

REINING IN SOUTH AFRICA'S HIV/AIDS PANDEMIC

by Frederica Bunge

Frederica is a member of First Congregational Church of Berkeley, United Church of Christ, and the organizer of the South Africa Ministry Team at the church. She and the rest of the team have organized a benefit concert for South Africa featuring the acoustic trio Calaveras on Sunday, June 15, 2008, in the Sanctuary. More information at www.fccb.org.

Families scarred and broken by the legacy of apartheid. Growing distance between a miniscule elite and millions mired in poverty. A black majority straightjacketed by a 40% unemployment rate. Until recently beet root and garlic were favored as treatment for HIV—the virus that leads to AIDS, by the Minister of Health, a presidential appointee. This is the setting for physicians, researchers and activists seeking to reverse the HIV/AIDS pandemic in South Africa that rose largely unchecked during the 1990s.

A staggering complex of political, economic and social obstacles hinders progress. Political revolution succeeded under Nelson Mandela's adroit leadership, but his government, facing more critical challenges, was not prepared to give the rise of the virus priority attention. A debate about causation and treatment under his successor, Thabo Mbeki, further inhibited prompt action. Adding to the problem, a cultural tradition of male dominance leaves women especially vulnerable to infection, even seen as responsible for its spread.

As a result, today more than one in five South Africans is HIV positive. Close to 30 percent of pregnant women have AIDS. Life expectancy has been reduced to 54 years. More than 100,000 children have been orphaned.

Some indications of recovery can be discerned. Belatedly Mbeki's administration has been more open to a scientific view of treatment. Half a million AIDS victims are being provided with AZT, with plans for reaching 80 percent of those infected by 2011.

The real hope for reversal of the tragedy, however, lies in prevention, and here our congregation can play a direct, if highly modest, part. The founder, and still prime-mover, of South Africa's best known and most respected prevention campaign has been a friend of the congregation and of its Senior Minister, Patricia de Jong, for many years. He is David Harrison, M.D., a South African physician, who worshipped with us while in graduate school at Cal. His innovative approach focuses not on abstinence but on prevention by seeking to integrate the notion of sexual responsibility into the life style of teen-age youth. It gets the message out through telephone networks, clinics and health centers, rural outreach programs.

For us to support the loveLife campaign by providing leadership support for one of its most capable former volunteer youth counselors, Queen Monamudi, is a small step. But it is the right one. David Harrison knows whereof he speaks. And he has given us a model we can take to other religious bodies. As a physician who was born and grew up in South Africa, he begins with a clear understanding of the complexities of its society and culture, to which are added his own gifts of insight, drive, and deeply-felt compassion, rooted in Christian faith. All of these are good reasons to support the Calaveras benefit

for South Africa, but none is more important than this: all of us are in this life together,
equally as children of God.