

A NATION OF ORPHANS



MANDINI

FROM PAGE C1

Vundla, manager of Catherine Booth Hospital, one of two hospitals in the Mandini area. "We're fighting a battle. We don't know if we'll make it."

The pandemic disease has reduced the life expectancy of South Africa's citizens the past decade by about 20 years, to 50.

The crisis in Africa has attracted the world's attention and dollars. President Bush in 2003 made a five-year, \$15 billion commitment to African and Caribbean nations. Last year, \$89 million of the President's Emergency Plan for AIDS Relief was distributed to South Africa, according to the Office of U.S. Global AIDS Coordinator.

"We cannot say it is sufficient, but we accept it, we welcome it," said Denis Matwa, spokesman for the Treatment Action Campaign, one of South Africa's most vocal AIDS education and patient-advocacy organizations. "The Bush administration is spending much more money on war. If the money can be averted toward the fight of HIV, we could win the battle."

This year, \$132 million has been earmarked for South Africa for education, prevention and treatment, including anti-retroviral drugs that can extend the life spans of people with AIDS.

Lack of access to expensive life-prolonging drugs has contributed to accelerated death rates here, said Penelope Mkhize, a nurse at the Sundumbili Clinic.

The relief fund prohibits the distribution of drugs not approved by the U.S. Food and Drug Administration. Last month, the FDA tentatively approved generic versions for such drugs to be manufactured in South Africa, which could make them widely available for about \$15 a month.

More access to drugs would extend the lives of parents and leave fewer orphans, said Claire Kalkwarf, vice president of the Brotherhood of Blessed Gerard Care Centre, a hospice and orphanage in Mandini.

"Mothers are desperate to be there for their children," Kalkwarf said. With these drugs, "when the mother dies they may be grown."

The hospice is the only place in Mandini dispensing anti-retroviral drugs, which suppress the virus but do not cure AIDS. Last year, 100 people were put on the drugs at the hospice, and 1,600 will be taking them by the end of this year. U.S. aid is funding the program.

About 800 patients are seen daily by the Sundumbili Clinic's eight nurses and one doctor. About 75 percent of the patients have HIV-related illnesses, Mkhize said.

Condoms resisted

Sexually transmitted diseases are second to hypertension as the top health problem in the Ilembe Health District, which encompasses Sundumbili Township, said S.D. Dube, manager of the district.

"That says to me that people aren't using condoms," Dube said.

Condom usage is unpopular here partly because of the belief that AIDS was manufactured by whites to kill blacks, who are about three-quarters of the population, said the Rev. Gerard Lagleder, director of Blessed Gerard. Some think condom use is encouraged to stem black procreation and that the prophylactics have been tainted with the AIDS virus, he said. It's an example of how South Africa's history of white domination and legal apartheid has created barriers to fighting AIDS.

Despite the myths, the government distributed 302 million condoms last year to combat the spread of HIV.

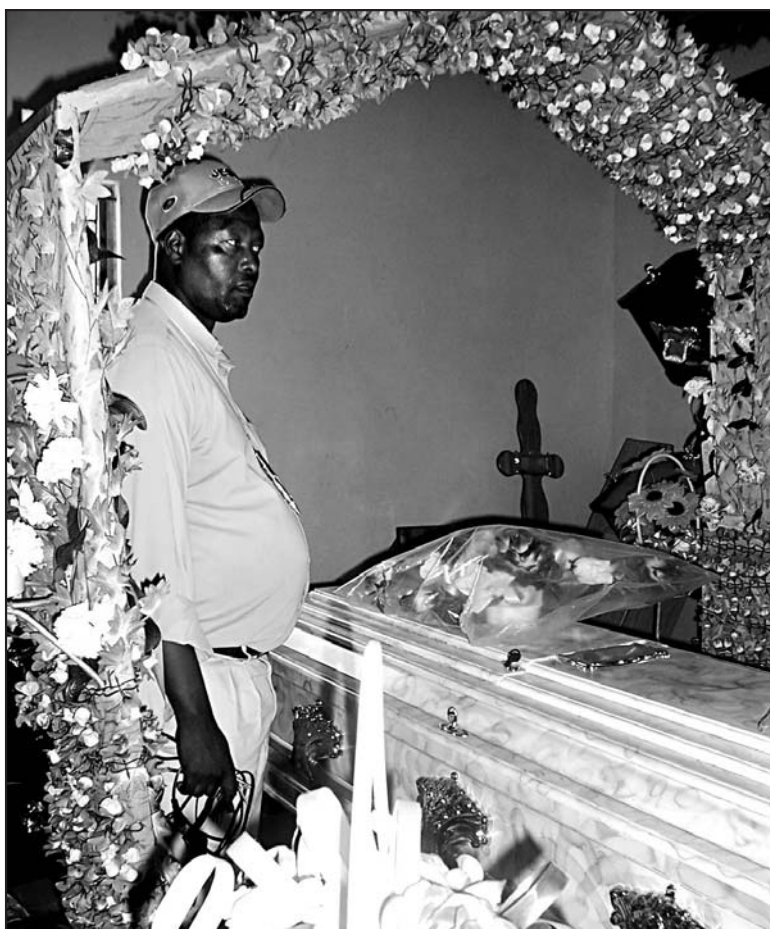
Myths about the disease compound the problem, as does sexism expressed in the lesser social status of women. The myth that having sex with a virgin can cure the disease has led to the rape and infection of young girls, Vundla said.

Funerals almost daily

Dealing with death every day is a daunting task for Ngema, who performs about five funerals a week, some free.



Fresh graves, many of them for AIDS victims, crowd one another in the Tugela Cemetery in Mandini.



As a Christian pastor and a funeral-home owner in Mandini, Bongani Ngema is deeply involved with the epidemic.

The growling stomachs and grieving faces of those left to carry on after AIDS has stolen relatives haunt him. He is trying to develop programs through his church to help families.

"God called me to preach the Gospel and help the poor," he said.

Mavis Gumede's plight is of particular concern. Ngema performed the funeral of her son, Blessed, who died five years ago of an AIDS-related illness at age 45. He had four children.

Gumede, 98, is raising them with the check for 700 rand, or \$118, she receives each month from the government meant to support herself. Five other grandchildren live in the home. Their parents died of various other illnesses.

Gumede cannot apply for social grants to help support the children because she does not have their birth certificates.

"I don't get any money to send them to school," Gumede said. "They are all here with me. I don't get anything. I have nobody."

Her wheelchair-bound daughter, Lindiwe Gumede, 50, also lives in the home and receives about \$125 a month in disability checks. She helps with the children as much as she can, Mrs. Gumede said.

"There's a lot of pain inside our hearts, but we survived, because we are praying," Mavis Gumede said.

But the uncertainty of the children's future after she dies weighs heavily on her mind.

"That is in my mind as the days go by," she said looking toward the window as the sun beamed on her flawless caramel skin. "I know I'm going to pass at any time; I fear it. I fear it in my heart."

Ngema sometimes visits Mavis Gumede and other grandmothers, offering prayer and sometimes food and clothing.

His empathy has personal roots. His sister, at age 35, died of an AIDS-related illness in 2000. She left behind a son who is being cared for by Ngema's mother.

Teachers step forward

Another shoulder is offered by teachers.

At the Sizani Primary School in the nearby town of Umhlali, Mbali Cebekhulu's job teaching English, math and life-orientation has taken a back seat to her emerging role as social worker.

It's difficult to teach children who are

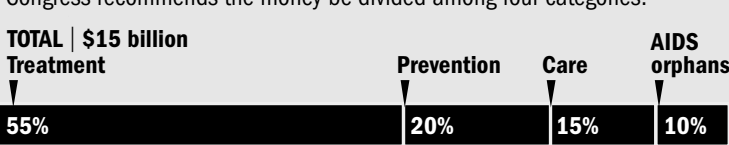
President Bush's plan

Following through on a promise made in his State of the Union address, President Bush signed a bill, providing \$3 billion a year for five years to help combat AIDS in 14 African and Caribbean nations.



Spending the money

Congress recommends the money be divided among four categories.



Sources: Associated Press, White House, State Department

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hungry, ill and filled with grief, Cebekhulu said.

The entire immediate family of one of her students has been erased by AIDS. Nhlakanipho Buthelezi's mother, father and sister are gone.

Now, at age 12, Nhlakanipho himself is slowly disappearing. He continues to lose weight. Chronic diarrhea requires him to sometimes wear diapers.

His ashen skin sinks onto his bones, and his eyelids droop with exhaustion. Tuberculosis often steals his breath.

Through the grief and fatigue, he is sustained by the love of his grandmother and caregiver, Patience Buthelezi.

"Granny's taking care of me very well," he says with a smile, sitting close to her in a classroom.

At 49, Buthelezi is single, suffering from arthritis and supporting Nhlakanipho with her government disability check of about \$113 a month.

Cebekhulu helps grandmothers such as Buthelezi and Ncwengiele Mathongo take their infected orphaned grandchildren to medical appointments. She feeds children at school and sends them home with food parcels. Few people have cars, so she drives infected children home after school so they can avoid an exhausting 13-mile walk in the sun.

But before some of them can seek her help, they have to detach themselves from the stigma and shame attached to the disease.

"I tell them (parents and children), 'If you hide it, you won't get help,'" Cebekhulu said.

Attacking the stigma

Former South African President Nelson Mandela revealed last month that his son, Makgatho Mandela, 54, had died of an AIDS-related illness. The announcement helped to destigmatize the disease, Matwa said.

"People respect what he is saying," Matwa said of Nelson Mandela, who remains a revered figure in South Africa.

At Mandini Primary School, teachers and administrators sometimes overlook the required uniforms and tuition that AIDS orphans cannot afford, said Principal Mandla Lawrence Khanyile.

"They come to school starving," Khanyile said.

Instead of singing songs of celebration on the last day of school in December, his students sang gospel songs in their native Zulu at a memorial service for a classmate.

Parents of the child didn't want the cause of death made public, Khanyile

said. But the presence of AIDS is clear.

Mathongo, 55, sits next to her grand-daughter Portia, 7, holding the death certificates of Portia's mother and grandfather. Both died of AIDS-related illnesses. The child is HIV-positive, as is Mathongo.

A domestic worker, Mathongo told Cebekhulu of her struggle to raise Portia, her daughter's only child, and her own three children, ages 8 to 15.

She makes about \$100 a month but must pay \$16 for each of Portia's doctor's visits, sometimes three a month, plus \$3 for cab fare each time. Five people are living in Mathongo's two-room concrete-block home with no electricity, running water or ventilation.

Because of her illness and living conditions, Portia sometimes is out of school three months at a time. Last year, Nhlakanipho missed at least four months.

"They are so brilliant, and it's disturbing their performance in classes because they are away," Cebekhulu said.

Hope survives

Thriving in school is important to these children, whose dreams of the future are very much alive.

Nhlakanipho wants to be a soldier to help put bad guys in prison.

Portia wants to become a doctor to help the sick. Speaking is painful this day because her glands are swollen.

Mathongo hopes her granddaughter can see her dreams come true. But watching the disease kill her daughter, make her a widow and single mother, drain life from her granddaughter, and attack her own body sometimes overwhelms Mathongo.

"I just trust God in everything, in whatever problem," she said, wiping away tears. "God is there."

Dealing with death, despair and the destruction AIDS is inflicting on families presents a challenge for the next generation to cope with a changing society, Ngema said.

"I grew up here in Mandini, and I see the needs," he said. "Things shake my heart. I feel the pain. When I look at people here, they're trying to stop thinking, make themselves separate from what they see."

Dispatch reporter Sherri Williams spent three weeks in December in South Africa on a National Association of Black Journalists fellowship reporting on the country's AIDS crisis. sherri.williams@dispatch.com



South Africa

Size: 471,000 square miles, slightly less than twice the size of Texas

Population: 43,647,658; 50 percent urban

Administrative divisions: nine provinces — Eastern Cape, Free State, Gauteng, KwaZulu-Natal, Limpopo, Mpumalanga, North-West, Northern Cape, Western Cape

Racial composition: blacks 75.2 percent; whites 13.6 percent, mixed race 8.6 percent, Indian 2.6 percent.

Unemployment rate, 2003: 31 percent (includes workers no longer looking for employment)

Sources: World Factbook, World Almanac THE COLUMBUS DISPATCH



Nhlakanipho Buthelezi, 12, who is both an AIDS orphan and patient, is cared for by his grandmother, Patience Buthelezi, 49.



HOW TO REACH US

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