It Takes A Village Voice

Mark Schoofs of The Village Voice went to African to report on history's worst health crisis and came out with a Pulitzer Prize. POZ Executive Editor Greg Lugliani asks, "What else?"

October 1, 2000 By Greg Lugliani

How do you cover the apocalypse? When Mark Schoofs added sub-Saharan Africa to his Village Voice *AIDS beat last year his aim was to go beyond the flash images of doom and gloom and numbing numbers of mainstream reporting. He spent six months traveling through nine countries, crashing in $5-a-night rooms, catching drug resistant malaria, and interviewing more than 100 Africans, from great capitals and desert villages, mothers to morticians. The result, an eight part series called "AIDS: The Agony of Africa" (click on www.villagevoice.com), won him a Pulitzer Prize for international reporting. Rich, subtle, and faithful t the complexity of the catastrophe of AIDS in Africa, the work's greatest achievement was to break the news of the name small, but essential successes of a continent fighting for its life.*

***POZ*: What does the Pulitzer mean to you?**

Schoofs: I felt very strange because the aware is a tremendous acknowledgment of the work that the paper did, and that I did. But it is for a tragedy of immense proportions. About a week after the Pulitzers, I received a letter from the headman in a village that I visited. He wrote to tell me that one if the women whom I interviewed had died. And this was a woman with four children. Her husband already died of AIDS. When I had interviews her, she was worried about her youngest child, who she said was too young to carry firewood by himself. And so that little boy was an orphan. And that's what happening all over the continent.

Does the award convey any symbolic important about the fight against AIDS in Africa?
Definitely. It's one more thing that outs AIDS in the public spotlight. And that's fantastic. I wanted the series, to make a difference. Specifically, I knew that the treatments in the U.S. were fairly effective and I feared that AIDS would fall off the American radar screen. I wanted to do my part to prevent that from happening.

How has your Africa reporting changed your view on the epidemic in the U.S.?
The biggest difference between AIDS in African and the U.S. is that people in the U.S., even if they have HIV, have no idea how lucky they are. This is not to say that they don't have an incredible battle in front of them. But they have running water, electricity, access to medical care—forget antiretrovirals. They can go see their doctor and get antibiotics and get a cream to cure athlete's

foot. But many places in Africa simply lack all of this. The most urgent fight is not in the U.S, and I say that having lost a lover and many friends to AIDS.

I also realized that something more important. Although money will buy you time, it's not the only thing. The difference between having HIV in Uganda vs. South Africa is quite striking. In South Africa there's a tremendous amount of stigma, denial, secrecy, shame. In Uganda there is very little of that. South Africa is a much richer country, and many people have access to better medical care than they have in Uganda. But when they go to a doctor in Uganda, even if the doctor cannot offer them much, they at least meet someone who doesn't treat them as a leper. That way in which a person gets sick and dies in Uganda is actually much healthier than in South Africa. I realize that when I look back at the people I know in the U.S. who have gotten sick and died, some did that in a healthy way and others did it in a very sad or tangled way. And it just reinforced the most fundamental human aspects of the epidemic.

Did your experience interviewing HIVers in African teach any lessons that can be learned by HIVers in the U.S.?
There were two tremendous lessons that came forth very strongly. The first was the motto of Elly Kapabir, the doctor who opened the first AIDS clinic in Uganda and wrote the first AIDS treatment manual in Africa: "Use what you have." He has jiggered all kinds of very basic meds to make them work better. He also stresses very simple things. He told me that if a mother is worried about her children, she won't be able to take care of herself. So one of the first things he does before he even gets the idea of medicine is sit down and talk with his patients about their lives.

The second lesson was about prevention. I witnessed time and again remarkable clever, innovative prevention campaigns. My favorite is in Laos, Nigeria, and the largest city in Africa. They had organized these soccer matches, and at halftime they'd have AIDS quizzes where the teams would compete against each other in their knowledge about HIV and AIDS. They were remarkably successful.

Did being a white, gay journalist from the wealthy West affect your coverage?
Of course, I am a white American and I perceived the culture and the people and the situation in a much different way than a black African who lives there would. The trick of my series is that it is not about AIDS, it is about Africa. I looked at Africa through the lens of AIDS. I went to extraordinary lengths to understand what I was seeing. I read lots of history, but I read as much fiction by Africans as I could get my hands on so that I would have a deeper sense of the psychology and the culture and just the everyday things. I was very aware of the fact that I was a stranger and that I needed to do everything in my power to represent these people fairly and accurately. Only once did somebody refuse to see me because I was white.

As a Westerner, did you feel at all restrained in your criticism of the African response to AIDS?
I never felt limited when being critical of international agencies. Or of governments, many of which are despicable. I said that in my piece quite clearly. Where I would really search my soul to make sure that I was being fair as when I would talk about cultural patterns that have helped HIV spread:

gay men congregating in bathhouse in the ‘70’s. Injection-drug users sharing needles, social forces such as racism and poverty. So one of the things I looked for was the historical fault lines that HIV exploits. To go to African and not write about that would have been dishonest reporting.

What do you think about the grim reality of the AIDS situation in Africa and the responses to the epidemic?
It’s a cliché, but its true that great tragedies produce great heroism. And one of the things that I wanted to avoid was this kind of “Afropessimism”: Everything is horrible; the end is coming, give up. Because that’s not true. There are actually counties that have turned the tide against HIV, but in most of the continent right now, they’re losing.

If you could interview South Africa’s President Mbeki, what would you ask?
If he would answer me as a human being and not as a politician, I’d want to ask him what he really believes in terms of HIV causing AIDS and how he came to doubt it. The second thing; Why he was apparently overlooked the vast body of scientific, published articles by Africans conducting research in Africa that unequivocally show that HIV causes AIDS, and that people die at a higher rate and get sick at a higher rate and are more difficult to cure from the common diseases. I would just be curious about why he was willing to listen to these white guys in California instead of actually looking at research that was done on his continent. Then I would ask him what actual programs he is going to make commensurate with the more than four million of his people estimated to be HIV positive.

Regarding those white guys in California, what do you think of the AIDS dissidents? What is their point?
I think that to ask what’s the point, is to fundamentally misunderstand what is going on here. Their point of view is simply mad. It’s insane. And so to look for a point is itself pointless. It’s like asking what was the point of Charles Manson. There was no point, period.

I’m curious, what did you do for fun when you were there?
(Laughs.) I didn’t. My boyfriend visited me in the middle of my trip and that was wonderful. But I worked pretty solidly. My time was short, this was a critical story, and I had to bring it home in the most comprehensive compelling way possible. I never felt like I had done enough. I still don’t know.

How do you challenge yourself now?
Oh, I just retire to the country (laughs). I do want to write more about Africa. The prize changes nothing. As Jonas Salk said, “The reward for doing good work is the opportunity to do more work.” End of story.

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