

A CLOSER WALK

A film about AIDS in the world. A film about the way the world is.



February 10, 2000

LETTERS FROM THE WORLD OF AIDS

Loved ones,

It is 9:30 or so here in Johannesburg, and rain continues to fall on the city in torrents and sheets in a biblical kind of way that has everybody talking. It started the day I arrived— no, I am not making any connections— but all my friends here are blaming it on me and waiting for me to get out of here on Sunday.

I did get out of here yesterday as some of you know and went to Durban where I had dinner last night with Nils and Ron— an extremely positive and productive get-together that I will tell you about separately, Heidi and Eric, in an e-mail tomorrow.



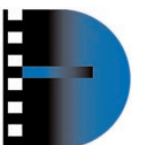
***Robert Bilheimer, director of
A Closer Walk***

But what I wanted to do tonight was recount what happened today when I met Diana at the Durban airport and we made our way to the South Coast Hospice in Port Shepstone, some 60 miles South of Durban, in the province of KwaZulu Natal. Natal has the highest HIV/AIDS infection rate in South Africa, and most likely in sub-Saharan Africa itself, and therefore the world. This day was— after three long years— my first on-the-ground encounter with the global AIDS epidemic, and for that reason it was for me an important day in and of itself.

But of course what actually happened today is what I want to tell you about.

(Brief background: The organization that invited me down— South Coast Hospice— is a multi-pronged HIV/AIDS care facility whose work includes palliative care for in extremis patients at a small, beautifully run on-site facility; a much more expansive home and community-based care program that interfaces with clinics and hospitals in the region; and other programs that include bereavement counseling and social work. As you know, the Hospice was first written up by Suzanne Daley of the *NY Times* two years ago in one of the paper's "Dead Zone" series. Partly as a result of that article, but also much more due to the vision and dedication of the workers there, SCH has grown to the point where it is emerging as a model for South Africa and other regions. Were financial resources not so limited— their impact regionally and even nationally could be even greater, of course, but that's another story.)

Letter 1
Johannesburg
South Africa
By
Robert
Bilheimer



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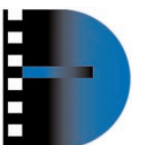
We arrived at ten, were met by the SCH staff, gave them a brief overview of the project, and then got in a 4-wheeler with three of their community care workers and set off for a remote rural area about one hour away. The guts of the SCH program is home and community-based care, since essentially there is nothing much to do in the absence of what they call “resources”— money drugs, staff, etc.— except ease and dignify the dying, comfort and counsel the bereaved, and move on to the next death. The workers we were with do this many, many times a week. They live with death.

KwaZulu Natal is beautiful country, rolling hills of lush green veldt flanked by the Indian Ocean on your left as you drive to the more remote rural areas south of Port Shepstone where we were headed. The family that had agreed to see us lives among these hills, and as we approached where they lived, the roads got smaller and smaller, from divided highways, to two-ways, to dirt, to ruts, to nothing. Then we walked ten minutes— we could see the ocean in the distance— to a compound of three round huts, some 20' in diameter, with thatched roofs. The family we were visiting had already lost three people to AIDS in the last year and a half, and the young man dying of AIDS that our workers were coming to see for the second time this week was 24, with a 23 year-old wife, and a ten-month old baby.

Following behind our workers I sensed something, but didn't know what— normal procedure, perhaps?— when their pace slowed appreciably as we approached the doorless entrance to the round hut. I followed behind as they entered, and there, sitting on the floor to the left of the doorway on individual bamboo mats, propped against the circular wall of the room, were some ten women, young and old, half perhaps with children, some beautifully dressed, the light from the door and a couple of other windows etching their faces, bodies, and clothes. At the end of this arc of stunning, utterly silent women and children was a figure turned away from them, completely shrouded in a blanket. Tapered at the head, this blanket-shroud was enormously powerful just to look at: a death-image, except that behind and around it appeared, from time to time, a ten-month old child, most beautiful, bright eyes cutting through the room like lasers, playing hide and seek within and around his hidden mother and her blanket.

Chairs were brought in for the visitors and placed against the wall opposite the women. When we took our seats and the workers began to sing— they seamlessly responded to this situation— I knew that we were at the first stage of a mourning. Indeed, the young man we were coming to see had died “between six and seven”

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the day before, between the last visit the Hospice had made, and ours. Even Quitellia, a big, fun South African Zulu woman prone to giggling, who has seen this kind of thing more times than she can remember, told me later “my heart was broken.”

Following the singing and the prayers, our Hospice friends told the mourners that we were there to help. The women smiled and nodded in the African way. I thanked them briefly as we left after another ten minutes or so.

Outside, it seemed there was nothing more to do, but as Joseph, the deceased’s older brother, offered to take us on a semblance of a short-cut back to the car, I stopped to ask him about the funeral, a week from this Saturday.

The upshot of this conversation is that we have been invited to attend the funeral as guests, and as filmmakers. This is highly unusual, and apparently a great honor. This honor goes not to us, of course, but to the Hospice workers and the trust they have built, and also to the openness and dignity of the family itself.

Zulu funerals are quite something. There will be a river of tears— there is much crying at these events, and it’s a deep cleansing crying, an exorcism of grief. When the coffin is covered, the bride will be escorted to the river— there is one some 300 yards below the compound— and there she will be washed by the women and her hair will be cut short and she will shed her shroud and put on new clothes and then return.

The washing is of course private. But we will see and film all else, including going to the river, and coming back.

Tragically, it is virtually certain that this young widow— her name is Octavia Dlezi is herself HIV positive and that her ten-month old baby is too. She is going to be tested in about two weeks time, and with the help of the SCH folks, we will continue to follow her story and that of her child, if she agrees.

On the way home we stopped at Murchison Hospital, a small, typical facility that serves the area in and around Port Shepstone. Like all such places, it is overcrowded, and the pre-natal and maternity wards are chock full. Prepare yourselves for what’s next. I spoke with the head nurse there and also a social worker from SCH who visits

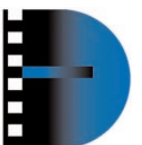


Octavia Dlezi

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these wards regularly. Both told me— indeed they showed me the log books so I could see for myself— that FIFTY PERCENT of the women who have come into the hospital for pre-natal care in the last eight months are HIV positive. Fifty percent. I have never heard of, nor seen published, infection rates this high. I asked if they new about drugs that prevent or reduce transmission from mother and child. They shook their heads and smiled. “It’s foreign music” they said.

Thus my first day of a closer walk. There will be many more and God willing we’ll share this with the world. In the meanwhile, it is good for me to share it with each of you.

Love,

Robert

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