

Breaking the Silence

BY AUGUSTUS NASMITH, JR.

I respect the silence many war veterans keep around memories of the unspeakable.

I too am a survivor of worldwide devastation. I keep pained silence when I think of loved ones gone. But affliction continues in horrendous magnitude; words, however inadequate, must be found.

The "unspeakable" rages for an estimated 34 million currently infected by HIV. It rages as action could prevent further infection and make health care more equitable. In this global war, silence is death's ally.

'Break the Silence' was the cry of 12,500 leaders of world efforts to confront HIV/AIDS in Durban, South Africa, in July for the XIII International AIDS Conference.

AIDS' spread highlights gaps between rich and poor, educated and uneducated, democracy and tyranny. The late Jonathan Mann pointed out that the already marginalized are the most HIV-susceptible.

In the US, with a constant annual new infection rate near 44,000, media and public prefer to think of AIDS as "over." Deep down, we want treatment advances to mean the danger is past.

But with .6 percent adult infection, fear of AIDS and wishful thinking are dangerous blind spots in our rich country's struggle. The UN Programme on HIV/AIDS reports more and more poor countries with 5 to 35 percent adult infection. In most of the developing world, the epidemic is worse than predicted. We must guard against paralysis, educate and prevent here in the US, and admit there is much to be done worldwide.

Since the first international AIDS conference in 1985, authorities warned of HIV's devastating spread without thorough national prevention programs. The years have been hard teachers about failed leaders and societal impediments.

Disaster elsewhere underscores the importance of efforts at home. Epidemic anywhere threatens the whole modern world. One that could wipe out social and political structure and decades of the developing world's economic gains threatens regional and global stability and hope of mutually beneficial world trade.

I cringe at economic and security arguments, but they speak to those to whom human tragedy does not. Still, if we feel so far removed from those facing the worst impacts of

AIDS that we cannot care, we reveal our attitudes to a world in which we proclaim ourselves the only superpower.

We also mark our society. Caring for and sharing with others are part of Vermont social fabric. Most feel stigma from irrational fear are over, yet old ignorant slander about HIV became anti-civil union rationale! Hypocrisy about sex and hindering effective sex education and health measures mean infection. Enlightened education policy and prevention promotion continue a low infection rate, are better for public health, and spare service and government resources.

Durban was the first southern hemisphere international AIDS conference. It meant increased involvement of Africans and attention to their plight. Sadly, President Thabo Mbeki did not energize with his opening address.

With 4.2 million infected, South Africa's 20 percent adult infection rate is growing. One in four women between 20 and 29 is infected, more than young men. Young women are often forced to partner highly infected populations of older men who refuse protection. Women discussed the need to counter male cultures' failure to confront HIV. Precious Sibesi shared a teenage view that "cute young guys" could not be infected. Without education, Vermont teens could make such assumptions.

Kefiloe Ramela spoke so softly you could feel her broken heart. Her mother had died; her brother was dying. HIV showed that "when days are dark, friends are few." "So much is hard for me," she said,

broken English conveying her life's message.

These voices have clarity from abandonment and isolation. Stories show fear promotes ostracism, stigma, and denial, blocking prevention. We have improved, but it still happens here in marginalized, uneducated populations. Do Vermonters who block thorough health education realize they put children at risk?

Socio-economic, and human rights inequities dominated discussion in Durban, magnifying US concerns. Participants expressed frustration that denying HIV/AIDS' realities

The reality: in most of the developing world, the epidemic is worse than predicted.

included denying equitable health care.

"Available treatments are denied to those who need them," said South Africa High Court Justice Edwin Cameron, "for the sake of aggregating corporate wealth for shareholders who, by African standards, are already unimaginably affluent. No more than Germans in the Nazi era, nor more than white South Africans during apartheid, can we at this Conference say we bear no responsibility for 30 million people in resource-poor countries who face death from AIDS unless medical care and treatment is made accessible."

Many decried prices that deny treatment to 95 percent of infected people. Think of Vermont demands for fair drug costs; are we not in solidarity with those with but hundreds of dollars' annual income?

To spread the alarm about Africa is to tell the world what awaits. Without national leadership to deal with public

health crisis, fear, denial, and cultural and moralistic barriers to safety will have the same consequences everywhere.

The Caribbean already mimics Africa. Except for the wealthy, there are no treatments, hospitals, or care for the infected. Women and children are abandoned by death or flight. There is no work for women supporting families.

India's 3 million infected are .7 percent of its huge population; HIV is growing where it was ignored until recently. A slide showed results: a shabby straw hut, miles from any dwelling, to which a village

exiled an AIDS casualty's widow. Such fear, denial and lack of compassion guarantee the viral march: HIV lives and spreads back in the village.

Adult infection tops one percent in Cambodia, Myanmar, and Thailand. In China, Indonesia, Malaysia and Nepal, shared needles in rising drug use transmit HIV. In the former Soviet Union, with collapsed health and social structures, prostitution, and related activities also spread it. Without the difficult US awakening and intelligent Vermont public health policy, we, too, would see such explosion.

The Durban conference joined champions to "do something," even those whose poverty and history might foster fatalism. Rather than accept death sentences of ignorance and fear, they tell liberating truth. Rather than take the consequences of individual, societal, and governmental irresponsibility, they define and demand responsibility. The

conference was a mass demonstration of rich and poor demanding that humankind reach its potential.

Since the 1980s, American experts have been in the forefront, defining the disease, trying to stop its spread, developing treatment, seeking cures. We have seen the best of our capacity to research, educate, and lead, learned humility through limited progress, and admitted health care inequities.

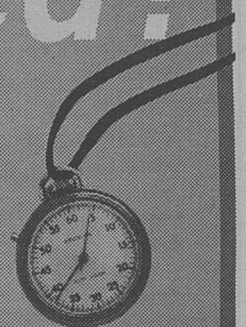
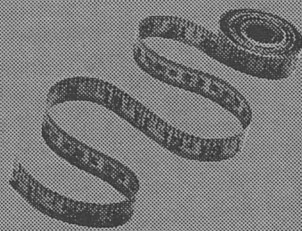
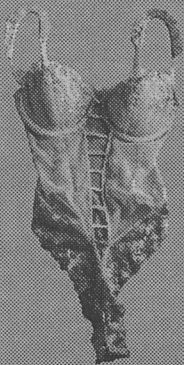
Might the world HIV/AIDS crisis recall us to international cooperation? To protect all from HIV (or any disease) is to protect ourselves. To work for the planet's health to work for our own. To confront AIDS is to reset goals of development and democratic societal evolution behind the UN Charter and ideals to ensure universal human rights. US leadership in commitment to a better world can still show others what is right. But we must commit to what is right ourselves, including our UN responsibilities and assistance programs abroad.

Nelson Mandela inspired with his closing address at Durban. "Others will not save us if we do not primarily commit ourselves," he said. "Partnership with the international community is vital... in this inter-dependent and globalised world, we have indeed again become the keepers of our brother and sister. That cannot be more graphically the case than in the common fight against HIV/AIDS."

Mandela reminded us how exhilarating it is to commit ourselves, how immune enhancing to identify with what is right and good. How beneficial to break the silence!

Augustus Nasmith has lived with HIV since 1983. He lives in Rutland.▼

What do you take to bed?



Whatever you take along for pleasure, consider this:
We may feel safe in Vermont, but we're not immune to AIDS and other sexually transmitted diseases.

Don't take a chance...

take a condom



Vermont AIDS Hotline 1.800.882.AIDS
TTY 1.800.319.3141