

# Sida : l'Afrique en danger de mort

Traditions sexuelles,  
méconnaissance,  
obscurantisme :  
les ravages du mal  
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dans certaines régions  
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des grandes épidémies  
du Moyen Age en Europe.



De notre  
correspondante  
en Afrique de l'Est  
Quand les premiers  
cas de sida sont appa-  
rus en Afrique de  
l'Est au début des  
années 80, personne  
ne prit la chose très

au sérieux. Personne, d'ailleurs, ne parlait de sida. Il fallut bien des efforts et pas mal de cadavres avant que l'anecdotique *slim disease* (« maladie de la maigreur ») soit enfin reconnue et nommée. Aujourd'hui, les ravages du sida s'apparentent, dans certaines régions d'Afrique centrale et d'Afrique de l'Est, à ceux des grandes épidémies du Moyen Age en Europe.

C'est en juillet 1987 que le Rwanda et l'Ouganda, plus courageux et plus réalistes que leurs voisins, publient des chiffres alarmants. Tandis qu'à Kigali (Rwanda) le ministre de la Santé annonce que « près de 17 % de la population urbaine, soit une personne sur six, est porteuse du virus », à Kampala (Ouganda), le gouvernement révèle que 80 % des femmes et 30 % des hommes des villes de Busia et Malaba, à la frontière avec le Kenya, sont séropositifs. En Zambie, le président Kenneth Kaunda admet publiquement que l'un de ses fils est mort du sida.

Ces réactions incitent les autres pays de la région à réagir. Aujourd'hui, tous les pays d'Afrique de l'Est ont souscrit à un des programmes de lutte contre le sida préconisés par l'Organisation mondiale de la santé (OMS). C'est peu dire qu'il y avait urgence. Parmi les pays d'Afrique noire les plus touchés, l'Ouganda (6 772 cas recensés en août dernier), le Kenya (5 949), la Tanzanie (4 158), le Malawi (2 586), le Burundi (1 975) et la

Zambie (1 892) arrivent en tête. A ce triste palmarès, l'Afrique de l'Est atteint les sommets. A tel point que des économies relativement prospères peuvent être bouleversées. Ainsi en est-il du Zimbabwe, où 4 millions de personnes seront séropositives en 1991... soit 40 % de la population.

Contrairement à ce qui se passe dans les pays occidentaux, et contrairement surtout aux préjugés qui subsistent dans les capitales africaines, ce sont les femmes qui sont le plus largement frappées par le sida. En Ouganda, entre 15 et 20 ans, les filles sont six fois plus nombreuses que les garçons à être contaminées. Dans la capitale, Kampala, 25 % des femmes enceintes sont porteuses du virus. Ces statistiques, pourtant connues, ne sont nul-

part prises en compte : pas plus dans les campagnes d'information gouvernementales que dans les programmes de l'OMS. Les seules femmes que l'on associe au sida restent les prostituées. La moitié de l'Afrique — la plus menacée — est oubliée.

Principalement féminin, le sida, en Afrique de l'Est, est aussi principalement urbain. A une exception près : la région du Rakai (Ouganda) et de la Kagera (Tanzanie), qui borde la rive sud-ouest du lac Victoria. « En réalité, ce n'est pas vraiment étonnant, si l'on se rappelle que c'est là qu'était massé le gros des troupes lors de la guerre entre l'Ouganda et la Tanzanie, à la fin des années 70 », explique un missionnaire. « Il est bien connu que, là où il y a des soldats, il y a une accélération de l'activité sexuelle », ajoute-t-il, elliptique. Les hommes d'Idi Amin Dada et de Julius Nyerere auraient laissé des traces plus profondes et durables, hélas, que celles de leurs contestables performances militaires. Le virus du sida s'est, en tout cas, répandu dans la région comme une traînée de poudre. Notre missionnaire précise : « Je suis allé dans un village qui comptait autrefois soixante commerçants. Aujourd'hui, les soixante commerçants sont morts. »





**Affiches d'information sur le sida dans**  
*Une femme enceinte sur quatre*

**un dispensaire ougandais**  
*est porteuse du virus*

Parmi les hommes atteints du sida, les plus vulnérables se recrutent essentiellement, en effet, parmi ceux qui voyagent et qui ont de l'argent. Dans les milieux d'affaires, donc, mais aussi parmi l'élite politique et universitaire. « Si les ravages du virus continuent à ce rythme, c'est toute la classe dirigeante africaine qui va, dans ces pays, être éliminée », prédit un expert. En mars 1989, en Tanzanie, le ministère de l'Eau a perdu, coup sur coup, cinq ingénieurs en chef. Mais les échelons intermédiaires ne sont pas épargnés. « Quand les fonctionnaires d'un village vont au chef-lieu pour toucher leur paie, ils s'offrent généralement ce qu'ils appellent "deux ou trois jours de bon temps". Ils sont tous candidats au sida », poursuit l'expert.

Les campagnes d'information, relayées désormais par les journaux, les radios et les télévisions, constituent le seul espoir d'enrayer la progression. En Ouganda, des « équipes mobiles » de deux ou trois personnes sillonnent la brousse afin d'apporter les soins élémentaires et l'indispensable réconfort aux malades. Des familles ayant perdu un de leurs proches ont créé une association d'entraide afin de

soutenir les sidéens. Et puis, de plus en plus, on cherche à associer les guérisseurs à la lutte contre le sida. Bien souvent, ce sont eux qu'on consulte en premier. Pour chasser une mauvaise fièvre, soigner une maladie de peau, ou parce qu'on se met à perdre trop de poids : rares sont les sidéens qui savent quelle est la terrible maladie qui les ronge. Et quand bien même ils le sauraient, ils s'en remettraient au « sorcier », seul capable d'apaiser les esprits ou d'exorciser le sort que leur a jeté un voisin. En Tanzanie, un vieil homme a ainsi sacrifié six vaches – une fortune – en pénitence, car il croyait avoir « offensé un ancêtre ». Le sida, lui, ne lui a pas accordé son pardon.

Parfois, ce sont des collectivités entières de malades qui se jettent dans les bras d'un gourou. Au sud-ouest de l'Ouganda, dans le district de Masaka, une villageoise a réussi, en octobre dernier, à convaincre plus de 20 000 personnes – la plupart atteintes du sida – à manger de la terre prétendue « sacrée », censée leur apporter la guérison. Plusieurs tonnes de terre ont ainsi été ingurgitées avant que les autorités ne s'en mêlent. L'illumine de Masaka, notons-le à sa décharge, ne demandait pas un shilling à ses patients mangeurs de terre.

A cet obscurantisme pas toujours inoffensif s'ajoute le poids, beaucoup plus redoutable, des traditions sexuelles. La polygamie constituée, à

elle seule, un vecteur de transmission considérable. Ce que l'on surnomme en Afrique centrale « le deuxième bureau » (c'est-à-dire la maîtresse officielle) est une institution largement présente en Afrique de l'Est. « Il existe des cas dramatiques où l'épouse sait très bien que son mari couche à droite et à gauche, et qu'elle couche donc, elle-même, le risque d'attraper le sida. Mais elle n'ose rien dire. Surtout si le mari occupe une haute position sociale. Cela ferait un scandale », raconte un médecin. Autre élément aggravant : l'alcoolisme masculin, répandu dans toutes les couches sociales. « Déjà à jeun, il est difficile d'imposer à un Africain d'enfiler une capote. Alors quand il est saoul... », résume une jeune employée de Nairobi. Enfin, certaines « pratiques culturelles », comme la circoncision et l'infibulation (appliquées au Soudan, en Somalie, dans certaines régions du Kenya et de l'Ethiopie), accentuent la vulnérabilité des fillettes et des femmes aux risques d'infection.

Bref, on comptera sans doute encore des tombereaux de cadavres avant que les mentalités ne changent. « Prenez l'exemple de la Tanzanie, conclut le médecin. En sachant qu'aujourd'hui 20 % des femmes enceintes sont séropositives, on a fait les calculs : d'ici à l'an 2000 – et si aucun traitement n'intervient – il y aura, au bas mot, dans ce petit pays, 4 millions de morts ». ●

CATHERINE SIMON



# Rwanda: Running to Catch Up

**The government is bearing down hard  
in the race against AIDS**

By I. Rajeswary



Continued ...





UNDP photos by I. Rajeswary

**Dr. Didace Nzaramba, Director of Rwanda's National AIDS Programme.**



RWANDA



**Nurse Dina Martinez.**

**The Nyamirambo Health Centre serves the low-income community in Bilyogo.**

**K**igali, Rwanda — Jean Baptiste, now 37, an assistant accountant with a commercial bank, had a lifestyle which was the envy of his friends. He wore well-cut clothes. He could afford fine restaurants and had money to pay the school fees for his four older children while his wife, Maria, stayed home with their fifth child in a village near here. But two years ago, things began to fall apart.

In 1988, his youngest developed tuberculosis and died of complications at age three. He had AIDS, which attacks the immune system that protects the body from life-threatening diseases. Doctors asked Jean Baptiste, which is not his real name, to take a blood test. It confirmed their suspicions that he too had contracted the human immunodeficiency virus (HIV). He thinks that he may have caught it from a woman he was seeing in the city. He then infected his wife who transmitted it to their youngest child at birth.

Initially, Jean Baptiste refused to believe he had the virus. He was, after all, a healthy man. But last September, the 37-year old accountant was hospitalized for more than a month because the wounds he suffered in a fall simply would not heal. Five months later he was back in hospital with a chest infection. He then developed sores on his

head. In April, he was hospitalized for the third time with respiratory problems. Now, too weak to sit up, he languishes in his bed throughout an hour-long interview, his voice no louder than a throaty whisper.

"I get these headaches and they won't go away. The doctors have done tests but I don't know the results yet. I can't stand the pain," he says. He rubs his hand over his badly-scarred scalp and closes his eyes. "I wish they would give me stronger painkillers. I prefer injections," he says. Many patients prefer injections for almost any malady, believing them to be more powerful than pills. While the Kigali hospital's needles are sterilized, many used elsewhere are not, and this increases the chance of spreading the HIV.

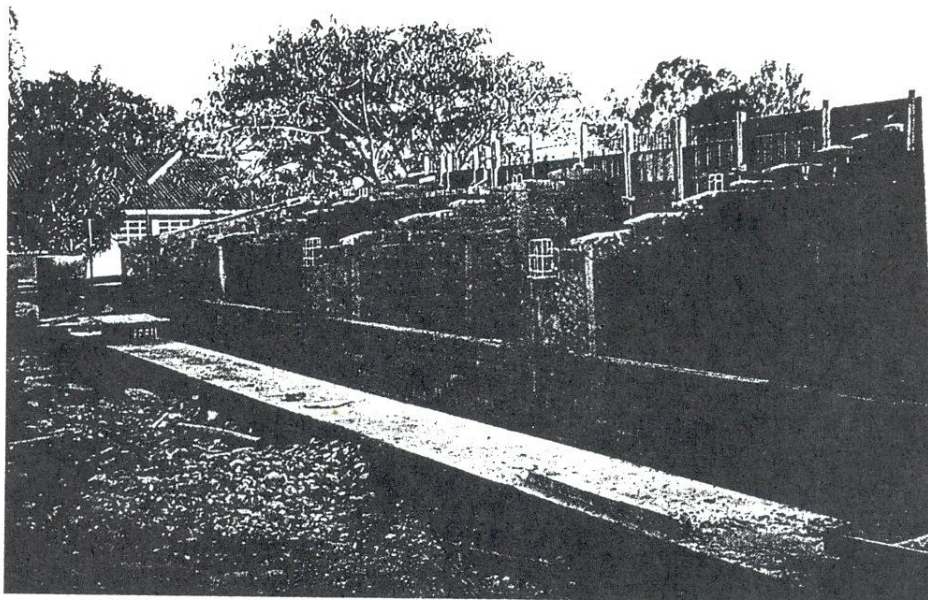
"I want to get back to work," says Jean Baptiste, not realizing that he may have only a few months more to live. His wife, Maria, 33, who visits him daily, watches him intently. They have been married for 17 years. She, too, is infected.

It is not that Jean Baptiste had never heard of the deadly disease. The first ten cases in Rwanda were detected in 1983. By March 1986, the government had started an intensive campaign informing people about AIDS. Jean Baptiste, like many others, declined to be

Continued ...



**A new wing is being added to the Centre Hospitalier de Kigali to cope with mounting patient load.**



UNDP photos by I. Rajeswary

tested because he believed that only "bad" people became infected.

Despite all the government's efforts, the rapid spread of AIDS has already imposed a heavy burden on Rwanda, which tourist brochures describe as the "Land of a Thousand Hills." It is a small land-locked country with a population of more than seven million and a GNP per capita of only \$270. The average family has eight children and lives on less than half a hectare of land. It is the most densely populated country in Africa, with an annual population growth rate of 3.7 per cent. While nine out of ten families live off agriculture, land is so scarce that even the patch between the home and the road is cultivated with millet, beans or maize.

The country's first ten HIV cases, says Dr. Didace Nzaramba, Director of Rwanda's National AIDS Programme, were traced to prostitutes, those with multiple sexual partners or those who received the virus from infected blood or unsterilized needles. "There were no homosexuals or drug addicts," he says.

In March 1986, Rwanda's Ministry of Health (MINISANTE) created a National Commission for AIDS. It also began to fashion an intensive campaign, in collaboration with the

Rwandan Red Cross, to educate people on the dangers of the disease. Since there is no television yet in Rwanda, the government had to rely heavily on radio, newspapers, posters and pamphlets. It was a daunting task, as 74 per cent of the country's women and 52 per cent of the men are estimated to be illiterate. A Rwandan journalist, Augustin Hatar wrote a play, *Pick Up Your Shield, We Are Being Attacked*, advising people to be prudent about sex. It is still being widely performed in villages and market places in *kinyarwanda*, the national language.

As it began dispensing information on AIDS, the government also mounted a survey of urban and rural areas to determine the prevalence of infectious diseases transmitted by blood such as Hepatitis-B, malaria and syphilis, including AIDS. A total of 2,800 blood samples were taken. The findings showed the HIV to be present in 1.7 per cent of Rwandans in rural areas and 18 per cent in urban areas. Those infected came from all age groups, and men and women were equally represented. "We published the results and distributed them to all ministries and embassies," Dr. Nzaramba says.

That was in 1986. Today, some authorities on AIDS put the prevalence of the virus at 27 per cent in urban areas and over three per cent in

the rural areas. In 1988, to determine how its education campaign was being perceived, the government conducted another survey and found that 90 per cent of the population had heard about AIDS but most thought it did not really concern them. Although some Rwandans were volunteering to be tested, says Dr. Nzaramba, AIDS is still thought to be mainly the illness of prostitutes and migrant workers. Moreover, many people thought they could get the virus from shaking hands, mosquito bites, using the same cooking utensils of those infected and even breathing the same air. "We had to set right such notions," says Dr. Nzaramba.

In Kigali these days, setting people right on AIDS takes place from 9:00 am to 5:00 pm in a government information centre with a sign which reads "Let's Talk AIDS." Ndibeshye Théoneste, National Co-ordinator for AIDS Education, says anyone can walk into the centre, ask to see a counsellor, collect AIDS literature and obtain free condoms. Although the government, along with the United Nations Population Fund, is actively promoting condoms, their use is alien to the culture. Outside the centre, condoms are also expensive — 50 cents each in the market and a dollar in pharmacies.

Authorities are discovering that they must exercise care in telling people

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**Dr. Aloys Bigirinkana, Director of the Centre Hospitalier de Kigali, Rwanda's biggest hospital.**

that they are HIV positive and should be accompanied by careful counseling. Professor B. T. Nasah, Director of the WHO Regional Centre for Research and Training, recalls that in early April, a man who volunteered for the HIV antibody test and was found to be positive "went home and slashed his wife because he thought she gave him the virus. The man is now in prison while his wife is in hospital."

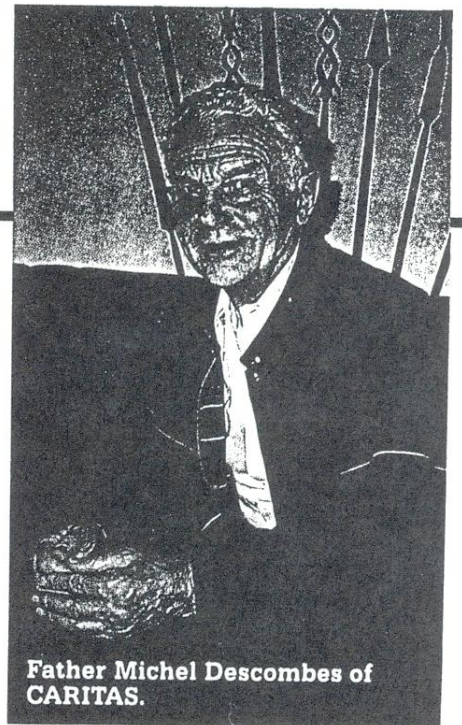
"When men are told they are HIV positive," says Dr. Maria Neira, a UN volunteer, who is a physician for the 2,000 local and expatriate community of the United Nations system in Kigali, "some get very angry and deliberately sleep with as many women as they can to contaminate them."

According to Dr. Nzaramba, while most Rwandans infected with AIDS are looked after by their families, there are cases in which some patients are isolated by their families and not allowed to mingle with relatives, let alone the community. One woman committed suicide when she found out that she had contracted the virus from her husband. At Kigali's biggest hospital, the Centre Hospitalier de Kigali, there have been instances when family members abandoned their loved ones because they couldn't stand the pain of watching them slowly waste away.

Unlike many other African countries with their many ethnic groups, Rwanda

## Finding foster families is getting harder and harder

**M**ore than 45 per cent of Rwanda's population is Roman Catholic. CARITAS, a Catholic relief service, was set up to help the poor. But increasingly those seeking its help are women whose husbands are dying of AIDS or women who have contracted the virus themselves and want to place their children in CARITAS' care. Up to June last year, four men and 212 women and children had come to the centre for help for problems related to AIDS. By April this year, the number had risen to 141 adults and 485 children, many of them orphans. So far, says Father Michel Descombes, the organization's secretary-general, CARITAS



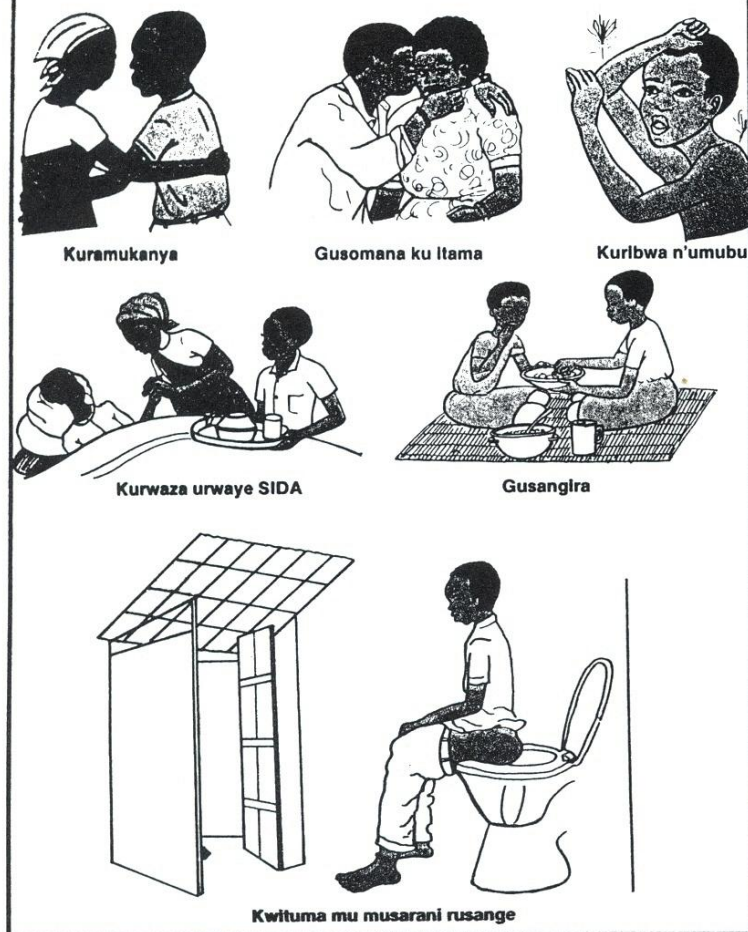
**Father Michel Descombes of CARITAS.**

has succeeded in placing most orphans with foster families within Kigali. "But it is becoming harder and harder," he says. He blames foreign films with their emphasis on violence and sex for a liberalization of sexual practices among young Rwandans. —I.R

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## Ibi bikurikira ntlbyanduza SIDA



This poster in *kinyarwanda* tackles myths, showing ways AIDS is not spread.

Rwandan Red Cross, PNL, UNICEF, Kigali

is fortunate in that everyone speaks *kinyarwanda*, thus eliminating the need to translate AIDS materials in different languages, says Ofori Akyea, a Ghanaian, who is UNICEF's representative in Kigali. UNICEF's AIDS prevention programme is directed at school-age children and more than a million unemployed youths up to the age of 25.

The government, with help from UNICEF, is refining an AIDS prevention curriculum for schools. In December 1988, the government published booklets on AIDS and trained 3,800 teachers so that they can inform school children about the disease. "Eventually, we hope to include a course on the disease in both primary and secondary schools," says Dr. Nzaramba.

Such education is considered to be the most effective long-term measure in preventing the spread of the disease. "Once people understand the gravity of the sickness, we can prevent it," Dr. Nzaramba says. "But what is even more important is the need for people to change their sexual practices — not

to have multiple partners. This is our hardest task."

There are clear signs that the message is getting through. "Four years ago, we could not really talk about AIDS here, but now it is out in the open and it is largely due to the government's initiative," says UNDP Resident Representative in Kigali, Edouard Watez. He also credits international donors for their swift response to the government's requests for assistance.

Rwanda's poor seem to suffer from AIDS most. Nurse Dina Martinez, who runs the Nyamirambo Health Centre in Bilyogo, a low-income community on the outskirts of Kigali, says in 1986, 34 per cent of the women tested in Bilyogo were found to be HIV positive. Most of them were infected by husbands who reside in the city on weekdays and return home to be with their families on weekends. "Many of the women are resigned to their fate," she says. Together with social workers at the centre, Ms. Martinez counsels persons with AIDS and advises

relatives how to look after them.

The Centre Hospitalier de Kigali is the country's largest hospital. It has 500 beds but its occupancy rate is 180 per cent. "Sometimes patients have to share beds," says Dr. Aloys Bigirankana, the Centre's director.

Half of the patients in the hospital's Internal Medicine Unit are HIV positive, says Dr. Henri Taelman, an Associate Professor in tropical medicine. The ward has 120 beds occupied by 200 patients.

Visiting hours are 4:30 pm to 9:00 pm in the evening. The crowded male unit is filled with occasional groans and the soft shuffling of feet as some patients with walking sticks are helped by relatives as they attempt to exercise. Young children dart about the aisles. Adults cluster around the bedsides of their loved ones, speaking in low voices.

Those who share beds sleep facing away from each other. In a small room at the entrance of the ward, the clatter of enamel pans and dishes continues as nurses sterilize needles in a chipped metal basin placed over a powerful Bunsen burner. The air reeks of medicine and decay.

In the smaller women's ward, silence prevails. The younger of the women turn their faces away when visitors enter. Older women look on indif-

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A scene from the play *Pick Up Your Shield, We Are Being Attacked*, depicts friends deserting an AIDS patient. The play, which is performed free in villages and rural areas, has drawn thousands of people.

ferently. Those with sores on their bodies are without bedclothes that might cause friction when they move. Some mothers lie in bed with their children, stroking them. The children, too, are silent.

The Paediatrics Unit has 70 beds. Dr. Philippe Lepage, who heads the Unit, says that while malaria is still the first cause of death in the hospital, in the last ten years, he has seen a marked increase of children who are HIV-positive. As in other countries with the AIDS problem, says Dr. Lepage, in Rwanda, one out of three infected mothers gives birth to a HIV-positive child.

During a tour of the hospital, Dr. Bigirankana talks of expansion plans. A new wing is under construction to accommodate 120 new beds. A hospital training school is vacating its premises, giving him an additional 120 beds. But back in his small Director's office, seated behind a plain steel desk, his voice drops to a tired whisper. "It is depressing to see so many infected people," he says. "I am not optimistic — at least not for the infected persons in the urban areas. But I hope we can prevent the disease from spreading among the rural population. It's a race against time." ■

## Answering a Call for Help

In February 1987, the Rwandan government, in co-operation with WHO's Global Programme on AIDS, drew up a five year plan for the prevention and control of the disease. A total of US\$9.3 million has been pledged mainly by Belgium, Canada, Denmark, the European Economic Community, France, the Federal Republic of Germany, The Netherlands, the United States, UNICEF, the United Nations Development Programme (UNDP) and WHO.

The United Nations Capital Development Fund (UNCDF), which is administered by UNDP, is investing \$854,560 over three years to help



**UNCDF Programme Officer  
Lucien Jean Magnin.**

strengthen Rwanda's National AIDS Programme. UNCDF programme officer Lucien Jean Magnin says the organization will also bear the cost of building and equipping a modern blood transfusion centre.



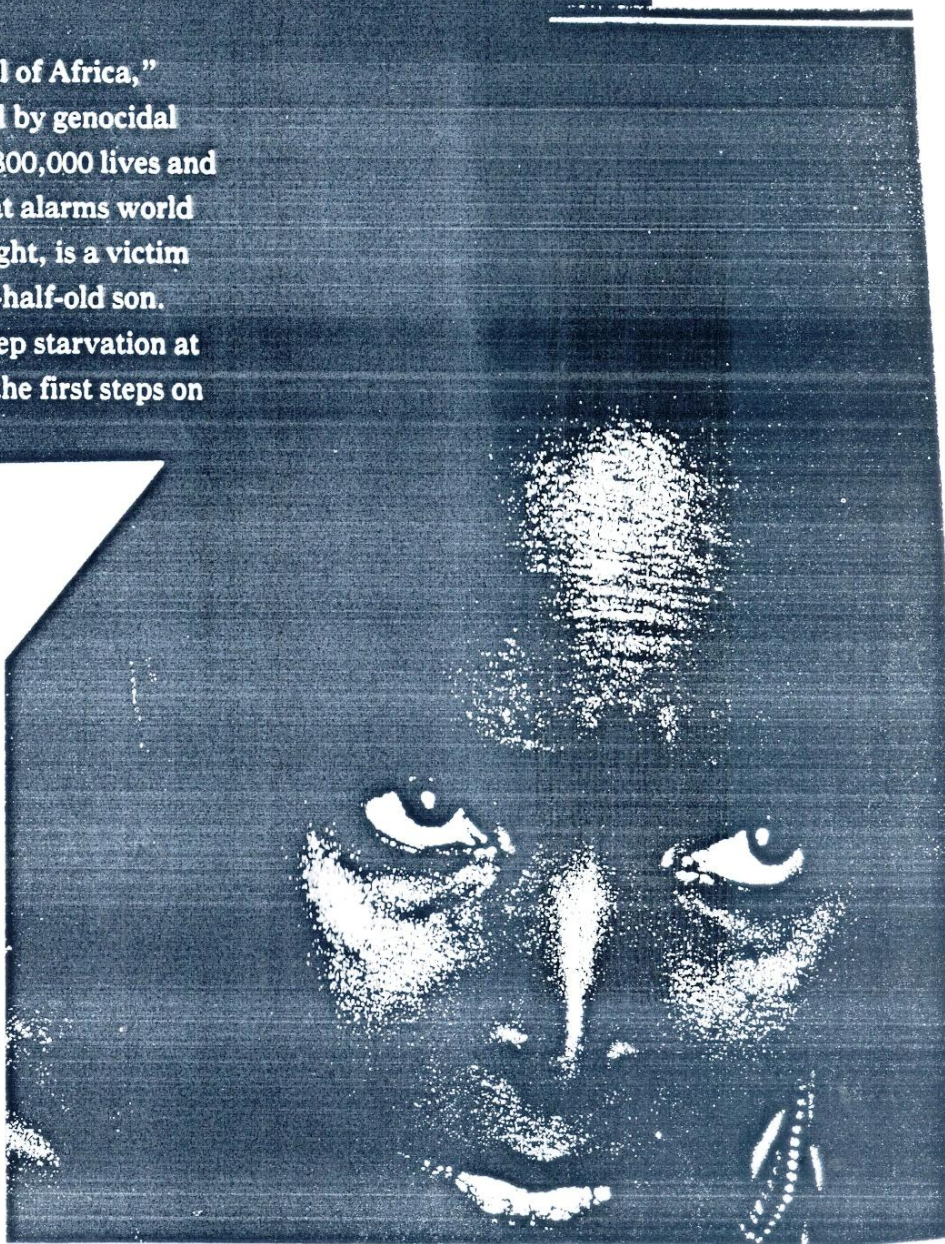
NATIONAL GEOGRAPHIC, April 1988

# UGANDA

## Land Beyond Sorrow

ARTICLE AND PHOTOGRAPHS BY ROBERT CAPUTO

**O**NCE KNOWN as "the pearl of Africa," Uganda has been ravaged by genocidal warfare costing perhaps 800,000 lives and is stalked now by an AIDS crisis that alarms world health officials. Jane Nakarima, right, is a victim of the disease, as is her year-and-a-half-old son. Yet fertile soil and good climate keep starvation at bay, while the nation searches for the first steps on the long and difficult road back.





**J**ANE NAMIRIMU was 22 years old. When I went to visit her, she was lying on the floor of her parents' house near the town of Kyotera, her thin frail body cushioned from the cold concrete by only a torn piece of old foam rubber. A rash covered her body, she had chronic diarrhea, and she vomited when she tried to eat. Her breathing was shallow and short. There was no ointment to soothe her skin, or even aspirin to cool the fevers that gripped her. She was too weak to walk, and spent her days staring out the open door at children playing in the yard.

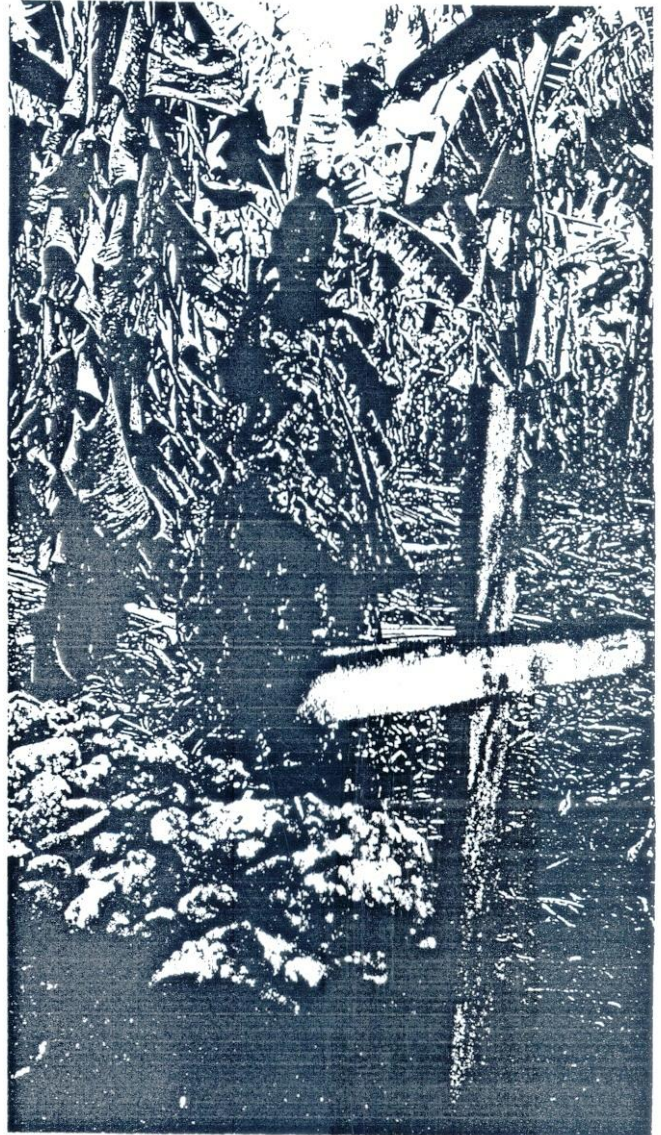
Jane was pregnant with her first child. She was the tenth victim of AIDS I had visited that day in Kyotera, a town of about 2,000 near Lake Victoria (map, pages 474-5).

"Jane has been sick for about six months," her father told me. "We took her to the hospital, and to a traditional healer. She did get better for a time. But then it started again. And what can we do? I do not have more money, and everyone just dies with this slim."

"Slim" is the word Ugandans use for AIDS because of the skeletal appearance of victims in the last stages of the disease. AIDS has reached epidemic proportions in this strife-torn country in which perhaps 800,000 people have been slaughtered in 20 years of intermittent civil war.

The government officially reports 2,369 cases of AIDS, but the real number is undoubtedly far higher. Nobody knows. The breakdown of communications and health-care systems makes it impossible to compile reliable numbers, but informed sources estimate that one in every five sexually active adults in Kampala, the capital, may be infected. When a Ugandan dies on a remote homestead, the cause of death goes undiagnosed. Like Uganda's ongoing civil wars, AIDS claims primarily those between 18 and 40 years old.

In the countryside near Kyotera I stopped at almost every house I came to, and in every one the scene was the same: Someone had recently died, or was dying, of AIDS. Hospitals are few in Uganda and cannot cope with the numbers of patients; most are cared for by their families. In house after house I saw mothers and grandmothers keeping vigil over loved ones who were slowly wasting away. I went to funerals almost every day—sometimes several in the same day. I often saw scores of mourners winding their way through the fields, on their way from one funeral to the next.



*IN THE GRIP of an unseen killer, Jane Namirimu was 22 and pregnant when she became ill with AIDS, which spreads in Africa mainly through heterosexual intercourse and affects men and women equally. When author-photographer Bob Caputo first saw her last May, Jane needed help from her mother to walk (facing page); when he returned three months later, she and her baby were buried in the fields behind the family's Kyotera home.*



The underlying numbers are staggering: About half of the adult medical patients examined at a Masaka hospital tested positive for the human immunodeficiency virus (HIV) that causes AIDS, as did 40 percent in Kampala's Mulago Hospital, which admits five new AIDS patients a day. A survey of truck stops showed about 70 percent of the prostitutes and 33 percent of the truck drivers to be infected. In a 1986 survey at another Kampala hospital, seven out of every 50 pregnant women tested positive for HIV antibodies, and the same was true for adult male blood donors. A more complete picture of the extent of the disease awaits results of a national blood survey just begun.

Photojournalist ROBERT CAPUTO has produced many articles on Africa for the NATIONAL GEOGRAPHIC, his most recent being "Journey Up the Nile," May 1985. He lives in Washington, D. C.

"It is already a disaster," one foreign doctor working in Uganda told me, "and it's going to get worse. We don't know enough about the disease to make firm predictions—there are many possible scenarios. It could be that hundreds of thousands of people are going to die. They may already be infected."

"I don't know what to do," said Jane Namirimu softly while I sat with her. "I want to have a family, and a farm, and a home like this one. But I feel I am haunted by ghosts that will not leave me. I can just pray that things will be the way they should be."

**N**OTHING is the way it should be in Uganda. As independence from Britain approached in 1962, it seemed that Uganda, "the pearl of Africa," was well on its way to a long and happy life as a modern state.



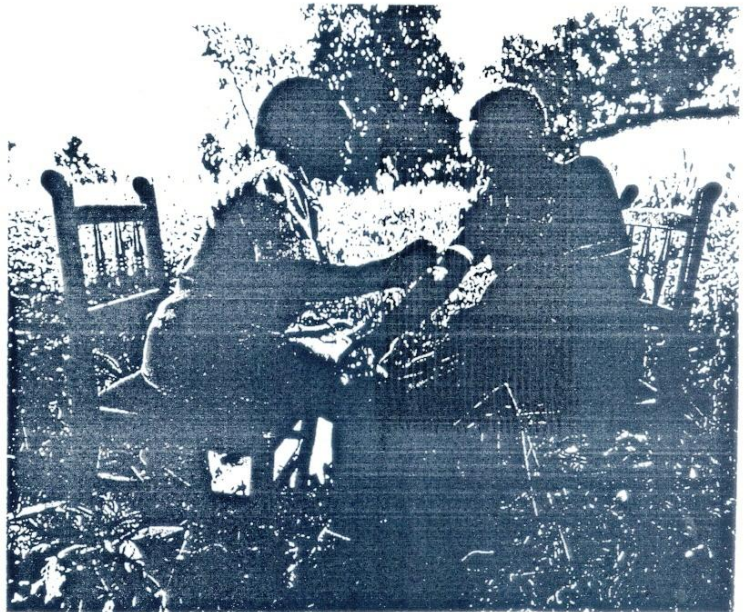
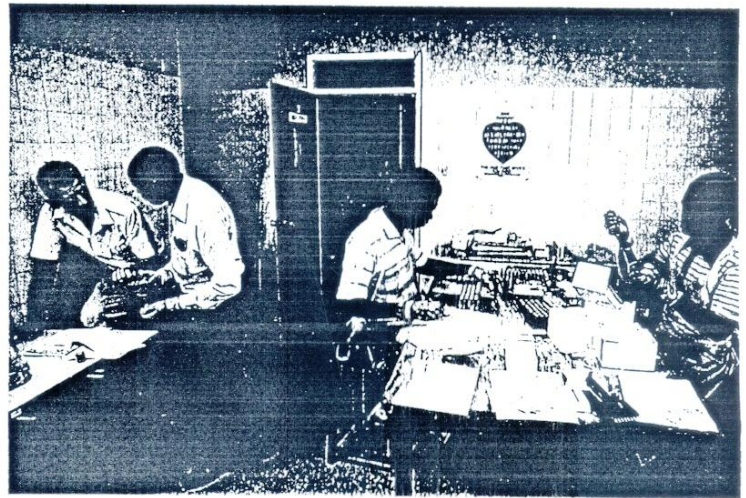


The fertile south, populated by the Baganda and other Bantu-speaking peoples, was highly developed. Kampala swelled on a tide of economic activity based on agricultural riches: Cotton, coffee, and tea exports earned foreign exchange that repaid the farmers with roads, schools, hospitals, and manufactured goods. Southerners made good livings as businessmen, bureaucrats, and professionals.

In the north, where the land is poorer, development was slower. To make up for this, and to take advantage of the Nilotic tradition of warriorhood, the British recruited northerners into the army and police. Thus both groups had avenues for advancement.

But the dream of independence became a nightmare of insecurity, brutality, and economic collapse. Milton Obote, of the northern Langi people, was elected prime minister. He

*FIGHTING AN EPIDEMIC of ignorance along with the disease, Ugandan and World Health Organization officials train laboratory technicians from remote districts to help prevent AIDS (called "slim" by most Ugandans for the victims' symptomatic weight loss). Collecting data for a regional AIDS survey, workers with the Institute of Public Health at Makerere University interview Ugandans about their sexual habits and take blood for tests (left and bottom). The blood is sent to the Uganda Virus Research Institute in Entebbe (below) for analysis. They also distribute educational leaflets and counsel Ugandans to "Love Carefully." AIDS has been reported in every district of Uganda, although Kampala and areas west of Lake Victoria are hardest hit.*





soon ousted President Sir Edward Mutesa, the hereditary Baganda king, and made himself president. Obote's corrupt regime was overthrown in 1971 by another northerner, Idi Amin, who embarked on an orgy of bloodshed in which an estimated 300,000 Ugandans were shot, tortured, and battered to death.

In 1979 Amin was driven out by the army of neighboring Tanzania and the Uganda National Liberation Army (UNLA), and Obote returned. But the UNLA did not liberate Ugandans from savagery. Things got worse.

In 1981 the UNLA sought revenge on Amin's Kakwa people and other groups living in Nile Province. Obote's soldiers laid waste the land, slaughtered untold thousands of people, and drove almost 450,000 more into Sudan and Zaire as refugees.

In 1982 the UNLA was drawn into the Baganda heartland in force by southerners fighting to overthrow Obote's regime. In what must rank with the worst atrocities in human history, men of the UNLA ravaged the countryside and slaughtered between 200,000 and 500,000 people before they were defeated by the National Resistance Army (NRA), whose leader, Yoweri Museveni, is now president.

The scene of this carnage was the Luwero triangle, a wedge of rich farmland that points at Kampala, a few miles to the south. It is hard to imagine that the massacres went on there, a 30-minute drive from the foreign diplomatic missions, for more than two years before the outside world knew about them or would believe they were occurring. But the evidence is there for all to see, as I discovered when I visited the town of Nakaseke.

**J**OSEPH KARIANGO, an old Baganda farmer, crouched to stare at something in his field that was not visible from where I stood. I went nearer. Lying in the dirt was a small pile of bones. Joseph looked up at me.

"It is my wife," he said.

Joseph pointed to a pair of rusty shock absorbers lying next to the skeleton. "The soldiers killed her. The men of Obote beat her with those things."

Joseph motioned me to follow him to the edge of the field. He pushed aside some of the tall elephant grass with his hoe. There was another skeleton.

"This is my daughter. They shot her when she tried to run. And my son was killed when the soldiers caught him in my shop. I myself

# UGANDA

**T**HE VERDANT HILLS around Lake Victoria were "darkest Africa" to Europeans in 1862, when British explorer John Speke came seeking the source of the Nile. Here lived linguistically and culturally distinct peoples, often at war with one another. These were gathered into uneasy alliance by the British in 1894 as the Uganda Protectorate.

When independence came in October 1962, Uganda was filled with promise—raising cotton, coffee, tea, and sugar for export—and an optimistic, if culturally

divided, populace. Euphoria was short-lived as tribal hatreds were rekindled in the give-and-take of national politics. By 1966 Prime Minister Milton Obote of the Langi had driven into exile President Edward Mutesa of the Baganda.

Gen. Idi Amin, of the Kakwa, seized power in a 1971 military coup and unleashed his thugs on all who opposed him. By 1979, when invading Tanzanians and Ugandans forced him into exile, Amin had slaughtered some 300,000.

Obote regained power in 1980 and sought to exterminate guerrillas led by Yoweri Museveni. The Luwero triangle became an unimaginable killing ground as the army slaughtered hundreds of thousands.

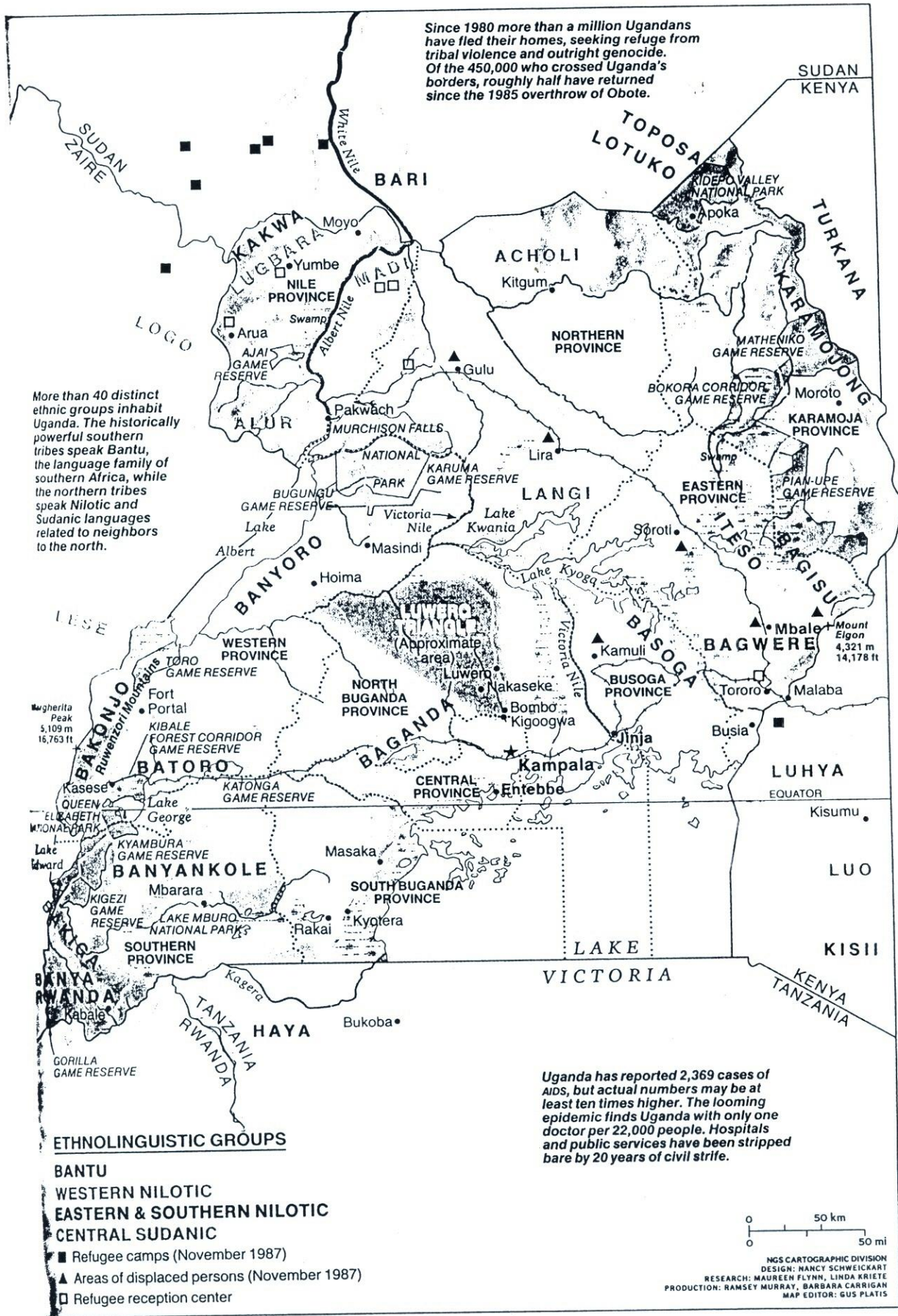
Obote was overthrown in July 1985, and six months later Museveni's forces took control. Although President Museveni seeks tribal reconciliation, his once disciplined army now appears out of control in the fight against rebels in the north. The area has been closed at times to foreigners, including the International Committee of the Red Cross, and reports in the capital indicate widespread atrocities.



**AREA:** 236,036 sq km (91,134 sq mi). **POPULATION:** 15,500,000. **CAPITAL:** Kampala, pop. 500,000. **RELIGION:** Christian, traditional, Muslim. **LANGUAGE:** English, Bantu, Nilotic. **LITERACY:** 52%. **LIFE EXPECTANCY:** 50 years. **ECONOMY:** Food processing, mining, textiles. Export crops: coffee, cotton, tea.

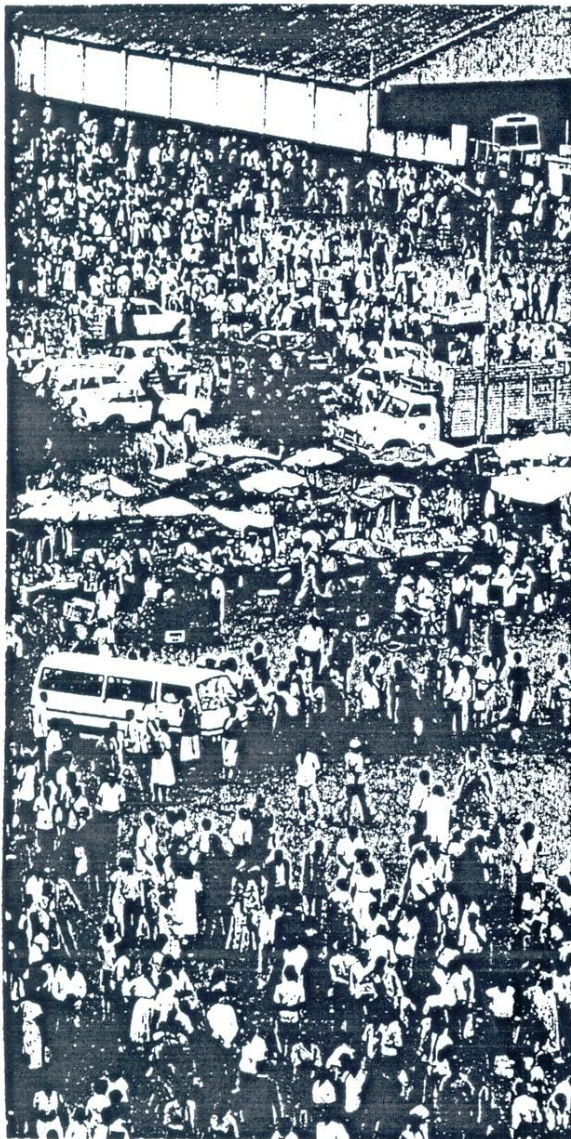






NGS CARTOGRAPHIC DIVISION  
 DESIGN: NANCY SCHWEICKART  
 RESEARCH: MAUREEN FLYNN, LINDA KRIETE  
 PRODUCTION: RAMSEY MURRAY, BARBARA CARRIGAN  
 MAP EDITOR: GUS PLATIS





*COMMUTER'S NIGHTMARE* occurs daily in central Kampala (above), when rush hour brings a mad scramble for seats on one of the city's matatus, or privately owned small buses. Many commute to work from countryside farms; crops supplement typically meager salaries. Large city buses, upper right, aren't the only things in disrepair after nearly 20 years of civil war. Electric power is unpredictable, visitors are advised to drink only boiled water, and once paved boulevards, now filled with potholes, present an obstacle course for the well-dressed pedestrian.

*Uganda—Land Beyond Sorrow*

In Luwero, the story is everywhere the same. This is beautiful country: swamps of papyrus and reeds nestle between gently rolling hills of dark brown earth and luxuriant green foliage. Anywhere else in Africa such fertile land would be crowded with people. Luwero's eerie emptiness is evidence of the multitude of the dead.

Small stands, originally built to display tomatoes, bananas, and other produce, exhibited human skulls gathered from the killing fields. At Kigoogwa, only 18 miles from Kampala, I stopped to photograph one of the racks of skulls and bones.

"Yes, yes, yes," said a man who introduced himself as Katende Sserunjogi, a local official. "You make your photos. You take your photos back to America and show your people what that man Obote did. There are no soldiers there," he said, pointing to the rows of skulls. "No soldiers, just people."

**R**EMNANTS OF THE UNLA fight on in the north, and the ongoing guerrilla war eats up as much as 40 percent of the country's budget and diverts energy and manpower from the pressing needs of reconstruction. President Yoweri Museveni's government, which took power in January 1986 after driving the UNLA out of the south, is determined to pursue a military solution. "We have to kill them all," one high-ranking official told me.

Ugandan and international groups allege that Museveni's government is torturing prisoners, that thousands of political opponents and suspected rebels are being held indefinitely without charge. The army is accused of destroying houses and crops, of raping and massacring civilians in the north and east.

It is difficult to know what the situation really is. Despite Museveni's personal promise to arrange a trip for me, I was unable to visit the north and east—only reporters from the government newspaper were allowed. Even the International Committee of the Red Cross had been barred, presumably because the regime does not want witnesses.

"These people in the north are defeated really, thoroughly," President Museveni assured me. But the war rages on. The NRA claims overwhelming victories; northerners recently arrived in Kampala speak of government defeats and NRA atrocities. Somewhere in between, perhaps, is the truth.





*HEART OF DARKNESS* for Ugandans is the Luwero triangle, a farming region just north of Kampala. Roadside vegetable stands bear the bones of families slaughtered when Milton Obote's mostly northern army declared war on humanity—especially members of the rival Baganda tribe living in Luwero. Raping and looting for their "salary," Obote's forces murdered perhaps 500,000 people in their search for anti-Obote activists from 1980 to 1985. Many victims were tortured, as depicted on a prison wall (left), then clubbed to death.

Joseph Kariango (above) narrowly escaped the soldiers who murdered his wife, son, and daughter. When he returned home recently, he found the bones of his wife in the bean field behind his house. Near her skeleton lie the rusty shock absorbers that soldiers used to beat her to death.

*National Geographic, April 1988*



**O**RPHANS, WIDOWS, WIDOWERS: The exact death toll is impossible to determine. Now AIDS adds its numbers of dead and dying. As one Ugandan put it: "It is as if we have been cursed for all the terrible things we have done to each other."

Though it is probably no harder hit than other countries in central and eastern Africa—Rwanda, Burundi, Tanzania, Zaire, and Zambia—Uganda's willingness to allow foreign journalists to cover the AIDS epidemic is unique. A National Committee for the Prevention of AIDS is in place, as is a program coordinated by the World Health Organization (WHO), to which donor nations have pledged 7.5 million dollars for education, medical equipment, and supplies. Public meetings are held to discuss AIDS, and a curriculum incorporating AIDS education is being prepared for the schools. Warning leaflets have been printed in ten languages. Slogans of the campaign are "Love Carefully" and "Zero Grazing," an agricultural metaphor.

"To not be open about AIDS is just ignorant," President Museveni told me. "This is an epidemic. You can only stop it by talking about it—loudly, so that everybody is aware and scared, and they stop the type of behavior that encourages the spread of this disease."

In Uganda, AIDS affects both sexes equally. The ratio of male to female AIDS patients is one to one. "There is every indication," a foreign doctor working in Uganda told me, "that AIDS is a heterosexual disease spread primarily through genital-to-genital contact."

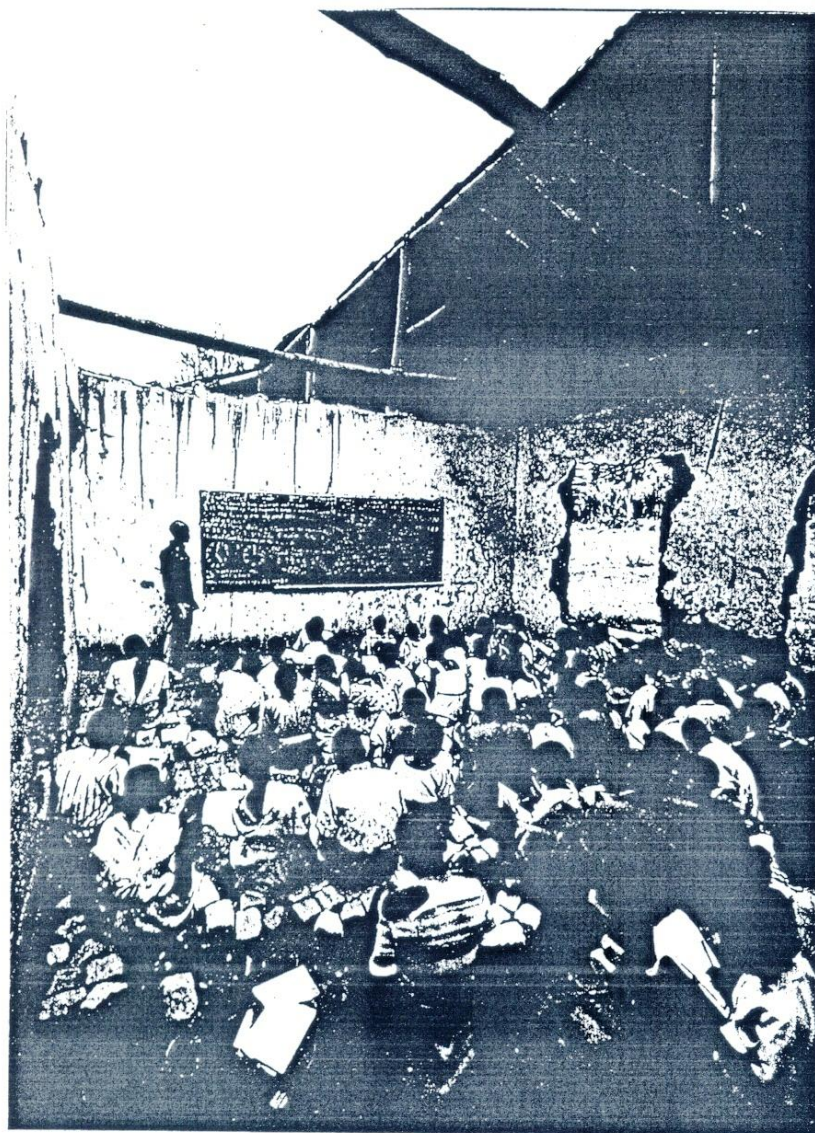
The second largest category, about 10 percent of reported AIDS cases, is the transmission of the disease from mother to infant. There are some cases of AIDS infection through blood transfusions and unsterilized needles, but Ugandans' access to health care has been so disrupted that these play a marginal role.

AIDS was first noted in Uganda in the early 1980s by people in small fishing and smuggling villages along Lake Victoria. Smuggling was a major economic activity, and these ramshackle mud-hut villages, where the odor of drying fish hangs in the air, throbbled with commerce. Boats traveled between Uganda, Tanzania, and Kenya, and lorries traveled along the roads between Uganda, Zaire, and Rwanda. Bars and hotels sprang up, local breweries went into production—and prostitutes by the hundreds descended on the lake, attracted by the free-spending, hard-drinking traders.

*EVERYTHING WAS DEAD OR GONE* when widows Gladys Narubuam and Abusaga Mukuma returned to the large home (right) near Nakaseke where they had lived with their family. The husband they had shared and their children were dead, the house looted and burned. "The soldiers took everything," says Gladys, left. "Even the photo of my husband. And it was so quiet—not even a bird sang when we first came. I had to cry when I first saw our home." The two elderly ladies built a small mud hut to live in (below), next to the house. "To start over as an old woman—it is too much," says Abusaga. "Maybe it is better to die."







According to this theory, the traders returned to their homes carrying the organism with them, as did truck drivers from as far away as Mombasa, on the Indian Ocean. These men infected their wives, lovers, or other prostitutes, who passed the organism on to other partners. The lines of AIDS concentration in central and eastern Africa follow very closely those of commerce.

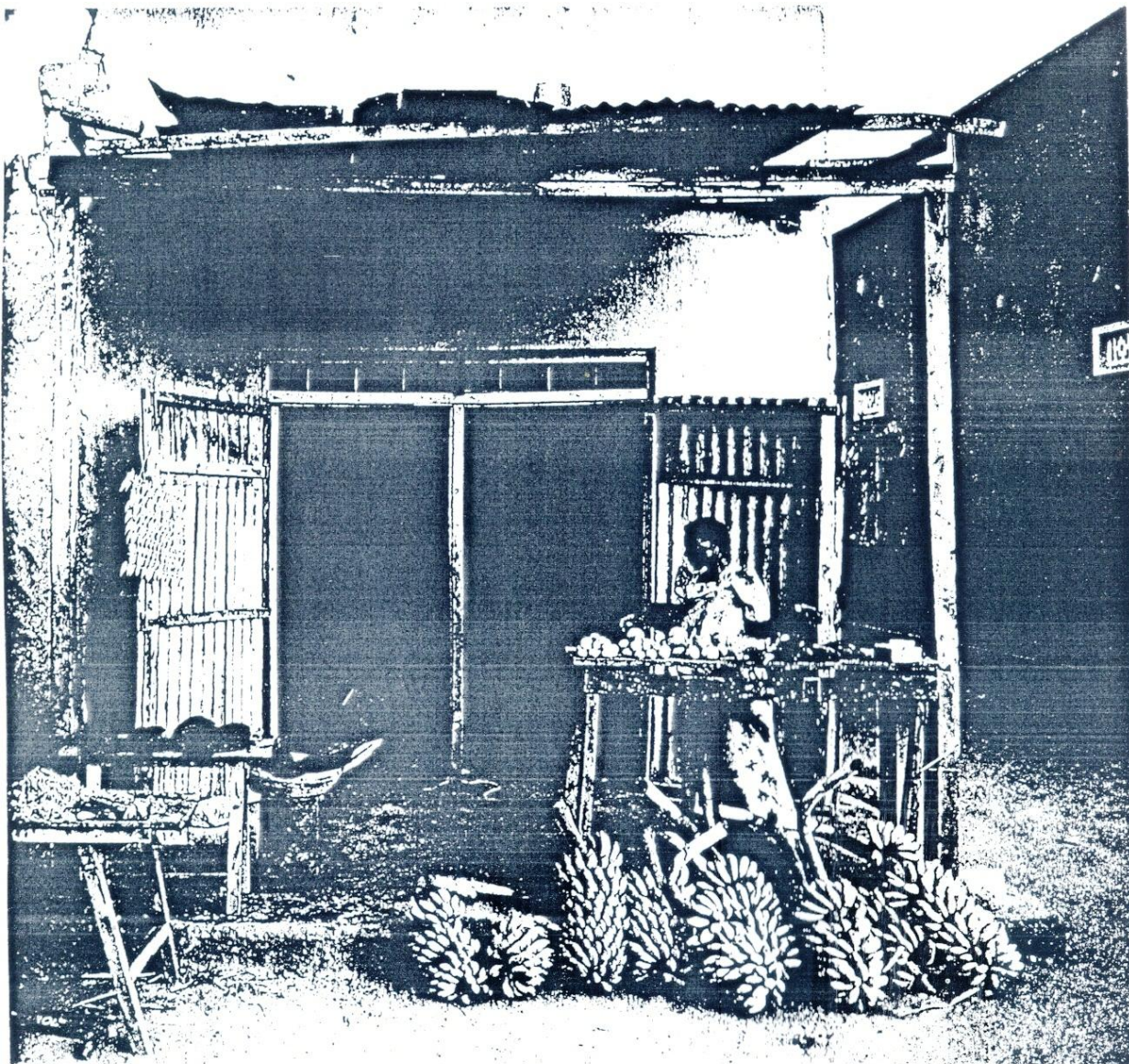
**B**UT AIDS is not limited to the high-risk group of prostitutes and truck drivers. It has been reported in every district in Uganda, and it strikes farmers and townspeople alike. One of the hardest hit areas lies west of Lake Victoria in the Rakai District, a poor, rather isolated area of gently rolling land where the first case in Uganda was diagnosed

in 1984. Most people eke out meager livings on small farms scattered across the countryside. Barefoot, they carry their *matoke* (cooking bananas) and beans to market in the district's main town, Kyotera, which was bustling in the smuggling days but is now rather somber.

"Really, it is not possible to know how many people have died from this slim around here," Badru Rashid, the local government official, told me. "In the last week ten people that I know of died. I myself have lost two brothers and a sister. And our town, it used to be so busy. But a lot of the traders died, and others left here because they were afraid. Can you see all the empty shops? So many orphans have come into town, but there is nothing for them, and they start to steal to get food."

As I wandered through the streets, I was





continually approached by young men. They see few foreigners in Kyotera and assumed that my visit must have something to do with AIDS. They seemed desperate for reassurance: "You must find some medicine for this. It is a real curse. We are all going to die—we are always burying people!"

Many people asked me about condoms, which are new to them, as is any information about AIDS. The question I was asked most frequently was, "Is it true that slim is gotten through sex?"

"When the local people first noticed this new disease," Badru Rashid explained to me, "they thought it was witchcraft. They believed that Tanzanians were cursing people who had cheated them. Even now, a lot of people still think it must be witchcraft because one

*SIGNS OF LIFE* are slow to reappear in Nakaseke, a once thriving Luwero triangle town where soldiers were stationed during the worst Obote years. Most of Nakaseke's citizens were murdered—many thrown alive from the roof of the local hotel—but shopkeeper Christine Bulungi and her children and mother were among those who escaped. Recently they returned to her ruined store (above right) and began trading bananas, fish, and staples trucked in from Kampala. In Uganda's inflated, barter-driven economy, a stalk of her bananas might cost the teacher in nearby Kigoogwa a year's salary—or provide a meal for orphans at his ravaged school (left). Thanks to fertile soil and plentiful rainfall, Uganda has never been threatened with mass starvation despite years of turmoil.



person in a house gets sick and dies, and then others. Like a curse on the family.”

**T**HE HEALTH OF PEOPLE in Rakai is generally poor—nutrition is inadequate, malaria is endemic, and so are a host of debilitating parasitic diseases. There is no hospital in the district, and the single clinic seldom has drugs. People’s immune systems are constantly under assault, making them susceptible to new infections.

Sexually transmitted diseases are widespread, and mostly go untreated. Many of the doctors with whom I spoke speculate that the

open lesions caused by untreated sexually transmitted diseases such as syphilis may increase the risk of transmitting AIDS. Even though people in Rakai have begun to learn that AIDS is spread through sexual contact, they are reluctant to change their behavior.

“You see,” Badru explained to me, “a man has a wife, and a woman has a husband. But they also have many, many good friends.”

Most of the people in Rakai spend all the daylight hours digging in their fields and doing the chores—fetching water and firewood, cooking—that enable them to survive. It is a hard existence with few rewards.





"We cannot live without sex," one man put it. "What else is there, where is the enjoyment? We might as well be dead."

These words were spoken during a conversation one evening in the bar of the Milano South View Inn, where I had a room. I was drinking beer with some of the men from town. A dim bare bulb cast a ghostly light on the bar. Girls leaned forlornly on the counter. Disco music blared from poor speakers, its tempo varying with the fluctuations of the power supply.

The manager of the bar had committed suicide because he thought he had AIDS. In

*TENDING AN OASIS* of agriculture near the Ruwenzori Mountains, workers at the Kahuna tea estate have reclaimed fields overgrown during years of war. Reopened by a British firm in partnership with Uganda, Kahuna is one of many foreign-owned plantations confiscated by Idi Amin in 1972.

Tea, coffee, and cotton all grow well in Uganda. Economists venture that unlike famine-stricken African countries, Uganda has the resources to rebuild its economy, given a few years of peace.





Uganda the infection is often marked by weight loss, chronic diarrhea, fever, and skin rash. Some other diseases, which are treatable, may have similar symptoms. But because so many people have been dying of AIDS, a tendency has developed to assume that anyone who gets sick has that disease.

"You see," Badru explained, "people get sick with something like tuberculosis—something that has the same symptoms as slim. They think they have that disease, and so they do not try to get treatment because they know slim cannot be cured. They just stay home and they die. But they did not have to die."

The conversation—about condoms, sexual practices, whether people should be told the results of their tests—was punctuated by long and deep silences. When one of the men remarked that last year there were many more bar girls, one of those present looked up from idly drawing rings on the wet countertop. "It is doomsday," she said.

**T**HE ENTIRE TIME that I was in Uganda, where the cars are in poor condition, the roads are abysmal, and people drive like demons, I was frightened by the prospect of getting into an automobile accident and needing a blood transfusion. In some parts of the country I was worried about the general lawlessness and large number of guns.

In Kyotera, despite my understanding of the ways AIDS is spread, I was afraid of mosquitoes in my room, of the sheets and blanket on the bed, and, most of all, of the unspeakable toilet at the end of the hall. But these fears, I had been assured, were unfounded.

Much more difficult to overcome were the periods of depression and the part of me that wanted to withdraw from the people I spent all day with. I was in Kyotera for two weeks, and every day I went to funerals or to the homes of people who were dead or dying of AIDS. The population of Rakai was scared and confused.

Though death is no stranger to Ugandans, they did not understand this disease that struck down people in their prime. But I have never met people who were kinder or more generous to one who was intruding on their most intimate and sorrowful moments.

The patients gave me some of the precious little time they had left. The families allowed me to sit with them at wakes, while they cried and wailed over the loss of a son or daughter raised with years of care and love. They let me

*THE ROAD BACK to a normal life crosses the border from Sudan, as Ugandans who fled for their lives during the Obote years return to their homes in Nile Province. The United Nations High Commissioner for Refugees operates frequent truck convoys and reception centers like the one at Yumbe (below), where returning refugees are given food, blankets, and farm tools to help them rebuild their lives.*

*Relief officials estimate that more than a million Ugandans were displaced between 1980 and 1985, as Obote's forces exacted revenge on Idi Amin's home territory within Nile Province before focusing their attention on the Luwero triangle.*

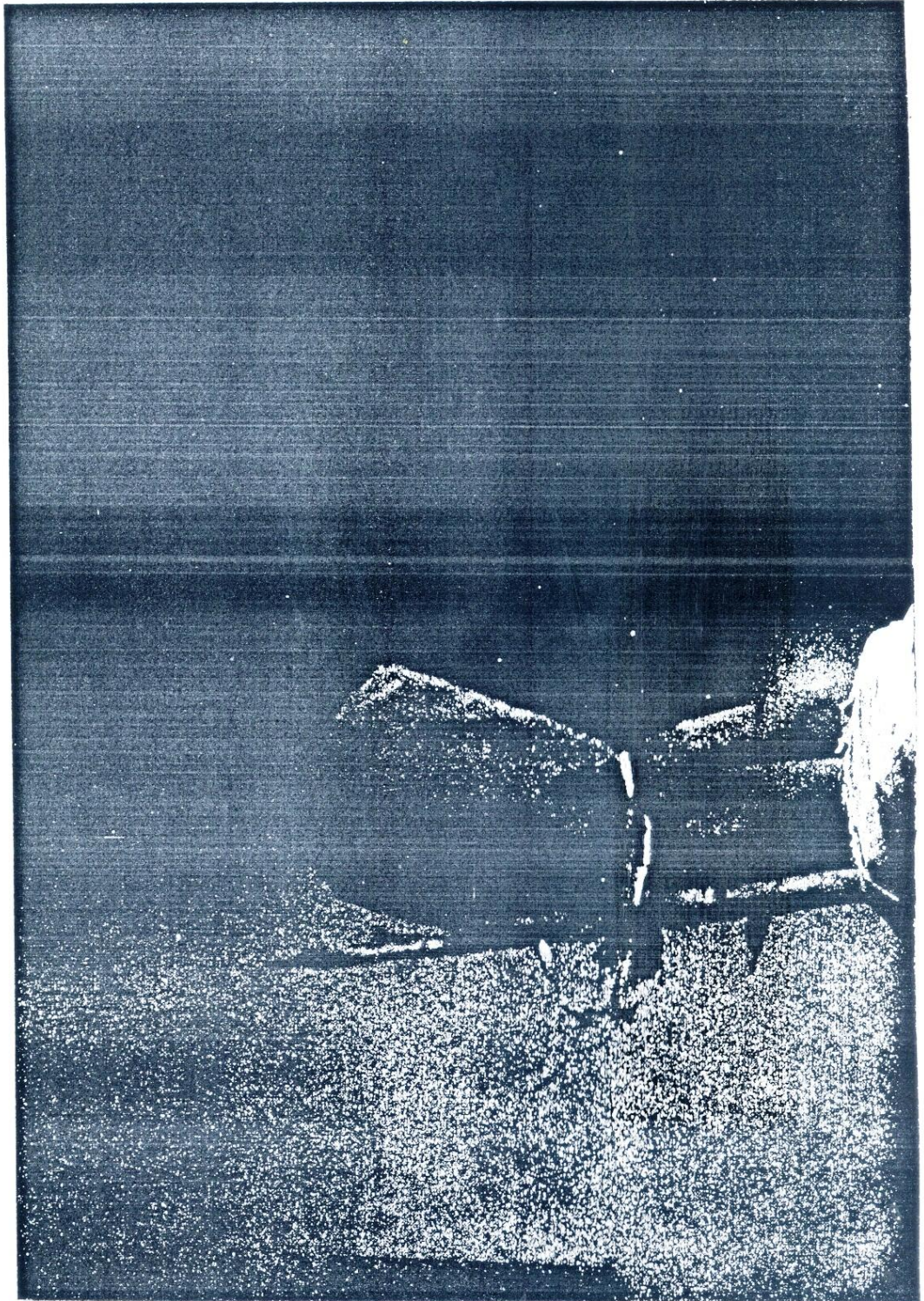




*DEATH ON WHEELS is a common sight in Nakaseke, where another body shrouded in bark cloth is moved to its final resting-place in the fields outside town. Ugandans struggle to find signs of hope in a land where visions of apocalypse have become commonplace.*

go with them when they carried the bodies, shrouded in bark cloth, to their graves.

I felt helpless. Famines or wars have solutions, however elusive. The situation in Rakai was hopeless. There was nothing to be done for the people who were dying of a disease for which there is no cure, and they knew it. I remember especially sitting on the floor with Jane, holding her hand, listening to her soft





fading voice, her eyes lit with a strange inner light, like a candle flame swollen by the wind in the moment before it goes out.

**I** MADE A SECOND TRIP to Kyotera, three months after I had first stayed there. All but one of the patients I had visited earlier were dead, and by the time of this writing he too had died. Jane had given birth to a baby

who lived for only a few days, and then she herself had died. Her mother took me out into the matoke field behind the house. There were two new graves: Jane's, and beside it the smaller one of her infant child.

"I have nothing to do," Jane's mother said. "This life is not good since my daughter died. Every time the memory of her comes to me, I have to cry." □





