

AJANews 93 - May-June 2010

Fr Michael Czerny SJ

Burkina Faso: Solidarity overcomes stigma

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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.

Fr Michael Czerny SJ

We wish to share with you news that has already reached a good number of you but which, we have discovered, many others have not yet heard. The outgoing AJAN Coordinator, Fr Michael Czerny SJ, suffered a heart attack on Saturday 15 May, on a flight from Rome to Toronto. Providentially, there were doctors on board and he was immediately cared for by two cardiologists and an emergency nurse. The plane made an emergency landing in the Canadian province of Newfoundland and Labrador.

Fr Michael is out of danger and recovering very well. On 1 June, he was discharged from hospital and moved to the Jesuit community in St John's, the province capital. After a week, he should be rested enough to fly to Toronto. Fr Michael is in good spirits and we ask that you keep him in your prayers.

BURKINA FASO: SOLIDARITY OVERCOMES STIGMA

In 2002, the Association Solidarité, Vie et Santé (ASVS - Association of Solidarity, Life and Health) was officially established in Ouagadougou to reach out to people with HIV. It was founded by Sr Françoise Dager, a Little Sister of Charles de Foucauld; Fr Jean-Luc Masson SJ (1937-2008); and Mrs Gertrude Diarra, a nurse from Burkina Faso. Supported by the local Jesuits, the ASVS helps 83 people - mostly women - and takes responsibility for the education of 73 AIDS orphans. Fr Jacques Fédry SJ shares stories of solidarity which are a moving response to rejection and exclusion:

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 ASVS, 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+, 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.

The other story is about Gertrude, Pauline and 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, it was Stephanie who 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).

BURUNDI: JESUIT AIDS SERVICE TO OPEN CLINIC

Service Yezu Mwiza (SYM), a Jesuit programme for AIDS care and HIV prevention in Burundi, will inaugurate a small clinic on 12 June 2010. The clinic represents a significant milestone for SYM: recognition, earlier in the year, as a centre for the distribution of antiretroviral therapy (ART).

We give thanks to God for this success, which will allow those we serve - most of whom are very poor - to save the money they would have spent on transport to collect their medication from other centres and hospitals in or around the town, says Fr Désiré Yamuremye SJ, SYM Director. Given our strategy to bring services to the people by going to parishes or nearby health centres, our doctors and nurses will at last be able to distribute ARVs to those who need them. This has always been our target and our beneficiaries are very happy.

Formerly an AIDS project run by Jesuit Refugee Service, the SYM, based in Bujumbura, reaches inaccessible parishes in the rural hills around the capital, serving more than 900 people with HIV and their families as well as nearly 1000 orphans and vulnerable children. The aim is to offer holistic care: medical; psychosocial; nutritional; micro-credit for income-generating activities. Children benefit from educational and other support.

Services are expanding fast. In mid-2008, SYM was officially registered as a voluntary counselling and testing (VCT) centre - good counselling is especially crucial since the local Church obliges couples about to be married to take an HIV test. And then the declaration, in April 2009, that SYM qualified to be an ART centre. Fr Désiré says recognition followed the inauguration of SYM in January 2009 - the programme had already been functioning for a year by then - when the government representatives saw the number of people SYM was helping.

This distinction brought challenges of its own, not least because SYM now needed a clinic with a few beds - a government requirement. And this in turn would not be possible unless SYM was securely in possession of the downtown villa it operates from; until then, it had been leased. With the help of AJAN - Fr Désiré describes endeavours to raise funds for and to plan the clinic as a *very nice example of cooperation between AJAN, the Jesuit region and the local Jesuit AIDS ministry* - and the generosity of benefactors in Canada and Holland, the compound was purchased, the clinic designed and built. The clinic will be named after Fr Martin Royackers SJ, a 41-year-old Canadian Jesuit who was murdered in 2001 at the door of his parish of St Thérèse in Annotto Bay, Jamaica. His mother and sister, and representatives of the English Canadian Jesuits, will attend the inauguration.

Fr Désiré is delighted with the idea: *Martin's is really the name to give to the clinic - a young Jesuit, engaged in the social apostolate, who died for his ministry and work for the poor. This is a sign for me of what SYM is doing. Yezu Mwiza means good, compassionate Jesus; such caring compassion is addressed to the poor, and is what the service of Martin Royackers continues to be about in the clinic which bears his name.*

What SYM stands for, literally, is what encourages Fr Désiré to persevere. Facing heavy challenges in this ministry, *I don't have any other motivation to keep going except Yezu Mwiza, that is Good Jesus, as my companion.* He describes his challenge, as Director, as *managing problems from Monday to Friday.* Serving people affected by the AIDS pandemic is especially close to Fr Désiré's heart: it was at his urging that the Jesuit Region of Rwanda- Burundi started to consider the possibility of taking over the project from JRS. He made a compelling case for the Jesuit ownership of the project, having worked there in 2006 and 2007.

With the programme having come this far in a short time, Fr Désiré is busy planning the future: *I would like to see SYM grow more. My dream is to consider not only AIDS but also malaria, TB and other challenges that affect those who are infected. I would like to see the clinic include all these 'additional complications', so to speak, affecting people with HIV-AIDS.*

His other hope is to make inroads against stigma, another persistent challenge. Fr Désiré wishes that *the community may understand and participate in helping people with HIV, who must themselves fight against stigma. They are the ones who will tell people: "Ok, we are living with HIV, but we are still human beings, we have dignity and we need to live."*

The clinic, then, is but a step on the way towards the wider goal of SYM, and indeed all Jesuit AIDS ministry: to give people with HIV the means to live as long, as positively and as fully as possible.

TANZANIA: INTER-FAITH AWARENESS AT RADIO KWIZERA

Muslim leaders and pastors from Christian Churches are giving a welcome boost to weekly HIV prevention and AIDS awareness programmes broadcast by Radio Kwizera (RK) in Tanzania. The programme series, called *Mimi na wewe tunaweza* ('We can!' in Kiswahili), is proving popular with the huge audience of the radio station, which is run by the Jesuit Eastern Africa Province and

reaches some six million people in northwest Tanzania and eastern Rwanda, Burundi and Democratic Republic of Congo.

HIV-AIDS radio programmes are listened to by many people and we have tried our best to keep them going by involving doctors and others who show willingness to share their testimonies, expertise and views about the pandemic, says Fr Damas Missanga SJ, RK Director. This includes religious leaders and Church officials. Muslim leaders have given very good interviews, as have Anglican bishops and pastors who share the Church stand on HIV-AIDS. Their only request has been that we either pick them up and bring them to the studio, or pay for their fuel, or go to where they are to record. With this, we have had very good cooperation indeed.

Despite the apparent overload of information about HIV-AIDS in sub-Saharan African countries, RK Director Damas Missanga SJ says the need for good education remains: *Many people are still ignorant of HIV-AIDS because they have not been sufficiently informed about it.* The local religious leaders (two Anglican bishops, two pastors, one district sheikh-leader, two imams) who participated in the programmes agree. *All highlighted the need for education about HIV-AIDS, as many of their faithful lack understanding about sexuality, human growth and maturity; they also emphasised the importance of marriage and respect for it throughout life; abstinence, prayer and commitment, said Fr Damas. An Anglican bishop said: We need to preach and provide clear education on HIV-AIDS, live with hope and help each other by caring for those infected and affected.* And so keen are the Muslim leaders to spread the word that sometimes they use the radio time allocated to them on Fridays to teach their faithful about AIDS and community responsibility.

An endless list of topics is tackled in the HIV-AIDS programme, including routes of transmission; the impact on those infected and affected; parents talking about AIDS to their children and teachers to students; the role of counsellors; antiretrovirals, their side-effects and the challenges of compliance; stigma; prevention in line with Catholic Church teaching - something that listeners always ask questions about.

As the religious leaders put their views forward, it becomes clear that, albeit within diverse cultural and religious traditions, the values emphasised are the same. Take what the sheikh said about fidelity in polygamous relationships. *It is good that a man remain faithful to his wives and wives to their husband. Having more than one wife does not stop unfaithfulness - it is an attitude and we need to change. Once a person is unfaithful to even one wife, he will continue to be unfaithful even if he has four wives.*

When it comes to caring for those who are affected, *our view is that each person comes from a family, an extended family, and hence we encourage families to be responsible in caring for the sick and the orphans, continued the sheikh. The faithful do contribute, and their offerings are sent to help affected families and those who care for the orphans. An imam echoed: A member of the family, who is successful in life, helps others of the extended family. It is expected by all that this support should be extended to a family member who is not successful - those who are sick, disabled and so on.*

The sheikh also praised the work of Christian orphanages: *It is a great commitment. We respect and appreciate that, and at times we send Muslim babies to the orphanages, where they are received and cared for.*

The Christian leaders, for their part, delivered a crucially important message against the stigma produced by mistaken religious condemnation of those infected by HIV. The pastor of the African Inland Church of Tanzania said: *It is neither good nor Christian to jump to cheap conclusions and judgements that AIDS is the wrath of God because of our sins. People are not infected because of sin; there are many reasons for that.* And the pastor of the Free Pentecostal Church of Tanzania:

The wrong teaching of some of the preachers in relating HIV-AIDS and sin alienates others and create stereotype attitudes.

The valuable contribution of the leaders and faithful of other Christian denominations and Islam enhances RK broadcasting in the context of the pandemic, making the approach to the topics discussed truly community-based, reaching as many people as possible and sowing promising seeds of real change.

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