

AIDS IN AFRICA

Primary Content Area: World Studies

Introduction

The crisis of AIDS/HIV has reached epidemic proportions. It affects the political, social and economic structures of governments in Africa are already overburdened with poverty, war and famine. This multi-disciplinary service-learning project will engage students in activities to examine the AIDS pandemic in Africa and brainstorm activities they can do to help educate their communities and alleviate some of the effects of this crisis in our local communities.

Project Goals

- Students will examine the spread of HIV/AIDS in two different continents and its effects on those societies.
- Students will assist in the education of young people on prevention of HIV/AIDS.
- Students will gain a deeper understanding of the AIDS pandemic and its impact on individuals by working with a person affected by AIDS.
- Students will reflect upon their experiences.

Procedure/Project Sequence

1. Introduce students to the problem of AIDS in Africa by watching the on-line program “The Age of AIDS” at www.pbs.org/wgbh/pages/frontline/aids.
2. As a follow up activity, have your students research the causes of HIV/AIDS infection in African societies.
3. To give students a visual understanding of the impact of AIDS in Africa, students can go to: www.bbc.co.uk/devon/content/articles/2006/01/17/life_interrupted_exhibition_event_feature.shtml.
4. Using www.cia.gov fact sheets and other sources, students will examine the effects of AIDS on the economic, political and social aspects of countries in Africa.
 - *A potential cross- curricular activity with an Algebra or Statistics class would be to use ratio, rate of change, and slope to examine the spread of the pandemic within the continent of Africa and making predictions about the future spread of AIDS in Africa in 5 & 10 years.*
5. Have your students go to the Center for Disease Control website at www.cdc.gov and locate the Mortality and Morbidity Report. Here students will be able to compare infection rates of young people in the USA with infection rates of young people in Africa.
6. Students will read an excerpt from either:
 - Susan Sontag’s Illness as Metaphor or
 - Celia Farber’s AIDS as Metaphor
7. Establish contact with Better Existence with HIV (BEHIV). In conjunction with BEHIV, work with your students to develop and implement an open ended questionnaire about AIDS in school and neighborhood. The questionnaire should attempt to discern the level of knowledge and awareness about AIDS in school and the neighborhood and be organized around the following questions:
 - How does one contract AIDS?
 - How does one manage AIDS?
 - Can one be cured?Students will discuss the outcome of the questionnaire and separate fact from myth.
8. Students will present their findings to their fellow students and, ideally, the Chicago/Cook County Health Department.

9. Work with BEHIV or the Howard Brown Health Center to develop a way to distribute accurate information to peers and the community about the problem of AIDS.
10. To extend learning to our elementary schools, ask your students to create materials or a performance piece to educate 7th and 8th grade students on the realities of HIV/AIDS.
11. As a reflection exercise, ask your students to brainstorm solutions to the problem of AIDS in the world.
 - Students should take into consideration the causes of AIDS and the impact on societies in African and the United States.
 - Whom might the students want to target for education?
 - An alternative reflection assignment is to have your students write an essay comparing AIDS in the United States with AIDS in Africa.
12. Evaluate the project with your students. Discuss ways that their message could have had more effect with a greater audience.

Community Partners/Resources

Better Existence with HIV (BEHIV)

1244 West Thorndale

Chicago, Illinois 60660

773293-4740

www.behiv.org

Howard Brown Health Center

4025 North Sheridan

Chicago, Illinois 60613

773/388-1600

<http://www.howardbrown.org/>

Useful Websites

www.cia.gov/factsheet

www.aids.about.com/cs/aidsfactsheets/a/africa.htm

www.pbs.org/wgbh/pages/frontline/aids

www.pbs.org/newshour/health/aids_in_africa

<http://www.world-links.org/aidsweb/goal1.html>

<http://www.cdc.gov/> - Center for Disease Control

Essays (excerpts)

Sontag, Susan, Illness as Metaphor and AIDS as Metaphor, 2000.

Farber, Celia, AIDS as Metaphor, Impression, November 1998.

Photo Essays

<http://allafrica.com/photoessay/womenaids>

www.bbc.co.uk/devon/content/articles/2006/01/17/life_interrupted_exhibition_event_feature.shtml

Films

- Philadelphia 1993
- Forrest Gump 1994
- The Constant Gardner 2005
- AIDS in Africa 1990

Addendum

Standards

This project addresses the following Illinois Learning Standards for Social Studies:

- 15.B.4b: Analyze the impact of current events (e.g., weather/natural disasters, wars) on consumer prices.
- 16.A.4a: Analyze and report historical events to determine cause-and-effect relationships.
- 16.A.4b: Compare competing historical interpretations of an event.
- 18.A.4: Analyze the influence of cultural factors including customs, traditions, language, media, art and architecture in developing pluralistic societies.

This project also addressing the following Illinois Social Emotional Learning Standards:

- 1A.4a: Analyze how thoughts and emotions affect decision making and responsible behavior.
- 2A.4a: Analyze similarities and differences between one's own and others' perspectives
- 3B.4b: Apply decision-making skills to establish responsible social and work relationships.

Hours Recommendation

Students who complete the entire project should be awarded between 10-18 service-learning hours depending on the amount of time spent on the survey and any educational work done with a feeder school or community group.

Preparation: Reading/Discussion/Research/Survey – 3-10 hours

Action: Visit/Oral Histories/Presentations – 3-6 hours

Reflection: Discussion/Writing – 1-2 hours

Cross-Curricular Connections

Connections with Science (Epidemiology and Biology), Math (Algebra and Statistical Analysis), Technology, English, and Art courses could be made during this project.

SUSAN SONTAG

HOME

BOOKS

REVIEWS

BIOGRAPHY

PRESS ROOM

ABOUT FSG

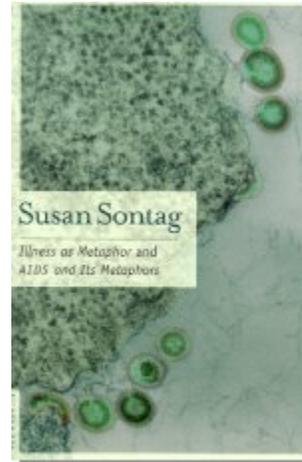
Illness as Metaphor and AIDS and its Metaphors

Excerpt

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Two diseases have been spectacularly, and similarly, encumbered by the trappings of metaphor: tuberculosis and cancer.



The fantasies inspired by TB in the last century, by cancer now, are responses to a disease thought to be intractable and capricious -- that is, a disease not understood -- in an era in which medicine's central premise is that all diseases can be cured. Such a disease is, by definition, mysterious. For as long as its cause was not understood and the ministrations of doctors remained so ineffective, TB was thought to be an insidious, implacable theft of a life. Now it is cancer's turn to be the disease that doesn't knock before it enters, cancer that fills the role of an illness experienced as a ruthless, secret invasion -- a role it will keep until, one day, its etiology becomes as clear and its treatment as effective as those of TB have become.

Although the way in which disease mystifies is set against a backdrop of new expectations, the disease itself (once TB, cancer today) arouses thoroughly old-fashioned kinds of dread. Any disease that is treated as a mystery and acutely enough feared will be felt to be morally, if not literally, contagious. Thus, a surprisingly large number of people with cancer find themselves being shunned by relatives and friends and are the object of practices of decontamination by members of their household, as if cancer, like TB, were an infectious disease. Contact with someone afflicted with a disease regarded as a mysterious malevolency inevitably feels like a trespass; worse, like the violation of a taboo. The very names of such diseases are felt to have a magic power. In Stendhal's *Armance* (1827), the hero's mother refuses to say "tuberculosis," for fear that pronouncing the word will hasten the course of her son's malady. And Karl Menninger has observed (in *The Vital Balance*) that "the very word 'cancer' is said to kill some patients who would not have succumbed (so quickly) to the malignancy from which they suffer." This observation is offered in support of anti-intellectual pieties and a facile compassion all too triumphant in contemporary medicine and psychiatry. "Patients who consult us because of their suffering and their distress and their disability," he continues, "have every right to resent being plastered with a damning index tab." Dr. Menninger recommends that physicians generally abandon "names" and "labels" ("our function is to help these people, not to further afflict them") -- which would mean, in effect, increasing secretiveness

and medical paternalism. It is not naming as such that is pejorative or damning, but the name "cancer." As long as a particular disease is treated as an evil, invincible predator, not just a disease, most people with cancer will indeed be demoralized by learning what disease they have. The solution is hardly to stop telling cancer patients the truth, but to rectify the conception of the disease, to de-mythicize it.

When, not so many decades ago, learning that one had TB was tantamount to hearing a sentence of death -- as today, in the popular imagination, cancer equals death -- it was common to conceal the identity of their disease from tuberculars and, after they died, from their children. Even with patients informed about their disease, doctors and family were reluctant to talk freely. "Verbally I don't learn anything definite," Kafka wrote to a friend in April 1924 from the sanatorium where he died two months later, "since in discussing tuberculosis . . . everybody drops into a shy, evasive, glassy-eyed manner of speech." Conventions of concealment with cancer are even more strenuous. In France and Italy it is still the rule for doctors to communicate a cancer diagnosis to the patient's family but not to the patient; doctors consider that the truth will be intolerable to all but exceptionally mature and intelligent patients. (A leading French oncologist, has told me that fewer than a tenth of his patients 'know they have cancer.) In America -- in part because of the doctors' fear of malpractice suits -- there is now much more candor with patients, but the country's largest cancer hospital mails routine communications and bills to outpatients in envelopes that do not reveal the sender, on the assumption that the illness may be a secret from their families. Since getting cancer can be a scandal that jeopardizes one's love life, one's chance of promotion, even one's job, patients who know what they have tend to be extremely prudish, if not outright secretive, about their disease. And a federal law, the 1966 Freedom of Information Act, cites "treatment for cancer" in a clause exempting from disclosure matters whose disclosure "would be an unwarranted invasion of personal privacy." It is the only disease mentioned.

All this lying to and by cancer patients is a measure of how much harder it has become in advanced industrial societies to come to terms with death. As death is now an offensively meaningless event, so that disease widely considered a synonym for death is experienced as something to hide. The policy of equivocating about the nature of their disease with cancer patients reflects the conviction that dying people are best spared the news that they are dying, and that the good death is the sudden one, best of all if it happens while we're unconscious or asleep. Yet the modern denial of death does not explain the extent of the lying and the wish to be lied to; it does not touch the deepest dread. Someone who has had a coronary is at least as likely to die of another one within a few years as someone with cancer is likely to die soon from cancer. But no one thinks of concealing the truth from a cardiac patient: there is nothing shameful about a heart attack. Cancer patients are lied to, not just because the disease is (or is thought to be) a death sentence, but because it is felt to be obscene -- in the original meaning of that word: ill-omened, abominable, repugnant to the senses. Cardiac disease implies a weakness, trouble, failure that is mechanical; there is no disgrace, nothing of the taboo that once surrounded people afflicted with TB and still surrounds those who have cancer. The metaphors attached to TB and to cancer imply living processes of a particularly resonant and horrid kind.

AIDS AS METAPHOR

By Celia Farber

Impression Nov. 1998

It is not the HIV retrovirus that has changed our world so indelibly. It is the idea that physical contact and intimacy can kill you. The mass hysteria has invaded our homes and schools and even influenced the Clinton-Lewinsky crisis.

Ideas, as we know, have consequences. A simple idea can alter the behavior of millions, as the turn-of-the-century book *Extraordinary Popular Delusions and the Madness of Crowds* so brilliantly demonstrates. Did you know that there was a time (the early 1600s) when wealthy Europeans became so consumed with certain tulip bulbs as status symbols that they sunk vast fortunes into acquiring them? "Tulipomania," as it came to be known, ended as arbitrarily and suddenly as it began, presumably when people realized that tulips were rather ordinary flowers, and hardly worth all this hysteria -- but this return to rational thinking caused a near-collapse in the economy of several European countries, which had rested heavily on the tulip trade. The same bulbs that had previously been so talismanic, so coveted, that had inspired such passion and been bought for such fortunes, now lay rotting in warehouses. The entire change had occurred in people's minds, while the objective reality -- the tulips -- remained the same.

I think about this phenomenon when I think about AIDS -- and I've been thinking about AIDS for thirteen years, which is much too long. In AIDS, I see everything that the modern world is really about, so I use it as a microcosm. As a study in mass hysteria, there exists no richer example than HIV-AIDS. It is not the "deadly virus" but the *idea* of it that has changed our world so indelibly. It is an idea we cannot shake.

The cutting edge of AIDS dissent has moved, in recent years, from the question of whether the retrovirus HIV causes AIDS to a far more mind-boggling question posed by a group of scientists in Australia: Does HIV *exist*? In other words: Is there really a biological entity, ubiquitously known as HIV, that is *unique*, distinct from all others, and distinct from all unnamed retroviral debris, that can with utter certainty be claimed as *a* virus with *a* name and *a* genetic purpose -- that is itself and no other-- and that *is* the entity held up as the cause of AIDS at Robert Gallo's fateful 1984 press conference?

Of course it exists, you think, I've even seen it! You know, that knobby, colorful sphere-like thing that has ominously appeared on so many magazine covers since the mid-'80s. The virus that we've come to know over the years as "ingenious," "deceptive," "cunning," and, of course, "deadly." (I almost forgot "non-discriminating.")

No, the quiet team of Australian scientists argue, HIV was never isolated, never proven to exist as an exogenous, unique retrovirus.

I have been content to follow this one from the sidelines, as my more mentally intrepid dissident colleagues rolled up their sleeves and got into it. It's fascinating. I asked Peter Duesberg -- the Sakharov of the AIDS dissidents, infamous for his long-standing case against HIV as the cause

of AIDS -- whether he thought HIV "existed." "Yes, I do," he said, "but I still don't think it causes AIDS."

He paused and then added with a slight laugh: "I guess that makes me a moderate dissident now."

* * *

In Geneva, at the recent International AIDS Conference, dissidents flew in from all over the world. We slept, to our great amusement, inside an actual nuclear bunker, which two lovely male Swissair flight attendants and dissidents (if you can imagine such a thing) rented on our behalf from the Swiss Army. (Every Swiss house or building has a nuclear bunker beneath it.) In the evenings, we gathered at long tables at outdoor cafés, and talked and argued and drank. One night, the topic arose as to whether or not the debate about viral isolation should take precedence over all else. I said no. Because, I argued: What is true in the mind is far more potent than any external reality, and it is true in the minds of millions of people that HIV is a deadly virus. That, therefore, must be tackled first.

We passed between us this weird black thing somebody had picked up at the conference. We were laughing and fingering it. What was it? It looked like the severed wing of a bat and smelled like cinnamon; it was a dental dam. A political statement. A totem of progressiveness, and a totem of madness. There are, at most, two alleged cases of HIV transmission from woman to woman. But no doubt some screaming mimi from the AIDS establishment has trumpeted that figure as a 100 percent increase (double!) from the days when there was only one.

* * *

I doubt whether any single idea has had such a meteoric impact on the global human psyche as the 1984 announcement by Robert Gallo that the "probable cause of AIDS" had been found, that it was a virus, and that it was spreading sexually. To equate sex, which begets life, with death, was to turn humanity on itself, to give it a formula with which to drive itself mad. The waves of terror that would radiate from that inexplicably mysterious press conference are too awesome to document. Nothing would ever quell that original volcano of AIDS panic. Instead, it would become the most defining psychic characteristic of the end of the century.

The characteristic does not always manifest as fear of AIDS, but rather, as a generalized fear of contact, of intimacy. I see it everywhere, perhaps because I'm looking for it. I see it on *Seinfeld*, where the characters are totally phobic of germs, of contact. I see it in parents who won't touch their own children, camp counselors who are not allowed to even comfort a crying child, high school students who shower with their clothes on, not to mention cybersex, phone sex, and no sex.

A sex therapist I know in New York told me several of her male clients have actually developed a psychosis about AIDS to the point where many of them are celibate. One has such a morbid fear of AIDS that he hasn't had sex in eight years.

I trace the Clinton-Lewinsky crisis, even, back to AIDS, back to that 1984 press conference. Why? Because on that day, sex itself was rendered murderous. This in turn led to the widely accepted notion that sexual advances in the workplace are criminal offenses. Desire itself was

more or less criminalized. This idea is electromagnetic, not visible, but it is *why* Clinton must burn, even though we don't really know exactly what he did, or what it means.

* * *

I was having lunch with a friend recently, a young, single man, who every year attends the Burning Man festival in the Nevada desert -- the annual gathering that is supposed to be the place where young people go to take drugs, release their inhibitions, ignite their creativity, and, finally, set fire to some gigantic wooden statue of a man (or something like that). Sounds perfectly awful, but this friend of mine goes each year, and loves it. This year, he really had a story for me. He had met and become infatuated with, a young woman who worked as a stripper. They went back to his tent. She asked him to massage her. They were both on *ecstasy*. And what does she do?

"She insisted I put on a pair of rubber gloves before I could touch her," my friend said.

I lurched forward. "You are kidding."

"I kid you not."

"Why?"

"I don't know. She thought I might give her some disease or something."

"Just by massaging her?"

"Yep."

"But where did she get the gloves from?"

"She had a whole box of them."

"A *box*? In the middle of the desert?"

"Yeah."