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Critiquing the “Heterosexual Sick African”

by Erik Eckhert

As of 2009, almost thirty years after AIDS was recognized as the disease caused by the HIV virus, the WHO declared that 33.3 million people were HIV positive worldwide, which includes 27 million people in Africa with HIV, most of them in Sub-Saharan Africa (WHO, 2009). Originally characterized in gay, mostly white, middle class populations in the West (particularly in cosmopolitan hubs like Los Angeles, New York, San Francisco), HIV was first imagined to be a “gay plague” (as Gay Related Immune Deficiency or GRID) and a disease of intravenous drug users. Over the subsequent ten years, the extent of the AIDS epidemic in Western and Sub-Saharan Africa gained visibility, and what were perceived to be clear differences arose between so called African AIDS victims and the AIDS victims initially identified in “the West.” Unlike the “people with AIDS” in the West, those in Western Africa were infected with a different strain of the virus (HIV-2) and it was decided that most of the people with AIDS in Africa were heterosexual, with roughly as many women as men being infected (Andalo, 2003). The characterization of “the sick African” in Western AIDS discourse as (paradoxically) genderless and heterosexual ignores the hundreds of thousands of cases of HIV in people in Africa who would, in Western terms, loosely be considered bisexual or homosexual, and is in this sense is blatantly heterosexist.¹ It is true that certain African leaders and organizations vehemently deny the existence of homosexuals in their nations and in effect, marginalize the very real homosexual populations within their borders (HRW, 2003, p. 65-116). But it is also vital to recognize that these heterosexual subject positions are not always so consciously constructed, nor are they always constructed as a result of direct homophobia, or even by heterosexuals. Rather, they are often reified by the very scientific and gay rights discourses that frame much of knowledge we (in the West) possess about HIV/AIDS today. Thus, my aim is to deconstruct the sick African’s requisite heterosexuality by looking closely at how a history of European colonization has resulted in the production of the “authentic African.” Examining efforts by African political leaders and doctors to limit and define who is (not) truly African, and also the nativization and dehumanization of Africans by colonizer (and modern) scientists, it shall be seen that the sick African’s heterosexuality is both produced and required by colonial discourses that haunt the hierarchies of power on which Western AIDS discourse has been constructed.

Perhaps the most visible examples of conscious heterosexism (homophobia) can be seen in the actions of political and conservative religious leaders in many African states. As a case in point, Zimbabwe President Robert Mugabe’s continued moral assault on the gay community has had very real effects on the social and legal requirements for citizenship and thus on the lives of gay men and women in Zimbabwe. In August of 1995, President Mugabe used the Zimbabwe International Book Fair (ZIBF), whose theme was “Human rights and justice,” as a launching platform for his campaign against homosexuality (Dunton & Palmberg, 1996, p. 8). The controversy at the book fair started when the organization Gays and Lesbians of Zimbabwe

¹ Based off sexuality studies conducted by Alfred Kinsey, and subsequently by dozens of epidemiologists worldwide, it is safe to say that 3% of a population sometimes engages in (or has engaged in) same-sex sex (Kinsey, 1948, p. 621). Marc Epprecht reminds us that if “2 percent of infections can in any way be attributed to msm (men who have sex with men), that translates into over half a million people... That number is roughly the same as the entire number of people living with HIV and AIDS in Western Europe” (2008, p. 168).

(GALZ) was told that the government was prohibiting them from participating as “one of the smallest of the 240 exhibitors” at ZIBF (p. 8). At the fair itself, Mugabe gave a moralizing speech railing homosexuals for their disturbance of “traditional family” and “traditional African values” by existing openly and by organizing under the slogan “Don’t hate! Tolerate” (p. 9). Mugabe’s rhetorical language glorifying traditional family values as natural serves to ahistoricize the heterosexual family and thus obscures the work required for the production and policing of gender norms within the family (McClintock, 1995, p. 34-36). By contrast, the homosexual, who is not imagined to be a part of the timeless heterosexual family, is viewed as an “un-African” intruder (Spurlin, 2006, p. 94).

Mugabe’s characterization of homosexuals as unAfrican can be interpreted in the context of a history of colonialism, viewed through a lens of through what Ann McClintock in *Imperial Leather* calls the “paradox of the family.” McClintock informs us that the naturalization and ahistorization of the heterosexual family as an *institution* has ironically been (and continues to be) used as a model on which the *metaphor* of the progressive national family is based (1995, p. 44-45). Historically, the metaphor of the family was used to validate imperial desires by creating an illusion of linear national progress that necessarily involved the colonization of subservient foreign “black children” (p. 44-45). According to Jacqui Alexander in her discussion of the criminalization of homosexuality in the Bahamas and Trinidad and Tobago, “colonial rule simultaneously involved racializing and [over]sexualizing the population, which also meant naturalizing whiteness [and legitimating white rule]” (1994, p. 11). Thus, in order to earn the right to rule themselves, apart from their colonizers, the “elites of the middle class” of colonized populations had to actively conform to European standards for “respectability”/“progress,” which necessarily entailed overcompensating for their de facto characterization as sexual stalkers (the men) and whores (the women), by grounding all sexual desires and actions within the constantly policed (and yet imagined as biological/natural) nuclear family (p. 12-13). Standards for “respectable” gender roles of colonized peoples were simultaneously situated about this socially and economically productive nuclear family, which emphasized the role of women as mothers, and cast men as virile yet firmly in control of their sexual urges (Alexander, 1994, p. 13; Hode, 2007, p. 1-7).

To understand current “Africans” requisite heterosexuality as a product of the self-management practices of “African” colonial populations that came in response to European imposed standards of respectability, it is necessary to consider how the construction of the sick African as heterosexual was also fashioned through the construction of the “African native” by colonizing scientists (e.g. anthropologists, biologists). The genderless (and yet “gender appropriate”) sick African in Western AIDS discourse is a nativized caricature of individuals living with HIV/AIDS in African nations today. In *Where have all the natives gone?* Rey Chow describes the native as a necessary by-product of colonial and postcolonial/modernist discourses (1993, p. 30). “The native is turned into an absolute entity in the form of an image... whose silence becomes the occasion for [the Westerner’s] speech” and a surface on which the Westerner can project their own identity during the process of image-identification (p. 34). The native is necessarily silent because of the untranslatability of their experiences of colonial displacement due to the lack of a “justification/justice for [their] speech” (p. 36). Their justification for speech is not recognized by the colonizer (and hence is not audible in the colonizers’ language), who views the colonizer/native interaction through a lens that renders the colonizer in a positive light; through this lens it appears that both the colonizer, who gains resources and territory, and the

native, who will improve from exposure to the colonizer's wisdom and moral superiority, benefit from this interaction. It is often the case that Westerners use the silence of the sick African to speak in AIDS discourse. Western queer activists used the native's assumed heterosexuality as a way to make political progress in the late 1980s in order to dispel the myth that AIDS was a gay plague (Epprecht, 2008, p. 125). And Western scientists quantify and publish (what can ultimately can be distilled down to) the heterosexual excesses of their patients in their research (Hoad, 2007, p. 90-103). They present epidemiological data (sizes of body parts, numbers of sexual partners, numbers of cases of HIV or AIDS riddled corpses) in statistical plots that obscure identity and potential non-heterosexuality. The final product is accepted in the scientific community as objective, without recognizing the systematic blindness to non-normative sexualities. The blindness is in fact standard to the data sets in these studies; no one wants to acknowledge what they claim not to see because to do so would put them at odds with 20 years of scientific literature. Meanwhile the sick African, whose body and mind has historically been used as guinea pigs for Western medical theories, vaccines, dissections, and exhibitions, remains unheard (Spurlin p. 92-95).

The "native" is often imagined by Westerners to be "authentic" in that they are thought to be pre-colonial and thus unscathed by the corrupting processes of imperialism and modernization (Chow, 1993, p. 44). In modern descriptions that react to the native's "othering" in colonial discourse, they are imagined to be "non-duped," and are thus sanctified by comparison to modern subjects, whose experiences are not deemed to be authentic (p. 52-54). But even in the colonial discourses that coded the native as "other," the native was depicted as authentic by virtue of her/his othering. This othering was most often accomplished by sexualizing, racializing, and subsequently classifying various groups of natives. The term "race," as used by Linnaeus and Darwin, had multiple meanings but was most often used to distinguish species or subspecies; thus the racialization of the native served to obscure the humanity and the agency² of othered peoples (McClintock, 1995, p. 36-44). Because of their sub-human status, natives were believed to be "close to nature" and although unable to control their excessive heterosexual urges, they were not imagined to be corrupted by "[decadence] nor exhibit social traits and behaviors that were assumed to come with a sophisticated level of culture," and in this way were imagined to retain their authenticity (Epprecht, 2008, p. 40).

The authenticity of the native, and specifically of the sick African, is crucial to their imagined heterosexuality precisely because homosexuality is characterized as unnatural/inauthentic (Epprecht, 2008, p. 41). The history of the demonization and subsequent medicalization of the homosexual condition is well documented in biblical and medical texts that portray homosexuality as a sinful temptation, the homosexual as a product of morally questionable urban societies and the homosexual condition as a curable (and later an incurable) psychological disease of an otherwise healthy heterosexual. Interestingly, while the native human condition is imagined to be heterosexual, it was (and in many cases still is) believed that without strict moral vigilance on either an individual or a societal level, the native becomes corrupted. But the native is also imagined to be improvable- their heterosexual instincts manicured to resemble the social notions of respectability to which European colonizers clung during the age of Exploration. Recalling that Western and colonial societies are structured around the

² I used the term agency as Saba Mahmood (who draws on Foucault) defines it. Agency "draws our attention to the specific ways in which one performs a certain number of operations on one's thoughts, body, conduct, and ways of being, in order to [attain a certain state of being] in accord with a particular discursive tradition" (2005,p. 210)

naturalized heterosexual family metaphor, with those who have perfected their heterosexuality (the elite) possessing the right to rule, it can be seen that the creation and maintenance of the heterosexual native is crucial for the maintenance and rationalization of colonial power structures.

Although postcolonial states have thrown off their colonizers (to varying degrees), they continue the colonial legacy that produced the heterosexual family as natural—partly unconsciously as notions of gender appropriate bodies coming together to make babies in order to reproduce the nation fits well with the lingering (from colonial times) parochial structures of many communities in Central and Southern Africa, and partly as a conscious effort to legitimate their government both to the people living within the borders of the nation and to the ghosts of their former colonizers (Alexander, 1994, p. 6-7).³ Mugabe’s homophobic rabble-rousing legitimates the Zimbabwean people as a nation⁴ *to the ghost colonizers* by demonstrating Zimbabwe’s commitment to the strict gender and sexual standards originally created during colonial rule. That the appeal to legitimacy is to the ghost colonizer and not to neocolonial governments (who use neoliberal social models to maintain or reinvigorate colonial flows of capital) is evident by the fact that Mugabe later used colonial standards to criticize whites in Zimbabwe and Westerners (including Tony Blair) who themselves no longer conform to (or demand that others conform to) these moral standards of strict heterosexuality (HRW, 2003, p. 23). Evidently, these legitimating efforts bore fruit for Mugabe who, following his speech at the book fair, used the antigay rhetoric to successfully push legislation outlawing male homosexuality;⁵ he used this as a rallying point against the white officials in the Zimbabwean government to win his 1996 reelection in spite of the crippled state of the Zimbabwean economy and the lack of basic resources for much of the population (p. 18-23).

In the current homophobic social climate in Zimbabwe, whose storms have been intensified by Mugabe’s power consolidation strategies, attacks on GALZ by local and national newspapers, and attacks on, blackmailing of, and symbolic acts of terrorism targeting homosexuals are well documented by the Human Rights Watch. Furthermore, the heterosexual requirement structured into the “nation as a nuclear family” metaphor, which dictates requirements for legal and social citizenship in Zimbabwe, bars non-heterosexuals with HIV from accessing the medical institutions that could provide them with necessary health services by coding them as un-African. The experiences of those who have suffered from institutional heterosexism perpetuated by the medical establishment in Zimbabwe validate my claim:

I had a friend who died. He had AIDS and another STD. He went to a local clinic in Mbare [a high-density area of Harare]. The nurses were not helpful. No, it was worse than that. They embarrassed him, after that he wouldn’t go to a hospital because of embarrassment. They called the other nurses round, they said, ‘come and see, how a man can have an STD in his ass, are you a homosexual?’ He died in part, I think, because he had no place to go (Romeo Tshuma as cited in HRW, 2003, p. 115).

³ Here I use Avery Gordon’s concept of ghostly matters or “those things that are unseen and therefore difficult to measure, but that are nevertheless a seething presence in the social world” (as cited in Gomez-Barris, 2009, p. 19).

⁴ Here I use “nation” as Benedict Anderson uses it— as an imagined community that is both limited and sovereign (Anderson, 1983, p.6-7).

⁵ He (and many other Zimbabweans) does not believe that women can consecrate their homosexuality because there is not imagined to be any penetration during lesbian sex acts (Epprecht, 2008, p. 116).

It can be seen that the medical and scientific communities, both in Zimbabwe and in Western nations conducting research there, not only engage in discourses that code “Africans with AIDS” as heterosexual, but produce them. Because the doctors and state supported health organizations intimidate homosexuals from seeking treatment, they only document cases of HIV in heterosexuals, thus reifying the characterization of “people with AIDS in Africa” as heterosexual. As was described previously, Western scientists studying HIV/AIDS in Southern and Western Africa made little attempt to describe “African AIDS” as a disease that affects non-heterosexuals (Epprecht, 2008, p. 105-113). Even when subjects with HIV across Africa were originally surveyed about their sexuality and sexual habits, the questions were worded in Western terms that did not translate to the cultures being studied (p. 112-114). Questions such as “Are you a homosexual?” or “Have you ever had sex with a member of the same sex?” are not nuanced enough because they assume that Western sexual identities and experiences are universally applicable to all cultures when in fact notions of how sexual practices define an individual (it at all) or notions of what actually constitutes sex (versus what constitutes ritual or game) changes in time and space (p. 112-114). Because it would have required a considerable amount of effort to negotiate the translations of non-normative sexuality and sexual practices; because of the seeming lack of time in the face of the rapidly growing AIDS epidemic in southern Africa; and because of a history of blindness to non-heterosexuality in the literature, questions of non-heterosexual AIDS were (and, for the most part, continue to be) dismissed for the populations being studied. This dismissal of non-heterosexuals with AIDS in the populations studied in Africa went largely uncontested by LGBT AIDS activists in the West and to a large extent, continues to be so today (Epprecht, 2008, p. 125). While part of this inaction can be characterized as a tactical political move by Western LGBT movements to highlight the fact that AIDS is not just a gay disease, I believe that it is also an indication of the movement’s racist disinterest (in the 1990s and today) in incorporating non-Westerners into their struggles.

In the wake of the increased visibility of these Western radical queer movements for social justice, including those that pushed for government and community attention to, and recognition of, people with HIV/AIDS as citizens deserving of rights and care, reactionary Western antigay hate speech (“You will die of AIDS: only gay people die of AIDS”) was appropriated in Zimbabwe (Spurlin, 2006, p. 81; Tshuma as cited in HRW, 2003, p. 115). On the surface, this caustic rhetoric seems to contradict the heterosexual sick African narrative. But looking closely at this language, including the previous quote (originally spoken to GALZ Positive activist Romeo Tshuma by his brother), one can detect a looming sentiment in Zimbabwean society that wishes death/disappearance on homosexuals without acknowledging their shared suffering with heterosexuals with HIV. Ironically non-heterosexuals, msm, and wsw are not included in the group “people with AIDS” in Zimbabwe, while they are simultaneously coded as “people who deserve to get AIDS” or “corpses riddled with AIDS.” Perhaps the reason for the appeal of Western heterosexist speech in Zimbabwe lies in it being Western and originally aimed at Western homosexuals, making it appropriate for debasing a group that has historically been coded as unAfrican. No matter the reason for its appropriation, Western hate speech has indeed been taken up in Zimbabwean society to strengthen the othering of non-heterosexuals, which ironically fortifies Western discourses of the sick African as heterosexual.

I have argued that “the sick African” in Western AIDS discourse has been historically coded as heterosexual because the colonial power structures on which modern Western society rests are built on the assumption of a naturalized heterosexual family. These heterosexist power

structures were reified during the Age of Exploration, when, in order to satiate their own imperial land-lust and to find a natural justification for their own heterosexism, Europeans projected the heterosexual native image on indigenous Africans. Soon after, respectable (neutered) heterosexuality became a requisite for native populations to gain the right to rule. Furthermore, the legacy of the demonization of the homosexual during colonial times continues to haunt post-colonized nations, whose leaders vilify homosexuals in order to consolidate political power. Coloring the sick African as heterosexual emerges out of this tradition of heterosexualization of the native. Modern scientists and doctors, who operate within post-colonial, heterosexist power structures consciously and unconsciously ignore the presence of the non-heterosexual African AIDS patient. And while Western gay rights movements have been slow to critique the heterosexualization of the sick African, Western anti-gay speech has been appropriated in many African nations to marginalize those individuals who do identify as homosexual as unAfrican. How can we, as academics and scientists operating in the West disrupt Western discourses that code people with HIV/AIDS living in African nations as heterosexual? While I offer no definitive answers, three points of action are provided here. We must encourage epidemiologists conducting studies in Africa to cease their well-known practice of assuming a population is heterosexual unless proven otherwise. Furthermore, we must pressure AIDS activists, who already consider the intersection of homosexuality with HIV positive status in Western nations, to do the same in non-Western nations. And finally, I repeat Jaqui Alexander's call to queer theorists at the conclusion of *Not just (any)body can be a citizen* when I say that we must continue to confuse the linear history of European colonization, which necessarily involved the nativization and heterosexualization of colonized peoples, in order to question naturalized heterosexist power formations in societies around the world today.

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