Paired Readings: On Suffering

A Mask on the Face of Death

Richard Selzer

Richard Selzer (b. 1928) is the son of a general practitioner father and a singer mother, both of whom wanted their son to follow in their footsteps. At ten he began sneaking into his father’s office to look at his medical textbooks, where he discovered “the rich alliterative language of medicine — words such as cerebellum, which, when said aloud, melt in the mouth and drip from the end of the tongue like chocolate.” After his father’s death, he decided to become a doctor and was for many years a professor of surgery at Yale Medical School. Only after working as a doctor for many decades did he begin to write. About the similarities between surgery and writing he says, “In surgery, it is the body that is being opened up and put back together. In writing it is the whole world that is taken in for repairs, then put back in working order piece by piece.” His articles have appeared in Vanity Fair, Harper’s, Esquire, and the New York Times Magazine. His books include the short-story collections Rituals of Surgery (1974) and The Doctor Stories (1998); the essay collections Mortal Lessons (1976), Raising the Dead (1994), The Exact Location of the Soul (2001), and The Whistler’s Room (2004); and an autobiography, Down from Troy (1992). This essay appeared in Life in 1988.

It is ten o’clock at night as we drive up to the Copacabana, a dilapidated brothel on the rue Dessalines in the red-light district of Port-au-Prince. My guide is a young Haitian, Jean-Bernard. Ten years before, J-B tells me, at the age of fourteen, “like every good Haitian boy” he had been brought here by his older cousins for his rite de passage. From the car to the entrance, we are accosted by a half dozen men and women for sex. We enter, go down a long hall that breaks upon a cavernous room with a stone floor. The cubicles of the prostitutes, I am told, are in an attached wing of the building. Save for a red-purple glow from small lights on the walls, the place is unlit. Dark shapes float by, each with a blindingly white stripe of teeth. Latin music is
blaring. We take seats at the table farthest from the door. Just outside, there is the rhythmic lapping of the Caribbean Sea. About twenty men are seated at the tables or lean against the walls. Brightly dressed women, singly or in twos or threes, stroll about, now and then exchanging barter with the men. It is as though we have been deposited in act two of Bizet’s Carmen. If this place isn’t Lillas Pastia’s tavern, what is it?

Within minutes, three light-skinned young women arrive at our table. They are very beautiful and young and lively. Let them be Carmen, Mercedes and Frasquita.

“I want the old one,” says Frasquita, ruffling my hair. The women laugh uproariously.

“Don’t bother looking any further,” says Mercedes. “We are the prettiest ones.”

“We only want to talk,” I tell her.

“Aaah, aaah,” she crows. “Massissi. You are massissi.” It is the contemptuous Creole term for homosexual. If we want only to talk, we must be gay. Mercedes and Carmen are slender, each weighing one hundred pounds or less. Frasquita is tall and hefty. They are dressed for work: red taffeta, purple chiffon and black sequins. Among them a thousand gold bracelets and earrings multiply every speck of light. Their bare shoulders are like animated lamps gleaming in the shadowy room. Since there is as yet no business, the women agree to sit with us. J-B orders beer and cigarettes. We pay each woman $10.

“Where are you from?” I begin.

“We are Dominican.”

“Do you miss your country?”

“Oh, yes, we do.” Six eyes go muzzy with longing. “Our country is the most beautiful in the world. No country is like the Dominican. And it doesn’t stink like this one.”

“Then why don’t you work there? Why come to Haiti?”

“Santo Domingo has too many whores. All beautiful, like us. All light-skinned. The Haitian men like to sleep with light women.”

“Why is that?”

“Because always, the whites have all the power and the money. The black men can imagine they do, too, when they have us in bed.”

Eleven o’clock. I look around the room that is still sparsely peopled with men.

“It isn’t getting any busier,” I say. Frasquita glances over her shoulder. Her eyes drill the darkness.

“It is still early,” she says.

“Could it be that the men are afraid of getting sick?” Frasquita is offended.

“Sick! They do not get sick from us. We are healthy, strong. Every week we go for a checkup. Besides, we know how to tell if we are getting sick.”

“I mean sick with AIDS.” The word sets off a hurricane of taffeta, chiffon and gold jewelry. They are all gesticulation and fury. It is Carmen who speaks.
“AIDS!” Her lips curl about the syllable. “There is no such thing. It is a false disease invented by the American government to take advantage of the poor countries. The American President hates poor people, so now he makes up AIDS to take away the little we have.” The others nod vehemently.

“Mira, mon cher. Look, my dear,” Carmen continues. “One day the police came here. Believe me, they are worse than the tonton macoutes with their submachine guns. They rounded up one hundred and five of us and they took our blood. That was a year ago. None of us have died, you see? We are all still here. Mira, we sleep with all the men and we are not sick.”

“But aren’t there some of you who have lost weight and have diarrhea?”

“One or two, maybe. But they don’t eat. That is why they are weak.”

“Only the men die,” says Mercedes. “They stop eating, so they die. It is hard to kill a woman.”

“Do you eat well?”

“Oh, yes, don’t worry, we do. We eat like poor people, but we eat.” There is a sudden scream from Frasquita. She points to a large rat that has emerged from beneath our table.

“My God!” she exclaims. “It is big like a pig.” They burst into laughter. For a moment the women fall silent. There is only the restlessness of their many bracelets. I give them each another $10.

“Are many of the men here bisexual?”

“Too many. They do it for money. Afterward, they come to us.” Carmen lights a cigarette and looks down at the small lace handkerchief she has been folding and unfolding with immense precision on the table. All at once she turns it over as though it were the ace of spades.

“Mira, blanc . . . look, white man,” she says in a voice suddenly full of foreboding. Her skin seems to darken to coincide with the tone of her voice.

“Mira, soon many Dominican women will die in Haiti!”

“Die of what?”

She shrugs. “It is what they do to us.”

“Carmen,” I say, “if you knew that you had AIDS, that your blood was bad, would you still sleep with men?” Abruptly, she throws back her head and laughs. It is the same laughter with which Frasquita had greeted the rat at our feet. She stands and the others follow.

“Méchant! You wicked man,” she says. Then, with terrible solemnity, “You don’t know anything.”

“But you are killing the Haitian men,” I say.

“As for that,” she says, “everyone is killing everyone else.” All at once, I want to know everything about these three—their childhood, their dreams, what they do in the afternoon, what they eat for lunch.

“Don’t leave,” I say. “Stay a little more.” Again, I reach for my wallet. But they are gone, taking all the light in the room with them—Mercedes and Carmen to sit at another table where three men have been waiting. Frasquita is strolling about the room. Now and then, as if captured by the music, she breaks into a few dance steps, snapping her fingers, singing to herself.
Midnight. And the Copacabana is filling up. Now it is like any other seedy nightclub where men and women go hunting. We get up to leave. In the center a couple are dancing a méringue. He is the most graceful dancer I have ever watched; she, the most voluptuous. Together they seem to be riding the back of the music as it gallops to a precisely sexual beat. Closer up, I see that the man is short of breath, sweating. All at once, he collapses into a chair. The woman bends over him, coaxing, teasing, but he is through. A young man with a long polished stick blocks my way.


I have been invited by Dr. Jean William Pape to attend the AIDS clinic of which he is the director. Nothing from the outside of the low whitewashed structure would suggest it as a medical facility. Inside, it is divided into many small cubicles and a labyrinth of corridors. At nine a.m. the hallways are already full of emaciated silent men and women, some sitting on the few benches, the rest leaning against the walls. The only sounds are subdued moans of discomfort interspersed with coughs. How they eat us with their eyes as we pass.

The room where Pape and I work is perhaps ten feet by ten. It contains a desk, two chairs and a narrow wooden table that is covered with a sheet that will not be changed during the day. The patients are called in one at a time, asked how they feel and whether there is any change in their symptoms, then examined on the table. If the patient is new to the clinic, he or she is questioned about sexual activities.

A twenty-seven-year-old man whose given name is Miracle enters. He is wobbly, panting, like a groggy boxer who has let down his arms and is waiting for the last punch. He is neatly dressed and wears, despite the heat, a heavy woolen cap. When he removes it, I see that his hair is thin, dull reddish and straight. It is one of the signs of AIDS in Haiti, Pape tells me. The man’s skin is covered with a dry itchy rash. Throughout the interview and examination he scratches himself slowly, absentmindedly. The rash is called prurigo. It is another symptom of AIDS in Haiti. This man has had diarrhea for six months. The laboratory reports that the diarrhea is due to an organism called cryptosporidium, for which there is no treatment. The telltale rattling of the tuberculous moisture in his chest is audible without a stethoscope. He is like a leaky cistern that bubbles and froths. And, clearly, exhausted.

“Where do you live?” I ask.

“Kenscoff.” A village in the hills above Port-au-Prince.

“How did you come here today?”

“I came on the tap-tap.” It is the name given to the small buses that swarm the city, each one extravagantly decorated with religious slogans, icons, flowers, animals, all painted in psychedelic colors. I have never seen a tap-tap that was not covered with passengers as well, riding outside and hanging on. The vehicles are little masterpieces of contagion, if not of AIDS
then of the multitude of germs which Haitian flesh is heir to. Miracle is given a prescription for a supply of Sera, which is something like Gatorade, and told to return in a month.

"Mangé kou bèf," says the doctor in farewell. "Eat like an ox." What can he mean? The man has no food or money to buy any. Even had he food, he has not the appetite to eat or the ability to retain it. To each departing patient the doctor will say the same words — "Mangé kou bèf," I see that it is his way of offering a hopeful goodbye.

"Will he live until his next appointment?" I ask.

"No." Miracle leaves to catch the tap-tap for Kenscoff.

Next is a woman of twenty-six who enters holding her right hand to her forehead in a kind of permanent salute. In fact, she is shielding her eye from view. This is her third visit to the clinic. I see that she is still quite well nourished.

"Now, you'll see something beautiful, tremendous," the doctor says. Once seated upon the table, she is told to lower her hand. When she does, I see that her right eye and its eyelid are replaced by a huge fungating ulcerated tumor, a side product of her AIDS. As she turns her head, the cluster of lymph glands in her neck to which the tumor has spread is thrown into relief. Two years ago she received a blood transfusion at a time when the country's main blood bank was grossly contaminated with AIDS. It has since been closed down. The only blood available in Haiti is a small supply procured from the Red Cross.

"Can you give me medicine?" the woman wails.

"No."

"Can you cut it away?"

"No."

"Is there radiation therapy?" I ask.

"No."

"Chemotherapy?" The doctor looks at me in what some might call weary amusement. I see that there is nothing to do. She has come here because there is nowhere else to go.

"What will she do?"

"Tomorrow or the next day or the day after that she will climb up into the mountains to seek relief from the bounGAN, the voodoo priest, just as her slave ancestors did two hundred years ago."

Then comes a frail man in his thirties, with a strangely spiritualized face, like a child's. Pus runs from one ear onto his cheek, where it has dried and caked. He has trouble remembering, he tells us. In fact, he seems confused. It is from toxoplasmosis of the brain, an effect of his AIDS. This man is bisexual. Two years ago he engaged in oral sex with foreign men for money. As I palpate the swollen glands of his neck, a mosquito flies between our faces. I swat at it, miss. Just before coming to Haiti I had read that the AIDS virus had been isolated from a certain mosquito. The doctor senses my thought.
“Not to worry,” he says. “So far as we know there has never been a case transmitted by insects.”
"Yes," I say. "I see."

And so it goes until the last, the thirty-sixth AIDS patient has been seen. At the end of the day I am invited to wash my hands before leaving. I go down a long hall to a sink. I turn on the faucets but there is no water.

"But what about you?" I ask the doctor. "You are at great personal risk here—the tuberculosis, the other infections, no water to wash..." He shrugs, smiles faintly and lifts his hands palm upward.

We are driving up a serpiginous steep road into the barren mountains above Port-au-Prince. Even in the bright sunshine the countryside has the bloodless color of exhaustion and indifference. Our destination is the Baptist Mission Hospital, where many cases of AIDS have been reported. Along the road there are slow stragglers of schoolchildren in blue uniforms who stretch out their hands as we pass and call out, "Give me something." Already a crowd of outpatients has gathered at the entrance to the mission compound. A tour of the premises reveals that in contrast to the aridity outside the gates, this is an enclave of productivity, lush with fruit trees and poinsettia.

The hospital is clean and smells of creosote. Of the forty beds, less than a third are occupied. In one male ward of twelve beds, there are two patients. The chief physician tells us that last year he saw ten cases of AIDS each week. Lately the number has decreased to four or five.

"Why is that?" we want to know.
"Because we do not admit them to the hospital, so they have learned not to come here."
"Why don't you admit them?"
"Because we would have nothing but AIDS here then. So we send them away."
"But I see that you have very few patients in bed."
"That is also true."
"Where do the AIDS patients go?"
"Some go to the clinic in Port-au-Prince or the general hospital in the city. Others go home to die or to the voodoo priest."
"Do the people with AIDS know what they have before they come here?"
"Oh, yes, they know very well, and they know there is nothing to be done for them."

Outside, the crowd of people is dispersing toward the gate. The clinic has been canceled for the day. No one knows why. We are conducted to the office of the reigning American pastor. He is a tall, handsome Midwesterner with an ecclesiastical smile.

"It is voodoo that is the devil here," He warns to his subject. "It is a demonic religion, a cancer on Haiti. Voodoo is worse than AIDS. And it is one of the reasons for the epidemic. Did you know that in order for a man
to become a houngan he must perform anal sodomy on another man? No, of course you didn’t. And it doesn’t stop there. The houngans tell the men that in order to appease the spirits they too must do the same thing. So you have ritualized homosexuality. That’s what is spreading the AIDS.” The pastor tells us of a man who witnessed two acts of sodomy in a provincial hospital where she came upon a man sexually assaulting a houseboy and another man mounting a male patient in his bed.

“Fornication,” he says. “It is Sodom and Gomorrah all over again, so what can you expect from these people?” Outside his office we are shown a cage of terrified, cowering monkeys to whom he coos affectionately. It is clear that he loves them. At the car, we shake hands.

“By the way,” the pastor says, “what is your religion? Perhaps I am a kinsman?”

“While I am in Haiti,” I tell him, “it will be voodoo or it will be nothing at all.”

Abruptly, the smile breaks. It is as though a crack had suddenly appeared in the face of an idol.

From the mission we go to the general hospital. In the heart of Port-Au-Prince, it is the exact antithesis of the immaculate facility we have just left—filthy, crowded, hectic and staffed entirely by young interns and residents. Though it is associated with a medical school, I do not see any members of the faculty. We are shown around by Jocelyne, a young intern in a scrub suit. Each bed in three large wards is occupied. On the floor about the beds, hunkered in the posture of the innocent poor, are family members of the patients. In the corridor that constitutes the emergency room, someone lies on a stretcher receiving an intravenous infusion. She is hardly more than a cadaver.

“Where are the doctors in charge?” I ask Jocelyne. She looks at me questioningly.

“We are in charge.”

“I mean your teachers, the faculty.”

“They do not come here.”

“What is wrong with that woman?”

“She has had diarrhea for three months. Now she is dehydrated.” I ask the woman to open her mouth. Her throat is covered with the white plaques of thrush, a fungus infection associated with AIDS.

“How many AIDS patients do you see here?”

“Three or four a day. We send them home. Sometimes the families abandon them, then we must admit them to the hospital. Every day, then, a relative comes in to see if the patient has died. They want to take the body. That is important to them. But they know very well that AIDS is contagious and they are afraid to keep them at home. Even so, once or twice a week the truck comes to take away the bodies. Many are children. They are buried in mass graves.”

“Where do the wealthy patients go?”
“There is a private hospital called Canapé Vert. Or else they go to Miami. Most of them, rich and poor, do not go to the hospital. Most are never diagnosed.”

“How do you know these people have AIDS?”

“We don’t know sometimes. The blood test is inaccurate. There are many false positives and false negatives. Fifteen percent of those with the disease have negative blood tests. We go by their infections — tuberculosis, diarrhea, fungi, herpes, skin rashes. It is not hard to tell.”

“Do they know what they have?”

“Yes. They understand at once and they are prepared to die.”

“Do the patients know how AIDS is transmitted?”

“They know, but they do not like to talk about it. It is taboo. Their memories do not seem to reach back to the true origins of their disaster. It is understandable, is it not?”

“Whatever you write, don’t hurt us any more than we have already been hurt.” It is a young Haitian journalist with whom I am drinking a rum punch. He means that any further linkage of AIDS and Haiti in the media would complete the economic destruction of the country. The damage was done early in the epidemic when the Centers for Disease Control in Atlanta added Haitians to the three other high-risk groups — homosexuals, intravenous drug users and bisexuals and bisexual men. In fact, Haitians are no more susceptible to AIDS than anyone else. Although the CDC removed Haitians from special scrutiny in 1985, the lucrative tourism on which so much of the country’s economy was based was crippled. Along with tourism went much of the foreign business investment. Worst of all was the injury to the national pride. Suddenly Haiti was indicted as the source of AIDS in the western hemisphere.

What caused the misunderstanding was the discovery of a large number of Haitian men living in Miami with AIDS antibodies in their blood. They denied absolutely they were homosexuals. But the CDC investigators did not know that homosexuality is the strongest taboo in Haiti and that no man would ever admit to it. Bisexuality, however, is not uncommon. Many married men and heterosexually oriented males will occasionally seek out other men for sex. Further, many, if not most, Haitian men visit female prostitutes from time to time. It is not difficult to see that once the virus was set loose in Haiti, the spread would be swift through both genders.

Exactly how the virus of AIDS arrived is not known. Could it have been brought home by the Cuban soldiers stationed in Angola and thence to Haiti, about fifty miles away? Could it have been passed on by the thousands of Haitians living in exile in Zaire, who later returned home or immigrated to the United States? Could it have come from the American and Canadian homosexual tourists, and, yes, even some U.S. diplomats who have traveled to the island to have sex with impoverished Haitian men all too willing to sell themselves to feed their families? Throughout the international gay community Haiti was known as a good place to go for sex.
On a private tip from an official at the Ministry of Tourism, J-B and I drive to a town some fifty miles from Port-au-Prince. The hotel is owned by two Frenchmen who are out of the country, one of the staff tells us. He is a man of about thirty and clearly he is desperately ill. Tottering, short of breath, he shows us about the empty hotel. The furnishings are opulent and extreme—tiger skins on the wall, a live leopard in the garden, a bedroom containing a giant bathtub with gold faucets. Is it the heat of the day or the heat of my imagination that makes these walls echo with the painful cries of pederasty?

The hotel where we are staying is in Pétionville, the fashionable suburb of Port-au-Prince. It is the height of the season but there are no tourists, only a dozen or so French and American businessmen. The swimming pool is used once or twice a day by a single person. Otherwise, the water remains undisturbed until dusk, when the fruit bats come down to drink in midswop. The hotel keeper is an American. He is eager to set me straight on Haiti.

“What did and should attract foreign investment is a combination of reliable weather, an honest and friendly populace, low wages and multilingual managers.”

“What spoiled it?”

“Political instability and a bad American press about AIDS.” He pauses, then adds: “To which I hope you won’t be contributing.”

“What about just telling the truth?” I suggest.

“Look,” he says, “there is no more danger of catching AIDS in Haiti than in New York or Santo Domingo. It is not where you are but what you do that counts.” Agreeing, I ask if he had any idea that much of the tourism in Haiti during the past few decades was based on sex.

“No idea whatsoever. It was only recently that we discovered that that was the case.”

“How is it that you hoteliers, restaurant owners and the Ministry of Tourism did not know what tout² Haiti knew?”

“Look. All I know is that this is a middle-class, family-oriented hotel. We don’t allow guests to bring women, or for that matter men, into their rooms. If they did, we’d ask them to leave immediately.”

At five a.m. the next day the telephone rings in my room. A Creole-accented male voice.

“Is the lady still with you, sir?”

“There is no lady here.”

“In your room, sir, the lady I allowed to go up with a package?”

“There is no lady here, I tell you.”

At seven a.m. I stop at the front desk. The clerk is a young man.

²tout: All. [Eds.]
“Was it you who called my room at five o’clock?”

“Sorry,” he says with a smile. “It was a mistake, sir. I meant to ring the room next door to yours.” Still smiling, he holds up his shushing finger.

Next to Dr. Pape, director of the AIDS clinic, Bernard Liautaud, a dermatologist, is the most knowledgeable Haitian physician on the subject of the epidemic. Together, the two men have published a dozen articles on AIDS in international medical journals. In our meeting they present me with statistics:

- There are more than one thousand documented cases of AIDS in Haiti, and as many as one hundred thousand carriers of the virus.
- Eighty-seven percent of AIDS is now transmitted heterosexualy. While it is true that the virus was introduced via the bisexual community, that route has decreased to 10 percent or less.
- Sixty percent of the wives or husbands of AIDS patients tested positive for the antibody.
- Fifty percent of the prostitutes tested in the Port-au-Prince area are infected.
- Eighty percent of the men with AIDS have had contact with prostitutes.
- The projected number of active cases in four years is ten thousand. (Since my last visit, the Haitian Medical Association broke its silence on the epidemic by warning that one million of the country’s six million people could be carriers by 1992.)

The two doctors have more to tell. “The crossing over of the plague from the homosexual to the heterosexual community will follow in the United States within two years. This, despite the hesitation to say so by those who fear to sow panic among your population. In Haiti, because bisexuality is more common, there was an early crossover into the general population. The trend, inevitably, is the same in the two countries.”

“What is there to do, then?”

“Only education, just as in America. But here the Haitians reject the use of condoms. Only the men who are too sick to have sex are celibate.”

“What is to be the end of it?”

“When enough heterosexuals of the middle and upper classes die, perhaps there will be the panic necessary for the people to change their sexual lifestyles.”

This evening I leave Haiti. For two weeks I have fastened myself to this lovely fragile land like an ear pressed to the ground. It is a country to break a traveler’s heart. It occurs to me that I have not seen a single jogger. Such a public expenditure of energy while everywhere else strength is ebbing—it would be obscene. In my final hours, I go to the Cathédrale de Sainte Trinité.
the inner walls of which are covered with murals by Haiti's most renowned artists. Here are all the familiar Bible stories depicted in naïveté and piety, and all in such an exuberance of color as to tax the capacity of the retina to receive it, as though all the vitality of Haiti had been turned to paint and brushed upon these walls. How to explain this efflorescence at a time when all else is lassitude and inertia? Perhaps one day the plague will be rendered in poetry, music, painting, but not now. Not now.

QUESTIONS

Reading

1. Summarize the scene at the Copacabana. Which details are memorable? Why does Selzer spend so much time with Carmen, Mercedes, and Frasquita? Why are their attitudes toward AIDS so important?
2. Selzer writes at great length about his visit to the AIDS clinic directed by Dr. Jean William Pape. What does Selzer learn from observing patients at this clinic? What does Selzer learn about AIDS from the doctor at work?
3. Look at the various scenes and vignettes Selzer offers his readers. How does he connect these different scenes? How does this structure succeed in presenting his reflections?

Exploratory Writing

1. How might Selzer's research experience at the Copacabana have been different if he were a woman, or a man raised and educated in Haiti, rather than the United States? Consider the ways that Carmen, Mercedes, and Frasquita approach him and respond to his questions. How might his commentary have been different if he, himself, were infected with HIV? In your opinion, how balanced is the report that Selzer offers?
2. Collaborating in small groups, take the “How Much Do You Know about HIV/AIDS?” quiz (www.pbs.org/wgbh/pages/frontline/aids/etc/quiz.html) on the Frontline Web site. Using the links contained in the answers, choose a topic in the field of HIV/AIDS education, prevention, and treatment, and prepare a presentation arguing a policy position. (For example, “The U.S. Should Provide Federal Funding for Needle Exchange” or “HIV Testing Should Be a Standard Part of Medical Care for Patients Age 13–64.”) Use at least four key points to make your argument persuasive.
3. A young Haitian journalist tells Selzer, “Whatever you write, don’t hurt us any more than we have already been hurt” (paragraph 103). What is the significance of this request? After reading Selzer’s essay, do you think Selzer has honored this request?