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**“Responsibilities in the Academy:  
Music, Advocacy, and Activism in Contemporary Scholarship”**

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I begin with two brief videos that raise questions concerning the responsibilities that attend contemporary scholarship, specifically regarding the differences between what we understand as the goals of scholarship and the responsibilities understood by those with whom we are privileged to work: First, a group of elderly trumpet players (Busoga Kingdom, Uganda). What they thought I wanted from them as a white, male, foreign ethnomusicologist with a German name. Second, the late Kirusu Thomas, inanga player, last remaining musician of the Tutsi royal court not playing what all other researcher were asking him to play, but due to the restrictions placed on my work by my research clearance, he sang a song about unity and reconciliation, music he would only sing for rural villagers in Rwanda.

The responsibility of scholarship in the 21<sup>st</sup> Century. Expectations have changed...or have they?

At the annual meeting of the Society for Ethnomusicology held in the United States last week, I chaired a panel on music and nuclear disaster. At one point during a paper, a young scholar interrupted her presentation on atomic bombing in the Marshall Islands. She lowered her printed text on the results of exposure to radiation on the human singing voice in order to reflect on her responsibility to use her field research, her musical recordings, to expose the atrocities of nuclear testing—“That was the last time I heard [that song] in the Marshall Islands, and that was for my going away party sending me back to the United States, as the Rongolapese [people] knew that I would be sharing this message with people [here].”<sup>1</sup> The insertion of social activism in this way struck me as unique to the typical performance of her prescribed academic modality.

I suspect that the title of my paper—“Responsibilities in the Academy”—might make some of us a bit uncomfortable or even prescriptive. Typically at the midpoint in one’s academic career one might present grand theories in the passive voice or bracket them off as “possible” conclusions. I trust, therefore, that I will be forgiven any boldness by asserting that in the academic study of music, arts, and culture, there is just too much at stake to defer to such linguistic frivolities of indifference.

I write, teach, and act from a particular disciplinary perspective—ethnomusicology, or more particularly—medical ethnomusicology. Since this is most likely unfamiliar territory to most here today, I adopt a more general academic tone so as not to alienate. In this paper I highlight several ways in which the increased potential for social

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<sup>1</sup> This moment can be witnessed at 33 minutes 02 seconds on the live stream of this paper:  
[http://www.indiana.edu/~video/stream/launchflash.html?folder=vic&filename=SEM2012\\_E\\_20121103.mp4](http://www.indiana.edu/~video/stream/launchflash.html?folder=vic&filename=SEM2012_E_20121103.mp4)

advocacy and activism in musical research reflects a growing trend in scholarship within the Arts and Humanities, and I speculate on the political nature of such academic movements.

But, responsibility is certainly not a “growing trend.” It has been actively present in musical scholarship for quite some time. We nevertheless find ourselves in a critical moment where boundaries surrounding the typical object of study—musical sound—have expanded wide enough to allow room for the scholar—the researcher, the teacher—to affect change, to advocate for artists, and to meddle in the very musical styles and traditions with which we are privileged to work.

Allow me to step back and indulge in personal biography for just a brief moment to help problematize the need for reflection on responsibility. When I began my postgraduate studies in music, as many of us do, I was introduced to theories of knowledge through the world of ideas, the physical world of ideas. I was encouraged to consume knowledge in a specific way—to read, memorize, and creatively imagine contributing in my own very small way to this vast world of knowledge. As I progressed through this journey of consumption, in the back of my mind I fully expected that I too would find my place on this shelf, in the library, the product of my labor inserted in between the great interpreters and analysts of data that came before me. My goal was to fill in the metaphoric gaps on the library shelves, to produce knowledge, to contribute to source materials so that...what? So that somebody else could someday make meaning out of the collected data. In such a construction, the responsibility of our scholarship is re-assigned to the consumer of our efforts.

I began my career as a musicologist, training with the leading authority on Renaissance music, Howard Mayer Brown, at the University of Chicago. My academic goal was to highlight the development of the so-called madrigale arioso in 17<sup>th</sup>-century Venice as a dramatic musical genre at the interstice of secular and sacred Italian society, and eventually produce a critical edition that would easily slide into that metaphoric fissure on the library shelf. And then a divine miracle occurred. The *deus ex machine* swiftly descended from the heavens when I was introduced to the most hideous of all human inventions—the microfilm reader! Does anyone remember microfilm readers? If ever there was an academic torture device, surely it was this! I quickly came to the realization that spending 18 months in the dark archives of the basilica of San Marco in Venice was not going to satisfy a deeper curiosity, a deeper craving, a journey of discovery.

Given the topic of my paper, you will forgive this brief dalliance into autobiography; this will make sense to some of you who know that today I replaced the metaphoric microfilm read with a different toolbox. I now represent not Musicology, but rather ... Ethnomusicology, an academic discipline that embraces reflexivity in fieldwork, an academic discipline where boundaries are frequently pushed, pulled, and called into question. On reflection now, the subtitle of my paper now seems quite clever, intentionally invoking the very real possibilities many of us experience today of being meddlers, mediators, and activists in our ethnographic fieldwork.

The roles of musicians, dancers, and storytellers are changing and continue to adapt in the face of increasing health care rises in sub-Saharan Africa and elsewhere, as are the roles of ethnomusicologists as they engage community responses to global issues. Returning to the key word in the title of this presentation, “Responsibility,” some might feel uncomfortable with the consequence of responsibility—action! In fact, I have spent much time during the past few years considering an unlikely disciplinary position that has challenged current thought in music scholarship, a type of “Ethnomusicology Without Borders” approach to academic responsibility. I trust, however, that by the end of this paper my appeal will be understood not merely as that of a curmudgeon, but rather as a call for reconciliation of the histories and contributions of Ethnomusicology and Musicology with the enormous and significant burden placed on the upcoming generation.

A book seems a good place to begin; in the social sciences we value the object, the book. OK, *The Culture of AIDS in Africa*, a large-scale publication with Oxford University Press that documents the role of the arts throughout Africa in regards to HIV/AIDS. This might seem like it should be the last slide in my presentation today, the culminating effort of decades of collaboration, collaborative effort with healthcare professionals that has led to the birthing of a legitimate collaborative academic field, medical ethnomusicology.

But, I begin at the end to ask, what good can a book actually do?—especially in the social sciences, where we aim for activism and often have to settle, years later, with passionate documentation? How is compiling a set of essays, focusing on editing, copyediting, and coordination with authors worth the effort when that time could be better spent out of my office, in the field, earning respect by doing? Such questions present a central tension of the book, and of Medical Ethnomusicology more generally. And I should note that in the years it has taken to put this publication together, many of the people whose communities I have worked in and observed have passed away. How then can we function as responsible scholars in a world that changes so quickly around us? So, asked again...what good can a book do? For what are we responsible as scholars of musical traditions? And yet; and yet. Bibliography always gives a little focus; so let’s go back in time in order to position the public outreach and collaboration that is inherent to medical ethnomusicology. OK, 2006. I published a book that I had been working on for 10 years. *Singing for Life: HIV/AIDS and Music in Uganda*. This book invented the term, “medical ethnomusicology,” introducing it to the public for the first time. The public. All 52 people who bought the book, that is. Smithsonian Folkways: DC, re-packaging the product for a broader audience in 2007. In the first 3 months of its release the “CD” sold over a thousand copies. *Oxford Handbook of Medical Ethnomusicology* the same year. And then...The Grammy Awards of 2007. The *Singing for Life* CD was nominated for a Grammy award in the “Best Traditional World Music” category and immediately went on to sell over 10,000 additional copies. So...you may think that the opportunities to reach a larger audience or that the honor of being a Grammy-nominated producer would have been enough. No...it was the opportunity to sit next to, yes, Jay-Z and Beyonce at the actual Grammy Award ceremony. A huge OMG moment for sure. Medical Ethnomusicology has its perks!

How do you express a scourge? (Central question posed by *The Culture of AIDS* volume. The emergence of HIV/AIDS in the world has forced us all to address this question. Yet...the readership of this volume of essays has

quickly begun to reinterpret this question to read, How do you address a scourge?" As with other health crises—polio, sleeping sickness, influenza, and malaria—populations large and small have brought the expressive forms around them to bear on presenting the nature of AIDS in moral, social, local, medical, religious, and transnational terms. Yet the devastating scope of HIV/AIDS has created a particularly arresting epidemiological landscape. Initially a spiral of deterioration with unknown etiology and no known cure, the disease has become theoretically manageable through the use of increasingly convenient drug regimens. Yet changes have not, and do not, come easily: health interventions inevitably face broad challenges along cultural, political, and economic lines. Populations have engaged in long-term struggles to find meaningful modes of action within globalized systems of relationships, knowledge, and health discourse. And now, many people—including academics—are seeking ways in which to express and address the scourge.

So, I'm rethinking the basic positioning of "responsibility" in the following model:

Research, Responsibility, Scholarship

Research, Scholarship, Responsibility

One of the most consistent threads in the history of ethnomusicological thought is the tendency to unite diversity, to disavow boundaries and to respond to the needs of the individual practitioners of the academic discipline. If we look at those individuals we identify as the first real ethnomusicologists—Johann Gottfried Herder, Guillaume-André Villoteau, Johann Gottfried Kiesewetter—they were all involved with other intellectual pursuits, which nevertheless were essential in their formulation of new concepts in ethnomusicology. The anthropologist may have replaced the philologist and music critic of the early years of ethnomusicology, but the similarities that result from bringing diverse perspectives to bear on the objects in the field are obvious.

The pervasiveness of eclecticism as demonstrated in the early work of Herder, Villoteau and Kiesewetter suggests that it is intrinsic to ethnomusicology. Herder, for example contributed to the "gestation" of the interpretive cultural and social sciences, specifically cultural anthropology and thus by extension ethnomusicology.<sup>2</sup> Villoteau's earlier fieldwork focused on the use of music to identify economic disparities experienced by social groups living together in Egypt at the turn of the 19<sup>th</sup> century.<sup>3</sup> The practical nature as it applies to the responsibility of one's scholarship in Ethnomusicology, even in its earliest efforts, is hardly surprising to those of us who regularly engage field research. Ethnomusicologists are uncommonly accustomed to welcoming diverse approaches, but beyond this, we frequently go out in search of these diverse approaches. Virtually every step in the ethnomusicologist's progress bears witness to this pervasive eclecticism. Fieldwork and ethnography are perhaps the most obvious examples of the ethnomusicologist's and folklorist's need to look

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<sup>2</sup> John H. Zammito, Karl Menges and Ernest A. Menze. 2010. "Johann Gottfried Herder Revisited: The Revolution in Scholarship in the Last Quarter Century," *Journal of the History of Ideas* 71/4.

<sup>3</sup> Villoteau, Guillaume-André. 1809. "Chapitre V: De la Musique des Qobtes" (Chapter V, "About the Music of the Copts"). *Description de l'Égypte, ou, Recueil des observations et des recherches qui ont été faites en Égypte pendant l'expédition de l'armée française, publié par les ordres de Sa Majesté l'empereur Napoléon le Grand*. Paris: Imprimerie impériale, 1809-1828. 21 vols. Text from Vol. II, pt. 1a, pp. 754-757.

elsewhere, often to anthropology and sociology. Theory building, too, normally requires that ethnomusicologists look first to another discipline and then modify and extend theory to apply to ethnomusicology. One need only to look at the reading lists for post-graduate-level ethnomusicology coursework to see the adoption and adaptation of theory from other fields. Alan Merriam's *Anthropology of Music*<sup>4</sup> is a case in point.

When I first began studying ethnomusicology, I formed an argument claiming that ethnomusicology's field was unlimited. Whatever one wanted to throw in, I was willing to find some way of making acceptable—an extension of the Ethnomusicology-Without-Borders argument. This conceptualization of the field had the added advantage of drawing on rather considerable amounts of missionary zeal. By this I mean that it is rather convenient to be able to say that musicologists, theorists, composers, philosophers, anthropologists, linguistics, historians, and folklorists are in reality no more than closet ethnomusicologists. Quite content with this way of casting off the limits of the field, to expand and push the boundaries, I blithely gave a lecture of this sort once, after which a colleague from a different discipline (who I saw of course as a closet ethnomusicologist) remarked in all seriousness, "Is it really comforting to be a part of discipline that must truly be the garbage can of all other disciplines?" The point was, of course, well made. When a field draws on other disciplines, when a discipline pushes its boundaries so far into adjacent fields of study, is it really able to take the best from those sister disciplines, or is it left merely with those concepts, theories, and methodologies that are tossed aside and worn out? Academic table scraps, if you will?

Fieldwork is for the ethnomusicologist, however, more than a methodological exercise. Fieldwork brings the researcher into contact with a music to which there is often no other or no more complete access. And fieldwork enables the interpretation of music fully situated in culture. For it is within fieldwork that relationships are formed, human relationships that inform scholarship as well as result in a relationship of responsibility. Fieldwork tempers the way we understand music itself, but perhaps more importantly relationships formed within field research attend a system of expectations—spoken and unspoken, communicated and implicit. Any exchange of ideas must be understood as a transaction with an accompanying agreement of responsibility of how that information will be treated, documented, analyzing, and...acted upon.

Clearly you see by now that this argument is steering toward a focus on the ethics of scholarship.

Widely different attitudes exist, but there is an increasing and persistent concern among ethnomusicologists, particularly younger ethnomusicologists, with issues of ethics and advocacy and their relationship to field-based research. This is not a foreign issue in the history of ethnomusicology, though today we might think of it more as a description of what ethnomusicologists should engage—self-examination and self-criticism. Perhaps uneasiness exists now, a fear that we are no different than colonialists or missionaries plundering other cultures. Certainly ethnomusicologists working in their own culture or with communities other than their own in their own country also experience such dis-ease. Certainly South African ethnomusicologists expend considerable effort explaining their

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<sup>4</sup> Alan Merriam. 1964. *The Anthropology of Music*. Evanston, IL: Northwestern University Press.

motivations when documenting home cultures. Local South African academics communicate to me a nervousness that there might be something lurking behind their own eclecticism, or a fear that someone will suspect that eclecticism to be undeserved or unearned.

My own awakening of the responsibilities of advocacy and activism emerged when I began working in areas of abject poverty in Uganda in East Africa, where geographic boundaries are globally and economically determined, where rural vegetation makes roads impassable, where there is no electricity, where no one has ever heard a radio broadcast by President Museveni, where people have never seen a medical doctor, healthcare professional, or nurse, local villagers must be resourceful for their stories to be heard. So, ironically, they engage in local, traditional songs and dances to warn about AIDS. On more than one occasion I've been told that if women want men to listen to them, they must use a proven way to place their messages within a cultural context that men will find attractive. Men will come, women say, when they hear the drumming. They will come and watch the dancing. If messages specific to HIV/AIDS can be inserted into musical performances in this way, then these women are not only clever, they're saving lives.

Today in Uganda, only 10% of the population has access to medical facilities; there is only one doctor for every 20,000 people (as compared to the 1:400 ratio in the United States). While infection rates have in fact fallen in Uganda, down from 30% to 5% in the past 10 years, two million orphans and one million persons living with AIDS represent a need for care that cannot be met by currently available medical resources. Less than 2% of those who need antiretroviral drugs can afford them, and treatment costs, while much lower today than just a few years ago, still overwhelm the government's annual health allotment of \$10 per person. Given these conditions, music's contributions to intervention and palliative care are a humane and necessary option. Music often mitigates the socioeconomic effects of illness by directly supporting caregivers, controlling pain, and providing counseling. Since there are few doctors available to Ugandan citizens, traditional healers—often mistakenly referred to or misunderstood as witchdoctors in Uganda—have begun to play a more prominent role in the education, treatment, and care of the public. A group effort known as THETA—Traditional Healers Together Against AIDS—has convened traditional healers and Western medical doctors in Uganda for the past 10 years to discuss the roots of HIV/AIDS, to assess treatments, and process issues relating to secondary infections and palliative care.

When cultural institutions fail in their efforts to affect social change, artists step in. When technologies and medical systems disappoint, musicians sing and dance, and traditional and modern religious leaders create meaning out of chaotic lives. If one person can make a difference in the ongoing struggle with AIDS in Uganda it will be a dancer, a traditional healer, a religious leader, or a musician. One such religious activist devoted to empowering others is Walya Sulaiman, a Muslim living outside of Iganga town. Since diagnosed almost 15 years ago with HIV, Sulaiman has dedicated what is left of his life to educating and counseling other Muslims, women in particular. Although his community group receives no funding and no media attention, all strive to “live positively” rather than simply be understood as “HIV positive,” rejecting the medical label and adopting a musical label of faith, hope, and healing.

This is Walya Sulaiman and his group singing about the spread of HIV/AIDS in the village.

VIDEO EXAMPLE (00:40) “Kino Kinene Kyembwene Ekituse Ekyatuka” [“What has Come to the Villages is Very Strong”], PADA [People with AIDS Development Association], Iganga, Walya Sulaiman

Many Ugandans embrace mainstream religions while openly denying the need for spiritual and traditional health care practitioners. Many urban residents and those affiliated with faith communities publicly denounce the efforts of traditional healers. Publicly, yes. Privately, people avail themselves of multiple healing systems, especially when HIV is involved. In a conversation with Maboni Nabanji, a respected traditional healer—or “witch doctor” as he prefers—I asked about treatment in his healing practice. His response—“Singing is the main form of treatment we employ. We play drums and other instruments during the process of diagnosis to discern whether a patient has AIDS, familial spirits, or other possession. When we sing our songs we burn herbs, and then the spirits take over one of us, allowing that person to proclaim out loud and identify what the patient is suffering from. Our songs help people REMEMBER how to heal.” Music in this sense gives disease its cultural memory.

I’ll now play a montage of three separate performances, each documenting a unique musical response by traditional healers. The first segment introduces a youth group associated with Mutebi Musa, a traditional healer and herbalist who leads an AIDS support group outside of Kampala. The second segment introduces a performance group featured at the 10<sup>th</sup> anniversary celebration of THETA, Traditional and Modern Health Practitioners Together against AIDS. The third segment highlights an AIDS healing ceremony by the rural traditional healer—witch doctor, Maboni Nabanji.

Segment I—Youth Group of T.A.S.G.A., led by Mutebi Musa, a traditional healer; Segment II—THETA; Segment III—Maboni Nabanji, witch doctor/traditional healer

In order to communicate effectively in villages the term “kayovu” was adopted in the first segment to refer to AIDS. Kayovu, a banana weevil, is an insect that eats fruit from the inside out. Similarly, the witch doctor Maboni Nabanji in the third segment refers to HIV as “ffene,” or jackfruit to suggest how one can get stuck in the sticky fruit, unable to wash or scrape the virus off. Such linguistic localizations occur frequently in songs, enabling cultural meanings of HIV/AIDS to be understood at deep levels as historical cultural memories of the disease are inserted and redressed within performance.

My academic training in ethnomusicology precedes the opportunities for reflection now offered by medical ethnomusicology. I now often find myself on unfamiliar, traditionally “medical” grounds—in the thick of a highly charged, highly politicized international medical debate. In our postgraduate training course, many of us were taught that ethnomusicologists should objectively observe subjects, leave no footprints, do no harm, and refrain from meddling. Yet, many of us who now pursue medical ethnomusicology projects are frequently labeled as activists, intentionally or unintentionally affecting change wherever we go. We are also frequently accused of advocating for the very musical traditions we are studying, perhaps even practicing extreme ethnomusicology.

Despite my original pseudo-objectivist goals I now find myself immersed in political issues related to AIDS in multiple African contexts. While in Kampala several years ago I was invited to a national AIDS outreach celebration, and as I sat in the audience the medical director of the Ugandan AIDS Commission publicly thanked me, the American doctor for “teaching Ugandans that music, dance and drama are the most effective tools for fighting AIDS in our country.” The collaboration of ethnomusicology with medicine was clearly understood, embraced, and welcome in this medical director’s mind, and in the opinions of many others in the healthcare community in Uganda. I, however, was taken aback by this very public gesture. I had never pushed the boundaries by saying, “this is what you should be doing, and this is how you should do it!” Rather, I had always considered my job as an ethnomusicologist to be one of asking questions, identifying what actually works and what doesn’t in given medical situations, and issuing written reports based on local observations and reflections, situating local responses within the global AIDS pandemic. I hope that you detect that my tongue is firmly planted in my cheek when I say that I do not meddle. I do not mediate. I do not activate cultural activism...or, if I do, it is surely accidental. I must ask, however, what’s at stake? What’s at stake in the academy and in the lives of the people with whom we are privileged to work? What is the responsibility that accompanies field-based research?

Discourse in medical ethnomusicology, while still in what must be understood as a developmental stage, can nevertheless be understood to value collaborative field-based research that potentially leads to both academic assessment and social action. In order to approach the sacred clinical reality of our physical and spiritual lives from a holistic perspective, one that is inherently performative, preventative, curative, and grounded in science and the arts, it is perhaps best to remain open to the possibility that new methods will emerge, new boundaries will be crossed that will allow medical ethnomusicology to respond and develop over time. With such openness, methodological approaches may very well combine rich experiential and culturally rooted ethnographic research with objective scientific experimentation in ways heretofore not engaged, explored, or even imagined. Medical ethnomusicology will surely demand such physical, intellectual, and emotional collaboration, at levels of engagement that value understandings, such as the difference between what it means to be HIV+ and what it means to live one’s life positively.

In my office I surround myself with photographs and with the recorded sounds of many individuals and groups performing—singing, dancing, telling stories—to remind me daily of why I do what I do and for whom I am doing it. One of my photographs from Uganda continues to inspire me. [SLIDE—Boy in Bute Village] My frequent gaze in its direction takes me constantly deeper into my memories as it continues to kindle new thoughts concerning interactions between HIV/AIDS and music in Uganda. The image is simple and there is no obvious “music” or message present in the photograph—no one is singing, no one is dancing, no one is performing. Rather, for me this black-and-white photograph communicates the hope among those who listen, the potentiality that is inherent within any musical performance in Uganda.

The young boy in the image has just returned from a long day attending primary school and through the blaze of the setting sun he watches a performance of women in his home village offering an HIV/AIDS informational



session within the context of a drama. The intense attention he pays to the performance is telling. In my own work I follow this boy's gaze as I watch, absorb, respond to and interpret the use of music, dance, and drama as medical interventions in Uganda.

Over the years I have taken many photographs, made countless sound recordings, and conducted scores of surveys and interviews in Uganda. In retrospect, when all these materials are lumped together in ever increasing piles around my office they seem to be nothing more than mere documentation. More substantial for me has been the accumulation of experiences, memories, and ongoing relationships that support the paths of my personal experiences with HIV/AIDS in Africa since the 1990s and that have led to the responsibilities of carefully crafting a suitable academic response. Along these pathways I have been privileged to walk with strong and motivated men and women, many of who have passed away since we first began accompanying each other. Together we have experienced suffering, death, and loss in everyday situations of homelessness, rejection, and poverty that still easily shock and appall. I have never grown accustomed to everyday pain and hopelessness, particularly in grassroots areas where disadvantaged women have little input concerning decisions they must make in their daily lives. I have encountered women in confusing, seemingly abusive relationships in which everyday despair and poverty frequently necessitate engagement in unwanted sexual relationships. I have watched women enter into such cultural abuse out of necessity in order to help clothe children, pay school fees, or provide their children with the food to survive until the following morning.

That many voices in Uganda continue to sing for life no longer shocks me as it once did—it inspires me now more than ever. The sounds of children singing, the experiences of women dancing their disease, and the knowledge that more and more men and women are learning to live positively with HIV/AIDS continue to move me as I continue along my own life's journey. And at times I cannot help but imagine and hope that someday the destination each of us reaches in our personal response to HIV/AIDS in Africa will remind us all of a horrific disease that we once lived with, a destination decorated with collages of photographs of beautiful, smiling people we once knew, a destination made holy with the sounds of the recorded voices that sing of a long-forgotten pandemic...

The question of whether responsibility accompanies any form of scholarship is not intended to be prescriptive. Should we affect change when faced with the immediacy of bias or prejudice in our research? Yes. Should we advocate for change as a result of our interactions in research settings? Yes. But...should we also consider creative responses, creative ways of understanding our teaching as a form of activism? Our publications as forum for advocacy? Our service to the university as a performance of activism? Our supervision of postgraduate students as social responsibility

Former Secretary General of the United Nations, Kofi Annan challenges us to continue our pursuits for care, education, and counseling regarding people already infected with HIV and those yet to be infected:

All of us must recognize AIDS as our problem. All of us must make it our priority. We cannot deal with AIDS by making moral judgments, or refusing to face unpleasant facts—and still less by stigmatizing

those who are infected, and making out that it is all their fault. We can only do it by speaking clearly and plainly.<sup>5</sup>

I have spent much time reflecting on Annan's directive to speak clearly and plainly as an inherent and imperative aspect of our academic responsibility

In the boundaries we create in our lives—in our research and scholarship, in our families and relationships, and in our teaching—we can accomplish much by responding to the responsibilities of our privilege. We can also accomplish much by listening clearly and plainly. Perhaps at the root of extreme ethnomusicology is a need to slow down, re-evaluate our relationships in and out of the field and remain open to potentialities inherent in the human of our discipline.

But back to “responsibility”. In 1993, South Africa photographer Kevin Carter, a member of the so-called Bang Bang Club, travelled to southern Sudan as a photojournalist.<sup>6</sup> While there, Carter took the now iconic photo of a vulture preying upon an emaciated Sudanese child. Carter said he waited about 20 minutes, hoping that the vulture would spread its wings. It didn't. Carter snapped the haunting photograph and left. The photograph was sold to The New York Times with the title: “metaphor for Africa's despair”. Carter won a Pulitzer Prize for the photo, but as soon as the photograph was published Carter became the focus of intense critique. Specifically the public questioned the “responsibility” of the photographer. Did Carter just take his shot and leave the child to the vulture? Or, did he help the young girl? Carter did in fact walk away, not intervening, abandoning the child to her fate. He was criticized internationally as the man who with his camera was as much a predator as the vulture. A letter to the editor of The New York Times (see footnote 6) accused Carter of “moral detachment”. Carter committed suicide within 3 months of taking his most famous photograph, unable to reconcile the responsibilities of his profession and the responsibilities of being human.

Boundaries in any academic discipline's response to a cultural crisis or to individual or collective needs of a research subject must be constantly pushed & questioned. But the pushing must be done openly in order for the effects to be perceived and become “ordinary”. Extreme academic interventions have perhaps always been in the air if not openly discussed. I lived in Dar es Salaam during the early 1990s, and I remember the day in 1994 when the plane carrying the presidents of Rwanda and Burundi was shot down after leaving Dar. Living in neighboring Tanzania through the 100 days of the Rwandan genocide was a horrific nightmare, but coming home—coming home to ethnomusicology—I remember not feeling comfortable with my ability to integrate field experiences and everyday life. At the time I did not have options, at least not in my head. (After all, what was I going to do? Hop on a bus, cross the border and do what? That's how I thought at the time.) I attended my first post-fieldwork academic meeting shortly after returning from East Africa in 1994 and I distinctly remember sitting next to a dear

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<sup>5</sup> Kofi Annan (*Keeping the Promise: Summary of the Declaration of Commitment on HIV/AIDS*, United Nations General Assembly, Special Session on HIV/AIDS 2001).

<sup>6</sup> See a 1994 issue of *Time Magazine* for a letter from the editor and an article detailing the death of Carter and issues related to social and professional responsibility (September 12, Volume 144, No.11). Also included in this issue of *Time* are letters to the editor, one of which calls into question Carter's “moral detachment”.  
<http://members.home.nl/gerhardnienhuis/msp/time.htm>

colleague who became emotional during a presentation about Africa, openly crying when she responded about our responsibilities as scholars in regards to the genocide in Rwanda. I sat there shocked at the display of emotion, not yet fully realizing my own potential as an ethnomusicologist. I was not capable at that time—for a variety of reasons—to push my own boundaries. Such experiences of coming home, and realizing there is no home, confirms for me that medical ethnomusicology, often labeled as extreme ethnomusicology, is a state of mind, a willingness to feel and to feel very deeply. And sometimes I find it truly embarrassing that it took me 17 years to reconcile my experiences, my emotions, my abilities, with my scholarship, my response. The Inanga Project

A willingness to act and to act very deeply is at the heart of any extreme or responsible approaches we adopt in our academic disciplines, and it is within our actions, our scholarship that boundaries get pushed and remain permanently altered and moved. I am drawn to risk as I am drawn to others who take risks, not only in their research and teaching, but also in their lives. I am drawn to people who live their lives with integrity, people who actively engage their lives in community and who are moved to respond and listen to those communities. I am drawn to musicians who cannot feed their families, but continue to make music, just as I am drawn to those who are physically weak and dying but still find the need to dance. I am drawn to doctors who question deeply but who take the time to listen deeply and sing.

For many of us today, living our lives as extreme medical ethnomusicologists, as extreme academics is the only normal we will ever know. And if any of us find that we have the ability to respond in our lives, or in our research, or in our scholarship then we are perhaps redefining the academy.