AIDS
I'm not at risk
Am I?

Joy and Ray Thomas

AIDS
I'm not at risk – Am I?

First edition 2005
Reprint 2006

This first edition is co-sponsored and published by the trustees (for the time being) of Judah Trust and Operation Mobilisation. Funds arising from the sale of this book will be used to further the HIV/AIDS work of Judah Trust and Operation Mobilisation.

Jointly published by

Judah Trust

P O Box 1033, Yateley, Hampshire
GU46 6WT, England

and

Operation Mobilisation

Printed and bound in India by
OM Books, Secunderabad – 55
Ph: 91-040-27861447, email: publisher@ombooks.org

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DEDICATION

This book is dedicated to

Rebe and Ivan Williamson

Who, as parents and parents in law, nurtured us in the Christian faith,
showed us by example the power of sustained intercession,
and instilled and confirmed in us the values of Kingdom Living
which are promoted throughout this book**.**

PREFACE

With over 85 million people already infected, the HIV/AIDS epidemic is still in its earliest stages. Many parts of Africa are already devastated and history is repeating itself in places like India, China and Russia, on a vast and tragic scale. There is still no vaccine, and no cure, although new drug treatments, when available, prolong life and save most babies of infected mothers from developing AIDS. Unless something changes over 200 million men, women, and children, will die with AIDS. The epidemic is out of control in the poorest nations, killing four times as many people every week as fifteen years ago.

We are in a race against time. We must learn lessons from the past. As we have seen in countries like Uganda, the spread of HIV can be beaten, step by step, when we all pull together: community organisations, leaders, business, media, schools, churches, and government. We must make sure that we act fast to save lives - as well as to care.

In many nations Christians are already leading the fight against HIV/AIDS. Archbishop Desmond Tutu estimates churches and Christian organisations are providing over 60% of HIV community programmes in Africa. In India the Christian response to HIV/AIDS has mobilised over 25,000 workers, part and full time in care or prevention. But more is needed!

How can churches and Christian individuals save lives and care for those infected? This book is essential reading for those who are asking these questions today.

Following the call of Jesus to love other, we are drawn immediately to care for the sick, dying and bereaved. However, investing in care alone is a disastrous and short-sighted strategy that will result in the deaths of another generation of men, women and children. For the same cost as running a 50 bed AIDS hospital for a year, we can save up to 10,000 lives and prevent maybe 50,000 children from bereavement by teaching prevention.

After an appallingly slow international response, the wealthiest nations have finally woken up to the nightmare in the poorer nations. International agencies, multinationals, foundations and governments are now committing far greater resources to fight the spread of HIV/AIDS and to improve the care of those infected. But they are severely handicapped by the lack of quality, 'on the ground' community programmes supported by networks of well-trained volunteer helpers and carers. This book, used both for information and training, can help to rapidly redress this balance.

The way of Jesus is clear. We are called to express the love of God to all in need regardless of how they came to be so. Those with AIDS are lepers today in many countries, facing fear, violence and rejection. When Jesus touched the leper, he made history - still talked about 2,000 years later. It was the most powerful demonstration of the love of God that he could possibly have shown other than his own sacrificial death.

Christians from every tradition can easily unite in two simple aims:-

1. Unconditional compassionate care for all affected by HIV/AIDS and
2. Effective prevention respecting and upholding the historic teachings of the church.

This book will help you make a start today.

Dr Patrick Dixon

(Dr Patrick Dixon is the founder of ACET (AIDS Care Education and Training) and now helps to lead an international alliance of independent initiatives known as the ACET International Alliance).

WHY HAVE WE WRITTEN THIS BOOK?

This book is written for you

Over the twenty years or so that we have been working with people with AIDS, we have received invitations, and calls for help from many countries around the world. We have responded to many of these calls. However, as the trickle of requests soon became a torrent that threatened to overwhelm us, we found ourselves becoming **"trainers of trainers,"** making sure that all whom we taught, were equipped to go out and train others.

Even so, we were unable to meet the needs of so many in difficult and dire situations who desperately needed training in the care and prevention of HIV/AIDS. Our video and teaching packs that we sent to many that we were unable to visit personally, helped for a while, but soon the demand overstepped the supply and so we felt compelled to write this book

We have written this book for you, the reader

Some of you who will read this book are HIV positive. Many of you will be loving and caring for a member of your family, or a friend, who has HIV/AIDS. Some of you will be parents who are afraid for your children growing up in a world ravaged by AIDS. Whoever you are, wherever you are, this book is written for you.

The format of this book

This book has a very simple format.

The Story

Each chapter begins with a story, which is based on true events, and contains within it many of the issues and situations that are found in HIV/AIDS.

The Issues

From the story we identify, or we ask the class to identify, the underlying issues that the story reveals.

The Skills

After hearing the story and identifying the issues, we look at the skills that are needed to improve the situation, and at the end of each chapter we provide the teaching to develop those skills. Some of these skills are specific to one situation while others are more general such as "listening" to what a person really has to say.

The Slides

The skills section is in the form of overhead slides accompanied by the notes needed to teach that skill. We encourage you to make acetates for overhead projection from the slide pages and have used heavier type faces and larger point sizes to aid OHP projection.

This format and the teaching that is contained in it, is mostly universal and can be applied across cultures and used in any part of the world. However, because we have taught and travelled mostly in Africa, and because we hold many of the people there so close to our heart, these stories have been written in the cultural idiom of Africa.

Our hopes for this Book

Our hopes for this book are that those who read it will find both the skills to cope with their situations and reason to **hope** even in the darkest hour. We pray that they too will find themselves "training trainers " as they use the materials here to teach others.

It is also our hope that many will be able to use their own stories, applicable to their culture. In this way the teaching will provide AIDS education, practical help and Christian hope to those in need of care wherever they live around the world.

ACKNOWLEDGEMENTS

We gratefully acknowledge the support and guidance of the Board of Judah Trust throughout the writing of this book, especially Dr Richard and Prilla Rowland who have continually encouraged us and are the contributors of chapter nine on reconciliation and forgiveness in Rwanda. Also for Dr Patrick and Sheila Dixon and George Verwer, without whose guidance and practical oversight this book would not have been written.

We are grateful for Carl Rogers' work on person centred therapy, Erik Erikson's on the eight ages of man, and Marianne Davidsen-Neilsen and Nini Leick for their work on grief therapy, all of which helped to form the basis of the person centred counselling model used here for those with HIV/AIDS. Also to Riva Miller of the AIDS Counselling Unit at the Royal Free hospital in London, for her practical teaching on pre and post-test counselling; Daniel Sweeney for his work on the healing role of touch and play; and for the work of Snowdon Albright Howe on binding up the broken hearted child.

We are grateful to YWAM (Youth With A Mission), OM (Operation Mobilisation), and to all those Christian men and women of strong faith who have enabled and supported us in the world wide work with those with HIV/AIDS.

We also bear witness to the steadfast pray-ers of AIDS Intercessors who have stood with us over 18 years of Prayer Ministry into HIV/AIDS knowing that God is faithful and that He will overcome!

During the time of the Wellspring Homecare Team, we acknowledge the help and assistance of the Palliative Care Team led by Dr Rob George and Vicky Robinson and the lessons to be learned from having a dedicated home care team and a clinical care team working together.

A big thank-you to Bernard & Alice Bakunda, Edith & David Wakumire, Carla van der Kooij, Wilson Ramos, Berenice Goncalves, Jean Webster, Sam Kisolo, Margaret Auma, Susie Howe, Joke Bergink, Lorrie Anderson, Alan & Maelynn Ellard, Jonathan Hunter, Sue Green, Penny Dugan, Chris Atcheson, Kate Gray, Amanda Williams and so many others who have helped us walk the walk in ministry in Africa, and beyond.

Most of all we bear witness to an alive and vital faith in God, His Son Jesus, and the power of the Holy Spirit to turn lives around, at their time of greatest need and fill them with life and purpose again.

We thank each HIV positive person, adult or child, who allowed us to come alongside them even for a little while. We may have come to help but we received so very much more back from you!

We hope that this book will help and strengthen you all, to enable you to go and help others in return.

God bless you all,

Joy and Ray

CONTENTS

INTRODUCTION

Global Epidemic

The global AIDS epidemic has reached a particularly alarming stage. It is both globalising and expanding at an accelerating pace while its impact increasingly depletes severely affected countries of the human, financial and institutional resources needed to curb its spread." UNAIDS Report of the Executive Director 2004-2005.

Challenges from UNAIDS

Peter Piot, the Executive Director of UNAIDS throws out two challenges to the international community in presenting the above report.

"The first challenge ... is to include now a long term horizon in our action on AIDS. Just consider, how will we assure antiretroviral therapy for decades!

A second major challenge I want to bring to your attention is the need for a full-scale comprehensive response to AIDS. Because of this epidemic's complexity, the response has to be comprehensive.

*HIV **prevention** is critical because nearly 5 million people acquire HIV every year.*

*HIV **treatment** is critical because over 3 million people a year are dying of AIDS.*

*HIV **impact alleviation** is critical because this epidemic is orphaning millions of children and reversing development gains."*

Issues arising from the Challenges

A number of issues arise from this clear analysis. The first is that the fight to turn the tide of HIV/AIDS is a long haul fight that is due to continue for many decades ahead and thus all those working in this field today have a strategic decision to take—i.e. are we willing to plan for a decades long involvement in HIV/AIDS and what do we need to do in order to plan for such a lengthy involvement. If the answer is 'yes', then this has organisational impacts upon staffing, financing, structural and procedural decisions.

The second issue is where are we, as Christian organisations working in HIV/AIDS, placed in the threefold response required? What is the skill mix and resource availability that enables us to operate in one or more of the three categories of prevention, treatment, and alleviation?

Hierarchial response

But there is also a hierarchy in the responses of prevention, treatment and alleviation of which we must take notice. If prevention is successful, there will then be an end in sight to the need for treatment and then an end in sight to the need to alleviate the impact of HIV/AIDS. Thus, without belittling the need for treatment and alleviation, the key factor in halting the epidemic is successful prevention. This book helps us put prevention in its right setting.

Prevention-ethical and moral issues

Treatment and alleviation have their own particular thorny problems, but the issues around prevention are in a totally different category in that they impact directly upon how humanity expresses its sexuality. This raises moral and ethical questions relating to the meaning of 'human rights' at the individual and population levels.

For example, is the *'right to control one's own sexuality, free of coercion, discrimination and violence'* compatible with individual actions that lead to knowingly passing on the virus to other unsuspecting sexual partners?

Should programmes that include *'accurate and explicit information on safer sex'* be adopted in all situations, particularly where there is risk of the reduction of innocence in the very young?

Multiple partners, early sexual debut, promiscuous life styles, etc have all been proven to enhance the speed at which HIV spreads. But each of these has factors affecting them eg coercion, economic necessity, lack of respect for the women etc. Life styles are not merely the untrammelled expression of an individual's will.

Human sexuality

A core part of prevention is reaching an understanding of the purposes of human sexuality - procreation and recreation. Focus, not on an ethos of 'do not', but upon an ethos of understanding and enjoyment of the gift of sexuality and gender that each one of us has available.

Christian response

Judah Trust is a Christian organisation that has beliefs and modes of operation based on acceptance of the life and teachings of Jesus Christ, as the only God, Lord and Saviour.

This means that Christian organisations have ethical and moral answers and responses to each of the issues arising in prevention, treatment and alleviation. These answers and responses have a successful track record proven over several thousand years of practice and they directly address the issues raised in the global pandemic of HIV/AIDS.

Strategically, is the Christian world prepared to promote these answers and responses? When we stand back and observe twenty years of the global AIDS epidemic we find two timeless messages coming through to us, and these messages can be easily perceived by any person whether secular or not.

The message of prevention

The first message is that to prevent this pandemic from spreading, to stop this pandemic in its tracks, we need to have a massive change in human sexual behaviour. That change, and the content of the message, is that when we live as peoples and nations, as well as individuals, according to the way of God, then the pandemic will be stopped.

We refer to this message as **Kingdom Living** and **Kingdom Sexuality** and it forms the first part of the timeless message of loving God with all our heart, mind soul, and body.

The message of care

The second message is that there are over 40 million people already infected with HIV in the world right now and over 15 million orphans as a result of HIV/AIDS. The context of this message is that each one of these people is in need of care and loving assistance, and most of all in need of hope. This message too, is the timeless message of loving your neighbour as yourself.

"Love the Lord your God
with all your heart and with all your soul
and with all your strength and with all your mind"
and,
"Love your neighbour as yourself."
Jesus replied,
"Do this and you will live."
(Luke, Chapter 10 verses 25-28)

It is in this context that we ask you to approach this book.

CHAPTER ONE

I'M NOT AT RISK — AM I?

(AIDS Prevention)

I'M NOT AT RISK — AM I?

The Story — Sue

It was to be the holiday of a lifetime. Sue had been saving up for many months for it. It would be so lovely to leave behind the cold drab climate of England, to relax on the beach in the sunshine at one of the world's most famous resorts. And it was in Africa!

All her life Sue had longed to visit Africa. Even as a child she had drunk in stories and films of Africa. She adored the elephants, the lions and other big cats, the friendly impudent monkeys, and the wild bird life. She loved the ever changing sky and the sunsets resplendent in pinks, blues and purples. Yes, she had always longed to visit Africa and now it was all coming true.

The holiday was in two parts. The first was at a celebrated beach resort, where she could laze on the golden sands and swim in the clear blue turquoise waters. The second part was to be a safari at one of the well known Wildlife Parks. Here she would see the elephants and large cats (lions and cheetahs) and even some flamingos in their native setting.

With luck they would be able to follow a pride of lions in the wild. She wasn't so keen on snakes but then the brochure said very little about them, and she was assured that it was all perfectly safe.

Yes, she couldn't wait to be off. It was dismal in England in the winter, and though she enjoyed her job at the bank, it did lack a certain excitement that she found herself longing for.

It had been hard these last few years after David had left. It was hard being a single parent, even though she loved her little daughter, Tania, and wouldn't be without her for the world. But now Tania was spending some time with her father and his new wife and Sue was free to enjoy the holiday of a lifetime!

Sue was soon off to the airport, and in 12 hours or so landing in a different continent, and one with so many new sounds, colours, and flavours. She was in Africa at last!

The moment she entered her hotel room with it's double doors opening onto the sand and the sea, she knew that this holiday was indeed going to be special. She lost no time in making her way to the beach, and feeling the sand between her toes, she stretched out on her bath towel and was instantly asleep.

Yes it was a holiday to remember and not least because a handsome, athletic looking, dark skinned man soon came into her world. He worked at the hotel, but he would also be one of the guides on her safari the following week.

He was charming and attentive, and had a wealth of information on Africa, and especially on all the wild life that she might see on the safari. They would be travelling together, along with about 10 others, in the safari minibus.

Sue couldn't believe her luck. It can be lonely travelling alone, but now she had an attentive knowledgeable companion. This holiday was turning out well for her in every way. Soon the relationship deepened and it wasn't long before they were sleeping together. After all it was a holiday of a lifetime, and even if they never met again, Sue

wanted to enjoy it to the full. She had been lonely since David left and it was nice to have someone special again.

But the safari was soon over and Sue was saying her good–byes and boarding the plane back to England. She had had a wonderful time, yet she was missing Tania and even the everyday rhythm of life at work. Yes it was time to go home, yet she still had a dreamy smile on her face when she thought of her holiday friend. But he would never fit into her life at home.

Sue was a practical person. No, it was just a holiday romance, no more and no less, or so she thought. Little did she know that the consequences of that holiday romance would change her life forever!

It was several months later that she was reading a woman's magazine and found that they were talking about AIDS in Africa. In some African countries, she read, one person in four was infected with the HIV/AIDS virus. Suddenly she felt a stab of fear. She had never bothered about AIDS before. After all it was an overseas problem, wasn't it? Africa, yes of course, AIDS in Africa. Why hadn't she thought?

She knew a little about how HIV was transmitted. People talked about prostitution and drugs, and things that were not a part of her life and she never thought that she would ever be faced with the possibility that she may be HIV positive.

But now that stab of fear returned. Oh, if only they hadn't made love on the warm sand under the African sky. Things had seemed so perfect at that moment, but now she faced a much more serious future. How could a holiday romance have turned so wrong?

She must do something about it. She couldn't live with this fear a moment longer. Reluctantly Sue found the address of the sexually transmitted diseases clinic at her local hospital, booked an appointment to see a counsellor, and to ask for an HIV/AIDS test.

The counsellor was serious and thorough. She talked through with Sue how HIV is transmitted and how to prevent any risk of becoming infected with HIV. As the holiday had been more than three months ago, and Sue hadn't been at risk since then, she was able to take a blood sample for testing for HIV antibodies. She discussed with Sue the possible consequences of the test being positive for HIV. It was a very sober Sue that came out from that interview.

The test result did come back positive and Sue's life was turned upside down. She cried non-stop for the first three days. She longed to be able to talk to someone, but whom could she tell, there was such stigma about HIV? Whom could she trust to keep quiet about it? Not her friends at work. Would they shun her? Would she lose her job?

She couldn't tell David. He would sue for custody of Tania and probably get it now that he had married again. Her parents would be devastated! No, it was better that they didn't know just yet, and maybe not at all.

Tania! This was the hardest blow of all. She was a lovely little girl with all her life ahead of her, and it had never entered Sue's thinking that she might not be there to share that life with her daughter. "Tania needs me" she thought. "She needs her mother to be there."

Oh, how she wished that she had never gone on holiday, or at least realised the risks and kept away from holiday romances!

Then she began to get angry. To pass on HIV without warning your partner that you are positive is a criminal offence these days in some countries, but not in Africa. He said that he loved her. How could he have ruined her life in this way? The first wave of her anger passed and she realised that yes, it had really been up to her. If only she had known more about HIV this wouldn't have happened.

The clinic had given her a contact number for an HIV support group in her area. Yes, she would get up the courage to go. Maybe she could do something about providing more AIDS awareness courses so that others wouldn't make the same mistake that she had made.

Maybe there should be more such courses in schools as well. Suddenly she was afraid for her daughter. The world is so small these days. Whatever affects one part of the world affects us all. Yes, she would push for more information about AIDS, even on the television. They used to have television advertisements about HIV/AIDS but that was years ago. It was time to bring them back again, so that AIDS could be prevented in this land.

Yes, there was much to be done, while she still had the health and energy to do it. She owed it to Tania. If we worked on prevention issues now, and people took notice and were prepared to change, then AIDS would stop. Then Tania and others like her would be able to grow up in a much safer world where HIV/AIDS was a thing of the past!

Suddenly she had a goal worth living for!

The Story — Mandy

It was Saturday night and Mandy, as her friends called her, was getting ready for a night out clubbing. It was all the rage these days to go out to a nightclub on a Saturday night. Mandy didn't have a regular boyfriend, but a group of them from work used to meet in one of the local clubs and dance the night away.

Drugs were also available, ecstasy and even "coke" if you wanted it but Mandy wasn't interested in such things, and the club organisers were trying to stop the dealers getting into the club nights. No, she was simply a happy young woman wanting to enjoy a night out with her friends. She didn't sleep around either, so although she saw posters about HIV/AIDS, she didn't take much notice of them because she was sure she was not at risk.

However, this night would prove to be disastrously different. It all started simply enough. She met with her friends and was soon dancing to the upbeat band that was always there on a Saturday night. During one of the dances she felt a sharp pain in her arm and rubbed it for a moment. It was gone in a second and she didn't give it a moment's thought until she had arrived home in the small hours of the morning and was getting undressed. It was then that she found a note in the back pocket of her jeans. It said, "welcome to the HIV club"

It was then that she remembered the jab in her arm. She looked down at her arm and saw a small red mark such as one that could be left by a needle from a syringe. Mandy felt a stab of fear. Someone had injected her with a needle carrying blood contaminated with the HIV virus. That is what "welcome to the HIV club" meant! It was very likely that she would now test positive for HIV.

Suddenly Mandy felt as though the bottom had just fallen out of her world. How could this have happened to her? She didn't take drugs and she didn't sleep around. She should have been safe from any risk of contracting HIV/AIDS. She had learnt about HIV /AIDS at school and realised how she must live to keep herself safe from the infection, yet now she was suddenly at risk.

She sat down heavily on the bed and tears began to flow down her face. She was young, with her life before her. She didn't want to die from AIDS. There was anger too. How dare somebody put her life at risk in this way. It must be someone who is very sick in the mind to even think of doing such a thing. Someone who thought, "If I have it and I'm going to die, then I will take as many others as possible with me." It was possible. Some people do think like that.

Then another possibility hit her. Perhaps it was just someone's idea of a sick joke. Maybe someone was just trying to frighten as many people as possible. Maybe there wasn't any HIV in the syringe. It was a small possibility but it was all that she had to hang on to right now. She made her thoughts concentrate on this last thread of hope.

She would talk to her friends, or maybe even her parents tomorrow. Then she would go and see an AIDS counsellor. She would know what to do. Feeling tired all of a sudden she lay down on the bed, hanging on to that one last thread of hope. Tomorrow, tomorrow she would deal with it, and almost surprisingly, she slept.

The Issues

Sue and Mandy's stories highlight the need for HIV/AIDS Awareness and HIV/AIDS prevention programmes to be taught in our schools, our churches, and our meeting places. This is a life and death issue! It is not an optional extra!

How many people will have to die? How many children will have to be orphaned before we will be prepared to change our behaviour patterns so that HIV/AIDS can be stopped in our generation.

It can be done. Read on reader, and find out how.

Stigma & confidentiality

In Sue's story stigma is a major issue. She cried for days after receiving her positive result, badly needing to talk to someone, but there was so much stigma around that she didn't know who would react to her news with understanding and compassion. Sue was also very worried about confidentiality. It the news that she was positive got out she could lose, not only her friends, but also her job.

Fear

Fear and anger are both very strong emotions that are natural reactions to hearing that you are HIV positive. Both Sue and Mandy felt afraid at the thought that they may have a disease that could kill them while they still had much their lives yet to live. Mandy was a lively young girl, while Sue desperately wanted to live to see her daughter grow up. These are normal emotions and need to be seen as very real and very natural.

Anger

The anger soon followed. Sue was angry that she hadn't been told that her lover was HIV positive. Did he even know? She will never know the answer to that question.

Mandy was angry that someone would deliberately set out to infect her with HIV by injecting infected blood. It seems such a cold and aggressive thing to do. Her one hope was that it had all been a sick joke. It would be a long three months for her to wait and worry before the window period would be up and she would know.

Guilt

As Sue wrestled with fear and anger she also wrestled with guilt. Unless there was a cure for HIV/AIDS found soon, and there was no sign of this in the next few years, her child would grow up without a mother, and all for a short holiday romance that she now wished desperately that she had never started.

It was only as Sue began to see that she could do something (teaching about HIV/AIDS) to prevent others from making the same mistake that she had made that she began to be able to live with herself again.

AIDS Awareness teaching

Mandy had learnt about HIV/AIDS at school and knew how to minimise the risk of becoming infected with HIV. This training had worked well for her, but now she faced the possible result of another person's anger. There are those who will want to

infect others just because they are angry at being infected themselves. Mandy's training on HIV should have gone a little further and taught also on these things. However, Mandy did learn where to go for help if she was worried, and this helped her a lot when she needed it.

Sue hadn't had the teaching on HIV that Mandy had. She did have some information about prostitution and drugs but she hadn't been aware that holiday romances can cost you dearly, particularly if you are in another culture where the "rules" on sexuality may be different to yours.

On realising that she was now positive for HIV, Sue vowed to spend what time she could, working to promote AIDS Awareness in the community. Then Tania and others like her would not only know how to protect themselves from HIV but would be a part of a generation that chose the behaviour change that would end the epidemic worldwide.

Where is the church in all this?

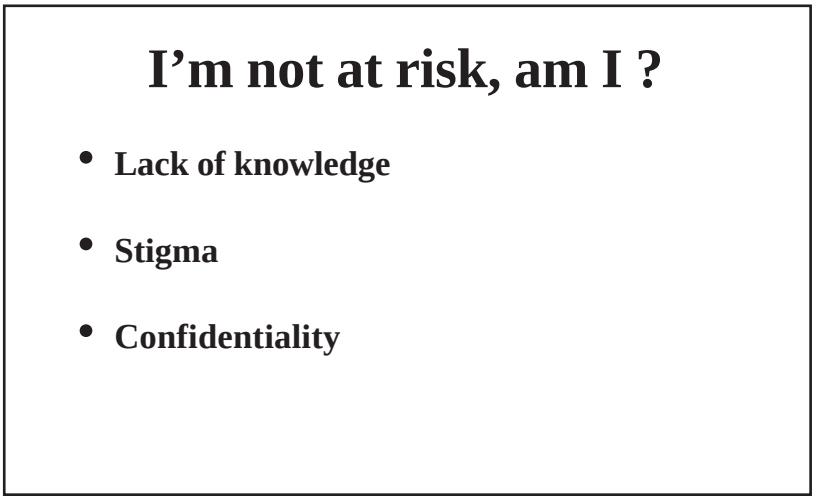
We have people needing some one to talk to, someone who can be trusted. Surely this is our job**. Where are you, church?**

We have people afraid that they are going to die and to die too soon. We have people in desperate need of hope! **Where are you, church?**

We have people struggling under burdens of anger and guilt, not knowing that as Jesus has forgiven them so they can forgive themselves. **Where are you, church?**

We have people afraid about dying, not knowing that through Jesus we have Eternal Life.

Where are you, church?



Slide 1

I’m not at risk, am I?

Sue quite clearly was at risk. Africa has a very high incidence of HIV/AIDS and having a holiday romance there carried a high risk of being infected. Sue’s lack of knowledge about HIV/AIDS was her downfall and had severe consequences for herself and her family.

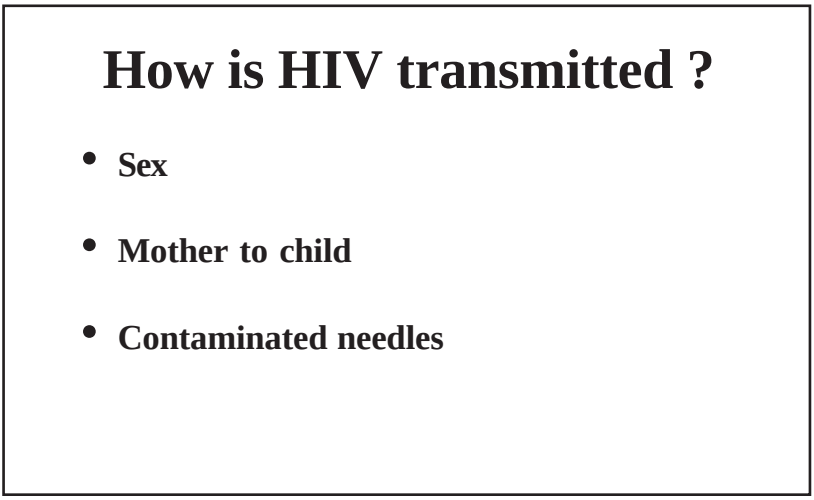
She was worried too about the effect of stigma on herself and her friends. Would she lose her job because of stigma over HIV? If she told a friend or colleague would they keep it confidential or would it be spread around the office in no time?

Mandy too, was worried over confidentiality. In her case she would have up to three months to wait before the test for antibodies could be done. (see slide 4) If she told anyone now they would need to keep confidentiality for at least three long months before even they knew if it was true.

Fortunately Mandy did have knowledge about HIV/AIDS. She knew enough to keep herself beyond any reasonable risk, but this action that had put her at risk was beyond reason and now she was possibly infected with HIV. She knew where to find an HIV/AIDS counsellor and decided to do that as soon as possible.

Mandy still had one ray of hope. There was the possibility that this was just a very nasty type of practical joke. Whatever the outcome Mandy will not be seen on that dance floor again!

(Note: In the real situation where this happened, Mandy plus over 12 others at another venue in the same city, were injected with infected blood).



Slide 2

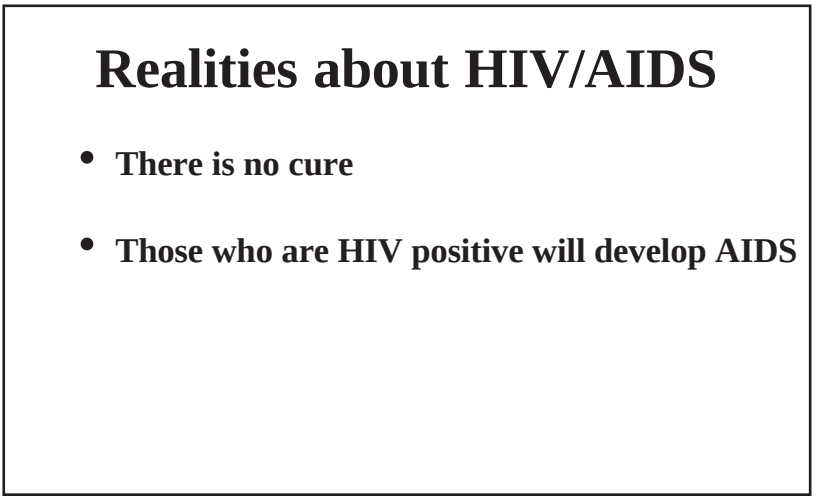
How is HIV transmitted?

There are three main ways that HIV is transmitted, by sexual intercourse, by blood to blood contact, and from mother to child either in the womb, at childbirth or through breastfeeding.

The usual way is through adult sexual intercourse. In some countries HIV has been mainly in the homosexual population, but worldwide, HIV/AIDS is overwhelmingly a heterosexual disease.

Children also fall victim to this disease. This is either from mother to child, or through child sexual abuse and/or prostitution at an early age. When both parents have died with AIDS, child headed households have become the norm in many parts of Africa. Where there is inadequate food due to loss of earnings many of these children end up living on the streets or selling their bodies for food and shelter (chapter 4, slide 3).

Blood to blood contact can occur through transfusion but mainly occurs in the injecting drug scene. When a person who is HIV positive uses a syringe to inject drugs, that person will draw some of his own blood into the syringe in order to washout all of the drug. He then passes the syringe on to another who washes the syringe out the same way unintentionally washing the HIV into his own bloodstream.



Slide 3

Realities about HIV/AIDS

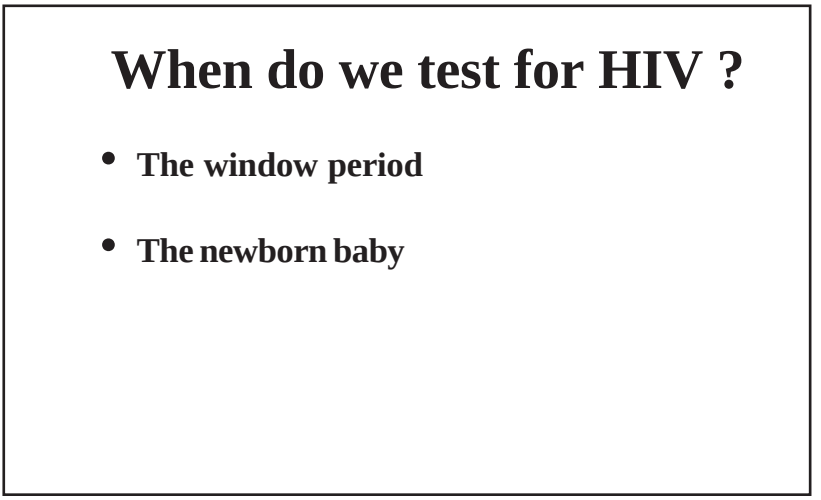
At the moment there is no cure for HIV/AIDS. Even the great advances made with the introduction of anti retro-viral therapy, which have given AIDS patients more years of active life, have not produced a cure. There is even some evidence to suggest that, when the end stages come, they come more quickly after the use of these anti-retroviral drugs.

It is also a fact of life in Africa that in spite of the efforts of many to improve the availability of anti -retroviral drugs, the majority of patients still have limited access to them if they have access at all.

The other reality to be faced is that HIV does lead on into AIDS. The occasional patient who has not yet developed full-blown AIDS is very much the exception not the rule. The fact is that if you are HIV positive you will at some stage die with AIDS.

When talking about AIDS prevention and teaching young people how they can live in order not to be at risk from HIV, we need to tell them the truth that there is no cure and that HIV/AIDS is a lethal disease.

However, it is also true that if we will change our sexual behaviour, then AIDS can be stopped! (see slide 10**).**



Slide 4

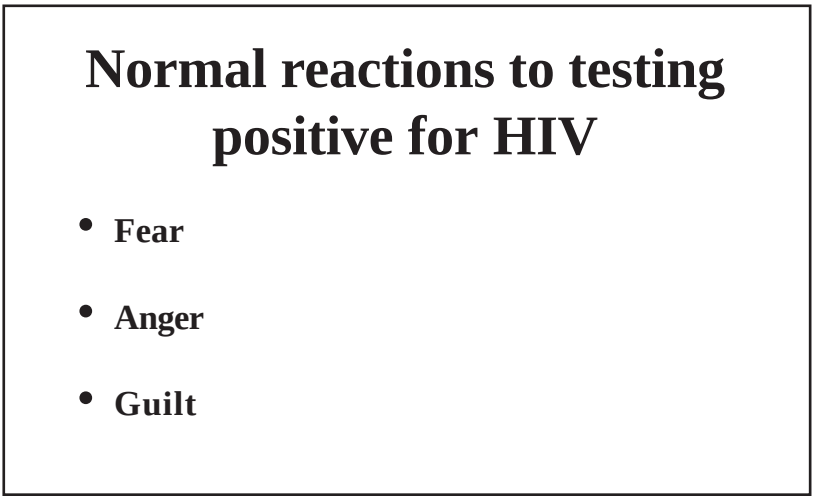
When do we test for HIV?

When a person is first infected with the HIV virus, their body begins to produce the antibodies that are specific for that virus alone. However, it takes up to three months before there are enough specific anti bodies in the blood stream to show up in HIV tests. This time between the time of infection and the time that the time that the blood test will be positive for HIV antibodies is called the **Window Period**.

The time that we test for HIV antibodies is when the window period is over. Some tests can pick up the HIV antibodies earlier than others but the usual time is three months from the time of infection.

Sue was able to be tested for HIV the same day when she went to the clinic as she had not realised that she may have been infected until several months after her holiday. Mandy, on the other hand, would have had a long three months wait before she would know if she had indeed been infected with HIV or not.

These tests are for the antibody not for the virus itself (see chapter 7, slides15, 17 & 18). However for the newborn baby that is showing signs of AIDS related illness, it may be necessary to test for the **virus** in order to treat the illness straight away. This test is more complicated and expensive but can be done without waiting for the window period to be over.



Slide 5

Normal reactions to a positive HIV test

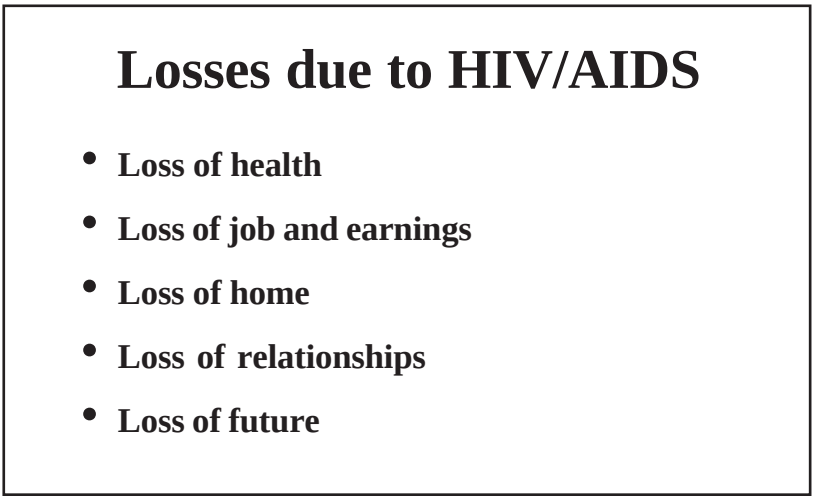
Fear and **anger** are very powerful reactions and both are very normal reactions to finding out that your HIV test is positive. The fear can be the fear of illness and fear of death, or even fear that a previously hidden sexual relationship may now be made known.

The anger can be anger at the virus and what it can do to your body, or anger at the person or persons that infected you with HIV. Sue certainly felt that anger as she remembered her holiday romance, while Mandy was shocked and angry that anybody would dare to put another's life at risk in the way that hers had been.

These are strong emotions that both women will need time and help to deal with (see chapter 6, slide 9).

Guilt is especially hard to bear when you know that someone you love, such as a child, is going to suffer because of your own ignorance or foolhardiness that resulted in a positive test for HIV. Sue was devastated by the thought that she might not be there for Tania as she was growing up. This kind of guilt is very hard to bear. Sue found some peace by becoming involved in AIDS Awareness and Prevention. She vowed that Tania would grow up knowing about how to keep safe from HIV.

Forgiving ourselves can only really happen when we know that a loving Father in heaven has forgiven us. Oh, how much we need the Gospel in this world of HIV/AIDS!



Slide 6

Losses due to HIV

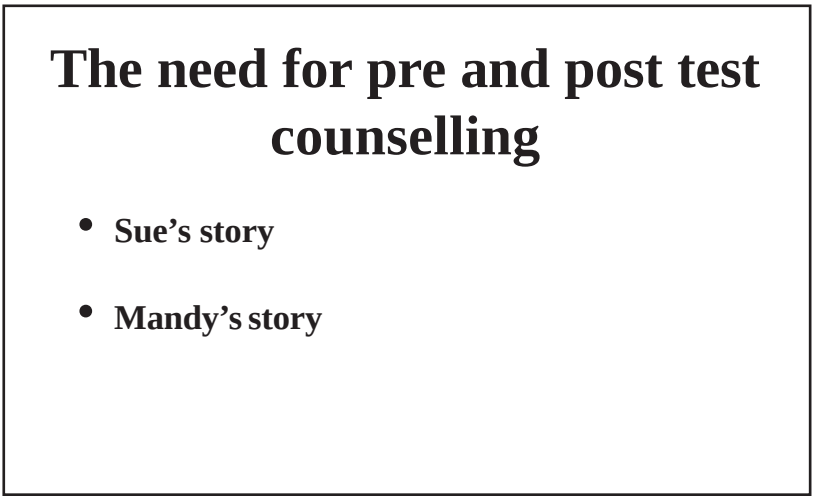
Loss of health and indeed of life is the same as that suffered in any terminal illness, and as such needs compassionate caring throughout.

Loss of job and earnings is aggravated by the effect of the fear and stigma often found around HIV/AIDS. It is not uncommon for someone to be dismissed from their job because they are, or are thought to be, HIV positive. This can happen while they are still well and very capable of doing the job in question. Sue was aware of this form of discrimination and was afraid that her friends would shun her and that she might lose her job if they knew that she was HIV positive.

Loss of home often happens to a widow (chapter 3, slides 2-3) whose husband has died from AIDS. She can be thrown out of her home either by her husband's relatives, or by villagers who are afraid that she might infect them all. A mother might also be thrown out of her home, by a husband who refuses to be tested, and insists that she has brought AIDS into the home (see chapter 8, slide 9).

Loss of relationship can be seen when one partner blames the other (see chapter 8, slide 9) and the relationship breaks down. Sue in our story didn't want to tell her parents, as they would be hurt too much and the relationship would be strained.

Loss of a future is a major loss in HIV/AIDS. Sue couldn't bear to think of Tania growing up without her. Mandy also, felt that she was young with her whole life before her, and now her future was gone in one sudden blow! With losses this deep we can but cry out to God for his Father heart of compassion, to minister to our loss through the knowledge of eternal life.



Slide 7

The need for pre-test and post-test counselling (see chapter 8).

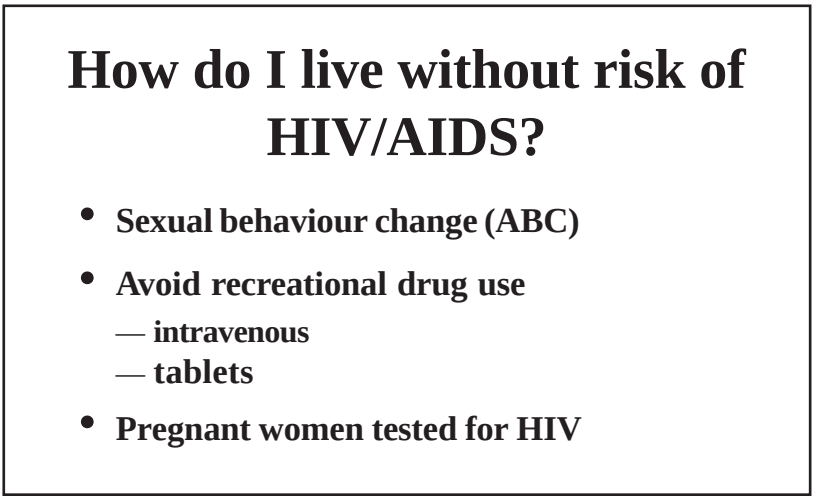
Sue's experience of pre and post-test counselling was of a serious and thorough counsellor who talked to her about how HIV is transmitted and how to prevent any further risk of becoming infected. Sometimes we have to be at risk before we see the need for sexual behaviour change. The counsellor also spoke about what to do, where help was available, who to tell, and maybe who not to tell if the test result came back positive.

This would be very helpful for Sue when she did get the positive result. She knew that somebody cared and that there were support structures that would help her through.

Mandy's experience of pre and post-test counselling was very different to that of Sue. Mandy had learnt about HIV/AIDS at school and already had much of the information about how to keep free from becoming infected, but nothing that she had learnt had prepared her for the situation she was now in.

However, knowing where to find an HIV/AIDS counsellor was a tremendous help. She was also aware that she would need to wait for the window period to be over before having an HIV test, and that her counsellor would be there to help her. She still had the single hope that it was just an unpleasant joke and that she had not been at risk of HIV after all.

Both Sue and Mandy would need good counselling and good compassionate friends. Surely this is where the church family should come in. To "be there" in the time of need.



Slide 8

Living without risk of HIV/AIDS

The most common way of becoming HIV positive is through sexual intercourse. A change in our sexual behaviour is essential if we are to halt the spread of HIV/AIDS.

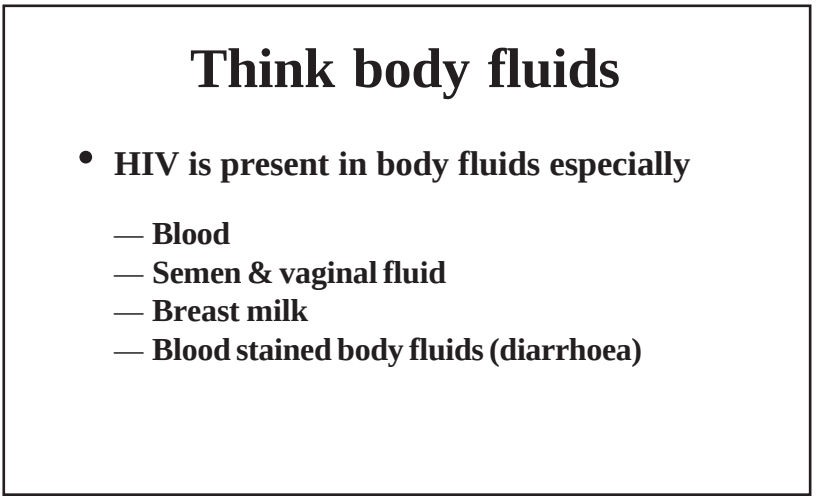
The ABC programme promoted in Uganda (the one country that has turned the tide on the AIDS epidemic), emphasises abstinence until marriage, being faithful after marriage, and the use of condoms for those who will not, or cannot keep to the other two. In many parts of the world there are those who are involved in prostitution in order to have food and shelter, and for them condoms are essential.

The ABC programme, upholding Christian teaching on sex and sexuality, could well be responsible for changing the future face of AIDS worldwide.

Injecting drug use will transmit the HIV virus through infected blood in the needles and syringes commonly shared by several people. Also recreational drugs taken in tablet form can release sexual inhibitions so that more sexual partners are put at risk of HIV.

Finally, HIV/AIDS can be transmitted from mother to unborn child. Having an HIV test when pregnant, gives a mother the chance to be treated in order to prevent her child being born with HIV.

Don't get involved with injecting drugs, and live God's way, (Kingdom Living), as far as it is up to you, and you should remain safe from HIV/AIDS.



Slide 9

HIV is transmitted in body fluids

Blood to blood, as in infected needles being used for intravenous injection, is a situation of high risk for HIV.

However, the more usual method of infection is sexual intercourse where both semen and vaginal fluid can be carrying HIV.

Breast milk also carries HIV but in a lower amounts. To be perfectly safe, and where there are the facilities, a mother with HIV should consider bottle feeding her baby

When looking after someone with HIV/AIDS try to think about body fluids in order to prevent infection. If there has been a blood spill, use a bottle of household bleach diluted 1 in 10 (chlorine bleach) to sterilise the area and kill the HIV virus. Bed sheets wet with urine or soiled with diarrhoea can be soaked in diluted bleach and then washed and dried as usual.

The normal activities of caring will not put you at risk of HIV, but any blood stained fluid such as blood stained diarrhoea or pus could be risky.

Be careful to cover any cuts that you have on your hands and always wear gloves when cleaning up spills of any kind.

Please don't let normal caring activities such as holding someone's hand or making them a cup of tea, be hindered by an unnecessary fear of catching HIV/AIDS

Slide 10

Where are you at risk?

Look at your own lifestyle. Are you found regularly at parties or "raves" where recreational drugs are being used? You may not be using them yet but sooner or later you may be persuaded to try. Injecting drugs could put you seriously at risk of getting HIV. Even recreational drugs used in tablet form could put you at risk by lowering inhibitions and making a sexual partnership with someone who is an injecting drug user, more likely.

Do you have more than one sexual partner? Sleeping around could put you seriously at risk from HIV. You need to change your lifestyle to that of **Kingdom Living**. Live God's way and be free from the risk of HIV/AIDS.

Are you looking for a holiday romance? People who meet up on holiday may seem perfect in each other's eyes, but what do you really know about that person? Who have they slept with before you? Have they slept around either at home or abroad? Have they ever dabbled in party drugs? The boy next door, or the long term friend, may appear dull in comparison but could be a lot safer in respect of HIV/AIDS.

Remember the ABC programme. Abstinence before marriage, Be faithful after marriage, and if you will not or cannot do those, then use a Condom.

Why run such a risk with your life? Live God's way!

CHAPTER TWO

HIV/AIDS — WHAT IS IT ALL ABOUT?

(HIV Essentials)

HIV/AIDS — WHAT IS IT ALL ABOUT?

The Story

Tamar was barely twelve years old yet she looked like a much older woman. She was bent over with pain and could barely walk to the river and back carrying yet another jar of water for the family. When she was out of sight of the hut she sat down beside the path breathing a sigh of relief for the temporary respite. She didn't want her younger brother and sisters to realise just how ill she was feeling. She was all that they had now.

Father had been killed in the civil war that had raged through their country many months ago. Then the soldiers arrived in their village. Her mother had been raped as she had been, and her sisters. She was quite young then and had no understanding of what was happening, but she had felt the fear and the pain.

They had laughed and told her that she was a woman now and that she would be sick as well for those soldiers were carrying HIV. She didn't understand what it all meant at first but later when her mother became sick and then her elder sister, she began to understand. Was this what HIV was all about?

Her eldest sister was lucky. She had stayed well but as soon as possible she had run off to the town. She couldn't cope with all the sickness and death. "There is nothing for me here "she said, "only more sickness and pain". Tamar missed her, especially now that she too had become ill. The younger ones didn't understand. If only she had someone to talk with, to explain things to her.

After the soldiers had come through the village raping the women and killing all the men they could find, other soldiers arrived. These ones settled down in the best houses and took some of the women as their "wives". One officer took a fancy to Tamar. She was afraid of him.

He took her to his house and made her have sex with him and with his friends. He said she would get no food unless she did. Over time he mellowed and was almost kind to her but she hated him. She hated him and she hated what he and the others did to her. She longed for her own family and her own home again.

One day he threw her out of his house saying that he was done with her. She didn't bring him pleasure anymore. Bruised and beaten she found her way home to whatever family she had left. The little ones were still safe. Somehow they had escaped when the soldiers came. Her mother and her sister were both very ill, but Tamar didn't mind All she knew was that she was home. She didn't know how tough it was to be.

She nursed her mother and her sister as best she could, but they were very poor. There was very little food and none of the fresh fruit and vegetables that she knew you needed when you were sick. "If she had only had the right food then perhaps they wouldn't have died " she thought. Somehow she felt that it was all her fault, and this conviction deepened when she began to feel unwell. Was she being punished for sleeping with many men even though she had had no choice? Perhaps it would have been better, if she too, had been killed by the soldiers.

It was then that she noticed that things were changing in her body. She was getting larger even though she ate so little. She knew what these changes meant. She was going to have a baby. Even as her commonsense said "What a disaster". Somewhere

inside herself her spirit leapt, “Somebody of my own. Someone to hold and to love and to be there for me.” Yes, she desperately wanted to have this baby.

But what if the baby died? She knew that babies born to sick mothers often died very young, especially if the sickness was AIDS. There she had said it now, or at least thought it in her heart.

She was feeling so ill and although until recently she had felt the baby moving inside her, that movement seemed to have stopped. Now there was this sharp pain, it was coming in regular bursts. She was feeling so ill that she didn’t think that she could make it to the river after all.

Tamar put down the water jug and curled up in the long grass beside the path. The pains were more intense now and she could go no further. Fear swept through her as she wondered if the baby was coming now. It couldn’t possibly be coming so soon. She had only known that she was pregnant for a few months. The pain hit again and she cried out.

“Please God, please God, let my baby live!”

The Issues

HIV/AIDS being used as a weapon of war

In Tamar's story we see many of the situations that increases the spread of HIV/AIDS. In outbreaks of civil war HIV can be used as a weapon of war. (Rwanda in the genocide 1990's) In Tamar's story the soldiers ransacked the village killing the men and raping the women and girls knowing that they are spreading HIV at the same time.

Rape using force

Tamar was very young, so forcible rape would be much more likely to cause tissue damage, increasing her chances of being infected with HIV.

Sexual promiscuity

When the soldiers took "wives" from amongst the village girls, they were attracted by her youth and once again Tamar found herself in a situation that gave her no choice about sexual promiscuity. She was passed from man to man until worn out and tired she was thrown out onto the street and left to fend for herself.

In these situations the amount of HIV increases dramatically. Whole communities are decimated with the men killed in battle and the women and young girls dying with AIDS in every home.

In Tamar's case she had no choice but to have sex in order to live, and many thousands of others, especially in war torn countries have to exist as she did. Many of those are paying the cost of this by carrying death in their body in the form of HIV.

Poverty and guilt

Poverty and malnutrition hasten the progression of the disease. Tamar blamed herself for not being able to provide the food that might have helped her mother and sister to fight the disease.

Child headed households

Although Tamar was fortunate that she was able to make her way home, once there she was soon caring for her ill mother and her sister until they died. Tamar was then the eldest child left at home with the younger children to care for.

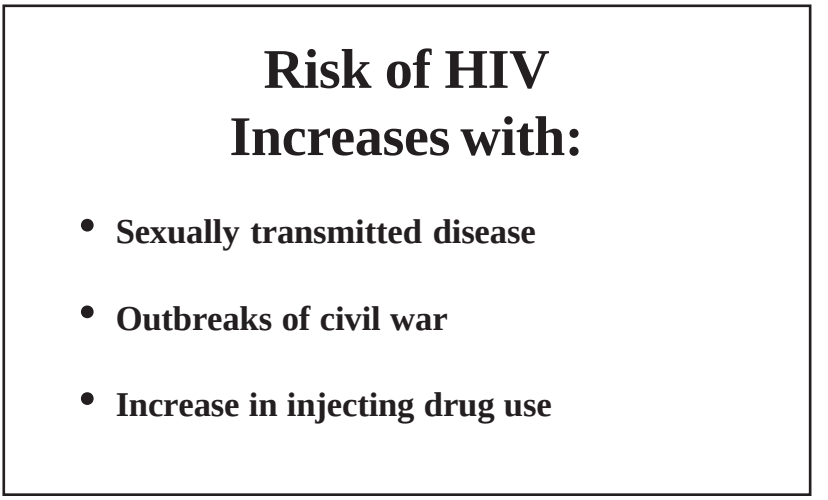
Pregnant and probably HIV positive

It was then that she realised that she was expecting a baby. It was a shock but at the same time gave her hope. To have a baby of her own when her family seemed to be dying, would be such a wonderful thing. Maybe the illness she felt was because she was pregnant and not due to HIV.

However if she did have HIV her baby might be sick too. She knew that babies born to mothers who had HIV/AIDS mostly died very young and sometimes at childbirth.

What a burden for a young girl to carry. Already sick herself she worried about her baby. Would the child also be ill? As we leave Tamar in the story we hear this distress in her final cry.

"Please God let my baby live!"



Slide1

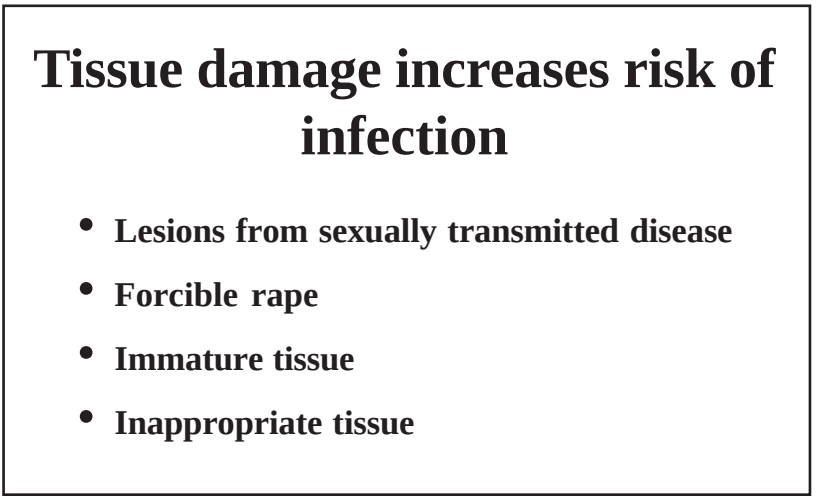
Risk of HIV

The risk of infection with HIV increases if the person is suffering from another sexually transmitted disease that leaves open lesions on the surface of the skin. This tissue damage will allow the HIV virus free entry to the underlying cells and blood capillaries. General cleanliness, as well as immediate treatment of any sexual infection, will help keep the skin healthy and able to protect against HIV.

Tamar's story tells us about forcible rape by soldiers using HIV as a weapon of war. In these situations the amount of HIV increases dramatically. Whole communities are decimated with the men killed in battle and the women and girls dying with AIDS alone in their village homes.

As we have seen in chapter one, (see chapter 1, slide 2) an increase in injecting drug use will cause an increase in HIV infection. Sharing needles leads to HIV infection, which is often passed on sexually as the drug lowers inhibitions and increases sexual desires. Some drugs such as "Crystal Meth" gives the stamina to remain awake and on a high for days at a time. Increased sexual activity is usual during this time.

While on such a high the possibility of being infected with HIV will not be a priority. The drug addict is very hard to help because he is always concentrating on getting his next fix and cannot think beyond that to the wider threat of death by HIV/AIDS for himself or for others.



Slide 2

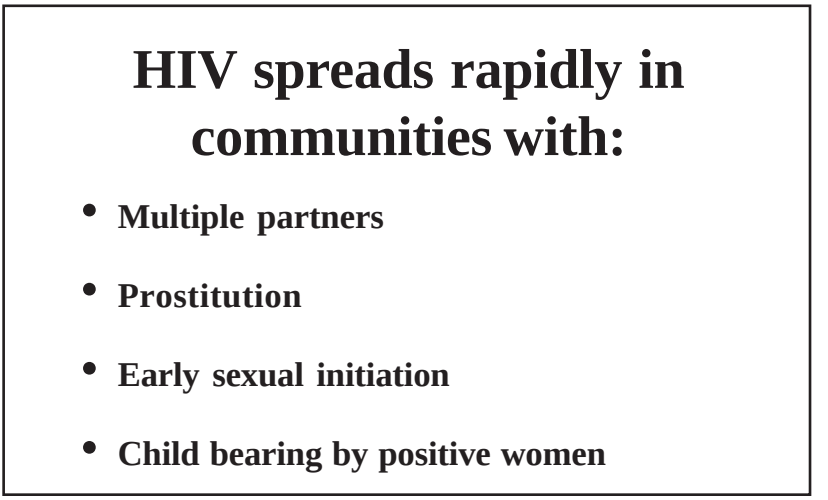
Tissue Damage

In the previous slide we have learnt about tissue damage due to other sexually transmitted diseases increasing the risk of HIV infection. We also looked at Tamar's story where soldiers used forcible rape in the civil war.

The men were killed outright while the women and girls were raped and then told that they would die a slow death from AIDS as the soldiers used for this type of atrocity were all HIV positive. Many women in Rwanda are suffering and dying now with AIDS as a result of this inhumane treatment during the genocide.

Tissue damage will also be seen when young girls and children are used for sexual "pleasure" because it is **wrongly** believed that " having sex with a virgin will cure you from HIV/AIDS" Vaginal tissue in the young is very fragile and not yet able to take either penetration or childbirth without being damaged. The damage enables HIV to enter the body more easily. We must educate our people and save our children from this sort of wrongdoing.

Finally there is the damage that occurs when sexual penetration is used inappropriately. Anal and oral tissue was never meant for this sort of activity, which leads to tissue damage and a higher chance of becoming infected with HIV.



Slide 3

Rapid spread of HIV

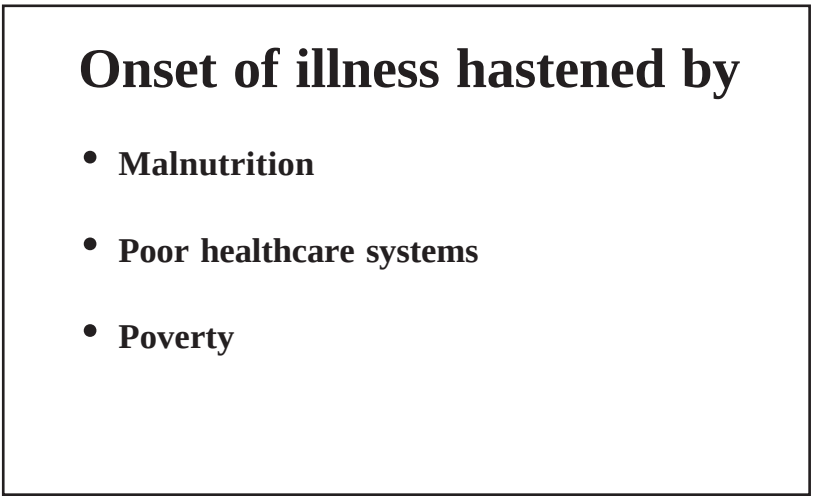
HIV spreads rapidly in communities where many have multiple sexual partners. One positive person can very quickly infect 100 others who may themselves have multiple partners. In this way HIV can spread through a town or village leaving only the old and the very young. We must teach our young people by word and example the concepts of abstinence until marriage and faithfulness after marriage- the essence of the ABC programme, where the use of condoms is for those whose situations leave them no choice.

Prostitution is simply sex, often with multiple partners, in exchange for money or goods. Many of those involved in prostitution are there because, as in Tamer's case, they have no choice. Unfortunately they often have no effective choice about the use of condoms either. In such situations HIV spreads rapidly.

Early sexual initiation brings up the issue of immature tissue mentioned before. Immature tissue is more likely to tear providing easy access for the HIV virus into the bloodstream. Early sexual initiation also thrusts young people or even children into sexual relationships that they haven't the emotional maturity to handle, hence more STD's and HIV.

Child bearing by HIV positive women (see chapter 1, slide 2) will result in up to 30% of the babies being born HIV positive. However, medication given to the mother during labour and the baby soon after childbirth can reduce this risk to 3%.

Tamar knew that many babies born to sick mothers died with AIDS. We hear again her heartfelt cry - " **Please God, let my baby live!"**



Slide 4

Onset of Illness

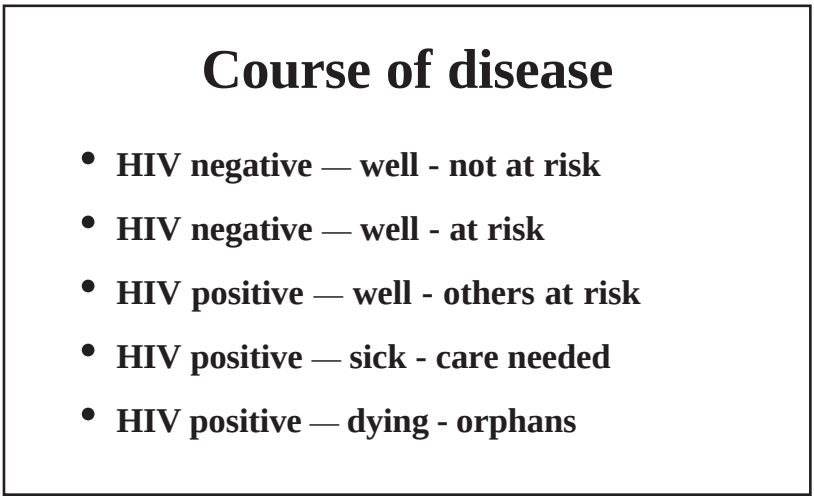
Malnutrition is devastating for someone with HIV. When poverty or ignorance result in an inadequate diet, those with HIV/AIDS are always the first to become weak and die. Tamar was aware that healthy food was important for those who are ill and felt guilty that she had not been able to provide this for her mother and sister during their terminal illness.

Good healthcare systems are also essential for the care of people with AIDS. Medicines to treat the infections that come with AIDS, as well as Anti Retroviral Therapy to treat the virus itself, need medical personnel to assess the patient, prescribe the medication, and to monitor progress. Much unnecessary pain and distress is suffered by those who do not have access to good medical clinics.

Poverty, for whatever reason, is one of the main causes of the early onset of illness due to AIDS. The move to eradicate poverty is one of the most effective actions that can be taken in the drive to alleviate the devastation caused by HIV/AIDS.

Adequate income enables a mother to provide for her children without trading sex for food and so becoming at risk of HIV. It can keep the children in school and not so at risk of HIV through drugs or prostitution, and enable Anti Retroviral Therapy to be available able to all in need of this treatment.

Some drug companies are now offering ART drugs to countries in Africa at a much reduced price. This, along with newer drugs that are cheaper to produce, and generic drugs (also cheaper) becoming more available, are changing the scene of availability of drug therapy for HIV/AIDS.



Slide 5

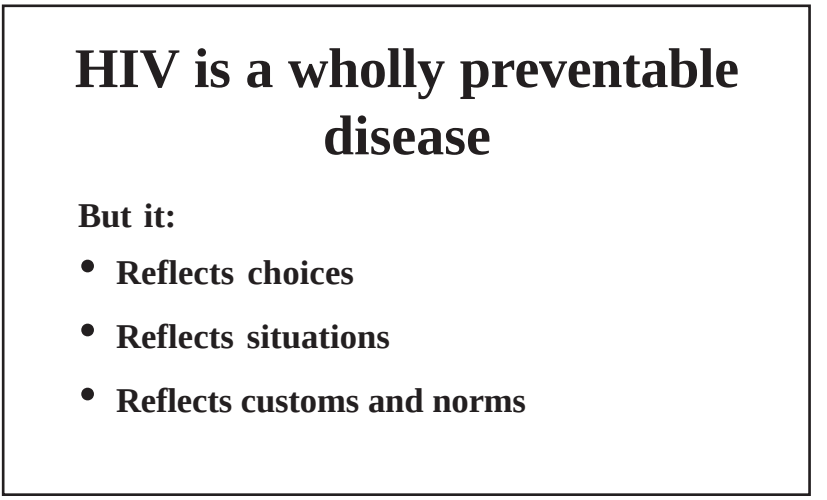
Course of the disease

We all have an HIV status. Many of us are HIV negative, well and not at risk. (i.e. not living a lifestyle that puts us at risk of HIV). This category stops the epidemic.

Some of us are HIV negative and well, but are living a lifestyle that puts us at risk of HIV. If your lifestyle is promiscuous or involves more than one partner, think again. You may be at risk of becoming HIV positive. Don't wait until you become ill to think about HIV. This category encourages the epidemic.

Some of us may be HIV positive and well. We may not even know yet that we are positive. This means that we may be putting others at risk. If we know that we are positive and still put others at risk we should think again about our actions. If you are not in a relationship, abstinence is preferable, but if you are in a relationship, or intend to continue with casual sex, warn your partner that you are HIV positive and use condoms. Not to warn your partner before putting them at risk is, in many countries, a criminal offence. This category spreads the epidemic.

Those in the fourth and fifth category are HIV positive, sick, and in need of care. They are too ill to continue a sexual relationship that would be a danger to others, and our duty and our choice is to care for them as long as that care is needed. Many who are dying, will have concerns over children who will need care after the parent has died. The needs of these AIDS orphans, as seen in Tamar's case, are a growing problem in many parts of the world, especially when many adults of one family die, each leaving orphans in need of care.



Slide 6

HIV is preventable

We must remember that HIV is a wholly preventable disease. The growth of the epidemic reflects our choices, our situations and the customs and norms by which we live. If we can teach our young people to choose abstinence, faithfulness, and not to be involved with multiple partners then the battle is very nearly won.

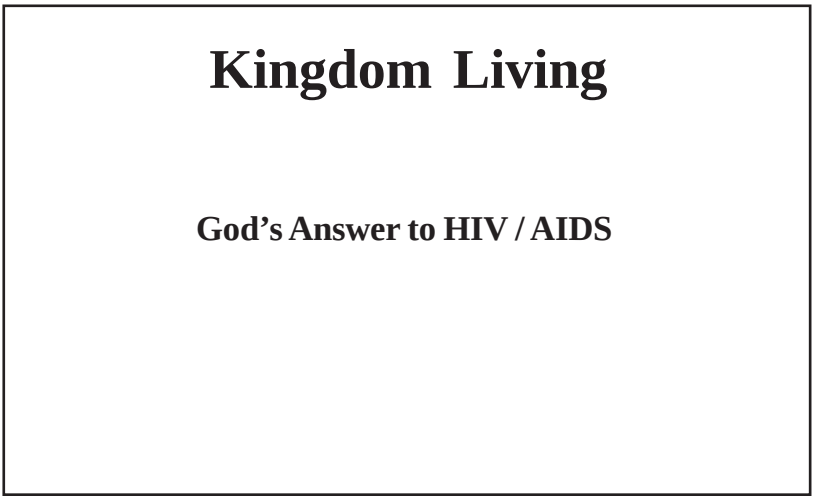
The situations where a person is not in a position to choose these things, such as the situation that Tamar found herself in, are situations that need our influence for change. These situations may be ones of poverty where women and girls sell sexual favours for food to eat. They may be those of orphans left to fend for themselves and ending up in prostitution in order live.

Some of these situations are produced by long held customs and norms. If women are seen as chattels belonging their husbands, they have no choice about the use of condoms or the husband's faithfulness.

The norms by which we live alter our sexual behaviour. Should a man have one wife or four? If he becomes positive, many children may be orphaned if he passes on HIV to his several wives.

For young men in some countries, circumcision is a rite of passage, but one knife may be used for many boys, possibly passing on HIV. The celebration following often involves much drinking and many sexual encounters, customs that need to be much modified if HIV is to be contained.

Don't throw away the culture but adapt it to be safe.



Slide 7

Kingdom living

We have talked about many things surrounding HIV transmission. The choices that we make; the situations that remove choice from certain sections of society; the customs and norms of village and national life that need to be looked at and made safe in the light of HIV transmission. We have seen that HIV/AIDS is wholly preventable if only we will take our choices seriously.

We have seen that the ABC programme in Uganda (Abstinence first, Be faithful next, and use Condoms only for those who can not or will not choose the other two) has successfully turned the tide in the progression of AIDS.

Now we put this into the perspective of **Kingdom Living**.

Kingdom Living means living God's way. Living God's way means abstinence before marriage, and being faithful after marriage, with condoms reserved for those in situations where they have no choice. Only when we teach this to our children by our words and by our example will the war with AIDS be over. God has already won this war, but we must live his way to see the fruit of that victory!

Kingdom living works — it is God's answer to HIV/AIDS

CHAPTER 3

WOMEN AND CHILDREN ONLY

(AIDS Widows)

AIDS WIDOWS

The Story

Mary was distraught. It seemed such a short time ago that all had been well in her village, where she lived with her husband John and their five children, from Bernard the eldest, a fine boy of eleven, to Margaret the youngest, a little one barely eight months old.

It was a peaceful village, prosperous by some standards, yet it was difficult to grow crops as the ground was hard and barren and needed much hard work to prepare it for planting. This month should have been the planting season if they were to have food for the winter and money for the school fees this year. No, it wasn't like the fertile valleys down near the river that flowed just a few miles to the north. But it was home and it was a good life that they had together. That was until the sickness came.

It was barely noticeable at first. Just one or two people became ill. It was easy to believe that it was only those who were known for fast living, that it would never touch the heart of the village, yet it came ever closer. Then it spread like wildfire until suddenly every family was affected, yes, even hers.

She had sacrificed a chicken and given of their meagre savings to gain protection from the Chief and traditional tribal doctors against this dark illness. It didn't even have a name, although some called it AIDS or Slim disease as the victims lost so much weight before they died.

It couldn't be happening in her village and in her family! It couldn't be true!

Yet gradually she realised that John was not well. He denied it at first, just spent many more hours with his friends sitting in front of the houses in the village, tasting the home brewed beer as they were wont to do.

Working the ground was hard but that was women's work and Mary toiled from daybreak to evening in the fields. The early morning was best before the heat of the day, but gradually Mary too began to tire. If it hadn't been for the older children they wouldn't have had any crop last year.

John became weaker and had pains in his body. It was harder for him to move now and his mouth was raw with ulcers. He was losing weight and his legs were like sticks. They didn't want him now in the group of men sharing the new brew in front on his friend's house. He looked too ill and people were afraid. So he just lay in the hut, hardly moving and eating little.

That's when Mary became afraid. People died of this sickness. What was to become of them and their family? They needed to talk, but John was too ill and seemed not to care about what was happening to them all. Sometimes she heard him crying in the night, but he seemed unreachable to her now and she had health problems of her own. She couldn't cope with the work in the fields anymore. It was all she could do to supervise the children. She worried about their schooling and if they would have enough food to eat every day.

Then last Saturday John died. She must have known that it would happen but she had blanked it out of her mind and now she was distraught. What would happen to them now?

To make matters worse John's home village was many miles to the North. It is the custom to be buried in your home village but how was she going to get him there? Even if she could organise it, and she had a cousin who had a car, fuel was expensive and she had the funeral to pay for.

People were kind but they were keeping away. This new disease of AIDS was too frightening and she dare not tell anyone that she wasn't well and then there was the baby. She had trouble feeding her these days and the child was fretful with a rash on her skin that wouldn't go away.

Perhaps most of all she dreaded meeting with John's family. As she couldn't afford to bring him to his home village, they were coming to her and she was afraid. It was usual when a married man died for one of his brothers to "inherit" his widow. Yes, she was a widow now and John's brother was a domineering man using a heavy fist to keep his women in their place. There was no freedom for a woman to speak in his home especially if she was not his first wife.

What's more, by inheriting the widow, he and his family laid claim to their home and the little maize and corn they had planted and even the few precious pineapples growing amongst the grasses and the remains of the chicken run.

No! Now was the time to act. John must be buried here, in the ground around their home. This too was traditional. Mary only hoped that her children would not soon be burying her alongside her husband. She would try to stand up to his family. Perhaps when they saw that the ground was poor, not like their own river valley, they might not want to take it. Perhaps if she said she was ill they might be afraid and leave her alone.

Oh, if only she and John had talked about things. He was a fair man and kind to the children. If only he had made a will then his family could not take the land. She was so afraid, but she would make her stand. Surely they wouldn't throw her out of her own home. Would her friends support her or were they too afraid of AIDS to risk getting involved?

But for now she must pull herself together. She needed to arrange a funeral and bury her husband beside the home that they had built together. There was work to be done!

The Issues

Mary's story is typical of many in Africa and around the world today. It raises many of the issues that need to be addressed, both at the individual level, and also at the wider Government level, if we are to move forward in coping with the pandemic of HIV/AIDS in this generation.

Stigma, isolation & rejection

Stigma happens when an AIDS patient, or his family, are shunned by others because of their HIV. The driving force behind this stigma is usually fear of "catching" HIV, and the need is for education, about HIV and how it is transmitted. John's friends would not be seen with him in the village when he was ill and even kept away after his death.

Much of the isolation and rejection experienced by those with HIV/AIDS could be avoided if the general level of education about HIV/AIDS was higher. In the village such education would need to include the village chief and elders who have the power to change, where necessary, cultural mores that may have been held for generations.

The practise of "inheriting" widows

The "inheriting" of widows by male members of the husband's family, usually a brother, comes from a wish to provide for the widow and her children. In the past this may have been accepted, gratefully, by many widows, in need. However, it is also prone to abuse and caused Mary to fear her husband's family. John's brother was domineering and Mary did not want to be forced into an unwanted and possibly damaging relationship.

In this present climate of HIV/AIDS the inheriting of widows, where a widow is HIV positive, could be responsible for spreading HIV into the new husband's family, thus producing more widows and orphans in need of care.

The need for a Will

If John had written a will giving the house and land to his widow and their children, the threat of other relatives taking this land from them would be smaller. Some cultural practises are hard to break, so even with a Will, the widow might still have a fight on her hands, but the law would be on her side.

Unfortunately many in Africa believe that to write a Will is to express a death wish. Here too is a desperate need for education on these issues so that much suffering of widows and children will be avoided.

The empowering of women

This is an issue that has been endemic in many parts of the developing world over the centuries. It echoes through the last two issues. Mary's fear of her husband's family, especially his brother who was known not to allow freedom of speech to his wives, made her situation much more difficult. She was afraid of being thrown out of her home because she had no rights because she was as a woman.

There is much work going on now to enable women to have a voice and to be heard. With so many AIDS widows taking on the burden to care for children alone, and

frequently in failing health, the need for independence and self worth makes the empowering of women an essential part of modern day Africa.

Financial independence and income generating projects

Linked to the empowering of women is the widow's need for financial independence. Where she is well enough, and tools and seed are available, this could be via the traditional ways of cultivating the land. Where this is not practical other resources need to be sought, mostly in the form of income generating projects. Mary was already finding the work in the fields too difficult for her as she became ill. She was worried about her children and how to keep them in food and clothing.

Income generating projects.

These are projects such as running a shop or dressmaking, that require some money to get started but will produce income for food and school fees. Many NGO's have special funds for this purpose given in the form of loans that are lent for a period of time at no interest. It is essential that women and children in need of financial security do not fall prey to loan sharks who charge high rates of interest that may be impossible to pay back later.

Many of these projects involve work that is physically easier than hard work in the fields and could continue to provide employment for Mary even though she is now not well.

Medical care

John suffered much for lack of medical care. Some of his most distressing symptoms, such as painful mouth ulcers that kept him from eating, could have been treated with low cost medicines had any been available. He should also have been receiving tablets for the pain, and Mary could have been taught how to care for him when he found movement difficult.

The traditional healers that Mary went to for help were ill equipped to help her. Without freely available medical care Mary herself faced a future with no symptom control and very little pain relief The baby too, was showing symptoms of poor feeding and skin rashes that could indicate HIV disease.

Provision for children

In the past when a parent died the children were taken care of in the wider family circle. However the large number of deaths due to AIDS has caused this natural support structure to break down. There are simply not enough adults to provide the care. This makes the issue one of immediate importance. The most urgent concern of a dying mother is who will look after the children when she has died.

Mary was no exception. She was worried for her children at the death of her husband. When she herself became very ill, she fretted over these things. She longed to talk them over with John while he was still with her but he was too ill. It is very possible that with adequate medical care John may have been able to eat again and gain a little strength. He may even have felt well enough to talk to Mary about the things that were worrying him and for the two of them to make some plans for the future for Mary and the children.

The involvement of the church

The highlighting of these issues also highlights the need for the church to be involved in HIV/AIDS, whether in education or in social issues surrounding the care of widows and children. The church family is often the only source of hope for many in the increasingly dark world of AIDS. This is seen particularly in the care of widows, orphans, and child headed households. Where the natural family structure has broken down it is the duty of the church to "care". Much relief can be given to a widow dying with AIDS if she knows that her children will be cared for with love and compassion by those in the church family. This is an immense task and we must give it urgent attention if it is to be done at all let alone done well.

Let us, as the Church, respond to our God given mandate to bring light into darkness, hope to the hopeless, and to care for the widows and orphans in our midst.

Breaking the cycle

In looking at Mary's story and teasing out the issues represented in it we become increasingly aware of the alarming possibility, or even probability, that this scenario might not be the end of the story. The alarming possibility is that as Mary struggles with bringing up her children as an AIDS widow, these children will become, due to circumstances beyond their control, increasingly at risk of becoming HIV positive themselves. It is the children becoming HIV positive that continues the cycle of HIV/AIDS.

We become aware of the need to break the cycle of HIV/AIDS in a new generation. If this cycle is not broken then the very fabric of society, already stretched by the deaths of talented young adults, the growth of the orphan population, and the growth in the number of child headed households, will finally breakdown. This will leave only the very old, and the very young with no schooling or vocational training, in towns and cities ravaged by bands of feral street children living and looting where they can.

This is the challenge facing us today, as individuals, as nations, as churches. It sounds a hopeless scenario, yet the Christian message is one of hope, and Christian hope is what keeps us going as we look at the issues together.

As we consider the needs of AIDS widows with the issues of stigma, and the possibility of mother and children losing their home and land, the threat becomes clear. It is in circumstances like this that an income-generating project for mother and children can be a life changing innovation.

Alongside these changes, there needs to be education in schools and families of the risks involved with HIV/AIDS and how it is transmitted. If a child is already HIV positive from the mother giving birth after she was positive herself, then there may be the added need for urgent medical attention for that child in the near future.

If the children are not positive when they lose their parents to HIV/AIDS, they need to be taught the lifestyle changes necessary to keep them from becoming positive. Their needs must be provided for to prevent them from giving sexual favours in exchange for food or financial security.

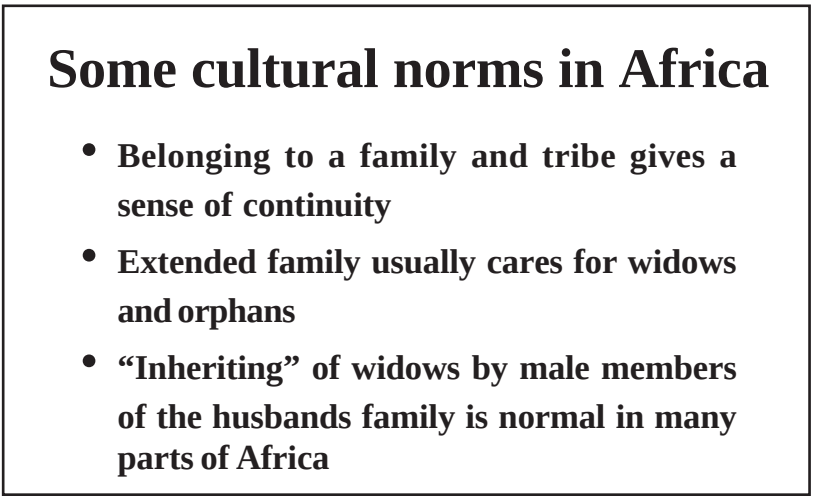
Churches have a major role to play here. In Africa recently, a call went out to the churches to be in the front of the battle to breakdown stigma about AIDS. Who else but

the church will get alongside a struggling widow, ignoring the stigma, in order to help her through the crises she faces? We are being called to stand up and be counted in the battle against stigma and against AIDS. It is here that we must reach out in the love of Jesus to those in desperate need.

It is through this love that we find the power to change worldly behaviour to the behaviour of the Kingdom. Kingdom Living is the lifestyle that will keep the children free from AIDS.

With God's help we can do it. Compassionate love and care providing practical help for the immediate needs of the family and an ongoing strategy for future financial independence, along with the willingness to seek Jesus for the power to change could change our world beyond our wildest imaginings.

Together in the love of Jesus we can break the cycle of HIV/AIDS



Slide 1

Some cultural norms in Africa

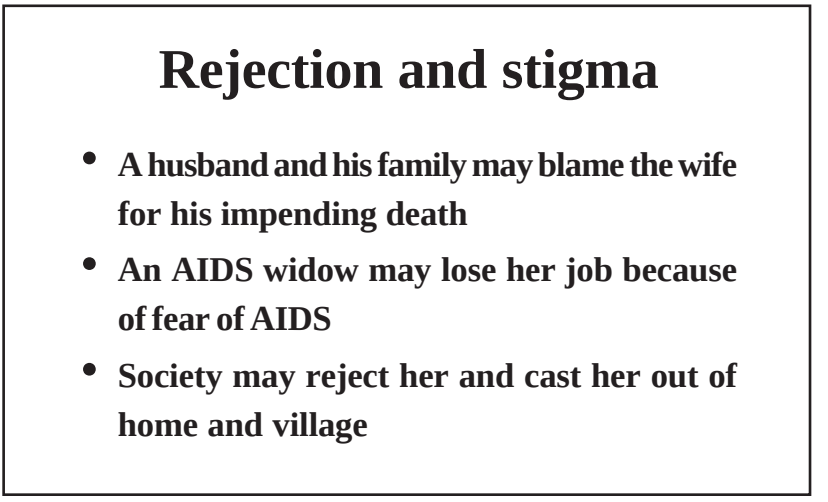
In many countries in Africa there is traditionally a strong family structure giving a sense of identity to the individual, the family, and the tribe. Strong family bonds of love and duty ensure that the extended family care for widows and orphans within the family structure.

However, there is presently a breakdown of this traditional way of caring for widows and orphans because there have been so many deaths from HIV/AIDS that the extended families cannot cope and there is not enough people to care

The tradition of "inheriting" widows by male members of the husbands family comes out of the intention to care for those widows needs, but can be misused to force women into unwanted relationships within the family. This is a sensitive issue that needs to be handled with care.

Mary now found herself in this situation. She was fearful of John's family and the custom of "inheriting " of widows. John's brother was a harsh man and Mary would never choose to become one of his wives, however now she may have no choice. She was hoping that fear of this illness might persuade them to leave her and the children alone.

How sad that when Mary desperately needed help her family were the ones that she could not turn to in her crisis. Here surely is a role for the church family. "Please God, don't let us let her down!"



Slide 2

Rejection and stigma

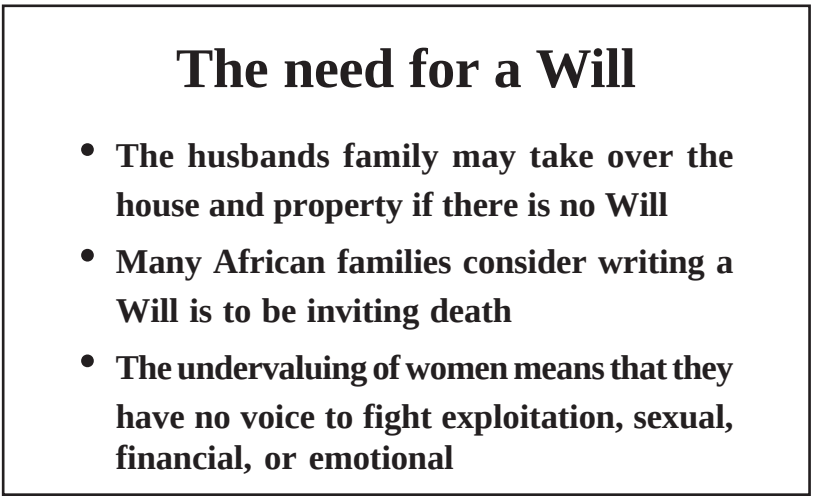
The stigma associated with AIDS can cause much trouble for AIDS widows and children. Often a widow is blamed for her husband's death, even if he was the one to pass HIV on to her not the other way round. She may find herself an outcast with no home, family, or people to care.

If the widow is already working she may loose her job and be unable to find another even on the suspicion that her husband died with AIDS.

Children too, can be ostracised by other children and not accepted at school. In some cases mother and children may be rejected by the village and cast out of their home.

Mary found that although people had kind hearts they were keeping away from her and her children. This new disease of AIDS was just too frightening.

Where there is this form of stigma, financial hardship will often follow when school fees are unaffordable and the children are left to survive as best they can. They often end up on the streets and eventually involved in drugs, prostitution, and at risk from HIV/AIDS, leaving the cycle to repeat itself again.



Slide 3

The need for a Will

When a father writes a Will leaving his house and land to his widow and children, they cannot be driven from their home and land by relatives who, as in Mary's case, may be intending to claim it for themselves. Without such a Will many women who do not have a voice in family or village affairs, will be unable to resist exploitation by others.

Mary wished that John had made such a Will. He was a fair man and kind to the children. If only he had made a Will then his family could not take the land.

In contrast to western cultures there is often resistance to writing a Will as many see it as an act of "inviting death". These traditional reactions may be slow to change and careful explanation of the need for a Will may be necessary both by the village elders and by those helping to care for the family.

In many countries around the world including parts of Africa, women are often undervalued and exploited when widowed and alone. Mary was afraid but she would make a stand, for herself, her children and her home. Many others would feel so undervalued that they would find standing up to the family impossible.

It is only by restoring women's sense of personal values and self worth, that we will enable them to speak out and fight such unwarranted exploitation.

Slide 4

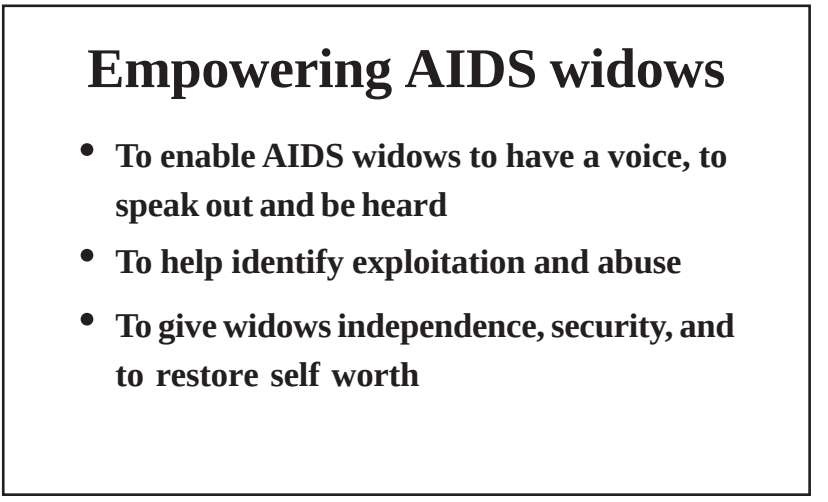
The need for income

When a husband has died the widow has been left with the responsibility for the care of the children. This can be a heavy burden if there is no income for the family or if the widow is herself ill with AIDS.

One practical way of helping is to encourage income-generating projects that will enable a widow to earn money to feed and cloth her family. Many NGO's now have funds specifically for these projects. This enables widows and children, or even child headed households, to become self-reliant and be able to provide for their own essential needs of food, shelter, and school fees.

Projects such as these could have been a life saver for Mary and her children.

It is important to avoid getting into debt to loan sharks who prey on the vulnerable charging enormous interest payments for what might be a very small loan.



Slide 5

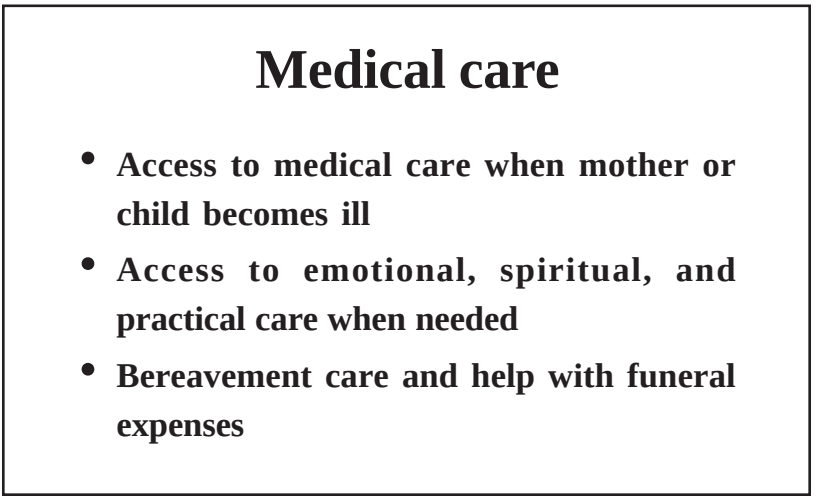
Empowering AIDS widows

The plight of AIDS widows serves to highlight the plight of women around the world and particularly those in many parts of Africa where women are often undervalued and exploited when they are at their most vulnerable.

On order to enable the widow to have a voice, to speak out, and to be heard we must first provide for her most immediate needs of an income and of shelter for her family. This will give her security, and help to restore her sense of personal value and self-worth. There is much work going on in Africa today to enable these changes to happen, but there is still a long way to go.

Mary was trying to stand on her own feet by organising John's funeral to be at home, and trying to resist John's family taking over her home, her land, and her life. With the help outlined above many such widows are able to live a productive and fruitful life.

The role of the church in caring for AIDS widows surely involves the empowering of these women so that their voice may be heard on the issues of women and of AIDS widowhood, which can cause so much pain for so many.



Slide 6

Medical care

In our story John suffered much pain from a lack of adequate medical care. Many of his symptoms could have been treated with low cost medicines. These would have given him a better quality of life, and may have enabled him to feel well enough to talk over his fears and worries for the future with Mary.

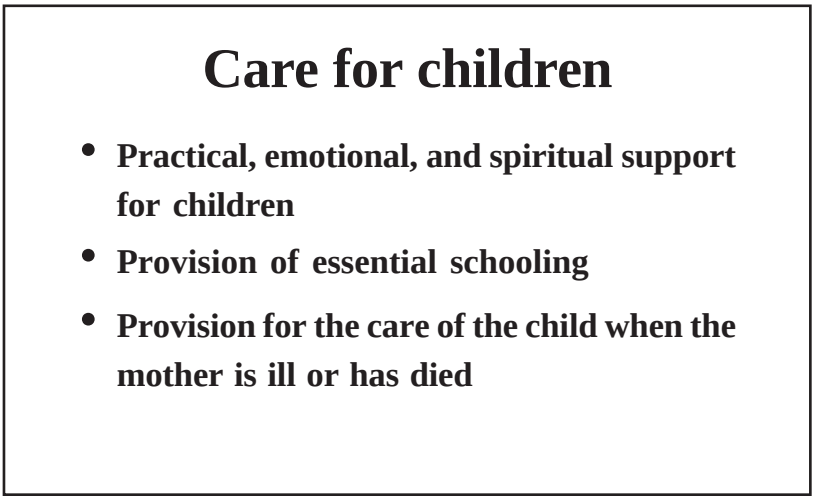
Unless things change Mary too will probably face a future with no symptom control and very little pain relief. There is an urgent need for adequate medical care for all with HIV/AIDS, but especially for the widows and children of those who have already died of this devastating disease.

However, things are changing. Stigma is lessening. Medical personnel no longer have the old fears about catching HIV from patients. Drug companies are making more drugs for treating AIDS available at reduced prices particularly in Africa.

Access is also needed to emotional, spiritual, and practical care, when required and for help with bereavement care and funeral expenses.

Who would be prepared to visit and listen as a friend, to pray with someone every week, and to give practical care when needed? Surely this is a function of God's family. Church, where are you?

Let us be the Church that cares as Jesus Cares



Slide 7

Care of children

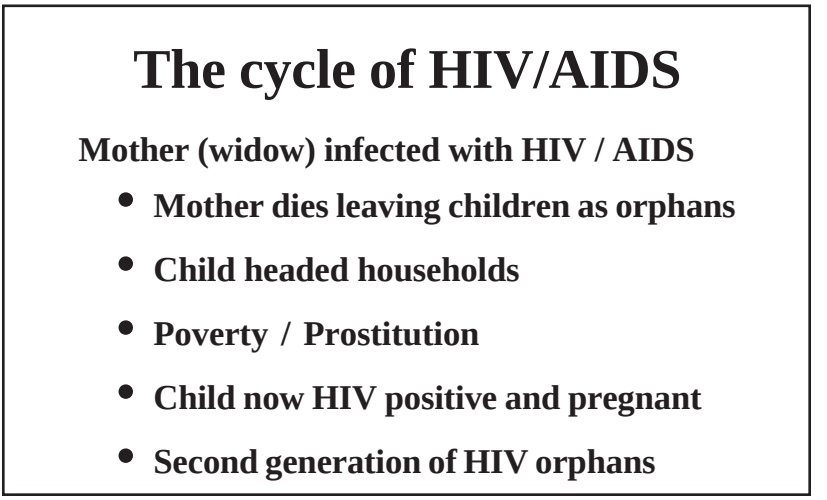
For a widow such as Mary, who may be ill herself, the care of her children and the provision of schooling, is of paramount importance. Without schooling the child will be unable to get a job to provide for himself and his family, and will be at risk from repeating the "cycle of HIV/AIDS" (see slide 8).

Many mothers like Mary come to the offices of NGO's who look after orphans asking that their children will be cared for after they die. It is an ongoing concern that increases in intensity as a mother's illness progresses.

The young child left unexpectedly orphaned by AIDS suffers greatly from grief and trauma at this very stressful time in their lives. They need care and "mothering" from those who understand the depth of their loss (see chapter 4 slides 14-18). This surely is where the church family needs to be involved in providing both for urgent needs and ongoing care.

Who else but the church can reach out in the love of Jesus to care for widows and orphans, as our Lord has commanded. Could you "be there" for them?

"Religion that God our Father accepts as pure and faultless is this; to look after widows and orphans in their distress."
James 1 v 27



Slide 8

The Cycle of HIV/AIDS

One of the most distressing things about the AIDS pandemic is that as it progresses we see the cycle of AIDS being repeated in the next generation. In some countries we already see a second generation of AIDS orphans. This is a legacy for our children of infection with a deadly disease for which there is no cure, and which promises a slow and painful death.

Let us look a little more closely at this cycle.

Let us start with a mother whose husband has already died with AIDS. She too is sick and dies leaving the children as orphans. As there is no relative to care for them the children end up as a child headed household with few possessions and no income to provide food or school fees. As there is no Will they may be thrown out of the house and forced to live on the streets selling sex for food and shelter. Prostitution puts them at risk of HIV/AIDS and for the girls the possibility of becoming pregnant and even passing HIV to their unborn child.

The cycle can be broken by:

1. AIDS Awareness teaching to prevent the parents from becoming HIV positive.
2. Caring for AIDS orphans so they don't need to sell sex to live.
3. Medication to prevent passing HIV from mother to unborn child.

However, the only real answer to HIV/AIDS is sexual behaviour change (Kingdom Living) to prevent the cycle starting and prevent it continuing. If we will live God's way then AIDS will be stopped! (see chapter 12).

CHAPTER 4

SEEN BUT NOT HEARD

(AIDS Orphans)

CHILDREN AND HIV

The Story

Little Myani was sad today. It was only a few weeks since her mother had died and her world had been turned upside down. She was nine years old and the eldest of three children. Benjamin was six and Sarah was only three years old. They all missed their mother terribly. It had been bad enough when their father had died, but at least they had all been together. Now it looked as though they would be separated forever.

Myani had tried so hard to look after Mamma. She had swept and cleaned the hut where they lived. The little ones had helped to collect firewood, and she had cooked over the fire the meals Mamma had liked. Nothing fancy, just the mealie meal and a little chicken when it was available. She had tried so hard but now she felt that she had failed.

Perhaps that was why the grown-ups had excluded her and the other children when her mother had died. She hadn't even had a chance to say goodbye. If only she had looked after Mamma better perhaps she wouldn't have died. If only she could have found fresh vegetables, and some mango, and perhaps the pineapple that had been such a treat in the good times.

A smile flickered over Myani's face as she remembered the times when they all had been together before Papa died. Then they had had plenty to eat and Myani had attended the local school. How she missed school and her friends there. But there was no money for school fees now. That had all gone on the medicines for Papa and Mamma. The medicines had helped a lot but nothing seemed to stop the weakness, the muscle pains, and the nausea that increased as their illness progressed.

Papa even found his eyesight failing until he couldn't make out who was in the house. He would call out "Is that you Myani?" Myani would reply "Yes Papa," and run to take his hand and to lead him out into the sunshine where he sat for hours just drinking in the warmth of the sun and thinking his own thoughts.

Often she would sit beside him holding his hand and sometimes watching a tear run slowly down his face as he thought of how things used to be. How she missed his hand in hers and the hugs that he and mamma used to give them all. Even when Papa was sad Myani could always cheer him up. They were all together and that was what mattered.

But things had changed now since Mamma died. They would not be able to stay together anymore. Benjamin was six and tall for his age and Papa's family were coming to take him away. He was to live with his uncle as a part of the family, but Myani was afraid for him. Their uncle was a harsh man and Myani knew that Benjamin would soon be put to work, chopping the firewood and running errands for the family. They were things that they wouldn't dream of their own sons doing.

Besides, Ben was very moody now since Mamma had died. He would stamp his feet and storm out of the hut over every little thing. She knew that it was because he was missing Mamma, but would others know? Would others care? But perhaps it wouldn't be that bad. At least he would have a place to sleep and some food in his belly.

It was worse for herself and Sarah. No one was interested in girls. It seemed as though they were just another mouth to feed and expensive to provide a dowry for when they married. So the two of them were to stay here. Myani could look after her little sister. She had been doing it since she was a baby. But Sarah was often sick now. Myani pushed aside the fear that Sarah too might have this dreadful disease. How could she look after a sick child? Maybe she too would die? How could she cope with losing a sister as well as both parents with AIDS?

She forced herself to think about the things of the present. How were they going to live? The hut was bare now that the family had stripped it of possessions. Even the cooking pots had gone except the one that she was using and there was little left of last years harvest. She would have to work, Myani thought. She could collect firewood for others in the village. They would be grateful for someone to collect wood for them. Then she could buy mealie meal and perhaps save a little towards her school fees.

It would take a while to save enough for school fees, but Sarah was too little to leave on her own yet anyway. It would leave little time for play, but play seemed to belong to another world now. She needed to be grown-up. She needed to be able to cope on her own. Myani's thoughts were running away with her now. She stopped herself. Just take one step at a time. Wasn't that what Mamma used to say?

"Do not worry about tomorrow,for tomorrow will worry about itself. Each day has enough trouble of its own." (Matthew 6.34).

Mamma knew a bible verse for just about everything. She used to sing songs too, about Noah and the animals, and about Jesus, and tell Myani that God in Heaven was a loving God, and that He would look after the three of them when Mamma was gone.

Myani stifled a sob. It didn't seem to be happening that way. Papa's family were not churchgoers. They didn't know Jesus, and no one seemed to care about what was happening to them all now. Wherever she looked there was darkness. There seemed to be no hope for them now.

Myani pulled herself together. It was time to get the evening meal. She needed to get more firewood in order to cook the little grain that they had left. She stood up, stretching her thin body and looking down the path towards the village The sun was low in the sky and sending shadows across the path so she couldn't see clearly, but wasn't that a group of people approaching? She stared towards them blinking in the sun's last rays. Yes, it was. People were coming from the village.

She recognised friends of Mammas who used to laugh and talk with her when they met at church on Sundays. Yes, they were coming her way and they were carrying cooking pots. She smelt the wonderful smell of matoke and beans. They had bananas too. Her heart beat rapidly. Could it really be for them? Would they have a hot meal provided tonight? It would be the first time they had had enough to eat for weeks. Yes it was true. Her tears began to fall as she ran to meet them. Yes, someone does care! Someone does care after all.

The Issues

Child headed households

In Myani's story we experience a little of the tragedy that is being lived out in so many families as AIDS spreads relentlessly across Africa today. At nine years old Myani the eldest of three children had become head of the household since her mother had died. Her emotions were in turmoil. It had been bad enough when her Father died but at least they had been together. AIDS hits families! Each person in the family is affected, especially the children. Now she was thrown on her own resources. She had already grown up way beyond her age,

No chance to say goodbye

She had been nursing her mother through her final illness, and then when she died, Myani was excluded. Many think that the children are too young to be involved and exclude them from a death "for their own good." It is very damaging to exclude children in this way. As a result Myani felt that she hadn't even had a chance to say "Goodbye."

Guilt feelings

She also had feelings of guilt that perhaps she hadn't looked after her mother well enough, and that her death was Myani's fault. These feelings are often present. A child will translate happenings around them as being due to their own actions or lack of action. It is a view that the adult can easily miss, leaving a child feeling guilty over something that was nothing to do with them. It is important to spend time with the child, listening to them and allowing them to share with you their worries and fears.

School fees

Myani had good memories of times when they had all been together and she had attended the local school There was no money for school fees now and she missed her friends. Another heavy loss for one so young! The money had all gone on medicines for her parents, that had helped at the time, but couldn't prevent the ongoing disease that had killed them both.

The need for touch

She remembered the times with her father when he had called for her and she had sat with him in the sunshine holding his hand. As with the hugs, touch was important then and is still important now. Who will be prepared to sit with Myani now and give her the hugs that she craves?

Acting out the pain

Reality comes in as she imagines their future. Benjamin will be made to work for his uncle at the age of six years old. She is afraid for him. She worries too that his behaviour has been difficult since mother died. Benjamin is acting out his hurt and pain. What a cry for help if only we can see it! He needs someone to be there for him. Someone who will love him, will listen to him, and help him work through his pain.

Rejection of girls

Things looked worse for the two girls. No one was interested in girls. They were just more mouths to feed. The rejection hurt, but Myani was resourceful. She would look after Sarah. She had been doing it for months now anyway. It would be no different now.

Loss of hope

Yet Sarah was becoming sick and Myani couldn't bear to think about it. What would happen if Sarah too had AIDS? For a moment she couldn't cope all hope was gone.

The need for money to live

She forced herself to think of the present. How were they going to live? That was better. She thought of practical things. She would collect firewood in order to buy food. There would be no time for play now. She felt suddenly much older than the child she was. Play was for young ones, not for her.

A missed childhood

How sad that this young girl was being forced to give up her childhood. She didn't realise how important constructive play was to her healing from the hurts that life had already thrust upon her. How many "adults" in child's bodies are being produced by this rampaging pandemic of AIDS across not just Africa, but the whole world. These miniature adults may well become the street children of tomorrow.

The need for Jesus

Now a little light comes into the story of Myani. She remembers her mother with her bible verses and her songs about Noah and the animals and about Jesus. Her mother told her that there was a God in Heaven who was a loving God and would look after them when she died. Myani felt as though it wasn't going to happen that way at all. It was all darkness now, and there was no hope for them all.

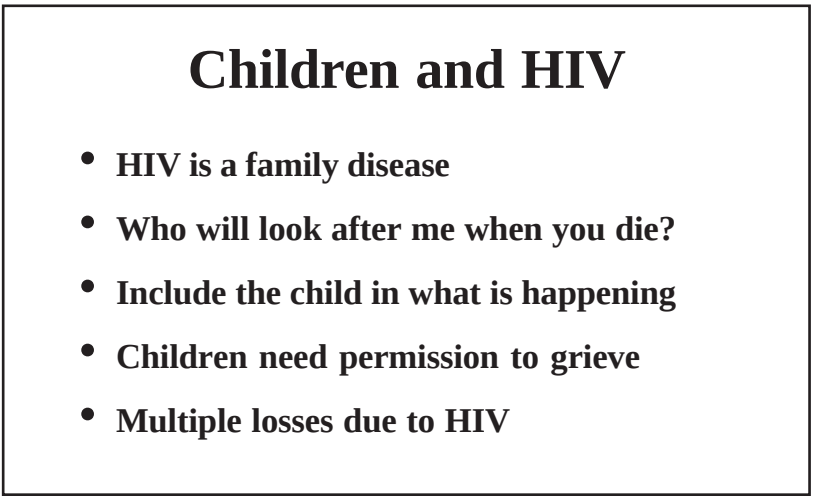
The church family and hope restored

The brave little girl tried to put these thoughts behind her as she began to prepare to cook the little grain that they had left for their evening meal. Suddenly as she looked into the setting sun she saw people coming towards her. They were friends of her mothers from church, and they were bringing food matoki beans and bananas. She could not believe it, but yes, it was true. Her Church Family was coming.

A God who cares

Mother was right after all. Maybe there was a God who cared and someone to be there for her.

What could be more important in your life and mine than being 'family' to little Myani and all the others like her? God has no hands but our hands and if each of us is willing, our hands will be enough!



Slide 1

Children and HIV

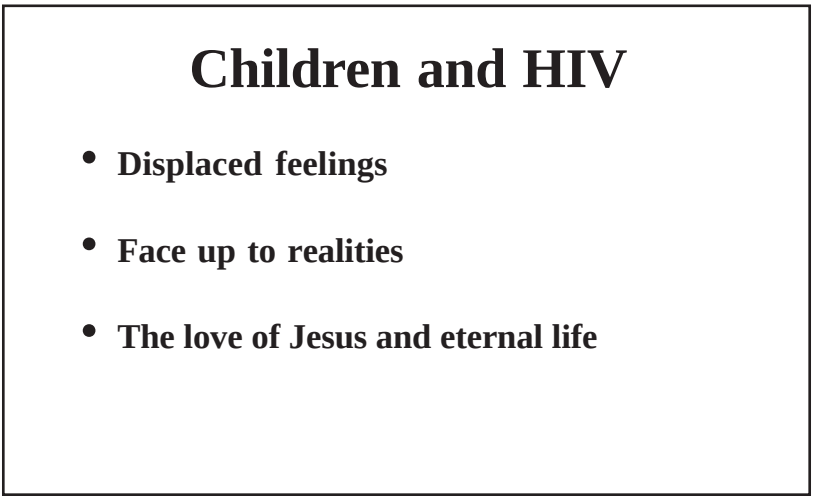
HIV is a family disease. When one member of the family has HIV each member is affected by the consequences of the disease.

It is necessary to include the children in what is happening. In some cultures this is seldom done, leaving the child worrying and imagining unnecessary problems. Myani and the other children were excluded when their mother died, leaving Myani worried that she had not nursed her well, and grieving because she had never had the chance to say goodbye.

When a parent shares about their illness with the children it makes it easier for them to cope through the death and afterward. Really good quality time between parent and child will help both of them face the future. Don't let your child be able to say in the future "I never had the chance to say good-bye."

Answer questions honestly. Tell him of the plans you have made for him to be looked after when you have died. Children need permission to grieve, let them know that it is all right to cry. Perhaps you will be able to cry together- it can be very healing.

In this time of HIV/AIDS many families suffer multiple bereavements. This is especially hard on the children who have often lost father, mother, siblings and extended family to AIDS. The child himself might be HIV positive and perhaps not know it. Such multiple grieving calls out for our compassion and care and we cannot but respond to such a call.



Slide 2

Children and HIV

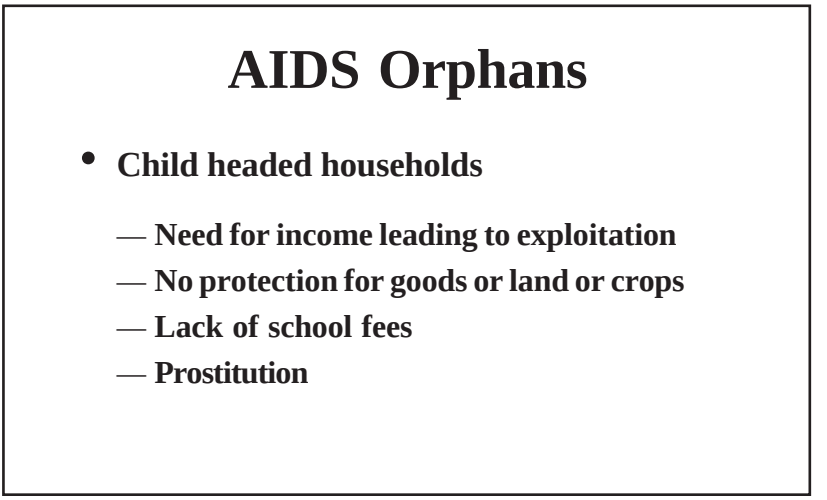
As we care for children affected by HIV we are aware of very strong feelings surrounding them -stigma, guilt, and fear to name just a few. An adult might feel guilt for bringing HIV into a family. Family friends might shun every one in the household. Children are very good at picking up such feelings and often feel that they are to blame.

Myani felt guilty that she might not have cared for her mother well enough, and that was why she had been excluded at the time her mother died. It could well have been the guilt of the family who only arrived at the last that the child was picking up. When the child is the patient they can become a sponge for displaced feelings from parents and friend.

When HIV enters a family there comes a time to face up to the realities of what this means. Facing up to death is not easy but it can ensure that both parents and children make the most of the time they have left together.

Some children have difficulty in accepting the finality of death, and still expect Mummy to come home at any time. This is partly because we still do not like to speak about death to children. We need to sit with them and listen to them. They may surprise us with their mature understanding of death and what it means to us all.

It is a time too for assessing spiritual beliefs. If a child hasn't asked about death before, now is the time to talk about Jesus and eternal life in Him.



Slide 3

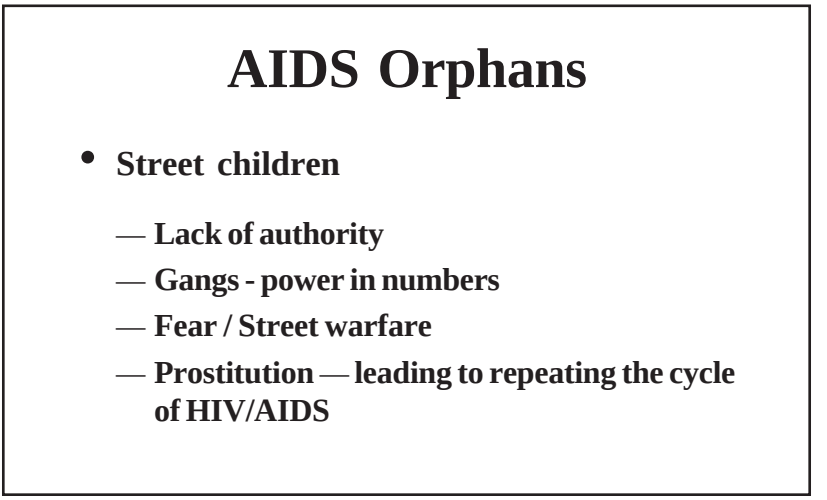
Child headed households

The emergence of child headed households, such as that of Myani, in increasing numbers right across southern Africa has taken governments and authorities by surprise. The legacy of denial of HIV/AIDS has left many communities totally unprepared for the practicalities of caring for hundreds of thousands of children orphaned by this disease who are, in many cases, ill themselves.

With the breadwinner gone, there is a desperate need for income for the basic essentials of living such as food, shelter, clothing and often medicines. It is sad that in countries where education is highly valued, the money for school fees and uniforms soon become totally out of the reach almost every child headed household.

In these circumstances the young children and teenagers become open to exploitation by those who would demand not only long hours of heavy work for very little money, but also sex in exchange for food and shelter. In this way many orphans are put at risk of the very disease that caused the death of their parents, HIVAIDS.

Some of those struggling to survive will end up as street children banding together in gangs for mutual support. (See next slide).



Slide 4

Street children

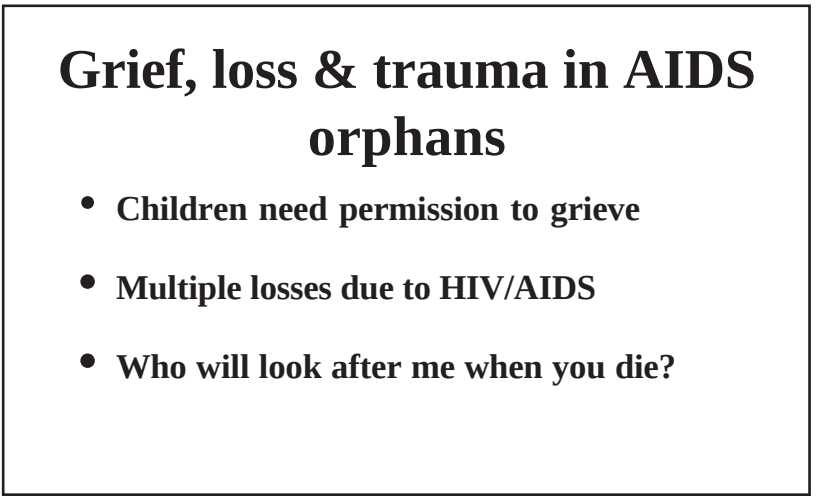
AIDS orphans who were thrown out of their homes or who cannot find enough money to continue to maintain them, are increasingly being found on the streets of our cities towns and villages. In many areas these children club together to form gangs both for protection and for provision.

It can be seen that there is power in numbers and indeed only those who are a part of such a gang are able to survive in some of the larger cities. However behaviour within a gang is quite different to the behaviour seen in an individual. This can manifest in gang warfare and the terrorising of individuals that cause great distress and fear in the hearts of the general population.

The adequate care of orphans and help for child headed households is not just a humane response to those in need such as Myani, Ben and Sarah. It is also the only way to prevent the social consequences of such lack of provision mentioned above.

Many of the AIDS orphans, living as street children, will end up selling sex for essentials such as food and shelter. This will invariably put them at risk of becoming HIV positive themselves, and so repeating the cycle of HIV/AIDS that caused the death of their parents.

Urgent action is needed NOW to show the love of Jesus to these children and to help prevent the next generation of AIDS orphans.



Slide 5

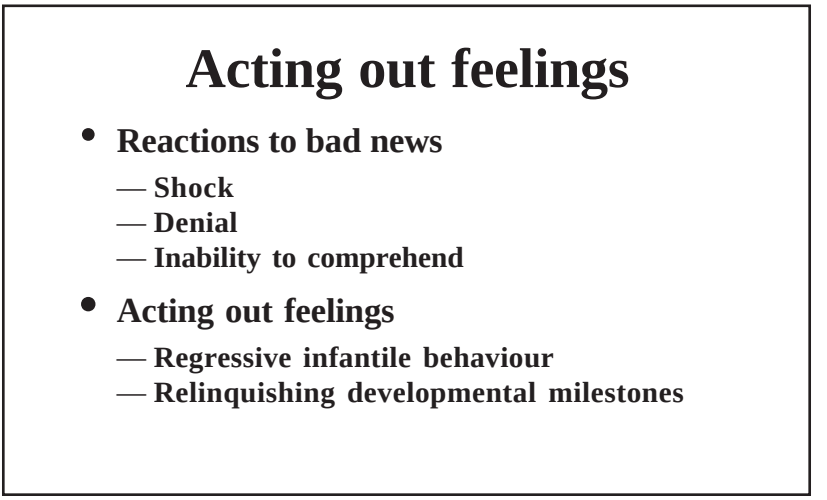
Grief and loss in AIDS orphans

Apart from situations of war, there have never been such multiple losses as those generated by HIV/AIDS in Southern Africa. In many countries here every family has had someone and in some cases, many people die with AIDS in the past few years. Some families have had up to 100 people die, leaving only the very young and the very old to continue on, often in appalling poverty, as best they can.

How do we even begin to comfort and counsel those who suffer such multiple losses? It is even worse when most of the survivors are children, the question "Who will look after me when you die?" touches into each of our hearts.

Children need permission to grieve, both at the bedside and at the graveside. Without this opportunity to grieve, children will internalise their feelings leading to "behaviour problems" in the future (see slides 6,7).

Many people ignore the grief of children, misinterpreting their behaviour problems as "being difficult" rather then as expressing their deep grief in the only way they know. Children need permission to grieve. They need to hear us say. "We know that you are hurting and we are here for you."



Slide 6

Acting out feelings

Children react to bad news with the same emotions as adults, (shock, fear etc) but they express them in an entirely different way. Their feelings are **acted out** in their play, which may be dominated by illness or hospitals, or even funerals.

Regression

They may play at being a baby again curled up and sucking their thumb. This behaviour may spill over from their play into their everyday life where they "regress" back to infantile behaviour. This needs to be seen as a cry for comfort and looking after, and handled with compassion. Hold such a child on your lap for as long as he needs and his behaviour will tend to return to the norm for his age.

In our story Benjamin, was acting out his pain by storming out of the room at the slightest thing. Myani recognised this behaviour for what it was, but feared for him in his uncle's house where such behaviour would call for instant punishment.

When we learn to recognise "acting out" for what it is, and look for the underlying issue that needs our help, we will see our troubled AIDS orphans transformed into happy laughing normal children again.

Slide 7

Internalising feelings

Another way that the hurting child will deal with the pain is to internalise it. This can cause physical symptoms of illness due to tension and stress.

It can also cause psychosomatic symptoms where the cause is in the mind rather than the body. The child with tummy ache when it is time to go to school is often suffering from a psychosomatic illness. Does anyone check to see if the child is being taunted by others at school, because his Dad has AIDS?

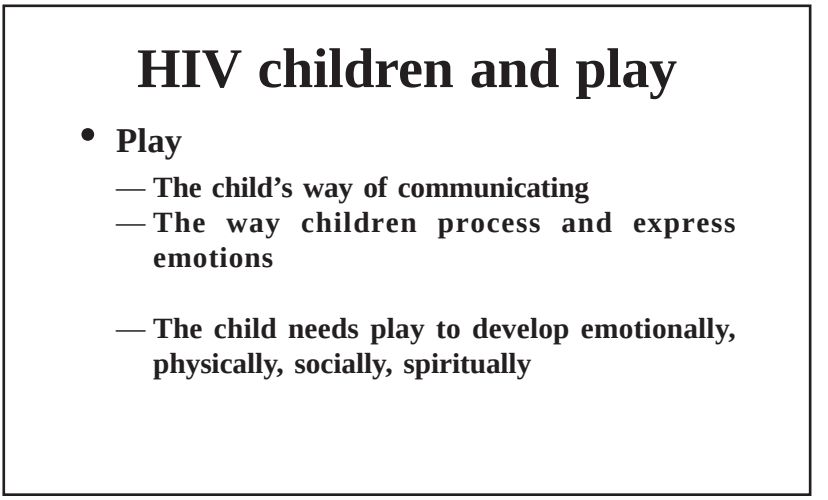
Behavioural symptoms such as temper tantrums occur that are more appropriate for a three year old than for a thirteen year old. He has so much hurt that he cannot hold it in any more.

Psychiatric symptoms may be very upsetting for the family, but they all are a way of acting out what is causing so much hurt inside the child.

Myani was internalising her feelings when she "pulled herself together" when it was time to prepare a meal for herself and her sister. No wonder the tears spilled over when she realised that her mother's church friends were indeed coming to with a hot meal for their dinner.

What can we do?

We can hold them, love them, pray for them, and care for them. Give them again the security that they believed that they had lost. Show them the love of Jesus.



Slide 8

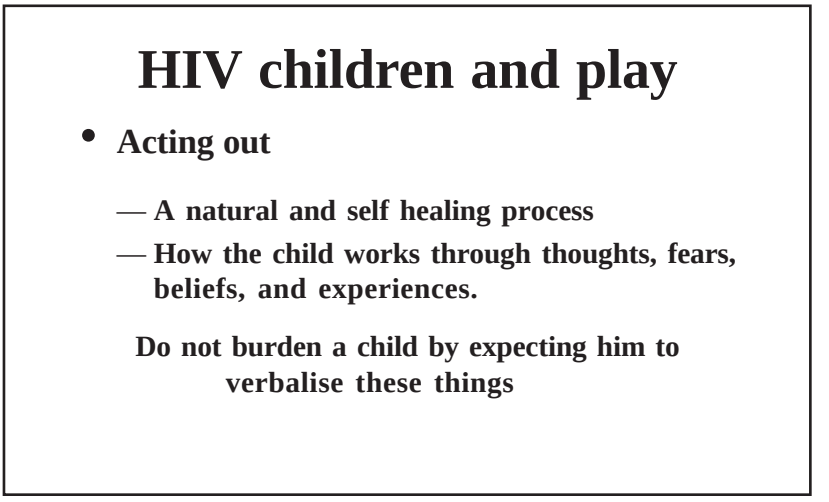
HIV children and play

All children need to play. Imaginative play is the way that children work through problems and experiences in their lives. To prevent a child from playing is to stunt that child's growth and happiness. Even in families where the child must work long hours from a very young age some time must be set aside for play.

Play is the child's natural way of communicating. This is especially true for the traumatised child. Don't expect such a child to verbalise, or put into words, the deep fears and feelings that they have. Come alongside them, listen and watch and then, very gently, enter into their play.

Myani hardly had time for play now that she was looking after the younger children. She didn't even want to play. She had no idea how important play could be in her healing and in her ability to cope in her difficult situation.

A "missed childhood" involves "missed play" which in turn will produce" little adults" in child's bodies right across the nation.



Slide 9

HIV children and play

'Acting Out' may be misunderstood by adults and even by other children. This is especially true if the play is violent. It takes a caring heart and a quiet spirit to see what is really happening here.

When anger and violence show in play, give the child space. Make sure that he is not hurting himself or others and let him act out how he is feeling. Often by including the child in what is happening in the family instead of trying to "protect" him such behaviour can be changed almost overnight.

As we learn the language of play so we will be able to help to heal the hurts that HIV/AIDS has caused to so many children (see slides 10-12).

It is a daunting task but Jesus calls us to minister his love to the broken hearted. Let us respond to that call.

Slide 10

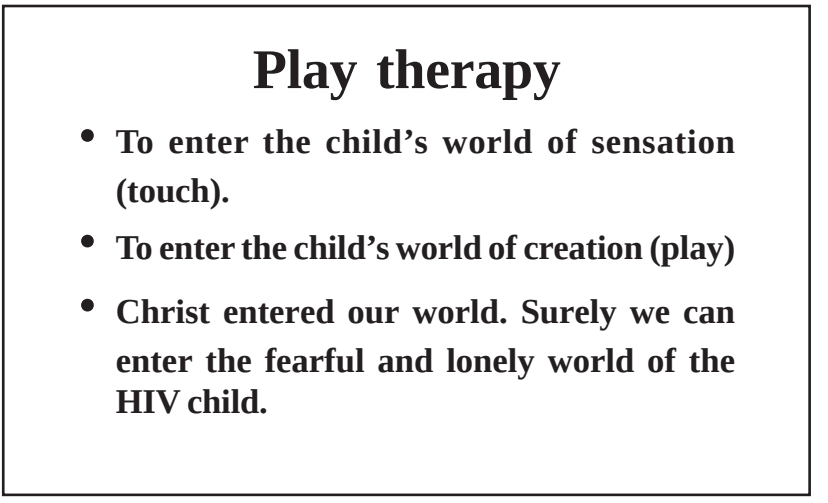
Play therapy

By creating play opportunities we can help the child to work through issues that are be troubling them. This is called Play Therapy. The therapist (or carer) will offer materials such as modelling clay or paints and see what the child will use to express his feelings. The object to draw or model is chosen by the child and is not suggested by the therapist. It is this choice which may indicate where the problems lie.

The friend or carer can talk with the child about the picture he has painted and how he feels about the situation portrayed. A listening ear is needed here. To offer advice at this stage is to negate any progress made by the sharing so far. Offer comfort if necessary. A warm hug and an understanding smile are healing in themselves.

Situations often expressed through play therapy are, fears about death and dying, fears about being left an orphan, difficulties at school, reaction to stigma, and others. If the child is ill himself the play therapy can deal with issues such as hospital admissions, medical procedures, and drug therapy.

Myani's grief at the death of her parents from AIDS, her fear of the future and her worries over the health of her little sister, could all be issues that responded to Play Therapy .It could be very simple. Just a few pebbles and an area of sand, and someone who cared, would be enough for a drawing of Mamma and some release of Myani's pain.



Slide 11

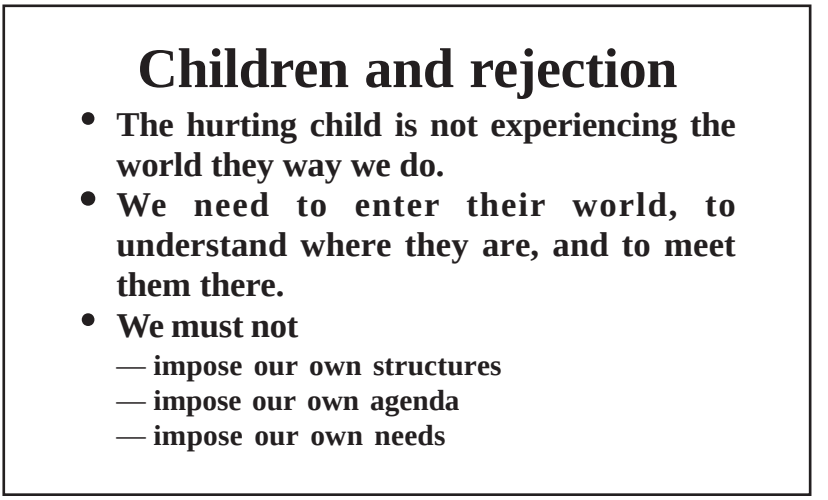
Play therapy

The use of play therapy involves being prepared to enter the child's world of play. It involves learning the language of play. It involves putting a correct interpretation on behaviour that may be being criticised and even punished by other adults present. Violent play is often punished by parents or carers, who do not understand that it may be the child crying for help, in the only way that he knows how.

Play therapy includes using touch, such as hugs, to comfort and wipe away the tears. Entering the child's world of creation and sensation can be wonderfully rewarding as we see each child responding to the power of love to heal.

Christ entered our world to live as a man and experience our joys and sorrows, so that he could relate to us from within our own frame of reference. He didn't impose his himself upon us but invited us to come to him and let him carry our heavy loads that we find impossible to carry.

Surely we too can enter the world of the HIV child; not imposing our agendas but offering to ease their burdens and telling them about the Great Shepherd who will carry an injured little one on his shoulders and knows each one by name. For the Myami's of this world, and thousands like her, we must respond!



Slide 12

The world of the child

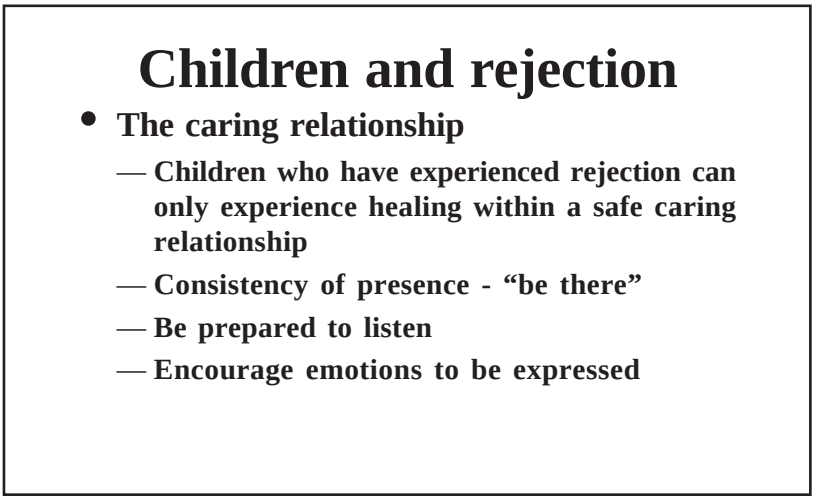
In order to help a hurting child we need to realise that a child's world is different to ours. The child is not experiencing the world the way we are.

In order to help them we need to enter their world and to meet them where they are. We need to read the non-verbal signs, understand the acting out of feelings, and relate to the child in a way they understand.

It is important not to impose our structures or our agenda onto the child. In a child's world, play is the way they learn, express themselves, and communicate with others. We need to understand the messages and to go at the child's own pace.

Most of all we must not impose our own needs upon the child. These could be such things as "needing to have all the answers" or "needing to be always right". The child has enough needs of his own.

By meeting them where they are and moving at their own pace we show total acceptance of the child. Total acceptance by a caring loving adult builds security and begins the healing of the pain of rejection within.



Slide 13

Children and rejection

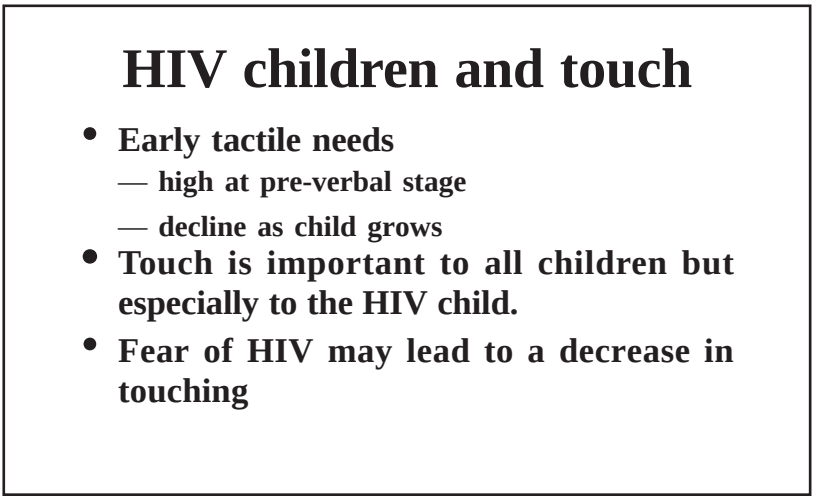
Many HIV children have suffered badly from rejection. This can be the rejection of friends and even wider family due to the stigma AIDS brings with it. It can also be rejection by a father who is reminded of his wife who died with AIDS because of the similarity of looks between the wife and the daughter.

Some children are rejected if they are suspected of having HIV. In severe cases a parent may not feed the HIV child because the food is given to the children who will survive and help in the fields.

The HIV children will need a safe place or refuge where they can gradually begin to trust again. This safe place must also include someone with whom they can have a caring relationship. They need this security if they are to experience healing of the rejection in their lives and begin to regain their self-esteem.

It is the same total acceptance that God has for his children that we need to pass on to these hurting little ones.

This safe caring relationship requires consistency of presence. We need to "be there" for them. We must be prepared to listen, be slow to offer answers or advice, and to encourage pent up emotions to be released.



Slide 14

HIV children and touch

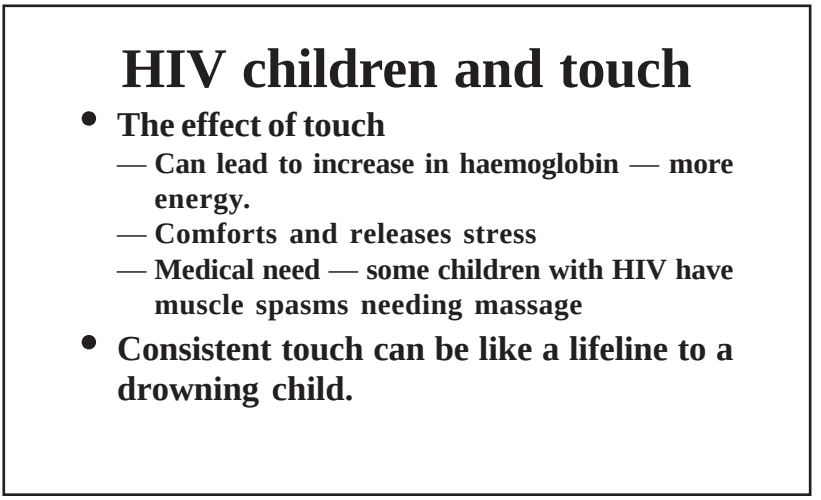
The need for touch is very high in the young child and stays high for most of childhood. It is through touch that hurts can be healed and love expressed. An untouched child is one with stunted emotional growth.

In our story Myani remembered holding her father's hand as they sat in the sun. The memory gave her a warm glow even as it reminded her of her loss.

This need is even higher for the child living with HIV, who may be already dealing with multiple bereavements and insecure environments well before school age.

It is disastrous for the child that the very thing that is causing them distress, HIV, is the reason for many to withhold day-to-day contact and especially touch. Fear of HIV/AIDS, and the stigma that follows, leads, in many cases, to a withdrawal of contact, leaving individuals and families isolated and alone.

This rejection that distresses grown adults as well as children, is very hard for the hurting child to understand. Our call is to be involved without fear, and to reach out and touch each hurting child.



Slide 15

HIV children and touch

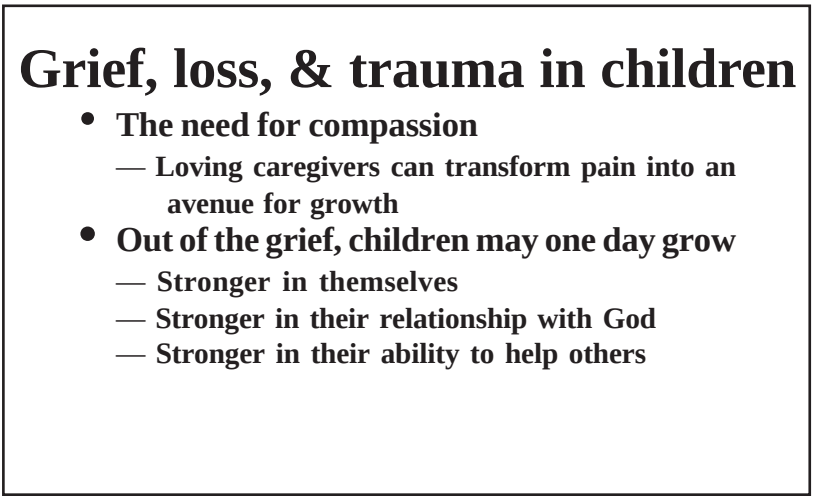
Touch comforts and releases stress. However there are reports that it can also have physical effects such as an increase in haemoglobin levels leading to an increase in energy. In effect our bodies work better when we are less stressed and know ourselves to be cared for and loved.

The needs of children who are born HIV positive and sometimes with full blown AIDS include some with impaired nervous systems, causing lack of developmental milestones for their age.

These children often suffer muscle spasms needing massage and physiotherapy. With a well-trained therapist the healing is enhanced simply by the effect of touch.

Where such care is not available we as carers should endeavour to be trained in simple massage so that we can provide the comfort and healing that comes with consistent touch.

For traumatised children, touch as a part of a secure caring relationship can help the child to experience healing of past and present hurts.



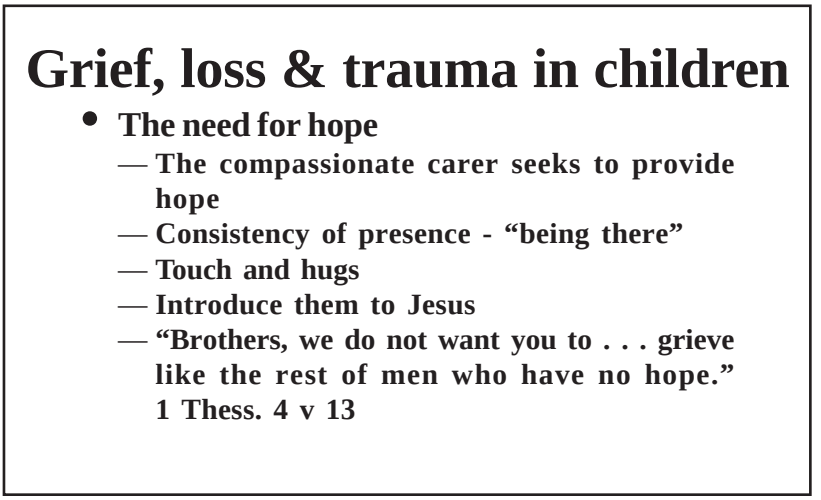
Slide 16

Grief, loss and trauma in children

Children from families where there is HIV suffer many different types of grief and losses over a short space of time (see chapter 1, slide 6). There is the pain of bereavement, when a parent or a sibling dies. There is the loss of their future when the breadwinner is too ill to work and there is no money for school fees. There may be the trauma of being thrown out of their home and even their village through stigma and fear.

It is only through compassionate caring that these children can survive such traumas and take their natural place in the Africa of tomorrow.

The aim of all ministry to these hurting ones is that, in time, and within a loving healing relationship, they may indeed find that their grief has become an avenue for growth. That out of their grief they have become stronger in themselves, stronger in their relationship with God, and stronger in their ability to help others.



Slide 17

Grief, loss and trauma in children

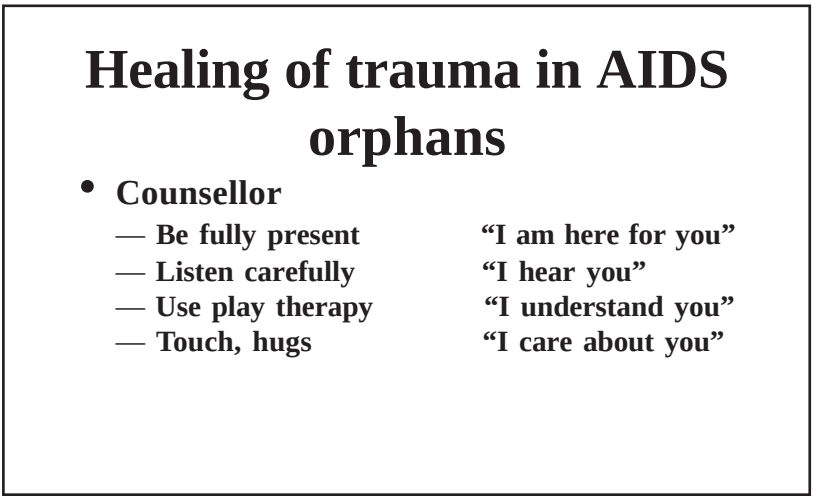
The troubled HIV child has a desperate need for hope. In our story Myani was losing all hope. If little Sarah had AIDS too then Myani felt that there was no hope for them anymore, and all was lost.

The job of the carer is to bring hope. This can happen simply by providing the loving secure relationship that each child needs, but believes he will never see again. But please beware. Do not allow a child, no matter how traumatised, to learn to rely on you, only to be disappointed when you are no longer able to be there. Don't start what you are not able to continue. Even if you can guarantee a fellow worker to step into your footsteps when you leave, it is not easy for the child to learn to trust one adult who then hands them on to another.

People are fallible but it is when we are able to introduce the child to Jesus that he finds his true source of security. Now he has met the One that will never leave him nor forsake him, one that he can rely on completely.

For Myani, it was as she realised that the women from the church were coming to help them that her hope revived. Mamma had said that there was a God in heaven who was a loving God who would look after them when Mamma had gone. Now she knew that Mamma was right.

"Some one does care after all!"



Slide 18

Healing of trauma in AIDS orphans

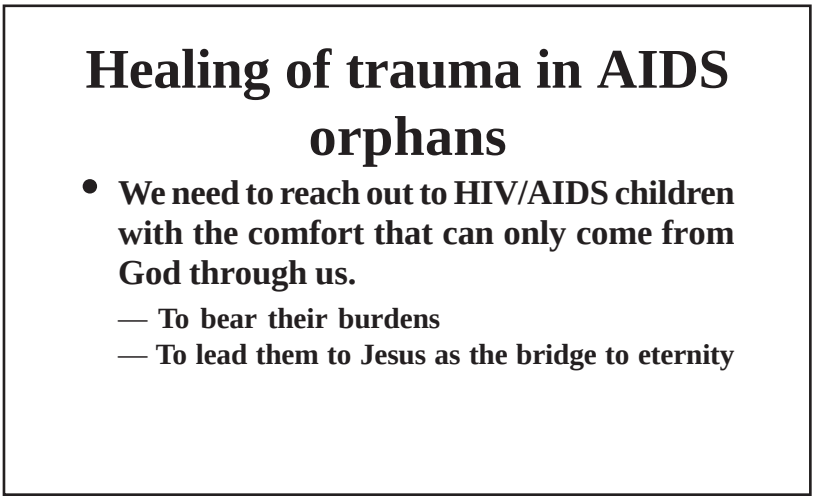
We have identified the stable caring relationship needed for healing of trauma to take place. Now we look at the characteristics of such a relationship.

Firstly, the counsellor/carer needs to be able to give them her whole attention for the time that she is with them. They need to know that she is "there" for them.

Secondly, she needs to listen very carefully to what they say and don't say. Often vital clues to someone's problems are shown by what they don't say, rather than what they do. If a subject is always avoided then that may be where the trouble lies. Let the child know that you are really hearing them.

Thirdly, use play therapy to understand how this child is thinking, even when the worries are not what we would have expected. A dying child may have a sense of responsibility for his mother and worry about how she will cope when he has gone.

Remember the value of touch. A hug or a press of the hand is one way of showing that you care about them.



Slide 19

Healing of trauma in AIDS orphans

Children suffering from trauma, especially those who have suffered multiple bereavement, need more than human comfort. When we are caring for them, we soon realise that we do not have enough love inside us to deal with the needs of the whole world. Our love as it flows out, needs to be replenished by the love of Jesus.

This is why the Christian must be reaching out to the children with the comfort that can only come from God through us and through others. The need is so great it needs an outpouring of the love of God to meet that need and to heal so many hurting hearts. Be aware of the need for prayer when you are giving out so much.

To give them what they need, we need to draw on Jesus.

Enable them to see Jesus as the bridge to eternity. Only he can hold Myani in one hand and Mamma in the other.

Jesus came to save us and to give us eternal life!

CHAPTER 5

LITTLE COFFINS

(The death of a child)

THE DEATH OF A CHILD

The Story

Grace sat with her head in her hands. She didn't notice the brightness of the day or the sunshine around her. It was several long days since her little girl Hannah had died. She was only two years old and had been poorly almost since birth. At first she had gained weight and been a delight to Grace and her husband Sam. Grace had carried her in a shawl on her back as she looked after the house or toiled in the fields.

It wasn't until Hannah was about six months old that things began to go wrong. Hannah's sleeping patterns changed and she began to cry a lot. She was difficult to feed and her weight was dropping. Concerned, Grace took her to the nurse for medicine, and various tests were done. The results showed that Hannah was not only HIV positive but she had already begun to show the symptoms of AIDS.

This was when things really began to go wrong. How could this possibly be happening? Grace had heard of HIV/AIDS. Who hadn't heard of it when the hospitals in the city were overwhelmed with AIDS patients. Even in the next village Grace had heard there were some suffering from AIDS. But not here! Not in our village! Not in our home!

Sam remained quiet. You could see that he was troubled. He knew much more than Grace about such things. During the dry season he went south to the Gold fields to get work, and he had seen posters about AIDS there. He was a good man; a good husband and a good father. Surely he couldn't be responsible for something like this. Yet in his heart he knew that he too might be positive. He hadn't dared to take the test.

Grace sighed. Yes, it was easy to blame Sam, but he was a good man who seldom strayed from his home village and hearth. She was feeling better about him now. Thank goodness that the nurse had insisted that she test Grace and Sam together. The results were both positive and a bit of a shock, but at least they had been together.

"But it is worse for me," thought Grace. "I carried Hannah in my own body and I have given HIV to my own child!"

The feelings of loss were sweeping over her now. She could feel it physically in her stomach as she rocked back and forward groaning aloud. What was left to her now? With Hannah gone life didn't seem worth living.

Suddenly she felt a small hand creep into hers. She looked up. There beside her was her elder daughter Rachel. "Yes, of course, there was Rachel." Several years older than Hannah, Rachel was already a young woman in her own right. "She too must be missing Hannah," thought Grace. The two were always very close. She looked again at her daughter and saw for the first time the tear stained cheeks and the circles under her eyes. "Poor Rachel! We must get through this together!" "Yes," thought Grace, "I really do have a reason for living after all."

She held her daughter's hand tightly and let her mind go back over the events of the past few long days as she had watched her baby daughter slowly loose her grip on life. She moaned as she remembered. Letting go was such a difficult thing to do. It seemed almost impossible in the hospital. Maybe if they had brought Hannah home it would have been easier.

Hannah had wanted to come home. It was all she had talked about those last few days. But she couldn't come home because she needed the medicines that were given through the drip in her arm "If only it had been different! If only Hannah had had her wish. Perhaps they all could have shared more about how they really felt. Then the real goodbyes could have been said." You know in a strange way Grace felt that she really hadn't said goodbye yet.

She thought about her daughters again. They were both spirited girls but very different especially since Hannah had been ill. Hannah had been a lively child but when she was still it was as though she was a million miles away, and then a slow smile would play around her lips. It was as though she was sharing a joke with the angels. Maybe she was, thought Grace. Stranger things have happened.

Grace was very aware of the spirituality of her youngest daughter. She had always been that way, right from the start. Grace believed that she had seen angels around her bed and that perhaps Hannah had seen them too. After all she knew about Jesus even at such a young age, and had enjoyed singing the choruses from Sunday school. Perhaps the child knew that she was here on earth for just a short time. She was "kind of borrowed form heaven" Grace thought.

Grace thought about the church that was packed to the doors for the funeral. Everyone came because they all had children of their own. Some even stayed away because they had children of their own, she thought ruefully. Some actually feared that they might catch AIDS by attending a funeral.

The funeral was important but it was just the beginning not the end of mourning, and Grace had been too choked up with tears to even remember what the minister had said. She felt as though she needed to say a very long goodbye to Hannah. It may take years. It may go on forever. She would never, never be able to forget.

Suddenly she thought about a very ill little boy who was in the next bed to Hannah. He was very thin. The parents were poorer than Grace and Sam, and they couldn't afford a mattress for his bed. He lay on a mat instead that was very uncomfortable. Grace remembered the small amount of money they had put by and she knew what she had to do.

She would buy a mattress, or maybe two, and give it to the hospital for those families too poor to provide their own. She would do it in memory of Hannah. To help other children to lie comfortably would be a lovely way to remember Hannah. Yes, she must attend to it immediately. She would call at the hospital tomorrow.

Suddenly Grace became aware of the sunshine warming the grass around her and of the small hand still in hers. She turned and smiled at the face upturned towards her.

"Come along, Rachel my dear. There are things to be done."

The Issues

Upsetting the natural order of things

In this story we get a glimpse of the distress that follows the death of a child. Normally the parent can expect to die before his child and there is anguish involved when the natural order of things is upset and a child dies before its rightful time. The feelings of loss that swept over Grace are sweeping over a whole generation of parents who are mourning their children's death with AIDS. That is, if they are still alive to see it. The sad fact is, that when a young child has AIDS, it is usually because the child was infected by the mother, (who is herself HIV positive), and may well be dying as well.

Who is to blame?

In this case the child's father realised that he must have brought HIV into the family, yet the mother felt mostly to blame, because she had carried that child in her womb for nine months not realising the danger of passing on HIV infection. If she had only realised that she was positive then she could have taken medication to prevent passing it on to her child during childbirth or breastfeeding. The temptation is for each parent to blame the other, yet neither would have allowed this to happen had they known.

Life is worth living, or is it?

The pain of the loss was so great that Grace felt that life wasn't worth living anymore. Life needs to go on, or does it? With this overwhelming sense of loss all perspective goes and we need those closest to us to remind us that we are not alone in our sorrow.

In the story it was Rachel's hand slipping into her mothers that brought her back to reality. Yes, of course there was something to live for.

The sister also grieves

Rachel needed her now for she was coping with her own grief too. The issues of sibling bereavement come up here. The two girls had always been very close. It was only now, when Grace had been jolted momentarily out of her own grief, that she really saw her daughter's condition, noticing for the first time the tear stained face and the circles under her eyes.

A child's grief

Some, through ignorance, are inclined to underestimate the grief of a child, saying that they really didn't understand what was happening, when the reverse is usually true. The grief of a child can be even more acute that that of the adult, who has some ability to rationalise or even intellectualise the situation. The grief of a child is raw grief, requiring, and even by its intensity, demanding, all that we can do to provide comfort to that child. Who amongst us would leave a grieving child comfortless if we had it in our power to do otherwise.

Children's hidden grief

It is a very sad child indeed who is unable to express her grief. This is a condition, due perhaps to repression and rejection in the past. It is all too often seen

in the gangs of orphan street children that are our present day heritage of the AIDS pandemic. Grace saw and recognised Rachel's grief and thereby set in motion both her own and her daughter's healing.

Letting go

Letting go is being able to let a loved one go in death. It is giving a loved one permission to die. As Grace thought back over those last few days, she realised how difficult it had been for her to accept the possibility that Hannah might not live. Right up to the last moment she had found it impossible to let her go She wondered if things might have been better for them all if she had been able to bring Hannah home.

Sharing their grief

Sharing of grief within the family allows real feelings to be expressed and shared, and makes it easier to give the child (or adult) permission to go. Hannah may have felt safer at home. It was all she had talked about in those last few days. Perhaps then they could all have shared their grief and their fears together as a family.

Saying goodbye

Saying goodbye can be really important to those facing the death of either family or friends. Much prolonged grief in the future can be avoided by providing the opportunity to say goodbye. This can be difficult in the hospital situation.

Perhaps, at home, real goodbyes could have been said to Hannah as they held her close and told her how much they loved her. Perhaps they would talk about Jesus and his angels in heaven, and about how he took the little children in his arms and blessed them. But now Grace was left feeling that she really hadn't said goodbye at all.

The "if only's"

If only Hannah could have had her wish to come home! The "if only's" are a cause of much pain to many who are bereaved, adults and children alike, because they relate to things which cannot be changed. We need to be sensitive to them as we counsel and care for those who are hurting over the death of a child.

Are dying children more spiritually aware?

As Grace thought about her children she realised something about the spirituality of her youngest daughter. Hannah was more spiritually aware (than most children) and it was something that Grace had been seen right from the start. Hannah had known about Jesus at a very young age and Grace believed that she had seen angels around her bed and that Hannah had been aware of them too. Perhaps, thought Grace, she had known that she was only here on earth for a short time. "Borrowed from heaven" was Grace's way of putting it.

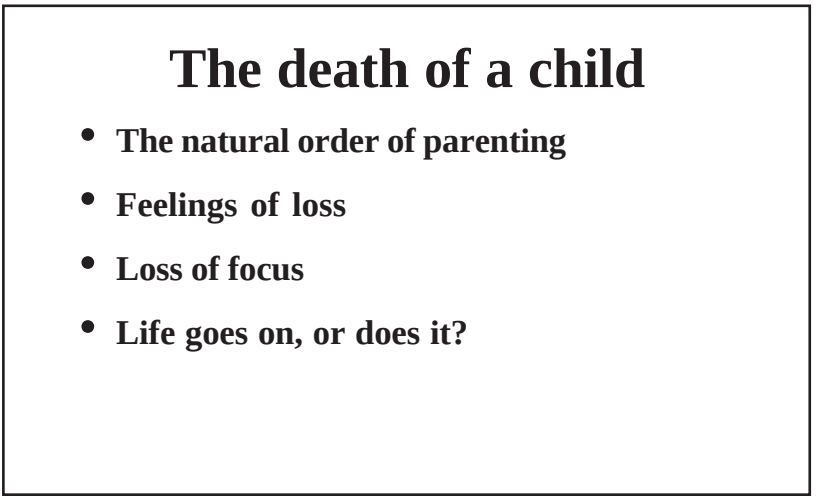
Working towards 'closure'

'Closure' is the word we use to mean that the particular situation is complete or 'closed'; we are now able to go ahead in life without the situation continuing to harm us. Grace's thoughts that the funeral, while important, was just the beginning of mourning, showed insight into her feelings and recognised the need for other steps to be taken before 'closure' was possible for her. These thoughts are almost universal. The funeral

is a necessary part of mourning. This can be seen in the distress of families when the body is not released for burial. However, although it may bring closure for friends and acquaintances, for close family closure usually takes longer.

A Memorial for Hannah

In Grace's story she was able to think in terms of donating a mattress to the hospital as a memorial to Hannah. This rather lovely end to her story was a means for her to achieve some sort of closure, and be able to, as a result, take her elder daughter's hand and walk on into the sunlight.



Slide 1

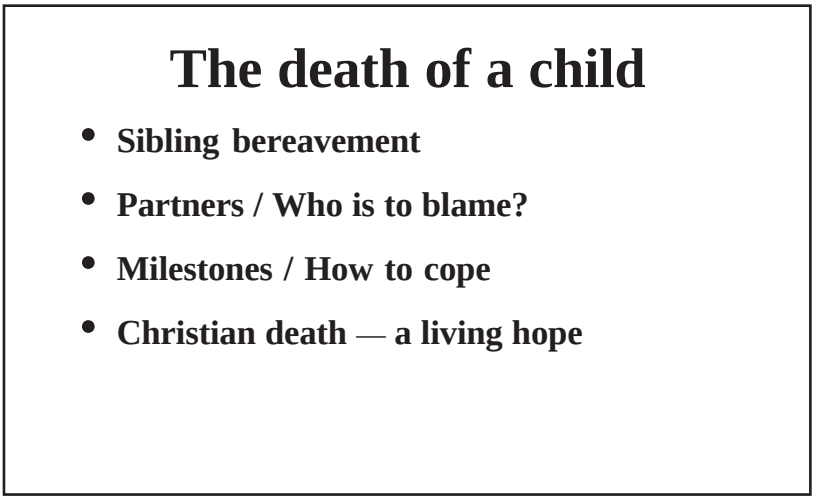
The death of a child

Seeing the death of your child is something that goes against the natural order of things. Grace certainly felt this. Normally a parent can expect to die before his children, but with HIV/AIDS we find that our world has been turned upside down

The feelings of loss are acute regardless of how "expected" the death may be.

For so long, that child has been the centre of all your thoughts and actions. You have, of necessity, focused your life around him and now he has gone and your life loses focus for a while.

Life must go on, or does it? At this time of deep loss Grace felt that life may not be worth living. She had given her all and now there was nothing left, or so it seemed. It can take years to adjust to this deep a loss, but help is available through both counselling and loving friends who stand alongside you through this difficult time.



Slide 2

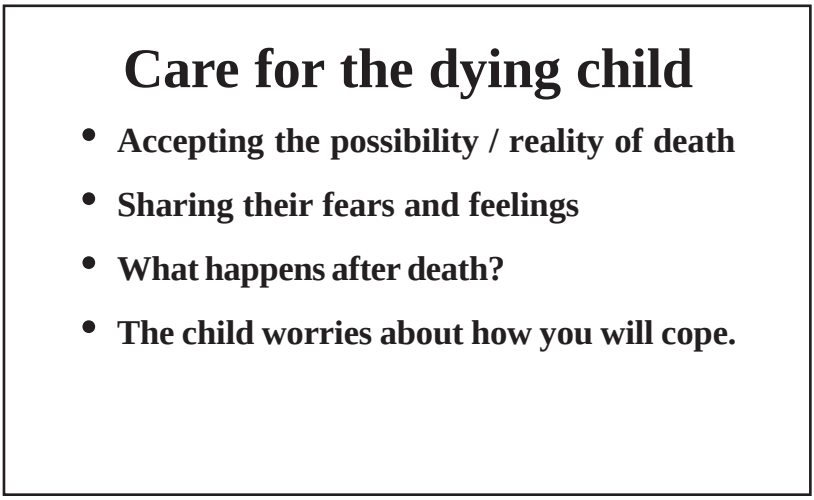
The death of a child

Grace needed to realise that Rachael was also bereaved and that her needs should be understood and cared for too. This is difficult for parents who are very often still in shock themselves. Sometimes grief presents itself in difficult behaviour patterns in children (see Ben in chapter 4). This requires extra patience and understanding by the parents regardless of their own distress and trauma.

In these circumstances it is very easy for partners under stress to blame each other. The "If only's" become "if only you hadn't——" (see slide 6). It can be only a grief reaction with little or no substance to it but it can be hurtful just the same. In our story Sam realised that he may have brought HIV into the family. He was blaming himself and very much in need of forgiveness, but as Grace said, " he was really a good man and at least they were together."

Milestones such as birthdays and anniversaries loom larger and larger, with each one bringing it's own memories. It may be wise to do something special on these days in memory of your child as you gradually learn the new coping mechanisms needed.

Above all, we need to know in our hearts that, for the Christian, death is moving into eternal life, where we will meet again, and that belief in Jesus gives us a living Hope that can withstand anything this world brings.



Slide 3

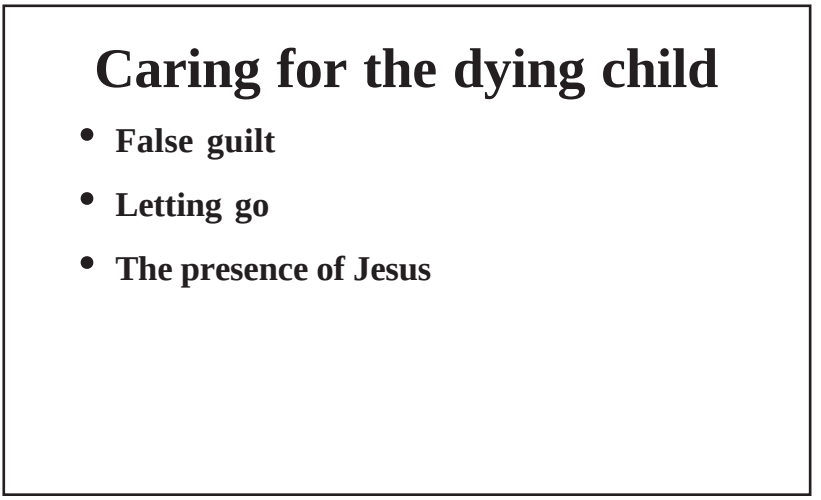
Caring for the dying child

As a child nears death family and friends gradually accept the reality of dying but so often they try to keep it from the child. Yet it is so important for the child that he too is allowed to be real. If these things can be discussed openly then much important grief work can be done within the family.

In this way the child can be free to share his fears and feelings and to ask questions about what happens after death. In answering these questions it is important to be very honest and to only use words that the child will understand. Where a parent is Christian, sharing their faith in Jesus and his promise of eternal life is a joy that can lift the spirits of parent and child alike.

It was such a comfort to Grace to remember that Hannah knew Jesus too, even at such a young age, she was "borrowed from heaven" to be with us for such a short time.

We worry about our child while the child worries about us. Your child will be concerned about how you will cope when they die, and they need to be reassured. Of course you will miss him but he will still be there in your heart and will never be forgotten—"we will meet again in heaven and it really will be alright!"



Slide 4

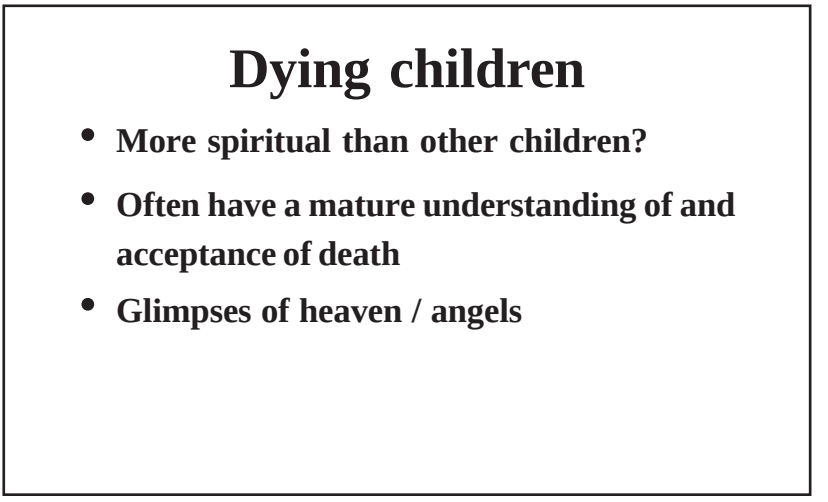
Caring for the dying child

False guilt on the part of the child includes feeling guilty about being ill and causing so much trouble and about dying. If this is bothering a child reassurance can be given and a weight lifted from their shoulders.

Being real and answering truthfully is part of sharing where we are and what we each feel. Now is the time to say, "I'm sorry" and to forgive.

As the child needs reassurance, so when the time comes he needs permission to go. As Grace found, letting go of a dying child is not easy, yet it can be a part of a wonderful experience.

Children have reported seeing Jesus at the door inviting them to come. The sense of wonder can be felt, and you too have experienced something beautiful as your child steps into a new life in Him.



Slide 5

Dying children

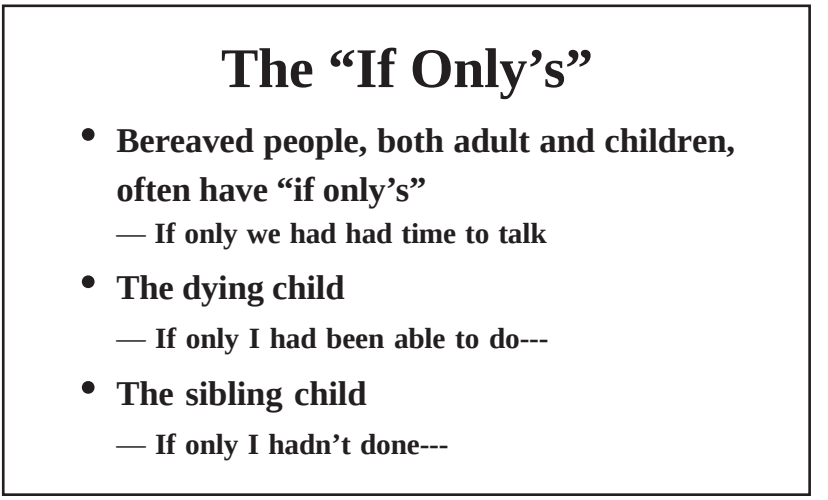
Dying children often seem to be more spiritual than other children. Certainly Hannah seemed to be so. They seem able to receive spiritual messages that others miss. Perhaps as the physical body becomes weaker so the spiritual and emotional parts of us become greater or more prominent, or perhaps, as Hannah, they had always been so.

Such children often have a mature understanding of and acceptance of death. It seems like second nature to them and they far outstrip adults who have struggled for years not to think about these things.

It is hardly surprising that spiritual experiences follow for such a child. We may just step back in wonder and ponder these things in our heart.

"Last night Jesus came to my room ——
There was a wonderful bright light just as if the sun
had started to shine in the night.
I saw Jesus with his arms stretched out like this.
He was saying "Come."

Children, Death and Bereavement
By Pat Wynne Jones



Slide 6

The “If Only’s”

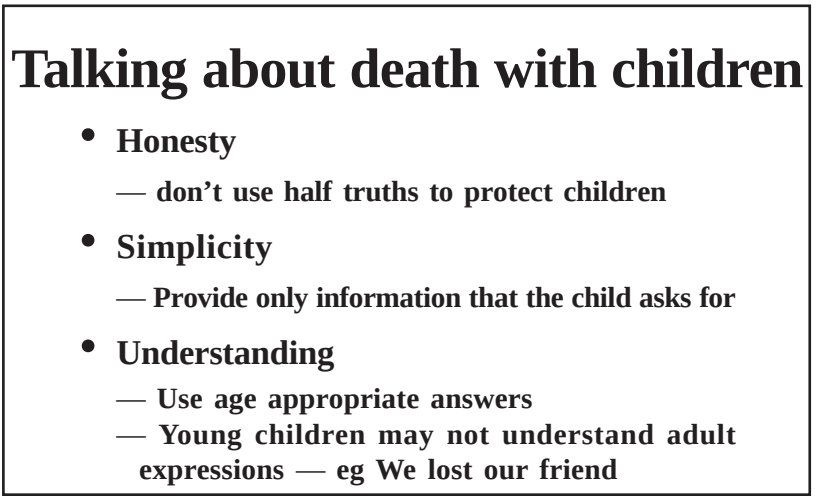
It is very normal to look back on a time of bereavement wishing that things had been different. It can be major or very minor issues that we wish could have been different. Adults and children, especially siblings all have “if only’s” and we must be sensitive to them. The problem with ‘if only’s’ is that we **cannot** go back and change things.

Perhaps the most important “If only’s” are those of the child who is dying. Are there ways in which we could help them to have their wish? Hannah had wanted to come home. It was all she talked about in those last few days. If only she hadn’t needed that drip in her arm, then things might have been different. Perhaps they could have talked together and said real goodbyes.

We need to give children the opportunity to say the things they need to say. They might want to give special things to a brother or sister. Many children give something of their own to each member of their family, so that they have something special to remember them by.

They might need to say “sorry” for things that you never thought were bothering them. You might say “sorry” too.

There is a time to say, “I love you” and a time to say, “Goodbye”. I pray that you may be able to sit there with them holding their hand knowing that the Jesus you both know and love is coming on a very special journey just to welcome your very precious child.



Slide 7

Talking about death with children

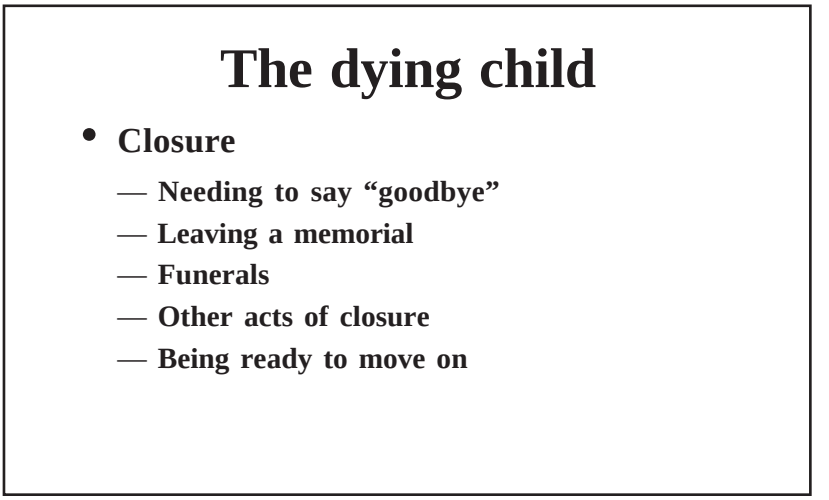
Children are realists. I get the strong impression that any problems we adults have in talking with them about death is on our side not theirs. Instead of helping, we worry them. If a parent can't talk about death then it must be something very frightening indeed.

We need to be honest with a child especially an ill child or a sibling. Half truths "to protect the child" simply won't do.

Give simple answers being guided by the question. Don't burden him with extra information that he hasn't asked for and is not yet ready to assimilate, and use language that he would understand. "We lost our friend" might bring the response, "I will help you look for him."

Answers that are appropriate to his age will open doors into new areas without fear. Death need not be frightening when Jesus has gone before.

"Do not let your hearts be troubled.
Trust in God; trust also in me.
In my father's house are many rooms;
if it were not so I would have told you.
I am going to prepare a place for you.
And if I go to prepare a place for you,
I will come back and take you to be with me."
John 14 v1



Slide 8

The dying child

Closure is when we are able to feel at peace over a situation and are able to move on. Achieving closure after the death of a child may take years and in one sense will never happen. However, there are things that can help us towards closure.

There is a need to say "Goodbye". Maybe this happened before the child died but sometimes, as in Hannah's case, circumstances prevent this happening. This can cause much pain to parents and family who may have a more complicated grieving process as a result.

For many, the funeral, or a memorial service to celebrate the life of the child, is their time to say goodbye. Family and friends may travel many miles to be at the funeral so that they may say their goodbyes. Others may scatter ashes at sea, or in woodland, at the child's special place.

Other acts of closure may include giving something as a memorial for that precious life. Grace was comforted by the idea of giving a mattress to the hospital for a child whose family were not able to supply one. Helping another sick child to rest would be a precious memorial to Hannah.

Sometimes a concert being performed, or a balloon being let go into the sky with a message attached, is the act that brings closure to a loved one and with it, the ability to move on.

CHAPTER 6

THE ‘IF ONLY’S’

(Dying and spiritual pain)

ON DEATH AND DYING

The Story

David raised his head and slowly and painfully turned himself over so that he was facing towards the door of the barracks. It was a warm day today and the suns rays were reaching right across the floor, almost reaching the low bed on which he lay. It was a long time since he had felt the sun on his body. If only there was someone there who could move him over into the sunshine, it would mean so much.

But there was no one. They were all at work in the mines and it would be dark before they returned. He was lucky that he was still allowed to stay now that he wasn't able to work anymore. He was occupying a bed and they brought him food twice a day.

He was fortunate really, but oh, how he longed for his village so many miles away. There the trees were green and there was grass around the village houses. He had a wife there and their six children. How he missed them all. He was lying here alone and he longed to be with them. But it was too far. He wouldn't be able to manage it, not in his condition.

His thoughts went over it all yet again. It was a good life in the village. He was happy there with his wife and children, and with the other village men as they spent time together telling village stories, stories from long ago. There was the church too. This was a new thing and he wasn't too sure about it, but the singing was fun and it brought all the villagers together especially the children.

He was so proud of their children, Moses and Hannah, the twins, then Cynthia, and Mary the quiet one. Ben was so full of energy that he seemed to bounce everywhere, and Grace the little one was just a bundle of smiles. Oh, how he missed them now.

Yes, village life was good, but it had soon become a real struggle to support them all. It was mainly the school fees for the children, and the uniforms, and the shoes to wear to school. Why did they need shoes for school anyway? Bare feet had been good enough in his day. What had shoes got to do with learning? But that was the new fangled way of things.

There was no work in the village so very soon he decided to go north to the copper mines. There was work there and he wouldn't be alone. Other men from the village had gone ahead of him. It was good money and you were allowed a visit home at least once a year. They had barracks with beds in rows, just like the one he was in now, and some even had a single room of their own.

Yes, the company did look after them here. They were the lucky ones. Many mines were not as well run as this one. They say that the manager is a Christian and that's why he looks after us so well. Perhaps there is something in this church thing after all.

David shifted his weight painfully along the low bed. If only he had someone to talk to; someone from his own village. He suddenly felt a great blackness come over him as he thought about the future. Was he going to die? People do die of this disease. Many here in the men's camp had died.

What was going to happen to him? What does happen after death? He wished that he had taken more notice of the pastor in their church, when he read the bible, and

spoke about these things. Christians believe in eternal life; life after death. Now he needed to know!

He thought again about Alice and the children. What if he did go home? Would they welcome him? Would they be afraid of this illness?

He and Alice had been childhood sweethearts. They had a good marriage and a houseful of children. Often after his yearly visits a new child would be on the way and so the family continued to grow. He felt a bit upset over Alice. Many married men he knew had lots of girlfriends but that hadn't felt right for him. It was always just him and Alice.

But then he came to the mines. It was different here. The work was hard and there was no comfortable wife to come home to at the end of the day. He felt lonely, and one Saturday when he had had too much to drink he went with this girl. And that wasn't the end of it. The women here were here for only one thing and they were always available. Soon it became a part of his weekly pattern for a Saturday night, the way it was for so many others.

It was some months after this that he began getting sick. He should have known. The mining company had notices about AIDS all over the place here. But somehow it didn't seem real. He couldn't get it could he? He was a good living family man and respected in his village. It couldn't be true! He felt anger rising in him. Why should these girls be available when they were only passing on HIV/AIDS? He wanted to do something about it but he was too ill now.

He felt sick at the thought of how it had all happened. How would he ever explain it to Alice? At least he was away most of the time. The very thought of passing this disease to his precious Alice alarmed him. Would she ever forgive him?

And now she may be a widow just because he hadn't been faithful to her. She would have to bring up the children alone. Oh how he wished that things had been different. Tears rolled down his cheeks. He needed to see Alice at least once more before he died – to explain things, to ask her forgiveness.

Suddenly he knew what he had to do. He would write a letter to Alice. He would tell her what was happening to him and he would make things right with her and the children. He would tell them how much he loved them and how he longed to see them all again. He would send the letter with a trusted friend; someone from his own village. Yes, that is what he would do!

David took a deep painful breath. Everything seemed to be painful now. But he felt better now that he had decided what to do. The anxiety that had been rising up in him over the last few days and weeks at last began to ease and he could rest. His eyelids closed as he thought about "His Alice" Yes, he thought sleepily, he would even talk to one of the pastors here. They ran church services here every week. Maybe they could tell him about eternal life. And he slept.

The Issues

In David's story, one that is repeated many hundreds of times in the Africa of today, many issues are raised that need our attention if we are to train people to adequately counsel in the area of HIV/AIDS in present day Africa.

Someone to listen

Firstly there is the need David felt for someone to talk to. Someone who would listen to him and could move him, when he asked, into the warmth of the sun.He was lonely and missed his wife and family back in the village.

Denial

One of the ways he had for coping with the loneliness was to go with the camp women, or prostitutes, on a regular basis on a Saturday night. This he sees as his undoing and wished he had taken more notice of the posters about HIV/AIDS put up by the camp's administration. In this case it wasn't the lack of information that was the problem but the combination of loneliness and denial that AIDS could affect him.

Stigma

He was also aware that stigma about AIDS was present in the camp, and wondered if his family would be affected by it if he was able to get home. Would they accept him or reject him because of his illness? He didn't want the pain of being rejected by his own family and his own village.

Fear of death

Many people are afraid of death. A part of this fear is the fear of the unknown. David is aware of this and is asking questions about death and dying, and what happens after death. He remembers the bible teaching that he heard in church and realises that the pastors may be the ones to help him. He needs information, but most of all he is searching for a reason to hope. He wants to know about eternal life.

Spiritual pain / the need for forgiveness

Spiritual pain (see slide8) includes regrets, painful memories, guilt and failure.

David felt eaten up with pain of remorse for being unfaithful to Alice, he had an urgent need to tell her, and to ask her forgiveness. The issues of spiritual pain are urgent and must be addressed. Many people die in anxiety and distress that could have been resolved if the opportunity for forgiveness had been offered to them.

Anger

Anger too can be destructive. It may be understandable that David feels anger for the camp women who passed HIV on to him, but safe release of that anger is essential.

It is important that David realises that he is angry. Hidden anger can create havoc in relationships including those with family or carers. Once revealed it can be talked through, shared and prayed for. Suppressed anger can cause any number of symptoms including depression and even physical symptoms. The release of such anger can result in healing at a very deep level.

The use of scripture

Scripture on death and eternal life is very powerful when the timing is right. Just when we need it words of scripture find there way straight into our heart. While always being sensitive to the needs of the patient,don't be afraid to offer scripture to those afraid of dying.

Ways of coping

David knew that something had to be done. He was distressed and worried over things that he needed to say to Alice. He needed to explain to her and ask her forgiveness. David's coping mechanism of denial that had been working for him until now, was no longer an effective way of coping. He could no longer put this to the back of his mind. Although unaware of it David was searching for another way of coping.

A plan of action

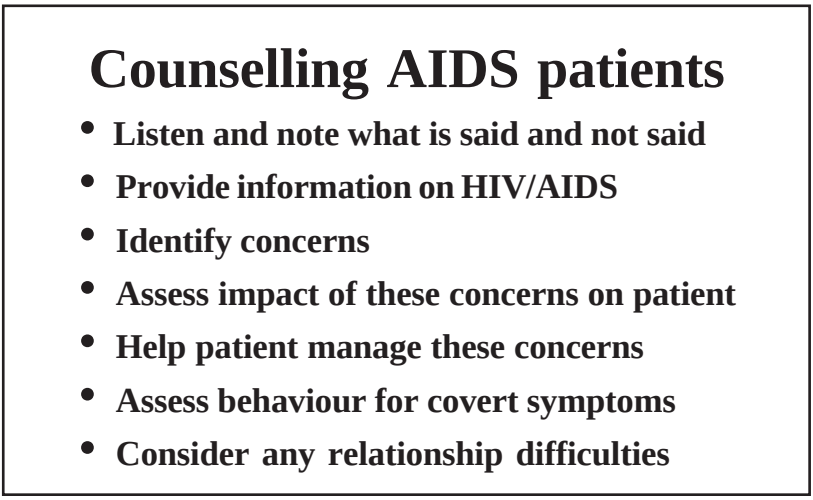
One way of coping is to formalise further action. David had a plan of action. Yes, he knew what he had to do. He would write a letter to Alice saying the things that were in his heart. The effect of this decision is immediate. Now he had a new plan for coping. His anxiety eased and he could sleep.

Counselling AIDS patients

A good counsellor following the guidelines from the following slides should be able to help the patient to identify his concerns, assess the impact of those concerns on him, and endeavour to help him to manage these concerns in the best way possible.

The counsellor should be able to ascertain when more resources were needed and endeavour to make those resources available, whether it would be more frequent counselling, more help in the home to listen and to care, or urgently needed medical care.

Facing death, dying, and bereavement is a difficult task for the patient, friends and family alike. We can but "be there" pray, and be prepared to ask for help when we need it.



Slide 1

Counselling AIDS patients

It is most important to be a good listener. Listening skills are simple to learn and show the patient that you are interested in him and value what he has to say. In this way can we identify which problems are worrying him at this time. David needed a listener, someone to talk to, some one to care about how he was feeling.

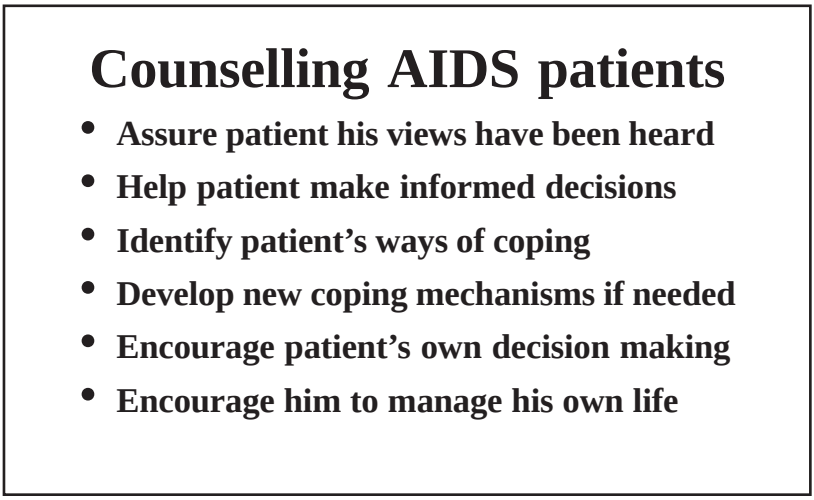
There are many David's and we need listeners to "be there" for them.

We listen to what is said and for what is not said. If obvious issues are not mentioned, it could be because the patient has more urgent concerns, or because these issues are so painful that he can't bear to talk about them. Sometimes people will talk about lots of trivial things to avoid talking about the things that really hurt them. Perhaps they are afraid that they may burst into tears when these things are mentioned.

Gentle persuasion may be needed to open up such painful subjects so that the problem to be talked about and shared. Sharing a problem with an understanding friend or counsellor can ease a lot of bottled up anxiety.

In some cases anxiety can be relieved by simple information about HIV/AIDS, how it is spread, and what can and cannot be done about it. Myths and inaccurate information about AIDS can cause a lot of unnecessary stress.

Be alert for neurological or psychiatric symptoms, which may be due to HIV disease, and refer patient for a medical opinion if necessary.



Slide 2

Counselling AIDS patients

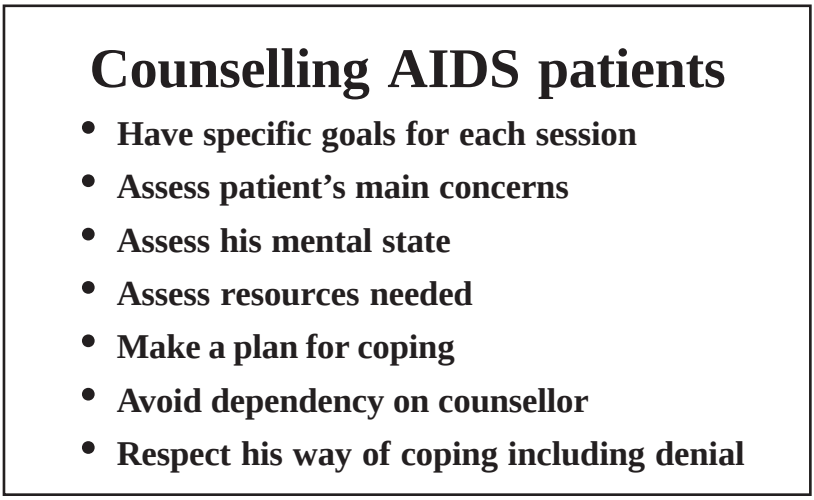
Assure the patient that his views have been heard, and that they will be taken seriously as you discuss together any actions that may need to be taken.

It is important at this stage to identify the patient's ways of coping. One method of coping could be denial. David was in denial that AIDS could affect him and so put himself at risk of HIV infection.

Denial can be frustrating for the counsellor, as little can be done if the patient considers that there is no problem. Some may even deny that they are HIV positive or suffering with AIDS. However, denial must be seen as a valid coping mechanism and not something to be broken down before the client is ready to do so. Always remember that underneath denial is fear, and also lack of trust. You have to earn the patients trust before he will talk to you about his problems.

Another way of coping is drinking. Alcohol, when used to block out current problems, can cause tension in any relationship. This is where other ways of coping are needed. A regular appointment to "talk things over" along with professional guidance, could help the patient to stop over indulging in alcohol.

The aim of the counselling is to enable the client to manage his own life again. In AIDS counselling this is not always possible because of changing needs as the disease progresses. However much can be achieved towards this aim thereby giving the patient back a sense of autonomy and self worth.



Slide 3

Counselling AIDS patients

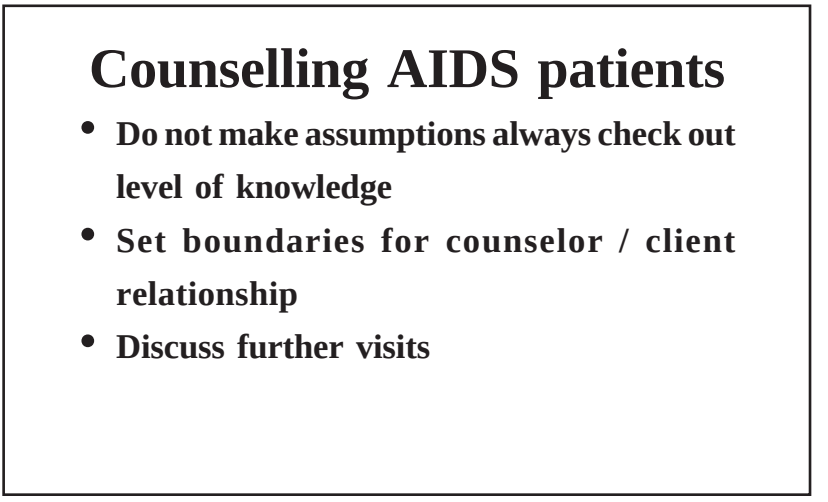
A counselling programme should have goals for each session, although they must never take priority above the needs expressed by the patient. All counsellors should meet regularly with an experienced supervisor where such plans and the progress made can be monitored.

What were David's concerns? Were there resources available to help? Someone to listen and hear his concerns about Alice and the children. Does he need a visit from the pastor to talk about dying & eternal life. Could you arrange for a friend to visit from his village.

Assess the patient's mental state. Is he anxious and talking with rapid speech? Is he restless & unable to keep still? Or is he depressed and not talking? Is he a possible suicide risk? At the end of each session we should ask ourselves the question. Is he safe to go home alone? Perhaps a friend could take him home that day.

People with AIDS will have many problems. You as the counsellor cannot solve them all. Avoid the client being dependant on you as the only one that understands him or can help him. Where possible involve family and friends, and local self help groups. Where necessary refer on for professional help

Assess his ways of coping and help him to plan how he will cope better in the future. David's plan to write a letter to Alice eased his anxiety so that he could sleep.



Slide 4

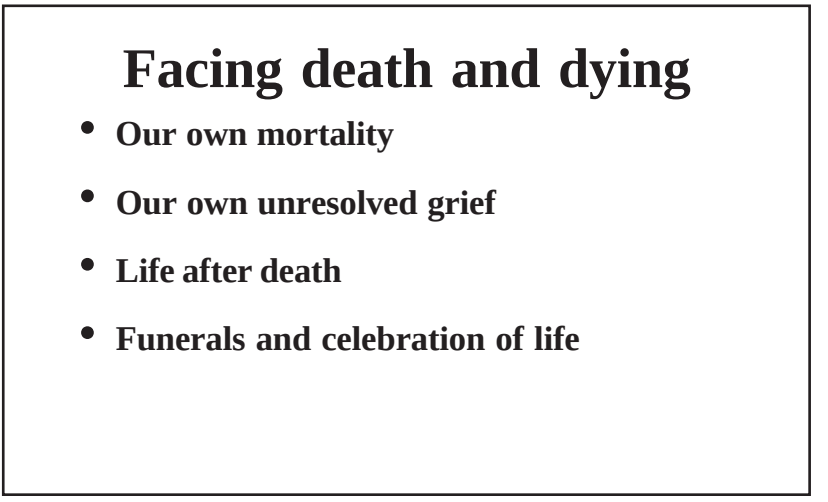
Counselling AIDS patients

It is important not to assume even the most basic level of knowledge about HIV/AIDS. Explain about methods of infection with HIV, and the window period, (see chapter 1 slide 4) and how a person is able to infect others before his own test reads positive. Understanding these things is essential to avoid putting others at risk.

David felt angry at the camp prostitutes for infecting him with HIV, but seemed not to realise that he too might have passed the infection on.

Boundaries should be set for the client/counsellor relationship. Help may be provided during set visit times, and perhaps by telephone, as can be arranged to suit. The aim is to help the client to make his own decisions. To tell him what to do puts him in the position of a child rather than that of an adult able to run his own life. It also creates dependency on the counsellor.

At the end of a session it is good to review the issues talked about, especially those that are relevant to the week ahead. Remind the client of any decisions taken and tasks to be done before the next counselling session. Check the client's ability to cope and arrange for any extra support necessary (e.g. medical appointment, peer support, family, church and prayer support).



Slide 5

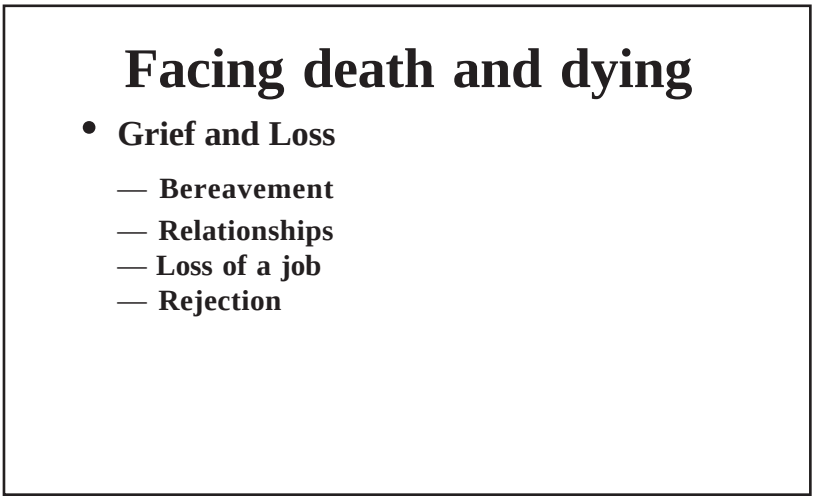
Facing our own mortality

Working with those with AIDS forces us to face our own mortality. We cannot help someone cope with death and dying until we too have thought through, and in some measure experienced, the issues for ourselves. Into this comes our own fear of death and our own unresolved grief. Perhaps we have been bereaved in the past and never acknowledged or dealt with the pain. This must be faced before we can be of help to others.

Encourage the patient to express his fears and hopes for the future. David needed to express his fears about death and what happens after death. He wanted to hear about eternal life. He needed someone to listen with compassion and just "be there" for him. How David needed the church!

You and I are the church! There are many David's out there. We must not fail them! A terminal diagnosis can bring back unresolved feelings of rejection, grief, and loss felt in the past, even as a child. These must be understood and ministered into as a part of the total care.

Funeral customs are very important to us all and we need to understand how they may alter according to different cultures and religions, so that we can enable relatives to grieve in a way most helpful to them.



Slide 6

Facing death and dying

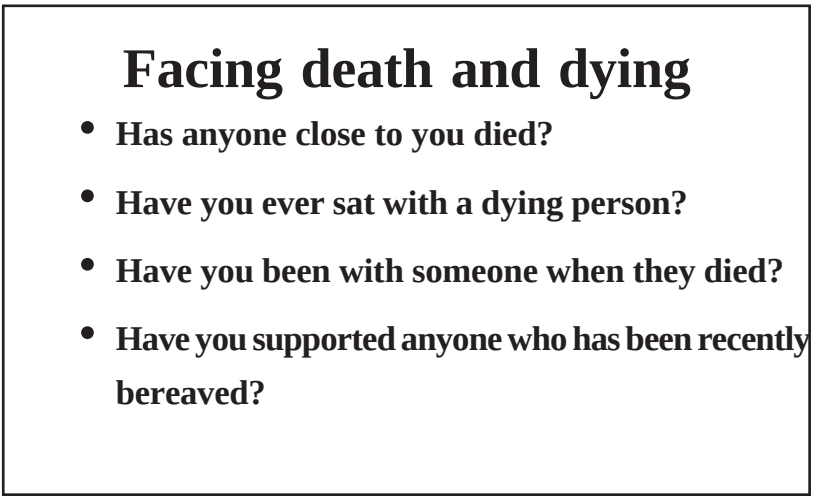
We all face grief and loss in many ways throughout our life but perhaps the way that effects us most is in bereavement. The loss of someone close to us can be very hard to bear.

Many of our patients have had to cope with many such losses (see chapter1, slide 6) over a very short space of time as members of their family and friends die with AIDS. The effect of such multiple bereavements has yet to be properly understood, especially on the children. Often, when a patient's own death comes near, all the other bereavements become very real to him once more.

We must remember that the patient too is bereaved. He is bereaved for his own life that seems to have been rudely taken away from him. He feels grief and loss for all the things that he had wanted to do with his life – the loss of his future, the loss of seeing his children grow up, of grandchildren maybe.

David felt very keenly the loss of his family and children, maybe even the chance of grandchildren sometime in the future. All of a sudden his life had been cut short and he was ill prepared for the effect of it all.

When close friends and family can be open with one another, and share together this deep sense of loss, much healing can take place for both. When grief is worked through together by those dying and their families, much pain is assuaged and healing comes. When this can be done the context of Christian love and the Christian hope of eternal life, tears can indeed be turned into joy.



Slide 7

Facing death and dying

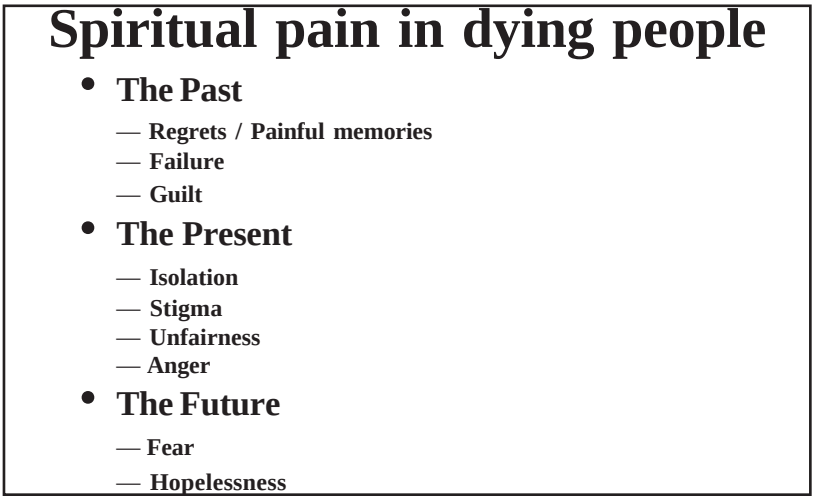
This slide can be used to involve the class in sharing their own experiences of personal bereavement, and of caring for the dying and their families. There may be those who have never shared in this way before and may be very tearful. The class should be a safe place for such sharing to take place.

It would be good to offer counselling and prayer if appropriate.

Do remember that it is not ideal for anyone who has been recently bereaved to be involved in caring for the dying and their families. We must allow people to grieve and come to terms with their own loss before being asked to help others. Some will offer to be involved before they are through their own bereavement, and then find that their own pain makes it impossible to provide the patient care that is needed.

Ask the class to identify which offers of help have been most appreciated by themselves as a bereaved person, or by others.

One of our carers was told by a patient that he really appreciated the fact that she just sat with him without trying to make conversation. All the while this carer had been feeling inadequate because she couldn't think of anything to say.



Slide 8

Spiritual pain in dying people

As we learn more about pain we realise that it has many components. These include physical, emotional, and spiritual pain. We are looking here at spiritual pain. Spiritual pain in sick people can be severe and can express itself in emotional or even physical pain in the dying. Many of these issues of spiritual pain are seen in the story of David and Alice.

The three areas of spiritual pain are, the past, the present and the future.

Spiritual pain regarding the past includes regrets, painful memories, guilt and failure. We all have things in the past that we wish we had done differently. These things have to be faced, guilt explored, amends made and forgiveness received if we are going to be free to move on (see chapter 9, The Journey of Forgiveness). The same applies to the dying person. It becomes a matter of urgency that these issues be addressed if the person is to be at peace.

Spiritual pain about the present includes the experience of stigma, isolation, unfairness and anger (see chapter 1, slides 1, 5 & 6). Anger about HIV? Anger against the person who passed the sickness on? For the patient it is important to be able to reach the point of releasing forgiveness to well as receiving it. When anger is strong this is a very hard thing to do (see slide 9).

Spiritual pain about the future includes fear of dying and fear of what happens after death (see slides 12-16). There is often a sense of hopelessness. Like the anger, these things need to be expressed. Sometimes a priest is needed to pronounce forgiveness and to enable a patient to die at peace with God and with those around him.

Slide 9

Dealing with anger

Anger is a natural response to being told he/she is HIV positive (see chapter 1, slide5). It is how we deal with anger that is important. There are three ways of dealing with anger.

acknowledging it,
displacing it,
and suppressing it.

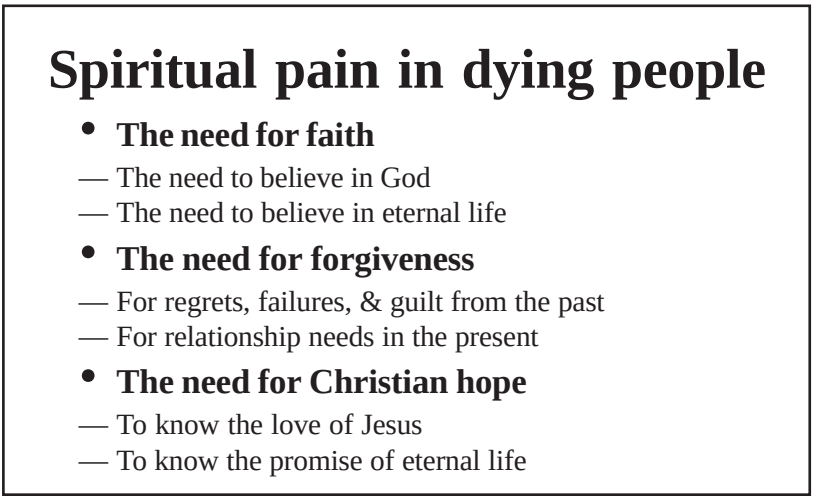
David may have been doing all three. He felt anger towards the camp girls (acknowledged anger) he was blaming himself and partly rightly so (displaced anger) and he was certainly depressed (suppressed anger).

The healthy way to deal with anger is to acknowledge it, talk about the issues, and share how you feel. For the Christian bringing anger to the cross of Jesus and releasing it to him, brings peace where there had been turmoil.

Displaced anger causes much strife to those around the patient, who often find that his anger comes out at them when he is really angry about having HIV. The patient can alienate family, get angry with professionals, or start blaming God for his problems. Some patients blame themselves saying, "I deserve to be critically ill. I deserve to die."

Identifying when anger is being displaced can help us to understand the whole situation and to treat the underlying issues not just the surface conflicts.

Suppressed anger can be very upsetting for the patient. It as can be a cause for depression and, in some cases, psychosomatic illnesses. Sometimes, symptoms thought to be caused by the HIV, can be cured, by dealing with the suppressed anger.



Slide 10

Spiritual pain in dying people

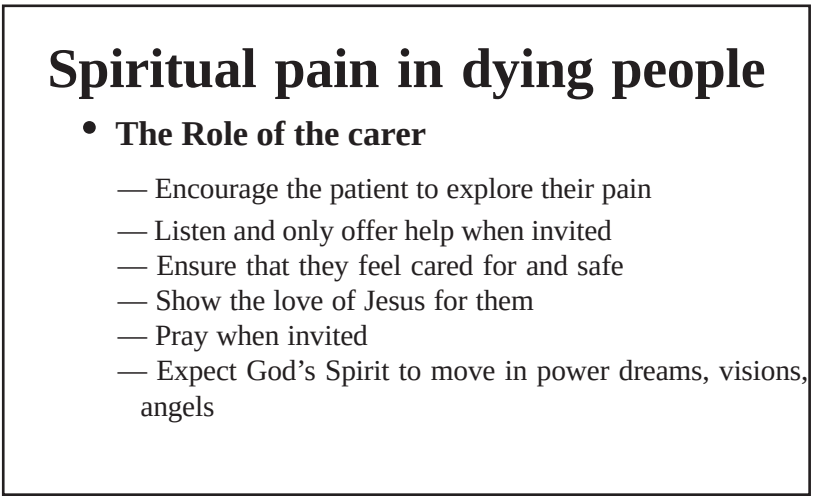
In the area of spiritual pain we find three basic spiritual needs. The need for faith; the need for forgiveness; and the need for Christian hope.

The need for faith surfaces as the illness progresses, and questions are asked about what happens after death, (if there is a God will he be angry with me?) and about eternal life. David was asking these questions. There is often a deep-seated need to believe in God and in eternal life

We have talked about the need for forgiveness (slide 8) .For dying people who wish to feel peaceful about mistakes from the past, and difficulties in the present, forgiving others and receiving forgiveness is the key. (see chapter 9, - The journey of Forgiveness). David was desperate for Alice to know the truth and to release forgiveness to him,

David was also longing for a knowledge of God, his son Jesus, and the hope of eternal life. Yes, he would talk to the pastor. He would tell him about these things

Reply to questions honestly. Personal testimony is very powerful. Pray if asked. Sometimes a priest is needed to pronounce forgiveness and so enable the patient to die in peace.



Slide 11

Spiritual pain in dying people

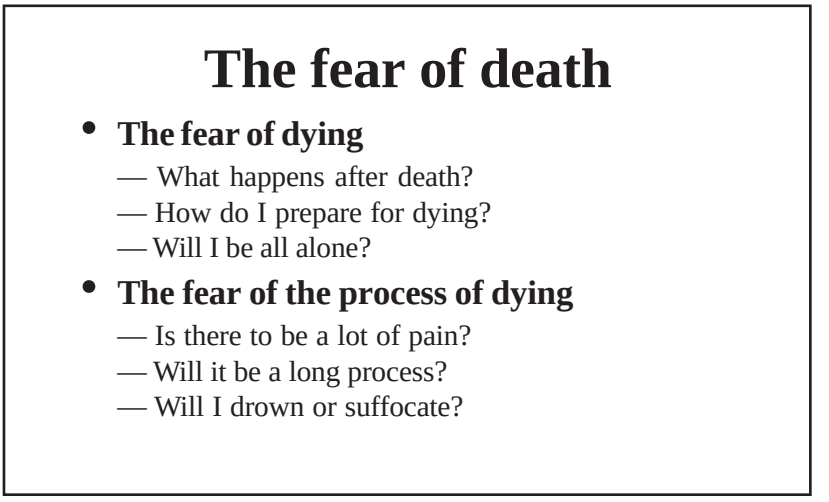
Remember it s always a privilege to be present when someone is dying.

The role of the carer is to ensure that the patient feels safe and that his physical needs are met at all times (mouth care, bed sores, medication). When family or friends arrive, a carer's job is to fade into the background unless they ask you to stay,

Emotional and spiritual support is usually provided by close family or friends, (including the local church family). However there are occasions when a carer may find himself providing physical, emotional and spiritual care.

In our story it looks unlikely that anyone would be there for David when he died, unless his wife or other family came when Alice received the letter. Perhaps the first they would know about it would be the news of his death. In cases such as these, where possible, care should be provided until death. It is so sad to die alone when there are those who have been called to care!

Listening may be all that is required, but a few well-placed questions may be needed to encourage someone to release their pain. Hold them, pray for them, and expect God's Spirit to move in power. Dying people often dream dreams, see visions, or see angels, and get glimpses of heaven!



Slide 12

The fear of death

The fear of death can be divided into two categories - fear of the process of death, and fear of dying. In many cases, and perhaps for David, it was both.

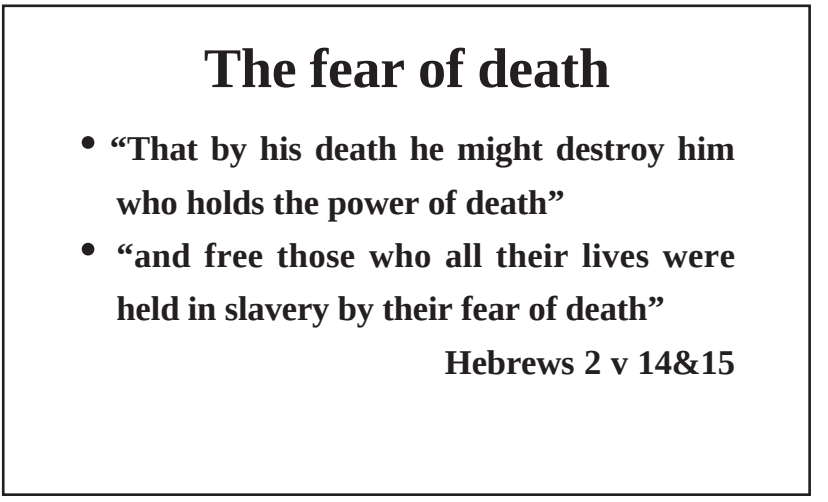
Fear of the process of death is mainly an education and medical care issue. The patient needs access to good medical care with adequate pain control.

The fear of dying brings up questions about what happens after death, about eternal life, and about heaven. Only one person has come back from the dead and that is Jesus, so we need to go to the bible and see what he says about it (slides 14-16).

Scripture is very powerful when it speaks of death.

Jesus broke the power of death when he died on the Cross and rose again.
Jesus tells us not to be afraid.
Jesus tells us there will be no death or mourning or crying or pain.
He will wipe away the tears from every eye in the New Jerusalem.

Sometimes powerful prayer ministry is needed to break the fear of death.



Slide 13

Fear of death

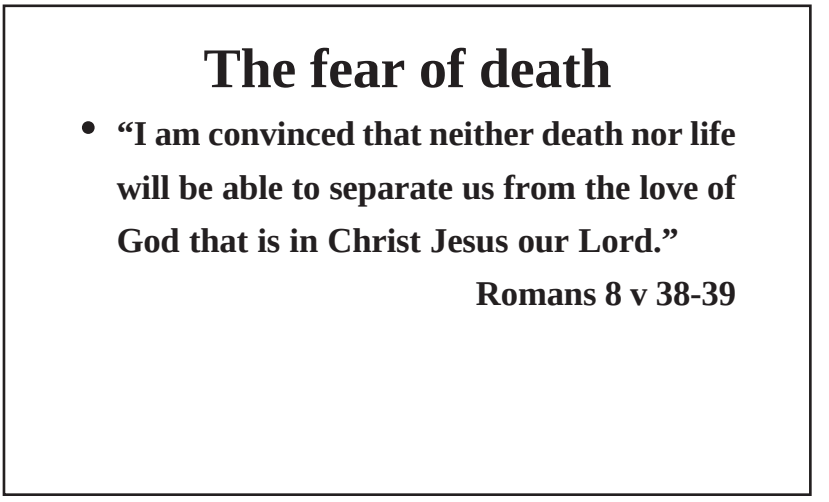
The epistle to the Hebrews tells us that Jesus became a man so that by his death he could break the power of death and free those who had been held in slavery all their lives by their fear of death.

Are you afraid of death? Then this scripture is for you.

Read it,

believe it,

and let the truth set you free!



Slide 14

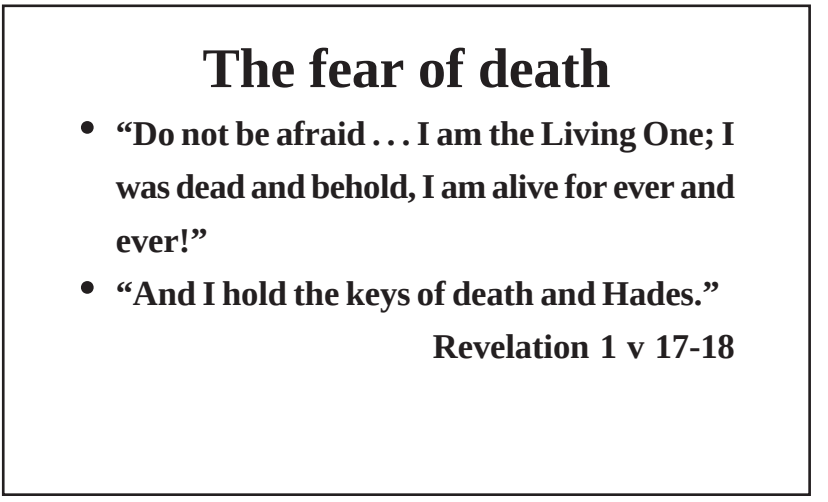
The fear of death

Paul writing in the epistle to the Romans tells us that neither death nor life, nor the present nor the future, nor any powers will be able to separate us from the love of God.

Don't be afraid of the future.

God has this tremendous love for us

Nothing in the past, present, or the future, can separate us from his love.



Slide 15

Fear of death

John, writing in Revelation, gives us the words of Jesus, telling us not to be afraid because he was dead and now is alive for ever and ever.

Is this You?

Do not to be afraid.

Jesus was dead and is alive again for ever.

He holds the keys to death & Hades.

The fear of death

- **"There will be no more death or crying or pain, for the old order of things has passed away." Revelation 21 v 4**
- **"This day, I have set before you life and death, now choose life, so that you and your children may live**

Deut. 30 v 19

Slide 16

Fear of death

The book of Revelation tells us that there will be no more death or mourning or crying or pain. The old order of things has passed away.

The power of death has been broken.

The hold that it had on us is gone for ever.

We have been set free to be able to choose.

God has set before us life and death.

Choose life! Give your heart to Jesus today!

(We pray that David and many others like him will have done just that!)

CHAPTER 7

AM I, AREN'T I?

(Why test for HIV?)

WHY TEST?

The Story

Sarah was very upset. She had been so delighted when she had received the invitation to the World AIDS Conference in New York. She had longed to be able to go to such a conference during those long months, it seemed like years, when she had been struggling to set up the charity for People with AIDS. It had been so difficult at the beginning. There had been so much need and so little funding to do anything about it.

She remembered well that first night when this tiny bundle of bones, so it seemed to her, was left on her doorstep. She carried it inside and discovered a young child barely alive. She had large tragic eyes almost brimming with tears in a white skull like face. It was a look that she had learned later to associate with children dying with AIDS.

It was those eyes that held her. They followed her every move as she gently bathed this wizened baby, wrapped her in a soft blanket and tried to feed her some milk. There was very little that Sarah could do except hold this tiny bundle in her arms and rock her gently off to sleep.

But there wasn't much sleep that night, either for Sarah or the child. She seemed to be in pain but she didn't cry much, just whimpered and gazed up into Sarah's face. She died in the early hours of the morning, and Sarah made up her mind there and then to do something, anything, to help prevent such a tragedy happening again.

This had been the beginning. It had been a long hard struggle setting up the charity, but now there was a Day Care centre for children, a Drop- in for adults, and even a mobile clinic that went out to the villages providing food and medical care for those unable to get to the clinics in the town. They were almost self sufficient now for the Income Generating projects had been put in place right at the beginning.

Of course they still needed funding for the mobile clinic. Medicines were so expensive and Anti Retro Viral Therapy would be out of their reach if it wasn't for funds from UNAIDS. Help from their own government was still a far off dream. Yes there was lots of talk about ARV's being provided free to all those who needed them but it just didn't seem to happen like that.

Then out of the blue came the invitation to New York. If only she could go, perhaps she could find more funding for the project. When she told how desperate things were here people would be willing to provide money to help. But of course she couldn't go because of the cost. The airfares alone were more than most people saw in a year or even more. It was impossible, but oh, how she wanted to go! It would be her dream coming true.

Then, unexpectedly, came the offer of not only a free place at the conference, but also funding to cover airfares and accommodation. She was so excited. Yes, maybe she could go after all. She was a little bit afraid. She had never been on an aircraft. She had never been out of her own country. How was she going to manage in America on her own? But it didn't put her off. She was going to the Conference. She was going to New York! Hurriedly she filled in the application forms and sent them off to America. Nothing would stop her now!

Then the envelope arrived - the long white official envelope stopping her (and many others) from entering the USA. She had only had the HIV test last month. She was normally very healthy but had been feeling low of late and knew that a few years ago, before she had started this work with people with HIV/AIDS, she may have been at risk of catching HIV.

It was when she was at high school. There were teachers there who demanded sex with the prettier girls before they would give them a pass mark in their exams. It was wrong, but it happened in many schools, and Sarah like many others felt she had no choice. Sleep with your teacher or fail your exams. She slept with him not knowing that HIV was rife among the teaching staff of many schools and colleges.

That was before they started dying. Now, secondary education, and even primary schools in some areas, were struggling to cope with so many teachers ill and dying with AIDS. The education so highly valued by so many young people was becoming a thing of the past.

At first she was afraid to be tested but the wisdom of early treatment and the promise of Anti Retro Viral drugs, eventually won over the fear. The result just last month came back positive. How she wished now that she had waited a little bit longer, but no one had explained what the consequences of a positive test might be.

She wasn't even counselled, she now thought bitterly, or helped to adjust to this massive change in her life. And it was a massive change. Everything, all her priorities, even her work in the charity changed. Could she go on helping others with HIV when she knew that she had it too, and may well suffer as they are suffering sometime in the future?

So far she had kept it quiet, but that was only because of giving a false name at the clinic. What would happen when it got out as it surely would one day? Would she lose her home and her standing in the community? She could hear them now " We thought she was wonderful, helping others, but it was only because she is "one of them"?

Now she was barred from the Conference in New York. First anger and then despair began to stir inside her. Anger, that she could be regarded as a threat to those in America. Did they really think that she was going to pass on HIV in the ten days or so she would be there? Did they really think that she was promiscuous and ready to sleep with relative strangers? Or did they think that once inside the United States that she would simply disappear and not even go to the conference at all?

The anger was harsh like fire in her belly but the despair that followed it was no less real. Was there any hope for her now? Was her life, what there was left of it ,just going to disintegrate around her.

She had counselled others who were HIV positive, and now she remembered that many of them had felt this way at first. She had been hiding away from the positive result and pretending that it had never happened, but now this letter from New York had made her look at it again.

Yes, she needed to face up to issues. Her decisions now would affect the rest of her life. But it would take time. There was so much to think through. There were really important things to consider - things much more important than an AIDS conference, however much she had set her hopes on going. The conference would probably upset her now. She might be thinking all the time "This is going to happen to me!"

No, she could leave the conference behind, but her work was another thing. This might be the most important thing that she had ever done in her life. Maybe there would be a new direction in her work now. Perhaps those whom she was trying to help would be able to trust her more once they knew that she was positive too. Maybe now, and only now, could she truly relate to what they were going through because she was there too.

A small shudder went through her. It was hard even to think of these things, and it would take some time. Perhaps she needed to take time off from her work to get away for a while, to be by herself and to think, and even to pray. She did believe in God and if she had ever needed to pray this was the time.

Yes, she would see about it to day. They had a good staff here and she had been working hard of late; too hard some people had said. She would take some time and then come back to her work.

It was scary stuff but already she was aware of a strange sense of peace underneath it all, and there was that little spark of excitement and hope for what the future would bring.

The Issues

In Sarah's story we see played out for us many of the issues that surround HIV/AIDS. Wearied by the long months of setting up her charity work, the invitation to the World AIDS Conference in New York, seemed like all she had ever dreamed of. When she had the offer of a free place with expenses paid she couldn't get there fast enough. She was going to New York!

No entry to some countries if HIV+

Sarah did not expect to find that people who were HIV positive were not allowed into the USA even for the few days of the conference. It seemed unbelievable. The World AIDS Conference was being held in a country that refused entry to those who were HIV positive. Weren't they the most important delegates of all? Didn't those who lived daily with HIV have a right to have their say?

The need for pre and post-test counselling

Sarah had not had counselling either before or after her test. She had had no help to adjust to what was a massive change in her life, and she had not been told about the wider implications of having a test. She knew the obvious things of course, like the stigma that still attached itself to HIV, and the rejection that often followed even from family and friends. These things had made her afraid to be tested and forced her to put it off for so long. But no one had mentioned difficulty of entry into countries like the USA, or how to cope with the emotions of anger and despair that often follow a positive HIV test.

Anger (see chapter 6 slide 9)

Sarah had every right to feel angry and also to feel invaded. What had her HIV test to do with the United States Government anyway? They might say that they had a "need to know" in order to protect the health of their citizens, but from Sarah's point of view it was an invasion of her privacy.

Confidentiality

The lack of confidentiality worried her too She had given a false name at the clinic, but she felt that it was only a matter of time before her result was common knowledge. She was afraid that she might be rejected by her village and even evicted from her home.

Confidentiality and invasion of privacy are things that we must continue to educate people about. Both staff and clients need to know that these reports will remain confidential and that a persons privacy will be protected at all times.

Despair

In despair Sarah cried, "was there any hope for her now?" Here we become aware that Sarah might very well have become a very real suicide risk. A person without hope struggles with even the basic tasks of daily living and may well become suicidal.

The story here shows the desperate state of mind that many can be in after receiving a positive HIV test result.

We cannot emphasise too much both the need for trained volunteer and

professional counsellors to staff all clinics where HIV testing is offered, and also the need for a friend, someone simply to " be there" for you.

Let this be a call to the churches. You may not be able to be that trained counsellor but surely you can be a friend who loves and cares in Jesus' name.

The ethics of testing for HIV

The question of who benefits from the testing for HIV needs to be asked. It should be firstly for the benefit of the client, although public health planning statistics are for the benefit of large numbers of people (e.g. funding).

Should testing be compulsory or voluntary, and should written informed consent be required? Sarah was not given information about the possible consequences of an HIV test and therefore would not have been able to give "informed consent" to have the test done. These and other ethical questions are tackled in the slides and teaching notes in this chapter.

Reality and the need for hope

She was able to forget the Conference now. There were more important things to consider. The letter had forced her to face up to the issues around being HIV positive. She had much to think through and she needed time to do that, but already she was beginning to see that maybe she would be much more able to help those with HIV/AIDS now that she was positive herself.

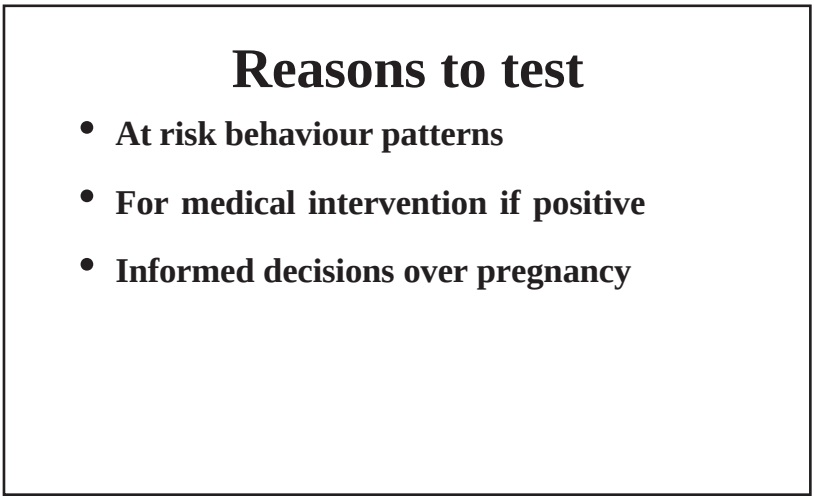
It was small comfort but somehow it gave her the beginnings of a warm glow inside. Her life was valuable after all.

Training and experience

In Sarah's case her own training and experience of helping those with HIV came to her aid. She remembered that others had felt the way she was feeling at first, and it came to her that she could truly relate to them for the first time, and to all others who were HIV positive.

Sarah's training and experience helped her through but there are others who are not able to come through this on their own. Sarah's story has highlighted many of the issues. There is much to be done. There are AIDS awareness seminars to run, counsellors to train, and Student Advisors to place in schools, colleges and universities, to prevent others paying the high price for their education that Sarah paid.

This comes down to you and me. In the following pages you will find overheads and teaching notes that tackle these issues. It is only by studying and teaching issues like these that we can make sure that other visionary young men and women, like Sarah, don't fall prey to the devastating disease of HIV/AIDS.



Slide 1

Reasons to test

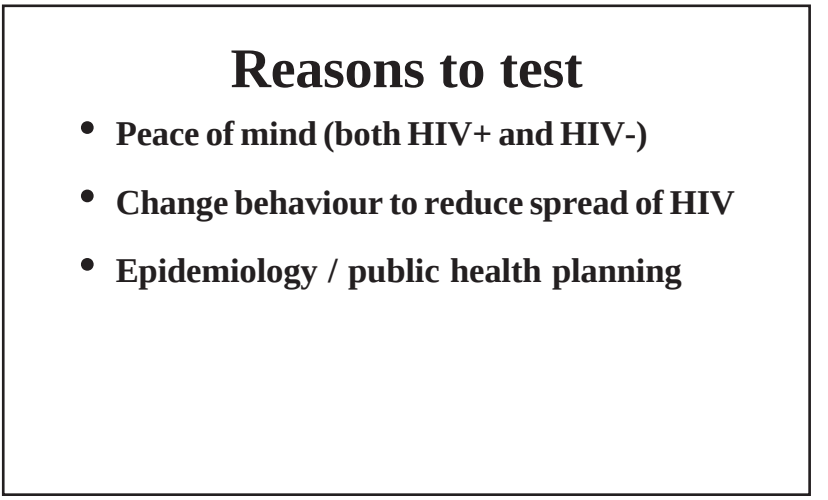
Before testing for HIV check that the client has been "at risk" Unnecessary testing wastes time and valuable reagents as well as causing unnecessary worry and distress. A promiscuous sexual lifestyle either of the client or their partner, or injecting drug use, are all areas considered to be at risk for HIV (see chapter 1, slide 2).

It is important to test for HIV so that early medical intervention can be put in place if the result is positive. Treatment with Anti Retro Viral drugs can postpone severe HIV disease if it is started early enough, while many opportunistic infections that can be fatal are treatable in the early stages.

In our story Sarah knew of an episode in her past that may have put her at risk of catching HIV. She also knew of the advantages of early treatment and this persuaded her to have the test done.

In the past women who were HIV positive were advised not to become pregnant. However even though pregnancy may hasten HIV disease in the mother, much can now be done to make the pregnancy safe for the baby.

ARV drugs when given to the mother during labour and to the newborn baby reduce the risk of the baby being born HIV positive from 30% to 3% (see slide5) As breast feeding is also a risk for infecting the baby with HIV, mothers who can provide safe sterile bottle feeds are encouraged to do so. Many positive women are very anxious to have a baby and these strong feelings must be taken into account when counselling those with HIV.



Slide 2

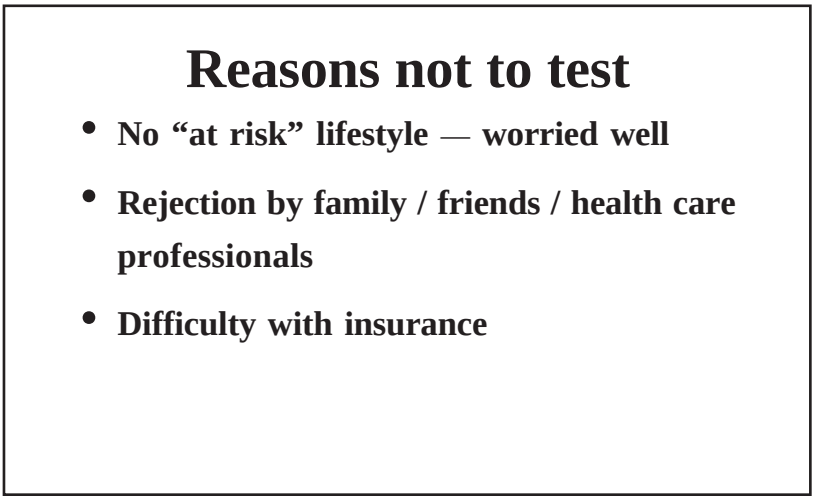
Reasons to test

While waiting for test results may be stressful it can be well worth it to know your HIV status. We can all imagine the relief that a negative HIV result gives, but it can also be a relief to hear of a positive result when someone has been worried about it for many months. At least now they can deal with it and make suitable plans for the future.

Once HIV is diagnosed there needs to be a real effort to change the behaviour patterns that resulted in the infection in the first place. This change could prevent a second infection with a different strain of HIV, which may be resistant to ARV drugs, and also prevent the client passing on HIV to others.

The need for Public Health Planning in this HIV pandemic is immense. If those who govern the country and share out the finances have insufficient evidence that HIV is endemic in their country then badly needed resources are not going to be made available to the people who need it most.

While providing statistics may seem, to some, a poor reason for testing, without them everyone will be the poorer. This is particularly important in HIV, where stigma has caused many Governments to hide their heads in the sand and deny that HIV/AIDS is a problem in their country.



Slide 3

Reasons for not testing

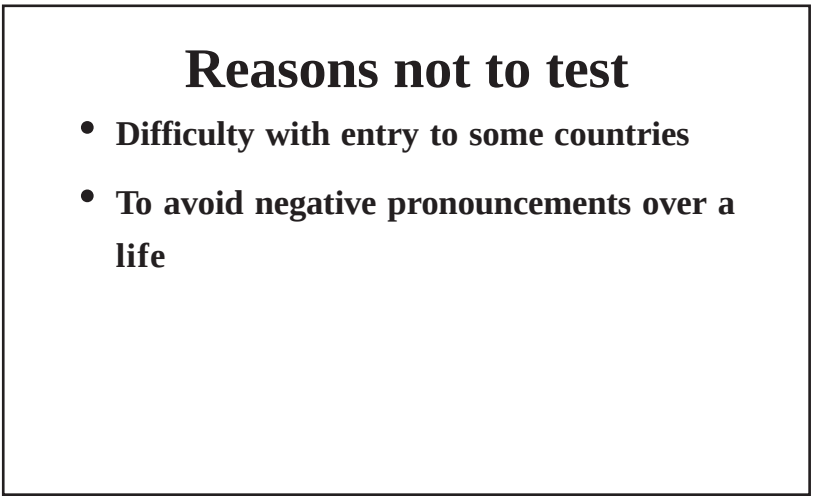
There is no need to test for HIV if the client has not been at risk of this disease. Sadly there will always be those who are convinced that they have HIV even though they have not been at risk. In these cases it may be necessary to test them but they will probably not believe the negative result. The reasons for this are complicated and they may need ongoing counselling help. We call them the "worried well."

Sometimes the fear that they have HIV is due to ignorance of the way HIV is transmitted from one person to another. In this case simple basic teaching about HIV will remove such fears (see chapter 1).

Sometimes a person or a family will not allow testing for HIV because they don't want to be labelled as having AIDS. This is because of a fear of rejection by their family, friends and maybe even the health care professionals. Sarah was afraid of rejection like this which can be very hurtful and is usually caused by ignorance of HIV and how it is spread (see chapter 1, slide 1; chapter 3, slide 2).

This happens even in Christian churches. We as Christians need to look again at how Jesus cared for those in need and how he told us to do likewise. It should be the churches setting the example about caring for the sick, and about breaking down prejudice and fear.

Some insurance companies will not give life insurance to those with HIV because their life expectancy is poor, while others will refuse even if the test is negative because the test being done indicates an "at risk" lifestyle.



Slide 4

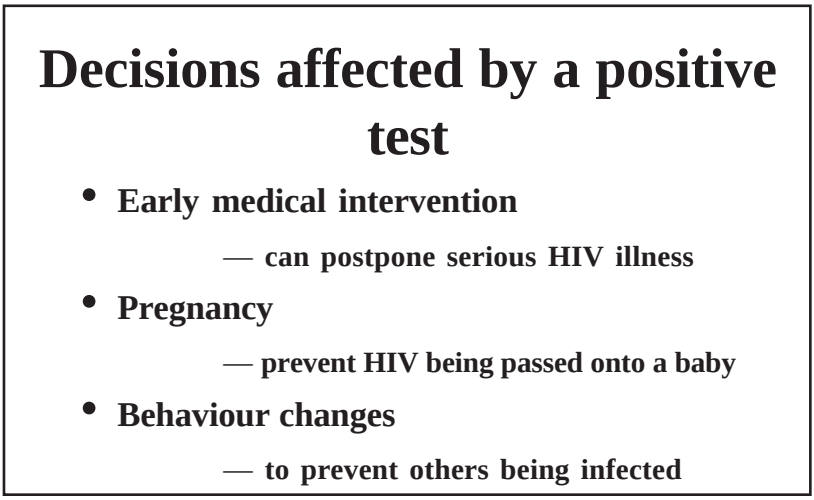
Reasons for not testing

Some countries, including the USA, refuse to grant a visa to those who are HIV positive, as Sarah in our story found out to her cost. Some may ask if an HIV test had ever been done As with the insurance companies, the question is one of " lifestyle." If the test has been done then the client must have been "at risk" in the past and may continue to be so in the future.

This can be seen as reasonable precautions to prevent entry to those that may make "unreasonable " demands on that country's health service in the future.

Sarah felt angry at the implied implication that she might pass on HIV to others while she was at the conference or even that she might stay in the USA and be a drain on their health services in the future.

When fighting a serious illness it can be helpful to concentrate on a positive outcome rather than a negative one. This approach has in some cases increased length of life even if only by a short time. Because AIDS has, as yet, no cure, a positive test for HIV can be seen as pronouncing a death sentence over a life, even though there may be many vital productive years of living to yet be done.



Slide 5

Decisions affected by a positive test

With the advancement being made in Anti Retroviral drugs there are many more choices for those who know they are HIV positive. Some of these drugs can be given before any symptoms appear and help to postpone the onset of serious HIV illness. For Sarah the possibility of ARV treatment convinced her to have the HIV test.

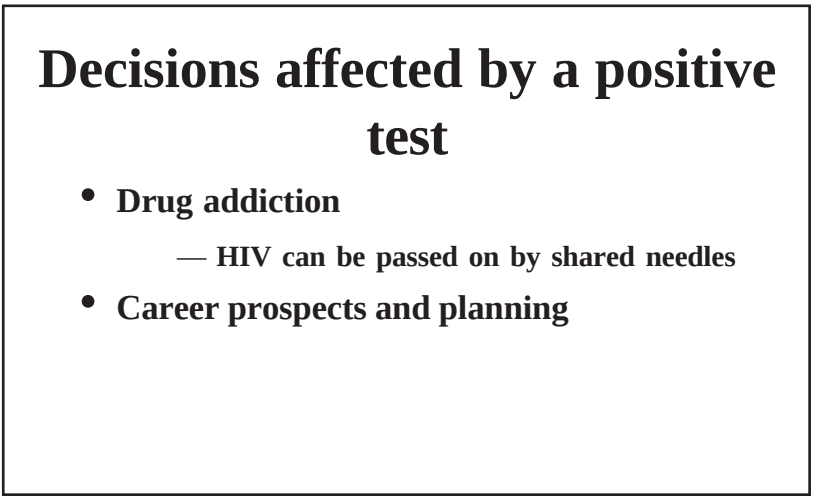
There is also the ability to look out for and treat opportunistic infections before they take firm hold and become a major problem.

When a woman who is HIV positive becomes pregnant there is the ability to greatly reduce (from 30% to 3%) the chances of that baby being born HIV positive (see chapter1, slide2). The mother is given a single dose of Nevirapine as she goes into labour, and the newborn child, a single dose within the first 24 hours.

These drugs are becoming more and more available in developing countries as major drug companies work together with Aid agencies and governments to lower the rate of the number of children born with HIV.

Some babies become HIV positive from their mother's milk (see slide 1). Bottle-feeding is recommended where facilities are available.

Once a person knows that they are HIV positive they need to make any lifestyle changes necessary to prevent infecting others, either through sexual activity, blood-to-blood contact, or mother to child transmission.



Slide 6

Decisions affected by a positive test

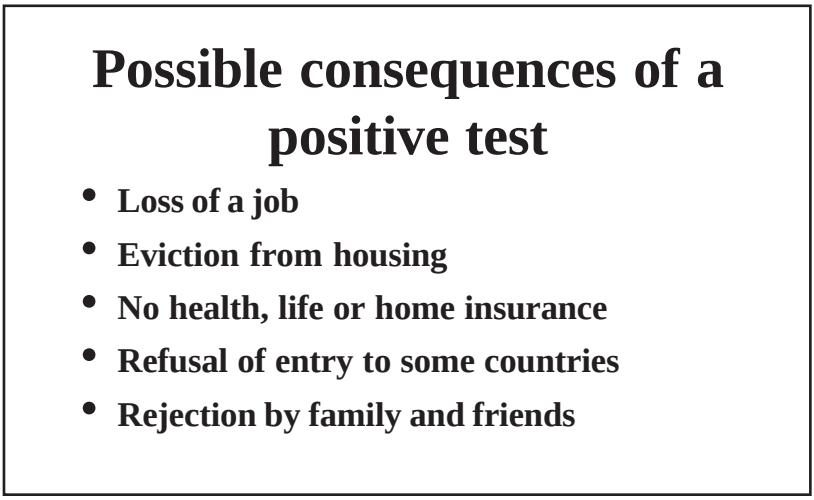
Sharing of needles, which is the norm in the drug scene and symbolises belonging, leaves a time bomb in the form of HIV for the next person to use that needle and syringe. Needle exchanges have very limited success in curbing the spread of HIV, as they will replace the needle for every user but not the shared syringe. Those who are positive, need to look carefully at any drug usage. Now may be the time to stop using drugs in order to protect others.

With the knowledge of being HIV positive comes the possibility of making wise decisions for the future. Such things as provision of care for the children need to be sorted out.

It may not be either practical of necessary to dedicate every waking hour to building a career. Now may be the time to reassess, and decide what is most important be it family, friends, hobbies or work. While many prefer to keep up their normal routine others may want to spend this time on other things.

Sarah needed time to think and pray about her work with the charity now that she was HIV positive. Would she keep thinking " this will happen to me too", or would her work be more helpful to others now that she really knew what they were going through.

For Sarah the fact that now she might be able to help others more, gave her peace and a spark of excitement and hope for what the future might hold.



Slide 7

Possible consequences of a positive test

The stigma that often surrounds HIV/AIDS have lead to appalling injustices in the past where people have lost their jobs and may have been evicted from their housing because of a positive HIV test (See chapter 1, slide 6 & chapter 8, slide 6 notes). Fear of AIDS due to ignorance of how HIV is transmitted is at the root of this.

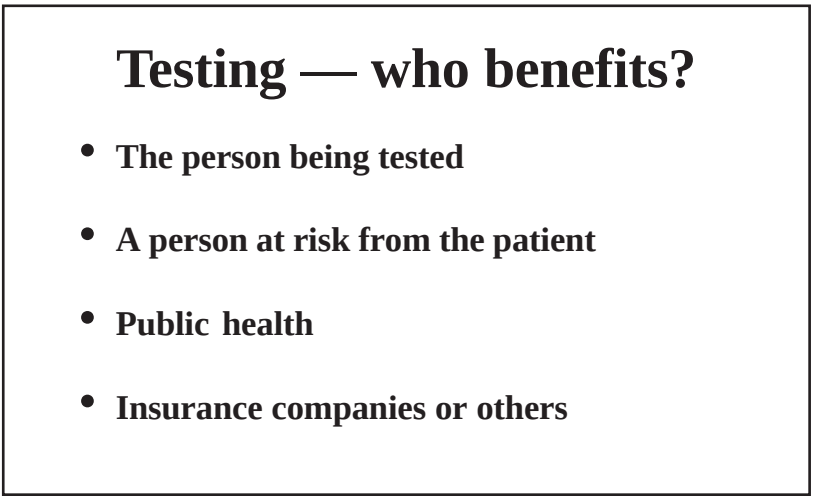
The answer is more education about HIV/AIDS in schools, youth groups, womens' groups and, dare I say it, churches. This should be an area where the church leads the way, as we care as Jesus would have us care, for those who are sick and in need. Church HIV support groups go a long way to help prevent such injustices.

As we have seen in slide 3, health and life insurance may be difficult to get, as insurers consider what may be large medical bills in the future.

Refusal of entry to some countries is due to fear of that person becoming a long-term drain on the health services in that country can provide (slide 4).

Rejection by family and friends (see above) should ease as more education raises the level of knowledge about HIV/AIDS in the general population. Sue in our story in chapter one was keen to teach AIDS awareness in schools so that others wouldn't make the same mistake she had.

All these things should be taken into consideration before going for an HIV test. Patients who cope most easily with HIV testing are those who already have the support of their family and friends.



Slide 8

Testing – who benefits?

The first person who should benefit from an HIV test should be the client.

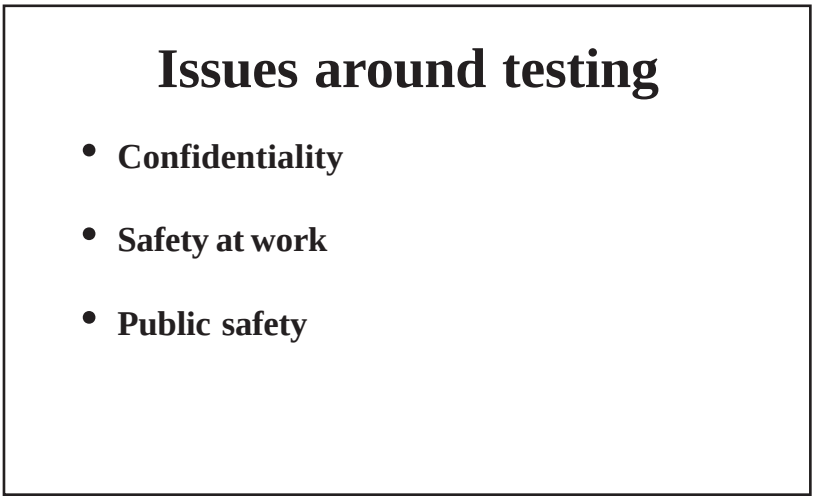
Others may benefit directly, such as partners who may be at risk of HIV being passed on through sex, and an unborn child when Anti Retro-Virals are able to reduce the risk of passing HIV on to the baby.

Once HIV is diagnosed surgeons can take precautions to prevent transmission during surgery or through contamination of the operating theatre. Where health care professionals are at risk due to needle stick injuries they are able to take preventative action.

Public health requirements mean that donated blood & organs for transplant must be tested for HIV. The donors have the choice as to whether they wish to be told their HIV result.

The most urgent public health requirement is for large scale testing to provide data to check the epidemiology or wider spread of the disease.

When an organisation asks about HIV testing it is usually for the benefit of that organisation and can even be to the detriment of the client. Insurance companies try to avoid large claims by refusing those who have an “at risk” lifestyle (i.e. have ever had a test) as well as those with a positive test result.



Slide 9

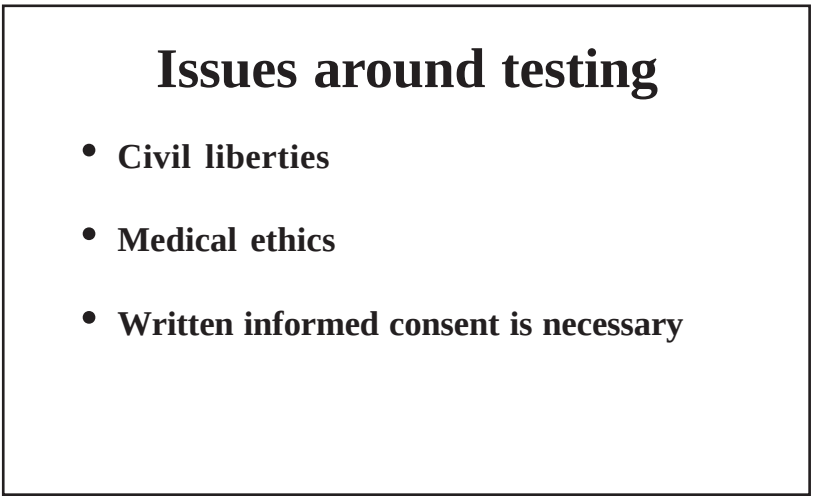
Issues around testing

Confidentiality is central to all HIV testing. "Who is going to see the result?" is the first ethical issue to be raised. In order to cope with this many in the past gave a false name. Others are given numbers that are known only to themselves and not to those doing the tests. In many cases now, with improved confidentiality, clients are happy to use their own name.

Sarah was sure that her result would soon be known, even though she had given a false name. She had very little trust that confidentiality would be kept, perhaps because she knew her village so well. She was fearful of stigma and rejection, and felt very vulnerable about it.

Safety at work and issues of public safety both involve the "need to know". If a fellow worker is concerned about a blood spill at work that might endanger him, then he has a legitimate need to know if his workmate is HIV positive.

However, if a teacher has a child with a nosebleed she might not need to know if that child is HIV positive. The answer here is to treat all nosebleeds as though they may be from an HIV positive child. This involves using gloves and a 1 in 20 dilution of household bleach to sterilise any blood spills. In this situation the teacher hasn't a legitimate need to know.



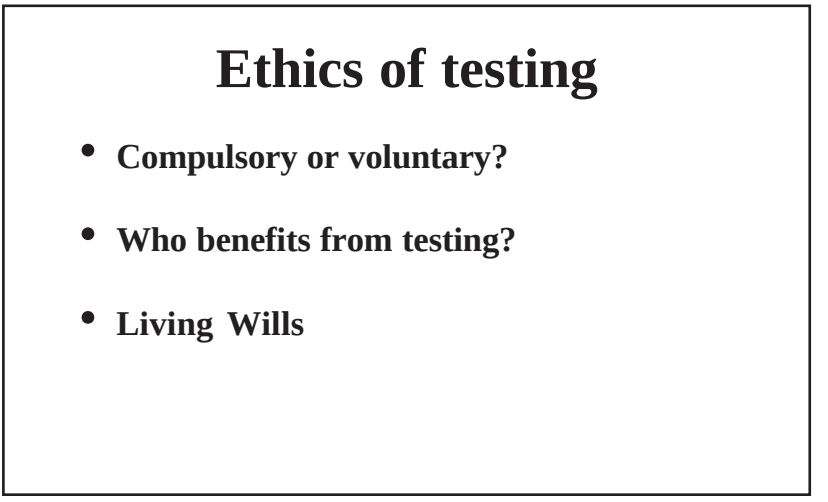
Slide 10

Issues around testing

Where there is an issue of confidentiality there is always an issue of civil liberties. Is the passing on of the information intruding on the rights of the individual to privacy? We need to be aware of these things.

Medical ethics says that the doctor or other health care professional must work for the benefit of the patient first and foremost. Other reasons for having an HIV test done must not come before the benefit of the test to the client. It is in order to protect such an ethic that in many countries written informed consent is required from the client before an HIV test is done.

This informed written consent is proof that the client had been told about the benefits and possible consequences of having an HIV test done, before consenting to it. Having a signed consent form similar to that required before surgery protects both doctor and client. The client benefits because he must have the issues explained to him before he will sign, and the doctor because the client cannot say afterwards that he did not know.



Slide 11

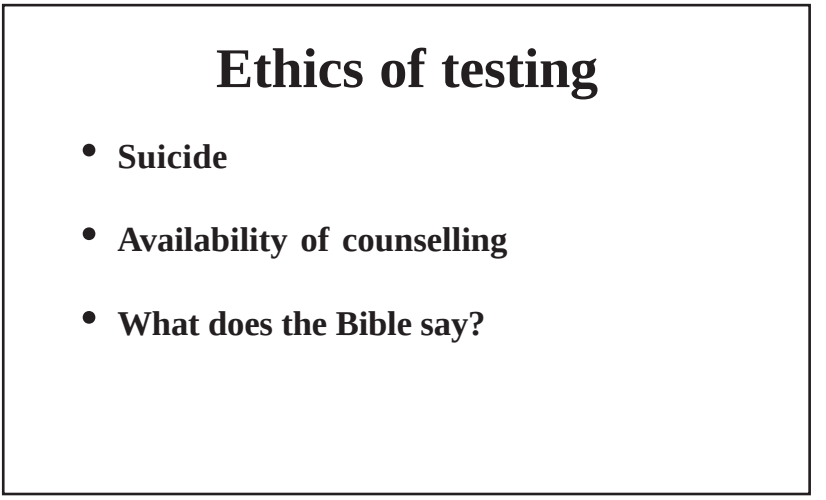
Ethics of testing

Some authorities are quick to urge compulsory testing of those estimated to be at risk so that they can assess how much HIV is in the area and how they can best provide the treatment needed. However the individuals concerned may be very unhappy at compulsory testing that they may not feel is necessary in their case. Others, unlike Sarah in our story, will not want to know if they are positive despite the benefits in care that could be provided.

Is it ethical to test for HIV if it is not firstly for the benefit of the individual concerned? Could a case be put for it if the results saved many people from becoming HIV positive or provided care for many more at their point of need? We need to keep our perspective here as we see that there are good points on both sides, and that these ethical problems are not easily solved.

Living wills are wills written for use when the person, while living, is no longer able to communicate fully with those around him. In these circumstances a living will can ask for euthanasia if the person becomes incapacitated to a certain (stated) degree.

We must be aware that some of those asking for euthanasia in a living will may change their mind when the time comes and find this difficult to communicate to those in charge of their care. Most terminally ill patients want good palliative care (death with dignity) rather than euthanasia.



Slide 12

Ethics of testing

When testing for HIV we need to be aware of the effect that the test result may have on the client. While there is no cure for AIDS, receiving a positive HIV test result is like receiving a death sentence, however far in the future that death may be. The availability of sympathetic informed counselling may be the one thing that can prevent someone who has just heard that he is HIV positive from committing suicide, and unnecessarily shortening his life.

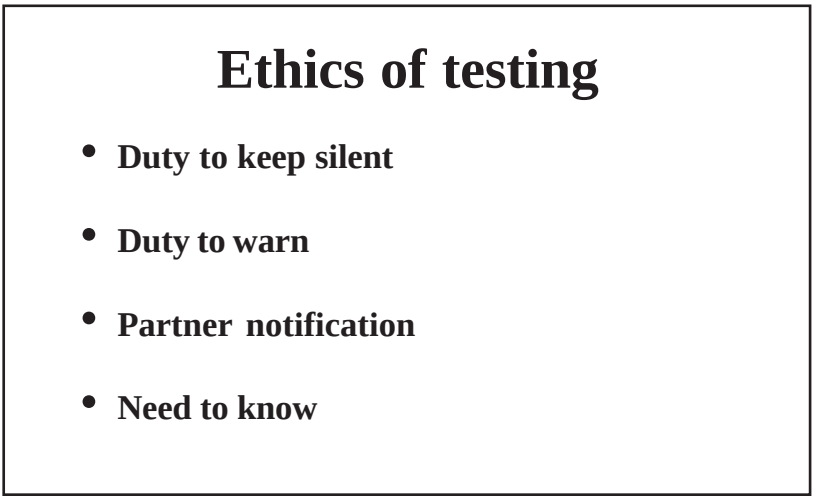
Make sure that the test result is not given on a day when there is no access to support staff, such as on a Friday afternoon when staff are not working at the weekend. AIDS is a terminal disease, but much can be done to postpone severe illness and perhaps a cure will be found in the future.

Sarah did not receive pre and post-test counselling and so she had her test done unprepared for what the result might mean in her life. On a practical level she had no idea that entry into USA to attend the conference might be refused. She also had no help to adjust to this dramatic change in her life. In the future she would hope to change this by providing HIV test counselling for others.

The counsellor also needs to "be there" for those who have no one to care, perhaps introducing them into a church family or a Christian support group, where they know that they are loved by us, and loved by God.

Jesus said, "Love each other as I have loved you." John 15 v 12.

Let us love those with HIV as Jesus loves them and loves us.



Slide 13

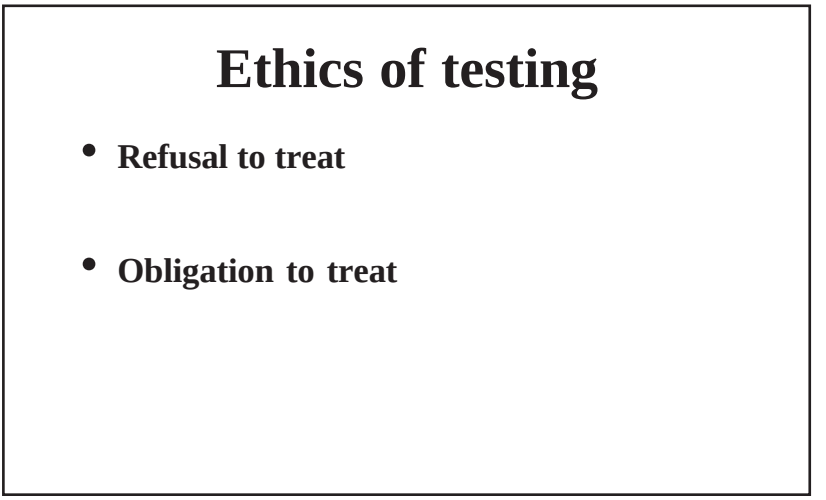
Ethics of testing

For all of us working with clients the duty to keep silent is found in the concept of confidentiality. Private information must not be divulged about any client with out their prior consent. The HIV test result is confidential.

However this right to confidentiality can sometimes be in conflict to the duty to warn. If a doctor knows that a man who's wife is pregnant, is HIV positive he may feel a duty to warn firstly the man, and if necessary the wife, that HIV can be transmitted from the mother to the child during pregnancy, or delivery of the baby. This risk can be greatly reduced by anti retroviral drugs being given during labour and to the child in the first 24 hours of life.

The similar situation is found in the need to warn partners of those who are HIV positive and in a sexual relationship. Many people on discovering they are HIV positive are willing to contact present and previous sexual partners, but others may not be, thus endangering a widening group of sexual contacts. In some countries it is now a criminal offence to risk infecting someone without that person knowing that their partner is HIV positive.

The "need to know" is a good maxim to go by in divulging personal information such as this (see slide 9). If all accidents in a school playground are cleaned up using gloves and sterile techniques then there is no need to know which children if any are HIV positive.



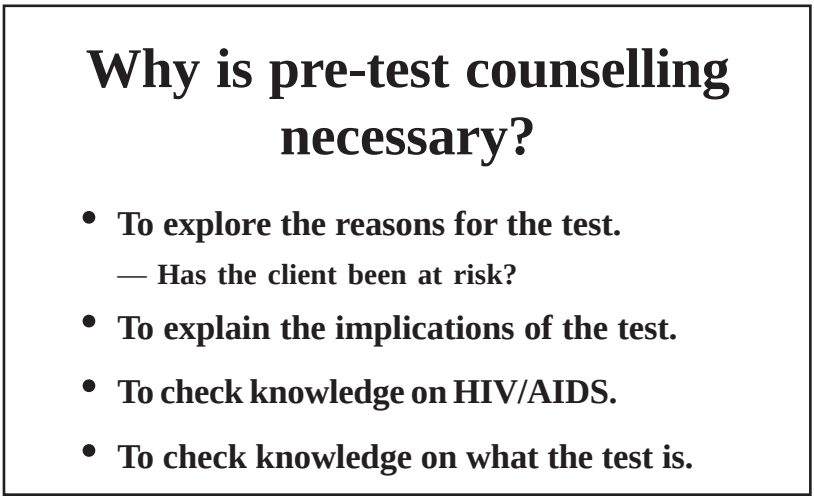
Slide 14

Ethics of testing

A doctor has an obligation to treat those who are ill under the Hippocratic oath taken by doctors at their graduation. This is common knowledge throughout the world. However there could be a case for refusing to treat if a doctor, nurse or other healthcare professional believed there to be a threat to their own health or safety in doing so, or if they felt that there was little or nothing that could be done to help or cure the patient.

In some parts of the world the fear of HIV/AIDS was such, that in many hospitals, nurses and other health workers would refuse to treat. This has been largely changed by the increasing knowledge about HIV/AIDS and how it is transmitted. In some areas where there are few beds for many patients HIV/AIDS patients may be refused admission unless there was something specific that could be done to help their condition. Unfortunately there have been many incidences of HIV patients being refused admission to crowded hospitals even if they are very ill or dying.

We are reminded of Jesus when he said that the birds of the air had nests and the foxes have holes but the Son of man had nowhere to lay his head. Jesus understands those who have nowhere to go and he calls us, His Church to step into the gap for those with HIV/AIDS.



Slide 15

Why is pre test counselling necessary?

Pre test counselling is necessary to explore the reasons that someone has come for the test, to avoid unfounded concern over HIV infection, and unnecessary tests being performed. If the patient has not been at risk then there is no need to test for HIV.

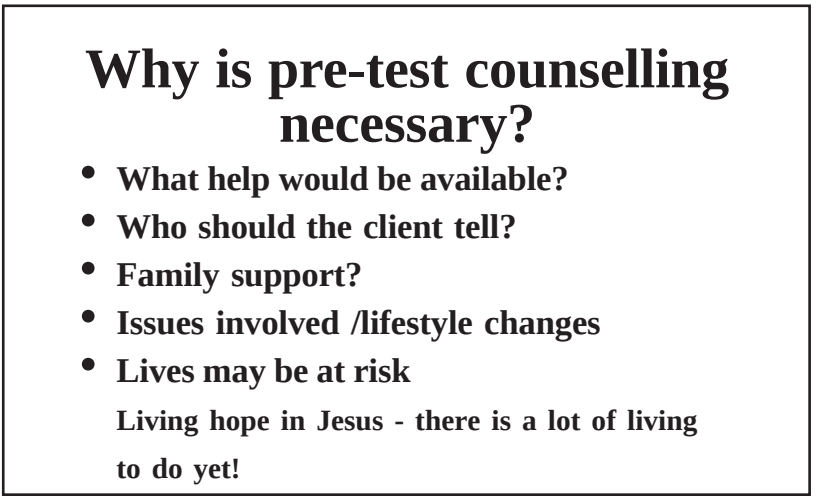
It is also a good opportunity to educate on the virus and how infection occurs, so that the client can then avoid "at risk" lifestyles and hopefully pass on the message so that others are prevented from getting HIV.

If there is a real need for the test then the implications of being tested should be explained to the client. Sarah did not understand all the implications of a positive test and so suffered rejection by the USA authorities.

Check that the patient knows that the test is for the antibodies to HIV not a test for the virus itself, and explain the window period. Let the patient know that if he tests positive there are drug therapy programmes available to control the HIV, and medication to treat opportunistic infections.

Because fear and stigma that still exist about HIV, it is important to discuss with the client who he should tell if the test was positive. Counselling before the test on this issue can help avoid much unnecessary distress later.

It would be also be a good time to suggest that he brings someone with him when he come for the result.



Slide 16

Pre test counselling

Pre test counselling can help the client prepare a plan of action should the test be positive. They need to have given thought as to whom they would tell and whom they would not tell. Fear and stigma are often present around HIV/AIDS and we need to plan accordingly. Families can be a wonderful support, but it is sometimes wise to pick your moment to break the news of HIV/AIDS.

Counselling support can be a lifeline here, encouraging the client and helping them to handle reactions that may occur. Families too may need access to counselling to help them through what is still a terminal illness.

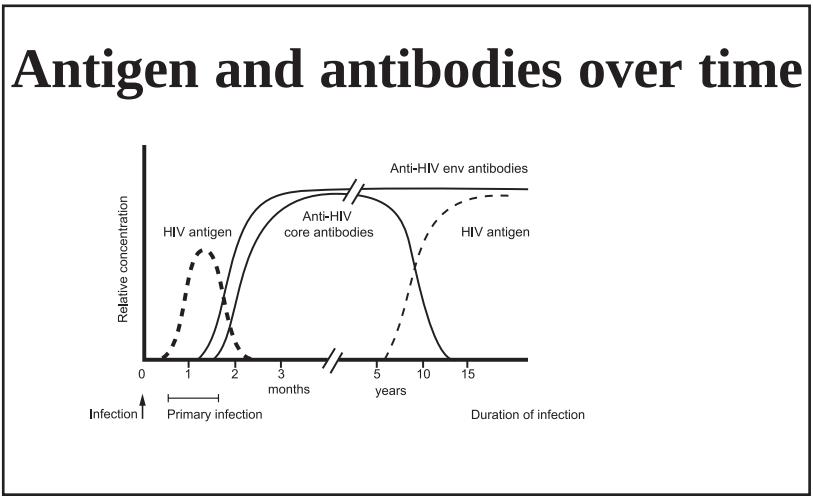
Life style changes may be necessary, even if the result is negative, to avoid needing to be tested again. The positive client must think of how he will avoid infecting others, and also whom he may have infected in the past. Many "significant others" may need to be tested because of one positive result.

In the past, there have been those who have tried to commit suicide when they hear that they are HIV positive .We must increase the availability of pre and post test counselling to prevent others reaching this level of distress. For those in despair we must rekindle a living hope in Jesus. He has a plan for our lives. There is a lot of living to do yet!

CHAPTER 7

APPENDIX

(The HIV TEST)



Slide 17

Antigens and antibodies for HIV

When talking about HIV "antigen," we mean the HIV virus, which is a substance that is foreign and life threatening to the human body.

When talking about "antibodies" to HIV we mean the antibodies formed by our body in response to the presence of the antigen – HIV virus.

The antibodies are formed by our body, in order to fight infection by the virus, i.e. the antibodies fight the antigen.

We can see this in the graph above. The dotted line for the virus (HIV antigen) shows a lot of virus present in the first two months of the person being infected. After this time (after the window period) the antibodies are forming to fight the virus. This results in the virus level dropping right down and the amount of antibody reaching high levels.

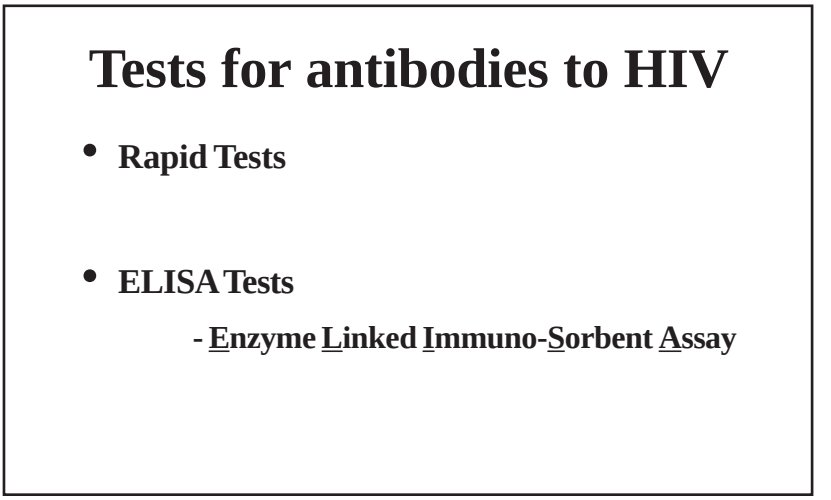
There are two groups of antibody represented in the above graph.

Antibodies to the envelope (outer) antigens. Anti-HIV env antibodies - (gp120, gp41).

Antibodies to the core (inner) antigens – anti-HIV core antibodies - (p24, p17).

It is as the antibodies eventually lose the fight with the virus that the level of antibodies falls, and the level of the antigen (virus) rises again. Now the patient is becoming ill and eventually will die of HIV related disease (AIDS).

We can therefore test either for the presence of the antibodies or the presence of the antigens, the virus itself. The antibody tests are relatively easy and cheap and are the most common tests used for detecting the presence of HIV. The antigen tests are more complex and more expensive.



Slide 18

Tests for antibodies to HIV

Rapid tests

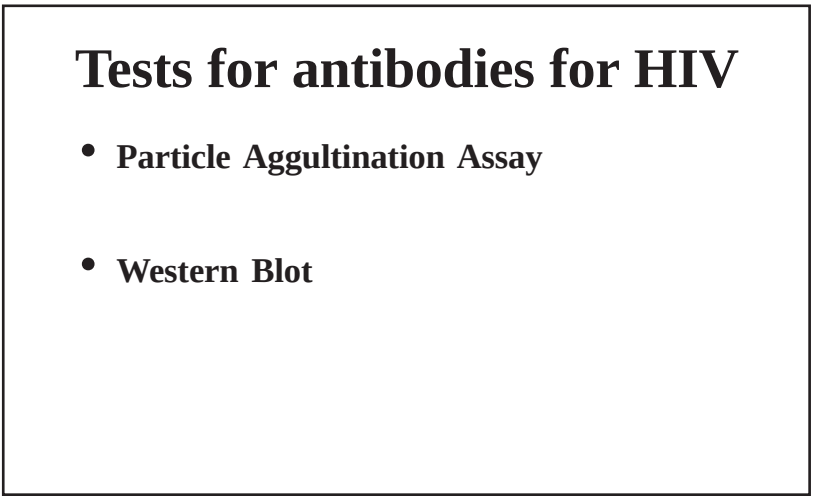
Rapid tests are easier to use than the ELISA and Western Blot and produce the result more quickly. As their accuracy improves they may turn out to be the diagnostic tool of the future

One class of rapid test is the Immunodot Assay. In this test the sample (urine or saliva) is placed on a test membrane that contains HIV antigen. Any HIV antibody present in the sample combines with the antigen in the membrane. This reaction is visualised to give a coloured spot where the antigen/antibody reaction took place. Two examples of Rapid Tests approved for use in the USA are - OraSure (saliva test) Sentinal (urine test).

Some of the difficulties around rapid tests for HIV antibodies centre around the lack of both pre test and post test counselling available at sites where the test kit is used, especially if the kits are sold directly to the public.

ELISA Tests

The two tests routinely used to detect HIV antibodies are the **ELISA Tests** and the **Western Blot**. The simplest form of the ELISA Test is the Antiglobulin Assay. The patient's serum is added to a well containing HIV Antigen. If antibodies to HIV are present they bind to the HIV Antigen. After washing an enzyme labelled antihuman immunoglobulin is added followed by a substrate for the enzyme, so producing a colour if the antibodies are present.



Slide 19

Particle agglutination assay

Agglutination assays are easier to perform than the classical ELISA. The HIV antigens are absorbed to red blood cells, or latex or gelatine beads, and the serum added and incubated at room temperature for two hours. If there are antibodies in the serum there will be a mat of agglutinated particles in the well indicating a positive result for HIV. No agglutination (i.e. a negative result) will show as sediment of particles in the centre of the well.

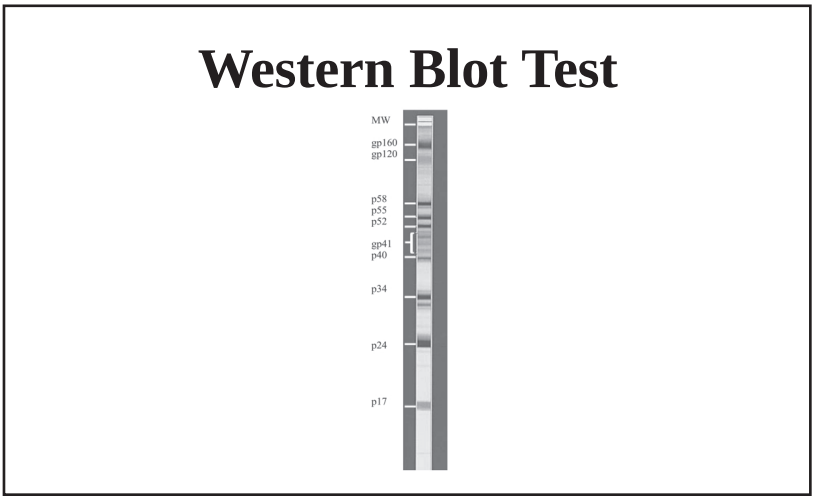
Western Blot test

HIV causes the formation of a number of antibodies, each one being specific to one part of the virus. The Western blot test distinguishes between the different antibodies.

This test uses a strip of cellulose membrane imbedded with different HIV proteins arranged according to their molecular weight. When the patient's serum is added to the membrane if HIV antibodies are present they will react with the viral protein antigens. Individual antibodies such as

gp120, gp41, p24, p17 (all of these are HIV protein antigens)

can be identified. The test gets its name by the way the viral proteins are "blotted" onto the membrane using electrophoresis.



Slide 20

Western Blot test

This (see above) is the cellulose membrane used for the Western Blot test.

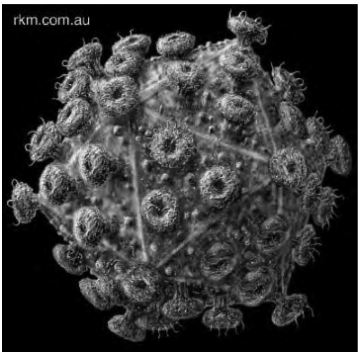
This test uses membrane strips that have several HIV antigens embedded in the strip. When a patients serum is added, if there are the antibodies to these antigens present in the serum they will react with the antigen to produce a visible line that can be seen on the strip – as above.

gp160, gp120, gp41, p24, p17, are all HIV antigens (see slides 22-25).

There are clear markings on this strip (above) to show that antibodies to gp160, gp 120 , gp41, p 24, and p17 are present in the patient.

This shows that the patient is HIV positive.

HIV Virus — external view



Slide 21

The HIV virus

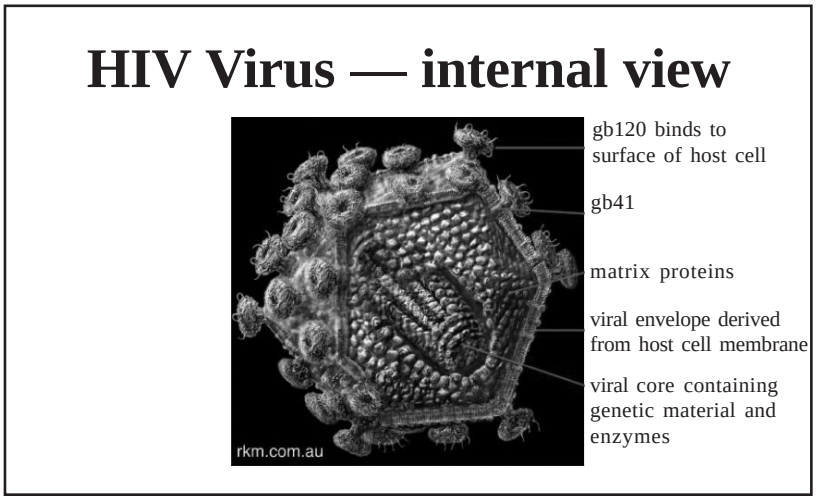
The picture above is a representation of the HIV virus.

The circular "knobs" on the surface of the virus are made of protein and contain glycoprotein 120, (gp120) one of the HIV virus antigens.

Gp 120 is the protein that binds to the surface of the B lymphocyte when the virus is about to enter and take over the cell, turning it into a factory for making millions more 'virus' and ending in the destruction of the lymphocyte.

The stalk, which holds the circular "knobs," is made of protein, including glycoprotein 41, (gp41) another of the HIV virus antigens.

Both of these HIV antigens can be identified via the membrane strip in a positive Western Blot test for HIV.



Slide 22

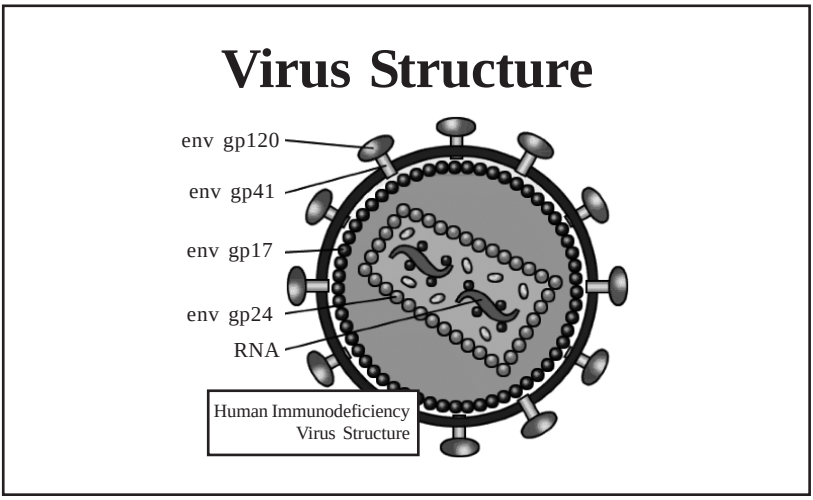
The HIV virus

In this picture representing the HIV virus, the outer coat of the virus has been cut away to show the structure inside the virus.

Once again we can see the circular "knobs" on the surface containing the gp120 antigen, and the protein stalk containing the gp41 antigen (see slide 23).

Inside the outer coat we have a matrix of proteins including, on the surface of the matrix, protein p17, another of the HIV virus antigens.

Inside the protein matrix there is the viral core containing the RNA genetic material and enzymes. Forming the surface of this viral core is the protein p24, the fourth of our HIV antigens mentioned in slide 19.



Slide 23

The HIV virus

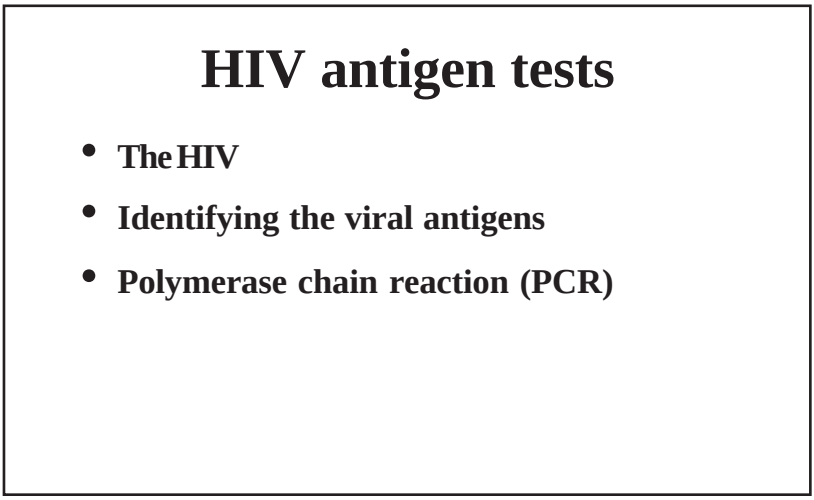
This diagram of the HIV virus shows the features mentioned in the previous slides. The four of the HIV antigens, gp120, gp 41, p17, p24, can all be clearly seen.

Although the tests usually used to identify infection with HIV are antibody tests, (i.e. testing for the antibodies formed by our bodies in response to the viral antigen) there are tests that can be used to detect the viral antigen itself.

These tests are more complicated and more expensive and so are only used when it is important to know of the HIV infection immediately rather than having to wait the three months, through the window period, until the antibodies will be present in the blood sample.

This antigen tests would be used for a sick baby who might be HIV positive.

See slide 24 for examples of the tests used for HIV antigen.



Slide 24

HIV antigen tests

The HIV virus is made up of a number of different parts each with its own protein structure. These include the outer envelope glycoprotein's gp120, & gp160, a trans-membrane glycoprotein gp41, and the viral core protein p24.

The **p24 antigen assay** measures the p24 antigen in the blood that is detectable earlier than HIV antibody during acute infection. It is associated with high levels of virus in the blood when the patient is highly infectious, When the antibodies become detectable the p24 antigen becomes undetectable.

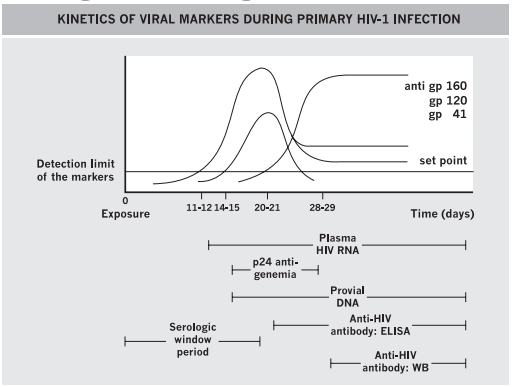
Detection of p24 antibody is specific for HIV infection.

Many tests for p24 antigen use the ELISA technology with modifications to detect antigen rather than antibody.

Polymerase chain reaction (PCR)

HIV infected lymphocytes may contain viral DNA for long periods during a latent stage in the infection. Viral DNA can be detected by the Polymerase Chain Reaction Test. The test is reported to be able to detect one DNA molecule in 100,000 lymphocytes. The PCR is important for early diagnosis and possible prognosis of infection in infants born to HIV infected mothers.

Early stage antigens & antibodies



Slide 25

Antibodies to HIV

The above graph is an enlargement of the first part of the graph in slide 18. It gives us more information on the specific antibodies and antigens present at this stage in the infection.

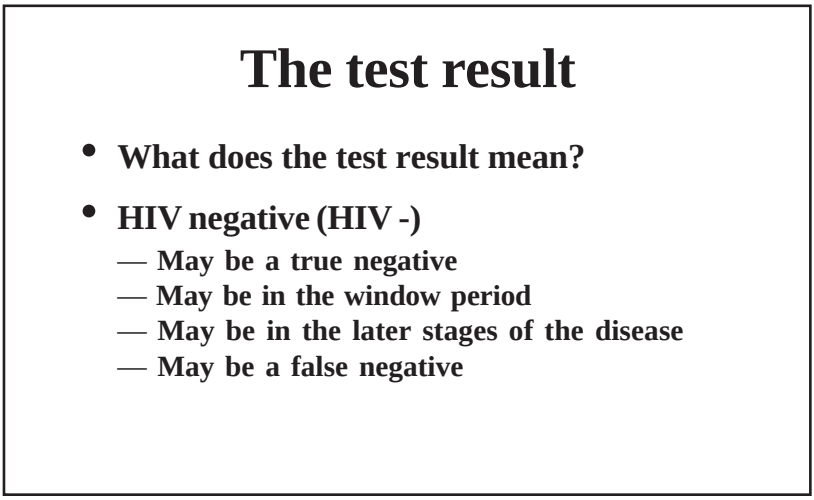
This graph also gives the window period as 28-29 days rather than three months. This can vary depending on the sensitivity of the tests being used.

Most clinics prefer to wait the three months but this may alter in the future as more sensitive tests become more widely available.

The lines on the graph for the viral antigen are the first two, showing an increase in virus reaching a peak and then falling as the antibodies are produced against it.

The antibodies line (third line) rising after the window period reaches a high level as the viral antigen level falls. The antibodies shown on this graph are

The env (envelope) antibodies are gp160, gp120, gp41.



Slide 26

What does the test result mean?

It is important to note that the test is for antibodies to the HIV virus. It is not a test for the virus itself.

Window Period

The time it takes for the antibodies to be produced us called the "window period". In the window period the person may have the HIV virus but the test will be negative. After the window period, as the antibodies are produced, the test becomes positive.

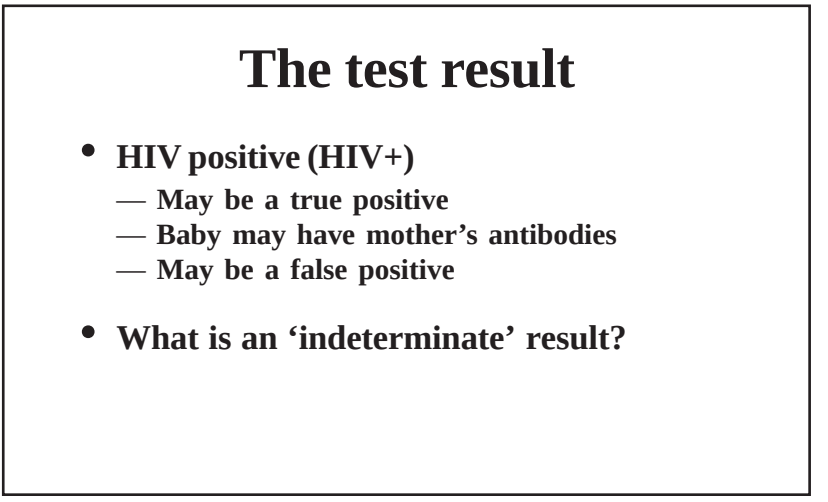
What does a negative result mean?

1. The patient is negative. This patient has no antibodies to HIV virus.
2. The result is negative because the antibodies have not yet been produced i.e. the window period.
3. The patient is in the last stages of the disease when antibody levels drop.
4. It may be a false negative.

The first patient is considered not to have HIV.

The second and third cases do have HIV but the test has been taken at the wrong time for the antibodies to show positive.

The fourth case should be looked at in the light of the case history and a further test done if required. A few patients with HIV never test positive.



Slide 27

What does a positive result mean?

A positive result means that the patient has antibodies to HIV virus. This is usually a true positive.

But, a baby born to a positive mother may be carrying the mother's antibodies in their blood and if tested will show positive even though the antibodies are not their own. This is not a true positive. By 18 months the mother's antibodies will have gone and then the child should be tested to see if they have produced their own antibodies to HIV.

In order to avoid false positive results a highly specific test will be used when testing patients for HIV antibodies, and each positive test must be confirmed by a second test different from the first one.

It is usual to use an ELISA test for the first result and the Western Blot test for the confirmation.

An indeterminate result is where a positive result registers negative in the confirmatory test. Both tests should be done again and if the results remain the same the test is labelled "indeterminate".

If the person with the indeterminate result does not have symptoms, then the blood tests should be repeated at two weeks, three, six and twelve months if necessary. If the result is still indeterminate after one year the person is considered to be HIV negative.

CHAPTER 8

WHO CAN I TALK TO?

(Why counsel?)

WHY COUNSEL?

The Story

Melissa sat on the ground drawing figures in the dust. It wasn't long ago that she had been a teacher standing in front of a class of up to 50 children. It had been hard work but Oh, how she missed it now. It had been a long hard road to graduate as teacher. Her parents weren't poor but it was a struggle to keep all the children at school, and then Melissa wanted to go to college and train to be a teacher. Somehow teaching was in her blood. Even now as she wrote in the dust, the figures were turning into sums, and she felt herself back teaching a class once again.

How proud her parents were when she graduated. Now she could help to provide for them in their old age. Their daughter was a teacher! And she was not an ordinary teacher either. She seemed to have a natural flair for teaching. The children knew it and everyone paid attention in her classes, because there they could really learn!

She became senior teacher and was chosen as the staff representative for a Conference for Senior Teachers being held at a nearby school. It was here that she met David. He was one of the lecturers and oh, so attractive. She couldn't believe it when he asked her out. They began to see each other regularly and later that year they married.

It was great at the beginning, they had so much in common and seemed to have so much to talk about, but it became more difficult once the first baby came along. Now Melissa was coping with a job and a young baby. She had little time for sitting and talking together with David. Gradually they seemed to grow apart. David spent a lot of time with the village men, and sometimes he would just " go away" for a few days and she never knew where he had gone.

It was after the birth of their second child that things seemed to go very wrong. The child was weak and refused to feed. Melissa was concerned and sought help at the clinic where tests were done. They said something about HIV/AIDS but it needed a special test because the child was so young. How could the child have HIV? She was just a baby. Surely HIV was picked up in the brothels in the town not in the safety of their own home village. But Oh Dear! It was true! The child tested positive.

"I don't believe it" cried Melissa. How could our child have HIV? And then another thought hit her. She remembered the training that she had gone to many months ago .If the child was positive then she must be positive too. It was a devastating thought. She was a mother who loved her baby. How could she possibly have given that baby HIV?

The clinic was already asking for her to come in for testing. And if she had HIV it must have come from David. Melissa had always been faithful to her husband. How could all this be happening to her? Melissa's test came back and she too was positive for HIV.

Now she must talk to David. But David didn't want to know. Neither did the school listen to her pleas. Somehow the news had leaked out and it flew around the village. The headmaster, although kind, was firm. She must leave her job at once.

At home things got worse. "It is you! It is all your fault. You have given HIV to our child!" David cried. He told her to leave the house and take the children with her and to never come back again.

So Melissa went home to live with her mother in her old home village. Many people were surprised to see her. Didn't she have an important job in a secondary school? Hadn't she married a head teacher who earned a lot of money, and made her home with him? Why was she back? Was she sick? The questions kept on coming until gradually the neighbours began to keep away. Even curiosity couldn't hold them if there was even a hint of HIV/AIDS.

It was difficult for Melissa in her mother's village. There was very little food and the older lady was frail now and needed to be looked after herself. Melissa needed to get work, but where? Who would employ a deserted wife with a sick baby, who may have HIV?

Melissa stretched her legs and turned to face the warmth of the sun. "The worst thing about this," she thought, was that David still wouldn't take any responsibility. He had kept his job, and taken a second wife in another village, no doubt infecting her as he had done Melissa. Maybe there would be another child born to die because David could not bear the thought of being HIV positive!

He had had enough affairs in the past. Now she realised where he had gone all those times when he had "disappeared" for few days of pleasure with a girl from the brothels in the town.

Melissa was angry with David. No doubt he was gloating now. He had kept all that they had when he threw Melissa out. He still had his job, and now he had a new wife as well. But one day he would have to face up to it all. One day he would realise that he had brought all this on himself, and his wives, and his children. He may be in denial now but one day he would have to face up to what he had done.

Even as her anger flared Melissa felt a little sorry for David. The enormity of it all was too much. No wonder he just couldn't bear to look at it. Perhaps he would continue to blame her for his HIV until he died. But that still wasn't any excuse for continuing to infect others. No, he really must be stopped, but not by her. She already had enough to cope with for herself and the children.

Melissa looked up from the warm sunny patch by the dusty path. Her elder daughter stood over her. "Beth is very ill, Mummy. She won't feed and I cannot stop her crying." That's alright, Hannah my dear. I will come and look after her."

At that Melissa got up from the warm sunny spot, dusted herself down, let go of the dreams and the "if only's" and went off to deal with the restless child. She was content for the moment to know that she had her children, and that she was still needed, no matter what befell them all, as good mothers always are.

The Issues

In this story about Melissa and David we see many of the controversial issues that surround pre-test and post-test counselling for HIV/AIDS. Melissa had been a teacher, in a position of trust and of some standing in the village. Then AIDS struck at her family and soon she was thrown out of her job, and was left homeless and destitute. She found herself back with her elderly mother, who although willing was in need of care herself.

It was even worse knowing that she was HIV positive and that she had passed on HIV to her baby daughter.

Counselling mistakes

A major counselling error that shows up in this story is the way Melissa was tested on her own for HIV. When a child has tested positive for HIV it is always good practise to call in both parents so that they can be tested together for HIV antibodies.

This not only gives the two of them time to talk about it together but avoids the situation when one can claim unjustly that the other gave HIV to their child. If the father has passed on HIV to his wife then both will test positive together. If Melissa had been the one to have the affairs and so pick up HIV then only she would test positive .If the clinic had obeyed these simple rules then much of Melissa's anguish would have been averted,

David's new wife too may have been saved the heartache of a positive diagnosis for herself and perhaps for her child. Those responsible for pre test and post–test counselling, need to keep to good practise guidelines such as these.

However there is much more to learn from this story so let's look at each issue in turn as we trace how things had gone so desperately wrong for Melissa and her children.

It was a fairy-tale story of how a young girl from one of the poorer areas of the village had struggled hard to become a teacher and then made a perfect marriage to a senior teacher who could afford to look after her (and her family?) for the rest of her life. Children came along and their happiness was complete. What could possibly go wrong now?

Growing apart

It happens slowly when people grow apart. It is indiscernible at first, as other pressures creep in. David chose to look for sexual favours elsewhere. This was an acceptable thing in the culture in which he lived. Maybe it would have stopped there. Perhaps he would soon have discovered that he preferred home and family, but it was already too late. His indiscretion would cost him his life and those of others dear to him. He was now HIV positive.

Guilt and denial

It wasn't only Melissa who was shocked when their baby was found to be HIV positive. David knew where he had been and whom he had been with. One of those prostitutes must have been HIV positive, but he could not face the thought of that, let alone the reality of that. David would be suffering both guilt and denial.

Who to blame

How much easier it was to blame Melissa of having affairs that made her HIV positive and then passing it on to his child. This would free him from the responsibility and he may even get the sympathy of others. This was not the Melissa he knew, but she had been a bit strange lately, and he was certainly not going for a HIV test that could prove it one way or the other. No, it was too risky! He might even lose his job!

So, he threw out his wife and replaced her with another. Now he could put all that behind him and make a new start. He still had a very prestigious job and good standing in the community.

Fear

What was David afraid of and why could he not cope with the truth. Apart from the normal issues around faithfulness in a marriage, he had to cope with the stigma that HIV/AIDS still has in almost every part of the world. He worried about the reaction of the village elders and of his standing among them. He worried about losing his job as Melissa had done due to fear of AIDS on the part of parents and teachers alike.

He dreaded being poor and unable to find work to feed himself and his family. We may not approve of David's actions but we can at least understand them and the issues of **stigma, fear of AIDS, and fear of death,** that they portray (see chapter 1 slides1&5, chapter 6 slide12).

Anger

Melissa on the other hand had to cope with these issues. She had no choice. She admitted to feeling angry .Yes, she had due cause to feel angry at David but she was also angry at HIV itself and how it was pulling her life apart (see chapter 6 slide9)

Grief and loss

She felt that she had lost everything. She had lost her home, her job, her husband, her standing in the community and her security for the future. Everything had gone and she felt that there was no hope anymore (see chapter 6 slide 6& 10, chapter 7 slide 7).

As we counsel we need to see loss and grief along with anger as very normal reactions to being HIV positive. We may need to reassure clients that this is a normal reaction and that we understand even a little of what they are going through at this time.

Confidentiality

The issue of confidentiality comes up in this story. The news somehow leaked out and went around the village like wildfire. How did the village come to know about it? Someone who was trusted with this information must have betrayed that trust.

Tests for the virus not the antibody (see chapter 7, slides 24 and 27).

In this story, the baby needed a "special test" to see if she was HIV positive. This would be a test for the HIV virus (antigen) not the usual tests that test for HIV antibody. This test would be needed because it can take up to 18 months to be sure that any antibodies found were those of the child and not the mother.

How would you counsel Melissa if she came to you for help in her dilemma?

She is suffering from **Stigma** against AIDS**, rejection**, **grief and loss**, but there are other issues too. She urgently **needs to talk**. She **needs information** both about HIV/AIDS and what **medical support** is possible. She needs to know what will happen to her baby. She also desperately needs some form of **income generating project** or job in order to feed her family.

Your job as counsellor is to be the person that she can talk to. You will need to find out from her what her most urgent needs are and to help her with those ones first of all. You need to have information about social and practical support as well as about the medical treatments available. Is Anti Retroviral Therapy (ART) available where Melissa lives or in the nearest town? Are such medicines just an impossible dream in the area in which she lives?

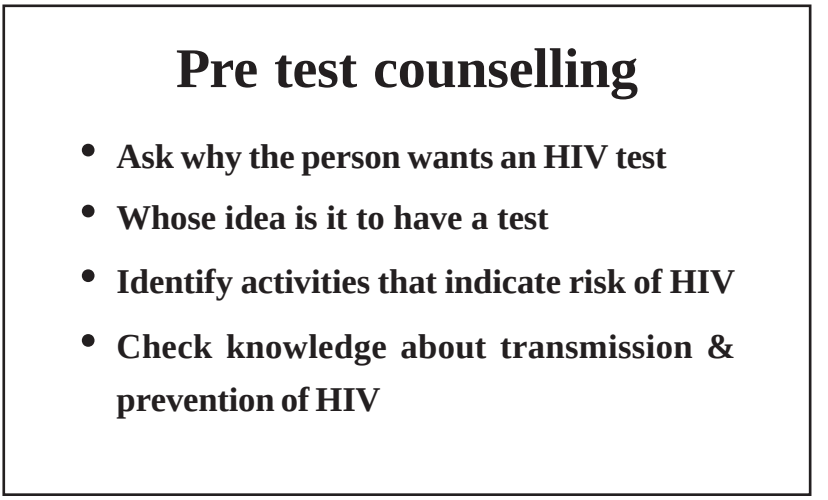
Make appointments for her at the clinic and encourage her to ask any questions that she might have. Follow her agenda. She is the one that knows what is most important to her right now.

Church where are you?

There is a place for the **church** in this situation too. Melissa needs information and counsel, but she also needs friends for comfort and support when things seem to be too much to bear. She needs someone to help with the children and to provide essential food and medicines when there is no money available to her for these things.

It is the role of the church to look after widows and orphans in their distress. **Church where are you?** Melissa has no husband to help her. Her elderly mother is in need. Her baby is ill. **Church where are you?** It is time to stand up and be counted for Jesus! Each person can do something to dispel the effects of stigma and of fear. He has no hands but our hands to care for the sick and comfort the lonely. Let us not be found wanting in this time of so much need.

Finally as we look back at the story we see that Melissa has found her own peace of mind in the joy of being with her family and children through it all. The beautiful gift of mothering (truly a gift from God) was bringing its own rewards.



Slide 1

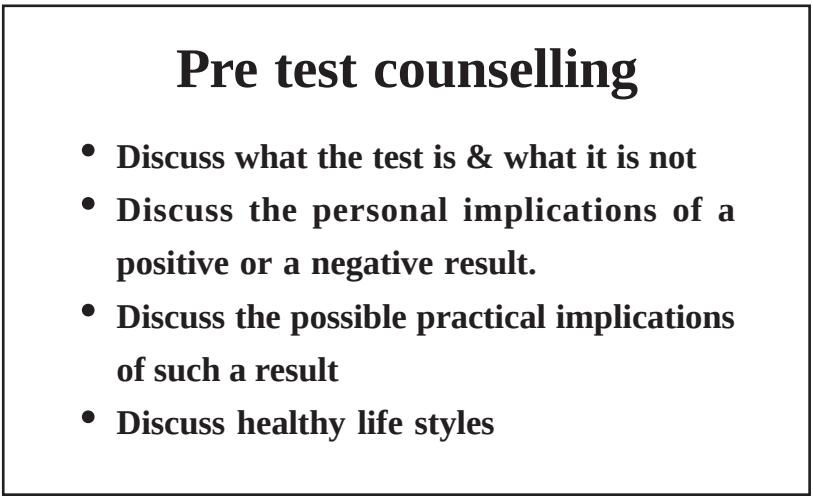
Pre test counselling

Always ask why the client wants an HIV test. Try to identify any "at risk" behaviour. Many come out of ignorance as to how HIV is transmitted. Others have come, because they have been pressured by a relative (Mother?), even though they know that they haven't been at risk. There is no need to test those who have not been at risk. It may be appropriate for you to see the relative to reassure them also.

Check out the client's knowledge of the transmission and prevention of HIV. HIV is a sexually transmittable disease. It is also transmitted by blood-to-blood contact and sometimes from mother to child during pregnancy and childbirth. It is not transmitted by sharing cups and plates or by sharing a communion cup.

Even if the client does not test positive for HIV, if they have been in an "at risk" lifestyle it is important to encourage them to change their lifestyle. This will protect them from HIV infection in the future. If they do test positive it is important for them to change their sexual behaviour patterns in order to protect present partners and to prevent the spreading of HIV in the community.

Condoms will help prevent HIV but give only partial protection. Kingdom living, which promotes sexual fidelity within a caring relationship, is God's way to stop the AIDS epidemic.



Slide 2

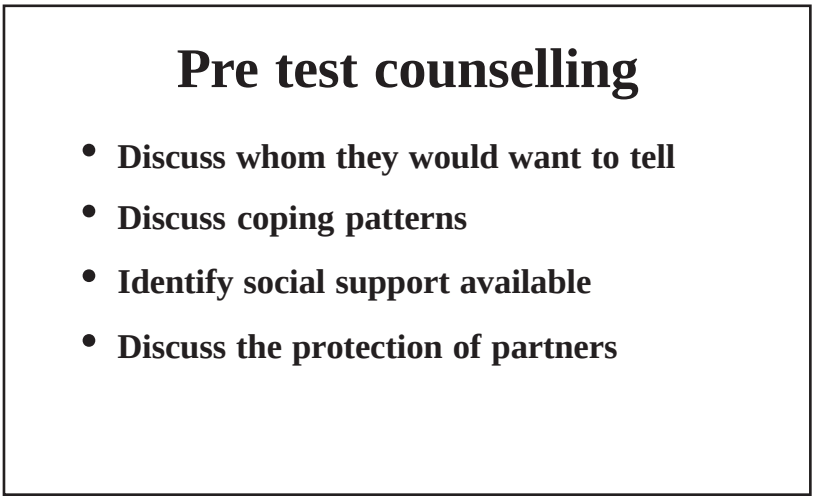
Pre test counselling

The client needs to understand that the HIV test is for the antibodies to HIV not for the virus itself. The time between infection with HIV and the HIV antibodies appearing in the blood is called the "Window Period." An HIV positive client will test negative in the window period because the antibodies cannot yet be detected in the blood stream.

The test is not a test for AIDS but for the presence of antibodies to the HIV virus. AIDS is the name for the collection of illnesses that come as a result of the damage that the HIV virus causes to the body's immune system.

Go through with the client the implications a positive result, or a negative result, on their lives. Who would they tell and why? What changes would they need to make to their lifestyle and why would they need to make those changes? (see previous slide) What are the practical implications on family, job, leisure activities? What healthcare options are available? (see slide 4). If positive, can they be responsible about not passing on HIV? If negative, can they change the lifestyle that put them at risk of HIV in the first place?

Discuss healthy options in the context of a caring God. What about Kingdom Living? Is it God's answer to HIV/AIDS? (see chapter 12).



Slide 3

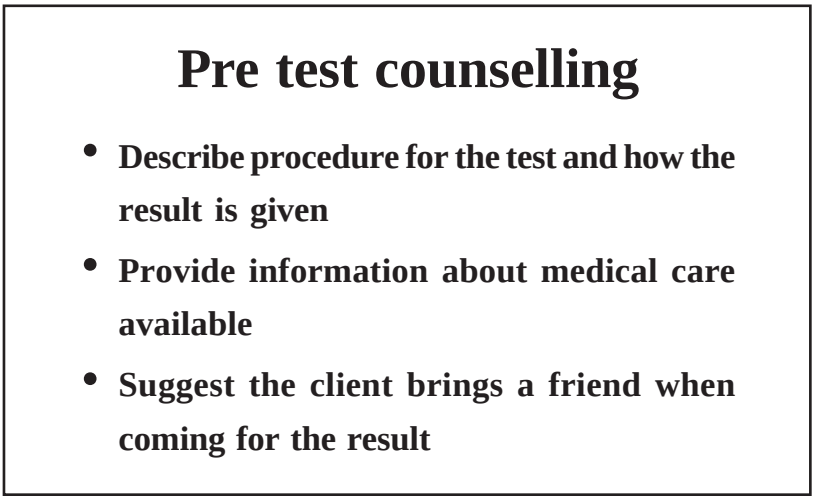
Pre test counselling

Help the client identify whom they would want to tell of a positive result. Discuss the any difficulties about telling close friends or family. Role play the situation if necessary. Suggest only telling those who need to know.

Help the client to identify his own coping mechanisms and to come to terms with these. If necessary, suggest alternative ways of coping. One of Melissa's coping mechanisms was anger (see chapter 6, slide 9) towards David. A good heart to heart talk, if it had been possible, would have been a better way of coping.

In identifying the client's social support - (friends, family, support group, church, home group) we are aware that Melissa's support was pathetically small. A support group, a church family, or even a friendly neighbour would have meant so much to her at this time.

Discuss the protection of partners if the result is positive. Remember that there is no such thing as "safe sex" only "safer sex" using condoms. The only totally safe way is abiding by the sexual standards in Kingdom Living and Kingdom Sexuality – abstinence before marriage and faithfulness after marriage.



Slide 4

Pre test counselling

Describe how the blood sample is taken for the test. The sample should be sufficient for a second test to confirm a positive result.

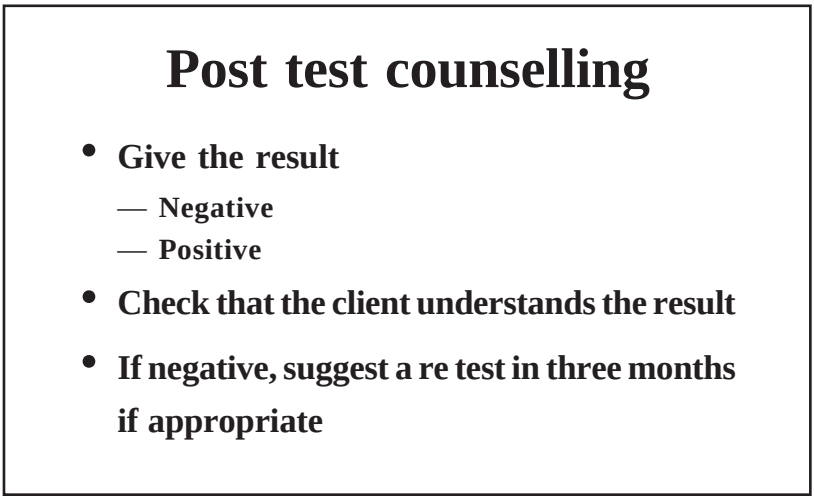
Discuss the medications available where the client lives for treating HIV disease. Anti Retroviral Therapy can increase the time between being infected with HIV and becoming ill with AIDS. It is not yet available in all areas but should be in the future.

Be honest about difficulties in treatment patterns and about the presence of side effects to the treatments. Talk about opportunistic infections and how they can usually be treated successfully with readily available medication if they are diagnosed early enough.

Where possible identify local support groups, and the provision of medical and social care at home where this is available (including church, family and NGO support).

Say when the result will be available and suggest that he brings a friend with him when he comes.

In Melissa's case the counsellor should have required Melissa and David to come together for testing. In this way they can face the future together without one having undue reason to blame the other for the child's HIV. If Melissa had had this type of pre-test counselling things would have been very different for her.



Slide 5

Post test counselling

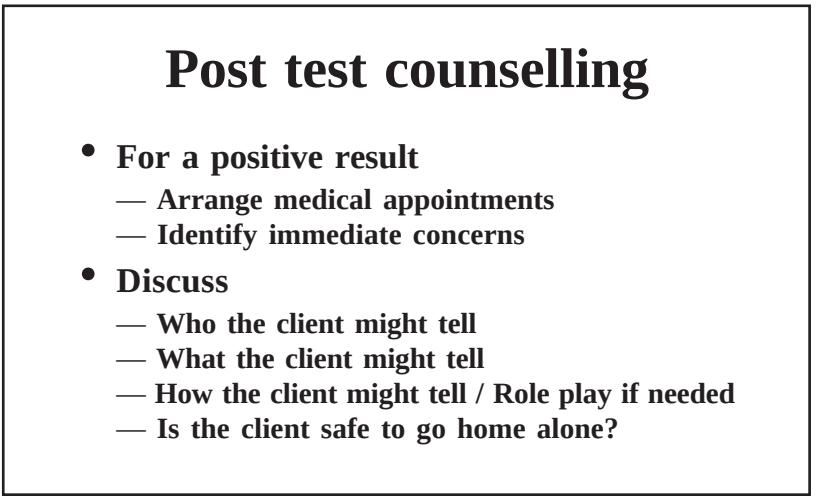
The result should be given at the start of the interview. Before getting the result the client will not hear anything you say because he is thinking about the result to be given. After getting the result he will not hear anything you say because he is thinking about the result he has just been given.

This is why so much needs to be discussed at the pre-test interview. The counsellor can then refer back to what had been discussed before.

If the result is negative, the issue of the window period is checked out again to see if the client may still be positive but not yet have produced the antibodies to HIV. If necessary another test should be taken after the three months deadline. It is also important to discuss changing any "at risk" behaviour before it does lead to a positive result.

If the result is positive it means that the antibodies to HIV are present in the client's blood stream. This only happens when the person is infected with HIV. There is one exception, a new born baby carrying the antibodies from its positive mother.

In the past some clients have interpreted having antibodies to HIV as being a good thing as the antibodies will fight the virus and so give protection against AIDS. Unfortunately HIV antibodies do not provide this sort of protection that other disease specific antibodies give.



Slide 6

Post test counselling

When a person has just received a positive HIV test result his mind is on that result and he may not hear anything else that you say that day.

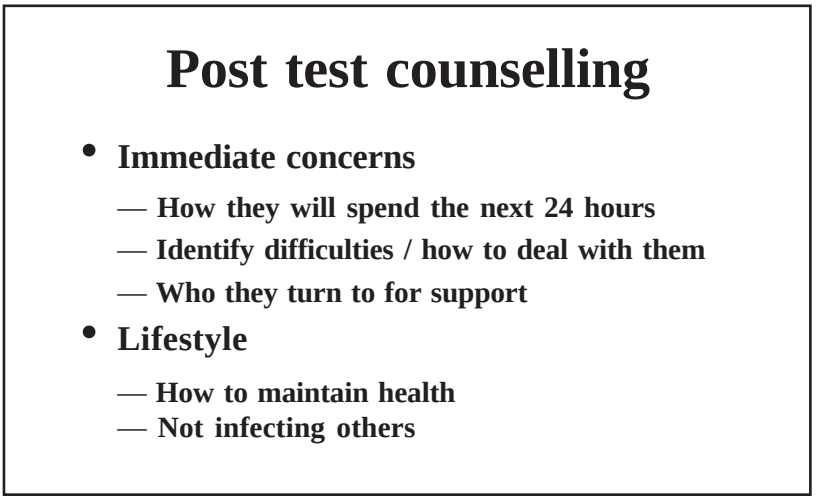
Move on to something practical by making his medical appointments for him, doctor, blood tests, X-ray, social worker. Write these down for him along with another appointment to see you, as his counsellor, the following day.

Try to identify his immediate concerns. Is he worried about telling his partner, or his family? Is he likely to rush out and tell the first person that he sees and then regret it later?

Melissa's story highlights the distress that can be caused by a break in confidentiality. All of her village knew, and she immediately lost her job and later her home and marriage. **Don't tell those who will have difficulty not telling others!**

Talk about whom he might tell, and about how much he might tell. Remind him that you talked about this before in the pre test interview. Suggest that he only tells people who really need to know. If he wants to tell his family but doesn't know how to do it; a 'role play' at a later time may be very helpful.

Check that the client is safe to go home. If possible have a friend stay with him for the first 24 hours.



Slide 7

Post test counselling

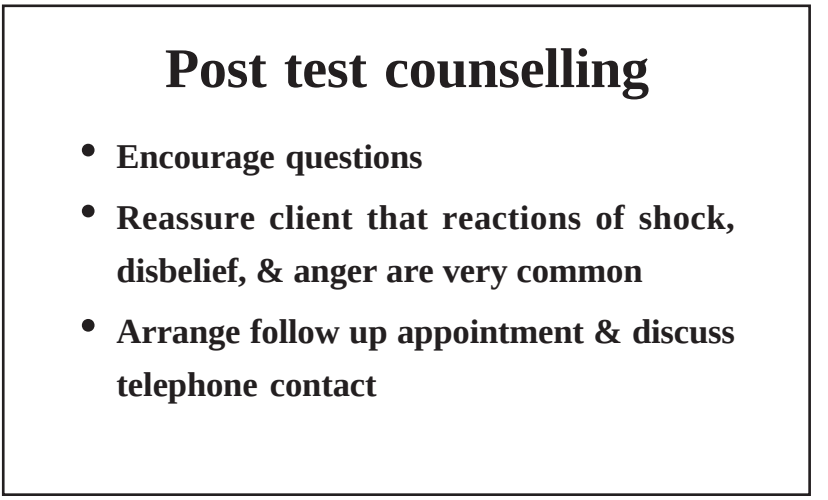
The immediate concern is for his safety. Shock can affect people in different ways. physically shivering and shaking; a feeling of numbness of emotions; just going through the motions of everyday life. Just because someone looks all right doesn't mean that they are.

It is important that someone is there for them when the first shock wears off in a few hours time. This is why we recommend that each person brings someone with them when they come for their test result. Left to themselves they might spend the next 24 hours wandering about the city at night, not even aware of where they are.

For some the suicide risk will be real. Volunteers can have a real part to play here, Church where are you, when the going gets tough?

There will be much to work through about maintaining health and the lifestyle changes needed to prevent infecting others. Condoms may have a part to play here but condoms only reduce the risk not eliminate it.

Those who are positive often have a very important role to play in teaching AIDS Awareness (Sue in chapter 1) and providing care for those less well than themselves (Sarah in chapter 7).



Slide 8

Post test counselling

In the later sessions, once the initial shock has worn off, many questions are clamouring for answers such as "How long do I have to live?" "When should I start on Anti Retroviral Therapy?" "Is there going to be a vaccine for HIV?" "Tell me about Opportunistic Infections." "Can they be treated?"

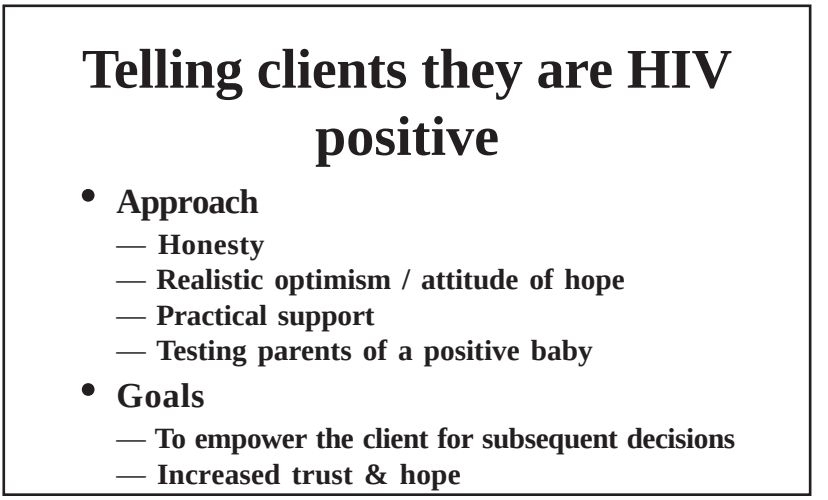
There is a need for information, which can bring much relief to the stress which follows a positive HIV result.

The client is going through shock, disbelief and anger, sometimes all at the same time. They need to be reassured that these reactions are very normal. (For deep anger see chapter 6, slide 9). Arrange for further appointments and where and when you can be contacted by phone.

There are parallels between the above reactions and the five stages of mourning that people who are bereaved go through. This makes sense because the client is indeed mourning. He is mourning the loss of a life, and a future (see chapter 6, slide 6).

As counsellors, we are there to support him through this time and to endeavour to restore hope. Accurate information can help. Anti Retroviral Therapy, where available, can increase considerably the time left of active life. Research is going on all the time for a vaccine and for a cure for AIDS.

But most of all, while there is no cure for HIV, there is a cure for the hopelessness that HIV brings. That cure is Jesus Christ. For all of us he is our only hope (see slide 12)!



Slide 9

Telling clients that they have HIV

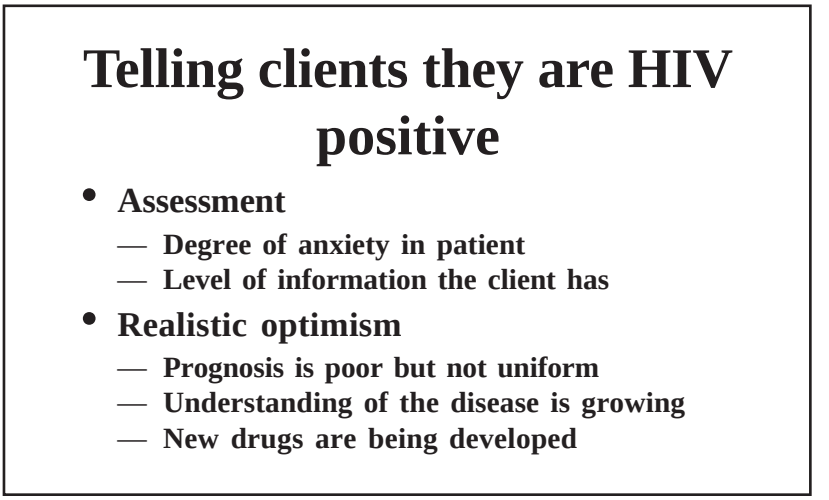
Most people coming for an HIV result are not really expecting it to be positive. However worried they are, somehow it always happens to other people not to them. A positive result will cause considerable shock, as well as denial, fear, anger, and many other emotions as discussed in the last slide.

Parents of a positive baby should be tested at the same time. This gives them a chance to face things together, while giving less scope for blame. Melissa would have been spared much distress if these guidelines had been followed.

Our approach needs to be one of honesty combined with realistic optimism, and an attitude of hope. AIDS is a terminal illness for which at the moment there is no cure. However, research is still going on. Anti Retroviral Therapy can significantly lengthen a life, and much practical support is now available for those with HIV/AIDS.

This is where the church should come in. Simply being a friend to someone with HIV can make a world of difference to their lives. This was something that Melissa needed so very much. By this friendship we can give back to someone, their sense of self worth. This is especially true if they have had to struggle against stigma due to HIV/AIDS. To restore a person's self worth is to empower them to stand up for themselves and to make wise decisions about the future (see chapter 3, slide 5).

This is a two way relationship. We gain so much from the friendship, while they are enabled to trust and hope in the future.



Slide 10

Telling clients that they have HIV

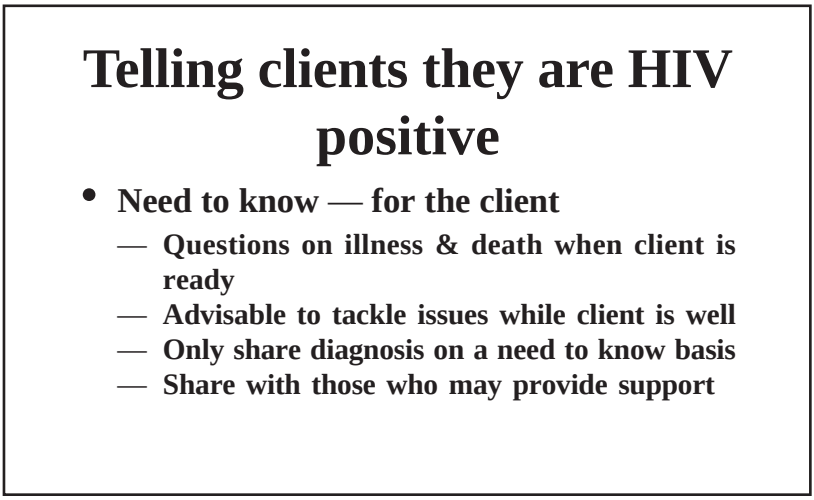
When need to continue to identify any gaps in the client's information about HIV/AIDS, and provide that information.

We must also assess the level of anxiety in a client. This is essential if we are going to provide the help that he or she needs. Body language is important here, as is the form of speech and how it is delivered. However the most important thing of all is to listen. Listen to what is said and to what is not said, the body language may be saying one thing and the words saying something completely different. If necessary, refer the patient on for more medical assessment.

We are to be optimistic but not unrealistically so. We may point out that every person will be different in the type of illness and how slowly or quickly it progresses. We are learning all the time of new drugs and new breakthroughs in drug therapy. The drugs are also becoming easier to take. A combination pill containing three anti retro viral drugs is now being used in Africa and elsewhere.

Show realistic optimism, with hope.

"I know the plans I have for you", says the Lord,
"Plans to give you hope and a future."
Jeremiah 29 v 11



Slide 11

Telling clients that they have HIV

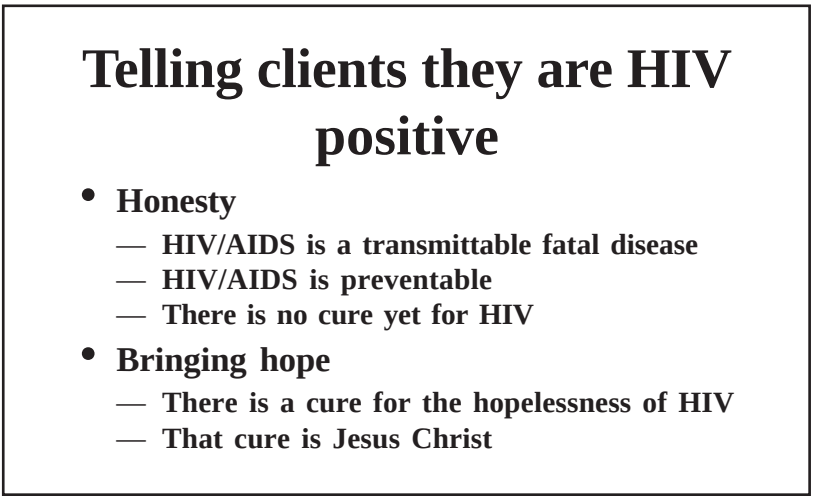
We apply the "need to know" criteria for who to tell when to tell others about your HIV status". The same can be applied to the client themselves in term of the amount of information that we give them.

When they are ready to know more, they will ask. It is more than many can cope with to hear about the extent of HIV illness right at the beginning. Some questions, (for example those on death and dying) should wait until a person is ready to deal with that information. The problem here is that it is always easier to deal with the difficult issues when the client is still well. When this happens much friction and anxiety later in the illness can be avoided.

As with all terminal illnesses, our priorities change as we deal with life and death issues. Some friends are not able to cope with these things and simply fade off the scene, while others turn up to help every time. These are the ones to share more of your needs and feelings with.

Here too is a role for the church. When someone wants to know "What happens when I die?" they will ask. (see David in chapter 6) However, we need to be available when they do ask. We dare not run the risk of letting one soul die without the knowledge of eternal life in Jesus, just because we are too busy with our day to day lives and church meetings.

Together all of us can tackle the difficult issues and provide the support and care that each person needs.



Slide 12

Telling clients that they have HIV

We need to be honest in all of our dealings with clients. Don't cloud the truth in order to give them what they might want to hear. Yes, HIV/AIDS is a transmittable fatal disease, but much can be done help patients cope (see slide 9).

It is also preventable! We can, as individuals and as nations, stop AIDS in its tracks if we are prepared to stop sexual promiscuity and be faithful to one partner. If we teach our young people the true value of love and marriage, (Kingdom Living) many lives will be saved.

There is no cure yet for HIV/AIDS but much research is going on and a cure may be found in the future.

Whilst there is no cure yet for HIV, there is a cure for the hopelessness that HIV brings, and that cure is Jesus. Through Jesus we can have eternal life.

Through Jesus we can be the "Restorers of Hope" that this world desperately needs.

Nothing is too difficult for JESUS

CHAPTER 9

THE POWER OF FORGIVENESS

(A lesson in forgiveness from Rwanda)

Contributed By Dr Richard Rowland and Mrs Prilla Rowland
Directors of Judah Trust

THE JOURNEY OF FORGIVENESS

(Contributed By Dr Richard Rowland and Mrs Prilla Rowland)

The Story - Jenny & Filipo

Filipo could often be found, standing with a taxi-bike at a key junction on the way into the city. His bike was fitted with a simple, brightly coloured seat just behind his own seat. He was, always, on the alert for anyone needing a lift to the town centre. It was hard work, especially if the person on the back was heavily built, or carrying bags of produce from the market! However, he was a keen worker, and highly-motivated to earn money for his young wife, Jenny, and their 2 children, and also the 2 orphans of his brother, (who were now his responsibility). He couldn't afford his own bike, so he rented one for this work.

Jenny was expecting their third child and was attending the antenatal clinic. She was eager to get all the support that she could.

One day at the Clinic, she had a routine blood test, and was later called by the Nurse-in-charge. She broke the news gently to Jenny that the results of the blood test revealed she was HIV-positive. Jenny was shocked and horrified! She had never slept with anyone other than her husband! It surely was a nightmare? Or maybe the Clinic had got it wrong? She was encouraged to return next day with her husband, so that he could be tested.

That evening, she wept as she shared the news with Filipo, and he was stunned. Neither of them slept much that night, as they tried to process all the implications of that one small blood test.

Next day, Filipo accompanied Jenny to the clinic. He was found to be HIV-positive as well. He was filled with terrible remorse!

Right then and there, in the Clinic, Filipo knelt on the floor before his wife. He confessed to a brief affair, with a woman he had met whilst working on the streets. He realised she must be the one who had passed on the deadly virus to him, later to pass to his wife and possibly his child. What could undo that mistake? What horror a passing fling had brought to his family!

Would Jenny ever be able to forgive him?

Jenny knew that Filipo was a proud man, and would never kneel before her in public unless he was serious about turning from his wrong. She knew that, basically, they had a strong relationship, and that they needed each other's support to face a very different future. She had struggled with the issues the previous night, and she chose to forgive him.

They were put in touch with a counsellor who could help them to take practical steps to make the best of the situation.

The Story - Naomi

Naomi was beautiful young woman, who carried herself with gracious ease. She had great dreams for the future, which included getting married and raising a family. However, one day, ethnic conflict erupted, in her home area, in Rwanda, ripping her world apart. Terror and violence exploded onto the streets and into the countryside. Neighbours she had gone to school with, or met at the local shops, were now wielding machetes, and setting fire to homesteads. Naomi knew that her ethnic group were being targeted, so, alongside her relatives, she grabbed one or two essentials and escaped into hiding.

But Naomi was hunted down and captured by the mob.

They decided not to kill her but use her for their sport at the end of each day's "work". Over a period of time she was gang-raped over 70 times by a group of men.. They finally discarded her leaving her half dead. They knew that they didn't have to "finish her off", because she would die a slow death from the HIV virus they had given her.

In the aftermath of the war, Naomi had no medical help. A Christian offered her shelter, bathed her wounds, and shared her scant resources. Her body had been badly bruised and battered, and it took a long time to recover. However, the physical pain was nothing compared to the torture within her heart. She raged against the men who had not only robbed her of her virginity in such a violent way, but also ruined her future.

Christians visiting her let her pour out her anguish, and supported her. She realised she was pregnant, and that the child could be infected.

Her despair knew no bounds. Her hate against the men grew by the day, and she longed for revenge.

As time went on, in the company of her Christian friends, she began to realise that her resentment and anger were having a crippling effect on her. Holding on to the bitterness and grief was in fact destroying her! Was she going to let the past dominate and overshadow the present? She wanted to be free. Was it possible?

She knew, from the peace of her friends, who had also gone through much suffering, that they could show her the way out. She was ready for the next step in the *Journey of Forgiveness*.

(Among the many people who have inspired our thinking on this theme, grateful acknowledgement is given to Dr Rhiannon Lloyd, and the African Enterprise Reconciliation Ministry led by Revd Antoine Rutayisire, Revd Joseph Nyamutera and Revd Anastase Sabamungu).

The Issues

These two stories highlight issues that generate the need for forgiveness in relation to HIV/AIDS. Both Jenny and Naomi had plans and dreams for their lives. Suddenly situations changed and they found they were suffering the consequences of other people's choices. They were the innocent party but it did not prevent them having major losses.

Loss

Both girls suffered loss of health, loss of life – expectancy, loss of self worth, and loss of income and a normal family life . Naomi suffered the loss of her virginity and with it the hope of the marriage she had looked forward to.

Stigma

In both stories we see the effect of stigma on those with HIV/AIDS

Trauma

Emotional trauma is present in both stories, as they seek to adjust to being HIV positive, while Naomi also had the physical trauma associated with multiple rape.

Injustice

Both women experienced strong feelings of injustice. "Why should this happen to me?"

Guilt

Filipo knew that he was the one that had brought HIV into his family. He was filled with a terrible remorse, confessed and begged forgiveness.

Anger

Naomi in particular expressed anger at what had happened to her. There came a time when such anger and resentment was crippling her life.

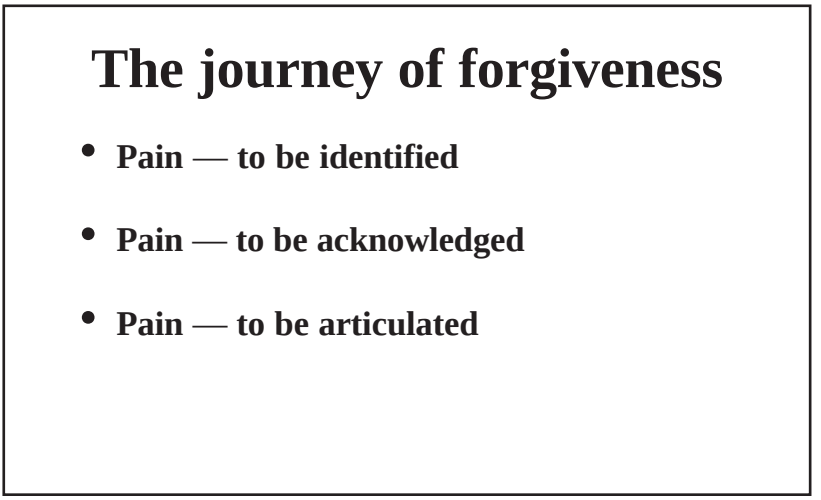
The need for forgiveness

We have already seen many of the issues outlined above in other chapters of this book. Even the injustice of one partner bringing the HIV virus into the home being keenly felt by the other. However, in Rwanda, where both these stories come from, the injustice is magnified by the way HIV/AIDS was used as a weapon of war.

The men were killed at the time and the women were raped and so condemned to a slow death in the future. The future is now, many years later, as the women of Rwanda suffer and die as a result of a particularly horrifying use of HIV/AIDS as a weapon of war.

Surely more than any others the people of Rwanda need to experience the Journey of Forgiveness and so show us too the way to follow in their footsteps in your life and mine

In Jenny's case Filipo realised that he was responsible for bringing AIDS into his family and pleaded for her forgiveness. Is forgiveness easier when the person concerned shows remorse? Come with us through the next few pages of this book and let us share *the Journey of Forgiveness* together.



Slide 1

The journey of forgiveness

The journey of forgiveness is sometimes a long one and there are steps along the way. As we heard in the story of Naomi, emotions of hate and anger can be strong. All the energy can be focussed on blaming people or events or situations. For someone like Jenny there is also the shock of being betrayed by someone you loved and trusted.

In Rwanda there is a proverb that "A man cries his tears into his stomach". In this culture they are taught to suppress pain and not show any emotion.

In many countries there is a lot of denial about AIDS. It is too painful to talk about. Often the church doesn't want to get involved and judges those who are infected, causing a lot of rejection within the church community.

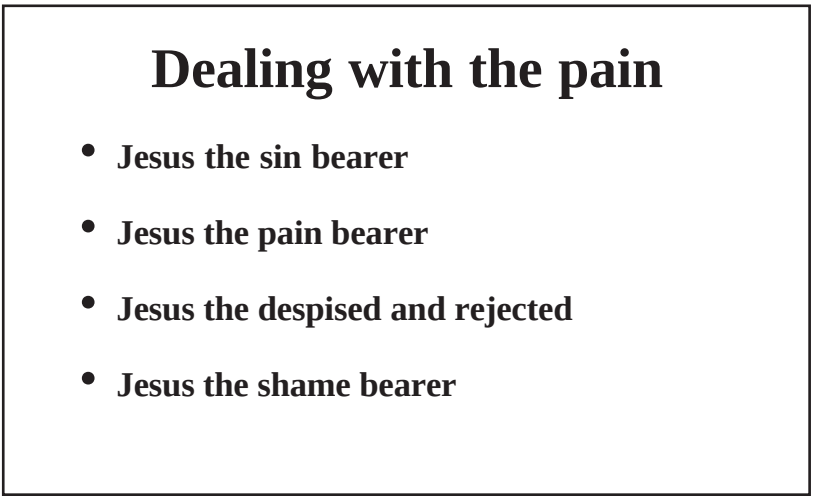
These reactions and emotions are understandable. However Naomi realised that over time they can also become very destructive. Naomi didn't want to be crippled by the past. She wanted to move on.

The first steps to moving on and starting the process of forgiveness are

– to identify and name the pain

– to speak out and share the pain with someone else

– the pain can then be acknowledged by others and may be written down.

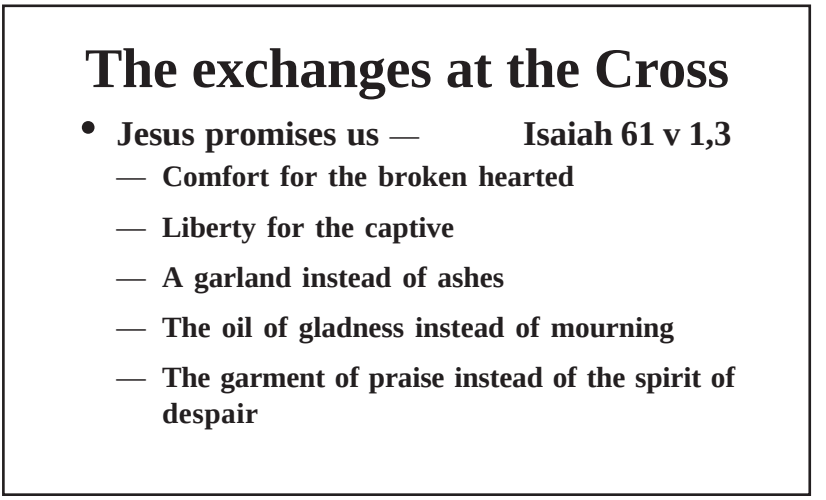


Slide 2

Dealing with pain

What do we do with the pain that has been identified and expressed? Using a simple wooden cross, we can focus on what Jesus did for us on the Cross.
In Isaiah 53 v3-5

– we see Jesus as the sin-bearer
  He took all the punishment and blame, that we deserved, on himself so that we could be completely forgiven.
– we see Jesus as the pain-bearer
  He was whipped and wounded and experienced incredible pain on the Cross in our place so that we do not have to carry pain and sorrow.
– we see Jesus despised and rejected so that we could know his acceptance.
– we see Jesus the shame-bearer
  Jesus endured the shame as he hung naked on the Cross so that he could give value to our lives in exchange.



Slide 3

The exchanges at the Cross

Often the Cross is seen as the place where Jesus dealt only with our sin. It is far wider than that. The verses in Isaiah 61 v 1-3 outline the riches of the many exchanges that take place at the Cross.

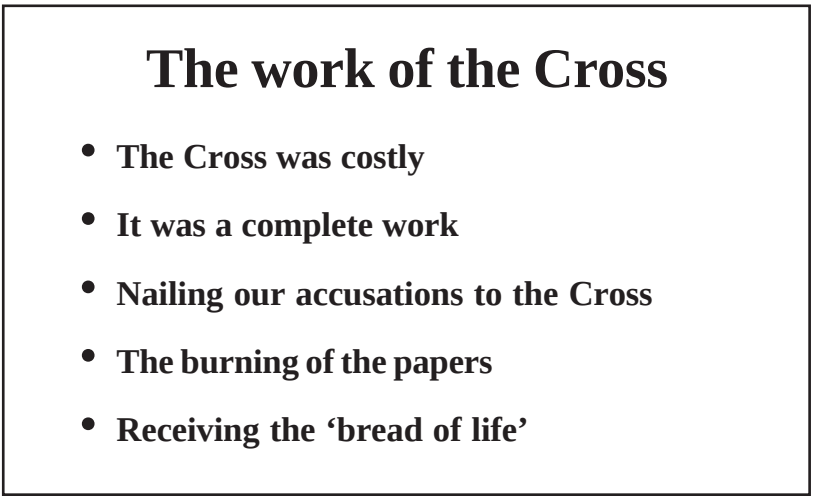
We come with our broken hearts and he binds them up and comforts us.

Naomi realised she was becoming crippled by bitterness. She needed to bring her bitterness to the Cross to be released from her captivity.

Often HIV/AIDS brings a sense of hopelessness, which is like ashes. For Jenny it was like a nightmare and she wept.

The Lord wants us to exchange this hopelessness for Life and Hope.

He wants to give us a garment of praise and thanksgiving instead of a cloak of despair and depression.



Slide 4

The work of the Cross

Jesus' death on the cross was costly .He gave himself totally and sacrificially for us and then declared from the Cross "It is finished".

It was a complete work. Nothing needs to be added to it. It covered everything.

There are many Naomi's, Jenny's and Filipo's in need of help and forgiveness.

Colossians 2 v14 speaks of Christ taking away the list of accusations against us and nailing it to the Cross. It has been helpful to act out that truth in a symbolic and significant way.

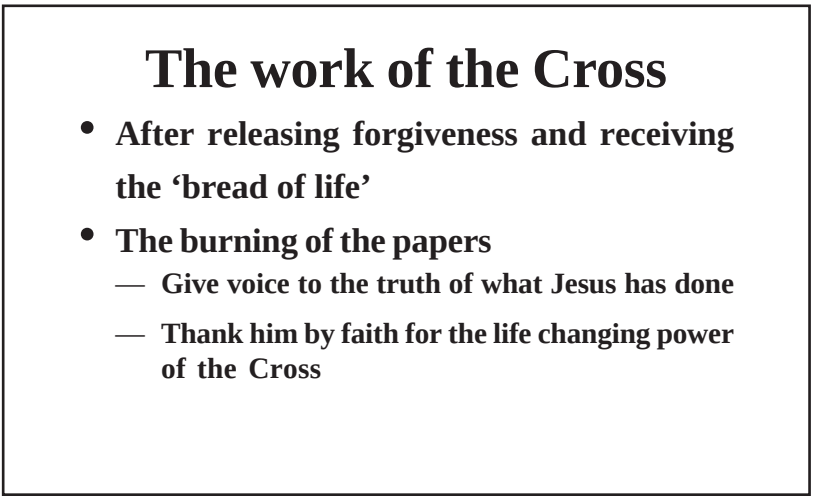
Nails and a hammer, are placed beside a wooden Cross.

When they feel ready people can come with their paper where they have written down their pain, anger, shame, losses and other feelings. Some have written down their decision to forgive those who have hurt them.

The papers are then nailed to the Cross.

Each person then picks up a piece of blessed bread from a basket beside the Cross.

The bread is a symbol of what God wants to give us back, in place of the hurt, pain, and bitterness brought to the Cross. The bread is the symbol of life to restore us and to meet our need.



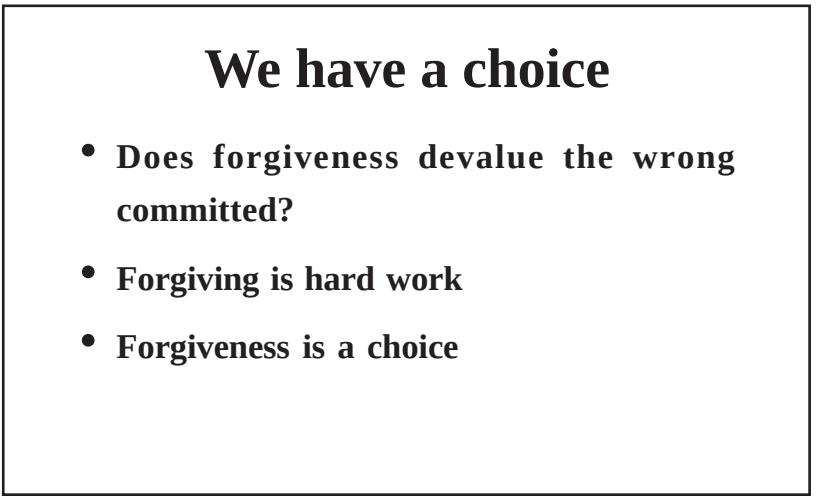
Slide 5

The work of the Cross

The people have used symbols to help them release their pain and sorrow to Jesus by nailing their papers to the Cross. These papers are now taken down from the Cross and burned.

The burning of the papers reminds us that all of the issues brought to the Cross have been dealt with.

Now instead of speaking of the pain, people can speak of the truth of what Jesus has done and thank him that the power of the Cross is just as life changing today as it was 2000 years ago.



Slide 6

We have a choice

Does forgiving someone who has wronged you mean that what they did doesn't matter and is forgotten? No, it means that we release that person to God to change and to heal him.

When we refuse to forgive someone, it is like living with the abuser tied to our back. Wherever we go the other person is always there, spoiling the present.

This can be shown by using a rope.

The rope is used to tie two people together back to back. Whenever the person moves the other is always there struggling with them.

When the hurt person decides that he is going to forgive, and also to release the abuser to God for him to deal with, then the person is set free from the abuser and the rope is placed on the Cross.

What has been done is still wrong, but authority and judgement is given to God for him to deal with it. The "victim" often feels a huge relief that he is no longer held by the past, and that he can trust God to be a fair judge.

Forgiving is hard work. It is a choice, exercised by faith and not by feelings. Continue to forgive and the feelings will eventually follow.

Jesus' death on the Cross, was a complete work. The choice is ours to benefit from it now, physically, emotionally, mentally & spiritually.

CHAPTER 10

THE POWER OF PRAYER

(AIDS Intercession)

INTERCESSION INTO HIV/AIDS

There was a tiny baby at the AIDS orphanage where we were teaching in Africa. They had many babies as well as toddlers there, and at mealtimes they were a heart tugging sight lined up in their brightly painted highchairs. It was a happy place where many of the children, in spite of being HIV positive, were thriving, but not this little one. She was actually 18 months old but looked about three months. She had thin little legs that were unable to hold even her tiny weight. She wasn't able to sit propped up for long in a high chair, let alone crawl or walk.

She had great trouble feeding and it usually resulted in projectile vomiting which caused much distress to carers and nurses alike. The doctor was called and then came again and again as this little one hung between life and death. It seemed as though there was nothing more that could be done.

Nothing seemed to work, but there were those who would sit and hold this little one gently rocking her hour by hour. There were many who prayed, at great depth and for hours at a time. We prayed for her and anointed her with oil for healing. When we left to come home they would still shake their heads and say "no change".

Yet the loving, holding, caring prayer went on as person after person took her to their hearts. We heard no more until 6 months had gone by when a visitor from Africa said "Oh Yes! That little one is thriving. She is bright and active, running around and living life to the full."

Thank you Father for the dedicated prayerful helpers who cared for her 24 hours a day.

Thank you Father for the evidence in front of our eyes that prayerful caring can indeed hold back death and restore young ones to life once again.

Thank you Father that we were able to have a small part in the healing of this little one.

Thank you Father that you nudge us to pray.

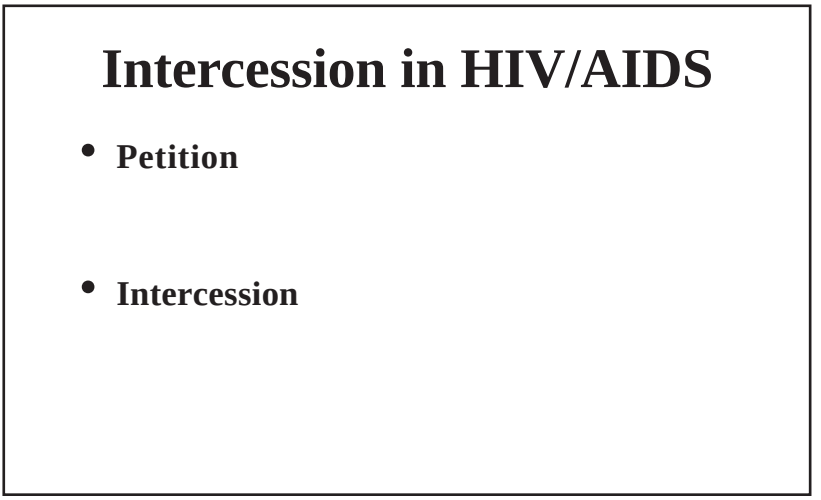
Thank you Father that you hear every prayer spoken or unspoken.

Thank you Father that you release your healing in your time.

Thank you Father that nothing is too difficult for you!

Does Prayer work in HIV/AIDS?

Yes it does, as this story and many others like it bear witness to.



Slide 1

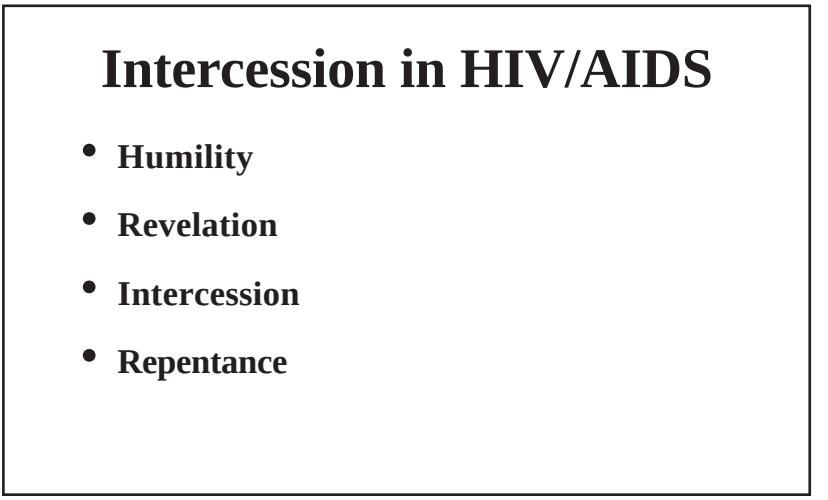
Intercession into HIV/AIDS

We pray instinctively because we are spiritual beings. Something inside us simply cries out to a God who is bigger than we are. To a creator God, an omnipotent God. Our requests go up as petitions before God. They are simple petition prayers and God answers those prayers. There is nothing wrong with petition prayers. Indeed we are told to make our requests known to God.

However, petition is not intercession. Intercession prayer comes from deep within. It is a cry that comes rising up within us, and our whole being is involved. We may cry. We may sob before God. We may fall on our faces before Him. Often we will identify with the need we are praying for. It may be happening on the other side of the world but we feel it in our very bones.

This is called the "Burden of Intercession" When that burden falls on us through the Holy Spirit we are called to intercede with all that we are until the burden lifts. It may be a matter of minutes or hours, or it may continue in one form or other for much longer, even for years. Eighteen years on the burden to pray into AIDS has not lifted yet!

The more we grow in prayer the fewer words that we use. We may pray long flowery prayers that people much admire, in which case we have our reward but actually the more we pray the fewer words we use until deep intercession becomes more a groaning in the spirit, as the Scripture says "The Holy Spirit intercedes for us with "groanings louder than words." (Romans 8 v 26).



Slide 2

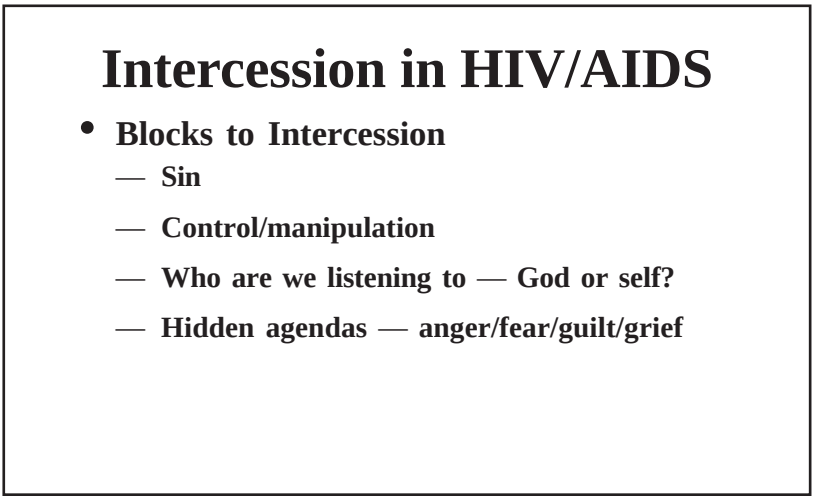
Intercession in HIV/AIDS

Before we come to intercede before God on any issue we need to spend time listening to the Holy Spirit and waiting for him to speak into our spirits about the issue in hand. This is the only way we can avoid praying our own ideas rather than praying in line with God's will.

In order to hear Him we need to come in humility, aware of just what a great God we have as our Father. We need to be walking the walk of holiness, and repent of any known sins in our lives. As we come to Him, we will be welcomed by the Father, and we will have an awareness of how he wants us to pray. It is this revelation that releases us into Intercession.

Over the years we have seen that the final result of intercession, especially sustained intercession is always repentance. This may take many forms. Sometimes it is our own repentance of a critical stance in this issue, or it may be the repentance of individuals or nations. Nothing is too large or too small for God. Out of repentance comes forgiveness, and forgiveness changes lives.

May that be the outcome of every prayer prayed in Jesus' Name.



Slide 3

Blocks to intercession

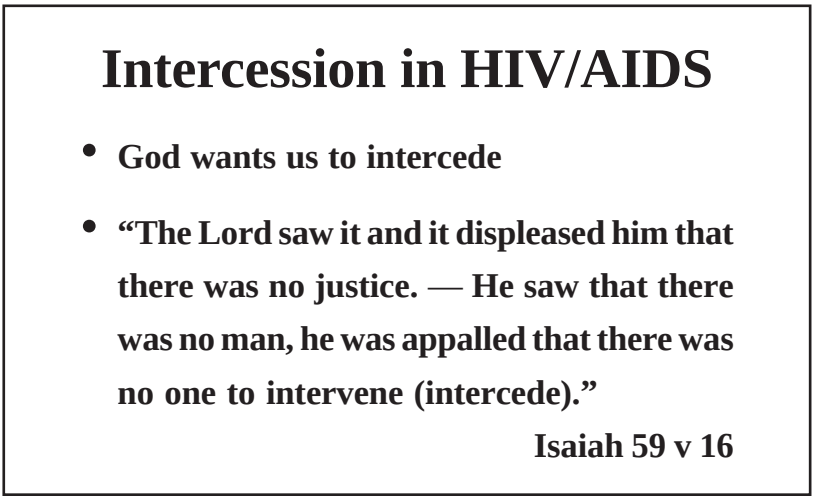
Not only does intercession lead to repentance but intercession also starts with repentance. When you don't seem to be getting through in prayer it is wise to check out some of the blocks to intercession.

The most obvious one is sin. How can we expect to come near to God when there is sin in our lives? Ask God to show us our own hearts and there we will find our sin, be it jealousy, greed, sexual sin or idolatry. Let us clear our sin away by God's grace and then come near to his throne in prayer.

Another block to intercession is control. How we love to be in control. Many times without even thinking about it, we manipulate ourselves, and others, so that we are in control of our lives and their lives. We must surrender control to Jesus if we are to pray in line with his will.

Who are we listening to, God or self? It is so easy to believe that we are hearing God's voice when we are listening to our own thoughts and ideas. Check out what we hear with what the Bible teaches. God will not contradict himself!

Finally, we all need to be aware of hidden agendas. It is similar to listening to self. We need to be aware of our own emotions of anger, fear, grief, or guilt, that may be the driving force behind what we do and how we pray.



Slide 4

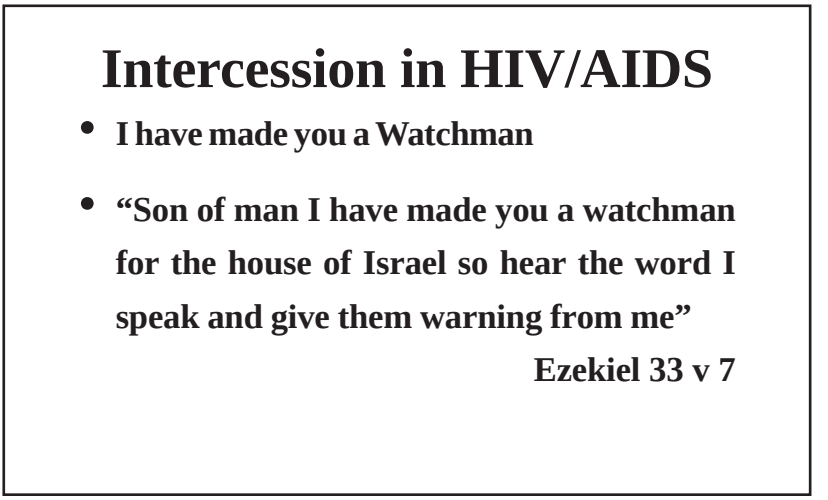
God wants us to intercede

In the second chapter of Timothy Paul is urging us that "requests (petitions), prayers, intercession, and thanksgiving be made for everyone. This is good and pleases God." (1 Timothy 2 v1-3).

Our God is a God of truth and justice and if we are to be his hands and his feet in this world then we need to intervene in the most powerful way possible, (i.e. with our prayers and intercessions) in circumstances where there is no justice. (Isaiah 59 v 16).

The AIDS virus is no respecter of persons. HIV/AIDS strikes rich and poor, adult and child alike, but there is great inequality of resources to fight this infection that is so costly in finances, manpower, and the loss of life of so many.

We are called to intercede even as Jesus always lives to intercede for us and for those for whom we pray.



Slide 5

I have made you a watchman

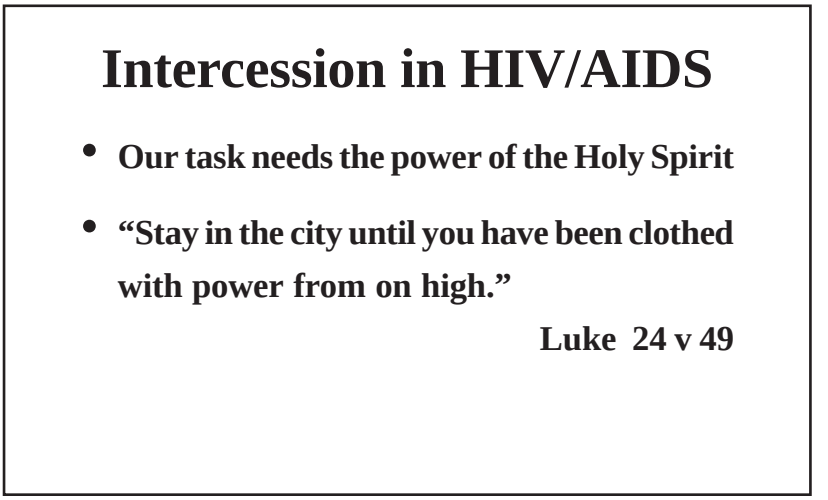
In Ezekiel chapter 33 we see the overlapping of the intercessor with the watchman. It is the Intercessor who seeks to hear God about how he should pray. He comes before God and asks for revelation so that he can pray in line with God's will. Now we become aware of the responsibility that comes with that revelation!

As we ask to see with God's eyes, we become like the watchman on the walls of the city looking out to see what is coming down the road. And God speaks a stern word to us.

"If the watchman sees the sword coming and does not warn the people and the sword comes and takes the life of one of them … I will hold the watchman accountable for his blood" (Ezekiel 33v6)

We have seen AIDS coming down the road! If we do not reach our young people (by prayer and by action) and teach them Kingdom Living, and one dies with AIDS, God will hold us accountable for that child.

"Son of man I have made you a watchman.
So hear the word I speak and give them warning from me"
(Ezekiel 33v7)



Slide 6

Intercession in HIV/AIDS

Our task needs the Holy Spirit

We can warn that HIV/AIDS is coming. We can warn that changes in sexual behaviour need to be made, but the power to make those changes can only come through the Holy Spirit.

The change needed is the change to Kingdom Living. The ABC programme in Uganda has had the effect of dramatically slowing down the rate of infection with HIV/AIDS.

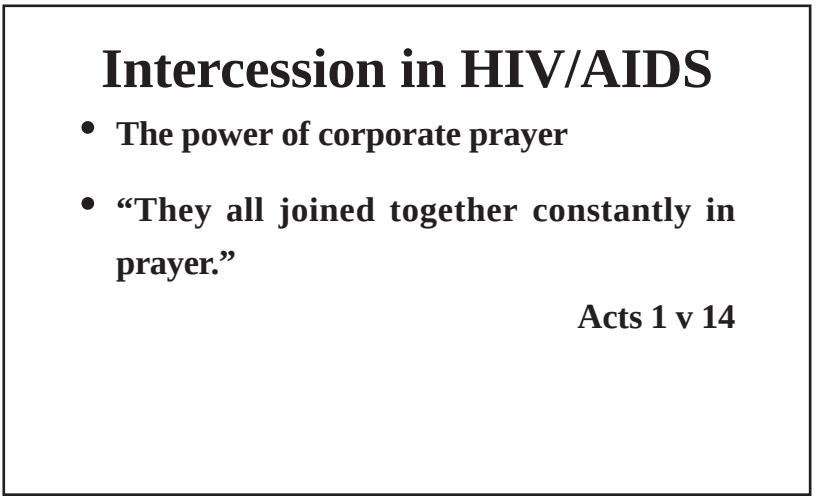
Abstaining from sexual relations before marriage;
Being faithful to one partner;
Condoms-if circumstances prevent A & B.

This is part of Kingdom Living.

However, God doesn't just give us the prescription for Kingdom Living he also gives us the power to live it by his Holy Spirit.

Intercession is the key to the power of the Holy Spirit

The Holy Spirit is given in response to prayer and Intercession. In Acts chapter 1, v14 it says that "they all joined together constantly in prayer." as they waited in the city for the promised gift that of his Holy Spirit.



Slide 7

Intercession in HIV/AIDS

There is power in corporate prayer. God has put us together in families and in churches so that we can support each other by praying together.

Jesus said " where two or three gather in my name, there am I in the midst of them".

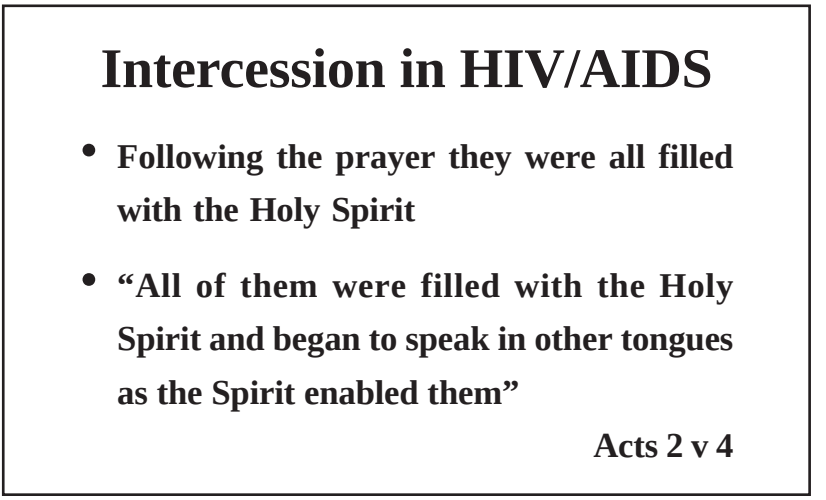
There is power in corporate prayer.

We have found that when we are caring for AIDS patients there are some circumstances that do not respond to normal measures. This is when it is time for a sustained time of corporate prayer and intercession.

On one occasion it seemed right for us to fast and pray for a young girl but we had barely begun to do this when the phone rang with the good news that there was breakthrough in this situation. God is good!

Deep levels of intercession are usually a part of individual prayer burdens. It is often a case of going into your prayer place and closing the door and seeking your heavenly Father who sees in secret will hear and answer your prayer.

However some of this Intercession can be corporate where other members of the group will pray for and support those who have the intercession burden upon them.



Slide 8

Intercession in the Holy Spirit

On the day of the first Pentecost, they were all together in one place, where they had been praying, when tongues of fire came upon them and they were all filled with the Holy Spirit (Acts chapter 2 v1-4).

Praying can be a very exciting thing!

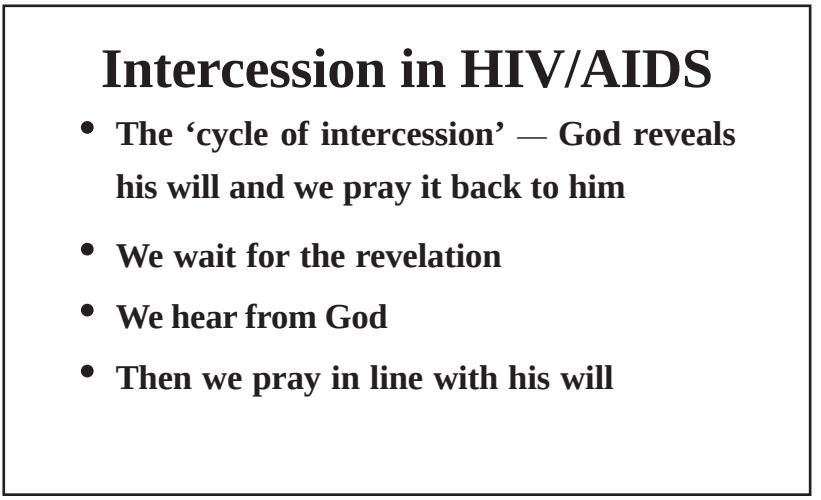
There was a mighty wind, followed by flames of fire, and then an outpouring of the Holy Spirit causing them to speak in other tongues as the Spirit enabled them. Jews from many nations were in Jerusalem and each one heard them speaking in his own language.

Don't be afraid of praying in new ways as you intercede in the Holy Spirit.

Intercession can be a stance that we take before God over HIV/AIDS.

"I will stand here and lift this pandemic of AIDS before your throne for as long as it takes for breakthrough to come." We may be doing other things as we go about our life, but a part of us is still interceding before God.

We know that the battle is won. Jesus did that on the Cross. Yet he calls us to be partners in praying for the coming of his Kingdom in this place.



Slide 9

The 'cycle of intercession'

As we have seen in this teaching, there is a 'cycle of intercession'.

We are nudged by God to pray.

We ask for God's revelation of His will.

We hear from God in words, pictures, or scriptures.

We pray in agreement with His will.

This is the 'cycle of intercession' - revelation coming to us from God and then returning to him in prayer.

This is powerful prayer. This is prayer in agreement with God's will.

"Not everyone who says to me "Lord, Lord"
will enter the Kingdom of Heaven
but only he who does the will of my father
who is in heaven."
(Matthew 7v21)

Intercession in HIV/AIDS

- **"The smoke of the incense, together with the prayers of the saints, went up before God from the angels hand."**
- **"Then the angel took the censer filled it with fire from the alter and hurled it on the earth: and there came pearls of thunder, rumblings, flashes of lightening and an earthquake" Rev 8 v 3-5**

Slide 10

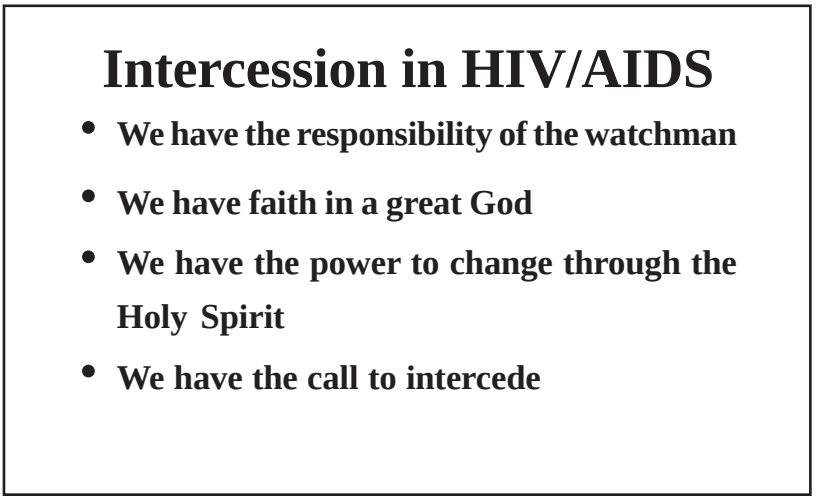
Intercession in HIV/AIDS

In Revelation chapter 8 we read of the angel with the golden censer, who was given incense to offer up to God together with the prayers of the saints. The smoke of the incense together with the prayers went up before God from the angel's hand (Revelation chapter 8, v 3-5).

What happens next tells us something of the response we get from God in answer to our prayers.

"The angel filled the censor with fire from the alter and hurled it on to the earth causing thunder, lightening and earthquakes."

The response to our prayers is a release of power on the earth.
The power of the Holy Spirit to change lives!



Slide 11

Intercession in HIV/AIDS

So we have the responsibility of the Watchman. We ask the Lord for his revelation and when we receive it, we have the responsibility to take notice of it and to warn others and to save those who don't know Jesus and his Kingdom.

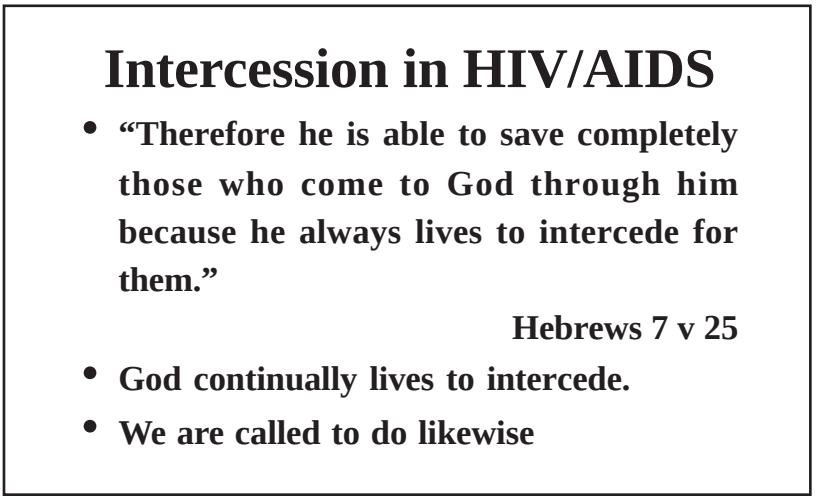
Nothing is too difficult for God, not even HIV/AIDS. We have faith in a great God. "Surely the arm of the Lord is not too short to save" (Isaiah chapter 59, v 1).

God has given us a task, to change behaviour, and also the power to do it.

We must come before God and call out to him for the release of the Holy Spirit to change behaviour and to change lives.

This task is critical if our world is to survive HIV/AIDS. And it all rests on Prayer and Intercession.

We all have the Call to Intercede!



Slide 12

Intercession in HIV/AIDS

God doesn't do things by half measures. He is able to save completely all who come to God through him. And how does he do this? He does it through intercession, because he always lives to intercede for us (Hebrews 7, v 25).

Intercession involves sacrifice. The final act of intercession was the sacrifice that Jesus made for us when he died on the cross for our sins.

"He poured out his life unto death and was numbered with the transgressors. For he bore the sin of many, and made intercession for the transgressors." (Isaiah 53, v 12).

God continually lives to intercede.

We are called to do likewise.

CHAPTER 11

RESPONDING TO GOD'S CALL

(Judah Trust Vision)

Sharing The Vision

The Vision for Judah Trust

It was 1986, when the new disease of AIDS was just beginning to hit the headlines in USA, and in Britain, that we first felt the call of God to work in this area. Over the years God's call has taken us into intercession, caring for the dying, teaching, receiving insights into the global HIV/AIDS scene, and lastly, into looking for God's fruit to come out of all this darkness and pain.

For us the "Call of God" became the "Calls of God". Each one was separate from the others yet the second call, did not replace the first call, nor the third the second, and so on. There have been five calls so far into the area of HIV/AIDS and each is as relevant now as it was when we first received it. Each one has come with the distinct hand of God upon it.

The Call to Pray

The first call was the call to pray. In the mid eighties, Joy found herself catapulted into intercession through the Holy Spirit. The prayer burdens fell on her one after another. Some were for hours or days. Some were for weeks or longer. When the burden of intercession fell for HIV/AIDS it came not only with an intensity she could not ignore, but also with the awareness that this one would continue for as long as was necessary, and that this could be a very long time indeed.

If only we had known, we would have quaked at the thought of twenty years going by and we are still praying! Now, of course, we have others to help in the prayer and we have seen many answered prayers in that time!

Joy was struck with the hopelessness, the fear, and desperation surrounding the issue of HIV/AIDS, and the need to intercede into these situations. Together Joy and Ray started AIDS Intercessors. It was started with just a handful of people and now we have a mailing list of 750 individuals and organisations around the world.

> The call came first with the instruction to "Call out the Pray-ers".
> Joy's response was, "I cannot persuade anyone to pray."
> The reply came back-
> "You won't have to. I will have gone before you with my Holy Spirit and I will have already have touched the hearts of those I have called to pray. Your job is to call out the pray-ers!"

So those whose hearts had been touched came forward to pray and we put together our first Prayer Diary linking those who wanted prayer for HIV/AIDS situations and those who wanted to pray. Our first 'Days of Prayer' followed when we prayed into some of the larger world issues around HIV/AIDS. Our first "All Night of Prayer" was in 1988 when we met to pray for the Romanian AIDS babies.

Many 'prayer days' followed and then we started three day prayer retreats and conferences. Throughout the years Intercession has remained the foundation of all that we do and the call is as strong now as when we first heard it.

The Call to Care

As the prayer group grew from very small beginnings to 15 or so meeting weekly and many more receiving prayer diaries across the UK and beyond, we began to realise that the intercession was leading us into practical caring. Intercession was the most important thing but we also needed to get out there and give practical care to those with HIV/AIDS.

And so the **Homecare Team** began. Once more there were small beginnings. The weekly training sessions and the prayer went on for 12 months or more before we stepped into hands-on care. Working alongside a specialist medical team we began to provide 24 hour nursing care for those who were dying with HIV/AIDS at home.

The call to care came during a time of prayer, when Joy received a picture of Jesus cradling an AIDS sufferer in his arms. Joy says, "He looked up and looked straight at me and said"-

"This is where I am. Do you want to be here too?"

He leaves us (as always) with the opportunity to choose whether we want to be with him.

The Call to See

The third call was given to Ray who already had well-honed commercial skills in understanding worldwide trends for change. Adding a prophetic gifting it became a "Call to See". This was a call to recognise the signs of the beginning, and the development of, a world wide pandemic of HIV/AIDS. It enabled us to see where the outbreaks of the epidemic were occurring, to see into the underlying dynamics driving the particular outbreak and to see the long term consequences of ignoring the need for humanity to revise its ways of living and working.

This is an on going call, with the present need being, to understand the times, as this disease does not " run its course" as it was expected to and as other epidemics before it have done. It is mercilessly moving forward country by country until we who are called to see, dare not hold our counsel.

The Call to Warn

The fourth call of God was the call to warn. This came in a series of pictures and teachings about the watchmen on the walls of the city (Ezekiel chapter 33).

> "If the watchman sees the sword coming and does not blow the trumpet to warn the people and the sword comes and takes the life of one of them … I will hold the watchman accountable for his blood"
>
> (Ezekiel chapter 33, v 6)
>
> "Son of man, I have made you a watchman for the house of Israel…"
>
> (Ezekiel chapter 33 v 7)

We have seen the sword of HIV/AIDS coming. It is a ruthless killer taking its toll among the young. Young people and children, men and women in the prime of life and still we don't want to know! There is such an attitude of apathy to the realities of AIDS in so many societies where HIV/AIDS is only a hairs breadth away. "Please Lord don't let us be found sleeping at such a time as this." It is almost inevitable that in seeing the course of the disease there is now a responsibility to warn about the need for change.

The Call to Harvest

The call to harvest comes with the words, "Look for the fruit." Yes, out of something as devastating as HIV/AIDS, God can produce fruit. Once we learned to look for the harvest, we found two harvests.

The harvest of the living
The harvest of the dying

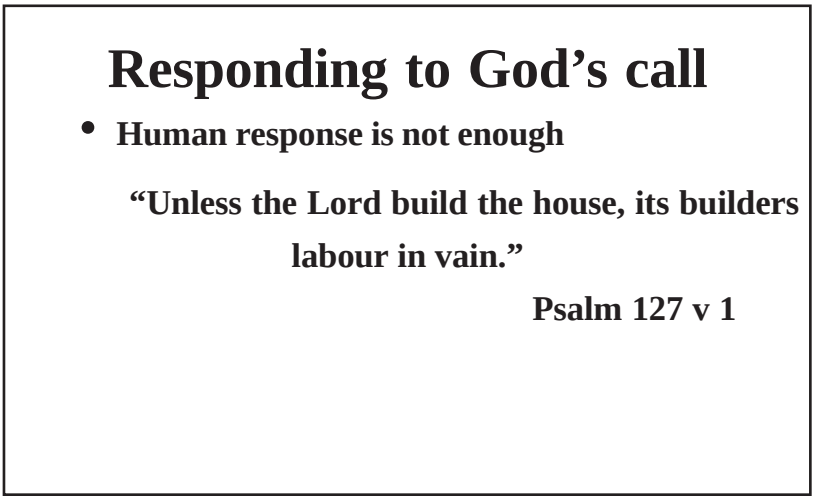
The first harvest, the **harvest of the living,** are those who are set free from the threat of HIV/AIDS by being taught about Kingdom Living. Yes, living God's way and becoming one of his children can protect you from HIV/AIDS. The ABC programme used in Uganda, with its emphasis on abstinence before marriage, being faithful after marriage, and only using condoms if you cannot, or will not, do the other two, has proved that sexual behaviour change is possible and can stop the progression of HIV/AIDS.

The harvest of the living is a new generation of God's children living with restored hope and vitality, hopefully in a world free from HIV/AIDS

The second harvest is **the harvest of the dying**. As we care for those who are dying they talk to us in their fearful moments and ask us about our belief in life after death. They are hungry to know about God and about Jesus. Some, we know, give their lives to Jesus. Others we don't know about. Some struggle but many have peace in their hearts and may be closer to God than those in church pews week by week. It is not our place to know. It is our place to care with the love of Jesus and to leave the rest to God.

So our experience tells us that sometimes God leads us step by step on the journey into ministry with one call following another. We were not in the right place to hear the second call until we had responded to the first, and so on. Each call was different and each was adding to the others rather than replacing them.

Our journey has involved five separate calls of God. Have we reached the end of the journey? I don't think so. Are there more Godly callings just around the corner? Or have we now the whole package necessary to work together towards what God intends for HIV/AIDS in our world? Time will tell, but in the meantime, continuing to do what God has called us to do for today, is more than enough for us.



Slide 1

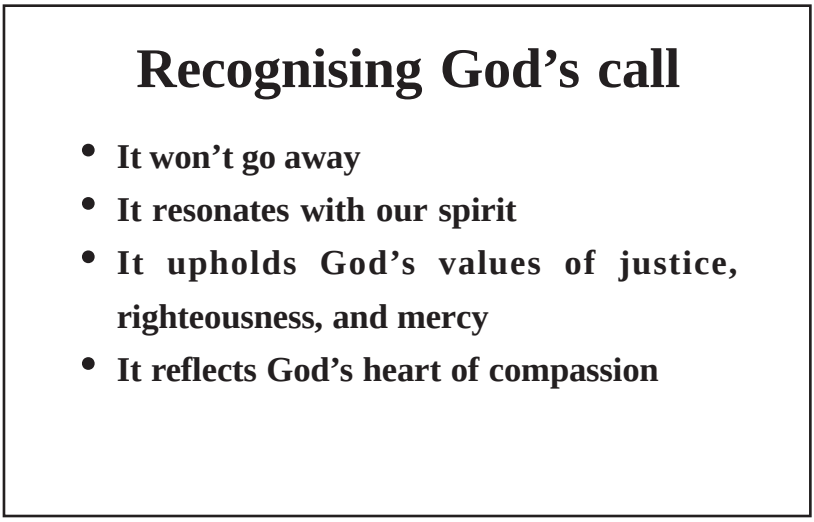
Human response is not enough

We respond to the call of God in order to be at the right place at the right time so that God can work through us. In this way situations are changed and peoples lives turned around . We see God's miracles at work.

The needs of this world including the needs of those with HIV/AIDS can hardly be changed by human effort alone. Such needs are too great. Millions have died and millions more are living with HIV/AIDS, We may think that we can do nothing. What would our individual contribution achieve?

This is where we need our God. If we walk in step with Him and let his power flow through our lives then He can use us and others like us to change the world that is under threat of sickness and death through HIV/AIDS

"Unless the Lord build the house its builders labour in vain" (Psalm 127 v 1).



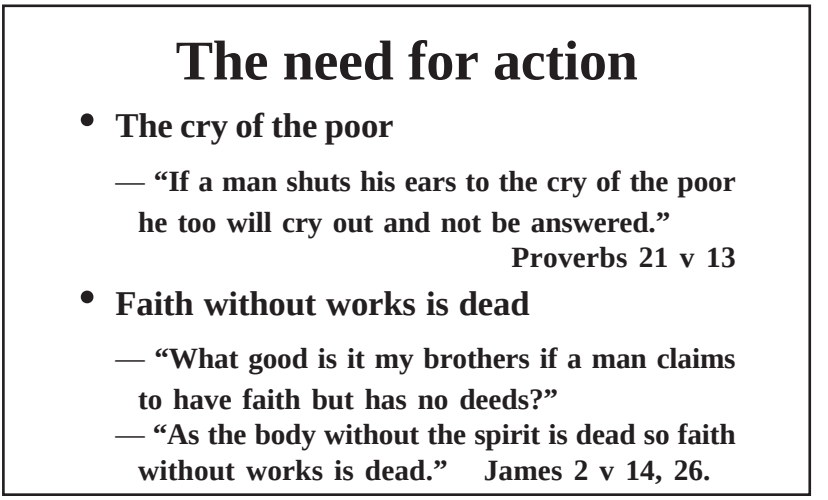
Slide 2

Recognising God's call

That urgent tugging at our heart, that insistent nudging in our spirit is distinctive in certain characteristics. The first one is that it will not go away. Time after time when people talk to me about the call of God on their lives they say the same thing. They may ignore it, and go and do something entirely different, but it always come back. It will not go away.

This call will be in line with God's values of righteousness, justice and mercy. He will not be calling you into something that goes against his own values. If you think that he is, then think again. That will not be God's voice that you are hearing. It may be your own desires that you are following but it wont be the call of God.

Most of all the call will reflect God's heart of compassion. Jesus healed the sick and bound up the broken hearted. We too must go and do likewise.



Slide 3

The need for action

The bible makes clear that faith without works is dead (James chapter 2). We who have faith in an all powerful compassionate God must live a life of compassion in accordance with our faith. It is up to us to do what we can to alleviate suffering wherever we find it. This is especially true of HIV/AIDS the most devastating illness yet to have ravaged this earth.

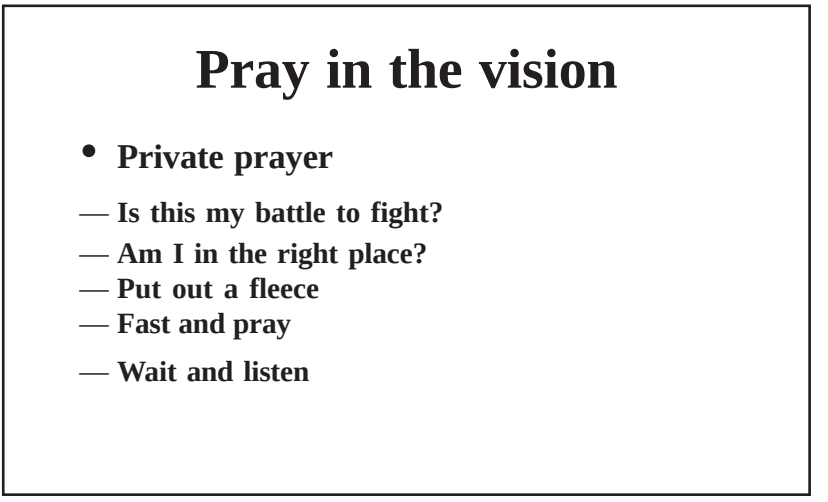
The other reason for action is crystallised in the **'cry of the poor'**. In Proverbs we are warned that if we shut our ears to the 'cry of the poor' then we too will cry out and not be answered.

The 'cry of the poor' is surely the cry of Africa, at this time, as a whole nation cries out against HIV/AIDS. The stigma, the pain, the presence of death, the poverty that follows AIDS, the hungry orphans forced into prostitution who repeat the cycle of HIV/AIDS – all this is the 'cry of the poor'!

It is not just Africa. India, China and Russia, and eastern Asia are already feeling the cold wind of HIV. No country is exempt. Western Europe and the developed world are poised for their own epidemic of AIDS.

Faith without works is dead. We have faith in our magnificent and compassionate God, and we are prepared to be his hands and his feet as he brings his kingdom into this our world.

We are called to respond to the **'cry of the poor'**. Let us not be found wanting.



Slide 4

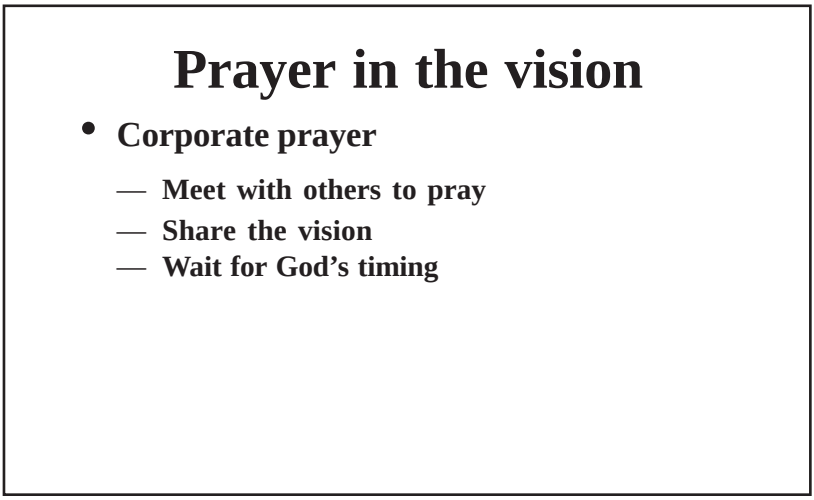
Pray in the vision

When God gives us a vision for a work of compassion we are being given a glimpse of his heart. Handle it carefully for this vision is precious. It is given to you specifically because you are the one that God has been preparing for this work. Do not try to hand it on to another. Others may have a similar vision and may walk alongside us to encourage us in the work but there will be differences in what God has called each one to do.

"For we are God's workmanship,
created in Christ Jesus to do good works
which God prepared in advance for us to do."
(Ephesians 2, v 10)

We need to ask "Am I in the right place? Is this where the vision given to me will be worked out? Is this my battle to fight?" There are many good causes in this world, but if we are in there just because it is a good cause then we won't have the anointing for the task ahead.

Put out a fleece, fast and pray, wait and listen, and when you have that witness in your spirit that this is God's will for you then pray for the specific tasks ahead and wait for God's timing.



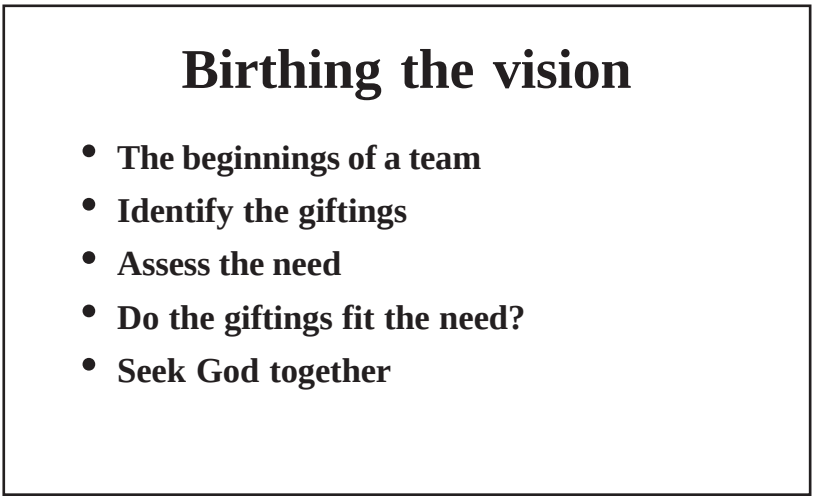
Slide 5

Pray in the vision

Ask God for others who will understand your heart to pray alongside you for this vision. Regular prayer meetings like this may need to go on for months before breakthrough comes.

When appropriate, share the vision that God has given you. This will provide a focus for prayer and will enable you to see both the blessings and the problems through the eyes of others. God will use others to affirm your calling.

Waiting for God's timing can seem the hardest part of setting up a ministry. We are so sure that we are ready when we are often still very young in the Lord. It is only on looking back that we see not only the wisdom but the necessity of that waiting time.



Slide 6

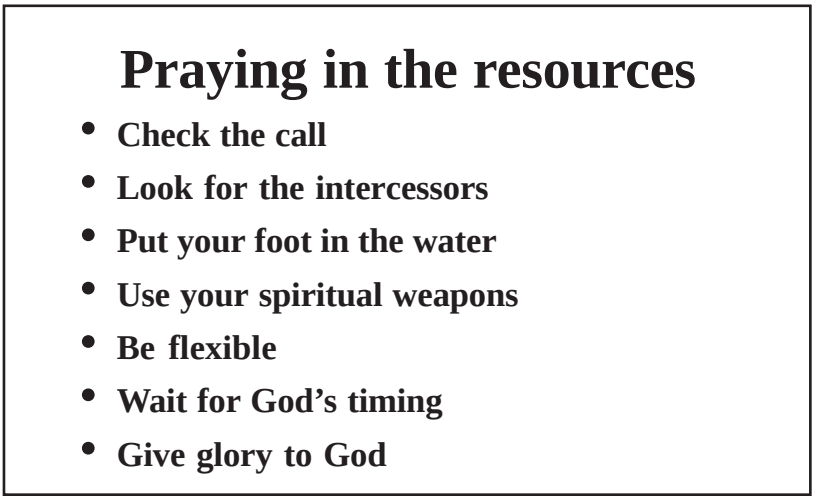
Birthing the vision

The waiting time is over. We are already beginning to see breakthroughs in prayer. Already there are the beginnings of a Ministry Team.

Maybe it is a breakthrough in resources. Money is beginning to come through for the new ministry. Maybe it is a breakthrough in personnel. We start to see the beginnings of a team.

Invariably we will be surprised. These are not the people you would have first thought of as members of the team. They may be "rough diamonds" rubbing up against each other and against you, but God will give you eyes to see their heart and their vision, and their commitment. Praise God that he didn't leave it up to us to chose our own teams. They are God's people and as he gives you eyes to see their heart so he will give you eyes to see their giftings. Encourage those giftings. Each one will be needed in the work that you have to do.

Assess the need in the area where you are to work. Broadly speaking do the giftings fit the need? If God has brought you all together, then the answer will be yes. Then you can seek God together for the way ahead.



Slide 7

Praying in the resources

Your team is coming together so resources in terms of people are already coming forward. It is always advisable to check again what God has called you to do. It is easy to be deflected into someone else's vision and to land up in a place where you should not be.

Next, look for the intercessors. When God begins a new work he will provide intercessors for that work. If the prayer cover is not in place wait and pray until it is.

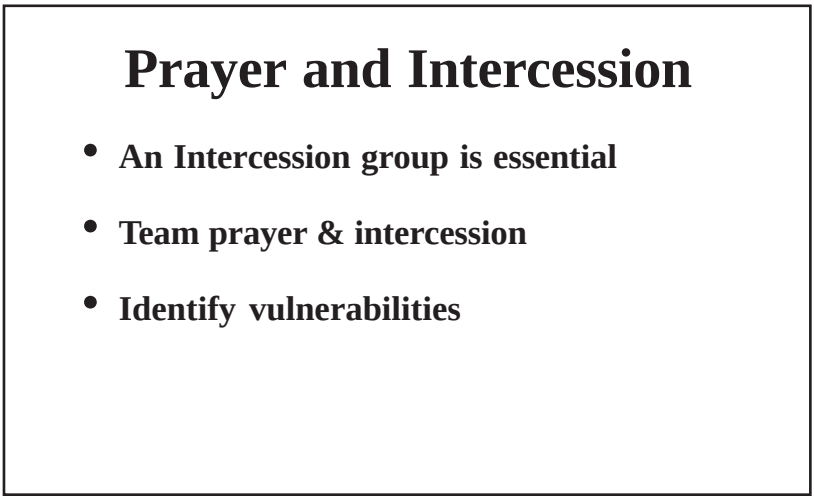
Then there is a need to "put your foot in the water".

Start where you are even with one small child. Your buildings may not be built yet but you can still help one AIDS orphan – one small child. Start small and let God bring in the people and the resources to grow the ministry as he sees fit. Use your spiritual weapons (Ephesians 6), the gift of faith, fasting prayer. Be aware of the spiritual dimensions in your work.

This is especially true in AIDS work with so much death and dying. Jesus broke the power of death on the Cross, and we must carry the light of life when we work in its shadow.

Be flexible by assessing the needs and asking, "Am I praying the right prayer in this situation?" Follow God's leading at all times.

In all things wait for God's timing and always give the glory to God for answered prayer, and for what he is accomplishing through the ministry.



Slide 8

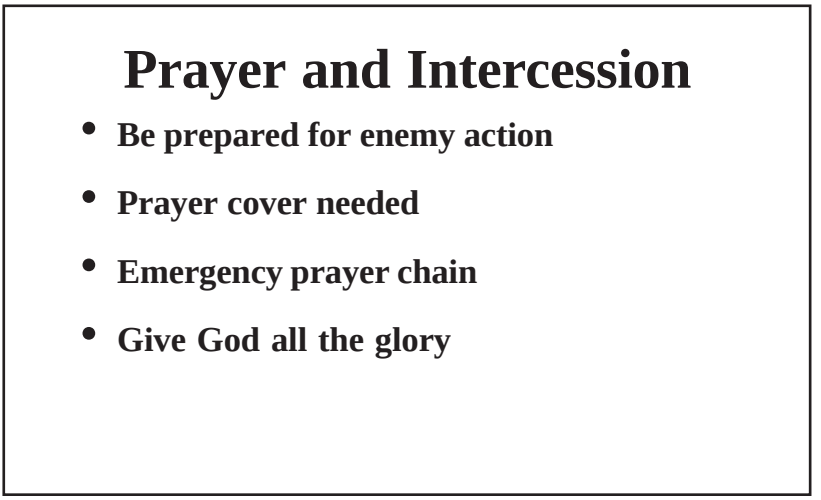
Prayer and Intercession

When God gives us the vision for a new ministry he will also provide the intercessors. If you are feeling alone in your calling ask God for these intercessors and don't move forward with the vision until they are in place.

So often we do it the other way round and then wonder why we are in difficulties because of the lack of prayer cover. An Intercession group is essential. As well as this there should be regular Team Prayer and Intercession. If possible do this daily.

Each person on your team will have their own vulnerabilities. It is important to identify these as soon as possible so that specific prayer cover can be given. All of us have these and if it is possible to share them, then many more people could pray. However, confidentiality can still be kept by asking the intercession group to pray without giving names.

Families of Team members especially young children should be prayer covered at all times when the team in operating in the areas of HIV/AIDS and death and dying.



Slide 9

Prayer & Intercession

When working with HIV/AIDS we are speaking Life into death in Jesus Name. This will not be easy. When we look at the spiritualities involved, we are "standing in the gap" between life and death. The enemy doesn't like it and will let us know. However we have spiritual weapons (Ephesians 6 v12-18) and we must be trained and prepared to use them when required.

We must provide prayer cover for the team, their families, and their vulnerabilities, but most of all we must pray for our clients. The most important thing that we can do for those with HIV/AIDS is to pray for them As we all know, when we pray things happen and when we don't pray things don't happen. The prayer needs to go hand in hand with action but the most important thing is the prayer. Do you know that there are many that you will care for who have no one left to pray for them. Please don't let them down!

It is helpful within our prayer teams to have an Emergency Prayer Chain where urgent prayer requests can be quickly passed from one to another at very short notice.

Above all, always remember to give God all the Glory (see also slide 7).

CHAPTER 12

LIVING LIFE GOD'S WAY

(Kingdom Concepts)

KINGDOM CONCEPTS

It all started with a letter from Africa. We had been working with people with HIV/AIDS for several years by then. The AIDS Intercessors prayer base had been set up, and God was as good as his word. Wherever we got up to speak, God had already been touching hearts ahead of us. We have no idea of the contacts that led many people to be on our Intercession list. First by letter, then by telephone and more recently by e-mail they contacted us to say "please may we join you in prayer?"

By the time we received this letter, we had been running our own Homecare Team for those dying at home with AIDS, for four years, while keeping the Intercession Prayer Base going at the same time. No mean feat I may add. The letters, prayer diaries and e-mails were coming then as they are still coming now.

When we receive these letters we do read them all and as we read them we are asking the Holy Spirit to nudge us over those things that we need to take note of be a priority at that time. These may be anything from local prayer needs to emergency calls for help.

The letter came from Uganda, from a well-known Christian friend. As we read it we simply knew that we must pay particular attention to what was being said. He wrote that his people were "getting tired of praying (for people with AIDS) because they were not getting answers to their prayers."

It was that phrase "getting tired of praying" that started to ring alarm bells in my head. How could this be happening? Prayer is that wonderful closeness with God. How could someone tire of such a thing? I knew then that we had to do something about it. We needed to go to back to Uganda

By now the AIDS epidemic in Uganda was at an all time high. Every family was affected. Most families with young children were also looking after children orphaned by AIDS within the wider family, and still they fell ill and still they died. More and more children were being left without home and schooling as the traditional family structures broke down under the strain of so many deaths from HIV/AIDS.

The road from Kampala to Entebbe was lined for hundreds of yards with new wooden coffins, many of them tiny ones for children. It had become a new thriving industry.

Already President Museveni was putting into place the "ABC" programme. This is a programme emphasising Abstinence, Being careful, and if those were impossible, then use Condoms. The aim of this programme is to promote the behaviour change necessary to halt this raging disease of AIDS. And it was already working. Under this programme the downturn of the figures was beginning but not yet fast enough to save the lives of tens of thousands of men, women and children in this fertile equatorial country of central Africa.

Yes, we needed to go to Uganda but first of all we must pray, and the more we prayed the more I felt that we were missing something here. If prayers weren't being answered then perhaps we were praying the "wrong prayer" We needed to check it out with God.

As we waited on the Lord at our weekly AIDS Intercessors meeting I remembered something from the early years in AIDS work. It was very possible while taking in the

desperate plight of those suffering with HIV/AIDS, to forget that the virus can be stopped. It can be stopped simply by changing our behaviour patterns, especially our sexual behaviour patterns, to those in line with God's way of living.

Uganda, a country with a Christian President, was already thinking this way with its "ABC" programme.

All of a sudden the whole perspective changed. Yes, it was right and proper to pray for those with AIDS to be healed, and God has, occasionally, healed people with AIDS. But we must not forget that in his wider plan, he has the stopping of the whole pandemic in mind!

What is more exciting is that he has already given us his answer to HIV/AIDS. He has and has always had the whole thing in his control. Living God's way means putting into place the behaviour change that will stop HIV/AIDS in its tracks.

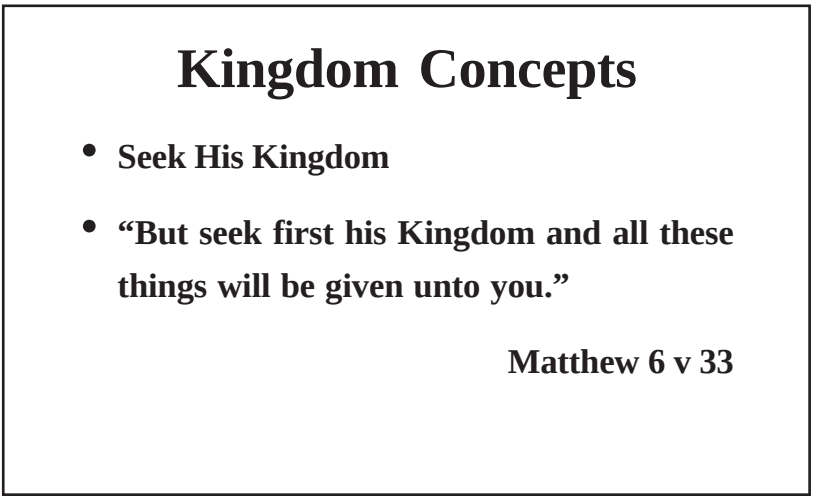
It is so simple! How have we not seen it, and if we have seen it, why have we not spoken out when so many are dying as this pandemic spirals out of control?

So we went to Uganda. Our next International Conference was rescheduled to Kampala, along with support meetings in Jinja, Mbale, and several hospitals and colleges. We talked together, prayed together, worshipped together, and cried out to God for his mercy on us his people. But most of all, under our banner of "Restorers of Hope" we prayed for massive behaviour change in this land and in the lands from which we came. Many, many Christians joined us in this prayer, and today six years later, Uganda stands out as a landmark showing the world what can be done to turn AIDS around by adhering to Christian, values (as in the ABC programme) promoting behaviour change.

Out of this came our teaching on Kingdom Concepts. By learning more about the Kingdom of God we come to understand the reasons for living God's way in the 20th and 21st Century. It is not only a good way to live; it could actually save your life.

Come now, let us explore the Kingdom of God together.

Kingdom Living is God's answer to HIV/AIDS



Slide 1

Seek the Kingdom

When Jesus was asked what the Kingdom of God was like he said that it was very precious, like a pearl of great price, or a hidden treasure that you would sell all that you had, in order to acquire the treasure. He said that it was like a tiny mustard seed that grew to be the largest tree in the garden.

The Kingdom of God promises salvation and eternal life. It is a kingdom of righteousness where we receive the blessings of heaven on earth in exchange for our selfishness and our worldly values.

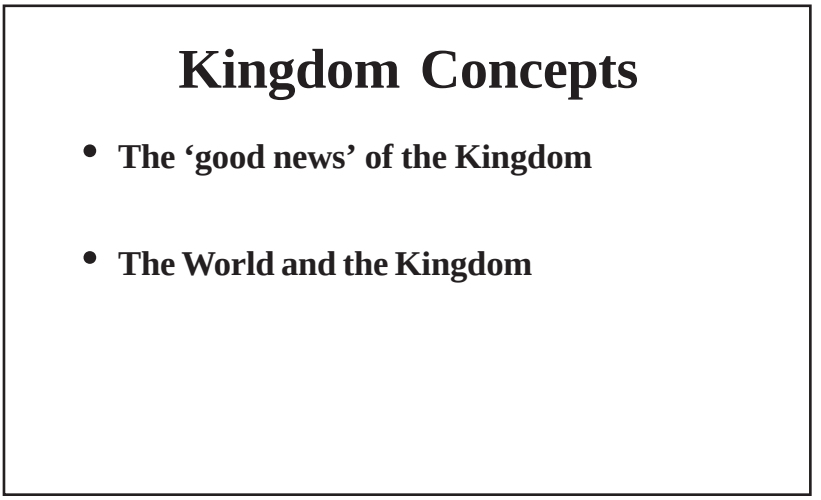
No longer are we at the centre of our world, which is a very lonely and dangerous place. God's Kingdom comes first. As we seek his Kingdom and place him at the centre of our lives, so he promises that all the needs we worry so much about, will be provided by a Father who knows exactly what we really need.

"Seek first his Kingdom and all these things will be given to you."

"**Sow for yourselves righteousness, reap the fruit of unfailing love, … for it is time to seek the Lord!"**
(Hosea 10, v 12).

God has given us his prescription for living vital, healthy, holy lives and if we all live his way we shall indeed be free from HIV/AIDS. AIDS has wrecked havoc in our world, and shows no sign of abating.

Surely it is time to seek the Lord!



Slide 2

Kingdom Concepts

The **good news of the Kingdom** is that we can all receive salvation and eternal life. As we repent of our sins and receive forgiveness we can leave our old life behind and step into the Kingdom of God. Here we have the power of the Holy Spirit to enable us to change from worldly values to Kingdom values.

The World & the Kingdom

As Jesus said,

"My Kingdom is not of this world, … my Kingdom is from another place" (John 18, v 36).

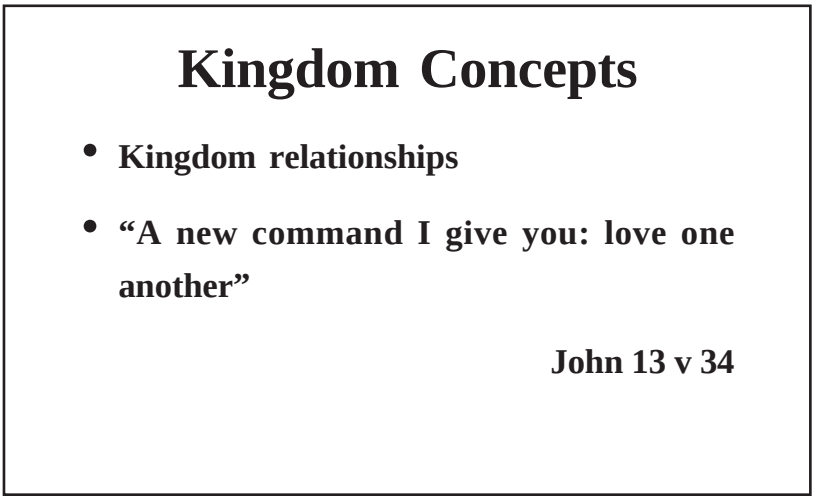
We no longer live by the values of this world and the desires of the sinful nature for the sinful nature desires what is contrary to the Spirit. We live by the Spirit, and the fruit of the Spirit, peace, joy, faithfulness & self-control.

"For the Kingdom of God is not a matter of eating and drinking,
but of righteousness, peace and joy in the Holy Spirit."
(Romans 14, v 17)

And we **can** live according to the Kingdom of God because we have the power of the Holy Spirit available to us!

As we pray for the release of the Holy Spirit, all who want to change to live God's way, find new power to live in accord with God's Kingdom.

"The Kingdom of God is not a matter of talk but of power."
(1 Corinthians 4, v 20)



Slide 3

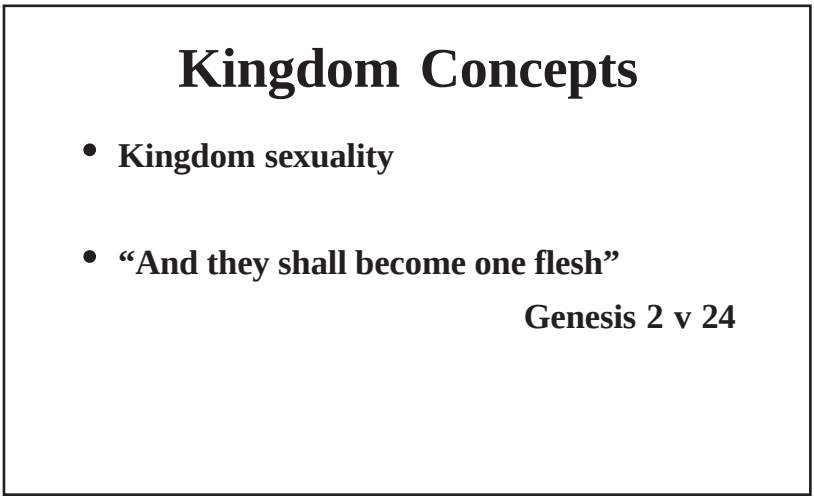
Kingdom relationships

We have turned from the way of the world and we are brothers and sisters together in the Kingdom of God.

"You, my brothers were called to be free, but do not use your freedom to indulge the sinful nature, rather serve one another in love" (Galatians 5, v 13).

Live by the Spirit! Serve one another! Carry each other's burdens!

"A new command I give you: **love one another.**
As I have loved you, so you must love one another.
By this all men will know that you are my disciples
if you love one another."
(John 13, v 34-35)



Slide 4

Kingdom sexuality

God planned it from the beginning. In Genesis chapter two it says,

"For this reason a man will leave his father and mother and be united to his wife, and they will become one flesh" (Genesis 2, v 24). For it is said, "The two will become **one flesh**" (1 Corinthians 6, v 16).

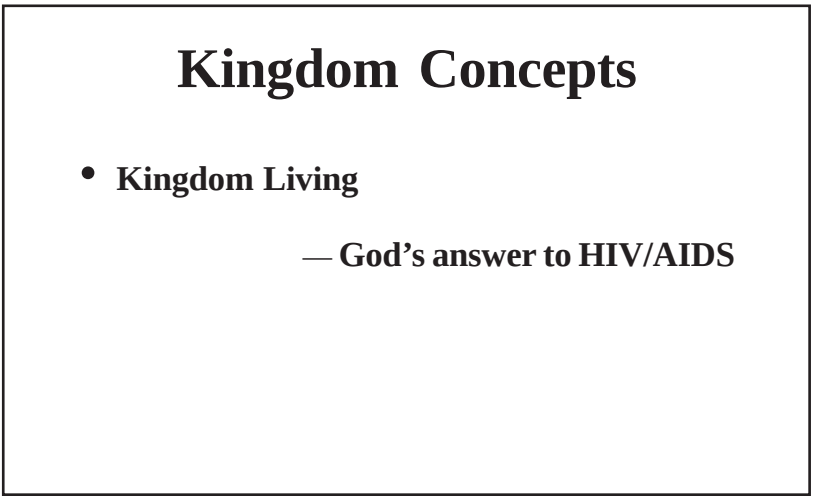
One man and one woman unite to become one flesh. This is a very special physical, emotional and spiritual bonding that we undervalue at our peril. It is protected by marriage where we vow to honour each other and to stay together until "death us do part". This special bonding is protected for good reason.

God's gift of sexuality was given to us for two purposes, the first being **procreation** – without this you and I would not be here! The second is for **recreation**, the giving of intense and deep pleasure to one another with whom we are bound in the relationship of one flesh by marriage. The recreation is not with all and sundry, but only with our one flesh partner. One flesh means ONE flesh. If we are promiscuous in our sexuality, it is as though the "one fleshness" becomes diluted. We seem to leave parts of our "inner selves" scattered in many different places, with many different people. Surely it is important to protect our sexuality by keeping this act of physical, emotional, and spiritual bonding for the long-term commitment of marriage.

"Flee from sexual immorality."

"Do you not know that your body is a temple of the Holy Spirit, who is in you, whom you have received from God—therefore honour God with your body" (1 Corinthians 6, v 18-19).

This is Kingdom Sexuality
This is Kingdom Living
Living this way will stop HIV/AIDS



Slide 5

Kingdom Concepts

If we live God's way we will

Put God first
"Seek first the Kingdom of God" (Matthew 6, v33).
Turn from our sin
"Repent for the Kingdom of Heaven is near" (Matthew 3, v 2).
Follow Kingdom Sexuality
"Flee from sexual immorality" (1 Corinthians 6, v18).
by enjoying our sexuality with our marriage partner!

If we all live this way AIDS will stop
and we can give to our Children
a world without HIV/AIDS

Kingdom Living is God's answer to HIV/AIDS

ABOUT THE AUTHORS

Joy and Ray Thomas are a husband and wife team in their early sixties. They have two adult children and three grandchildren. They have been called into prayer and intercession into the global HIV/AIDS crisis. They have experience in the practical care of people with HIV/ AIDS and teach on HIV/ AIDS prevention and care, and prayer and intercession. They have taught in UK, Europe, Africa, Indian subcontinent, Far East and North and South America and the Pacific. Both have broadcast on Christian radio regarding the Christian response to HIV/AIDS.

Joy R Thomas

Joy qualified as a medical laboratory technologist and worked for many years in major hospitals and undertook microbiological research at a government research centre. She has specialist training in cancer cell screening. She holds formal qualifications in counselling, including bereavement counselling, and holds a Master of Science degree in Health Psychology. She trained in a number of fields specific to AIDS and holds ENB qualifications in 'Care and Management of People with AIDS and HIV' and in 'Palliative Care'.

Joy has extensive experience on the physical and pastoral care of people with HIV/AIDS and is uniquely skilled in teaching on intercession and prayer into HIV.

Joy is a director of Judah Trust.

Ramon L Thomas

Ray trained in civil engineering and surveying before qualifying as a chartered accountant. Ray is a Sloan Fellow and holds a Master of Science degree in administration from MIT in USA, a degree in Commerce and Administration; and is a Chartered Accountant. He trained at Oak Hill Theological College and is now a non stipendiary ordained priest in the Church of England.

He spent nearly 30 years in the oil, mining and venture capital industries as a senior executive and company director and has worked in many countries in the world. Ray is particularly skilled and experienced in discerning and assessing, global trends and their implications.

Ray is the Chairman of Judah Trust.

JUDAH TRUST

Judah Trust was founded in 1997 by Ray and Joy Thomas in order to continue the work of AIDS Intercessors and Wellspring Homecare Team that they had begun under Wellspring Trust in 1987. AIDS Intercessors is a prayer ministry into HIV/AIDS, and the Homecare Team cared for and nursed AIDS patients in their own homes. The aim is to see the outworking of a vision to provide a Christian response to HIV/AIDS on both an individual and a global scale.

Judah Trust is a UK registered charity and has a Council of Management, which together with its members, provide a wide range of expertise available to the executive team, including medical, nursing, business, teaching, research, and spiritual skills. All have some experience of intercession and together with the global network of intercessors, provide the intercessory underpinning for the operational work outlined below.

The Homecare Team

The Wellspring Homecare Team provided care in the home for terminally ill patients in their last days. During 1989-92 the initial team looked after 20 HIV patients. From 1993-97 Wellspring Homecare Team looked after a further 340 patients (including some cancer patients). All 360 eventually died, most in their own home and most with a team member present. The advent of triple therapy led to the cessation of the homecare work in the UK.

The Prayer Ministry

AIDS Intercessors, which began in 1987, is an international network of Christian intercessors spread across some 60 countries of the world and bound together by a calling to intercede before God about the global issue of HIV/AIDS. AIDS Intercessors provides moral and spiritual support and mobilises intercession for the needs of Christian organisations working with HIV.

AIDS Intercessors keeps up to date with the global HIV/AIDS situation and, via quarterly Newsletters and Prayer Diaries, keeps the intercessors informed and brings before them specific topics for intercession. AIDS Intercessors stimulates and encourages the formation of local intercessory groups and provides teaching and guidance on intercession and prayer. AIDS Intercessors runs, and has run conferences and prayer retreats over many years for pray-ers and prayer leaders from countries around the world.

Training The Trainers

The unique knowledge and the skills gained from the work of the homecare team and the intercession has been retained and formed the basis for a growing

international teaching and preaching ministry with an emphasis on training others to raise HIV/AIDS awareness and to care for HIV/AIDS patients in the community.

The wealth of experience gained in working with HIV/AIDS forms the basis of our teaching programme. Some of this teaching can be found within the pages of this book.

Judah Trust can be contacted as follows

Website	http://www.judahtrust.org
Email	judahtrust@aol.com
Post	Judah Trust, P O Box 1033, Yateley, Hampshire, GU46 6WT, England.

OPERATION MOBILISATION

Operation Mobilisation is pleased to co-sponsor this book, and is totally committed to seeing Churches everywhere make a compassionate, caring and practical response to all those affected by HIV and AIDS, as well as helping to save lives.

OM was founded by George Verwer, whose energy, originality, and challenge to discipleship and World evangelism, touched many people. Emphasis on 'Training through doing' was a central feature of the many teams that went out, in different parts of the World. The vision and eventual purchase of OM mercy ships probably put OM on the map more than any other single factor.

Today OM is a dynamic, global ministry with almost 3,000 full-time staff in over 80 countries. It is committed to working with churches and other Christian organisations for the purpose of World mission. The different ministries of OM provide speakers for Churches, conferences and seminars, experienced training in all forms of evangelism, leadership and pastoral care and a wealth of resources, including videos, books, presentational materials and prayer cards.

OM can be contacted through their websites at

http://www.om.org
http://www.ombooks.org
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