

Two countries, two very different stories

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June 9, 2006

KAMPALA, Uganda -- Of Federesi Lutwama's 12 children, four have died of AIDS. Three are HIV-positive. There have been so many funerals for nieces, cousins and in-laws that it's hard to keep count.

"We are not unique," said one of her daughters, Noerine Kaleeba, who 20 years ago sat by her own husband's hospital bed and watched him die of a strange new disease that no one understood.

It is rare to find a family that hasn't been touched by AIDS in Uganda, which was among the countries earliest and hardest hit. But in the 1980s, Kaleeba and other Ugandans whose lives had been transformed by the disease did something that was unique in Africa, especially at the time. They began to talk about it.

"We started to see the value of people who were infected coming together, crying together," she said.

It was this relative openness in those early years of the epidemic in Uganda -- by Ugandans as well as their government -- that is believed to have saved perhaps a million lives in the decade that followed. In the 1990s, the prevalence of HIV fell from about 15 percent to about 6 percent, an achievement that was a first on the continent.

Uganda, a small, poor country known mostly for its brutal former dictator, Idi Amin, had become that rare thing: an African AIDS success story.

It was an entirely different story in South Africa, where the government continues to send mixed messages on whether to use drugs for treatment, and the health minister promotes bogus natural treatments for AIDS.

A tale of two attitudes

When she died in a South African hospital on May 19 at age 32, Nozipho Bhengu became another statistic. But her story, though tragic, is different: Unlike millions of others across Africa, she did not lack access to life-prolonging antiretroviral drugs.

The daughter of a prominent South African politician and one of the first high-profile South Africans to live publicly with the disease, Bhengu chose not to take these drugs. Instead, for several years, she embraced an unproven alternative therapy of olive oil, lemon and garlic supported by South Africa's controversial health minister, Manto Tshabalala-Msimang.

"The minister is to blame," said Sipho Mthathi, general secretary of the Treatment Action Campaign, a nongovernmental coalition of groups that has been a harsh critic of the South African government's highly ambiguous AIDS policy. "If she knows, and the government has proved that antiretroviral therapy works, why is she still supporting these unproven alternatives?"

Uganda, a source of hope in combating AIDS, and South Africa, a source of continuing despair, highlight in their very different approaches to dealing with the AIDS virus the most distressing statistics of all. AIDS, which originated in Africa, has wreaked the heaviest carnage on this continent and continues to spread at devastating rates.

Globally, nearly 40 million people are believed to be infected with HIV/AIDS, and 24.5 million of those are in Africa. South Africa, with an estimated 5.5 million infected out of a population of 44 million, has been edged out by India, with 5.7 million AIDS victims among its 1 billion populace.

But in many ways, South Africa is the epicenter of the AIDS pandemic. Eighteen percent of South Africans are HIV-positive. Among five of South Africa's neighbors, the adult infection rate is near or above 20 percent.

Today, AIDS is no longer an immediate death sentence. More than 1.3 million people in less developed countries now have access to treatment; in some places like Uganda, more than half of those who need them are receiving antiretroviral drugs. But except for a handful of countries on the continent, the virus continues to spread and the epidemic to expand.

Examining the successes

There has been much debate about what went right in Uganda. Why did HIV rates fall there while they did not in other countries where AIDS had been raging for nearly as long?

Public health experts concluded the reason was that Uganda relied on a range of prevention messages instead of just one, a strategy known as ABC (abstain, be faithful or use condoms). It has since been copied worldwide.

But the ABC strategy has become controversial in recent years, after President George W. Bush made it the cornerstone of American AIDS prevention policy. Financial necessity underlies Ugandan President Yoweri Museveni's decision to adopt the policy to make condoms a third of the response, but Bush's decision to emphasize abstinence and monogamy rather than condoms is widely thought to be ideological -- at the behest of evangelical Christians in his core constituency.

"The truth is, we don't know what worked. It was a combination of factors," said David Serwadda, director of the Institute of Public Health at Makerere University in Kampala. A young Ugandan doctor in the early 1980s, Serwadda was one of the first to notice reports of a mysterious deadly ailment the locals in southwestern Uganda called "slim," which sounded eerily similar to the new disease that was killing gay men in New York and California.

"There was a lot of disbelief," he remembered. "People had trouble believing a disease that affected white homosexuals in America could have anything to do with Africa."

In the 1980s, Uganda was still reeling from two decades of war and dictators. Until 1986, when Museveni brought a measure of stability to the country, marauding bands of soldiers traversed the country raping women. Women routinely sold sex for their livelihoods.

By 1982, when Uganda became the first African country to identify patients suffering from AIDS,

people in the remote, marshy fishing villages along the shores of Lake Victoria had been quietly dying for several years.

"This was a highly mysterious disease that totally bamboozled everyone," said Peter Mugenyi of the Joint Clinical Research Center in Kampala. "In America, they were calling it the 'gay plague.' Here, people thought it was witchcraft."

And AIDS here was indeed different: In Africa, it almost solely affected heterosexual men and women largely because of the common practice of having multiple, concurrent sex partners, many experts believe.

A threat to society

As the global health establishment struggled to make sense of the epidemic in the United States and Europe, Uganda was left to deal with a crisis that threatened the very fabric of society: Chiefs were dying in the countryside. In the capital, it wiped out doctors, teachers and politicians.

In 1987, Kaleeba's husband, Christopher, was flown back from London, where he had been studying for a master's degree in political science, diagnosed with a rare form of meningitis. He died a few months later from what was eventually determined to be AIDS.

In those early days, the almost universal response to the looming AIDS crisis on the continent was denial.

"What we knew was that it had no cure. It was sexually transmitted and it was killing young people. We didn't want to know more," she remembered. "People said, 'If the Americans can't do anything about it, what can we do?'"

But while other African leaders refused to admit the truth, the new Ugandan president spoke openly about AIDS, mentioning it nearly every time he appeared publicly.

He encouraged Western charities to set up research and aid organizations in the country and promoted public awareness campaigns. Few have forgotten the message that preceded the morning news on Radio Uganda, the state-owned and sole radio station in those days. An ominous traditional drum was sounded, followed by the warning "AIDS kills."

But across Uganda, something else was quietly happening. People like Kaleeba were gathering in hospital rooms and churches to mourn their dead, and they began to organize. In 1987, Kaleeba, who was not infected, joined a handful of HIV-positive Ugandans to form The AIDS Support Organization, which became the first AIDS support group in Africa.

Elsewhere, hundreds of other small groups were springing up in communities. They comforted the sick, took care of orphans and talked to people about sex.

"Really, it was the people," said Rubaramira Ruranga, a former army major and well-known AIDS activist.

A policy of ignorance

In South Africa, by comparison, AIDS was ignored, first by the apartheid government, which dismissed the disease as a disease of gay men, and later by Nelson Mandela's African National Congress, which was consumed with the effort of building a new, multiracial country.

South Africa's first two cases in 1982 involved gay white men who worked for the state-run airline and were probably infected in Europe or the United States.

"That was the beginning, but it grew and grew and grew," recalled Dr. Reuben Sher, who was one of the first doctors in the country to research and treat AIDS. Later, a second wave of the epidemic moved down the continent from its birthplace in central Africa.

"It was only in 1987 that we had our first two cases in the nonwhite or black community. Now we have had nearly 6 million infections, and the majority are black and heterosexual."

Today, more South African women are infected than men. One-third of women at public prenatal centers test positive for the disease.

The government now provides treatment to prevent the transmission of the disease from mother to child. And according to the government, 235,000 South Africans are now receiving antiretroviral drugs out of the estimated 800,000 who have developed full-blown AIDS and require treatment.

But access to the drugs was won only after a long fight that pitted The AIDS Support Organization against a recalcitrant government, which claimed they were too expensive and questioned their effectiveness despite their widespread use in the developed world.

Dr. Nono Simelela was head of South Africa's AIDS program from 1998 to mid-2004, through the charged years when The AIDS Support Organization and the government were in open war. She says the government should be given more credit for implementing the world's largest public treatment program.

But years after she left the government to join the International Planned Parenthood Federation, Simelela criticized the health minister's leadership and said the government is still failing to make a "full, total push" for antiretroviral treatment.

An attitude of denial is deeply entrenched among the ruling elite and continues to this day. The health minister's support of a garlic and olive oil treatment is not a fluke; the country's second post-apartheid president, Thabo Mbeki, even dabbled with dissident scientists, adding several AIDS deniers to his panel on the disease.

The most astonishing example of denial was Jacob Zuma, who while deputy president was chairman of South Africa's National AIDS Council. He was dropped from the government in June 2005 for alleged corruption and later charged with raping a family friend who spent the night at his home. At his trial, he acknowledged having unprotected sex with the woman, an openly HIV-positive AIDS activist.

The popular Zuma, a polygamist who was acquitted of the rape charges but still faces corruption charges in a separate trial, testified in court that he took a shower after intercourse to reduce the chance of infection.

Dean Peacock, director of Sonke Gender Justice Project, which works with South African men to encourage responsible behavior, sees the Zuma incident as indicative of a larger failure in South African society to come to terms with the way in which male sexual behavior is contributing to the spread of HIV. Men also access AIDS-related services, such as testing and treatment, much less than women and do less to care for the sick and orphaned, he added.

If South Africa seems trapped in the same bitter debates, Uganda's path has not been entirely

straightforward.

Twenty-five years after beginning their campaign, Ruranga and others worry that Uganda has become a victim of its own AIDS successes. The country has been widely criticized recently for placing too much emphasis on abstinence-only prevention programs in lieu of those that also encourage condom use, a shift that is seen largely as pandering to the Bush administration as well as moneyed conservative interests in the United States.

And in recent months, Uganda's reputation has been tarnished by a brazen corruption scandal involving grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria, a foundation backed by major governments, in which high-ranking public officials apparently pocketed millions of dollars meant for lifesaving drugs.

Museveni was recently re-elected after changing the constitution to stand for a third term. He almost never mentions AIDS in his speeches anymore.

"In those early days, we weren't chasing this disease for the money," said Serwadda of the health institute at Makerere University. He is not alone in observing that, with millions of dollars from donors and other philanthropies pouring into the country, AIDS in Uganda has become a lucrative industry.

He also worries that, like gay communities in the United States, which also rallied to fight AIDS in those first deadly years, Ugandans are becoming complacent about the disease.

"We are slipping backwards," he said. "By the time people see their friends dying again, it will be too late."

Rachel Scheier reported from Uganda and Nicole Itano from South Africa and Greece.

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