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### "Infectious Rhythm": Music, AIDS and the African Diaspora

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Although Western imperialism and the transatlantic slave trade brought genocidal diseases and epidemics annihilating millions of Africans, Western discourse has long viewed African bodies and African culture as dangerous and potentially "infectious." A new book by Barbara Browning, a professor of Performance Studies at New York University, addresses this irony.

An engaging collection of essays, *Infectious Rhythm: Metaphors of Contagion and the Spread of African Culture* examines the long-standing metaphor in Western discourse that "relies on disease and contagion" to describe much-feared African "diasporic flows, whether immigrational or cultural." From the angst expressed by a seventeenth-century European travel writer who referred to the "irredeemably infectious lasciviousness" of Afro-Peruvian dance to the recent hysteria of the (medical, political and media) establishment over Haitian immigration, Browning tracks the history of the contagion metaphor as it relates to people of African descent. Browning closely examines how the metaphor of "infection" has gained a new popularity with the outbreak of the AIDS epidemic, which has taken a heavy toll on African and Afro-Diasporic communities.

Along the way, Browning also explores the way black artists have "inverted" the contagion metaphor either to portray Western influence as polluting and contagious, or by depicting African culture's "infectiousness" as vital, "life-giving" and healing. Everything from Ishmael Reed's novel *Mumbo Jumbo* to Marvin Gaye's classic soul song "Sexual Healing" figures in Browning's work. In one essay, Browning looks at how multinational corporations in the music and fashion business have capitalized on the "otherness" of African culture, mentioning, by way of example, the fashion behemoth.

Benetton, which presents an image of multiculturalism and conscientiousness, but actually thrives on "the fixity of difference."

Now a visiting professor at Tulane University in New Orleans, Professor Browning recently discussed her new book with Africana.

**In your opinion, why is African rhythm so "infectious"? Is there a distinguishable "essence" to African music – its polyrhythmic syncopation, for example – that can explain its spread and wide popularity? As a performance theorist, how do you explain this concept?**

I'd like to pause for a moment before answering the question to point out that the book doesn't present an "argument linking the spread of African culture to the AIDS pandemic," but rather notes that others — epidemiologists, journalists, writers of fiction, even the popular imagination — have made that link. And in fact, there is historical precedent for European hypotheses of a link between the diffusion of African culture and other infectious diseases, such as yellow fever.

The book argues that epidemiologically, "scientifically," if you will, there are no grounds for such links. If you put the most recent "infectious culture" hypotheses into historical context, it becomes all too evident that they are an outgrowth of racism, fear and ignorance. And yet the metaphor of culture as infectious disease has also, ironically, acquired a positive valence — the connotation of a kind of liveliness or vitality you can "catch." This is usually the way we invoke the term "infectious rhythm." It sounds benign. And plenty of African diasporic artists, writers and musicians have explored the notion of spreading vitality through their culture. Still, it is important to remember that this benign or even celebratory notion of how African culture spreads bears a relation to negative, fearful accounts which have often led to the repression of black cultural expressions.

Now, having said all that, I'd say that the global popularity of black musical forms can't really be extricated from this history of repression. That is, the exoticization or fetishization of African culture as intrinsically irresistible is *in part* the flip-side of its demonization. So I wouldn't want to essentialize it. But I'd also have to say, as someone deeply compelled by polyrhythmic musics and dance forms, that jazz, rumba, samba, reggae, hip hop, are all rich, elaborated, evolving styles which offer endless possibilities not just for experiencing pleasure, but for thinking deeply about the layering of time (both musical and historical), and the power of culture to make things happen. You ask about *aché*, or *axé*, which is a way of thinking about spiritual infusion, but also "the power to make things happen"—which also means political efficacy, an important component of many diasporic musical expressions. That's a very compressed way of saying that yes, African and diasporic musics are powerful, and that power can have a soulful element, but it also has a political and historical context.

**In the context of the AIDS epidemic, you contend that African/Afro-diasporic religions – viewed as virulent, "infectious," and dangerous by Americans – can be more "life-affirming" and "healing" than the so-called rational belief systems of the West. Some critics would challenge your claim that Afro-diasporic religions offer sophisticated traditions of healing – spiritual and herbal – and would say that practices central to Voodoo and Candomble involving scarification, bloodletting, and homosexuality actually increase the risk of infection. How would you respond to their criticisms?**

I don't know that I'd want to argue flat-out that diasporic healing systems are "more" life-affirming than Western ones. I wouldn't want to dismiss out

of hand the curative or life-enhancing possibilities of Western medicine. I note in the preface of the book the horrible injustice of the fact that not only African nationals but also African Americans with HIV are less likely to benefit from recent advances in AIDS therapies due to economic and racial inequities. But I also argue that the Western medical establishment has much to learn from healing systems which don't view the body as a battleground between pathogens and medicines developed to "attack" them, but rather as part of a larger social body which also requires care and healing. The Western medical establishment is already shifting in its openness to non-Western healing techniques, and the importance of community support in maintaining health. In fact, some of this shift was actually influenced by the experiences of AIDS patients, who demonstrated that emotional support could quantifiably affect T-cell counts. Vodou, Santería and Candomblé theorize infectious disease in a very interesting way. Whereas allopathic medicine's efforts to attack disease can all too often feel, to those infected, like an attack on *them*, these belief systems recognize the power of disease, as embodied in the principal of Babaluaíyé, and attempt to find a way to live in respectful harmony with that power. We all dream of a cure for HIV. But there's much to be learned from communities that seek to heal the social inequities which will propagate infection, and seek to support those already infected in physical, spiritual and emotional ways.

Regarding your question about scarification—one of the interesting projects I discuss in the book is an ongoing AIDS education project in the Candomblé community in Brazil. Community members are educating each other about viral transmission *through* African cosmological teachings. They have distributed publications which explain the dangers of HIV transmission through infected bodily fluids, and make recommendations regarding the use of individual blades (and sterilization) for the small, discrete incisions made in certain rituals. They also make explicit recommendations regarding safe sex practices. All of these recommendations are related to specific Candomblé teachings regarding the care of the body of the individual, and respect for and care of the social body. Incidentally, while ritual practices in Africa and the diaspora have sometimes been suggested as having influenced the spread of HIV, they have consistently been shown to be epidemiologically negligible. Transmission is virtually always via the familiar means: unprotected vaginal or anal sex, reuse of hypodermic needles, or transfusion from an infected blood supply.

**How, in your opinion, do the cosmologies of Afro-diasporic religions explain and make sense of the bane of AIDs – how does Brazil's Candomble community, for instance, "intellectualize" (as you say) the high rates of infection among its own? (I'm fully aware of the secrecy surrounding Candomble and Santeria practices, but I find this fascinating - so I still ask.)**

How do people find meaning in, or make sense of, something as terrible as the deaths of young and vibrant men and women? On a certain level, one might argue that all such loss is "meaningless." Every individual struggles to make sense of loss in his or her own way. For some, it occurs on a spiritual level. For others, the AIDS pandemic has made shockingly explicit certain social inequities—at both the national and global level. The higher incidence of infection among the African American community makes it all too clear that structural violence—including economic inequity—can have lethal effects. So politicization, and mobilization, is another way of making sense. For some people, for example the Candomblé activist/educators I mention above, spiritual and political awareness are the same thing. There is a beautiful documentary film by Tânia Cypriano called "Odo Ya! Life With AIDS" which includes some very compelling testimony to this effect by

Candomblé practitioners.

**You mention in your book that certain communities in the African diaspora afflicted with AIDS do not speak out, prefer not to draw attention to their plight, and are reluctant to even mention the name of Babaluaiye, the god of epidemics . But you urge readers too see their silence as meaningful, to understand their "culture of discretion," and to realize that there are different ways of "acting up." Could you explain this point further?**

This is, for me, the most difficult argument in the book, for a couple of reasons. One is that there are not two distinct and mutually exclusive camps — of vocal, predominantly white AIDS activists and silent, predominantly black spiritual communities. In fact, there's overlap, and different individuals and communities dealing with HIV have much to learn from one another. Certainly, as Kobena Mercer has argued, "black people as much as anyone else have much to learn from coalition-building initiatives such as ACT UP." Mercer urges us to transform "the shameful silence around AIDS in black political discourse"—and of course he's right. At the same time, we all need to be aware that there are different risks—and different potential responses—to "acting up" that are contingent, among other things, on one's political and economic power. Sometimes silence, or discretion, has to do with realism, and with prior experience. Many African diasporic religious communities have learned to be discreet about their belief because of a history of violent cultural repression. And both individuals and communities have learned through painful experience that articulating HIV infection can incur fear, discrimination and even physical violence. At the very least, we need to be aware of the complications of publicizing both belief and disease. Not uttering the name of the divine principal of epidemics is not just superstition. It's a realistic understanding of the power of disease, both as a determinant of mortality, and as a political and social force.

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