



African
Jesuit
AIDS
Network



FAR FROM POWERLESS

A selection of stories published by AJAN

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Acknowledgments

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Table of Contents

5	Foreword
6	Introduction
9	Buying more time
10	The passion of Claude
12	A note from Brussels
13	HIV-positive women in AIDS ministry
14	He brought meaning back to our lives
16	Love that heals: adieu, Tina!
21	Witnessing to love
22	Anointing
26	When time stands still
28	Thwarted dreams
31	Youth Against AIDS
33	Far from powerless
34	Too late have we loved you
36	Important lessons
38	All about love
41	The first encounter
42	Being part of a discordant couple
44	Solidarity overcomes stigma
45	Gertrude, Pauline & Stephanie
46	Women and AIDS
50	Six years on ART
52	Staying alive



Foreword

The African Jesuit AIDS Network (AJAN) sent out its first e-newsletter practically as soon as it was set up on 21 June 2002 – the first issue came out that November. For 10 years, AJANews has published reflections by Jesuits involved in AIDS ministry, testimonies, poems, interviews, analysis and much more.

To mark the 10th anniversary of AJAN, we are publishing selected articles, mostly testimonies, in booklet form. Worries that the collection might appear haphazard proved unfounded. The testimonies fall into place one alongside the other, fitting together like pieces in a striking mosaic to produce a whole panorama of the pandemic and AIDS ministry. Highlights include the courage and honesty of people living with HIV and affected by AIDS, care and compassion motivated by faith, reflection on the challenges and injustices and creative activity to overcome them.

Appearing mostly in chronological order, the testimonies reveal changing preoccupations about the pandemic over the years, with a more hopeful approach emerging over time. There are many sad stories, because they are about people who die of AIDS, but we make no apology for this, because this is undeniably and unfortunately part – although certainly not all – of the reality of the pandemic. For us Christians, the sad word “death” is not the last word, and in fact AIDS ministry is full of stories of resurrection. This collection, ***Far from powerless***, also celebrates millions of men, women and children who are living positively with HIV and thousands of Good Samaritans who do their utmost to accompany and support them.

Paterne Mombé SJ
AJAN Coordinator

Danielle Vella
Editor

Introduction

In this collection of articles selected from 10 years of *AJANews*, you will find an unusual variety of initiatives dealing with HIV and AIDS, addressing needs of a human, social and spiritual kind. The initiatives arise from the presence of Jesuits on the ground, hence they perceive people's needs and can respond to them. Making the AIDS ministries spot-on, hence credible and worth hearing about.

How are all these Jesuit AIDS ministries connected and sustained? In *AJAN*, communications is *AJAN's* nervous system and its blood supply too. With Jesuits scattered in about 35 countries in sub-Saharan Africa, communications are the vital capillary and nervous systems that help bind us into one body.

Communications are important in many areas of modern life, including the life of the Church. Information and viewpoints about well-known things like human rights or development get exchanged quite well (although there is room for improvement).

But AIDS is very new in human history even if its discovery goes back over 30 years, and AIDS ministry is still new for the Church and for Jesuits. It's confusing, unprecedented, complex and difficult. And we cannot ignore it or postpone it or wish it away.

So we need to learn:

- To picture the reality
- To express the experience
- To capture the meaning
- To share the story
- To raise the right questions
- To forge effective, evangelical and coordinated responses
– and this is exactly *AJAN's* mission

As Jesuits, we need to learn how to speak, reflect, pray and preach about HIV and AIDS ... for each other, with others and for many others. And in this learning, *AJAN* is deeply involved in cultural change or, putting it a bit differently, in rapid evolution and adaptation to a new reality.

When visitors to *AJAN House* – the coordinating centre of *AJAN* – asked about our work, I used to tell them that our team invests its best energies and endless hours in communication. Some are surprised at such a heavy

investment. Yet it's true: spoken words and written ones, still images and moving ones, electronic media and print, are AJAN's lifeblood and senses.

This collection of articles from AJANews is a good example. It is full of Jesuit initiatives in the AIDS field, addressing the pandemic at many levels, especially local but also regional, Africa-wide and beyond: beginning, expanding, restructuring, meeting new needs. You will be left with impressions of creativity and generosity and quality service, solidly rooted in faith and spiritually motivated. You will receive testimonies of healing, life, faith and hope.

So, please do not take these collected stories for granted. They are human, social, religious and spiritual learning-in-motion. They document rapid cultural change under way before your very eyes. At the risk of exaggeration: they are communication – first and finally the Word of God – taming AIDS.

There are, however, two important items missing from the collection. One is the paragraph with which the Christmas issue of AJANews always ended. In it, the publisher (that was me) thanked all those who each year made AJANews possible: writers, editors, translators, IT technologists and, implicitly, benefactors and funders. But more than a debt of gratitude, it was also eloquent evidence of the central point of networking: AJANews is published every month to nourish the continental AJAN network with its lifeblood; AJANews is published every month as the product – I prefer “offspring” – of a vital international network of cooperation. Maybe we can learn that “solidarity” is also both parent and child of AJAN. That would be fine.

The other is the paragraph with which AJANews usually starts. As it speaks eloquently for itself, I am happy simply to quote it here and, with it, gratefully to close this Introduction:

Blessed Anuarite Nengapeta is a young Sister of the Holy Family of Kisangani. She worked at Wamba as a teacher. She was murdered resisting the sexual demands of a rebel leader in the Congo in 1964. St Aloysius Gonzaga is a young Jesuit who selflessly gave his life caring for victims of the deadly plague in Rome in 1591. We entrust the African Jesuit AIDS Network to their prayer and protection.

Michael Czerny SJ

Founding Coordinator, African Jesuit AIDS Network

2002–2010



Zambia

BUYING MORE TIME

I am a chaplain, director of pastoral care, at Lusaka's University Teaching Hospital in Zambia with an estimated 1,800 beds.

I anguish over the AIDS crisis. What bothers me most is a person contracting the virus in the west can expect to live 10 to 15 years, while someone in our country has far less time. How can we give our young people more time? Today as I manoeuvred my old VW Golf down a potholed street in a suburb of Lusaka, I was reminded of the scourge. The short street was the length of two city blocks, and there were two funerals at two different houses. My conjecture was that the deaths were the result of AIDS-related diseases.

Yet many deaths might be avoided, or, at least, postponed. What I am advocating is nation-wide voluntary AIDS testing. I am aware of the reluctance with which testing is viewed, as there are added risks, like stigma and fear of becoming a pariah. In Africa, if negative, I say: "Thanks be to God. From now on I will be very, very careful."

If positive I say: "Now I know", and if I live in Zambia I will get a scheme card, be processed and go for counselling and a determination of my viral load. With medication and proper diet, I face a different future. The seeming death sentence could be commuted to a life of rigid, monitored routine. At least, I would be alive. "Who knows, maybe in a few years a cure will be developed, and had I chosen to reject the test, the cure would be of no avail to me."

Jack Doyle SJ, AJANews 4 – February 2003

Democratic Republic of Congo

THE PASSION OF CLAUDE

Claude is a little boy whose parents died of AIDS. He was about eight years old when I first met him. Every day, he would rattle the gates at the Sisters' place: "Sister, Sister..." The nuns took him in along with the children to whom they gave a meal to fight *kwashiorkor* (a severe form of malnutrition). They also tended to a wound that would not heal. He was like a skeleton.

His family could not take care of him: his aunt was already caring for several children and was herself in poor health. Claude and his younger brother went to live with them. We tried to help her to take care of him but Claude became more and more of a vagabond. Finally the streets became his home, and his family threw him out.

On the street, it became obvious that he also had AIDS himself. Rumours spread that he was an *ndoki* (sorcerer), a wicked spirit that brings bad omens and that everyone flees like the plague; he was said to have caused the death of his parents, and his family rejected him completely. Many would chase him away, sometimes throwing stones at him. He was now 10 years old. At night he slept on the floor of an unfinished house. We gave him a straw mat and a blanket. In the morning he had to leave early, as a relative of the owner would come by and, if she found him there, she would chase him and confiscate his mat and blanket. Then she locked the entrance and so Claude had no choice but to sleep outdoors under a porch. Appealing to his family led to nothing. We gave him shelter in a classroom.

During the day, he would stay with us. In the evening, a mother would give him something to eat. But street children are not always well behaved. He caused us many a worry. Whatever he could get his hands on, he would steal and sell for next to nothing, to buy a piece of smoked fish, a mackerel or a piece of bread. He was a real street kid. If something disappeared from the house, Claude would be the first suspect. He would emphatically deny it but you could tell right away that he knew something. If we insisted, he would name the buyer who often had already resold the stolen item, forcing us to buy it back.

He would always come back but persisted in his bad behaviour. We would buy him a pair of plastic sandals, but two weeks later, he would be running

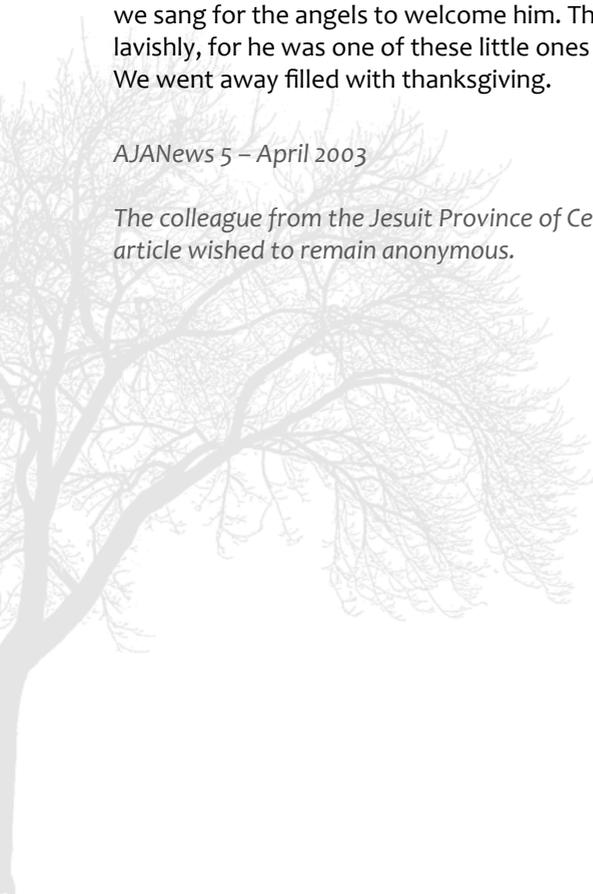
around in bare feet – at least four times, he sold his shoes. We put him in school but one day he would sell his notebook, the next day his ballpoint. On that day, he would skip class and play hooky or truant, for he could buy himself something!

AIDS often causes diarrhoea, and often he would reek foully, which would isolate him even more. We had to clean him up and change his clothes. The last month of his life, you could see he was losing weight. One night, he did not come back. Sick and tired, he slept outside. He came back in the morning showing the strains of the disease. He never got up again. We washed him, cared for him, tried to feed and rehydrate him. He died peacefully three days later. With a few devout people, we prayed with him. I never saw him pray, but God was surely close to him, for his family, although informed, abandoned him completely.

At his funeral, we had a beautiful prayer. We filled his coffin with flowers, we sang for the angels to welcome him. The Lord will have welcomed him lavishly, for he was one of these little ones in whom we felt His presence. We went away filled with thanksgiving.

AJANews 5 – April 2003

The colleague from the Jesuit Province of Central Africa who submitted this article wished to remain anonymous.



A NOTE FROM BRUSSELS

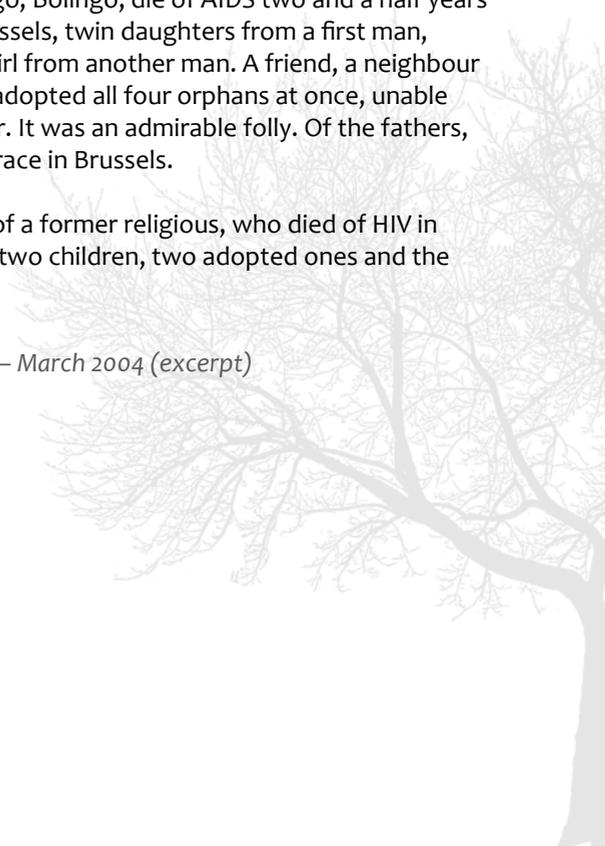
I know a 40-year-old Congolese mother who is HIV-positive, Boboto, with a six-year-old seronegative son, Esengo. I have been meeting and supporting them for five years. She hopes to see her son grow up, as he is her only reason for living. She knows that she will die of the illness but she hopes to be able to see the education of her child completed.

The two Flemish benefactors who agreed to help Boboto and her little boy Esengo meant their aid to be a symbolic gesture for the millions of people in Africa who die because, in their illness, they do not get any medical assistance. Recently she told me that she has to spend a lot of money on medical tests and the treatment is so exhausting. But she lives for her boy, who is a single child without a little brother or sister to enjoy life with!

I saw another mother from Congo, Bolingo, die of AIDS two and a half years ago. She left four children in Brussels, twin daughters from a first man, as well as a younger boy and a girl from another man. A friend, a neighbour with three children of her own, adopted all four orphans at once, unable to see children without a mother. It was an admirable folly. Of the fathers, I have never seen the slightest trace in Brussels.

And I also attended the funeral of a former religious, who died of HIV in Brussels leaving behind his own two children, two adopted ones and the widow.

Charles Verhezen SJ, AJANews 16 – March 2004 (excerpt)



Ethiopia

HIV-POSITIVE WOMEN IN AIDS MINISTRY

She is HIV-positive, a mother of three, and she goes from parish to parish educating and sharing her experience. Joining her is a young teacher, also HIV-positive, who is being trained in counselling in order to get involved in the same ministry of raising awareness. These two women were drawn into this commitment by Fr Groum Tesfaye SJ who for several years has regularly taken students from the Siddist Kilo University in Ethiopia on retreat at the Archdiocese of Addis Ababa's Galilee Centre in Debre Zeit.

The first woman benefited from this spiritual accompaniment and tries to re-establish her life in the struggle against HIV and AIDS. During a retreat her witness touched the younger woman and motivated her to reveal her own status to Fr Groum. She had lost all hope and found herself thinking more and more often about death. She had been invited to the USA and, to apply for the visa, she had to take the test and discovered that she was HIV-positive. Her fiancé killed himself because he knew that he was positive and had passed the disease on to her.

HIV-positive people giving witness certainly have great impact. It is significant to hear someone say, "I was completely stupid when I did that! I was stupid to drink so much and to lose all control. I was stupid to go to that bar where I knew very well what would happen. And now I have to live with the consequences of my stupidity, and others are affected by it, too."

"In the villages," says Fr Groum, "when a woman free to speak about AIDS addresses the women in their own language and traditional expressions, the impact is far greater. We need to work with girls in terms of sexual education because through them we reach the boys, and so their training will have repercussions among them both."

In their Message for World AIDS Day on 1 December 2003, the African Bishops for the first time called people with HIV to ministry in the Church: "We commit ourselves to encourage people living with HIV/AIDS or affected by it to become actively involved, in our local communities, as resource persons in the struggle against the pandemic." And they deserve encouragement and need training in order to educate others.

Democratic Republic of Congo

HE BROUGHT MEANING BACK TO OUR LIVES

There were about 20 guests. Fr Séverin Mukoko SJ had invited people with AIDS to share a meal of friendship and farewell on Sunday 15 August, the feast of the Assumption. It was an emotional affair. Those afflicted with AIDS began to weep for “their father”. But Fr Séverin offered firm reassurances that despite his departure, what had begun so well would continue to develop for their benefit.

Fr Séverin, the founding coordinator of the *Parlons-SIDA* (Let’s talk AIDS) project of the Christ the King parish in Kisangani, left this “martyred city” in late August, to continue his theological studies in Paris. He had come to Kisangani in July 2002 for two years. Kisangani was still in “occupied territory” under the control of the Congolese Rally for Democracy (RCD), then a rebel movement hostile to the government of Kinshasa. This was two months after the notorious massacre of 14-15 May that remains an indelible memory in the hearts of the Boyomais (inhabitants of Kisangani) and particularly of the residents of Mangobo, the commune that paid most dearly in human lives, and in which the Jesuit parish is located. The war – or better – the wars have destroyed not only the socio-economic fabric; they have also and most importantly destroyed man in his physical, moral and human dimensions. War has led to indescribable poverty in Kisangani. And the spread of AIDS is one of its most visible consequences. The armies that have come through Kisangani (Rwandan, Ugandan, South African, West African and others) have left AIDS in their wake, sometimes intentionally. It was necessary to restore human dignity in Kisangani and to rebuild its social fabric, repeatedly made fragile and murdered.

This situation had an overwhelming impact on the young priest Séverin Mukoko, moving him heart and soul to respond to the call of the Society of Jesus to consider the fight against AIDS as a priority for its social justice ministry in Africa. And so it was that he started *Parlons-SIDA* in September 2002, with the goals of educating, informing and raising awareness. In its two years, this project has become well-established in Kisangani: organising information sessions and seminars, panel discussions, radio and television programmes, monthly bulletins, managing the care of AIDS patients, frequent accompaniment of the dying. Those who are sick with AIDS leave their hiding-places in order to go to the office of *Parlons-SIDA* in full public view. Each morning they meet to share breakfast, because Fr Séverin

believes that healthy nutrition is necessary for people with the virus to stay in shape and to resist opportunistic illnesses. A passer-by glancing at the sick people gathered in front of the office sees this inscription: “Having AIDS is not a sin.” Hats off, Fr Séverin! *Parlons-SIDA* bids you farewell; saddened by your departure, we wish you a happy ministry wherever obedience sends you!

Rigobert Kyungu SJ, AJANews 22 – September 2004



LOVE THAT HEALS: ADIEU, TINA!

Confusion

Sunday 22 July 2007, 5:25 pm: My mobile phone rang, but I refused to take the call, because I suspected I would hear a friend sharing her decision to leave her husband after eight years of marriage. The telephone rang a second time, begging me to answer. I gave in. A female voice spoke: “Papa Séverin, *Ngai mama Kabibi. Maman TINA akufi* (Papa Séverin, mama Tina is dead).” Kabibi is Tina’s younger sister, who used to look after her throughout her illness. I remained silent for some minutes. “*Lukela biso motuka, tomema nzoto na morgue ya hôpital general* (We need a vehicle to transport her body to the morgue at the general hospital),” continued Kabibi. “I’ll call you back soon,” I told her.

What to do? It was a Sunday, a day when public transport is so hard to come by in Kinshasa! I was two hours away from the place where Kabibi and the dead woman were. And that Sunday, most of my Jesuit companions, who may have been able to help me, were with our recently ordained priests celebrating their First Mass. What could be done?

After reflecting for a few minutes, I had an idea. That was it! There was a companion who could help me. He knew Tina very well. I grabbed my phone and dialled his number: “Rigo, where are you now?”

“In Bumbu,” came the reply.

Bumbu is the town neighbouring Ngiringiri where the lifeless body of Tina lay in a clinic before two downcast mourners: her sister and her daughter aged 13, now orphaned. By pure chance, Fr Rigobert Kyungu SJ happened to be 20 minutes from the place. A few words of explanation sufficed for him to go in search of the woman who, some years ago, was a friend of our community of Kisangani. After a short prayer, Rigo blessed Tina and went to look for transport to take her body, utterly destroyed by the monster that is the HIV virus, to the morgue.

Who was Tina?

It was in September 2002 that I got to know the young mother of two, when *Parlons-SIDA* was launched. She was one of the first beneficiaries of this project. One sunny afternoon, a friend, a diocesan priest, asked me to

go with him to visit his cousin, who was seriously ill. “She really needs your help. She is HIV-positive,” he told me on the way there. When we arrived, I discovered a beautiful creature, covered with bedclothes yet shivering with cold near a small brazier.

Nature had been not ungenerous towards her. Despite her emaciated state, she was still attractive. After a brief conversation, we left the place, promising to return another time, which we did two days later. That time, I took a religious sister, who knew her too. Curiously, it was another Tina we met then. We chatted as if we had known each other forever. I felt it hadn't taken Tina long to trust me, because she didn't hesitate to talk to me about her life and disease.

“I used to live in Isiro with my husband who was a diamond cutter. We had a good life with our two children, a girl and a boy. When my husband fell ill, people were quick to say he was a victim of sorcery. But a medical test revealed it was HIV. What a mess! Lord, what will become of me? I felt the sky crashing down on my head. Oh my God, is this how you repay me for my fidelity to this man? All of a sudden, I understood that my husband had been cheating on me. He had been going out with other women. I revolted against God: Why me?”

It wasn't easy for me to listen to this story. Tears weren't far away and I had to make an extra effort to control myself. I prayed silently: Lord, give me the words to console this woman. And I reassured her: “Tina, you know the Lord loves you very much. And we love you too. My door is always wide open to welcome you. You are welcome in our community.”

So Tina became not only a beneficiary of *Parlons-SIDA* but above all a friend of our Jesuit community. She became the daughter of the house, our daughter. I can still hear her voice when she used to enter our door timidly, asking the pastor: “Papa Zabala, *Papa Séverin azali?*” And when I was away, she happily visited Papa Rigobert instead.

A miracle!

Tina's prognosis was always dire. Sometimes she would be given no more than a month to live, sometimes just a few days. Her skin barely covered her bones, and she showed all the possible symptoms manifested by people with AIDS. Each time they appeared, from tuberculosis to repeated diarrhoea, we rushed her to hospital, through crises of nervous depression. All this was very trying for us.

Her family was exasperated with her. For them the only solution would be for this woman to die as soon as possible especially since, at frequent intervals in times of crisis, she would leave the house in the middle of the night for an unknown destination. It took time to make her father and stepmother understand that this was a stage she needed to go through. I still remember her nocturnal appearances in our community. The guards told me once: “Father, Tina was here at night. We forbade her from waking you up and it wasn’t the first time.” I told them not to hesitate to wake me up if Tina ever came again, which she did a few days later. Once, at around 3am, one of the guards came to wake me up, saying: “Tina is outside; she wants to see you at all costs.” This happened more than once. I would sit with her and listen to her crying about her sins until sleep overcame her.

We decided to do our utmost to help Tina overcome the crisis, to be more attentive and to show her more love. My Jesuit community and my loyal co-worker, *maman* Thérèse Nyolo, treated her as our daughter, sister and friend. Some Sundays, when time allowed, I would accompany her and her younger brother for a walk through the town and to take a meal in a restaurant.

Tina needed to be shown concrete acts of love. After about two months, she miraculously regained enough weight to join one of the parish choirs and to resume a normal life. She never failed to say: “I am no longer ill. The Lord has healed me.”

Torn apart!

After two years of ministry that was at once trying – since I saw human beings dying every day – and humbling and exciting, the Lord called me through my superiors to go elsewhere. On the one hand, I felt resistance, considering my efforts to put in place the project of struggle against AIDS, and the relationships woven with infected people and their families. But the alacrity, enthusiasm and freedom required by obedience motivated me. My only prayer was that after me, someone would be freed to continue my work well, and this was done.

Rigobert, who was assuring the continuity of the project, organised a party for people with AIDS to bid me farewell. Rather than a party, it was a time for Tina to mourn. Throughout the party, she cried and cried. This time, I couldn’t keep back my own tears. After my departure from Kisangani, Tina decided to move to Kinshasa, and I didn’t hear anything from her for a long time.

The reunion!

One day, two years later, my telephone rang while I was in Kinshasa for a meeting, and I heard Tina's voice. I was with Rigobert. We arranged to meet and in the afternoon, I was told that a woman and a young girl were in the parlour to see me. It was Tina and her daughter Nathanaëlle. It was like a dream for me to see this woman again: four years ago she was dying but now she appeared in good form. She repeated her usual refrain: "God has healed me." Thereafter I called Tina regularly from Kikwit and insofar as possible, we always provided modest support for her survival and for her daughter's education.

Her hour has come

In July 2007, her sister called to let me know that Tina was very unwell. She wasn't eating and no longer left the house. Tina was eligible to take antiretroviral drugs (ARVs) and she had received them. But before starting to take them, the pastor of the church where she had started to worship, had to bless the drugs and decide whether Tina could take them or not. Meanwhile, the virus continued to eat away at her, wasting the scarce weight she had managed to gain.

On the eve of her death, a Saturday, I arrived in Kinshasa and went immediately to the place where she was hospitalised. It was moving. I was the last person she talked to; according to her sister, she never spoke again. "Papa Séverin, I must return to Kisangani," she told me. I promised to help her, with the doctor's permission, knowing all along that it was practically impossible. She couldn't even sit up any longer. And she added: "*Muana na ngai osalisa ye, kolemba ye te* (My daughter must be supported, don't give up)."

"I promise," I replied. Leaving the room, I told her sister this was the end. It came 24 hours later.

So after a long battle against the virus that keeps on ravaging our towns, villages and families, Tina is dead. AIDS continues to kill but, wherever there is love, life can be somewhat prolonged. People who are infected and affected by this virus need great affection. If, within our possibilities, we can convey such love to them, their life may be prolonged even if only by one day, but a rich and beautiful day.

Thank you Tina!

Séverin Mukoko SJ

Rigobert Kyungu SJ added: Thank you, Séverin, for this beautiful and honest testimony. I could say as much about Tina. But one word suffices: thank you! I never imagined I would see her body so soon after her death. In her eternal rest, Tina regained all her beauty. Her face was calm, peaceful. I told myself: Her body will no longer suffer! It was no coincidence that I was there that evening. For me, it was a gift of gratitude offered by Tina, that I should see her body before its burial. What a privilege! Gratitude for all we were for her. I stayed there for some moments to look at her face one last time, that it may remain forever etched within me, with all the memories. It is I who owes a debt of gratitude to Tina, for her beautiful gift. Thank you Tina!

AJANews 63 – January 2008



Democratic Republic of Congo

WITNESSING TO LOVE

Dear Fr Séverin,

I am happy to write you this short letter to confirm the testimony of love you shared about Tina in the January 2008 bulletin of AJANews.

Actually, your testimony really encouraged us, as we accompany people living with HIV, to get more involved, without fear, in the battle against HIV and AIDS, through a social apostolate that is rooted among infected and affected families.

Through its cell in Kingabwa, the Stop-SIDA group of the Christian Life Community (CLC) in Kinshasa accompanies some 30 families affected by AIDS. In general, our experience with those who are sick is akin to what you described in your article. In early June, our group lost a 40-year-old man, who left behind a poor wife and two children. May he rest in peace. His death follows another four, one person died in February and the rest in 2007.

Father, as you wrote, AIDS continues to kill, but wherever there is love, the life of those who are seriously ill may be somewhat prolonged. Love is the weapon we must use in the struggle against this scourge.

Paul Mwense Kimbwel, AJANews 70 – August 2008

Uganda

ANOINTING

In July 2006, before my last year of theology studies, I spent seven weeks in eastern Africa involved in ministries related to HIV and AIDS outreach. One outreach consisted in accompanying social workers from a Catholic hospital in Kampala on home visits to check on patients who had begun ARV drug regimens. This is how I came to know Katana Stella.

When I first met Stella, I mistook her for a 10-year-old girl. She weighed perhaps 35 kg, spoke very softly, and was curled up in the foetal position under blankets on a bed. However, her diction and sophisticated sense of humour quickly revealed that I was in fact in the presence of a high school student. She had been in her grandmother's care for nearly a year after symptoms of AIDS began to manifest themselves. In fact, she had inherited HIV from her parents, both of whom had died.

In conversation with her and her grandmother, the social worker learned that Stella was only occasionally taking the ARVs. Some comments from members of the new church she had joined about relying solely on prayer were competing with the advice of health-care workers, thereby resulting in the on-again, off-again approach to the meds. In any case, she spoke hopefully about recovering and resuming her studies. To that end, she asked me to remember to bring her a laptop computer (!) the next time I visited so that she could brush up her French.

Stella's vulnerability and resilience stuck with me throughout the ensuing week. Consequently, I asked the driver of the social workers to draw me a map to get to the grandmother's house on my own. "She's over there," he replied, pointing to an examining room in Sambya homecare clinic. "Her grandmother brought her in this morning."

Stella was weak from bronchitis and lying on her side. I told her how happy I was to see her. I noticed blotches of dry skin on her head and arms and realized that her condition was in general much graver than I originally understood. At the end of the afternoon, the staff had not admitted her to the hospital on account of a lack of beds, at least that was the story.

Miffed and thinking about registering a complaint with the hospital administrators, I nevertheless carried Stella, placed her in the back seat of

the pickup, and accompanied the driver, Stella and her grandmother back to their house 45 minutes away.

Over my shoulder, I kept turning to look at Stella in the back seat. Passing in and out of consciousness, she wasn't about to let me forget the request from a week earlier. "Now Doctor (she would alternately call me Doctor or Father), you remember your promise? About the computer? And my birthday is coming up. Will you bring a present for my birthday?" Try as I might to focus on the gift of being together right then and there, she kept coming back to the computer. What was I to do?

Back at her grandmother's house, I placed Stella on a sofa in the living room and then fetched the guitar I had been playing for children at the clinic. Showing the chutzpah from her healthy years, she listened to me play for maybe a minute before she reached for the instrument and wanted to strum it herself (for the first time).

I promised to visit her again soon and of course she reminded me of her birthday and the computer.

I returned three days later to find Stella's immune system further compromised. Indeed, it was clear that the hospital's refusal to admit her earlier in the week was not for lack of space, but rather because members of the staff knew that her body had reached a point of no return. She was dehydrated and disoriented; her breathing shallow and laboured. Meanwhile, recalling the dry splotches on Stella's skin, I had brought some lotion with me. After asking Stella and her grandmother for permission, I spread the lotion on her forehead, face and arms. When I told her that her arms, in particular, were thirsty, she replied, "Yes, and hungry too."

Meanwhile, there was a trashy British novel next to her bed, on loan from a schoolmate. Copping a British accent, I read from it to her for about 10 minutes. This seemed to have a calming effect on her. However, the salacious details of the story made me quickly lose interest, and I invited her to listen as I prayed the Our Father for her.

Kissing her on the forehead, I promised to return two days later. I also thanked her grandmother Aisha for everything she had done for her granddaughter.

At the time, I was staying at an orphanage for boys about five miles away. Taking a walk around the compound that night, I said to Jesus, “Lord, I couldn’t help but feel like the woman who anointed you for burial at Bethany today.” And I asked him to teach me how to pray for someone like Stella. Was it for recovery or a peaceful death or something else that I should pray?

The next day, being so close and having been impacted by the previous visit, I decided to visit Stella again, taking with me one of the staff members in the hopes that he would get to know the family and keep contact with them in the future. As we turned the corner off a main road, there were men sitting on sofa chairs outside the grandmother’s house.

“That does not look good,” my companion said.

Aisha met us at the door to announce that Stella had died before midnight, perhaps four hours after I had left. Inside the house, Stella’s body was laid out on a mattress with a sheet pulled over her. A three-by-five photograph of her was placed against the body. It had been taken a year before, and captured Stella as a full-bodied 16-year-old. I was flabbergasted by the contrast. I was invited to offer a prayer for her amidst the many women sitting on the floor of the living room. The next day, I attended her burial.

It is hard to put into words the impact that my brief contact with Katana Stella had on me. On the one hand, I was only with her three times for a total of about 90 minutes. And yet time and again my mind’s eye takes me into the room where a teenager lies in the foetal position, her dignity intact, her dreams for a computer and French classes and a boyfriend still alive in her imagination, leading me to tears over the privilege of having accompanied such a dear young woman in her final hours, indeed, of having been entrusted the task of anointing her for burial.

Tim Manatt SJ, AJANews 56 – May 2007



Zambia

WHEN TIME STANDS STILL

I wanted to experience the AIDS and HIV dilemma as distinct from just reading about it, so I decided to visit the Mother Teresa Hospice at Mutendere, Lusaka, one morning a week pastorally. I was going into unknown territory, the unfamiliar, and I was afraid. That was 10 years ago.

I discovered that many patients were not baptised. The Sisters directed me to the seriously ill – around 40 of the 100 patients accommodated in the hospice at any time. With the help of an interpreter for the CiBemba language, which I did not know, I found out which Church the patient belonged to, and whether he or she was baptised or not. If the answer was negative regarding Baptism, I administered the sacrament, depending on the patient's knowledge of Christ and what sacraments mean. These patients were all in danger of dying.

The hospice has a register now, which notes whether incoming patients are baptised or not. My assistants, men and women, check names and Church while I baptise. This is helpful because we can double-check if a patient has been visited by us previously, which saves time and trouble and prevents reduplication. It is a sad experience for a priest when a patient refuses Baptism. This is rare but it does occur. Be prepared for such peculiarities. Patients also receive Confirmation, Reconciliation and the Sacrament of the Sick. Those who are already baptised receive the Eucharist also.

Let me give something on the human side. The different levels of being sick and unwell are a constant. The normal answer to greetings in Zambia is *bwino*, fine, well, okay. All the patients answer *pa ngono* or *panono* or *kasako*, all of which mean 'not good'. The infinite patience of the patients (excuse the pun) is remarkable. Exceptions are rare. The gratitude at being visited and prayed over is unvarying. My own CiTonga is good enough to be comfortable in speaking with Tonga patients from the southern province. I can spend more time with them and speak to family members accompanying the sick patient. I meet Lozis from the western province and Ngonis from the eastern province. One elderly patient can speak five languages.

One day, a Sister of Charity who is a doctor, warned me about telling patients in their twenties whether they are infected or not. She said not to

tell them in a hurry, because they need a few weeks to cope with the reality that their illness is serious. They get the message themselves at their own pace and time. Then they ask questions about the nature of their illness and may cope with it better. If told too suddenly, they could even attempt suicide. So I am still learning by the grace of God. AIDS and HIV are a tough scene and school.

I thank the Lord for the privilege of working in his vineyard. I thank the Mother Teresa Sisters for the grace of working alongside them in their apostolate to the poor, the sick and the dying. I know that some chaplains work in hospitals doing such work. But for those of us who are not full time in chaplaincies, any Jesuit can spend a morning or two hours per week ministering to patients with AIDS, and will be rewarded by the smiles of gratitude of very sick people who have no other visitor except you.

Paddy Joyce SJ, AJANews 60 – October 2007

Fr Paddy died in Ireland on 9 July 2007 at the age of 70. He wrote this piece for AJAN a few weeks before his death.



Democratic Republic of Congo

THWARTED DREAMS

Saile Kirongozi is 28. The tall, somewhat shy young man graduated in political sciences six years ago. He has knocked on all possible doors to find a job but in vain. He remains unemployed, dependent on his parents, especially his mother, who sells second-hand clothes in the market of Kisangani. This bugs him because at his age, he wants to do something. Saile dreams of being a lawyer some day, or a university professor, but he cannot continue studying because he has not got the financial means to do so. To get the money he needs to realise his dream, Saile hits upon the idea of trying his luck in the diamond and coltan mines (known as quarries) scattered around the Congolese jungle.

And so the adventure begins. Saile remembers precisely that it was a Thursday morning when he took a bicycle taxi to reach the nearest diamond quarry, 83km away, called the Good Samaritan. His first impressions were favourable because people found the *libanga* (stone) every day. But Saile is soon disenchanted. Bands of gangsters have carved up the quarries between them, and anyhow, the chain to reach the diamonds is way too long: there are those who dig, those who carry sand from the quarry to the river, those who sift it and those who separate diamonds from mere stones, followed by negotiators, brokers and finally buyers, because one must absolutely sell within the quarry. And you must split the money with those who ensure security: soldiers, gangsters and the 'head' of the quarry.

After about six months, Saile realised that he was working for others, not for himself, and there was nothing to be gained in that quarry of misfortune. He got involved with a woman. "Father, I had no choice. Life was so difficult. Things were expensive and I had nothing. I was a simple 'boulonneur' (one who digs). My body ached. I did not have enough to eat to satisfy my hunger. Christine was my salvation." Unfortunately, Christine was the woman of everyone else in the quarry too. Saile didn't have much so Christine dropped him, and he had to pay to spend the night with her. She cost the equivalent of five US dollars a night, but between friends, the price was reduced to two. If a client with more money turned up, Saile would be thrown out. So Saile turned to Bibi, another sex worker, younger, more understanding and prettier. Then there were Aline, Mado, Bafolila, Sandra and finally Ngwali.

“Life in the quarry became harder than ever, because although our team found plenty of diamonds, I worked far from those who handled them. I dug in the quarry and didn’t really know what went on outside. I would just hear that on a certain day, we got so-and-so-many kilos of diamonds. And I knew a good deal had been struck when we drank lots of beer in the evening. Father, people drink so much in the quarries,” Saile told me sadly from his hospital bed.

After 14 months in the quarry, Saile started to feel seriously unwell. He struggled with what was happening to him for two months. Everyone else was indifferent. They were interested only in diamonds, and even his team abandoned him. Thanks to Bibi, Saile managed to send a message by phone to his family in Kisangani, and they evacuated him from the quarry.

Saile went to several hospitals to find out what was wrong with him, but for nothing. Finally, his family suggested the *Parlons-SIDA* programme, “to look into that side of things”, said Saile with a wan smile. “So this is how I have come to you, Father.” Saile was sent for an HIV test and, after two hours, he returned to *Parlons-SIDA* to announce that he had AIDS and that the disease was already far advanced. He was hospitalised immediately but his health deteriorated from one day to the next.

Three days later, I administered the Sacrament of the Sick to Saile, who made his confession. We agreed that I would give him Holy Communion the following morning, but when I arrived at the hospital at 9am, people looked at me strangely, and tried to avoid me. I knew then that Saile was dead, and his dreams had died with him.

I still remember the time we spent together, talking about the quarry and about life. “To live is to struggle. Sometimes one wins, sometimes one loses, one is killed. I struggled, but I lost. I was too irresponsible in the quarry.” I still remember his questions about heaven and Christian life. “I have suffered much on earth; I would like to rest in heaven.”

May Saile rest in peace. I don’t like to think about him too much. Sometimes I cry. It’s hard to watch someone dying and to be unable to do anything about it. When I first met Saile, I felt a great hopelessness. I was so involved in his story that I felt anxious and angry at everyone, angry at Congolese society, which is broken. I tried to picture all those people living in the quarry – some knew they were HIV-positive and didn’t care if they infected others. All these thoughts made me angry as I helped Saile, well aware that

he was dying. I didn't want to do anything, not even to talk, I felt that just my being there quietly was enough for Saile, to let him talk and perhaps to respond.

If one day you should go to Kisangani, greet Saile's little daughter, Ange Saile, who is cared for by *Parlons-SIDA*.

Bahati Mateso Martin SJ, AJANews 60 – October 2007



Zimbabwe

YOUTH AGAINST AIDS

Beauty, Blessing, Gift and Faith are among hundreds of teenagers who belong to Youth Against AIDS (YAA) clubs run by the Jesuit AIDS Project (JAP) in Zimbabwe. They live up to the promise of their names, sparkling with enthusiasm to be agents of change in their world. I meet them in late 2007, at a YAA outreach at St Peter Kubatana, a Jesuit school in Highfield, a 'high density' (poor and overcrowded) neighbourhood in Harare.

Beauty and Blessing promptly take me under their wing. Sitting beside me, the two girls chat about themselves, about YAA clubs, they ask questions. I am struck by how positive they are. Once the programme starts, peer education – the pillar of JAP – stops being just a cliché as young people take the floor and confidently urge their peers to create an “AIDS-free generation”. “Please don’t lose hope in fighting this disease. Are we hearing this?” asks Chipso, a JAP facilitator.

A young man in trendy gear freely admits that, regrettably, he sometimes yields to temptation. But he picks himself up again and perseveres in his commitment, what he learned from JAP “always echoes”, and has changed his life. One after another, teenagers come forward to say their bit, cheered on by their friends. SAI Music, a JAP troupe of excellent dancers, performs skits, songs and dances permeated by AIDS and Christian themes.

JAP was founded in 1997 to stem the destruction caused by HIV and AIDS. “We wanted to stop it rather than pick up the pieces all the time,” explains co-founder Ted Rogers SJ. “We turned to schools to use the clubs approach and developed a training programme over the years.”

The project trains young people as peer educators to run YAA clubs. There are 26 schools, four parishes and three orphanages involved, mostly in Harare and its environs, but also farther afield. Hundreds of YAA members, hailing from slums and wealthy neighbourhoods, attended the tenth anniversary celebration of JAP on 24 November 2007 at Prince Edward School in Harare.

The key to the success of JAP is the insistence that young people themselves take over the promotion of awareness. They teach, counsel and support each other. “It is vitally important that the clubs are run by young

people themselves – the staff and facilitators provide backup,” says Fr Ted. “The process of coming up with solutions has to involve youth.” Young people repay the trust placed in them by Fr Ted and Christine Mtize, JAP co-founder. “There are many of you working to help others live positively,” said Fr Ted at the anniversary celebration. “Thank you!”

JAP goes beyond merely warning youth about the dangers of HIV. “The objective is to see young people develop into responsible adults, building the way they view relationships, giving them skills like decision-making, assertiveness and communication,” says Christine. This is not easy. Teenagers themselves are well aware of the challenges they face. They tick them off during a discussion at the Highfield outreach: poverty; families under stress; peer pressure; resorting to prostitution; succumbing to ‘sugar daddies or mommies’. There is what Ngonidzashe Edward SJ from JAP dubbed the “blink-blink culture, the Hollywood glamour: youth from Mbare and Highfield are exposed to this culture and want to buy into it. But they can’t afford the expensive accessories.”

In the face of all this: “What can we do to help young people manage the pressure?” The JAP team believes it has a winning formula. “Working with young people and watching their progress, I’ve seen the impact of the programme,” says Christine. “There are encouraging responses. Some call me years later to say *I’ve founded a group with my workmates; we’re working on behaviour change and awareness.*”

Tendai, a 23-year-old university student who did a placement with JAP, says she left a different person. “Before, I was never interested in AIDS issues – I thought I knew everything, yet I knew nothing. Now I’m always asking myself: What can I do? HIV and AIDS is everybody’s business and everyone has a part to play.” A deep sense of gratitude is shared by those touched by JAP: “Thank you for being a shoulder and a pillar to lean on.” Christine says she discerns among young people “the spirit of giving back to the project what they have received.” This is why JAP is going strong, still making a difference after 10 years.

Danielle Vella, AJANews 65 – March 2008

Togo

FAR FROM POWERLESS

The building was not yet completed, but already the *Centre Espérance Loyola* (CEL – Loyola Hope Centre) was contributing to the life of its neighbourhood when I arrived in Lomé in January 2007.

Five teams of young adult volunteers were conducting a massive survey of local high schools and apprentice shops to determine the level of awareness and knowledge of HIV and AIDS among teenagers. The results would be fed into the planning process of the centre's consciousness-raising activities for youth.

The 10 young volunteers were most impressive, meeting every morning with another Jesuit and me to report on the previous day's activities and plan for the day ahead, as well as to reflect on the meaning of their experience in the field. The whole survey, over 1200 questionnaires with follow-up interviews, was completed in a few weeks. I remember noting in my journal how impressed I was with the serious engagement these young people had made.

Over the course of three months in 2007, I would have many opportunities to be impressed with the team. Among them were the secretaries, facilitators and labourers who helped pull the centre's physical and administrative fabric together in time for our March 2007 opening. We bought furniture, computers, planned workshops, sought funding. We planned a chapel, counselling rooms, classroom spaces. Their commitment never wavered.

This is in many ways the most significant spiritual truth of the CEL. The Jesuits have found a willing and generous group of supporters who seek only the tools to help make Togo's families and young people AIDS-free in the next decade.

The people of Lomé and of Africa are far from powerless. The CEL makes its own contribution by offering some of the spiritual, psychological, political and nutritional tools they need to win the battle against the scourge of AIDS.

Gilles Mongeau SJ, AJANews 67 – May 2008

Togo

TOO LATE HAVE WE LOVED YOU

“My son, my poor son! You went to look for work so that you could take care of your poor mother. And now, you are gone. What will become of me?” So the mother of Julien wept for her son who died on Monday, 11 February 2008. His death robbed her of all hope. Abandoned by her husband, unemployed, she had two children: Julien and his little sister. Julien left for Benin, hoping to make his fortune to come to the aid of his mother and sister. There, he worked as a teacher in a community school and married another teacher, with whom he had a daughter.

Julien tested positive for HIV in Benin when he came down with an opportunistic infection. The stage of infection was such that he was instantly put on ARVs. He had lived for a long time with HIV, far too long, without knowing it. Learning the overwhelming news about her son’s health, his mother decided to bring him back to Lomé, to be better able to watch over him. So Julien and his family moved in with his mother.

ARV treatment was free in Benin, and Julien had brought a modest stock of drugs with him. But when the stock ran out, he had no money to buy more in Lomé, or to return to Benin. So Julien stopped taking the drugs that were so essential for him. Living conditions were far from ideal in this family prey to poverty, whose main breadwinner was struck down by disease. They ate pot luck. And God knows how vital proper nutrition is to guarantee good health and a better outcome of ARV treatment.

Julien’s health deteriorated for some months, and he was hospitalized at the *Centre Hospitalier Universitaire* (University Teaching Hospital) of Lomé. Prescriptions for tests and drugs poured in. It was when searching for funds that Julien’s mother, completely at her wits’ end, was finally directed to the CEL. This was in January 2008. A few days later, Julien was discharged from hospital and took part in the monthly meeting at the CEL of a self-help group of people living with HIV and those who work with them. Accompanied by his mother, he was very weak that day, with an acute cough, walking only with difficulty.

When they got to know Julien, all the members of the CEL team rallied around the young man to help him regain his health. There was psychosocial support, medical care from a doctor who follows CEL patients

through home care, medicines were bought, nutritional support given, and home visits. The mobilization was really appreciated by Julien, who swiftly rediscovered hope in life, getting back on his feet to hatch plans for the wellbeing of his family. His mother repeated to me precisely her son's words on Friday 8 February: "Mum, it's your birthday soon. What do you want to do? You really must make an effort to look nice on that day. Just look at the state you're in. You stopped looking after yourself because of me. I want you to look better and to take a photo on that day, with the money you're spending on me."

Words from beyond the tomb? Throughout the night of Sunday 10 February, Julien couldn't sleep: vomiting, constipation. On Monday morning at about 6.30 am, his mother called Dédé, the CEL social worker. In the time it took to hastily gather a few belongings to take him to the Emergency Department, Julien died. It was 11 February, a little more than a week before his mother's birthday. He was 30. He died so young, like three others, Viviane, Pélagie and Rose, whom the CEL lost during the past year. We all wanted to tell Julien: "Too late have we known you; too late have we loved you." He leaves behind his mother, his wife who gave up her job to be at his side, and especially his 14-month-old daughter (with what future?).

It is always painful for us to see people dying so young. For us, it is a call, an appeal, to do more to promote AIDS-free youth. The experience with Julien also prompts us to realize that the struggle against AIDS is above all a struggle against poverty. And in an African context marked by chronic poverty, the issue of access to care, essential medicines and good nutrition is always starkly at the forefront. Thank you to all those people who, through all manner of support, enable us to be close to our infected and affected brothers and sisters.

Paterne Mombé SJ, AJANews 67 – May 2008

Kenya

IMPORTANT LESSONS

Before coming to Kenya, I thought I knew enough about AIDS especially since I had just finished studying for, taking and passing my recertification examination in internal medicine. I knew about HIV and its effects on the immune system leading to opportunistic infections and cancers. I knew how it is and is not transmitted. I knew how to diagnose and monitor infected patients, and what medications to prescribe and when to prescribe them for prophylaxis against certain diseases. I knew the general principles behind the use of ARVs. After five months of working at AJAN House and seeing patients at the St Joseph the Worker Dispensary in Kangemi, I now know that I really did not know enough.

Having practised medicine only in the United States, I did not know the critical role of poverty in the course and treatment of AIDS. In Kenya, I quickly found out that ARVs are beyond the reach of most patients despite the availability of cheaper generic formulations. Even those who have access to free medicines have trouble getting them because they cannot afford the fare to go to the clinic (if there is one nearby) or the fees for the laboratory tests required for monitoring treatment response. Because every single shilling is hard to come by, patients choose to spend their money on basic necessities like food rather than on health-related expenses. Many do not even have the option to choose since they do not have any money to start with.

I had not dealt with AIDS as an epidemic until I came to Africa. Hence, I was not aware of the significant impact the disease has on the family, community and society in general. It is killing a whole generation of young parents, leaving behind ageing grandparents forced to act as parents all over again, and a generation of orphans. Children, especially girls, stop going to school to help take care of one or both parents. Even if they continue going to school, they are unable to attend classes at times because their teachers are sick. Many children end up working to supplement the family income that shrinks further as their parents get sicker and cannot work; not a few end up in prostitution. Farms are abandoned because there are not enough able-bodied people to cultivate the land, which leads to increased poverty and a vicious cycle.

I was taught in medical school and during post-graduate training about the risk factors and usual modes of transmission of HIV. Wife inheritance,

female circumcision, sex with young virgins as a cure for AIDS – such cultural practices and mistaken beliefs were not mentioned. The same is true of other factors that include political instability and violence. I learned about all these when I came to Kenya.

All my newfound knowledge points to a truth that I did not appreciate before: AIDS is not just a medical problem; it is a complex development and justice issue. Addressing it effectively requires going beyond ARVs and CD4 counts. Employment, income distribution, food availability, education, gender inequality, sexuality, availability and accessibility of health care, peace and order and political stability must be addressed. Given the complexity of the problem, it is imperative that all the different sectors of society and countries of the world come together to control the pandemic. AIDS is a problem that robs those afflicted and affected of their dignity and of their humanity, diminishing ours as well. All of humanity, with God's grace, is called to solve this problem. And this, perhaps, is the most important lesson of all.

Winston Mina nSJ, AJANews 70 – August 2008



Chad

ALL ABOUT LOVE

When I arrived in Chad, the first thing I saw was Jesuit missionaries, sisters and lay people who, with competence and constancy, ran a rural hospital in the south of the country. I was asked to join this work as a doctor. It was a big shock. The disproportion between resources and problems to be resolved, the mortality and aggression of the diseases I faced daily, made this time very difficult and heavy. My motivations were put to the test: why had I decided to come to Chad as a Jesuit doctor? Day after day, thanks to conversations with other religious, parish priests and lay people, I began to come to grips with the reality around me.

After a few months, I was invited to take part in a forum of Jesuits and collaborators about diverse African realities, among them the struggle against AIDS. The meeting was in Nairobi and this gave me the opportunity to get to know AJAN House. The sharing with my brothers, the reflection and prayer about the challenges facing the Church and the Society [of Jesus] in Africa, opened my eyes to many things but especially to myself.

I returned to Chad, apparently without answers but with one thing clear: as a religious, my priority was to become capable of loving. In the West, the struggle against AIDS in Africa seems to be seen as a question of sexual morality centred round the use of the condom; in Chad I learned that justice too played an important role, given the lack of ARVs and structures. But in Nairobi I understood that in reality everything came down to love. Was I capable of making sick people feel that they were truly loved? The more this question grew in me, the less important the disparity between resources and problems became. I started to understand that love is played out in the field, in the opportunities that unfold in a specific moment, with a specific person. The rest no longer counted, the thought of “what could be done if” was only a useless thought that encumbered the most crucial thing: transforming ourselves into an action for another, because loving is acting.

It was clear to me that the much vaunted holistic care in HIV meant taking stigmatisation seriously as the first enemy to be fought; the most feared long-term enemy that locks infected people in a cycle of neglect and solitude, cutting off the road to treatment, keeping them hidden in their home or village, until the progression of the disease reaches its natural end: death. I understood the urgency of creating networks of solidarity among

people with HIV to testify to a different way of living with the disease. I saw people get back on their feet after a few months just because they found friends who encouraged them to get out of the house and to go to the nearest clinic.

Working in a new hospital in N'Djamena provided a second opportunity to open myself up to Chad. Ward rounds and clinics, the persistent lack of drugs, organisational problems, formation of personnel, attention to the quality of medical protocols, all these things were my daily bread but more than anything, it was the quality of relating to the other that dominated. I took on the commitment to smile, and even if those working by my side knew how many times I faltered, the intention remained firm: would I smile today? The sicker the people, the more value the smile of welcome and availability had; a value that cannot be measured.

Renato Colizzi SJ, AJANews 75 – January 2008





Kenya

THE FIRST ENCOUNTER

She is 24 and has been married for two years. When she told her husband that she was pregnant, he just disappeared. Finally the young woman came to give birth in Nairobi with the support of her sister. A couple of hours before giving light to a beautiful baby, she was told she is HIV-positive. And today her sister brought her into the office of Uzima at St Joseph the Worker Parish in Kangemi. She is devastated and cries silently. She is crying not so much for herself; she is anxious to know if her daughter is infected too. And she will have a definitive answer only in a year and half's time.

To know her status was to be pushed into an unknown country where she felt lost and discouraged. But joining the programme of Uzima is like meeting friends who have been living in that country for months and years. They know the virus exists in them but they refuse to live in their disease. Their laughter gives hope and their presence breaks the loneliness of someone who is victim of a dreadful stigma; she has got a new family. She will be taught how to walk on new paths.

How to accompany her on her path of suffering? For me, the border of her new country remains close and grazes me, sending me back to my own fragility and to my limits. How to make compassion bloom in each encounter – visitation? Compassion that makes listening respectful and open to silence, the gaze fraternal, the smile encouraging, the voice gentle when giving a message beyond words: no suffering is lost, useless, an immense chalice gathers the innocent blood. Your tears are watering fertile plains for the life of your daughter.

The young woman is referred to Lea Toto where they will take care of her three-day baby whatever her status might be. With careful gestures of a neophyte, she offers her a breast swollen with life and for the first time, a large smile.

This first encounter made me more human.

Br Alain Ragueneau, AJANews 92 – April 2010

Kenya

BEING PART OF A DISCORDANT COUPLE

The lament of the HIV-positive partner

I don't believe that you are negative
You caused me to be infected through your carelessness
You don't love me
You don't give me enough care
You are looking for other partners out there
You don't do what I want you to do
I think I am a burden to you
I wish I died a long time ago
Don't worry, I am on my way to death, soon I will be out of your way
You don't know what I am going through
I am tired of taking the medicine

The lament of the HIV-negative partner

I think you always had this disease
I am not convinced that you got it recently
You either follow my instructions or I leave you
I am not the one who infected you; why are you hanging onto me?
I have important things to do other than to sit listening to you
If you want to die, go on and die, I am not God to heal you
You are a burden on my family
I have experienced countless blames and accusations
There were a lot of misunderstandings
Many times I wished I was not alive to go through all this
Many times I have been tempted to run away from the family
I have been stigmatized as much as my spouse
But the grace of God bound me to my family and I thank God

The advantages of being a discordant partner

I learnt to empathise with those who are infected and affected, to put myself in their place
It taught me to be patient with the sick and suffering
I came to understand that people never get infected because they are sinners and that anyone can be infected anytime if the right precautions are not taken
It humbled me to listen to all people
I learnt to serve and not to be served

It has opened the door to sharing my feelings with many who are like me
I learnt that infection can be in many ways
I learnt to love all people
It has opened the door to a great knowledge and deep understanding
about the people of God
It has brought me countless blessings

The disadvantages of being a discordant partner

For a long time I struggled against the stigma
I was very much uncomfortable with the situation
I was always tired because of overworking myself
Sometimes I was so stressed that I just went to bed and cried
Many times I felt lonely and lost
People living positive don't trust those living negative
People living negative reject you; when they do welcome you they are
suspicious

AJANews 92 – April 2010

When the Jesuit Superior General, Fr Adolfo Nicolás SJ, visited Kangemi in December 2009, he was warmly welcomed by members of Uzima who sang and danced with him. A discordant couple wrote down and shared this moving testimony.

Burkina Faso

SOLIDARITY OVERCOMES STIGMA

The first day of September 2009 was a dark day in Ouagadougou: reservoirs along the north of the capital overflowed, flooding entire neighbourhoods. Within hours, some 25,000 mud houses had collapsed. Many of the 150,000 people left homeless went to stay with neighbours or relatives. Others sought refuge in schools, as the new term had not yet started. Among them were nine widows, beneficiaries of the *Association Solidarité, Vie et Santé* (ASVS – Association of Solidarity, Life and Health), who were staying in a classroom together with other flood victims. When people are crammed into a tiny space, they observe each other closely. The nine women were quickly singled out as “untouchable” – it was remarked that they took medicines regularly and two had dermatosis. No one wanted to drink from the jar they had drawn water from and the other occupants of the classroom soon vanished, preferring to squeeze into another room. Even their children were rejected by the others. The humiliation was unbearable for our widows, who ended up leaving the school.

The ASVS acted swiftly, renting a house for five of the women (the other four benefited from state aid – metal sheeting and cement to rebuild their home). However, after three weeks, the owner of the house, hearing rumours that his tenants were HIV-positive, cut short their lease by using the pretext that the house needed renovations. It was then that three women, other members of the ASVS, took the widows into their own homes: two in one house, two in another, and one in a third. We were really happy to see these responses of solidarity within the ASVS, which overcame the rejection inflicted by others.

Jacques Fédry SJ, AJANews 93 – May-June 2010

Burkina Faso

GERTRUDE, PAULINE & STEPHANIE

Pauline is a member of the ASVS. HIV-positive, she has been abandoned by her husband who lives in Côte d'Ivoire. The doctor recently advised her to have a hysterectomy. A hospital in Nanoro, 100km from Ouagadougou, run by the Camillians, is well equipped for surgery and does these operations at a much lower cost than elsewhere (105,000 Central African francs for the operation and for medicine and material expenses – nearly 160 euro). The ASVS could cover the expenses but there was a problem: who would accompany and look after Pauline, as required by the hospital? Her family has rejected Pauline. Her son is in his final year at school and has no means to help her. Gertrude, the ASVS chairperson, would have liked to accompany Pauline but couldn't miss any classes in her nursing course. So Stephanie, another member of the ASVS, offered to look after Pauline in Nanoro. She stayed in the hospital for 10 days, leaving her children with relatives. She washed Pauline every day, cleaned her clothes, prepared food for her and fed her.

Where did Stephanie find the strength for such devotion? Well, three years ago, Stephanie was near death. The late Fr Jean-Luc Masson SJ had given her the last rites. Gertrude stayed with her for about a month, looking after her, although Stephanie, deeply depressed, didn't want any help. She pulled out her drips and was sometimes actually aggressive towards those caring for her. Gertrude left Stephanie to go for an eight-day spiritual retreat. When the retreat was over, without even going home first, Gertrude went straight to the hospital to see what was going on. To her surprise and joy, she found Stephanie in good shape, waiting to greet her, very happy. Saved by the skin of her teeth, Stephanie later felt the need to look after another person in distress. This was how she found the strength to come to Pauline's aid. She really understood the words with which Jesus concludes the parable of the Good Samaritan: *Go and do likewise* (Lk 10:37).

Jacques Fédry SJ, AJANews 93 – May-June 2010

Burkina Faso

WOMEN AND AIDS

Gertrude: “We are not here for ourselves but for our brothers and sisters”

Before starting the ASVS, I volunteered with an association for widows. Then I participated in a session of formation about HIV, followed by a two-week course I really liked. I talked to Sr Françoise Dauger and to my spiritual director, Fr Jean-Luc Masson SJ, and we started to meet young people with HIV.

To be more effective, we decided to create an association, which received official recognition in 2002. At first we had no premises and used to meet in the accommodation of Sr Françoise in Dapoya neighbourhood. Our work consisted of plenty of home visits. Things were not easy back then. People with HIV hid away. Their families put them aside, sometimes chasing them away to die alone. Today, there is no longer such discrimination, but people with HIV are tortured in other ways. A case in point: I go to visit Mamounata. Her brother calls her: “Your nurse is here.” Her family circle tells me it is good to counsel her, this is just a disease like any other. And yet, when I am not there, they tell her: “You know very well you are going to die.” All this said, some families do accept and care very well for those with HIV.

I have now got my diploma as a state nurse after three years of relentless work. The way in which the Sisters reached out to those in need touched me deeply but I realised that it was necessary to have more in-depth medical formation. French friends from the *Association Burkina Solidarité* contributed financially to my studies.

When giving physical care, I try to listen to patients, I am very happy to be in direct contact with them. Beyond emergency aid, what people with HIV yearn for above all is that we listen to them, offering close and immediate support, there and then. It is here that being part of the Christian Life Community (CLC) helps me. If someone comes to talk to me about a family problem, a father-son conflict, it is not money or advice that they need, but to become aware of how to reach out to one another. We are not in CLC for ourselves but for our brothers and sisters.

Gertrude died suddenly on 6 November 2011, less than a month after sharing this testimony. She was 40 years.

Mamounata: “The support I get from the ASVS is enormous”

I thank God who has granted me the strength to recount the story of my life. I have AIDS. It is thanks to Sr Françoise that I discovered this. She has been my friend since 1997. I used to visit her frequently with my friend Alima in Dapoya neighbourhood in Ouagadougou, where she lived. She used to heap advice on us and, although I’ve never been to school, we understood each other.

My husband was unemployed, which prompted me to start selling food, to be able to feed my family. I had a health problem affecting my arms so Sr Françoise suggested that I see a doctor. At the ambulatory treatment centre, they concluded that I had HIV. It was a friend of Sr Françoise who revealed the test result to me. She was the professional charged with welcoming and counselling me, and she advised me to do further tests for my shoulder pain. An x-ray showed that my lungs were affected so I was hospitalised immediately. Sr Françoise, assisted by my husband, watched over me for more than 10 days.

When I was in hospital, my husband sold all his furniture to pay the expenses. I was allowed to go home but soon relapsed. It was then that my husband rejected me, saying he couldn’t take anymore. Sr Françoise tried in vain to counsel him; his decision was final. So I returned to live with my mother in a rundown house, ‘widowed’ despite my young age. My faltering health made life difficult.

To go for treatment and return, I used to hitchhike. After a while, I stopped taking ARVs and started to feel pain. I had to undergo treatment and sought the help of Sr Françoise and Gertrude Diarra. Gertrude pleaded with my husband to take me back but he refused. Sr Françoise found out how much a two-month massage treatment would cost and gave me the money in advance. The doctors who were to look after me were very caring and concerned about me, to the extent that they asked me how I was going for my massage sessions. When I told them I would go on foot, they told me to keep the money for transport, and gave me vitamins as well. I thanked them. Upon reflection, I decided to use the money for food in order to be stronger, so I made myself a provision of rice and corn. I then had to use shortcuts to go for the therapy, and sometimes I found kind-hearted people who would drive me back. After some time, I relapsed and ended up in hospital to resume treatment. Daily treatment was one injection and 12 tablets. Sometimes I fainted.

Socially, I lived a life of stigmatisation. The people who boosted my moral were my mother, Sr Françoise and Gertrude. These two used to visit me at home, bringing moral support and food supplies, making the atmosphere comfortable. In 2001, Sr Françoise left but told us to remain united in growing solidarity because she wanted to create an association to take better care of people. She promised to stay in touch through Gertrude, which she did. Our little group grew and this is how we got to know the other women who eventually formed part of the ASVS. Sr Françoise sent us money, which allowed us to meet our modest needs.

The support given to me by the association is enormous and has brought me consolation because I can meet my needs. Thanks to the micro-credit system set up by the ASVS, I sell soap and earn something small, which keeps us from destitution. As for my health, the disease has eaten away at my lungs to the point that any physical effort is a strain. But I commend myself into God's hands.

On 7 November 2011, all the personnel and patients were called to the association headquarters. We learned the sad news about Gertrude's death. This plunged us into sadness; we were shocked and hurt. Two days earlier Gertrude had left the centre to prepare for the wedding of a relative. What gives me courage is that, before her death, she had told us to persevere, telling us that the loss of one person should not stop the smooth running of the association.

Gertrude has left us and a part of us is gone. She devoted herself to sick people from morning to night, especially when helping someone who had to go to hospital. She did what she could with the means she had at hand – her motorbike. At the centre we celebrated Mass for her, all the members of the association. This was the least we could do after all she did for each of us until the day she died. I keep her alive in my thoughts. May she rest in peace!

And a tribute:

I met Gertrude for the first time when I was visiting Togo, Benin and Burkina Faso to get ideas for the design, development and construction of the *Centre Espérance Loyola* (CEL – Loyola Hope Centre) in Lomé. Gertrude was really committed to serving women, especially widows, living with HIV. She was determined to promote health, life, hope and dignity among the members of the ASVS and would do everything possible to improve their conditions. Gertrude was the one who showed me Moringa powder for the first time, and made sure I got some for people with HIV at the CEL (Moringa is a plant with extremely nutritious properties). She was amazing. I think I have never met a person so determined to do something so that HIV patients may live longer and better. Her departure will leave a big gap in the hearts and lives of many. But God knows what He is doing; may He welcome her in His peaceful house. Gertrude is surely one of those to whom the Lord will say: *Come, you that are blessed by my Father, inherit the kingdom prepared for you from the foundation of the world; for I was hungry and you gave me food, I was thirsty and you gave me something to drink, I was a stranger and you welcomed me, I was naked and you gave me clothing, I was sick and you took care of me, I was in prison and you visited me.* (Mt 25:34-36)

Paterne Mombé SJ, AJAN Coordinator

AJANews 106 – March 2012

Democratic Republic of Congo

SIX YEARS ON ART

My name is Mrs J. M. I am 40 years old and was diagnosed as HIV-positive on 2 June 2005. I have lived with my status for six years. In the beginning it wasn't at all easy; it seemed as though I was living in a nightmare. Being HIV-positive was a shock. Eventually, I understood that I needed to start by coming to terms with and accepting the state of my health. But how?

I remember my situation then as if it was yesterday. Only three months after I revealed my status to my husband, with whom I had had five children, he chased me away and I didn't know where to go. I used to cook once a week to feed my children. And during this time, I had many relapses.

God is great and compassionate. At *Parlons-SIDA* they understood that despite my HIV-positive status, I was still of worth for my family and for society. They took me under their wing and gave me spiritual, psychosocial, medical and moral support. The team was always ready to listen to me, to strengthen me, to support me, to counsel me. Since then, I have understood that my path for reducing the prevalence of HIV is to live in abstinence for the good of others, and to bring up my children well.

Being poor is a tragedy. But in this tragedy, one always meets people who are ready to give you a hand. *Parlons-SIDA* has done this with a lot of compassion despite their limited finances. My prescriptions for opportunistic infections have been honoured and two of my children have remained in school until this day. One of my children, who was six months old at the time when I was weak, brought down and abandoned, has never gone without the powdered milk *Parlons-SIDA* gave me for her. Without this compassion and solicitude, I truly never would have seen this six-month-old infant become a beautiful three-year-old girl.

What's more, thanks to *Parlons-SIDA*, I studied at the *Institut Technique Médical* (Technical Institute of Medicine) and today I am an 'A2' nurse and useful to society. Yesterday, I was unstable, rejected, humiliated and abandoned, and now I have regained hope and a taste for life. I know that I need to work to give my children a future and also to show others who are sick the same attitude of sacrifice, love and compassion rooted in Jesus Christ that *Parlons-SIDA* has revealed.

In 2006, I was put on antiretroviral therapy. I remember that someone was needed to be my witness and sign a little document so the doctor could give me this antiretroviral treatment. Instead of my husband – the one who, along with me, said ‘yes’, for better or for worse – it was my eight-year-old child who was my witness. Since then, he has supervised the taking of my medication and has taught his younger brother to do likewise. These two ‘angels’ give me my medication, knowing the time I need to take it and the correct dose. *O God, take care of these children as they want their mother to live positively. Do not forget them whenever they call upon You. Remove them from every danger, and may they live in happiness.* This is my prayer for them.

There is much more I could say but I don’t know how. A thousand thanks to those at *Parlons-SIDA* for initiating me into the struggle against this pandemic. *Parlons-SIDA* remains a father to me.

AJANews 99 – March 2011



Uganda

STAYING ALIVE

Dying for \$500?

Sara needed \$500 for an operation. This is what the doctors at the Kampala hospital told her. The young single mother couldn't afford to pay and, shortly afterwards, she died. Pneumonia dealt the final blow to Sara's frail efforts to survive. She had been very ill for some time: her body wasted away, shingles stretched from one side of her head to her chest, her head ached constantly and her hearing was damaged. Sara had been taking ARVs for about four years when her health deteriorated. It's as if the drugs simply stopped being effective.

When taking ARVs worked and Sara had support, things were different. So much so, Sara had her third child when she was on treatment, she felt that much better. But shortly afterwards, her partner left. Abandoned, Sara couldn't afford to meet daily expenses like rent, food and essential medical costs. The next setback: the news that her second child was HIV-positive.

Anita Kawuma, the secretary of the Kampala-based Jesuit Solidarity Fund (JSF), remembers how stressed Sara was: "With all her problems, it was difficult for her to meet her family's needs. Her immunity went down and she got shingles. This devastated her and she weakened quickly."

The JSF helps hundreds of very poor families in Kampala and in Gulu, northern Uganda, to meet their basic needs. Sara was one of the clients of the JSF but there was a limit to how much the modest project, which has been receiving less and less funds in recent years, could help.

Increasingly straitened means

Sara lost her fight against AIDS. An estimated 1.2 million people living with HIV in Uganda soldier on, but with less weapons than before. In recent years, Uganda – once lauded for slashing its steep HIV prevalence – has seen its international AIDS funding decrease substantially.

The problems started in 2005, when the Global Fund to fight Aids, Tuberculosis and Malaria temporarily suspended its grants to Uganda,

after discovering evidence of “serious mismanagement” of funds. Since then, Uganda has continued to lose funding due to concerns over poor accountability.

In late 2011, it was reported that the Global Fund denied Uganda \$270 million, needed to put over 100,000 more people on ARVs, because of the country’s policies toward sexual minorities. The move was said to be in response to a bill of law that proposes to make ‘acts of homosexuality’ a criminal offence punishable by life in prison.

Currently, in Uganda, 248,222 people receive ARVs, 47% of those eligible. Those receiving them are also in a precarious position. “Things have certainly become more difficult for people with HIV in Uganda during the last two or three years,” says Fr John Legge SJ, administrator of the JSF. “Previously, getting tested was mostly free. Now people have to pay even to determine their status. They also have to pay for tests to keep track of their present condition. If they can’t pay for the tests, and most poor people can’t afford to, then they are not given the ARVs.”

People are also being asked to shoulder some of the costs of their care. “Due to reduced funding, cost-sharing has been introduced in many HIV treatment centres,” says Anita. Patients are asked to contribute about \$25 per month in Gulu and about \$6 per month in Kampala. “Most poor people can’t afford this,” continues Fr Legge. “It is only because the Fund has been paying that many of our beneficiaries have been able to continue their ARVs. Without this help I am quite sure some would have died by now.”

It isn’t only about ARVs. Anita says a number of JSF beneficiaries have died because of “lack of funds to help them treat opportunistic infections”. Then there are those services essential for the effectiveness of treatment and the very survival of people with HIV. “The women we help need to eat well, to find transport to go to the clinic,” says Anita. “They have to meet their children’s needs, find a place to live and deal with other diseases like malaria. These are all additional stressors for them.”

Not only bad news

It’s not all bad news though, as other clients of the JSF can testify. One is Josephine, who has battled her way through sickness, poverty and stigma. As she says in understated and simple manner: “it’s not been easy”.

Josephine's husband died of AIDS although at the time people claimed it was witchcraft. Thrown out of her home by her in-laws, Josephine needed to make a quick transition "from being a housewife to a working single mother, without any formal skills".

"The stigma attached to being an HIV-positive widow was a hindrance because many people found it very hard to employ me," recalls Josephine. "My children could not play with others in the neighbourhood. They were always chased away. This was such a trying moment for me but as a mother I had a responsibility to see my children grow so I had to be strong."

It was nearly too much. "After failing to meet the basics such as feeding the children, paying house rent, covering our medical bills and school fees, I felt so hopeless; all I knew was that death would come next." Falling ill, Josephine started taking ARVs and was put in touch with the JSF, which has helped her for six years now. Encouraged by fellow clients, she set up a small business selling bananas at a roadside market near her home.

"With the little that I save, I pay fees for my eldest son who has joined Kyambogo University to pursue a course in engineering," says Josephine proudly. "My youngest daughter performed very well in the primary leaving examinations and was granted a scholarship at Ocer Campion Jesuit College through the efforts of Fr John of the Fund."

Josephine attributes her "second chance in life" to the JSF but Fr John is quick to credit her perseverance: "Josephine has been going through quite a few painful and partly disabling years with what seems to be related to some kind of arthritis. She has mostly managed by herself to get her oldest son to his scholarship at university, with a lot of determination, trust in God, and courage on her part."

He continues: "I hope her story can be an inspiration to other widows, in situations similar to her own, and also show donors that comparatively small amounts of money, added to what Josephine earned in low paying part-time jobs, have managed to keep her reasonably healthy and her family together and going to school."

Josephine has still more plans: "The story is not over yet. I dream of acquiring a piece of land, where I can build a house, so my children can have a permanent place to call home. With improved health and support, I hope I will make it."

The JSF has other clients like Josephine, who have survived and are doing well. But however strong they are, such women so far remain heavily dependent on their government's decisions and efficacy, on international goodwill, and on donor support. They need medication to stay alive, and food and support to bring up their families. Will the aid keep flowing or will their lifeline, sooner or later, be cut off?

AJANews 107 – April 2012





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