

# Finding hope in South Africa

Each summer, medical student Ilan Schwartz volunteers at an AIDS clinic in South Africa, the country of his birth, and finds creative ways to help the afflicted

by Myron Love

ILAN SCHWARTZ'S HOME may be Winnipeg, but his heart is in South Africa and, more specifically, the Hillcrest AIDS Clinic near Durban.

For the past two summers, the 24-year-old University of Manitoba second-year medical student has volunteered at the clinic, which is located in a predominantly white town 30 minutes from Durban in KwaZulu-Natal, South Africa, one of the hardest hit areas on the continent.

In addition to volunteering his time in the summer, he is also raising money to help support it through the sale of "Little Travellers"—South African-made dolls on pins. The dolls are made by women who are caregivers at the clinic and whose families and friends have been affected by AIDS.

Thus far, Schwartz, with the help of colleagues and friends, has raised more than \$50,000 through the sale of the \$5 dolls. The money, Schwartz says, helps Hillcrest maintain its programs and provides economic empowerment to the women who make the dolls.

"We often hear references to the AIDS disaster in Africa, but what does this really mean? It is difficult to put a face to the tragedy, because we learn only of sweeping generalizations." Schwartz is originally from South Africa. His parents, veterinarian Dr. Peter Schwartz and mother, Hilda, came to Winnipeg 19 years ago. While Schwartz had been back to visit a few times, he says his images of the country were more from pictures than from memory.

"I wanted to go back to South Africa and do something in the public health area," he says. "The most pressing public health issue in South Africa today is AIDS. I contacted an organization which put me in touch with the Hillcrest AIDS Centre in KwaZulu-Natal in eastern South Africa."

The HIV infection rates in South Africa are astronomical, Schwartz reports. The provincial adult infection rate in KwaZulu-Natal alone is 36%. "Yet you would never know that so many people have HIV and many are dying of AIDS, because there is still such an enormous amount of stigma surrounding AIDS," he notes. "People don't talk about it, and they don't want to acknowledge its presence in their communities. The stigma is the main reason why the AIDS centre is in Hillcrest, a posh and predominantly white town just 30 minutes from Durban, and not in the communities most affected."

Most of the people the centre serves are from the poor communities in the Valley of a Thousand Hills surrounding Hillcrest. If the centre were in those communities, Schwartz points out, it would go unused because people would fear being seen by their neighbours as

they entered the facilities.

"They did try to open an office in one of the nearby communities, but no one used it and it was vandalized, so it was closed down."

Although many people come to get tested and counselled there, the Hillcrest centre is not a medical clinic per se, Schwartz points out. The services it provides are holistic and cover many of the different facets of the struggle against AIDS.

The centre, for example, operates several income-generating schemes. "Healing the physical manifestations of the disease is of limited use if the patient does not have anything to reward their recovery," Schwartz says. "Most of the patients—or 'clients,' as they are known—are poor, living from meal to meal, unemployed, with limited social support. The centre therefore aims to tend to psychosocial well-being as well."

The centre also has a food program where needy client families are provided with weekly food packages from a horticulture program, where clients are taught how to grow their own food. The hope is that they can grow enough to put food on their tables, and surpassing that, be able to have a surplus to sell in local markets.

For AIDS patients who are very ill and bed-ridden, the centre

has a compliment of 50 home-based caregivers who live in the communities. Each caregiver has as many as 15 patients who they visit twice a week, feeding them, cleaning them and supervising their medication adherence.

"I spoke to two of them, both in their early 20s, like myself, about what drives them to do what they do," Schwartz says. "It seems that in many cases, they just don't have many other options. With a 60% unemployment rate (and much higher in many of these communities), you do what you can. They do receive a stipend, a meager R500 (\$100 CDN) a month, just as of this past December. I have a lot of respect for them."

Schwartz's assignment in his first tour of duty at the centre was to design and administer a survey in order to understand the socioeconomic and family profiles of new clients. "In other words," he explains, "I was aiming to find out features of the clients, such as if they work, their education levels, how many children they have and if those children are in school, how often and what they eat, etc. This endeavour has given me the opportunity to go with the nurses on visits to patients' homes. I've seen some very sad and frustrating things. It is difficult to express the impotence that I feel, entering one house after another where a young person—not much older than myself—is lying in bed, with sunken eyes and hol-



Ilan Schwartz (right) with UN Special Envoy for HIV/AIDS in Africa, Stephen Lewis, who spoke in support of Little Travellers at a lecture in Winnipeg on Wed., Jan. 17th. The Stephen Lewis Foundation funds the Hillcrest AIDS Centre.

low, jutting cheekbones."

What Schwartz found most frustrating is that many South African AIDS victims are not receiving the treatments that could really help them. The way antiretrovirals (ARVs) are being delivered is just not effective, he says. To begin with, the patient needs a referral to go to a clinic to get a CD4 count. Then they need R150 (\$30) to get the count done. It is worth mentioning that many of the patients do not even have the R10 to take a mini-bus taxi to the hospital. Then, if they are below 200 CD4 cells/ml, necessitating anti-retroviral therapy, instead of getting the ARVs they are sent off with three months worth of antibiotics, to prove their adherence to the medication regimen. Only once they have completed this placebo-esque treatment can they begin their ARV therapy. By this time, many people will have died, or their AIDS will have progressed beyond hope.

Still others get their ARV treatments, Schwartz observes, suffer some side-effects, visit the sangoma (traditional healer), who gives them something to make them vomit, picks up the ejected tablet, and explains authoritatively that it is this poison that is making the patient sick.

"This is a serious problem," he says. "I went one night to the medical school in Durban, where I heard a sangoma speak. There seem to be two schools of thought among the sangomas. Some, such as the one I heard, take courses and get educated about HIV, ARV therapy, and even some basic virology and immunology. The other school, the more dangerous of the two, believes that all of their knowledge is inherited from the ancestors. They have no desire to learn about AIDS. That willful ignorance is costing lives."

Schwartz says he would like to return to Hillcrest again next summer. He is considering returning to South Africa to live after he finishes medical school. He would like to specialize in AIDS research and treatment.

"Despite growing up here and feeling Canadian, I still feel a connection with South Africa," he says. "Despite the high incidence of AIDS and high crime rate, South Africa is an exciting place to be right now. A wonderful social experiment is taking place there and most people are hopeful about the future."

He wants to let readers know that they can make a world of difference by buying Little Traveller dolls ([www.littletravellers.net](http://www.littletravellers.net)).

Myron Love is a writer in Winnipeg.

## BOOKS

### A plea for action on AIDS

*Race Against Time*, 2nd edition, by Stephen Lewis, published by House of Anansi Press Inc., 2006, \$18.95

by Alison DeLory

Every year, the CBC airs the Massey Lectures through which an issue is examined in detail by a distinguished lecturer.

In November 2005, Stephen Lewis delivered the series *Race Against Time*, referring to the

urgency with which he appeals for a response to Africa's HIV/AIDS crisis. The lectures were compiled into a text of the same name and, in 2006, a second edition was published.

Lewis, the United Nations Special Envoy for HIV/AIDS in Africa, a former Ontario MPP and member of the Order of Canada, examines the UN's Millennium Development Goals, eight goals agreed upon in 2000 with unanimity by the UN. They were designed to improve millions of African lives by the year 2015. They include cutting poverty and hunger in half; providing universal primary education; increasing gender equality; decreasing maternal and early childhood mortality; and halting the spread of AIDS.

Lewis is not hopeful about the world's ability to achieve these goals. To say he is frustrated by progress would be an understatement: He's mad as hell.

He is mad at the UN's inaction and the broken promises of wealthy countries, including Canada. Mad that more has not been done to cancel Africa's debt to much wealthier nations. Mad at the poaching of Africa's health professionals by the outside world.

But this book is more than an angry rant at the world's failures to stop the escalating death toll AIDS is taking on Africa. It is an impassioned and reasoned plea for resources and a fundamental shift to make the crisis a top priority of governments in the developed world.

Unfortunately, given the grim statistics (an estimated 28 million Africans have AIDS) and the failings of international bodies to meet their commitments, the news is mostly bad and the dense reading is often disheartening.

Yet even when horrifying, Lewis's anecdotes are extremely effective. He describes a 2002 visit to the Lilongwe Central Hospital in the capital of Malawi, writing the wards represented "something out of Dante." There were two people to every bed, with another on the floor below the bed, each in the agony of full-blown AIDS. On each 10-hour night shift there would be but one nurse to care for 60 to 70 patients, for the pandemic has also ravaged the ranks of health workers, and the drain of doctors to the outside world—including Canada—leaves patients stranded. "It's rancid behaviour on the part of the West," Lewis writes.

He does, however, reserve high praise for Médecins Sans Frontières, for its care of patients and ability to remain largely free of political and governmental interference. For a man who has worked in government for much of his life, he is surprisingly critical of governmental and NGO processes and action; or perhaps it is exactly his insider perspective that allows him to be critical, even of groups as honourable as UNICEF or as powerful as the World Bank.

Lewis uses strong language, calling the crisis a "different, but analogous holocaust" and pointing out that in 2005 the world passed the trillion-dollar mark on arms expenditure but couldn't come up with \$50 billion to fight HIV/AIDS in Africa. But he does more than complain: He puts forth suggestions and solutions to move the Millennium Development Goals forward, before it's too late.

