



Presbyterians on the front lines

BY MARK RAY

On the day PC(USA) member Francis Ntowe's sister was buried, there were six other funerals in her small community in Cameroon.

"One of them was a pastor, and all of them had died from HIV/AIDS," he said. "Every single one."

The AIDS victims included Ntowe's sister, although some family members were convinced she was the victim of witchcraft. "My younger sister died from HIV/AIDS, which my mother doesn't want to hear," said Ntowe, a pharmacist in Chicago. "She believes that one of our neighbors did not like us and was the sorcerer for the death of my sister."

Scientists have known for decades that AIDS is caused by HIV, a virus spread primarily through unprotected sex and needle sharing. But ignorance and denial contribute to the spread of the disease as well.

Addressing those problems is a major way Presbyterians are working to fight an epidemic that continues to ravage a continent. Each year, there are nearly 1.5 million new infections and more than 800,000 deaths across Africa and the Middle East, according to the Joint United Nations Programme on HIV and AIDS.

Ntowe, a member of Fourth Presbyterian Church in Chicago, was moved to get involved not only because of the situation in Africa but also because his pastor asked him to help move a young Illinois AIDS patient into hospice care.

"Me being a naïve African, my first question was, 'Does that person not have family?'" Ntowe recalled. The young man did have a family, but they had disowned him after his diagnosis.

The juxtaposition of ignorance about AIDS in both his native and

adopted countries prompted Ntowe to found what is now called Prevent AIDS Africa (PAA) in 2006. His goal: to bring pastors from across Cameroon together for four-day AIDS workshops. Ntowe chose to work with pastors because they are influential in their communities. "If your pastor says something about a disease, most people are going to believe that pastor before they'll believe a doctor," he said.

Turning pastors into advocates

PAA conducted its first workshop in January 2007, bringing together pastors from each presbytery in the Presbyterian Church in Cameroon. Participants learned how HIV is transmitted, how AIDS is treated and how to counsel patients. But perhaps the most powerful moment came when four church members with AIDS spoke to the group.

"The pastors were awestruck because now they could see in front of them their congregants who had been suffering from HIV/AIDS," Ntowe said. "It was not only something in theory; it became real."

About the same time that Ntowe founded PAA, David Barstow attended a similar workshop in Zambia that was sponsored by Westlake Hills Presbyterian Church, his church in Austin, Texas. Surprisingly, the workshop used the same organizational-change techniques he'd taught as a business consultant. "I basically took that as an indicator of God giving me a suggestion that that was an area I should focus on," he said. "EMPACT Africa grew out of that."

EMPACT Africa — the name stems from Empowering Pastors to Act — seeks to build stigma-free faith communities in the countries it serves. "The focus for EMPACT Africa has been a conviction that local faith communities are key to solving stigma," Barstow said. "They are the ones that have the closest relationship to people on the ground, and it's the attitudes and behaviors of people on the ground that are the direct drivers of stigma."

One simple step EMPACT Africa recommends for pastors and other church leaders is that they get tested for HIV/AIDS. "If everybody gets tested, then there's no shame in the act of getting tested," he said. "The goal would be to have 100 percent of the people in the congregation know their status."

EMPACT Africa has worked with PC(USA) mission co-worker Janet Guyer to bring its training to three denominations in South Africa and one each in Zambia and Zimbabwe. Having trained pastors and many laypeople in Cameroon, PAA is ramping up efforts to expand into Lesotho, a small country in southern Africa where a staggering 22.7 percent of the population ages 15 to 49 is HIV-positive.

According to Guyer, stigma plays out in many ways, including isolation from friends and family. That was the case with a young AIDS patient Guyer heard about in Malawi, where she is now based. After a pastor started visiting the young woman, people would ask him questions about the disease, allowing him to do informal AIDS training. One day he visited the young woman and was amazed to find a houseful of visitors.

"On the way back he asked somebody why did all of a sudden people decide to go visit her," Guyer said. "They said, 'We talked to you about AIDS, and you sounded like you knew what you were doing. You weren't afraid to go visit her, so we figured if you could visit her, we could visit her too.' In that way, they sort of brought reconciliation in the community."

Fighting more than stigma

From 2002 to 2013, Guyer focused exclusively on AIDS as a regional consultant. Since then, her work has expanded to focus on issues affecting women and children in countries from southern Africa to the Horn of Africa. AIDS is never far from her mind, however, since it ties in with other issues.

For example, a pervasive problem in many countries is the marriage of young girls to older men — marriages that pull girls from school and put them at risk of contracting AIDS. One program Guyer supports in Malawi, the Livingstonia Synod AIDS Programme (LISAP), is working to raise awareness of the

issue and to rescue the girls involved.

"The mothers' and fathers' groups have been trained to be empowered to look around and see which girls in their community might be at risk and which girls might already have been sold into marriage — the term I like to use — and then to see if there are ways they might bring them back to the family and hopefully back to school," Guyer said. LISAP has rescued more than 300 girls and helped to outlaw child marriage in Malawi.

Also important in countries affected by the AIDS epidemic is support for widows, widowers and orphans. "We've tried to stay clear of the institutional response and do community-based care, helping communities or even families who are taking in these orphans so that the children have a family, have a caring group," she said. "I think all over Africa that's the natural response."

Early in her time in Malawi, Guyer attended a meeting of church leaders where a man mentioned that basically every family is responsible for a child orphaned by AIDS. Thinking he was overstating the case, Guyer polled the group. "I went around the room that day and virtually everyone had AIDS orphans that were either living in their home or that they were helping to support in the village," she said.

So what can Presbyterians in the United States do about AIDS in Africa? In addition to supporting the work of mission co-workers and organizations like PAA and EMPACT Africa, Barstow says, people need to

LEARN MORE

The Presbyterian AIDS Network offers resources for those who advocate with and care for persons and families who have been infected or affected by HIV and AIDS: presbyterianmission.org/ministries/phewa/pan

Read more about AIDS in the United States: pcusa.org/hivaids-justice

Prevent Aids Africa: preventaidsafrica.net

Livingstonia Synod AIDS Programme: ccapsolinia.org/lisapccap

EMPACT Africa: empactafrica.org/main

raise their voices at a time when U.S. foreign aid is at risk.

“For Presbyterians, the thing that’s most important is for us to raise awareness and to stress that the Christian thing to do isn’t to walk

away from this war,” he said.

Jan Lohs, secretary of PAA, agrees. “It’s so easy in this country to say, ‘There’s just too much in the world; I can’t care about everything,’” she said. “But I think especially as

Christians we can’t do that. I think we lose a part of our soul when we say those people don’t matter.”

Mark Ray is a freelance writer based in Louisville, Kentucky.

‘ONCE YOU SEE, YOU CANNOT UNSEE’

Impact of AIDS in Kenya

BY ROBYN DAVIS SEKULA

I left my iPad on the plane.

It was a gut-punch as I reached into my backpack my second night in Kenya to realize this expensive, handy toy had been left behind.

The worst part was that I’d have to tell my husband, and it would confirm what he already knows about me: While I am charming and fun, I am at the very least slightly ditz.

Ugh.

I was traveling with the charity Send a Cow visiting western Kenya. Send a Cow works with farmers and their families in some of the poorest parts of Africa. I serve on their U.S. board of trustees, and this was my first visit to see their work. The group has Presbyterian Church (U.S.A.) support, with the Presbyterian Hunger Program giving Send a Cow a grant last year.

In western Kenya, Send a Cow is training farmers in better ways to grow crops and working with specific populations that need support, including those infected with HIV and AIDS. The rate of HIV infection in Kakrao, an area like a county, is twice the national average in Kenya.

On our first night in western Kenya, I reached into my backpack for my iPad and realized I had left it on the flight. I said a little prayer that I’d recover it, and begrudgingly went to bed when I realized there was nothing I could do besides what I had already done — file an online report with the airline.

A change of perspective

The next morning, we drove out to a remote farm, making our way through

muddy, deeply rutted roads. I sat in a quiet room in a mud home, on a plastic lawn chair, and listened as farmer Philister Njuya told us about her children and the grandchild she cares for, and how she goes without meals on some days because she can’t feed both the children and herself.

Her 2-year-old granddaughter sat on her lap, clad in only a shirt, and a bare lightbulb that didn’t work dangled from the ceiling. A skinny chicken with a bum foot hopped through the room.

In Kenya the government gives out medication to treat HIV and AIDS for free. But when taken without food, the medication may not be very effective and can make the person taking it feel awful, causing side effects such as nausea and hunger pains. It’s an extra dose of torture on top of a very difficult life.

The contrast between my lavish life and this woman’s need for the most basic sustenance immediately convicted me. How could I dare to ask God to help me find my iPad, when there were people literally starving around me? How could I waste another breath on this?

Recognizing prejudice

Several days later, thanks to Kenya Airways’ careful attention, I got the iPad back.

But the conversation with Philister haunts me. I sometimes thank God for giving me certain material possessions. While it is good to be appreciative for what we have, what does it mean when someone else doesn’t have what we do? In America, we like to believe that

means that person didn’t work as hard as we did. We like to believe that, because it’s comfortable for us to believe it.

I admit: There was a time when I believed it. It relieved me of guilt and helped me feel superior.

Deep prejudice against people who are poor or who suffer from AIDS lives in many of us.

I don’t have any answers for this existential query. I don’t know how to rectify the fact that Philister, through no fault of her own, skips lunch most days because there’s simply not enough to go around — while I eat an abundance of prepared food I buy in an air-conditioned store.

I do know that I feel a deep sense of calling to change what I can around me — and even far, far from me.

“Once you see, you cannot unsee,” said Greg Ellison, associate professor of pastoral care and counseling at Emory University’s Candler School of Theology, in his landmark book, *Cut Dead But Still Alive: Caring for African American Young Men*.

I can’t unsee Philister.

I can’t unsee her children.

Neither can God.

And that’s all I know for certain right now.

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