OF NATIONAL DIGNITY: THE ETHICS OF CARE IN JIM WOOTEN'S *WE ARE ALL THE SAME* (2005)

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Abstract

South Africa's battle with HIV/AIDS placed the country at the epicentre of the epidemic as the largest case study within the world. *We Are All the Same* (2005), a memoir on the life of infected child Nkosi Johnson, puts the spotlight on the interface between Thabo Mbeki's AIDS denialism and the pressing need to challenge discriminatory attitudes in Post-Apartheid South Africa. In this paper I view the role of memoirs as mediators in conflict resolution, thereby giving people both the role of witness and access to realities of children living with HIV/AIDS. Thus, memoirs operate not only as stand-ins of national issues such as the preservation of constitutional rights or dignity in care but also as repositories of public knowledge that are accessible to others. My analysis will illustrate the themes of the ethics of care and national dignity in the face of the HIV/AIDS epidemic within Wooten's memoir to speak out about the violations of children's rights in the areas of health and education.

Keywords: AIDS Denialism, Post-Apartheid South Africa, Witness, Ethics of Care, National Dignity

SOBRE LA DIGNIDAD NACIONAL: LA ÉTICA DEL CUIDADO EN WE ARE ALL THE SAME (2005) DE JIM WOOTEN

Resumen

La lucha contra el virus del VIH/SIDA situó a Sudáfrica en el epicentro de la epidemia, lo que lo convierte en el mayor estudio monográfico del mundo. *We Are All the Same* (2005), una memoria sobre el caso del niño Nkosi Johnson, pone el foco en la intersección entre el negacionismo de Thabo Mbeki y la necesidad de hacer frente a las actitudes discriminatorias en la Sudáfrica del Post-Apartheid. En el presente artículo, otorgo a las memorias el rol de mediadoras en la resolución de conflictos, lo que permite al público lector ejercer, a su vez, el papel de testigos, accediendo así a las realidades de niños y niñas que conviven con el VIH/SIDA. De esta forma, las memorias no sólo actúan como repositorios de cuestiones nacionales, sino también como depósitos de conocimiento público y accesible en un momento histórico clave en el que el tejido social de Sudáfrica continúa inmerso en un proceso de renovación profunda. Mi análisis pone de manifiesto la importancia de la ética del cuidado y la dignidad nacional en el contexto de la epidemia del VIH/SIDA desde la perspectiva de Wooten. Asimismo, en mi análisis abordo las violaciones de los derechos de Nkosi Johnson en relación a la salud y la educación.

Palabras Clave: Negacionismo del SIDA, Sudáfrica del Post-Apartheid, testigo, ética del cuidado, dignidad nacional

DOI: https://doi.org/10.25145/j.recaesin.2025.90.09
Revista Canaria de Estudios Ingleses, 90; abril 2025, pp. 139-152; ISSN: e-2530-8335

1. INTRODUCTION

In the early stages of Post-Apartheid South Africa, the nation grappled with demands for social justice and the pressing need to address the threats posed by the rapid spread of HIV and AIDS. The epidemic has significantly influenced the transformation of South Africa's social protection and healthcare systems. HIV and AIDS remain as one of the leading causes of death in South Africa, with the number of victims still alarmingly high. Amid this crisis, South African children have become the unseen, innocent victims. The absence of measures to prevent mother-to-child transmission of HIV when these were available has left a profound impact in the form of orphans and unattended children. The growing number of AIDS orphans highlights the urgent need for institutional action to prevent the side effect of the virus.

Jim Wooten, a senior correspondent with ABC news, explores this evolving socio-political landscape in *We Are All the Same* (2005), the story of "a black child who never grew up and a white woman who never gave up" (Wooten 2005, viii). Wooten chronicles the life of Nkosi Johnson, a Zulu child with born from an HIV-positive woman, Daphne, and who eventually developed full-blown AIDS. Despite his courageous fight, Nkosi succumbed to the disease at age 12. However, his legacy endures, symbolizing the era when HIV and AIDS care in South Africa was being established from scratch. In the absence of Daphne, Nkosi was cared for by Gail Johnson, a white South African of Jewish descent, who herself was adopted by a middle-class white family. Gail, facing a personal crisis, found fulfilment in her mission to support Nkosi, embodying the spirit of the new South Africa. Together they broke down barriers of fear, intolerance, and social exclusion. Their efforts exemplified high standards of active citizenship and human rights advocacy in South Africa.

Wooten was deeply moved by Nkosi and Gails's story, feeling a strong connection to them and to Africa. Nkosi and Gail's struggle with AIDS humanized the grim statistics of South Africa's HIV prevalence among children. Statistics continue to shock the world despite efforts to combat the epidemic. Wooten's narrative emphasizes the historical, political, and emotional aspects of Nkosi's life, highlighting the dignity and ethical contributions of Nkosi and Gail. Their story also paved the way for others to claim their right to life-saving antiretrovirals, requiring courage to break the silence and anonymity. Wooten also delves into the social context of the story, using the transformation of Johannesburg as a symbol of the deteriorating human relations and economic decline exacerbated by the HIV and AIDS epidemic. Johannesburg, once South Africa's financial and cultural hub, became one of the most dangerous cities, plagued by crime and rampant violence, including a high rate of sexual assaults, driven by the false belief that intercourse with a virgin could cure HIV.

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Nearly two decades after *We Are All the Same* was published, South Africa continues to be the world capital HIV and AIDS, despite some improvements such as the universal treatment policy. Johannesburg's economy still struggles, and for that purpose the regeneration of the social fabric is essential. South Africa needs renewal to address the on-going threats of HIV and AIDS to recover from a deeply ingrained culture of violence. In this powerful memoir, Wooten, Gail and Nkosi's journey through the intricacies of a community in crisis underscores the importance of building an inclusive community as a critical goal.

This article employs the theoretical frameworks of narrative medicine and life writing to address the challenges of care, as attested in Wooten's memoir. The article also deals with societal attitudes and stigma associated with the virus by exploring the embarrassment that large segments of South African society experience when confronted with AIDS denialism. Thus, Wooten presents an unflinching portrayal of Nkosi's untimely death, showcasing how illness memoirs could be instrumental in facing turning points in life. Wooten has crafted a sincere memoir, which reminds the readership the times we find ourselves in require us to reconsider the priorities we bring to scholarship. In this sense, life writing and humanities-based inquiry give voice to the unpleasant aspects of becoming sick and vulnerable. It is at this point when the ethics of care come into play. In the context of the memoir, readers soon learn that dealing with HIV/AIDS in the context of denialism delivers Gail, as a family carer, to the limits of human action due to the absence of national care policies that safeguard human dignity. In this regard, it is pertinent to consider Joan Tronto's work, who argues that "[c]are requires not only nurturing relationships, but also the physical and mental work of taking care of, cleaning up after, and maintaining bodies" (2013, 2). In my analysis of the memoir I apply care ethics to advocate for the construction of nurturing relationships between the state and those in need of protection.

2. REPRESENTING HIV AND AIDS IN MEMOIR WRITING

In *At Risk: Writing on and over the Edge of South Africa,* Sarah Nuttall locates South African post-apartheid life narratives within the new era of South African writing (2007, 9). Among the various cultural specifics and concerns of this era are the different crises of HIV and AIDS, namely the affective, the social, and political. The focus on HIV and AIDS in scholarly debates (Barnett and Whiteside 2002; Black 2019; Doubt 2015; Feldman 2008; Mottiar and Lodge 2018; Nattrass 2007) reflects new directions in South African studies, where social, cultural and political dimensions are reassessed. This shift in thematic elements aims to illustrate the various concerns of previously invisible subjects, making them less vulnerable to the lingering impacts of the past, the anxieties of the present, and the uncertainties of the future. The focus of writers and thinkers on HIV and AIDS underscores the importance of staying true to the progressive roadmap envisioned in the South African constitution. In this changing context, life narratives play a crucial role in monitoring adherence to the constitution and the political accord of the transition period. In their role as advocates, memoirists and people living with HIV and AIDS advance and participate in the transformation process initiated in the 1990s, offering valuable insights into the implementation of post-apartheid policies.

Marked by an idealized transition, one of the major challenges for post-apartheid South Africa was whether it could handle the various demands emerging from the testimonies of people living with HIV and AIDS. Life writing scholar Gillian Whitlock notes that the truth of this new age, reflected in life narratives, is based on "peoples's perception, stories, myths, and memories" (2015, 76). This view reveals the essential role of life writing in contemporary South Africa, forming a shared narrative between people living with HIV and AIDS and those ethically bound to assist them. The act of writing out their experiences emphasizes the need for people living with HIV and/or AIDS to accelerate their return to normalcy. Narrative medicine scholar Rita Charon notes that sickness "propels a person toward self-knowledge and clarifying of life goals and values" (2006, 177). Wooten's recounting of Nkosi's struggle with full-blown AIDS foregrounds the generative force of this powerful and moving memoir, emphasizing Nkosi's desire, and that of those living with the virus, to become part of an extended web of human relations. Nkosi's testimony, mediated by Wooten, is part of the legacy of South Africa's recent social history, reflecting a shift in the focus of scholarly debates in the democratic age.

South African scholars Nancy Jacobs and Andrew Bank emphasize the importance of the accounts of this new age by highlighting the vibrancy of this genre, which they note "hold[s] a high historical and sociological significance" (2019, 165). They suggest that the public's attraction to this genre stems from a desire "to read life stories that could not be told during the apartheid years" (2019, 166), precisely when the HIV and AIDS crisis originated in stony silence. After enduring prolonged tension, social breakdown and diminished hope during apartheid, South Africans seem to be eager to connect with one another. Life narratives provide a window of opportunity to forge links with stories of individuals erased from national history. Gillian Whitlock describes this type of life narratives as a form of "soft weapon [that] can personalize and humanize categories of people whose experiences are frequently unseen and unheard [as they] trigger conversations and interactions across cultures" (2007, 3). Wooten's memoir on the life of Nkosi fosters cross-cultural encounters, advocates for social and health justice, and promotes human rights. In her bid to humanize Nkosi, Gail tries to enrol Nkosi in a nursery school, as the child lives confined, alone, and more importantly, deprived of his civic and civil rights. Wooten thus recalls the experience:

> Gail understood that the fear of AIDS victims was a fear based on widespread ignorance of the disease, the same fear that resulted in the daily punishment and social rejection of its victims in South Africa, in all its many ethnic communities. Because she thought Nkosi needed some regular contact with other children, and given the fact almost no other mothers would bring their children to play with him or welcome him into their homes, she decided to enroll him in a neighborhood nursery school and kindergarten. Because she did not try to hide his condition from those who ran the little school, she was told in no uncertain terms that Nkosi was not welcome. Gail was repulsed by their attitude. (2005, 119)

Gail's attempt to offer Nkosi the life of a typical child evinces the need to further develop the progressive agenda of post-apartheid South Africa, underscoring discriminatory attitudes of teachers and parents towards Nkosi's schooling. Furthermore, the narrative allows South Africans to access the emotional world of deprived and marginalized individuals, thereby fostering sympathy and understanding through the lens of Gail, a woman among the "few people [in South Africa] who would offer [people living with HIV and AIDS] gentle care and companionship and comfort" (Wooten 2005, 103).

Scholar Sara Ahmed (2004) elaborates on the role of shared emotions in building individual and collective identities. The exploration of these concepts is an essential feature in *We Are All the Same* for redefining South Africa's national identity and its sense of responsibility toward others. In line with this, life writing scholar Paul John Eakin points out those life narratives "enlarge our understanding of human identity formation [because life narratives] ground our human identities in our experience of our bodies" (1999, 1). Wooten's approach in the memoir gives prominence to Nkosi's decline of bodily functions and inner self, showcasing Nkosi is dominated by emotions with the potential to create unique, plural, and unified experiences of selfhood and nationhood. Sara Ahmed emphasizes that emotions align individuals and social groups with the nation, particularly through understanding experiences of pain and suffering. She argues that emotions involve attachments that connect individuals to certain realities and transform others into objects of feeling (2004, 11). And yet the overarching question is how to ensure HIV-positive people, particularly children who are targeted, find shelter in society. Nkosi's life story in early stages was filled with inconsistent care, frequent violence and threats from neighbors. The reality that both Nkosi and Daphne lived with the virus not only made them outcasts but also forced them to leave the place they once called home. As Wooten describes it:

> Daphne had become anxious about the increasing level of hostility toward her and the boy from some of their new neighbors in the little squatters' camp, many of whom seemed to subscribe to the same notions about AIDS as had her former employer and her former landlady. Even Ruth, her own mother, seemed less and less interested in keeping the family together. She and the neighbors were frightened of the mysterious disease and those who were infected with it. Some of the neighbors had made veiled threats. Others were not so subtle. One day Daphne found a menacing note left under a stone in the dirt in front of their shanty. It said simply *Leave!*
> When she read it, she made a radical decision. (2005, 98)

This question involves examining the state's role in society, particularly when it comes to safeguarding the rights of infants, and the perception of South Africans about the effectiveness of institutions. Life writing, therefore, plays a role in fostering a seamless society by connecting individuals and communities through a shared sense of belonging, sameness, and emotions.

Building on the original argument by Jacobs and Bank, alongside Ahmed's concept of shared emotions, it is essential to highlight how Jacobs and Bank identify a perceived sense of betrayal among ordinary South Africans. This feeling of betrayal, which can also be extrapolated to those living with HIV and AIDS, appears to drive the surge of publications highlighting the discontent of patients and their strained relationship with the state. Wooten's memoir, along with similar narratives, serves as a reflection of social unrest and disillusionment with the aspirational mood created by post-apartheid policies, as evidenced in the narrative. The struggle for Nkosi's schooling is a key element of this revolution and holds significant importance, particularly for other parents in similar situations, as it encourages them to advocate for restoring the dignity of people living with HIV and AIDS. As a journalist, Wooten played a role in bringing Nkosi's schooling into the media spotlight, elevating it to the level of a national issue:

> New editorials appeared in the local papers almost daily, most of them favoring Nkosi's admission, asking the city government to step in or, in lieu of that, urging the national government to act […] Gail was on television regularly, defending Nkosi's admission –and he was on television, too. "All I want is to go to school," he said again and again in his soft soprano. "All the other children go to school, and I want to be just like all the other children. I don't want to be alone." (2005, 139)

This unrest, which is fuelled by a sense of state insolvency and national ridicule coming from popular support to Nkosi's schooling, resonates with Ahmed's observation that betrayal is an emotion that unites people, as seen when readers learn about the experiences of people with HIV and AIDS in South Africa. Grasping the depth of this betrayal helps explain the growing interest in such personal narratives. Readers can connect with the accounts of people with HIV and AIDS regarding the country's health policies, where Mbeki's controversial position on HIV and AIDS denied sufferers adequate access to life-saving drugs. This sense of betrayal seems tied to the incomplete coming into effect of South African politics in the new era. The coverage of Nkosi's schooling prompted readers to turn to the personal accounts of other citizens to truly evaluate the progress of democracy and civil rights in South Africa–two ideals that were somehow secure with the drafting of the constitution, when, in reality, apartheid simply evolved into a different system of privileges. Jacobs and Bank capture this sentiment as follows: "The interest of this recent reading public might be about groping towards re-imagining political possibilities in the light of a depressing spiral of revelations about corruption, failing social services and ultimately state capture (2019, 166). Life writing serves as a form of social commentary, propelling individuals toward the clarifying their values and goals. It encourages change, contributing to the ongoing effort to regenerate the nation's social fabric. A key objective of locally produced HIV and AIDS life narratives in South Africa is to connect and integrate marginalized social groups. According to Gillian Whitlock, life narratives foster compassion, mobilize shame, and inspire social justice (2015, 168). This perspective creates spaces for dialogue and humanizes those distant from the conflicts presented.

Until the early 21st century, when the booming of memoirs exploring South Africa's past gained ground, as is the case of Edwin Cameron's *Witness to AIDS* (2005), Liz McGregor's *Khabzela* (2005) or Jonny Steinberg's *Three Letter Plague*

(2008), to name a few, the lives of HIV-positive people were rarely documented in South African literature. Due to the widespread ignorance of the virus, HIV and AIDS testimonies were often shared orally and privately, in intimate settings. This trend shifted, making stories available to a broader audience. Trauma studies scholars Shoshana Felman and Dori Laub (1992) celebrate the emergence of the witness through shared life narratives. Similarly, Roger Kurtz (2018) argues that trauma is a central concept for understanding how individuals, nations, and cultures fit into global networks. South African AIDS life writing can be understood within this framework, particularly following the Truth and Reconciliation Commission hearings. South Africa provides a national, non-Western focal point for exploring a global issue as is HIV and AIDS, highlighting disparities in the treatment of the disease. This disparity demands, as Cathy Caruth notes, “a new mode of reading and listening” (1996, 9). The figure of the witness thus becomes crucial, anchoring the expression of trauma in life writing as a step towards change. Michael Rothberg (2019) refers to the witness as the implicated subject within thriving communities. The term emphasizes the multiplier effect of these life narratives’ call and echo. In this regard, Felman and Laub note:

> The specific task of the literary testimony is, in other words, to open up in that belated witness, which the reader now historically becomes, the imaginative capability of perceiving history–what is happening to others– *in one’s own body,* with the power of sight (of insight) usually afforded only by one’s own immediate physical involvement. (1992, 108, emphasis in the original)

A pedagogical approach is thus highlighted in contemporary life writing. Felman and Laub’s call for involvement is a way to come to terms with South Africa’s traumatic past, allowing readers to delve into the ideological marginalized segments of the population. This element underscores the educational power of life writing and also reveals the complexities of the country’s historiographic accounts of the HIV and AIDS epidemic.

Educating readers on the limits of South Africa’s welfare state through the shared testimonies of people with HIV and AIDS seems crucial. Wooten’s mediation generates an appropriate response to the illness experience narrated in the story of Nkosi, particularly at a time when “everyday almost 10,000 *new* infections were occurring [and] 70,000 African babies were being born HIV-positive every year” (2005, 133, emphasis in the original). Life writing scholars Bhaskar Sarkar and Janet Walker point out that in “the era of the witness” (2010, 1), moving the audience is essential to testimonies. Thus, mobilizing moving testimonies becomes essential to advancing civil rights in post-conflict societies as South Africa. Sarkar and Walker elaborate on the aspects of moving testimonies as follows:

> [T]he faces and voices that emanate from closer or distant locations; the sounds and images that animate ubiquitous screens; the archives we establish and the histories we resuscitate. These are the new assemblages that compel us to bear witness, move us to anger or tears, and possibly mobilize us to action for social justice. (2010, 5)

The scholars emphasize a key aspect of life narratives: the networks of solidarity that emerge when hidden testimonies see light, leaving a recorded legacy of their struggle. HIV and AIDS testimonies also reveal the many registers of the self, highlighting the significance of this literary genre and its role in addressing issues of national category, as is the case of Nkosi's story. Forms of life writing contribute to the construction of memory, and the act of witnessing confirms these narratives have permeated contemporary South African culture with force.

Representing HIV and AIDS in memoir writing foregrounds the connection between dignity, at large, and the enforcement of care ethics, particularly when the lives of vulnerable people are at a stake. Wooten's memoir showcases a nation that desires to prioritize care ethics in its bid to uphold national dignity. As will be discussed, however, South Africans stumble upon Mbeki's AIDS denialism. National health policies regarding HIV and AIDS were not informed by care ethics, underscoring lack of ethical leadership in decision-making processes that could promote a culture of care and dignity within the nation.

3. DIGNITY AND CARE ETHICS

Personal narratives of illness provide a unique tapestry for the exploration of the workings of care services. These narratives often serve as a vessel for the communication of issues concerning health policies, thereby reflecting indicators of national dignity and care ethics. National dignity often refers to the collective sense of pride and honor that citizens hold for their country, encompassing the ethical standards that contribute to the nation's identity through the deployment of the dignitarian approach (Gilabert 2018; Gilabert 2023). This approach, which emphasizes the importance of policies and practices that grant the dignity of all individuals, dominates the narrative in Wooten's bid to enter both a national and a global discussion on HIV and AIDS, offering visibility to the world's largest case. In this context, it is important to consider a key thematic element in the narrative, which is that of national dignity. The latter is an umbrella term encompassing a series of elements referring to the collective pride that nationals hold in their values and achievements as a society. The concept of national dignity is thus straightforward related to how South Africa is perceived not only by nationals but also by the international community in its management of the HIV and AIDS crisis.

In *We Are All the Same*, national dignity centers around the idea of collective pride and honor. These two core elements, which are breached by Mbeki's embracement of AIDS denialism, depend on the preservation of human rights, equitable treatment of all citizens, and the enforcement of the principles of justice and social welfare, offering an opportunity to erase the legacy of apartheid. Thus, care ethics occupies a central position, illuminating the stance of Gail's fighting against social and health injustices. Likewise, as care ethics scholar Virginia Held points out, care also involves a sense of connectedness (2006, 29-30). Care ethics scholar Isabel Alonso (2023) also pushes in that direction, inviting readers to create both networks and literatures of care. Wooten's memoir, which is imbued with human rights witnessing and meaning-making processes, supports a vision of connectedness with others. By focusing on the particularities of children living with HIV and AIDS, Wooten's memoir addresses the needs of vulnerable children in a context-sensitive manner and explores the arch of care ethics, creating a framework that values the well-being of individuals, mutual respect in relationships, and both empathy and sympathy. In this regard, care ethics scholar Tula Brannelly identifies four key ethical elements, that are supposed to set the principles of the integrity of care and that are embedded in the arch of care ethics, namely attentiveness, responsibility, competence, and responsiveness (2006, 200-1).

Care ethics scholar Maurice Hamington notes the importance of care ethics "to rethink the nature and purpose of politics" (2015, 1). In Nkosi's life narrative, Wooten appeals to the state's responsiveness to children living with HIV and AIDS, clashing with the political leanings of Mbeki regarding HIV and AIDS. Nkosi's story challenges South Africa's social and solidarity networks by testing whether or not the foundational policy of inclusiveness is being effectively implemented. According to care ethics scholar Selma Sevenhuijsen, the ethics of care must see moral and social justice issues with "attentiveness, responsibility, responsiveness and the commitment to see issues from differing perspectives" (1998, 83). Following this, when it comes to defining the role of political institutions, a caring approach must respond to the pressing needs of the most vulnerable members of society, even if AIDS denialism impedes showing agreement with the claims with which the media coverage of Nkosi's case was presented by Gail and, later, Wooten. Given the significance of Nkosi's schooling for civic coexistence, issues involving HIV-positive children navigating legal gaps achieved the category of major concern, as attested in the memoir:

> Finally, acknowledging the enormous pressure for someone in authority to deal with the situation, the national government stepped in. In late February, just in time for the new semester, the South African Parliament, in session in Cape Town, enacted an antibias statute that made it illegal to keep HIV-positive children like Nkosi out of public schools. (2005, 140)

The outcome of these discussions fulfilled Mandela's promise to build equality after the end of apartheid, when he declared that "never and never again shall it be that this beautiful land will experience the oppression of one by the other" (qtd in Etuk 2008, 154). This achievement redefined the boundaries of the HIV and AIDS community in South Africa, enabling Nkosi to feel a sense of belonging and to form friendships with other children. Following Gail and Nkosi's public advocacy, Nkosi's reward was the opportunity and equity he had long deserved.

Although the national government's response provided shelter for Nkosi, Mbeki's AIDS denialism persisted. Mbeki subscribes to the belief in a powerful, covert apparatus attempting to commit genocide against Black people. A pivotal –and particularly transgressive– moment in Nkosi's memoir occurs when Nkosi is invited as a keynote speaker at the international AIDS conference in Durban, with

Mbeki in the audience. Mbeki also recognizes the numerous dangers that lie ahead due to the spread of the virus:

> "For too long we have closed our eyes as a nation, hoping the truth was not so real. For many years we have allowed the HIV virus to spread…and now we face the danger that half of our youth will not reach adulthood. Their education will be wasted. The economy will shrink. There will be a large number of sick people whom the healthy will not be able to maintain. Our dreams as people will be shattered." No one in the government had nailed it any better than that. (Mbeki qtd in Wooten 2005, 188-89)

From Mbeki's viewpoint, any effective strategy to combat HIV and AIDS had to begin with addressing abject poverty and hunger, while also challenging the causes of HIV and AIDS as defined by Western science–a point of contention that complicated Mbeki's relationship with the scientific community. In this context, HIV and AIDS activists hoped that the speech of an HIV-positive child at the conference might have persuaded Mbeki to reconsider his stance. However, the reality was that Mbeki's personal beliefs –similar to Mandela's but driven by different motivations– were creating a stifling atmosphere in the country. Particularly, this was the case when two drugs, AZT and nevirapine, were offered in large quantities to South Africa at no cost to reduce the risk of mother-to-child transmission of HIV. And yet, Mbeki declined the offer, which infuriated ordinary South Africans:

> Archbishop Desmond Tutu, the Nobel Laureate, was shocked. "The government's stand on nevirapine," he thundered, "has made South Africa the laughing stock of the world." Mandela, the former president, said nothing […] AZT was already available at several private clinics and hospitals in the country, but the government issued a national ban on its use by prohibiting them from prescribing it for HIV-positive patients, including pregnant women, in public medical facilities. The reason given? AZT was untested and dangerous. (2005, 190-91)

At the conference, Mbeki's and Nkosi's positions are starkly opposed. Nkosi delivers a political speech advocating for sameness. His words eclipse Mbeki's controversial address, urging the scientific community to tolerate and respect his theory of conspiracy and genocidal misconduct (2005, 203). In contrast, Nkosi presents a clear and straightforward message that resonates deeply with the audience, reflecting his personal understanding of the disease. His words, shaped by his familiar environment, blend love, self-confidence, and autonomy. Nkosi's narrative of HIV and AIDS reveals that he is acutely aware of its impact both within and beyond his household. His speech demonstrates a strong resistance to isolation and ostracism as he continuously negotiates and internalizes society's values and belief systems regarding the disease, which often seek to exclude those affected. Nkosi calls for the ongoing renewal of the social covenant established in post-1994 South Africa, advocating for the centrality of national dignity and care ethics. His speech, unusual for a child of his age but clearly marked by suffering, also indicates his awareness of the dangers in his daily life. In his worldview, interactions with others are not seen as risks but as opportunities for care and affection. Nkosi's words reflect the social deconstruction of HIV and AIDS in his day-to-day, striking a balance between generosity and a forward-looking attitude in his bid to urge Mbeki to abandon misguided AIDS policies. The entire discourse centers on two major themes: dignity and care. Thus spoke Nkosi:

> "We are all the same."
> *Smile.*
> "We are not different from one another."
> *Smile.*
> "We all belong to one family."
> *Smile.*
> "We love and we laugh, we hurt and we cry, we live and we die."
> "Care for us and accept us. We are all human beings. We are normal. We have hands. We have feet. We can walk, we can talk–and we have needs just like everyone else. Don't be afraid of us."
> "We are all the same." (2005, 205-06, emphasis in the original)

A plea for both reconstruction and reconciliation is also a defining feature of the speech, shaped by the loss of his mother and how it impacted on him, which in turn influenced his stance. Nkosi's testimony exposes the absurdity of denialism, implying that questioning the existence of the virus slowly consuming him is not only a denial of reality but a retreat from political responsibility. The AIDS conference in Durban marked one of the last Nkosi's public appearances before his death. Yet, the resonance of his words reflects Gail's vision for the future, serving as a powerful motivation to honor the dignity of the victims of the HIV and AIDS crisis in South Africa.

As seen in this section, national dignity and care ethics are bound together. In the memoir, purveyors of national dignity and care ethics develop the notion of respect and value for others in the context of caregiving, developing the sense of worth of that individuals like Nkosi or Gail, who never gave up in their attempt to show responsiveness to the needs of others, promoted on a local, national and international level. The narrative is thus an example of both building a legacy and a network of solidarity that transcends the implication of national institutions, which often lag behind grassroots movements.

4. CONCLUSIONS

We Are All the Same is a profoundly human narrative that is thought-provoking and allows participants, in this case Gail and Nkosi, to speak of their struggle without any limitation. The memoir thus underscores the importance of forging bonds based on shared values and actions. The construction of these bonds validates and captures the essence of diverse perspectives from the marginalized in their bid to claim for national dignity. Such solidarity manifests within and between various social movements and organizations dedicated to upholding the dignity of people living with HIV and AIDS. Building networks of solidarity emphasizes the essential cooperation needed to recognize and celebrate the social and political advancement of the HIV and AIDS community in South Africa. This community was ignored by mainstream public opinion and ostracized by the upper echelons of Mbeki's administration, viewing people with HIV and AIDS as an economic burden.

Creating an alternative to protect vulnerable human assets, as is the case of HIV-positive children, requires addressing social, economic and political change by mobilizing community responses to face the challenges posed by HIV and AIDS in the southern tip of Africa. So far, as previously discussed, the ethics of care comprise various relational dimensions. The memoir gives prominence to the aspects that define human relationships not only in the context of caregiving but on the whole. Thus, *We Are All the Same* is a powerful testimony that illustrates the interconnections, responsibilities and dependencies that stem from the relationship between the state and the communities and individuals that give meaning to the state through the creation, strengthening and enforcement of a web of mutual obligations called the welfare state, and that is most laudable. May Nkosi and Gail's story be of benefit for it restores the dignity of the disenfranchised in the face of disease.

Reviews sent to the authors: 01/01/2025
Revised paper accepted for publication: 25/02/2025

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