

A Sound Movement

The Good Life and The Culture of AIDS in Africa

15 Vanderbilt Undergraduates on Peter Gomes and Medical Ethnomusicology



Gregory Barz, editor



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Vitter Brett Jaci Jones Reed C'est Alviso Callen South Sonia Beat Cole
Global Faith Cohen Gomes Plays Judah Movement Rebecca Steven
Doliner Malawi Failure Eswaren Uganda Medicine Emanuel
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About the Authors

I, **Ebenezer Abate**, am an American with Ethiopian roots. I was born in India to two wonderful parents who I love dearly. Growing up I wanted to be a professional basketball superstar, but I've realized that basketball is not really my calling. Now at 18 years old, I am attracted to the idea of doing humanitarian work for the rest of my life and hope that my dreams of giving hope to poor and destitute come true. My faith as a Christian has definitely influenced my desire to work in devastated neighborhoods and communities, and I am eager to help build these communities through the knowledge and skills I acquire here at Vanderbilt.

I am **Sonia Ajmera**. I lived in Hong Kong, China for seven years and currently reside in Memphis, Tennessee, and am a freshman at Vanderbilt University. I am on the pre-medicine track and intend to major in Neuroscience. I am also an active participant in Model United Nations, which is where I have received much of my appreciation for the dynamics of global issues. If you looked in my backpack you would find, among the mess of pens and paper, my headphones and a chemistry textbook. I could not live without music; I listen to it all day, everyday. And my passion, since I can remember, has been medicine. I love socks, chocolate, and cold nights when I can just sit by the fire and read a book. And what can I say? I want to help eradicate AIDS one day.

Hailing from Woodstock, GA, **Morgan Aszman** is a pre-med student at Vanderbilt University who is currently planning on studying Physical Therapy down the road. She can normally be found reading anything by Jane Austen, singing in the shower, attending any type of live performance, baking anything including chocolate, or occasionally, hiding away in the library with her Chemistry text. She dreams of traveling the world as she works to help and heal others, and hopes that she can bring joy in to the lives of others no matter what she is doing.

My name is **Jaci Auerbach** and I was born in South Africa and am growing into my own views and beliefs in the United States. I moved to Miami, Florida, from Johannesburg when I was 14 years old, and have learned a lot about myself, and the world around me, from this change. As a freshman at Vanderbilt University, I hope to grow even more as my own person, and to experience even more of the exciting and undiscovered world around me.

Brett Doliner is an 18-year-old student from the suburbs of Tampa, Florida. During his time in high school, he was an enthusiastic baseball player and choral singer. When he was not busy with baseball and other extracurricular activities, he dedicated most of his time to schoolwork, taking a particular interest in the natural sciences. Brett's current activities include weightlifting, singing in the Vanderbilt University Concert Choir, and playing an active role at the Chabad house on Vanderbilt's campus. Brett is on the pre-med track and is currently interested in pursuing an undergraduate chemistry major.

My name is **Suresh Eswaran** and I am a member of the Vanderbilt Tennis Team. I am from Sacramento, California and attended Jesuit high school. In the three months I have been learning from Medical Ethnomusicologist Gregory Barz, I have gained knowledge of the HIV/AIDS virus and its prevalence in Africa and its connection to music.

Morgan Evertz is a first-year student at Vanderbilt University. Born in Orange County, California, Morgan plans on double majoring in *Medicine, Health, and Society* and *Child Development*, and minoring in *Corporate Strategy*. Morgan is passionate about healthcare and service, and is excited to see where this passion leads her.

Joel Jones is currently a freshman at Vanderbilt University in Nashville, TN, and is a graduate of The Lawrenceville School in Lawrenceville, NJ. His home is in Charleston, SC, where he lives by the beach. He is a member of the men's cross country team at Vanderbilt and can often be found running through the streets of Nashville.

Madison Kommor is currently an undergraduate pre-med student at Vanderbilt University. Born in Louisville, Kentucky, this bluegrass native is a dedicated pianist and composer, as well as a member of the Cum Laude and National Honor Societies. Outside of his life of academia, Kommor enjoys the occasional skydive, wakeboard, and cliff dive. Despite his love for the ocean, he possesses an irrational fear of crabs, but nevertheless agrees that they make for a delicious dinner. After graduating from Vanderbilt in the spring of 2015, Madison Kommor will enroll in medical school and pursue a career as a pediatric physician.

Billy McCormick is a first-year student at Vanderbilt University, where he is majoring in Mechanical Engineering. He was born in Pittsburgh, Pennsylvania, and lived there until he came to college. A few of Billy's accomplishments are that he was a Pennsylvania state basketball champion, a three-time state chess champion, and was named captain of his high school varsity basketball team. He enjoys reading, playing video games, and playing sports. A little known fact about Billy is that he has an action figure of himself.

I am **Jeffrey Offerdahl**, a tennis player at Vanderbilt University. I am a devout Texan and am heavily invested in sports. I am undecided on what my undergraduate academic major will be, but I do enjoy writing, history, and business. I am an only child and went to the same private school for middle and high school. It has been a delight to have been in Professor Barz' seminar because it has greatly enhanced my knowledge and interest in the severity of AIDS in Africa and also the intriguing, musical healing measures that have been used to combat the virus.

My name is **Steven Papastefan**, and I hail from Lake Forest, Illinois. I have a brother, Grant, and parents Tom and Valerie. As of now, I wish to be a medical doctor, working in the public sector to improve healthcare distribution around the globe. I am majoring in chemistry and public policy studies at Vanderbilt University. In my free time, I like to play tennis, run and lift weights. I also play the trumpet, and although my future plans are flexible, I hope music remains a constant in my life.

My name is **Michael Retta**. I am both a current freshman and member of the Men's Tennis team at Vanderbilt University. I am the middle child of the five (two older brothers, two younger sisters), and was born and raised in Annandale, VA. Both my parents are of African descent, having moved here approximately 26 years ago from Ethiopia. I am currently enrolled in "Music and Global Health," a first-year writing seminar at Vanderbilt, in which the focus has primarily been on HIV/AIDS in Africa, especially in the country of Uganda. My professor, Gregory Barz, is an associate professor of Ethnomusicology and Anthropology, specializing in the field of Medical Ethnomusicology in sub-Saharan Africa.

My name is **Sophie Vitter** and I am currently a freshman studying neuroscience at Vanderbilt University. I plan to go to medical school after college and pursue a career as a surgeon. I was born and raised in New Orleans and love absolutely everything about it, from Mardi Gras to beignets to crawfish étouffée. As the oldest of four children, I have grown up with the strong belief that family is very important. I have always sought to live my life by this quote by Winston Churchill: "We make a living by what we get, but we make a life by what we give," and I hope that this attitude is reflected in my paper.

Rebecca Wang is from Dayton, Ohio, where she graduated from Centerville High School in 2011. Currently, she is an undergraduate student in the College of Arts and Sciences at Vanderbilt University where she is pursuing a double major in Ecology, Evolution, and Organismal Biology, and Psychology, and a minor in Spanish. In her free time, she enjoys playing the cello, playing tennis, and watching Modern Family. She is also a fan of strangers, bad puns, provolone cheese, and dental hygiene.

Article Précis

Singing to the Crowds: Harmonious Values that Improve, Ebenezer Abate

My chapter aims to place specific values presented in the book *The Good Life* within the context of the HIV/AIDS epidemic in Africa and the use of music and the arts to fight the virus. This chapter affirms the assertion that we as humans are driven by specific ideals to use our talents and gifts in order contribute to a mission or goal that can only be achieved through a communal response or gathering. Thus, my chapter analyzes how the values in *The Good Life* motivate individuals (singers, performers, doctors etc.) in the books *Singing For Life* and *The Culture of AIDS in Africa* to use their specific skills and knowledge concerning music and the arts to eradicate the HIV/AIDS virus and ultimately promote global health.

Condoms, Music, and the Good Life, Sonia Ajmera

The AIDS epidemic is undoubtedly one of the greatest crises our generation faces, especially in Africa, and the solution to many of the issues surrounding the disease comes from an unexpected place—the arts. But we must also recognize an underlying desire for more, an inherent search for the good life that involves every human being. It is this that drives the AIDS campaign in Africa.

Nobility Calling: Hearing the Sounds of “The Good Life” in the Music of HIV-Positive Africans, Morgan Aszman

Music and the arts are being used by HIV-positive Africans in education and communication regarding the spread and prevention of HIV/AIDS. By relying on the values of faith, hope, and love in their message, these Africans display Peter Gomes’ “good life” in the most unlikely of circumstances. Their choices to answer to this noble cause have led to significant successes in fighting the disease, and their efforts serve as encouraging examples to the rest of the world as they search for “good lives” of their own.

Musical Responses to HIV/AIDS Shaped by the Christian Values of Hope, Faith, and Love, Jaci Auerbach

Jaci Auerbach, in her essay “Musical Responses to HIV/AIDS Shaped by the Christian Values of Hope, Faith, and Love” (2011), asserts that artistic responses to HIV/AIDS in Africa are heavily influenced by Christian values, as described by Peter Gomes in *The Good Life* (2003). Auerbach supports this concept by portraying the ways in which countries have responded to the HIV pandemic through musical groups, genres, and songs which all stem from Christian organizations, or from the Christian virtues of faith, hope, and love. Auerbach takes case studies from Gregory Barz’ *The Culture of AIDS in Africa* (2011) and *Singing for Life* (2006) to illustrate the artistic movements emerging from various African nations.

A Vessel for Virtue: Musical Interventions Against AIDS in Africa, Brett Doliner

Themes in Peter J. Gomes’ *The Good Life* are inherently a part of the fight against the African AIDS crisis, and more specifically a part of artistic intervention as a means of prevention and healing. Those who employ art to combat HIV find motivation through the three theological virtues of hope, faith, and love and utilize the four cardinal virtues of prudence, justice, temperance, and fortitude as a means of prevention and intervention in seeking to restore health and happiness to the African continent. However, it is the failure, not the success, of these efforts that needs to be highlighted to make further progress in banishing HIV/AIDS from this world.

Living the Good Life through Discipline, Failure, and Music, Suresh Eswaren

Music and global health are two issues that may not seem related, however they come together to form a beacon of light in area shadowed by death. In this paper I will show you how music plays an important role in the battle against the HIV/AIDS epidemic, specifically in Africa. I will also show how the underlying themes of Faith, Failure, Discipline, Prudence, and Hope presented in *The Good Life*, by Peter Gomes, parallel the values that music brings to AIDS victims.

The Right to a Good Life: Fighting the Stigma and Restoring Rights to Those Affected by HIV/AIDS in Africa Through the Arts, Joel Jones

Following the U.N. Declaration of Universal Human Rights and extending them to Peter Gomes’ *The Good Life*, one can conclude each person has the rights to pursue a good life. Examining those dealing with HIV/AIDS in Africa, however, shows that these rights are not always met due directly or indirectly to the virus. Much is being done with the arts in Africa that helps those affected by the epidemic be able to obtain these rights once again, and thus have a path to a good life available to them.

Living Positively, An Idea That Is Going Viral, Morgan Evertz

The good life can simply be defined by the search for a noble purpose, while faith, hope, and love are the expression of the good life. These values play an integral role in the manipulation of the arts in relation to the AIDS epidemic in Africa. Through the various techniques that each country in Africa implements, it is clear that these virtues emerge from those that are not only HIV-positive, but that also are living positively with HIV.

HIV and the Arts: Africa's Search for Hope in the Darkness, Madison Kommor

This chapter examines the role of the music and the arts in the current sub-Saharan African HIV/AIDS pandemic and focuses primarily on the ability to motivate and restore hope. Through analyses of AIDS-based television programs, choir groups, and dance grooves, this chapter shows the effectiveness of the current arts-based interventional effort in a variety of locations in sub-Saharan Africa. Although the provided case studies show specific instances of success, this chapter compares these efforts to the objectivity of AIDS statistics, questioning their true value in fighting HIV.

Music and Morals as Medicine, Billy McCormick

Billy McCormick describes the good life as one achieved through virtue. He describes how this attitude can be taken towards the fight against the HIV/AIDS virus in Africa using medical ethnomusicology. Music and morals can both be used to prevent the spread of the virus.

Uganda's Embodiment of the Good Life: Tools to Diminish AIDS' Impact, Jeffrey Offerdahl

Despite being different for nearly everyone, the "good life" is something we all wish to achieve. Author Peter

Gomes lays out a set of guidelines detailing what it takes to accomplish the good life in all circumstances, and it is through these concepts that I suggest the HIV/AIDS pandemic can be subdued in Africa. Sub-Saharan Africa, plagued by the disease, attains the good life when their infection rates have become all but dissipated.

Positive, Steven Papastefan

HIV/AIDS stifles the search for *The Good Life* in Africa, where physical weakness and sociocultural instability imprison the ill within their own bodies. HIV-positive Africans communicate with each other and learn to "live positively" with HIV through the arts, which diffuse their insecurities and fears. Through song and dance, they learn that the fight for *The Good Life* is much easier together.

How The Good Life Can Save Humanity From HIV/AIDS. Music! Dance! Virtue! Go!, Michael Retta

Peter Gomes book *The Good Life* (2002) lays the foundation of something most, if not all people want to achieve. It is in my eyes the perfect segue on how the virtues and key concepts represented in this novel can lead to the successful, and hopefully the immediate decline, and the future abolition of HIV/AIDS not just in Africa, but around the globe too.

Living the Good Life Against All Odds: HIV-Positive Individuals in Africa and Their Struggle Against AIDS, Sophie Vitter

This paper connects *The Good Life* with the ideas of medical ethnomusicology through three themes: the difference between monetary success and true success as defined by a good life, the good life interpreted as having compassion and empathy for AIDS victims, and the importance of living positively to create your own good life. These themes are discussed with references to *The Good Life*, *The Culture of AIDS in Africa*, *Singing for Life*, the United Nations Universal Declaration of Human Rights, Kofi Annan's "In Africa, AIDS has a Woman's Face," and many other sources.

Saving Through Song: The Treatment of HIV/AIDS in Africa through Hope and Healing, Rebecca Wang

The HIV/AIDS pandemic is a growing problem in sub-Saharan Africa that has affected the lives of many of its inhabitants. Ethnomusicologists have addressed this issue by focusing on widespread music-based health education in their efforts to assimilate culture into the treatment and prevention of AIDS. This global initiative prompts HIV-positive individuals to live a fulfilling life by spreading messages of hope and healing to the rest of their community.



Introduction

On Gomes, HIV/AIDS, Africa, Music, and Visible Knowledge

Gregory Barz

The papers in this volume represent the best efforts of 15 undergraduates, first-year students in the Ingram Commons at Vanderbilt University in Nashville, Tennessee (USA). The papers were submitted as final research papers for a Freshman Writing Seminar in the Blair School of Music titled, “Music and Global Health” offered in the fall semester of 2011. The students in this writing seminar tackled major issues in medical ethnomusicology that relate directly to the study of HIV/AIDS in Africa and music and cultural issues that pertain (see the original course syllabus included as Appendix A).

The final paper for this seminar required the students to do something unique, namely to incorporate a special text selected for and read by all first-year students at Vanderbilt, Peter S. Gomes’ *The Good Life: Truths That Last in Times of Need* (2003). The groans in the classroom when I first assigned to the topic of the final paper (see prompt in Appendix B) were clearly audible. As a text, Gomes challenged the students in a variety of ways, and most felt that they were “done” with the text by this point in the semester. The students had battled with many of his ideas and religiously convicted attitudes and gestures. Nevertheless, the seminar participants rose to the challenge. The majority communicated both publicly and privately to me that they were grateful for the opportunity to integrate the all-class Gomes reading with their required seminar reading. One student thanked me for facilitating such a meaningful capstone experience. In fact, for many of

The Good Life

the student/authors whose work is presented in this volume, Gomes now represents a text that when coupled with other substantive texts, makes logical sense. In many ways, the prompt for the final research project was intentionally broad to allow for maximum creativity of response. Earlier in the semester, students were asked to respond to much more specific prompts, ones that guided them toward specific theoretical goals. The papers represented in this volume, however, all draw on the same texts (Gomes’ *The Good Life*, Barz’s *Sing for Life* [2006], and Barz and Cohen’s *The Culture of AIDS in Africa* [2011]), yet respond with a variety of pathways through the materials that take us through individual theories related to the expressive culture of HIV/AIDS in African communities and the values that do or not pertain.

This volume is experimental and draws on a conversation I had with colleague Kyra Gaunt in the Fido coffee shop in Hillsboro Village. At that meeting she shared with me several projects that she and her students at Baruch College conceptualized that culminated in electronic publications (epubs). Such attempts to make knowledge production more visible appeal to me—visible knowledge also appealed greatly to the students in this writing seminar. Did the knowledge that we were “publishing” the results of our research change how they wrote? Did they write “better” essays, producing stronger products? Did such “visibility” incentivize them to work harder, to put more effort into their writing? I cannot yet address these questions in anything but an anecdotal fashion. I am not a scholar of SOTL (scholarship of teaching and learning) by any stretch of the imagination. I do know, however, that several students commented to me that the visible nature of the final project both excited and daunted

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them. “What if I’m applying for an internship and someone Googles me and finds this article? I want to impress them, right?” “I want my mom to see my work in the context of my other classmates.” Does “going public” affect the outcome of a class writing project or alter the learning objectives? Definitely. But how does it do so? That matter should be left in the hands of SOTL experts.

So, one might ask *why* I made the concerted effort to go public with these papers? Why now? An easy response is that the growth and development of these students has been inspiring. Each has aggressively developed and grown as a writer, a thinker, and a scholar. Going public in this way is an experiment, one meant to both highlight the efforts of these 15 students and underscore the potential for synthesizing student efforts with materials used in a variety of collegiate contexts. That the students took the task so serious, that they each produced thoughtful, meaningful responses is a testament to the possibilities of such academic experimentation.

What then do the values espoused by Peter Gomes in *The Good Life* have to do with medical ethnomusicology and the culture of HIV/AIDS in Africa? If curious, please read on...

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Chapter One

HIV and the Arts: Africa's Search for Hope in the Darkness

Madison Kommor

"Because of the HIV virus I have attained, I will have to retire from the Lakers today. I just want to make clear that I do not have the AIDS disease, but the HIV virus. My wife is fine; she's negative, so there is no problem with her. I plan on going on and living for a long time, bugging you guys like I always have, so you'll see me around. I plan on being with the Lakers and the League, and going on with my life. I guess now I get to enjoy some of the other sides of living. I just want to say that I miss playing, and will now become a spokesman for the HIV virus because I want people to realize that they can practice safe sex and sometimes you're a little naïve about it, and think it could never happen to you, but it has happened, and I'm going to deal with it, and my life will go on...Life is going to go on for me, and I'm going to be a happy man."

—Earvin "Magic" Johnson

On November 7, 1991, Earvin "Magic" Johnson told the world he had HIV. At just 32 years of age, Magic announced his immediate retirement from the NBA, leaving his fans crushed and the nation lost for words. Contracting the HIV virus in the early 1990s was still considered a death sentence in the United States, giving people with infectious complications only a few years to live. However, where many of those around him saw the end, Johnson saw the beginning—the beginning of a new life dedicated to a fight against HIV/AIDS in America. If Johnson feared the virus, he certainly did not show it, choosing to remain calm and collected as he outlined his plans for the future: "I guess now I get to enjoy some of the other sides of living...[I] will now become a spokesman for the HIV virus...life is going to go on for me, and I'm going to be a happy man" (1991).

Twenty years later, Johnson is still smiling. Through the Magic Johnson Foundation, created by Johnson immediately after his abrupt retirement, Johnson has become one of the most influential and charismatic HIV/AIDS activists in the nation. His foundation has already provided free HIV/AIDS testing to over 38,000 Americans in 16 different cities, as well as educated nearly 280,000 people about the mechanics of the disease and specific methods of prevention. Awarding nearly \$1.1 million dollars to HIV-based community organizations throughout the United States, the Magic Johnson Foundation is not only changing the lives of HIV-positive Americans, but also increasing awareness about the virus and softening the associated stigma in surrounding communities (The Magic Johnson Foundation website, accessed in December 2011).

As in many movements, such the HIV/AIDS activist movement, the ultimate power, influence, and success seen at its peak is characterized and motivated by defining actions. In the Civil Rights Movement, Rosa Parks sat down and Martin Luther King spoke up. In India and South Africa, Gandhi walked until his people and his country followed behind him. And in 1991, Magic Johnson looked down the barrel of a camera and said, "America, I have HIV." This act of public disclosure sparked a flurry of mixed emotions throughout the United States, ranging from fear to admiration, confusion to disbelief. But amidst this flurry of emotions, the silent members of the HIV-positive community experienced a feeling they had abandoned long ago—hope. They witnessed a wealthy, heterosexual American icon address the nation with pride as if to say, "AIDS does not discriminate. We are all at risk." Johnson's courage that day shattered the common stereotypes associated with HIV. No longer was the virus restricted to homosexual males and injecting drug users; everyone was on the same playing field. Johnson used his immediate retirement as an opportunity to build a new understanding of the virus, using the Magic Johnson Foundation as a way to build atop the rubble of the newly splintered stereotype. Twenty years later, Johnson and his foundation still stand tall, their efforts and survival serving as a testament to the power of hope in the face of HIV/AIDS.

However, I find it remarkable that a limiting stereotype in relation to HIV/AIDS even existed at the time of Magic Johnson's retirement. According to the *UNAIDS 2010 Report in the Global AIDS Pandemic*, there were roughly 10.8 million people worldwide already living with HIV at the time of Johnson's public disclosure. Of those 10.8 million, more than half lived in sub-Saharan Africa (UNAIDS 2010). So, did the majority of people in the United States truly believe that there were 10.8 million homosexual males and intravenous drug users infected with HIV? I do not think I will ever truly know the answer to this question, but as I move from the past to the present, it will be important to keep this stereotype, and the stigma associated with this stereotype, in mind.

From the early 1990s to the present, the total population of people living with HIV has exploded, with an estimated 33.3 million people infected worldwide (UNAIDS 2010). A large majority of these cases—roughly—are present in sub-Saharan Africa, where one out of every 20 adults is HIV positive. Although the development and distribution of antiretroviral drugs (ARVs) has proven effective in reducing the severity of the virus, access to these life-saving drugs is frequently limited. The demand is too high and funds are too low. As a result, the virus continues to spread at an alarmingly high rate, and the overall death toll in various parts of sub-Saharan Africa continues to rise.

On a societal level, HIV-based stigma is destroying the lives of people living with the virus on multiple levels. Once their HIV status is made public, they face extreme levels of discrimination in the workplace, oftentimes resulting in job loss, rejection by family members, and potential expulsion from their homes (Barz 2006: 55). According to Rev. Gideon Byamugisha, the first Ugandan clergy member to openly disclose his HIV status, "It is not is not the condition itself that hurts most...but the stigma and the possibility of rejection and discrimination that HIV-positive people have to deal with" (as cited in Barz 2006: 55). With the addition of HIV-related stigma, the war against HIV presents itself as a two-front war, where Africans are losing on the both the medical and societal fronts.

In this two-front war, not only are the people physically succumbing to the terrors of the disease, but society as a whole is also facing implosion. In order to succeed on the medical front, Africans must often address the issues they are having on the societal front—issues of hope. The consistent practice of stigmatization and discrimination against people with HIV destroys the fundamental idea of hope, in which those infected have little motivation to change their sexual behavior. If one is going to die soon, for example, why should one then use a condom? Why should one disclose one's HIV status to a partner or abstain from sex? Without any sense of hope, there is no need for change, but if sexual behavior in Africa does not change soon, the virus will continue to wreak havoc on those who stand in its path. I am suggesting that hope, both as a fundamental idea and an adaptive lifestyle, has the power to keep the AIDS virus at bay in sub-Saharan Africa; the citizens just need to believe. They need to believe that hope exists in every aspect of life, and in some cases, like the current HIV/AIDS pandemic, hope is just a little harder to locate. So, for those who believe and go looking under rocks for hope in the darkness, the question now becomes "what does hope look like?" In essence, "How do we define hope?"

Peter Gomes's *The Good Life: Truths that Last in Times of Need* (2002) attempts to define this principle of hope, describing it as the elusive virtue whose "very existence makes it possible to endure what to those without hope would appear to be hopelessness itself" (Gomes 2002: 281). It is the intangible lights spawned from darkness, a locomotive traveling from despair to salvation. In relation to hope in sub-Saharan Africa, the HIV/AIDS pandemic has all but destroyed its very presence, reducing entire villages and cities to hopeless wastelands. However, as Gomes reminds us, "hopelessness is the context of hope" (Gomes 2002: 277). Only in situations where all hope is lost does the power of hope truly begin to take effect. Gomes would view the pandemic not as an all-out destruction of hope, but as an opportunity for a new breed of hope to grow into fruition. It is a chance to witness the true power of hope as it brings the apathetic out of the shadows and the dying back to life. Hopelessness is the birthplace of hope, and without the presence of hopelessness, the power of hope would cease to exist.

Gomes also comments on hope as a vehicle, in which there is only one route of travel—forward. He writes, "The direction is always forward. We can be instructed by the past, and remembrance is one of the most powerful engines that drives us forward, but forward is the direction in which the engine will move us" (Gomes 2002: 284). Assuming time is a one-way street, hope acts as the vehicle capable of traveling from the present to the future, and from point A to point B. Without hope, or any chance for hope, there is no way of traveling forward in life, and therefore, there is no point in living at all. "To be without hope is essentially to be without a future" (Gomes 2002: 279), so if the people of sub-Saharan Africa cannot find a way to restore a universal sense of societal hope, then they will have no means of removing themselves from a future controlled by the perils of HIV.

When faced with a universal threat, the leaders of any nation must ask themselves many questions. “How did we let this happen?” they may think to themselves, or “How can we protect our people?” Regardless of the specific situation, however, all leaders interested in saving their people will inevitably ask, “How did we survive before?” In Africa, a continent rooted in cultural tradition and communal strength, the answer to this survivalist question will be unique to the specific culture, country, or tribe. However, in almost every instance, there will be some reference to music and the arts. In times of famine, many indigenous cultures would pray to gods in the form of tribal song and dance. Between warring nations, there was almost undoubtedly some form of war chant or dance performed before going into battle. In almost every African culture, the application of music and the arts played a major role in survival. Therefore it is not inconceivable that in face of the present HIV/AIDS pandemic, African citizens would revert back to their cultural roots, and use music and the arts to survive.

This call from the past has currently become the epistemological foundation for a series of organizational groups and motivated individuals, their efforts galvanizing the hope of all who will listen. Reverting back to their cultural roots, these groups are spreading messages of hope and awareness through the well-known societal mediums of music and the arts. They are addressing the HIV/AIDS pandemic head on, actively spreading valuable information about the disease and specific methods of prevention. Highlighted by the combined efforts of individual projects, organizational campaigns, and amateur performance groups, sub-Saharan African countries are using the arts as a form of medical intervention and a carrier for hope in the fight against HIV/AIDS.



In *The Culture of AIDS in Africa: Hope and Healing Through Music and the Arts* (2011), ethnomusicologists Gregory Barz and Judah M. Cohen present a series of case studies and analyses, each of which provides unique, real-life examples of the relationship of arts to the HIV/AIDS pandemic in a variety of contexts in sub-Saharan Africa. Although each chapter is written by a different author and focuses on a specific country's interventional efforts, the over-arching message in almost every

chapter is clear: music and the arts have the ability intervene, educate, and—most importantly—restore hope. Three chapters in particular, Rebecca Hodes' chapter on AIDS-based television in South Africa, Austin Okigbo's study of choir groups, and Daniel Reed's analysis of the “Wake Up! Africa” campaign specifically reference the restoration of hope and its value in the fight against HIV/AIDS.

Among sub-Saharan African countries, the current prevalence rate of HIV positive adults ranges from 0.2 percent in Madagascar to 25.9 percent in Swaziland. However, the largest numerical estimate of the number of infected adults reaches a peak of around 5.6 million in South Africa (UNAIDS 2010). With a prevalence rate hovering around 17.8 percent, the negative stigma directed towards people living with HIV has become overwhelming, exacerbated by the sheer number of infected individuals. In response, the Community Media Trust (CMT) in South Africa launched a small-scale media production in 1999 called *Siyayinqoba*, or *Beat it!* Aimed at providing the public with informational messages about the virus and issues facing HIV-positive people, *Beat it!* quickly became one of the most popular shows on television, securing a primetime spot on national TV from 2003 to 2006, and displaying numbers of over a million viewers per week (as cited in Hodes 2011: 158). In her chapter entitled “We are the Loudmouthed HIV-Positive People,” University of Cape Town professor Rebecca Hodes tracks the development of *Beat it!* from its beginning to the present, and analyzes its overall effect on the HIV-positive community and associated stigma in South Africa.

A large part of *Beat it!*'s success can be attributed to the medium in which it presented to the general public. By embedding AIDS-related messages into television shows, the CMT is able to normalize the act of talking about and dealing with HIV/AIDS in society. Hodes writes, “Television provides an ideal medium for this kind of normalizing: it has been regarded theoretically as one of the most quotidian forms of mass media, both in terms of content in reception. This is due to its ability to broadcast the lives of ordinary people into the private spaces of viewer's homes” (Biressi and Nunn 2005, as cited in Hodes 2011: 160). Television provides the perfect medium for HIV education by allowing the viewer to learn in private. *Beat it!* essentially extends a welcoming hand to the entire HIV-positive community, and in the comfort and privacy of an individual's own home, there is no stigma preventing them from grabbing on. Using television to create a temporary “stigma-free” zone, *Beat it!* speaks messages of positivity and hope to all who are willing to watch and listen.

As opposed to previous forms of AIDS-based media outreach programming, *Beat it!* focuses less on government scare tactics, and more on the positive, human element of living with HIV. It presents itself in the style and format similar to MTV's long-standing series *True Life*, in which a camera crew documents a series of disparate individuals living with a common ailment. However, instead of cycling through ailments like *True Life*, *Beat it!* stays rooted in documenting an issue that has yet to appear on MTV's hit show—HIV/AIDS. The show addresses all issues associated with the topic, ranging from hackneyed conversations about nutrition to controversial statements about sex and intimacy. *Beat it!* takes a private sect of life and places it into a very public atmosphere, fabricating nothing as it dismantles the all aspects of the virus piece by piece. As content producer Cilla Blankenberg describes it, “ [*Beat it!*] doesn't pretend to be anything you haven't seen with your own eyes in the street, or in a rural area or in an urban area...It is very real” (2007, as cited in Hodes 2011: 160). Bringing the cameras to the streets, *Beat it!* places true reality back into the divergent medium of reality television.

Perhaps one of the most notable instances of this reality came during the *Beat it!*'s pilot episode, in which fifty HIV-positive members of the community openly disclosed their status on national television. A tribute to the show's fight against public discrimination and stigmatization towards people living with HIV, this act of mass disclosure began what would eventually progress into an integral part of every episode to come. Every episode then began with a form of public disclosure, in which the presenters would introduce themselves and tell they nation that they were “living positively with HIV” (as cited in Hodes 2011: 162). To this day, the act of disclosure, or making one's HIV status known to the public, still acts as one of the main points of emphasis in *Beat It!*'s educational curriculum, values, and beliefs.

However, the show's fight against stigmatization is not solely based on the act of disclosure. Instead, disclosure is used as a conduit for expressing a much larger idea—the idea of openness about the virus and acceptance of those already infected. It is the first step towards living a “positive” life with HIV, in which loved ones can transform from “those who don't know” to “those that can help.” In essence, the act of disclosure is a verbal leap of faith rooted in the hope of liberation from stigma. In the fifth episode of the series, support group member Faghmeda Miller recounts:

Before, I was a very shy person. I never used to go out. But today I go out in the community and I speak about HIV and AIDS, and I can say that it has changed my life for the better. I just want to tell everyone: “It's okay, when you are HIV-positive you're not going to die. Life goes on.” (2000, ep.5, as cited in Hodes 2011: 163)

Embracing the transformative power of disclosure, Faghmeda not only receives the support and love from those immediately around her, but also feels the desire to help others cope with the virus. Her openness about HIV allows her to lead by example, and gives her the drive to spread hope to those who have given up. She now has a new will to live, and with a will grounded in a restored sense of hope, her reach is limitless.

Although critics argue that due to the effects of public exposure, this emphasis on disclosure could instead elicit feelings of shock and panic, and therefore increase the effects of stigma on the individual, *Beat it!* remains unmoving in its values and beliefs. The show argues that presenting openness about the disease is a necessity for survival, “an acid test of friendship and an essential matter of self-respect” (Hodes 2011: 163). In response to potential negative effects of disclosure, *Beat it!* constantly reminds its audience to go about disclosing their HIV status in a way that will not jeopardize their safety. Interviews with women who were persecuted as a result of their disclosure are included alongside stories of amelioration in order to emphasize the importance of disclosing at the right time and in the right manner. *Beat it!* puts a heavy focus on the power of choice, and the act of disclosure is no exception. As support group member Anthony Fernandes told his audience, “Disclosure is up to you, there is no bloody law says you have to disclose! I say it makes it easier, but it’s still your personal choice” (2004, ep.6, as cited in Hodes 2011: 164).

To summarize *Beat it!*’s approach to HIV 2005 episode entitled “Take Home 164):

the idea of “living positively” has become the ideological foundation for many HIV/AIDS activist groups

disclosure, Hodes provides a section of the Messages” (2005, ep.1, as cited in Hodes 2011:

- There is no “right way” or magic
- Disclose when you are ready and it
- Disclose gradually over time to the
- Prepare for disclosing by talking to
- Contact support groups and organizations for help.

formula to disclose.
feels right for you.
people you feel comfortable with.
someone directly you can trust, like a counselor.

Alongside an emphasis on HIV disclosure, *Beat it!* promotes the idea of a “living positively” with HIV. In an interview quoted in Gregory Barz’s Ugandan ethnography *Singing for Life: HIV/AIDS and Music in Uganda* (2006), The AIDS Support Organization’s (TASO) head music director Tony Kasule describes positive living as, “a way of changing your attitude towards whatever has happened to you and going clockwise...[it] is sharing your experiences, understanding yourself, making sure that you have enough rest, making sure that you tell those that would understand your situation” (as cited in Barz 2006: 52). Since its beginning with TASO in 1987, the idea of “living positively” has become the ideological foundation for many HIV/AIDS activist groups throughout sub-Saharan Africa, spreading messages of hope and encouragement to all those infected with HIV. Promoting a mentality of “if he can do it, so can I,” HIV-positive members living a positive lifestyle do not simply lead by example, they *live* by example. By “living positively,” HIV-positive individuals are slowly combating associated stigma, and as TASO administrative director Anne Kaddumukasa claims, “By looking at people who claim to be positive and who look healthy, society has come to know that it is not only the bed-ridden person or the person with the skin rash or the thin person who is HIV infected. But one could be positive and still remain healthy and useful...” (as cited in Barz 2006b: 64).

In relation to *Beat it!*, the show’s participants primarily focus on aspects of self-help and self-love, where the upkeep of a strong mental attitude is considered equally as important as maintaining one’s physical health. A “positive lifestyle” requires active care of both mind and body: from nutrition and mental health, to exercise, vaccination, and adhering to antiretroviral treatment (as cited in Hodes 2011: 167). Also, spreading information about the transmission of the virus, medical symptoms, and methods of prevention coexist with healthy life choices at the core of “positive living.” The ultimate goal, however, is to re-instill a sense hope within the HIV-positive community, in that exposure to knowledge about the disease and methods of prevention and treatment will empower the hopeful to reach out to those afflicted by the virus. *Beat it!* guest and women’s rights activist Sisonke Msimang encapsulates the message of “positive living” when she says:

We need to think different about our messages, produce messages that are about a whole person, a complete person, a healthy person, mentally, physically, and spiritually. And then we’ll be on the road to empowerment for both boys and girls. (as cited in Hodes 2011: 167)

A complete, dynamic message about the dangers of HIV and possibilities that still remain after contraction is the only way in which the current generation can empower the next generation to take action, and through acts of “positive living,” the youth are beginning to listen. Msimang’s stress on the concept of empowerment can be seen in what *Beat it!* calls “the positive community,” in which all its members are HIV-positive and all are living positively with HIV. It is an active community where every member’s individual acts of positive living are pooled together and used as a reservoir for communal support. *Beat it!*’s support groups, consisting of an array HIV-positive individuals, demonstrate the power of the “positive community” on a smaller scale, in which the show’s presenters rely heavily on their support. They offer the encouragement and motivation that empower acts of safe, public disclosure, welcoming all those willing to join a supportive community of love and hope. Viewers from all around the country write letters of gratitude and appreciation to the support group, thanking them for restoring the sense hope they had abandoned long ago. Some even express their own desire to help, claiming that because of the support group’s positive encouragement, they are hoping to start a similar group in their hometown. Acts of “positive living” and promotion of a “positive

Nelson Mandela declared the fight
against HIV/AIDS as the next national
struggle in 1996

community” have the potential to spark a chain reaction that could systematically bring an end to stigmatization and discrimination, using the societal medium of television as a form of medical intervention in the fight against HIV. The potential for hope is there, and Beat it! is leading the way.

However, the arts-based interventional campaign in sub-Saharan Africa is not solely limited to *Beat it!* and other televised forms of mass media. In fact, a majority of the arts-based campaign takes place not behind the glass of a television screen, but in the streets, hospitals, and rural villages of everyday life. Instead of relying on modern technology, organizational groups and motivated individuals throughout sub-Saharan Africa are tapping into their cultural roots, using song and dance as a medium for spreading information and raising awareness about the dangers of HIV. Yet, regardless of the medium sub-Saharan Africans choose to use, the primary goal is the same: restore the hope that has fled in the shadow of HIV/AIDS. Austin C. Okigbo's chapter entitled “Siphithemba—We Give Hope” studies the KwaZulu-Natal, South African Siphithemba Choir, providing a history of the choir group along with an analysis of their effect on the HIV-positive community in South Africa.

Throughout the troubled history of South Africa, music—specifically choral singing—has played an integral role in the lives of the black community. Particularly present in the anti-apartheid struggles, choral singing served as a vessel for quiet forms of communal protest and public dissemination of thoughts and ideas. Today, the cultural tradition of choir groups and choral singing is still very present, where, according to Okigbo's personal recollection of his travels to the Greater-Durban area of KwaZulu-Natal, “One could readily find a large number of choir groups in the townships, including gospel choirs, Afro-jazz vocal groups, and large church-and community-based choirs” (as cited in Okigbo, 2011: 285). However, these choirs are no longer quietly protesting racial discrimination and the apartheid government as they did in the 1960's. Since former President Nelson Mandela declared the fight against HIV/AIDS as the next national struggle in 1996, choir groups and community ensembles have been filling their songs with messages about HIV and the ensuing pandemic. Facing a new national struggle, South African choir groups are banding together, using music and communal support to spread messages of hope and resist the oppressive nature of HIV/AIDS.

One group in particular, the Siphithemba (more commonly known as the Sinikithemba), has grown from a low-income support group to an internationally traveling choir group, singing songs about HIV and their struggles to countries all over the world. Based out of the Sinikithemba Clinic in McCord Hospital in Durban, KwaZulu-Natal, South Africa, the Sinikithemba was originally commissioned as a support group, tasked with providing counseling and communal support to those infected with HIV. Meeting once a week to discuss personal issues related to the virus, as well as engage in communal worship and prayer, the Sinikithemba support group was founded by Mrs. Nonhlanhla Mhlongo in 1997, and in just two short years, grew to comprise of 500 HIV-positive members (as cited in Okigbo 2011: 287). Providing a space where HIV-positive members of the community could speak openly about their experiences with both the physical and mental hardships of the disease, the Sinikithemba clinic became an invaluable place of refuge for all those involved, serving as a beacon of hope in times of extreme stigmatization and discrimination.

It was not until a few years later, however, that the Sinikithemba began to sing. Due to extreme levels of discrimination in the community, many members of the Sinikithemba lost their jobs, and as a result, had no way of providing for their families. In an effort to generate income, the members of the support group began producing various craft works, primarily focusing on the production of beads. To pass the time as they worked, members of the Sinikithemba sang gospel tunes and hymn choruses, finding that their voices combined in beautiful harmony. Sinikithemba group member Nomusa recalled a day in early 1998 where after work, the group continued to sing and dance for several more hours. “It was like we all went crazy that day,” Nomusa said, “everyone was watching. So Nonhlanhla [Mhlongo] suggested maybe we should form a choir” (as cited in Okigbo 2011: 288). Since that day, over forty members of the Sinikithemba support group have been singing to anyone who will listen, harmonizing under the banner of the Sinikithemba Choir group.

Sipithemba choir

Rooted in values of openness, acceptance, and community, the Sinikithemba craft their music to reflect the same sense of community and hope that brought them together. A majority of their songs are composed as a group, giving each member an equal chance to embed personal emotions and experiences into the song's core progression. However, according to Okigbo's observations of Sinikithemba choir rehearsals, the manner in which each song is created varies between three distinct methods of composition: adaptation of preexisting songs, creation of a brand new theme and melody, and a fusion of multiple songs centered around a common theme (as cited in Okigbo 2011: 291). Similar to Okigbo, I will elaborate further, focusing on the first two of these approaches.

The most common form of Sinikithemba group composition can be seen in the adaptation of preexisting songs, in which new, HIV-related lyrics are inserted to known gospel melodies and combined with pre-existent lyrics. For example, "Izizwe Mazihlome" ("The Nation Must Arm"), a gospel song originally recorded by Obed Shangase, involves a proverbial call to arms in the fear of an attack by the devil. The Sinikithemba, however, replace the word amakholwa (Christians) with Izizwe (the Nation), and the word sathane (devil) with isifo (disease or sickness) (as cited in Okigbo 2011: 292). The lyrics of the first section of the Sinikithemba's "The Nation Must Arm" read:

Nguyelo uJeso (or Usomandala)
 Owayekhona ekuqaleni
 Kuse nguye namhlanje
 Call: Izizwe mazihlome bo
 Response: Izizwe azihlome nasi isifo sihlasele
 Call: Izizwe mazihlome bo
 Response: Izizwe azihlome nalubhubhane luhlasele
 Response: Izizwe azihlome naligciwane lihlasele
 Call: Zingahlomi ngezibhamu
 Response: Zihlome ngolwazi lokuvikele ubhubhane

This is Jesus
 Who was there in the beginning
 He is still here even now
 The nation must arm
 The nation must arm for the disease
 attacking us
 The nation must arm
 The nation must arm for the disease
 attacking us
 The nation must arm for the disease
 attacking us
 They mustn't arm with guns
 But with knowledge of disease prevention

Although the lyrical adaptations are relatively small, the Sinikithemba choir group transforms "The Nation Must Arm" from a religious hymn to a song based in fighting HIV/AIDS. Adapting and manipulating pre-existing songs gives the choir and its audience the luxury of working with a familiar framework, establishing the potential for immediate connection between music and the listener. In instances where the choir is attempting to spread information about HIV and practical methods of prevention, these adaptations oftentimes prove more effective than original melodies and themed lyrics because of the effects of familiarity on the human brain. When exposed to sensitive material like information on sex and HIV/AIDS, it is likely that the listener will feel uncomfortable or, as in many cases, just avoid confrontation with the material at all. However, if the same information is expressed in a way that the listener has already been exposed and/or is already comfortable with—for instance, a familiar song—

then there is a much higher chance of the listener retaining what he or she has heard. Therefore, by using adaptations of familiar songs, the Sinikithemba choir group can spread information on HIV in a much more efficient manner.

Another, less common method of Sinikithemba composition is the creation of a brand new melody accompanied by themed lyrics. These themes range from struggle and militarism to stigma and denialism, addressing almost every aspect of the HIV virus and its subsequent effects. However, one theme in particular truly speaks to the Sinikithemba and their ideological foundation: faith and hope. The name “Sinikithemba,” Zulu for “we give hope” or “give us hope,” addresses the very sense of hope that group was founded upon, and it is this sense of hope that sits behind the lyrics of many of their songs (as cited in Okigbo 2011: 287, 294). An example of this underlying sense of hope can be seen in the song “Ngizohamba” (“I Am Going”):

Ngizohamba, ngiyekhaya
Ngiyolungisa indawo
Ngobda ekhaya likaBaba
Kunezindlu eziningi
Call/Response: Maningakhathazeki
Kholwani uBaba
Izinhliziyo zenu mazingakhathazeki
Izinhliziyo zenu zingakhathazeki

I am going, I am going home
I shall be okay in that place
Because at [my] Father's house
There are many houses

“Afrique, lève-toi”

Do not worry
Believe in [my] Father
Your hearts should not worry
Your hearts should not worry

By opening with melancholy words of death and despair, the song creates a seeming image of hopelessness. But as Peter Gomes reminds us in the aforementioned *The Good Life*, “hopelessness is the context of hope” (Gomes 2002: 277), and almost immediately after the image is presented, words of hope and comfort take complete control. In the face of death, the song continually chants “do not worry” and “your hearts should not worry,” reminding all of those suffering from AIDS that there is hope and joy in this life and the next. However, while participating in the choir group brings joy to the singers of the Sinikithemba ensemble,

the messages of hope and faith are not meant for the singers alone. They are intended to elicit a sense of hope and faith in the audience as well (as cited in Okigbo 2011: 295). Hoping at least one message will resonate with their listeners, it becomes the choir’s mission to spread hope and awareness through the power of song. In the midst of the HIV/AIDS pandemic, hope has all but abandoned the nations of sub-Saharan Africa, and by singing songs of hope and faith in the shadow of HIV/AIDS, the Sinikithemba choir group is doing its part in bringing the gift of hope.

Up to this point, I have already discussed two distinct forms of art-based medical intervention, both of which take place primarily in South Africa. However, campaigns similar to *Beat it!* and the Sinikithemba choir group are not limited to the southernmost tip of the continent. Organizations throughout sub-Saharan Africa continue to use the arts as form of medical intervention and a carrier for hope in the HIV/AIDS pandemic, their reach extending from the eastern-most point of Somalia to the Atlantic coast. One such example can be seen in the western country of Côte d’Ivoire, where popular radio hits and dance anthems combine AIDS education with upbeat, convivial entertainment. In his

chapter entitled “C’est Le Wake Up! Africa,” Daniel Reed follows the work of the “Wake Up! Africa” campaign, demonstrating the true power of music as it relates to AIDS education in Côte d’Ivoire.

Although the heaviest concentration of HIV prevalence in sub-Saharan Africa is present in Southern countries like Mozambique, Botswana, South Africa, and its interior countries of Swaziland and Lesotho, the nations of Francophone Africa are also suffering from the virus and its devastating effects. Côte d'Ivoire is no exception, displaying numbers of over 450,000 adults already infected with HIV and a prevalence rate of 3.4% (UNAIDS 2010). Similar to many other sub-Saharan African countries, economic restrictions and the high demand for antiretroviral drugs has made it hard for the country to quell the spread of the virus using a purely medical approach. In response, organizational campaigns in Côte d'Ivoire, in conjunction with organizations in France and the United States, have turned to music and the arts as a form of medical intervention, using popular dance hits to spread information about the dangers of HIV. The "Wake Up! Africa" campaign encapsulates this method of arts-based medical intervention, creating songs that educate about the virus while, at the same time, spread messages of hope to all who choose to listen.

Administered by the Santé Familiale et Prévention du Sida (SFPS) in collaboration with The Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), the "Wake Up! Africa" campaign seeks "to motivate listeners to take personal responsibility to prevent the spread of HIV/AIDS by protecting themselves" (as cited in Reed 2011: 184). Resembling the 1980's anthem "We Are the World," the centerpiece of the campaign is a song entitled "Afrique, lève-toi" ("Wake Up, Africa"), and features over two dozen of West and Central Africa's biggest stars (ibid.).

However, more important than celebrity artists are the lyrics embedded in the core of "Wake up, Africa," referencing the mental and physical aspects of HIV/AIDS while educating its listeners about specific methods of prevention. Similar to the Sinikithemba choir group's songs about hope, the lyrics of "Afrique, lève-toi" begin with images of despair and sadness, and transition into messages of hope and motivation. This juxtaposition of despair and hope is particularly evident in one section of "Afrique, lève-toi":

Mais où va-tu donc Africa...
Ta route est pleine de danger...
Ne vois-tu pas ce torrent
Qui murmure les voix de disparus
Des millions des vies humaines
H.I.V. le roi de virus
A paralysé la mère nature
Sacrificiées par le SIDA
Pourtant le monde nous offre le ciel
Le préservatif
Pour ne pas finir a martyr
D'avoir aimé à la folie...eh...

But where are you going, Africa
Your road is full of danger
Don't you see this torrent
That murmurs the voices of the disappeared
Of millions of human live
H.I.V., the king of viruses
Has paralyzed mother nature
Sacrificed by AIDS
However, the world offers us heaven
The condom
So that we don't end up as martyrs
Who had loved in madness...

Using the condom as a source of salvation, “Wake Up, Africa” blends images of hope with educational messages, creating a “light in the darkness” motif. The song then continues to describe the act of using a condom not only as an act of personal protection, but also as an expression of love for one’s partner. By using a condom, the man is affirming his love by eliminating the possibility of transferring the HIV virus.

In combination with provocative and informative lyrics, the musical style of “Afrique, lève-toi” is upbeat and positive, resembling a modern dance song. Each different musician contributes a little bit of his or her own flare, combining to form a blended harmony that makes its listeners want to get up and dance. This combination of different musicians from multiple nations demonstrates that like music, AIDS knows no boundaries, and in the fight against a continental pandemic, the people of all sub-Saharan African nations must treat each other as equals (as cited in Reed 2011: 188). Additionally, the use of a dynamic and rhythmic genre of music is in itself successful in eliciting feelings of positivity, so when it is combined with powerful lyrics based in images of hope and faith, a musical derivative of constructive interference is produced. In essence, the combination of repetitive dance melodies and hopeful lyrics amplifies the positive feel of the song and sticks in the mind of the listener, making the transference of AIDS-related information all the more successful. Through their hit “Afrique, lève-toi,” the SFPS has the entire nation singing along, breaking down barriers in the fight against HIV/AIDS.

The three chapters of Gregory Barz and Judah M. Cohen’s *The Culture of AIDS in Africa* presented above represent three influential instances of arts-based medical intervention in sub-Saharan Africa that each serve as powerful motivators for eliminating the negative stigma associated with HIV. However, for the vast majority of AIDS victims and HIV positive sub-Saharan adults and children, these programs are either out of reach, or just not powerful enough to completely conquer the medical and societal aspects of HIV/AIDS. As the virus tears through the countries of sub-Saharan Africa, entire villages have been laid to waste, leaving a generation of orphans in its wake. Combined with perpetual famine, AIDS is slowly destroying the societal foundations of sub-Saharan Africa.

In his stalwart article “In Africa, AIDS has a Woman’s Face” UN Secretary General Kofi Annan reports on the link between the AIDS pandemic and the famine in sub-Saharan Africa, attributing a large portion of the severity of the two catastrophes to the erosion of the female foundation, so often critical in times of crisis. He states, “AIDS has already caused immense suffering by killing almost 2.5 million Africans this year alone...Now it is attacking the capacity of these countries to resist famine by eroding those mechanisms that enable populations to fight back—the coping abilities of women” (2002). Annan continues to explain that in times of famine, women proved more resilient than men due to their coping skills. In the midst of a drought, women were the ones who unearthed alternative forms of food, while the men failed to provide food for their families. Passing this information on to their daughters, women have always found a way to keep their families alive.

Two-thirds of all AIDS-associated deaths occur in Africa

However, with the addition of the current AIDS pandemic, the health of these women is quickly deteriorating, and even before falling ill, a woman will often have to care for her sick husband, thereby reducing the time she can spend in the fields gathering food (ibid.). Girls are forced to leave school in order to provide for their families, lowering the education rate for the next generation of women. *The United Nations Universal Declaration of Human Rights* (1948) guarantees the right to free elementary education up to the “elementary and fundamental stages,” but what happens when a woman is forced to stay home and take care of her family? If the elementary education window closes, how can a family living in poverty expect to pay for school? These are real problems in present-day sub-Saharan Africa, and with few signs of the AIDS pandemic relenting, these issues will only become worse.

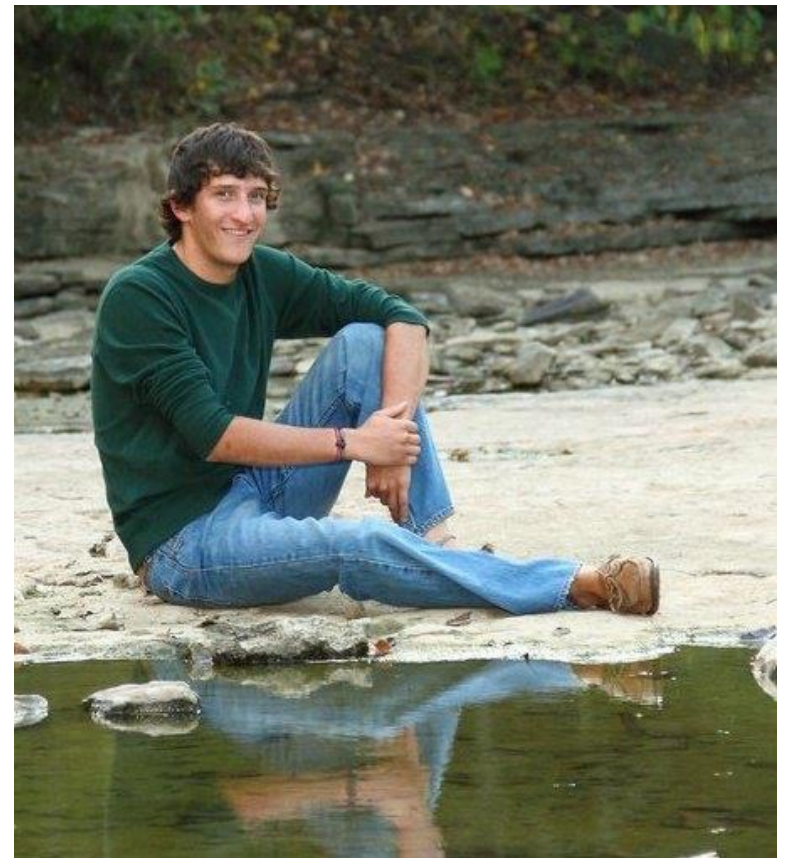
So, after researching three relatively successful instances of arts-based medical intervention—*Beat it!*, the Sinikithemba choir group, and “Wake Up! Africa”—one is forced to question the power and effectiveness of the arts in relation to the sub-Saharan HIV/AIDS pandemic. Do the arts really restore a sense of hope and healing to the people of affected nations, or is the radius of these interventional projects just too small to make a difference? At the 2011 President’s Roundtable discussion during the 56th annual meeting of the Society for Ethnomusicologists, the nation’s most prominent and distinguished ethnomusicologists deliberated over this exact question, searching for validation of the field they have deemed “Medical Ethnomusicology.” Encapsulating all branches of research that involve the direct link between music, medicine, and the overall health of

the human body, medical ethnomusicology is a field in its infancy, and as these tenuous links between human health and the arts are uncovered, one is continually left with more questions than answers.

And questions are exactly what this panel of ethnomusicologists left with. Each keynote speaker presented instances of individual, localized success in reducing stigma, restoring hope, or both, but there was little evidence of a sustained, systemic effect in the production of universal hope and healing. There is still no definite answer to whether or not the arts truly have the power to restore an abandoned sense of hope in sub-Saharan Africa or induce biological and psychological healing, but until there is enough evidence to prove—or disprove—this defining question, medical ethnomusicologists will continue to search for answers.

In my own pursuits of medical ethnomusicology, I found that a key step in determining the efficacy of an arts-based interventional effort lies in individual AIDS education. By asking individuals to plot the development of AIDS on a human body “map,” I discovered that compared to a standard conversations, the participants were more inclined to engage AIDS information on a level that was both personal and educational. Also, the body map served as a way of quietly exposing how much the participants didn’t know, and as a result, pushed them to want to learn more. This desire to learn proved that in relation to AIDS education and awareness, application of the arts was a valid method of intervention. Although my research was by no means comprehensive or original, its positive results show that there is truth at the core of medical ethnomusicology. The ideological foundation is strong, but its practice has yet to be mastered, and as ethnomusicologists continue to try new methods of arts-based intervention, they become one step closer to beating AIDS.

In conclusion, the relationship between the arts and HIV/AIDS offers a unique and versatile insight into the application of alternative methods of medical intervention in sub-Saharan Africa. Barz’s and Cohen’s *The Culture of AIDS in Africa: Hope and Healing Through Music and the Arts* addresses this complicated relationship, claiming that through the efforts of presented case studies and analyses, sub-Saharan African countries are using the arts as a form of medical intervention and a carrier for hope in fight against HIV/AIDS. Three separate organizational efforts were presented as evidence for this claim, including the South African television hit *Beat it!*, the Sinikithemba choir group, and the “Wake Up! Africa” campaign. In her chapter on AIDS-based television in South Africa, Rebecca Hodes analyzes the popular TV show *Beat it!*, in which messages of “positive living” and the promotion of a “positive community” elicit sentiments of hope and healing throughout the country. Austin C. Okigbo shifts his focus to interventional efforts at the grassroots, documenting the journey of Sinikithemba choir group as they sing AIDS-related messages to all who are willing to listen. Broadening the scope of arts-based medical intervention in sub-Saharan Africa, Daniel Reed’s chapter on the “Wake Up! Africa” campaign highlights the power of positivity and hope in popular dance music, breaking down international barriers between HIV-afflicted nations. In addition, the concept of medical ethnomusicology was introduced. With an abundance of motivated individuals and organizational group campaigns each individually using the arts as a unique form of medical intervention in sub-Saharan Africa, music and the arts are playing a major role in spreading messages of hope and awareness about HIV. However, until sub-Saharan African nations applying these tactics begin to show a consistent decline in HIV prevalence, the overall efficacy of the arts as a form of medical intervention will continue to remain entirely in question.



Chapter Two

Saving Through Song: The Treatment of HIV/AIDS in Africa through Hope and Healing

Rebecca Wang

Introduction

Orphaned children. Emaciated faces. Palpable pain seeping through a once-thriving community. This is the face of HIV/AIDS in sub-Saharan Africa. It has the potential of leaving its victims physically abused, emotionally scarred, and socially ostracized. The human immunodeficiency virus is a master of stealth and ruthless in attack. It uses its microscopic size and ability to thrive in bodily fluids to proliferate relentlessly from mother to child, partner-to-partner, needle to bloodstream. Letting your guard down for just one instance—having a single casual sex partner, forgetting a condom a single time, using a single unsterilized needle—can leave you vulnerable and susceptible to contraction of this disease.

Once the virus has successfully entered into enemy territory, it remains dormant in your bloodstream until it is commanded to strike. It starts by triggering symptoms similar to that of a common cold to distract the opposing forces. You may develop a fever, a sore throat, a small headache. However, that “common cold” slowly turns into chronic diarrhea, unsightly skin rashes, and dangerously rapid weight loss over several years. A trip to the local clinic confirms your worst fears: this is no routine military attack—this is full-blown acquired immune deficiency syndrome. You are shocked and ashamed. You have seen how your neighbors have become outcasts in the community when they declared their HIV-positive blood status publicly a few years ago. You need to bring your spouse to the clinic for blood testing and in doing so, admit to your infidelity. You must tell your three children



who were born within the onset of your symptoms that they have most likely contracted the disease as well.

The stigma associated with this disease weighs down heavily upon you, but you know that the personal shame from suffering the consequences of committing a sinful act will puncture your spirits most deeply. However, this sin does not necessarily lead to condemnation. Rather, you can embrace your HIV-positive status and move forward with your life by helping others cope with the disease, learn about the disease, or avoid the disease. The following excerpt, a piece performed by The AIDS Support Organization in Uganda (TASO), suggests just that:

“TASO is Going Forward with Positive Living”

Chorus—TASO is going forward, supporting with positive living

Solo—We now without parents, we should all come together

Now and all times, for those in need

It is a challenge; we should all come together

Encourage one another with positive living as the end

We encourage everyone to never lose hope

We are together in the struggle

Art goes further in instigating intellectual curiosity to learn more

Everyone needs to know the facts about AIDS
Abstaining is the sure way to stay safe
Sponsors, counselors, medical staff, we want to thank you all
And let the almighty Lord bless you all (Barz 2006, 53)

In this piece, TASO emphasizes “positive living”—an ideological focus throughout this chapter. Positive living is a lifestyle that involves acknowledging fellow members of the community; helping others to understand and combat the disease is necessary in decreasing the overall rate of HIV/AIDS infection in an area. Individuals must “come together” by embracing an ideal much larger than their own well being (ibid.). This song takes a very positive approach in referring to AIDS as a “challenge” that must be overcome through unification, encouraging others, and preserving hope (ibid.). This emphasis on unity is held despite stigmas surrounding the disease imposed by the government, religious institutions, and the like.

Although AIDS may be associated with sin or other forms of malfeasance, individual health—and by extension, the study of HIV/AIDS—must be approached from a global standpoint in order to achieve success. A music-based health education has been the focus of medical ethnomusicologists in their studies to subdue this pandemic in an effective, culturally based manner. HIV/AIDS education relies on the efforts of HIV-positive individuals not as a supplementary, but an *integral* part in the prevention of this disease.

HIV/AIDS: An Overview

Although stereotypically associated with homosexuals in the past few decades, HIV/AIDS remains a widespread phenomenon in Africa even today. Two-thirds of all AIDS-associated deaths occur in Africa; however, this continent is home to merely 14.5% of the world’s population (UNAIDS 2010, 25). In an area where this disease runs rampant, the distribution of antiretroviral drugs is not sufficient in slowing down the ever-growing death rate. Biologically based treatments are indeed clinically proven to be effective; however, the cultural deep-rootedness of Africans must be taken into consideration as an important part in widening the distribution of medication and increasing the willingness of affected individuals to seek help and counseling. A prime example of the success of implementing culture into HIV/AIDS treatment is seen in Uganda’s medical history. Because of the decrease from an 18.5% prevalence rate in 1995 to a 4.1% rate in 2003, Uganda serves as a model to its neighboring sub-Saharan African countries (Barz 2006, 51). What makes the actions of Ugandans different from those of others in HIV/AIDS-stricken areas is their focus on educating their youth. Being educated about the disease not only leads young adults to take cautionary measures themselves, halting the transmission of the virus directly, but also increases the likelihood of them spreading awareness of the disease, stopping the transmission *indirectly*. This domino-effect that results from a growing network of HIV/AIDS educated individuals is one of the primary explanations to Uganda’s decrease in infection rates, whereas similar countries experienced an increase over the same amount of time.

Spreading preventative messages is done primarily through forms of art that play a large role in the culture of the community. An integral part of a country’s culture is undoubtedly its language or means of communication. In addition to traditional oral communication, communication can arise via auditory or visual means as well. This multi-faceted exchange of ideas successfully conveys messages regarding HIV/AIDS prevention. It is through these multiple pathways that a country’s culture remains intact, HIV/AIDS prevention messages are spread, and victims of the disease live fulfilling lives regardless of their blood status.

The Face of HIV/AIDS

HIV/AIDS has proven to be difficult to contain because of the ease by which it is transmitted and the multitude of ways in which infection can occur. The virus can be propagated person-to-person in any way that involves the transfer of an infected individual’s bodily fluids to a healthy individual’s blood stream or mucous membrane. This includes the contamination of hypodermic needles, blood transfusions, oral, anal, or vaginal sex, and mother-baby transmission during pregnancy, childbirth, or breastfeeding. Because of the nature of infection, women inevitably play a major role in the detriment of the disease. Even if a previously healthy, married couple becomes infected with HIV,

Living Positively

the woman is almost always to blame, not only because women are more susceptible to the disease, but also because of patriarchic hierarchy inherent in Africa. However, modes of transmission are just one part in understanding the role that women play in this pandemic. The second part they are involved in is much less obvious, yet many times more severe and longstanding in effect. Kofi Annan details this role in detail in his piece, “In Africa, AIDS Has a Woman’s Face” (Annan 2002). Annan describes how famine and AIDS are two problems that, when striking the African continent simultaneously, have devastating effects because of a woman’s essential role in sustaining her family. When famine alone threatens families, women have the ability to seek alternative food sources and keep her family fed. However, when her time is spent caring for her husband, her children, or even herself who is infected with HIV, she cannot expend the extra effort needed to support and provide for her family.

According to Annan, “AIDS is eroding the health of Africa’s women, it is eroding the skills, experience and networks that keep their families and communities going” (Annan 2002). This disease has inadvertently targeted women and in doing so, it has permeated the infrastructure of the African community and thus, the African culture. A family is the basic component of a lively community; if this fundamental unit is disrupted, the community can no longer thrive and build upon its language, art, and music. Because women are responsible for keeping their spouse and children healthy, they must be educated about the disease and how to prevent it or slow down its progress. Only then can they fulfill their role in protecting their families against the debilitating effects of HIV/AIDS. Thus, women are not simply “responsible” for the spread of AIDS; AIDS education and prevention also bear a “woman’s face” that will ultimately prevail against the disease.

Increasing Awareness of HIV/AIDS

In order to be well educated about the subject of HIV/AIDS, victims of the disease must first be comfortable with the idea of being HIV-positive. They must have the sense that, although differentiated by blood status, they are still accepted in their community. Without this reassurance, individuals are less likely to be open to discussing the disease. HIV/AIDS education efforts have focused on advertising their messages ubiquitously throughout the African community. In doing so, they accomplish two things. First, messages displayed around every street corner serve as a constant reminder to use a condom during sexual intercourse, or to go to a local clinic for blood testing. Second, these over-abundant advertisements illustrate that AIDS is indeed a pandemic disease—it is a phenomenon that affects much of the entire continent of Africa very severely. In an area saturated with AIDS advertisements, HIV-positive individuals know that they are not alone in this battle.

For example, a large poster placed at an intersection on Main Street in Zomba, Malawi reads, in bold, large print: “We have already gone for voluntary counseling and testing of HIV. NOW IT’S YOUR TURN!” (Breitinger 2011, 136). Alongside the text is an image of a group of smiling individuals. This message implies that everyone should get tested for HIV and seek help to adjust their sexual behavior accordingly. Although their blood status was not indicated, the smiling actors encourage the message that, regardless of the results of their blood test, they emerged happily because of their newfound knowledge about their status and the ability of this knowledge to prevent the spread of HIV/AIDS. In addition, the poster emphasizes the fact that it is now the reader’s turn to get tested because all of the people pictured have already done so. This inclusion of the readers reassures them that they will not be ostracized from their community for publicizing their blood status; in fact, the poster makes it seem as if it is the norm to be educated about the disease.

... culture acts as the overarching web of belief systems

This poster is just one of many that are a part of the poster campaign in Malawi that focuses on increasing the effectiveness of education efforts in Africa. In order for individuals to be properly educated about HIV/AIDS, they must be comfortable with the disease themselves before they are willing to allow others to preach to them about the disease.

The Role of Education

Education is vital in the fight against HIV/AIDS in sub-Saharan Africa. What makes this dispersion of knowledge so difficult to achieve is the fact that education efforts are most pertinent *before* the actual onset of disease. In many cases, the opposite rings true: when children touch a stove for the first time, for example, they immediately retract and (hopefully) avoid touching it in the future because they associate the heat with pain. However, with HIV/AIDS, there is no “second chance”; rather, there are life-threatening ramifications that result from a single instance of contamination. Those susceptible to the disease—namely, *everyone*—must be educated about ways to avoid transmission.

Education is thus an integral part to living a healthy lifestyle. Article 25 of the United Nations' Universal Declaration of Human Rights states in its first clause, "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family..." (United Nations 1948). Because health is a basic human right according to the United Nations, by extension then so is the education necessary to provide and maintain healthy living. In Africa, this translates to the need for all people—young or old, poor or rich, male or female—to be educated on the detrimental effects of HIV/AIDS, ways to prevent its transmission, and the nature of the disease itself.



AIDS is often referred to as a disease that “does not discriminate” (Barz 2006, 20). On first glance, this statement may seem false; cancer, for example, is a disease that can strike people randomly and unknowingly. AIDS, on the other hand, is most often the result of a misdeed such as infidelity; contracting AIDS is the predictable consequence that results from engagement in such a willful activity. However, despite the consequential nature of this disease, it is referred to as nondiscriminatory because all people are susceptible to its characteristic rapid slimming, oral thrush, and skin rashes that accompany infection. Because HIV/AIDS can have devastating effects on nearly anyone, ignorance of its transmission and effects on the body can indeed be fatal. Being unaware of how AIDS is transmitted endangers people’s health because it puts them at risk of infection. According to the Declaration of Human Rights, this is simply not an option. Education regarding diseases—not only limited to HIV/AIDS—must be available to all people who are seeking it. Ways in which this education is most successfully carried out will be discussed in great detail in the following section.

Effectiveness of Visual Communication

An important aspect in translating educational messages is to take into account the manner in which these messages are communicated. Simply telling an individual about the dangers of HIV/AIDS and its modes of transmission may not be effective because of breaches in comprehension that are the result of a lack of schooling. Thus, a universal language that individuals both understand and utilize regularly is necessary. Culture serves as this method of communication in Africa. Because culture permeates the everyday lives of Africans so deeply, the incorporation of African flavor, tradition, and customs can be evaluated in its role in this communication.

The first of two different forms of communication that I will discuss that incorporate culture in the spread of knowledge is expression through art. Annabelle Wienand developed an interactive workshop in South Africa in which she recruited forty people (of whom were community health workers, treatment literacy educators/trainers, or HIV-positive mothers) to participate in an activity called “body-mapping” (Wienand 2011). In this hands-on activity, participants were asked to create a body map by outlining a group member, after which they would fill it in with words or pictures depicting everything they knew about the human body. Daylong workshops were held to teach participants about ways HIV/AIDS is transmitted and how it affects the body in reference to their drawings. The relationship between the body maps and the participants’ initial knowledge of the disease “further encouraged questions and learning” (ibid., 101).

Wienand's success in educating the 40 participants and even inspiring curiosity among them led my First-Year Writing Seminar at Vanderbilt University of 15 students to recreate a similar interactive activity. First, we divided up into groups of three to four students and mapped our interpretation of a healthy body, an AIDS-stricken body, and modes of HIV/AIDS transmission. Although not necessarily aesthetically pleasing, most of our depictions were accurate as well as thorough as we had studied this disease in the "Music and Global Health" class taught by Gregory Barz, associate professor of ethnomusicology at Vanderbilt. However, we were interested in examining the influence of HIV/AIDS education (or lack thereof) in our peers who were not exposed to the teachings of this seminar.

I approached one of my friends and asked him whether or not he wanted to take part in a project for class. He immediately complied upon seeing crayons and paper; however, when I explained to him the requirements of his drawings, his excitement fell short, but he still agreed to complete what he viewed as my extremely strange assignment. He seemed fairly knowledgeable regarding the transmission of the disease; however, he was unaware of many symptoms that arise from contracting AIDS and was hesitant to depict the biological effects of the virus. Comparing his body map illustration with those of my classmates' participants yielded similar results. However, my body mapper seemed disinterested in the subject and did not ask for additional information regarding HIV/AIDS, nor did he ask me whether or not his drawings were accurate. I initially extended his response to that of all students fairly uneducated about HIV/AIDS and was sadly disappointed at this lack of interest regarding a disease that is not only proliferating in Africa but also affects half-a-million Americans (AVERT 2011). However, after comparing notes with my classmates, we found that most of their subjects were very inquisitive, and asked many questions about the assignment and the transmission and infection of HIV/AIDS. Overall, our version of Wienand's body-mapping workshop proved to be insightful. Not only is art a significant tool to use in teaching people who know little-to-nothing about AIDS, but also it goes further in instigating intellectual curiosity to learn more, as we saw in both Wienand's and our own body mapping exercise. This visual form of education effectively quells any literacy barriers that Africans may face as well as easily and efficiently educates them about HIV/AIDS.

Effectiveness of Auditory Communication

In addition to visual communication, auditory communication has an equally important yet different approach in the education of HIV/AIDS. Besides language, alternative forms of communication often occur via music, in the form of song or instrumental music, or a combination of the two.

The connection between music and its apparent ability to treat disease is the subject of study for medical ethnomusicologists. Ethnomusicologists study folk or traditional music and their relationship with culture; medical ethnomusicologists study this relationship in its role as a healing mechanism. The findings of these recently emerging fields are profound in their implications for further research in disease combat. Many previous studies have concluded that music undoubtedly has a biological impact on the human body. Different genres of music have different effects on people, which can lead to changes in blood flow, perspiration, and heart rate, to name a few (Roseman 2008, 39-31). In addition, music has been found to alter brain activity and calm patients, a potentially useful technical in music therapy in Alzheimer's patients (Brummel-Smith 2008).

Apart from the prospects of numerous biological responses to music, music can also be used to communicate messages that affect the thoughts and social interactions of individuals. Music is a powerful tool that can be used to bring about social and behavioral changes that affect the lifestyle of those susceptible to HIV/AIDS. It can translate messages advocating for abstinence, the use of condoms, fidelity in marriage, blood testing, and countless other actions that lead to a healthier community and the prevention of HIV/AIDS. Ethnomusicologist Kathleen J. Van Buren documents her findings on how music can effectively be used to address HIV/AIDS in her article, "Music, HIV/AIDS, and Social Change in Nairobi, Kenya" (Van Buren 2011). The Kenyan musician, Kunguru, uses music to send messages of warning to the youth of his community: "Attention, attention to all the young general in this nation ... Take control tumia cd, bila haya (Take control, use condoms, without embarrassment)," he sings (quoted in Van Buren 2011, 74). Here, he advocates for the practice of safe sex in order to reduce the transmission of the HIV through sexual intercourse.

While Kunguru directly addresses the problem and blatantly provides a solution, the manner in which he preaches this message to members of the community makes a difference in its efficacy. Rather than simply telling these individuals to change their behavior or chastising the youth of their promiscuity, he instead communicates the same messages through song. Music has a more lasting impression on the community because music is an essential component of the culture in Kunguru's Kenya. Just as cultural traditions are passed down from generation to generation, so too are prevalent childhood songs to one's offspring. Thus, messages translated through song lyrics are more permanent within a culture because as time increases, more and more generations become exposed to the songs. Messages teaching individuals about safe sex can

eventually become public knowledge and common practice as an increased number of listeners heed this advice. The HIV/AIDS prevalence rates will eventually decrease due to the cautionary actions of individuals.

Through educating the youth on ways to prevent the spread of HIV/AIDS through his music, Kunguru will successfully contribute to the decline of infection rate and containment of the virus. As ethnomusicology furthers in study, particularly effective juxtaposition of images created from specific song lyrics may be employed to yield the best results in terms of lasting impressions that contribute to the overall decline in the spread of HIV/AIDS throughout sub-Saharan Africa.

Living Positively with HIV

Despite widespread educational efforts made to slow down the progression of HIV/AIDS, the infection of individuals remains inevitable at the moment. However, it is the manner in which these individuals cope with the disease that influences how severely debilitating AIDS can be. One of the most deleterious repercussions AIDS is known for is its ability to separate those with HIV from those without HIV. Physical separation is unavoidable; victims of AIDS visibly manifest unhealthy symptoms that differentiate them from their healthy counterparts. In addition, those experiencing the late stages of AIDS are relegated to isolation by bed rest, unable to interact with other members of the community and perform daily household tasks or chores. Social segregation is seen in AIDS victims as well. Individuals who have publicized their positive blood status can become ostracized from their community. There is a strong stigma against HIV/AIDS because contraction of the disease results from a sexually transmitted virus. This stigma often arises from others' derision; however, separation from society can also be self-imposed. After infection of HIV, individuals believe that they are not sexually viable and are no longer respected in the community; thus, they isolate themselves from others, thereby fulfilling their previously avoidable anxieties. In fact, those who had been recently diagnosed with HIV may be afraid to announce their status publicly. However, according to Gregory Barz in *The Oxford Handbook of Medical Ethnomusicology* (2008), revealing one's blood status is an integral part in living a fulfilling life. In his words, it is important to reveal one's blood status to friends and family in order to "live positively rather than merely living as one who is HIV+" (Barz 2008, 178). This statement implies that individuals should strive to be characterized by their actions rather than by their blood seros tatus.

Rather than being ashamed of their actions and complying with the stereotype and stigma surrounding HIV/AIDS, victims should instead capitalize on this opportunity to continue contributing to their community by helping the HIV/AIDS cause. They can contribute to AIDS campaigns focusing on prevention, treatment, education; regardless of the approach HIV-positive individuals take in combating this pandemic, they will undoubtedly benefit their friends, neighbors, future generations, and ultimately, themselves in their pursuit of a good life.

"summons to nobility"

The Good Life: Accepting One's Blood Status

What does it actually mean to live a good life? How is the good life defined and how does one achieve it? These questions are addressed in Peter Gomes' book, *The Good Life: Truths That Last in Times of Need*. As previously discussed, individuals in Africa must strive to live positively rather than be associated as someone who is HIV-positive. For them, living positively is the holistic equivalent to living the good life. What then, does this mean in terms of their actions and perceptions of the world?

According to Peter Gomes, the good life is achieved by accepting failure (Gomes 2003). Although Gomes draws in situations he encountered growing up in the United States, the acceptance of failure in the attainment of a good life is analogous to the acceptance of one's blood status in the intent to live positively as an active member of the community in AIDS-afflicted Africa. Gomes states that "in a culture ruled by success and by the appearance of success, the reality of failure is unacceptable" (Gomes 2003, 77).

Society has acted upon this notion by simply making failure impossible. This can be seen in grade inflation in high schools, where students strive to obtain a high grade point average for entrance into universities. Even in little league sports that children participate in, certificates or ribbons of participation are given to all players, regardless of whether or not they win games.

So, students get higher grades and young children are not disappointed by losing in the face of their peers. How is living by this dogma pernicious to their future? Quite simply, if students are only fed successes growing up, when failure inevitably falls upon them, they will be at loss as to how to learn from their mistakes. Thus, the potential growth that only failure can bring about is lost as well. Gomes states that it is of utmost importance to “learn how to profit from you failures” (ibid., 84). Failure presents a unique opportunity to grow from one’s mistakes; only from having experienced such a lack of success can one emerge more intelligent and experienced to readdress the issue or tackle new ones. Thus, individuals must first learn to *accept* failure by admitting to their mistakes in order to profit from them.

In relation to the AIDS pandemic in Africa, HIV-positive individuals must *accept* their condition once having their blood tested, and be open about their status to other members of their community. Although no cure for HIV/AIDS exists at the moment and therefore the onset of the disease cannot be reversed once someone is infected, HIV-positive people can nonetheless live positively by helping others who have the disease or are susceptible to the disease.

The Good Life: Spreading Messages Through Cultural Means

After one’s HIV-positive condition has been accepted, the core component to achieving the good life becomes the spreading of didactic messages to others. Once failure has been acknowledged and measures have been taken to rectify any mistakes committed in the past, measures can then be taken to apply this newfound knowledge to ameliorating the others’ lives.

They feel as though their message is more important, something that is needed by their people, and they are willing to do whatever it takes to make sure that it is heard.

Returning to Peter Gomes’ *The Good Life*, these messages can be learned, understood, and preached through faith. Gomes believes that faith is a necessary aspect in living the good life because it acts as an external driving force that assists its followers in leading virtuous lives. He states, “Faith is not some abstract theological construct...[it] makes us conscious of things we cannot see” (Gomes 2003, 256). This implies that faith plays the role of an omnipresent spiritual entity that helps translate and propagate teachings and beliefs that may be difficult to realize on a mundane level.

In sub-Saharan Africa, where AIDS is often associated with a sin, culture acts as the overarching web of belief systems that upholds the kindred spirits and traditions of the community. Culture represents a manifestation of customs, beliefs, traditions, morals, and values that have been passed down, transformed, and molded into the present-day community. Thus, an individual’s deep familial roots explain how culture is used so effectively in translating messages and suggestions interpersonally between members of society. Whereas cautionary words of advice from an adult to a young child may fall on deaf ears, the implementation of culture into these teachings increases their influence on others. Because culture is fundamental to African natives, it can make them more apt to heed messages of warning, just as faith plays a role in making people aware of what they otherwise may have ignored.

One’s own faith contributes to the attainment of the good life by the benefits others can reap from this virtuosity. In fact, Gomes recounts a sermon preached by Professor Gordon D. Kaufman from Luke 5:17-26 that concluded with the thought that “our faith may make a difference for good in the life of someone else” (ibid., 267). Although a pious person may not receive any personal gain from living a faithful life, faith can make a difference in someone else’s life. Similarly to the AIDS pandemic in Africa, infected individuals cannot stop the disease from taking over their body. Although antiretroviral drugs exist, they currently can merely prolong the lives AIDS patients. However, HIV-positive individuals *can* educate others about the disease in order to increase HIV/AIDS awareness. Extending this knowledge to help others is quintessential to living positively despite being HIV-positive.

The Good Life: Having Hope

Alongside extending messages teaching others about HIV/AIDS as a part of living positively, the provision of hope to a stricken community is equally important. Hope is a necessary component in fighting the battle against HIV/AIDS because the presence of hope implies that a future for children who have lost relatives exists. Without this expectation, no efforts would be made toward HIV/AIDS prevention, treatment, or cure. However, throughout the groundbreaking studies made by ethnomusicologists, the foundation for success has already been laid out by the observed decline in prevalence rates in Uganda. This success gives hope to other African countries to emulate their

progress. Their progress was not made sans explanation, however. The decline in HIV/AIDS infection rates was largely due to the employment of music in Ugandan treatment efforts.



In his article, “Singing in the Shadow of Death: African Musicians Respond to a Pandemic with Songs of Sorrow, Resistance, Advocacy, and Hope,” Jonah Eller-Isaacs suggests that “In the HIV/AIDS pandemic, music is a form of creative resistance, providing the hope, strength, and courage needed to stem the tide of destruction” (Eller-Isaacs 2011, 65). Because music has been used successfully in the translation of HIV/AIDS prevention and warning messages, it acts as a beacon of hope to HIV-positive individuals who may be struggling with the concept of living positively in the wake of such a debilitating illness. Despite the severity of the pandemic and apparent hopelessness of the situation, hope is maintained and continuously sought out for throughout communal love and support.

Mahmoud Kayiwa, a TASO drama group member that Eller-Isaacs encountered, stated that, “When we share each and every thing about the disease, we cannot get scared as when we are alone at home” (quoted in Eller-Isaacs 2011, 67). This mentality of interacting with members of the community, sharing hardships, pieces of advice, and mutual support lends itself to the culmination of a single driving force that propagates a community forward: hope. Peter Gomes emphasizes the significance of hope in *The Good Life*:

“The positive direction of hope is always forward, and thus hope always hallows...the future” (Gomes 2003, 281). Hope propels the application of effort—it gives us a reason to push onward and relentlessly seek a solution to AIDS in sub-Saharan Africa.

Music-based health education is the result of this motive, and has thus far proved itself to be a plausible solution. As an initial bit of hope begets a small amount of success, hope is renewed and regenerated, instigating what could be the development of a cure to HIV/AIDS.

The S.E.M. Roundtable Discussion and The Good Life

In November 2011, Professor Gregory Barz organized and participated in The Society for Ethnomusicology's (SEM) President's Roundtable on Medical Ethnomusicology and HIV/AIDS in Africa held in Philadelphia, Pennsylvania. As I was watching the archived video of the discussions held by a group of medical ethnomusicologists, I noticed several parallels between their interpretation of the use of music to educate individuals on the HIV/AIDS pandemic and the teachings of Peter Gomes. Though The Good Life was not a topic of discussion at the Roundtable, several comments and ideas presented further cemented the correlation I have seen between the pursuit of the good life and the contraction of HIV.

Gomes focused heavily on the combination of faith and hope as virtues to follow in leading a good life. I associated these virtues with that of teaching and reaching out to individuals within a community in African countries. Dr. Gavin Steingo, a discussant at the Philadelphia Roundtable, agreed: “By shying away from the sick, we produce our own weaknesses: our ultimate deficiencies” (Steingo 2011). Steingo implies that the isolation of sick individuals is neither beneficial to them, nor is it beneficial to the healthy. He goes so far as to suggest that the worst possible course of action for a healthy person to take is to separate these infected individuals from the rest of the community. At first, I found this statement to be strangely contradictory to traditional disease. Scientifically supported, this knowledge to help others is quintessential to living positively despite being HIV-positive.

At first, I found this statement to be strangely contradictory to traditional disease. Scientifically supported, separating sick individuals from those that are healthy prevents the disease from spreading. Sick students are urged to stay home from school, hospitals have quarantined zones, and even my pediatrician's office has a separate “sick child” waiting area. Containment not only keeps the healthy well, but also keeps the sick away from other possible infections. However, upon further thought, I realized that Steingo spoke not of HIV/AIDS as a disease and its modes of transmission, but rather HIV/AIDS as an obstacle and methods to combat it. The prevention of HIV/AIDS requires a large amount of interaction that traverses within and across communities. Because HIV/AIDS can be transmitted person-to-person, prevention efforts must come from all individuals, whether they are sick or healthy.

Health is a global endeavor, just as HIV/AIDS is a widespread globally effecting disease. According to Lauren Sweetman, a respondent in the Philadelphia Roundtable, “Health is a communally constituted collaborated endeavor in which we all must accept responsibility” (Sweetman 2011). Health is not restricted to individuals; rather, it is a universal pursuit that requires the collaboration of the ill as well as the healthy. The good life, though an aspiration that is achieved on an individual basis, should be a goal that is pursued collectively for a common purpose.

Conclusion

A stigma that has strongly been associated with HIV/AIDS continues to exist in both the United States as well as in Africa. This usually arises from quick stereotypes surrounding the nature in which HIV/AIDS is transmitted; thus, the contraction of HIV/AIDS is often associated with homosexuality, promiscuity, and infidelity. However, with this apparent breach in personal value and moral character comes the value in pursuing an effective solution to this proliferating pandemic. In my Music and Global Health writing seminar, I learned to refrain from attributing AIDS as a specific person's illness and to instead approach it as a nondiscriminatory disease that must be studied in a *global* context. In doing so, we focus on decreasing prevalence rates of HIV/AIDS in a manner that transcends national borders and groups of people—the only way to eventually completely abolish this disease.

began by examining the success of a single country, Uganda, which experienced a decline in AIDS rates in spite of other troubled nations' increases. Here, we discovered that women are often the face of AIDS because of their importance in upholding a familial unit. This unit strengthens as it gathers bits of experience from other members of the community and across generations over time. Culture becomes the unique nexus intertwining members of a community, nation, and continent together. Various forms of culture, such as music and other forms of art are utilized as effective communication tools that educate the general population about HIV/AIDS. If social and behavioral changes are brought about by altering the cultural context in which they are produced, actions that prevent the transmission of HIV will persist.

The value of music-based health education lies not only in changing the behavior of healthy individuals, but also in evaluating the responses of HIV-positive individuals. To live positively while being HIV-positive is the lifestyle that must be adopted in order to live a good life. Peter Gomes attributes the good life to accepting failure, living faithfully, and spreading hope to others. HIV-positive individuals can do the same in accepting their blood status, embracing their culture to abet AIDS educational efforts, and spreading hope to their community to propagate future successes in this ongoing battle.

Hope is a universal beacon of promise that fits hand-in-hand with our study of HIV/AIDS as a global health issue. Hope is what gives the efforts of ethnomusicologists, scientists, and AIDS-stricken populations purpose and value. Because hope is in fact the driving force behind these studies, it implies that the future is filled with uncertainty. Much remains yet to be unraveled about AIDS, methods of prevention, and the role music plays in its treatment. I have come to accept that uncertainty is inevitable; however, while it may leave more questions unanswered in the relationship between music and the HIV/AIDS pandemic in sub-Saharan Africa, it cannot, and will not shroud



Medical ethnomusicologists tend to focus on the lives and efforts of the people they are studying rather than just a mortality statistic or the disease prevalence among them.

Chapter Three

Nobility Calling: Hearing the Sounds of "The Good Life" in the Music of HIV-Positive Africans

Morgan Arzman

*Out there somewhere, alone and frightened
Of the darkness, the days are long
Life is hiding, no more making new contacts
No more loving arms thrown around my neck
Take my hand now, I'm tired and lonely
Give me love, give me hope
Don't desert me, don't reject me
All I need is love and understanding
 Today it's me, tomorrow someone else
 It's me and you, we've got to stand up and fight
 We'll shed a light in the fight against AIDS
 Let's come on out, let's stand together and fight AIDS
In times of joy, in times of sorrow
Let's take a stand and fight on to the end
With open hearts, let's stand out and speak out to the world
We'll save some lives, save the children of the world
Let's be open, advise the young ones
A new generation to protect and love
Hear them singing, playing, laughing
Let's give them everything in truth and love
Take the message, cross the frontiers
Break the barriers, we'll fight together
The doors are open, we'll lead the struggle
We won't bow down now, no we will fight on ("Alone," Philly Bongoley Lutaaya, 1989)*

April 13, 1989. Uganda's most famous and beloved pop star Philly Bongoley Lutaaya announced to the public that he was HIV-positive and dying of AIDS. Reactions across the country were those of utter shock and disbelief. How could someone of such status, wealth and talent contract a disease meant for the common man? How could his morals have become so corrupt? Why is God punishing him so? Rather than succumbing to the weight of the rumors and the stigma so commonly associated with the disease, Lutaaya decided to use his position and his music to raise awareness regarding HIV/AIDS (Zaritsky 2011: 37). Here, we read his words. His lyrics in the popular song "Alone" speak of the loneliness and isolation he experiences as a person living with HIV/AIDS as he states: "No more loving arms are thrown around my neck." Lutaaya begs the listener to reach out to him and not desert him in his struggle. He is hopeless, or so it seems. However, as the song progresses, we see a new light, a new

hope begin to emerge. Lutaaya moves from an attitude of defeat to one of defiance and strength. Calling out to his people to stand up against this wicked disease, Lutaaya says, “Let’s take a stand and fight on to the end. With open hearts, let’s stand out and speak out to the world.” Philly Lutaaya is one of many HIV-positive Africans who have adopted this mindset of “stepping up” or “stepping out” of the disease itself. They have consciously chosen to speak out to their own people and to the world about HIV/AIDS despite the tragic reality of their circumstances. They see something that is much larger than them, a call to some sort of noble cause, a bigger picture.

This concept of nobility is something that Peter Gomes, seasoned author and Harvard University minister, presents to us in a book entitled *The Good Life: Truths That Last in Times of Need*. In this work, Gomes presents many questions regarding the definition and application of a “good life” and what one must consider and adopt in order to achieve it. He outlines several virtues and explores their potentials in people’s lives, as well as defining complex terms such as success, failure, freedom, and discipline. Addressing the current world’s obsession with success, Gomes suggests that perhaps we can actually benefit more from our failures. He explores the depths of the virtues faith, hope, and love and how we can apply them in our own lives. However, Gomes’ main point in his book takes these values and extends them in to a globalized picture, claiming that the good life rests in the manifestation of these virtues in pursuit of a noble cause. At the beginning of the book, Gomes introduces the interesting idea of a call to nobility. He writes:

What will be our call to greatness, our summons to nobility? In this season of endless prosperity and self-interest, is there anything that will require the best of what we have to offer? Is there any cause great or good enough to provoke goodness and greatness in us? (2002: 16)

This is the foundation of Gomes’ good life. The good life includes not only our personal interpretations of virtues, but the application of them in the world around us. The ideas he discusses throughout his work are hinged on whether or not we, as citizens of this world, are willing to step in to a bigger picture, a noble cause. As we proceed forward in our exploration of HIV/AIDS in Africa, we will be evaluating the efforts of those “stepping up” in regards to Gomes’ idea of answering a call to nobility.

This “call to greatness,” this “summons to nobility” is being answered by people in Africa who are making the effort to speak out against HIV/AIDS by educating their people regarding virtues and morals that could save their lives. Virtues of abstinence, fidelity, and positivity are preached fearlessly by people like Lutaaya as they themselves strive to lead a virtuous, “good life” as best they can, given their circumstances. Gomes quotes Professor Sheldon Krinsky in his book as he says, “Virtue means that you have to consider your contributions beyond yourself. It starts with respect for the dignity of other people and the appraisal of your action on others” (Gomes 2002: 43). The question then arises: What exactly are these virtuous contributions that are propelling Lutaaya and his contemporaries in to such a noble cause? The answer lies in music and the arts. The people of Africa are using their music and creative culture to answer the noble call to combat the disease that is ravaging their countries. By harnessing the powers found within music and the arts, these Africans are using them as effective tools of communication, education and encouragement.

In our modern world of Western medicine and technology, music and the arts may seem like powerless weapons in this battle against HIV/AIDS. However, in the African culture, they serve as some of the most effective tools employed overall. In countries such as Uganda with a high HIV/AIDS population, as much as fifty percent of the population can be illiterate, due to the fact that Uganda has a thirty-eight percent primary completion rate in education. This means that only thirty-eight percent of Ugandan children at the specific graduation age are completing primary levels of education. In the United States, the primary completion rate is ninety-four percent (Country Cooperation Strategy 2009). In addition, the number of people with regular access to books, televisions and radios is even lower. The poverty that engulfs many African countries is a large contributor to these statistics. The lack of efficient transportation and economic structure, along with the extreme monetary needs of the people within these countries makes widespread communication extremely difficult. In response, music provides an accessible, comfortable way to communicate the messages of prevention and education regarding the disease. Dance, drama, and music provide creative ways to display a much needed and often obstructed message to an extremely vulnerable people.

Music and the arts play significant roles in many aspects of the African culture. They are used in celebration, mourning, entertainment, battle, and simple communication. In the fight against HIV/AIDS, music and the arts serve similar purposes. Three of these purposes can be found in Ric Alviso’s article, “Tears Run Dry: Coping with AIDS Through Music in Zimbabwe” found in Gregory Barz and Judah Cohen’s collaboration of research entitled *The Culture of AIDS in Africa: Hope and Healing Through Music and the Art* (2011). The first of these is education and entertainment. While these two terms seem like different concepts, they work in tandem with each other in the African society. Musicians seek to educate their audiences while keeping the atmosphere comfortable and enjoyable. Both traditional and contemporary forms of music are employed to educate various groups of Africans that could come in contact with the disease. For example, younger musicians often use nonreligious music and humor to reach their audiences.

Comedic skits and dramas are often included in the performances of these songs as the artists seek to capture attention and entertain while educating. In contrast, older musicians cling to traditional, spiritual songs, laden with realistic messages meant to resonate deep a more mature audience (Alviso 2011: 59).

Alviso states that the goal of this education is to “increase knowledge about an issue, create favorable attitudes, and change overt behavior” (Alviso 2011: 57). Due to the large gap in sex education among young African people, the mentality that HIV/AIDS is an “adult” disease has led to a substantial increase in disease prevalence among the younger generation. Music allows for a mending of that education gap, a decrease in the looming taboo of sexuality, and an increase in knowledge regarding the nature of HIV/AIDS itself and the ways it can be contracted. This knowledge is presented with hopes of a change in attitude towards the reality of HIV/AIDS and an alteration of sexual behavior.

The second purpose highlighted in Alviso’s article is therapy. This idea states that the frequencies and sounds that compose music have certain positive effects on the symptoms of HIV/AIDS (Alviso 2011: 59-60). Music groups such as Zimbabwe’s Mhepo jazz group write music with certain sounds and chord progressions that have been effective in relieving the painful side effects of the disease. Adele Smith, a naturopath working in Zimbabwe believes that by listening to and singing along with these songs, AIDS victims would experience relief from their suffering while also participating in their own treatment (Alviso 2011: 60). This practice of music therapy is new to the world of medicine. It seems to be successful with conditions like HIV/AIDS and others, but there is not a sufficient amount of biological research to support the treatment completely. While this idea is valid and intriguing, more definitive research is required to fully understand the power of this employment of music.

While music therapy serves to help a patient cope with the disease, using music as a healer relies on the power of music to essentially heal the patient completely. Alviso addresses this concept of music as healer as the last purpose of music in his article. Most traditional African healing ceremonies involve music in some way, so the concept of music as healer is not novel to the people of Africa. Healers in Zimbabwe use music and dance to call upon spirits to bring healing to afflicted patients in a treatment process known as a “*biru*” ceremony. In this ceremony, a call and response style of song is utilized as the healer and the participants call out to their ancestors to assist them in fighting HIV/AIDS (Alviso 2011, 60). They are applying a traditional practice to a modern problem. Groups such as the Dzapasi Mbira Group compose songs for these ceremonies, holding on to the tradition of singing and praying to the ancestors for help and healing. They believe that by calling on these spirits, healing will be sent to those suffering from HIV/AIDS.

St. Augustine, “The soul needs to follow something in order to give birth to virtue. This something is God, and if we follow Him, we shall live the good life”

Alviso concludes his article by addressing the political and social environment of Zimbabwe. He says that without an environment that fosters free expression and speech on an issue such as HIV/AIDS music can only do so much. However, artists in Zimbabwe are still choosing to defy the confines of their environment and the oppression of their own people and government as they express their feelings towards the disease. They do not fear the political and social disapprovals or the possible consequences of their actions. They feel as though their message is more important, something that is needed by their people, and they are willing to do whatever it takes to make sure that it is heard (Alviso 2011: 61-2).

Philly Lutaaya struggled with hostile political and social environment as well throughout his journey with HIV/AIDS. When he first announced to the public that he was an AIDS victim, he was greeted with compassion by the press and his people. However, as the news began to spread throughout the country, the reactions shifted to ones of doubt and disgust. It seemed that to the Ugandan society, Lutaaya’s announcement was simply a publicity stunt to sell more records. It would be perfect: Win the country’s pity and their money all at once. But nothing could have been farther from the truth. Adjoa Amana, a representative from the World Health Organization visited Lutaaya to see how he was handling the negative publicity, only to find a badly shaken, brokenhearted man. However, Amana knew the power and position Lutaaya held; she challenged him saying, “If you want these newspapers to stop, then show them why you declared. Do something” (Zaritsky 2011: 37). Lutaaya took Amana’s words and began his campaign against HIV/AIDS. He, like his fellow Africans, chose to brush off all political and social constraints and proclaim his message across the country and the world.

Unlike Lutaaya, I know little of political and social oppression. As a young adult living in the United States, I am guaranteed certain rights and therefore know little about such fear that Lutaaya must have faced daily. Blessed with all the luxuries of a comfortable, middle-class lifestyle, I do not know much about need. I have practically nothing in common with Lutaaya and his fellow Africans, yet recently, I, along with fourteen colleagues at Vanderbilt University, was charged with the task of presenting a message to my peers. This message is the same one that Lutaaya preached to his people; it is the same one that is being heard throughout Africa today. The message was that of HIV/AIDS in the body: how it is contracted, how it affects the body, and how to avoid becoming infected with the disease. I relied on the strength of visual arts to communicate my message as Lutaaya depended on his music. Through a process known as body mapping, I attempted to educate my fellow students regarding HIV/AIDS.

HIV/AIDS is a malignant disease that injects itself in to the human body through the exchange of body fluids. This can come in the form of blood transfusion, sharing needles, and sexual intercourse. Once the disease has entered the body, it begins to prey on the immune system, making the body weak and susceptible to illness. It invades organs such as the stomach, liver, lungs and kidneys causing difficulties and failures within each. The victim loses a significant amount of body weight and muscle mass causing them to tire quickly from seemingly simple activities. As if attacking the inside of the body is not enough, HIV/AIDS manifests itself as rashes and sores all over the skin. However, this horrible disease can be avoided with simple practices such as using a condom and refusing to share needles (HIV/AIDS Fact Sheet 2011). While this message seems somewhat straightforward, it proves to be rather difficult to communicate to the people of Africa. Therefore, an alternative method, such as body mapping, had to be developed.

Body mapping is an art form used throughout Africa that employs the use of drawing to create a comfortable environment in which to teach about the body and disease. The process includes tracing a human body and labeling all body organs and systems as understood by the participant. Then, people are instructed to illustrate how they think HIV/AIDS enters the body and how it affects each body system. I, as an observer of this process, was then instructed to evaluate the drawing and engage in conversation with my body mappers as they explained their thought processes. In my experience, I found that while trying to map how AIDS enters the body, my participants shied away from drawing any genitalia or referring to sexual activity, proving that there is the same level of discomfort regarding the discussion of sexual behavior in American society as there is in African societies. Also, I found clear evidence of a HIV/AIDS education gap, similar to the one existing among the youth of Africa. My mappers were shocked by all of the physical and social side effects of AIDS; they also stated that they received minimal education on the topic in grade school. Much like in Africa, body mapping spurs people in to conversation about HIV/AIDS, lifts the suppression of discussing sexual behavior, and opens the door for questions to be asked and knowledge to be imparted. My experience with body mapping proved that this successful avenue of education is possible through the use of an art form and proves to have a greater effect than many other forms of communication.

With music and the arts as his communication of choice, Philly Lutaaya fought tirelessly to impart a message similar to the one taught in body mapping to his people. Seeing it as his duty, his noble cause, Lutaaya wrote songs of encouragement and warning, performing them all over Uganda. He continued to travel, write, and perform despite his quickly deteriorating health and warnings from his doctors. He frequently spoke at healthcare conventions, schools, and rallies (Zaritsky 2011: 46-7). Lutaaya was not concerned with himself; he had something to say and was not going to stop until it had been heard. In the 1990 documentary *Born in Africa* directed by John Zaritsky, Lutaaya states, “I am not prepared to throw in the towel at all. I’ll go on fighting; I’ll go on, expressing the views I believe in, and I will go on trying to help the people in informing them and trying to answer their queries and everything, so that we may keep this epidemic from spreading” (Zaritsky 2011: 46). As time went on, Lutaaya’s doctors noticed that Lutaaya was beating all the statistics given to him as to how much longer he would have to live. Perhaps, his music was working to not only heal others, but himself as well (Zaritsky 2011: 40).

In regards to music and the arts in the fight against HIV/AIDS, Philly Lutaaya is in good company. There are many HIV-positive Africans suffering from AIDS who are answering this same call to nobility. However, instead of giving in to the physical pain, they are choosing to live with the disease, to “live positively.” The idea of “living positively” is one generated by the African people themselves as a way to cope with the reality of HIV/AIDS in their culture. By choosing to “live positively,” HIV-positive individuals continue to live their lives fully, refusing to be brought down by the weight of the pain and stigma (Barz 2006: 31). Many of them become activists and leaders of HIV/AIDS prevention efforts in their communities. They are taking the circumstances they have been given in their lives and making “good” out of them. In his book *Singing for Life: HIV/AIDS and Music in Uganda* (2006), ethnomusicologist Gregory Barz paints a clear picture of the work of these people and how they are using music and the arts to accomplish their goals. Organizations such as TASO (The AIDS Support Organization) and groups led by powerful women such as Aida Namulinda are using music, dance, and drama to present a message of warning and hope to their people while also providing an avenue for those living with AIDS to express themselves and use their status for the good of their communities.

In addition to the physical pain of HIV/AIDS, there is an intense social pain experienced as well. The stigma of being HIV-positive weighs heavy on an AIDS victim, as they are often deserted by their families and communities and looked upon as immoral. TASO’s Drama Group strives to encourage exactly the opposite. TASO stresses the fact that people living with AIDS should strive to keep living, and looking forward with the willingness to learn and discuss the disease without the weight of stigma (Barz 2006: 52). TASO’s Drama Group accompanies medical outreach programs as they spread information about the disease in hopes of demonstrating the positive lifestyles infected people can continue to live within their families and communities. The TASO teams, being predominately HIV-positive themselves, compose songs and performances that model such a lifestyle and help to further communicate a message of hope to those who seem hopeless (Barz 2006: 53).

Also delivering hope are women such as Aida Namulinda. As a woman in African society, Aida faces yet another struggle in communicating her message. It is not common in African culture for a woman to speak openly about such issues as AIDS, sexual behavior, and treatment. In response, Aida and her fellow advocates use music to catch the attention of their audiences. They sing because they have to. “No one will listen to us *unless we bring our drums!*” she claims. “No one will listen to us *talk* about *Silimu – AIDS – unless we dance*” (Barz 2006: 80). For women like Aida, music is the only voice they have. By using the attraction of both her voice and her body, Aida is able to draw both women and men in to hear her message. Aida’s lyrics are full of the horrific realities of living with the AIDS virus. Being HIV-positive herself, Aida offers a personal message she hopes will speak to her people, informing those who are aware of the reality of AIDS and instilling fear in those still ignorant (Barz 2006: 83-4). Her presence and actions bring hope to her listeners, as she may be the only source of HIV/AIDS education they ever receive.

There are many women in Africa like Aida who are launching a message of hope and healing to their people through music and dance. They have become powerful matriarchs in the battle against HIV/AIDS, despite the fact that women are more vulnerable to the disease. According to the title of his article in the *International Herald Tribune*, Kofi Annan, Secretary-General of the United Nations, states that, “In Africa, AIDS has a Woman’s Face” (Annan 2002). Annan speaks mainly of the heavy AIDS burden felt by the female population of Africa as they both suffer themselves and take care of their suffering families. As the disease continues to ravage the women of Africa, the society as a whole begins to fall apart. Annan says that women are “the backbone of Africa” and that they keep society going through their work agriculturally and domestically (2002). Perhaps, Annan should have included in his article the work of women musically as they continue to reach out to their people despite being the

Fortitude is also necessary in the fight against AIDS in Africa, because it takes courage in a culture that attaches a large amount of stigma to the virus to admit that one has the virus.

population affected most severely by HIV/AIDS. Maybe “AIDS has a Woman’s Face” because it is the women who are standing up most zealously to fight against the disease that is killing them. They hear the call to nobility louder and clearer than anyone else, and they have put aside their own personal comfort as they attempt to prevent someone else from losing their life to AIDS. These women truly are “singing for life”.

As a prominent figure in the United Nations, Annan is charged with advocating global adherence to the United Nations Universal Declaration of Human Rights (1948). Article 25 is of particular interest to the people of Africa as it states: “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family” (United Nations Universal Declaration of Human Rights 1948). Later on, it also ensures security in times of unemployment, sickness, and widowhood. However, in Africa there is no sign of adequacy in the living conditions of many of its inhabitants, nor is there any such security provided. Orphans are stepping up to take the role of parents; women are left to run households and families by themselves; HIV/AIDS victims are shunned by society rather than sheltered. Annan says, “We need leadership, partnership and imagination from the international community and African governments” in order to begin amending these violations of rights (Annan 2002). However, perhaps what is really needed is the message found within the music of the African people themselves.

We have explored the powers of music and the arts as tools in fighting HIV/AIDS and discovered their effectiveness in raising awareness and delivering messages to the people of Africa in ways that they can easily understand. In order to truly be able to relate Peter Gomes’ virtues in *The Good Life* to HIV/AIDS and the arts, it is important to examine the content of these messages that are being so fervently spoken to the African people through the arts. Philly Lutaaya’s message is threefold and very evident in his music and speeches. As he traveled throughout the country of Uganda, he preached what he thought were the most important aspects of HIV/AIDS prevention and treatment.

In response to his personal experience with the disease, one of these messages, and perhaps the most prominent, was that of providing faith, hope, and love to those living with AIDS. “I beg you,” he pleaded before a large audience at Makerere University in Uganda, “give AIDS victims love and understanding. Don’t desert us” (Zaritsky 2011:37-8). Lutaaya also advocated knowledge about HIV/AIDS. He claimed that one had no hope of combating the disease if they did not know how it works. In other words, understanding where the attack is coming from and what strategies work best to fight it is vital if any progress is going to be made regarding prevention. Lastly, Philly Lutaaya spoke out against stigma. In Ugandan society, HIV/AIDS is highly associated with immorality. For this reason, many HIV-positive Africans keep their status a secret so not to fall subject to their community’s criticism (Zaritsky 2011: 43). Lutaaya charged Ugandans to stop blaming others for the spread of the disease, to stop pointing fingers and calling people immoral. Lutaaya believed that it would take a united front to successfully stand against HIV/AIDS, so stigma must be suppressed.

A message similar to Lutaaya’s continued to spread throughout the entire continent, specifically down to South Africa. A nation with a rough political background and a still recovering people, South Africa has been struck hard by the HIV/AIDS pandemic as well. South Africa is similar to Uganda in that it has many music movements rising up to take on the disease. One such organization is the Siphithemba (or Sinikithemba) choir. Translated from Zulu, a language of South Africa, Siphithemba means “We Give Hope,” and this choir does exactly that (Okigbo 2001: 289). In his article “Siphithemba – We Give Hope: Song and Resilience in a South African Zulu HIV/AIDS Struggle,” ethnomusicologist Austin Chinagorom Okigbo addresses the tactics and values of the famous choir.

Most of the members of Siphithemba are HIV-positive themselves or have been affected by the disease in a personal way. The values they include within their songs speak positivity and encouragement to the people of South Africa. Siphithemba finds its roots deep in the Christian religion as it seeks to portray an image of strength and faith in God as a way to combat HIV/AIDS (Okigbo 2011: 294). In addition to their consistent religious message, Siphithemba also stresses the importance of knowing one’s HIV status. They urge people to be tested without the weight of stigma and advocate the practices of abstinence, fidelity and safe sex in their songs (Okigbo 2011: 295). Above all, the choir members bring love and support to the people of South Africa as they refuse to back down in the fight against HIV/AIDS. Okigbo says, “When the members sing for life, they give hope of life to themselves, as well as to the world that has continued to witness the onslaught of the AIDS epidemic. As the struggle continues, their fervent hope for a future global conquering of the virus will not be swayed” (2011: 298).

The virtues of faith, hope, and love that are found in Lutaaya's message, the songs of Siphithemba, and various other arts organizations are pivotal aspects of Gomes' representation of the good life. They are the three "great virtues" that define the good life (Gomes 2002: 234). Gomes believes that not only are they components of the good life, but expressions of the good life actually being lived. He goes on to say, "Thus, faith, hope, and love become both the expression and the objective of the good life" (Gomes 2002: 234). Through their musical message, HIV-positive Africans are actively pursuing this good life as they continue to fight the daily battle against HIV/AIDS.

By weaving these virtues in to their messages, the people of Africa are demonstrating how to live a good life in the worst of circumstances. It is easy to be good and virtuous when situations are easy and carefree, but take all of that away, and the good life is often forgotten. In the Western world, a culture of self-indulgence and selfishness has made many people blind to the true meaning of the good life completely, but the eyes of the Africans are wide open to the reality of their situation. They are suffering from a disease with no cure, but they remain faithful to God. They see the death and pain of the disease every day, yet they still sing of hope. They suffer from stigma and oppression, but they continue to show love through their music and art. These three virtues are deeply instilled in the hearts and minds of the African people. Each possesses qualities that can serve a vital purpose in the fight against HIV/AIDS. Gomes says:

Faith is the gift that displaces our natural doubt, fear, and skepticism; hope confounds our hopelessness and innate despair; and love replaces the anxiety that produced both hate and fear and the sense that we are not simply unloving, but unlovely and therefore unlovable. (2002: 240)

...there are other effective strategies that teach about the virus.

When these definitions are looked at with regards to HIV/AIDS, their worth as components of the messages of musicians and artists is clear. Faith serves as an anchor. The Siphithemba choir strives to be vocal about faith and Christianity in hopes of spurring their people to rely solely on the strength of God to bring help and healing; they believe this is the ultimate answer (Okigbo 2011: 295). Hope allows the people to see a way out of their suffering. With their positive songs and dramas, the TASO organization brings hope to Ugandans as they provide examples of HIV-positive people living full, happy lives (Barz 2006: 53). Finally, love comforts. Love is the answer to Philly Lutaaya's plea to his people. Giving love and support to AIDS victims instead of deserting them brings them to a better place where they can find the strength to keep fighting. Without these virtues, the messages found within the music and arts being utilized by Africans would be empty.

December 15, 1989. Philly Lutaaya's body finally gives up its battle against AIDS. At age thirty-eight, he leaves behind three children, a beloved mother, and an older brother. Thousands attend his funeral and reflect on his incredible dedication to his country and its well-being. His epitaph is simple, written by Lutaaya himself. It reads: "I was born to sing, to dance, and I will die a musician. That's enough for me" (Zaritsky 2011: 55). However, Lutaaya was much more than a musician to his people. He was an activist and a warrior, fighting for those who could not fight for themselves. He was a friend and teacher to many, and his legacy lives on today worldwide. Sadly, this is not the norm for an African AIDS victim. In 2007, almost eighty thousand people died in Uganda from HIV/AIDS leaving 1.2 million orphans (Epidemiological Fact Sheet 2008). In reality, most of these people die anonymous due to the strong presence of stigma. A.K. Lutaaya, Philly's brother says, "The AIDS disease is taken as a 'hush' matter. When you catch it, you should withdraw from public eyes, and eventually you disappear, you know, you die quietly in some remote corner of some village place" (Zaritsky 2011: 36). These people are not given large elaborate funerals and gravesites; there is not enough time or space. They leave families behind to fend for themselves; many of them leave children parentless. This is the reality of HIV/AIDS in Africa.

There are, however, many people worldwide attempting to alter this reality. A field of science known as Medical Ethnomusicology is beginning to emerge as one the driving forces in HIV/AIDS research and treatment. In the recently released *Oxford Handbook of Medical Ethnomusicology* (2008), scientists and researchers worldwide attempt to outline how Medical Ethnomusicologists study the music and art traditions of various cultures and a how they can be used in regards to health and healing. This rare breed of research demands for all disciplines of science and healing to come together in order to be successful. Medical research from biologists, social observations from anthropologist and psychologists, and musical studies from ethnomusicologists must find a way to combine in to a single, cohesive idea that will impact the health and healing processes of a people (Koen, Barz, and Brummel-Smith 2008: 3-4). Across the world, medical ethnomusicologists are beginning to hear the call to nobility as they pour more of themselves in to Africa in hopes of washing out HIV/AIDS.

Perhaps the most important aspect of this form of research is the attention given to the people. Medical ethnomusicologists tend to focus on the lives and efforts of the people they are studying rather than just a mortality statistic or the disease prevalence among them. It is this personal approach that has brought the field much of its success. Peter Gomes addresses the concept of success in *The Good Life* by quoting former Harvard University president Abbott Lawrence Lowell saying, "True success does not consist in doing what we set forth to do, what we had hoped to do, nor even in doing what we have struggled to do; but in doing something that is worth doing" (2002: 125). Medical ethnomusicologists have deemed fighting the HIV/AIDS pandemic something that is "worth doing," establishing it as their noble cause. Now, they seek ways to become involved with the African efforts to stop the spread of HIV/AIDS while adhering to the nature of their field.

Every year, the Society for Ethnomusicology meets to discuss current research in the field and address issues relating to music and arts around the world. In 2011, one of the major topics of discussion was Barz and Cohen's new book *The Culture of AIDS in Africa: Hope and Healing Through Music and the Arts*. Barz and Cohen, along with multiple other ethnomusicologists from around the world, discussed the presence of HIV/AIDS, African music, and ethnomusicology in Africa and how the three coincide. Gregory Barz began the Round Table discussion by challenging his colleagues to step out of their scientific boundaries and invest in the African efforts in place throughout the continent. He says that ethnomusicologists are taught that they should, "objectively observe subjects, leave no footprints, do no harm, and refrain from meddling" (President's Round Table 2011: at 155:00-15). However, Barz's challenge somewhat encourages interference, for people to move past simply studying these Africans and join them.

If all of our ears were tuned in to the music of Africa and our minds were fixed on the message found therein, it would seem that there is no reasonable excuse to ignore the struggle against HIV/AIDS any longer. As citizens of this world, we have the responsibility to answer to some call to nobility, to express signs of a good life. HIV/AIDS is not going to rest until there is no one left to infect. As Philly Lutaaya says in his song, "Today it's me, tomorrow someone else. It's you and me, we've got to stand up and fight." He fought until he could not fight anymore. Aida Namulinda and the women fight despite their oppression. The TASO drama groups and Siphithemba fight regardless of the heavy burden of stigma they have to carry. If all of these people, who experience HIV/AIDS personally every day, can continue to fight for something great, what is it that is keeping so much of the world from doing the same? In the Western world especially, the view of the good life is easily clouded with self-image, income and materialism. What is it going to take for our vision to clear enough to realize we are part of a much bigger picture? Are we willing to extend virtues such as faith, hope and love to other people who desperately need it? When are we going to answer this call to nobility?

Former President of the United States John F. Kennedy once said, "Ask not what your country can do for you; ask what you can do for your country." Kennedy was trying to spur the people of America in to action of some kind, to take part in protecting and supporting the country. If this idea is applied globally, it parallels Gomes' idea of answering a call to nobility. The whole world is in the midst of a battle against the HIV/AIDS pandemic, and it is going to take a globalized effort to even begin to stand against it. With over a quarter of a million people in Uganda alone in need of HIV/AIDS treatment and only less than three hundred centers offering medication, it is going to take something drastic to win this fight (Epidemiological Fact Sheet 2008) . Scientists, doctors, musicians, governments, and people worldwide need to fall in next to the people of Africa and continue to defend the human race. Gomes says that the search for the good life is "the yearning for something more: a cause worth living and dying for, a noble destination" (2002: 233). Africans are living and dying for this cause every single day; they no longer yearn, for they have found the good life. Maybe it is time for us to stop yearning for the good life; maybe it is time for us to step up and take it. The battle is difficult and far from finished, but if we answer the call to combat readily armed with nobility, perhaps the advantage and the victory will eventually be ours.

Chapter Four

Music and Morals as Medicine

Billy McCormick

“Oh got this feeling that you can’t fight
Like this city is on fire tonight
This could really be a good life, a good, good life”
—One Republic

By attacking HIV/AIDS in Africa through music, performers and artists generate drive amongst the infected to defeat their “mighty” illness.

In “Good Life” the band One Republic sings about their definition of a good life. They promote the prominent cultural thought, that a good life is measured by the success they have had in their career of music, and by the amount of fun they had the night before. Their whole ideal revolves around the gain of material possessions, where the good life is achieved by doing what is best for only you. The song implies a sort of flippant attitude towards life, where they believe that their life has to be the good life because they are successful. Peter Gomes would disagree. In *The Good Life: Truths That Last in Times of Need* (2002) Peter Gomes outlines his plan for what truly constitutes a “good life,” which includes living a moral life; one that is guided by virtues central to the Christian faith. He believes that life is about more than just the individual, that we all have a responsibility to each other. The virtues he describes are ones that shape the way one lives. There are many places that these virtues can be applicable in modern life, one being the fight against the HIV/AIDS virus in Africa. This fight to slow the spread of the virus is

one that cannot be easily fought by conventional medicine, as there is no known vaccine for the virus, and the medicine to combat the virus once contracted is both expensive and hard to distribute to many parts of Africa. This requires non-conventional methods to help stop the spread of the virus. Gregory Barz suggests that an effective method for this fight is medical ethnomusicology. In his books *Singing for Life: HIV/AIDS and Music in Uganda* (2006) and *The Culture of AIDS in Africa: Hope and Healing Through Music and the Arts* (2011), which he co-edited with Judah M. Cohen, Barz describes ways in which medical ethnomusicology educates the people in Africa on how to live with the virus and how to prevent getting the virus, and provides hope for those who have been affected by the virus. These two ideas of morals and music can also be combined to combat the disease. Applying morals and medical ethnomusicology in Africa will be able to slow the spread of the HIV/AIDS virus.

The HIV/AIDS pandemic is having a profound effect on Africa. In the year 2002 alone almost 2.5 million Africans died because of the virus. In 2006 38 million people were infected with HIV worldwide, and roughly 25.3 million of them lived in Africa. This large loss of life has caused a large change in the African culture and way of living. Due to a loss of labor due to death, illness, and being required to care for family members who are ill, farming skills and therefore production of food has dropped in Africa due to the virus. This combined with a famine that was happening at the same time led to nearly 30 million Africans living hungry. The addition of the virus affected the way Africans were able to cope with the famine, because “In famines before the AIDS crisis, women proved more resilient than men. Their survival rate was higher, and their coping skills were

stronger. Women were the ones who found alternative foods that could sustain their children in times of drought” (Annan 2002). This combination, however, of famine and pandemic severely hurt the ability of women to cope and sustain during the famine. This was because the women often either got the sickness themselves, or had to take care of their partners as they were sick. This led to the crippling of the society as women were no longer able to innovate ways to sustain their families during the famine. If the mother became sick it then fell on their daughters to take over, which caused them to drop out of school. This caused them to lose the innovative ability that their mothers had had to survive the past droughts. Finally, if the parents both died the children were left stranded on their own, which often caused the family to collapse. This process demolished entire communities, which were destroyed from the inside by the collapse of all of their family structure. Some countries have taken major steps towards slowing the virus by applying morals and starting to embrace the arts as a way to slow the spread of the virus by spreading the morals needed, and by using it to educate the population, in an attempt that the entire population would be able to live a good life.

Positive inspiration causes people to take control over their health and rise above AIDS.

Peter Gomes believes that the good life can be achieved by following the four cardinal virtues, which are prudence, justice, temperance, and fortitude, and by applying them with great theological virtues, hope and love. Gomes believes that the virtues are not created by humans, but instead are gifts from God, and they reflect Him. To support this, he cites St. Augustine, “The soul needs to follow something in order to give birth to virtue. This something is God, and if we follow Him, we shall live the good life” (Gomes 2002, 215). By this he means that if we seek God, we will live by a set of virtues, which will result in us leading a good life. These virtues could be applied in Africa to slow the spread of the HIV/AIDS virus.

The application of prudence to everyday life in Africa would greatly help slow down the spread of HIV/AIDS. Prudence is what causes one to slow down and consider the consequences of one's decisions in everyday life. This allows one to think over each part of the decision, and realize what the smart decision in that situation really is. It causes the decision maker to make rational decisions, and to realize the consequences of their actions. It sometimes has a negative connotation that it means a dislike of adventure, or for taking risks. It can also be mistaken for someone who is adverse to taking action, someone who would rather sit back and let the world come to him. This negative, however, is outweighed by the knowledge that prudence is keeping the will of God. If prudence is followed the one who is being prudent will always be keeping the will of the Lord. It helps keep one's values in check, and keeps one focused on God's plan for their life. Also prudence does not mean the lack of action, it simply means that thought was put into the consequences before action was or was not taken. This action, or lack of action, however, will always be in line with the will of the Lord if prudence is being used as the way to make decisions. Gomes introduces Martin Luther King as an example of when it was prudent to act, even when other ministers were telling him to stop when he was in Birmingham, Alabama. There were negative consequences to his actions that lead to violence; however the positive outcomes that came from King's movement far outweighed the negative consequences of the violence. Instead of giving in to the pressure to stop given to him from both supporters and haters of the civil rights movement, King responded with the famous “Letter from Birmingham Jail.” In a response to a call for patience from the ministers King responded by saying that they had waited for more than three hundred forty years for their opportunity for a good life. Since the gain from fighting back outweighed the consequences, and it was within the Lord's will, King decided to continue. To help fight the spread of the HIV/AIDS pandemic, prudence can keep a man from having unprotected sex with multiple partners, because he knows this will create a much larger chance of him contracting HIV from one of the people he sleeps with. Prudence would instead suggest following the ABC plan originally outlined in Uganda, which stands for Abstinence, Be faithful, and Condom use. This idea was combined with a concept called “zero grazing,” which means that one should keep one partner and be faithful to that partner. This plan helped in Uganda to make AIDS an “open secret” which made it easier to handle for everyone involved. This way the stigma that usually was associated with HIV would be easier to remove, because the problem would be out in the open and would not be surrounded in mystery as it was before. A way for a prudent person in Africa to act would be to admit publicly that they had contracted HIV. While this could have negative consequences like having people treat you differently, the positives from the decision would outweigh the negatives. It would make getting treatment easier, and it would also make it less tempting to try and have unprotected sex with multiple partners, as most people would not want to risk contracting the virus. Another prudent decision would be to avoid unprotected sex at all, because it would greatly increase the possibility of transferring the virus to another person; condom use is always prudent. If prudence was practiced in Africa it would greatly reduce the spread of the virus in Africa, as people would make more conscientious decisions on whether or



Music assists the spread of knowledge

not to have sex, and whether or not they used protection.

Justice would also greatly reduce the problems with AIDS in Africa. Gomes defines justice as “the exercise of the relationship of equity between equals” (Gomes 2002, 220). This means the balance of how the relationship between two peers works, if the relationship becomes unbalanced that is no longer just. A just relationship would then balance out over time so that neither would be unfairly taking advantage of the other. A great example of justice and how to apply it is the “Golden Rule” which states that you should treat others as you wish to be treated. Justice also implies a chain of command, as Gomes says “Justice was not only right behavior between equals; it was also right behavior between ranks” (Gomes 2002, 221). This means that each person has a responsibility to fulfill their duty to each other. The superior is responsible for the welfare of those who are under him, and the subordinates are responsible for obeying their superior’s commands. If this balance is upset however, one of the members needs to make sure it is put back in balance, or there will be a ripple effect throughout the entire chain of command. This applies to Africa, because it shows that the rest of the world has a duty to help them in their time of need. Article 25 of the UN’s Universal Declaration of Human Rights states that “Everyone has the right to a standard of living adequate for the health

Perhaps music’s greatest power, however, is its ability to transpose science to passion.

and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.” Article 26 goes on to say “Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit.” This means that it is the duty of the African governments to provide these standards to their people. Both the education and the healthcare are important parts of the fight against AIDS in Africa, because education is an important step in prevention, and also in recognizing the symptoms faster if the disease is

contracted. As many African nations are in this situation where they cannot afford either competent healthcare or provide education for their children, it is the duty of the rest of the world, as set forward by the United Nations Universal Declaration of Rights, to help these nations provide these necessities. The virtues being described by Gomes do not solely apply to Africa in the fight against AIDS; they apply to the entire world. The virtue of justice implies that we need to act in a way that we would want others to act for us if we were in a similar situation, because some day we may be in their situation. Justice is an important virtue in the fight against HIV/AIDS.

The third cardinal virtue is temperance. Gomes states that “the *Brief Catechism of Virtue* defines this third cardinal virtue as: ‘the virtue of balance and moderation. It is the mastery of my will over my urges. If I have the desire to do what is wrong, I resist it. I can and do govern myself’” (Gomes 2002, 224). Temperance is similar to an applied prudence. Prudence will tell you whether or not something is right or wrong, and then temperance determines whether or not you have the will power to overcome the temptation. Temperance is what is tested when you want to do something that you know is wrong, but you still want to do it. This sort of testing builds your will power if you succeed at governing yourself. Temperance also includes the idea of moderation, where something may be good in moderation, but not so in excess. This is a very foreign concept in modern life, where success is measured by the amount of material possessions gained. Excess is now the definition of success, and so we are willing to work as hard as possible in order to achieve a new level of excess so that we can say that we are now successful. An old proverb goes “All work and no play makes Jack a dull boy, All play and no work makes Jack a mere toy” however often our culture seems to forget this, and either becomes enwrapped in our work, or we do not work at all; this too requires temperance. Temperance would dictate that we would be somewhere in the middle of all work and all play, where we are not driven by excess, but instead driven by doing the right thing. In Africa, temperance would make the people not only recognize the fact that they should put the ABC plan into practice, but also that they actually have the will power to overcome the temptation that presents itself. Most people have the prudence to know that it is wrong when they commit adultery and are not faithful to their partner, however, they do not have the temperance to deny themselves the momentary pleasure that comes from it. It is a similar situation with the use of condoms, while not using a condom may seem to give more pleasure at the time; the consequences far outweigh the momentary pleasure. In both of these situations there is a short term reward for the actions, but there is a known risk involved with them. The short term is only a little momentary pleasure, while the long term problems could be contracting HIV, or an unwanted pregnancy. Prudence would be what weighed the consequences and realized it would be better to be faithful or use a condom, but it would be temperance that would give the person the discipline to put the outcome decided by prudence into practice. Gomes uses the example of Todd M. Beamer, who was one of the men on board of the plane that crashed into Pennsylvania during the 9/11 terrorist attacks. Gomes argues that he showed temperance in his decision to rush the terrorists and to take down the plane in a place where it would cause minimal loss of death. It was a temperate decision, because while it is a scary proposition, intentionally crashing the plane was the most logical

decision, in a situation where it may have been initially easier to pretend that they might survive the ordeal if they just cooperated with the terrorists who were hijacking the plane. They were going to die as hostages in a plane crash no matter what, and so they knew that they had to try and stop the terrorists from actually taking over the plane, so they could try and crash into a place where there would be minimal life lost, and there would be no high ranking officials who would be killed. Temperance is the ability to resist the temptation of short term pleasure, in order to do what is right.

The fourth and final cardinal virtue is fortitude. Gomes describes fortitude as “the ability to stand in hope against the overwhelming pressures, tragedies, and fears of the world and, most especially, against the fear of death and the reality of mortality” (Gomes 2002, 228). This means that fortitude is the power to cope with both death and life, with a fear of the unknown, and a fear of the known. Gomes describes Neville Chamberlain’s inaction as Hitler prepared for World War II as the perfect example of a lack of fortitude. He was so worried about the troubles of conflict that he was unable to see what was best for his country, and prepare Britain for the upcoming war. He instead gave into fears of both the known and unknown, which caused him to do nothing. He feared the known problems that were associated with Hitler and Germany, and he feared the unknown, the possibility of another generation lost to trench warfare. These two fears combined to cripple him, and he gave into the illusions of peace offered to him by Hitler, all because he believed that fake peace was better than no peace. This lack of fortitude caused a lack of foresight that caused the deaths of millions. An example Gomes gives of true fortitude was of Charles Gomillion. Gomillion was a litigator during the civil rights movement, where he participated in a U.S. Supreme Court case, *Gomillion v. Lightfoot*, which took place in 1960 and had been previously decided in favor of the litigants. “In that year, black citizens of the city of Tuskegee in Alabama sued in a federal district court in Alabama for a declaratory judgment that an act of the Alabama legislature altering the city of Tuskegee was unconstitutional, in that it would alter the shape... to disenfranchise all but four of the... black voters” (Gomes 2006, 230). Fortitude is also necessary in the fight against AIDS in Africa, because it takes courage in a culture that attaches a large amount of stigma to the virus to admit that one has the virus. It also requires one to face death on a daily basis, and conquer the fear that is entailed by this daily encounter. It takes fortitude to tell your future sexual partners that you have the virus, as you do not know how they will react when they are told about the virus. Fortitude is an important part of the fight against the spread of the HIV/AIDS virus in Africa.

Hope is another virtue that Gomes mentions. Hope is the belief that the future will be better than the present; an often irrational feeling that motivates people to keep trying. Gomes uses Billy Graham as a man who had hope in a seemingly hopeless time. He visited Harvard recently after returning from the Soviet Union during the Cold War, and he spoke of having a peace of mind during the dangerous times that were the Cold War. This message of hope inspired and moved the students who heard him speak. Gomes quotes St. Thomas Aquinas as writing “The object of hope is a future of good, difficult but possible to obtain” (Gomes 2002, 277). Hope does not usually include the impossible in it, it often includes the unlikely, however rarely the impossible. It inspires us to do things which are difficult, because we believe that we can, while without hope we would give up before we started. Hope is also always positive. It is impossible to hope for something negative, and it is also a forward looking virtue. This forward looking is important because it gives life a more forward focus, instead of worrying about what has already happened, you can believe in a better future. This idea of hope can help in Africa because it allows those who are HIV-positive to live positively. Barz quotes Tony Kasule who says that “‘Positive living’ is a way of changing your attitude towards whatever has happened to you and going clockwise. [...] it is sharing your experiences, understanding yourself, making sure that you have enough rest, making sure that you tell those that would understand your situation” (Barz 2006, 52). This means that you become open about the fact that you are HIV-positive, you learn to accept it, and mature in it. In terms of counseling it helps you to release your feelings and keep a positive attitude towards living, and towards others. It accents the positive in life, all the while reversing the viewpoint of the positive liver. This change in attitude leads to their own education, and the education of others about the disease, which takes a negative, living HIV-positive, and changes it into a positive, since there is now more people who are educated about the disease, because of the hope brought by a positive liver. This reversal of attitude is essential in the fight against the stigma that surrounds the disease.

Love is the final virtue that Peter Gomes addresses. This is widely considered the most important virtue in the Bible, due to Paul saying that without it, the rest of the gifts are useless. Love, while hard to define, is easy to see the fruits of in people’s lives. In Africa they can show this love to each other by staying with one partner, as a song performed by the women of Nawaikoke Village describes when it says “Be firm, my child, stick to one person, my child / Be firm and stick to one person, my daughter, Edithy, be firm / Stick to one person, my daughter, be firm / It has finished killing people, the disease of AIDS” (Barz 2006, 108). This faithfulness will allow them to contain the virus, because if everyone only has one partner, unless their partner has the disease already they cannot receive it any longer. They can also love each other by having regular checkups to see if they are HIV-positive or not. While this can occasionally be difficult, the risk of doing otherwise is too high for a sexually active person to not get tested. If one does not have love for the people around them it is impossible for them to care enough about the community to live positively with the virus, and therefore they are a danger to society, as they

will live recklessly, without caring about who gets injured along the way, as long as it is best for them. They will flip the idea of positive living, and instead they will be reinforcing the negative stigma about the disease, and thus further isolating themselves from the rest of the community. At this point the only way to remove them from their isolation is to show love to them; love is what inspires one to truly care about others.

Peter Gomes' ideas on virtues and the way to lead a good life conflict with the idea of popular culture. He believes that success is not determined by how much money you make, or how much fun you have, but instead how much your life was worth. If you follow the virtues set out in his book it will lead to a true good life, one where you are satisfied with your life. The virtues lead you to a Godly life of self-control, moderation, justice, and walking in what is right in the Lord's eyes. These virtues are also all applicable in Africa to help fight the spread of the HIV/AIDS virus. They apply in ways that make the person live healthier lives overall. These virtues are able to be spread in Africa by medical ethnomusicology.

The Oxford Handbook of Medical Ethnomusicology (2008) states that ethnomusicology is "a vast area of research and applied practice that includes all areas of music research, from historical and contemporary practices, beliefs, purposes, functions, traditions, forms, genres, and structures of music and sound of any culture to music and the brain" (Koen, Barz, and Brummel-Smith 2008, 5). Medical ethnomusicology, therefore, is the study of music as it relates to medicine and global health. This means that it uses applied music to try and help solve medical issues around the world, like the pandemic of the HIV/AIDS virus, specifically in Africa. It also studies the indigenous response to medical problems through music. This field has two practical applications, it can help spread the morals outlined by Gomes, or it can educate the population on the causes and effects of the virus.

The Siphithemba choir truly tries to live out its name, which in English means, "We Give Hope." The ensemble is composed of people whose lives have been affected by HIV, whether they have the virus, know someone who has it, or know somebody who has died because of the virus. The choir began as a support group for those who were HIV-positive, which "served as a source of hope as well as a space for nurturing faith, hope, and determination to live" (Okigbo 2011). They met once a week and shared in a time of worship, prayer, and Bible reading. They spoke freely about how the virus affected them, and how they handled the virus and the stigma attached to it. They brought this idea of how they came together into the music they sang; they wove the hope and encouragement that the group brought them into the fabric of song. They sing about the hope they have in the afterlife, when they sing, "I am going, I am going home / I shall be okay in that place / Because at [my] Father's house / There are many houses" (Phumulani 2011). This hope is instrumental in inspiring the people to not lose hope, and it makes them more open to behavior change, which is another area they stress in their songs. Their songs encourage people to live positively, which can help remove some of the stigma surrounding the disease. Also they then provide support to each other so that even if the stigma is still around they will be able to cope with it, because they know that they have each other's support. In their songs they educate on how to live their lives safely, with and without the virus. This not only includes the ABC plan, but it also entails how to live safely with the virus mentally. To do this they treat Africa as if it is at war, a war against AIDS. In "Izizwe Mazihlome" ("The Nation Must Arm") they promote condom wearing and knowledge of disease prevention as arming against the attack that is the AIDS virus. This metaphor is able to get across the desired message with little issue, as it is an accurate representation of the state of affairs in Africa. Through their own difficulties and troubles, the Siphithemba choir was able to both inspire and educate those around them with their music. The ensemble is not, however the only group that is singing about the virus.

In Africa, popular musicians write songs that challenge the listener, and educate them. In "Dunia Mbaya" ("It's a Bad World") Princess Jully sings about being faithful to her husband, and about the risks of having more than one sexual partner. To describe her faithfulness she lists a series of men who tried to woo her, to whom she always replied "I love Jully" (Wanyama and Okong'o 2011). She lists the material possessions that the men were offering her to come with her, like a white man with an airplane, a rich Indian man, and a man from Rusinga who promised to take her abroad. This is an attempt to convey the dangers of the HIV/AIDS virus to population, that anybody could have it, it does not matter if they are rich or poor. She stresses the importance of a single partner when she sings that "Keeping many men is risky too / Keeping many ladies is risky too / And elderly people are at risk too / Keeping many beauties is risky too" (Wanyama and Okong'o 2011). It is important that the majority of the population in Africa keeps only one partner, because otherwise there begins to form a sort of AIDS highway that can rapidly infect an entire country. If each man had four women partners, and each woman had four male partners, one infected person could soon lead to four infections, who would each lead to four, and so on and on. This would rapidly spread the virus throughout the entire country. Finally she describes the consequences of the virus, that death would come, and material possessions and orphans would be left behind. She uses her status as a popular singer to spread awareness of the virus, and to educate the public on how to keep HIV negative. She is not the only one doing this, however, Oduor

Odhialo is also singing about AIDS. In his song “Nyak’omollo” (A Song in Honor of Omollo’s Daughter”) he describes AIDS as the destroyer that “took my father from me / And took my mother from me too / I have lost my child too / I have lost my sister” (Wanyama and Okong’o 2011). He describes the pain that the virus has caused him, and how it has destroyed a lot of what is close to him. This is a common story in Africa where children become orphans, women become widows, and parents lose their children to the virus. Later on in the song he tells the listener to take care of their bodies, and to stop tempting each other to have sex with multiple partners. He realizes that a big problem for the spread of the disease was that the people were tempting each other into relationships that were not good for either of them. These relationships allowed for a much faster spread of the virus. This idea of popular singers and musicians taking on modern issues is one that will be able to affect the population much faster than government officials and doctors would. These singers are role models to the listeners, and when the lyrics they sing are more likely to be listened to than official pamphlets are. Music is not the only way that messages about AIDS are spread through the arts; there are other effective strategies that teach about the virus.

The circus is another venue that the message about HIV is spread. To a westerner, this idea may sound slightly ridiculous, because how can a circus convey an important message? This is because a western circus and an Ethiopian circus are very different. The performers are usually mostly children, do not contain animals, and do not use high-wire or tightrope acts. They do not have animals as a matter of cost, not animal rights, and they do not use high-wire or tightrope acts because of transportation and safety issues. Also, they do not include what westerners would consider clowns, instead there is often a “crazy person” in the skits they perform that provides the comical relief that clowns would normally provide in a circus. These circuses include an opening musical performance, which is then usually followed by “either a full-length circus morality play that incorporates educational messages into its narrative, or a performance of circus that is preceded or followed by didactic skits” (Niederstadt 2011). These skits included all types of circus elements in them, like tumbling and acrobatics. From the introduction of the circus to Ethiopia in 1991 the message in the skits and performances were generally about social challenges like HIV/AIDS. An example of how these skits educate people and send messages on how to deal with the virus in a circus is shown by Circus Jimma which educates on condom use. The hat juggling act at the circus was combined with a skit, where when the hat jugglers had finished their routine, a young rich man came onto the stage. He began to talk to them, and their conversation eventually leads to girls and sex, after which the rich young man gave the jugglers a pack of condoms. As they were leaving the stage one of the jugglers made it apparent where to properly wear a condom by pointing at a condom and then at his groin, to the amusement of the crowd. This played on the culture in Ethiopia where people who are affluent enough to have nice clothes and latest fashions like the rich young man in the skit were admired and envied.

“The success of this event and of other similar efforts once again lies in music’s ability to elicit an emotional response from an audience, making the public’s compassion for AIDS victims and their desire to help them that much stronger”

This made it so that it was obvious that “even rich “cool guys” use condoms and protect themselves (and the girls and women with whom they have sex), contrary to the popular belief that they do not care about the risk of contracting HIV/AIDS or about other people” (Niederstadt 2011). This play on the emotions of the people was the opposite of the usual. Usually rich people were portrayed as arrogant and greedy, and they exploited the poor. This reversal of the normal was a clever way to introduce the knowledge that they were trying to get across. Since the introduction of circuses in Ethiopia they have increasingly attempted to deal with the problem of HIV/AIDS whenever possible. This provides an opportunity to educate hundreds to thousands of audience members at one time; reaching a large audience in a way that they enjoy being taught about the virus. The circuses have an even larger draw and opportunity to educate than the music industry, because they

also include visual presentation, whereas the music industry is only audio track, and does not include the visual. It is also a way to reach a population that is largely illiterate. Visual techniques that educate on the troubles of the HIV/AIDS virus are especially effective.

Another visual approach to combatting the spread of HIV is through body mapping. This entails “the creation of life-size drawings based on tracing around a human body which provided a template for a series of participatory exercises. These ‘body map drawings’ enabled the participants to develop their knowledge of human biology in relation to HIV prevention, care and treatment” (Wienand 2011). This was an opportunity that is not readily available in all parts of Africa, because the education system does not always cover it. These body map drawings were then used in juxtaposition with a Visual Body Map chart. This is a set of overlaid acetate sheets that display the organ systems in the human body without labels. There were two days to this workshop, the first day concentrated on the human body, and how HIV affects it, and the second day concentrated

on living with the disease. The participants began the workshop by first attempting to fill in the chart by themselves, without the aid of the Visual Body Map. Through my personal experience with body mapping it is an effective tool. When I had a peer do a body map he was able to provide a basic understanding of how the human body worked, and how the HIV/AIDS virus affected the human body. The important factor was that after he was finished he began to ask questions as to whether or not he was right with the answers he gave, and if he missed anything. This is how body mapping works, not only does it educate those who are participating, but it helps make them interested in what they learned, and take ownership of their ideas. The Visual Body Map chart helps with this, because it does not have labels it causes the participants to ask questions, and verbally communicate their ideas for their map. Discrepancies between the chart and the map that the participant creates can cause the participant to ask further questions, and explain why they created their chart the way they did. It also provides a good opportunity for those with the virus to learn what a healthy diet is that is affordable, because the second day focused on diet. This is helpful because it is difficult to find a cheap balanced diet that is healthy for those with HIV. This technique of body mapping is an excellent visual way to educate on the HIV/AIDS virus.

Medical ethnomusicology is a growing field, especially as it relates to the HIV/AIDS virus. Music and the arts are a venue where hope and education can be delivered to the people. The hope and love the arts deliver can positively affect the lives of those living with the virus. This hope causes them to have something to live for, and can help them to continue to care both about their life and the lives of others. Medical ethnomusicology also creates a style of education that is more easily accepted by the people than messages delivered by the government, or doctors, because it is delivered in a simpler manner. A large portion of Africa is illiterate, and therefore would be able to comprehend the music more easily. Also, this appears in the form of entertainment, which means that the people can be educated without even realizing it. This is why it is important for musicians in prominent social positions to use their power to sing about things that will make a difference in the lives of others. I believe that social challenges would be easier to manage if artists took responsibility for the power they have, that if the role models in society decided to do something, it would be much simpler to motivate the public to follow their footsteps. If celebrities used their positions as role models they could become effective modes of social change. Since people look up to celebrities it is much easier to motivate them when a celebrity is involved. Medical ethnomusicology can help provide a path for people to follow, especially when outlining the morals set forward by Gomes.

“When you’re happy like a fool, let it take you over / When everything is out you gotta take it in / Oh, this has gotta be the good life” (One Republic). This idea that the good life is about momentary happiness and has nothing to do with the morality of our actions is one that modern culture has readily embraced. It says that it does not really matter what happens as long as it ends well for you. This is a lie. It is our duty as humans to care for each other, and to live in a moral way, which reflects the virtues presented by Peter Gomes. These virtues of prudence, justice, temperance, fortitude, hope, and love all have impacts in the struggle against AIDS. Each one of these ideas affects how people act towards each other, and how they view themselves. Gregory Barz suggests another way with his books where he talks about medical ethnomusicology and its ability to provide hope and education to those who need it. I believe that it is, however, when they are combined that the message of virtues and the idea of medical ethnomusicology are the most effective. The virtues are able to transmit the message of Gomes’ morals using Barz’s techniques.



Music and morals can combine to replace medicine in the fight against the HIV/AIDS virus in Africa.

“We have to be the people with love for those who are sick...”

Chapter Five

Positive

Steven Papastefan

NACWOLA

Disease is one of the scariest truths of life. We fear disease because it takes away our most human characteristic: our voice. It silences us, trapping us like animals in a zoo, constantly looking outward from behind a glass pane. HIV/AIDS imprisons its hosts not only because it physically weakens the body, but because of our innate fear of social rejection. With over 30 million people in the world living with HIV/AIDS, we should be much more open about talking about the disease than we are currently. But, due to sociocultural perceptions of AIDS, it is nothing more to us than an animal behind steel bars. AIDS has adopted a very false face of depravity to the outside world from the very nature of its transmission. The infected fear being open about their disease due to society's premonitions, and unfortunately many succumb to death rather than embracing life.

Music and the arts give HIV-positive patients the motivation to endure and live on. It gives them back their voice, so they can speak openly about HIV and receive treatment. A culture emerges in Africa based on hope and healing, rather than death and dying, and our fear of the virus begins to dissolve.

As Westerners, we often cannot fathom a life without medicine, for we can cure practically any minor discomfort we have by traveling to our local CVS pharmacy. Our idea of a good life, as virtuous and wholly "American" as it may seem, is spoiled by our materialism. We have the means to attain the good life, but for those who are less fortunate than us, a good life seems inaccessible. On the contrary, "the good life" is available to all, and everyone should be able to live a good life. As communicated through Peter Gomes's *The Good Life: Truths That Last in Times of Need* (2002), future generations of Americans have a "moral responsibility" to spread education, hope and love to those who need it most. As displayed in *The Culture of AIDS in Africa* (2011), edited by Gregory Barz and Judah Cohen, music and the arts bridge the gap between Western cultures and indigenous populations in Africa. Simultaneously, music breaks down boundaries within communities in order to stimulate education and awareness, thus promoting fidelity and abstinence. In more understanding societies, HIV-positive patients learn "live positively" with HIV, and to "sing for life" rather than bewail death, as Gregory Barz shows in *Singing for Life: HIV/AIDS and Music in Uganda* (2006). Africans with HIV/AIDS experience the good life by being open about their disease and by taking precautions against the further spread of HIV. The power of music in translating medical and cultural information to the public, as well as regenerating the will to live among sick individuals is modeled in rapper/singer Michael Franti's and Spearhead's song "Positive." By encouraging honesty, fidelity, and education among HIV/AIDS patients, the end of AIDS seems much closer than ever.

What sets "us" apart from Africa? Before us foreigners can spread the good life to HIV/AIDS infected Africans, we must first analyze what gives us the right to impose our notions of a good life. Primarily, we must accept that we have no right to dictate what makes a life good. However, our financial domain and technological innovations allow us to spread life-sustaining ingredients such as "food, clothing, housing and medical care" (1948) to regions of Africa that need them most. The United Nations recognizes "the inherent dignity and ... the equal and inalienable rights of all members of the human family" in its Declaration of Human Rights (1948). Everyone has the right to a good life. "We must act towards one another in a spirit of brotherhood" (1948), in order to reach a confluence between our incongruent societies based on mutual understanding. An appreciation of and respect for different cultures is essential to foster the good life around the world. Medicine cannot be forced upon the people of Africa from a Western

framework; rather it must be presented in a respectful, culturally perceptive form. Gomes defines success and the good life as “living with a purpose, and that purpose in harmony with God’s will, and money and material prosperity are the means to fulfill that purpose” (Gomes 2002, 105). Impoverished communities in Africa develop vibrant cultures, even under the stresses of disease, famine, and civil war; but we cannot begin to spread the good life unless life endures in Africa. As Americans, specifically students who are fortunate enough to attend Vanderbilt University, we have a “noblesse oblige... that embrace[s] the fundamental moral principle of giving back” (Gomes 2002, 21). Those graced with economic fortitude have a moral responsibility to help those who cannot help themselves, however they must respect those who wish to deny them.

Various cultural barriers separate Westerners from HIV/AIDS patients in Africa, all centered on tradition and culture. African cultures sometimes conflict with Western medical practices, and even though outsiders feel a “moral responsibility” to offer HIV/AIDS patients the good life, a good life might not be the same for all HIV/AIDS patients. As each culture is distinct, so will each culture’s perception of the good life be different. “Foreign faith-based organizations (FBOs) would enter African communities with external conceptualizations of healthcare and medicine, as well as moral structures attached to HIV/AIDS itself” (Barz and Cohen 2011, 10), resulting in an imposition of a Western definition of the good life on African cultures. We cannot decide how medical treatment is integrated best into African societies because we do not live their lives, practice their religion, or share their same struggles. When we impose Western healing practices “within the broad denominational sphere of organized African religions...[these] healing practices sometimes encourage ... a resistance to Western medical concepts” (Barz and Cohen 2011, 10). Our moral responsibility only extends as far as African’s comfort zones, which may be very strict given their religious or sociocultural standards.

Music and the arts help solve the intense algorithm that characterizes our context in Africa. Music expresses that which a society holds most dear, especially in Africa. Medical ethnomusicologists attempt to decipher how music is used to promote education, cultural understanding, and interaction between local and international communities. African popular music is centered on the daily struggles they face such as poverty, social injustice, and disease. Although he is from a completely different continent, young Chinese rapper Wang Xiaolei mirrors the positive attitude of African performers and listeners. In his interview with PBS Frontline, he identifies with less privileged people stating, “we don’t have a good life, but we have to stay optimistic” (2008). Wang Xiaolei associates Chinese corruption and social inequality with his own search for a good life, just as African performers combat HIV/AIDS through music. By attacking HIV/AIDS in Africa through music, performers and artists generate drive amongst the infected to defeat their “mighty” illness. John Chipembere Lwanda demonstrates how Malawian music portrays AIDS as a monster that will be slain through hope and togetherness. A fearful and isolated attitude toward AIDS is modeled by the 1988 Malawi Police Orchestra’s song “*Kunja kuno kwayopya*” (“The world is now dangerous”), singing, “We are all at war with AIDS, Its weapons are the viruses! We really have nowhere to run to.” The song further describes how there are no known cures from both Western doctors and traditional herbalists, and paints a relatively grim picture of the fight against AIDS in Malawi. However, the somber tone is reversed at the end of the song when the Orchestra calls both outsiders and AIDS patients to action: “Let us take good care of those who are found to have this disease” (Lwanda 2011, 388). The music presents AIDS as an ominous force, but not an invincible one. The lyrics insist that AIDS is overcome by unity and support. Reflective songs such as Dennis Phiri’s “*Tikutha*” (“We are perishing”) address the serious, desolate face of AIDS that embodies death and dying. “We are perishing, people we are perishing” (Lwanda 2011, 390), Phiri sings. AIDS and death have become routine in the lives of Africans, so much that “Coffins used to scare [them] stiff in the old days, Now they are sold everywhere” (Lwanda 2011, 391). In my opinion, negative ideas are not the best way to integrate music and AIDS because they do not express hope or healing.

Kofi Annan, “For decades, we have known that the best way for Africa to thrive is to ensure that its women have the freedom, power and knowledge to make decisions affecting their own lives and those of their families and communities”

However, mournful songs are important tools that can help us understand our roles as healers in Africa. In a tribute to his many friends lost to the AIDS virus, Michael Franti sings, “how’m I gonna live my life if I’m positive? Is it gonna be a negative?” (1994) Through music, he teaches HIV-positive individuals to “live positively” and rise above the negative. At the end of the day, however, AIDS patients are faced with a sobering reality: AIDS kills. Death can motivate the infected to think positively, but they must not forget the many people that have died in the past. Negativity surrounding death is used in music to surface positivity, for we only know life because of the inevitable nature of death. Life presents a delicate duality with death, because the positive connotations of life are only positive in light of the negative. Peter Gomes views death as reinforcement

for some to live well, and “the fact of the brevity of life, the certainty of death and the never-ending nature of eternity... ma[kes] this imperfect life bearable, if not good” (Gomes 2002, 113) Emotional lyrics cue us into the woes and concerns of Africans so that we can administer care with cultural sensitivity and awareness. They also connect Africans with a deeper understanding of suffering, death, and moving on. Music regarding HIV/AIDS in Africa reinforces positive change when it appeals to the hopes of people. Death is used as a tool to promote HIV/AIDS patients to live for the future, however the most effective way to encourage people to live is to sing about life. Positive inspiration causes people to take control over their health and rise above AIDS. In South Africa, music is used to transform the struggles of HIV/AIDS infected Zulu into inspiration for life. According to Austin Chinagorom Okigbo in *The Culture of AIDS in Africa*, the HIV-positive Siphithemba Choir supports each other and its listeners by “address[ing] issues that affect them and [] sustain [them] in times of conflict and struggles” (2011, 285). The Siphithemba Choir presents optimistic messages toward the fight against AIDS, adopting a thoughtful yet positive tone. In the choir’s rendition of Phumulani’s “*Kulukeni Ezweni*” (“It’s Hard in this World”), “the singer first appeal[s] to men who share difficulties that come with being HIV-positive in society... rallying his compatriots to rise up and fight... ending with hope and a vision of spiritual triumph” (Okigbo 2011, 291). Messages of hope and resilience create a sense of community among the HIV/AIDS infected choir and inspire the audience to take action against the disease. The Siphithemba Choir also fights the stigma of HIV as a death sentence that renders them unproductive in society. In Sizwe’s “*Sizwile Ukuthi*” (“We hear that”), they sing, “We hear that they hate us, It is all over the world, That we have pride... We are going, going higher and higher” (Okigbo 2011, 298). The singers attack the stigma surrounding AIDS by rising above it themselves, hailing their continued subversion of the virus amid the reservations of others. Paranoid thoughts controlled Michael Franti’s brain the week he wrote “Positive”; this was the week he waited to hear back from the clinic on his own infection status:

*I’m readin’ about how it’s transmitted
Some behavior I must admit it*

*Who I slept with, who they slept with,
Who they, who they, who they slept with*

Positive Living

vs.

HIV+

*I think about life and immortality
What’s the first thing I do if I’m H.I.V.
Have a cry and tell my mother?
Get on the phone and call my past lovers?*

*I never thought about infectin’ another
All the times that I said “Hmmm? Don’t bother” (Spearhead, 1994)*

During this week, Michael Franti felt closer to death than ever before (Fitzgerald, 2009). Faced with how his attitude toward life would change if he tested positive, Franti made the decision to stay optimistic. He would not mourn, but he would continue to inspire others with his music. Fortunately, Franti tested negative. Singing for the fight is a more effective way of inspiring people than singing about death. The Siphithemba Choir “sing[s] for life...giv[ing] hope of life to themselves, as well as to the world that has continued to witness the onslaught of the AIDS epidemic” (Okigbo 2011, 298). The hope and drive that the choir gets from singing is a reflection of their perception of the good life. But, for many Africans suffering from HIV/AIDS, the good life is just living another day.

I believe that positive music is the best way to promote hope and healing in HIV/AIDS patients. However, improving the will to live among patients is only one *battle*. In order to win the *war* against HIV/AIDS, cultures must change permanently. Values such as fidelity, abstinence until marriage, and protection are essential to halt the spread of AIDS. Education paves the road for change in sexual practice, and more importantly, for the future. In America, we take for granted what we know, or at least, what we think we know. We grow up with the basics, and most of us recognize the need to wear protection and be faithful (even though some wish to ignore it). I can vaguely remember my father’s insistence upon using a condom when we had “the talk” back in middle school, and although I was suffocating from embarrassment, the message still registered. Body mapping, an activity in Africa by which HIV/AIDS patients draw their experiences with and knowledge of AIDS on a human body diagram, is used in Africa as an educational tool and form of artistic release. Through body mapping, I learned exactly how much my peers know about HIV/AIDS. While I am concerned by their ignorance toward the disease,

people seem to appreciate the most important values regarding sexuality. When asked to draw how AIDS affects the body, my partner could not provide a sufficient answer without asking for help. However, when I asked him draw how we can prevent against AIDS, he immediately sketched a condom. American pop culture is laden with sexual promiscuity, corruption, and greed, yet most people acknowledge that such practices are immoral. Values of hope, faith, and love are not Western values; they are *human* values. I believe that everyone has an inherent knowledge of right and wrong, but some are simply less educated on sexuality. Gomes argues that “education is a key component of the good life, and a key component of education is the formation of good character” (Gomes 2002, 130). Education molds our innate human values into daily practice, so our values stay strong in class, on the streets, and in the bedroom. Fidelity can be taught to society, however it takes more than a classroom lecture and billboard ads to change lifestyles.



Increased discipline is necessary to change cultures, and people must learn to sacrifice sex for health, and pleasure for protection. By restraining ourselves, we set ourselves free from trivial desires. Gomes quotes a passage from Proverbs 22:6 in the King James Bible, “Train up a child in the way he should go, and when he is old he will not depart from it” (2002, 144). This passage directly reflects the efforts of indigenous caregivers, teachers, and international health campaigns alike: to teach children how to live faithfully and righteously, so they act as models for future generations. Women are responsible for the development and education of children in Africa. Secretary General of the United Nations Kofi Annan analyzes the central roles of women as family leaders amid the taxing responsibilities of working in the fields and caring for the sick in his article for the *International Herald Tribune* entitled “In Africa, AIDS has a Woman’s Face.” He writes, “When women are fully involved, the benefits can be seen immediately: families are healthier; they are better fed” (2002). Women play a central role in the health of children both through providing food and water, and by teaching them resilience in denying their sexual tempters (or temptresses). Annan acknowledges “education and prevention are still the most powerful weapons against the spread of H.I.V.” (2002), and women are responsible for keeping children in school. They teach children discipline by enforcing the integration of educational values into everyday life.

Music assists the spread of knowledge through communities by presenting information through an unanticipated lens: entertainment. Women are faced with many adversities such as their own health and the health of the family, and music relieves some of their pressure while accomplishing their duties as educators. “Edutainment” campaigns play vital roles in the translation of information to HIV/AIDS patients by integrating song and dance with messages regarding contraception and abstinence. Daniel Reed of Indiana University observes ways by which “edutainment campaigns demonstrate clearly and specifically ways in which ‘HIV/AIDS...has forced populations to situate themselves within a global system of relationships, knowledge, and health discourse’” (2011, 181). Global research campaigns produce the most current medicine and information, but their messages may be lost due to to society, however it takes more than a classroom lecture and billboard ads to change lifestyles.

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Although abstinence is the best way to prevent the spread of AIDS, mankind is not flawless. People will still have sex, even those who know they are HIV-positive. Different cultures have different priorities, and some cultures emphasize descent and legacy over the health of the people. Regardless, getting tested is extremely important in preventing the spread of AIDS to future generations. In his “Positive” interview with the Australian television show *Rage*, Michael Franti “encourag[es] others to go out... and don’t fear getting tested, because it is better to know than not know and live in darkness and ignorance” (Franklin, 2007). HIV-positive patients can undergo various forms of antiretroviral (ARV) therapy that slows the progression of HIV to full blown AIDS. Also, for people that decide to risk spread the illness to their spouse in order to make a baby, ARVs can greatly reduce the chance of passing the virus onto the child. Music promotes knowledge of ARVs and encourages HIV-infected people seek out these drugs where they are available.

Perhaps music’s greatest power, however, is its ability to transpose science to passion. It makes systematic minds react in emotional ways they never thought possible. During a conversation with a doctoral candidate, scientific and “unattached” Professor Greg Barz recalls a song about the limited access to ARVs in Uganda. He breaks down (2006). If scientists limit themselves to science, they are unable to elucidate to the world their reasons for pursuing science in the first place. Similarly, restricting education to a purely scientific realm spoils its vast potential. Music makes the bullet points and inspirational pictures on medical pamphlets attain significance on personal levels. No matter the reason, music changes people in different ways, universally:

*Would my whole life have to change?
Or would my whole life remain the same?
Sometimes it makes me wanna shout!
All these things too hard to think about
A day to laugh, a day to cry
A day to live and a day to die* (Spearhead 1994)

Confronted with the physically debilitating virus, hunger, thirst, financial instability, and insecurity, it seems difficult for HIV-positive Africans to “live positively” with their disease. And it is. However, music joins them together in the fight against the virus. A good life is available to everyone, because everyone has a different view of the good life based on his or her own experiences. “Living positively” is a step in the right direction for HIV/AIDS patients, because it helps them move beyond what they cannot change. In *Singing for Life*, TASO (The AIDS Support Organization) music director Tony Kasule describes “living positively” as “turning up and saying... ‘I’m going to live on.’ That gives you the will to live...the will to live is hope” (n.d.). I consider hope to be the prerequisite to the good life. People push through their hardships all over the world in pursuit of a better life. I have not experienced the pains and struggles of AIDS, nor do I think my personal struggles even compare to AIDS patients in Africa. I am very fortunate. However, we all know what it is like to struggle, and people constantly push through adversity in pursuit of something greater. The good life is the pursuit of that something.

At Vanderbilt University, it seems like we students have the world on a string, with all the materials for success at our disposal. In Africa, those materials either do not exist or are extremely limited. They have the motivation, and music has helped them realize their potential to grab at a better life. However, they do not have the resources. If a person has the resources to help those who cannot help themselves, he or she must help them. Kofi Annan challenges outsiders who are in pursuit of their own good life to help HIV/AIDS patients in Africa, saying, “All of us must recognize AIDS as our problem. All of us must make it our priority. We cannot deal with AIDS by making moral judgments” (Barz 2006, 227). As good neighbors and fellow human beings, we have a moral responsibility to help those living with AIDS in Africa, starting with reducing the stigma surrounding AIDS. People living with AIDS around the world are afraid to be open about their health because of the negative connotations associated with the disease. Thus, many people fear being tested for risk of exposure to a cruel and unforgiving world. HIV-positive patients cannot pursue the good life and “live positively” if society doesn’t allow them to. In order to make positive changes in Africa, Western society must change as well.



Medical outreach is accepted and absorbed most effectively in Africa when the arts are used to dissolve the barriers that separate Western from African cultures. Music possesses a unique ability to help Africans accept Western medical practice, and from a reverse perspective, to help us understand their struggles. According to ethnomusicologist Michael Bakan of the Florida State University, “[the arts] generate ... alternate prisms through which to view Africa and AIDS... prisms in which we may see a shift away from portrayals of people *dying of AIDS*, toward an attempt to show people *living with AIDS*” (2011). A vibrant picture emerges from what previously seemed a starved, desolate world, and people are shown to “live positively” with AIDS.

One question still governs the entire struggle against HIV/AIDS in Africa: How do you change a culture without destroying it? The answer is, very carefully. As Westerners aiding HIV/AIDS patients in Africa, we must be very sensitive to their religions and traditions. Outsiders cannot expect to evoke change in Africa, for ultimately it will be Africans that change the culture. By providing the tools and supporting their efforts, global organizations induce change in Africa according to indigenous customs, backgrounds, and belief systems. And music will be there the entire time, pushing them on their way to defeat HIV/AIDS.

Music drives us, connects us, and changes us. It helps us reflect thoughtfully on our past, and move powerfully into the future. Music teaches HIV-positive patients in Africa to “live positively” with HIV, so that they can pursue whatever life they wish for themselves. We translate vital information about the disease and generate trust with unfamiliar societies in Africa through the arts. Michael Franti was inspired to write “Positive” because of the progression of the disease from strangers to his loved ones. AIDS is branded with austere pictures of death and dying. An increasing trend line of the spread of the virus categorizes AIDS as a lost cause to ignorant outsiders. Africans must be educated about HIV, but Westerners must be educated as well to reduce the stigma surrounding AIDS. HIV/AIDS patients must emerge from the darkness with eyes forward toward a bright future, yet never forgetting their past. The trend line will reverse. Music will be the mode by which HIV-positive Africans “live positively” with HIV in pursuit of the good life.

Thus, I end as Michael Franti ends in “Positive,” as he challenges ill people to overcome HIV/AIDS, and make the best of their lives:

‘Til I find out, I may wonder

But I’m not gonna live my life six feet under (Spearhead, 1994)

“What do we do?”

Chapter Six

Living the Good Life Against All Odds: HIV-Positive Individuals in Africa and Their Struggle Against AIDS

Sophie Vitter

Introduction

“He’s living the good life.” When most of us hear this statement, we immediately imagine a scene of lavish luxury—a wealthy CEO living in his three billion dollar mansion, or maybe a handsome heir traveling across Europe without a care in the world. Very few people, however, would picture an HIV-positive South African man—thin, frail, and steadily dying. However, this man is actually living much more of a “good life” than the CEO or the heir. We find this difficult to understand not because it is wrong, but because our perception of what constitutes a good life is intrinsically flawed. Contrary to the Americanized view of wealth and power as constituting a good life, people with a disease as devastating as AIDS can and do live good lives every day. Babalwa Tembani, Nwabisa Njaba, Faghmeda Miller—these people, though virtually unknown and lacking extreme wealth, are living the good life. They have all risen above the ugly stigma, societal prejudice, and unfair persecutions associated with HIV and have disclosed their HIV-positive status on the South African *Beat It!* program (Hodes 2011). These HIV-positive individuals have inspired millions of their brothers and sisters, given them hope, and provided them with a face and a voice in their struggle. My paper will explore these people and others like them, focusing on how they are living the good life as HIV-positive individuals. Peter Gomes’s *The Good Life* directly connects to the fight against HIV/AIDS in Africa, as expressed in Gregory Barz and Judah Cohen’s *The Culture of AIDS in Africa* and Gregory Barz’s *Singing for Life*, through three separate but fundamentally interrelated themes: the difference between monetary success and true success as defined by a good life, the good life interpreted as having compassion and empathy for AIDS victims, and the importance of living positively to create a truly good life.

“HIV is Real”

I feel the need to first define the term medical ethnomusicology before continuing this paper, as it is an intimidating, unfamiliar term that very few of us will immediately recognize. Medical ethnomusicology “approaches music, health, and healing anew by integrating knowledge from diverse research areas and domains of human life that are conventionally viewed as disparate but are laden with potential benefits for improved or vibrant quality of life, prevention of illness and disease, and even cure and healing” (Koen, Barz, and Brummel-Smith 2008, 3). In other words, medical ethnomusicology integrates music into spiritual, emotional, and physical healing processes through a web of contributing cultural, musical, and medical factors. Though it is a relatively new field, medical ethnomusicology has been steadily growing, supported by musicians, medical professionals, researchers, and scientists alike. Additionally, it plays a huge role in the battle against HIV/AIDS in Africa and is fundamental to the connection between this struggle and the good life.

Success of the Worthwhile Cause

The first major theme I chose to focus on in my paper is the topic of success as related to the good life. In American culture, success is generally defined as possessing wealth, fame, beauty, or any other number of material possessions. For instance, I asked a group of Vanderbilt students what they hoped to achieve upon graduation. Three of the

responses I received were “to be successful,” “to find a good job,” and “to make a lot of money.” To these driven, type-A overachievers, success is finding a good job and earning a respectable income. But can money really be the only factor that defines success? There are plenty of people who have more money than they know what to do with, yet they are not happy. Do we still call their lives successes? Clearly, success cannot be defined purely in terms of wealth and material goods. Success is a complex concept, one that cannot be explained or analyzed by such trite standards.

In *The Good Life*, Gomes supports the idea that success, and by extension, the good life, are not measured by monetary achievement, but by a much deeper standard—the human soul. “Those things generally counted as valuable in this life...have no real and lasting value if the soul is not good” (Gomes 2002, 56). Gomes cites this reference from Aristotle’s celebrated essay, “The Exhortation to Philosophy,” to make a valid point. All of these material things, these worldly possessions, are important in making a living; however, they are completely insignificant in creating a good life (Gomes 2002). Unfortunately, not many people recognize the hazy but critical difference between making a living and making a life. The quality of the soul, who one is as a person, makes a life, and hence determines if one can live a truly good life. Regrettably, many people become so caught up in making a living that they never truly make a life for themselves.

Our study of medical ethnomusicology as utilized in The AIDS epidemic supports the idea that success and monetary success are two completely different things. As members of a typically materialistic society, we often strive for the success of having money and other material goods. However, Peter Gomes provides a very dissimilar definition of true

success. In *The Good Life*, success is defined as “living with a purpose... to turn prosperity from a soul-destroying obsession with things, a condition against which Jesus warned, into an opportunity to do as much good toward others as possible” (Gomes 2002, 105). Thus, money does not necessarily hinder success; in fact, it can often contribute to success. The two are neither mutually exclusive nor essential to this existence of the other. For example, in my previous paper, “Singing Our Way to A Better Life: The Arts and Their Effects on HIV/AIDS in Uganda,” I described the Nelson Mandela Foundation’s 46664 benefit concert as successful. “The success of this event and of other similar efforts once again lies in music’s ability to elicit an emotional response from an audience, making the public’s compassion for AIDS victims and their desire to help them that much stronger” (Vitter 2011, 4). Only now do I fully appreciate how accurate I was in my assessment of this event as successful. This foundation, like many others across the world, had access to funds to be used for the concert. The money, however, was not the factor that created the success of this event. Instead, it was the fact that the Nelson Mandela Foundation used their money to do something worthwhile, to make a true difference in the lives of HIV-positive individuals. As Abbott Lawrence Lowell, twenty-second president of Harvard University, said in his baccalaureate sermon to the Class of 1914, “True success does not consist in doing what we set forth to do, what we had hoped to do, nor even in doing what we have struggled to do; but in doing something that is worth doing” (Gomes 2002, 125). Helping those with AIDS is worth doing. Thus, this event was a success not because the event



raised millions of dollars, not because thousands of people attended, not because the end result exceeded the producers' expectations, but because the cause was meaningful.

Similarly, many artists in Kenya recognize that it is their social duty to use their musical talents and their level of celebrity to contribute to a worthwhile cause. Chapter Six of *The Culture of AIDS in Africa*, entitled "Music, HIV/AIDS, and Social Change in Nairobi Kenya," focuses on young, popular Kenyan artists who are reaching out to the youth and providing positive messages about HIV/AIDS. For example, popular musician Kunguru states that "most of our fans are young people who face a lot of challenges and yet receive very little assistance from those of us who have the power to help them see the light. We need to do songs that have a positive impact in the lives of our fans" (Muganda 2004a, 21, as quoted in Van Buren 2011, 74). Kunguru understands that he has the attention and devotion of millions of youths; instead of ignoring this responsibility, he views it as an opportunity to affect youth and to inspire positive behavior. Another popular artist, Eric Wainaina, advocates actively writing music with a message, even when his work is not sponsored by a specific organization (Van Buren 2011). He, too, realizes that he has the power to contribute to a worthwhile cause, and he obviously takes this responsibility very seriously. Both artists use their star power not for personal, selfish gain, but to reach out to the youth who idolize them and to share an imperative message. They take their worldly, monetary success and turn it into true success, the success of giving back, the success that constitutes a good life.

I found a last, and quite unexpected, example of success as relating to a good life in *The Culture of AIDS in Africa* Panel, Society for Ethnomusicology 2011. In this panel, filled with esteemed medical ethnomusicologists from across the globe, Dr. Gregory Barz discusses his inadvertent transition from observer to activist while working with AIDS victims in Africa. Barz states that he intended to go to Africa to observe, to research, to ask questions, but never to intervene in the lives of these people. However, he ended up doing just that—becoming very entwined in these Africans' lives. During his time in Africa, the medical director of the Uganda AIDS Commission even thanked Barz for all that he had taught this Ugandan community about his field and how it could help them combat the AIDS epidemic. "Through my efforts I became an advocate for increased and effective AIDS education. I became a public activist for the rights of those living positively in African communities" (Averill 2011). Because Barz, and other top medical ethnomusicologists and authors of *The Culture of AIDS in Africa* are true successful professionals who are invested in their research, they cannot help but become involved in the lives of those less fortunate.

"positive living translates to music"

These professionals have already achieved success in their field, in terms of professional recognition. And to be honest, many would leave it at that. But these individuals then proceeded to achieve success in the truer sense, in the sense described in *The Good Life*—the success of making a difference for a meaningful and worthwhile cause—that is, people affected by AIDS. As Barz asks in the panel, "Given the importance of the research outcomes, how could it be otherwise?" (Averill 2011). Though they set out solely to conduct research, these medical ethnomusicologists could not help but strive to achieve the success of the generous soul and to help these HIV-positive people.

The Good Life as Expressed through Compassion and Empathy

The next aspect that I will focus on deals with emotional healing and support through music and the arts. The good life, if expanded in a broader sense, can be characterized as having compassion and empathy for AIDS victims, and more importantly, taking action to affect social change for these people. Since the good life is determined by the goodness of the soul, then these works of love and mercy, which originate in the soul, are absolutely intrinsic to a good life. HIV activists come together in musical groups and affect the lives of HIV-positive people in a variety of ways. These musical activists, many of whom are, in fact, HIV-positive, lend support to each other, use the arts to spread their compassion to others, and strive to inform and consequently affect social change through their message.

HIV-positive people live out the good life by uniting in mutual love and support, especially in musical outreach and drama programs, to help each other cope with this disease. Chapter 24 of *The Culture of AIDS in Africa*, "Siphithemba—We Give Hope," by Austin Chinagorom Okigbo, discusses the positive effects of group choir in one HIV-positive community. Siphithemba, the name of a particular choir group in Durban, began as an extension of the McCord Mission Hospital's AIDS clinic and support group (Okigbo 2011). HIV-positive members of the community come together in a safe and supportive environment to express their individual experiences, fears, stories, and dreams.

These people are all so different, yet their voices blend harmoniously to create beautiful and moving music because they are all profoundly united in their struggle against HIV. Okigbo states that “as group members struggle individually with the exigencies of HIV/AIDS, the choir space comprises a bastion of hope and epitome of positive experience. Hence a strong sense of community characterizes the inner operations of Siphithemba” (Okigbo 2011, 289). The unitive unifying aspect of the choir obviously plays a huge role in helping the members to feel supported, accepted, and loved, feelings that are, sadly, often difficult for HIV-positive people to discover. These choir members essentially “function as surrogate family to one another as they deal with the effects of the virus” (Okigbo 2011, 286). Just as that age-old adage proclaims, “you get out of something what you put into it.” As these people give their time and their support to others, they, in turn, receive the same support. They reap the benefits of their own hearts’ good work. These HIV-positive people work together tirelessly to overcome their disease, a feat that would be tremendously more difficult, if not altogether impossible, to do alone.

In addition to Siphithemba, many other support groups have made incredible changes in the lives of their members. *Singing for Life* includes the account of a young Ugandan man named Edward. Upon receiving the news that he was HIV-positive, Edward was, understandably, devastated. Fortunately, he joined The AIDS Support Organization’s (TASO’s) Drama Group, a decision that completely changed his outlook on his diagnosis. Edward asserts that he was, of course, happy to have the opportunity to educate others about HIV/AIDS and to help erase the stigma of the disease, but this was not the sole benefit of this group. He also discovered a strong sense of community within TASO’s Drama Group, a community which helped him immensely to cope with his disease and its effects (Barz 2006). In addition to Edward’s story, there exist many women across the African continent who come together to dance, to sing, and to support each other through their music. As group member Noelina Namukisa of the Kyamusa Obwongo Club of the Meeting Point states, “These women come here for help, for community, and to dance... They’re *dancing their disease*” (Barz 2006, 78). The women of the Kyamusa Obwongo Club use music as both a healing and uniting agent. Although they are sick, they provide one another with the support and strength they need to rise above the disease so that it does not control them; together, they can create beautiful music and entrancing dances despite their HIV-positive status.

While HIV-positive individuals can work together to give and receive support through choirs and other programs, they can also reach out to other afflicted brothers and sisters who hear their message of love and acceptance, but may be too timid to actively participate. These people are in even more desperate need of compassion than their counterparts who have already discovered the good life through mutual support. Grace, an HIV-positive Ugandan women, discusses her experience in TASO’s Drama Group in Barz’s *Singing for Life*. At first, her story seems very similar to that of Edward; she, too, joined the Drama Group upon receiving her diagnosis and discovered a strong sense of community within this group. Furthermore, Grace realized that through her musical talent, she could reach beyond this community and help many others, as well.

When I saw this Drama Group and the many activities going on, I tried also to apply what I learned from my school and joined the music group. That’s why I joined, so that I can express myself through the music, express my pain and whatever, transforming these messages to the people, in the communities especially about positive living. Because the counseling could give positive living, but through music, dance, and drama, you can give more positive living to the people, so that they can cope, so that they can get rid of the HIV virus. And another thing, because I was a student, I very

much wanted to go to the schools and tell my fellow students that this is our problem. (Barz 2006, 214)

Thus, Grace carried the message she learned in TASO to others throughout the community and to her companions at school. These people, whether HIV-positive or negative, have now received the same compassion, love, and hope that Grace received when she first joined TASO. When people like Grace share their message with others, this cycle of love and acceptance continues, reaching countless people and communities.

Musicians also use their talents to reach out to HIV-positive people in a more medically focused way: direct therapy. Chapter 4 of *The Culture of AIDS in Africa*, “Tears Run Dry,” by Ric Alviso, discusses a Zimbabwean Afro-jazz group called Mhepo. Their song, “Zvirwere Zvichapera,” was devised to directly treat many of the symptoms of AIDS

through musical frequencies. HIV-positive patients were asked to keep a diary record of the effects that this music had on their health, energy, and overall well-being (Alviso 2011). Although this research is still in the early stages, it provides a promising new way for people to use music as a form of outreach to spread the good life to others.

Even the lyrics to the song “Zvirwere Zvichapera,” convey a message of acceptance and love: “We have to be the people with love for those who are sick / Let us be loyal people / Let us give them joy in life” (Alviso 2011, 60). Thus, the members of Mhepo strive to reach out to the HIV/AIDS community not only through particular musical frequencies, but through positive and encouraging lyrical content. Their song may not be as popular as other types of music, it may not reach as wide of an audience, and it may not earn them as much money as they could be earning with more mainstream music. Yet this song is causing immense progress for AIDS victims; thus, it is important and worthwhile, and these musicians are living the good life by choosing this noble path.

One final way that HIV activists can use their music to heal those afflicted with HIV/AIDS is not always as obvious or as quickly fulfilled as the first two. Results are not immediate; sometimes it takes years to reap the benefits of this method. However, it has proven extremely successful in many areas. I am referring to the practice of harnessing music as a catalyst for social change. Many artists and activist groups are creating music designed specifically to fight AIDS at its very root. By educating people on the disease—the symptoms, the causes, the modes of transmission—music can teach people infinitely more than mere classes or pamphlets could. Discussing the potential of music to deliver a message, such as that of AIDS, a Cameroonian man said, “Africans listen to music more than they read books or newspapers or watch TV. Musicians have the opportunity and potential to reach our people and educate them” (Alviso 2011, 57). Thus, music is frequently and successfully utilized as education-entertainment in the fight against HIV/AIDS.

In “Tears Run Dry,” Alviso asserts that “Singhal and Rogers define education-entertainment as ‘the process of purposely designing and implementing a media message to both entertain and educate, in order to increase knowledge about an issue, create favorable attitudes and change overt behavior’” (Alviso 2011, 57). Music as education-entertainment comes in a wide variety of forms, many of which are discussed and demonstrated in Chapter Four of *Singing for Life*. Some artists choose to educate the public on the ghastly negative effects of AIDS. For example, the song “Guno gwe mulembe gwe tulimi kati,” by NACWOLA, Iganga Branch, includes these frightening lyrics: “It has bad symptoms / Fever and headache plus vomiting, shivering plus cough” (Barz 2006, 125). Additionally, MUDINET’s song entitled “Zino endwadde ezitakyawona kusaasira” states that “Every new disease causes a lot of pain / Even a pimple causes a throbbing headache / The veins stand out and tears roll / People used to suffer from boils / But today’s disease is beyond this” (Barz 2006, 129). Though these descriptions may appear harsh, even terrifying, they are necessary for truly affecting social change. The public needs to understand exactly how devastating this disease is so that they will take stronger precautions in preventing it and protecting themselves.

Some artists choose to educate the public about common methods of spreading AIDS so that they can better protect themselves. For example, the song “Obulwadde bwa sirimu butabui” by Eschatos Brides describes many ways that AIDS can be transmitted, including “The dirty injections that doctors use...blood



if not tested properly...if one of the married couple is not well behaved” (Barz 2006, 143). By providing this valuable information, these artists are saving countless lives by fighting the ignorance that oftentimes leads people to unknowingly spread and contract HIV. Finally, some artists choose to utilize humor in education-entertainment in order to reach their audiences. Simon Banda of the Zimbabwean vocal group Sunduza and Southern E Media Education & Arts (SEMEA) utilizes this method in his song “Matata,” which incorporates an amusing skit portraying AIDS as being spread like a football from player to player. Another dance demonstrates the proper use of condoms and emphasizes the importance of using protection (Alviso 2011). Although these songs and dances may seem silly, even ridiculous, they rarely fail in making a lasting impression on their audiences; thus, no matter how outlandish, these artists should be viewed not only as successful musicians, but as successful human beings.

Another form of education-entertainment that I have personally experienced is that of body mapping as introduced by Annabelle Wienand. Body mapping refers to “the creation of life-size drawings based on tracing around a human body which provided a template for a series of participatory exercises. These ‘body map drawings’ enabled the participants to develop their knowledge of human biology in relation to HIV prevention, care and treatment” (Wienand 2011, 94). After reading her case study, I followed Wienand’s example of body mapping and carried out my own version of her study. I helped a fellow Vanderbilt freshmen, one who had no previous knowledge of HIV/AIDS beyond that of the average eighteen-year-old student, to create her own body map. This exercise really helped me to more fully understand the concept of education-entertainment. My subject truly enjoyed having the opportunity to draw and color a life-sized human outline—after all, how many college assignments involve crayons? It was clear that she was legitimately having fun in the exercise.

However, at the same time, she was actively and thoughtfully engaged in learning throughout the process. Initially, she filled in as much as she could about HIV/AIDS, its transmission, and its symptoms. Yet even after the exercise was complete, she sought to learn more, asking me to help her with the things that she did not know and to teach her more about HIV/AIDS. Because she enjoyed the exercise, she was more willing to learn about the subject matter; I suspect that the information we discussed will stay with her because it was not learned in a classroom or out of a textbook. She actively and enthusiastically discovered this information in a fun, engaging manner, one that is much more likely to have a lasting effect on her mind and behavior.

In his article “In Africa, AIDS Has a Woman’s Face,” Kofi Annan speaks out on behalf of Africa’s women. He expresses the need for African communities and governments to focus on saving Africa’s women, as they are central to the economy, the agriculture, and the social well being of the continent. Annan states in his article, “For decades, we have known that the best way for Africa to thrive is to ensure that its women have the freedom, power and knowledge to make decisions affecting their own lives and those of their families and communities” (Annan 2002, 1). In other words, Africa’s women need to have access to the good life; they need the opportunity to make a good life for their families. Unfortunately, many of these women are falling victim to the AIDS epidemic, causing not only them to suffer, but the African continent as a whole. These women are not being given fair access to the good life, and to fight this injustice, Annan strongly advocates working for social change for these women (Annan 2002). They need help in creating a good life for themselves and for the families and communities that depend on them.

Thus far, I have merely hinted at the connection between living a good life and having compassion and empathy for AIDS victims. I want to make this relationship even clearer, as it is fundamental to the thesis and overall subject matter of this paper. In *The Good Life*, Gomes saves his last chapter for the discussion of the theological virtue of love. He references the Second Commandment, “Thou shalt love thy neighbor as thyself” (Gomes 2002). Most of us can attest that this is much easier said than done. We have all encountered that person that we just cannot get along with. How can God expect us to love this person? Nonetheless, Gomes asserts that love for our neighbor is imperative to living a truly good life. No matter how much we dislike them, no matter who they are or what they have done, we must love them.

Additionally, Gomes asserts that love is not merely a feeling; it is much more. Love is active. It requires us to take action on behalf of our brothers and sisters who are less fortunate (Gomes 2002). When the Eschatos Brides sing songs about HIV/AIDS in order to educate the community on the transmission of HIV, are they not taking action? Are they not expressing their love for all of their neighbors, even those who suffer the unjust stigma of being HIV-positive, in a very big way? This is love in its greatest form—love for those who are sick, who are dying, who are unjustly persecuted and judged. This is the hardest kind of love, but it is also the love that really matters. This is the good life.

Positive Living—Creating One’s Own Good Life

Much like Gomes saved the final chapter of *The Good Life* for the subject of love, I have chosen to save the final portion of my paper for my last and most important theme: living positively. Living positively is a term commonly used to describe HIV-positive individuals who do not allow their disease to define them. In the most basic sense, living positively refers to taking the life you have been given and making the most of it. In relation to the good life, living positively can be viewed as creating your own good life, no matter how tragic, unjust, devastating, or unfortunate the circumstances may be. Tony Kasule, music director of TASO's Drama Group at Mulago Hospital, describes positive living as follows:

“Positive living” is a way of changing your attitude towards whatever has happened to you and going clockwise...Looking at your chances, looking at your opportunities, and looking at how best you can start from there—it is a very, very difficult step to take, but those who have taken it are fine in the sense that they've learned to live with themselves and can share with others. And that is very strong encouragement to others that are still wondering if they have the virus. But in counseling terms [positive living] is sharing your experiences, understanding yourself, making sure that you have enough rest, making sure that you tell those that would understand your situation. You share it out, suppressing the stigma, getting medical care, understanding more about the virus because the more you understand about the virus the more you can actually fight this virus. (Barz 2006, 52)

Positive living truly is the most important step for an HIV-positive person in accepting the disease and moving on with his or her life. It is not easy by any means, but it is vital to living a good life as an HIV-positive individual.

Chapter Fourteen of *The Culture of AIDS in Africa*, entitled “We are the Loudmouthed HIV-Positive People,” by Rebecca Hodes, focuses on living positively as expressed by the *Beat It!* Campaign in South Africa. *Beat It!* was a revolutionary show in South Africa that addressed HIV-related stigma by telling the stories of numerous HIV-positive individuals and providing a very real look into their everyday lives. “By exposing and confronting many forms of HIV-related stigma, from social discrimination to self-stigma, the show could then promote strategies for resisting prejudice through disclosure and ‘positive living’” (Hodes 2011, 160). *Beat It!* worked to erase the stigma of HIV by normalizing the disease—that is, illustrating that HIV-positive people are just that—people. Yes, they are people with a horrible, deadly disease, but they are not defined solely by their disease.

Beat It! incorporated scenes of HIV-positive South Africans in their homes, with their children, carrying out everyday activities just like their neighbors. When the South African public watched this show and saw people living their lives to the best of their abilities, they began to realize that these people really are just like them. Thus, in this way, *Beat It!* made huge leaps in erasing the ugly stigma of HIV as a dirty, immoral punishment of a disease. Every episode begins with a testimonial from individuals who have agreed to disclose their HIV-positive status on television, a very difficult act which exemplifies the bravery and internal peace of positive living (Hodes 2011). These courageous people are not hiding from those who may judge them; they are not ashamed. They are rising above the stigma and hate that they have been forced to bear and are living positively by coming to terms with their illness instead of letting it control their lives.

Beat It! has featured a number of brave, HIV-positive individuals who found their voice through this show and are now living their lives as examples of positive living. For example, Babalwa Tembani, an HIV-positive young woman featured in *Beat It!*, states, “I decided to disclose my status and show that HIV is here, especially for us youth... no one forced me to disclose, I did it on my own” (Hodes 2011, 163). Babalwa discovered an opportunity to speak up about being HIV-positive through this show, but it was still her decision, her personal bravery, that instigated her testimony. Another youth, Faghmeda Miller, recounts, “Before, I was a very shy person... But today I go out in the community and I speak about HIV and AIDS, and I can say that it has changed my life for the better... I just want to tell everyone: ‘It’s okay, when you are HIV-positive you’re not going to die now. Life goes on’” (Hodes 2011, 163). Faghmeda could sit at home and grieve over the cards she has been dealt in life; in fact, that is exactly what many of us would do in this situation. But instead, she does the one thing that can help her through this disease: she accepts it. This feat, though simple in theory, is one of the most difficult and most rewarding things an HIV-positive individual can accomplish. It is the greatest step towards truly and honestly living positively.

Beat It! not only helped those who were featured on the show, but also encouraged those who viewed this program. It created a sort of “positive community” with which HIV-positive individuals could identify. The people featured on the show were not actors; they were real people, just like them, living with HIV. Yet these people were seen smiling, laughing, even joking; they were living their lives despite their illness (Hodes 2011). The individuals featured on *Beat It!* are excellent role models for the rest of the HIV-positive

community, and many HIV-positive South Africans wrote letters to the program describing its astounding effect on their lives (Hodes 2011). These people have been inspired by the positive living portrayed in the show; they have come to realize that if others can live the good life with HIV, then they, too, can do so. In essence, those featured on *Beat It!* provided one simple message for their brothers and sisters: They are individuals living with AIDS, not people dying from AIDS.

In addition to the *Beat It!* program, the TASO Drama Group wholly exemplifies the concept of positive living. They accompany the medical outreach sector of TASO and provide plays, songs, and dances about living with AIDS (Barz 2006). They even incorporate testimonials from real, HIV-positive people about how to live a fulfilling, meaningful, good life with HIV. In their song “TASO is going forward with positive living,” the TASO Drama Group sings, “TASO’s going forward supporting with positive living. It is a challenge, we all should come together. Love and guide all those with AIDS” (Barz 2006, 53). These lyrics express an open, welcoming love and acceptance that is extremely rare for HIV-positive individuals to encounter. If everyone, both HIV-positive and negative people alike, lived by these standards, then we would face no ugly stigma, no unjust persecution or discrimination. We would still face a terrible disease, but instead of separating us, it would unite us in a cohesive effort to find a cure and help those afflicted.

The TASO Drama Group further encourages positive living in the very songs that they choose to perform. Yes, they do perform songs that warn against contracting AIDS and describe its frightening effects, but they also sing songs of hope. These songs declare that AIDS is not the end; they encourage HIV-positive people to go out and to live with joy, not with anger, fear, or sadness (Barz 2006). Additionally, as previously discussed in this paper, many of the Drama Group’s songs discuss empathy for those afflicted. This, too, is important to the notion of positive living because without compassion and understanding, HIV-positive people would not have the courage and the support necessary to live positively. The TASO Drama Group has not found a cure for AIDS; nonetheless, it has, along with many other similar support organizations, changed the lives of numerous HIV-positive people by teaching them how to completely alter the terms of their diagnosis and live their lives to the fullest.

Medical ethnomusicology explores the various relationships between music, medicine, and healing.

A huge part of positive living depends on the actions and attitudes of those of us not infected with the HIV virus. HIV-positive individuals deserve not only the love and support of other HIV-positive people, but of everyone. We are all responsible for treating them with the dignity and respect that every human being deserves so that they have the means and the confidence necessary to live positively. A simple way to ensure that these people are provided with the respect they deserve is to follow the United Nations Universal Declaration of Human Rights. If all of these rights are followed, especially in regard to those suffering from HIV/AIDS, are we not living the good life? Of course, those who are treated justly as a result of this document, and are provided with all means necessary, both physical and emotional, for a healthy life, are living the good life. But in another sense, those who follow the document in their interactions with others are also living the good life. Once again, the

definition of the good life returns to the goodness of the soul—if we really treated everyone by the terms listed in this document, then we would be living in a manner that shows the beauty and generosity of a truly good soul.

Positive living is so interconnected, so intrinsically linked to living a good life that it almost appears as if Gregory Barz, Judah Cohen, and Peter Gomes deliberately created works to be read in relation to one another. In *The Good Life*, Gomes discusses in great detail the cardinal virtue of fortitude, or “that moral quality that allows us to persevere when others would easily give up or give in; it is the fuel of the long-distance moral runner who, despite inner fatigue and the apparent outward success of others, nevertheless keeps on keeping on. It is thus perhaps the most enabling and valuable of all the virtues” (Gomes 2002, 229). By this definition, fortitude does not necessarily mean that one must possess incredible bravery or carry out some heroic gesture. Fortitude means that one understands the reality in which he lives and accepts it. However, he has the inner strength to keep going and to “contend against that which threatens our perseverance in the good” (Gomes 2002, 229). This idea is nearly synonymous with the concept of positive living. HIV-positive people do not take living positively to mean that they should act as if they do not have AIDS. They clearly understand and accept that they must deal with this disease, but they do not allow this fact to hold them back from their lives. This is fortitude. This is moral and inner strength beyond any that I have ever seen. This strength of character, this unwavering perseverance, is a quality to be greatly admired, especially when it exists within those whose circumstances are so grim.

The theological virtue of hope, as described in *The Good Life*, is also fundamental to the concept of living positively for HIV-positive individuals. To most of us, this seems completely impossible. How can people afflicted with this devastating, horrifying disease maintain any sense of hope? However, by its very definition, hope is “to see and endure the worst that can be seen and endured, and yet, in St. Paul’s words, ‘having done all, to stand’” (Gomes 2002, 277). Thus, it is the existence of a seemingly hopeless situation that provides a catalyst that drives us to hope. For HIV-positive people, their diagnosis is not the end of life as they know it; yes, it is devastating, but it provides an opportunity for hope. Those who find the strength, the fortitude, to hope against all odds, are truly living positively in every sense of the phrase. By living positively, they find a way to hold on to hope despite these circumstances.

This connection is two-fold; just as living positively gives them hope, having hope helps them to live positively. After all, “Hope...is a positive, persistent virtue. For its very existence makes it possible to endure what to those without hope would appear to be hopelessness itself. The positive direction of hope is always forward, and thus hope always hallows, or makes holy, the future” (Gomes 2002, 281). Hence, hope pushes HIV-positive people forward. Instead of wallowing in the pity of their past, they are forced to live for the promise, the anticipation, and the hope, of the future.

Conclusion

I originally understood that my task was to create a work relating two wholly unconnected ideas: HIV/AIDS and the good life. However, that is not the task I completed. I instead created a work that drew from a number of sources to bring together two surprisingly interconnected themes into a single, cohesive idea. Medical intervention in HIV/AIDS, as studied throughout the course of this semester, relates to the concept of the good life in more ways than I imagined possible. First, AIDS activists are models for true success as described by Gomes in *The Good Life*. This success is neither based on wealth nor on recognition, but is rooted in the dedication of time and effort to a cause that is worthwhile. Contrary to popular belief, monetary success is not necessary to living a good life, but the success of the generous, loving soul is. Additionally, the “good life” can be understood to mean having compassion and empathy for AIDS victims. Whether through utilizing music and the arts in support groups, spreading love and compassion to others through music, or affecting important social change, we all have opportunities to live good lives by helping others, especially those infected with AIDS. Finally, living positively is absolutely intrinsic to living a good life. The two go hand in hand, especially when viewed in terms of the virtues of fortitude and hope.

Musically, an entire community can come together to sing of hope, of endurance, and of protest of a bleak future.

I hope that you, as the reader of this paper, have learned something about medical ethnomusicology, about Peter Gomes’s *The Good Life*, about the lives of those living with AIDS in Africa, about the true meaning of success, and about different theological and cardinal virtues. But if you haven’t, that is ok. What I really want you to take from this is more important than these things. What I really want is for you to have learned something about yourself. I hope you read this paper and asked yourself, “Am I just making a good living, or am I living a good life? Am I doing something worthwhile with my resources and talents?” If I have caused you to stop and reflect for even a few minutes, to think about the life you are living, and maybe to inspire you to search for your own good life, then I will count this paper a success, and I will count myself one step closer to living a truly good life.

Chapter Seven

A Vessel for Virtue: Musical Interventions Against AIDS in Africa

Brett Doliner

Prelude

On December 10, 1948, at the Palais de Chaillot in Paris, the United Nations General Assembly signed the Universal Declaration of Human Rights which granted a list of inalienable rights to the human population. Among these rights are that “everyone has the right to life, liberty, and security of person, no one shall be held in slavery or servitude, and all humans beings are born free and equal in dignity and rights.” The list goes on claiming 30 articles as entitlements of humanity (United Nations General Assembly, 1948). This Declaration seems too idealistic, claiming some rather lofty privileges as something all humans are born with, having done nothing to deserve those rights. I have no issue with the Universal Declaration of Human Rights as long as it includes a clause that states while all humans inherit these rights upon birth, they also inherit the responsibility of protecting the rights and the environment that makes such a declaration possible. The means through which this responsibility would be honored is the practice of virtue.



As the HIV virus infected human life, a black shroud engulfed the continent of Africa. Amidst this darkness, lives were lost, communities were destroyed, and spirits were enfeebled. While much of Africa remains tenebrous, light, emanating from an ancient source, is breaking through this seemingly endless night. The source of this light is virtue. In 2003, Peter J. Gomes, minister in the Memorial Church of Harvard University wrote *The Good Life: Truths that Last in Times of Need* instructing the reader on how to live a good life in the modern world. Gomes presents a schematic of the good life in which the objective is goodness, the means are the Virtues, and the manifestation is faith, hope, and love (Gomes 2003: 210). Gomes's good life is inherently a part of the fight against HIV/AIDS, as those whom battle to banish this virus from earth employ virtue to bring goodness, or light, back to African civilizations. Yet spreading virtue is a difficult task, because before virtue can be received by the African people it must traverse a barrier of culture. The vessel that carries virtue across this border is music and the arts. In 2006, Gregory Barz, produced *Singing for Life: HIV/AIDS and Music in Uganda* (2006) in which he delineates the process by which music induces hope and healing in Uganda. In 2011, Barz collaborated with Judah M. Cohen in editing *The Culture of AIDS in Africa: Hope and Healing Through Music and the Arts*, which provides a plethora of case studies involving musical and artistic intervention in the African AIDS crisis. Barz's works, in combination with Gomes's thoughts on the good life, create a fantastic depiction of music spreading virtue in dispelling the HIV pandemic from Africa. Those who employ music and the arts to combat HIV, invoke the four cardinal virtues of prudence, temperance, justice and fortitude as their weapons and find expression and motivation through the three theological virtues of faith, love, and hope.

In arguing this thesis, I examine first musical and artistic interventions and their relationship to the good life in Kenya, Malawi, and Ghana, drawing on articles from *The Culture of AIDS in Africa*. I then discuss examples from Uganda, the most successful African nation in lowering HIV rates, based on content from *Singing for Life*. While these two works comprise the bulk of these two sections, I intertwine other relevant sources in an attempt to incorporate multiple viewpoints. Finally, I conclude with a discussion of Gomes's theory of failure, how it relates to musical intervention in Africa, and what questions it surfaces for the future. Before delving into the rich artistic expressions geared towards HIV prevention, I will briefly present Gomes's portrayal of the four Cardinal virtues, for purposes of clarity. Prudence, he explains, is the ability to choose to do good when tempted to do something that would lead to bad consequences. Justice stems from the "Golden Rule" (do unto others as you would be done to), and thus is "the exercise of the relationship of equity between equals," where all humans are considered to be equals. Temperance is the practice of abstinence from pernicious pleasures and control over passions. Lastly, Gomes declares that fortitude is representative of courage and persistence in pursuing all things good (Gomes 2003: 211-32). The vast array of messages in anti-AIDS expressions, are in some manner, a derivation of these four virtues.

In her article "Music, HIV/AIDS and Social Change in Nairobi, Kenya," Kathleen Van Buren depicts the virtuous musical interventions by adults and children alike in Kenya. Similar to many other African nations, anti-AIDS campaigns in Kenya were slow to start because of a homosexual stigma associated with the disease and a general public skepticism of HIV's potency. There was also an opposition to music involving social commentary, as the public only desired "commercial" music, however, artists like Eric Onguru, known as Kunguru, are breaking this trend. Onguru strives to produce music that is both catchy and positively impactful on the lives of his audience, as evidenced by his song "Time for Action." Kunguru commences his lyric by warning the audience that there are many fellow countrymen whom are infected and that there are many misconceptions regarding HIV. He continues by voicing the question "what do we do?" Kunguru concludes by answering his own question in which he asserts that the solution to the AIDS dilemma comprises taking control, using condoms, and resisting fear (Van Buren 2011: 70-4). Kunguru's solution is a composition of prudence, temperance, and fortitude. "Taking control," is another expression for assuming the responsibility of choice, and in this case for assuming the responsibility of making good choices in regard to sexual decisions, which is the power of prudence. By resisting fear, one can embrace AIDS and then take steps to prevent or treat it. In doing so, they must employ courage, or fortitude. Condom usage may not involve abstinence from sex, but it does involve abstinence from unsafe sex and HIV transmission, which is an underlying issue in the AIDS crisis. Since, in this scenario, condoms are a form of abstinence, they are, in effect, a physical manifestation of temperance. This idea surfaces an important contradiction, because temperance is a Christian value and condom usage is condemned by many sects of Christianity. What we should take from this is that temperance is just a name given to a ubiquitous human value that exists outside religious spheres of life. Gomes draws much of his argument from Christian theology, but in doing so he recognizes that the advice he gives has equal value to secular people or people of different faiths.

Circute (Gerald Wagama) and Joel's (Joel Githiri) are another example of Kenyan musicians that preach social activism. Their song, "Juala," which is a term for a condom, tells a story of a man that goes to buy a condom upon his girlfriend's request. The man is resistant at first because he does not want his friends to see him purchasing a contraceptive, but he finally musters up enough courage to buy a condom and then is robbed. While the message of buying a condom may appear simple it is profound to some Africans who are unfamiliar with the idea (Van Buren 2011, 74-5). The audience of this song is not only introduced to idea of condom usage, or temperance, but is also exposed to the idea

of courage or fortitude overcoming any embarrassment one might have regarding condom use. In addition to providing a comical twist, the robbery at the end could be interpreted a message to the listener: that even though the man did the right thing in buying a condom, he was punished. In other words, what happened was not just. This is a cynical thought, but an optimistic way of looking at it is that since the world will not always provide justice, we as a human population must instill justice in society. “Juala” has been “controversial,” but many appreciate what Circute and Joel are doing, because in many cases, parents and other family members will not provide children with proper sexual education, and this is a direct way of doing that (Van Buren 2011: 75). “Juala” has potential, yet the true efficacy of pieces like these are unknown. Is a simple song really enough to stop the transmission of HIV?

Aside from professional musicians, youth movements in Kenya are performing music and plays that are centered around HIV education and prevention. In 2004, children at the Kaspi Children’s Center in Nairobi, put on a play called “AIDS” that begins with a boy knocking into a girl. The “boy”, who apparently does not know the girl”, offers her “gifts, sweet things, and promises” in hopes that she will come with him. Aware of this boy’s intentions, the strong-willed “girl” folds her arms and ignores her male suitor. The “boy,” however, is persistent and grabs the girl’s hand in an attempt to “turn her around.” Yet the “girl” rejects the “boy” once more as she asserts that she has big plans for the future and the “boy” will only interfere with them (Van Buren 2011: 78-9). While slightly subtle, this piece tells of a young man that tries to tempt a young girl into pre-marital sex. The boy’s temptations test the girl’s prudence, but in the end virtue triumphs allurements. Stories like this one, where virtue triumphs, endow the audience with hope, that if this “girl” can resist they can do the same as long as they keep faith.

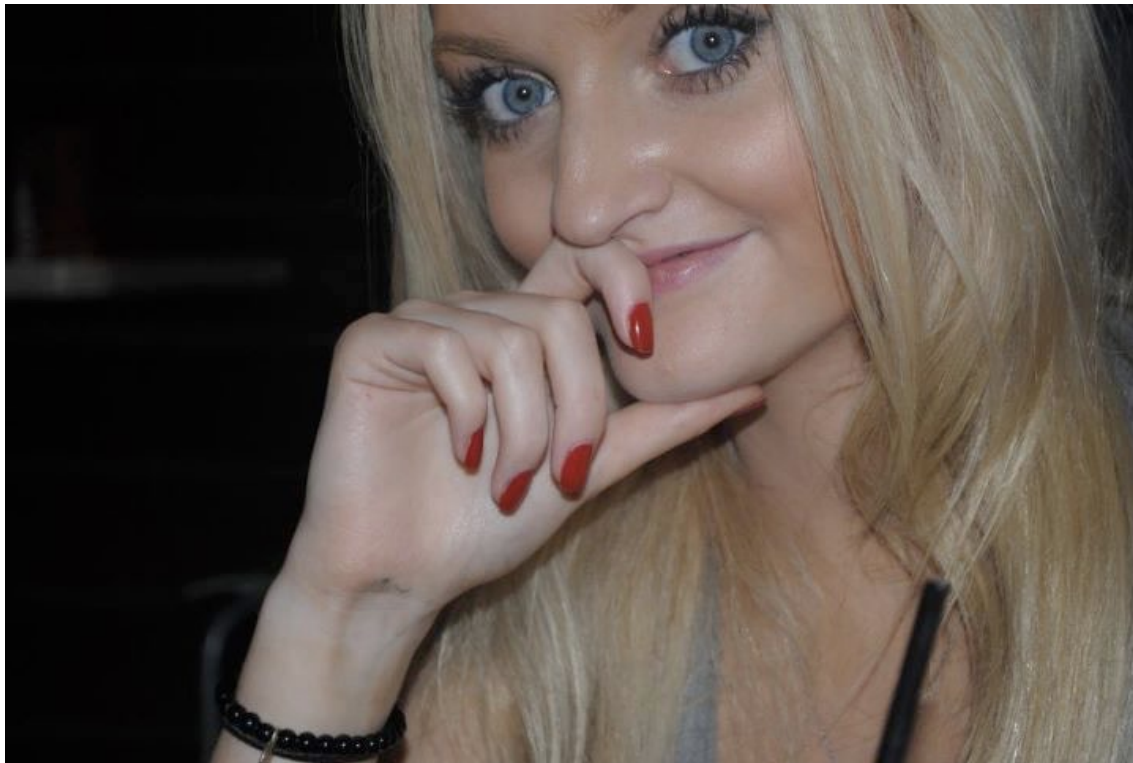
The Kawangware Street Children and Youth Project in Kenya also aims to spread HIV/AIDS awareness but takes a slightly different approach. Kathleen Van Buren chose to represent this group by depicting one of its members, Martin, who goes by Young Messenger. Martin utilizes music to relay corruption in his community and the need for change, choosing hip hop as his medium of expression. Young Messenger extracted the beat from one of his favorite American pieces, “Still D.R.E” by Dr. Dre, and performed a song for Van Buren in which he tells “of homeless people, HIV/AIDS sufferers, and the apathy of the community members who are complacent about the people dying around them.” In the chorus of the song Martin sings of his sadness concerning the afflicted people around him and implores the audience to “tell [him] that you care” (Van Buren 2011: 81). Martin, in direct expression of his youthful innocence, is grieving the absence of justice in the world and more importantly that no one seems to be doing anything about it. What Martin is asking of audience in the end of this piece is simply to love. To love their neighbors, even if they are strangers, because humans must band together in order to defeat evils like HIV and poverty.

Siphithemba is an isiZulu word meaning, “we give hope” or “give us hope”

Anti-AIDS musical responses like those Kenya are also present in Malawi and are enriched by the work of Jack Allison. Allison spent part of his early life traveling with the Peace Corps, performing philanthropic work all around the globe. It was in Malawi, Allison claims, he “discovered that [he] could write music!” Allison began composing songs for the Malawian people, instructing them on how to treat local infections. Allison became popular and twenty-five years later returned to Malawi to assist in the HIV pandemic. He recorded six songs about AIDS awareness with the Malawi Broadcasting Corporation and then toured the country preaching the same messages and virtues as those discussed in musical interventions in Kenya. Allison’s popularity reached celebrity status in Malawi and in 2004 was invited by the U.S. State Department to tour the country once more. Allison made substantial profits from his informative musical interventions and donated every last cent of it to a charity that feeds Malawian orphans whose parents have died of AIDS (Allison 88-91). The reason that Jack Allison highlights this discussion of virtue is because he embodies the three theological virtues of faith, hope, and love. Allison’s love for people is what motivates him to travel across seas and make a difference in the lives of people that he does not know. Allison’s faith is what gives him perseverance and fortitude in continuing his work through all these years, a faith that his noble efforts will bring about change. Allison certainly too, has high hopes for the future. Towards the conclusion of his article, Allison describes the Program Evaluation and Monitoring System (PEMS) created by the U.S. Centers for Disease Control (CDC), which is designed to provide accurate data and evaluation of federally funded HIV prevention programs throughout the U.S., in hopes of determining which programs are most effective. If PEMS proves useful in the United States it could be instrumental in HIV prevention programs in Malawi and all other afflicted nations. Allison notes, however, that a lack of funding could be an obstacle in such a program and then concludes his article by declaring that foreign support is not enough, that African people must too promote change through artistic responses because even the smallest amount of prevention makes a huge difference (Allison 2011: 92-3). Jack Allison is a man that Peter Gomes would consider to be living the good life.

Angela Scharfenberger may not be doing the same philanthropic work as Allison, but she has a wealth of knowledge concerning Ghanaian ethnomusicology as evidenced by her article “Young and Wise in Accra, Ghana: A Musical Response to AIDS,” in which reveals the anti-AIDS musical interventions of the Young and Wise Inspirational Choir. Scharfenberger notes that she saw no evidence of any chorus members that were directly affected by HIV/AIDS but that they were “motivated” by the organization Planned Parenthood of Ghana and the idea of spreading national HIV awareness. To reach a wide audience, the Young and Wise Inspirational Choir fuses Ghanaian Christian choral styles with hip-hop, as in their song “HIV is Real.” The song commences with a female who croons, with a style reminiscent of Ghanaian church music, a declaration that AIDS is killing the Ghanaian people and a strong suggestion to “rise up” and fight. The piece then transitions to its hip-hop segment, where both a female and male rapper not only give directions to “avoid promiscuity” and “use condoms” but go a step further and assert that “if AIDS gets you then you are to blame” (Scharfenberger 2011: 299-304). This vocal bears similar messages of temperance and prudence as previous examples, but in contrast to those other examples this piece directly states that “you” are responsible for “your” consequences by not upholding the virtues. This thought provokes an interesting concept concerning moral laxity in modern society. As a human population we have weakened our moral compasses to the point that virtue is now seen as a gift, something supplementary, as opposed to a necessity. People have lowered morality in their priorities because they see no need for it in this modern world. We have also developed the notion that if a different people do something morally wrong by our standards, it is not an issue because it is in their culture. However, this notion is of itself a display of moral laxity. Thus, it is not acceptable to ignore promiscuity (and the HIV transmission that follows) in African communities because it is of their culture. AIDS is real and the reason for its existence and widespread influence stems from moral indifference. The fact that “AIDS is Real” relays this concept to its audience, and preaches against it, is an incredible step for Africa.

Another powerful piece in the Young and Wise International Choir’s arsenal is “We are True.” This song is rich in metaphor, comparing living with AIDS to a journey, and choosing a healthy sexual life to being “true” (Scharfenberger 2011: 306). The latter metaphor is effective not only because it articulates a powerful virtue in simple diction, but also because the word “true” adds greater potency to prudence by association. This metaphor has a certain aspect of subliminal messaging where if an audience member hears the word “true” later on, it might generate the thought of sexual prudence, or a step further, the thought of sexual prudence being “true.” The creativity demonstrated by “We are true” adds a layer of finesse to the diverse plentitude of anti-AIDS music in Africa.



To conclude the section on *The Culture of AIDS in Africa*, I will discuss Annabelle Wienand’s “body mapping” project and more specifically my experience with “body mapping” one of my peers and the conclusions that I drew from it. In short, Wienand’s “body map” project consisted of having African HIV patients, teachers, and social workers alike draw out their idea of what the human body looks like. Then with some assistance from Wienand and staff they added to their pictures, ways in which HIV is transmitted, physical effects of HIV, and social effects of HIV, among other things. Overall, Wienand’s artistic project assisted African people in grasping a better concept of HIV in both biological and psychological respects (Wienand 2011: 94-100).

With inspiration from Wienand, Professor Barz assigned a body mapping project for our class. The subject of my project was a pre-med student, that when posed with the challenge to “map” HIV did not really know how to respond. Following several minutes of confusion, the subject drew a body and depicted the methods through which HIV is transmitted (sexual intercourse, blood injection, mother to child transmission). The subject proceeded to draw the complex and specific way that HIV attacks killer T-cells, right down to protein coats and retroviral DNA. The subject’s medical knowledge of HIV was immense and his body map turned out to look like a diagram in a biology textbook. What the subject failed to draw, however, were the emotional, and social aspects of being HIV positive. Essentially, everything that was outside the one-dimensional sphere of medicine. What intrigued me was not so much the subject’s approach to body mapping, but the implications it has for Western society. Due to great advancement in medicinal knowledge and technology, we, as a Western society, have gotten used to the fact that every infection comes from a microorganism and for every condition there is a pill. What we fail to see, is that in the case of HIV at least, illness can be prevented by virtue, which is scarce in our secular society. It is true that Western treatments are superior to African treatments with regard to biological efficacy, but while we treat AIDS with medicine, Africans treat AIDS with virtue and the good life. There is something disheartening about science being the only method of treating sickness, and hence came the emerging field of ethnomusicology.

Medical ethnomusicology, as a developing conglomerate field, unites the seemingly contrasting research disciplines of musicology, ethnology, and medicine into one interwoven field of study that strides to promote physical, mental, and spiritual healing in the human population. By infusing culture and music, medical ethnomusicology takes a more balanced, holistic approach to healing. In essence, medicine is given a heart and a soul through which virtue can collaborate with science. Many of the sources cited in this paper are medical ethnomusicologists that strive not only to reconcile science and the arts, but also to show the potency and efficacy of such a reconciliation. Medical ethnomusicology is healing through the lens of the good life, and thus I will highlight medical ethnomusicologist Professor Gregory Barz’s *Singing for Life* in further discussing anti-AIDS musical interventions and virtue. My discussion of virtue slightly changes gears at this point, in that I will demonstrate how virtue relates to the themes of grassroots efforts, living positively, and women empowerment that Barz underscores in his portrayal of music and HIV in Uganda.

Musical programming at the grassroots level in Uganda has been successful because local responses better represent the needs of local communities than any regional or national response could. Every village and town in Uganda has slightly different culture and music and thus slightly different ways of understanding virtue and how it relates to HIV prevention. It follows then that local music efforts must be the ones to instill virtue into a community afflicted with HIV. Few better represent the successful local responses of musical programming than Walya Sulaiman and his group PADA (People with AIDS Development Association). In the town of Iganga, Sulaiman and PADA sang a piece called “Eitulimuki,” or “What is in the luggage?” that employs powerful visual imagery to relate HIV/AIDS to baggage that cannot be lifted. After Sulaiman has his listeners feeling the weight of the virus he croons a warning, cautioning them that HIV does not discriminate, that if they do not protect themselves they too will be crushed by luggage they cannot lift (Barz 2006: 19-20). The message here is to practice temperance, prudence, and fortitude in doing everything possible to avoid AIDS, yet simply stating that message is not enough. Sulaiman most likely knew the people of Iganga carried heavy objects as a part of their daily lives, and by comparing HIV to luggage Sulaiman was able to relate to them and relay the destructiveness of HIV, followed by how important it is to practice virtue in protecting oneself from this virus.

Kofi Annan, “AIDS has a woman’s face”

Sulaiman and PADA do not just sing about prevention, but also perform songs that empathize with those infected with HIV and urge those not infected to help their afflicted brethren. The song “Luno Olumbe Lwa Twidira” or “This disease came for us” reflects the thoughts of many Ugandan people who believe that HIV is a curse on their land. The beginning of song demonstrates sorrow and hopelessness and it is towards the end of the piece that the chorus sings “we are from Iganga...the disease has us, and we have no peace. But now we have come out with or sorrow so that you people who are still lucky can give us a hand” (Barz 2006: 25-6). PADA is articulating to the people of Iganga that since HIV “came for” them, those that are already infected cannot do much to help themselves. Thus, those that are not HIV positive, must apply justice and love for their fellow villagers, in warding off HIV of Iganga. PADA’s plea for the people of Iganga to help, rather than just anyone, is effective because it adds a personal element to their request.

While many musical interventions are effective, there are many African people that are infected. The issue with the HIV positive group is figuring out how to support them. It is true that once infected they have no chance of becoming fully healthy, but does that mean we should just mark them as hopeless and move on? The AIDS Support Organization or TASO answers “no” to this question and has produced a campaign of “live positively.” The meaning of “live positively” is not to give up hope, that one with HIV can still live the good life (Barz 2006: 52). HIV may destroy one’s immune system but it does not prevent them from being good and virtuous.

In an interview with Tony Kasule, music director of TASO’s Drama Group at Mulago Hospital, Barz inquired if “positive living translates to music.” Kasule affirmed Barz’s question and continued by saying that the will to live, once infected by HIV, comes from hope. It is hope that has inspired Kasule to write songs that communicate to the plagued people of Uganda, TASO’s message of “positive living.” At the conclusion of Kasule’s response, he provides the piece “TASO is going forward with positive living” as an example of one those songs. The message in “TASO is going forward with positive living” is that all afflicted people should band together to encourage one another not to lose hope and to keep living positively. That everyone is in this struggle together and, finally, “let the almighty Lord bless you all” (Barz 2006: 52-3). It is apparent from this piece that the three theological virtues of faith, hope, and love are more relevant to pieces directed at HIV positive people, while the four cardinal virtues of prudence, justice,

Article 26 in the Declaration declares, “Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages”

temperance, and fortitude are better fit for music regarding prevention. That is not to say that HIV positive people should not practice prudence, justice, temperance, and fortitude, but that faith, hope, and love are the core of living positively. The process of coming together to fight HIV in unity is a process of love, where hope is the glue that binds them together. The line that conclude the song, which asks G-d to bless everyone, is a message instructing faith. The audience may not believe in “the almighty Lord,” but what they should take from this is that they should have faith in some higher power. For in the absence of faith there is no hope.

Rev. Gideon Byamugisha, the first Ugandan clergy member to publicly announce his HIV positive status, argues that the stigma of HIV and societal rejection are more hurtful than the physical effects of the disease (Barz 2006: 55). It is this thought that has brought TASO to incorporate de-stigmatization as an integral part of the “living positively” campaign. Anne Kaddumukasa, TASO’s administrative director, argues that the message to HIV positive people should not be sympathy, but rather empowerment. Empowerment not only to live positively, but to break free of the shackles of stigma regarding HIV. The source of this empowerment is faith, hope, and love. Kaddumukasa claims that when an audience sees HIV positive members of TASO’s drama groups singing and dancing they believe HIV is not an obstacle to living a normal life (Barz 2006: 64). The audience has faith that they can emulate the happiness they see in the TASO drama group and hope that this newfound faith will bring about change. They then begin regain love of themselves, and all other people who “live positively.”

Aside from TASO’s “live positively” movement, another major component to the Ugandan anti-AIDS campaign are musical interventions from Ugandan women. The Women’s struggle against HIV is vital to lowering national infection rates because women are much more prone to contraction of the virus than men from a socio-cultural standpoint, because in the patriarchal societies of Uganda, many men impose themselves sexually on women. By empowering women through song, dance, and drama to practice temperance, prudence, justice, and fortitude, the women are much more likely to make health-conscious decisions about sex. Florence Kumunhyu, leader of the Buwolomera Development Association, performed an informative piece called “Luno olumbe lwatwidhira” for the village of Buwolomera which advocates taking HIV blood tests. Kumunhyu reflects that all Ugandans are in “sorrow” and that the virus does not discriminate taking both the old and young. Her solution then, is for all people to take an HIV test with their lovers, whether they be married or single, so that those that are positive can abstain from sex and decrease infection rates (Bar 2006: 98-9). Kumunhyu is arguing that when HIV tests are available, one that does not take the test is indifferent to their sero blood status. In this situation, indifference is a form of injustice because that indifference can lead to the infection of others. This is a violation of the “Golden Rule” of doing unto others what would done to you, as no man or woman would want their sexual partner to be unaware of their HIV status, if they were educated about the destructive qualities of the virus. Thus failing to take an HIV test not only reveals laziness in physically not going to get a blood test, but also moral laziness in ignoring that indifference to HIV status is unjust. If the men of Uganda will not be righteous, then it is up to the women to spread the light of virtue through their dark country.

Another woman that is inspirational in the female fight against AIDS is the passionate Vilimina Nakiranda. Nakiranda, leader of the Bakuseka Majja Women's Group, defies cultural standards by playing the *akadongo* (a plucked lamellaphone), which is traditionally a male instrument. Barz marks this as a female "assumption of power and authority regarding public health issues." While playing her *akadongo*, Vilimina sang "Omukazi omoteguu" or "A married woman who does not respond to instruction from her husband" to the women of Kibaale. Vilimina not only commands that women stop fighting with their husbands so to keep a healthy marriage, but that the women youth protect themselves from the boys that are out to "shame" them. Vilimina is arguing for prudence in one's younger years and fortitude once one has gotten married. This too appears to be a Christian sermon, preached by a non-Christian, African woman. Once again I argue that there is not an inherent contradiction here, and that what we as members of a Western society think to be Christian ideals are universal human values that Christianity has trademarked. Strict adherence to Christianity probably is a recipe for curing the HIV/AIDS pandemic, but many Africans do not see things through a Christian lens. However, African people and African women in specific need to assume these "Christian virtues" that I believe are innately a part of every person.

African women are doing their part, but Kofi Annan, in his article "In Africa, AIDS Has a Women's Face," declares that these women's efforts must be supplemented by foreign assistance. Annan argues that there are no "effective development plans" in Africa, in which women are not key players. He continues "when women are fully involved...families are healthier; they are better fed; their income savings and reinvestment go up." Annan also claims that in previous famines, women proved more "resilient" than men, but AIDS has made women just as if not more vulnerable than men. Then, since women are the backbone of many African social structures, families and communities alike have been severely weakened. Annan's solution is foreign aid, that all those capable of assisting work towards providing "food assistance," and treatment and prevention of HIV/AIDS (Annan 2002). Annan recognizes that Africans are doing what they can to lower infection rates, but that we must act as an addendum to African anti-AIDS programs. Annan is pleading for people from across the world to break momentarily from their moral laxity and assume the virtue of justice, to enact the "Golden Rule" to save an innocent people. If the "Golden Rule" was not practiced; if those more fortunate did not help those in need, humanity would be pitiful and scarce. I could not agree more with Kofi Annan and I encourage all of you to consider the "Golden Rule" and do what you can to help the people of Africa in their time of need.

While musical interventions, especially in Uganda, have been successful in helping to lower HIV prevalence rates, far too many in sub-Saharan Africa are still tormented by this disease. Another theory central to Gomes's *The Good Life* is the idea that in comparison with success, failure is much more important. Success really only has value in the present and the past, while failure has significant worth in the future, with regard to motivation and inspiration. Uganda has decreased its infection rate to about one fourth of what it was in 1986. In an interview with Greg Barz, Dr. Alex Muganzi Muganga, graduate from Mulago Hospital in Kampala, stated that yes, Uganda has come a long way, but that "we should not become complacent and keep praising the country over figures." Muganga continued by saying that there is still much to be done (Barz 2006: 72). Muganga's theory applies to all success stories in Africa, in that we should not focus on the fact that there are far fewer HIV positive people, but that there are a substantial amount of people that are still infected. In terms of virtue, one should not be satisfied with progress in virtue, but compelled by the fact that they could be much more virtuous.

This idea of failure, that there is much more success to be made, is a major driving force in current anti-AIDS campaigns. On November 18 2011, a President's Roundtable met at the Society for Ethnomusicology meeting in Philadelphia. Top ethnomusicologists from around the country gathered in one room to discuss current issues facing ethnomusicology, with *The Culture of AIDS in Africa* as the central topic of discussion. While this panel featured many fascinating speakers, I would like to highlight the address given by Dr. Lanny Smith, associate professor at the Albert Einstein College of Medicine and founder of Doctors for Global Health. In a blunt manner, Dr. Smith relayed to the audience that 35 million people worldwide are infected with HIV, where two-thirds of that figure are in Africa. Smith continued by saying that people continue to die from HIV even when treated with anti-retroviral medicines. He then switched to a more positive tone, asserting that art and music have proven to be effective tools for prevention and healing and that this should be motivation for more research into the discipline of medical ethnomusicology. One of Dr. Smith's most powerful lines was that we are "fighting indignity with indignation" (Smith 2011). In this sense, indignation is a motivation stemming from anger with the injustice that is inherently a part of the HIV pandemic. This motivation should translate into the practice of justice to balance the injustice created by HIV. Smith also made a reference to World AIDS Day, in which he followed by saying that "every day should be AIDS day," a reminder that we must work every day to make gains in the struggle with HIV. With inspiration from *The Culture of AIDS in Africa*, Smith said in one of his concluding remarks, that "where there's hope there's healing and where there's healing there's hope" (Smith 2011). How beautiful a concept it is that hope and healing have a symbiotic relationship. That once music and virtue create a faint light in the darkness of HIV, that light allows others to see the way towards a path of virtue.

The Good Life along with *The Culture of AIDS in Africa* and *Singing for Life* seem to make an awkward combination upon first glance, however, with further analysis, this hodgepodge unites to create a fantastic picture of the way in which music instills virtue into the African population so that they have the power to truncate the HIV pandemic. Over the past twenty years we, as a the human population, have made great strides in lowering infection rates, but there is still much more progress to be made. Then what will happen next on the anti-AIDS frontier? Will we ever fully eradicate this microscopic demon, or will we slip back to 1980s infection rates? At this point it is hard to say as many people are optimistic and others have lost hope. In my opinion, with the development of medical ethnomusicology, and continued foreign aid and musical intervention, things look good. If we continue to keep hope, faith, and love and employ the four Cardinal virtues as means of prevention, Africa's dark situation will have a bright future.

Americans needs to make a more conscious effort, like Uganda, to educate our young people.

Chapter Eight

Musical Responses to HIV/AIDS Shaped by the Christian Values of Hope, Faith, and Love

Jaci Auerbach

“with the roots for empowering themselves”

“I am the luckiest woman in the world.”

—Lydia Mashilo, 51, HIV-positive, single mother, South African

I can vaguely remember the day; I was about two years old, peeking over the railings of my crib to catch a glimpse of the vivacious woman that had just walked into the room. Wafts of strong perfume permeated through the room, and a strong and vibrant laugh announced her presence. Giggling, she lifted me up from my cage-shaped haven, and from that moment, this cheerful, plump, and spirited African woman became an integral part of my life. Although the traditional South African maid, Lydia became my surrogate mother; she would bathe me, feed me, and counsel me. Every day for fifteen years, Lydia was there when I woke up and there when I came home from school. One year, Lydia began coming in to work less frequently, she was often sick, and her formerly plump shape had begun to look rather frail. Lydia eventually discovered that she was HIV-positive. To most people facing a life of adversity, the phrase “I am the luckiest woman in the world” would not be uttered easily. Living in poverty, a single mother of three, and now HIV-positive, it would be incredibly easy, and almost expected, for Lydia to simply give up hope, or for her to be depressed, frightened, or angry. But, like hundreds of other South African men and women, she wears a single green felt badge topped with a silver star over her heart. A symbol of her Church. Her faith. Her life. Without her faith, her church, and her community, Lydia would not be the positive, spirited, and cheerful woman that greets me with her

never fading positivity and optimism.

Peter Gomes, a devout Christian and author of *The Good Life: Truths that Last in Times of Need* (2003), devotes an entire book to the acquisition of a good, virtuous, happy, and Christian life. His unwavering belief in his religion, his God, and his own moral philosophy allows Gomes to dictate to his audience of largely college-age students the steps to living a moral and “good” life. While Gomes continuously asserts the power of God, and proclaims the importance of religion, I believe that Gomes’ preaching is largely wasted on his targeted audience. The educated, progressive, and cynical American youth is hardly interested in the religious ramblings of a self-important minister. The virtues and ideals portrayed in the book are relevant and respected by the reader, but the constant appeals to Christianity and God deterred many of my peers, as well as myself. However, while this appeal to faith, religion, and a higher power repelled a certain group of Gomes’ targeted audience, the book’s ideas and religious motivations do just the opposite for another audience, a group that Gomes fails to even mention, a group that Gomes has no intention of reading his book—a group of African men and women living in poverty, surviving with the HIV/AIDS virus. People like Lydia.

While many Westerners choose to shun religion in favor of science, medicine, and technology, rural Africans have not had the opportunity to be exposed to the modern advancements in the scientific and technological fields. To many of these African people, their religion is their one possession, one constant in a world of poverty, famine, death, and disease. Gomes' virtues of faith, hope, and love are of vital importance to those living with adversity.

Without these "Christian" values, as Gomes refers to them, this particular group of people would be lost. These values are crucial to the survival of those with nothing; they act as a coping mechanism and a crucial survival skill. According to Gomes, "we must take more care of our soul than of our body, because in losing our soul, we lose God and everlasting happiness" (Gomes 2003: 203). In this sense, Gomes indirectly makes the argument that an HIV-positive individual would find more benefit in practicing good Christian virtues and finding solace in religion and God than through taking care of their ailing bodies with antiretrovirals and a healthy lifestyle. Of course Gomes is not advocating that people disregard their bodily health, but makes the case that hope and faith are more nourishing to an individual than any physical treatments or foods. This idea resonates strongly within rural African communities, as can be seen through Barz and Cohen's collection of essays in *The Culture of AIDS in Africa: Hope and Healing Through the Music and the Arts* (2011) and in Barz's *Singing for Life: HIV/AIDS and Music in Uganda* (2006), dealing with the musical and artistic healing of the soul and spirit of an ill individual. In this paper, I

will attempt to uncover the motivations behind artistic movements involving musical education and awareness, particularly the motivations of the Christian faith: the theological virtues of love,



role in stopping the spread of the virus.

faith, and hope, explore the role of women with regard to HIV/AIDS, and how education plays a vital

Gomes simplifies his steps for a “good life” with a basic diagram: “Objective: Goodness/ Result: Happiness/ Means: The Virtues/ Content or Manifestation: Faith, Hope, and Love” (Gomes 2003: 210). It is this procedural system that would guarantee the reader a good, Christian life, and, as Gomes states, “the full manifestation of the good life is also its content: a life that expresses the supreme theological virtues of faith, hope, and love” (Gomes 2003: 211). Gomes’ reasoning in this regard applies to both those with Western secular ideals and to those living in poverty with religion as their only weapon in their struggle. Gomes’ theological virtues—faith, hope, and love—are three pivotal tools used by those who have been affected by or infected with HIV/AIDS. These tools are used to give strength to communities who have lost loved ones, or to individuals who are dealing with the disease themselves. These virtues are not only weapons in the fight against AIDS in their purest, emotional form, but have ignited artistic movements throughout Africa that uplift and inspire communities to take a stand against HIV/AIDS. These artistic movements of faith, hope, and love are largely musical, with lyrics and tune acting as a channel of information, education, and advice about the HIV virus.

Although not Christian in nature, the term medical ethnomusicology is one that I have become increasingly familiar with; it refers to the exploration of music as a medicinal tool, a healing device used in various cultures throughout the world. Medical ethnomusicology explores the various relationships between music, medicine, and healing. Many medical ethnomusicologists seek to understand how music, performance, and song can all come together to heal communities holistically by uplifting the soul, easing the mind, and, potentially, healing the ailments of the physical body. Music and song have been around for generations, all helping guide listeners and performers alike through hardships and celebrations. One of the more pressing issues being tackled by medical ethnomusicologists today is the HIV/AIDS pandemic. One facet of medical ethnomusicology is discovering *why* music and song work in healing and individual, spiritually, mentally, and physically. What I have learned from Barz and Gomes, is that music can, in fact, play a vital role in nourishing the soul and giving individuals and communities a will to live, and a new, positive take on life.

One particular example of music nourishing the soul and giving an individual the will to live is Uganda’s notion of “positive living”. Barz’ *Singing for Life* focuses on the Ugandan response to HIV/AIDS with the concept of “positive living”. Tony Kasule, musical director of The AIDS Support Organization, TASO, describes positive living as “a way of changing your attitude towards whatever happened to you and going clockwise... [Positive living] is sharing your experiences, understanding yourself... understanding more about the virus because the more you understand about the virus the more you can actually fight this virus” (Barz 2006a: 52). Positive living is a mindset in Uganda, a way of life associated with community, music, faith, and hope. Kasule ties music into the idea of positive living with the explanation that music “gives you the will to live” (Barz 2006a: 53). Many patients find themselves speaking out about the disease with the goal of broadcasting the message of hope, faith, and love to those already infected, and messages of protection and prevention to those living without the virus.

Not until recently has the United States made any devoted effort to provide essentials such as food, water, medical care, and clothing to African countries.

Jonah Eller-Isaacs discusses the Christian ideals as they apply to musical movements against HIV/AIDS in Africa in his aptly titled chapter, “Singing in the Shadow of Death: African Musicians Respond to a Pandemic with Songs of Sorrow, Resistance, Advocacy, and Hope.” Eller-Isaacs begins his chapter with an anecdote about the HIV-related death of a chief in a small Malawian village. He notes that while the entire village was mourning the loss of a beloved leader, the one thing that helped the people through their grief and loss was music. Drums, bells, and songs all uplifted the small community, by celebrating the life of the chief and by rejoicing in the idea of the future. Eller-Isaacs attributes the people’s strength and fortitude to the forward-looking resolves of the community members. Instead of thinking about the past and mourning losses, communities are looking forward with hope and motivation, and, as Eller-Isaacs states, “are finding ways to creatively rebuild their communities in the midst of disaster” (Eller-Isaacs 2011 64). Peter Gomes proclaims that, “Christian hope is not simply personal satisfaction, but the work of a community... hope is a cooperative, communal venture” (Gomes 2003: 292); Gomes’ statement is true for the small Malawian community, as well as various other African communities, in that there is no personal grief or mourning. Each member of the village is a part of a larger entity, and each individual comes together to share in the grief, hope, and strength of

the other community members. Members support each other emotionally, through death, disease, and disaster. Without this communal effort to move forward and rebuild a community, there would be no hope for the future.

Reiterating Gomes' ideas about the nourishment of the spirit through artistic movements and values, Eller-Isaacs goes on to discuss the idea that music can uplift an individual soul, or, the composite soul of a community. Eller-Isaacs makes a note about the musical culture in Africa, "music is deeply rooted in many societies in Africa. It is not just a form of artistic expression; it is an arena for social commentary and oral history. Music is the language of the spirit and of the community" (Eller-Isaacs 2011: 64). In this particular case study, as well as various others, music is the medium for hope. Further emphasizing his point, Eller-Isaacs goes on: "I encountered people using music to build strong and healthy communities. In the HIV/AIDS pandemic, music is a form of creative resistance, providing the hope, strength, and courage needed to stem the tide of destruction" (Eller-Isaacs 2011: 65). Hope is the most fundamental survival skill for those facing a world of poverty, HIV/AIDS, and death. While individuals may hope in solitude, with their own personal prayers and wishes, the hope of a community can be aptly expressed through music.

Musically, an entire community can come together to sing of hope, of endurance, and of protest of a bleak future. Hope can be misconstrued as wishful thinking, or even optimistic daydreaming, but hope is truly something intangible that one can grasp in order to help them stay afloat in a world of adversity and fear. "Hope is the theological virtue most intimately associated with the future" (Gomes 2003: 280), asserts Peter Gomes in *The Good Life*, and it is in this sense that Eller-Isaacs noticed the strength and fortitude that the Malawian community possessed to continue on with their lives, to move forward with vigor and resilience. Hope is necessary in order to move one with one's

life, to rebuild and reconstruct lives that have been destroyed or devastated, and to give people something to look forward to. This motivation to move forward and progress is something that drives each and every human being—an innate, underlying motivation for survival. Without this driving force, there would be no will to live, no desire to see another day, or to recreate a world that has been altered by death or transformed by disease. And it is through music that hope was restored in the small Malawian village studied by Eller-Isaacs.



While hope is the most prominent of the three theological virtues in Eller-Isaacs' "Singing in the Shadow of Death", both faith and love make appearances throughout the chapter. Eller-Isaacs also touches on faith throughout his chapter: he mentions that his father, a Reverend, helped organize a trip to Malawi to strengthen the ties between his Church and clinics in Malawi. It is this fundamental relationship between the Church and HIV/AIDS support that is so prevalent throughout Africa. Moving through Africa from Malawi to Kenya, Eller-Isaacs depicts the problems facing the lives of many Kenyan youth: homelessness and HIV. He describes the history of a prominent HIV orphanage in Kenya, starting with the founding of the home in 1992, by Reverend Angelo d'Agnostino, an American Jesuit. The home, *Nyumbani*, looks after 100 HIV-positive orphaned children on site, and has programs benefiting over 1000 other HIV-positive children off site. The founding of the home is a testament to the incredibly influential role religion plays in HIV/AIDS support and

programming all throughout Africa.

According to Eller-Isaacs, who, himself, is the son of a Reverend, “[*Nyumbani*] is a model for respectful and effective faith-based work and a symbol of hope for the people it serves” (Eller-Isaacs 2011: 68). Although Eller-Isaacs directly mentions *hope*, both hope and faith are almost inseparably intertwined. As stated by Gomes, “faith is not some abstract theological construct confined to an ancient formulary of the Christian faith. It is the way by which people make the sense of a world that alone, on its own terms, makes no sense” (Gomes 2003: 256). Faith is a survival skill helping people deal with both the future and the present; by having something to believe in, one does not feel so alone when faced with adversity.

A powerful coping mechanism, faith can help one get through tough times, comforting them with the idea that they are not alone. Without faith, comforting one through the present, there would be no hope, to propel one into the future. *Nyumbani*’s children’s choir is appropriately named the “Children of God,” a tribute to the figure that has brought the children to a place of hope and faith indirectly through religion. When talking about the children, Sister Mary Owens of *Nyumbani* says that, “They are living full lives. They have hope for the future. They’re like normal children, planning, dreaming. That’s the hope, the positive face of AIDS, and that’s possible for every person who’s infected” (Eller-Isaacs 2011: 68). Again, in directly mentioning *hope*, faith is indirectly invoked. The children may have “hope for the future”, but it is their faith, stemming from both *Nyumbani*’s religious backing and the African culture, that allows them to have this hope, and plan ahead for their futures. In accordance with Gomes, Sister Owens conjures up the relationship between hope and the future.

Along with being the virtue of coping in times of hardship, hope is the virtue of confidence in the future and the desire to achieve great things.

Finally, Eller-Isaacs brings up the last theological virtue of love. While faith is having the support of God, a greater unknown entity, love is having the support of your peers, family, and friends. Eller-Isaacs switches from Kenya to Uganda now, and mentions a prominent Ugandan pop singer, Philly Lutaaya, and his battle with HIV/AIDS and the role of love. Eller-Isaacs directly quotes the song lyrics of Lutaaya, “Out there somewhere, alone and frightened / oh, the darkness, the days are long/ life hiding, no more making new contacts/ no more loving arms thrown around my neck” (Eller-Isaacs 2011: 67). By conjuring images of fear and isolation, Lutaaya tells his story of emotional pain and solitude. For Lutaaya, the worst part about having the HIV virus was the loss of friends, family, and love in his life. People were scared off by the word ‘AIDS’, and treated Lutaaya as a leper and lesser individual because he had the disease. If everyone were to honor the virtue of love, HIV/AIDS patients would be spared the humiliation, emotional pain, and alienation by their communities.

Love is needed in societies facing disease and adversity in order to foster a supportive and kind environment in which to care for the ailing patients who already feel alone in their own worlds of suffering. Eller-Isaacs draws on one final anecdote in his chapter to illustrate the power of love—the Ugandan TASO (The AIDS Support Organization) choir. “Ailing TASO clients lined the crowded halls outside the performance in their hospital beds,” writes Eller-Isaacs, “and it seemed that the song gave voice to their hopes—to all our hopes—to live happy, healthy lives alongside our families, to hear choirs sing songs of understanding, and for love and support in our times of need” (Eller-Isaacs 2011: 67). In this statement, Eller-Isaacs brings up both hope and love, and emphasizes their intrinsic connection; what HIV patients hope for is love. Love from their family, love from their community, love from themselves. Eller-Isaacs also brings up music, and how a simple song can evoke the theological virtues. To the TASO choir, one song brought about positive sentiments, feelings of hope and love. Love is often overlooked when dealing with HIV/AIDS, but this theological virtue is often the most influential and potent of the three values. Like hope and faith, love acts as a comfort in the present, and as an incentive for the future.

Love is the most abstract of the three theological virtues. Love can come from a variety of different sources, and can be used in various contexts. One can love a husband or wife, yet one can also love a friend or relative. According to Gomes, however, the most Christian love is the brotherly love one should have for acquaintances, and even strangers. The problem therefore lies in humankind’s reluctance to love those who are not similar to them, or those who hold a certain stigma, who in this case in particular, would be HIV-positive individuals. “The most fundamental moral flaw in Christians is the unwillingness to love the neighbor” (Gomes 2003: 319), proclaims Gomes in *The Good*

Life, reiterating the concept that brotherly love needs to overcome social stigmas and alienation. A typical African HIV/AIDS patient will face isolation from their community, friends, and even family. The societal stigmas attached to being HIV-positive can cause tremendous emotional distress to the afflicted individual. It is through music and song that two prominent, religiously affiliated, Ugandan performance groups attempt to educate and inform audiences about the power of love in the fight against HIV/AIDS.

In the chapter entitled “Let’s Get Together” in *The Culture of AIDS in Africa*, two similar songs are compared, each one from a distinct region of Uganda. The songs were written and performed three years apart, but both hold love as a vital virtue. The Namirembe Post-Test Club sings:

Let’s get together/ Care for each other/ Sisters and brothers/ Make this world a happy place/ Love/ AIDS cannot win/ It’s a duty for you and me/ To play a part/
We have a message to the world/.../ It’s a message of prevention and sticking to one partner/ And caring for the sufferers of AIDS/.../ Together we can (Barz and Cohen 2011: 213)

And the TASO Mbarara Drama Group has almost identical lyrics:

Let’s get together/ Care for each other/ Sisters and brothers/ Make this world a happy place/ Love is so sweet/ AIDS cannot win/.../ I have a message for the world/
.../ It’s a message of prevention by sticking to one partner/ And caring for the people with AIDS (Barz and Cohen 2011: 213)

It seems clear that the second song, written in 2004, is a very close copy of Namirembe’s 2001 version; however, both songs have clear messages of love and unity. The lyrics “love” and “love is so sweet” both emphasize the power of love, especially when used in the context of fighting and preventing HIV/AIDS. The songs play on the religious Christianity of their listeners with lyrics such as “it’s a duty” and “sisters and brothers”, which both appeal to the Christian values of brotherhood and having a duty to be a good Christian and help one’s fellow neighbors. Gomes quotes Matthew 22:39 in saying, “thou shalt love thy neighbor as thyself” (Gomes 2003: 320), which underscores both TASO and Namirembe’s theme of Christian brotherly love. The songs discuss caring for one another, especially the people suffering from AIDS, and use the term “happy place” to refer to a world in which everyone loves and cares for one another. Both songs attempt to bring about love in their communities and to foster a sense of togetherness, with no alienation of individuals or social stigmas. The songs both focus on love and AIDS, and illustrate how love can make communities a strong and powerful force that can be used to battle the HIV/AIDS disease.

One particular group that hopes to educate and raise awareness about HIV through songs and messages of faith, hope, and community, is the South African choir *Siphithemba*. *The Culture of AIDS in Africa* features a chapter by Austin Chinagorom Okigbo, entitled, “*Siphithemba*—We Give Hope: Song and Resilience in a South African Zulu HIV/AIDS Struggle.” Okigbo deals with the hope and faith, and how the two theological virtues play a pivotal role in fighting HIV/AIDS through music and song. Faith is a core theme in this chapter, as the Christian churches are the main source of HIV support in South Africa, and throughout Africa in general. As Okigbo states, “in South Africa, as in several other African countries, Christian missionaries are known to have brought health care systems with them as part of the evangelization project. Today, the healthcare infrastructure in sub-Saharan Africa is still largely that erected by missionaries and faith based institutions both during and after the colonial period” (Okigbo 2011: 287). Churches and religious entities are the leading force in HIV education, awareness, and treatment in Southern Africa, and it is through these faith-based initiatives that the majority of HIV-positive individuals find their own faith and hope for their futures. It is because of this that churches and community choirs are the most common sources of HIV/AIDS dialogue through music and gospel songs.

Musical dialogue through gospel songs has played an important role all through South Africa’s recent history. In the 1970s, 80s, and early 90s, music was used as a way of fighting back against the Apartheid regime and government. It was during Apartheid that black South Africans began incorporating “themes of resistance into gospel chorus songs” (Okigbo 2011: 286). Today, the same themes of resistance are present in gospel chorus songs, however, the focus of resistance has shifted from the struggle against racism and segregation, to the battle with HIV and AIDS. . These ensembles and choirs stress the importance of community, and how the HIV/AIDS pandemic can most effectively be fought through a communal, collected effort. Choral singing has become an integral part in the culture of black South Africans, and group ensembles and singing are a noteworthy part of the community experience in South Africa. Okigbo attempts to illustrate the ways in which community singing and vocal groups are a source of expressing various community experiences, including poverty, sickness, death, and social responsibility. Okigbo first introduces the choral ensemble *Siphithemba*, a group based

out of the McCord Mission Hospital in Durban, South Africa. All members of the choir are HIV-positive youth who, besides having the virus themselves, have all been affected by the disease in some way, whether through the death of a loved one or relative, through social stigmas and alienation, or through caring for others with HIV/AIDS. All members of the ensemble bring their own personal experiences to the choir, and each individual emotion and experience comes together in a single united community; Okigbo notes, “as they struggle individually with the virus, they provide support to one another” (Okigbo 2011: 286). The choir acts as not only as a source of HIV/AIDS awareness or just as an amusing musical group, but also as a source of comfort and support for all of the members.

While the central theme of the choir itself is one of community and support, the messages within the songs, and even the title of the group, all involve faith and hope. The name *Siphithemba* is an isiZulu word meaning, “we give hope” or “give us hope”. The very fact that the name of the ensemble involves hope denotes the importance of hope to the group members. According to Okigbo, “it is also a reflection of the hope that people living with HIV/AIDS received from their participation in the support group and clinic. For those living with HIV and AIDS, the group and the clinic served as a source of hope as well as a space for nurturing faith, hope, and determination to live” (Okigbo 2011: 287). Through music, song, and community support, members of the group find solace and shared experiences. They do not have to worry about stigma, alienation, or shame. The group cultivates a community of hope, in which members “live positively” because of the support of their fellow group members. “Hope, then, is not passive and wistful, but energizing and empowering” (Gomes 2003: 290); group members instill positivity and enthusiasm onto one another, and, as Okigbo points out, “the choir space comprises a bastion of hope and the epitome of positive experience” (Okigbo 2011: 289). Their take on life changes from one of depression and negativity to one of future happiness and positive living, and it is through this group support that individual members find hope in their darkest moments. Being that hope is “energizing and empowering” according to Gomes, *Siphithemba* also aims to bring hope to their audiences, which would in turn empower their listeners and inspire them to live positively with the virus.

As I mentioned earlier, hope and faith are almost inseparable. The two theological virtues go hand in hand. To the *Siphithemba* choir members, hope is produced through the choir itself, but faith was the foundation for the choir in the first place. All members of the choir were drawn to the gospel ensemble because of their faith in God, with each member using their faith as a weapon in their struggle with the HIV virus. Okigbo believes that the success of *Siphithemba* is due in large part to their faith, and belief that God is with them to help strengthen their cause and spread their message (Okigbo 2011: 290). Okigbo goes on to discuss the importance of faith to the members of the choir, and how hope and faith shape their song lyrics and themes. Faith and hope are emphasized in each of the choir’s songs, with each song having a particular message or story. Songs may start with a sense of despair and desperation, but go on to illustrate the power of God, and how one’s faith in God will comfort them and lead them through times of emotional and physical pain. In the song *Syaphela Isizwe Senkosi*, “The Nation of the Lord is Dying”, listeners are encouraged to have faith in God: “This is Jesus / ... / He is still here even now / ... / Call for faith in Jesus” (Okigbo 2011: 292). The song informs audiences that Jesus is with them to offer comfort and support in times of sorrow, and that faith will help them through their suffering. In *The Good Life*, Gomes notes that faith is a way in which people deal with the world when everything seems overwhelming or desperate (Gomes 2003: 256). Faith is a way in which people can fathom the great unknown of the future, and offers a comforting hand to those who feel alone.

Okigbo draws on another South African AIDS-related community church choir, *Phumulani*, to illustrate how the themes of faith and hope are apparent in HIV messaging within song lyrics. *Phumulani*’s song, “Kulukhini Ezweni,” or “It’s Hard in this World,” depicts the idea of God’s heavenly kingdom, a fundamental Christian concept that intertwines with the virtues of hope and faith. The song lyrics go as follows:

We’re going home to heaven / It’s nice and peaceful / ... / At your home father / At your home father there is no death/ I wish to see it / Your heavenly kingdom / ... / I am going, I am going home / I shall be okay in that place / ... / Do not worry / Believe in my father / Your hearts should not worry (Okigbo 2011: 291, 294)

Besides drawing on the concept of the heavenly kingdom, the song underscores how faith acts as a comfort in times of loss. It stresses that when faced with the death of a loved one, listeners should have faith that they are with God, and therefore should not mourn in sadness. Gomes also brings up the heavenly kingdom in *The Good Life*, and discusses how St. Augustine argued that “the only hope was a faith in the Christian God, who tested and formed his people by adversity in life, the earthly city, in order to prepare them to live fully and faithfully in the life to come, the heavenly city, or the city of God” (Gomes 2003: 258). Both *Siphithemba* and *Phumulani* reflect St. Augustine’s concept that faith and hope through religion will help one surmount adversity, and gives those who are facing poverty and disease something to strive for in their lifetime: an afterlife with the Lord. Okigbo corroborates Gomes in saying that the hope sung about by the African ensembles is not about temporary and instant relief; rather, it is about “the ultimate peace and the tranquility of God’s kingdom” (Okigbo 2011: 294). In a more religious and biblical context, hope is not necessarily about the immediate future, or

even the future within this lifetime. Hope is the virtue through which one desires the “kingdom of heaven”, and an eternal afterlife of happiness and love. While this may seem somewhat impractical and even farfetched to some, the belief and faith in the idea itself is what is keeping many of the choir members of *Siphithemba* and *Phumulani* alive and positive. By having something to believe in, something to look forward to, life takes on a whole new meaning, with a strong and positive purpose.

My American classmates and I recently undertook an assignment; we were to seek out a random individual and ask them to “body map” themselves. The concept of body mapping involved drawing a life sized version of themselves, and illustrating how HIV enters and affects the body. While this project is used to promote awareness and understanding to HIV-positive women in Africa (Wienand 2011: 94), the lack of knowledge coming from my American peers was shocking to me. I had assumed that a first-world education would shed light on the pandemic that is devastating entire nations. However, very few even seemed to care about the disease. This truly angered me, because the issue of HIV/AIDS and individual healing is particularly close to my heart because of my relationship with Lydia. I have a personal interest in the ability of the arts to change the life of and HIV-positive person. I have seen firsthand the emotional distress and physical pain that Lydia has had to deal with, and for my peers to have no interest in even gaining knowledge about the subject was incredibly upsetting to me.

Lydia has faced many challenges throughout her lifetime—Apartheid and racism, unemployment and poverty, HIV and many deaths of her loved ones—but one of the largest challenges that Lydia faces as an African woman is her gender. Growing up in a largely Western society, I was always taught that men were my equal, that I was no different, neither inferior nor superior, to the “stronger” sex. Lydia, however, was raised in a culture of traditional African values, values that may seem antiquated to today’s Western society. Yet, these values of female subservience, inferiority, and strict gender roles, are still held strong in many rural and traditional villages and communities all throughout Africa. This is a challenge that not only plagues Lydia and other individual women, but is a problem for the entire African continent as it relates to HIV/AIDS. In 2002, Kofi Annan wrote an article for the International Herald Tribune, detailing how HIV/AIDS and women are so closely connected, and how, in Annan’s terms, “AIDS has a woman’s face” (Annan 2002). Annan states that women provide the coping abilities needed by entire nations and communities to fight and bounce back from AIDS related problems.

These coping mechanisms frequently come in the form of Christian values of faith, hope, and love; these values that can help nations get through crises, and women are the channel in which these methods of survival and coping are able to permeate through entire communities to foster a sense of unity and communal hope and inspiration. According to Annan, “in famines before the AIDS crisis, women proved more resilient than men. Their survival rate was higher, and their coping skills were stronger” (Annan

In many ways, the rights needed to obtain discipline and true freedom are not held by many suffering with HIV/AIDS in Africa

2002). Women are the foundation of communities in Africa; they hold families together, connect community members, pass down cultural traditions and advice, and offer an anchor of support and strength in times of sorrow. I have seen firsthand how strong the African woman can be. Lydia is the archetypal strong, defiant, and courageous African *mama*, and it is her courage and strength that has allowed her to survive in a world of adversity.

While women may be the source of strength and coping across the continent, Annan argues that AIDS is creating a society in which women are more burdened, and therefore cannot perform their usual duties, which would result in a collapse of entire communities and nations. Annan notes that, “as AIDS is eroding the health of Africa’s women, it is eroding the skills, experience and networks that keep their families and communities going” (Annan 2002). Women are forced to take care of dying husbands and children. They are often forced to take in orphaned family members, adding to the already stressful

problems of school fees, food, and housing. The cycle AIDS is creating is vicious, with young women forced to act as mothers to orphaned siblings, and often cannot complete their schooling. Without an education, these young women lose future opportunities and are more susceptible to catching the HIV virus.

In *Singing for Life*, Aida Namulinda, a young HIV-positive woman, tells her story. Aida sings to her messages of hope and educates her audiences about HIV/AIDS prevention. Aida is a strong community activist in Bute Village, Uganda. She is a prototype of how one woman can make a difference in disseminating HIV information and supporting others through song and dance. Aida’s story shows how the disease can affect an entire community based on the importance of the woman’s role in African society, “women in Uganda suffer not only the physical traits that accompany AIDS, but also the considerable social burdens of maintaining home, family, farm or job, and community in wake of

ongoing stigmatization” (Barz 2006b: 78). Just as Annan stated, “AIDS has a woman’s face,” UNAIDS called the disease a “women’s epidemic” (Barz 2006b: 79), HIV/AIDS has come to be a predominantly female disease in Africa. According to Sarah Birabwa in *Singing for Life*, women are more affected by the virus based on their increased physical vulnerability through sexual transmission, the prominence of rape and sexual violence, and their cultural dependence on men (Barz 2006b: 79). In the traditional African culture, women usually do not have a say in their sexual safety, as women are culturally expected to be submissive to men in the African culture. Women rely on men for protection, economic stability, and emotional support. Often, women cannot stand up to their husbands and demand safe sex because of their social expectation to be a good wife and submissive lover. Aida’s songs and messages attempt to give women the courage to take an active role in protecting themselves from unsafe sex, hopefully, slowing down and eventually eradicating the spread of HIV/AIDS.

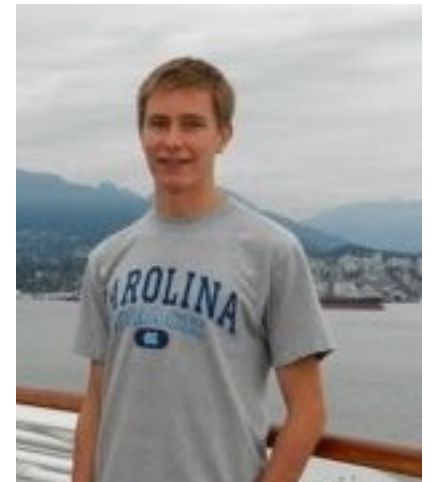
As former Secretary General of the United Nations, Kofi Annan draws on many concepts noted in the United Nations’ Universal Declaration of Human Rights. The opening of the Declaration states:

Whereas the peoples of the United Nations have in the Charter reaffirmed their faith in fundamental human rights, in the dignity and worth of the human person and in the equal rights of men and women and have determined to promote social progress and better standards of life in larger freedom. (U.N. Declaration of Human Rights 1948)

The Declaration makes it clear that men and women are to be treated as equal with regard to basic human rights, and that both sexes share an equal worth. The statement then goes on to note that in treating the genders as equal, and by allowing them basic human rights, universal progress will be made globally, and standard of living will increase, which would possibly help to eradicate the spread of AIDS. Article 25 of the Declaration goes on to state, “everyone has the right to a standard of living adequate for the health and well-being of himself and of his family” (U.N. Declaration of Human Rights 1948). This particular sentence aims to be universal, but, in poverty-ravished Africa, it is not always feasible. With a greater awareness and education of HIV in Africa, progress could be made to make this basic human right truly universal. Article 25 continues on, “motherhood and childhood are entitled to special care and assistance. All children shall enjoy the same social protection” (U.N. Declaration of Human Rights 1948). Going back to Annan, this is not the case in families facing poverty and disease. Without the mother of the house, young girls and boys are forced to live as adults, taking on responsibilities that are far beyond their years. There is no “social protection” available to the children, rather, they face a world of overwhelming uncertainties and burdening responsibility.

As I mentioned before, these young children would be taken out of school to be the breadwinners for their siblings, and would lose any opportunities afforded to them by a good education. The cycle would continue on, with no escape from the wrath of HIV/AIDS and poverty. Article 26 in the Declaration declares, “Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages,” and that, “education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms” (U.N. Declaration of Human Rights 1948). Unfortunately, thousands of African children have not been granted this fundamental human right, and are subjected to a life of hardships and adversity. Annan states, “education and prevention are the most powerful weapons against the spread of HIV” (Annan 2002), and I completely agree with these wise words of the former Secretary General of the United Nations. HIV education and awareness are of the utmost importance in stopping the spread of the virus, and musical intervention is something that musical groups throughout the continent are hoping to achieve through their songs and messages of Christian values.

To conclude, I must reflect on my own personal understanding and appreciation for Gomes’ *The Good Life* and how his take on Christianity has shaped my own conscious judgments about faith, hope, and love. While I am still cynical about the role of Christianity, religion, and God, I have come to appreciate the “Christian” values for what they are: strategies for coping with adversity, and support in times of need. And while I still believe that Gomes was too dogmatic about instilling his beliefs in his readers, I think that his words and advice play a huge role in cultures and societies around the world. These values are the foundation for living life, they are innate human qualities that help people adapt to change, much like physical and characteristic traits in animals, these are instinctual virtues that aid in the survival of humankind. Church groups and gospel



choirs throughout Africa are all pivotal components of the African culture, and without these religious-based initiatives and institutions, there would be no solace, no light, no happiness in the lives of hundreds of thousands of HIV-positive individuals.

Barz and Cohen's *The Culture of AIDS in Africa* showcased various instances of how these institutions and values inspire individuals, and bring communities together. Between *Nyumbani*, *Namirembe*, *Siphithemba*, and *Phumulani*, one can see how important the theological virtues of faith, hope, and love are in the lives of African men and women facing poverty and disease. Song lyrics provoke religious discourse, group members offer support and care for their fellow performers, and singing in and listening to these songs of faith and hope inspire both singers and listeners alike to have a positive attitude toward life and living. It must also be noted that without women, these virtues would not be so present in entire communities, and that women are the source for comfort, care, and support throughout the African continent. Because of this, it is particularly important that we look to women for the future of African communities. It is through the education and equality of women that the world will begin to effectively combat the spread of HIV/AIDS.

“One can easily forget that there is hope and creative resistance to poverty and pandemic alike,” (Eller-Isaacs 2011: 69) proclaims Eller-Isaacs. I hope that this statement stays with you, as I have learned through this paper and through personal experience, that the arts are an effective tool in combating emotional pain and adversity. The African people have discovered this secret, and, stronger than ever, are fighting AIDS one song at a time.

“Before, I was a very shy person. I never used to go out. But today I go out in the community and I speak about HIV and AIDS, and I can say that it has changed my life for the better”

Chapter Nine

Uganda's Embodiment of the Good Life: Tools to Diminish AIDS' Impact

Jeffrey Offerdahl

An astounding 22.5 million people in Africa were living with AIDS at the end of 2009. The only country experiencing resounding success in sharply diminishing AIDS prevalence is Uganda. It has not been easy for Uganda, but other countries can follow its lead in handling the virus if they practice the measures Peter Gomes conveys in *The Good Life*. In this chapter I will argue that Uganda extinguishes the virus because it is successful in enacting Gomes' tools. The job of other African countries is to take on Uganda and Gomes' lead. I touch on Uganda's and other countries' initial failures and Uganda's unique responses to these failures, Gomes' definition of discipline and Uganda's disciplined approaches in response to the pandemic, and the specific freedoms Ugandans have lived due to their response. Additionally, I elaborate on what the four cardinal virtues mean to Gomes and the benefits Africans would receive if they follow each of them, the differences of faith and hope in Uganda versus elsewhere, and the positive results Africans would receive from modeling the love of Ugandan communities. Further, I tie in the successes of various healing methods, including Tanzanian hip-hop, a Boatswain radio drama and a South African photographer and how each relates to a particular method of the Gomes formula.

Failure, a critical aspect in the good life for Gomes, is crucial for African countries to model Uganda's eminence. It is odd to think that failure allows us to achieve the good life, but how we act in times of failure is important. As individuals, failure is inevitable. The vast majority of African countries are failing, as AIDS sweeps through their communities and depletes them. Uganda, despite having initial failure (very high AIDS prevalence rates multiple decades ago), has responded and followed Gomes' ideal response to failure by learning and benefitting from it (Gomes 2003: 84). Their government (with limited outside help), particularly President Museveni, has looked at their wrongs and implemented unique strategies such as "ABC," or practicing abstinence, being faithful, and using condoms (Barz 2006: 13). Governments of other African countries have done the opposite, as they accept the failure of their country in disintegrating the AIDS problem.

Taking note of Uganda, African countries should not give up their pursuit in containing the virus. Gomes elaborates on what Uganda has done, "...But what is more realistic and characteristic is our determination...to examine ourselves, our circumstances, our hopes, and our fears, and to ask



what we can learn from present troubles and what, if anything, we ought to do” (Gomes 2003: 96). The ABC campaign did exactly this because the government comprehended that Ugandans were simply unaware of the detrimental effects of AIDS and centered its campaign around AIDS awareness. Barz relates their strategy, “Billboards erected by government agencies in the late 1980s used images of coffins along with skulls and crossbones to make as strong a point as possible...Museveni devoted a section of his speeches to ABC...” (Barz 2006: 14). Museveni and his government surveyed their country and figured out what its main weakness was, ignorance. Having recognized this, he designated a method that allowed Ugandans to gain knowledge of the virus and its potential effects.

Uganda, despite its noted success, has kept plugging away at decreasing AIDS’ impact on their country. Gomes mentions not being satisfied with success as part of reaching the good life. Gomes relays the correct way of using success is using one’s steady financial income for moral purposes, “as a mean to a greater end” (Gomes 2003: 104). Uganda has not inherited much money in their treatment against AIDS, but one can translate their success in the positive influences they have had on the lives of their inhabitants. People using their success for moral purpose are the same as the prolonged use of musical healing techniques in Uganda. Up until 2010, Uganda had experienced depreciating HIV/AIDS infection rates for three consecutive decades, testament to artists and groups such as TASO, The AIDS Support Organization. To the present day, TASO targets HIV positive recipients. Uganda, although the greater majority of their citizens are HIV free, are still pinpointing those attached to the virus. Barz communicates TASO’s objectives through the perspective of TASO’s administrative director, “So, gradually they have started composing songs that give hope, that having HIV is not the end of the story. You can still live a positive life, even with HIV” (Barz 2006: 65). Despite curtailing AIDS, groups went further in not only educating listeners, which was their original strategy, but also attempted to provoke positive feelings for those who are HIV positive.

The United States has encountered little resistance involving AIDS. AIDS was never a substantial problem for Americans, which contributes to our overwhelming ignorance of the African pandemic. During the body-mapping project, I asked someone to draw a picture of a body and how he would show the results of AIDS in the body. In response, he had minimal success in documenting the effects of AIDS. Despite knowing what the virus was and how it was transmitted, he was unaware of how to express its manifestations. He is not the only one. The general American public probably could not have done it. Americans need to make a more conscious effort, like Uganda, to educate our young people. As a result, there would be a greater philanthropic and humanitarian effort to vanquish the disease in Africa.

Another vital component of living the good life is practicing discipline, of which Uganda and the radio serial drama *Makgabaneng* in Botswana have done. I focus now on how Uganda’s tactic of describing medical ethnomusicology, how AIDS and other diseases are brought out and what can be done to curtail their eventualities, is involved in their disciplined efforts. In addition to their ABC strategy being disciplined, Uganda’s focus on women, the predominant recipients of HIV/AIDS, has been diligent. To elaborate on the importance of women in the AIDS culture, females are more affected by the virus, are culturally more vulnerable to it due to males spreading the virus unknowingly, are dependent on men, and are submissive, making them open to sexual practices and therefore susceptible to rape and sexual assault (Barz 2006: 79). Despite these staggering realities, Ugandan women groups received little or no “support from governmental agencies and local and foreign non-governmental organizations” and turned to ethnic and traditional methods of broadcasting their feelings about AIDS (Barz 2006: 86). Women participants in these groups stayed disciplined when they first encountered failure. The failure of the state to assist their support groups did not faze Ugandan women, and they continually conversed through music, dance, and drama.

Highly relevant to Africa, Gomes deems discipline as being healthy because it hinders the inevitability of our decay and death (Gomes 2003: 131). Every women organization in Uganda strives for healthy goals, whether by awareness, or making victims of AIDS feel more at peace. Additionally, they “dramatize the need for everyone to participate in blood screening before entering new relationships, particularly marriage” (Barz 2006: 88). Not only did the groups articulating a spiritual message through drama and music, they encouraged blood tests for the women. This is the first step to a healthy lifestyle for Ugandan women, as it allowed them to understand whether they are HIV positive or not. If they were, they were already healthy, and if not, they realized they must undergo various precautions.

Concluding from their low infection rates, many Ugandan women have gone and gotten tested, which is self-discipline in the mind of Gomes because they have become aware of who they are (Gomes 2003: 132). The concept of discipline first starts with self-knowledge for the women because their acquisition of the results of their drug tests is only the beginning. Knowing who we are guides us to be disciplined in the areas we need to be. If Ugandan women tested positively, they became cognizant of what had to be done to relieve the stress of AIDS and reduce its impact on their lives. The union of women is especially prevalent while interpreting the Kofi Annan article, “In Africa, AIDS Has a

Women's Face". In the brief article, Annan pointed out the ways in which AIDS has significantly impacted women, including eroding the care for their families (Annan 2002). By retaining these women groups, AIDS will have lesser influence on Ugandan women's lives.

I turn to the specific example of Botswana (who originally experienced a high infectious rate) taking a disciplined discourse in tackling the AIDS disease. Botswana has enacted a radio drama labeled *Makgabaneng*, which emulated Ugandan dramas because it too communicated vital messages associated with AIDS. By having the drama on the radio, the drama's workers allowed it to be heard throughout the country, not just in a particular setting. Despite having achieved this, Botswana remained disciplined in its approach and understood that the drama itself was not sufficient. The implementation of national measures, including Vision 2016 and Botswana Millennium Development Goals (MDGs), which sought to solve problems outside AIDS like education and hunger, alongside the radio drama confirm Botswana's devoted approach. These applications in Botswana "helped *Makgabaneng* evolve into a growing HIV/AIDS health education phenomenon" (Cole 2011: 149). The discipline Botswana displayed in executing two separate preventative measures assisted their original one. Additionally, the drama workers assured the drama portrayed AIDS in an advantageous, coherent manner. Examples include intricate character modeling, careful script writing in response to each character type and attribute (consisting of eight stages of development) that strictly adheres to a listener's understanding of the positive results attributed to those who do not become afflicted by the virus and the negative ones by those that do, and the "character trajectory planner" which documented how changes in character impacted episodes (Cole 2011: 150). Each example embodied Botswana's work in assuring *Makgabaneng* listeners would be affected in a positive way. The discipline of the drama goes back to Uganda and its decision to go beyond what is expected; the drama could have been heard without this much diligence, but the workers' decision to stay disciplined played dividends, as, in the words of one of *Makgabaneng*'s actors, the drama provided Botswana "with the roots for empowering themselves" (Cole 2011: 156).

Unbelievably, the drama went a couple steps further in its presentation. Producers honed in on music and sound effects in the show, as well as implementing discussion groups, contests, and listening spots, all of which enhanced the show's popularity (Cole 2011: 154-155). Listeners could share their interpretations of the show, producers could take into account listeners' opinions, and Botswains were rewarded with prizes for listening to the drama. The detail the show depicted correlates to Botswana's recognition of their initial frustration in regard to AIDS. From reading Cole's article involving Botswana and Gomes's chapter concerning discipline, I perceive the intense labor put into *Makgabaneng* was, in part, due to Botswana's early struggles. Gomes reemphasizes this, "...The proper use of self-discipline requires that we remember our errors, disorders, and sins, if you will, as a means of going beyond them" (Gomes 2003: 148). Botswana, and Uganda for that matter, have been spurred on by the remembrance of their past wrongs. Other African countries must look upon their failures in the same light: a means to a more disciplined approach.

Discipline is also perceived through certain techniques practiced by Tanzania. Not only has ISHI, the most renowned youth group in Tanzania, advertised Uganda's ABC model via billboards and other forms of endorsements, it has effectuated a group of hip-hop artists to further convey the Ugandan catchphrase (Eller-Isaacs 2011: 65). ISHI was not stagnant and comprehended that young people are at the core for anti-AIDS sentiments. As a result, they brought about hip-hop as a way to attract adolescents. Additionally, hip-hop allowed talented singer-song writers in Tanzania to express their gifts, but in a way that educated young people. This creative, tactful strategy was due to Tanzanians pondering which strategy would produce the most benefits. On top of procuring awareness, their method auspiciously targeted the main subjects of AIDS.

My final evaluation of discipline comes from body mapping in South Africa. Unlike the negative aspects the class body maps showed about the United States, I believe they had a profound effect on South Africans. During class, many different images of an AIDS-ridden body were projected. Through images people grasp a deeper sense of what AIDS entails. Many people are visual learners and gain a lot more from a picture than words. Our group drew up certain muscle groups of the body and used a red pathway to mark AIDS' damage to each muscle. We also showed the destructive effects by writing them down next to where they occur (including psychological detriments like stigma). Through illustrations, certain knowledge is gained that words lack; for most, images stick a lot longer. Annabelle Wienand, in her article in *The Culture of AIDS in Africa* that pertains to visual images, elaborates upon the importance of illustrations rather than words, "The most obvious advantage of using visual techniques is the unambiguous, straightforward and direct presentation of concepts and information. Visual communication offers certain advantages and limitations compared with verbal or written forms, which rely on literacy or sharing a common language in order to be understood" (Wienand 2011: 97). Those that body mapped have taken a disciplined approach by realizing certain people comprehend visual effects more easily than heard ones.

The next way Africans could potentially take sufficient measures in untangling their lives from AIDS lies in the pursuit and constant recognition of freedom. Gomes describes freedom as the “responsibility of doing the right thing” (Gomes 2003: 167). Uganda, uniquely, has taken the necessary precautions to access liberty. A part of that freedom came from the feel-good aspect of music and dramas, but more importantly were the meanings attached to these performances. Much of the music put on by Ugandans entailed a message of “positive living” instead of the common viewpoint of “living positively” with AIDS. This reversal aided in releasing a portion of the stigma attached to those infected by HIV/AIDS, accounting for more freedom for the individual. Positive living performances allowed for onlookers to relate and feel they can turn around their dispositions as well. Tony Kasule’s, music director of TASO’s Drama Group at Mulago Hospital, interview with Barz supports the increased Ugandan sense of liberty, “Living positively is turning up and saying, ‘I can make it. I don’t care what they say. What they say is theirs. But I’m going to live on’” (Barz 2006: 53). By incorporating positive living into their underlying messages, creators of the dramas and the musical performers guaranteed viewers an enhanced life of freedom.

In addition, the inclusion of positive living is morally right, which Gomes states brings about freedom, because, despite their poor choices, those inflicted with HIV deserve better than their limited, isolated lives. A distinct example of freedom and living positively has been in the choirs of young Kenyans that are composed of some who are HIV positive. The rewards from the choir include manifesting freedom inside the singers and the listeners. A thirteen-year-old choir participant explains, “I sing in the music group...to tell the other young artists coming up they should not give up. Come forward. It’s another way of explaining that you can live a positive life, a very good one” (Eller-Isaacs 68: 2011). This is an example of African countries instilling freedom in its citizens. The choir members are becoming freer by ridding the virus through singing, while others listening to the choir are becoming freer because they can relate to the songs.

The next features of the good life are the four cardinal virtues: prudence, justice, temperance, and fortitude. Firstly, I stress the significance of virtue itself. For Gomes, virtue lies in habit and “the moral life consists in the forming of good habits and the prevention and correction of bad habits” (Gomes 2003: 214). Uganda’s foremost habit has been the development of awareness across its nation through music. For Ugandans, music has become awareness. Ugandan Interviewees were asked by Barz to give a definition of music and nearly every answer included some preventative undertaking, whether getting rid of bad thoughts or “increasing confidence and openness about HIV/AIDS” (Barz 2006: 61). The interviewees shared this commonality because Uganda has been virtuous in creating commendable habits. Going one step further, Uganda has become exceptional through its habits by blocking out other problems they experience. Gomes relays this message of practicing virtue in times of hardship, “Not simply to perfect the virtues themselves, but to make effective use of them in the discernment of evil and the prosecution of good” (Gomes 2003: 215). Habits have allowed Uganda to stay true to

...first and foremost, we must recognize a “call to greatness,” a plea to move past the materialism that has become bound to the definition of success, a search for good life, not simply good living

their initial goals and not get sidetracked by other obstacles, such as a lack of technology, support from other nations, or absence of adequate resources and wealth. Disparate African nations undoubtedly have trouble staying true to AIDS precautions. They cannot allow their coping methods to be altered by other instances of hardship.

The first cardinal virtue is prudence, or one’s mindfulness of the future in their decision-making process. For African countries, prudence is taking into account what is best for them in the times to come. The definition of prudence is examined by Gomes: “When I take the time to think of the consequences of my actions, I am prudent. When I don’t do some things because of the bad consequences, that is prudence. Prudence is necessary for a happy risks of casual sex...” (Barz 2006: 48). Uganda’s zero grazing strategy stressed AIDS’ potential repercussions. The Uganda government was aware of their future by realizing its citizens will react differently when hearing the rational fears and risks associated with the disease. Other nations

in Africa must be cognizant of the future when devising AIDS propositions.

The second virtue is justice; a virtue Uganda has seasoned and would help other countries lower its infection rates. We all have a basic understanding of what justice is, but Gomes denotes it as living by the “Golden Rule,” or treating others the way you would desire to be treated to acquire peace (Gomes 2003: 220-221). Uganda’s treatment of its

children is a perfect example of its just actions. I previously mentioned children are at the heart of the AIDS discussion. However, I get the impression other nations do not give the same attention to young people as they do older men and women. Uganda, on the other hand, treats its children identically to its adults. Barz communicates Walya Sulaiman's, a celebrated artist in the Ugandan community, comments on Uganda's inclusion of children in their powerful messages regarding AIDS, "Sulaiman believes that in order for true social change regarding sexual behavior to occur, Uganda's children need to grow up in an informed world, one in which they have the necessary tools to fight the disease" (Barz 2006: 20). Adolescents could easily be overlooked because the bulk of African populations lie in middle-aged adults. However, many African countries do not realize the future of AIDS rests in the hands of those below the age of twenty. Here, not only is Uganda being just, they are exercising prudence by being aware that the future of AIDS rests with its young people.

Justice also relates to the United Nations Universal Declaration of Human Rights. The declaration exemplifies the Golden Rule by outlining the entitlements of each individual. Not everyone has access to everything outlined in the declaration, but the number of things in the article those in Africa lack is mind-boggling. An example is Article 25, which states everyone has the right to a fair standard of living that assures good health for him/her and their family (1948). This includes food, clothing, housing, medical care, and security in times of hardship such as unemployment, disease, or old age. Deducing from article 25, we are not living by the Golden Rule. Not until recently has the United States made any devoted effort to provide essentials such as food, water, medical care, and clothing to African countries. I believe the lack of funding and assistance other countries have provided to African countries has contributed to their inability to mobilize against the AIDS pandemic. Imagine being born into one of the poorest countries in the world and not receiving any aid from abroad. Where would the motivation come from? Only with more foreign aid (and achieving the good life, of course), which should be sent from the United States and other developed nations, will African countries start congregating towards a set of objectives.

The third and most relatable virtue for Africans to rid AIDS is temperance, or, for Gomes, the process of moderation. For Africans, moderating their sexual desires would help extinguish AIDS from their societies. A portion of moderation may come from the awareness Africans receive about the downsides of engaging in sexual acts, but I think almost every African knows AIDS is a sexually transmitted disease and can be cured with abstinence from sex. I'm not asking for Africans to abandon sexual acts completely, but a decline would cause a substantial decrease in the virus' impact. Gomes gives a picture of what he thinks temperance entails, "Temperance is meant to be an exercise in self-government...and the temperate person is the one who strives for a balanced life and tries to maintain an equilibrium in the midst of temptations to do otherwise" (Gomes 2003: 225). Going back to the United Nations Universal Declaration of Human Rights, I trust that an increase in relief measures to Africa from other countries would allow Africans to control their sexual urges. With the advancement of the humanitarian effort, Africans would have more enjoyments and therefore not think sex is the only form of pleasure they can engage in.

We must remember, however, that there are many more in Africa who receive no medicinal aid.

Along with dispatching educational information, Uganda's application of music and drama has served as a form of entertainment for Ugandans and has taken their minds away from their sexual infatuations. Uganda's women's groups are a perfect representation of productive distractions. Barz articulates women participation in these groups, "The women encourage everyone gathering-not only the women-to dance, sing, *and listen to the group's messages* concerning proper condom use, faithfulness to partners, and sexual abstinence" (Barz 2006: 81). Not only are women coming to gatherings, they are engaging in them, taking their minds off their sexual desires. By dancing and singing out the disease, they simultaneously become more pre-occupied in these communities and less in their voluptuous passions.

The final cardinal virtue is fortitude, the virtue of bravery, which Uganda has exemplified. Uganda has stood up to AIDS, and its government (as well as other Ugandan communities) has showed great boldness in its strategies. Uganda has been willing to go against the norm by taking a completely unique approach directed by Yoweri Museveni. Despite having distractions elsewhere (including Fidel Castro returning Uganda troops from Cuba where they were supposed to be training), Museveni acted unconventionally: "unlike all of his political contemporaries around the continent, Museveni did not indulge in denial. Losing little time, he launched an ambitious multisectoral-government,

industry, religion, and civil society-effort aimed at combating the disease” (Barz 2006: 12). Bravery is not following the pack; it is subjecting oneself to criticism. It is also, in the words of Gomes, “the ability to stand in hope against the overwhelming pressures, tragedies, and fears of the world...” (Gomes 2003: 228). Museveni is the embodiment of Gomes’ definition of fortitude. He dealt with immense pressures abroad and was willing to take in blame for his eccentric strategy. However, he stood up for what he thought was right and enacted his unique preventative approach.

The next steps Gomes lays out to experience the good life are the three theological and great virtues of faith, hope and love. I begin with faith and how Ugandans have become faithful in their newfound preventive undertakings, and what other countries must do to emulate Uganda’s rich faith traditions. Gomes attributes faith not just with belief in our actions, but the actions themselves. He applies faith to medicine and health, “...They must have not only the knowledge of medicine, but a vision of good health. What they do reflects that vision: they do not have faith ‘in medicine’; rather their practice of medicine *is* the expression of their faith” (Gomes 2003: 265). It is not necessarily Uganda’s faith in their medicine; it is how they present the medicine to their people. The stern, sometimes gruesome messages singers and performers broadcast to their contemporaries illustrate their high sense of faith. Ugandan performers are willing to present expressions that differ from what most singers and songwriters would sing and write about. Instead of people feeling satisfaction after listening to the songs, the messages are grave and somewhat disturbing.

Sulaiman’s songs fit these descriptions, as she “sings about ways in which the HIV virus weakens the body and have how *Silimu*/AIDS-often referred to as ‘the sweeper’ or ‘the broom’ in this and other areas of the country finishes entire villages, ‘eating’ its victims” (Barz 2006: 64). The goal for Sulaiman and other faithful artists are generating awareness through the instillation of fear. That way, there is a greater chance listeners will abide by their messages. They are faithful by trusting their methods, even though they are unorthodox and, at times, make the listener freaked out or scared. However, it is through this heartache that Ugandans apprehend the misfortunes of sexual practices.

Another vital component in actualizing the good life for Africans is embodying the second great virtue of hope. Previously, I mentioned the need for African countries to confront failure in a positive manner and not allow it to permeate their communities. Hope works the same way; countries in Africa must sustain hope in times of hopelessness. Gomes presents Nelson Mandela, the famous South African civil rights activist and first democratically elected president, as a model for having hope in harsh circumstances. A colleague of Gomes describes Mandela’s hope as being his ability to stick to a set of beliefs and disregard other distractions. Gomes adds, “It was indeed about that persistent, elusive virtue we call hope, as unreasonable as it is indispensable” (Gomes 2003: 274). Uganda efficaciously possessed hope at the inception of their radical healing maneuvers and also during their journey of reducing AIDS’ impact. It was under hope that Museveni and the Ugandan government turned AIDS from a local to national issue. Barz clarifies how Uganda has politicized AIDS, “Testing, education, awareness, and treatment have become highly politicized as demonstrated in President Museveni’s initiative to treat the virus and disease as a culturally ‘open secret’” (Barz 2006: 46). Persistence, according to



Gomes, is a key aspect in defining hope. If we are hopeful, our actions will portray an open spirit that is willing to strive towards what are hopes are. Uganda has been steadfast because it has tackled AIDS head on. Ugandan officials were committed to sacrifice other political issues in order to curtail HIV/AIDS.

Along with being the virtue of coping in times of hardship, hope is the virtue of confidence in the future and the desire to achieve great things. Gomes says that promise and future have a direct correlation because in hopeful times we assure ourselves of a suitable outcome. He writes, “One has confidence in the promise because one trusts the one who makes the promise; and one desires the fulfillment of the promise, and thus desire is an enabling expression of hope” (Gomes 2003: 291). Ugandans trusted those in power and shared their goals of ridding AIDS from communities. The South-African photographer Gideon Mendel also epitomized hope by displaying brave images of Africans who were confident in their futures. Mendel began to publish numerous books that contained his photographs. In his first edition of *A Broken Landscape: HIV and AIDS in Africa*, Mendel’s photographs “subtly changed the image of AIDS in Africa from one of hopeless suffering to one of responsibility and possibility” (Godby 2011: 217). Mendel made Africans look hopeful instead of hopeless in his photos. Other will follow as they see the images of Africans having confidence in the possibilities of the future. In other words, onlookers will, because their contemporaries have a positive outlook on what will happen, adopt a new vision of hope for their country.

Mendel went one step further in evolving the galleries that contained his photos. He described his gallery as a “live documentary space” where onlookers could create their own images in a frame of gaffer tape that Mendel had set up on the wall near his artwork (Godby 2011: 219). In this way, people expressed what they thought about his art or their own feelings on the topic of AIDS. Mendel was hopeful by doing these things. He took the time to make his gallery extra special so those with and without AIDS could connote what the images provoked in them. Having differed from the conventional pictures of suffering and devastation in Africa, Mendel’s photos enabled people to become more hopeful and invigorate their hopes by having them put them on paper. The hope one gains from the photos can be realized from the perspective of Mendel himself. Whatever he initially believed about Africa and AIDS was unquestionably altered when he put together the images. Mendel, through taking various snapshots that embodied the few precautions Africa was demonstrating regarding AIDS, had a more positive outlook on the future of AIDS in Africa.

The increasing exposure to the issues is helping to clear the stigma that surrounds the disease and those who are afflicted. This in turn results in a more positive life, especially for those who are afflicted.

Lastly, love has driven Uganda to do great things in the wake of the AIDS crisis. Love is a broad term and can relate to a variety of issues regarding AIDS in Africa. For Gomes, it relates to assisting others, which Ugandan music has been designed to do. Gomes communicates the powerful opinion of Hans Kung, a famous Roman Catholic Priest, “...Love is not understood as a primarily sentimental and emotional inclination...but as a being there for others which shows good will and a readiness to help” (Gomes 2003: 330). The love displayed by Ugandans is not the affection between each other, but the willingness of members of their community to aid other members. The governmental and musical strategies I have relayed fit this definition.

Adding on to their assistance, Ugandans have been able to forgive. Forgiveness, Gomes argues, accounts for a major portion of love because it allows us to love those who have caused us wrongs.

He writes, “The act of forgiveness is indeed an expression of power, but it comes out of love and thus qualifies as a work of love. I will argue that it is the chief work of love” (Gomes 2003: 334). Despite being powerful in times of forgiveness, it is ultimately through our love that we forgive. Ugandans have been successful in letting those afflicted with AIDS stay members of their community. Performers, members of women’s groups, and active participants in Ugandan society often are AIDS-ridden. Noeline Namukisa, director of a women’s group in Uganda, confirms the affections amongst Ugandans, “You think that just because we women are sick that we can no longer dance?” (Barz 2006: 77). Uganda has not only forgiven women with AIDS, but has admitted them in their music culture. Unlike other members of African countries, Ugandans have found that perceiving solutions to curing AIDS victims is more productive than condemning and excluding them.

I hope I have communicated my understanding of what it takes for AIDS-infested countries to experience declining infection rates. Initially beginning at a place of failure, Uganda did not despair, but rather responded with its acclaimed ABC campaign. While achieving some success, Uganda did not become complacent and pushed further in its

awareness methods. Uganda in recent decades also has introduced disciplined, well-thought out methods that take into account many important factors, such as female Ugandans taking the initiative and constructing women's groups while understanding they are the main catalysts in the spread of AIDS, and the distinct advantages body-mapping programs in South Africa have on participants.

Additionally, Ugandans songs have entailed a sense of freedom through the idea of "positive living" and Uganda has enacted the four cardinal virtues of prudence, justice, temperance, and fortitude into their works. Moreover, Ugandan performers have incorporated fearful messages into their messages as a manifestation of their faith, as they believe their scary messages will have a positive impact. Uganda has been hopeful in their situation, which Gideon Mendel too has fully embodied in his photographs. Lastly, Ugandans have treated each other with love by providing assistance and forgiving their fellow Ugandans for contracting the virus. Despite being desired for a Christian crowd,

The Good Life can have a profound impact on any country or anybody with a serious dilemma. Although in writing it may look easy to adopt Gomes' sentiments, other African countries, barring Uganda, will have their hands full manifesting Gomes' guidelines. For them, it all starts with an attitude to do something about this malignant disease.



Chapter Ten

The Right to a Good Life:

Fighting the Stigma and Restoring Rights to Those Affected by HIV/AIDS in Africa Through the Arts

Joel Jones

First and foremost, she gets people's attention. More importantly, her use of tradition allows her to craftily leave a message in their hearts, a message to ultimately prevent the spread of AIDS.

The great American thinker, Mark Twain, once said: “don’t go around saying the world owes you a living. The world owes you nothing. It was here first” (<http://www.quotationspage.com/quote/262.html>, accessed 2011). To me, living in a world a hundred years after Twain’s death, this sounds outdated. Today, the world does owe you something. According to the U.N. Declaration of Human Rights (U.N. general assembly, 1948), the world owes rights, such as “the right to life, liberty and security of person” (Article 3). Given this and other articles in the Declaration it can be argued that, contrary to Twain’s statement, the world owes you a living, and a good living at that. The world owes you a good life, or more accurately the means to make one for yourself. Peter Gomes’ book, *The Good Life: Truths That Last in Times of Need* (2003), explores the meaning of a good life, and shows how to obtain one. Drawing on Gomes’ reflections and experience, we can compare the rights outlined by the U.N. to the necessities prescribed by Gomes and find they are striking similar. Relating article 23, which gives everyone the right to work, to Gomes’ chapter on discipline, for example, shows the Declaration giving people the ability to follow Gomes’ path to a good life. Since the U.N. gives everyone the rights needed to live a good life, is it a violation of the U.N.’s policy if people do not have the ability to live one? If we examine HIV/AIDS victims in sub-Saharan Africa, we can find several instances violations of the U.N. mandated rights. Starting with article 1, “all human beings... should act towards one another in a spirit of brotherhood,” the stigma against those with HIV/AIDS is enough in some countries to ensure those infected are not treated “in a spirit of brotherhood” at all, but rather in a spirit of fear and as outcasts. However, in many countries a movement is fighting the stigma and calling attention to other violations of rights. Those suffering and those sympathetic have begun fighting the virus and the stigma with music and other arts. In countries where illiteracy is high,

it is more effective to communicate through the arts with culturally relevant metaphors than through medical based pamphlets or lectures. Groups like the Nawaikoke Village Women’s Group, discussed in Gregory Barz’s *Singing For Life: HIV/AIDS and Music in Uganda* as well as others in Barz and Judah Cohen’s *The Culture of AIDS in Africa: Hope and Healing Through Music and the Arts*, show what can be done through music. The arts are the way for HIV/AIDS sufferers in sub-Saharan Africa to have their basic human rights, as outlined by the U.N., and thus the way to be able to achieve a good life.

Gomes discusses the necessity for discipline in leading a good life. It is first important to note that Gomes does not mean discipline as “some notion of punishment or sanction” (Gomes 2003, 142) but rather in the sense of self-discipline, the willingness and ability to work hard. He mentions the discipline required in order to exercise everyday

as an example. How “the inevitable direction of nature is decay, atrophy, and death” (ibid, 131) but through daily exercise you can fight, or at least delay the direction of nature. I do not think Gomes is admonishing us to go to the gym more often, but rather showing that no matter what you do, you need discipline. He also argues further that discipline is needed not just for the good of the individual, but that each individual relies on each other’s discipline for the good of the community. Discipline, he says, is one of the more significant “durable values and satisfactions that make a good life” (ibid, 158). This presents an opportunity to note that while most of Gomes’ book is grounded in Christian teachings, in my opinion a most of the values discussed are true for both Christians and non-Christians alike, discipline among them.

There are two basic human rights needed to ensure the development of discipline in the individuals, the right to an education and the right to work. Article 26 states “everyone has the right to education” and also that “education shall be directed to the full development of the human personality”. Education provides a way to learn and practice discipline, such as by doing homework and studying, and also a way for mentors to impart on you the importance of discipline in a good life. Gomes points out that the importance of an education is not what you learn in the classroom, but what you learn through the classroom. That it is a vessel through which you obtain the traits necessary, mostly discipline, which can be translated to success and happiness (note that these are not synonymous) in your later life. If the discipline acquired in education is needed for a good life, then there must be a place to continue to practice discipline after school in order to maintain a good life. Article 23 lists the right to work as one of the essential human rights, and not just work but “to free choice of employment”. I interpret this to mean a right to work where you want to work. Not to stretch this to mean each individual is entitled to any job they want, but that everyone has the right to pursue a career that interests them. With discipline, one can expect to be successful in any work environment. This success, however, is not necessarily the type of success needed for a good life. Gomes references a Harvard commencement address delivered in 1914 by the president of the school at the time, Abbott Lowell. Lowell states that true success does not come from achieving our goals, but rather from “doing something that is worth doing.” (Lowell, in Gomes 125) A good life is derived from this success, and obtaining this success is derived from discipline. Thus the right to education and work given by the U.N. is indeed needed to obtain a good life.

Gomes also mentions freedom as a crucial element in achieving a good life. He notes “it is impossible to conceive of the good life, and its pursuit, in the absence of a concept of freedom” (Gomes, 161). He argues living morally and with discipline mean nothing to the good life unless you must choose to do so. It is worth mentioning, however, that not all freedom is “true freedom”. Freedom from oppression and freedom from discrimination are both indeed freedoms and important ones at that, but true freedom lies beyond. True freedom allows you to make your own choices, to decide for yourself the virtues you follow and the direction you take your life. With this ability to choose your own path, to direct yourself towards your goal, the good life is possible. “True freedom is that which enables us to pursue the good life” (ibid, 189). Thus, the good life is one full of freedom.

While almost every article in the U.N. Declaration deals with freedoms, the one most relevant to “true freedom” are articles 18 and 19. Article 18 states: “everyone has the right to freedom of thought, conscience and religion”. Freedom of religion is extremely crucial in experiencing true freedom. Although religion can help you lead a good life, and by no means is it the only way, forcing a person to follow a particular religion can hinder that person’s path to a good life as much as it could help another. Not allowing others to choose their own paths limits their ability to find the good life at all. Similar to article 18 in many ways, article 19 gives “the right to freedom of opinion and expression”. Article 19 encompasses article 18 in that freedom of religion in many ways is a freedom of opinion and expression, but article 19 goes beyond that to include political, moral, and cultural beliefs. Article 19 includes the freedom to be disciplined (again, in the self-disciplined sense), for example. The importance of these two rights to the pursuit and the obtaining of the good life cannot be stressed enough. Without these freedoms there are not choices, without choices there is not a good life.

In many ways, the rights needed to obtain discipline and true freedom, at least through the means described above, are not held by many suffering with HIV/AIDS in Africa as well as others, not HIV positive, that are dealing with the effects of the disease. A way those who are positive have their rights interfered with is the stigma against the disease. In an interview Gregory Barz conducted with a Ugandan doctor, Alex Muganga, the doctor discusses the stigma, saying people “did not want to hear about anyone associated with AIDS” (in Barz 2006, *Singing for Life*, 72). This stigma undoubtedly limits those who are HIV positive in education, work, and, more broadly, their true freedoms. Without equal access to and/or equal treatment in schools and jobs due to their condition, those positive do not have the same access to learning discipline as do those not infected. In addition to those with the disease, there are also many who don’t have the access to schools or jobs because of the damage the virus has done. Since the beginning of the virus, 11 million children have been orphaned in Africa as a direct result of HIV/AIDS (Kofi Annan, 12/29/2002, “In Africa, AIDS Has a Woman’s Face,” *The New York Times*). While many of these children were born with HIV/AIDS as it can be transmitted through birth, many of them are healthy. However, even the healthy ones’ access to schools is

affected due to the large gap in the size of the young population and the older population. With so many older members of the community gone, not only does getting proper care for the orphans become difficult, but finding enough teachers for those able to go to school also becomes a problem. For example, the average student to teacher ratio in Uganda, a country hit hard by the AIDS epidemic and a very typical representation of a country impacted by AIDS, is 49 to 1 at the primary level. In addition, while 92% of children attend primary schools, only 27% continue on to attend secondary schools (The 2011 Legatum Prosperity Index, (<http://www.prosperity.com/country.aspx?id=UG>)). The reason for these statistics is simply the support is not there. The governments can't be blamed for the most part, especially in Uganda where the government takes a very active role in fighting AIDS, as they simply lack the resources to put in place the systems needed. Also, a reason for such a low rate of those attending secondary schools, especially girls, is the need for them at home to work the farm (Annan, 2002). Either because the governments lack resources to supply schools or because the children are needed at home, the children do not have the access to education promised in article 26 as a result of the virus.

Returning to article 23, which gives the right to "free choice of employment", we find HIV/AIDS is to blame for many not having that choice. As mentioned above, the virus requires a large portion of society in Africa to stay at home and work family farms and businesses in order to maintain a livelihood for the family. This is due to both deaths in the family because of AIDS and also if a member of a family is fighting AIDS, more income is needed in order to afford the expensive medical care. The right to pursue different careers in this case must be put off temporarily if not indefinitely in order to compensate for the effect of AIDS. As previously discussed, this right is crucial to living a good life. Again we find HIV/AIDS interfering with basic rights mandated by the U.N. The lack of education and freedom of career mean ways to practice self-discipline are hard to come by. However, groups across African are starting to find a creative outlet to both increase education to others and to help themselves work for what they want to. These are the singing and drama groups.

In Barz's *Singing For Life* such groups are discussed. One example is the Nawaikoke Village Women's Group who perform dramas. Their drama *Kamalire abantu* ("The virus has killed many people") tells the story of a boy and girl who wish to drop out of school to be married. The boys' mother and father insist the boy and girl stay in school, but upon losing that battle insist they at least get tested for HIV. However, the boy insists the girl is healthy and they do not get tested. Later the boy contracts the disease from the girl and dies. All of those who come to see the show learn of the importance of both staying in school and being tested for the virus, even if they seem healthy, through the drama. Groups like this are crucial in turning around both the HIV infection rates and education systems in Africa. These performances teach people about HIV and the importance of testing, making them more likely to be tested and have others tested. Once someone knows their HIV status, they can be more aware of how to halt the spread of the virus. If the virus can be combatted this way and infection rates drop, the gap in the populations of the young and old will decrease. This will in turn cause more adults to be able available for teaching and for working, allowing for more teachers and for more children to go to school. The importance of education is affirmed in the drama, linking the spread of HIV to not being educated enough on the disease. If groups like the Nawaikoke Village Women's group can turn around education and labor through their impact on the culture and spread of the virus, then more process is made towards ensuring the right to pursue the good life of those affected by the epidemic.

Another way education on the virus is being spread is through "body map drawings" as outlined in Annabelle Wienand's article in Barz and Cohen's *The Culture of AIDS in Africa*. Different from performing, this method involves participation from those learning. The body mapping process begins with the outline of a human body sketched out on a drawing surface. Those participating then draw onto the outline all of their knowledge of a normally functioning body. With these body maps, the trainer could then discuss the biology behind the body, such as how the digestive system functions. Then the participants are asked to draw ways HIV enters the body, such as blood-transfusion, in addition to ways it does not, like hugging someone with the disease. Then the way HIV affects the body was drawn onto the map. It is a meaningful and educational experience for all involved, both the trainer and participants. The participants learned about the disease and also how to teach this new knowledge to others while the trainers learn about the perspectives of others on the virus. Learning visually is extremely useful, particularly in the parts of Africa where illiteracy rates are high. Visual learning and participation allow for the participants to develop fuller understandings of the concepts taught. I personally can attest to the success of the body mapping method, having served in both the role of a participant and that of a trainer. As a participant collaborating with others, what stuck out the most to me was being able to show all aspects of the virus at once, both physiological and social. It is difficult to think about HIV in both senses simultaneously, but drawn out the synthesis of the two comes naturally. What my experience as a trainer left me with was a better sense of what the general level of knowledge is on the virus. As I observed my peer drawing the effects on the body, I was surprised by the detail in the biological effects of the disease. Despite having no real reason to have studied HIV intently, he drew each way HIV is spread and also accurately depicted the effects on the body. I then had the opportunity to talk to him about the cultural stigma around the virus and the importance of being tested. I have seen first hand that body mapping is a

good tool for educating people on both spectrums of the effects of HIV/AIDS. As discussed, educating the people of Africa is more than crucial in fighting the disease and also in stopping the stigma, both are critical blocks to get by in ensuring the rights to a good life to those suffering.

The rights to true freedom, found in articles 18 and 19, are also impacted by AIDS. The stigma attached to the virus means for one, that victims do not have the ability to express themselves and openly discuss AIDS. While in some countries, namely Uganda, this stigma is being lifted and the virus is discussed on a daily basis at all levels of social interaction, in many countries this stigma still suppresses those who are HIV positive. Not having the freedom to be able to express one's HIV status due to the cultural stigma goes directly against the right given by article 19 to "impart information and ideas through any media". While it can be argued that they do still have the right to do so, the cultural pressure makes it extremely difficult. Without the ability to express themselves freely, they are pushed further away from the path to the good life. Even living with HIV, the opportunity to express oneself and one's opinions can still lead to a good life. If the U.N. states a right and it is violated, then I think it only makes sense an effort should be made to ensure that right is still be shared by all. In this case, although not motivated by the U.N., music and the arts are providing effective ways to re-obtain the universal rights.

One example of the many ways the arts are combatting the stigma against HIV can be found in South African Television with the "Beat it!" program. The strategy of the program was to challenge the stigma and cultural shunning of AIDS and replace them with acceptance and positive living (Rebecca Hodes 2011, in Barz and Cohen 2011,160). The show achieved this through individual accounts and by "normalizing" the disease. In one episode, a member of an AIDS support group spoke on her experiences: "Before, I was a very shy person. I never used to go out. But today I go out in the community and I speak about HIV and AIDS, and I can say that it has changed my life for the better" (Faghmeda Miller 2000, in Hodes 2011, 163). This person testimony and others like it gave faces for the disease, so those without it could see the people behind the stigma and so those with the disease could begin to break out of the stigma and express their status. In addition to fighting the stigma by showing those without the disease to

not be afraid of those infected, another useful tool is teaching those with the disease to "live positively" instead of living HIV positive. While a central theme of *Beat It!* episodes, this idea is also used in other HIV/AIDS groups across the continent. In a particularly moving segment of the show, American Justice Edwin Cameron gives his view of his battle the disease:

There are five or six million South Africans who are claiming their lives through "positive living," through positive attitudes, and through access to treatment... My life is continuing. I fell blessed... I'm fifty-two years old now, I hope I'm going to reach age eighty... I know this virus is not going to knock me down. (2005 in Hodes, 168)

Speakers like Cameron give hope to those with the virus, show them to not be affected by the stigma. Messages like these help to break the stigma, in turn giving many sufferers the freedom to express oneself, a freedom necessary for the pursuit of the good life. Though programs like *Beat It!* are effective, the disease still remains heavily stigmatized in much of Africa. A greater number of and more effective programs will be needed in order to completely turn around the stigma, as well as hope.

Hope is a virtue Gomes lists as essential in living a good life and one I think is especially relevant when talking about the HIV/AIDS situation in Africa. Gomes calls hope "an elusive virtue" (Gomes 2003, 281), but one needed to endure hard times. Without hope, there is nothing to look forward to, no bright future. However, the good life is exactly that, something to look forward to. If you cannot hope for the good life, how can you ever achieve it? With hope, we are able to constantly strive for the good life, to move forward. In the words of Gomes, "Hope, then, is not passive or wistful, but energizing and empowering, and out of stillborn hope has come the object of hope: a future good that is difficult but possible to obtain." (ibid, 290) Hope reminds us that, although it may seem tough at times, the good life will always be obtainable if you work for it.

Article 25 of the U.N. Universal Declaration of Human Rights states that "everyone has the right to a standard of living adequate for the health and well-being of himself". I interpret this to mean not only a right to a decent physical standard of living, but that of a decent mental standard of living. I also think, and Gomes would agree with me, that

"Africans listen to music more than they read books or newspapers or watch TV. Musicians have the opportunity and potential to reach our people and educate them"

hope is a centerpiece for having a good mental standard of living. Thus, everyone has a right to hope. Again looking at those dealing with the HIV/AIDS pandemic in Africa, you can see this right to hope is indeed affected. With the ever-increasing death toll and infection rate, it is hard for individuals in Africa to look towards a bright future, to hope. However, to fight AIDS, it is extremely important to have hope, because, as Gomes said, with hope comes the will to strive for a good future. Without the will to work towards the future, then a brighter future surely won't be the case. So it becomes crucial to restore hope to nations that have been nearly decimated by the disease, hope that the situation can be turned around. One way spreading hope has been effective is through singing.

Jonah Eller-Isaacs offers examples of both songs of sorrow and of hope in showing their efficacy in dealing with AIDS in his article "Singing in the Shadow of Death: African Musicians Respond to a Pandemic With Songs of Sorrow, Resistance, Advocacy and Hope" in *The Culture of AIDS in Africa*. He tells of how in 1989, Philly Lutaaya, a prominent Ugandan musician, announced he was HIV positive. In a song about his condition, Lutaaya sings about the emotional pain and difficulty living with HIV causes, particularly because of the stigma against HIV positive individuals. This song, "Alone," has become a rallying song for HIV positive individuals and groups in Uganda. Lutaaya's legacy lasts past his death in 1989. This song, along with others, inspired groups like TASO (The AIDS Support Organization) to work music into their efforts. Different from Lutaaya, however, TASO stresses the positive. Mahmoud Kayiwa, a member of TASO had this to say of TASO meetings: "When you come here, you rejoice, you sing, you dance... When we share each and every thing about the disease, we cannot get scared as when we are alone at home" (in Eller-Isaacs 2011, 67) Together, through song, they have hope. It is this hope that inspires TASO and other groups to spread knowledge to others regarding HIV, how to stop it. It is through groups motivated by hope, and often hope alone, that progress is being made towards slowing down the disease. Eller-Isaacs tells of being in a hospital filled mostly with AIDS victims when a TASO group performed Lutaaya's "Alone". On the tearful experience, he says: "it seemed that the song gave voice to [the hospital patients'] hopes—to all our hopes—to live happy, healthy lives... and for love and support in our times of need" (ibid). This instance is one of many where music has inspired hope. The efforts of groups like TASO are vital in further sustaining this hope as well. With hope for a brighter future, there is hope that even when infected with HIV a good life is possible.

If Siphithemba can live with HIV, why not you?

Studies such as this, linking music to advancement in health, are part of the broader study of medical ethnomusicology. In this article, I have focused on the role of music in spreading medical knowledge and aiding in medical efforts, however medical ethnomusicology includes much more. To define term completely, I will first define just ethnomusicology. Ethnomusicology itself is a broad term, covering all types of musical research and music's relationship to the study of culture done in anthropology. Medical ethnomusicology is the extension of this to include culture-specific and all-encompassing models where music and healing intersect. As seen in the paragraph above, this field of study has great promise in furthering both modern medicine and music and will continue to be important both as a lens to study and as a way to fight HIV/AIDS in Africa.

Music and the arts are ways for HIV/AIDS sufferers in Africa to obtain their rights allotted to all people in the U.N. Declaration, and thus the way to obtain access to the path to a good life as outlined by Gomes. The three ideals seen by Gomes as essential to the good life that I chose to explore were discipline, freedom, and hope, but it is important to note there are many other values Gomes says are needed that I did not touch upon. Taking specific articles from the U.N. Declaration of Human Rights, it can then be argued that the ability to pursue Gomes' ideals is a right given to all people by referencing several different articles in the Declaration. Examining AIDS in Africa, you can see that not everyone has access to these rights, and thus, subscribing to Gomes' belief, the ability to achieve a good life. This essay was written with the assumption being Gomes sees things correctly and using his definition of a good life. I do acknowledge, however, that a good life is a fairly abstract concept, so likely it can be attained in ways other than as described by Gomes and that the very meaning of a good life is also up to individual interpretation. I used Gomes simply as a way to set in stone a definition of the good life, allowing for clearer argument in regards to the U.N. document and the impact of the arts. The important part of the paper is not how the good life is defined, but more so the impact music and the arts has on one's ability to live a good life as one affected by HIV/AIDS in Africa. Through specific examples as TASO's efforts in Uganda, it is clear music and the arts make it more possible to live a good life, thus fulfilling the U.N. mandated rights. Either by fighting the disease itself through education or by challenging the

stigma of the disease like *Beat It!*, the arts have an impact. However, the arts alone cannot end this scourge, but a combined effort of governments, hospitals, local aid organizations and global aid organizations is required. If indeed everyone has rights to access to the good life, and if HIV is interfering with these rights, then is it not the world's, or at the very least the U.N.'s, duty to help those in need? I am not sure, but I know it is something to consider.



Chapter Eleven

Condoms, Music, and the Good Life

Sonia Ajmera

Imagine being a seven-year old father. Imagine giving up your childhood before it begins. This is what happens to many children in Africa whose mothers and fathers have died from AIDS, children who are forced to care for their siblings because there is no one else left. AIDS is Africa's worst predator, one that does not discriminate but rather takes every victim that it can. It is a brutal murderer, one that allows the sufferer to endure agonizing pain, physical, mental, and emotional. Over 30 million men, women, and children have succumbed to AIDS's deathly grasp.

There is hope for the people of Africa. It does not lie in pills



or other drugs, however. It comes in the form of the arts—music, dance, drama—as explored in Gregory Barz and Judah Cohen’s *Culture of AIDS in Africa: Hope and Healing Through Music and the Arts* and Barz’s *Singing For Life*. People in Africa use music in an intense, personal way. It is the primary weapon for the anti-AIDS movement, within both inner and outer forces fighting against the virus. These people, both those who are assisting and those who are afflicted, are fighting for a common goal, looking for more from life.

Bono, lead singer of U2 and creator of the ONE campaign and Product(RED), uses his influence as an international artist to fight for millions of people whose voices may otherwise go unheard, an example of an artistic force from the Western world. Bono is in fact perhaps one of the greatest leaders of our time. He is not president of the United States of America, nor is he secretary-general of the United Nations. He is, however, an activist that has helped fight one of the most urgent causes of the past thirty years: the AIDS epidemic. The following is an excerpt from a song by Peter Gabriel and Kate Bush entitled *Don’t Give Up (Africa)*, performed by Bono and Alicia Keys for World AIDS Day in 2005:

*In this proud land we grew up strong
We were wanted all along
I was taught to fight, taught to win
I never thought I could fail
No fight left or so it seems
I am a man whose dreams have all deserted
I’ve changed my face, I’ve changed my name
But no one wants you when you lose
Don’t give up ‘cause you have friends*

*Don’t give up, you’re not beaten yet
Don’t give up, I know you can make it good
Though I saw it all around
Never thought I could be affected
Thought that we would be last to go*

It’s so strange the way things turn...

In this song, Bono sings for those who are affected, those who never thought they could contract such a terrible disease. More importantly, he sings for hope—hope for the future and hope for the present. Bono’s efforts have spread the message about the importance of fighting AIDS to people who have the means to do something to help those affected. As with every movement of this kind, however, we are obliged, as leaders of the upcoming generation, to look at the movement behind the movement or the underlying purpose that guides the fight. For this, we can turn to Peter Gomes’s *Good Life*. Fighting for the greater good is a moral obligation and the values that guide every being’s search for a good life, not simply good living, rule the anti-AIDS movement, both in Western societies and in Africa.

When I first completed *The Good Life*, I was angered, appalled even. I felt that, in over two hundred pages, all Peter Gomes had to tell me was that there was no way I would live a good life...unless I embraced Christianity. Apart from what I perceived as time wasted, I refused to believe that the good life, something that we all consciously or subconsciously search for, was limited to Christianity. I respect all faiths, as I have seen firsthand that when all else fails, faith has the power to get people through the toughest times. But at the same time, it is the underlying values and motives, deep within a person, that should rule the life they lead. Granted, it is often one’s faith that brings these qualities to the forefront of life. But then does that mean that those who, for example, forgo religion or are non-Christians, are guided by no basic morals of humanity? I cannot accept that as truth. So, I looked beyond the final words that Peter Gomes stated in *The Good Life* and focused on the messages he had weaved throughout his telling of his experiences. My conclusion was this: first and foremost, we must recognize a “call to greatness,” a plea to move past the materialism that has become bound to the definition of

success, a search for good life, not simply good living (Gomes 2003a, 15). We can simply look at the meaning of success for an American versus that of an African. In the Western world, the message seems to be spreading that success is determined by the size of one's house, the luxuriousness of one's car, the number of zeros on a paycheck. But in Africa, success may simply be living past the age of five. Second we must look at the very core of the mindset that entails a good life: striving through the struggles, looking past the failures and pain and making the best out of it, learning from the hardest times in life and giving our experiences a positive spin. The way we deal with our pain and our struggles comes to define who we are. And the way we use what we learn does so even more. Lastly, values, the very essence of the way we live our lives, are essential to all actions directed at the achievement of happiness, specifically hope and faith. Gomes believes that all of these encompass a good life, and although I disagree that Christianity is the key to these achievements, I do recognize that Gomes offers a possibility of a good life that certainly cannot be ignored. I would like to augment Gomes's definitions to say that a good life embodies overall *positive* living, a message that is perhaps one of the most crucial ones in Africa to those who live with AIDS. These components, the beginnings of what our generation may hope to augment into a good life, in fact rule the fight against AIDS in Africa, both for those afflicted and those who aid.

I begin by looking at the United Nations Universal Declaration of Human Rights. Peter Gomes writes, "What will be our call to greatness...? In this season of endless prosperity and self-interest, is there anything that will require the best of what we have to offer? Is there any cause great or good enough to provoke goodness and greatness in us" (Gomes 2003a, 16). If there ever was a call to greatness in our world, I believe the Declaration of Human Rights is it. The document was adopted in 1948 in order to prevent the atrocities of World War two from being inflicted on any human being again. It was, in fact, a will for the greater good. In order to display the significance of such a declaration, I believe it is crucial to address the view of the United Nations by the current generation. Many people I have encountered believe that, although the UN has a noble goal, as a body it is powerless. The UN, after all, has no final jurisdiction on any country's actions; however, it does offer an outlet for countries to negotiate and to offer aid to one another. And the member states of the UN have opinions that carry much weight in the realm of international relations. That is where the power of the UN lies. And within its collaborative efforts, organizations within the body have already done much to help the world, specifically Africa.

The Declaration of Human Rights, consisting of many clauses that address a range of rights, states in Article 25 that "everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including...medical care." Following that, Article 27 states, "everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits" (UN 1948). Medical care is one of the keys to fighting AIDS and saving lives, not only in Africa, but also all across the world. The only problem is that Africa, with the largest population in the world infected with AIDS, is also the population that simply cannot afford enough anti-retroviral medicines (ARVs). This is where Western organizations come into play. Without non-profit organizations and other efforts such as Bono's ONE campaign, there would be many more millions of people in Africa that would have died from the disease. But it is a slow process, one that cannot be accomplished without inside help. There are the few, fortunate groups in Africa who are able to disseminate necessary drugs to the surrounding populations, such as the Nyumbani Institute in Kenya. The institute was founded in 1992 by Reverend Angelo D'Agostino. In Kenya, there were many organizations that were trying to help children orphaned by deaths of parents who were infected by AIDS; however, there was no one willing to aid those orphans who were HIV-positive themselves until the founding of Nyumbani. Today, it hosts nearly 100 children and provides off-site aid to many more. These children are fortunate enough to be receiving ARVs, which in turn are helping them live healthy, positive lives. "They're like normal children, planning, dreaming. That's the hope, the positive face of AIDS, and that's possible for every person who's infected," says staff member Sister Mary Owens (Eller-Isaacs 2011, 68). Furthermore, the Nyumbani Institute helped these children take advantage of their situations by forming a choir called Watoto wa Mungu ("Children of God"). They use music to spread the message of positive living—living an optimistic life despite being HIV-positive—throughout the nation. They sing "if happy little bluebirds fly/ beyond that rainbow/ why, oh why can't I" (ibid., 69)? The choir actually topped the nation's pop charts, an example of how significant music's role in the anti-AIDS movement is. It reaches people where lectures and other efforts cannot, simply because it is so familiar, so meaningful, and so rooted in African culture. The Nyumbani Institute is a prime example of the workings in Africa that are rooted in a quest for the good life, not simply good living. The Reverend performed an action for the greater good, the children overcame their struggles and turned their journeys into methods to help others who are in similar situations. And the entire institute embraces the idea of positive living—the good life, a life of faith and, most importantly, hope for the future.

We must remember, however, that there are many more in Africa who receive no medicinal aid. Those who cannot turn to an age-old practice that has been identified by the field of medical ethnomusicology: musical healing. As studied in *The Oxford Handbook of Medical Ethnomusicology*, healing and health are driven not only by biological domains, but also by psychological, social, emotional, and spiritual realms (Koen, Barz, Brummel-Smith 2008, 5). Musical effect follows along similar lines. First and foremost comes the understanding of music as therapy: physical, mental, and emotional. Music holds transformative powers. It energizes, uplifts, and informs. It is more than simply heard; the

beats, the rhythm, the raw emotion are all felt, deep within. The idea of music as therapy is therefore fascinating. The realm of medical ethnomusicology can be broken down into four axes, as described by Marina Roseman: musical, sociocultural, performative, and biomedical. The musical axis encompasses three key aspects: the physics of actual sound, the biophysiological areas such as perception and sensation, and the social, cultural, and personal realms of meaning. The sociocultural and performative axes of the fourfold framework involve musical meaning and social history as well as performance practice, embodiment, and, most notably, manipulation. The reason Africans are so receptive to such a method of healing is primarily due to culture and tradition, the belief that music can actually summon spirits to heal the body and the witnessing of such event throughout history. There is a familiarity in the process, one that actually holds scientific validity. The effects that music can have on the body are achieved through the basic components that make it up such as tempo, rhythm, and meter. The biomedical axis is perhaps where we can truly see the importance of the differences yet compatibility of music and healing. Music itself can affect the immune and endocrine systems. It can alter heart rate, breathing, and stress (Roseman 2008, 27). Music, overall, has great personal effect, through a melding of the physics of the sounds, the sociocultural meanings of the rhythms, the embodiment of the process when it reaches its peak, and of course the consequent biomedical impact. Medical ethnomusicology shows the complexity of the healing process. Music has meaning, sometimes beyond that which words can express. It targets multiple areas of feeling and perception and reforms participants through space and time. We, as members of a community in which the idea of medical practice coincides with hospitals and drugs, may not be able to identify with this method of healing at first. It simply is not as prevalent in our culture; however, we do listen to music, whether it may be hip-hop or classical, and if we ponder upon that, it does affect our moods and feelings. Many of us even listen to certain musicians in order to lift our spirits. The idea is therefore not as foreign as it may seem, simply amplified.

The songs sung by Sulaiman and the PADA organization lyrically call fellow Ugandans to a higher standard of health and ultimately warn of HIV/AIDS.

Musical healing has elicited a response from many affected by AIDS and this has even led medical ethnomusicologists to explore further ways in which musical healing can aid people, another cause to benefit humanity. At the Society of Ethnomusicology's (SEM) President's Round Table on November 18, 2011, leaders in ethnomusicology came to discuss the recent developments in the field as published in *The Culture of AIDS in Africa*. These are professionals who themselves have lost friends to AIDS, have watched in horror as the global threat continues to grow, and have seen a generation of creative talent lost in Africa. But they are scholars who have become so molded with their work that it has turned into a role of activism, one that frankly must be commended. As Gregory Barz said in the panel, "Time could be better spent *doing* medical ethnomusicology rather than *being* medical ethnomusicologists" (Society 2011). In this group of individuals, we can see the values presented in *The Good Life* play out for the benefit of the millions of people in Africa. Gomes quoted the aphorism, "When you're damned if you do and damned if you don't; always do" (Gomes 2003a, 26). Medical ethnomusicologists work to promote our knowledge of the complex workings of culture in dealing with the AIDS epidemic. And, as Jennifer Kyker from Columbia University stated, "[Their] work is critical to sustaining the sense of moral urgency into the fourth decade of the epidemic" (Society 2011). They themselves are a crucial part of the anti-AIDS movement that they study.

Article 26 of the Declaration of Human Rights reads: "Everyone has the right to education....Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms" (UN 1948). Education is the foundation of our lives. In Western societies, a child is often pushed from adolescence to study and work hard in order to attend the best universities, obtain a promising career, and lead a life from there. In Africa, children are lucky to receive more than a couple of years of education. Education, however, is the key to the fight against AIDS. It is central to prevention and works on two stances: educating about the actual disease and getting rid of the stigma surrounding it. The most important part is this: the information about AIDS, perhaps the most important knowledge that the people could gain, is not taught only in schools; it is incorporated within society through the most powerful tool that the anti-AIDS movement has—the arts. According to Barz and Cohen, the essential aspect of this effort is the way such creative expression—music, drama, and dance—ties into local and traditional practices, reaching out to Africans both individually and communally. Both individual and larger group initiatives have been implemented in Africa in order to spread awareness about AIDS. Puppet shows are performed pleading people to uphold safe sex practices. Songs are sung informing people about the virus and its spread. Billboards are erected promoting the ABC approach to the disease—"practice Abstinence, Be faithful, use Condoms" (Barz and Cohen 2011, 11). There are an abundance of educational efforts being implemented, effective primarily because of the use of the arts.

The Young and Wise Inspirational Choir in Accra, Ghana communicates messages about the prevention of HIV and AIDS. In Chapter 25 of *The Culture of AIDS in Africa*, Angela Scharfenberger of Indiana University discusses the role of the arts, specifically musical education, in the country. Perhaps one of the most interesting aspects of AIDS education is the issue of the stigma surrounding AIDS that must be overcome. Members of the Choir, for example, have to consequently make decisions about the communication of messages that are both accessible and acceptable to their audiences (Scharfenberger 2011, 306). Oral methods of teaching, especially via song, are so effective because of their deep roots in African culture. But at the same time, the methods are hindered by the need to sensitize messages. Thus, we must recognize the importance of metaphor, a direct link to tradition, in allowing groups such as the Choir to educate their audiences effectively. In Africa, AIDS is commonly known as *Silimu* or *Slim* because of the disease's slimming effects on the body. The other effects of AIDS are similarly voiced via, albeit more indirect, language rooted in the culture, as explored by Barz in *Singing For Life*. Despite the stigma, the array of issues that metaphors can address is impressive, including, but not limited to: the disease and virus, medical and physical issues, slimming, wasting away, and physical diminution, and death (Barz 2006b, 116). One common metaphor is that of AIDS as an insect, or *Akawuka*, one that eats the body. The disease is also often referred to through symptomatic manifestations, calling it *Omussujja okutawono*, or "the disease" (Barz 2006b, 120). I note that education's role in the anti-AIDS movement is making steps forward in more than just preventative measures. The increasing exposure to the issues is helping to clear the stigma that surrounds the disease and those who are afflicted. This in turn results in a more positive life, especially for those who are afflicted. It is a renewal of the hope and faith that are necessary to fight the disease.



In looking at music's role as an education tool, we can compare music in the Western anti-AIDS movement and music in the African anti-AIDS movement. Looking at the artifact introduced at the beginning of this discussion, we can see that the ideas are more abstract, using a more emotional approach to incite hope and some form of drive into people who cannot directly identify with the cause. The African musical approach is different. Although Africans use metaphors for cultural appeal in terms of tradition and dealing with the social stigma, they are still more direct in speaking about the disease. After all, they must educate their people in order to save lives. For example, the drama group Negro Angels Balamaika in Kampala, Uganda sings, "AIDS, AIDS, AIDS you catch it through sex...through the struggles of grown-ups...through unsterilized needles...through unscreened blood" (Barz 2006b, 133). It is not merely about raising donations for drugs; it is about altering a lifestyle, using music to educate but more importantly to show that AIDS can be prevented, that there is a positive side. On a side note, Scharfenberger illustrates, through her work, the importance of the activist role that medical ethnomusicologists have taken, as seen in the discussion at the SEM Round Table. She asks: "How are scholars accountable to those with whom we work? How do we use the resources available to us to promote the efforts of our consultants" (Scharfenberger 2011: 299). Her research is as much about spreading the knowledge about the role of the arts in fighting AIDS as it is about finding out how she can do more to help the cause.

With the desire to do more arises an interesting global issue in terms of education. Teaching those in Africa about AIDS and its effects is crucial, but surprisingly enough, African societies may have knowledge about the subject that even supersedes that in many communities in the developed world. In Chapter 9 of *The Culture of AIDS in Africa*, "Visual Approaches to HIV Literacy in South Africa," Annabelle Wienand from the University of Cape Town introduces readers to her body map drawing workshop, which relied heavily on visual and participatory methods to educate about HIV. The exercise had two focuses: understanding the human biology and how AIDS affects the body and then understanding the social effects of living with AIDS as well as treatment and care options. The participants were separated into groups and each developed a body map. One person was the form to trace and then images or words relating to the topics were drawn in corresponding parts of the body. They were guided through the process of expressing the systems of the body, methods of HIV transmission, and the virus's effect on the immune system (Wienand 2011, 100). The hands-on and visual approach made it easier to show participants exactly what illnesses reach which parts of the body and what treatment options are available. Participants were encouraged to share their knowledge about the subject, which allowed Wienand to gauge how much information was known to people in society and which also offered a method to educate through peer interaction. Wienand's method of visual learning through body maps was effective because of three key reasons: it did not exclude the illiterate, it eliminated the "power dynamics" associated with using heavy medical terminology and made the material more approachable, and it encouraged participation which in turn renewed understanding and allowed learners to demonstrate what they had learned (Wienand 2011, 105). The workshop was performed with three different groups: Treatment Action Campaign (TAC) treatment literacy educators and trainers, HOPE Cape Town community health workers, and HIV-positive members (Wienand 2011, 100). The artistic approach to education did not stop at those afflicted with HIV, but rather targeted those who could go back out into their community and spread the education further, work for the greater good and help more obtain a good, positive life despite their pain and suffering. This is one of the most crucial aspects of the anti-AIDS movement.

Vilimina's lyrics also provoke action and demand that her listeners be mindful about the potential risks of acquiring the HIV/AIDS virus.

We performed the body mapping exercise in class and then decided to take it one step further and tested subjects from the Vanderbilt community. The experiment yielded a few conclusions. First, it demonstrated how effective the arts can be when implemented in teaching methods. For example, AIDS is primarily sexually transmitted, an aspect of it that makes it uncomfortable for many to speak about. The body mapping technique allowed participants to draw and illustrate what they simply could not say. It also offered a more hands-on way to educate about the specific effects of AIDS on the body—by showing instead of merely telling. We were able to walk the mapper through the disparate aspects of life with AIDS. Furthermore, we expanded the effort and asked the body mapper to describe some of the mental and emotional effects that they believed would result from a life with AIDS. Interestingly enough, the responses were quite accurate when contrasted with various stories that we had studied about people in Africa who actually suffer from the disease. It was a display of a commonality of humankind; we all feel pain, misery, suffering. When it comes down to it, humans are all guided by a basic set of emotions, a basic set of values. This humanity is what guides our actions most deeply and that is what drives the search for a good life—the desire to do good, in the

most raw and humbling sense. Perhaps the second and more shocking realization from the body mapping exercise was this: many participants displayed a surprising lack of knowledge about AIDS, specifically its effects on the body and even the other forms of transmission, apart from sexual intercourse. Most were only able to vaguely display the attack on the immune system and perhaps the slimming of the body that comes with the various symptoms. Many did not identify mother-to-child transmission or infection through needles and blood transfusions. I was confused about the education gap that seemed to occur when it came to HIV/AIDS. But then I realized that even I would not have been able to describe the disease in such detail merely four months ago. I asked many of my peers about their health education in high school. The most common response: “Health class was a joke.” With the brief decline of the spread of AIDS came a false sense of security and a lull, of sorts, in the education of my generation when it comes to the disease. From what I remember, AIDS was discussed in three scenarios in my high school: once in my freshman health class when we were informed that AIDS was sexually transmitted, once in AP Biology when we talked about viruses and their spread throughout the body, and the multiple whispers about how so-and-so had slept with whomever and had contracted HIV. The latter, thankfully, was almost never true. Through all that, however, no one sat the 2,300 of us down and told us about the severity of the virus and its effects across the world. Now that I think about it, the only efforts to help those in Africa that I encountered in high school were directed towards child soldiers. This is a noble cause, yes, but the situation illustrates the education gap that is growing in the present generation of the developed world. Imagine, over 2000 people sitting in one school, learning about integrals or the civil war. Now imagine taking one hour in the entire semester, maybe even the entire school year, and illustrating the depths of the AIDS movement in Africa. If the message of the severity of this cause could be expressed to even one person, who could in turn start an AIDS relief organization in the school, which could in turn raise hundreds or thousands of dollars, and if this process could be repeated throughout the western world, what could we accomplish? I now question: can the good life be a life lived in ignorance? Can a good life even be lived in a world in which there is so much suffering, a world in which this suffering can be prevented? With ignorance comes the downfall of society. Or maybe a more certain truth, one that those who prefer to live in ignorance would like to ignore, is this: ignorance does not last. The good life involves being happy in the world we live in; can we sit idly by and do nothing while the AIDS epidemic is still at large? I believe in humankind to do more than that and if, as Peter Gomes says, we must recognize a call to greatness, it comes first and foremost in the form of education. Peter Gomes asks, “The question for each rising generation since World War II has always been this: In the absence of a crisis, would the young know one when they saw one, and would they be capable of rising to meet it, indulged and diverted as they had been for nearly all of their young lives” (Gomes 2003a, 28)? I believe that the AIDS epidemic is our crisis, one that has often been overlooked.

One of the final articles in the Declaration, Article 29, encompasses the universal search for the good life: “Everyone has duties to the community in which alone the free and full development of his personality is possible” (UN 1948). Leading a good life is not merely

Africans listening to the music must not only change their behavior, but make sure their actions continue to mirror a healthier lifestyle.

about a responsibility to yourself, it is about fulfilling your responsibility to mankind. As Gomes quotes, ““The success of every culture hinges not on big points of morality...but on smaller values, like being considerate of others and pulling your weight. These values are neither legally enforceable nor purely private, but constitute the connective tissue of people interacting in a healthy society” (Gomes 2003b, 45). Additionally, the good life is lead by two crucial values, hope and faith, as well as a positive living, a life past the agonies that one has endured. Women in Africa embody Gomes’s view of a good life, one that we may at first perceive to be one of the most terrible lives a person can endure. Kofi Annan wrote an article titled “In Africa, AIDS Has A Woman’s Face,” in which he discusses the importance of women’s roles in society and the extent to which AIDS has affected women in Africa. AIDS, although affecting both men and women, seems to have more female victims. As discussed in *Singing For Life*, this can be accounted for on a biological basis as well as a cultural one. Apart from men engaging in

intercourse with multiple women at one time, women have economic, social, and emotional dependency on men which yields in a “cultural expectation of female submissiveness.” Furthermore, women are more likely to be sexually assaulted (Barz 2006a, 79). According to Annan, women are “the backbone of Africa” (Annan 2002). They play central roles in the development of societies, especially economically. Unfortunately, women make up 58 percent of those infected with HIV in Africa. The deaths are affecting African communities—“farming skills are being lost...rural livelihoods are disintegrating...household earning are shrinking” (Annan 2002). Outreach efforts focusing on women are therefore crucial to the health of African communities. This is where the arts and the good life come into play.

With the rise in AIDS prevention groups, there has been a rise in social transformation, especially for women. Women have been empowered by other women, who use song and dance to effect change in their societies. The women are using their struggles to warn and help others, to prevent this pain from being inflicted upon another. One example of this is seen in Rebekah Emanuel's discussion in Chapter 9 of *The Culture of AIDS in Africa*, "A Lady Who is an Akadongo Player." Vilimina Nakiranda is a woman who used tradition to overturn tradition itself, for the betterment of her community. Vilimina sings while playing the *akadongo*. In Uganda, men and only men sing. Men, and only men, play the *akadongo*. Already, by these two simple actions, Vilimina makes a huge impact. First and foremost, she gets people's attention. More importantly, her use of tradition allows her to craftily leave a message in their hearts, a message to ultimately prevent the spread of AIDS. Vilimina has engaged in "reflective distancing": "stepping back from the norms of communal life, evaluating them, and identifying what needs changing" (Emanuel 2011, 225). Gomes writes, "My opening gambit has become this: learn how to

profit from your failures, for in life most of you will know more of failure than of success, and if you can learn from your failures, you will have learned much" (Gomes 2003c: 84). Vilimina Nakiranda is dying from AIDS. Instead of wallowing in self-pity or living the rest of her days in silent misery, she takes a series of steps to invoke change in her society, change for the betterment of the health of hundreds of people. Vilimina first attacks the role of women in society, even describing how gender dynamics are already changing and should be embraced. She consequently calls for a change in sexual behavior, singing " 'You children you better change your behavior.../ [because] AIDS is killing everybody'" (Emanuel 2011, 225). She even moves past the recognition of the correlation between gender and AIDS-related problems and addresses other factors such as the lack of hygiene, social hierarchies, and economic dependence. For example, Vilimina sings, "'But these days we eat using forks because we are now civilized'" (Emanuel 2011, 227). Apart from the reference to hygiene, this also speaks to the social



standing in her community—the movement towards civility—where many Ugandans have adopted Western customs. The key is how she addresses such issues; Vilimina uses traditional symbols to appeal to her audience's sense of culture. She paints a picture using tradition to, in essence, overthrow tradition. Emanuel writes, "By placing inherited traditions in unusual contexts, she forces the audience to question the validity of the tradition they represent" (Emanuel 2011, 229). Overall, Vilimina's performance is an assertion of power and sets a moral tone. She "creates the society she wishes to see by being it," sparking hope in her audience that despite the struggles caused by the disease, they can work for the betterment of their lives and those after theirs. Vilimina ends her song with this statement: "I am very happy, bye bye, we see you people, I have gone," a semi-traditional closure in the song. She reiterates her message as a happy, empowered woman, a woman who wishes to serve as a warning of the horrors of AIDS.

It seems in Western society that man cannot be happy without a flat-screen television, a red sports car, or a closet the size of a small hut that an African child may live in. The question is, do these material comforts make a good life? Peter Gomes writes about aspects that are essential to leading a good life: recognizing a call to greatness, a movement

beyond materialism; learning from failures and using this knowledge for the betterment of mankind; and bringing hope and faith, positive living, to the forefront in order to effect change. All of these values drive the anti-AIDS movement in Africa. Perhaps the most notable call to greatness of our time is seen in the UN's Universal Declaration of Human Rights, in which we can relate the right to medical care, the right to education, the right to a good life to the efforts being promoted in Africa by Western and African

Not only were lyrics pivotal in the encouragement of the various HIV/AIDS patients, but the musical styles of the songs were also necessary to produce fortitude in the afflicted.

movements. Medical ethnomusicologists, scholars who have been taught to hide behind their notepads and leave no footprint on their areas of work, are rewriting their own roles to become activists for a cause that deserves the attention of all of mankind. Bono, a leader in the West, uses music to increase awareness and promote the fight. And in Africa itself, so many people—Rev. Angelo D'Agostino, the Young and Wise Inspirational Choir, and Vilimina Nakiranda—are embracing the values outlined by Peter Gomes to make meaning out of their lives and spread the good life to all those who search for it. The AIDS epidemic is the crisis of our generation. It is our time to wage our war against it, time to unite internationally and do all that we can to fight against this disease.

Chapter Twelve

Living the Good Life through Discipline, Failure, and Music

Suresh Eswaran

In order to live a good life you must be willing and able to accept your failures, have discipline and prudence, but also be willing take risks and be open to failing. Faith, love, and hope are also indicative of living the good life. These values, presented by Peter Gomes in *The Good Life*, can benefit those affected by the HIV virus. HIV/AIDS is one of the most prevalent killers in the world today. It can be contracted through many common interactions such as unprotected sex or needles used in drug use. When it first enters the body, one may not know it, the HIV bug does not immediately take effect. However it multiplies throughout your body, although it may take years for it to activate and have an effect on your body. When it finally activates it kills off your immune system, making a victim susceptible to any and all diseases. The activated state of HIV is called AIDS. It has become a worldwide threat, and so far no cure has been found. Medical Ethnomusicology, a newly formed area of study in which Gregory Barz is a leader, focuses on the biomedical study of disease, pain, and other health issues and the unique artistic responses that different cultures around the world have created to cope with these issues. The HIV virus has had a devastating effect throughout Africa. Due to frequently unsafe sexual habits, HIV has been able to thrive in numerous African populations and cast a shadow of death over the continent. However, people currently living with AIDS cannot let the disease limit them; they must find their values in life despite being infected by the virus. The term “living positively” is a local African conceptualization to help AIDS victims see their situation in a new light. Instead of being labeled as HIV positive and dreading the future of their life, people can accept their unfortunate situation and continue to pursue the good life, despite having the virus, as Gomes says they should. Walya Sulaiman is a good example of someone living the good life, despite living with HIV/AIDS. He was diagnosed with HIV almost ten years ago, and has dedicated the remainder of his life to educating and healing others about the disease through his group, People with AIDS Development Association (PADA). He uses music as his classroom to teach about the deadly disease to his students (African men, women, and children). I will expand the values Peter Gomes talks about in *The Good Life* in relation to music and HIV/AIDS in Africa through Walya Sulaiman, Gregory Barz’s and Judah Cohen’s *The Culture of AIDS in Africa*, Gregory Barz’s *Singing For Life*, and my experiences from previous class assignments.

Walya Sulaiman’s song, “Eitulilimuki?” is an informative song that describes the symptoms of the HIV virus, so that people who are uneducated about the disease can learn and really absorb the true dangers of the virus, but most importantly this song tells listeners that the disease does not discriminate, everyone is at risk. Walya sings, “You feel headache, as it resolves the ears start to hurt, when the pain in the ears subsides, again abdominal upset comes...” (Barz 2006:19). The reason his song is so popular and effective in teaching the public about HIV is because music has been a part of African culture for so many years. Also HIV/AIDS has many slang terms and is rarely referred to as HIV or AIDS. For example, the disease is sometimes called “banana weevil” an insect that eats its fruit from the inside out, or “broom” or “sweeper,” referring to the power the disease has to brush aside entire villages, or even “jackfruit,” a way of likening the sticky fruit that is hard to wipe off one’s hands to

My body mapping project was interesting because it helped me realize just how much other students here at Vanderbilt may or may not know about the HIV/AIDS virus.

HIV” (Barz 2006:19). For children especially, I feel music and the usage of local terms is most important. “Sulaiman believes that in order for true social change regarding sexual behavior to occur, Uganda’s children need to grow up in an informed world, one in which they have the necessary tools to fight the disease” (Barz 2006:20). Walya addresses the children of Africa in his song. He heavily emphasizes them to “safeguard themselves against the disease”, because as in any culture, the children are the future, and if they are taking the proper precautionary measures to not contract the virus, then the future of Africa is much brighter. By being able to accept his failure (contracting the HIV virus), Walya Sulaiman has turned his life around and is pursuing the good life by creating music to help educate and inform men, women, and mainly children of the dangers of the HIV virus. Sulaiman’s life story relates to a story in Peter Gomes’ life when he was denied from his first choice of college, Bowdoin College, and then had to go his second choice, Bates College. It turns out for Gomes that Bates was the school for him. “When several years ago I was awarded an honorary degree from Bowdoin, I thanked the college for not having admitted me so many years earlier, as the result of that decision had facilitated some of the happiest choices of my life” (Gomes 2003:75). If Walya had never contracted the disease, I do not believe that he would have started People with AIDS Development Association and would be making songs about HIV/AIDS. By unknowingly following Gomes’ values of accepting your failures, Walya Sulaiman was able to “live positively” and pursue the good life. Like Walya, Uganda as a country exemplifies the values that Peter Gomes writes about in his book. It has been an example for other African countries, in reducing the infection rate of HIV. Gregory Barz and Judah Cohen cover the issue of HIV/AIDS in Africa extensively in their newly released book. In *The Culture of AIDS in Africa*, Barz and Cohen center on the issues of HIV/AIDS and the methods music and other arts are used to battle the virus in Africa. They also explain the factors that determine why the disease is so prevalent in Africa compared to the rest of the world. This book also explains various responses that have proven effective in the battle against the deadly virus. I will be focusing on Chapters four, fourteen, and twenty-four.

Chapter four, *Tears Run Dry: Coping with AIDS Through Music in Zimbabwe* by Ric Alviso covers how Africans receive songs about AIDS, as well as music’s medical uses. In a BBC interview, one African was asked what he thought the potential of music to deliver a message was and he replied, “Africans listen to music more than they read books or newspapers or watch TV. Musicians have the opportunity and potential to reach our people and educate them” (Alviso 2011:56). This emphasizes the point that music can and does play a vital role in the battle against HIV in Africa. If what this man says is true then the most influential figures in African society are musicians. In another interview with a Sudanese living in America, he talks about how music is having a negative effect on Africans and that it is encouraging the spread of HIV/AIDS (Alviso 2011:58). In order for music to be effective African artists must practice and preach discipline and prudence. In the beginning of Chapter six “*Discipline*” of Peter Gomes’ *The Good Life*, he quotes Proverbs 22:6, “Train up a child in the way he should go; and when he is old, he will not depart from it” (Gomes 2003:128). Very much like Walya Sulaiman, Peter Gomes understands that if the messages in songs promote healthy and safe practices that prevent the spread of AIDS, then children will hear that message and adhere to it their whole lives. However songs about sex and drugs, like the Sudanese man is referring to, will ruin those safe practices and encourage sex and other dangerous activities that will encourage an increase in the rate of infection. Conversely if musicians preach discipline in abstinence, not having sex until you’re married and to always use a condom when having sex, then the rate of infection will decrease dramatically. A great example of discipline resulting in a decline of infection rates is Uganda, reducing their infection rate from 30% to 5%. I will return to Uganda’s remarkable decline later on. Music is also used as a form of healing in two ways. It can be used to maintain or improve physical health or be a medium for expressing emotions and feelings. In 2000, a Zimbabwean Afro-Jazz group Mhepo recorded a song, “Zvirwere Zvichapera”, that was designed to treat the symptoms of AIDS through musical frequencies (Alviso 2011:59). Adele Smith, a naturopath, collaborated with Mhepo to create this song. She was convinced that musical sounds do have a positive effect on the symptoms of AIDS. She thought that if patients were able to sing the songs in the correct key, they would be able to participate in their own therapy (Alviso:60). This is an even more effective method of treatment than most medicine because patients are actively participating in their own healing process and by doing so are moving on from their failure, in this case the infection of the virus, and heading toward the good life. This is also the same for when music is used as a way to express emotions and feelings. Even relating to a song that simply evokes certain emotions from you can be therapeutic. It stimulates the idea of “positive living”, which Gomes would argue is the key for HIV victims to achieving the good life. Which leads me into the next chapter I am going to discuss, “We Are the Loudmouthed HIV-Positive People” by Rebecca Hodes.

This chapter describes a hit TV pilot, aired on South African national television called, *Siyayinqoba* (Beat It!) that focuses on the issues facing HIV positive people. It grew very popular and was viewed by over a million people each week. This TV show successfully presented the same values that Gomes preaches in his book *The Good Life*. Accepting failure, learning to live the good life despite your failures, and discipline. In order to normalize the virus and allow viewers to become comfortable watching a show about HIV, *Beat It!* had images such as a bowl of condoms or an antiretroviral (drugs specifically designed to fight off the HIV and help symptoms) pill box left nonchalantly on a table

(Hodes 2011:160). Another way they normalized HIV/AIDS, was a character would reveal their HIV-positive status on a busy commuter train (Hodes 2011:160). This normalization of the disease is important because not only did it allow viewers to become comfortable watching a show about HIV, it inevitably led to HIV-positive victims to be comfortable with themselves, which is an important step in accepting their situation of being infected with HIV. This normalization also allowed people that were not infected by the disease to be comfortable around others that were infected. It eliminated a fear that created a barrier between people with HIV and people without it. Faghmeda Miller, a support group member of *Beat It!*, describes living the good life and overcoming the fact that she had HIV/AIDS. “Before, I was a very shy person. I never used to go out. But today I go out in the community and I speak about HIV and AIDS, and I can say that it has changed my life for the better. And I just want to talk about it. I just want to tell everyone: “It’s okay, when you are HIV-positive you’re not going to die now. Life goes on” (Hodes 2011:163). Miller is another example of accepting your failure and “living positively”. The show also promoted the idea of “living positively” as well as a “positive community”. Although *Beat It!* promoted the thought that HIV-positive people were regular South Africans, the intimacy of on-screen confessions encouraged viewers to identify with the “positive community” (Hodes 2011:165). Encouraging an environment where people with HIV are welcome and not discriminated against makes it easier for them to lead normal lives. In *The Good Life*, Gomes quotes a nun who speaks about the true goodness of man; “Keep in mind that every person on earth carries the Spirit of God in his soul. The fruits of His presence are love, joy, peace, patience, kindness, generosity, faithfulness, gentleness, and self-control” (Gomes 2003:50). If what this nun says is true then every man, woman, and child deserve to have the chance to lead a good life whether they have HIV/AIDS or not. Having people who support and love you returns hope and faith that anyone can live the good life. The virtue of hope happens to be the main point in the next chapter I am going to discuss, *Siphithemba—We Give Hope: Song and Resilience in a South African Zulu HIV/AIDS Struggle*.

In the words of Peter Gomes hope is, “Hope may be an elusive virtue, but it is also a positive, persistent virtue, for its very existence makes it possible to endure what to those without hope would appear to be hopelessness itself” (Gomes 2003:281). Chapter twenty-four written by, Austin Chinagorom Okigbo, describes a community using music to create a sense of hope and faith for people who are HIV-positive. Siphithemba (We Give Hope), a choral ensemble, consists of a group of young men and women who are HIV-positive. Some have lost family members or still have family living with the disease in addition to being positive themselves. Even though each member struggles with their own problems, they form a family that helps each other cope with the effects of the virus. Music and HIV are what brings these people together. “Through their musical production, also communally realized, individual members draw from personal experiences and contribute to bits of the lyrics of songs” (Okigbo 2011:286). By pouring their own experiences into songs, Siphithemba is able to connect not only with the other members of the group, but also with every person affected by HIV/AIDS. Through this connection they are able to instill feelings and thoughts of hope into their listeners. If Siphithemba can live with HIV, why not you? The hope that the virus can be beaten is not always enough, faith is often called upon to provide the strength and courage to continue to find a reason to wake up in the morning. Jesuit missionary Saint Thomas Aquinas once wrote, “It is however, possible for one to be led by hope to preserve in faith, or to hold firmly to faith; and it is in this sense that hope is said to lead to faith” (Gomes 2003:278). Members of Siphithemba have communicated that faith has been a vital part of their battle with HIV. They do this through their Sinkithemba AIDS clinic at the McCord Hospital in Durban, KwaZulu-Natal, where they provide care for patients and family members. The clinic also provides psychological and spiritual support to these people battling the virus. In one of their songs, Siphithemba sings about going “home” and believing in “father”. “Home” brings a sense of hope and familiarity to those affected by HIV and “father” refers to God, which emphasizes the importance of faith. Through these two virtues of hope and faith Siphithemba has provided countless of people a beacon of hope that there is a possibility to lead a normal and good life. It also shows that there is a chance that the high infection rates in Africa can be brought down and the country of Uganda has shown through discipline a sizeable reduction in the infection rate is achievable.

In *Singing for Life: HIV/AIDS and Music in Uganda* Gregory Barz shows us that by effectively using music to educate and care for one another, Uganda has gone from having one of the highest infection rates at 30%, to one of the lowest at 5% in the last ten years. The “ABC” program has also played a major role in instilling a sense of discipline that most South Africans lacked in their sex life:

Practice Abstinence
Be Faithful
Use Condoms

“Each year approximately 110,000 individuals die from the disease, which is transmitted for the most part through heterosexual intercourse” (Barz 2006:12). Ugandan President, Yoweri Museveni, recognized the dangers of HIV/AIDS and quickly implemented the “ABC” program to try and fight off the disease. This program was designed to address

the sexual behaviors of men and women that allowed the virus to spread so rapidly. “The ABC program “called on people, first the *abstain* from non-marital sex. If they wouldn’t abstain, then they must be *faithful*...if they wouldn’t be faithful, they must use a *condom*” (Barz 2006:13). Because sex is a common way of transmitting the disease, women are at a greater risk. Kofi Annan former Secretary-General of the United Nations also argues that women are at higher risk than men, and are also the solution to the AIDS epidemic in Africa. She describes the benefits of a healthier women population in Africa. “When women are fully involved, the benefits can be seen immediately: families are healthier; they are better fed; their income, savings and reinvestment go up. And what is true of families is true of communities and, eventually, of whole countries” (Annan 2002). Because women are more at risk, children especially are feeling the effects. Their primary caretakers are now not able to provide care, food, and love that all children need and deserve. More than a million African children have been orphaned due to HIV. Because men are much more likely to have multiple partners than a woman is, if one man contracts the disease with one partner, he then puts all of his other partners at risk. “Despite the very real need to address the issues of men’s roles in sexual relationships, AIDS is increasingly a woman’s issue in the developing world, with thirteen infected woman in sub-Saharan Africa for every ten infected men according to the latest report from the United Nations” (Barz 2006:16). In many Ugandan villages, the usage of condoms is out of the control of women, even if they are being faithful their male partners can still be unfaithful and contract the disease then not use a condom and transmit the disease to her. Discipline is critical to the “ABC” program. Both men and women have to try and abstain, be faithful, and use condom each and everyday. Music helps instill that sense of discipline as well as a motivator to change the sexual culture that has been one of the main reasons the HIV virus has been able to ravage the people of Africa. Even today, now that the infection rate has dropped to 5% Ugandans must stay disciplined in their sexual practices or they will undo the work they have done in the last ten years. “We must ask what virtue it is that, if cultivated, will most help in the development of a good character capable of coping with failure, success, and freedom. The answer, I suggest, is discipline, which helps to form the character by the application of external exemplary examples and the suppression of those internal instincts that may compromise the moral ambition of the individual” (Gomes 2003:131). Gomes understands that discipline can and will help anyone through failure and through success. Through discipline Ugandans have overcome their failures and have continued to stay on the right path to one day eradicating the disease completely from their country. In addition to discipline, providing the education about the virus in creative ways that allow people to absorb information also has been vital in the fight against AIDS.

Once an AIDS victim can find faith, hope, and love, they can truly begin to define what constitutes a good life.

During one of our classes, we conducted an exercise called “body mapping”. Africans use this exercise as a way to educate children and young adults about HIV/AIDS. The way our class conducted the exercise was that we first outlined another person on a large piece of paper. Then we colored/drew as much as we knew about HIV/AIDS on the outlined person. My group drew what we thought consisted of a healthy body first, then we showed how AIDS would slowly destroy the immune system, made victims thinner, and drew boils and burns all over the skin. We also showed the various ways in which the virus can enter the body. It can enter through the genitalia from sex or through needles from drug usage or even from blood transfusions. The body map project is important for teaching African children because it allows them to take an active role in their learning rather than simply being lectured. By learning this valuable information about the virus, children and young adults are much more likely to make smarter decisions in their everyday lives that will lessen their chances of contracting the disease. This points back to Gomes’ virtue of discipline. Each person must have the discipline to make the right and safe choices each and every time, because it only takes one wrong decision to get HIV/AIDS and a lifetime of right choices to stay away from it. Gomes relates about doing the good in your life to prudence. “Prudence helps me decide what is good in every circumstance of my life. By prudence I choose to do good things and I do not do bad things...Prudence is necessary for a happy and successful life” (Gomes 2003:216). Africans must not only practice discipline, they must incorporate prudence in their lives. Together those two values can help lead anyone to a safe life. However prudence may not lead to a happy life, choosing the right over the wrong may be choosing the boring over the exciting. Gomes quotes Dr. Samuel Johnson who says, “Prudence is an attitude that keeps life safe, but does not often make it happy” (Gomes 2003:217). Every HIV positive person must ask himself or herself if they are willing to sacrifice a few minutes of pleasure in order to preserve the life of themselves and others. The United Nations Universal Declaration of Human Rights (1948) argues that they should be willing to sacrifice that pleasure because every person is entitled to healthy happy life.

Gomes’ values of Freedom and Love coincide with what the United Nations Universal Declaration of Human Rights proclaims in their document. In the preamble it states, “Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice, and peace in the world” (United Nations Universal Declaration of Human Rights, 1948). The list of rights that this document lists is based on freedom, justice, and peace. Article 25 relates to

the HIV/AIDS pandemic in Africa. “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, and medical care and necessary social services...” (United Nations Universal Declaration of Human Rights). In article 26, the education is seen as a basic human right and should be free to all citizens. I believe these rights are sometimes neglected in many African countries, and are a major reason as to why so many Africans have made decisions that have led them to contracting the virus. It also speaks to the quality of health care in Africa, which is a reason that high percentages of HIV positive patients die soon after the virus turned in to AIDS. In America people that are HIV positive have a much higher chance of living longer or even living a full life compared to the chances of a HIV positive person living in Africa. This is because the medicine used to treat HIV/AIDS is very expensive and most African hospitals and medical clinics struggle to afford these treatment options. Music helps fill that void by providing a technique to heal and treat symptoms of the virus in a non-expensive, yet effective way.



The values of discipline, prudence, freedom, faith, love, hope and failure presented in the Peter Gomes' *The Good Life* are emulated in Africa's response to the HIV pandemic. Using music as a medium to express these values, people like Walya Sulaiman are able to live the good life by educating and supporting the African community about HIV/AIDS in an effort to eradicate the virus from the African continent completely. Even the TV show, “Beat It!” and musical group, Siphithemba, are efforts to make AIDS known to the entire population. They also serve to provide communities for HIV positive people, so that even when they are outcasts in regular society there can be a steady loving support group that can provide the strength and hope needed to overcome a disease such as AIDS. Gregory Barz and Judah Cohen provide extensive research on HIV/AIDS in Africa in their book *The Culture of AIDS in Africa* really bringing the problem to light here in America. Barz delves into Uganda specifically in *Singing for Life*, showing us the various ways music has contributed to the inspirational decline in the rate of infection in the country. Kofi Annan addresses women as the primary target and solution to AIDS in Africa. She also urges the United Nations to take a more serious approach to women because of the major roles that they play in African society and because of their importance to children. As Walya Sulaiman said, “Uganda's children need to grow up in an informed world, one in which they have the necessary tools to fight the disease” (Barz 2006:20). Exercises like the body mapping one our class did, are helping children get the education they need and deserve to make decisions that will help them stay away from the HIV virus. The United Nations Universal Declaration of Human Rights offers a certain rights such as a basic standard of health, health-care, and education that all citizens of the world are born into. By using music and the values Gomes' stresses, people living with HIV can hopefully still find value and purpose in their lives and “live positively” on a path towards the good life.

Chapter Thirteen

Singing to the Crowds: Harmonious Values that Improve

Ebenezer Abate

“You want to be better off: I know it, we all know it, we all want the same thing. Look for what is better than yourself, so that by that means you may become better off than you are.”

—St. Augustine

The education of young women is particularly important, because it teaches the importance of abstaining from sex and always presenting oneself in a modest fashion.

This quote spoken from a sermon by St. Augustine appears on the last page of Peter J. Gomes’ *The Good Life: Truths That Last in Times of Need* (2003) and is central to the thesis of this chapter. Why is St. Augustine’s assertion essential to understanding this chapter? The answer lies in the fact that St. Augustine’s quote sums up the overarching lessons in *The Good Life* which state that we as humans desire to be good and that we become good by giving up our talents, skills, and cravings for the benefit of mankind (Gomes 2003: 50). Gomes’ book points to philanthropy as the ultimate goal of a human so that he or she may become a good human being. One may find this assertion as foolish or irrational but the books *Singing for Life* (2006) by Gregory Barz and *The Culture of AIDS in Africa* (2011), a book composed of various entries from a number of authors, coedited by Gregory Barz and Judah M. Cohen affirm Gomes’ point of view by presenting individuals who use their knowledge of music, dance, and other forms of the arts to promote global health.

The Culture of AIDS in Africa and *Singing for Life* introduce ethnomusicologists as professionals who study music and are recently studying its effect on the health of societies around the world through the burgeoning field of ethnomusicology. The books written by Gregory Barz and the books co-edited by Judah M. Cohen and Barz document stories of individuals (ethnomusicologists, singers, performers, etc.) who use music and the arts as effective tools of administering health education in African countries devastated by AIDS. Music and the arts are used to teach and educate individuals about global health through melodious rhythms and power lyrical content. Various societies in Africa have used music and the arts to communicate and the field of ethnomusicology has attempted to couple music and the arts with medicine. Both books simultaneously give evidence to Gomes’ belief that humans desire to use what they have learned for the benefit of others. These books affirm the idea that we as humans believe in certain rights that should be allotted to all human beings. In fact, the United Nations Universal Declaration of Human Rights (1948) lists numerous rights that should be upheld in every country and testifies to the truth that our core desire is to benefit mankind. More specifically, *Singing for Life* and *The Culture of AIDS in Africa* tell stories of ethnomusicologists, doctors, researchers, and other professionals who have used their knowledge of music, dance, and other art forms to promote better health in countries fighting the HIV/AIDS epidemic. Even regular citizens living in various African countries impacted by the HIV virus in Africa also use their

musical talents through song and performance to support HIV/AIDS awareness around their local communities. The professionals and non-professionals documented in *Singing for Life* and *The Culture of AIDS in Africa* ultimately wish to heal and care through music and the arts for people suffering from the virus, and in doing so, they support the values highlighted in *The Good Life* by Peter J. Gomes.

The values presented in *The Good Life* vary but are pivotal in understanding the motives behind the individuals documented in *Singing for Life* and *The Culture of AIDS in Africa*. In Chapter 11 of *The Good Life*, “Love: Being and Doing,” Gomes highlights the value of “love”. Gomes asserts that we as humans should love as Jesus commanded his disciples in the bible (Gomes 2003: 318). Jesus declared that the second most important law that the disciples should uphold was to love their neighbors. Gomes writes of the value of “love” from a Christian perspective, and he believes that all humans need “love” in order to pursue a fulfilled life. Gomes believes that we must love everyone regardless of our emotional upswings and inclinations to cater to the high and mighty. In fact, “love” as it is highlighted in *The Good Life* is central to the work of health activists fighting the HIV/AIDS virus in Africa. The individuals presented in the books *Singing for Life* and *The Culture of AIDS in Africa* understand the value of “love” because they devote their time to study and master music and the arts to promote global health. The ethnomusicologists, doctors, and performers are prompted to study and develop new methods to incorporate the arts in health education because they desire to share their knowledge. Without “love” ethnomusicologists, doctors, and the like would find it meaningless to publish work that may further promote mankind because the absence of love denotes a lack of concern for one’s neighbor. It is because we as humans desire to change the world and promote the wellbeing of our neighbor that we study music and the arts to fight a virus that intends on wiping out fellow human beings. If we could imagine a world rampant of doctors, researchers, and in this case musicians void of any form of love for their neighbor, very few communities struggling with the rise of HIV/AIDS rates would be assisted. Gomes’ makes it clear that we as individuals value the betterment and wellbeing of one another. Gomes’s assessment of the value of love is supported by the countless ethnomusicologists, doctors, and performers who are united to love people and standup in the battle against a terrible disease that affects their neighbors.

There is a clear distinction between living HIV positive and “living positively”

In *The Culture of AIDS in Africa*, the effort to teach and educate others about the HIV/AIDS virus through the value of love is revealed through the life of Walya Sulaiman. In chapter 2 of *The Culture of AIDS in Africa* by Gregory Barz, “Singing for Life: Songs of Hope, Healing, and HIV/AIDS in Uganda,” Barz writes that after Sulaiman was tested HIV-positive he dedicated his life to teaching his community about the HIV/AIDS virus. Walya Sulaiman directs the Ugandan organization People with AIDS Development Association or PADA which is comprised of a group of the local Muslims in his community devoted to using music and the arts to promoting health in the community (Barz 2011: 33). Barz writes, “After losing his job because of the stigma of being labeled HIV-positive, Sulaiman dedicated all of his energy to the creation of PADA to address the endless needs of his community” (ibid.: 33). Walya demonstrates the value of love through his organization in that his efforts encourage people in his community to abstain from harmful sexual behavior such as sexual intercourse with multiple partners and sex without the use of condoms. The most interesting factor in Sulaiman’s attempt to enlighten his community is the fact that he himself is already infected with the virus. Although Walya has already been infected with the virus, he still finds it important to warn others about the implications of becoming HIV positive. It is hard for me to imagine a person who admonishes others about what he or she has dealt with without the value of love in their heart, and I have no doubt that the power of love overcomes one’s desire to selfishly devote his or her own strength and knowledge to the betterment of himself or herself. Thus, it is Sulaiman’s love for his neighbors that allows him to share vital information about HIV/AIDS to those predisposed to acquiring the virus. Sulaiman’s love for his neighbors empowers him to lead PADA in order to dispense vital information to others who may ignorant of the transmission or even the symptoms of the HIV/AIDS virus. The songs sung by Sulaiman and the PADA organization lyrically call fellow Ugandans to a higher standard of health and ultimately warn of HIV/AIDS. One of Sulaiman’s songs read, “When is wants to make you sick, it sends opportunistic infections” (ibid: 33). These lyrics are undoubtedly thought provoking but are nonetheless sung through love. Sulaiman could spend his time caring for himself and attempting to live the “good life” through catering to his own health or by living the rest of his life to attain fortune and fame, but he

uses his time to teach others. The fellow Ugandans that Walya teaches need him in order to stay healthy; they need Walya's acts of "love" to be stay educated about the HIV/AIDS virus.

Walya Sulaiman and his organization, PADA, encourage Ugandans to free themselves from the harms of HIV/AIDS by clinging to the music he sings. This



freedom is the second value highlighted by Gomes in *The Good Life*. Understanding the value of freedom allows one to take notice of how music and the arts impact and motivate those infected by the HIV/AIDS virus to pursue a more happy and fulfilled life. The value of "freedom" is discussed in chapter 7 of *The Good Life*, "Freedom: From What and for What?", and is considered by Gomes to be "an indispensable part of any conversation on what constitutes the good life" (Gomes 2003: 161). Gomes believes that if we as humans do not have freedom, we can no longer strive to live the "good life". He agrees that we in America believe that freedom is synonymous with being American—we believe freedom is a birthright. He also agrees that freedom in America is now more closely related to "individualism" because we as Americans desire to express ourselves without recognizing cultural or societal paradigms (Gomes 2003: 179). This entitlement to freedom that most Americans believe in is interestingly enough related to how music and the arts help individuals fight against the HIV/AIDS virus in Africa. The same freedom that we as Americans enjoy is the same freedom that Africans enjoy when they are in tune with music and other forms of art such as dance. Africans are allowed to express themselves through their music and dance in their own entitlement to freedom.

This ties directly to the use of music and dance in the fight against AIDS because Africans use music to speak of freedom from the HIV/AIDS virus. This freedom means that Africans do not have to be forced into living like they once did. This freedom allows Africans to rid themselves of their old sexual practices and promote the health of themselves and the communities. More specifically, when Africans sing about HIV/AIDS, their lyrics are sung in order to warn other Africans about the potential harms of AIDS; thus Africans are free to be healthy. In essence African hold on to the value of freedom so that they may be strong enough to resist common practices

that may put their lives in jeopardy and choose new, healthier ways of having sex. This resistance inevitably allows these individuals to live a life free of the HIV/AIDS and thus live the “good life”.

The virtue of freedom is epitomized in the lyrics of songs sung by Vilimina Nakiranda. Vilimina is introduced in chapter 19 of *The Culture of AIDS in Africa*, “A Lady Who is an Akadongo Player: Singing Traditionally to Overturn Traditional Authority” by Rebekah Emanuel, as an influential singer who uses her talents to teach and educate her countrymen and women in Uganda about the HIV/AIDS virus. Vilimina’s music is heavily devoted to the women of Uganda because women in Uganda are often most devastated by the HIV/AIDS virus. Women are often forced into having sex and thus have no choice as to whether they will receive the virus. Vilimina’s music convicts men of their wrongdoing and sheds light upon the improper treatment of women in African communities (Emanuel 2011: 223). Vilimina frees women from the societal constraints by denouncing the evils they face which empowers them to move forward and live healthy lives. Emanuel writes Vilimina believes that women have the power to prevent AIDS, because women often take care of the sick men and children in communities are central to the growth and success of African communities (ibid.: 233). Kofi Annan, former Secretary-General of the United Nations, wrote an article in the International Herald Tribune titled “In Africa, AIDS Has a Woman’s Face”..Annan’s article revealed that over 50% of the people infected with the virus in Africa are women. The article “In Africa, AIDS Has a Woman’s Face” urges the need for the protection of women in African communities because women often form the backbone of African communities and their health should be a global concern. Annan’s article educated me in many ways because I was ignorant of the plight of women in Africa. I realized my ignorance and the hardships that women face in Africa. Fortunately, Vilimina’s music encourages women to seize freedom and denounce the HIV/AIDS virus.

Vilimina’s lyrics also provoke action and demand that her listeners be mindful about the potential risks of acquiring the HIV/AIDS virus. Vilimina sings in her native tongue, “When you tell them AIDS is killing everybody...I am advising you to abstain from sex and keep yourself safe” (Emanuel: 222). Upon reading this I noticed that the Vilimina’s songs do not simply sugarcoat the messages. Vilimina’s songs are powerful and straight forth. Further consideration of her lyrics revealed that in order for Vilimina to free her people of their habits, she must sing songs that are serious and in some cases blunt. “Freedom” is at the heart of each and every song that Vilimina sings because she is pleading for her people to relieve themselves of disease. Her music must free individuals so that they would change their ways. Emanuel believes that Vilimina uses arguments in her music that entice people into living healthier lives through her lyrics (Emanuel 2003: 231). She writes that Nakiranda “urges listeners to behave as she prescribes if they want to remain happy and healthy” (ibid.: 231). Nakiranda’s lyrics thus give individuals an ultimatum: to live or to die. Vilimina Nakiranda’s music presents the ultimatum so that listeners would choose life and finally free themselves from the grip of the HIV/AIDS virus. Nakiranda sings so that her listeners will believe in her lyrics and ultimately decide to remain healthy. Women are greatly aided by Vilimina because her lyrics change men which inevitably change the dynamic of freedom amongst women. Without freedom, women cannot expect much out of their seemingly imprisoned situations; women need freedom because they initially feel as though no matter what they HIV/AIDS virus will always remain. It is Vilimina’s music that gives men and women a choice to live healthy lives, and Vilimina’s music exemplifies the value of freedom because she believes that people will listen to her and abstain from dangerous sexual practices such that include infidelity or sex without condoms, and especially rape towards Uganda’s women.

Another individual whose efforts to fight the HIV/AIDS promote the value of freedom is Tony Kasule. Kasule is the music director of Uganda’s The AIDS Support Organization’s (TASO) drama group as stated in chapter 2, “What You Sing Nourishes Your Body Like Food” of *Singing For Life* (Barz 2006: 52). Kasule’s drama group uses music to promote the idea of “positive living” which basically encourages those already infected with the HIV/AIDS to continue living without constant regret and sorrow. Positive living affirms that individuals who have already acquired the HIV/AIDS virus can and should live with positive feelings and aspirations. Kasule states that positive living is “a way of changing your attitude towards whatever has happened to you and going clockwise. You can’t go anti-clockwise” (ibid: 52). Kasule does not support the spread of the HIV/AIDS virus but sings about the idea of “positive living” because he believes that those suffering from the stigma associated with being HIV/AIDS virus must be freed of the oppression and shame. The song “TASO is going forward with positive living” includes lyrics that urge Ugandans to encourage one another with the belief that positive living frees listeners from their doubts and fears. HIV/AIDS victims need music and the arts to communicate the message of positive living so that freedom may overcome their depression, fatigue, and sorrow and motivate them to live life without the baggage of regret. I believe that many African communities need to hear about positive living in

order to move forward and embrace those already infected with the HIV/AIDS virus. Tony goes on to support positive living and believes that the idea encourages others fearful of their HIV/AIDS status to go out and get tested for the virus (Barz 2006: 52). This aspect to positive living promotes the value of freedom because these individuals liberate themselves of the stigma associated with being HIV positive. I imagine audiences who listening to the music of Tony Kasule and the TASO drama group feeling relieved to have the pressure of society to be HIV negative lifted off of their shoulders. No longer must the Ugandans in Tony's community feel the need to hide their HIV/status but they have the liberty to get tested without worry of communal backlash or slander. Tony's efforts through TASO's music are a vital component to the global effort of healing and educating individual's in HIV/AIDS afflicted countries. Gomes would be proud to hear of Tony's support of the value of freedom because the lyrical message of positive living advocates the "good life" in fellow Ugandans.

Freedom in *The Good Life* empowers listeners of music and the arts to abstain from foolish practices and live happy lives despite communal backlash, but in order for listeners to continue living lives devoted to HIV/AIDS awareness they must maintain values that will consistently remind them of the "good life". Listeners must continue to work in love and freedom, but obstacles may keep them from pursuing the rewards of these values. Africans listening to the music must not only change their behavior, but make sure their actions continue to mirror a healthier lifestyle. Thus, these individuals must keep the cardinal virtues. Chapter 8 of *The Good Life*, "Virtues: Ways, Means, and Ends", introduces the cardinal virtues. The cardinal virtues form the backbone of the Roman Catholic pursuit of the moral life (Gomes 2003: 211). Gomes introduces the cardinal virtues so that readers may understand what it takes to continue living the good life. The cardinal virtues are basically values that we as humans need to obtain in order to continue pursuing our end goal: a better us. More specifically, the cardinal virtues shape our moral character and help us overcome the various obstacles we face in life. The four cardinal virtues prudence, justice, temperance, and fortitude all work together to lead toward the good life.

"When Do I Know When I've Made It?"

Gomes defines the first cardinal virtue prudence from the Brief Catechism on Virtue which states, "Prudence helps me decide what is good in every circumstance in my life. By prudence I choose to do good things and I do not do bad things..." This definition is at the center of every individual listening to the admonishing words of health care educators concerning their nonchalant behavior towards the HIV/AIDS virus. Health care educators (ethnomusicologists, doctors, community health workers etc.) must hope for prudence in the lives of the men, women, and children being advised. Without prudence, those who have been infected with the virus and those predisposed to the virus have no strength or power over their circumstances to stop the virus from spreading. Prudence gives an individual power to deny his or her desires to engage in careless sexual behavior. Furthermore, prudence gives music and the arts influence over the lives of the people who listen, watch and ultimately receive health education through the arts. Music and the arts communicate the benefits of condom use, faithfulness to one partner, and abstinence from sharing

used needles. Vilimina Nakiranda's lyrics are unable to penetrate the hearts and minds of her audiences if they are without prudence. Audiences need the value of prudence in order to continue acting upon the Vilimina's lyrics because they have the ultimate power to say no HIV/AIDS friendly behavior. Music and arts are thus powerless when uncoupled with a community filled with prudence because communities must act according to what they are listening and continue to model their behavior in a changed manner. Vilimina Nakiranda's lyrics push her fellow Africans to change according to the information they receive about the HIV/AIDS virus, but her fellow Africans must keep make sure that they no longer participate in risky sexual behavior. Thus, when the arts (Vilimina's music) are supported by the individuals' respect for prudence, more and more people in Africa begin to realize that they have authority to abstain from practices that may increase their chances of acquiring the HIV/AIDS virus.

Once communities have grasped the value of prudence, they must enact the virtue of justice in order to establish a communal effort to teach and guide one another. The second cardinal virtue, justice, is compared to the "Golden Rule" in *The Good Life* and basically suggests that we as humans treat our neighbors fairly. Justice suggests that we as humans treat others as we would like to be treated. In *The Good Life*, Gomes writes that the Jesuit Thomas Aquinas defined justice as a virtue "which is about due actions between equals" (Gomes 2003: 220). The virtue of justice is important because it preaches the equality of all human beings. Regardless of one's fortune, fame, social status, or intelligence, the virtue of justice allows one to truly see other human beings in a positive light.

African countries fighting the HIV epidemic must realize that justice enables individuals to protect their fellow Africans from partaking in dangerous sexual practices and acquiring the virus. Love was highlighted earlier in this chapter as the force behind Walya's selfless giving and benevolence; however, justice is the force behind the work of Africans helping other Africans because of their sense of equality between one another. In fact, chapter 2 of *Singing for Life* advocates a strong communal effort to support and nurture anyone and everyone who may be dealing with issues related to HIV/AIDS (Barz 2006: 55). The organization TASO upholds that individuals, families and whole communities must honor the "rights and responsibilities of people affected by HIV/AIDS..." (ibid.: 55). TASO's goals and efforts are in unison with the cardinal virtue of justice due to their belief in a communal effort to offer HIV/AIDS health education to other Ugandans. I believe that TASO's successful efforts have sparked genuine conviction in the Ugandan population to urge one another to get tested for HIV/AIDS, use condoms, and ultimately remain healthy. The success of TASO's efforts can only be attributed to the communal understanding of the cardinal virtue justice and its relevance to what Gomes describes as the "good life".

The third cardinal virtue that Gomes discusses in his book is temperance, which is defined in the Brief Catechism on Virtue as "the virtue of balance and moderation" (Gomes 2003: 224). Gomes further describes that the temperance is rooted in one's ability to deny temptation in order to keep his or her own sense of authority of a situation. This can easily be translated to the lives of Africans because they must deny their urges in order to keep balance. The Ugandan government enacted the "ABC" plan which urged that Ugandans practice abstinence, faithfulness, and the use of condoms. Uganda's government encouraged citizens to partake in sex but only within the confines of their marriage--abstinence. If individuals failed to abstain from non-marital sex, they must only have sex with that partner and not multiple partners--faithfulness. If individuals failed to be faithful to that one partner, the Ugandan government encouraged these individuals to at least use protection--condoms (Barz 2006: 12). Temperance was understood by the Ugandan government to be the sole value that would allow Ugandans to be comfortable enough to exercise their rights as citizens and simultaneously remain healthy. The ABC plan hoped to create a sense of balance in the Ugandan communities so that individuals would open to new and safer health practices. I imagine that Ugandan communities would suffer without the government's ABC plan because citizens would be unable to differentiate between safe and unsafe lifestyles. The ABC plan informs the Ugandan people about how they should conduct themselves in a sexual manner in a variety of contexts. Walya Sulaiman and his organization PADA sing to promote temperance in Ugandan communities hoping that the listeners would be mindful of the ways in which they could have sex and remain HIV/AIDS negative. His lyrics plead with Ugandan people by urging them to protect themselves from the virus and adopt the "ABC" plan; Walya's lyrics hope to promote temperance in the lives of others so that they may enjoy sex without the risk of being infected with HIV/AIDS (ibid.: 20).

Fortitude is the fourth and final cardinal virtue discussed in *The Good Life* and is described by Gomes as the virtue that allows one to overcome obstacles no matter their size or strength. He states that the virtue of fortitude protects one from succumbing to trials and tribulations that may seem too difficult to conquer (Gomes 2003: 229). The HIV/AIDS virus is an obvious obstacle that many Africans must face in their day-to-day struggle to stay healthy, and fortitude enables them to stand up and protect themselves. In chapter 24 of *The Culture of AIDS in Africa*, "Siphithemba—We Give Hope: Song and Resilience In a South African Zulu HIV/AIDS Struggle" by Austin Chinagorom Okigbo, the virtue of fortitude is exemplified through the Siphithemba choir. The Siphithemba choir was birthed from the Sinikithemba Clinic, one of the first HIV/AIDS clinics and treatment centers in South Africa, and was formed so that HIV/AIDS infected patients could be encouraged to continue living despite their HIV/AIDS status. The songs sung by the Siphithemba choir developed the virtue of fortitude within patients who otherwise may have felt too weary to continue living "the good life". Not only were lyrics pivotal in the encouragement of the various HIV/AIDS patients, but the musical styles of the songs were also necessary to produce fortitude in the afflicted. Okigbo writes that members were uplifted because Siphithemba's songs, "were upbeat, especially when they sang Zulu folk songs and gospel tunes that spoke of courage in the face of adversity" (Okigbo 2011: 288). These songs not only conveyed the message of fortitude through lyrical messages but also through melody and rhythm. I find it important that the efforts of the Siphithemba Choir continue because HIV/AIDS afflicted individuals develop a sense of community and a belief that no matter what pain they have concerning their sickness...they will

...music serves as a crucial role in negotiating community values that will most likely end up leading people to make wise decisions regarding their own health and well-being.

continue to fight for a happy life without the pressure of social stigma or grief (ibid.: 289). Gomes writes that fortitude allows one to fight through problems even when it is easier to give in and give up; Gomes' assessment of fortitude is epitomized through the strength that resides in every member of the Siphithemba choir.

Without the cardinal virtues—prudence, justice, temperance, and fortitude—ethnomusicologists, doctors, and performers are unable to see the wonderful effects of music and the arts in administering global health education because they are without the basic necessities of a fulfilled human being. The cardinal virtues work together so that both the health educator and the individual receiving the education may promote global health efficiently. Where would global health be without the values that Gomes writes about it in *The Good Life*? I am convinced that without the values discussed in this book, global health would not even exist! The sole reason why the powerful combination of health education and the arts exists is because individuals made it their duty to promote wellbeing in their communities; this is amazing because these individuals were moved by their values to assist and care for others.

While most of the health educators or activists mentioned in this chapter are singers and performers who live in various African countries, ethnomusicologists from other areas of the world have put



their efforts into supporting African communities battling the HIV/AIDS epidemic. Ethnomusicologists as stated earlier in this chapter study music and the arts and their effect on societies; more specifically in this instance, ethnomusicologists are studying music, dance, drama etc. in order to promote HIV/AIDS activism in African countries such as Uganda. Ethnomusicologists have made it their duty to use music to promote a global effort to thwart HIV/AIDS in areas that are being devastated because of the virus. Once, again, I believe that ethnomusicologists have taken the HIV/AIDS epidemic into their own hands because

they believe that certain rights are to be allotted to all people. While most ethnomusicologists may be musicians themselves, they have made it their responsibility to use their skills and talents in order to make sure these rights are upheld. The United Nations Universal Declaration of Human Rights accurately depicts the human rights that should be upheld across the earth, and in this case, the U.N. Universal Declaration of Human Rights depicts the rights that should be maintained regarding the health of all human beings. Article 25 of the declaration states, “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including...medical care and necessary social services...” I believe that these rights were compiled by individuals who believed in the values of love, freedom, and also the cardinal virtues because this declaration represents the goal of every human being according to Peter J. Gomes which is to strive for a better life: a life fulfilled with a calling that demands one’s talents and knowledge for the sake of mankind.

Through the values that I have mentioned earlier, ethnomusicologists desire to study music and the arts in order to test the boundaries of where the arts can collide with health education. Consequentially, ethnomusicologists advancing the field of ethnomusicology through music and the arts as medicine have produced the field “medical ethnomusicology” as coined by my professor, Professor Gregory Barz, here at Vanderbilt University. The advancement of medical ethnomusicology can be attributed to the efforts of the ethnomusicologists, singers, performers, and community leaders who have boldly transformed music into healing. The 2011 Society for Ethnomusicology Conference in Philadelphia focused on *The Culture of AIDS in Africa* attracted ethnomusicologists from around the country this year. The Society of Ethnomusicology Conference was assembled in order to promote activism in the field of ethnomusicology itself. Various speakers were at hand at this event and shared as to why ethnomusicologists were called to do more than just produce academic papers. Their speeches affirmed that the ethnomusicologists were called to take a stand against the abuse of human rights in Africa and act accordingly. Professor Gregory Barz was on the panel at the conference and discussed the role of music and the arts in the battle against the AIDS epidemic; he challenged the field of medical ethnomusicology to fully incorporate the music and the arts to heal individuals in Africa. Barz admits that he himself became a public activist for HIV/AIDS education. He pushed for ethnomusicologists to do more than document how music and the arts affect communities; he pushed for ethnomusicologists to get involved in the HIV/AIDS epidemic through activism. The SEM conference pushed for ethnomusicologists to not only observe music as medicine in Africa but advocate global health through any medium possible. Ethnomusicologists are motivated by the same values described in *The Good Life* and essentially share the same responsibilities that health activists (singers, performers, etc.) carry in Africa. Barz spoke to the constituents of the Society of Ethnomusicology Conference in order to promote the field of medical ethnomusicology and ultimately bring healing to Africans through music.

The Society of Ethnomusicology promotes music and the arts through the field of medical ethnomusicology because the arts are progressive, useful, and effective in health education. Music has been the only form of the arts discussed in this chapter but the field of medical ethnomusicology uses other forms of the arts to spread the gospel of health. Another form of the arts used in the fight against is the art of drawing. In fact, in my music and global health class here at Vanderbilt, Professor Gregory Barz asked that we “body map” an individual. Body mapping is used in Africa by health educators to teach African citizens about how and what the AIDS virus attacks in the human body (Weinand 2011: 94). Individuals in various African communities were asked to draw a human body and essentially “map” the HIV/AIDS virus in the body. These participants would learn about the HIV/AIDS virus and the biology behind the virus through body mapping. Body mapping fascinated me because I never once could have imagined that simple drawings of the body could teach people about HIV/AIDS especially if they had never taken a biology class.

My body mapping project was interesting because it helped me realize just how much other students here at Vanderbilt may or may not know about the HIV/AIDS virus. I watched as my participant mapped out the body and the organs and also the HIV/AIDS virus and I realized that “body mapping” used pictures to show and educate others about how the HIV/AIDS is transmitted, prevented, and treated (Weinand 2011: 94). My participant was very knowledgeable about the HIV/AIDS virus its effects on the human body which was very encouraging. Although my participant was successful in mapping out how AIDS affects organs in the human body, he was still uncertain as to whether he addressed each and every transmission method. My participant was not sure if he documented the HIV/AIDS virus in its totality. It was interesting to see my participant take interest in the HIV/AIDS virus and desire to learn more about its pathways,

TASO (The AIDS Support Organization in Uganda) is a beacon of progress and hope in working to encourage healthy and supportive behavior.

symptoms, and the AIDS epidemic in totality. The body mapping project confirmed that HIV/AIDS education is needed in African communities and also in American communities because it stimulates learning and the desire to get involved. HIV/AIDS is a global virus and we all need to be cognizant in order to eradicate the epidemic. Thus, body mapping revealed the truth about the average person's awareness and knowledge concerning the virus. Body mapping also affirmed that the arts can teach others, but more importantly, it confirmed the power of the arts to promote activism in the fight against the HIV/AIDS virus.

Body mapping is a testament to the innovation of music and the arts through the field of medical ethnomusicology and an even bigger testament of the global response to the HIV/AIDS epidemic. The progress of medical ethnomusicology can be attributed to individual humans finding it within themselves to share their knowledge and creativity for the sake of mankind. The values discussed in this chapter are obvious components to the success of global health through medical ethnomusicology. Values have motivated these ethnomusicologists to develop new methods of helping the sick through the arts. The values of freedom and love were present in the Society for Ethnomusicology Conference because these ethnomusicologists made it their responsibility to use their occupation as a medium for the advancement health. These ethnomusicologists loved enough to assemble in a position where Africans across the globe would become their primary motivation. These ethnomusicologists also decided to free themselves of the typical propositions that require them to study music for documentation and not for activism. It is my hope that future SEM conferences find inspiration and meaning in activism concerning other global issues in addition to HIV/AIDS because ethnomusicologists have the power to make a difference if motivated by values. Thus, the values of love and freedom exhibited by the ethnomusicologists at the SEM conference promote Gomes' description of the "good life" and the human desire to be better.

I believe that the values presented in *The Good Life* directly influence the individuals documented in *Singing for Life* and *The Culture of AIDS in Africa*, however I asked myself, why do these values seem to be derived from Christian texts and not from other religious or irreligious sources? Why does Gomes' book *The Good Life* refer to biblical stories and often take commentary from only Christian spiritual leaders? The most important question I asked myself concerning *The Good Life* was whether these values could transcend religious differences and apply to various religious individuals or non-religious individuals? Upon further consideration of these important questions, I discovered that these values are not only inherent in the Christian person, but could be demonstrated in all. I discovered that these values are universal because they ascribe to all human beings. The ethnomusicologists, physicians, researchers, singers and performers in *Singing for Life* and *The Culture of AIDS in Africa* were not all Christians but nonetheless were capable of emitting the values of love and freedom and also the cardinal virtues. For example, Walya Sulaiman is a Muslim who embodies the value of love by healing people through PADA, and he is successfully teaching his neighbors about living healthy lifestyles. It is people like Walya who reevaluate the questions I considered initially and help me realize that the values in *The Good Life* are relevant to everyone.

We as human beings all desire to be and do better. St. Augustine's quote is profound because despite the difference in beliefs around the world concerning the topic of religion, we all are motivated by values in our work to better mankind. The values of love and freedom from *The Good Life* have inspired health activists such as Walya (PADA), Tony (TASO), Vilimina, and the Siphithemba choir to use their talents to helping out their African communities. However, in order to defeat the HIV/AIDS the individuals who listen to the songs sung by these activists must also realize that they are responsible for the health of their communities. The cardinal virtues must be valued by each and every listener in order to make a difference for global health. Music and the arts are powerful components of change in Africa but without these values change is impossible. The arts must depend on humans to be transformed and motivated to eradicate the HIV/AIDS virus in Africa in order to push the hearts and minds of the sick towards change.

Chapter Fourteen

Living Positively, An Idea That Is Going Viral

Morgan Evertz

Silimu. Slim. Ukimwi. Mukenenya. AIDS. Though this disease takes on many names, its effects are no less severe. AIDS is one of the leading causes of death in Africa. At the end of 2009, an estimated 22.5 million people were living with HIV in sub-Saharan Africa, 2.3 million of them children (unaids.org/globalreport). How do you combat a disease that has affected so many people, especially in a culture where it is acceptable to have multiple partners? How do you destroy a stigmatized disease in a culture that is so widely affected? Prior to my entry to Professor Barz's class, I had grappled with these questions but never thought deeply about them, much less come up with an answer of my own. On my entry to this class, I expected to receive answers in the form of new and innovating medical techniques, or perhaps a strange herb or cultural practice that was being implemented within African societies in order to abolish AIDS. However, I received a surprising, yet powerful and thought-provoking, answer to my question. Music. Music is what gives many African people a means for future prevention, a means for hope. As someone who is musically inclined, I could understand the therapeutic effects of the arts in the healing of a victim. However, as someone who is also scientifically inclined, I didn't understand how something as abstract and intangible as art, specifically music, could truly provide hope and *physical* healing for a victim. How could someone living with a terminal illness find hope for the future simply based off external factors? Earlier in the year, the entire first-year class at Vanderbilt University read a book by Peter Gomes, a Harvard divinity professor, titled *The Good Life*. The book discusses the aspects of what constitutes a true good life, by his definition. He mentions how every person is in search of a noble purpose, and how the three great virtues of faith, hope, and love are the components and manifestation of a true "good life." When applying these facets to the study of AIDS in Africa, it is clear that both the definition and the search for the good life play a significant role in the manipulation and reception of the arts and other healing practices. The technicalities of a good life are subjective between individuals—they cannot be universalized across the AIDS community due to various cultural, governmental, and religious barriers that impact the fight against AIDS (specifically because they influence the delivery of, agreement on, and appreciation for medical deliverables). The search for the good life generates the three virtues of faith, hope, and love, which can be identified in the context of AIDS in an African context as "living positively."

The study of arts and its influence on health is properly known as medical ethnomusicology. In order to understand initially the impact that medical ethnomusicology can have on a population, one must first understand what medical ethnomusicology is. Medical ethnomusicology is not just the study of music and its relation to health, but also an in depth study of the natural processes of disease, illness, health, and how music (when incorporated with the traditions of one's culture) can be used as a method of treatment in healing. However, though the general concept is understood, there is not a singular, specific definition for medical ethnomusicology that is universally accepted. This is in part because it is a relatively new field of study that is rapidly expanding, but also because each field of study is so diverse. Medical ethnomusicology also spans general ideas of how art can move an individual or a group to societal change.

The emergence of AIDS in Africa has paved the way for new means of disease awareness and medical treatment in the study of medical ethnomusicology. Because AIDS is widespread throughout Africa, specific measures must be taken to hinder and ultimately terminate the disease's progression. *The Culture of AIDS in Africa* (2011) by Gregory Barz and Judah Cohen explore the arts as the most effective means of educating and encouraging a population suffering from a severe disease epidemic. Expression through art creates widespread awareness, knowledge of disease prevention, and provides hope for those who are diagnosed as HIV positive. In Gregory Barz's *Singing for Life* (2006), he

addresses the relation between the increased use of the arts for healing and the decreased HIV infection rates in Uganda. Article 25 of the United Nations Declaration of Human Rights, states “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.” In Africa, one of the main reasons that AIDS has become such an epidemic is due to the fact that so many are sick, unemployed, homeless, starving, and without basic rights that every human deserves, according to the United Nations. Because of this, many imaginative methods have been taken up throughout Africa to overcome this plague. Through the rest of this paper, I will address several of the many places in Africa that are utilizing the arts as a means of both healing and education, specifically South Africa, Kenya, and Uganda.

South Africa

The AIDS epidemic in South Africa is one of the worst in the world, with almost a fifth of its adolescents and adults diagnosed with HIV. Many actions were taken in order to teach prevention techniques, as well as uplift society and provide hope through artistic tactics. In South Africa, a group choir known as Siphithemba formed in order to unite various people living with AIDS. Their songs speak individually to their personal journey of living with AIDS, and the difficulties faced by being rejected from friends and family. This choir has allowed form a sense of community amongst themselves, “as group members struggle individually with the exigencies of HIV/AIDS, the choir space comprises a bastion of hope and epitome of a positive experience” (Okigbo 2011, 289). The love for one another and the sense of hope formed amongst the members of Siphithemba truly allows them to live positively as HIV-positive members of society. Furthermore, the Sinikithemba AIDS clinic (associated with the Siphithemba choir) formed a support group that “served as a source of faith, hope, and determination to live” (Okigbo 2011, 289). The group, composed of over 500 members, meets regularly to pray, worship, and provide overall encouragement to one another. The support group also provides a strong support mechanism to those who were rejected by family and friends by giving a community to those who were shunned from their own. This choral group not only educates the public on the emotional effects of HIV, but it also intertwines faith, hope, and love to give its members a purpose once again. It is clear that “when its members sing for life, they give hope of life to themselves, as well as to the world that has continued to witness the onslaught of the AIDS epidemic” (Okigbo 2011, 298). Seeing AIDS victims form together to fight the disease not only gives inspiration to the victims but also to those that listen to their music. Gomes states that faith, hope, and love “become both the expression and the objective of the good life” (Gomes 2003, 234). When applying Gomes’ good life to the members of the Siphithemba choir, it is clear that this message is evident. The members find faith through worship, hope through identifying that their lives have a greater purpose in educating the public, and love through their sense of community with one another. Once an AIDS victim can find faith, hope, and love, they can truly begin to define what constitutes a good life. Through defining their own good life, they can ultimately influence the lives of others.

Other efforts in South Africa have focused more on HIV education and prevention rather than community formation. In order to impact the population on a larger scale, the South African media has taken huge efforts to incorporate HIV/AIDS prevention, awareness, and education into its mainstream media. For example, South African national television piloted a show known as “Siyayinqoba/Beat It!” The show has “innovated ways of addressing HIV related stigma through its normalization of the disease” as well as serving to “demystify complex issues related to HIV” with a goal of showing that “HIV-positive people could maintain a healthy lifestyle, most importantly through being informed about prevention, transmission, and treatment” (Hodes 2011, 158). Prior to the show, AIDS had been commonly featured in more common news references- such as online sources and in newspapers. However, as AIDS activism became increasingly more creative and widespread, other measures were taken to convey the same message in a more unique way. Thus, “Siyayinqoba/Beat It!” was born. The show served to normalize living with AIDS, all while “thwarting stigmatizing representations of HIV through normalizing the disease, encouraging disclosure, constructing a strong and welcoming ‘positive community’ and promoting a ‘positive lifestyle.’” Though the show was extremely realistic and direct, it always maintained a hopeful and positive tone. It portrayed the practical and promising effects of ARVs, safe sex, and how the application of these into the lifestyle of an HIV victim can ultimately lead to a prolonged life span. The show actually paints a visual portrait of how an HIV positive person can live a good life- and how, through the use of proper prevention techniques, this person can find faith, hope, and love through “living positively.”

Another innovative and creative tactic in which to educate a population about the effects of HIV is through the use of a technique known as body mapping. The University of Cape Town’s Annabelle Weinand created a workshop in which she sought to educate the workshop participants on their own HIV knowledge (or lack thereof) through visual and artistic techniques. Specifically, she had each participant create life size drawings of the body and convey the effects of HIV within the body. In addition, she included “multiple choice questionnaires, participant observation, analysis of the body map drawings, and semi structured in-depth interviews” (Wienand 2011, 94). The participants consisted of three diverse groups- community health workers, HIV literacy educators and trainers, and a group of HIV-positive mothers.

The workshop was split over two days, with each day having a specific focus. The first day focused on the biology of AIDS, the second focused how living with HIV influences the daily lifestyle. The workshop began by asking each participant to trace the outline of a life sized human body, and then map what they already know. The entire process as a whole allowed the participants to feel comfortable making mistakes and asking questions, ultimately increasing knowledge as well as conversation. Specifically, the goal of the body mapping project was not only to educate the participants, but also to give them tools to educate others on the effects of HIV/AIDS. As a whole, the workshop used collaborative and artistic means to educate a collection of people from a diverse South African population. This exercise greatly served to educate a population as well as provide hope for a decline in HIV infection rates for the future. In relation to the good life, this exercise serves to inform of and demystify HIV/AIDS and expose it as a tangible thing that can be overcome with proper prevention. In our class we did a similar activity in which we created our own body maps. Overall, the exercise was beneficial because it allowed us to depict our own knowledge of both the physiological and physical effects of AIDS. We were then tasked with going out into our Vanderbilt community and asking our peers to create body maps. This certainly proved interesting for me and for my mapper, because it proved just how educated the general public is about HIV and AIDS. After we went out into our community and returned to class, we realized that many of our peers were aware of the severe physical effects of AIDS and its transmission, yet knew little about some of the other physical effects, and hardly knew any of the cultural or physiological effects of living HIV-positive. When reflecting on this activity, I realized just how influential it had been. We had managed to educate our class and a small group of our surrounding peers through a brief but entertaining artistic activity. If it could be applied to a larger scale audience, then there would be a significant hope for educational through collaborative and interaction methods all over the globe.

Kenya

Efforts to stunt the spread of the HIV virus have continued throughout Africa. Specifically, in Kenya, multiple artistic endeavors have been taken to express the value of AIDS awareness programs. Many contemporary artists have taken up a role in the fight against AIDS in order to promote social change. Though such artists face many commercial pressures, they are partaking in both the creation and the performance of songs with social and political messages that advocate specific messages of HIV/AIDS awareness. Kunguru, one of Kenya's popular artists, states that his fast paced songs "reinforce the fact that music with social messages can still fill dance floors and...most of our fans are young people who face a lot of challenges and yet receive very little assistance from those of us who have the power to help them see the light" (Van Buren 2011, 74). The younger generations are the future of AIDS awareness and prevention, and providing them with hope and inspiration moves them toward social change within their own generation, which transitively changes the future. Many of Kenya's social programs target the education of adolescents and children. By doing so, it encourages them "to dream, to be creative, to defy the odds" and serves to "suggest a world of possibility (the ability to be tested, be faithful, practice safe sex, etc.)" (Van Buren 2011, 74). Another effort in which Kenya has sought to empower its youth is through education in schools. Though many efforts were made to reduce cultural barriers between educators in intervention programs, there were still many obstacles because "candid discussions about safe sex, condom use, and HIV/AIDS are still a cultural taboo. Unemployment, poverty, parental death from AIDS, and other harsh social realities often place the youth in a vulnerable position" (Majalia 2011 113). That being said, it made it extremely difficult to reach out to the country's youth in both a worthwhile and successful manner. Effective communication between healthcare educators and youth was difficult, particularly because young people contest those who exert authority over them. Sometimes the most efficient methods of disposing information about HIV/AIDS were not the most popular, and therefore would not become prevalent amongst the adolescent community. Therefore, a creative approach was required in order to foster a sense of love within a community and generate hope for the future. *Ngoma*, a type of performance presented in local schools, was utilized in order to reach out to youth and teach them in a way that was both meaningful and entertaining to them. Specifically, this exercise empowers youth to be the social change agents within their families as well as in the community. When a certain age group or community is united in an effort together, it promotes love between individuals and as well as a hope for a better future together.

Uganda

Of the many countries in Africa suffering from the AIDS epidemic, Uganda has seen the most rapid decline in infection rates over recent years. Uganda is unique in the sense that it has truly utilized music as a means of awareness and prevention. In Gregory Barz's book *Singing for Life*, he explores these factors. From the very beginning, "many Ugandans adopted the task of spreading information about the virus and disease within contexts of indigenous and newer popular forms of music, dance, and drama" (Barz 2006, 10). Using music and other art forms to directly educate the people not only affected the country on a national level, but also at an individual level as well. Countless people lost parents, spouses, children, and siblings. Many who experienced this loss chose to dedicate their lives to the spread of AIDS awareness and prevention so that they could use their stories to educate others, ultimately bettering the community. All necessary steps were taken so that the ideas of abstinence and safe sex would be engrained in the minds of the people. For example, school children were educated on the destructive effects of the disease. Because children are the future of society, they need to grow up

successful and educated. In order for this to occur, they must “grow up in an informed world, one in which they have the necessary tools to fight the disease” (Barz 2006, 20). Also, many efforts were spent educating young women. The education of young women is particularly important, because it teaches the importance of abstaining from sex and always presenting oneself in a modest fashion. By allowing children and young women to sing out the message of AIDS prevention, they are empowered to make an active difference in their community.

This remarkable decline can be attributed to various artistic endeavors that have moved people into HIV/AIDS prevention activism. Many non-profit, health-, and faith-based organizations were created in order to offer treatment. For example, Uganda’s TASO (The AIDS Support Organization) specifically aims “to expand substantially the availability of medical and nursing care, counseling, and material assistance.” TASO also created a drama group in order to share its message in a different and consequential way. Their drama group “often became the best means of communicating information about HIV/AIDS to the communities they visited” (Barz and Cohen 2011, 9). The drama group intertwines traditional dance practices with educational messages about AIDS, its treatment, and its prevention. The reason this method is so effective is not only because it directly educates its audience, but also because it provides hope to each individual that watches. Many of the TASO performers who are diagnosed with HIV have chosen to “live positively” rather than merely “HIV positive,” which encourage other members of the audience to live their lives similarly. TASO performances tend to have a profound impact on its viewers, “rousing the audience to fight AIDS, to get tested for HIV, and to remember that everyone- including priests, doctors, and school headmasters- is susceptible to the disease” (Barz and Cohen 2011, 129). The fact that the audience can relate to its performers makes the prevention more effective as a whole. In relation to what constitutes a good life, this transformation of “HIV positive” to “living positively” not only reflects the desire to live the good life but instills hope within the AIDS community. TASO “encourages the adoption of positive living as a model for Ugandans not yet infected, as well as for those already diagnosed as being HIV positive who need the support and encouragement” (Barz 2006, 53). Music means something different to each person who interprets. In fact, “for many peoples of East Africa, the concept of ‘music’ does not exist...if the term ‘music’ does exist, it is more often than not conceptualized within a greater and wider set of parameters” (Barz 2006, 57). Combining the ideas of living positively and music as education seem to be the most ideal for impacting an audience. TASO’s Drama Group is filled with HIV-positive members who are healthy and functional, which encourages other people of the same stature to go and get tested for HIV (Many fall into the mindset of “if *he* can have HIV, than anyone could). Vincent Wandera, a GOSSACE (Good Shepard Support Action Centre) doctor strictly believes that music directly affects the individual. He states, “It is only through music that you will influence people. This is why I told you we attack meetings, say political meetings. They don’t want to hear about *Silimu*, But just to blast out with a song, at least we’ve attracted them and they will go with a message” (Barz 2006, 66). Music is the most effective means to send out a message into the community. Because it evokes emotions within an individual, it also serves to facilitate faith, hope, and love within said individual in a way that is almost indescribable.

Another method in which the Ugandan people successfully spread awareness about the disease through artistic means is through creating nicknames such as “slim” (for the slimming effects it has on its victim), “banana weevil” (named after an insect that eats a fruit inside out), and “sweeper” (in reference to the fact that the disease can quickly wipe out entire villages). The informality of these nicknames really serve to help an uneducated population better understand the effects of the disease. Hajji Ssentamu, a traditional healer in Uganda, argues, “We (the people of Uganda) need assistance from those NGOs and organizations because we must accomplish so much without the government’s financial assistance” (Barz 2006, 29). Music has served as a way in which the people can unite together against the disease. Nicknames allow for the disease to be brought down to a local level, and in a sense make it seem like a more tangible thing to overcome, ultimately allowing for a sense of hope to form in a community.

Another idea that Barz tackles is the concept of “Singing for Life.” During his travels in Uganda, Barz met a woman named Vilimina Nakiranda, the leader of the Bakuseka Majja Women’s Group. Barz recorded her songs, in which she sings to encourage women to be change agents in their own lives and take action against AIDS. Barz states, “Since first encountering Vilimina Nakiranda, I have directly experienced music’s ability to function as a powerful localized tool for addressing critical issues of public health in Uganda” (Barz and Cohen 2011, 44). Vilimina herself was in fact, singing for life. She was singing to encourage life among fellow women (in the sense that she sang about AIDS prevention techniques and lifestyle changes), but she was also singing for her own life, giving herself what Gomes may describe as a “noble purpose,” so that she could find hope despite being HIV positive. In relation to the double meaning of “singing for life,” Barz discusses another concept known as “living positively.” Vilimina, though she was living as HIV-positive, was also “living positively.” There is a clear distinction between living HIV positive and “living positively;” the latter implying social, mental, and behavioral changes that allow an HIV-positive person to be open about their disease, remain positive, and move forward. Many people “living positively” have identified themselves with a greater cause in order to help others living with the same condition. Barz incorporates this philosophy into his own research, realizing the importance of not “reducing human conditions to mere statistical measurements, for analyses grounded in lived experience, specifically within human relationship, lead to more compassionate

levels of understandings and interpretations of individual and communal behavior” (Barz 2006, 52). Many people do not recognize that AIDS is not a mere statistic, but that it truly impacts a culture. Life is a relational experience. Through encouragement, empowerment, and enlightenment, people can influence others to embrace their conditions and transform their lives to not only be HIV-positive, but also to live positively.

Concluding Thoughts

It is both astounding and amazing that African countries employ artistic tactics to educate, inspire, and uplift a population while spreading awareness and other prevention techniques. The ever growing idea and attitude of “living positively” has gone viral amongst HIV-positive people, forming a sense of community. The South African choir Siphithemba, rooted in the virtue of faith, has truly become a safe haven, breeding love and hope between its members. Uganda’s TASO genuinely inspires its listeners not only to be hopeful for a positive future, but to play an active role in their own societies and the fight against AIDS. The arts have also played an indirect role in evoking faith, hope, and love from people through various education programs. Body mapping in South Africa united HIV-positive people across social and cultural boundaries, allowing them to educate one another and find community through shared experiences, which they would later use to influence others in their customary sphere of influence. Targeting children and adolescents in both Kenya and Uganda facilitates hope for a better future because it allows for them to have the power to change the plight of current society and the future society by stepping up and taking action against the spread of AIDS. The nicknames that Ugandan people christen HIV with bring the down the disease to a localized level, giving hope to those who are overwhelmed with its devastating effects.

Though every country has its different means of education and awareness, it can be agreed that each one implants faith, hope, and love within the hearts of those who are impacted by the indescribable effects that music and the arts have. Initially I never would have believed that an HIV victim could be living “the good life.” Now, in my reflection, I realize my naïveté. Neither Gomes nor I can deem who is living the good life and who is not, it is subjective by an individual’s personal circumstance and how they react to this circumstance. Rather, Gomes states that the driving force for a good life is seeking a noble purpose, while the expression of this life emerges through the virtues of faith, hope, and love.

At the conclusion of my class with Professor Barz, I am inspired. Inspired by the stories I have heard of people living positively, inspired by how much I’ve learned, inspired and excited by the infinite amount that I have yet to learn, inspired by the writings of my fellow peers, inspired to be my own change agent, and inspired to make a difference. I am an Ingram Scholar at Vanderbilt University, and have spent a majority of my life immersed in service. After reading *The Good Life* this summer, I was moved to find my own noble purpose, driven by the desire for the great virtues of faith, hope, and love. I always thought that my experiences with service had altered my definition of hope. I perceived hope not only as a future wish, but as something that can be instilled in a person that overcomes all physical boundaries, that pushes them to truly seek out the beautiful rewards life has to offer. In my research of medical ethnomusicology and its relation to the AIDS epidemic in Africa, I was extremely humbled. These people with a terminal illness, some even on the brink of death, have a passionate will to live and use their experiences to inculcate this passion within others. It was extremely overwhelming. The most awe-inspiring part of it was that it was *working*. The incorporation of the arts within African society has given an indescribable hope to a continent that has every reason to feel hopeless. I hope that continued research is done in the field of medical ethnomusicology to continue the spread of AIDS awareness and education in Africa, and also so that others may be inspired in the way that I have. We all have different experiences in life, but we are all seeking that noble purpose, so that we too can live the good life.

Chapter Fifteen

How The Good Life Can Save Humanity From HIV/AIDS: Music! Dance! Virtue! Go!

Michael Retta

Imagine the feeling to lose a child. Picture it again. Now once more. Constance Mudenda lost not just her first born, but all three of her children, who were all under the age of 6, within the span of three years to HIV/AIDS before treatment was in fact accessible. I can remember watching the documentary, “The Lazarus Effect” about a year ago on HBO, and I do not think I will soon forget the experience. Our “Music and Global Health” class has focused primarily on the healing of HIV/AIDS in Uganda through hope and healing. However, I called on Constance, of Zambian descent, because she represents everything that Peter Gomes’ has outlined for us in his book, “*The Good Life*.” Constance has undergone a series of failures, perhaps the greatest failure of all time, the passing of all three of her children. When everything seemed to be against her, she continued to strive toward success, in her virtues of faith, hope and love. Serving as an educator of the virus today in Zambia, I note how important education of HIV/AIDS is by segueing to Gomes’ ideas of education. In my analysis I plan to focus on how Uganda is a model not just for Africa, but globally in terms of tackling the HIV/AIDS virus, a killer amongst man. Through their failure, Uganda has found success through a slowly diminish the virus. I will also focus on women in today’s society, and how important they are to the abolition of the virus through their education and will. I also include how the four cardinal virtues found in Gomes’ *The Good Life*, serve as a vehicle in illustrating ways in which Medical Ethnomusicology can have a positive impact in Africa.

In order to live “the good life” one must accept failure and success, along with freedom and discipline as elements in equal measure. The values and virtues presented by Gomes are the cardinal virtues of prudence, justice, temperance, and fortitude, derived from the writings of St. Thomas Aquinas, and concludes with an exploration of the three theological virtues—faith, hope, and love—which he calls “the content and expression of the good life.” So you may ask, how does a book on truths have anything to do curation of HIV/AIDS in Africa? The answer to that is song and dance. Medical Ethnomusicology can be briefly defined as a branch of research grafted onto ethnomusicological and biomedical studies that focuses on factors that cause, maintain, or contribute to disease, illness, pain, suffering, or other health-related issues, and the complementary, alternative or supportive musical strategies and performative practices that different communities have developed to respond to cultural conceptualizations of disease and illness, health and healing. My professor, Gregory Barz, leads the field of Medical Ethnomusicology primarily focusing on Uganda.

At one point one out of four people were diagnosed HIV positive in Uganda, with over thirty percent of the country’s population infected by the virus. With approximately twenty three million people infected in Africa entirely, Uganda was representing what Peter Gomes opens up as key aspect in *The Good Life*. Failure is something we cannot always control, and in some cases is unavoidable. The HIV/AIDS virus was unavoidable not only in Uganda, but in sub-Saharan Africa and around the globe. It is upsetting the amount of lives that have been taken by the virus, the amount of innocent children plagued by death without provoking it, or the ones left as orphans with no one to care for them. Currently there is an estimated eleven million children left with no parents in Uganda. I recall watching a documentary in my writing seminar in which a young boy, no older than six or seven years old, had lost both his parents to the HIV/AIDS virus. Not only was he orphaned, but he was left with no one to care for him, or his younger sister.

For months recall watching a documentary in my writing seminar in which a young boy, no older than six or seven years old, had lost both his parents to the HIV/AIDS virus. Not only was he orphaned, but he was left with no one to care for him, or his younger sister. For months he had been living alone in a hut that could not protect them for much longer, due to stability issues, and left to figure out means of acquiring food himself. Six years old. This is failure. However, why does Gomes talk about failure as a key aspect in the good life? Gomes says suggests that what we learn from failure is the key to the importance of achieving the good life (Gomes 2003: 97).

Failure in Uganda has motivated success. Gomes suggests in chapter 5 (Gomes 2003: 99) that every individual or culture has the opportunity to live the good life. Gomes asks, “When Do I Know When I’ve Made It?” Uganda has not reached perfection. Ugandans still have over one million people infected by HIV/AIDS today, as well as over one hundred thousand people dying from the disease annually. Uganda has proven itself to be successful however (act of success; incomplete) in reducing the HIV/AIDS virus drastically, with just five percent of the population reported infected today. In Gregory Barz’s books *Singing for Life* (2006) and *The Culture of AIDS in Africa* (2011), case studies provide the necessary evidence that music, dance, and art serve as healing powers especially within Uganda, in reducing the number of infected peoples. Uganda has been successful because of the “ABC” program. It focuses on three main ideas; abstinence, being faithful, and using condoms. This program is emphasized throughout the country even at a young age amongst the children as part of their curriculum in their education.

Gomes segues from success to discipline in Chapter 6 of *The Good Life*. As I mentioned earlier, failure motivates success. Uganda was completely motivated in lowering the infection rate. Gomes says, “I believe that every right implies a responsibility, every opportunity, an obligation, ever possession a duty.” (Gomes 2003: 103). If you think about this quote, Gomes is saying that with success, comes discipline. Uganda needs to be disciplined in their responsibility to continue to uphold their duties. Yet one must commend the Ugandan government. They continue to lower the rate and do their part in raising awareness in the fight against HIV/AIDS. In a country where infection rates have dropped by 25 percent since the start of the program, President Yoweri Museveni’s full-out campaign against HIV/AIDS is the epitome of discipline. His goal and responsibility as a leader was and is to save lives. He understood his duties so he raised awareness. He over-exaggerated things with sometimes unethical means of education. He advertised his programmatic initiatives everywhere one could possibly go in Uganda. For example, coffins with the crossbones were put up on large billboards along cities. However, he would incorporate radio and television messages broadcasted throughout the country in messages about “ABC” (Barz and Cohen and Cohen 2006, 14). He also devoted a section of his speech esto ABC every time he spoke publicly. He was not naïve, he did not expect everyone to follow the program entirely-some not even at all- but he wanted them be familiar with it. The more people that knew about “ABC,” more lives were saved, and as a result, less people that could be potentially affected. Gomes ends his focus on discipline in *The Good Life* with “Self-discipline begins with self-knowledge, imperfect as that knowledge may be, for in attempting to know who and what we are, we become aware of who and what we are not.” (Gomes 2003:132) Uganda was disciplined and should be a model of discipline for the rest of the world.

Ugandans, Africans, people around the world are free. Gomes says that freedom is “the responsibility of doing the right thing” (Gomes 2003:167). If that is so, then it is our duty of free people to call for the coming together of different domains of research in order to discover new knowledge that can bring healing. In our class this year there has been countless of times where my professor has openly come out and said, “The future of this study, medical ethnomusicology doesn’t have enough support and my generation will determine how far it really goes as a cure for HIV/AIDS.” After weeks of analyzing case studies and research of the discipline, I go back to my syllabus and see that in it states how we will focus on music, dance, and drama in global health. More specifically, it says, “The seminar will provide an introduction and background to globalization *theory*, cultural studies, and individual music traditions that support local community responses regarding healthcare and healing in various parts...” I would like to shed light on two key words, the first being freedom, the second theory. If it is our responsibility, as people to do the right thing, should not we strive to by any means to try and cure this virus. Barz has explained in lectures that Medical Ethnomusicology has not received enough attention as a discipline from the medical world. There has been some attention in the past few years, but a lot of people think of it as “whacky.” How can people blow off a possible cure? At the least song and dance can be used as a healing method, similar to that of cancer and its relationship with chemotherapy.

In Barz and Cohen’s *The Culture of Aids in Africa*, Jennifer Kyker continues on Gomes’ freedom. She provides a case study on Oliver Mtukudzi, one of Zimbabwe’s most popular musicians renowned both for his distinctive musical style and for the perceptive social community in his lyrics. His songs about HIV/AIDS play a significant role in the national discourse of HIV/AIDS in Zimbabwe. His lyrics call for attention to deep political aspects of the disease, exploring issues such as a disclosure, agency, behavior change, and access to treatment (Kyker 2011: 241). She opens up with an example of one of Oliver, saying “Although you may have a granary spilling over your with wealth, and cattle pen bursting with livestock, without health you are a poor person.” Mtukudzi talks about his freedom in poetry chose him to educate himself through writing about HIV/AIDS in

his songs. He admits that he did not used to be that well informed, even in a country where the virus is such a large problem. He goes further into detail about how he feels it is his responsibility to write something about HIV/AIDS and about protecting oneself from the virus. This sheds a bit of light on Gomes' belief in discipline. Mtukudzi accepts his responsibility and through his freedom of thought and speech, he writes his lyrics to help raise awareness in his songs. Similar to Ugandan President Yoweri Kaguta, Mtukudzi exaggerates his lyrics with harsh words of pain and suffering in his best known song about HIV/AIDS, "Todii" which means "What Shall We Do" investigates the effects of HIV/AIDS through tough questions for his listeners. He says:

*How painful is it to raise death in your hands?
What shall you do now that you have the virus?
How painful is it to care for death in your hands?
What shall you do now that you have it, the virus?
Now that pregnancy has taken hold with no future?
What shall you do now that you have no survival?*

These are certainly strong words, yet they convey a message. Mtukudzi wants to make sure his voice is heard and he was not singing in vain. His songs might not always be the most flavorful, but they send messages to its listeners that stress the use of condoms and his music continues to be an important part of the national discourse of AIDS in Zimbabwe (Kyker 2011: 255).

Through my research I realized as I go in deeper in my studies, that the most important aspect of living the good life in terms of Medical Ethnomusicology is education. Gomes' says, "Thus if education is a key component in the good life, and a key component of education is the formation of good character, we must ask what the essential ingredient is in that character formation that will help to perpetuate the qualities we admire (Gomes 2003: 131)." In this quote Gomes combines education and its relationship to virtue. Music and dance thrives on education. Uganda thrives on ABC, which is a key part of their curriculum in schools, to educate children to be aware of HIV/AIDS. Judah Cohen gives testimony on education in chapter 11 on the effects of education. Cohen discusses her experience in mid-July as he traveled to a village in southwest Uganda. She recalls sixteen HIV-positive patients as they sang, danced, and acted out a message of hope in the face of the AIDS epidemic (Cohen 2011: 129). This group of people is known as the TASO group (The AIDS Support Organization). These people participated in songs, igniting the audience to fight AIDS and to get tested for HIV (coming back to Gomes' responsibilities of discipline). "A vast segment of the performance later that day used music as a way of communicating" says Cohen (Cohen 2011: 129). He says this in order to shed light the importance that in the medical world, even though it is receptive to music has created a different way aside from biomedical ways of healing, but through songs that serve as a model of therapy, or way to alleviate the pain of the virus. Cohen goes on to state that "music is itself a form of communication deeply embedded within a community's cultural values" (Cohen 2011: 129). In other words it serves as a role in helping communities work out the contradictory messages they are healing about the virus in their own words. Lastly Cohen says that this is only a mere glimpse into a very complicated relationship music has with HIV/AIDS in Africa. He goes on to say that music serves as a crucial role in negotiating community values that will most likely end up leading people to make wise decisions regarding their own health and well-being (Cohen 2011: 130).

I would now like to return to my first assignment as a freshman not so long ago in my seminar with Professor Greg Barz. My assignment seemed pretty simple, to go out and interview three people about what both music and global health meant to them. I had interviewed someone I met in the Vanderbilt library. His name was Ryan Seiberling, a graduate student studying government but had an undergraduate degree in Music Education from MTSU (Middle Tennessee State University). He defined music as the following, "Rare forms of art experienced over time. Music can only exist when someone performs it; there must be a connection between the audience and performer in order for something to be defined as music. If not it similar to the tree that falls in the woods that no one hears, the painting that no one saw, a book that no one has read." This seemed to me to be a descriptive and well thought out response, indeed, but to dig further it is interesting to see without going into detail how my other two people responded; no one talks about music as education. Why was it that no one talked about music as a way of learning, yet instead related it to healing and art. Ryan's definition of global health seemed to be a bit more accurate, "Global health is not a thing, it's a process that we try to minimize the obstacles and try to achieve the greatness within us-disease, poverty, famine- they all influence are communities around us." Not only did Ryan educate me to on the good life in terms of global health, but he reinforces Gomes' views on how education is a key component in living the good life.

In another class activity, we covered body mapping. In Body Mapping, one learns to gain access to one's own body map through self-observation and self-inquiry. It is the conscious correcting and refining of one's body map to produce efficient, graceful, and coordinate awareness. Going further into education, the body mapping activity showed education in terms of awareness. I asked a colleague of mine to outline how he saw HIV/AIDS and how people are infected by it. He proceeded to draw a needle into the person's arm, show bodily fluids exiting his penis without the use of condom, and stopped there. This was better than most people in the class's other friends. Vanderbilt University is a top twenty academic school in the United States. It makes me wonder, therefore, how educated the average American is in terms of HIV awareness? I think Ugandans are more aware through their messages in song and dance about the effects of HIV/AIDS. But here in America, with all of our resources, are blind to the fact on how serious the disease even is, let alone how it is caught. Therefore I do not think we are disciplined. I almost think of us as ignorant, myself included in that category, because before this class I did not know much about HIV/AIDS and how the virus was transmitted to begin with.

Gomes stresses the importance of virtue in trying to achieve the good life. He says in chapter eight that the full manifestation of the good life is also its content: a life that expresses the supreme theological virtues of faith, hope, and love. The moral life, the good life, is the practical application of these gifts to that end." Later he talks about the cardinal virtues. They are prudence justice temperance, and fortitude. Gomes says that virtue is both an art and a discipline, which is the connection to Medical Ethnomusicology. Gomes' lays out an important framework when he says, "the practice of virtue is the daily work of the believer: it does not wait for a crisis, since to wait for a crisis is to create a crisis (Gomes 2003: 215). If we wait for HIV/AIDS it will kill millions and millions of lives.

Prudence is the first of the cardinal virtues. Prudence allows you to choose to make the morally right decisions and not the wrong ones. When one chooses not to do bad things because of bad consequences, that is prudence (Gomes 2003: 216). Prudence involves the element of choice. It is a continuation of Gomes' freedom in aspect of achieving the good life because without freedom, we cannot have choice. Prudence allows us to make the correct choices towards the right things, not just a choice in general. When prudence acts in Africa it involves just this, making the right choice. Choosing to use a condom, to practice safe sex in Uganda's "ABC" is being prudent. Their policy on "zero grazing" is being prudent.

Next, I analyze justice; the consistent decision to what is good to those around me while respecting the rights of others. Singing for Life gives song references that display how music was used as a warning about the virus. In Walaya Sulaiman's "Eitulilimuki" he sings about the ways in which AIDS wants to kill us. It goes into detail about the excruciating pain that the virus causes; he says, "When it wants to make you sick, it sends opportunistic infections, you feel headache as it resolves the ears start to hurt, when the pain in the ears subsides, again backache sets in..." (Barz 2006, 20) These are powerful words that will touch the reader as a warning. Sulaiman talks later in the song about how AIDS does not discriminate and the only way people will survive are if the children grow up in an informed world. Sulaiman gives a perfect example on how to represent justice by making the consistent decision to inform young people of what they do not know. What they should know but no one tells them. He does that in his songs and music.

Justice is also represented in the United Nations Universal Declaration of Human Rights (1948). A founding principle of the United Nations is "to reaffirm faith in fundamental human rights, in the dignity and worth of the human person [and] in the equal rights of men and women..." The Universal Declaration recognizes respect for human rights as the "foundation of freedom, justice and peace in the world. All key concepts in Gomes' The Good Life.

Lastly I will attempt to combine the last two cardinal virtues of temperance and fortitude. Temperance is the virtue that governs passions; passions that should be curbed and restrained. Temperance and fortitude connect virtues to relational, and this leads to self-care and fidelity. Looking deeper, because we are relational in a specific way, we require fidelity, just as our relational makes the requirement of self-care necessary and justice mandatory implicated in the good life. "ABC" calls on the virtues of temperance and fortitude in the practice of moderation or of abstaining from sex. Gomes says that temperance is supposed to reflect self-government (Gomes 2003: 225). Fortitude assists us in the same way by abstaining from sex and having the self-control to find these temptations and deep, deadly urges.

In *The Good Life*, Gomes dedicates a chapter to each faith, love and hope. In *The Culture of Aids in Africa*, Jonah Eller-Isaacs outlines how African musicians respond to a pandemic with songs of sorrow, resistance, and advocacy and hope (Eller-Isaacs 2011: 64). Isaacs's claims music to be deeply rooted in many societies in Africa, and that it is not just a form of artistic expression (Eller-Isaacs 2011:64). She calls music the language of the spirit and of the community. In Arusha, a city in Tanzania with nearly 300,000

people, hip-hop has grown as a popular genre of music. Their culture of hip-hop is known as Bongo Flava, and has made people superstars. Hip-hop has a significant role in the lives of Tanzanian youth, and some organizations fighting HIV/AIDS (Eller-Isaacs 2011:66). Isaacs says that hip hop is playing a major role in the lives of Tanzanian youth and some organizations fighting HIV/AIDS. The ISHI (means live) health organization in Tanzania promotes “ABC”. These organizations provide the faith and the freedom that they believe their message of education in awareness creates a beacon of hope in today’s generation through modern music and spoken word.

TASO (The AIDS Support Organization in Uganda) is a beacon of progress and hope in working to encourage healthy and supportive behavior. TASO’s support groups provide an essential outreach and services of creativity to help create a powerful therapeutic environment says Eller-Isaacs (Eller-Isaacs 2011: 67). TASO claims there is hope and healing through song and dance at their drama groups. A group member says “When you come here, you rejoice, you sing, you dance, you see. You forget about the AIDS. Isaacs says Uganda is a living example of the power of music to transform a nation. They had the faith, the hope, and the love to care enough to try and better the lives of those around them.

In Kofi Annan’s article, “In Africa, Aids has a Women’s Face” (2002) reflects on how women are the backbone that uphold African societies. Anan gives focus onto how women are a major role in the abolition of HIV/AIDS. Studies show that when women are involved, families, income, and are most importantly healthier. But in today’s society millions of African women are faced with a huge problem. AIDS and famine. People do not seem to realize that AIDS and famine are directly related. Anan states that because of AIDS, farming skills are being lost, agricultural development efforts are declining and so forth. With the virus spreading frantically, AIDS is now eight percent higher in Africa. In 2002, over two million Africans were reported dead as a result of the AIDS virus. Now that the virus has struck, the farming goes down, the death tolls continue to rise, and less food is produced due to lack of farmers. Before famine struck women in Uganda display the virtue of love. They used to do anything they could during famine to make sure that their child had food to eat, but with them, or their husbands being sick, the time to cook or prepare food was no longer a commodity, instead they are fighting to hold on to their own lives. Many girls drop out of school to help provide for their families due to the lack of time or attention the mothers have. These girls deprived of their education results in a greater infection rate because ABC has been taught in schools where there has been recorded success.

Gomes calls for our generation to have the most talent and opportunity as students. He thinks that we are the world’s best chance of salvation. Hope and education are two of the most important things we can reflect on in today’s society in healing the healing of HIV/AIDS. In class a few weeks ago we watched a short documentary on Aang Serian hip hop studio in Arusha, Tanzania, ran by volunteers. These young men represent the virtues of justice and serve as the hope that Gomes’ discusses is needed in our generation today. They found ways to battle adversity to continue to spread their spoken word when they needed funding they found it, they used a computer with only one processor, worked in the apartment they lived in, and more. These men did not care about airplay, but it goes back on how spoken word and music spreads healing. They would rather have the respect of being morally correct and honest to use their music as something that can serve a purpose in today’s society, something they know, because they love their people. This is continued to be a growing trend among Ugandan’s and other Africans, as even popular artist such as the renowned, Navio, as he contributes in fighting HIV/AIDS in his songs appearing on Gregory Barz’s Ugandan hip hop album Kampala Flow (Various Artists: 2010). In a song featured on the album, Tafash raps about his relationship with HIV/AIDS:

I am AIDS and AIDS is me
They call me danger ‘cuz they were not ready for me
I am coming worse than a car accident
I am like a gamble

Artists like Tafash, Navio, and others find ways to send messages in music that people of our generation can relate to in the hip hop culture. Tafash directly connects how AIDS represents danger, and not using a condom does not show the virtue in temperance, and is gambling his life and very well-being away.

Gomes and Barz are better dance partners than I had thought. It is not difficult to see the direct connection between virtue and healing of AIDS through music. They move gracefully without error and in one accord complementing each other’s style through virtue and music. As World AIDS day has just recently past and rumors of a cure being

discovered, the only thing we can do is keep our faith, continue to educate, and have hope that a cure is reached so that no more children are orphaned, no more suffering is endured, and no more lives of our loved ones are lost.

Appendix A

MUSL115W—“Music and Global Health,” VANDERBILT UNIVERSITY Fall 2011, Final Research Paper

Prodrumus—Your final paper involves research, collating materials, thoughtful reflection, and writing—all related to several of the principle texts that helped to define your first year at Vanderbilt University: Peter Gomes’ text *The Good Life: Truths That Last in Times of Need* (2003), Barz and Cohen’s *The Culture of AIDS in Africa* (2011), and Barz’s *Singing for Life: Music and HIV/AIDS in Uganda* (2006). With the collected submissions of your papers we will form “visible knowledge” through the publication of an e-book (electronic book) that will be open access and free to the general public. The tone and style of your writing should adapt accordingly.

Topic—Music, Global Health, Medical Ethnomusicology, and the Good Life are each conceptualized, understood, and embraced in specific medical, social, and health realms and contexts. In your final project you are tasked with relating issues underscoring the arts and AIDS in Africa to Peter Gomes and *The Good Life*. Certainly one goal of your project will be to produce a paper that includes all of the “bits” enumerated below. Yet a second goal, perhaps more significant, will be to communicate a larger, more personal understanding of how the Good Life impacts, effects, and manipulates the arts and healing practices as coextensive moments within spheres of influence surrounding AIDS in African contexts. As discussed throughout the semester, music and the arts are effective tools in the development of responses to global health and medical concerns and have had a significant presence in the history of healing and healthcare in a variety of African contexts. Yet, institutional, governmental, religious, and cultural values frequently impact the delivery of and appreciation for medical deliverables. What are the roles for values in studying music and HIV/AIDS in Africa? What is the position and role of the Good Life in studying music and HIV/AIDS in Africa? These authors might at the onset appear to be awkward dance partners (Gomes and Barz?), but once the music gets going the dance floor should welcome all new banging or blissed out moves.

General Issues

Student Presentations—During our final two class meetings (Tuesday and Thursday, December 6th and 8th) each student will reflect briefly on the topic of their final papers. Students will be randomly assigned to either the Tuesday class or the Thursday class and should prepare to present at either of those days. Students should be prepared to present a clear articulation of their paper to the class. Presentations should include an abbreviated summary of the main argument or issue tackled in the paper and take into account any obstacles that were encountered.

Evaluation—Your project need not be definitive, i.e., you should not expect that you have uncovered the solution, the cure, and the *right* way to position the arts and healing practices within the Good Life. Rather, you should expect that you might have more questions than answers as you write your paper. Include those questions. Include those issues that you have been led to consider. Include your thoughts about further work that needs to be done. And...your paper should be a unique and individual response to the topic. There is no correct “answer” to the response. Rather, there is a legitimate and personalized response that is required and expected.

Assessment—Remember that the final paper is worth 35% of your overall seminar grade. Prepare your work and research time accordingly. You will be graded on your ability to not only include the “bits” detailed above, but more importantly to weave said bits into a meaningful reflection of your own experiences with and knowledge of music and global health from earlier class reading assignments, homework assignments, and in-class discussion.

Due Date—All final project/papers are due on the final day of the seminar December 8th by 1:00 p.m. via *Electronic Submission*. Please send as a Word file (*not* as a pdf) to: Gregory.Barz@Vanderbilt.edu (<mailto:Gregory.Barz@Vanderbilt.edu>)

Electronic Publication—The publication of the e-book will take place within 2 weeks of submission of the final papers, thus by December 22nd. The editor (Professor Barz) will provide an Introduction and Overview to the volume. He will also be charged with the overall design of the publication. The editor will introduce light, minimal editing to the individual paper submissions. The editor will send the edited papers back to students via electronic mail with “track changes” on in Microsoft Word with the expectation of a 48-hour return. No additional changes (other than responses to the editorial changes) will be allowed at this point in order to keep the publication deadline. The final publication of the e-book will be available for free download globally and will be advertised and promoted on the Vanderbilt campus. Microsoft products are available for free download to students at Vanderbilt: <https://softwarestore.vanderbilt.edu/shop/?who=Students>

Specific Issues—The Bits to Include and Consider

1. *Précis*—Your paper will start with a brief *précis*. A *précis* is a two- or three-sentence summary or abstract of your paper. (Note: a *précis* is typically briefer than an abstract.) A *précis* is meant to be a concise statement and separated visually from the main text.
2. *Bio*—Following your *précis*, you should include a brief 4-5 line biographical description of yourself. Feel free to be creative in the construction of this biographical statement.
3. *Title*—Your paper should include a title that reflects your individual approach to the topic. Attempt to provide a title that is both evocative and illustrative.
4. *Volume Title*—Also, please suggest an overall title for the e-book. Provide this title directly below your own paper title thus, “Suggested Volume Title: XXX”.
5. *Length*—The prescribed length for your paper submission is 15-20 pages, double-spaced, 1-inch margins all around (page length does *not* include bibliography, endnotes, and cover page).
6. *Photos*—Include several (at least 3) digital photographs of yourself (casual shots). The three shots should be visually different/distinct and can be playful and/or serious. These photographs need to be submitted directly to PBarz as separate files at the same time as the submission of your text file. (If you do not have such shots, have a colleague take shots of you on their smartphone and have them email those shots. Alternately, arrange with PBarz to take such shots of you.)
7. *Graphics*—Submit any other graphic elements that you feel would enhance or should accompany your paper/article separately.
8. *Human Rights*—The United Nations University Declaration of Human Rights distributed and discussed in class should be discussed and referenced at some point in your paper.
9. *Body Mapping*—Your experiences of body mapping an individual and having a conversation with an individual about their unique understanding of the transmission of HIV in the human body needs to be referenced in your paper.
10. *Kofi Annan*—Annan’s brief article, “In Africa AIDS has a Woman’s Face,” needs to be woven into the fabric of your article at some point.
11. *Artifacts*—Your paper will begin—just as many of our classes did—with the discussion of an artifact that you choose and identify. This artifact may come from one of your texts or it may be self selected from elsewhere or another source. The artifact (or the discussion of the artifact) should of course tie in to your paper’s main thesis.
12. *Texts*—In addition to Gomes (2003) and Barz (2006) you will draw in a meaningful way on the work of three (3) individual authors you have not yet written about in *The Culture of AIDS in Africa* (2011). The chapters you select will highlight the issue you are attempting to underscore in regards to the coextensive nature of values and the arts in medical outreach in regards to HIV/AIDS in Africa. (In other words, select authors who help make your point in regards to the Good Life and HIV/AIDS and the arts in Africa.)
13. *Audience*—The tone you adopt and the direction you take in your paper should at some level reflect the fact that you are writing for a more general audience rather than directly for Prof. Barz. You might choose, therefore, to step a bit back and define some of the terms you use and write your paper in a more general voice. This does not mean that a degree of rigor is expected from your efforts. Yet, a certain degree of creativity in addition to clear, concise communication will also be valued.
14. *Style*—You are free to adopt a more personal voice or style in this final paper (you have many options in this regard, and such styles frequently are more difficult to adopt). In other words, in order to present a compelling argument it is sometimes necessary to communicate directly to your reader what “Amanda” thinks and what “Amanda’s” personal ideology is in regards to a given situation or issue.

15. *Permission*—By submitting your final paper you are granting permission to have your ideas, thoughts, and words presented in an e-book publication representing the collected efforts of the “Music and Global Health” first-year writing seminar at Vanderbilt University. You should, therefore, consider any issues of representation that concern you up front and address them with Barz immediately. If there is an issue with which you do not wish to go public, address those considerations up front and adjust your efforts early on.
16. *Medical Ethnomusicology*—At some point in your paper you will need to reference the concept of medical ethnomusicology directly by drawing on the ways in which this concept contributes to ideas you present in your paper.
17. *Opening Paragraphs*—Since your opening paragraphs will reference a specific artifact, you should attempt to be as creative and evocative as possible. The goal should be to grab the reader’s attention and convince them that they should continue to read.
18. *Closing Paragraphs*—Think of your concluding paragraphs as mini, truncated versions of your paper. Consider what you want the general reader to take away from your effort.
19. *Citation and Style Resource*—In order to be consistent in the publication of our e-book, please adopt the Author-Date internal citation style, i.e., (Gomes 2003: 231). The best source for adopting a consistent style for citing and is *The Chicago Manual*, which is found in the reference collections of all Vanderbilt libraries, including the music library. *The Chicago Manual of Style*, 15th ed. 2003. Chicago: University of Chicago Press (Reference: Z253.U69 2003). It is also available online: <http://www.chicagomanualofstyle.org/home.html> (<http://www.chicagomanualofstyle.org/home.html>)
20. *Bibliographies*—All sources from your bibliographies will be collated and placed in a collected “Sources Cited” section at the end of the complete text.

Example—An example of an e-book that documents visible knowledge production from an academic perspective is Prof. Kyra Gaunt’s collection, *Could you be the Bigger Nigger*, based on final projects submitted to her racism class at Baruch College in New York. Take a look at this e-book for inspiration. Please note that the articles produced for *our* e-book will be lengthier and more substantial (and different in significant ways) than those presented in *Could you be the Bigger Nigger*. Do note, however, the creativity in response and the individuality presented in these responses. The full pdf file for this e-book can be downloaded at: <http://www.scribd.com/doc/44411671/Could-You-Be-the-Bigger-Nigger>

Appendix B

**“Music and Global Health”
MUSL115F 01, Fall 2011
First-Year Writing Seminar**

VANDERBILT UNIVERSITY
T/TH 1:10 a.m.—2:25 p.m.
Seminar Room 106, Sutherland House

Instructor: Dr. Gregory Barz
Office: Blair School of Music, Room 1195
Office Hours: Mondays, 12:00 noon-1:00 p.m., or by appointment
Email: Gregory.Barz@Vanderbilt.edu

Short Description

This seminar will focus on the roles of music, dance, and drama in global health. The seminar will provide an introduction and background to globalization theory, cultural studies, and individual music traditions that support local community responses regarding healthcare and healing in various parts of the world. Seminar participants will consider the ways that music and the arts are adopted, adapted, and transformed when performed within healing ceremonies and in healthcare practice with a special focus on HIV/AIDS in a variety of contexts in Africa.

Course Overview

Students in this seminar will be exposed to the roles and functions of music (and the arts more broadly) within historical and contemporary global health concerns. Following an introduction to a variety of cultures, contexts, and the historical development and structure of global health concerns throughout the world, we will consider the ways in which music and its sister arts respond to and transform local knowledge concerning medicine, health practices, and healing rituals. The focus of the seminar will primarily be on the geo-political area of Africa, but additional materials will be drawn on throughout the semester that will highlight the globalization of health and society in other areas of the world. General topic and goals for the seminar are given below.

Seminar Topics:

- Medical Ethnomusicology
- Music and Healing
- Music and AIDS in Africa
- Music and Drama in Global Healthcare

Goals of the Seminar:

- To provide basic theoretical materials to support an understanding of roles of music within global health initiatives and international healing practices

- To explore and define primary musical materials and musical genres as they contribute to identity formation among such medical and healthcare practices
- To approach an understanding of predominant musical styles in local healing and healthcare practices and to identify how different cultural areas respond to similar facets of globalization regarding health

Required Texts—We will draw on selections from multiple texts for this course. In addition, a variety of articles supporting your class topics will either be placed on reserve or distributed in class.

1. *Singing for Life! Music and HIV/AIDS in Uganda*, Gregory Barz, New York: Routledge (2005)
2. *Oxford Handbook of Medical Ethnomusicology*, eds. Benjamin Koen, Jacqueline Lloyd, Gregory Barz, and Karen Brummel-Smith. New York: Oxford University Press (2008).
3. *The Culture of AIDS in Africa: Hope and Healing Through Music and the Arts*, ed. Gregory Barz and Judah Cohen. New York: Oxford University Press (2011).

Seminar Writing Requirements

Since this is a first-year writing seminar, a significant portion of time in the twice-weekly seminar meetings will involve intensive discussions, reflections, and critique of individual writing assignments. Each seminar participant will be required to write three papers. Of these three papers, the first two will include the resubmission of revisions (this process will be thoroughly discussed in the seminar). Papers and revisions are due in seminar on the seminar day indicated in the syllabus below. Papers will be returned to the students in a timely fashion, one week after their due date. The three required papers are intended to be exercises in the formulation of responses to problems and in the ability to demonstrate persuasive ways of writing about resolutions to problems. The paper assignments will draw on seminar discussions and assigned reading, and stress cultural responses and individual case studies that support the critical issues underscored in the readings and in the seminar discussion. Class discussions of the mechanics and style of critical-interpretive writing will constitute a segment of at least 8 class sessions.

Private Tutorials

Two mandatory individual tutorials will be offered to each seminar participant, the focus of which will be on individual issues related the student's writing. Additional help and guidance beyond the time structure of the tutorial allotment will occur within regularly scheduled office hours or through individual appointments.

Advance Submission

Submission of drafts of essays are permissible, and the instructor will be more than happy to discuss and evaluate drafts with individual seminar participants prior to the deadline of submission.

Point Value

The first and second assigned essays are worth 15 and 20 per cent respectively of your final grade and will require revisions. The third (final) paper will be worth 35 per cent. Class participation and attendance is worth 10 per cent; miscellaneous class writing assignments are worth 20 per cent as well.

Summary of Evaluation

Paper #1	15%
Paper #2	20%
Final Paper	35%
Class Writing Assignments	20%
Participation and Attendance	10%

Examinations and Final Examination

Please note that there are *neither* examinations *nor* a final examination. This is a seminar, and you will be evaluated on your individual progress in writing and your engagement of the materials presented in the seminar format.

Statement on Disabilities

If disability-related accommodations are needed; if you have emergency medical information to share with me; or if you need special arrangements in case the building must be evacuated, please make an appointment to speak with me, as well as the office of Equal Opportunity, Affirmative Action, Disability Services (2-4705 or www.vanderbilt.edu/ead (<http://www.vanderbilt.edu/ead>)) as soon as possible.

Honor Code

The Honor System presumes that all work submitted as part of academic requirements is the product of the student submitting it. This includes cheating on an exercise, test, problem, or examination. Please see the Student Handbook for further explanation. Violations of the Honor Code are cause for disciplinary actions imposed by the appropriate honor council. Academic dishonesty will result in a course grade of F. http://www.vanderbilt.edu/student_handbook/chapter-2-the-honor-system (http://www.vanderbilt.edu/student_handbook/chapter-2-the-honor-system)

SYLLABUS

Week One

August 25 **Topic**—Introduction, Review of Syllabus
Reading—(1) “Music,” Bruno Nettl; (2) “But what is global health, exactly?,” Tom Paulson

Week Two

August 30 **Topic**—“Music” and “Global Health” (drawing on Paulson and Nettl)
Reading—Koen, Barz, and Brummel-Smith (2008), “Introduction: Confluence of Consciousness in Music, Medicine, and Culture,” *The Oxford Handbook of Medical Ethnomusicology* (3-17)

September 1 **Guest**—Dr. Carolyn Audet, VU Global Health Institute
Topic—“AIDS 101”
Reading—continue reading Koen, Barz, and Brummel-Smith and add on Roseman, “A Fourfold Framework for Cross-Cultural, Integrative Research on Music and Medicine,” *The Oxford Handbook of Medical Ethnomusicology* (18-45)

Paper One Assigned

Week Three

September 6 **Guest**—Ms. Sara Manus, Blair Music Library (regular seminar room)
Reading—*The Oxford Handbook of Medical Ethnomusicology*, selections TBD

September 8 **Topic**—Music as Medical Outreach/Intervention
Reading—*The Oxford Handbook of Medical Ethnomusicology*, selections TBD

Week Four

September 13 **Guest**—Ms. Sara Manus, Blair Music Library (meet in Music Library)
September 15 **Topic**—Medical Ethnomusicology, part 1
Paper One Due
Reading—*The Oxford Handbook of Medical Ethnomusicology*, TBD

Week Five

- September 20 **Topic**—Medical Ethnomusicology, part 2
Reading—*The Oxford Handbook of Medical Ethnomusicology*, selections TBD
- September 22 **Topic**—Medical Ethnomusicology, part 3
Paper One Handed Back
Reading—*The Oxford Handbook of Medical Ethnomusicology*, selections TBD

Week Six

- September 27 **Individual Student Conferences**—Sutherland House Seminar Room
Reading—“**Music and HIV/AIDS in Africa,**” Gregory Barz and Judah Cohen,” in *The Garland Handbook of African Music*, 2nd Edition, 148-59
- September 29 **Topic**—Medical Ethnomusicology, part 4
Paper One Revisions Due, Paper Two Assigned
Reading—Gregory Barz, *Singing for Life: Music and HIV/AIDS in Uganda*, Prelude, Introduction, Chapter 1

Week Seven

- October 4 **Topic**—Music and HIV/AIDS in Africa, part 1
Reading—Gregory Barz, *Singing for Life: Music and HIV/AIDS in Uganda*, Prelude, Introduction, Chapters 2-4
- October 6 **Fall Break, No Class**

Week Eight

- October 11 **Topic**—Music and HIV/AIDS in Africa, part 2
Reading—Gregory Barz, *Singing for Life*, Chapter 5-6, conclusion
- October 13 **Topic**—Music and HIV/AIDS in Africa, part 3
Reading—*The Culture of AIDS in Africa*, selections to be determined

Week Nine

- October 18 **Topic**—Music and HIV/AIDS in Africa, part 4
Reading—*The Culture of AIDS in Africa*, selections to be determined
Paper Two Due
- October 20 **Topic**—Music and HIV/AIDS in Africa, part 5
Paper Two Handed Back
Reading—*The Culture of AIDS in Africa*, selections to be determined

Week Ten

- October 25 **Topic**—Music and HIV/AIDS in Africa, part 6
Reading—*The Culture of AIDS in Africa*, selections to be determined
- October 27 **Topic**—Music and HIV/AIDS in Africa, part 7
Reading—*The Culture of AIDS in Africa*, selections to be determined

Week Eleven

- November 1 **Topic**—Recent Research in Global Health

November 3	Reading — <i>The Culture of AIDS in Africa</i> , selections to be determined Revision of Paper Two Due , Final Paper Assigned TEDx VU , <i>no class</i>
Week Twelve	
November 8	Topic —No Class Due to Individual Planning Sessions on Saturday Reading — <i>The Culture of AIDS in Africa</i> , selections to be determined
November 10	Topic —To Be Determined Reading — <i>The Culture of AIDS in Africa</i> , selections to be determined
November 12	Individual Student Planning Sessions With Professor
Week Thirteen	
November 15	Topic —To Be Determined Reading — <i>The Culture of AIDS in Africa</i> , selections to be determined
November 17	No Seminar, professor at Society for Ethnomusicology, Philadelphia
Week Fourteen	Thanksgiving Break—No Classes
Week Fifteen	
November 29	Topic —Précis and Abstract presentation, review of SEM President's Roundtable Reading — <i>The Culture of AIDS in Africa</i> , selections to be determined
December 1	Topic — Global Hip Hop and Global Health Reading — <i>The Culture of AIDS in Africa</i> , selections to be determined
Week Sixteen	
December 6	Topic —Student Presentations
December 8	Topic —Student Presentations Final Paper Due

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