

Africa: A Troubled Continent (6)

AIDS: The Scourge of Africa.

Extensive reading about AIDS, the acquired immune deficiency syndrome, the "slim disease" was a depressing experience. It is not something I could do for a long stretch of time. AIDS, in a short space of time, has become both a well-known and much-feared disease. It is the scourge of Africa, the leading cause of death. And the blight of AIDS is getting worse than ever. Africa has the dreaded distinction of being the world's most infected area. Some 9,600 people die of AIDS-related diseases in Africa every single day. Some African nations may lose 20 percent of their populations. These statistics stagger the mind. When Stephen Lewis, the United Nations Secretary-General's Special Envoy for HIV/AIDS to Africa, visited a scene of devastation in rural Zambia, he was overwhelmed by what he saw. He said, "What is driving me crazy, and making me emotionally unhinged, is that we're losing too many people." But Lewis is not optimistic about any forthcoming help from the Western nations. He pointed out that AIDS merited only a laughable two-line mention in the lengthy New Economic Plan for African Development (NEPAD), heralded as African leaders' blueprint for a political future. This is an unconscionable omission. I personally believe many Westerners have paid very little attention to the rapid development of the disease in Africa, because they have long stigmatized Africa as the "dark" continent.

The Economic Impact.

The cost of AIDS to the African economies is enormous. In 1990 copper and cobalt production in Zambia and the Congo sharply fell, to the extent that it influenced the world price of these metals. A Kenyan study estimated labour costs for some businesses could increase by 23 percent due to absenteeism, the cost of training new workers, death benefits, and health care costs by the year 2005. Service agencies strain to meet the demands created by the AIDS epidemic, and extended family systems stagger under the burden of increased dependents and decreasing numbers of providers. The epidemic has cut sharply into the work force that grows the food in what are still largely subsistence societies. AIDS has left households with more orphaned mouths to feed and placed a huge burden on women who do the farm work even as they nurse the dying. In heavily affected areas 30 to 50 percent of household income is devoted to the care of family members and funeral expenses may cost a year's income. Walter Makhulu, the Anglican Archbishop of Central Africa said during a visit to Uganda, "There is no humbug with AIDS. The consequences are clear. We lost a brilliant young man [in the Anglican archdiocese]. He had just returned from Cambridge University with his Ph.D., and he was gone. We are losing skilled people."

Nowhere is the AIDS more critical than in South Africa, with the life expectancy dropping to 40 years over the next few years. In 1999 the minister of Health in South Africa, Dr. Tshabalala Misimang, said that in a Durban hospital 60% of the beds were filled with dying AIDS patients. The biggest impact will be felt by the children infected

and affected by Aids. More than two million AIDS orphans are expected on the streets within five years. The disease is so widespread the army cannot muster enough soldiers to deploy, the police cannot investigate crimes properly, and education is in chaos because teachers are dying.

Facts About Aids.

The process of HIV/AIDS is usually a prolonged one. An infected person may lead a normal life for three to ten years before the full onset of the disease. The HIV virus attacks by crippling and destroying our immune system, the blood cells that fight other diseases and infections. Eventually, a person infected with AIDS becomes weak and may be afflicted with several diseases. There is a pronounced loss of weight. AIDS patients in the last stages of life look horribly gaunt, skin over bones. These people are often stigmatized and shunned. For example, in Kenya people with AIDS flee their families to hide in slums, eventually returning home when they are days away from death.

Who gets AIDS? About half of all the people who get infected are young people between the ages of 15 and 24. In sub-Saharan Africa 66% of infected persons in this age group are women, who tend to be infected about ten years earlier in life than men. In some places, men believe that young women are less likely to have AIDS, and they seek them out. Children, especially, are vulnerable. A child born to a mother who is HIV-positive has about 30% chance of being infected in the womb or during the birth process. AIDS is the leading cause of death in Africa for children under five years.

How do people become infected? There are a number of causes. The sexual revolution of the 1960s and 1970s in the West spread globally and penetrated Africa. Some of the traditional and sound cultural restraints that were to curb promiscuity were broken down. Sadly, in the vast majority of cases AIDS is spread by sexual intercourse, and often before or outside of marriage. In many African nations people are displaced because of war. Some of the rebel armies are notorious for promiscuity and rape. In Central and Southern Africa prostitution is a major cause of heterosexual spread of AIDS. It is a phenomenon associated with poverty and migrant labour. Migrant labour entails long periods of enforced separation between husbands and wives, which is conducive to unfaithfulness and encourages prostitution.

Drug use by youth is also a major source of infection. The sharing of needles when using drug or other medical devices that might have blood traces on them are means to transmit HIV. The low standards of health care and the high cost of medication are also contributing factors. Many African countries simply do not possess the technology, the finances, and the medical facilities that are necessary for careful testing of patients and screening of donated blood. Traditional tribal myths may also prevent people from seeking proper care. For example, some believe that sex with a virgin will cure AIDS, and some infected men have sought young women for that reason. And many believe AIDS is caused by witchcraft. So evil and devastating is this "wasting disease" that it is often ascribed to malicious forces controlled by those with wicked power.

The Secular Response.

What can be done to combat AIDS? The secular campaign against AIDS is concentrated mainly on prevention. Secularists believe that as long as there is no medical breakthrough, the only remedy is an education program promoting "safer sex." This basically means that condoms are accepted as the most effective weapon to slow the rate of infection and reverse the cause of the epidemic. During his tour of Zambia, Stephen Lewis gave the impression that condom use is THE key to AIDS prevention. Some African governments have created programs for widespread distribution of free condoms. Posters advocating condom use are common in many places. *Newsweek* (Jan. 17,2000) claims that the most successful efforts to prevent AIDS is not just to educate people but to change social norms. It points to Uganda health workers, who turned "Protector" condoms into must-have fashion accessories, simply by introducing a flashing new package and a marketing slogan. These people also launched a safe-sex radio show and even a travelling theatre production.

But, is telling Africans to have "safe sex" and protect yourself, the best the West and African governments can advocate? Their solution does not touch the root cause of AIDS. As someone said, "the appearance and spread of AIDS are symptomatic of the contemporary idolatry of sexuality." The secular message does not encourage change in sexual behaviour, excludes any moral deliberation, removes any sense of responsibility for the consequences of one's actions, and dehumanizes human sexuality. Commenting on the spread of AIDS, Samaritan's Purse president Franklin Graham said, "The number one obstacle is the world's concept: Just give me a billion condoms and we can solve this issue."

The Christian Response.

How should we view Africa's scourge of HIV/AIDS, which is so obviously tied to human behaviour? When we break the moral law of God, do we not bring judgment upon ourselves? In some ways, yes. Sickness, in Scripture, is inseparably connected with our first parents' fall into sin. Through their disobedience physical death entered the world (Rom. 5:12). And ever since paradise lost, the bitter harvest of sin follows us in one way or another. But how do we approach the ones suffering from AIDS? What can be done for him or her? Musa Duba, an African theologian, remarked: " We more often than not claim that those who are infected and afflicted by HIV/AIDS are punished by God for their sins. Instead of fighting HIV/AIDS we mistakenly fight the victims. Instead of doing away with the stigma associated with AIDS, we add to it." He has a point. We now know that not everyone who is sexually promiscuous or uses drugs get AIDS. And with the spread of HIV among the broad population, the chance of an accidental or innocent infection grows larger each day. Furthermore, sickness often strikes at random. But not all illness is random. There is a definite connection between behaviour and HIV/AIDS. The Gospel has a straightforward message. In the case of persons with AIDS, we make no blanket condemnation. We must treat them with compassion, but at the same time sensitively explore with them whether they have matters they need to set right with God, and then with some people around them. God is love. But His love is not shallow. The

Bible says, "It is a dreadful thing to fall into the hands of the living God"(Hebr. 10:31). God's love is joined with justice. Therefore we point to the cross of Christ where God's love and wrath meet each other. In His suffering and death, Jesus as God's own Son accepted all the eternal punishment God laid on His shoulders. He paid for the sins for all who come to Him in repentance and faith. The Gospel offers salvation and hope. Anyone who deserves death, may also have total forgiveness. Jesus came for sinners, for the sick, not the healthy (Matt.9: 13).

What can be done for millions of suffering Africans? AIDS provides a unique challenge and opportunity to the African church: a challenge to deal with life's most fundamental moral and ethical issues, and an opportunity for ministry-and the church is responding. Many now warn against blatant sin, admonish church members to extend the hand of care in Jesus's name, to give hope to the suffering, care for widows, widowers, and orphans. In many African countries Christians are present and active in the lives and families of AIDS patients.

The Nkohma Synod in Malawi reports that quite a number of their members have lost their lives as result of HIV/AIDS. Their pastors are always busy burying the dead instead of feeding the living flock. And the number of orphans as a result of the epidemic is increasing rapidly.

At their May 2000 Synodical meeting, ministers, noting the devastating effect of HIV infection and AIDS in Malawi, declared "that we as a Church confess and repent before the Almighty God that we have not obeyed His word, and that we have not been fully involved in addressing the HIV/AIDS crisis, and that we ask for God's forgiveness, and from now onwards, we will take a preventive, care and support stand. SO HELP US GOD!!"

Many African church leaders concede that they have not openly addressed the problem of sexual promiscuity within the church or effectively promoted sexual abstinence among young people. In response to the AIDS crisis many now proclaim that God's will is abstinence before marriage and fidelity within marriage work to save lives. Sex cannot be treated casually. Obedience to God's commands is not optional. Those who practice abstinence run no risk whatsoever of contracting AIDS in the normal course of daily living even if they are in close contact with AIDS carriers. In other words, to say that abstinence is unrealistic in view our powerful sex drive is simply untrue. Churches are getting involved in education programs. The NKHOMA Synod has made education of their youth a priority. They help them in their struggle while teaching them the Biblical view of sexuality and marriage. Abstinence is gaining ground as an acceptable method of prevention. For example, in Zambia attention is drawn to abstinence with billboard verses reading, "Roses are red, Violets are blue, Abstinence is for me, How about you?" Ministering to AIDS patients takes many forms. A number of Christian AIDS programs are linked to mission hospitals, offering whole person care, including counselling, prayer and group meetings. More and more local churches are involved in ministering to AIDS patients, their family and friends. They are characterized by love that knows no limits and grace that knows no bounds. In imitation of their Lord, Who reached out to those

suffering from leprosy (Matt. 8:1-4), they reach out to AIDS patients, who are often called the modern lepers of our time.

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