



**REQUIEM MARCH**  
A women's choir, in traditional funeral attire, transports a coffin to the cemetery in Lusaka.  
Opposite page: Four of 15 AIDS orphans in one extended family.

# HEART OF



AIDS HAS SO DEVASTATED THE SOUTHERN AFRICAN COUNTRY OF ZAMBIA THAT HOSPITALS ARE OVERWHELMED WITH PATIENTS, FUNERALS HAVE BECOME A DAILY RITUAL, AND THOUSANDS OF ORPHANS LIVE ON THE STREETS. **JAN GOODWIN** TRAVELS TO THE PLAGUE'S EPICENTER AND LEARNS HOW, IN AFRICA, HIV HAS BECOME PRIMARILY A WOMEN'S PROBLEM. PHOTOGRAPHED BY **MARIELLA FURRER**



## THE CROWDS OUTSIDE THE CITY MORTUARY START FORMING SHORTLY AFTER DAYBREAK.

IT'S SUNDAY MORNING, A TIME IN LUSAKA, ZAMBIA, ONCE DEVOTED TO OBSERVING THE SABBATH, NOT BURYING THE DEAD.

As the sun rises, a line of traffic builds up, mostly pickups and small trucks bringing mourners, pickaxes, and shovels. There's sharp competition for gravediggers; the main cemeteries are full, and even the new ones are running out of space. Shipping containers, used as makeshift coffin and wreath stores, clog the sidewalks. In this impoverished southern African country with a 60 percent unemployment rate, the only boom industry is death. But a growing number of families, who've buried too many relatives, can no longer afford shop-bought coffins and must construct their own. One anguished father, too poor even to rent a vehicle for a few hours, arrives on foot carrying a handcrafted pine box for a child.

DON'T PANIC, GOD IS WITH YOU reads a sign above one coffin store. Outside, a church choir sings a hymn: "Dance for the Lord, the world is at an end."

To Zambians, it may very well feel like the end of the world. The country is 17 years into an HIV/AIDS pandemic. One in four of the 9.5 million population is infected, according to experts in Zambia, and in some areas it's risen to one in three. Teachers, doctors, nurses, and civil ►

# DARKNESS

servants are dying as fast as replacements can be found. Banks now train two people for every job in the hope that one will survive. The largest medical institute in the country, Lusaka's University Teaching Hospital, has only 600 nurses—little more than a third of what it once had—yet its patient intake has never been higher.

Thirty-year-old Namukolo Phiri is burying her husband, Emmanuel. Thin and suffering from a raging fever, Phiri is herself already ill with AIDS symptoms, and she is six months pregnant with her fourth child. "Emmanuel had a very bad headache, then he died," she says, weeping and shivering on the cemetery ground as she watches family members dig her husband's grave. "He became sick and died just like his parents and my sister and brother." Her grief is made all the worse by fear of what will happen to her children.

As many as 1.5 million children in Zambia have lost one or both parents to AIDS—the highest rate, as a proportion of population, in the world, according to the United Nations. Talk to any Zambian, from government officials to the poorest villagers, and you learn they are raising the children of relatives who have died.

The problem is all the greater because Zambians are reluctant to accept that HIV is the cause of all the dying. The stigma of AIDS is so enormous here, survivors prefer to say that family members died from tuberculosis or meningitis, common AIDS-related conditions. Phiri believes that her sister and brother, as well as her parents-in-law, died of TB. Physicians encourage euphemism by falsifying death certificates, because they know that honesty means the surviving spouse and children may be shunned, even turned out of their homes. Often, the truth is withheld from AIDS patients themselves. HIV testing in Zambia is infrequent, and when it is

### AIDS IS SO STIGMATIZED, SURVIVORS SAY RELATIVES HAD TUBERCULOSIS OR MENINGITIS. WHEN THE FORMER PRESIDENT'S SON DIED, PEOPLE ASKED, "HOW COULD THE FAMILY ADMIT IT?"

done, medical personnel often don't inform patients they are positive because they claim it will distress them too much.

Pastor Simon Chileshe, who is presiding over Emmanuel's funeral service, is a little more direct: "If you plant ground nuts, you will harvest ground nuts, not oranges," he thunders. "This means we should not go about with other people's spouses. If we do, it will lead us to big problems like you see here."

It is true that male promiscuity—long accepted, even expected, in Zambian culture—is a major contributing factor to the high HIV/AIDS rate. A study has shown that men who have extramarital sex partners and are therefore apt to contract STDs, including HIV, are more likely to abuse their wives. The threat of physical violence and the fear of abandonment, economically and physically, make it hard for women to negotiate the use of condoms, discuss fidelity, or leave relationships.

Phiri's eyes fill with tears again. "My husband repented his ways when we joined the Pentecostal Church," she says. "But he repented too late."

Women are likewise often powerless to avoid infecting their own children. Even a baby who manages to avoid contracting HIV in utero or during delivery has about a one in three chance of getting the virus from breast-feeding. Yet women continue to nurse, because formula is expensive, and any mother who feeds her child infant formula is assumed to be HIV positive and risks ostracism. Anti-AIDS drugs such as AZT or nevirapine, which can lower the risk of mother-to-child transmission by as much as 50 percent, are rarely available. And if they are, they only pose a further dilemma for the mother: The drug may let my baby live, but what happens to my child when I die of AIDS?

Obviously, HIV has caused an array of overlapping and intractable problems in Zambia—and much of the rest of Africa. But one look at the situation is all it takes to see that women, because of their central yet still largely vulnerable position in society, have come to bear the greatest share of the AIDS burden.

On all sides of Emmanuel Phiri's funeral party, as far as one can see, are fresh graves, mounds of overturned soil, each bearing handmade markers. This is a newly established cemetery, but the graves now abut neighboring farmland.

"We have 45 orphans in our extended family already," says Emmanuel's bespectacled cousin, 36-year-old Paul Phiri, counting them out on his fingers. Entrepreneurial street kids, many of them

AIDS orphans, dart about the cemetery peddling handmade floral wreaths that quickly wilt in the African sun. "Nine adults have died so far, including my sister. And my mother, already widowed, is sick. This disease has become a war. It's just a war without bombs. It's a terrible thing to happen to our family, to our country. It's killing everyone."

Paul Phiri, who has four children of his own, has taken seven of the family's orphans into his home. "It's very hard to support so many," he says. And soon, his senior male relatives will meet to decide who will take Emmanuel and Namukolo's children. "It's an obligation family elders insist on," he says. "But it's impossible to support more." Until his death five days earlier, Emmanuel, an electrical engineer and the sole college graduate among the Phiris, had been the main breadwinner for the extended family.

Now that responsibility will fall to Paul, who works as a



messenger. He has already borrowed extensively to feed and clothe the seven children he's supporting. Money is so tight, he fears he will have to take his own children out of school, since Zambia does not have free public education. One generation has been wiped out due to AIDS, says Salvation Army social worker Thebisa Chava. "The next one will be lost due to a lack of schooling," she says. Because denial holds such sway over the culture, Zambia has

House Office of National AIDS Policy. Zambia's government, on the other hand, passive to the point of inertia, would appear to be a model of how not to handle the crisis. Life expectancy has dropped from 56 years to 37 in recent years, and observers believe it could reach as low as 30 within the next decade.

Yet when a Dutch journalist presented photographs documenting the Zambian predicament at the international AIDS



**TIES THAT BIND**  
Seven of the nine children—siblings, nieces, and a nephew—cared for by 19-year-old Rachel Musonda.

little in the way of a national HIV/AIDS education program. In Uganda, by contrast, the government has conducted a massive campaign bluntly explaining how to prevent the disease, and in less than a decade, infection rates have dropped to 8 percent from a high of 18 percent. "Uganda has a model program for the world," says Sandra Thurman, former director of the U.S. White

conference in Durban, South Africa, last year, the Zambian government's response was embarrassed outrage that they were publicized. That this is a crisis officials would prefer not be exposed appeared to be confirmed when *Bazaar's* writer and photographer were arrested and held while reporting this story, although ultimately they were not charged. Similarly, ▶

government officials failed to keep appointments with *Bazaar* to discuss HIV/AIDS. Perhaps they realized there was little they could talk about. Zambia's National AIDS Council, which was finally created in the spring of 2000, was still not functioning six months later. The one staff member and two clerks in the office seemed not to know where to begin, no one knew what the budget was, and the only thing on the agenda was an apparently never-ending debate as to who the council members should be.

When the son of former president Kenneth Kuanda died of AIDS, the reaction in government circles was: "How could the family admit it?"

For 19-year-old Rachel Musonda, who lives in the Copperbelt mining region in the north of the country, the past four years have been a nightmare, as first her father, then her mother, and then her three older siblings died of AIDS. With each new casualty, Musonda, who was



Anti-AIDS medications cost \$10,000 to \$15,000 a year, more than the vast majority of Africans earn in a lifetime. "AIDS drugs are a nonstarter for this country," confirms Peter McDermott, former UNICEF representative to Zambia. The government is obliged by International Monetary Fund guidelines to spend more on international-debt servicing than it does on education and health combined. Consequently, the country's budget for health care is a pitiful \$6 to \$8 per person per year, and that sum includes the cost

of hospitals and treating other rampant health problems such as malaria.

The U.S. offered a \$1 billion loan last year to the worst-hit sub-Saharan African nations, including Zambia, to buy AIDS drugs from American companies, but many governments turned it down because they could not afford to increase their annual debt-servicing commitments. And even the discounted price of \$2000 a year per patient is still a fantastical sum for Zambians,

SOME 750,000 CHILDREN, MANY AS YOUNG AS FOUR, HAVE ALREADY BEEN FORCED ONTO THE STREETS—INCLUDING THE CHILDREN OF CHURCH MINISTERS, HIGH GOVERNMENT OFFICIALS, LAWYERS, AND JUDGES.

forced to drop out of high school to nurse her parents and who has no skills or financial means, has been left with more children to raise. At 15, she had no choice but to become mother and father to her six younger siblings, then aged from 13 down to one year. With the subsequent deaths of her two older sisters and brother, and their spouses, she had to take on three more children, bringing the total to nine, because there was nowhere else for them to go.

Musonda, with her slight frame and shy smile, looks younger than 19, though the shadows under her large eyes and the constant plucking at the hem of her skirt as she talks attest to the stress she is under. She is particularly concerned about Diana, her sister Vivian's child, who was only eight months old when her mother died and may well be infected with HIV. Now five, Diana is still not strong. But even if she were tested for HIV, there are no drug therapies available to treat her.



**SURVIVORS**  
Relatives mourn  
Emmanuel Phiri, top,  
morning exercise at a  
Lusaka drop-in center

representing as it does an average of nearly seven years' income for the 40 percent who are fortunate enough to be employed.

Further complicating the issue, anti-AIDS medications can cause serious side effects, including bone-marrow suppression, which requires strict monitoring. And because diarrhea and vomiting are a common problem for patients on AIDS protocols, medications must be taken on a strictly observed schedule around meals. In Zambia, the reality is

that many people can eat only when food is available. And that is increasingly becoming only once every several days.

When we meet, Musonda and the children she cares for have not eaten for two days. "The younger ones are not as big as they should be because they don't get enough food," she says. Stunted growth is common in Zambia today, where more than 50 percent of children are chronically malnourished. When it achieved independence from Britain in 1964, this country was the third-richest in Africa, but today, after nearly three decades of Marxism and mismanagement,

## KEEPING HOPE ALIVE

HOW CAN YOU HELP? BY SUPPORTING THE WORK OF PEOPLE MAKING HEADWAY AGAINST AIDS.

In the midst of what can sometimes appear to be insolvable AIDS-related troubles in Zambia, there are positive developments. Grassroots organizations, for example, are finding ways to support AIDS orphans—groups such as the one run by 65-year-old Elizabeth Ngoma in Matero, near Lusaka. Ngoma and other widowed grandmothers have banded together to support some 1200 orphans (some, their own grandchildren) and pay school fees by selling scones. “We had to do something,” says Ngoma. “We’ve become a village of grandmothers and orphans.”

Some Zambian women are also beginning to cut their own risk of being infected by abstaining from sex. “In this culture of AIDS, I can only trust myself,” says 26-year-old Eugenia Tembo. In the southwestern part of Zambia, *kkiya*, meaning “lockup,” is quietly catching on among women who believe that when all other options are closed to men, they will stay faithful to their wives.

There is an increasing effort, too, to make men a part of the solution. Kondani Cephaz Mwanza, 23, a counselor at Family Health Trust, is teaching young men about the plague. He has lost his parents, four brothers, and three sisters to AIDS. Mwanza himself was tested for HIV five years ago. “I was negative,” he says, “and I haven’t had sex since.”

In the capital, the HIV rate among pregnant 15- to 19-year-olds is beginning to drop for the first time, thanks in part to the *Trendsetters* newspaper published by Cathy Phiri, 21, and her sister Mary, 24, who grew up in Sweden and returned to Lusaka with a more progressive approach to sex. With articles entitled “How to Tell Someone You Have HIV” and “Would You Die for Love?” *Trendsetters* has quickly won a loyal readership. “People ask us questions they can’t ask their parents,” says Cathy Phiri, “such as, ‘Is it safer to use two condoms?’ The answer is no, two are more likely to cause both to burst.”

“We’re big on abstinence,” she says. “We do tell kids, however, that if they are sexually active, use a condom. It took a while, but parents are now beginning to accept us.” *Trendsetters* has also drawn attention from Johns Hopkins University in the U.S., which has helped with funding.

Phiri says it’s important to realize that there is hope. “Twenty-five percent of our population is positive,” she says, “but that means 75 percent is negative. Three out of four of us have the means to turn the situation around. But to do that Zambians need to take control of their lives.”

Americans can also help, by sending donations. A list of agencies working in Zambia with orphans, women, and vulnerable children is on page 483. >

it is one of the poorest. Critics of President Frederick Chiluba, a former trade unionist, charge that he spends more time worrying about the war in neighboring Congo than he does fighting the one that HIV/AIDS is waging on his own country.

Musonda’s family eats only when she can sell a few flour-and-water drop-scones (a sort of small pancake), and she can make these only if there is money to purchase the flour. Few of her fellow neighbors in Chimwemwe Compound (a Copperbelt shantytown) can afford the luxury of buying her scones. Musonda sells them for a pittance, and she is lucky to make a few cents a day, which in Zambia doesn’t stretch to buy both the next bag of flour and enough *nshima* (maize meal, a Zambian staple similar to porridge) to feed a family of 10.

When she does have flour, Musonda rises at dawn to make the scones over a wood fire in the hardscrabble yard. She tries to ignore her own hunger pangs as she cooks, and gives the burned fragments to the younger children. “They fight over the little pieces, watching me like baby birds waiting to be fed,” she says. She looks off into the distance as she reminisces: “I try not to remember the dishes my mother used to make, like her chicken.” The 10 of them haven’t eaten meat of any kind since her parents died. Even if she had the money, she wouldn’t buy it, she says. “For the price of a chicken, which lasts only one meal, I can buy *nshima*, and maybe a few vegetables, for a whole week.”

She worries all the time about food, clothes, the children’s health. “Now, when I need my parents for advice, they’re not here,” she says. “I get so tired trying to do everything alone.”

Despite her exhaustion, and the lack of running water, the two-room home is spotless. The fence of rusting auto-body parts was erected by her father, who repaired cars for a living. In the yard, a dilapidated automobile sits where its tires have rotted into the ground. “My brother John wanted to repair it and earn a living as a driver,” says Musonda, “but he died before he could start.”

Inside, on the scrubbed table, the only decorative touches are two table mats embroidered by her sister Vivian shortly before her death. A closet in one corner contains a stack of shining metal plates and cooking pots, which along with four rickety chairs constitute the Musonda family’s wealth today. Ten kids share four blankets. The other family blankets have been used as makeshift burial shrouds, and Musonda, who intended to be an elementary-school teacher until her education came to an abrupt halt, is unable to purchase replacements. There are no longer any beds. The four younger children sleep on a slab of discarded industrial foam rubber, the other six on the bare floor. In the winter, when temperatures sink to 40°F and wind whistles through the broken windows, and during the rainy season, the children huddle at night to consolidate body warmth. The clothes her charges wear are either too small or threadbare from too much laundering. Shoes are a thing of the past.

Still, what hurts Musonda the most, and makes her tear up facing Sundays, when the family used to attend the Seventh-Day Adventist Church together. “People here always dress in the best to go to church,” she says. “But the kids are now so >

so different, but we can understand everything about each other.

**Why is marriage important to you?**

It's not important to me in the sense that I feel that my parents should be married. It doesn't necessarily have anything to do with the signing of the paper. It's just a way of bringing everybody together and celebrating our relationship. It's important for both of us to be able to say, "This is our family."

**Do you wish that Goldie and Kurt were married?**

No. I don't care. I never did. They are married. She has a ring. *Pfffft.* We were all there together when he gave it to her, and he said some beautiful things, and that's all that matters. And he was there for us, all the time.

**There was a moment when you and your biological father, Bill Hudson, were exchanging heated words in the press. Have you come to terms with him?**

Oh, I just don't even think about it. It's so not worth it. It's real simple [she's sounding a little bothered now], I love him. He's my real father. He's a cool guy. He wasn't really in my life, and he'll go and do what he has to do.

**What do you have to say to the people who draw parallels between your older musician fiancé and your musician father?**

You mean like it's a pattern? Bill didn't raise me. Kurt did. That seems to be very difficult for people to understand. Chris is so far from my father, I can't even go there. There's no pattern there, because I find absolutely nothing negative about Chris.

**Have you ever had a relationship as intense as this one?**

No, of course not. If, God forbid, anything happens to our relationship, I don't know if I'll ever find anything as intense as this, or anybody who I would love more passionately, and vice versa. It's pretty rare and pretty amazing. John and Yoko, look out! [She leans in close to my tape recorder and using a cartoon lisp, says:] Dat was just a joke.

**Do you ever think about the age difference?**

We're only 12 years apart. We're not like Michael [Douglas] and Zeta. Chris just turned 34.

**I like that hat. Where did you get it?**

[She shows me her very '70s fedora.] Washington, DC. We went to the White House. I met Bill. [She says this in an Arkansas drawl.] Bill loved *Almost Famous!* It was so cool! He said, "You know, Kate, it made me want to follow a rock & roll band." I said, "Good, that's exactly what it was supposed to do!"

**There was a rumor that his Secret Service code name was Elvis.**

Elvis? He was a pretty damned cool president. Hillary was fantastic. I loved her so much. She comes across on television so stern and very strong and unbreakable. And you meet her, and she's warm and so totally with you.

**When you met Bill Clinton, did you sense that magnetism everybody talks about?**

Totally. Totally, totally. The guy is a f---ing movie star. You meet him and you're, like, Helloooo, Mr. President! Awooooo! Can you imagine Bush? Instead, it'll be, Yeah, nice to meet you.... But anyway, George Bush will be out in four years, unless he ends up being a spectacular president. Then Hillary Clinton will probably end up running and she'll win. [The waiter brings her pie in a very retro-looking plain brown box.]

**That looks fantastic.**

[Giggles.] Chris is going to be so happy. ■

## HEART OF DARKNESS (continued from page 455)

ragged, they are too ashamed to go."

Religion has had a major impact on the HIV/AIDS crisis in Zambia, not all of it positive. President Chiluba is fond of declaring Zambia a Christian country, despite its sizable Muslim and Hindu minorities. "His implication is that if we are Christian, we will not behave in a way to get AIDS; therefore, preventing AIDS will be unnecessary," says one Zambian humanitarian worker.

The great majority of Zambians are Christians, mainly Catholic, and not so long ago Catholic churches around the country were publicly burning boxes of condoms that could have helped prevent HIV/AIDS. Now, however, it is not unusual to find nuns advocating safe sex, or a lesson gradually becoming known here as the ABCs: Abstinence, Being faithful, and Condoms.

In spite of Christianity's wide reach, traditional beliefs still run deep, and AIDS is often attributed to witchcraft. Consider the case of Samaria Chilekwa, whose family in rural Chikankata, some 80 miles from Lusaka, includes three HIV-positive generations. Chilekwa, 64, was infected by her husband, who died from AIDS-related causes five years ago. Her 29-year-old daughter, Jean Mwando, and her three-year-old granddaughter, Emaculate, are also positive. The toddler, who has AIDS-related TB and sores around her mouth, as well as chronic diarrhea, leans wanly against her mother, as Mwando describes how the child's father became demented from the virus before he died two years ago. The father of her two older children is also dead of AIDS, and both boys, aged nine and five, are ill.

An outreach counselor from a Salvation Army health-education program has explained to both women how the disease is transmitted and taught them about safe-sex practices. Still, Mwando is four months pregnant by her current lover, a carpenter and father of five, who is living with his wife but wanted to have children with Mwando. She doesn't think of taking precautions, she says, because her parents and the fathers of her children were all made sick through witchcraft. Her mother agrees: "People were jealous of my husband, so they got a witch to curse our family. HIV is a family disease now, like asthma."

Mwando admits she became pregnant this time because she hopes that if she has children, her lover will help support her. This often deadly income-generating method is a common economic survival tactic in Zambia among young women when they have no access to employment.

Ask Mwando who will look after her children when she dies, and the conversation becomes circular. "My mother," she replies. But her mother is already very sick from AIDS. "Then someone else in my family will pick up my children. I know my time is short. I try not to think about it."

Has she considered that she could infect her current lover, if she hasn't already done so, and that he in turn will infect his wife? "Then I did the wrong thing." She chuckles incongruously. "All of Zambia will disappear," she says. "But he looks healthy. I feel healthy, so I must be cured."

Mwando isn't callous, simply confused. With what little education she's had, it's hard to grasp the concept of a virus she can't see. Witchcraft has been around a lot longer in her world and makes much more sense to her.

Other indigenous beliefs and practices contribute to the high HIV/AIDS rate in Zambia. Traditionally, women are taught to

practice "dry sex." Powdered dried bark is inserted into the vagina to absorb secretions and tighten the tissue so that there is more friction, and reportedly more pleasure for men. But for women, this technique is painful and tends to cause abrasions and tear condoms, facilitating HIV infection.

Sexual cleansing is another practice contributing to the spread of the disease. In much of Zambia, it is believed that when a man dies, unless his brother, cousin, or nephew has intercourse with the widow to sexually cleanse her, the spirit of the dead man will come back and haunt the family. "These traditional beliefs are deeply entrenched," says McDonald Chaava, the community health manager at the Salvation Army, which is trying to develop culturally acceptable alternatives. "In our home-based health-care program, we find the biggest problem in spreading HIV/AIDS is sexual cleansing."

Another growing factor in the spread of AIDS is the legion of street kids, often AIDS orphans, many of whom must turn to prostitution to survive, as the country has only a handful of orphanages. About 750,000 children, some as young as four, have already been forced onto the streets.

A visit to one of the few shelters for street kids in Lusaka, the Fountain of Hope drop-in center, reveals that the city is already full of child victims of the AIDS pandemic. The youngest children at the center were Betty Kabemba, four, and her six-year-old sister, Ruth, who survived on the streets for five months by begging before they were spotted by an outreach worker. The girls said their father left for South Africa four years ago and has not been heard from since. "Their mother wasn't well, possibly infected with HIV, and had returned to her village, which Zambians often do, to die," says Goodson Matenda, the 30-year-old Outreach manager.

Today with HIV/AIDS, every Zambian child is a potential street kid, says Matenda. "They are part and parcel of what this disease is doing to this country. We've found the children of church ministers, high government officials, lawyers, judges, living on the streets because their parents have died. Although not everyone is accepting of them, some give money. They now understand that but for the grace of God, their children could be on the streets, too."

While the general public may understand that, the government seems not to. This past September, Dawson Lupunga, Zambia's minister for community development and social services, announced he was launching a crackdown to arrest street kids. "If they're not being productive, they should leave the capital, find themselves land, and grow food on it," he said. It was a scathing, unrealistic, and unsympathetic response to the most devastating problem facing his country today.

As the government nods at the wheel, the welfare of Zambia's children is increasingly left to vastly underfunded nonprofit organizations, such as Fountain of Hope or Family Health Trust, one of the first nonprofit agencies to work against the spread of HIV/AIDS in the country. "The humanitarian agencies have contributed to the government's relaxation on AIDS. By doing their job for them, we've made them lazy," says the director of one foreign health agency.

A key area not being addressed is the psychological effect on children orphaned by this modern-day plague, says Elizabeth Mataka,

Family Health Trust's executive director. "We need to understand the impact on youngsters watching their parents wither before their eyes and die, and then perhaps seeing their other siblings fall sick and die as well," Mataka says. "And just when the surviving children need the presence of those closest to them, they are split up and parceled out to different relatives, often living long distances away. The psychological impact of all this on children is very, very marked, and long term. If it is not addressed soon, we will end up with a country of very dysfunctional adults. People who are very angry at society are likely to be highly destructive."

The number of orphans is not expected to peak until 2030. "We underestimated the magnitude and urgency of the pandemic," says UNICEF's McDermott. But even UN epidemiologists, long experienced in charting the spread of such diseases, were surprised by the rapid growth of HIV in sub-Saharan Africa. In 1991, they underestimated the number of infections in the year 2000 by 40 percent. Already, 17 million have died, and today there are more than 25 million infected.

And so, Sundays in Zambia are punctuated by long funeral processions. As their childhoods end abruptly, legions of frightened and confused kids struggle to comprehend why their lives have so precipitously spun out of control. And their grandmothers, aunts, uncles, and older sisters work against all odds to support them. ■

## KEEPING HOPE ALIVE (continued from page 455)

### Agencies Fighting AIDS in Zambia:

Readers who wish to send money should specify that their donations are intended for Zambia.

■ *Trendsetters* newspaper. Send checks written to Youth Media to: Trendsetters, c/o Johns Hopkins University/CCP/Zambia, 111 Market Place, Suite 310, Baltimore, MD 21202. Or give online ([africaalive.org](http://africaalive.org)).

■ Family Health Trust, c/o Barclays Bank PLC, Knightsbridge International Banking Centre, Department P.O. Box 391, London SW1X 7NT, England. Mark donations for: Family Health Trust, Sort Code 20-47-42, Account No. 60603058.

■ François-Xavier Bagnoud U.S. Foundation (supporting education, street-kids care, and crisis intervention), 651 Huntington Avenue, Suite 711 C, Boston, MA 02115. You can also donate online ([fxb.org](http://fxb.org)) or by phone (617-432-3511).

■ Project Concern International (helps support the Fountain of Hope programs for street kids), 3550 Afton Road, San Diego, CA 92123. You can also donate online ([projectconcern.org](http://projectconcern.org)) or by phone (858-279-9690).

■ The Harry & Julie Belafonte Fund for HIV/AIDS in Africa, c/o U.S. Fund for UNICEF, 333 East 38th Street, New York, NY 10016. You can also donate online ([unicefusa.org](http://unicefusa.org)) or by phone (800-FOR-KIDS).

■ CARE International, 151 Ellis Street NE, Atlanta, GA 30303-2440. You can also donate online ([care.org](http://care.org)) or by phone (800-422-7385).

■ Street Kids International, Suite 201, 38 Camden Street, Toronto, Ontario, M5V 1V1, Canada ([streetkids.org](http://streetkids.org)). You can also donate by phone (800-387-5326).

■ The Salvation Army, Salvation Army World Service Office, P.O. Box 269, Alexandria, VA 22313. Specify that donations are intended for HIV/AIDS work in Zambia.