the term "focalisation")⁵ – meaning those who see rather than those who tell in the narration. However, the final selection and combination of story events in *Khabzela* lie with the "white woman" (Rimmon-Kenan 2002: 16) as the autobiographical first-person narrator and "dominant focaliser" (2002: 83). This means that the events and the life of Khabzela in the biography is "presented through a single dominant perspective" (2002: 83), the biographer's. Rimmon-Kenan (2002: 83) points out that in such text norms, "[i]f additional ideologies emerge ... they become subordinate to the dominant focaliser, thus transforming the other evaluating subjects into objects of evaluation". The biography is in this regard a translation of the biographer's perspective. It could therefore be taken as her personal repositioning. She challenges the shortcomings of the post-apartheid community to recreate a new culture that is conducive to curbing the Aids pandemic. She advocates prolonging the lives of Aids sufferers, apparently, "until the cure [is] found" (p. 7).

Democracy and the Spread of Aids

Khabzela is portrayed in the biography as the tragic hero of a post-apartheid township culture. He is depicted as having "surfing every wave that came crashing in with democracy" (pp. 8-9). His life and masculinity had been shaped by the "liberation struggle" (p. 8) dynamics and by the post-apartheid "rituals, languages and belief systems" (p. 8). In addition to being influenced by the "rude" (p. 73) "culture of taxi drivers" (p. 8), Khabzela's masculinity is characterised as being influenced by the kwaito culture, which is said to have a "deep township resonance" (p. 96), and is described as the "gangster culture" (p. 96) of the "youth lost to the struggle" (p. 95) for freedom, but who desire a better life. The kwaito culture is reviled as "self-regarding, anti-social and unashamedly sexist" (p. 96). It is a culture of "intoxicants – which usually mean[s] beer and dagga" (p. 95; also see pp. 95-99), enlivened by "street partying and giant bashes" in "true democratic spirit" (p. 95). At such bashes, girls become easy victims:

If they [girls] haven't been raped, they are having sex in all sorts of hectic ways. There is a lot of research to prove it. The majority of young girls' first experience of sex in South Africa isn't consensual. Most are forced into it. The whole youth culture is like that. If I tell you I like you, basically, it means I want to fuck you. You might be thirteen and giggle and try to get away but if you are at a gig and my bras are around, there's not much you

5. Rimmon-Kenan (2002: 73) defines "focalisation" as the mediation of some prism, perspective, angle of vision, verbalised by the narrator though not necessarily his.

can do about it. It's like being hunted down in a game park. The situation out there is horrific.

(p. 110)⁶

The consequence of relaxing morals and values might have encouraged a new culture of promiscuity and hedonism. Khabzela was a part and a product of this culture. He was both its hero and its victim – its tragic hero: “when Aids began to ravish the same generation, Fana [Khaba] caught it and died from it” (p. 9). Khaba is, then, representative of the youths who are becoming victims of the new post-apartheid culture, which accentuates individual freedom, but also subtly generates selfishness. When it comes to seeking pleasure in such a culture, the youths say: Me first.

Khabzela's downfall is represented as being brought about by this new “materialistic lifestyle” (p. 148) – a culture of “sex, drugs and kwaito” (p. 110), and “womanising” (p. 13). As a leader of this culture, Khabzela was in a privileged position as radio DJ to spread it. For example, on air he regularly boasted of his “sexual conquests”, referred to his manhood as “anaconda” and made regular sexual references such as “my anaconda ate last night”. Alternatively, he lured his victims: “my anaconda is hungry” (p. 148). Consequently, he is said to have had sex with countless women and indulged in sex orgies: “he frequently had three women queuing up outside his bedroom door to have sex with him” (p. 145). The reader learns that “there were sometimes five girls a night”, (p. 145) and they all wanted casual sex:

These kids would say, like: “I don't want to be loved by Khabzela. I just want him to fuck me.” And when that thing happened, it's like a trend. You know: “Khabzela fucked me so nice.” So, like, all the places he went to, they used to talk about that. And the others, they would want to have a taste of that too.

(p. 145)

This exposes the sexual behaviour of the youngsters as being hedonist, materialist, predatory, insatiable and shallow. Despite the prevalence of Aids, they indulged in unprotected sex for sheer pleasure. The biography evidently emphasises this behaviour in an attempt to forge morally acceptable alternatives. This is because the new forces of democracy have eroded the traditional cultures that once upheld the virtues of safe sex.

As for Khabzela, the biography shows that the erotic appeal of his celebrity status is a universal problem because “all over the world groupies

6. The biographer seems not to have wanted to sanitise the language of her interviewees. She obviously wanted to capture the “township English patterns” of her subjects. Such English seemingly creates a specific tone and gives the biography a township flavour.

line up to have sex with rock stars, footballers, chat-show hosts – whoever fills the celebrity slot in the particular time” (p. 146). Yet the moral that emerges from accounts of such behaviour is that by being involved in reckless sex, the youth are not only putting themselves in danger of HIV infection and unwanted pregnancies, but that they are placing many others at risk of HIV infection and thus spreading Aids to pandemic proportions. In this way, the youth are presented as being on a suicidal mission: “the disturbing phenomenon among risk-seeking ... men [and women], of ‘bare-backing’ (unprotected sex)” (Graham-Smith 2004: 28). Perhaps Dallimore (quoted by Graham-Smith 2004: 29) has a point, namely that “the growing number of people having unsafe sex in the context in which the risk of HIV infection is high” amounts to suicide on a national scale.

The biography confirms that Aids thrives in a culture of promiscuity, celebrity cults and individual irresponsibility. This confirmation aims to transform perceptions of township masculinity, but actually assumes the proportions of national symbolism. The transformation of sexual behaviour seems urgent in order to avoid national suicide. This need for change becomes even more urgent when the reader witnesses the trail of Khabzela’s destruction as it is detailed in the biography. For instance, when Khabzela’s fiancée, Sibongile, met the biographer, she was already HIV positive, but his other girlfriend, Nonosi, was visibly infected, but was afraid to know her status despite all the signs that she was infected with the virus. Another of Khabzela’s girls “was rumoured to be ill” (p. 93). It follows, therefore, that all those girls who came to him for a “fuck”, or those whom he charmed into sleeping with him in all the places he patronised, are supposed to be infected. Whether or not, at some stage, when he realised that he was infected with the HI virus, he aimed at spreading it so that he would “go down with many victims”, is the most disturbing implication in the biography.

Nevertheless, there were more victims. Khabzela’s uncontrolled sexual behaviour had an impact on the number of unwanted pregnancies and children, most of them born with the HI virus. For example, Sibongile told the biographer that after Khabzela had slept with other women, “babies started coming up, the children that he’d had with other women. When I met him, he had three. So now, he had another two. I hear there are others” (p. 162). Nonosi told the biographer that she knew Khabzela had many girlfriends besides her: “He was mad about girls He had a lot of girls everywhere” (p. 91). However, it is evident in the biography that the phrase “a lot of girls everywhere” is not just a superlative. The reader is aware that “a lot of girls everywhere” soon translates into “a lot of HIV-positive children everywhere”, as Khabzela himself told the biographer: “I drive around Soweto and look at all these women with their HIV-positive children and I think: they’re all mine, mine and God’s” (p. 11).

However, it is interesting to note that when Khabzela contracted the virus, he and his friend Kumza thought that he was being “punished” by God for

his wrongdoing: “God had struck me down with light[n]ing” (p. 11). Consequently, Khabzela saw his suffering and contraction of the disease as payment for his “sin” (p. 11), and not a result of his arrogance, carelessness and predatory sexual behaviour.

In this sense, the biographer sees South African democracy as having relaxed once totalised traditions and cultures in the sense that the new dispensation liberated the individual from the collective. But the biographer seems to be saying that the freedom brought about by democracy also contributed to the lowering of moral standards and strict sexual behaviour, hence the proliferation of Aids after 1994. The biographer indicates that she easily witnessed such change because of her long absence from the country (p. 8). She points out that she experienced dramatic changes, not only in politics but also in culture and gender. She points out that she came back to a “transformed” (p. 8) country where “black townships” (p. 8) were “deeply immersed in the macho, marginalised culture of taxi drivers” (p. 9). The townships were abuzz with the kwaito beat of the “the post-apartheid black youth” (p. 9). These “new cultures” are seen as contributing to the rapid spread of the HI virus.

Myths about Aids

After declaring his HIV status, it seems that one of Khabzela’s major tragic errors was to take advice from people with disparate theories and assumptions about Aids. As said in the biography, many people, far away and around him, used his celebrity status to prove their theories through him and their agenda was that they “all wanted a piece of him. They knew they could become famous through him” (p. 166). It is told in the biography that “even at his deathbed everybody wanted something out of him” (p. 171). In addition, the biographer confesses as follows after being accused of wanting to make money with Khabzela’s story: “I felt desperately uncomfortable: the vultures hovering over a dying animal. It was only later that I discovered that I was merely one of the flock” (p. 16).

Surrounded by close friends such as Kumza and Satch, who believed in sangomas and their muti, Khabzela was misled into believing that there is no disease such as Aids, but that what Western medicine calls Aids is *idliso*, and sangomas can cure it:

This *idliso* is like a black magic thing. They [witches] can put a snake in your stomach. Or a frog. A movable thing that can control your life. With this *idliso* inside your stomach, it can take your money and give it to the person who gave you that *idliso*. You can’t understand what is happening. You get bad luck for the rest of your life. You can be rich and you’ll fall

down. You can be a good writer, and nobody will buy your book. You can be a good runner, and no one will pick you to represent your country.

(p. 133)

Influenced by such views of Aids as being *idlliso*, Khabzela refused to take drugs because he thought that he was not suffering from Aids, but had been bewitched by a woman, as Satch advised: “This *idlliso* is mostly given by wives to their husbands because they want to hold us. You must belong to her only” (p. 133). Sibongile herself knew that “Fana still entertained the notion that he had been bewitched. His sexual behaviour would not come into it” (p. 92). Khabzela and some of his family members, including his Christian mother, believed that he was bewitched by his fiancée, Sibongile.

In this way the biography seems to be saying that people who believe in such myths, resort to finding a “cure” – the wrong cure. To them, they are not curing Aids, but some form of bewitchment. Despite believing in such myths, in a recent nationwide study on whether or not South Africans are aware of major issues around Aids, it was found that “in general, there was good knowledge of the key aspects of HIV/AIDS information, and most respondents indicated correctly ... that HIV/AIDS was not caused by witchcraft” (Shisana 2002: 15).

The case of Khabzela is not one of ignorance about Aids. The main factor, according to the biographer, is that most modern Africans, whom Khabzela symbolises, have a “profound distrust of Western medicine” (p. 245). Khabzela’s manager confirms the view that Khabzela was pulled in opposite directions by “a Christian force and a traditional African force” (p. 70). The factor which makes the traditional African force more powerful in Khabzela’s case is the side effects of ARVs (anti-retrovirals), which feed into the myth that the ARVs are killers, and that the alternative medicines are better: “Fana did take ARVs – for a while. It was in his mind that ARVs would kill him,” said Sibongile. “He took them for a week and then he started taking *sangoma*’s medicine. I guess at some point he just got desperate and took whatever people said would cure him” (p. 161).

In Khabzela’s desperation to find a “cure” for Aids, he stopped taking ARVs, because he “just wanted to take whatever steps would make him better; whether it was kneeling down and praying or taking anti-retrovirals or going to *inyangas*” (p. 171). Sangoma Nene believed that they could cure HIV “by getting rid of the poison” (p. 204). To Nene, HIV is an illness caused by some “poison”.⁷ However, Greg Maloka felt that Khabzela might not have wanted to refuse the use of ARVs, but he believed, like Sibongile, that “at some point, he got overpowered by a particular belief and he thought all those Western medicines were not going to help him” (p. 171).

7. The biographer parodies the ineffectiveness of sangomas’ medicines in Chapter 17.

Nutrition Versus ARVs Debate

The greatest reason for Khabzela's refusal to take ARVs is attributed to one of the "vultures" who all wanted a piece of him – "some woman in Boksburg who gave him yellow pills" (p. 171). She is identified as "Dr Irene" (p. 187), and she is not a medical doctor, but a herbalist. Khabzela believed in Irene's nutritious concoction because he believed in traditional herbs: "herbs are better than anti-retrovirals because those ones can kill me" (p. 187). It would seem that Irene's herbs provided a zone of reconciliation, and not one of contestation, between his two belief systems: the African and the Western. He also believed in her nutritious blend because "after he drank her pills, he started walking. He came back. He was, like, getting fat, and getting his weight back" (p. 187). Then he thought he was "on his way to being cured" (p. 187). Moreover, whilst he was thinking he was being cured, Irene "emphasized over and over again that he mustn't take ARVs" (p. 188), as they would kill him. Nevertheless, the biographer gives evidence that it was not Irene's miracle pills, but the ARVs that had brought him to recovery.

However, before Irene gave him pills, there was Tine van der Maas's African potato mixture prescribed for Khabzela. In claiming fame for "curing" Khabzela, she wrote in newspapers that she had "nursed him back from the brink of death by feeding him [her] special diet" (p. 17) – a "tonic called Africa's solution" (p. 17) – which contained "African potato extracts enriched with plant steroids, vitamins, grapefruit seed extracts and olive-green leaf extracts" (p. 17).⁸

Tine van der Maas had been widely criticised for the Ministry of Health's association with nutritionists, and endorsing the African potato as the better "African solution", instead of the provision of ARVs. Perhaps the social message of the biography in this regard is that the Ministry of Health's "African solution" deceives people into believing that they have found a cure, and as a result refuse anti-retrovirals, which could prolong their lives.

Post-Apartheid Aids Policy

Like many current voices, *Khabzela* may be seen as a swipe at the Government's present Aids policy:

Weak policy responses by most [postcolonial] African governments no doubt also contributed to the Aids pandemic. Poverty made the pandemic harder to fight, but it does not absolve the governments of the responsibility for not acting faster and more aggressively against it. This is especially the case for

8. The failure of Tine van der Maas's African potato and extracts is shown mentioned in Chapter 18 of the biography.

South Africa, which ... has more resources than other countries to combat the Aids pandemic.

(Natrass 2004: 29)

In the biography the weak policy is attributed to the “belief that HIV is profoundly different here to what it is in the West” (2004: 243), but “what puzzles me [“me” apparently representing the collective “us”] is the collection of dodgy Europeans who appear to have been given succour” (2004: 244). In formulating an Aids policy with the assistance of “dodgy Europeans”, the leadership of post-apartheid South Africa is said to have played to the West’s “stereotypes of Africans as irrational, primitive, and hopeless” (p. 244).

This seems to be the broader political agenda of the biography, namely to challenge the Government’s Aids policy and blame it for the loss of Khabzela’s life through having been misled into using an ineffective lemon and garlic mixture instead of taking generally accepted life-saving ARVs: “Fana Khaba’s premature death was all the more tragic because it was preventable. Unlike millions of other people with Aids, he was offered the drugs that might have given him another twenty-odd years of healthy life – possibly until a cure was found. But he refused to take them” (p. 7).

In the *Sunday Times* story, “A Little Boy’s Journey to Health and Happiness”, the biographer returns to the realisation that Khabzela’s death was premature but preventable if he had used ARVs, like young Sello, whom she met when she was researching *Khabzela*. She compares their situations: “In January 2004, Khabzela died Sello was thriving, thanks to anti-retrovirals which Khabzela had steadfastly refused to take” (p. 34).

In this vein, *Khabzela: Life and Times of a South African* can be perceived as endorsing the post-apartheid forces of social and political struggle against the present “comprehensive and holistic” approach to Aids based on an “African solution”. The biography thus becomes “an instrument of ideological contention between the opposing forces that compete for domination and control of the social process” (Hampton 1990: 3) in combating the escalation of the Aids virus. However, it is more than that, as it also demystifies Aids.

Concluding Remarks

Khabzela can be read as redirecting the Aids debate to medical issues rather than to issues such as healthy nutrition and poverty, and the toxicity of anti-retrovirals – matters that get in the way of saving lives. Furthermore, the biography aims to challenge the “mystification around Aids and what it actually does to the human body” (p. 235). To achieve this objective, the biographer reveals to the public Khabzela’s detailed and sensitive medical

history and records (Chapter 22), as evidence that he died of Aids and not bewitchment.

Publishing a person's medical records for whatever noble cause may perhaps be considered to amount to the invasion of one's right to privacy, confidentiality and dignity. Yet the biographer might have felt that violating individual privacy beyond the grave is secondary to teaching the nation about the mystification of Aids. Her mission is made easier by the fact that Khabzela had made public his HIV status, and therefore in the public domain the issues of privacy, integrity, and harm become secondary to public issues. Leiter et al. (2000: 82) argue that the right to privacy is personal, and protects living persons only: "A person's right to privacy ends at death and is generally not transferable to relatives" (Leiter et al. 2000: 82). Despite Khabzela's having no right to privacy beyond the grave, the biographer draws attention to the fact that – apparently as she understood his selflessness through interviewing friends and relatives, and not merely via their three meetings before his death, when he was already suffering from mental lapses – Khabzela would have given such consent if he were alive: "Fana was always open about his life, so willing to use his own experience to help others. I hoped, therefore, that he would not have objected to my publishing this record of what HIV did to him" (p. 235).

In addition, the biography warns against "try[ing] an ever wider range of remedies" (p. 246) to "cure" Aids. Such remedies are judged as "counter-productive" (p. 246) and based on "township spiritual eclecticism" (p. 246). Nonetheless, in fighting Aids, the biography rejects "township spiritual eclecticism" and offers as alternative "orthodoxy" (p. 246) the supply of ARVs to all.

In spite of this, there are forces against such orthodoxy. The first one is medical evidence that ARVs are toxic and need careful use. The second force is that Aids sufferers are indeed looking for a cure, and in desperation are trying anything, for they know there is no cure. They sincerely believe that the remedies they try may be a cure. The third one is that it is now a well-established fact that orthodoxies thrive in totalitarian and fundamentalist societies, and not in truly democratic and dynamic ones like South Africa. Perhaps the desperation to find a final solution to the spread of Aids calls for undemocratic measures, but what if the cure for Aids eventually emerges from dissent and eclecticism? Using the words of Chief Justice Ishmael Mahomed, Chief Justice Pius Langa (2007: 21) sees dissent from orthodoxy as follows: "The orthodoxy of yesterday often becomes the heresy of tomorrow. It is therefore necessary that even in the case of very deeply held and common convictions about what is moral or immoral, just or unjust, the voice of the dissident, the unorthodox and even the apparent maverick must not be suppressed" (Langa 2007: 21).

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