

## *SILIIMU* AS ‘NATIVE CATEGORY’: AIDS AS LOCAL KNOWLEDGE IN UGANDA

### THE BEGINNING OF DEBATE AND KNOWLEDGE

One of the most important aspects of AIDS in Uganda was the fact that Ugandans seem never to have suspected that it came from some distant place to afflict them. They did not invent conspiracy stories. Even in the early years when people in south-western Uganda were casting around for explanations of the rising epidemic, stories began to circulate that it had been brought in by Tanzanian soldiers who overthrew the regime of Idi Amin, but these were still local people who spoke similar languages and not distant foreigners. The disease was stigmatised, and many people had difficulty talking about it, especially at first, but the level of stigmatisation never reached the ferocity that has been observed in South Africa. The fact that Ugandans accepted the reality of the disease made it easier for them to deal with its consequences, and to begin to tackle the challenges of preventing its spread. In fact, it seems that Ugandans already had a ‘native category’ and word—*siliimu*— in local Ugandan speech and conceptualisation of disease by the time it was first formally recognised by bio-medical professionals. By the time the virus was identified as the cause of AIDS, and the label ‘AIDS’ assigned to the syndrome, Ugandans were already able to talk about it. And they did talk about it. In the regions where it first emerged, they already knew its potential for devastation.

The virus that caused the syndrome that came to be known as AIDS, and that Ugandans recognise as Slim, was only formally identified in 1984. As we have seen, this was already part of Ugandan indigenous medical culture. Although it was locally known and discussed in Rakai and Masaka Districts where people were most heavily infected and affected, the first discussion of the disease appeared in the indigenous language press. *Munno* (‘Your Friend’) is Uganda’s oldest continuously published newspaper. *Munno* began publishing in the late nineteenth century as a Roman Catholic newspaper. By the turn of the twentieth century, it was hosting extensive debates about Ganda history, culture, politics, religion and society affairs. Apolo Kagwa, then Prime Minister of the Kingdom of Buganda often led debates, and published a number of books that began first in the pages of *Munno*. These included *Mpisa za Buganda* [‘Customs of the Baganda’]<sup>1</sup> and *Ekitabo Kye Basekabaka be Buganda* [‘Kings of Buganda’].<sup>2</sup> *Munno* had a century-long history as a forum for educated opinion and debate in the indigenous language of LuGanda when the debate about AIDS began.

Discussion of AIDS (*siliimu*) was first published in Uganda by the Luganda-language daily newspaper, *Munno*, on Saturday, 13 April, 1985, entitled *Enwadde empya ‘Siriimu’ egobye mu Uganda*. *Munno*’s news scoop noted that ‘*siriimu*’ was a ‘new disease’ (*enwadde empya*).

*Enwadde empya eyatandika okwogwerwako mu bitundu by’e Rakai ne Masaka n’okutandika omwaka ogwaita (1984) era abantu ba bulijjo ne bagituumirawo erinnya erya SIRIIMU (Slim),*

<sup>1</sup> Kagwa 1905.

<sup>2</sup> Kagwa 1900.

kyakakasiddwa abasawo abakugu nti ddala weeri kyokka ne balangirira nti ekigireeta tekinnamanyibwa bulungi era nga mu ngeri y'emu n'okuwonyesebwa kwayo tekunnazuulibwa. Musajjamukulu MUNNO ye yasooka okutuusa ku basomi be empulubujju ezaali zikwata ku ndwadde eyo. Mu lukunnagana lwa bonna olwali mu District y'e Rakai oluwayogererwamu Minista wa Gavumenti ez'ebitundu, Mw. Lawrence Kalule Settala, mu byategeezebwa Minista ebikwata ku kitundu ekyo mwe mwali obweraliikirivu abantu bwe balina nga bukwata ku endwadde empya eya SIRIMU. Minista era yategeezebwa nti lipoota ekwata ku bulwadde obwo yali emaze okuweerezebwa Chief Medical Officer ku kitebe kya Ministry y'ebiyobulamu e Ntebe.

A new disease named SIRIIMU (Slim) was rumoured to be present in Rakai and Masaka district last year (1984) and it has been confirmed by experts that it exists, but the mode of transmission and the cure is yet to be known. Munno was the first to report on the details of this disease in a public meeting held in the District of Rakai, which was attended by the minister of local government Mr. Laurence Kalule Settala. Residents worry about this new disease SIRIMU. The minister confirmed that a report about the disease was sent by the medical officer to the ministry of health headquarters in Entebbe, and that details of the study by the ministry are still being awaited.<sup>3</sup>

This article is probably the first mention of *siriimu* in the Ugandan public media. The news was first in Luganda. Five months later was the first time that it was reported in English. It does not mention HIV (or HTLV-3 as it was then called) nor any other causal agent, and simply calls it 'a disease'. Notably, at this time, the article says that there is no cure although the way in which it was transmitted was not yet known. This article gave two versions of the name: '*siriimu*' in Luganda and, in parentheses, 'slim', the English word.

The written version of the name had not yet been fully standardised. It appears in this article both as '*sirimu*' and as '*siriimu*'. In an article of 1 June 1985, it appears as '*siliimu*'. The spelling of the name fluctuates between the 'r' and 'l' spelling for the next couple of years, with one instance of *Ssiliimu* (30 June 1987). In the phonology of the Luganda language, there is no phonemic distinction between an 'l' and 'r' (as in Chinese speaking English: 'rice' and 'lice' may be indistinguishable) although the double constants (geminated or long consonants) in *Ssilimu* are semantically significant. Thus, *siliimu* and *siriimu* sound like the same word (carry the same meaning) to Luganda speakers, but *ssiliimu* and *siliimu* sound like they could be different words, that is, carry different meanings. By 1987, the variation in spelling had settled down and *siliimu* (a single or 'short' initial /s/ and a long second vowel /ii/) became standard usage.

Thus, there may have been some variation in pronunciation of the word. This suggests that the word may not have been a simple borrowing of the English word 'slim' into Luganda. If it were, editors would have represented it with an 'l' in all cases, recognising its English origin. In fact, however, the English word could be a borrowing into Ugandan English of the Luganda '*si(r/l)iimu*' linguistic form. In this case, it would suggest that the disease had been endemic in Rakai and Masaka, perhaps limited to the exceptionally isolated lake shore villages, for long enough to have acquired a name that was of full local origin, linguistically indigenous. The folk etymology of the English term has it that AIDS makes people 'slim', but this may be a post-hoc rationalisation since other symptoms, notably coughing from pneumonia and TB secondary infections, thrush and sores on mucus membranes, fever, Kaposi's sarcoma, extreme diarrhoea, and dementia may be much more noticeable in many cases than wasting and 'slimming'. In any case, whatever the spelling, pronunciation, or etymology, it is clear that there was no ambiguity in meaning. None of the *Munno* articles use alternative words for '*siliimu*' such as the English acronym 'AIDS', the French acronym 'SIDA' (introduced into some early reports and

---

<sup>3</sup> *Munno*, Saturday 13 April 1985, page 1.

pamphlets from Rwanda and Zaire/Congo), or the KiSwahili acronym 'UKIMWI'. The relative stability and consistency of usage from the very first articles shows clearly that the term was already established in (at least) the regional Luganda of Rakai and Masaka, and was common usage in the languages (included the other related languages in south-western Uganda) by the mid-1980s at least. AIDS was, in all probability, already an indigenous category—that is, a well-known syndrome with recognised characteristics and a distinctive name—before the other terms of the disease emerged.

The *Munno* article mentioned a number of doctors who were involved in research on this new disease. It mentioned Professor B G Kirya of the Microbiology department at Makerere University, Dr. Samuel Okware 'Assistant Director, Medical Services/Public Health of the Ministry [of Health]', Dr. Brew Graves, a Programme Coordinator for WHO, Doctors. J M Jagwe, E Kigonya and J Womukuta and J W Carswell of Mulago Hospital; Dr. J Wamukota of Makerere Medical School, and Dr. Serwadda of the Uganda Cancer Institute. Many of these people subsequently became the leaders of the research and mobilisation initiatives against AIDS, especially Dr Okware who was put in charge integrating the response, and Dr Serwadda, who became one of the leading researchers in the field.

With personnel already engaged in what was then the early days of recognition and dawning awareness of the threat, and with the knowledge and name of the disease itself already part of the local culture and popular medical knowledge, it is clear that Uganda had begun to respond to the threat even before Museveni came to power, and only 18 months for so after the first identification of the virus in the laboratory.

On April 13, *Munno* published a follow-up article, *Bakensa balaze ensi we batuuse ku ndwadde ya 'Siriimu'* ['Experts release their first report on 'siliimu' to the country'] with reports from the medical team that had been sent to investigate. The report is worth quoting at length because it indicates what was and was not known in 1985.

In the recent past, there has been talk about a new disease now dubbed "Slim" [in Luganda original] in Rakai, this disease starts with fever then diarrhoea that doesn't stop with currently available medication. The patient now become very thin, this disease has been named after 'slimming', losing weight. The ministry of health got information about the disease early this year and promptly sent a group of professionals to this area from Mulago hospital and medical school. The aim was to examine patients in the area and see how the disease spreads, and how it can be cured. The team discovered that the 'Slim' [English, in Luganda original] patients had a lot of other common major diseases like tuberculosis and cancer. It was easy to call these patients Slim sufferers because all these diseases lead to a severe weight loss [slimming]. Diarrhoea and typhoid was also found to be prevalent in the area and it was easy to confuse this with 'Slim'. After separating all the people with these diseases, the remainder of these patients may now be said to have 'slim'. Those who are said to have 'slim' are now being vigorously tested in Mulago and other hospitals, and a treatment regime has been formulated. Despite the fact that the cause of the disease has not been identified, studies are still being conducted, the known facts are as follows. Those who have the disease are the traders and smugglers of goods from the neighbouring countries. It made people think that this disease is like STD, although there is inconclusive evidence; however it is known that it affects men and women. People should not think that they got this disease through sexual acts. Therefore, anyone who gets a fever starts having diarrhoea, and a rash should go to the nearest hospital for expert medical diagnosis. The patient might actually have a common disease that is easy to treat. Ugandan medical professionals have known how to treat the most of these common diseases. No evidence has yet shown that the disease can spread easily, so there is no need to isolate these patients. Doctors are ready to treat all the

infected despite the fact that the origin of the disease, and how it spreads are yet to be known. There must be a cause that has to be identified. Some diseases are known to spread through the use of unsterilised needles. ... The ministry of health has already contacted experts in foreign countries to find the cause of the disease and how it's spread. It should be known that this is not the first new disease called *Onyon-Nyong*. Within the next two years, it spread throughout the country and created a lot of fear. But with co-operation from the patients and medical experts, the cause of that disease [*Onyon-Nyong*] was found. This disease was quickly brought under control with everyone's co-operation. The ministry is confident that with co-operations from patients, local and foreign medical experts, this disease will be defeated.

Appearing in April of 1985 in Luganda, this article pre-dated by six months the first announcement of 'Slim disease: a new disease in Uganda' that appeared in the international medical journal *The Lancet* in October.<sup>4</sup> A year later, the AIDS virus was also reported to be present among prostitutes in Nairobi, Kenya.<sup>5</sup> The *Lancet* article called it the 'new disease ...known locally as slim disease', and identified it with the virus that had recently been discovered.

It is strongly associated with HTLV-III ['human T-lymphotropic virus type III', and the virus was first named; now called HIV-1] infection (63 out of 71 patients) and affects females nearly as frequently as males. The clinical features are similar to those of enteropathic acquired immunodeficiency syndrome as seen in neighbouring Zaire. However, the syndrome is rarely associated with Kaposi's sarcoma (KS), although KS is endemic in this area of Uganda. Slim disease occurs predominantly in the heterosexually promiscuous population and there is no clear evidence to implicate other possible means of transmission, such as by insect vectors or re-used injection needles. The site and timing of the first reported cases suggest that the disease arose in Tanzania.<sup>6</sup>

The article that appeared in *The Lancet*, and the report that had appeared earlier in *Munno* show remarkable similarities. It is likely that the editors or reporters of *Munno* had been briefed by the team of doctors and researchers from Mulago Hospital (the main government hospital in Kampala) and elsewhere. The single striking difference is that the *Munno* article prevaricates about whether it is sexually transmitted, while the medical article specifically links it to 'heterosexually promiscuous' people. This aspect continued to be debated in the pages of *Munno* for some years to come. Both articles, however, suggest that the disease came from Tanzania (the *Munno* article says 'neighbouring countries', but this clearly means Tanzania).

A second early notice of AIDS also appeared in the English language *The Weekly Topic*, a Kampala newspaper, on 13 September 1985.<sup>7</sup> This date marks the first discussion of AIDS in the English language press.

The debate about *siliimu*/slim, then, had already begun during the final months of intensive civil war during the last days of the Obote II regime (that is, the second period of Obote's rule) and during Tito Okello's short-lived regime, and before Museveni's guerrillas stormed Kampala in January 1986. When Museveni came to power, knowledge of the disease was already

---

<sup>4</sup> Serwadda, Sewankambo, Carswell, et al 1985.

<sup>5</sup> Kreiss et al. 1986.

<sup>6</sup> Serwadda, Sewankambo, Carswell, et al 1985.

<sup>7</sup> Iliffe 1998: 223 & 333. Iliffe credits the *Weekly Topic* as being the first to publish on 'slim', but *Munno* preceded this by five months, albeit in Luganda.

widespread, at least in the southern part of Uganda where Luganda and English were the primary languages.

The fear of *silimu* had also already begun to spread. A reader's letter in *Munno* on 6 June 1985 offers some speculation on the causes of 'Slim'. He claims that it was caused by drinking a new local brew called *kayinja* that contained salt and tea leaves.<sup>8</sup> Another reader replied to this letter to say that *kayinja*, and alcoholic drink, is not to blame. He notes that the government is calling for assistance in meeting the threat of the new epidemic.<sup>9</sup> Another reader replied on 20 June, saying that he agreed that *kayinja* did not cause AIDS. He said that since both he and the previous writer came from Rakai, they both knew that slim came from having multiple sex partners.<sup>10</sup> As this public correspondence shows, 'slim' was already known in 1985 and was being discussed in the newspapers and other public media. At least one reader already knew that it was sexually transmitted. On February 17, 1986, weeks after Museveni's army had marched into Kampala signalling the end of the civil war, *Munno* reported that AIDS was 'causing chaos' and that 'panic broke loose in Rakai district'. The reporter said that the most 'influential people economically, socially and politically who are contributing to the country's development are succumbing to the disease'.<sup>11</sup>

The disease ... has caused havoc in the district and people are so confused that they do not know what to do anymore. Many have vacated the district in the hope of evading the disease ... but ended up spreading it elsewhere. They blamed the government for neglecting them, and there's no cure that has been found yet. People say they are fed up of burying people on daily basis, and those who are spreading it rapidly around are the rich ones because they have money. One of our reports that visited the area witnessed dozens of dead bodies lined up for burial all over the villages and the residents said plenty are still on their deathbeds waiting for their time to come. They said dozens of patients had flooded hospitals and hospital staff couldn't figure out where to start and stop. They resorted to simply looking at them with nothing to do since they couldn't figure out what disease it was and how to treat it.<sup>12</sup>

This article makes the first public link between AIDS as a 'rich man's' disease in Uganda and the threat that it posed to the development and reconstruction of Uganda. These insights in a Luganda newspaper did not appear in the academic and medical literature until some time later. It shows the sophistication of the debate that had already emerged in Uganda around the time of Museveni's ascendancy. Throughout the rest of year, *Munno* carried articles that documented the beginnings of an integrated response from the grass-roots and government. A letter to the editor in April, 1986, for instance, urged intensive cooperation in fighting the scourge.

Dear editor: I kindly urge you to pass on my request to those in the Ministry of Health to set up programmes and print articles in newspapers informing us about AIDS. Dear editor, I think the rate at which the disease is spreading won't leave any one alive. It's incurable. Since it's now been discovered that the disease is so rife in Rakai, let's not close off the area like animals in a game park or in a zoo. ... The reason in writing to you is because it seems that plenty of people in Uganda have died as a result of the deadly disease, not forgetting USA as well, where it is said to have originated from. ... By the

---

<sup>8</sup> Joseph Tamale Mirundi, Siliimu avudde kuki Rakai? *Munno* Thursday 6 June 1985.

<sup>9</sup> Siliimu tava ku mwenge gwa kayinja. *Munno*, Wednesday 19 June 1985.

<sup>10</sup> Ku bya siliimu nzikirisiganya ne Kafeero. *Munno* 20 June 1985.

<sup>11</sup> "Siliimu" abatuuzabufofofu. *Munno* 17 February 1986.

<sup>12</sup> "Siliimu" abatuuzabufofofu. *Munno* 17 February 1986.

way, what causes it and how do you tell one is suffering from the disease? It is more speculation or a rumour without a headline and an end, because many are saying that we should sip dog soup and so on and so forth [as cures]. Everyone seems to come up with their own story. So I'm requesting the Ministry of Health to gather traditional healers, medicine men and scientific medical researchers and pharmacists to try all sorts of drugs and medicines to try and end this deadly disease.<sup>13</sup>

The writer was thus urging the nation to take an integrated approach that would bring together 'traditional healers' as well as medical researchers, government department, doctors and others together in the developing response. Later in April *Munno* reported that AIDS was not the only source of agitation, but also the reporting of AIDS. People were demanding clear leadership from the government and the facts about the disease from the professionals.<sup>14</sup> Typical of such debate, they accused the journalists of rumour mongering, and scare tactics to sell newspapers. According to *Munno*, they thought that the rural areas were being unfairly picked out as centres of infection:

[People said that] People also die of other weaker diseases apart from AIDS alone. They further said that in Kampala, AIDS is killing plenty of people as well, but these newspapers have not published articles such as those being published about Lyatonde [a popular truck stop and night club area in Western Uganda].<sup>15</sup>

According to the *Munno* reporter, people had told him that the fear and confusion being created by the journalists might itself be responsible for AIDS symptoms: 'if people continue to listen to the rumours being spread about AIDS, then they will get depressed, and end up growing thin or even result in death'. *Munno's* reporting, however, continued to report on the developing response. Donation for AIDS treatment and research were coming in from Germany and UN (7 May 1986), and new equipment for testing for HIV had arrived from the US and was being set up at Nsambya Hospital in Kampala.<sup>16</sup> Government Ministers and NRM spokesmen were making use of these responses to begin to rebuild the nation after the depredations of the previous regimes. Entrenching themselves as the new government, they went out of their way to speak about AIDS and, according to *Munno* and *New Vision* (the government newspaper), were giving scientifically informed and appropriate messages about the disease at all their public rallies. There were a number of other new developments as well. In September, 1986, *Munno* reported that AZT, a new AIDS drug, had just arrived in Uganda for use and further testing.<sup>17</sup> 'During [AZT drug] trials,' the *Munno* reported, '145 people were given the drug of which only one person has died so far. The drug before AZT called 'placebo' was also tested on 137 patients of which 16 died.' Despite the confusion about the role and nature of placebos in large-scale drug testing, the article also reported that AZT would soon be available in pharmacies.

The reporting shows that even as early as the first months of the new government, they had begun to integrate the struggle against AIDS into the struggle for nation building. This included the usual demonisation of other countries when it was reported that the UK and other European countries were refusing to permit Ugandans to enter because of AIDS.<sup>18</sup> When, in

---

<sup>13</sup> *Munno*, 25 April 1986

<sup>14</sup> *Munno*, 26 April 1986

<sup>15</sup> *Munno*, 26 April 1986.

<sup>16</sup> Ekyuma kya 'Siliimu' kigobye, *Munno* 26 June 1986, pg. 1. Nsambya Hospital is an Anglican mission hospital, and one of the ANC sentinel sites.

<sup>17</sup> Eddagala lya siriimu linaatunaibwa mu maduka. *Munno* Sept 22 1986.

<sup>18</sup> Bannauganda bassiddwako ekiragiro ku siliimu. *Munno* 25 Sept 1986.

October, a formal government sponsored AIDS campaign was announced, *Munno* reported that 'The Deputy Minister of Health, James Batwala, has urged all Ugandans to join the campaign and fight aids together.'

The call was made yesterday at an occasion when he was naming the council members of the national AIDS prevention council which will be responsible to fight aids in the country. The occasion was held at the city hall in Kampala.<sup>19</sup>

The Ministry of Health campaign against AIDS required all Ugandans to get involved in the struggle against the disease. Their message was more than just a public health warning. They told Ugandans that AIDS was threatening to hinder development and reconstruction of the country.

The beginnings of a public debate in Uganda had developed while Museveni and his Resistance Army were still in the bush, during their final push into Kampala and continued into the early days of the new regime. In November of 1985, however, the Okello government had directed the Ministry of Health to prepare plans to deal with AIDS. These plans were preserved and implementation began. Dr. Samuel Okware was given the brief to begin negotiation with donors for assistance. When Museveni and the NRM arrived, the new Minister of Health under Museveni, Dr. Ruhakana-Rugunda, appointed Dr. Okware as chair of an AIDS Surveillance Sub-Committee, with Roy Mugwera and Wilson Carswell. By September 1986, the committee had begun to organise education campaigns, provide condoms, and provide for screening of blood donors.

*Munno* publicised the deaths of many people in Rakai District, and said the Rev Emmanuel Lubega, of Masaka, among many other religious leaders that were quoted during these years, shared his concern and sympathy with all those who were suffering from *siriimu*. He urged people to return to God to be saved from the disease.<sup>20</sup> By May, the efforts of the AIDS committee under Dr Okware's chairmanship had evidently begun to pay off, whether by God's grace or hard work, or a combination of the two. By this time, too, *Munno* had stopped using quotation marks around the term *siriimu*. This typographical nuance suggests how much AIDS had come to be fully part of the language and of public debate. In other words, meaning and knowledge was leading to action, and action continued to create meaningful reasons to join the struggle for both the task of nation building and for an effective response to AIDS. These two goals gradually began to merge.

The AIDS threat was consistently linked to economic and social development. Of equal significance was the fact that all Ugandans were being called upon to get involved. The campaign was not to be merely a government initiative, but was an invitation, if not a demand, for Ugandan citizens to begin to respond to the epidemic. This foreshadowed Uganda's success in organising institutions of civil society to become involved. Eventually, organisations that dealt with AIDS in some way or another began to mushroom around Uganda. While the government had provided the conditions for the growth of civil society in this way, it is also clear that the public press, and in particular the vernacular language press, had led the way to a significant degree.

There were many explanations for it at first. Many people told us that at first some thought *siliimu* to be the result of witchcraft. The fishing villages along the south-western coast of Lake Victoria had become major entrepôts for a vast smuggling trade from Tanzania that had grown up during the Idi Amin and Obote II regimes. For most Ugandans, this trade provided many of

---

<sup>19</sup> Kampeyini ku kuwanisa siliimu yagguddwawo. *Munno* 3 October 1986.

<sup>20</sup> Omusaserdooti abagumizza kusiriimu. *Munno* 14 March 1986, pg 3.

the necessities of life such as soap, tea, sugar, matches, and oil. Boats brought the goods across the lake from Tanzania in order to avoid the roadblocks. With money available, they were also well known as places for sex and drunkenness. Virtually every focus group related the same story, evidently widely circulated, that Tanzanians had been cheated by Ugandan smugglers (or 'businessmen') and that they had used witchcraft to avenge their loss. One interviewee recalled that

There was a lot of denial. There was a belief in witchcraft. It started around Lake Victoria. There was a lot of smuggling after war. For example traders brought in cigarettes. Some transactions were not very smooth. Thus, some people thought it was punishment for this.<sup>21</sup>

Based on notes from the time, Hooper quotes a Ugandan journalist who also died of AIDS as saying:

People are quite sure that some cases can be caused by wizardry and sorcery. Some Ugandan traders go to Tanzania, get things on credit, come and sell, but they don't take back the money. So the Tanzanians end up using sorcery. They are supposed to have *mayembe* ['horns'] that can be sent to someone to kill him.<sup>22</sup>

Tanzanians were not the only ones who were blamed for witchcraft in this period, even as late as 1989, according to one focus group informant.

Our neighbour died around that time ... actually 1989. They said he had stolen fish from Masaka [Uganda] and the owner of the fish had bewitched him. That is why he could not be cured. They even took him to Congo and Nairobi for treatment but he died.<sup>23</sup>

As many others pointed out, the wasting away, the blackness of the skin, its rough texture, all pointed to supernatural diseases, in their view, that were previously associated with witchcraft. It was now associated with AIDS.

It was also attributed to a range of other causes. 'It came in the name of 'slim', affiliated to witchcraft, sharing razor blades, saliva and the like,' said one man.<sup>24</sup> One focus group in Mbale associated AIDS with the arrival of a white South African who worked for a construction company doing work in Mbale.

... in 1986, that is when a certain *muzungu* [White person] from South African came to work with Wade Adams in Mbale. They came to know later that he was among those people living with HIV/Aids and was immune with the disease. Okay .... He migrated from South Africa, came to Kenya and then to Mbale in Uganda and in Mbale where he was working Wade Adams Construction Company. ... That is when it was discovered that he was using each and every female he would come across and it was discovered that he had HIV/AIDS. And he was intentionally doing it to infect each and every body.

At this time, however, most African countries were enforcing sanctions against Apartheid South Africa and it is therefore unlikely that the person mentioned was South African, or carrying a South African passport. However, there was considerable movement of exiles out of South Africa into East Africa, and some of these may indeed have found English speaking Uganda a

---

<sup>21</sup> Interview: Dr. E Sekatawa, ISAE, Makerere University. 4 July 2003.

<sup>22</sup> Hooper 1990: 40.

<sup>23</sup> FGD: Mbarara, female, 33-58 y. o.; 17 July 2003.

<sup>24</sup> FGD: Kifumbira, Kampala, Men more than 35 y. o.; 10 July 2003.

congenial country. At this time, the first cases of HIV infection were noted in South Africa, too, suggesting that there was at least some flow of people between the two regions. In 1986, 34 cases had been recorded in South Africa, and by the end of the decade there were 184 known instances.<sup>25</sup>

Stories such as this one about people who knew that they were HIV+ and deliberately infected as many people as they could were common. This story is unusual only in that it features a white South African as the culprit. There were also stories about people who kept lists of people that they had deliberately infected. When these lists were found, they often featured the names of all the leading politicians and businessmen and (or businesswomen) of the community, according to Ugandans interviewed in 2003.

A focus group in Mbale agreed that people in that area (eastern Uganda) initially associated AIDS with famine or with new food crops.

When there is war, people don't go to the fields (gardens) and at this time, people had shortage of food. When they saw some people becoming thin, they associated it with lack of food, and witchcraft. It was not [at first recognised] as HIV/AIDS because of these situations. It was regarded as a result of famine and witchcraft and new varieties of food available at a time used to eradicate famine.<sup>26</sup>

Other suspicions centred on the heavy field artillery that had been used by the Tanzanian forces when they attacked Uganda through Rakai district in 1979. These guns were called *saba saba*, 'seven seven'.<sup>27</sup> Numbers of people mentioned that the smoke from these guns, or some lingering effect from them, had caused the disease. Whether it was caused by '*saba saba*', many people agreed that the disease had been brought by the Tanzanian invasion. Thus the soldiers were thought to be to blame. Since soldiers were often involved in sex with local women, either coerced or voluntary, once the heterosexual transmission of HIV was confirmed, this view held credence for many people, especially in south-western Uganda where most of the fighting was concentrated.

Even Museveni and his soldiers were blamed by some. A man from northern Uganda claimed that

When Museveni first came he was not popular. There was that belief that he had brought the disease ... [and] His fighters who had sex with apes and monkeys [in the bush].<sup>28</sup>

A woman from Mbale in eastern Uganda said much the same thing:

In the community, we the people we used to say that, since before we did not have such a disease then through the wars, that these people brought to us the disease, since in the bush they lacked women so they must have had sex with the chimpanzee and resembles human beings. So up to today people think it was the Bakombozi that brought AIDS.<sup>29</sup>

---

<sup>25</sup> UNAIDS/WHO Epidemiological FactSheet 2000.

<sup>26</sup> FGD: Bungokho, Mbale, youth; 18 July 2003.

<sup>27</sup> This may refer to the calibre of the guns, or to the fact that the Tanzanian national independence day is called '*saba saba*' for the 7<sup>th</sup> day of the seventh month (July) in KiSwahili, the national language of Tanzania. I was not able to determine the origin of the name for the heavy artillery.

<sup>28</sup> FGD: Naguru, Kampala, male 36-73 y.o., English language; 8 July 2003.

<sup>29</sup> FGD: Mbale, Namukwekwe. Women 36-60; 16 July 2003.

Thus, ‘Slim’ was attributed initially to a number of causes. In order to develop effective interventions, these stories had to be discredited. For the most part, however, it appears that virtually everyone readily accepted the truth, once this was made known in the media, that it was sexually transmitted and lethal. Indeed, common sense had already led many people to this conclusion since it was often people with money and a large number of sexual partners who sickened and died first. Information, Education and Communication (IEC) interventions, when they came, found most people ready to accept the facts.

## THE SPREAD OF ‘SLIM’/*SILIMU*

HIV spread very rapidly across Uganda from the south-west towards the east and north. By January 1985 the first case in the north was confirmed at Lacor hospital, 3 kms outside of Gulu town.<sup>30</sup> Another study in the West Nile District in northwestern Uganda, published in 1986, however, found no evidence of HIV infection in that part of the country.<sup>31</sup> It is likely, however, that cases had existed even earlier. Dr Pietro Corti, the medical superintendent of the Lacor mission hospital said,

We started to realise more than two years ago that we had cases of young men and women having diarrhoea, being sick, having lung disease, sometimes suspected of TB, sometimes other things — that they were not reacting to any treatment, but going downhill slowly, slowly. We felt very uneasy about these cases, and then we learnt more about AIDS in other places like Kampala .... The impression is that, as far as numbers are concerned, we are a bit behind Kampala, but not very far behind. I would say every six to ten months we more or less reach the level of Kampala people.<sup>32</sup>

Dr. Corti confirmed that AIDS had firmly taken hold in the north as well, and expressed the belief that ‘the wars have been one of the main elements in spreading AIDS in Uganda—I don’t think there is any doubt—because exactly the same thing happened to all the other venereal diseases.’<sup>33</sup> Focus Group data and key informant interviews conducted during my research in 2003 suggested the same thing, but this was in addition to considerable evidence of promiscuity, early sexual debut and multi-partnering in all parts of Uganda. The final battles of Museveni’s New Resistance Movement (NRM) insurrection against the Obote/Okello regime were fought in 1985, with suspension of many services, including health services throughout Uganda. USAID suspended financial support to Uganda for six months or so during this year, until the NRM finally set up a new government in Kampala.

Gradually, Ugandans learned of the nature of this new disease. Speaking in 2003, A woman in a suburb of Mbarara in western Uganda explained how the truth had dawned on her even in the earliest years of the growing epidemic.

In 1983, a woman died and when we went for her burial a doctor who had treated her told us about her illness. He said she had not been bewitched, that they had tried blood transfusion in Nairobi, had given her the best treatment in Mulago [government Hospital, Kampala], but she died. She had lost all the hair on her body. He explained

---

<sup>30</sup> Hooper 1990: 103.

<sup>31</sup> Carswell Sewankambo Lloyd & Downing, 1986.

<sup>32</sup> Hooper 1990: 104.

<sup>33</sup> Hooper 1990: 104.

that she had died of a disease called AIDS. He told us what each letter in this word stood for. Since 1983, we started burying AIDS victims.<sup>34</sup>

The speaker must have been in error about the exact date (1983) but she was speaking to us about her earliest knowledge of the disease. Knowledge of AIDS seems to have spread more slowly than the disease itself, but at least by the end of 1980s, it was no longer attributed to witchcraft or other causes. It came to be understood as a hetero-sexually transmitted disease that had no cure.

Public knowledge about AIDS was fostered tremendously, too, by poster campaigns that were direct and to the point. One, with the message 'love carefully' did not pull its punches about the consequences of failing to do so. Another poster of about the same era, late 1980s, urged Ugandans to consider the needs of their families, and to 'behave responsibly.'

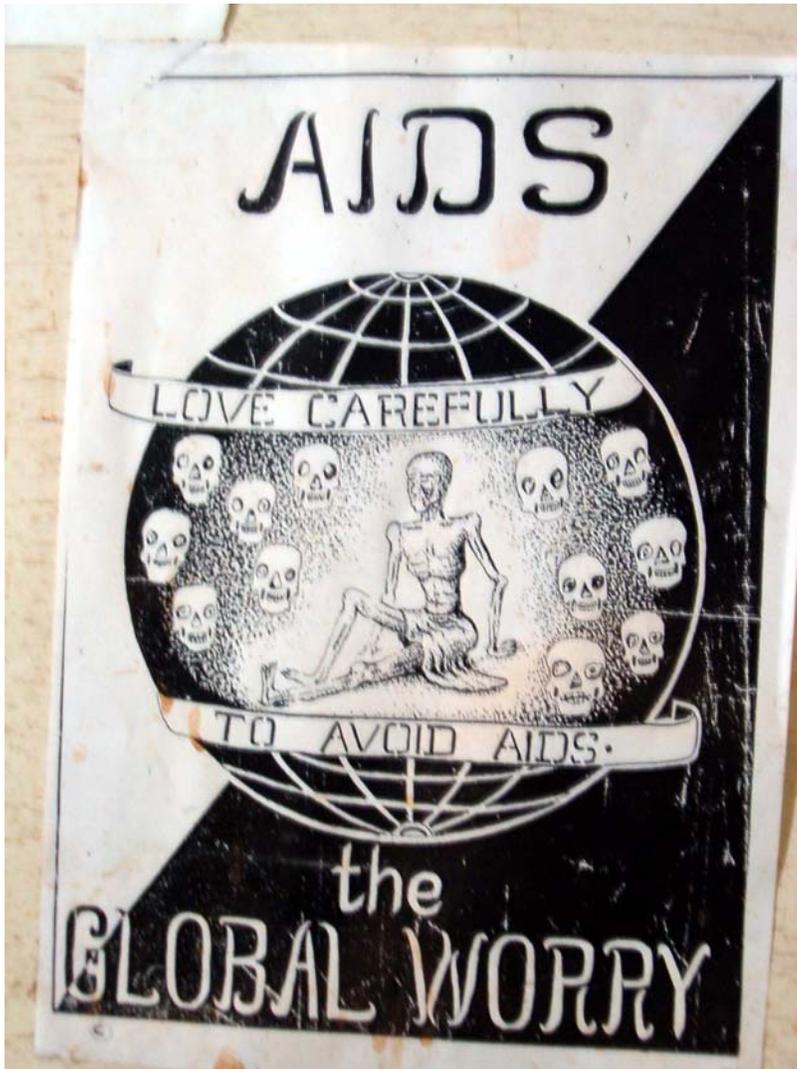


Figure 6.1. Love Carefully poster, circa 1988. This poster was displayed in the Uganda AIDS Commission offices in Mmengo, Uganda, in 2003. (Photograph by R. Thornton 2003.)

Against a backdrop of skulls and an emaciated man clearly dying of 'slim', the poster emphasised that a significant change in behaviour was necessary 'to avoid AIDS, the Global

<sup>34</sup> FGD: Igorora, Mbarara, female, 46-60 y.o.; 16 July 2003.

Worry'. The 'Love responsibly' poster became well known across Uganda and the slogans of these posters were still remembered by people that we interviewed in 2003.



Figure 6.2. 'Behave Responsibly To Avoid Getting ADIS' poster, circa 1989. This poster was displayed in the Uganda AIDS Commission offices in Mmengo, Uganda, in 2003. (Photograph by R. Thornton 2003.)

These posters were widely distributed to clinics and other public venues and most Ugandans would have seen them. The early posters, however, seem to have been mostly if not entirely in English. Since the messages were simple, and the pictures clear and to the point, most Ugandans would have been able to read them as they all are required to study English in school from the Primary level.

Munno continued to publish articles on the AIDS as did the new English Language newspaper *New Vision* that had been set up by Museveni as the government approved English language newspaper. At the beginning of 1989, *Munno* carried a report that indicated the extent of popular and government collaboration and cooperation in developing a response to the threat. On 23 January, for instance, a leading article carried the heading: 'The Gospel of AIDS is Spread Countrywide', and reported that

A campaign to fight AIDS that has affected over 180 countries worldwide has been taken up and it aims at spreading awareness countrywide. The task has been handed to political mobilisers countrywide who were first taught skills about the disease. The skills training is taking place at Lweza Training Conference Centre on Entebbe Road [a main road between Kampala and Entebbe, the administrative capital on the coast of Lake Victoria to the south]. ... The political mobilisers were picked from all districts across the country, though some will arrive later. The Minister of State for Health, Honourable Ronald Bata, opened the conference. He said that, right now, everybody knows about the disease, which has become the major cause of death countrywide, and has claimed a lot of lives. He said that right now, all we need to do is to educate the masses about how they can avoid getting the disease and also to urge those already infected not to spread it, and be looked after with love.<sup>35</sup>

<sup>35</sup> *Munno* 23 Jan 1989, English translation of Luganda original.

By this time, the scope of global HIV infection was beginning to be understood. The WHO drafted a global strategy for prevention and control of AIDS, which was approved by the World Health Assembly meeting in Venice in May, 1987, and General Assembly October 1987.<sup>36</sup> Uganda was party to these resolutions and began to apply them as quickly as it was able. By October of 1985, the AIDS Control Programme (ACP) was established in the Ministry of Health under the leadership of Dr. Sam Okware. Its functions included epidemiological surveillance, safety of blood supply, and provision of information, education and communication (IEC), patient care and counselling, and control of STIs. The National Committee for the prevention of AIDS (NCPA) was also established in order to oversee the implementation of the ACP.<sup>37</sup> In 1986, the Minister of Health of new NRM government announced the presence of HIV/AIDS in Uganda during World Health Assembly in Geneva, and admitted to its severity.<sup>38</sup> He explained that Uganda had begun to take significant steps towards controlling the disease.

Thus, a popular response to *siliimu/slim* which had begun in the final days of the Obote and Okello regime during 1985 quite quickly led to an integrated government response. Efforts to stem the tide of AIDS were folded together with efforts to rebuild a new Uganda. Well before the full future impact of the disease could be known or even glimpsed, the Ugandan government and people had begun to respond effectively and with determination to the threat. The fact that ordinary Ugandans had already embraced the threat was a significant contributing factor.

---

<sup>36</sup> UNDP 2002; The global strategy was updated in 1992.

<sup>37</sup> Kagimu, Marum et al. 1996.

<sup>38</sup> Uganda AIDS Commission 2000.