

HIV/AIDS in South Africa

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South Africa hardly resembles the traditional images that come to mind when you think of Africa... the rolling savannahs and deserts, the tropical rain forest areas. In fact, the majority of the places I have visited thus far remind me more of home than of what I would envision when thinking of Africa. My site is nestled up against a mountain which looks very much like New Mexico. Many of the open areas resemble the deserts of California. And as you climb into the mountains, such as the Drakensberg Range, you see rock formations that resemble Arizona and mountain lakes that bring back memories of Colorado.

Yet, every once and a while, there will be a view or a moment that resembles some traditional notion of what we expected South Africa to be like, whether it is a stunning sunrise, or the breathtaking moment when a herd of elephants crosses the road on all sides of our car. And when with other volunteers, we pause to capture the moment and enjoy the simple reminder of how unique our experience is.

I joined Peace Corps in July of 2007, after finishing my undergraduate degree. Having traveled internationally a few times while growing up, I had gained a great respect for the opportunities and experiences associated with being an outsider in a new culture and a new setting. While in this position, one has a sense of openness and adventure. Even the most basic daily routines – whether the social exchanges that occur while walking down the street or the task of bathing in the morning – require relearning and adaptation. But more importantly, being an outsider provides a unique perspective of humanity and society. Our initial introduction to humanity is lost in the amnesia of infancy, but by changing societies and settings, we can recreate some of that outside perspective. Seeing the perseverance, ingenuity and strength of the human spirit suddenly becomes possible when we are in a new culture, because actions and decisions no longer slip under the radar as mundane or everyday; every exchange warrants greater attention and greater appreciation. Living abroad provides a greater appreciation for both the beauty and fragility of our world. One begins to see how much similarity exists among people, both in terms of the challenges we all share and in terms of our collective strength. But we also see how much diversity exists around the globe, such as cultural traditions and heritage, societal values, religions, languages and ways of life.

Before moving from college onto graduate school, I wanted to have an opportunity to live abroad, to try and achieve something beneficial for others, and to have a chance to grow as an individual. Peace Corps stood out to me as an ideal way to achieve this. My interest in Peace Corps was bolstered by input I received from two teachers who played important roles in my life, one during high school and one during college. Both were exceptional teachers and both had served in the Peace Corps. Hearing their stories and their reflections on their service provided me with the motivation and encouragement to apply and accept an invitation to serve for two years in South Africa. As I prepared for my

service, I tried to keep an open mind about what to expect and avoided setting specific expectations about my accomplishments.

Looking back on the aspiration statement I wrote a few weeks before departing for my service, I captured this sense of open-mindedness:

I think the most important strategy will simply be patience. In order to instigate any change, it is fundamentally important to build trust and connections with coworkers in the non-governmental organization (NGO). Trying to instantly achieve change will be futile and insulting to people who have been working in these organizations for years. As a foreigner from an affluent country, I will be faced with the challenges of breaking down stereotypes and forming open and honest connections with others in the community. Without this, any changes I suggest will most likely end up ignored or will last only until my departure. In addition, even with the trust of coworkers within the organizations, it is important to seek change by providing guidance and making suggestions (i.e., let those closest to the organization instigate change, while I only try to help guide and shape the changes). This helps to empower people and will lead to longer lasting changes.

Having worked at a non-profit and having run my own business for several years, I bring knowledge of business strategies and tools, which may apply to the NGO that I am working with. But more importantly, I think that I will simply contribute a fresh perspective. So easily, such organizations can get bogged down in certain details or overextended by too many different programs. In addition, local business strategies may prove ineffective or insufficient for the organization's goals. In all these situations, simply having a different perspective to draw attention to certain assumptions or overlooked choices can prove immensely helpful. On top of this, I feel that my time will be most beneficially spent by helping fill the needs of the organization. As much as I may see different ways of doing things, it will be important for me to help the organization achieve and carry out its existing obligations and programs. This will both help the organization itself, and will also help foster a mutual trust and understanding. Overall, I have tried to keep my aspirations realistic in terms of understanding that change may be slow or difficult to achieve. In this sense, I understand that my contributions to the organization may be slow to come to fruition. For this reason, I am eager to try to contribute in other ways, through secondary projects within my community, such as tutoring or IT work. (Of course these secondary projects may be no easier to implement, but I hope to try to contribute in multiple ways.)

My tempered expectations and open-minded approach to my service has proved to be an asset. It is so hard to know what to expect or to understand what an experience like Peace Corps will be like. For example, one of the few expectations I had entering Peace

Corps has since been proven wrong. I imagined that Peace Corps would be very isolating and involve little or no interaction with other people from the United States. Yet I speak with other volunteers often, even if only by cell phone. We provide a remarkable social network, encouraging each other, sharing new ideas and providing an escape during the frustrating moments. Looking back on my experience, I now realize how grateful I am to have this group of close friends that I did not foresee when I joined Peace Corps. Some of the volunteers in my group came in with more extensive expectations, hoping to achieve change quickly or see more immediate results, and have since been disappointed. Many such volunteers have since left, instead opting to work through development agencies or organizations, where such top-down, fast paced change is possible.

When I was applying for Peace Corps, a number of people commented on the decision, describing it as “selfless and about giving.” Looking back on my preparations and expectations, one of my important realizations has been that Peace Corps requires a certain selfish motivation. If all one hopes to do is help others, Peace Corps can be frustrating, because so many of the days are spent waiting or starting over, as many projects do not succeed. During the lulls and setbacks, volunteers must instead be able to take pleasure in the opportunities for personal growth, the cultural exchanges and learning experiences. Although “selfish” may be too strong a word for these personal rewards, I simply seek to illustrate that service in Peace Corps cannot simply be motivated by helping others, but also must be motivated by the plethora of personal growth and learning opportunities.

South Africa has been my home for almost a year now. Every morning, I walk down the rocky road, passing the traditional African church where shouts and the beat of drums can often be heard, and passing the corral packed full of goats that will soon be released to graze for the day. Along the way, my fellow villagers greet me, as they start to do their wash, or carry water home, or sweep the barren dirt surrounding their simple homes. After walking for about ten minutes, I cross the main paved road that runs through my village on the way towards abandoned asbestos mines further into the mountains. Here, there are a number of people – some waiting for the public taxis that pack fifteen people in for the hour-long ride into town, and some just sitting and socializing with passing friends. And there is always a line of children and teenagers walking along the road on the way to their respective schools.

Finally, across the road, I walk into a complex of buildings – a few are simple *rondovals* (round huts with grass roofs), while others are more impressive, like the huge bakery building that a donor recently built. This is the organization where I have been placed as a Peace Corps volunteer. It is called Fanang Diatla, and it serves the surrounding villages. Collectively, the cluster of villages is called ga-Mathabatha and has an impressive population of 30,000 people, but you would never realize this walking down the paths and rocky roads, as the people and homes are quite dispersed. Driving through all the villages in the cluster would take almost an hour, yet they are all united under one chief and tribal authority. My organization was started over ten years ago by one woman – a nurse – who, despite her age and declining health, has a remarkable level of involvement in the day-to-day operations of the organization. Originally, the goal was to provide healthcare, food and

a caring support network to help people disadvantaged by the rampant poverty and unemployment that affects many of the rural areas of South Africa.

Agnes, the founder, changed the organization's focus around the year 2001. The death of one of her children from AIDS served to highlight the challenges and perils facing the country with the spread of this relatively new pandemic. Although HIV and AIDS had been discussed before, Agnes describes the loss of her child as a wakeup call, alerting her to how much risk and damage could be caused. Since then, Fanang Diatla has been trying to mitigate the varying negative affects of the disease within our village. Primarily, the organization has a group of 45 volunteers who visit homes. Those households with sick people, affected by any disease, will receive support, suggestions and food, as well as referrals to the nearby government-run clinics. While visiting the unaffected households, the caregivers will seek to teach about disease prevention.

Of course, one of the biggest tolls of HIV here is the effect on the younger generations. A number of children are born HIV positive, while others lose their parents and have to depend on grandparents for care (or in the worst case scenarios, they have to depend on themselves and their siblings). To this end, my organization runs "drop-in centers", where children can come either before or after school to receive a meal to get help with their homework, and to participate in educational or fun activities, such as arts and crafts, or learning about taking care of themselves. In addition, food parcels are offered to families with children affected or infected by HIV/AIDS, and some of the most vulnerable children are brought to live at a simple place of safety at the center, ensuring that they receive proper medication and regular meals.

Finally, Fanang Diatla continues to do work related to its original goal of poverty alleviation. Community members are employed in a range of projects designed to generate a small profit and offer a service to the community. The bakery project is the best example of this, where bread and buns are baked and sold throughout the community. Other projects include making juice, creating fences, sewing clothes and creating beaded jewelry. The goal is to employ some of the primarily unemployed village (the local unemployment rate has been estimated at around 90%), while equipping the workers with skills and business knowledge that will eventually open the door to long-term, more profitable employment.

Throughout the villages of South Africa, organizations with similar goals can be found, but organizations with the success and size of Fanang Diatla are a rare sight, as funding can be hard to receive and sustain. I feel lucky to have been placed at such a well-established and strong organization. Speaking with fellow volunteers from my group, I have come to appreciate how hard it is to grow an organization to this scale. Yet even with an organization with so many volunteers, such skill and resources, the attempts to loosen the damaging foothold that HIV/AIDS has within South Africa remains a daunting and challenging task.

One of the big aspects of life and culture here that works against such positive intentions is a disconnect between thought and action. The average person, when talking

about this issue, will acknowledge that HIV is a huge problem; the majority of people know most of the basic facts of the disease, including how it is spread (there is definitely some misinformation and myth, but I was surprised by how many people knew the basic facts of HIV). Even further, individuals often bring up how risky behavior and multiple sexual partners are contributing to the spread of the disease, and that such behavior is a fundamental part of the spread of the disease. After such a positive initial conversation with a person, I might ask him, "And what about you, do you use a condom? Or do you sleep around even though you are married?" Then, contrary to the whole conversation, he will say, "no, I don't use a condom", or "yes, I cheat on my wife" (maybe not as directly as that, but you get the idea). People have the knowledge and understanding about HIV and AIDS, but that information does not influence their behavior.

Numerous other examples of this disconnect between understanding and action exist. Another one worthy of mention is religion. The vast majority of people in South Africa are religious, especially in the rural areas (in fact, stating that you do not believe in God can result in exclusion and discrimination, such as not getting a job). The majority of the religions are Christian based. And each person will talk about the importance of Christian values, of dedication to your wife, of abstaining until marriage, etc. Yet, the statistics on multiple sexual partners, premarital sex and other similar behavior is staggering. One specific church (ZCC: Zion Christian Church), which is based in the Limpopo province, where my village is, and has a huge number of followers in the rural areas, bans alcohol. Yet again, we find that the majority of the ZCC members still drink, although they will readily acknowledge that it is not allowed.

The important thing about all these examples is that: 1) people understand the situation and have basic knowledge about what they should or should not do; 2) the behavior of people is contrary to that knowledge; and, most importantly, 3) people do not connect their own behavior with their understanding, they appear not to realize that they are doing something contrary to their thinking. I believe that a number of factors contribute to this disconnect, and play an important role in understanding the continued prevalence and spread of HIV throughout the country.

Before I continue, I want to make clear that such a disconnect between thought and action is by no means unique to South Africa. In fact, I think it is a common pitfall in human thinking, and can likely be seen in almost any country. But both the prevalence and substantial consequences of such inability to reconcile fact and knowledge with actions is a strong barrier to the improvement of the situation here.

One of the first issues preventing people from basing their actions on their knowledge is a lack of understanding about the reality of the risk at hand. Although people are aware of the presence of HIV, and can describe the mechanisms of spread and the risky behavior that fuels that spread, I feel that most people do not really know the extent to which HIV is already existent in the population. A few different factors play into this. It can partially be attributed to a lack of math skills (a lingering effect of the Bantu education system implemented by the Apartheid government) and an inability to realize that the HIV

prevalence statistics¹ for South Africa suggest that at least one in any five adults is positive. In addition, I think that the lack of visible signs of infection lull people into a sense of comfort. Without the visible effects of the disease or consequences emerging until many years later, people often forget that just a general appearance and history of good health does not rule out the possibility of infection. With most of your peers still appearing healthy and unaffected, the reality of the risk and prevalence does not kick in until several years down the road. Overall, the information about the disease might be in place, but it does not seem that the prevalence, and therefore the actual risk, is well understood, causing risky behavior to continue.

In addition, people continue risky behavior, in part because they feel protected by all the information they have. Equipped with such extensive information and the repeated warnings about HIV, safe sex and decreasing exposure (on billboards, t-shirts, television, radio and even at events in rural communities), people get a feeling that the simple fact of knowing so much about the disease will help prevent them from being infected. This phenomenon is definitely neither specific to HIV nor to South Africa. Extensive information can easily lull people into a false sense of security and safety. As a result, achieving actual behavior is a more daunting challenge than simply providing the education and information. People must constantly be made increasingly self aware, so that the information can be applied.

On top of all that, I think there is a general sense of denial and personal security that prevents people from changing their behavior based on their knowledge of HIV and AIDS. Although individuals will acknowledge the presence of the disease, there seems to be a general personal attitude among people that they themselves are safe and could not possibly be infected. One possible component that causes this sense of denial is an exaggeration of what qualifies as risky behavior or, rather, an under-appreciation of how risky one's own behavior actually is. As a result, many people will feel that, comparatively, they are being quite safe and will not expose themselves to disease as a result of their behavior. Many young people whom I talk with in my village will say, "Well, yes, HIV is a big problem here, but there is no way that I will actually catch the disease. That just won't happen. Only people with lots and lots of relationships are at risk." Hearing people talk this way is sad, as it undermines the benefits associated with the spread of knowledge and information. When I hear people talk this way, denying their personal risk, I try to suggest the possibility that the disease can infect anyone. Just talking about how I try to get tested regularly surprises many people, and offers an example of someone who takes the risk personally. In my opinion, this simple modeling of positive behavior is one of the most effective aspects of Peace Corps and the grass root placement of volunteers within the rural communities. Although the effect is small, modeling cautious behavior and showing that I take the risk of HIV seriously will hopefully help in eliminating other people's sense of denial.

¹ Internal estimates based on anonymous prenatal clinic testing puts the estimated prevalence at 28%, while the CIA World Fact Book lists South Africa's HIV/AIDS adult prevalence rate as 18.1% (both numbers are from 2007).

The three causes listed above (a lack of understanding of the reality of the risk, a sense of being protected by information, and a general tendency towards denial) have played a big role in creating the substantial disconnect between knowledge and behavior that exists within this country. As a result, although knowledge and awareness have increased greatly over the last few years, the needed behavior change will take a long time to achieve. In order to combat the fact that many peoples' behaviors do not reflect their knowledge and understanding, people must be made more self-aware of their risky behavior and the personal potential for damage that a disease like HIV poses. If the current spread of the disease continues, this will naturally happen, as people will see more and more of their loved ones getting sick. Yet, I hope that the behavior change can happen long before that becomes a reality.

One of the other aspects of South African culture that impedes the fight against HIV is the sense of gender roles that exist here. This is changing quickly within the cities, but breaking the grip of such a deep-seated culture belief takes generations and so it will still be many years before it is no longer a dominant aspect of culture here. Just to illustrate the change, many of the women in my village will talk about wanting to move to the city, where they too can have a job or start their own business so that they will no longer feel dependent on their husband. In villages and rural areas, the anachronistic gender roles still have a strong grip, which plays into the continued spread of the disease. Men whom I have spoken with have a strong sense that it is their right or responsibility to sleep with many women. When away from home, married men will state that sleeping around is a necessity, claiming that they have needs. Although definitely not always the case, I have had a number of painful conversations, where men suggest that all women really want sex, and that it is the men's job to fill this want. (All this is fueled by the fact that rural populations have a much higher percentage of women, as men leave to find jobs and earn money.) And, although rarer now, there are a number of cultural groups that still practice polygamy (specifically polygyny); even where that is falling out of style, polyamory is still quite common.

Just to relate one of my experiences from my village, there is a man whom I respect a great deal as he is well educated, progressive and quite generous, always helping people within the community. He has children with two women, one of whom he was planning to marry when I arrived here. Yet, since then, he has come to me lamenting that he has now fallen in love with another woman (this is a totally different issue, but she is almost half his age). He told me this asking for my advice, but he prefaced the question by saying, "Well, in my culture, I can marry two women." Hearing of him falling in love with a third woman, I grew nervous, as I worry that his children or their mothers might be neglected. Explaining this, I also told him, "Just because it is your culture, does not mean it is okay, especially morally." (I hear justification of behavior based on culture often, yet there are few people I actually feel comfortable saying this to). And I got one of the best responses yet, as he said, "Yeah, you are right." Although he still has not found a solution (and I doubt he will ever settle and marry any woman), I think it is important that people learn that old cultural values, especially with regards to gender roles, do not necessarily equate with moral rationalization of behavior that is risky and damaging to relationships.

Another aspect of South African culture that often undermines the fight against HIV/AIDS is the predominant belief that health is related to traditional healers. Local healers, who work with herbs and ancestors, seek to cure diseases and divine people's destinies. In addition, many of the healers also deal in *muthi* (charmed or cursed objects) and bewitchment, where they will place curses on others. Curses are often used as a form of retribution, or are sometimes used by neighbors who are jealous of one family's success or wealth. There are two very direct consequences of traditional healing in terms of the fight against HIV. First, many people who are HIV positive will end up visiting just a traditional doctor, who often will prescribe a special healthy diet or other cleansing rituals. This can be terrible if they never go to the clinic or to see a western doctor, but it can even be bad if people do both, as some of the traditional remedies undermine the antiretroviral drugs used or otherwise compromise a person's already fragile immune system. As a result, there has been an increasing effort from the government to ensure a consistent message on the part of traditional healers regarding HIV and AIDS. The goal is that they will refer positive patients to the clinic so that they can receive the proper medication; yet this change is slow in coming and many traditional healers are hesitant to admit to limitations in their medicine.

Second, traditional healers have played an enormous role in the continuation of myth regarding real diseases. When attending funerals here (an almost weekly activity for many people within the village), you can often overhear family members blaming the death on a vengeful neighbor, a bitter wife or a jealous friend. These accusations are all related to the curses and bewitchment that traditional healers here offer and, many times, the family members will seek to curse the person they feel is responsible for the death (and so begins a long, vengeful cycle). However, the primary issue is that people will not research or acknowledge some of the genuine disease-caused deaths. It is so rare to hear that a person died from HIV, or even from a stroke or heart attack, yet these are all common causes of death here. This perpetuates a belief that HIV is not a big risk, and causes people who are sick to blame the people around them, rather than seeking proper medical care for real disease.

So far, I have talked extensively about the issues that are creating an impediment in the ongoing fight against HIV and AIDS within South Africa. Nevertheless, there is a lot that is going well here. One thing that has been changing recently is the government's role and stance. Up until the beginning of this decade, the South African government has had inconsistent messages, has had no specific strategy for dealing with the pandemic and has provided damaging information to the public. One of the most commonly cited examples is that of Jacob Zuma (the current president, and deputy president at the time) who, after having non-consensual sex with an HIV positive woman, stated that he was not at risk, as he had taken a shower afterwards. Other famous examples include health minister's suggestions that HIV does not cause AIDS, and that a careful diet of local vegetables will help cure HIV. Although it has come a little late, the government has begun to promote and propagate much better and more consistent messages regarding the disease. This includes the development of an extensive national strategy for dealing with the increasing number of infections, which seeks a multi-tiered approach throughout the different departments. The goal is to increase education, prevention and treatment efforts across the board, and to

ensure that there is crosstalk between the government departments, so that people are made aware of all services available to them. This is a huge step in the right direction here, as a consistent government message has often been cited as the reason that countries such as Uganda have been so effective in dealing with high HIV infection rates.

In addition, the government has made a number of drugs and medications available freely. The most notable is the distribution of antiretroviral (ARV) drugs to people in the late stages of HIV or with AIDS. The drugs are available at clinics across the country, and there is an increasing effort to monitor their usage and ensure that people take them according to the instructions (as missed doses or incorrect usage can render them ineffective much more quickly). Organizations, such as the one where I am working, also help by offering their clients assistance with the medication, and even visiting schools every day to ensure that HIV positive children get their medication on schedule. All this takes extensive effort and infrastructure, but through government trainings of home-based care organizations and the growing network of government run clinics, it is possible for more people to get the first-line drugs, helping those who are HIV positive live longer.

The government has recently been trying to tackle mother to child transmission of HIV/AIDS, which is often abbreviated PMCT (prevention of mother to child transmission). This has been a huge problem here, as many children have been born positive or contracted the virus through breast milk, yet both of these can be prevented easily (as can be seen by the very few HIV positive births in the United States). Although it has been a slow improvement process here, partially due to the prohibitive costs of PMCT medications, the government is now doing testing at prenatal clinics and working to offer medication and information to prevent the transmission of HIV to children. Over the next few years, statistics are expected to reflect this, through a decline in the number of HIV positive children who are born, which will be a great step forward.

While talking about drugs, it is worth briefly mentioning the post-exposure prophylactics (PEP). This medication can be started in the first 48 hours after possible exposure to HIV, and has a very high effectiveness at preventing infection. It is used in medical settings, when a doctor or nurse may have been exposed to the virus through a pinprick or other accident, as well as in rape situations where persons may have been exposed to the virus against their will. PEP medication is available in South Africa, but thus far, it is really only an option for people in the medical profession or those who can afford the medication for themselves. This is still an important area for improvement here, as PEP medication should also be made available to people who may have been exposed to the virus during sexual assault.

In addition, the government's growing involvement in preventing HIV infections can be seen through the increased availability of condoms throughout South Africa. There have been a few recalls of "Choice" condoms (the government brand), which has been concerning, yet the prevalence of condoms is an important step towards getting people to feel comfortable with them and to actually use them. Condoms are distributed at clinics, organizations (such as the one where I am working) and in many public spaces. They even

come in packets of ten condoms, which I think is beneficial, as it will result in people having extras sitting around and may increase the likelihood that they will continue to use them.

Finally, the stigma around HIV and AIDS here is slowly being broken down, which is a vital step. Within my village, I have heard stories about families hiding people who are known to be HIV positive in the back of the house, and then saying they have left for the city. Such stigma has prevented people from getting the needed testing or treatment. Yet, I feel that the situation is improving as more people announce their status or talk openly about how they have lost family members or friends because of HIV. Within my community, my organization has held a candlelight event, where a few members of the community spoke openly about their HIV positive status, which I think is an important first step. But more broadly, there is increasing attention to the reality of HIV as many public figures have spoken regarding how it has affected their family or their own life in some way. All this works to slowly break down the stigma and bring the personal nature of HIV into the public light, helping people to acknowledge the damage it causes and the importance of testing and cautious behavior.

Overall, I feel that South Africa is on the right path towards a unified and effective response to HIV, which will hopefully lead to the pandemic being slowed or stopped eventually. However, before the country was able to get on the right path, there were many failures and false starts, with the challenges of the cultural heritage and the distribution of misleading information. These false steps have had devastating affects in terms of allowing HIV to get a substantial foothold in the population here. I feel that the effects of this have not fully hit yet, as the disease is still young in much of the population. Over the coming years, I fear that it will continue to have painful repercussions throughout the country, as people in the prime of their life die out, leaving families in the hands of children and businesses short of workers. Already, grandparents and older generations have been helping to raise children, but as HIV turns into AIDS in the young adult population and the older generation dies off due to age, I fear that the situation in South Africa will get much worse before it gets better.

Yet, my work here has left me feeling very optimistic. As a Peace Corps volunteer in the Community HIV/AIDS Outreach Project, people consistently give me a warm welcome. So many people within my village compliment what I am doing as needed and important work. And I have been placed at an exceptional organization that embodies much of the spirit that will help carry South Africa through the next several years. The women and men who volunteer at my organization (receiving a small stipend, close to \$50 a month) repeatedly show a remarkable level of generosity and care for the community, whether it is coming to work on a Saturday to accompany someone to the nearest hospital, which is an hour away, or volunteering to stay overnight and care for the children who live at the center. Most reassuring is to see Agnes, the founder of my organization, and other people like her, who have the vision and persistence to create and maintain an organization that is devoted to helping the community. Even as she approaches her seventies, she can be found working at Fanang Diatla until seven or eight every evening. It is this sort of dedication and community care that will help South Africa make it through the next few years, and will lay the groundwork for a more optimistic and healthier next generation.

To close, I would like to tell one of the positive stories that I have returned to throughout my service here. It is the story of Agnes and her adopted son. His name is Thabo, which means "happy." His mother was HIV positive and passed the virus on to him at birth. She ended up dying a few months after his birth, and his grandmother took over caring for him, but her health was already declining. She asked Agnes, a distant relative, but also someone known in the community for her generosity and care, to raise Thabo when she died. So when Thabo was just fifteen months old, Agnes adopted him. Today, he is nine years old and every time I interact with him, I leave feeling a great sense of hope for the future. Agnes has done an outstanding job of raising him, working hard to ensure that he has received great healthcare and an exceptional education (every day, he is driven to a school that serves the employees of a mine in a nearby town). She has helped him to travel South Africa, visiting the ocean and attending camp in Cape Town. His English is exceptional and he is remarkably bright. On a few occasions while I visited his house, Thabo and I have talked about religion, about death, about what it was like for him to lose his mother and grandmother. Yet, he also embodies his name – he is always happy, brave, inquisitive and fun to play with. As Agnes approaches her seventies, her health is declining, but she states that she will hang on for a few more years to care for Thabo and fulfill her promise to raise him well. And despite being HIV positive, his health has remained quite strong, with his white blood cell count staying high. Of course, the virus might flare up at any time, but his strength and good health are a testament to the fact that HIV, although incurable, can be managed and that the pandemic across South Africa will eventually be reined in.