

personalizing the world health crisis

the san: aids and dislocation

a photo essay by robert semeniuk



These photographs come from the first leg of a long-term photo documentary project called "Personalizing the World Health Crisis".

It is estimated that every hour 1,500 people die, worldwide, of infectious diseases (including HIV/AIDS, malaria, tuberculosis, and diarrhea); over half of them are children under the age of five. In addition to these main killers are the numerous 'little known' diseases like sleeping sickness, river blindness, rotavirus, and trachoma, all of which shatter families; jolt economies into negative growth; and destabilize security and food supplies.

I chose to begin this project in

Botswana because it has one of the highest HIV/AIDS rates in the world and the San, or Bushmen, are among the poorest of the poor. For 70,000 years they have lived, untainted, in the desert. Now many live diseased, disenfranchised, and in squalor on the outskirts of dusty frontier towns, like Ghanzi and D'kar on the edge of the Kalahari. Last year, over two months, I made these places my home. I mostly lived with Nanke, a single mother with AIDS, and her family who suffer TB, malaria, and alcoholism.

Dislocation and dispossession are major co-factors in the spread of AIDS, and other diseases. People without homes get sicker than people with

homes. And when people get sick they want to go home. The San are being forced into "resettlements" that some Bushmen call "places of death".

I photographed everyday life. I found their "outsides" small, but their "insides" very big. Nanke was better off of than most. She cleans an expatriate's house once a week, and sells homemade beer. People visit her or she visits people, all day long, everyday. It was a very social time. She lives in a culture of relationships, if ours is a culture of transactions. She was drunk everyday by noon, and on some days it seemed like quite a reasonable response to her circumstances. "Only God can save us"



School, when I ask children in an "AIDS awareness class" what they know about AIDS, they quote in classical fashion, the teacher's manual word for word, then laugh and joke and ask me to take their picture.



Ghanzi girl, a young mother passes around her X-ray films at a local shebeen on the outskirts of Ghanzi, where homemade beer is brewed in the morning for pennies and sold for nickels in the afternoon.



Nanke's home, Lennah Nanke Mothimit, 38, and her sister, Anna. Nanke contracted AIDS in 1999 from a rapist. She is one of the few women in D'KAR who is open about her HIV status. She is currently estranged from her mother, ostracized by the church, abandoned by the fathers of her children.

she answered when I asked "what is the answer to all this death and suffering?" I expected her to say more education and more anti retroviral drugs. Nanke has been banished from the church and estranged from her born-again mother who works for the missionaries who own the land she lives on. Nanke contracted AIDS five years ago, after she was raped. Her and her cousin Catherine, who also has AIDS, often talk together about who will commit suicide first. Catherine told me about how she was about to throw her two children down a borehole, when the youngest started to laugh and she changed her mind, for the time being anyway.

Nanke perpetually humbles me. She needs so little to make so much. Where I come people need much and make little. My worst nightmare is to take advantage of her suffering, then my reason will be lost. Photography for me has become a practice, an exercise in paying attention inside and out. It

is both a way to learn and to teach. It seems like such a perfect blend. I feel so fortunate that I do what I do. I don't think I would be here otherwise.

It is easy to go to Africa and photograph poor children with flies all over their faces. What we have, in the mainstream media, are images of Africa that all look the same, and we are all bombarded with them to the point of indifference. They are stereotypical images that only tell us more of what we already know and comfort us in believing what we already believe. As comfortable as stereotypical images are, they desensitize us to the truth and prevent us from discovering what we don't know.

Documentary photography as storytelling is a powerful tool of social change and dialogue. Good documentary photographs make the ordinary become extraordinary, and honour the subjects. They move us, not through misrepresentation, but because they represent moments of looking more



Nanke's kids. On the sand in the shade of Nanke's tin shack, children gather around a bowl of boiled sorghum meal, called "pap." For many days this is all there is to eat. There are never any leftovers.

deeply at the subject than we had previously experienced.

Donations in support of this documentary project “Personalizing the World Health Crisis” and other projects are tax deductible through www.ontheground.ca. On The Ground is a recently formed non-profit Society of Documentary Photographers dedicated to supporting and presenting important cultural and environmental work. Robert Semeniuk is currently in Africa working on the second leg of his project, about trachoma, the world’s leading cause of preventable blindness. The third leg will cover two months in a malaria clinic on the Thai/Burmese border, followed by tuberculosis in Russian prisons, obesity in America, diabetes among Aboriginal Canadians, and others. ☸



Ghanzi ghetto, The highest risk groups in Botswana are disempowered women, marginalized youth, street-, sex- and migrant-workers, the displaced and refugees. Desperation lures young San women/girls to men with money. They charge 50 pula (\$10) for sex with a condom and 200 pula (\$40) without a condom.



Ghanzi health post, There is no shortage of AIDS awareness signs and condom distribution boxes in Botswana. The message is clear. What is not clear is who is listening. “Changing behaviour is the challenge,” says Cheryl Arnison, a Canadian AIDS nurse with 7 years experience in Botswana who works in ARV (anti-retroviral) clinics. She estimates that 40, 000 people are being treated with ARVs, and that another 600, 000 require treatment.



Ghetto dwellers, For over a decade San people have been squatting on the outskirts of Ghanzi. They live in tin shacks constructed from recycled and waste material. They come with nothing from the villages and farms hoping for something that never comes. Children raise children because both parents and grandparents have died of AIDS.

Robert Semeniuk was born and spent his childhood in Big Valley, a farming village of 350 people in central Alberta, Canada. He has been a full-time freelance author, photojournalist, human and environment rights activist for nearly 30 years. For his first job he lived with the Inuit for two years, on assignment for National Geographic Magazine, etc. (ask Robert about bio.) www.robertsemeniuk.com



D'Kar child, Koleba Caman is 4 years old. She was born with AIDS. Her anti-retroviral medications make her sick. Her mother died last year and her father was never around. Her grandparents care for her and her 10 year old brother who tolerates the medication.