

Catherine Moores

Tanzania, through the eyes of a **Grade 11 Student** in **Vancouver**

The scent of toasted earth speaks
of today's scorching sun
The air surges through the old
truck's open windows and,
Like a warm compress,
pushes against my cheek
Then rides up and over me
And slips by my sides.
The air hugs me
And then whispers off
Into the night.

That's a snippet from my
travel journal. You may
picture the typical Spring
Break, spent sunning on the
beach in a Mexican resort,
but my words speak of a very
different place.

Though there is much beauty in
Africa, a dark shadow has been cast
over the splendor of the people and
the land. That ominous cloud is the
destruction wrought by AIDS.

My experiences there are forever
ingrained in my mind and my heart,
but it's the people I met that haunt
my days. The African people are dying.
They are suffering. By the millions,
they are dying of AIDS.

During Spring Break of my Grade
11 year, I participated in "The Climb
for HIV/AIDS." As part of a team of
12 high school students from across

Canada, I raised money for the Stephen
Lewis Foundation and, funded by my
parents, travelled to Africa for 2 weeks.

The purpose of our trek was to
raise awareness in Canada of the HIV/
AIDS epidemic that is devastating the
African peoples and to impress upon
Canadians that Africa has an urgent
need for global assistance.

Our mission was to

- climb Mount Kilimanjaro; and
- gain firsthand understanding of
the enormity of the AIDS Crisis.

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The Fundraising

AIDS intervention is critically
necessary—with over 2 million people
dying of AIDS-related complications
each year and 26 million victims
currently suffering in sub-Saharan
Africa. Seventy-five percent of the HIV-
positive people in this region are women
and children; over 12 million orphans
have lost both parents to AIDS.

As the beneficiary of our
undertaking, The Climb for HIV/AIDS
organizers chose the Stephen Lewis
Foundation, a Canadian-based charitable
organization established by Stephen
Lewis, UN special envoy to AIDS Africa.



The foundation's purpose is threefold:

- provide palliative care at the
community level to women dying
from AIDS-related diseases;
- assist the vast number of orphans
of AIDS and those who have
otherwise been affected by the
disease; and
- support the families of AIDS
victims.

For more information, please visit
www.stephenlewisfoundation.org.
All funds raised by my group were
directed by the Foundation to one of
the key activities of the MKUKI project:
orphan support initiatives in rural
Tanzania, in the Kilimanjaro area.

Details of the work of
MKUKI can be found at [http://www.
stephenlewisfoundation.org/projects_
MKUKI-2005.htm](http://www.stephenlewisfoundation.org/projects_MKUKI-2005.htm) and at [http://www.
stephenlewisfoundation.org/news_
item.cfm?news=882](http://www.stephenlewisfoundation.org/news_item.cfm?news=882).

Thanks to the generosity of my
donors, I raised over \$8000. The
group as a whole raised \$50,000!



Masai children



Masai children

The Safari

The safari allowed us to experience the unique landscape and see animals in their natural habitat. It was also a beneficial time to talk with our African guides about their country and about certain issues in their society.

March 13

Early Morning Game Drive

Under the newborn sky, it hits me. We are in Africa—a wild and vast county—surrounded by thousands of storybook animals that have only now become real to us.

The Climb

Kilimanjaro is one of the Seven Summits. At 19,340 feet, it is the highest mountain in Africa. Accompanied by a team of African guides and porters, we completed a 7-day climb, ascending via the Rongai route and descending on Marangu.

The climb is extremely beautiful, through five climatic zones, each with its own plant and animal life. The summit boasts an expanse of glacier we were fortunate to see because the glaciers are expected to have melted completely in 20 years, due to global warming.

The rest of the trip was emotionally challenging but this was the physically challenging part. We had to be fit and contend with altitude sickness, which strikes unpredictably—6 of 9 students (including myself) summited.

The African people take great pride in Mount Kilimanjaro, an important symbol of their national freedom. The summit's name, Uhuru, means *freedom* in English. The mountain is also the focus of a huge tourism industry that provides many of the most sought and best-paying jobs to the locals.

Because completing the climb is seen as quite an accomplishment, we made it an integral part of our trip. Many donors embraced our project because of our personal participation and undertaking to prepare for and complete that climb.

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Ground Visits

While in Tanzania, we were able to visit the MKUKI project, to which the funds we raised were donated. We saw a skills-development centre whose



Our Masai guide

mission is to provide destitute orphans with vocational training, mainly in agriculture, carpentry, tailoring, and auto mechanics. Of the 25 children we met, only 5 had both parents—though, in several cases, those parents were dying of AIDS); 10 children had 1 living parent and 10 had lost both parents. The MKUKI project provides an essential support system in the area because children who lose their parents have no means of support and are often left with multiple siblings for whom the eldest must care.

There is a huge stigma surrounding AIDS and it is not openly discussed. Everywhere we went, we saw evidence of the disease . . . a prevalence of young children and their grandparents, with seemingly few people of the middle generation.

We saw few children wearing uniforms, the normal attire for those currently enrolled in school. School-aged children lined the streets day and night. They surrounded obvious tourists like ourselves, trying to sell their homemade crafts.

Many asked where we came from and what life was like there. The questions most frequently and eagerly asked were to do with school. Did we go to school? What was it like? What did we study? What books did we read? What languages did we know? Many of them wanted to trade their crafts for our books; obviously they yearned to be in school, but were on the streets to make a living.



A close encounter with an elephant in the Ngorogoro crater

At Amani House, a refuge for street kids, the director told us the house was overwhelmed with orphans; the numbers in need far exceed the project's capacity. Every year, they are forced to accommodate a greater number of needy children.

Perhaps the most telling experience was our visit to Marangu Hospital, where Doctor Gunnar Hjorth, the Norwegian doctor who volunteers there 8 months of the year, was able to speak candidly of the problem of AIDS. Though he was cheerful, it was obvious this man was absolutely stretched to his limits—as is understandable, given that the doctor-to-patient ratio is 1 to 27,000. To put that in perspective, in Canada it is around 1 to 50.

The facts he presented were staggering. He told us 20 percent of the population in Tanzania is under 16. In 10 years, that number is estimated to rise to 40 percent. That certainly explained what we had observed on the street.

Though he works tirelessly, Dr. Hjorth faces many challenges that are out of his control. The hospital provides testing for HIV, which is essential in saving lives because those who test positive must be treated as early as possible. The testing costs a mere CAN\$1.50—pocketchange to us—but in this impoverished county, few can afford it.

He then showed us a piece of archaic equipment, telling us the manufacturer had recently requested the equipment back because the

company wanted it in their museum. As if this isn't shocking enough, the company offered to send a brand new piece of equipment, as long as the hospital paid the small shipping and handling costs. The hospital couldn't even afford that modest expense.

The questions most frequently and eagerly asked were to do with school. Did we go to school? What was it like? What did we study?

Dr. Hjorth spoke deplorably of the church, which is predominantly Lutheran in Tanzania. He believes they greatly hinder the fight against AIDS by not supporting sex education and, instead, promoting abstinence.

In Tanzania, abstinence as a method of disease control is unrealistic and ineffective because 80 percent of 15-year-olds are already sexually active.

The available condoms are low-grade. We were astounded to hear the condoms available in Africa are deemed worthless in Europe because they fail to pass quality control tests. Case in point: Condoms are supposed to be able to hold 20 L of fluid, but the ones Dr. Hjorth tested (and had bought in Africa) held only 2 L before bursting.

There are places where condoms can be rented for one-time use. They are rinsed, hung up to dry, and rented to the next person!



An elephant roaming in Ngorongoro Crater

People seek the majority of their sex education from trusted church officials, which is worrisome—not only because they are steadfast in promoting only abstinence but because of the misinformation they (at times) provide to people.

For example, at a meeting between the church bishops and Dr. Hjorth, one priest sincerely made the following comment, “If a condom/latex is flammable, and heat is produced during intercourse, I'm afraid that wearing a condom would cause the genitalia to catch fire.” He said he did not recommend the use of condoms to those who sought his advice.

Dr. Hjorth spoke of the huge role the sex trade has played in the rampant spread of the disease. Often a man will go to work in a larger city, while his wife remains in a village with the family. While the man is away, he may become involved with a prostitute. When he returns home, his wife becomes infected and children become infected during childbirth.

Damas, one of our safari guides, made this comment.

There are very few jobs for women—people will not hire them, for many reasons, including not wanting to pay maternity when the woman becomes pregnant. Women are completely reliant on men to provide money for food, and so on. In an effort to become somewhat self-reliant, women are willing to sell themselves for sex.

In Conclusion

After doing extensive research to prepare for my trip, being astounded by the figures, then actually going to Africa, and becoming even more bowled over by the experience and the situation, I was faced with the



A herd of wildebeest



Day 4 of Kilimanjaro Climb.
This shot features Mawenzi Peak.

question, "What can we do here that's meaningful to assist these people?"

It is well known that one of the keys to fighting this disease is education and women's empowerment. To quote the former UN secretary general Kofi Annan,

There is no tool for development more effective than the education of girls and the empowerment of women...a girl in some parts of sub-Saharan Africa is six times more likely to be infected than a boy. There are many reasons, ranging from abuse and coercion by older men and men having several partners, to lack of awareness and empowerment among girls and women... Deprived of basic schooling, they are denied information about



Orphans at Amani House

how to protect themselves against the virus.

Without the benefits of an education, they risk being forced into early sexual relations, and thereby becoming infected. Thus they pay, many times over, the deadly price of not getting an education...it is a critical tool in helping us to break the vicious cycle. The key to all the locks that keep this cycle going—from AIDS to poverty to inequality—lies in education.

Before leaving Canada, our group had the privilege of meeting Stephen Lewis. We asked him what we can we do, here, in our society, to help. He told us of a school in Africa that he knows well and that is in desperate need of our help.

I attend an all-girls school that has access to a large resource base and the ability to make a meaningful contribution to any project we choose to support. Thus, it is my hope this year that as Co-Captain of the Global Service Club, I will be able to establish a relationship between my school, Crofton House, and the girl's school to which Mr. Lewis referred. Umoyo School for Girls is featured in Stephen Lewis's book, *Race Against Time*.

The school focuses on women's empowerment and the importance of early and continuing education. With our support, they would be able to provide for a greater number of girls and be equipped with the necessary resources and supplies to support this augmented enrollment.

It will be impossible for women and girls in Africa to change their desperate plight without educational support and profound social change.



A hospital vehicle promoting AIDS awareness and education



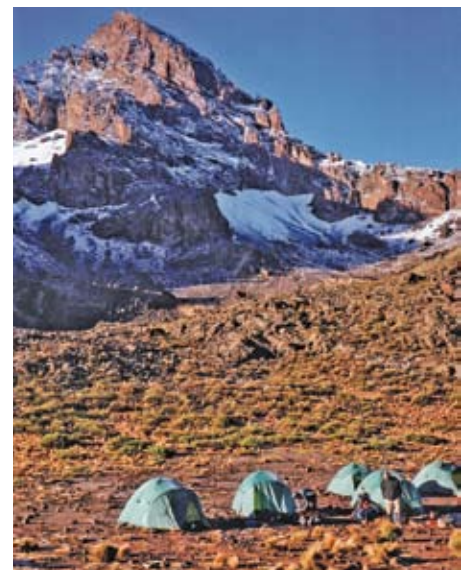
A fabric stand in a rural village

If you, too, feel compelled by the desperation these people face, and are able to assist them at any level, I encourage you to support the Stephen Lewis Foundation. Its administrative costs are less than 10 percent. Thus, more than 90 percent of all donations go directly to a comprehensive system of support for grassroots projects that save the lives of those infected with AIDS and provide care for the many more unfortunates who are otherwise affected by the disease.

My trip-mate Theo Lyons was quoted in *The Vancouver Sun*. He said HIV/AIDS is one of the biggest problems that the world—and our generation—will have to face and it will not be resolved if left in the hands of governments alone.

It is up to each one of us to get involved and to work toward a viable solution to this crisis.

What will be your contribution? ▲



Tenting on Kilimanjaro.
That's Mawenzi peak in the background.