Commentary

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HIV, ignorance make deadly team

A disaster is unfolding in sub-Saharan Africa as the virus that causes AIDS spreads through the population. In some areas, people are dying faster than graves can be dug.

Kate Stanley

Tears come easily to a 24-year-old who will never turn 25.

Christina Jorge is dying, too slowly, in a dank exam room at Maputo's Central Hospital. A tangle of bones wrapped in a winter coat on a steamy day, she weeps.

AIDS and malaria have seized her. And now she feels the curious gaze of a stranger, who has come to see an African disaster up close.

But there's no way to stay a stranger to a dying woman. It doesn't feel right just to look.

So you sit on the sticky plastic mattress, stroke the frail shoulder, dab the wet cheeks. You let your hand settle on her sharp hipbone and you breathe the sad air she breathes. You let eyes meet eyes.

How do you explain why you've come? You needn't. What do you ask? Not much.

The story tells itself. Here is another Mozambican AIDS victim, bowing to a common African fate. On whatever day she makes it to her grave, 6,000 other African AIDS victims will be landing in theirs.

You hold her, want to weep with her. But you know there are millions like her across Africa, and the cold facts snatch your tears. So you ask the stupid questions, and the doctor turns them into Portuguese.

Tell me how you feel, you say. Not well, she says.

Tell me how you got sick, you say. I don't know, she says.

What are you hoping for, you ask. To feel better, she says.

You must be very sad, you say. Yes, she says — I am sad.

So the interview is over, and you say the few things actually worth saying: that she's lovely, that she's brave, that you're heartbroken for her. And you say that you love her, that we all do, because it feels true.

Then you touch the cheek once more and walk away. And the tears rise up.

Talk, at least, is cheap

Dr. Rui Bastos, Christina's doctor, seems beyond tears. He's a dermatologist - which in Mozambique makes him an AIDS specialist. It's a clever way to handle the AIDS stigma. The last place an AIDS patient would want to go, after all, is an AIDS clinic. So Bastos relies on a ruse: In Maputo, people seeking HIV tests and counseling drop by the dermatology clinic. And that's all they get, really: a test, if they're lucky, and a lot of talk. This outpatient clinic has a generous supply of sculpted wooden penises and condoms — and a flock of health workers adept at bringing the two together. Such basic education is the clinic's main purpose.

"Until now, people haven't really believed in AIDS," Bastos says. "We must make them believe. We must talk, talk, talk all the time about why this happens and how to stop it. Talk is our best hope."

In truth, it is Mozambique's only hope. With a per-capita drug budget of $2 a year, the country can't give much more than Tylenol to its AIDS sufferers.

That's about all Alfonso Chongo is getting. Haunted by AIDS-related dementia, the lean young man has come to Bastos' clinic seeking relief from the fever, diarrhea and vomiting that so weaken him. The clinic will give him a pep talk and a packet of hydration salts — and send him back home.

There's no way Chongo could get hold of the anti-retrovirals that stave off AIDS in the West. In Mozambique, no one can. At market rates, such treatment for the country's 1.2 million HIV carriers would cost about 20 times the nation's yearly budget. Even at the discounted rates recently offered by some drug firms, the medicines could cost $2,000 a year per person — almost 10 times the average income in Mozambique.

In fact, Mozambique can't afford even the low-cost drug nevirapine — a last-minute, one-dose wonder that cuts the risk of mother-to-child transmission by half — from 30 percent to about 15 percent.

Dr. Avertino Baretto, Mozambique's deputy national health director, shakes his head at the thought.

"Even if you gave us all the nevirapine we needed," he says, "we couldn't use it."

Why not? Not only because few Mozambican women know they're infected. Not just because many pregnant women get no prenatal care and most give birth beyond the reach of health workers.

The bigger problem, Baretto says grimly, is practical: "You are going to treat the children and the mothers are going to die. Who is going to take care of the children?"

The enemy within

Surely someone will. Dr. James McIntyre, codirector of the perinatal HIV clinic at South Africa's Chris Hani-Baragwanath Hospital, doesn't think that letting kids get AIDS is such a hot idea. Healthy children, McIntyre points out, are a lot easier to handle than sick ones. He should know: Last year, 75 percent of the Soweto hospital's pediatric deaths were HIV-related.

The kids who get hospital care are the lucky ones. "Most often," says McIntyre, "children are discharged from the hospital and die on the way home — because doctors need the beds."

So it's silly to imagine that there's anything cost-effective about letting newborns get AIDS. It costs $100 a day to keep a kid in Baragwanath, and just a few bucks to keep him out. In South Africa, 80,000 infected children are born every year. The number could be cut in half with wide use of nevirapine — which costs just $4 per mother-child pair.

But the drug is scarcely used at all. South African President Thabo Mbeki refuses to permit nevirapine's use. He's even rejected a German drug company's offer to supply it for free.

Why? Because alone among Africa's leaders, Mbeki doubts that HIV causes AIDS. And he insists that drugs like nevirapine and AZT are toxic and worthless. That caprice will cost hundreds of thousands of lives — and not just among newborns. Mbeki's words are spurring HIV carriers to toss aside condoms and shy away from promising drug trials.

Thus has the man who should be leading Africa's charge against AIDS torpedoed his own troops — and opened the gates to the enemy.

Truth, the best medicine

In his spare time, Dr. Tom Kenyon counts graves. It's an easy way to keep tabs on Botswana's AIDS epidemic.

"I take my dogs for a walk by the graveyard," says Kenyon, director of a Centers for Disease Control AIDS-prevention project in Gabarone. "I can see it filling up."

In some areas of southern Africa, people are dying faster than graves can be dug. By 2005, says Kenyon, Africa's AIDS death toll is likely to rise to 13,000 a day.

Kenyon is desperate to avert that likelihood, but it's hard to see how he'll succeed. HIV is already choking Botswana — squashing its economy, carving the core from its workforce and hacking years from citizens' lives. A third of the country's adults are infected. More than half of its 15-year-olds will ultimately die from AIDS.

This country, like much of southern Africa, is well on its way to ruin. A boatload of anti-AIDS drugs couldn't help. Indeed, some experts fear that giving life-lengthening drugs to infected adults could actually fuel the epidemic — unless treatment is linked to powerful education. And that's what Botswana and its neighbors need most: a village-by-village campaign to tell the whole truth about AIDS.

As for Christina: She lies in her grave. She knew too little about life's perils, and no one bothered to tell her.

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