

## A Report On AIDS In SWAZILAND

On May 30th 2001, 36 Americans mostly of African American decent, left for Swaziland in the Southern part of the African continent. Their lives have been changed forever by what they experienced over the next two weeks. Every emotion possible to experience from deeply moving love for a proud and spiritual people to wrenching malice for the disease that is causing so much pain and misery known as HIV/AIDS. At the invitation of King Mswati III, who's heartfelt and passionate call for help was felt by Director of an organization called the Economic Development Fund Foundation, EDFF for short. EDFF is a group of doctors, nurses, counselors and other healthcare practitioners, who accepted the challenge of developing a plan to streamline and make suggestions for improvement to the current way the government and non governmental organizations deal with health care for the growing HIV epidemic in Swaziland. It required going into the belly of the whale. It was the raw reality of what HIV and its complications can do to a nation.

What we saw was hospital after hospital of wards filled to capacity with the victims of the debilitating effects of HIV. We also witnessed the Hugh number of children orphaned and older sibling struggling to support their younger brothers and sister's by any means necessary, and this for some means prostitution and crime. Some are lucky enough to have at least one grandparent who can assist in caring for them or take full responsibility for their welfare as long as they are alive, if they have the resources. What we saw was fear and denial separating what support through medicine, counseling and other social services that are available be under utilized. Fear of testing and fear of disclosing is wide spread, as most Swazi's believe HIV to be a death sentence to be faced alone and in isolation. We saw a people who were afraid to admit that ancient cultural practices were killing them along with the religious views that convict them by making the admission that they still practice it. The ancient practice of polygamy is in direct contradiction to the western religious ideologies they have adopted, causing a deep sense of guilt, shame and resentment. The question at this point might be asked; "Is their any hope?" the answer from us was a resounding YES! Based on our own experience in the US dealing with these same issues, we know that these things can be addressed, must be addressed. My own experience of Living with HIV for 18 years is an example of movement from fear and denial to one of hope and wellness. We made many recommendations on what could be improve in the way they offer services and brought one and one half tons of medicines with us collected in our various communities as a donation, along with clothing, food supplements, information on the most current treatments and practices used in the US. We came not to model

their system after our own but to assist them in moving to their next step considering where they are culturally, socially, and spiritually. It is our hope that what we learned from them will improve not only their way of dealing with HIV but ours as well. HIV and AIDS are still on the rise in the African American communities, as our denial and fear is still strong. There are those in both societies who are living with HIV/AIDS who's stories can be a source of inspiration for us all if given the opportunity to courageously speak this truth.

What else can we who are not HIV+ do?

Practice safe sex, stay monogamous, or abstain from sex. Discuss openly the issues standing in the way of our owning up to behaviors that may not be serving us in positive ways. It is this change in attitude and behavior that is required to end this menace on both continents and around the world. We can begin to develop laws and religious practices that support the entire community, this will limit the fear associated with testing and disclosure. We can construct collaborations in our communities of social, political, spiritual, and cultural organizations realizing the issues underlying HIV/AIDS are larger than any one organization or nation and requires cooperation from every sector of government and the cooperation and support of a multi-national taskforce. We must tell the TRUTH.

There were many people at end stage of the disease in Swaziland. One such woman hung herself as a group of us arrived at her home in a remote area outside Steki. Her family was gathered around her home as the authorities removed her body when we arrived. Another family of seven children had recently lost their mother to HIV complications, their father made his transition two years earlier. The families story was pick up by one of the local papers and people and organizations responded with food money and medications as some of the children are also infected with HIV. When the family was away working and in school, bandits broke into the home and took every thing. The truth is the entire community where they live is also in a desperate and depressed state. Our group came to them in the middle of the night with replacement supplies. As a result of this contact, we adopted a school and several clinics to support on a continuous basis. We who are involved in counseling also adopted the three hospital programs and several non-governmental organizations to support by assisting them in organizing HIV Support groups and linking and coordinating information and

services they are providing independently. This is a way that our community in the US can support the programs in Swaziland by contacting Maurice Graham, founder of a non profit organization called Aid for AIDS/Africa and setting up a collaboration of support materially and spiritually with programs we have personal contact with in Africa. My contact information by phone is 510 839-2241 or by e-mail at Afotay@cs.com. We can do together what we cannot do alone. The issue of substance abuse one major highway for HIV transmission was addressed by planting the seed for the 12 Step Programs, which have proven to be so effective here in the US. If you are in the area of Southern Africa and can lend support by assisting the Swazi people by sponsoring 12 Step Fellowship groups or any of the projects mentioned, please contact me, Maurice Graham at Gibbs Magazine.

## Facts About HIV in SWAZILAND

It's a kingdom, of less than 1 million people who are being ravaged by HIV and AIDS infection. It has the fourth highest infection rate in Africa per capita. It is estimated that 35% of the population is already positive with HIV. That number represents more than 300,000 people. 70% of the people who have tested positive for HIV have also tested positive for Tuberculosis. Since TB is an airborne virus, it is being introduced to people who are HIV positive already, or it is being reactivated in people who have sought treatment for TB in the past, and because of the depleted nature of their immune system as a result of HIV infection, have reactivated the TB. The program to treat TB is 6 months in Swaziland. Here, in the U.S., the program is more than a year of treatment, with the CDC and the local Health Department following each case to its conclusion. So, the 6 months treatment only brings, in most cases, the Tuberculosis into a state of remission.

There are many cultural, social, political, economic, religious issues standing in the way of effectively getting the population tested. Disclosure after testing positive is an issue, most people don't admit the fact that they have tested positive for fear of being stigmatized and discriminated against. One of the complications with the medicines would be the fact that the patient would have to disclose to their doctor their HIV status to receive the medicines, in most cases. The doctor in some cases can guess what is happening with his patient and will use treatments relative to HIV "OI's" or opportunistic infections, that may be occurring with that particular patient even though he can not

state in the patient record the belief he is positive for HIV. The patient may in fact recover from whatever that infection might be. Fear of disclosing is a barrier standing in the way of effectively using the information, services and medications already available for healing. It denies the experiences of the medical community treating HIV and the people who are already HIV positive and living with HIV/AIDS sharing their experiences that could contribute to wellness. Treatments, which could prevent opportunistic infections early in the disease process, are not used and many die prematurely without the benefit of what is available to them currently. The medicine situation in Swaziland is one where there are HIV and AIDS medicines available but only to those who can afford to pay the cost of the medication as it is purchased by the governmental agencies and pharmaceutical companies that are in Swaziland. Most Swazi's cannot afford AIDS medicines. Opportunistic infection medicine, however, is available at a reasonable cost. The cost to enter the hospitals in Swaziland is 10 Rand, which is equivalent to about a \$1.25 US, and that entitles that person to whatever medicines are available for the opportunistic infections associated with HIV. Although this may sound quite reasonable to you who are reading this report, however, a large number of people cannot even afford to pay for entrance into the hospital.