



One Boy's Silence

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Living in the small IDP camp of Agoro, near the border of Sudan in Northern Uganda, is a small 5 year old boy named David. His mother approaches me with an aggressive desperation, and at first I am taken back. Since being in Northern Uganda I have listened to the stories of the many community members in the small rural town of Kitgum and the IDP camps in the district. I have heard women speak of being raped. I have heard mothers cry about their dead or abducted children. I have heard accounts by survivors of ambushes and attacks by the rebels, and I have talked to many children who have been victims of land mines, abduction and rape. I have seen child headed households, where one child cares for his many younger brothers and sisters, joining the growing number of AIDS orphans in Africa. I have even been offered babies by HIV positive single mothers. But I don't know how to measure the suffering or what I would even compare it to.

David's mother takes off David's ripped shirt and pushes the small boy in front of me. His distended belly now clearly visible, he stands looking down in silence. He is only one of many sick children here in the camp and I have several things to do on my last day but his mother's insistence stops me. Her plea for help seems urgent. I sit with her and David as she explains: she is dying of AIDS. David's father died of AIDS and David is HIV positive. She explains through tears that when David goes to school the other children throw rocks at him, telling him that he will soon die of AIDS also. He comes home from school in tears, scared that they might kill him with their rocks before he dies of the disease. He dropped out of school and is scared to leave the hut.

I spend the afternoon with David but his sadness isolates him. He speaks in a whisper, as if scared to be noticed, and he only speaks when I ask him a question. I had never seen a child so severely sad and scared until that day. His suffering overwhelms me and all I want to do is envelop him in a protective and invincible sheath and cry with him. Ironically I had given a talk the week before on HIV/AIDS education at the same camp and had emphasized the importance of reducing stigmatization.

I ask Charles, my local ACDA partner, to follow up and give a talk at David's school about AIDS education and sensitization. I ask him to keep a close eye on the boy, and beg him to e-mail me with updates as often as possible. I buy David a new shirt so that he has something to wear, but also secretly because I want him to smile...but he doesn't.

I am extremely aware of the importance of cost efficacy; sustainable projects are most important, and giving money or food to individuals is only a short-term resolution to bigger problems. I also don't want to support the misconception that Ugandans need my financial help or are dependent on the International Aid Industry. The potential for agriculture and sustainable projects is vast, especially now since the ceasefire.

Yet, as I sit with David, all I want to do is take care of him. I want to somehow buy his loneliness from him. I want to buy his suffering...but I can't. As he walks away from me at the end of the day, my translator Fred thinks that David seems happier, that there is more 'jump' in his walk. But I am not so sure.

It is the most horrible feeling leaving a place that you feel in some unnecessary way responsible for, and feel so helpless. This has been much of my trip here, and sometimes I wonder...will this child survive? Or will things ever change here? Or do I even make a difference? Everything seemed so futile in that moment, while at the same time it made me want to fight harder to create change.

Though I had experienced a lot during my trip, my day with David was what created the most emotion in me, and a desperation to hold on to the memory of him because I was scared to forget the magnitude of his suffering, and the suffering of many other children. After we parted, I also felt like being silent and alone.

I was reminded of an article that I had read a year ago, which summarized the experiences of a doctor returning from a trip to Tanzania. It was so similar to how I felt that I realize explaining my thoughts any other way could never be so eloquent. He writes: "From my world of excess I feel drawn back to Tanzania. Is it guilt that moves me? Is it some vague desire to give witness, to be enraged at the hardship and inequality? Can I really contribute very much in a world I barely know? Am I an aid tourist, going so that I might feel good about myself? Hereby is demonstrated another First World trait: paralysis by analysis. I think I'll go back without asking these questions. I'll just go and do whatever I can muster. I'll keep it simple, comfort a child, hold a dying hand, practice the best medicine circumstances allow, realizing I will change little outside myself. And at the end of the day I won't ask if it was enough, or the right thing. That would be self indulgent. Perhaps the question and the answer are really unimportant, A few small actions, a few small contributions are so much larger than all these words." (Dr. Larry Kramer).

After word:

AIDS is a disease of poverty and unfortunately I don't believe education and prevention tactics alone can control the disease. Little girls are giving sex for school fees here, and infidelity and sexual violence are extremely prevalent. There are also cultural implications that increase risk such as female genital mutilation and tooth extraction, along with the fact that many people think AIDS is transmitted by mosquitoes. Unfortunately, like the disease, the availability of antiretrovirals (ARV's) here is not so simple. They are not easy to access and if one does, as an outpatient, there are considerable barriers because of the lack of infrastructure that reduce effectiveness. ARV's need to be taken with food and there is chronic malnourishment and hunger here. There is also no refrigeration as well as a black market. Although available through the government hospital, usually one must be in a fairly late stage to be able to get the medication, and in the final stages of AIDS it is not as beneficial. The struggle for the last 21 years has been the war against the Rebel militia, the Lord's Resistance Army. The community has focused on avoiding abductions and attacks, dismemberment and death, while the 'silent killer' AIDS has continued to attack unknowing victims.