

“DO YOU SEE THE TROUBLE WE ARE IN?”

NEHEMIAH 2:17

Rev Gideon Byamugisha chose to go public about his HIV status in 1995. He now heads Integrated Health Programme on HIV/AIDS.

Nearly 50 years after King Nebuchadnezzar had captured Jerusalem and Cyprus; the King of Persia captured Babylon and took over the whole empire. A year later, he issued a decree that “the Jews could go back home and rebuild the city”.

The task of rebuilding the city was not easy. The exiles that returned were few and poor while the “Stayees” had been crippled economically. So twelve years after the events recorded in the Book of Ezra, the walls of the city were still broken and the burned gates had never been replaced (Nehemiah 1:2-3).

That situation, bad as it was, was not the most painful thing for Nehemiah. What pained him most was the fact that many Jews seemed to be oblivious of the bad situation they were in.

Now for one to be in a problem is bad enough. But for one to be in a problem and not realize either the existence of the problem or its magnitude is double tragedy.

This is why Nehemiah, after a thorough inspection of the city, questioned: “Do you see the trouble we are in?” (Neh. 2:17)

Why don't people see obvious trouble?

Hunger, disease, and oppression are so common and recurrent that many accept them as routine. In addition, disease and pain often lead to an inability to think positively.

In Africa, disease and preventable deaths are so common that many people take it as the will of God. That is what preachers often say at the funerals and it may be a very good defense mechanism for communities which either do not comprehend well the causes of their troubles, or are too marginalized, sick or too paralyzed to think beyond the surface.

The curse of not knowing

No matter however much aid is given, unless local communities know why they are in the situation they are in, progress is likely to be slow, and constrained. That is why it is pertinent that leaders, at every level and from every sector, should take it upon themselves to explain: (i) what HIV is, (ii) what it does to the body, (iii) how likely are they to become infected or to infect others and what they can do to avoid being infected or giving the virus to the others, if they are already infected.

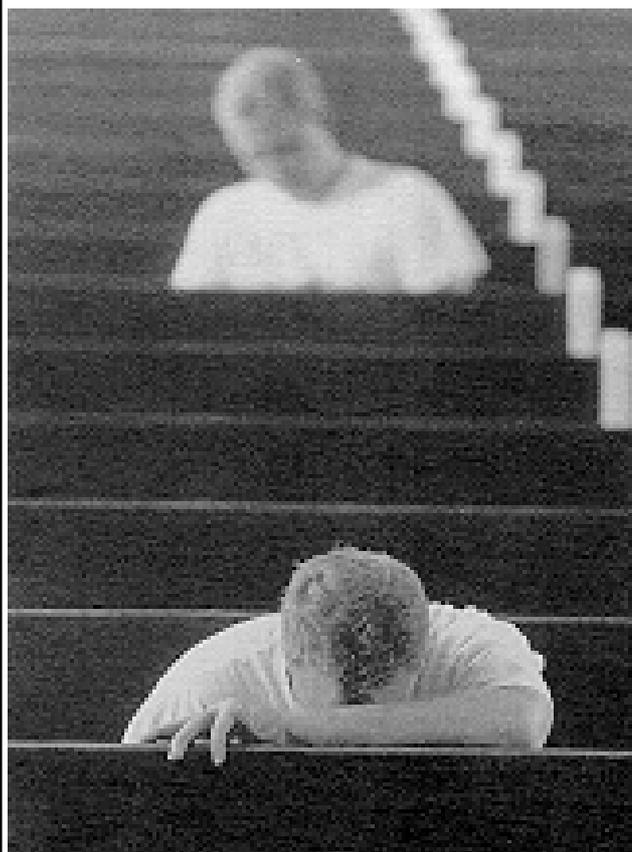
Do you see the trouble we are in?

In Uganda, where we are hailed as making progress against HIV/AIDS — the maternal mortality ratio still stands at the very high figure of 506 deaths per 100,000 live births.

Teenage pregnancies are still the highest in Africa at 43 girls in every 100 and with 1.5-2 million people infected with HIV/AIDS. The HIV prevalence (though down now) still stands at the high rate of 8 per cent. Forty five per cent of the children below 5 years are chronically malnourished. The country now has between 1.5 - 1.8 million children, who have already lost either parent and nearly half the number have lost both parents. Expenditure on health care per capita is US \$ 5.65 far below the absolute world minimum of US \$ 12 and 80 per cent of the people are very poor, earning less than US \$1 per day.

The country records 100 million malaria cases each year, which cause many disabilities, malnutrition and deaths. Unfortunately this pattern of deprivation, illness and death is repeated in many other African, Asian and Latin American countries with similar economic and social characteristics as Ugandans. In many other countries, the situation is actually worsening.





Jean-Claude Lejeune/WCC

But why are we so sick?

Many preachers have localized the problem in us, the sick individuals. Many say we are sick because, we refused to repent and accept Jesus as our personal Saviour. Others say we do not pray enough. Some say, we do not know how to claim the biblical promises of healing and wholeness and ask me: *“Don’t you know that there is healing oil. Why haven’t you asked for anointing?”* *“Were you infected before or after you became a priest? ‘Have you repented?’”*

Such questions often asked at the various meetings where I disclose my HIV-positive status might be well-intentioned. But they have always left me wondering why some of the countries one wouldn’t call so religious or ‘born again’ enjoy disproportionately higher standards of living, higher life expectancies and are almost HIV free.

It is time, I think, that we the church leaders and the laity together study the real causes of vulnerability to preventable diseases and deaths in countries where these diseases and deaths are rampant.

To condemn an individual or a community by linking global problems with an individual’s

behaviour, is insensitive and extremely myopic. If we have not realized that an individual’s behaviour is shaped largely by what goes on around him, we have perhaps missed the wider lessons being taught by the HIV/AIDS virus.

In fact in Nehemiah 4:11, the enemies of Israel bragged about this situation where people remain oblivious of the real nature, extent and causes of their problems: *“And our enemies said: They will not know or see till we come in their midst and kill them and stop their work”* (RSV)

Whether we are in the North or South, we have a duty as church leaders and as Christians to know and see the real factors fuelling the pandemic rather than just issuing simplistic moral statements.

We should understand that there are two types of suffering in the HIV/AIDS:

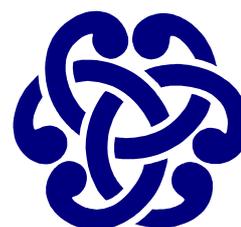
Self-inflicted suffering — where individuals, families, and whole communities have access to information, skills and services to control HIV/AIDS but choose not to act.

Suffering caused by others — where individuals, families and whole communities are deprived or denied access to the right information, skills, services and incomes to protect themselves from infection, however worried and self-motivated they may be.

Let us remember that what pained Nehemiah most was not the problems of his fellowmen, but the fact that his kinsmen could not sufficiently analyze the nature, magnitude and impact of the problems.

Questions for reflection

1. Do you see the trouble we are in?
2. Are we using the church to control AIDS or we are using AIDS to control the church?



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E-mail: info@psi.org

Population Service International – Among the first organization in the world to make a significant use of social marketing in the fight against AIDS.

It has continued to be a pioneer and innovator in the field for more than a decade. A non profit group based in Washington DC, Population Service International is the

leading AIDS crusade with projects in almost 50 countries. For more information please see the website: www.psi.org

WCC PUBLICATIONS

World Council of Churches
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1211 Geneva 2
Switzerland
Tel: 41 22 791 6111
Fax: 41 22 791 0361
E-mail: publications@wcc-coe.org

Facing AIDS – The Challenge, the Churches Response This WCC document is the fruit of two years of intensive consultation by an inter-national group of pastors, theologians and ethicists, scientists, doctors and nurses living with AIDS

and persons working with those touched by it. Successive chapters focus on the scientific facts and social, economic and cultural context; theological perspectives; ethical and medical-ethical issues; human rights and responsibilities; and pastoral care by the church

as a healing community. Second printing, ISBN: 2-8254-1213-9 Price: US\$9.95, Sfr15.00, £6.50 plus 20% postage. Also available in French and Spanish. For Spanish copy contact: CLAI, Casilla 17-08-8522 Quito, Ecuador Fax: (593-2) 256 8373.

WHO PUBLICATIONS

World Health Organization
1211 Geneva 27
Switzerland
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The Use of Essential Drugs
Ninth Report of the WHO Expert Committee (Including the Revised Model List of Essential Drugs). Presents and explains the eleventh model list of essential drugs issued by WHO as a part of its effort to extend modern drugs to the world's population. Intended to guide the selection of drugs in countries

where the need is great and resources are small. Technical Report Series No. 895 2000, V+ 61 pages ISBN 924 1208953 Order no. 1100895. Available on the net: <http://w3.whosea.org/rdoel>
Home-based Long-term Care Report of a WHO study group 2000. Records the conclusions and recommendations of a study

group commissioned to explore the use of home-based care as a strategy for coping with the growing number of individuals in need of long-term care. Addressed to policy makers the report is in keeping with diverse demographic needs. +43 pages ISBN 92 4 120898 8 RS 280 Contact: <http://w3.whosea.org/rdoel>

OTHER PUBLICATIONS

R Macintyre
Rutgers, New Brunswick
New Jersey
USA

Mortal Men: Living with asymptomatic HIV by R Macintyre.
'Mortal Men' is an account of qualitative research among gay men with HIV/AIDS. Based on ten interviews, the book examines the relationships of the interviewees with systems and agencies of health care and in particular, accounts of long term survival. While the stories are replete with physical experiences, there is a focus on management of immune systems, and difficulties with treatment decisions.

Macintyre, a long-term survivor (he was diagnosed in 1985) shows how to live with AIDS and experience its effect in one community. Published in 1999 256pp (hardback) \$26.00.

Mental Health and HIV Infection

This book provides a valuable, up-to-date summary of what is no longer a new field. The edited volume aims to review the main issues in mental health and the kinds of approach that have been most effective in relieving

emotional distress. The book also includes detailed considerations of HIV-related mental disorders and ends with a chapter on psycho-immunology. All the contributors have been closely involved with the day-to-day care of people with HIV. Some of its insights would be valuable for professionals working with any group of patients struggling with chronic, life-threatening illnesses. Published in 1999, 241pp, £7.99.

Joe Catalan (Ed)
UCL Press
London
United Kingdom



USEFUL PUBLICATIONS

This short document published in English, Spanish and French surveys some of the main issues that preoccupy people who suffer from racism or study its effects.

It helps to highlight what often goes unnoticed except when violence is involved. Further, it also helps to bring into focus the problems of the victims of racism for those who do not experience it.

In context of the UN world conference on Racism and Xenophobia in 2001, this document serves as an excellent backgrounder.

The International Council of Human Rights Policy, PO Box 147, 1290 Versoix, Switzerland
ISBN 2-940259-09-7, Sf15 (+3p&p)

The Persistence and Mutation of Racism

LETTERS

Dear Editor,

I read with interest Erlinda Senturius's article 'Health Consequences of Violence against Women' (Contact -164 March 1999) and feel it is a pity women have to endure this prejudice.

With the AIDS pandemic already threatening the present world's population, we are heading for a disaster, unless attitudes change radically.

I work with several women's groups involved in self-reliant activities in Africa and many of us have experienced violence in some form or the other. However, high on our list of objectives is to fight HIV and AIDS especially among rural African woman.

We will be very grateful if you can channel more literature on violence against women for us to share in our women's groups.

Health Consequences of Violence against Women



Alice Saliki

P.O. Box 5069, Bamenda, NW Province, Cameroon

Thank you for your letter. We are happy to learn that Contact is encouraging women to stand up for what is right. In this issue, among other things, we have tried to draw attention to the need to fight stigma. I hope you and your friends will gain from it. With best wishes.

Editor

Contact Solidarity Appeal

Contact is expanding, rising to the challenges of regionalization and strengthening the network of health workers.

Will you help us in this? A donation of just US \$10/British Pound 8/SFr 18/Rs. 460 will enable one more health worker to receive Contact free of charge.

You can send your contribution to the Contact Solidarity Fund, to (please mark 'Contact' in your covering letter):

1. World Council of Churches 149.00A
For US \$: Union de Banques Suisses (UBS), CH-1211 GENEVA 2, Switzerland
Account No.: 240-695. 149.60X
For Swiss Francs: Union de Banques Suisses (UBS), CH-1211 GENEVA 2, Switzerland
Account No.: 240-695.

2. Christian Medical Association of India
For US \$: SB 4790 (in favour of "Christian Medical Association of India"), Syndicate Bank, Janakpuri

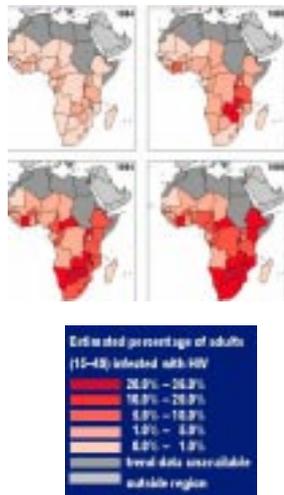
New Delhi 110 058
For Indian Rupees: SB 17999, Indian Bank A-3 Local Shopping Centre, Janakpuri New Delhi 110 058



Where there is no artist

ANNOUNCEMENTS

Spread of HIV/AIDS in sub Saharan Africa from 1994 to 1999.



Second International course on promoting rational drug use in the community at Entebbe, Uganda, 11-24 November 2001

The course is hosted by Makerere University's Child Health and Development Centre along with WHO's Department of Essential Drugs and Medicines Policy. The University of Amsterdam has developed the course in collaboration with experts.

It is intended for staff from ministries of health, universities, development agencies, non-governmental and other organizations, and interested individuals.

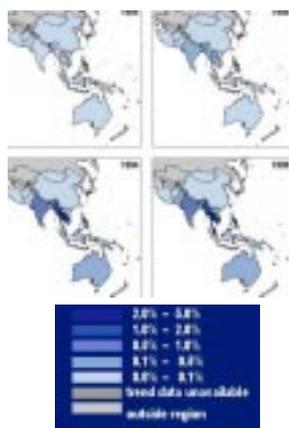
The fee of US\$2,950 covers tuition, course materials and shared hotel accommodation. Single rooms are available for an extra US\$ 20 per night payable by participants. The fee for local participants without accommodation, breakfast or dinner is US\$ 1,500. The course



UNAIDS

flyer and application forms can be found on the EDM website: [http://www.who.int/medicines/organization/par/second course](http://www.who.int/medicines/organization/par/second%20course). Or contact: University of Amsterdam Faculty of Social and Behavioural Sciences PRDUC course, Attn. Dr Ria Reis Oudezijds Achterburgwal 185, 1012 DK Amsterdam, The Netherlands Tel: +31-20 5254779 Fax: +31-20 5253010.

Spread of HIV in Asia from 1994 to 1999.



5th International Conference on Home and Community Care for Persons Living with HIV/AIDS - December 17-20, 2001.

The Insight Initiative Team, Thailand, is conducting the Fifth International Conference on Home and Community Care for Persons Living with HIV/AIDS, at Chiang Mai, Thailand from December 17-20, 2001. The theme of the conference is 'The Power of Humanity' and it is being organized by the Thailand Red Cross Society, the World Health Organization and the Royal Thailand

Government. Email: insight@hdnet.org.

12th International Conference on AIDS and STDs – December 9-13, 2001

The conference at Ouagadougou, Burkina Faso is meant to assess the fight against the HIV/AIDS epidemic in Africa. The theme for the conference is: 'The communities commit themselves' – relevant in the present context, with AIDS inflicting great damage on the African economy and destroying their social framework.

Contact deals with various aspects of the churches' and community's involvement in health, and seeks to report topical, innovative and courageous approaches to the promotion of health and healing.

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Contact is also available on the World Council of Churches' website: <http://www.wcc-coe.org/wcc/news.contact.html>