

A NORMAL DAY?

Share my day with me. It's just an ordinary day in the middle of June 2000. Nothing spectacular in the news - Hansie will be cross-questioned tomorrow - so the Hansie-lull is deafening today.

The bank writes to me to say that my home loan is being withdrawn as the builders are taking too long to build the house. Nice touch - the friendly bank is dead. Better touch - the builders don't give a damn. Customer service is dead all round.

The fax machine screams "paper jam" and the technician will definitely not be able to call today to fix it. We accept that. Poor service is the norm. As is our acceptance of it.

A group of visitors arrives from distant shores. Not so happy. They need a *bureau de change*. They are here for the "African experience". *Bureau de change?*

The office furniture supplier calls. Their vehicle loaded with furniture urgently needed for our offices has been hijacked. The driver is safe. Vehicle and furniture disappeared. It's insured. No problem - another delivery tomorrow. We laugh. Not happy, but the laugh that we often hear of late ... A sort of "I give up" laugh. Well at least the crisis as to what we were going to do with the furniture while the new carpets were being put down is over for the time being. Actually, we sigh - relief. Strange that a crime can result in some relief for the apparent "victims" (or "survivors" as we say in our cute PC patois.)

My friend and colleague hands me something to read. He has just returned to the office today from the trial of three young men, newly titled "convicted murderers". He has written about this with great and sincere passion and skill - the passion and skill that grow out of a close connection to the reality of those who were the "subject" of the criminal activities of the newly titled murderers. We talk about the issues and feelings that crawl between the words on paper. The conversation feels "normal". It is after all about crime, values, life and death. And it leaves us in some way "inspired" to think and work further on these themes.

I get a call that I have been waiting for all morning. Actually, one of three calls that I have been waiting for ... The bank has reinstated my home loan - now I just have to hear what the builders are saying is their reason for slowness. Whatever.

Then the second call. (Okay, there is a range of voicemails already backed up - it's just that I couldn't take them all because the office renovators had disconnected my telephone line!). So, the second call. A family member on the line - a person close to my family is going to need to get to hospital. They say the ambulance will take about two hours to arrive at her home. What to do? Complaining won't work - we have been through that long ago. Perhaps my mother can drive the 70 or so kilometers to act as the ambulance/paramedic. It's urgent. Does she have latex gloves? Yes she does she tells me. There is HIV involved. Gloves in the "glove compartment" of her car - how old fashioned; but latex gloves in the "cubby hole" - thoroughly modern, and normal. (She drives down and the ambulance gets there before her!)

Put family matters aside - deal with them later. Meetings. The first to discuss, *inter alia*, the launch of a trauma response project that will provide debriefing for school children and staff

who face regular traumatic events and disruptions to the teaching programme. This within the context of a broader project that deals with reducing the impact of crime on children.

Then a media person. I learn fast (as if I didn't know, but sometimes it's simpler and quicker to pretend to be learning). The media feed on horror. The story needs "impact". It needs a "case study" ... something that will make people read it. Not just the good news about a project that addresses crime among young people which is actually in place and seems to be working. People won't read that. "Give me a case study ... about guns or something like that". Normal (read "real" or "exciting") news, I suppose. It must be gruesome to be compelling. Is Hansie's story gruesome I wonder? Now there's a story about crime for you. I suspect that if we had a mini-Hansie in our project, we would be "real news".

The next call (not one that I was waiting for). The research assistant capturing the data on young people's exposure to and attitudes towards firearms says that the data set is now ready for analysis. Interesting point - some young people think that a "gun-free South Africa" is one where guns are given out freely to citizens. Talking at cross-purposes - do you think that the campaigners know this? I wonder what adventure the data analysis will take me on.

Another call from my family (in fact quite a few more). I need to get to the hospital. It's about an hour's drive from my office. I travel there fast.

I get there and the gates are locked. You obviously can't be an outpatient after 4pm. It's a state funded-rural hospital - she has no medical aid membership or medical insurance scheme. She is also possibly too frail to make it to a private hospital in the city, and we doubt that we can afford the cash payments (up front often in excess of R10 000) that would allow access to this luxury.

I find the rest of my family and *"the patient"*. She has been lying on a cold gurney for most of the day. She has tremors, is confused, barely conscious. The scarf that she normally (and, yes, sometimes comfortably vainly) wears over her graying hair has fallen off her head. She lies shivering under a bright thick blanket (her own) in a dull and narrow passageway of the hospital. No pillow. She is a *patient* now - the transition from *personhood* to *patienthood* is complete, and not by choice. I say hello and make small talk to the person; the nurse brings up a file and has a look at the patient. No conversation between nurse and patient. How strange this whole interaction seems, how normal at times too. The patient is afraid. I speak to the person and she calms down a little. The nurse pricks her finger in search of blood. She does not ask or explain. The patient is not eager to part with her blood. The nurse squeezes the pricked finger and slowly, and painfully, she massages blood from the patient's fragile finger, while the person winces in agony. Her whole body is sore. The nurse moves the blood from the patient's finger to the litmus stick by using her own finger to transfer the deep red blob. No gloves. HIV/AIDS education seems a remote luxury or quite simply a waste of time if it had happened.

But wait - I have jumped the *"gun"*. The doctor did not want to admit the patient to hospital ... *"People leave them here and never come back again"* he says in his deep Eastern bloc accent. So, she had spent about five hours on the stretcher waiting, while the family negotiated her admission and treatment - proving that we would not *"leave her there"*.

We eventually leave her lying in the corner of a ward. Tremors, blank stare and in desperate need of the medical care that a hospital should be able to provide. As I leave the ward I look out of the window above her head into the parking area - there parked facing her window is a primary health care vehicle. The gaudy A3-sized, peeling plastic sticker on the front of the vehicle screams "Prevent AIDS". It's written in English - it "serves" a rural isiZulu-speaking

community. The state probably printed thousand of these to "adorn" their vehicles with the message - at a cost of millions. Did it work?

I get back home when it's dark. I check my e-mail and find the "gun" data in my "in-mail" box. I watch the late news and hear that draft legislation may suggest that a limit be imposed on the number of firearms one may own (enforcing this? Plan not mentioned). And then they may include a category for "guns for recreational use". I wonder about the definition.

Some "mindless" television for a while. Ally McBeal still hasn't got over Billy's death (It's Monday night). Will she ever? Do we ever? She does turn 30 though. Then she walks home after the party - in the dark and without fear. Hollywood! Okay - on a good day, I admit!

Before bed I read from a book reflecting young people's feelings about their life in South Africa. A child tells us that his/her freedom has "*been barred and... fear unlocked*". I sit down and write this to nobody in particular.

I think it's about time for bed now. Sport gone criminal; poor service; foreign expectations; hi-jacking; murders; trauma debriefing; crime; HIV/AIDS; guns; disrespect for basic human dignity; Hollywood and fear.

How normal was today? ... But hold on a minute, something unusual did happen! A young colleague had a double tyre blowout on a rural road this weekend. Today he tells us of the woman who stopped her car, gave him her spare tyre and accompanied him to the nearest service station to make sure that he was alright. He got home with his car and a belief in the positive spirit of humanity! Now that's not a "normal" story! Or is it? ...

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¹ Leggett, T; Moller, V & Richards, R 1997. **My life in the new South Africa: A youth perspective.** HSRC Press: Pretoria.

Acknowledgement:

I share this in dedication to AM. May she know and enjoy knowing, even if fleetingly, the many privileges she has given and shared with all who know and care for her; and perhaps in some small way those who have never met her.

CCVR