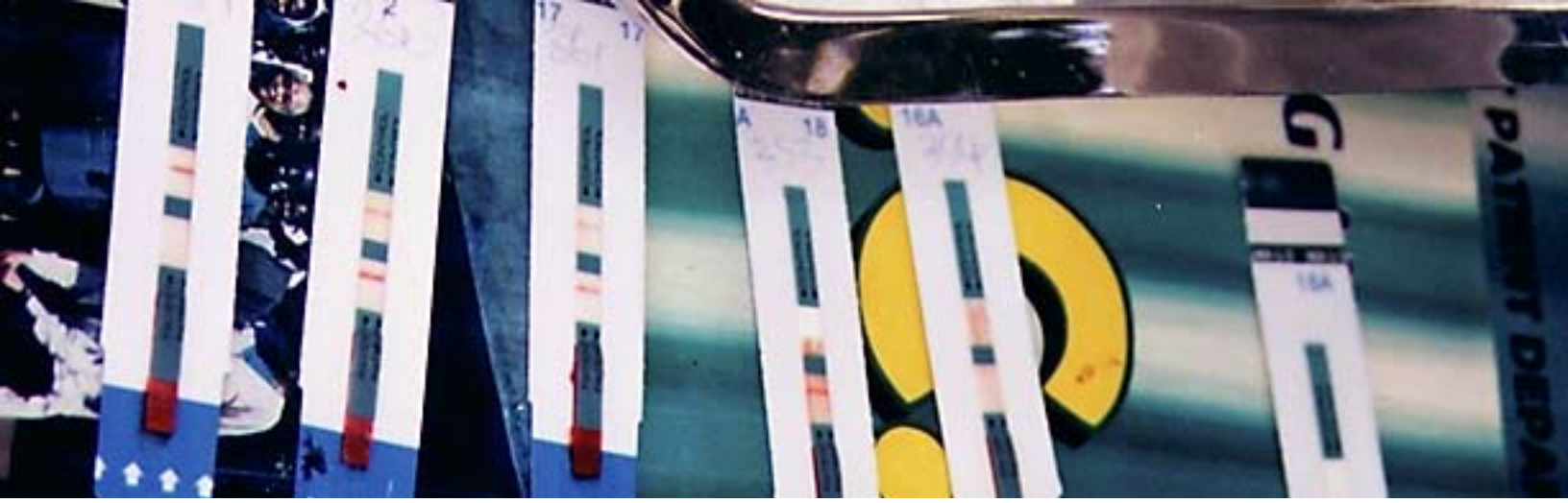

Anatomy of a death sentence

Story and photographs by Bramwell Ryan

Ten hours a day picking bananas. Or chopping weeds from a vegetable garden bigger than most villages. Who decided ten hours was the right length of time to work each day? Why not five? Why not eight? Ten is long enough for muscles to tighten into rock. It's long enough for the callous on her left hand to scratch open on the rough hoe, leak clear liquid, dry, scab and reopen again.

Perhaps ten hours wouldn't be so bad if work was closer. She's walked it so many times she knows the path, the rocks, the angry dogs. It's eleven kilometers and it takes almost two hours to leave Chingangauka, walk west alongside the Livingstone road, left at the junction and then across the Lusaka road to the farm.

The job is hardest after the maize harvest in the spring. Then she stands for ten hours pulling the skin off the heads of corn. By the end of the day the leaves aren't soft anymore. They feel like sharp metal. It's hard to squeeze tight enough to make sure the maize skin comes away all at once. Her hands still hurt when she gets home. She can't close them around her daughter. Neither can she open them flat enough to rub her cheek when she's trying to sleep. So she scratches her daughters' face with the back of her fingers, like a claw digging a grave.

If you count the walk to and from work Omelo spends 14 hours a day away from home. For that she is paid 10,000 kwacha, about $3. That's enough to buy a little bit more than her family eats every day. The extra food gets saved for Sunday's – the only day of rest, the only day with no income. Her family used to have more and Omelo could buy a bit of cloth, or a sweet. But her husband is sick. He stays at home now with no strength to move, no desire to leave their thatched grass hut home. He coughs a lot and at night he often moans, rolling over and over in their bed.

Chingangauka is a tiny village of mud and grass huts 80 kilometres south of Lusaka, Zambia. The community is on the main road from Zimbabwe. Its half dozen noisy pubs are where truckers stop for a drink and a fling. Recently a Salvation Army medical team stopped in Chingangauka. They have a church here and the village is one of more than 75 communities in Zambia where they do AIDS education and prevention work. Today's clinic is a first: on-site AIDS testing with virtually immediate results.

Behind the church, beside a red five-foot termite hill, a battered wooden table sits in the shade of a tree. A volunteer nurse takes blood samples from 38 village people. She smears a drop on the end of an HIV/AIDS test strip. The results are ready in ten minutes. One faint red line on the strip means a

Above: AIDS test strips: The four strips on the left indicate completed AIDS tests – two faint red bands mean the blood has the disease; one band means a negative. Of the four finished tests, 50% show positive.

Above: Omelo (left) as she learned she has AIDS.

negative. Two indistinct lines mean the blood donor has AIDS.

Omelo, who is slim with a harried look common to many mothers, begged for a day off from the farm so she could attend the AIDS clinic. Not working means this young mother will likely go hungry this week. But her hunger for knowledge is stronger. She wants to know whether death is close. So she stands with her daughter strapped to her back and waits her turn.

Like all those tested, Omelo is counseled about AIDS before blood was taken. After the test she meets with Betty Muleya, a Salvation Army employee who has worked in AIDS education and prevention in Zambia for eight years. Muleya has a passion to save as many people as she can. She has built a large network of community committees and volunteers trying to slow the spread of AIDS.

At 4:18 p.m., sitting on a wobbly, axe-hewn bench under a mango tree Muleya brushes away the flies and fixes her eyes on the test results. Omelo sits close and plays with a piece of grass. In Tonga, the local language, Muleya tells Omelo that her hard life is about to get more difficult and shorter. She has AIDS.

After just a few mumbled words Omelo walks away from the bench. Her blue plastic sandals scuff the red dirt of the churchyard. She stares into the middle distance. Her left hand flickers near her mouth. As she wanders, she taps her thighs, staying alone. Then she turns to the back of the church to get her daughter tested. The child does not have the disease.

Omelo wanders some more, breast feeds her daughter and rocks her to sleep. She stays away from a small group of women who celebrate their negative test results.

"I told her that we don't know when she got AIDS," says Muleya. "It could have been yesterday or last year. I told her that even though she has the disease, she's still beautiful. She told me she wants to live long enough to make sure her daughter is alright after she dies."

Omelo likely got AIDS from her husband who worked in the capital city for months at a time. Soon he'll die. Omelo will have to leave her daughter with neighbours as she trudges 22 km each day to work on the farm. Soon enough she won't be able to make that trip any more. And shortly after that, her daughter will be an orphan. An AIDS orphan. One of an estimated 12 million AIDS orphans in Africa.

As the medical team prepares to leave Chingangauka, Omelo lingers by the side of the mud-floored church. She is now a statistic, a rural agricultural worker with no education, in a village where 60% of those tested today have AIDS. She is a mother, alone with her fate and daughter, in country with no money and no AIDS drugs. She is one of 22 people in this small village who were given death sentences by the medical team. Omelo is the last to leave, silent and alone she walks towards her hut, rubbing her daughter's face with the back of her fingers.

Inset: Omelo insisted on getting her child tested for the deadly disease.

Below: Omelo child sleeping: Omelo was relieved to find out that her child did not have AIDS.