



Chapter One

Images of the Epidemic

Working on development issues for close to two decades is bound to leave its mark – it has. Images, stark, poignant, ridden at times with pathos, at times with courage, come to my mind as a visual collage:

- ❖ young, vulnerable pre-adolescents, victims of the HIV virus, confusion and bewilderment written large across their faces
- ❖ an HIV-infected man, refused treatment, lying in a subway ditch cleaning his own sores
- ❖ families going without food because the bread-winner is dying of HIV.

Images of people traumatised and victimised – shell-shocked victims of a mental and physical holocaust – have left me bewildered. Snatches of first-hand experiences of the epidemic nag at my consciousness and provide occasion for me to look more closely and examine in a harsh light all that has been done and remains to be done. It is against this backdrop that I share the tragedies and the triumphs, the myths and the realities, that have accompanied the virus . . .

On the shores of Lake Victoria, in the Kagera region of Tanzania, lives Protase Karani, who heads a home-based care team. He has seen the desolation and the despair that plagues the families of the victims. When a man sees his wife die of AIDS and his son or daughter returns from the city also sick, he looks straight at his own future where an early death will

consume him too. He has little else to turn to except alcohol. His rationale seems faultless – why should he invest in the future? Why should he spend money on coffee trees that will take several years to mature, or plough more land than is necessary to feed his family this year? Today, many people are spending whatever money they have on liquor because they say ‘What is the point? I shall die soon too . . . ’

In Kasheni, a Tanzanian village bordering Lake Victoria, village chairman Gerald Ndyckobola turns the yellowed pages of a personal file. Among the portraits of family groups is a photo of 11 fit and smiling young men who made up the local football team. The photograph strikes him like a sledge-hammer. More than half the figures are now marked with an ink cross indicating the reach of the virus.

Feliciana’s husband refused for months to believe he had AIDS, certain that he had been bewitched. He spent all his family’s savings on futile visits to the witch doctor. When he finally recognised the nature of his illness, he sold off bits of his shambha (farmland) to buy medicines on the black market. He died soon, leaving a wife suffering from AIDS and six children. When Feliciana is fit enough, she labours on other people’s farms, and when she is too ill to work, the family simply goes without food. They rise and retire with the sun, for Feliciana cannot afford even candles to light her tiny house after dark.

And, as the sun sets on this city (Lusaka), casting shadows over the modern government-sponsored high-rises, entire families, in contrast, settle for the night on the sidewalks. Scattered among them are the ragged street children, many of who make money as sex workers and look for any means to get high. Workers at the Fountain of Hope, a non-profit organisation that works with the street children, say that the children have even found a way of getting a powerful high from fermented human faeces, a substance known as jekem.



Ralph Hernandez lay on the hospital bed at the Addis Ababa Armed Forces Hospital dying a slow, agonising death. The only drug available in the hospital dispensary for his condition had elicited an allergic reaction. He had shed his skin and his body wept like a giant wound. His breathing was fast; shallow sunken eyes were closed. The nurses had no pain-killers on hand to ease his suffering. Ralph Hernandez had his story to tell. 'Once I went to a hospital in New York City. They asked me if I had Medicaid. When they found out I did not have Medicaid, they did not want to help me', said Ralph Hernandez. 'They did not even clean my sores, they just gave me antibiotics and put me out on the street to clean them myself. Now how am I going to keep my sores clean when I'm living in the subway ditch?' With anti-retroviral treatment 'my tongue falls asleep, I have a low body temperature, dizziness, headache and a hypersensitive skin'.



'I told my mother about it when I read a love letter which I found in my husband's pocket and realised that he was seeing other women. She asked me to have patience and go back to him, since that is how men behave. When I told my friends in the church, they asked me not to tell anyone since in view of my position there would be a scandal if people learnt that I had left my husband because he was flirting. They advised me to continue to stay with him and pray for him to change his behaviour. But here I am now, doomed forever . . .', the 35-year-old Christian preacher from Ghana and mother of three sons weeps as she tells her story.



Somehow I feel responsible for the tragedy I write about. The degree of apathy that we are capable of as people is sadly illustrative of the adage that the more things change the more they are the same. But change is not an overnight phenomenon.

My thoughts meander along like a winding river and I also see the

brave faces. I can see snapshots of women standing upright, their voices ringing clear and bold.

In rural Haiti, poor women affected by the virus are telling the story of a woman living with HIV through a video presentation, using this as a means to educate the community. Proud of their success in being able to break the myths around the epidemic, the women have been speaking of their experiences at a number of meetings. In one of these meetings, a Haitian physician commented ‘What kind of success is this? If we are failing to prevent HIV transmission in the region, what is the significance of your work?’ The poor women did not hesitate and answered, ‘Doctor, when all around you liars are the only cocks crowing, telling the truth is victory!’

In the state of Tamil Nadu in India, Sarita lives with the HIV virus. Her words linger in the air. ‘Counselling helped through the initial shock and ensuing depression. Soon I knew I had won. The frustration gradually wore off. I am now filled with hope and strength to live my life to the fullest, even with HIV/AIDS. Nothing will keep me down. As a first step, I have divorced my husband. The next thing I have done is to take up a job. Financial independence has made my life meaningful even if it is destined to be short.’

Famous last words. Sarita’s words and tragedy are not her story alone. It might be Jennifer, Zohra or Kamla. They survive through it all – the onslaughts of life and destiny. And rising above all, braving pain and bracing themselves against adversity, the women are once again proving their resilience and living positively, in demographics that are fast changing because of HIV/AIDS.