

canard that a woman might die during an abortion, or that she probably would never have children after an abortion, or that she might pick up AIDS from other patients. Wicklund reminded patients that there is a greater chance they would die in a car crash on their way to the clinic than there was of serious complications from an abortion, which she says is the "safest minor surgery performed in the United States," less risky than having a tooth pulled.

Women should not be forced to "bear children they are unable to care for physically, financially or emotionally," she writes.

Wicklund once invited a male protester who was stalking her to join her for coffee to discuss his concerns. She explained to him that abortion involves the removal of a small sac and villi—tissue with no capacity "to feel pain, think or have any sense of being." The tissue represents potential and the "woman carrying it has to have the freedom and ability to nurture and grow that potential." Later, as the protester was preparing to enter the seminary, he told Wicklund, "You know, I can't hate you any more."

The author's frantic schedule, flying between clinics and working 100-hour weeks "played havoc" with her personal life. She agonized that she was neglecting her aging parents, her daughter and her second husband. They eventually divorced, but remain friends.

*This Common Secret* is a model of clear, concise writing, enlivened by searing anecdotes. Part of the credit must go to co-author Alan Kesselheim. Wicklund lived with Kesselheim and his wife for a year when she feared for her life. Kesselheim took notes, and the collaboration resulted in this splendid, insightful memoir. The book is remarkably even-handed and generous, compared with the shrill, hateful and vengeful rhetoric of many antichoice protesters.

Wicklund believes the debate is about control. The most violent protesters generally are men, "who will never experience the personal, agonizing trauma of

an unwanted pregnancy, but who preach their version of truth, bully patients and emanate hatred."

The book is timely. Fewer and fewer physicians are willing to risk their lives or careers to perform legal abortions.

Many women live hundreds of miles from a shrinking number of clinics. Women still use coat hangers and sticks to end unwanted pregnancies. No one knows how many, Wicklund says. There are no figures. ■

## Finding the Right Solution to the AIDS Crisis

By Paul Zeitz

### The Invisible Cure

Helen Epstein

(Farrar, Straus and Giroux, 2007, 352pp) 978-0-37428-152-6, \$26.00

IN HER LATEST BOOK, *THE INVISIBLE Cure*, author Helen Epstein offers a compassionate and realistic account of the AIDS epidemic in Africa. She avoids the standard clichés of writing about Africa and instead offers a glimpse into the complex confluence of factors that have created an environment that is dangerously acquiescent to the spread of HIV. Her logical and sensitive explanations of how poverty, inequality, violence against women, colonial histories and modernization all magnify the effect of the virus are illuminating, even for seasoned public health professionals.

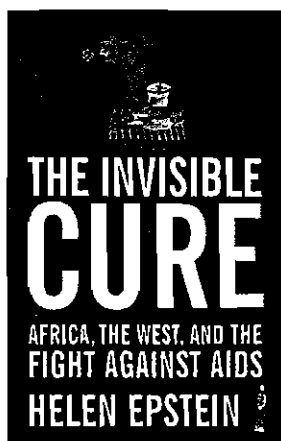
With a physician's eye for detail and a unique ability to link theory and experience,

PAUL ZEITZ is the Executive Director of the Global AIDS Alliance which aims to galvanize the political will and financial resources needed to slow, and ultimately stop, the global AIDS crisis and reduce its effects on poor countries hardest hit by the pandemic.

Epstein strings together a complex web of explanations for why the AIDS epidemic is spreading so much faster in Africa than in other parts of the world. She points out that the problem

is less a question of how many sexual partners a person has in a lifetime than how many one has within a given period. Epstein subscribes to a theory she calls concurrency, which claims that in many southern African communities where HIV is spreading at the fastest rates, it is socially acceptable to have more than one ongoing sexual relation-

ship at a time. This practice creates a web of sexual connections through which the virus can spread more quickly than it can in networks where individuals may have more partners overall, but typically only one during a given period. This difference is especially significant given the biological reality that HIV-positive people are much more likely to spread the virus in the first few weeks or months after



their own infection. If that person has multiple partners during that period, each of whom also has multiple partners, the virus will spread quickly through the community.

**T**HE IDEA OF CONCURRENCY IS significant not only as a biological explanation for the disease's advance, but also as a reminder to Africa that AIDS is a community-wide problem. The disease is not only the plight of prostitutes and migrant workers; it afflicts politicians, nurses, wives and farmers. Epstein insists that the only interventions that can stop the advance of the epidemic are those that engage all segments of the population in open communication and cooperative action. Targeted public health programs can play a role, but often they carry the implied assumption that there is a subset

incidence rates quickly began to fall. Though this movement did not arise from macro-level planning by any government agency or foreign donor, it is clear that there were two preconditions for its existence. The first was a free and open exchange of ideas and information regarding AIDS. The second was the recognition that every member of the community had a stake in fighting the disease, not just those labeled "at risk." With those factors in place, Ugandans took control of their own response to HIV/AIDS and achieved remarkable success. However, in recent years the Museveni government has veered away from a comprehensive response and focused much more on an abstinence-only approach.

As a counter example, Epstein offers South Africa. Instead of encouraging social change, President Thabo Mbeki

governments and international donors have to play. In fact, one of the most striking indictments in the book is of foreign governments and international donors. She characterizes them as ineffective, out of touch with the needs on the ground, and, perhaps worst of all, divided among themselves in political bickering over how best to address the crisis. Though social change cannot be coordinated at the United Nations or funded by Bill Gates, Epstein goes too far in excluding outsiders from the fight. She lists condoms, circumcision, poverty reduction and medical treatment as aspects of a comprehensive AIDS strategy, but seems to neglect the reality that each of these interventions require funding or strengthened infrastructure. The international community must act as a united force to provide support in the form of infor-

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**Instead of encouraging social change, President Thabo Mbeki undercut any movement that might have sprung up by questioning the link between HIV and AIDS and challenging the need for treatment for the infected.**

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of the community that must be provided with condoms or HIV testing and that it is this group that is the problem. Assumptions like this are destructive. Unless an entire community, nation or region bands together to engage in frank discussion, change behavior and accept the fact that each individual is "at risk," there can be no progress.

To illustrate her point, Epstein chose Uganda and South Africa as representative examples. In Uganda, Epstein observed a movement for change that was more like the passionate response to the disease from the American gay community in the 1990s than it was like anything else that was going on in Africa at the time. There was a seemingly spontaneous wave of social mobilization where women advocated for greater rights, sexual behavior changed and condoms were distributed and used. AIDS

undercut any movement that might have sprung up by questioning the link between HIV and AIDS and challenging the need for treatment for the infected. His denial led to widespread shame and fear that inhibited the ability of South Africans to openly discuss the problems they were facing, let alone build a response to the epidemic. The country's low rate of treatment was coupled with a silenced prevention effort, and South Africa now has infection rates among the highest in the world. According to Epstein, the current situation could have been avoided if open communication had been allowed to foster a united national response.

**T**HOUGH EPSTEIN IS CONVINCING in her recognition of the importance of indigenous grassroots movements to fight the disease, she underestimates the role that foreign

education, educators, health professionals, condoms and antiretroviral drugs. If Africans are to win the fight against this deadly disease, they must have material and moral support from around the world. Yet, Epstein boldly claims that at the base, the fight is for Africa to win...or lose.

In her book, Epstein quotes prominent Ugandan AIDS activist Beatrice Were, who was asked if she thought there would ever be a cure for HIV/AIDS. She responded, "There is already a cure. It lies in the strength of women, families and communities who support and empower each other to break the silence around AIDS and take control of their sexual lives." It is this cure of which Epstein speaks in her title. It is this cure that the international community must support. It is this cure, and only this cure, that can stop the epidemic. \*