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"Can You Bring Me Some Water?"

A Reflexive and Engaged Ethnography of Rastafari "Bush Doctors" in South Africa

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This paper explores the relationship between Rastafari herbalists and tuberculosis in the Western Cape province of South Africa. Marginalized and impoverished communities are the worst affected by the TB epidemic, and government-funded biomedical treatment plans are struggling to address the problem. Anthropologists have thus begun to explore the social and cultural factors influencing the prevalence of the disease. The Rastafari herbalists represent an important avenue for affordable alternative healthcare, when biomedical care is insufficient, socially and culturally inappropriate, or simply unavailable. Drawing on ethnographic fieldwork, including participant observation and unstructured interviews conducted in the homes and workplaces of these healers, I found that many Rastafari herbalists believe they have superior treatments for tuberculosis, and often discourage the use of biomedicine. This is the result of a long history of oppression and inequality, in which bureaucratic systems of control – and the biomedical systems they include – have kept knowledge and resources away from marginalized peoples who need them most, thereby reproducing and deepening structural inequality. Using reflexive analysis, I sought to challenge the dominant modes of anthropological engagement and knowledge production as themselves mechanisms of hegemony. Finally, some suggestions have been provided regarding the future of anthropology, and its quest to enable tangible and positive change in the lives of its research participants.

Framing the Research: A Meeting at the Taxi Rank

I was woken by the piercing alarm of my touchscreen smartphone (1998 Rands (R) per unit; PriceCheck 2014). I got up, got dressed, and walked out of my secure apartment (R11000 a month, for rent), crossing the road to my local café. After a breakfast of bacon and eggs (R35), I bought a takeaway cappuccino (R19) to go with a cigarette of organic tobacco (R74 for a 50-gram bag). I got into my old hatchback (R18000, second-hand) and drove to the petrol station, where I swiped my debit card for about half a tank of petrol (around R400 at R13.20 a liter; The AA of South Africa 2014). From there, it took me four minutes to drive down the hill. After paying for an hour's parking (R12), I arrived at the Cape Town central taxi rank. This is a major transportation hub in Cape Town's central business district.

Fifteen kilometers away, a Rastafari herbalist, called Judah, woke up to the piercing sound of his mother's old alarm clock (which would probably go for about R20 at a pawn shop). He went on to smoke a pipe of common outdoor marijuana (R20 a gram), following it with a breakfast of oats (roughly R2.50 if you're buying two kilograms at R54.99; PicknPay 2014). He then left his modest house (which might rent for R900 a month, probably less) and walked for twenty minutes, carrying his monumental backpack. From Main Road, he caught a taxi to the central taxi rank (R12, one way). The journey took about an hour on most mornings due to the traffic and needing to stop for other passengers.

I strolled through the taxi rank's formal market area, which is comprised of homogenous white PVC structures designated for trading. Around the corner, Judah made his way to his spot, right beside the space in which thousands of taxis were dropping off and picking up their passengers. Here was a small sheltered strip of pavement, actually designed as a waiting area for passengers. Various informal retailers occupied this space, selling anything from pirated DVDs and counterfeit Ray-Bans, to bananas and second-hand books. Judah asked one of the salesmen if he could borrow his seat – a plastic crate – for a moment. He stood on top of the crate, and reached up to the ceiling that shades the area. Hidden and supported by the beams of this ceiling, was a metal, fold-up trestle table. Judah maneuvered the heavy object out of its nest and opened its legs to establish his own stall space. He then laid out a thick tarpaulin and a silken sheet, from his backpack, followed by a carefully arranged assortment of herbal medicines.

It was here that I first met Judah. I had been trying to find a "traditional healer". When Judah told me he was an "original KhoiSan bush doctor", I thought I'd hit a goldmine. Little did I know, Judah would introduce me to a series of experiences that would overturn my perceptions of the world, and of my research question.

This research began in my final semester of my Bachelor's degree. I discovered that my university's social anthropology department offered undergraduate students the opportunity to conduct a self-motivated project, producing a "mini-thesis", which would count as a course credit. This "course" was usually offered to students who needed it for the purposes of graduation. But my head of department, Francis Nyamnjoh, had told me I could do it if I could find someone willing to supervise me. Interested in producing something of my own, rather than responding to the requirements of my assignments, as well as getting a course credit without having to attend any lectures or write any exams, I began approaching professors. Unfortunately, as I tried to convince one of them, Helen Macdonald, to supervise me, I found myself agreeing to gear my research towards hers. She was studying tuberculosis (TB), so I would have to look at TB as well.

I wasn't opposed to looking at TB. The Western Cape province has the second-highest incidence of TB in South Africa (TBFacts.org 2014), and at the heart of it is Cape Town. With good access to biomedical care, TB is rarely more than a difficult, but

curable disease. Biomedicine declares its cause to be a microbe called Mycobacterium tuberculosis, which can be eliminated with antibiotics (Abney 2011, 12). However, for many South Africans, TB can be a death sentence when adequate biomedical care isn't available (Sinanovic et al. 2003). Although free biomedical treatment is provided by the state, it is often insufficient, or simply absent (Sinanovic et al. 2003, Naidoo, Dick, and Cooper 2009). Furthermore, biomedical TB treatment requires a strict adherence to a course of antibiotics (Naidoo, Dick, and Cooper 2009). For many South Africans, these requirements are difficult to uphold, due to a number of often unpredictable factors (ibid.). Sometimes, this has to do with family life and cultural conceptions of TB and biomedicine, as patients seek to avoid the strong stigma attached to a TB diagnosis (Abney 2011). In many cases in Africa, this stigma has been shown to be connected to the issue of HIV/AIDS: since many victims of HIV contract TB, TB is often seen as an indicator of HIV, which itself carries connotations of sexual promiscuity and immorality (Gelaw et al. 2001, Godfrey-Faussett et al. 2002). Other contributing factors include dealing with the difficult and sometimes unexpected side-effects of TB treatment, which can disrupt a person's ability to work, and therefore to survive (Naidoo, Dick, and Cooper 2009). These factors have led to widespread "defaulting", or failure to adhere to requirements of antibiotic treatment (Naidoo, Dick, and Cooper 2009, Abney 2011, 8). This has been described as the primary cause for the appearance of drug-resistant strains of TB, which are far more difficult to cure (Sharma and Mohan 2006). I saw the opportunity to work with Dr. Macdonald as a chance to make my own small contribution. My initial intention had been to study traditional medicine – a personal interest – and I saw this as a useful avenue to look at TB. In addition, my literature review showed a significant lack of research about the relationship between traditional medicine and TB in South Africa (with some exceptions, such as Gibson and Oosthuysen 2009, Gibson 2010, Madikizela et al. 2013, Mann et al. 2007 and Oeser et al. 2005).

By this stage, as my fieldwork was just beginning, the inequality of power relations in working with traditional healers was already becoming clear. In the hour that it took me to wake up and arrive at the taxi rank, I'd spent more money than Judah would spend in a week. Although I had been exposed to many statistics, stories, and theories about inequality and poverty, they had no impact in comparison to this realization. I'm actually a relatively frugal spender compared to some of my friends, and yet my spending habits far outweighed those of my first participant. Understanding this led me to realize that I couldn't simply derive personal benefit from this research. If I ignored the role of my identity in this ethnography, it would mean extracting knowledge from the field and furthering my career, without actually speaking to the issues that arose – of their own accord – in the fieldwork process. The involvement of the ethnographer's identity is more than just an obstacle to the so-called objectivity of the research – it is about realizing the anthropologist's "human responsibility" (Scheper-Hughes 1995, 411) towards his/her participants (Kellett 2009). Thus, I have employed a strongly reflexive approach to this ethnography, to reveal how ethnography can drastically alter the researcher's perceptions – but more importantly, to reveal how this process enables tangible, beneficial change in the lives of one's participants.

I explored a number of methodological options, in order to develop a balanced and nuanced representation. Participant observation, involving unstructured interviews, and what Bernard (2011, 277) calls "hanging out", were my primary methods of gathering data. The fieldwork was conducted between July and September of 2014 from various sites in and around Cape Town, including the Cape Town central taxi rank, Table Mountain, the homes of some of my participants in Kensington, the Stellenbosch University Botanical Gardens, and the Marcus Garvey Rastafari community in Philippi. These locations, where bush doctors gather and trade in herbs, are fairly close to my home, meaning that I was able to spend a great deal of time with them.

I use a narrative format, following a chronological sequence of events through my own perspective, and taking an approach inspired by Tedlock (1991) who explores the value of narrative ethnography in terms of its ideology of focusing on both "Self" and "Other" instead of focusing exclusively on one end of the spectrum. I chose to do this for a number of reasons. Firstly, I enjoy reading and writing narrative content. Secondly, I found that my theoretical analyses of the data developed in a coherent and logical manner, so as to arrange a cohesive argument. This is not to say that my data was coherent and cohesive – my participants were naturally diverse and at times discordant in their views. Still, as I played my anthropological knowledge against my experiences, my theories seemed to arrange organically into a logical flow. This story therefore traces my encounters with three of my most prominent participants – Judah, !Gora, and Zebulon – bolstering my claims with data gathered from other participants.

The narrative format also allows me to easily include comments on reflexivity, as discussed earlier (Tedlock 1991). Finally, but most importantly, I have decided to use this format in an attempt to make my findings more accessible. The narrative style and chronological sequence are intended to make the theoretical concepts and arguments develop in an easy and 'natural' way so that the content is not too difficult to understand. Most academic knowledge is produced and protected in a format that's accessible only to the educated and privileged (Asad 1986, Nyamnjoh 2007). As Nyamnjoh (2007, 1) rhetorically asks: "How can social science be 'social' unless we translate our jargon into ordinary language and relate to non-specialists, horizontally as equals?"

The focus of my research certainly defines the data that I have selected for inclusion (Bernard 2011), meaning that it will inevitably reflect particular issues. It's important to remember that the participants described are human beings embedded in sociocultural systems that are far too complex to be comprehensively dealt with in the scope of this paper. (Those interested in a broader understanding of Western Cape bush doctors can refer to Aston Philander 2010, Kroll 2006, Reid 2014 and Olivier 2011, 2013; for discussions of the Rastafari more generally, see Zips 2006 and Murrell et al. 1998.) However, I have tried my best to include the data that is most important to my participants. This has meant departing, to an extent, from the research focus given to me by my supervisor.

In order to contextualize this research, I will give a brief outline of the Rastafari religion. A global religious movement, originating in Jamaica, Rastafari is grounded in the teachings of Marcus Garvey, a Jamaican black consciousness theologian (Lewis 1998, Zips 2006, Steiner Ifekwe 2008). In the 1920s, Garvey predicted the crowning of a black king in Ethiopia to herald a new age of equality and freedom for black people all over the world, who had been dispersed and oppressed by colonialism and slavery (Lewis 1998, Steiner Ifekwe 2008). When Ras Tafari Makonnen, a prince of the ancient Solomonic dynasty in Ethiopia, was crowned emperor of the country on 2 November 1930, with the name Haile Selassie I, meaning "power of the Holy Trinity", the Rastafari religion was born (Steiner Ifekwe 2008).

Drawing on various revivalist traditions and Ethiopian orthodox Christianity, Rastafari involves elements of African traditional religion, such as ritual drumming (Herzfeld 2006). The most distinctive and well-known characteristics of Rastafari include the dreadlock hairstyle, smoking marijuana, and the colors red, green, yellow, and black. Rastafari theology is largely concerned with promoting black dignity and indigeneity, as well as racial equality (Kroll 2006, Aston Philander 2010). Important to this research is the Rastafari focus on returning to the supposedly "authentic" African lifestyle of living in harmony with nature (Kroll 2006, Aston Philander 2010, Olivier 2011).

Rastafari found its way to South Africa in the 1970s, where its messages found traction amongst the peoples of South Africa who were suffering under the race-based oppression of the apartheid regime (Aston Philander 2010). In the Western Cape, members of the cultural grouping referred to by the apartheid regime as "coloureds" began to explore the Rastafari messages of indigeneity and harmony with nature (Aston Philander 2010, 91). They drew on their KhoiSan heritage as a claim to the authenticity of their indigenous African roots, and began to revive and revitalize KhoiSan healing traditions. It is these Rastas who now refer to themselves as "bush doctors" (Kroll 2006, Aston Philander 2010, Olivier 2011).

Exploring My Bias

On the first day that I met Judah, I asked about TB, and he quietly said, "Tsh! What?" glancing around, eyes wide with suspicion or alarm. I responded warily, "Tuberculosis?" He nodded and, without a moment's hesitation, picked out the three herbs he would give to someone suffering from TB. The first I recognized from the local flora. "Rhino bush", (*Elytropappus rhinocerotis*) he called it (Van Wyk, van Oudtshoorn, and Gericke 2013, 134). Along with rhino bush, Judah picked out wild garlic (*Tulbaghia violacea*) (Van Wyk, van Oudtshoorn, and Gericke 2013, 298) and red carrot (*Bulbine natalensis*) (Van Wyk, van Oudtshoorn, and Gericke 2013, 72). All three of these plants have recorded medicinal use, and wild garlic specifically has been documented as a medicine used for TB (Van Wyk, van Oudtshoorn, and Gericke 2013). Judah assured me that he has cured at least one severe case of TB with these medicines – that is, all the symptoms were relieved and the person returned to his usual health. Although it's impossible for me to track down this person, and apply some other form of verification to Judah's claim, this piece of information remains extremely important. Judah's claim indicates that the bush doctors believe they have an effective method of dealing with TB. To understand the implications of this, I needed to interrogate the perceptions of biomedicine held by the bush doctors.

From the outset, all my participants expressed contempt for the biomedical system. It is often considered as one component of the wider capitalist world order, described by Rastas as "Babylon" (Edmonds 1998, 1). In Rastafari theology, "Babylon" refers firstly to an ancient kingdom, described in the Bible as an archetypal system of evil oppression (Lewis 1998, 23). The term has been redefined to refer to all evil, all "wickedness" in the contemporary world, specifically oppressive political regimes (Edmonds 1998, Lewis 1998). Historically, it has been used to refer to slavery, and more recently by South African Rastas to refer to apartheid (Aston Philander 2010). Looking at the term's relevance today, I found that the descriptions of Babylon were less specific. For example, bush doctors often refer to police officers as Babylon. This became easier to understand as I explored the legality of the bush doctors' work. The bush doctors' violation of legal restrictions is almost always threefold. First, they are targeted as users and dealers of marijuana, which is still illegal in South Africa (Mujuru and Sekhejane). However, it remains one of their most important medicinal herbs, even without considering its religious importance (Aston Philander 2010, Reid 2014). The bush doctors' second violation comes from their possession of plants gathered in the wilderness (Olivier 2011, 2013). Although it's not illegal to possess and consume these plants, it is illegal to harvest them in the restricted nature reserves in which most are found (Olivier 2011, 2013). This law is supposed to be a conservation effort, but it doesn't take into account the people who obtain their livelihood from this practice (Olivier 2011, 2013). One of my participants, Levi – a travelling bush doctor whose specialty is bulbs and roots from Gauteng – showed me a court subpoena he had been given, with only the phrase "possession of herbs" to indicate his infraction. Finally, trading is technically banned in Judah's spot. So, if and when the "law enforcement" arrived, he'd have to shove his full inventory of herbs into his backpack and flee the scene, or risk imprisonment, just like all the other traders sharing his strip. This happened anywhere between three times a day, and three times a week, drastically disrupting Judah's working hours and his ability

to earn enough to support his family.

I also discovered a more specific association between Babylon and biomedicine, in terms of biomedical treatments. Biomedicine's focus on physiological treatments was associated with materialism and the desires of the flesh, as contrasted against what the bush doctors perceive to be divine aspects of health and healing. Perhaps Judah's most persistent claim was that the healing of the herbs comes from "the spirit", and he emphasized the superiority of herbal medicine as he dealt with his customers, claiming that herbal medicines are free of harmful side effects. Furthermore, he foregrounded the transparency of his work, advertising and explaining where he had obtained each herb or who had made each of his prepared remedies. For instance, his "luck oil", from Glycyrrhiza glabra, or "sweet root" or "luck root" (Aston Philander 2010, 188; 2011, 585) is extracted by a bush doctor from the Eastern Cape whom Judah claims to know personally. This was contrasted with biomedicine's harmful side effects, and the inaccessible and cryptic information about biomedicines, which says very little about the origins of the medicine (Gibson 2010). Much importance was placed on the ethical integrity of the one who produced (or harvested) the medicine – factors which cannot be known when dealing with a pharmaceutical remedy produced halfway across the world in a big factory.

Apart from their implications about biomedicine, these insights also refer to the bush doctors' own concerns about earning their livelihood. Just like any salesman, a bush doctor is bound to promote the value of his goods. In a world where biomedicine dominates the official healthcare system, this must necessarily include an argument for the benefits of choosing a bush doctor's remedies over those of a biomedical clinic. In considering the interactions between bush doctors and TB treatment specifically, I became concerned that these 'sales tactics' could potentially have a negative impact on the success of biomedical treatment plans. With the concern of "defaulting" (Abney 2011, 8) being so prevalent in TB treatment (Sharma and Mohan 2006), I was wary of any argument that devalues the efficacy of biomedicine, encouraging TB patients to stop using their antibiotics. Thus, it seemed crucial that bush doctors be "properly educated" about TB so that their "advertising" couldn't interrupt biomedical treatment plans (Gibson 2010). I thought, if bush doctors were to act as a positive influence on the health and wellbeing of the South African people, we must explore ways of promoting cooperation and mutual understanding between these different fields of healthcare. Still, I needed to excavate the reasons behind the bush doctors' contempt for biomedicine more thoroughly.

Although I had found some information about potential TB treatments, and potentially problematic perceptions of biomedicine, I had not come into contact with any TB patients dealing with the bush doctors. There were few stories about TB, and it wasn't one of the ailments commonly mentioned by bush doctors. I began to worry that, in exploring all these "potentials", I had constructed a relationship between bush doctors and TB that was not actually there in reality.

One afternoon, while driving Judah home from a day in the market, he explained his understanding of TB in greater depth. Describing it as an "infection in the blood", he showed that he had a fairly similar understanding of TB to that provided by biomedicine (Sinanovic et al. 2003), even if it was less technically complex. He agreed that TB was a big problem – people were dying and disappearing. Why then was he not treating these people? Judah explained that people are scared of coming forward with the symptoms of TB. It is true that many TB patients leave their homes to live in a hospital for extended periods of time (Abney 2014). It is true that scientific research is constantly being conducted around the treatment plans in these hospitals (Abney 2014). Furthermore, HIV/AIDS has been connected with conspiracy theories about its origins as a biological weapon (Nattrass 2013), revealing the prevalence of opinions similar to the one

expressed here by Judah. This indicates that many people in Judah's context have not been given appropriate information about biomedical treatment practices and policies. Or perhaps, it indicates the truly nefarious nature of biomedicine. Perhaps both.

I wondered if this was just another strategy to devalue the competition. It was possible that the bush doctors rejected biomedicine on principle, and it could not be explained away by commenting on the lack of appropriate education. "Education" is never a simple matter of spreading information that is good and correct. For example, (Gibson 2010) shows how problematic notions surrounding TB often persist even after significant exposure to biomedically-based TB "awareness" campaigns, and how these notions cannot simply be explained as the result of "culture". Nyamnjoh (2012) exposes the problems of imposing neo-colonial epistemologies of "objectivity" and "rationalism" on much more multivocal, pluralistic epistemological contexts in Africa, through the contested process of "education". Thus, "education" is often entangled with issues of cultural translation (Okazaki 2003), the agendas of those in power, and the hegemonic tendencies of elitist forms of knowledge (Nyamnjoh 2012). I couldn't explain this seemingly peculiar lack of TB engagement by assuming that it had everything to do with the management of the biomedical system and nothing to do with the agency of the bush doctors. What if the bush doctors simply would not engage with biomedicine as long as their religious perspectives on the nature of medicine were maintained?

I had come to see Judah and the bush doctors as simply trying to get by in a world plagued by poverty and the difficulty of finding a reliable, well-paying job. Seeing Judah's reasonably comfortable home, and his happy, well-fed family, I suspected that the bush doctors had found a method of earning a livelihood through the religion of Rastafari. In some ways, I had a decidedly patronizing view of the bush doctors. They seemed uneducated and, perhaps, ignorant of "the truth". Their criticism of biomedicine certainly represented its shortcomings, but it seemed more like a dogmatic rejection than a critical reflection. I thought their conspiracy theories were a bit crazy, and I thought their encouragement of herbal medicine over biomedicine was, frankly, dangerous and in serious need of rectification. I wasn't "judging" them as bad people, but I was seeing them as the unlucky products of a fragmented, ineffective educational and economic system.

This changed as I spent more time in the homes of my participants. They were at times welcoming, and at times, wary. But, for the most part, I was faced with a profound awareness of the glaring financial inequality between us. Most bush doctors study the herbs for a minimum of seven years – a timespan equal to the basic degree required to practice as a biomedical doctor. It simply didn't make sense to me that people who had studied for so long lived their lives on a fraction of what I spend, while I had yet to receive my undergraduate certificate.

I decided to overturn the researcher-participant relationship, discarding what I saw as outmoded and useless concerns about academic impartiality or objectivity (Scheper-Hughes 1995). I invited first Judah and later more bush doctors into my home. I offered my balcony to Judah to store some of his herbs so he wouldn't have to lug them to and from his home every single day. I began to interact with him as an equal – rather than as a source of information useful to my research. A genuine friendship quickly developed between us, and "hanging out" as a fieldwork method (Bernard 2011, 277) became "hanging out" for fun.

One afternoon, Judah and I were sitting in my lounge discussing matters of the world, an activity known as "reasoning" amongst the Rastafari (Zips 2006, xii). I was smoking a cigarette of my organic tobacco, while Judah was smoking his marijuana, or "ganja" (Aston Philander 2010, 53). I had mixed my tobacco with a combination of herbs given to me by a friend who works as a natural medicine practitioner. The mixture – known informally

as "magic mix" is primarily a flavor enhancer for the tobacco, but also involves a kind of harm reduction as many of the herbs help to dilate the passages of the lungs and soothe the harsh effects of the tobacco.

After a long pull on his glass pipe or "chalice", Judah doubled over in a coughing fit. I tossed the packet of magic mix over to him, and said, "You should try mixing some of this with your ganja, it's good for you."
"What's that?" he asked.
"Magic mix," I answered, "It's good for your lungs. It will help with the coughing."
At the time, I knew very little about the magic mix. My friend had told me its ingredients, but the list had gone in one ear and out the other. All I knew was that it tasted good, and it made my lungs feel better than smoking pure tobacco.
"But what's in there?" Judah insisted, sniffing the packet.
"I don't know man, but it's good stuff," I answered dismissively.
Judah shook his head and put the packet aside.
"Try some!" I insisted, "It'll help you with that coughing!"
"But you didn't tell me what's in there!" Judah laughed, "You just say 'magic mix' and you don't say what it is."
"But it's herbs," I answered, puzzled.

This was when I realized that Judah's rejection of biomedicine, and his support of herbal medicine, was far from a dogmatic repetition of an ideological principle. When he wasn't touting the value of herbal medicine, he regarded herbal medicines with just as much suspicion as biomedical treatments. It was all about the "roots" of the medicine: as discussed earlier, bush doctors seek to know the stories of their medicines. But herbal medicine – even in plant form, like the magic mix – is not exempt from this critical requirement, simply by virtue of its evidently natural origins.

Uncovering the Conspiracy

I contacted the Cape Bush Doctors, a non-profit organization based in Stellenbosch, some fifty kilometers northwest of Cape Town, which advocates for the rights and empowerment of the Rastafari bush doctors, as well as traditional healers from other traditions (Cape Bush Doctors NPO 2014a). The organization's aims include developing a standardized curriculum, culturally appropriate to the lives and needs of the often impoverished bush doctors, which is intended to empower the bush doctors through official certification, thereby adding a form of legitimacy to their work. Other organizational aims include advocating for the bush doctors' legal right to harvest and transplant plants in the wilderness, as well as advocating for the legality of ganja, as a religious and medicinal sacrament. I met up with the organization's chairperson, !Gora, in the Stellenbosch University Botanical Gardens, where he works to promote the knowledge and cultivation of medicinal plants.

!Gora is a respected elder and a priest in the Nyabinghi Rastafari mansion. He is also a highly accomplished bush doctor, and he works closely with various academics from the University of Stellenbosch, including Lennox Olivier (whose 2011 thesis and 2013 article inspired my research) and Nokwanda Makunga (Cape Bush Doctors NPO 2014a), to explore both the social and biological aspects of herbal medicine. Lastly, !Gora sits on the Interim Traditional Health Practitioners Council of South Africa, reporting directly to the Minister of Health about issues surrounding traditional medicine in this country. Surely, since !Gora works closely with biomedical practitioners, as well as members of government, it would make no sense for him to be inherently opposed to those systems.

However, I found that !Gora still carried a deep mistrust for various bureaucratic systems of control. He did not share the "conspiracy theory" attitude towards biomedicine and the government, but he had still struggled against repression by the law. CapeNature, the municipal organization responsible for conservation in the province, had been consistently and unresponsively refusing to provide avenues for bush doctors to harvest their herbs legally. !Gora explained how CapeNature, having submitted to the legal pressure applied by Cape Bush Doctors, does provide an application form for a permit to harvest herbs as a traditional healer. However, the applications are never granted and the organization remains steadfastly opposed to involving traditional healers in decision-making about conservation. On the other hand, applications to harvest herbs for biomedical and academic research purposes are granted quickly and easily – indicating CapeNature's bias. According to !Gora, this attitude is the result of negative perceptions of traditional healers as primitive and outdated (see also Olivier 2011, 2013).

Since CapeNature controls almost all of the viable harvesting land in the province, its strict regulations make the bush doctors' livelihood much more difficult. !Gora went on to tell me how this is not simply a matter of harvesting herbs. Bush doctors have developed a rich tradition of custodianship over the land (Aston Philander 2010, Olivier 2011, 2013). This tradition involves techniques to ensure the survival and continued supply of certain herbs. Bush doctors are taught various methods of transplanting, propagating seeds, and planting cultivated bulbs, to rehabilitate struggling populations. However, this work is impossible to carry out when merely being caught in the protected areas can be grounds for imprisonment. Moreover, many of the bush doctors' harvesting practices involve a profound appreciation for their environment, enacted through deeply meditating with the plants they plan to harvest. The belief is that this meditation empowers the medicine of the plants being harvested, simultaneously empowering the spiritual sensitivity and healing capacity of the plants being harvested, simultaneously empowering the spiritual sensitivity and healing capacity of the bush doctor. Unfortunately, I was never exposed to this practice because all the bush doctors I accompanied on their harvesting excursions were under pressure to get the mission over with as quickly as possible, to avoid being caught.

When I asked !Gora about TB, I discovered another layer to his reasoned mistrust. He responded first with his characteristic, bright-eyed chuckle, saying, "Jaaa, my bru, we actually have a cure for that. Using two or three herbs, we've actually been having very good results with the multi-drug-resistant TB."

"And?" I asked, "What are those herbs?"

"I can't actually tell you, it's still top secret," followed by another sneaky laugh.

Why was this information so closely guarded? !Gora told me that there are two reasons for this secrecy. The first has to do with Intellectual Property Rights, and it refers to the concern that such knowledge could be illegally appropriated by big pharmaceutical companies, who may reap the profits of such knowledge, without providing adequate rewards to the Rastafari herbalists. This has been a common concern for bush doctors, who themselves struggle to obtain the herbs needed to earn their livelihood, and run the risk of having their relevance stripped by pharmaceutical companies that have the capabilities of mass production and mass marketing (Aston Philander 2010, Olivier 2011, 2013). This issue is illustrated by the well-known controversy surrounding the medicinal plant, Hoodia gordonii, which was marketed for its appetite-suppressing properties without any compensation being provided to the San people who had been using this plant for hundreds, perhaps thousands of years (Aston Philander 2010). Vandana Shiva (1998) has described this appropriation of knowledge as "biopiracy", and it remains a pressing concern for marginalized peoples everywhere as their traditional cultural knowledge is exploited without fair distribution of the profits. The second concern is that the pharmaceutical companies – who reap

the profits of mass-produced TB medication – may deem this new knowledge to have the potential to undercut profits on their existing products. According to !Gora, such companies might seek to destroy, repress, or undermine this new discovery so as to prevent this loss of profit.

On a more philosophical level, !Gora still disagreed with the dominant practices of biomedicine. He referred to the impersonal, standardized method of dealing with patients, arguing for a more intimate connection with people who need medical care. He explained how the most important part of his work is his relationship with his patients – not the medicines he gives them. He emphasized the importance of providing a space in which people feel genuine care, with the time and space to ask questions and learn about the processes of their own healing.

I had come to see the depth with which the bush doctors have engaged in understanding their role in society. The seven years of training usually required to become a bush doctor involve much more than just learning about the herbs and where to find them. The training involves developing a holistic understanding of the world and the people and plants within it, where the concerns about harmony with nature are equal to the concerns about harmony with people. In short, I developed a deep respect for these people and their work.

Understanding the Solution

Now that I truly cared about what the bush doctors were doing, I began to explore ways in which I could be of assistance to their cause. Specifically, I was inspired by the work of several anthropologists. First among them, was Nancy Scheper-Hughes (1995), who boldly critiques anthropology's dispassionate, potentially inhumane effort to maintain some form of academic neutrality, challenging anthropologists to take ethical standpoints and look for ways to use anthropology for meaningful, critical change. Kellett's (2009) work was also useful, converying the contemporary debate around advocacy in anthropology, offering balance by revealing its benefits and potential drawbacks, but still ultimately calling for ethnographers to be more engaged and concerned with the lives of their research participants. Most pertinently, however, I drew on Lennox Olivier's (2011, 2013) direct participatory research with the bush doctors. Taking up the position of managing director at the Cape Bush Doctors organization, Olivier has truly responded to Freire's (1982) call for engagement and connection with the lives of research participants. I felt compelled to explore ways to really mobilize my own research for producing some real good. But how could I help? I was a student, with little, if any power to do anything.

I travelled to Marcus Garvey – a Rastafari community in Philippi, Cape Town. There, I found a community of people who were eloquent in their critique of society, as well as their expression of their beliefs. I had the privilege of attending a church service, in which I was inspired by the short sermons given by various members of the community, calling for the congregants to help one another in any way they could. In general, the atmosphere in the community was one of love, kindness, and eagerness to bring about positive change.

There, I met Zebulon, one of the community elders who works in the community center to help people find jobs, apply for loans and grants, find schooling, etc. Although Zebulon was not a bush doctor, he knew of their work and supported their methods. He readily accepted that some medical ailments couldn't be treated through the use of herbs, believing that TB – for example – is one such illness. This shows that contempt for biomedicine is not a standard amongst the Rastafari. However, Zebulon went on to explain that the Rastafari lifestyle promotes health and healing in a way that can prevent many of the health-related difficulties plaguing the South African people. One of the core principles of the Rastafari religion is vegetarianism, based on the belief that it is

a sin to eat the flesh of a sentient animal (Aston Philander 2010). In addition, there is a very strong prohibition against the consumption of alcohol and drugs (excluding marijuana, if you consider it a drug) (Aston Philander 2010). This religious instruction has its roots in the Nazarite vow of the Old Testament, which prohibits the consumption of grapes and their by-products, i.e. wine (Aston Philander 2010, 48). These factors form a strong emphasis on living a healthy lifestyle, translating into a number of interesting developments. These include the avoidance of sugar, salt, coffee, and cigarettes, which are all seen as tools of colonial oppression, designed to colonize the minds of slaves through the mechanism of addiction (Aston Philander 2010, 51). Zebulon thus claims that a healthy lifestyle is the best solution to the problem of TB, and, moreover, to an entire array of health-related issues. Certainly, this claim is easily supported by scientific knowledge that has long since discussed the dangers of all these substances (Freund et al. 1993, Higdon and Frei 2006, Kopelman 2006, Bayer, Johns, and Galea 2012). Furthermore, it has been shown that TB will very rarely develop into a life-threatening illness, if it presents any symptoms at all, in a body that has a strong and healthy immune system (Van Crevel, Ottenhoff, and van der Meer 2002).

Until that moment, I had been seeking to evaluate these healing methods according to my familiar frameworks for healing – as specific cures for specific illnesses. But it is problematic to measure the value of African knowledge systems against the standards of dominant knowledge systems that have stemmed from colonialism (Nyamnjoh 2012). This kind of comparison sets up the neo-colonial science-based knowledge as the benchmark for all knowledge, holding a central position of inherent superiority. As such, contemporary anthropologists studying traditional medicine – like me – have been inclined to explain the reasons why traditional medicine should be viewed with greater respect by the biomedical community. Zebulon's philosophy on healing – by a man who isn't a healer – seemed to hold promise for addressing the issue of TB, even though he wasn't offering a specific medicine to "eliminate the Mycobacterium tuberculosis". What if anthropologists and academics looked at traditional medicinal systems (in this case, the holistic health-seeking lifestyle of the Rastas) to see their internal value, without trying to measure them against some other, central truth that we assume should be playing the key role? If the Rastafari lifestyle can help in lowering the chances of TB turning into a life-threatening disease, and the bush doctors' medicines can help in healing those cases of TB that do arise, then the Rastas have a very meaningful contribution to make in dealing with the TB epidemic, without needing biomedicine's stamp of approval.

So, unable to find an answer by myself, I asked Zebulon:

"How can I help?" "Anything!" Zebulon responded, without hesitation, "If you have some knowledge of computers, come and teach me. If you have some knowledge of the land, come and share it with us. You, with your university education, come and share it."

But what could I offer Zebulon with my anthropological education? Spending more time with Zebulon, I came to see the importance of independence to the Rastafari. Most Rastas, especially bush doctors, have chosen to pursue self-employment. This focus on independence is part of the Rastafari agenda for liberation – resisting and avoiding the status of serving someone else, i.e. avoiding any semblance of slavery; the ultimate expression of "Babylon" (Aston Philander 2010, 27). From an anthropological perspective, however, the kind of "independence" attained through earning enough money to survive within the monetary system is clearly a complex notion (Maurer 2006). Money is not a naturally valuable commodity – in and of itself, it cannot provide anything – no food, no shelter, no security, nothing (Maurer 2006). However, when people agree on the value of a monetary unit, then it can be used as a placeholder for exchange. Thus, as people place value on money, they are able to exchange it for things that have inherent, practical value – like food, shelter, and security. This reveals the fact that financial "independence" is not really independence. Rather, it involves a dependence on the

socially constructed value of money (Maurer 2006).

Already, many of my participants had expressed their contempt for money as a corrupting influence, encouraging greed and materialism, often associated with Babylon. Rastas commonly engage in bartering or gifting amongst one another, emphasizing the importance of sharing. Aston Philander (2010, 114) has described this as a "diversified economy". However, they remain largely dependent on commercial producers of food. Discussing these matters with Zebulon, I was again struck with a sense of being overwhelmed and underpowered. Until Zebulon expressed his dream for the future:
"I want a farm," he said.

Growing edible plants is one other noted method of pursuing independence within the Rastafari philosophy (Aston Philander 2010, 52). Zebulon and I quickly reached the conclusion that farming food could liberate the Rastafari people – in a much truer sense – than attaining financial wealth. In an ideal world, the Rastas would be able to grow enough food to sustain themselves, thereby removing their absolute dependence on money. Unfortunately, the Rastas, in Marcus Garvey and elsewhere, lack the land and skills needed for a really meaningful endeavor. But, letting this goal rest in the future, Zebulon recognizes the value of working towards it through incremental, small-scale changes. Many community members already cultivate small vegetable gardens, in the limited spaces they have managed to carve out.
"So what can I do, right now?" I pressed.
"Can you bring me some water?" Zebulon responded.
"What?" I laughed, utterly confused.
"You live by the mountain, right? Can you bring me some water from the mountain? That water is good for your soul."
This request finally revealed the solution to what had quickly become a personal, existential crisis of agency for me. Like so many others, I had spent a great deal of effort on pondering the question of how to create positive change without producing destructive unintended side effects (Scheper-Hughes 1995, Kellett 2009). But Zebulon's request for water showed me the clarity of human collaboration in a way that had been obscured by my education. Through focusing so heavily on the socially constructed nature of all human cultural concepts and categories, I had lost touch with the meaning of action. Simply by virtue of the infinite complexity of human culture, one cannot possibly hope to predict every single outcome of a given action. For some anthropologists, this has meant refraining from action for fear of its unpredictable moral or material consequences. Hastrup and Elsass (1990), for example, argue against the movement towards advocacy anthropology, cautioning against a potential reification of the paradigm of "saving" people, as if one has the moral high ground to know what's best for others. Luckily for me, the action requested by my participants has not involved legal or moral battles. It has involved hands-on assistance by means of my physical and financial capacities. I could drive to town, buy a big water container, fill it up from the mountain streams, and bring it back. Fulfilling this request would mean fulfilling the community's religious ethic of giving your time and effort for the good of others.

I am not claiming that bringing a jerry can full of mountain water to Zebulon will change anything. I am suggesting that – if more people in positions of privilege were to offer their time and resources for the benefit of those in marginalized positions – then the entire world would change. Extrapolating this theory, I have sought to put my social, financial, and cultural capital (Bourdieu, 1986) to much better use. In collaborating with the Cape Bush Doctors organization's Indigenous Knowledge Ark initiative (Cape-Bush-Doctors-NPO 2014b), I will be utilizing my expertise with social media and online communication – as well as my personal contacts in the worlds of media, film, and fundraising – to produce some of the first few episodes in an ongoing videographic archive, capturing and preserving the medicinal knowledge of the bush doctors. It's not going to change the world. It's not going to liberate the Rastas from the monetary system. But it will

contribute to the production of something they would love to create, but are unable to do so alone, due to the constraints of structural inequality. It will provide them with a repository for knowledge and education, disseminating useful advice for maintaining health, thereby contributing – in some small way – to securing the healthy lifestyle that can prevent the onset of TB.

In short, my most powerful finding – in terms of anthropological knowledge with the potential for positive change – is this method of engaging with people:

Find some people you like.
Ask them what they need.
Do whatever you can to help them get it.

This is akin to Scheper-Hughes' (1995, 418) description of anthropology as "a tool for critical reflection and for human liberation." Nyamnjoh (2007, 1) has described something similar in taking what he calls a "predicament-oriented approach" to social research.

Reflections and Conclusions

Perhaps the most striking aspect of this research is the fact that it is not new. It doesn't constitute a breakthrough finding, or a new theoretical framework, and it hardly challenges what most contemporary anthropologists are saying. As an undergraduate student trying to prove my worth, I was encouraged to go into the world with an open mind, and allow the world to present me with findings that I hadn't presupposed. Still, my education, and my research in all other anthropological writings, had given me a strong sense of needing to "make an argument" in my work (Jacobson 1991, 7).

However, fairly early in the process of my fieldwork, I realized that the intention to make "an argument" entailed a preconception in and of itself. It represents the desire of anthropologists and researchers everywhere to prove their own worth, and the worth of their research. Without "an argument", a piece of research is nothing more than mere description (Jacobson 1991, 7). But, my research showed me that my participants were diverse people who could not be reduced to any intellectual conclusion about them. This, like everything else in my research, is fairly obvious. And although its implications have long been recognized by anthropologists, many have still insisted on creating generalizations and identifying common tendencies. We have critiqued Evans-Pritchard (1929) for reducing cultures to their core "idioms", only to reduce cultures to their core "arguments", even if we have mentioned the fact that diversity does exist (Clifford and Marcus 1986). I am, actually, making a plea for anthropologists to focus more on the active aspects of their work. Ethnography should be less a matter of producing a monograph, rich in detail, and inaccessible in language, and more a matter of working in the field to discover ways in which one's time, knowledge, and resources can be mobilized according to the visions of one's participants.

Certainly, there is value in the circulation of anthropological research amongst policymakers and advisors in non-governmental and governmental organizations alike (Nader 1972). There is value in the production of anthropological academic knowledge, which involves active, conscious engagement with the timeless project of understanding the diversity of human existence. However, in a world plagued by poverty and societal injustice, I believe it is insufficient for academic research to circulate only within the institutions of its production. In a sense, I am adding my voice to the call sounded by Brazilian activist and researcher, Paulo Freire (1982), to bring the locus of research dissemination more into the worlds of the people whose lives provide the research data.

This is why I believe in doing fieldwork among people who share similar aspirations and beliefs to me. Anthropologists can more feasibly dedicate themselves to cooperating with their

participants, in a genuinely involved and useful fashion, if they share a sincere, experiential understanding of their participants' lives. Having said that, I believe it is still exceptionally important to conduct ethnographic research amongst those with whom we might disagree intensely, especially in questions of power and domination (Nader 1972). In either case, we should no longer be seeking to use reflexivity to limit the impact of our subjectivity (Collins and Gallinat, 2010). Instead, we should use our reflexivity to discover our own notions and emotions, so that we might consciously and transparently align ourselves with communities in need, with whom we have a personal affinity, and critique communities in power, with whom we might have intense disagreements (Collins and Gallinat, 2010).

I began by looking for a relationship between traditional medicine and TB. What I found was a fascinating critical rejection of systems of knowledge that conceal and confine the relational narratives that are inherent in any process of knowledge production. As I explored how bush doctors and their patients perceived TB and biomedicine in general, it became apparent that their meaningful critique has often manifested into a rejection of biomedical treatment, as well as a widespread suspicion of institutional knowledge production and institutional control. More importantly, I forged some lasting friendships, with wise individuals urging me to stop looking for the things that I want in life, and start looking for the things that I can give in life.

By producing a paper in a relatively informal style, I am hoping to demonstrate how the ideas that anthropologists discuss need not be weighed down by unnecessary verbosity. In a way, I've chosen to use this opportunity to demonstrate the ways in which simple human honesty and compassion can achieve much more than the egotistical pursuit of academic relevance. 'Honesty' can be described as an ethical imperative towards reflexive transparency, urging anthropologists to explore and declare their personal, emotional, and political involvements in any research.

'Compassion', then, can be described as a second ethical imperative to mobilize one's research in accordance with those motivations. In this case, the motivations for my research began with the desire to complete an institutional degree, in the hope of finding relevance as an anthropologist in the future. However, as I sought to understand what that really meant, I came to share my participants' critique of academic knowledge. In the end, my research was no longer motivated by the desire to earn institutional valorization, rather, it was motivated by the desire to mobilize my skills and resources in whatever way possible, to work together with my friends in pursuing their aspirations of freedom and health.

Photo Credit: Gilad Levanon

Photo: Judah's Herbs at the Cape Town Central Taxi Rank.

ENDNOTES

1. "KhoiSan" is the ethnic name given to the descendants of two of this area's oldest human inhabitants – the KhoiKhoi and the San (Aston Philander 2010:89).

2. These are the names participants use to refer to themselves – except Judah. I have kept Judah's identity anonymous, simply because, in this ethnography, he is described as committing illegal activities, so his anonymity is necessary for his own protection (Marshall 1992). Throughout this ethnography, I have provided accurate information regarding everything else except Judah's real name. This is because I have seen no need to obscure the names and causes of people who have told me they would rather have the world know their stories. With regards to the fact that I still reveal Judah's home suburb, as well as his workplace, it may be possible to track down his general whereabouts through these details. However, there are number of bush doctors who share the same work area and home suburb. This means that these details are insufficient for definitively identifying Judah. Besides, having seen him successfully avoid police attention, I am confident that this ethnography poses no additional threat to him.

3. This is a problematic, imposed category. It refers homogenously to a very diverse group of individuals who could not be easily classified in any of the other racialized apartheid categories. It includes (among other groupings) the descendants of Malaysian slaves brought by Dutch settlers, as well as the descendants of so-called racial miscegenation between "black" and "white" people, and finally, the descendants of certain South African

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ENDNOTES (cont.)

3. ethnicities who did not carry that characteristically dark skin of the so-called Bantu peoples, such as the KhoiSan.

4. This term refers to the evidence-based, cause-cure paradigm utilized by biomedicine in approaching health and illness. This method has been problematized for its reductionist tendencies, attempting to isolate specific molecular or systemic causes for illness and produce targeted direct chemical or physical interventions. It has been described as the product of a mind-body dualism, which has also been implicated in the oppression of women, the destruction of nature, and the proliferation of racial discrimination (Scheper-Hughes and Lock 1987).

5. It contains chamomile (Matricaria chamomilla) (Repetto and Llesuy 2002) and sceletium (Mesembryanthemum tortuosum) (Van Wyk, van Oudtshoorn, and Gericke 2013:200), as well as mullein (Verbascum thapsus) (Turker and Camper 2002), and a few other plants.

6. This is one of the most prominent Rastafari orders in South Africa (Aston Philander 2010:59). In the Rastafari religion, theological and philosophical variation, as well as cultural diversity, has led to the formation of a number of what are called "mansions" (Aston Philander 2010:58). Mansions may be likened to denominations in Christianity, exhibiting a variety of 'outer' observable differences. There is a large degree of mobility and mingling between and amongst mansions, and often individual Rastas will not be steadfastly associated with one mansion or another. The Nyabinghi mansion, sometimes considered

ENDNOTES (cont.)

6. a stricter version of Rastafari because of its associations with the belief in a global theocracy, is named after the "Nyabinghi" worship ceremony (Aston Philander 2010:59). These ceremonies include drumming, chanting, and the smoking of ganja, and they are affectionately referred to as "the 'binghi" (!Gora, personal communication, 5 September 2014)

7. Informal for "my brother", coming from Afrikaans, "broer".

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