FOIA Number: 2007-1550-F

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001. resume	Susan Winters (partial) (1 page)	nd	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21062

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2007-1550-F
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RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
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Clinton Presidential Records
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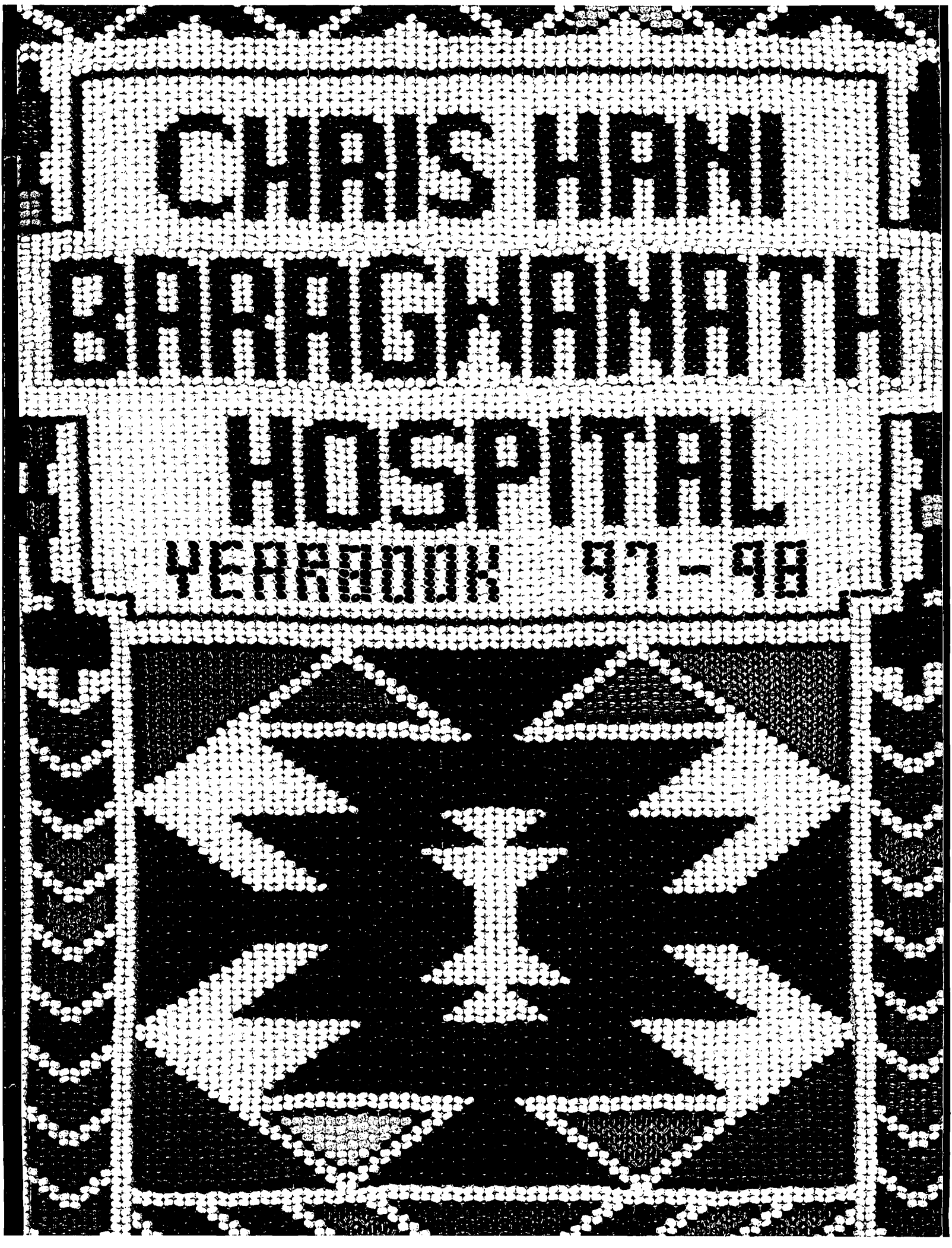
CHESTER
MEDICAL
HOSPITAL
YEARBOOK 97-98

PROJECT PROPOSAL

Rural Aids Awareness Programme

SUSAN WINTERS

Media International SA
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East London 5201 South Africa
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This proposal is for a magazine to be used for Aids education in the Eastern Cape Province.

This proposal contains:

1. Project background
2. The proposal
3. The proposed budget
4. Eight month projection of production
5. Resume
6. Mock-up of proposed publication
7. Published material

Photograph on cover page: A young man takes leave from the hospital walks to his mother's house in a village in the Umzimkulu District to tell her that he has Aids. He died 3 weeks later. By Susan Winters

RURAL AIDS AWARENESS
PROJECT PROPOSAL

1. Project Background

This proposal grows out of a needs assessment and research undertaken over a period of three years. From a number of observations and report sources, the indications appear to be that:

Aids is spreading at an alarming rate in both urban and rural areas.

The level of ignorance and superstition surrounding Aids in rural areas is very high and acts as a barrier to any effective Aids education program.

Aids awareness in rural areas varies from negligible to non-existent.

Aids appears to be the single most devastating threat to economic development and prosperity with dire consequences to both rural and urban areas, the rural being the more vulnerable.

Aids poses a serious threat to health and welfare resources. Severe strain on resources and staff psychological well-being already exists. Staff members prefer to treat patients where there is hope of recovery, not where death is certain.

All of the above factors call for drastic action. This action also needs to be innovative as people seem to have become immune to posters and billboards advertising Aids Awareness. It is within that context that a pilot project in a targeted area is proposed with a heavy accent on photojournalism coupled with peoples' curiosity and communication needs in rural areas.

Note that one of the greatest testimonies ever made to the power of photojournalism was the apartheid government's restriction on foreign photojournalists entering South Africa and the townships. Who can forget the photos of Peter Magubane and others who first captured the Soweto uprising in 1976 and the atrocities of the aparhteid system?

The objective here is to use the same power creatively in a way that attempts to address the Aids issue effectively with positive impact on targeted rural communities.

2.1 The Proposal

2.1 Objectives

Use the power of photojournalism combined with rural peoples' curiosity, communication needs and effective networks in an attempt to promote an effective Aids Awareness campaign.

Develop a pilot Aids Awareness campaign within a limited geographical area as a precursor to a larger provincial-wide campaign after the success rating has been established.

Create a new and innovative way to create Aids awareness through a visual medium that humanizes the issue and at the same time presents factual information. The stories in the magazine will answer the curiosity among many people about Aids and how it affects people, as well as provide facts about transmission, symptoms and care.

Overcome the secrecy and ignorance that surround Aids by presenting information about the disease in a form that creates ongoing interest, curiosity and sympathy, slowly breaking down the prejudice against people who have Aids.

Facilitate the creation of networks and support groups for those who are affected by the disease.

Provide links with the churches by organizing local religious events for i ndividuals who come forward with their situation.

Monitor the development of treatments being developed for Aids.

2.2 The Proposed Product and Medium

A 12 to 18 page tabloid size magazine printed in black and white on newsprint. The contents would include the ongoing stories of people who have HIV or Aids and their families, told in both photographs and written text. Each issue would contain an update of the individuals lives and how they cope with the disease. Each issue would also contain:

Current numbers of reported cases of HIV / Aids
Current number of reported deaths
Updates on progress made in treatment of HIV / Aids
Updates on actions the provincial government has taken to contain the disease
Schedule of Aids education programs for the month
Location and hours of Aids testing facilities
Information about support groups for affected families
A page dedicated to letters interviews and comments from local residents, creating a forum for dialogue

2.3 Target Areas

The proposed target areas are situated in the Transkei and Border. The locations proposed are:

The Umzimkulu District: Rietvlei and Mount Ayliff.

Villages around King Williamís Town: Hanover, Frankfort, Peelton, Kei Road and Tyutyu.

Estimated Population: 250 000

2.4 Methodology

2.4.1 Networks

Work would done in relation to community and health networks with links to business and local government.

2.4.2 Distribution

Key arteries and networks would be targeted for the magazine distribution. These would include:

Taxis and taxi ranks
Train stations
Cafes

Shabeens
Sports arenas
Clinics
Hospitals
Schools
Water points and farms

These distribution points would ensure that the publication can be collected by men, women, and youth of all races and economic circumstances as well as those who are at greater risk due to poor communication systems.

2.4.3 Implementation Management Plan

The implementation of the project would include:

Linking up and communicating the plan to key stakeholders. Here issues of monitoring, distribution and local management would be discussed, culminating in a workable project management plan over the targeted time frame.

Regular feedback sessions.

Research and production of the magazine handled and managed separately by an experienced and already identified photojournalist who has already done three years work in certain of the target areas and established an effective support network.

Other management issues of finance, monitoring, report and administration would be the NGO responsibility.

An initial evaluation with future projections would be carried out after a period of six months pending the outcome of the evaluation, the hope would be to expand the scope of the operation.

2.4.4 Production Plan

The production process and plan will include the following:

Ongoing research and follow up before and after each publication.

Production of stories of affected individuals together with text and selected photographs.

Final compilation and printing of each publication managed by a small staff through Mooneiya& Associates and Media International SA.

The production would be costed as:

Travel: Research and follow up of story subjects, meetings with relevant people, general feedback of publication outcomes, verifying information.

A need for a vehicle to handle the rural areas effectively, which will need to be hired or purchased.

Subsistence will need to be provided for together with a small allowance for relatives of affected patients who often have to help and travel themselves.

Use of computers and other equipment; cameras, computer facilities and professional services both in the preparation, research and production.

Materials that are to be used in the production process including film and related processing costs.

Printing costs related to both community information about the project and the actual publication.

Distribution costs and management thereof.

Use of historical research which forms the backbone of the project.

2.4.5 Evaluation

This is a critical area that establishes both the success and its future projections. The evaluation will be carried out by independent people according to an agreed set of criteria based on the project objectives. This will take place after a period of 6 months.

3. The Proposed Budget

3.1	Research Costs	
	Existing and historical research costs (this is critical to the project).	R 50 000
	Ongoing research for each publication R15 000 per month (all inclusive of Travel updates etc.)	R 120 000
3.2	Photographic Costs	
	Including film, insurance, equipment leases, Processing, professional services etc. @ R12 000 per month.	R 96 000
3.3	Production and Printing Costs	
	3.3.1 Production including editing, design Layout, management overheads,Equipment, communications, e-mail , fax @ R15 000 per month.	R 120 000
	3.3.2 Printing Costs	
	8 Publications x 20 000 copies x 12 pages	R 96 000
3.4	Promotional Costs	
	Including preparation and launch of the project, and printing of a launch flyer.	R 30 000
3.5	Evaluation Costs	R 40 000
3.6	Distribution costs	R 16 000
3.7	Management and Administration costs	R 80 000
	TOTAL	**R 598 000**

EIGHT MONTH PROJECTION OF AIDS EDUCATION MAGAZINE PRODUCTION

ACTIVITIES	MONTH 1	MONTH 2	MONTH 3	MONTH 4	MONTH 5	MONTH 6	MONTH 7	MONTH 8
Organize Staff:								
Define Roles:	**2 days**	**0**	**0**	**0**				
• Production co-ordinator • Photographer / writer • Editor • Designer • Bookkeeper								
Research:								
• Compile previously gathered materials	**3 days**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
• Make direct contact with regional aids organizations	**5 days**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
• Gather current statistics and information on regional HIV and Aids numbers and events	**4 days**	**4 days**	**4 days**	**4 days**	**4 days**	**4 days**	**4 days**	**4 days**
• HIV field update visits	**10 days**	**10 days**	**10 days**	**10 days**	**10 days**	**10 days**	**10 days**	**10 days**
Production								
• Produce photographs: process and scan	**3 days**	**3 days**	**3 days**	**3 days**	**3 days**	**3 days**	**3 days**	**3 days**
• Produce text	**3 days**	**3 days**	**3 days**	**3 days**	**3 days**	**3 days**	**3 days**	**3 days**
• Create basic design for magazine	**3 days**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
• Design /lay – out of magazine	**2 days**	**3 days**	**3 days**	**3 days**	**3 days**	**3 days**	**3 days**	**3 days**
• Printing	**5days**	**5days**	**5days**	**5days**	**5days**	**5days**	**5days**	**5days**

ACTIVITIES	MONTH 1	MONTH 2	MONTH 3	MONTH 4	MONTH 5	MONTH 6	MONTH 7	MONTH 8
• Distribution	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days
Launch	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days
• Prepare launch:								
• Television								
• Radio								
• Newspapers								
• Ceremony								
• Distribution	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days
Evaluation			1 day		3 days			3 days
• Staff roles								
• Production efficiency								
• Distribution effectiveness								
• Impact on community								
• Reports to funder (s)								

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RESUME

[001]

SUSAN WINTERS
Media International SA
22 Lock Street Goal , Fleet Street
East London 5201 South Africa
Phone: 0431-438-422 Cell: 083-702-6402 E-Mail: winters@iafrica.com

BORN (b)(6)

EDUCATION

Newcomb College, New Orleans LA: USA	**1966-68**
Cleveland Institute of Art, Cleveland OH: USA	**1968-70**
Glassboro State College, Glassboro NJ: USA	**1972-75**

FAMILY

Carter Morse, 26, Son
Attorney at Law, Sally & Fitch, Boston MA, USA

EMPLOYMENT

Philadelphia Daily News: Philadelphia PA, USA Coverage of daily news events, photographic documentation of long term stories.	**1981-96**
Freelance Photojournalism: Glassboro NJ USA Associated Press, Philadelphia Bulletin, Atlantic City Press, Philadelphia Daily News	**1979-81**
Today's Sunbeam: Salem NJ USA Photographer, Photo Editor	**1978-79**
Gloucester County Times: Woodbury NJ USA Staff photographer, part time	**1977-78**

MAJOR AWARDS

National Headliners: Sports Photography	**1982**
New Jersey Photographer of the Year: Portfolio	**1986**
National Press Photographers Association: Award of Excellence: Portfolio	**1987**
Robert F. Kennedy Award: International Photojournalism	**1994**

MAJOR STORIES

Maryann: A 10 year old girl receives a kidney from her father: Philadelphia Daily News: 18 pages.	**1981**
Growing Old in Philadelphia: Individual stories of coping with age: Philadelphia Daily News: 3 stories	**1986**
Visions of Hope: South Africa experiences great changes: Philadelphia Daily News: 12 pages	**1990**
Pinhole Perspective: Children in a South African township document their world with pinhole box cameras: Philadelphia Inquirer Magazine: 4 pages	**1990**
Crisis in the Gulf: US forces respond to the crisis in the Persian Gulf: Philadelphia Daily News: 6 pages	**1990**
Women and Children Alone: Bev: A woman raising three children alone struggles to become a police officer: Philadelphia Daily News: 6 pages	**1991**
South Africa: Portrait of a Struggle: One man in South Africa struggles for survival against pervasive violence: Philadelphia Daily News: 12 pages	**1993**
The Good life: A South African woman uses creativity to improve health conditions in rural communities: Philadelphia Inquirer Mahgazine: 8 pages	**1995**

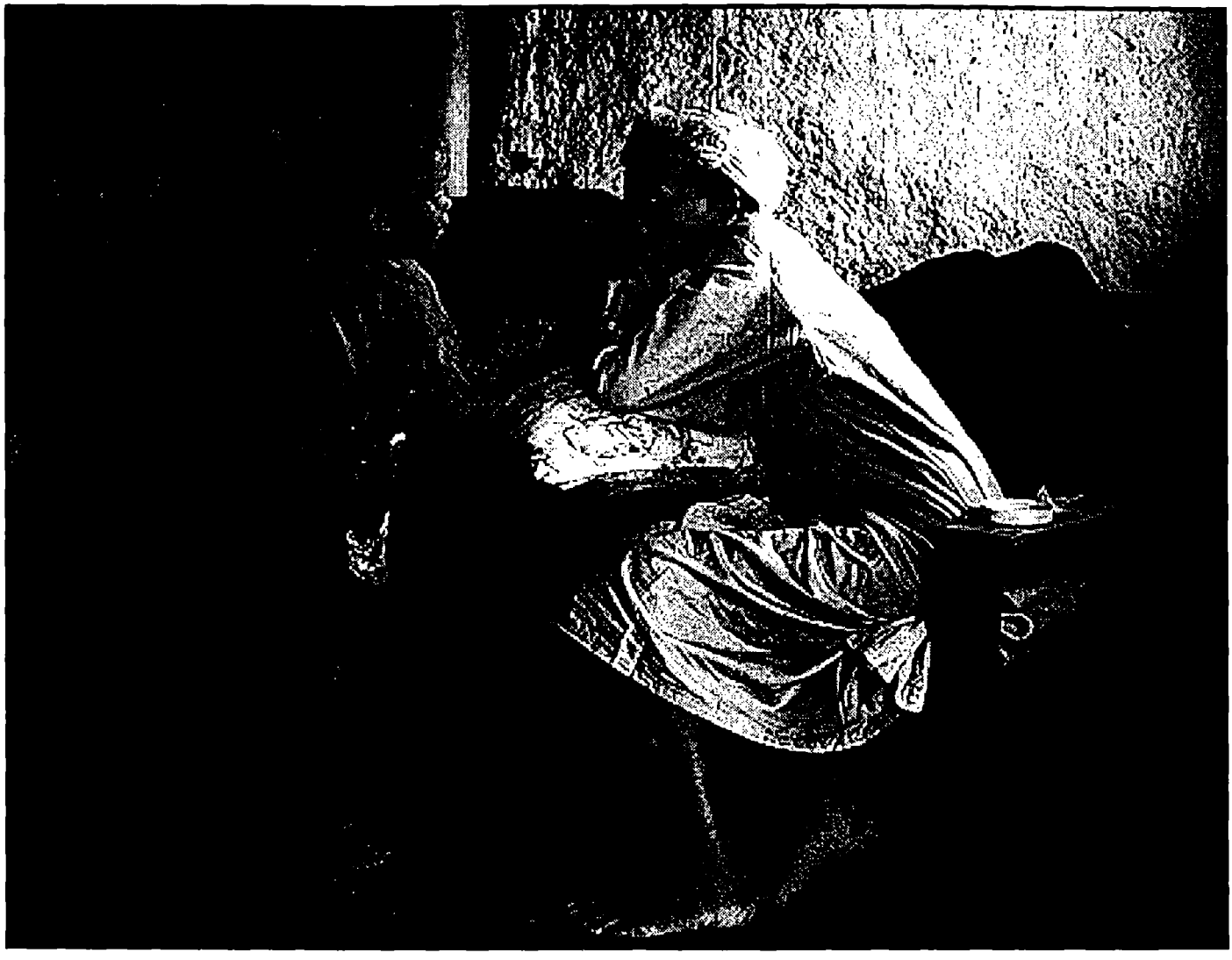
The following is a rough draft of the proposed magazine.

The name of the publication, use of multiple languages, lay-out and specific content of the magazine will be decided at the beginning of the project.

Photographs in the draft are computer generated. Professionally printed photographs will be higher quality.

South Africa Report

An Update on AIDS in the Eastern Cape Province



Nokwanda has a few moments with her son during a brief visit to the home of her husband to tell him she has AIDS. Below, Vusi remembers his mother, Mavis.

Nokwanda Goes Home

In this issue:

EVENTS

THIS MONTH

• Nokwanda visited her hus band's home to tell the family about her illness.
• Lizzie and Vusi still miss Mavis. Vusi is doing well in school.
• Menziwa went home to tell his mother about his illness. He died before he could return to his job on the farm.

WORLD AIDS DAY

There will be a World AIDS Day Event in King William's Town on November 29 at the public square in the center of town. Events begin at 8:00 am with a 5km run. Miss Eastern Cape will present the winners with the prizes.Youth will display floats and create a large banner to be hung over the main road in King. People who have been affected by HIV or AIDS will speak to the public about their experience in City Hall at 2:00 pm. Traffic police will assist with parking.

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TESTING AVAILABLE

AIDS testing will be made available at Bisho Hospital every morning Monday- Saturday from 0700hrs until noon and Wednesday evenings from 1700hrs until 2000hrs. Results are confidential. Room 20B.

AIDS EDUCATION PROGRAMMES

AIDS Education programmes will be held in the high schools in Mdanstane during the month of November. Social workers and nurses will instruct the youth about how AIDS is contracted and how to avoid getting it.

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EDUCATION

A doctor in Umzimkulu District shows farmworkers how a condom works.

YOU GET AIDS:

1. By having sexual relations with a person who has AIDS or HIV.
2. By having direct contact with the blood of a person who has HIV or AIDS: sharing needles or circumcision instruments.
3. By getting a tainted blood transfusion.

YOU DON'T GET AIDS:

1. By touching, hugging, kissing, or shaking hands with a person who has HIV or AIDS.
2. By sharing a toilet with a person with HIV or AIDS
3. By eating from the same plates or glasses as a person who has HIV or AIDS.

YOU PREVENT AIDS:

1. By using a condom with anyone who has been with another person in the last 6 months.
2. By being tested regularly and using a condom if you have been with another person in the last 6 months.
3. By avoiding needles or knives used by others.

MENZIWA AND VIRGINIA

Menziwa walks to his home on the outskirts of the village where he has been in hospital with AIDS.

February, 1997

Virginia has had bad days before. A widow with 7 children to support with various jobs, she has been on intimate terms with hardship. Finally her eldest son, Menziwe went to work on a poultry farm nearby and was sending money home to the family. His younger brothers and sister would be able to remain in school. Virginia has a job caring for a neighbor's child.

She senses trouble when she is summoned from her employer's house and sees strangers in front of her home. Wearing a bright yellow housecoat, she sweats up the hill, but when she sees that Menziwe has come from the hospital she relaxes and sits next to him on the straight wooden bench in the shade in front of the sky blue house that faces the village and the hospital.

After catching her breath she asks,

"How are you?"

" I'm sick, "her son answers. He is slumped forward with elbows on his thighs, his head hangs low. Curious teen-age brothers lean up against the wall on the other side of the door. Menziwa's grandmother sits on a mat in front of him and his young sister sits on her heels against the wall near her mother in the shade.

"What did the doctors say?"

"I have AIDS."

Silence.

"Can they help you?"

"They can't do anything."

Virginia looks away. Her eyes fill, they search for help.Virginia knows what AIDS means but she still has to ask, one more time,

"Is there a cure?"

Her son shakes his head, "No."

The grandmother does not understand what this means but she can tell from the other children that the situation is grave. Virginia looks away again, tears roll down her face. She talks some more about the disease and what it means, what should she expect? She listens to answers she doesn't want to hear.

Then she returns to work.

She walks down the hillside again through the faint path in the hip-high silver green grass. She weeps during the dignified stride, walking the same path she used earlier, before her life unexpectedly tossed more sorrow for her to navigate.

As she walks she says, "When the children become grown I wish one could swallow them so they become babies in the womb to give birth again."

Right: Virginia weeps when Menziwa tells her he has AIDS. Below: Virginia listens to Menziwa's answers about his illness, Menziwa's brother helps him go to the farm to pick up his last paycheck.

Menziwe wanted to be a teacher. The pay was good and he loved children. But his father died when he was young and as the eldest son, the 12 -year-old had to leave school to tend to the cows. He was serious and devoted to his family.

But life on the farms is different. The workers live in hostels. Women come and go. Menziwe says the woman who gave him this disease is the only one he has been with, and she ran away when she heard that he is sick.

He ignored the symptoms until there was an AIDS education program on the farm. It was the weight loss that compelled him to consider that he might have the disease.

Menziwa believes that many workers on the farm might also have HIV. He's concerned about spreading it to others. He's worried about what will happen to his mother when he is no longer there to send his pay.

Virginia's heart and mind collide like her hopes and sorrow a thousand times a day. She grieves for the dreams she had dreamed for her children -- the ones that never worked out for her-- the dreams that will not come true for Menziwe either.

This community can be a town without pity when it comes to something like AIDS. But Virginia doesn't spend much time deciding whether to keep Menziwa's illness a secret. She says, You can't hide from these things -- and keeping it a secret won't make it go away.

Menziwe spends the last few days of his life taking care of details.

Physically supported by his brother, he staggers to the farm to pick up his last pay. He plans to return to work but 10 days after his release from the hospital he returns there and dies.

Menziwa died on March 8, 1997.

MISSING MAVIS

A few weeks before her death, Mavis refused to give into the AIDS. She continued to walk to see friends in the village every day.

Lizzie and Vusi two years after Mavis dies; "We miss her every day."

Two years later, mavis's son Vusi and her mother Lizzie are still together. Despite the continued financial strain caused by the lack of pension, Lizzie has kept Vusie in school and he does well there now. In addition to improving his marks, Vusi also runs in school events and sometimes wins the races.

But the memory of Mavis is never far away. Lizzie prays for Mavis. She still weeps.

She tends her daughter's grave that is next to the graves of two infants she lost years ago. A rusted automobile wheel marks Mavis's grave, Lizzie cannot afford a headstone.

Vusi does not like to visit the cemetery. He prefers to remember his mother as she was when she was still healthy. He protects a photograph of the tall, strong mother he once knew. He knows how and why his mother died.

Vusi is not ashamed. He understands.

Right: Lizzie weeps as she prays at the community cemetery. Mavis's grave is next to the graves of two infants Lizzie lost many years ago.

Below: Vusi and Lizzie vist Vusi's father's grave which is near Mavis's grave. The father had been working in the mines in Johannesburg. When he returned to the family four years earlier, he was very sick and died a week later at hospital. Mavis never accepted that her husband most likely died of AIDS.

NOKWANDA GOES HOME

Nokwanda's terror of telling her husband and his family about her illness keeps her depressed.

UMZIMKULU

March 1997

Nokwanda spends most of her time crumpled beneath the blankets in the hospital TB ward. The coral pink curtains are tied in knots to allow any willing breeze to pour through the huge open windows. There's always plenty of activity here among the women who are in various degree of disintegration. Some will heal and go home to their families, others will be asked to visit the nurse's consultation room where they will be told they have HIV.

At 27 the once beautiful Nokwanda's hair has thinned, her skin is pale and loose on the bones of her tiny girl's frame that has produced four children. Two of the children, her sons, are still healthy; ages eight and five. The older child lives with relaives in johannesburg, the younger has remained with her. Her first born, a daughter, died shortly after birth. Her youngest, a daughter, died nine months ago at the age of nine months. The baby had AIDS. Nokwanda did not know she or the baby had AIDS until after the baby died at home and Nokwanda returned to the hospital with TB, where she has remained for treatment. Her terror of explaining this to her husband and his family keeps her depressed.

The doctor gives Nokwanda permission to travel to Mt. Ayliff with a friend for one day to visit her husband to tell him. Lulu, a nurse, agrees to accompany Nokwanda to help with educating the family about AIDS.

A car can get only so close to the traditional family compound outside Mt. Ayliff. Nokwanda is anxious to see her son but she collapses at the top of the hill at the thought of the ordeal that faces her. Relatives see the activity in the distance and climb the steep eroded hill to find her there, weakened by TB and fear.

The concerned women gather around her in a protective ring. Lulu explains to the women that Nokwanda wants to see her husband and child.

One woman gathers Nokwanda into her arms. She slings her onto her back and carries the frail woman to their home.

Nokwanda was married at 15. Xolani, her husband, took her to this home, made an installment payment on the labolla to Nokwanda's mother, and then went to work at a factory in Jo'burg to earn the money to pay the remainder of the 5 cows debt.

Xolani's family was good to Nokwanda and she settled into their life on the mountainside. The women loved her treating her like one of their own. She helped with the household. She bore children. Now she must tell her adopted family that she has depended on for 12 years that she brings a disease associated with tragedy and death into their midst.

The women carry her to the house that she shared with her husband. He is there. Their greeting is shy, the mob of curious family watching. More women stream in, they sing and pray. They don't know what is wrong except that one of their own is in trouble. That's something that is immediately turned over to God.

Nokwanda collapses into a chair next to the window. Xolani brings her a pillow for comfort. She puts the pillow on the table next to her and lays her head, cradled in her arms, on it while she talks. Nokwanda requests some time alone with her husband. She asks the family auntie, a brassy benevolent woman, to remain in the room with them.

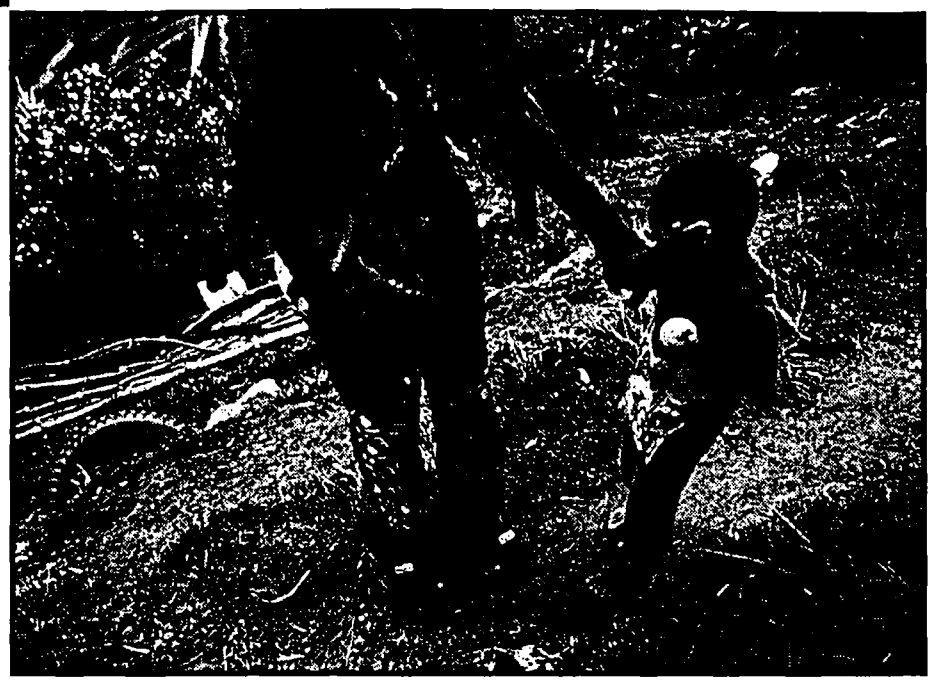
Softly Nokwanda tells them that she has AIDS. She is rehearsed, straightforward. She displays no emotion. She eats a small peach while she tells them.

The silence is like something has sucked all the air out of the room. Lulu gives them some time to think, then she begins to counsel. Xolani says he knows he must come to the hospital to be tested. Lulu steers them away from any discussion about where this disease may have started.

Siyabonga, Nokwanda's five-year-old son arrives with a cousin who has fetched him from school. He stands tentatively in the doorway when he sees his mother. Nokwanda reaches out to him, he goes to her, hovers near her, searches her face. Someone gives him an apple, he eats it while she questions him about his life. She doesn't want him to know what is wrong with her.

Thunderclouds form outside the rondeval. Nokwanda must leave before the storm begins, her loved ones have little time to absorb their situation. Family members lead the child away from his mother, he wails at the thought of losing her again.

"I have crossed the highest mountain."



Xolani walks up the steep hillside with the army of women who take turns carrying Nokwanda on their backs. Auntie and Xolani pile into the back seat of the small car to accompany Nokwanda to the outskirts of Mt. Ayliff. When they arrive at the taxi rank, Auntie rushes over to the nearest fruitseller and buys bananas. She hands them to Nokwanda along with a few coins. Nokwanda begins the journey back to the hospital.

Nokwanda knows now. She knows that there is nothing to fear.

She smiles."I have crossed the highest mountain."

Nokwanda will have to fight for her life, but she has not lost her family's love.

South Africa Report

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** All stories in this publication are true*
**All photographs have been produced with the full permission of the subjects involved.*
** The names of some have been changed at the subject's request for the protection of privacy.*

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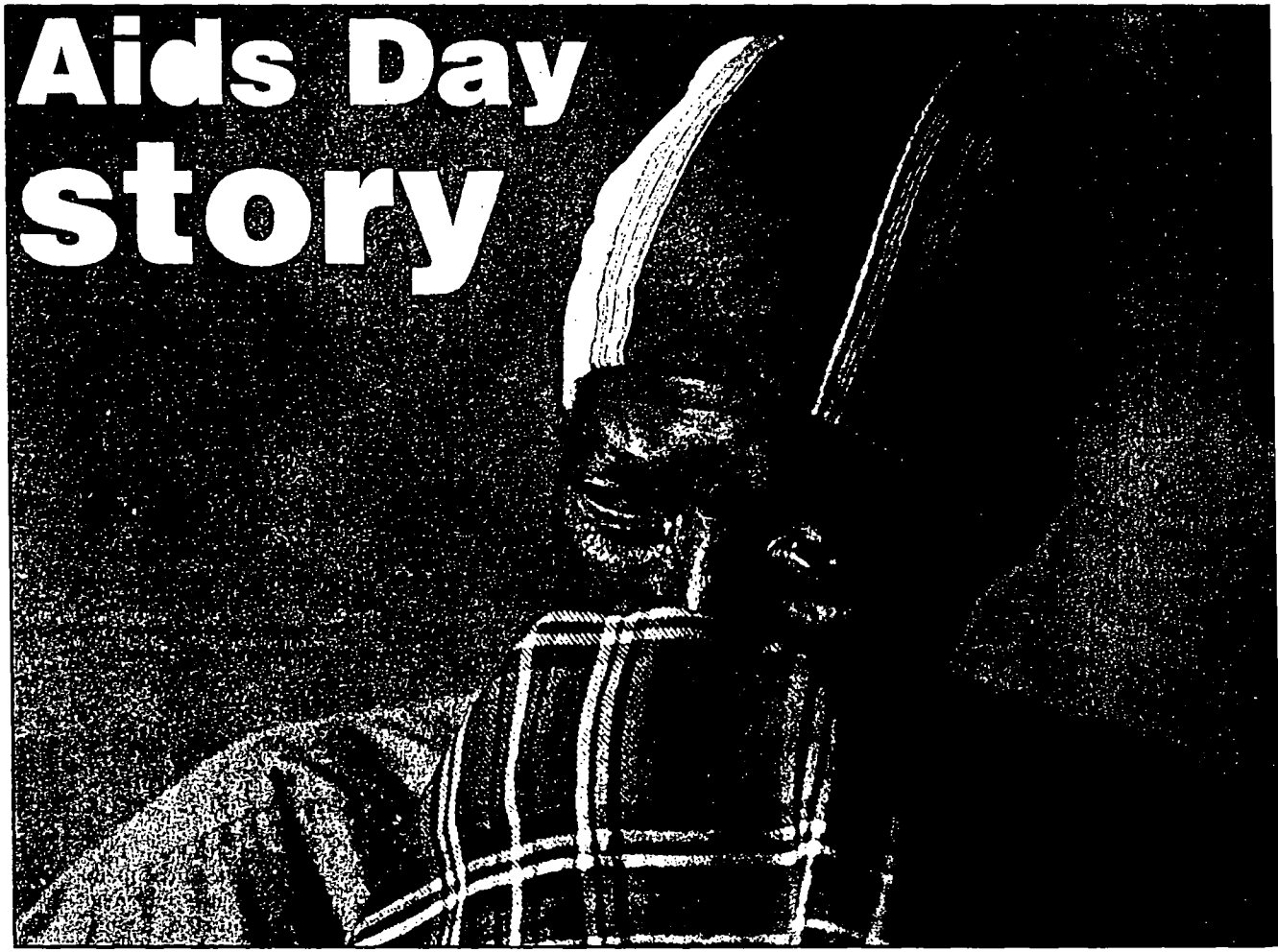
The editors of the Daily Dispatch in East London have expressed an interest in publishing a story from the proposed magazine on a monthly basis in the features section of the newspaper. The circulation of the paper is 40,000.

The following is one such story the Dispatch published for World Aids Day.

International Koleka's Aids Day story

KOLEKA COOKS: Koleka prepares some vegetables on a table in her one-room home. The widowed mother of five takes care of the four children who still live with her.



KOLEKA CRIES: Koleka is hurt by the harassment she has had to endure because she is HIV positive. Local pe not fully informed about Aids are afraid that Koleka will spread the disease in the community.

December 1 is International Aids Day and tomorrow Youth in Action Against Aids is holding an event to raise awareness of the killer disease at King William's Town's Victoria Square.

SUSAN WINTER, a journalist who has been involved with many stories about HIV and Aids cases, got to know one of the women who will be speaking at the event.

White r

THE medical form assesses Koleka's situation. Prognosis: poor.

There is no way to stop the virus that grows in her body. The social worker has explained this to Koleka, she understands.

Koleka knows that she must not give the virus to another and she knows how to prevent doing that. The nurses have told her, she understands.

But in addition to the struggle to stay on her feet, the 49-year-old widowed mother of five lives hand-to-mouth day after day. Child maintenance was cut off in March. No pension. No home of her own. No shoes.

Koleka had a home near Dimbaza but she allowed her HIV positive status to become public. She hoped that by sharing her experience she could help others as well as herself, but ignorance and fear of Aids prevailed and she was harassed.

So she moved. But word circulated through the new location and she has experienced more harassment.

Koleka still lives with fear. Traumatised by shouts and threats against her and her children, she keeps vigil at the door of the mud single-room location dwelling in Tyu Tyu, near Bisho. She lives there thanks to the benevolence of the man who owns the land. The community leaders accommodate her as best they can, granting a plot of land to build her own home, but she cannot afford the materials.

Every day Koleka knows fear. Fears created by poverty, fears of ignorance. Depending on the kindness of others, she and the four children who still live with her accept any food that is handed to them — sometimes the five of them make do for a day with a half-loaf of bread. Koleka sinks further into debt for some paraffin.

Insults. The words hurt. They are lies, Koleka says.

She bursts into tears at the implications of the words. The words assault her like the war of the blood cells in her body. The words say that she earned the virus and that she shares it with others. Her tears become a flood of outrage at such lies.

NEVER, she says.

Her children hear the words and move away from her. They are taunted by others because they wear the clothes of a social worker and the words say their mother carries a disease that will kill the others in the community. This is the greatest hurt of all, watching the children move away.

Koleka rounds up her children. No, the family must not break apart.

Family loyalty prevails when one daughter is arrested while attempting to steal a tin of meat from a store — she says they were hungry. She will go to court and tell this to a judge, her mother will go with her. Thin and shoeless, Koleka says she will walk to Zwelitsha and stand for her daughter who has stolen because they were hungry.

Diagnosis: poor.

They were always poor, but never like this. Koleka's husband who worked in the mines and brought home the pay died so suddenly — in 1980 he got off the train from Johannesburg at Blaney Station and collapsed and he died before she could know why.

Koleka's two youngest children, born in 1984 and 1986, are from the man she met after her husband's death. Although they separated a few years ago, she found out that he had TB and recently he died. She believes he had Aids.

There is no medicine for either the virus or the hurt.

The kindnesses of some — the civic association members who try to enforce peace, the neighbours who share — barely mitigate the words. Vigilance at the door must be maintained, or else the words will enter the home, unwanted, like the virus that has entered her body and changed her life forever.

There is not much energy for considering the long view.

Doctors, nurses, social workers, how do they help her? What do they do? What can they do? The medicines help the sores but what about the sickness?

Those questions disappear behind the struggle to eat.

Koleka was diagnosed HIV positive in 1993. She was tested at Bisho Hospital when she and two of her children had TB.

At first she wanted to kill herself by drinking poison. Her knowledge of HIV was limited, only what she had heard from some Aids awareness programmes and the words of others so she thought that she would die from the disease right away.

The social worker educated her about Aids and she has lived four years since the diagnosis.

So Koleka fights. She stays clean. She holds onto her family. She watches the door.

Koleka also uses words.

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t

Koleka speaks with the hope that someone will hear and help, and that others will learn and stop this disease before it decimates South Africa's youth. She speaks the lessons because those who live around her need to know.

Sometimes Koleka cries when she feels the price of being one of the brave ones to speak out brings more suffering than relief.

Koleka will speak at the World Aids Day event in King William's Town tomorrow. Her mind is still fine and she is still Koleka.

Koleka does not spread the disease when she speaks, or touches another, or when she uses the toilet, or shares a cup.

Listen carefully to Koleka. Her words will not give you Aids. They may prevent it.