No Public?

Class Dynamics, the Politics of Extraversion, and the Non-Formation of Political Publics and (Religious) AIDS Activism in Urban Tanzania

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1. Introduction

In 1992, Paul Slack (1992: 8) wrote that epidemic diseases – and the microorganisms underlying them – are never »neutral«. From the moment they enter society – or rather, from the moment they are perceived and categorized *as* diseases, pathogens or epidemics – they become carriers of meaning and »intellectual constructs«. These constructs form the basis for the way in which humans, institutions and societies think and act in relation to epidemics and become inseparably intertwined with the larger social and political context in which epidemics thrive.

How closely individual and collective ways of dealing with a new disease are entangled with social and political webs of meaning and action has been demonstrated by HIV/AIDS. Identified for the first time in the United States in the early 1980s, initial reactions showed striking similarities to »classical« epidemics such as cholera, the Black Death and syphilis. Not only was HIV/AIDS associated with a range of stigmatizing meanings that defined infection with the disease as the result of socially and morally deviant behaviors. HIV/AIDS also became implicated in the multiple dynamics of blame and counter-blame (Farmer 1992), through which specific social groups were identified as the origin and carrier of the disease and for

whom sometimes drastic measures of containment were proposed (South Germany), and in some cases implemented (Cuba).[1]

HIV/AIDS has, however, also shown significant differences from previous epidemics. Not only have the worldwide spread of HIV and the public responses to it become deeply entrenched in globalized systems of transport, communication and human interaction, but AIDS can also be called a *modern* disease with regard to the sheer number and diversity of actors who have become involved in the public struggle against it. The resulting »public cacophony« has, from the start, influenced the experience of HIV/AIDS as much as the medical realities and the high degree of physical and emotional suffering associated with the illness (Cameron 2001: 3). As Shula Marks has remarked with regard to HIV/AIDS in South Africa, and with reference to the work of historian Charles Rosenberg: »Local and national authorities, governments and NGOs, national and international agencies, political parties, patients and their advocates and above all the pharmaceutical industry have all had their own and often conflicting perceptions and agendas in addressing the challenges.« (Marks 2002: 2)

In this chapter, I want to explore how the involvement of multiple actors and voices – and particularly the role of activism and collective action »from below« – has shaped the public response(s) to HIV/AIDS in the United States and urban Tanzania over the last decades. I will argue that activism – loosely defined as a specific form of collective action with a socially and politically transformative agenda – has become part of the public response to HIV/AIDS in one case (the United States) but only marginally so in the other (Tanzania). By looking at secular as well as religious responses to HIV/AIDS in Dar es Salaam, Tanzania's largest city and cultural and economic center, I will demonstrate that while there may be individual *activists* in the East African country, there is no collective *activism* around

1 | Thus, while in Cuba people infected with HIV were put into quarantine by the national government (Scheper-Hughes 1993); a Christian-conservative politician in Germany called for the collective internment of people with HIV in 1987. According to a later interview with him in 2008, this call »had been misunderstood« by the media and AIDS organizations. Early designations for HIV/AIDS like »Gay related immune deficiency (GRID)« or »4 H disease« – a label suggested by the US Center for Disease Control in analogy to the four *risk groups* identified at the time: *Homosexuals*, *Haitians*, *Hemophiliacs* and *Heroin users* – mirrored and legitimated such reactions (Farmer 1992).

the epidemic in the sense of a sustainable, politically oriented movement with a unifying goal and purpose. I will argue that the overall absence of a broader activist-political response to HIV/AIDS has had a significant impact on the way in which the emerging epidemic has (not) been constituted as a *public-political phenomenon* in urban Tanzania.

The chapter builds on anthropological writings that have criticized the normative Habermasian model of the *public sphere* and *civil society*, which he traced back to the formation of the European bourgeois society of the eighteenth century. Contrary to the notions of Habermas, these anthropologists have highlighted the formation of public spheres as identity- and culture-constituting projects (Probst 1999), and have emphasized the importance of exploring ethnographically the dynamics of »going« and »making« public through various actors in transnational and globalizing settings (Meyer 2011). Contrary to these authors' approaches, however, in this chapter I try to understand why certain actors have *not* challenged (or been able to challenge) public perceptions of the emerging HIV/AIDS epidemic and how the (non-)formation of a political sphere has been shaped by transnational forces and the politics of extraversion in urban settings in Tanzania.

In the first section of the paper I present some examples of AIDS activism in the United States, which have shaped the ways in which social scientists (and also many AIDS activists) have come to think about activism – and its potential impact on the public sphere – in various parts of the world. In the early years of the epidemic, AIDS activism in the United States was prompted by the indifference of the government towards HIV/AIDS, as well as by the activists' general ambiguity towards organized religion. More recently, activist agendas have been shaped by the internationalization of the HIV/AIDS movement in the global context, and especially by policy debates on treatment and the building of ties with activists from abroad. (Smith/Siplon 2006)

The two subsequent sections focus on Tanzania, where early responses to HIV/AIDS were also shaped by a reluctant government response and a lack of resources. However, this widely experienced lack of resources – combined with fear of the spreading disease – seldom led to activist involvement of people living with HIV/AIDS (as it did in the United States). In urban and rural Tanzania where I conducted most of my fieldwork, collective action in the context of HIV/AIDS has occurred primarily within the framework of transnationally funded non-governmental organizations

(NGOs) that focused on programs of prevention and positive living; however, due to the political climate in Tanzania throughout the 1990s and early 2000s, combined with class dynamics and the lack of social and cultural capital among NGO clients, these organizations have rarely become spaces for activism and public protest.

The final section of this paper turns to the field of religious mobilization in urban Tanzania and explores the factors that are important for understanding the limited presence of activist involvement in religious responses to HIV/AIDS in the country. While religion has become mostly a source of (individualizing) comfort and hope in the context of secular NGOs, mobilization among Christian and Muslim groups is driven strongly by the goal of proselytizing and a rather broad agenda of improving the well-being of other (partly newly converted) Muslims and Christians.

The empirical data presented in this article were collected during multiple field stays in rural and urban Tanzania between 1995 and 2010. My research focused initially on various aspects of HIV/AIDS and social relations (sexuality and gender, care and kinship, NGOs for people with HIV/AIDS and Pentecostal churches). More recently, I have become involved in a research project on the introduction of antiretroviral treatment which has shaped health policy in Tanzania since the end of 2004 (Mattes 2011). The aspect of political collective action did not constitute a major topic of my fieldwork: most of the five NGOs for people living with HIV/AIDS that existed at the turn of the twenty-first century in Dar es Salaam were active in the area of service provision and depended strongly on external funding; only one of them – an NGO founded by people living with HIV – had a mobilizing and partly activist agenda. Since 2008, my research in Dar es Salaam has focused on »Subject formation in Christian and Muslim schools in a historical perspective« and has also included the (informal) health-related activities of Christian and Muslim groups. My fieldwork over the years comprised participant observation (e.g. at burials, counseling and support group meetings in NGOs, church services and instances of medical mission), the conduction of semi-structured interviews with often biographic and/or narrative elements, extended case studies and other ethnographic methods (including the screening of media representations and governmental and non-governmental health reports).

2. Language and the Power of (Self-)Representation: AIDS Activism and the Formation of a Political Public in the United States

Paula Treichler (1992) has argued that language is essential for making sense of the disruptive and often violent experience associated with epidemic illness. Language is not only an essential condition for formulating appropriate ways of articulating experiences of loss and suffering, but also for positioning epidemic disease in relation to other domains of social and cultural experience: »When problematic sectors of experience threaten to disrupt the totality [of our life world], we work to integrate them, often by marking them as ›finite provinces of meaning‹... through explicit linguistic transitions.« (ibid.: 71)

Linguistic definitions of an epidemic disease – and the ways in which one should behave towards it in order to stay healthy – were »traditionally« established by the medical elite of a society and subsequently adopted by political leaders and populations as guidelines for individual and collective action. That such a model of a public health response may be simplistic has been demonstrated by HIV/AIDS. Not only was the pathogenic cause of the AIDS syndrome identified only several years after the first cases were reported in the United States (and remained for a long time challenged by the so called AIDS dissidents). It was also primarily AIDS activists and people with HIV/AIDS themselves who played a key role in defining strategies for public action in the response to the unknown disease; a disease that was initially reported mainly among the (already marginalized) gay community. AIDS activists not only established their own guidelines for the prevention of new infections, but they were also concerned with the mobilization of resources for prevention and care programs and with establishing access to medications that were still being tested in clinical trials. As Steven Epstein (1996) has argued, AIDS activists' interventions subverted publicly established hierarchies of authority and knowledge in the United States and replaced them – in some cases – with new understandings of patient rights and initiative.

While the 1970s had been perceived as a decade of sexual liberation in the United States, especially in the urban centers, the AIDS crisis brought conservative – and often repressive – voices to the fore. Thus, beyond gaining access to new medications, one of the most pressing concerns of AIDS activists was to establish a public discourse on the new disease and to gain

control over the social and cultural representation of HIV/AIDS in the wider society. Furthermore, by publicly breaking the »silence about the oppression and annihilation of gay people«, activists challenged the continued indifference of the US government as well as denialist tendencies within the gay and lesbian community itself (Crimp/Rolston 1990: 14).

During the early years of the epidemic, many of the images and activities designed by AIDS organizations attempted to create a positive image of the illness. Such images functioned as role models for different aspects of living with HIV/AIDS, not only for the urban middle class gay men who were most vocal with regard to the new threat – and some of whom became implicated strongly in the activist response – but also for members of the Afro-American and Latin American communities. This approach is best highlighted by the poster campaigns of the San Francisco AIDS Foundation, which displayed real-life pictures of community members living with HIV/AIDS and were partly shot by prominent photographers such as Annie Leibovitz. For instance, at the centre of the »Be here for Cure II campaign« (1993) were HIV-positive men and women who signaled hope to other people living with the disease. Beyond such early campaigns on »Positive Living«, the Foundation also became engaged in HIV prevention and the promotion of »safer sex«, which was, from the onset, closely related to the issue of gay rights and the Foundation's efforts to establish a positive image of same-sex relations in the media and the wider public.

On another level, an important role in the struggle over public meaning was played by the production of images and activities that became intimately intertwined with AIDS activists' efforts to establish an explicitly political – and often subversive – language around the disease (e.g. through public »kiss-ins«). The close entanglement between illness experience and the (societal-political) power of linguistic and visual representation is best demonstrated by the appropriation of the pink triangle into the HIV/AIDS context. The pink triangle had been the sign marking homosexual men in German concentration camps during the Second World War, but the symbol was adopted by gay activists during the 1970s in an effort to remember (and invert) »a suppressed history of [gay men's] oppression« (Crimp/Rolston 1990: 14). According to the activists, silence and indifference – among government authorities, but also within the gay and lesbian community – implied physical as well as social death.

For most activist organizations, the relationship with religion was a conflicted one, as many Christian churches had reacted to HIV/AIDS with

a discourse on sin and a negative stance towards the use of condoms. However, while much of the work of activist organizations like ACT UP New York was developed in response to conservative-religious voices (Crimp/Rolston 1990: 131, 138), religion was not perceived solely negatively by AIDS activists but also became a source of inspiration and creativity.[2] The Sisters of Perpetual Indulgence, a »leading-edge Order of queer nuns«[3], founded in San Francisco on Easter Sunday in 1979, responded to the outbreak of HIV/AIDS by channeling its activities towards HIV prevention and care work. Today, the sisters have developed into a »full-fledged pastoral and charitable organization«[4], which has established branches and mother houses worldwide. In their efforts, the order has targeted not only the US government and »the medical establishment« for their problematic response to HIV/AIDS, but has also highlighted the diversity of gendered constructions within gay and lesbian communities and emphasized the need to mobilize against *internal* moralization and exclusion, as for instance against people identifying as queer or drag.

The example of the Sisters of Perpetual Indulgence shows that activism and religion in »the West« have not always been mutually exclusive in the wake of the evolving HIV/AIDS epidemic, but that religious symbols and meanings have in some cases been appropriated and (subversively) transformed by activists for their own purposes. Furthermore, it makes clear that AIDS activism in the United States has been shaped by often differing societal and political agendas and interests, and that there has been considerable disagreement with regard to the forms and goals of protest. However, while it is crucial to take into account this diversity of voices,[5]

2 | The strained relationship between the organized AIDS response and the churches does not imply that people with HIV/AIDS did not ascribe a spiritual dimension to their illness; on the contrary, spirituality contributed strongly to the self-perceptions and experiences of many HIV infected gay men in the United States. (Hardy 1998)

3 | See the Sisters of Perpetual Indulgence (http://www.thesisters.org/) and their affiliated orders (last accessed: August 24, 2011).

4 | http://www.eurekasisters.org/News.htm.

5 | Elizabeth Clark (2004) has argued that definitions of AIDS activism should not be limited to the activities of ACT UP New York and the Gay Men's Health Crisis, or to the activist participation in the construction of medical knowledge as described by Steve Epstein (1996). According to Clark, we should also take

it is important to note that AIDS activism in the United States – in whatever shape – has ultimately had a political – and explicitly public-oriented – component. Thus, while US activists have had diverging understandings of what was right and wrong with regard to the epidemic (e.g. relating to gender and sexuality constructions) and who the actual targets of their actions should be (the government, the medical establishment, the Church, or the gay and lesbian community itself), communities and groups were built around the belief that activism engages the world for socio-political change and opens up new forms of participation, collective action and changing forms of citizenship.

To summarize this section, AIDS activism in the United States was shaped essentially by the following eight factors, which also serve as a comparative basis for understanding the (non-)formation of activist responses in the Tanzanian context: 1) Most activist agendas were opposed to, or at least highly critical of, the state and/or government; 2) Activists had a clear identity and a clear goal (though there were differences between individual activist groups); 3) Activists had the resources and the social and cultural capital (especially political experience) for their activities; 4) Activists were often self-declared people living with HIV/AIDS (or were affected by the disease); 5) Activists often self-identified as activists; 7) Activists often organized against religion; 8) Activists acted mostly in a national – and not a transnational/globalized – context (i.e., even though there were many international collaborations and agendas, external actors were not shaping their mobilization).

The following two sections will explore how the societal and political circumstances of the HIV/AIDS response differed in urban Tanzania and how the explicitly political spirit of collective involvement in US society was (not) translated into the Tanzanian public responses to the epidemic.

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into account the experiences of activists in rural areas, whose commitment to caretaking and advocacy on behalf of patients challenge community perceptions and practices on an everyday basis (Clark 2004: 313).

3. Between Community Support and Transnational Funding Structures: NGO Responses to HIV/AIDS in Tanzania

While AIDS activism in the United States developed in relation to a specific epidemiological and socio-political situation (and was from the beginning connected to a discourse on rights, sexuality, gender and identity), the situation in Tanzania differed greatly from the context outlined above and was shaped essentially by four different factors. In combination, these factors limited activism among religious and secular organizations.

First, there existed no broadly established public discourse on sexual identities and sexual relations *before* the arrival of HIV/AIDS. While there had been public discussions on the sexual behaviors of young women and the »decent« dressing of women in public places in the 1960s and 1970s (Ivaska 2007), and reproductive health programs had focused on the risks and outcomes of sexual intercourse (but less on sexual relations or sexual identity as such; Allen 2002), knowledge on intimacy, sexuality and gender relations was generated and transferred mostly within the extended family and on the community level (e.g. in the context of initiation rites, bride-price negotiations and marriage rituals; Beidelman 1997, Heald 1999).[6] Against this background, it would have been difficult for any kind of (imagined) social collective to initiate a public discourse on a topic that had been so explicitly absent from the wider society.

Second, the response of the Tanzanian government to HIV/AIDS was shaped by the way in which the African continent had been identified as the origin of the disease, both by the international media as well as by international researchers and politicians. Given the transnational dynamics of blame and counter-blame surrounding the African continent as the perceived source of the pandemic – and the corresponding Western discourse on African sexuality and exotic practices – many African government rep-

6 | A (limited) discourse on sexuality and gender relations was also established in the context of cinema attendance in Zanzibar, where films from the UK and India became an important part of urban popular culture from the 1920s onwards. However, access to the cinema was restricted largely to the middle and upper strata of the urban population; furthermore, in the 1950s a »sex factor« was probably an important criterion for censorship of the incoming films (Reinwald 2006: 85f., 101).

resentatives, intellectuals and members of the media were reminded of a colonial-evolutionist discourse that associated the »dark continent« with an alleged lack of morality and civilization (Sabatier 1988). Consequently, many African governments and societies initially responded with reluctance to the requests of international health organizations to introduce HIV prevention programs, and they responded only after mounting pressure from the World Health Organization (WHO) Global Program on AIDS.[7]

Third, the epidemiological situation in Tanzania differed greatly from that of the United States or Western Europe. While there was a strong public health discourse on risk groups (e.g. prostitutes, truck drivers) in Tanzania, the boundaries between these at-risk groups and the larger society was rather porous. Individuals and family members from all social strata became infected with, or were affected by, HIV. In the context of a generalized epidemic, the risk group labels were largely problematic and meaningless as they did not match the identity constructions of the individuals to whom they referred, especially when all forms of material exchange in sexual relations were highlighted as prostitution or transactional sex. Anthropological research has shown that meanings and practices around sexuality and gender relations were much more nuanced and context-dependent than such static labels suggested. (Haram 2004, Dilger 2003)

Fourth, and maybe most crucial with regard to the issue of a public response, there were no strong civil society and community-based organizations in Tanzania before the outbreak of HIV/AIDS, and before »liberalization«, »empowerment« and »community participation« became the buzzwords of transnationally-induced reform programs during the late 1980s and early 1990s. Throughout the 1960s and 1970s, community involvement in Tanzania was defined largely in line with the national project of *Ujamaa*[8], and there was little space for activist understandings that deviated from the social and political order as understood by the na-

7 | There were strong differences between different East African governments' responses to HIV/AIDS. For information on how Uganda's response to the epidemic became a role model to other governments in the region, see John Kinsman (2010). For the Kenya and Tanzania cases, see Karen Booth (2004) and Dilger (2005: 19ff.).

8 | Tanzania's socialist *Ujamaa* period lasted from the late 1960s to the mid-1980s and implied, among others, the introduction of a one-party system, the nationalization of the educational system, and the restructuring of economic

tional government. (Marsland 2006) However, even *after* economic and political liberalization, the establishment of civil society actors in Tanzania was still hampered by a situation whereby the formerly socialist government had difficulties in coming to terms with the political engagement of NGOs. (Mercer 1999) It was the HIV/AIDS epidemic itself that became one of the main triggers for the formation of a flourishing sector of NGOs and community-based organizations (CBOs) during the 1990s. Especially since the launch of *The Global Fund for the Fight against AIDS, Tuberculosis and Malaria* in 2001 and the *US President's Emergency Plan for AIDS Relief* (PEPFAR) in 2003, the HIV/AIDS field has been shaped by a diverse, transnationally sustained NGO and CBO scene that covers a wide range of activities in prevention, care and treatment. Contrary to countries like the United States, however – and also South Africa, which has a long history of organized unions and collective political struggle – people living with HIV/AIDS in Tanzania had little previous experience in social protest and collective action. (Beckmann/Bujra 2010: 1045)

What did such a situation mean for the public HIV/AIDS response in Tanzania? Under the conditions of a reluctant government response to the epidemic – and given the absence of a prepared and strong civil society, as had existed in the United States or South Africa – it took several years until a public discourse on the various aspects of living with HIV/AIDS was established in Tanzania. It was only from the mid-to late 1990s onwards that transnationally sustained NGO campaigns became increasingly present in urban centers such as Dar es Salaam, and began using media formats such as TV shows, radio call-in programs and colorful print magazines in order to engage the public in a differentiated discourse on sexuality, gender relations and the body. (Dilger 2012) On another level, NGOs and public health programs also became concerned with issues of stigmatization and human rights, and began to establish publicly visible programs and activities to enable a »positive life with HIV/AIDS« (ibid.).

Especially after the mid-1990s, the model of »Living Positively« came to increasingly shape the everyday work of AIDS NGOs in urban Tanzania, exemplified by the fact that many organizations started to establish counseling services and support groups for people living with HIV/AIDS. (Dilger 2001, 2005) People with HIV came together on the grounds of the

relations based on the ideology of *communal African values* (*ujamaa* = Kiswahili for »familyhood«).

NGOs and received individual counseling through peer-educators and experts as well as collective counseling in the context of support group meetings. Furthermore, the NGOs supported their clients through programs of material and social assistance, including legal assistance, home-based care, and in some cases school fee programs and small loans projects for the development of small-scale businesses. (Bujra/Mokake 2000)

4. Between Extraversion and Class Dynamics: The Role of Activism in the AIDS Response in Tanzania

What was the role of activists in this wider AIDS response? Considering the hesitant response of the Tanzanian government to HIV/AIDS and the lack of resources for people living with HIV/AIDS throughout the 1990s, the AIDS NGOs in urban Tanzania could have become the ideal breeding ground for activism and the push for broader, publicly-driven social and political change. In South Africa, Burkina Faso and the Ivory Coast, a comparable situation did indeed create the basis for socially and politically transformative action that has been described by Steve Robins (2004) and Vinh-Kim Nguyen (2005) as forms of »health citizenship« and »therapeutic citizenship« respectively. The shared experience of being HIV-positive in these settings became the ground for the establishment of a broader discourse on AIDS and global injustice, which also included elements of social activism and protest and was driven primarily by the lack of access to antiretroviral medications at the turn of the twenty-first century. In Tanzania, however, explicitly activist dynamics remained limited. While the privatization and NGO-ization[9] of Tanzania's healthcare system also led to shifting understandings of rights and citizenship, this seldom translated into explicitly political action and rarely resulted in publicly articulated challenges to the state or the international community in relation to their alleged responsibility for people with HIV/AIDS.

As Stephen Ellis and Ineke van Kessel (2009: 4) have argued, social movements and action in Africa have become highly dependent on inter-

9 | This refers to the growing presence of NGOs in the health sector over the last decades, which have often circumvented the public health sector with regard to agenda setting and funding mechanisms.

national contexts over the last decades, not only with regard to the content, inspiration and ideas of social protest, but also in relation to the financial and personal resources needed to sustain it. Furthermore, social movement theory often assumes that social movements and public protest evolve in relation to a state that is functional and coherent with regard to fields such as »policing, justice or other functions that would normally be regarded as essential to any state« (Ellis/Kessel 2009: 9). In a country like Tanzania, where state functions have been curbed by transnationally-induced reforms over the last decades, the conditions for social protest and activism appear very different. Not only is there often a striking disconnect between the goals and work content of externally funded NGOs – whose activities are shaped by international agendas and language on the one hand, and the NGO clients who depend on their services on the other (cf. Pommerolle 2010: 264) – but it is also the international funding community that has co-created the conditions in which locally experienced marginalization and inequalities materialize. At the same time, the international community provides the financial, personnel and linguistic resources to articulate protest »locally« and to mobilize for action in an effective way (ibid.: 266).

In the AIDS NGOs in urban Tanzania where I conducted my fieldwork at the turn of this century, the dynamics of extraversion – here defined as the (strategic as well as enforced) dependency of local action on external space (Bayart 2000) – led to the (non-)formation of activist engagement for four reasons.

a) The Lack of a Unifying Identity and Common Goal:
At the turn of this century, most of the NGO support groups I attended in urban Tanzania were struggling hard to establish a common identity among people living with HIV/AIDS that would have unified them beyond the improvement of their individual life situations. The NGOs in Dar es Salaam were attended mostly by young to middle-aged women who came from rural areas and had relatively little education and social and economic capital. Many were widows who lived alone or with their children and earned their living on a piecemeal basis. Most became involved in the NGO group discussions only when they addressed issues with an immediate relevance for their lives, such as the topic of disclosure and discrimination, or the provision of small loans for group members. (Dilger 2001)

This latter topic was heatedly discussed at one of the support group meetings of the NGO WAMATA in December 1999, where a smoldering

conflict became apparent between NGO officials and their clients. On the one hand, the NGO workers had difficulties in convincing donors of the necessity to give individual loans to »dying people«; on the other hand, the NGO's clients were in dire need of capital for small-scale trade and businesses and were strictly opposed to the idea of group credits and loans (as generally preferred by NGOs and donors). At the end of the meeting, the NGO's founder – Teresia Kaijage, a woman in her early fifties who had studied social work and was just preparing for an extended stay in the United States – joined the group and remarked (critically) that she had been struck by the way in which the discussion had centered on the opposition between »We« (clients) versus »Them« (NGO workers): »This is not correct«, she said. »WAMATA as a whole is the group. *We* are WAMATA and the group needs to keep together and be on the same side« (emphasis by the author). Her intervention, however, was noticed by only a few support group members as most were already heading for the lunch that WAMATA had organized for the final meeting before Christmas.

b) Dependency and the Lack of Social and Cultural Capital:
Most of the AIDS support group members with whom I talked in Dar es Salaam lacked the symbolic and social capital – as well as the necessary motivation – to become involved in activism and public action. While many of the guiding figures in AIDS activism in the United States had been middle class, well educated men and women who knew how to articulate a political statement and how to draw public attention to their cause, few of the NGO members in Dar es Salaam whom I talked to had the knowledge, political experience or educational background to establish an activist agenda or to organize publicly visible events such as the Treatment Action Campaign in South Africa. Many of the women and men I talked to had become the »beneficiaries of global AIDS activism« (Beckmann/Bujra 2010: 1044) and were concerned with getting by on a day to day basis. They relied heavily on the resources that were raised through the NGOs, and the request for help (*msaada*) had become central to the interactions between clients and NGO workers. Furthermore, the NGOs were held accountable by international donors for the provision of services to their clients and depended on the satisfaction of their members as articulated in their end of year reports (among other things). This situation created relationships that were based on (mutual) dependence and benevolence and thwarted the ideal of sameness as articulated by the WAMATA leader above.

c) Maintaining the Political Status Quo:
As mentioned above, many of the NGOs I encountered focused on the social, economic and cultural aspects of living with HIV/AIDS and were rather apolitical in their visions and activities. This was quite typical for many NGOs in Tanzania during the 1990s, particularly because the NGOs' existence depended ultimately on government permission and they were only allowed to engage in political activities if they were registered as political parties. (Mercer 1999) Consequently, it was almost exclusively on the premises of the NGOs (and rarely in public) that members of HIV/AIDS support groups expressed their critique of governmental authorities that, according to them, had failed to take care of their HIV-positive and AIDS-sick citizens. This critique was directed primarily at the state level, without taking into account the wider international political and economic forces that from the mid-1980s onwards had forced the Tanzanian government to reduce its expenditures for social welfare. (Dilger 2005: 154)

However, even when such a critique was articulated *beyond* the spatial and social boundaries of the NGOs, this was done so in a way that did not explicitly challenge the state or the political status quo. One example from 2003 illustrates this point. On the occasion of the tenth anniversary of the NGO Service Health and Development for People Living Positively with HIV/AIDS (SHDEPHA+), a crowd of around eighty to one hundred men and women marched peacefully through the streets of downtown Dar es Salaam and assembled on the central grounds of the *Mnazi Mmoja*[10] for the concluding festivities. While listening to the speeches of their leaders and applauding the cultural program, some of the HIV-positive members of the group also held up banners which »asked [k*uomba*]« the government of Tanzania to provide free AIDS medicines. While the message articulated on these banners reflected a widely shared demand among activists in various parts of the world in the early 2000s, its »mild« form did not have a socially or politically transformative agenda and occurred largely in »compliance with [evolving] state and donor agendas« in the year 2003 (Beckmann/Bujra 2010: 1052).

10 | Central meeting ground in Dar es Salaam for political rallies and social and cultural events.

Members of SHDEPHA+ asking the government of Tanzania to provide free AIDS medicines.

Photo: Dilger 2003

d) Religion as a Source of Individual-Level Comfort and Hope:
While »the Church's« moral stance had been one of the driving forces of AIDS activism in the United States, the relationship to organized religion within the support groups in Dar es Salaam was different. Most NGO clients I talked to regularly attended one of the many mosques or churches in the city. Furthermore, within the support groups themselves, references to God, belief and a moral life as defined by Islam or Christianity were crucial for the ways in which people with HIV/AIDS perceived themselves in relation to their illness. One example is a support group member named Mama Frank, a woman in her late fifties whose husband had died of AIDS a few years earlier. According to her, both she and her partly grown-up children depended heavily on her employment at one of the NGOs, on the NGO's medical and social services, as well as on God's benevolence for »a life with hope«. At one of the support group meetings she attended, she recounted in front of the group: »[After my husband died], the counselors of these NGOs came and brought me to one of these organizations... They taught us to live with hope. Today I live by praying to God... I don't know if it is because of these medications or because of God.« (Mama Frank, January 22, 2000)

While I do not want to imply that religion and belief cannot become mobilizing foundations of protest and activism (see Ellis/Kessel 2009: 11),

in the NGOs in Dar es Salaam faith and belief have instead become primarily a source of individual level comfort and hope for people with HIV/AIDS.

5. Resource Mobilization and Service Provision among Christian and Muslim Groups: Are there Religious AIDS Activists in Tanzania?

If religion was not a force that people with HIV/AIDS in Tanzanian NGOs felt threatened by – or in relation to which *divergent* activist agendas were established – the question may be asked of whether there has been anything like religious AIDS activism in urban Tanzania and what its potential impact on the formation of a political public has been?

As in many other Sub-Saharan African countries, religious actors in Tanzania were slow to respond to HIV/AIDS, and their responses were subject to the wider social and political context as outlined above. In particular, many Christian and Muslim leaders took a rather negative stance towards the epidemic throughout the 1990s, contributing to the rejection of condoms in prevention campaigns and often also to the stigmatization of people with HIV/AIDS. (Dilger 2001)

However, there were also notable exceptions to this larger discourse on sin and moral exclusion. Some Christian NGOs were established early on in the epidemic as service providers for people with HIV/AIDS, thereby playing a significant role in establishing a public response to the HIV/AIDS-related challenges. Some have existed for a long time now and have become widely renowned for their charitable achievements (e.g. PASADA, which was founded as a »social service agency« under the wings of the Archdiocese of Dar es Salaam in 1992), though they have had no explicitly activist agenda. Other organizations have become involved in HIV/AIDS related activities more recently, a fact that highlights the diversification of funding structures and opportunities opened up by PEPFAR and other international development efforts since the early 2000s. (Dilger 2009) Among these new organizations are some recently established faith-based organization (FBO) branches of the Protestant and Catholic Churches (e.g. the Seventh-Day Adventists Church), though not so much the Pentecostal churches. Furthermore, the national Muslim organization BAKWATA has received support from the German Technical Cooperation (GTZ) in the

development of an HIV/AIDS related policy. Similar to the »older« organizations, this recent generation of FBOs focuses mostly on service delivery.

In addition, there have been numerous congregations, churches and organizations that have mobilized resources for people with HIV/AIDS *outside* of the larger NGO/FBO context and have made active efforts to change the course of the epidemic on an informal level, such as through healing prayers and neighborhood services (see Dilger 2007). Some of these efforts – which represent instances of community involvement from below and which are often still in the early stages of becoming established as formal structures – also have important implications for the wider public response to HIV/AIDS and will be presented through three brief case studies in the following paragraphs. All three cases are characterized by their status of relative marginality in urban Tanzania. »Marginality« here does not imply that these organizations and individuals did (or do) not have access to international or local resources in their efforts for mobilization. Rather, marginality refers to the specific position of these actors in relation to contemporary and historical religious, political and social structures within Tanzania – and thus to their respective ability to shape (and respond to) public discourses and responses in the context of HIV/AIDS.

The first case study presents the Catholic Orders of Brothers and Sisters, which have often been at the margins of officially approved church positions, and have challenged mainstream thinking in the former mission churches. The second case is about Pentecostal churches, which are currently still not assembled under a national umbrella organization and represent a heterogeneous and internally divided field. They are also not included in the Christian Social Service Commission, which was established in 1992 and implies a close cooperation between international donors, the Tanzanian government and the former mission churches in the areas of health and education. Finally, the third case, the Tanzanian Muslim Professionals' Organization (TAMPRO), is marginal in the double sense in that it forms part of a counter-structure that was established in an effort to challenge the government approved Muslim organization BAKWATA (founded in 1968) and also to counteract the historically embedded marginalization of Muslims in Tanzania. (Heilman/Kaiser 2002) In this sense, the marginality of these three actors does not refer to a fixed social position but represents a vantage point from which the dynamics of social and political involvement, and the specific abilities and needs required to mobilize resources for this involvement, can be explored. Furthermore, it

represents a parallel to the situation in the United States, where activist involvement was, amongst other things, a result of marginalization, though less with regard to class and capital and more in relation to constructions of sexuality and gender.

The first case study is about Dr. Bernard Joinet, a White Fathers priest in Dar es Salaam, who had a vision in the late 1980s of how HIV/AIDS could be countered by involving both religious and secular organizations. In 1995, Joinet described this vision in retrospect:

»The symbol of the Fleet of Hope imposed itself to my mind when I was attending a seminar on AIDS… I suddenly felt: ›This epidemic is not a small stream which we can dam, it is a real flood‹. And then I saw as in a dream Noah's Ark as described in the Bible and thought: ›Of course we can be saved by getting into a boat‹. Looking at this Ark, I remembered that people are different and that they need different kinds of boats, to suit them all. Then I saw, as in a dream three boats named ›Abstinence‹, ›Fidelity‹ and ›Condom‹, a real fleet, ›the Fleet of Hope‹«. (Joinet/Mugolola 1995)

In the following years, the Fleet of Hope was adopted by organizations in Uganda, Burkina Faso, Angola and the Congo, and established itself as an early proponent of the ABC approach (Abstinence, Be Faithful, Use Condoms) that was appealing to both religious and secular organizations and has shaped the public responses to HIV/AIDS in wide parts of Sub-Saharan Africa until today. The campaign emphasized the need to take into account people's different needs and to incorporate religious and moral diversity as an important principle in the formulation of public health campaigns. That it was conceived by a Catholic priest made the campaign rather unique in that it presented an unconventional approach to the wider church response to HIV/AIDS at the time. However, while it can be said that the challenging of official church positions is not unusual for the sisters and brothers of religious orders in Tanzania, it is still questionable whether Bernard Joinet can be called an activist. On the back cover of his autobiography, *Un prêtre face au sida*, Father Joinet is called many things – an educator, a trusted person, a social worker – but not an activist. (Joinet/Petit 2009) Thus, if we ascribe the label »activist« to specific actors, we should be careful to ask whether they would agree with this label and whether it is part of their self-

ascribed identity. Furthermore, we need to ask what kind of public(s) they hope to establish through specific discourses and activities.

If one moves from the individual to the organizational level there are more examples that might fall under the category of religious AIDS activism in Tanzania. One of them is the Dar es Salaam Pentecostal Church (DPC), which was established under the guidance of the Pentecostal Church of Canada in the early 1990s and became concerned with the conditions of health provision in the late 2000s. When I visited the church for the first time in 2008, the congregation was just about to hold its first Charity Day, a public event organized for the immediate church neighborhood that, according to the leaders in charge of organizing the Charity Day, was heavily disadvantaged with regard to its lack of access to health services. At the Charity Day, the DPC distributed food and clothes to its neediest members and the surrounding community, and also organized legal counseling and medical examinations and treatment for attendees. This included free testing and counseling for HIV as well as the distribution of free drug donations for selected illnesses. The activities were funded largely through donations of (the partly well educated, middle class) church members, but also through the contributions of hospitals and other religious and secular health and community organizations. In the long run, the Charity Day organizing committee hoped to establish a community health center on the church compound that would offer health services to the surrounding community and would also include an HIV testing and treatment center.

However, while one might classify the DPC event as the outcome of religious health activism aimed not only at satisfying clients' immediate needs but also improving health conditions in broader social and political terms, I would be hesitant to do. The more I attended the preparatory meetings for the charity events, the more obvious it became that the church was divided internally with regard to the idea of the event itself. While a small group within the DPC was in favor of the Charity Days, the church leadership and larger parts of the more well-off, English-speaking congregation became increasingly reluctant to back the events and rather expanded their support for a competing project, the building of a church-owned university. Furthermore, even the core organizing team had no clear consensus about the long-term goal of the Charity Days. While some of the organizers presented them largely in terms of »doing good« for »the poor« and the surrounding community, others kept reminding their co-believers that

The Dar es Salaam Pentecostal Church providing free medical examinations at one of its Charity Days

Photo: Dilger 2008

the ultimate purpose of the event was proselytization. At the preparatory meetings, this larger goal was seldom discussed; however, it became clear during several of the counseling sessions I attended at the Charity Days that church leaders and members were interested in more than simply improving the health of the surrounding community. Counseling sessions started with questions concerning the social and economic situation of beneficiaries, but soon turned into a sort of spiritual-religious counseling which often ended with the on-the-sport salvation of the respective man or woman. For example, at one of the counseling sessions a Muslim woman in her late twenties stated that she »prayed at BAKWATA« but had been drawn to the Christian faith more recently. When she claimed that she was afraid of her parents' reaction if they heard about her potential conversion (*nikibadhilisha* – »if I change«), the counselor replied: »If you act right towards your father but offend God, your last days will be bad. God comes always first«. (Fieldnotes by author, October 3, 2009) The woman finally asked to be prayed for and one of the pastors was called to save her by prayer and the laying on of hands.

The third case study is of TAMPRO, the Tanzania Muslim Professionals Organization, which was established in 1997 in an effort to unite Muslim

professionals in their struggle to overcome the social and economic marginalization of Muslims in the country. Marginalization refers here to the (publicly not widely acknowledged) exclusion of the majority of Muslims from political participation and social service provision (especially education) and is framed within a larger discourse on mission history and the alleged government and donor driven establishment of a Christian state in Tanzania. Furthermore, the many revivalist Muslim groups in Tanzania that were established over the last two decades, often with the support of funds from Kuwait and Saudi Arabia, act largely in opposition to – or at least in distinction from – BAKWATA, the supreme body of Muslims in the country. BAKWATA was founded in 1968 as a successor of the East Africa Muslim Welfare Society and is perceived by many revivalist Muslims as an ally of the government, and thus an integral part of a colonial and post-colonial history of social and economic exclusion. Many of these groups have an activist agenda in the sense that they push for political and social transformation, though they would not necessarily identify themselves as activists (see below).

Apart from its involvement in education and the introduction of secular elements of Qu'ranic education in state schools, TAMPRO has also become involved in health projects that include conducting mobile clinics in rural areas around Dar es Salaam. Resources are mobilized for these clinics through the personal contributions of TAMPRO members, and doctors and other relevant experts and professionals are then sent on the medical trips. Financial and personal contributions are made by other Muslim organizations in Dar es Salaam that share TAMPRO's larger goal of improving the health and educational status of Muslims in Tanzania. Those who work in these events are, however, often not professionals in the sense that they have long-term experience in their profession or in the conducting of voluntary clinics; many of them are medical students who are eager to contribute to the well-being of the Muslim community and want to apply the knowledge they have acquired during their studies.

During one of the medical trips I attended, the members of TAMPRO and other collaborating Muslim organizations examined and in some cases treated between two hundred to two hundred and fifty men and women in the larger coastal area of Dar es Salaam for medical conditions such as worms or scabies. They also conducted health education sessions in which they taught villagers about personal hygiene, the importance of taking seriously ill patients to the hospital, and the necessity of undertaking regular

Members of TAMPRO and other Islamic organizations setting up a mobile clinic in the rural hinterland of Dar es Salaam

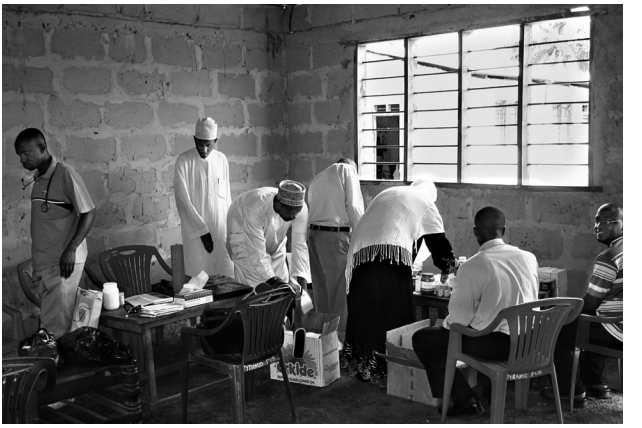

Photo: Dilger 2009

medical checkups for diseases such as diabetes. However, while HIV/AIDS had also been an important element of TAMPRO's self-declared agenda when I first interviewed their General Secretary in 2009,[11] this issue remained rather absent from the activities during the medical trip. Furthermore, it became obvious that *da'wa* (spreading the word of Allah) was an important part of the medical trip for most of the team members, too. Thus, even though the majority of the villagers who attended the mobile clinic were obviously Muslims, the TAMPRO members still distributed small booklets, gave advice about how to pray properly, and encouraged attendees to visit the mosque regularly in order to avoid illness and suffering.

These three case studies highlight the fact that experiences of relative marginality have been important triggers for collective action and the articulation of alternative visions of the social and moral order in the era of HIV/AIDS among religious groups in Tanzania. They also shed light on the way in which religious actors have been able to position themselves in relation to the wider public response to the epidemic in the country. Particularly among revivalist Muslim organizations, the shared sense of (double) mar-

11 | Semili, Pazi (General Secretary of TAMPRO), Interview by author, Dar es Salaam, August 26, 2009.

ginalization has prepared the ground for collective action with a publicly visible, societal and politically transformative agenda. As the General Secretary of TAMPRO claimed in an interview, most of the funds (i.e., ninety percent) for HIV/AIDS in Tanzania are channeled through Christian organizations, despite the fact that Christians and Muslims each represent forty percent of the total population.[12] However, while resource mobilization and social service provision among Muslim as well as Christian revivalist groups display traits of activist involvement, they are also driven strongly by the goals of mission and *da'wa*. Furthermore, both in the examples of the DPC and TAMPRO, collective action was not directed specifically at HIV/AIDS, but rather broadly at the improvement of social and health conditions.

6. Conclusion: How to Understand a »Political Public« in the Era of HIV/AIDS

This chapter started out with the question of which factors were important for the emergence of activism and the formation of a political public in the era of HIV/AIDS in the United States, and about whether there have been instances of AIDS activism in Tanzania, either in secularized or in religious contexts. While the case studies that I have provided may not be exhaustive, they provide a sense of the various analytical categories that are – in combination – relevant for understanding the (non-)emergence of activist involvement and political publics in the context of an epidemic such as HIV/AIDS. In summarizing the various factors that may trigger activist involvement in a particular setting, it is helpful to make reference to instances of AIDS activism in »the West«, where activists were able to represent their goals and aspirations with public effect. The comparative perspective is essential for understanding the factors conducive to activism – and the formation of political publics – in certain specific local settings but not in others.

Political-social and epidemiological situation: While activist groups in the United States had previous experience with community involvement and social protest, the people infected with or affected by HIV/AIDS in Tanzania had little previous experience with collective (political) action. The

12 | Ibid.

NGOs in Dar es Salaam in particular, where people with HIV/AIDS came together and shared their experiences and needs, could have become a fertile ground for socially and politically transformative action. However, in the absence of a strong civil society and a largely restrictive framework on NGO involvement, the activities of non-governmental actors – and of the people attached to them as clients and group members – remained largely confined to the premises of the NGOs themselves. Collective action is entangled closely with the specific epidemiological situation. In a generalized epidemic such as Tanzania's, where HIV affects (potentially) everyone, it is not easy to establish HIV as a mobilizing theme among the wider public; people's concerns are often broadly aimed at a general improvement of their (rather personal) living situations in terms of kinship, gender, work and religion. (Dilger 2012)

Institutional configurations: The civil society response to HIV/AIDS in Tanzania has been determined by a high degree of extraversion in terms of funding and agenda setting. Within the NGOs themselves, activist engagements were constrained by the mutual dependence between NGO workers and clients. Not only did the NGO clients depend on the NGO workers in terms of service provision; the NGOs also needed satisfied clients in order to attract further resources in an increasingly competitive funding market. With this, I do not mean to imply that activism is always inhibited by the availability of external funding; Greenpeace, for example, depends heavily on funding from mostly private foundations. However, in Tanzania the influence of external funding has created a space for the domination as well as empowerment of those on the receiving end. (See Pommerolle 2010) Furthermore, most of these transnationalized spaces of community action are becoming increasingly fragmented and fragile. What happens if financial resources are withdrawn? Who will have the capacity, resources and knowledge to remain involved as a mobilizer or activist? And what kind of political public can be created under these conditions at all?

Capital, charisma, class and gender: The example of the United States has shown that activism and public action require not only financial but also cultural and symbolic capital in order to lobby effectively for a specific cause. In particular, the ability to speak the »right« language and to articulate one's goals with the proper emotional and political impetus in the relevant forums is crucial for creating a sense of urgency and for being publicly heard. In Tanzania there were few individuals with a middle class background and access to influential individuals and networks who could

have driven and sustained an effective movement of activists. The potential activists in Tanzania who came together at the NGOs were mostly women with limited access to resources and capital. They were ill prepared (and also often not interested) to engage in collective action directed at the larger transformation of society. Furthermore, given the vulnerable position of women in their kinship groups and communities (Dilger 2005), becoming publicly involved in a stigmatized cause such as HIV/AIDS would have come at a high cost.

Intensity and directionality of public action: The Oxford Advanced Learner's Dictionary (1989) defines an activist as a »person who takes or supports vigorous action, especially for a political cause«. The qualifying adjective »vigorous« is defined as »strong, active, energetic« and »using forceful language«. While »vigorousness« and »strength« are difficult to measure, I maintain that a strong emotional involvement (mostly in the form of anger and fear, but also the hope for social and political change) were often intrinsic for the emergence of AIDS activism in »the West«. While the life worlds and biographies of people infected with and affected by HIV/AIDS in urban Tanzania were certainly shaped by comparable emotional experiences, their ability to translate anger and hope into mobilization for social and political change was limited. Furthermore, the mobilization of resources and ideas among religious groups was rarely channeled in relation to a specific topic such as HIV/AIDS. As the case studies of the Christian and Muslim organizations have shown, mobilization was motivated by a wide range of goals and aspirations, not only societal transformation but also proselytization and the service of God.

To conclude: While I would agree that there have been individuals in Tanzania who could be called AIDS activists, there has been no *AIDS activism* in the sense that individual efforts and aspirations have translated into publicly visible and effective modes of collective and sustainable action directed specifically at HIV/AIDS and social and political transformation. As experiences of AIDS activism in the United States and South Africa have shown, politically motivated collective action has been crucial in changing the course of the HIV/AIDS epidemic and for the constitution of a politically transformative public sphere around the common cause of HIV/AIDS. Furthermore, activist involvement has been important in challenging views and experiences at the community level and getting civil society actors involved in the responses to the epidemic.

In doing future research on political publics and activism *beyond* the era of HIV/AIDS in Africa – especially by religious actors who often subscribe to broader social and faith-oriented agendas and are frequently strongly involved in the formation of political publics (Osella/Soares 2010) – it will be important to ask whether the people we might consider to be activists, according to our analytical assumptions and definitions, identify themselves by this label. This will be crucial for understanding the kind of publics that can be – and are being – formed as the result of collective action by various religious actors and groups. The following quotation by Sheik Issa Othman – chairman of the development-oriented Mwinyi Baraka Foundation in Dar es Salaam – is illuminating:

Author: »Would you say that you are an activist?«
IO: (Laughs) »I remember one of my teachers was telling me ›Don't be part of the activists‹. Then I said ›Why?‹ ›Most of them they are talking, they are very active, but in terms of actions they are zero‹... So I don't think I would like to be part of those people who are called activists. But I think I am doing a very good job in terms of, you know, helping my community understanding the dangers of HIV/AIDS... To make them see the world the way the world is, you know, moving and going forward. Instead of closing their eyes and saying ›Ok, I am content with my mosque. I am content with what I have. I don't want anything else‹«.[13]

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13 | Othman, Sheik Issa, Interview by author, Dar es Salaam, October 12, 2010.

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