

### The Truth About AIDS

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Unless something changes over 250 million people will die from AIDS in the next few years. We are still in the earliest stages of the epidemic. The spread of HIV across the globe is now twice as fast as five years ago with 85 million infected by the end of 2002. We appear to be losing the battle in many of the poorest nations, yet there is an answer.

This book is about a compassionate, practical, effective Christian response to AIDS. When the first edition was published in 1987 it made banner headlines because it challenged government and churches to radical action. It also led to the formation of ACET (AIDS Care Education and Training) and the ACET International Alliance. Today in many nations Christians are leading

the fight against AIDS. In India alone the Christian AIDS National Alliance (CANA) represents a mighty army of over 25,000 workers part-time or full time, belonging to over 450 member organisations, committed together to making a difference.

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It was 1981. In a Los Angeles doctor's office the men sitting in white coats were worried: within a few weeks they had diagnosed their fourth case of a condition so incredibly rare they had hardly expected to see it in their collective professional lifetime. They were baffled by the series of strange pneumonias that got worse despite normal antibiotics. All of the patients were men. All were young. All of them had died.

Three and a half thousand miles to the east, at a hospital in New York, several doctors were faced with a similar problem: strange tumours and lethal pneumonias in young men. What was going on?

The cases were all reported to the infectious disease centre. Could this be some sort of epidemic? Were the pneumonias and cancers caused by the same thing? What did the men have in common? Every day new reports of deaths came flooding in. It was becoming clear that most, if not all, of the deceased were men who had had sex with other men. The disease quickly became labelled 'the gay plague'. How wrong they would turn out to be.

Dozens of strange infections were seen---with all the classic signs of weakened natural defences. The disease was called AIDS---Acquired Immune Deficiency Syndrome. It took some time to discover that the culprit was a tiny virus, called the Human Immunodeficiency Virus or HIV. It is now known that someone can be infected with HIV for ten years or more before developing the illness called AIDS.

Just five years later, by November 1986, 15,345 people had already died, another 12,000 were dying, and a further 30,000 were feeling unwell.

People were concerned that maybe up to a million people in the United States were also infected but were not yet ill. At first the 'experts' predicted only one in ten of those infected would die, then two in ten, then three in ten, then nine out of ten. Now we know that almost everyone with the infection will die as a result.

Most estimates from the early 1980s were exceeded. By April 1990 in the United States there were over 126,000 cases reported. (There were estimates of possibly 200--300,000 feeling unwell and maybe 700,000 infected, representing up to one in sixty of all men in the United States between the ages of twenty and fifty. In New York, AIDS became the commonest cause of death for men and women aged twenty-five to forty-four, with 100 AIDS deaths every week. One in every sixty-one babies carried HIV. By 1993 more people were dying of AIDS in the United States each year than died in the entire ten-year Vietnam War---compared to 6,000 deaths total in the UK. By 2002 over 45,000 American citizens were still being infected every year, despite 15 years of prevention campaign.

The number of people already doomed in the United States made the Vietnam tragedy look like a minor skirmish, with one new infection every thirteen minutes. The coffins, if placed end to end, would stretch for 1,000 miles.

Yet while all the attention at first was on America, another similar but far more catastrophic disaster was silently destroying another continent, and no one had noticed.

### The African experience

Some years after AIDS was first diagnosed in the United States, the first cases were recognised in Africa. We know today that for years thousands had been dying, but their deaths were blamed on tuberculosis and other diseases.

In many towns and cities across Central Africa, up to a third of all young adults are infected. A third of the truck drivers running the main north/south routes and half the prostitutes in many towns are carrying HIV. One relief agency in the early 1990s talked unofficially about pulling out of Central Africa. `What's the point in drilling more wells when most of the people will be dead in a few years?

Over 45 million Africans were infected by 2002 of which more than 30 million were still alive. A further 12 million children had already lost one or both of their parents. The effects over the last 15 years have been a catastrophe. Seven countries, all in southern Africa, now have prevalence rates higher than 20%: Botswana (38.8%), Lesotho (31%), Namibia (22.5%), South Africa (20.1%), Swaziland (33.4%), Zambia (21.5%) and Zimbabwe (33.7%).

Uganda remains the only country to have subdued a major HIV/AIDS epidemic, with the adult HIV prevalence rate continuing to drop—from 8.3% at the end of 1999 to 5% at the end of 2001. Huge challenges persist, however, such as taking care of the 880 000 Ugandan children who have been orphaned by AIDS. 60% of all adults infected are women.

I have visited villages where grandmothers are looking after their grandchildren because so many young men and women, the parents, have been wiped out by AIDS. Armies of troops in Central Africa are being depleted—not by rockets and machine guns, but by AIDS. Breadwinners for families and providers of the countries' wealth are missing. The educated elite living in the main towns and cities have often been worst hit.

In the country, fields are uncultivated and cattle wander aimlessly. One journalist visiting an African country described areas where whole families had been wiped out, plantations gone back to bush. I have met someone who claims to have satellite photographs of a country in Central Africa taken two years apart, showing not deforestation, but reforestation as the amount of farming falls. It is an effect attributed to AIDS—the country is not at war.

As early as 1991 I found it hard in a city like Kampala to find a family that was not attending an AIDS funeral on average once a month. Deaths continued to soar over the next decade among young adults. In Africa they called it the 'slim' disease. Some Africans believe if you sleep with only fat women you are safe. 'To be fat is to be healthy.' Uganda has seen a dramatic response to prevention campaigns but for those already infected it is all too late.

In the early days of the pandemic, officials stood at the doors of some hospitals selecting the fit ones for treatment. Anyone who looked thin and weak was sent back into the bush—'Probably got AIDS; nothing we can do for him.' Many were sent away with perfectly treatable diseases such as tuberculosis. You cannot tell the difference at the door.

Years and years of careful preventive medicine has been undermined. How do you start educating about a disease which produces no illness for years, when nurses are still battling against ingrained habits just to get mothers to give their children a healthy diet?

The children's wards are full of dying children. Many are babies under one or two years old. Many are not dying of famine, but of AIDS. A terrible tragedy is that a significant number in the 1980s and early 1990s caught the virus not while in their mothers' wombs, or from their mother's milk, but from the use of unsterilised needles.

AIDS is not a gay plague; there are millions more women and children infected with HIV throughout the world than there are gay men. It gained this reputation in the United States because gay men were first to be diagnosed, yet 98% of all new infections worldwide are heterosexually acquired - and in the poorest nations.

The global pandemic

We are seeing very rapid spread of HIV in Russia and other former Eastern bloc countries. In Romania, up to one in ten of all children in orphanages became infected before the revolution in 1990, and a similar percentage shortly after. The route was mainly infected needles rather than the widely reported micro-transfusions used as a tonic.

In Thailand, many experts predicted a serious AIDS epidemic because of the sex industry and international sex tourism. However, by the time the Thai government was prepared to acknowledge the situation, the epidemic was well underway. In three years, half a million were infected---the great majority heterosexually. But as with Uganda, a prompt and aggressive health campaign has saved the lives of millions of Thai people.

In South East Asia, HIV is spreading so fast that it threatens to dwarf the African problem by the year 2010. However, there is hope that if denial is replaced by openness, and if openness leads to intensive prevention, then the eventual size of the tragedy may be significantly reduced. South East Asia has the advantage of advanced warning---something Africa never had.

In India alone there are more sexually-active people alive than adults in the whole of sub-Saharan Africa, and India by 2001 had more HIV cases than any other nation. What happens in the East is likely to have a massive impact on the world situation. In Bombay (Mumbai) alone there are an estimated 1000 new infections every night, just in the huge red light district which attracts over 100,000 young men daily. Some parts of India have HIV

infection rates of more than 1%. If that rises as it has done in parts of Africa to more than 15% then we could see four times as many AIDS deaths in India than there had been in the entire world up until 2001.

China, with a fifth of the world's population, registered a rise of more than 67% in reported HIV infections in the first six months of 2001. Although surveillance data are sketchy, an estimated 850 000 Chinese were living with HIV/AIDS as of the end of 2001. Since the early 1990s, tens of thousands of rural villagers (and possibly many more) have become infected in China through unsafe blood-donation procedures. Untreated sexually transmitted diseases doubled from 1997 to 2001 and huge population movements within the country are also accelerating spread.

In Indonesia - the fourth largest population of all countries - infection rates have jumped in a year from 15% to 40% among drug users attending treatment centres in Jakarta.

### Denial of heterosexual risk

Many have tried to play down the heterosexual problem as a non-issue for white men and women, especially in wealthy nations. This is remarkably short-sighted and inaccurate. Heterosexual acts are now the commonest cause of new infections in countries like the UK - mainly infected in other nations. You can't place a ring of steel around a country and hope. What happens in one nation affects others. What hits Burundi also affects Rwanda. Infections travel. You can have a great health campaign but if the epidemic is out of control elsewhere, watch out.

It is clear that heterosexual spread in the US or Europe is far slower than in many developing countries. While viral variation could be the reason, with more virulent strains in some places (see Chapter 2) or some genetic susceptibility (see Chapter 5), the overwhelming evidence is that untreated sex diseases such as gonorrhoea and chancroid facilitate spread by damaging the protective surface of the genitalia. Differences in the numbers of sexual partners between wealthy and poorer nations are not enough to explain the much slower rates of HIV spread.

The AIDS epidemic world-wide is still in its very earliest stages. And with no vaccine or cure on the horizon, this is an epidemic that threatens our future. But even if a drug was found

tomorrow that is as effective against HIV as antibiotics against TB and syphilis, we have to remember that despite these effective treatments, available for fifty years, we have the largest global epidemics of both illnesses today. In other words, even a cheap and widely available cure will not mean the end of AIDS. And effective vaccines are a long way off, despite media hype.

Many churches are experiencing phenomenal growth in different parts of the world. Millions of young people are becoming Christians each year. Often there are spectacular conversions resulting in radical changes in lifestyle. Heroin addicts throw away their needles. Marriages are rebuilt. The results are often permanent---but so is the previous infection. AIDS will damage churches physically, emotionally, psychologically and spiritually---unless they are prepared.

At a conference for church leaders, I met a man who had been a heroin addict before his conversion four or five years ago. He is now leading a church. This kind of success story is happening in many different nations. Some of these people will develop AIDS.

So what do we do? How can we prevent the disease? How can we cure it? How can we cope with it? The rest of this book addresses these four questions. But is AIDS really so different from any other disease, or is it just the mass hysteria and panic associated with it?

AIDS is certainly unusual or unique in two respects. First, I do not know of any other illness today where people are beaten up, killed or denied basic medical care just because they happen to have a particular diagnosis.

Secondly, I do not know of any other illness which has so generated political debates, pressures, campaigning and aggressive activism. Some companies are now saying it is hard to conduct normal medical research in the area of HIV or AIDS because the political pressures are so great that they threaten to overwhelm and interfere at every level. They are certainly under huge pressures to give away their ownership of any AIDS therapies they create, and that means investors get worried and less money is available for AIDS research, especially into vaccines. One day I hope we will have a vaccine that works, but whoever makes it will face irresistible demands to give it all away "to save the world".

Discrimination, prejudice and fear are seen every day in many countries. It is true that some

activism has been driven by members of the gay community in developed countries, rather than by drug users, heterosexuals or those with haemophilia, or by those in the poorest nations---a fact which becomes very obvious at the larger international AIDS conferences.

Indeed global AIDS events are often split by two conflicting interests: first by gay HIV activists who have a particular agenda, and second by far less well organised and less well resourced representatives of the vast majority of people with HIV who live in the poorest nations.

AIDS has also attracted the eccentric and the bizarre. I was recently sent literature from an organisation claiming that the US government made HIV as part of a deliberate plot to reduce the world population by 75%. The Mafia and the CIA are said to be deeply involved. Equally bizarre are some of the 'cures', including eating earth and drinking vinegar, or high-cost preparations with no proven value. Other minorities try to persuade people that HIV is harmless and does not even cause AIDS.

Yet in another sense there is nothing special about AIDS. It is just the latest in a long series of epidemics spread by sex. Sleeping around has always carried risks to health. Now it can be lethal.

Sex diseases are common (STDs). Over 30 million in the US are estimated to have genital herpes. Some 56 million, or 20% of all US adults, are estimated to be carrying an STD at any time. 50% of all adults in Mumbai India are carrying an STD. Worldwide there are an estimated 250 million new STD infections each year. With ordinary STDs the damage is usually more obvious, immediate and less serious than with HIV.

More than 300 years ago a plague broke out in Europe and spread across the Western world. Vast numbers died. Early symptoms were mild, the second stage made people very ill, and half of those who developed the third stage died, many with brain damage. It was a terrible disease, and it was spread by sex. It was named 'syphilis'.

Syphilis only stopped being a major threat with the discovery of penicillin at the end of World War II. During the war, United States army recruits were warned that, after Hitler, syphilis was Public Enemy Number One. A famous US Army war poster was of a prostitute walking with Hitler on one arm and the Japanese Emperor on the other. The caption read: 'VD (venereal

disease) worst of the three.' Syphilis has not gone away; we are in the middle of a major heterosexual explosion of cases which often produce few or no symptoms and are untreated for a long period.

Gonorrhoea also became a curable sexual disease with penicillin---until the recent advent of penicillin-resistant strains which are now spreading rapidly across the globe and becoming harder and harder to treat. There is an unprecedented epidemic of genital herpes. Highly infectious, appallingly painful blisters prevent sex. There is no cure and it can cause problems throughout a person's life. There is also a big increase in cancer of the neck of the womb (cervix), some of which is associated with a virus infection and is due to sleeping with multiple partners.

There is also the heart-rending problem of infertility. Have you ever wondered about the huge test-tube baby programme in many wealthy nations? The major part of the workload is people with badly damaged and scarred fallopian tubes---the thin delicate tubes which guide the egg from the ovary to the womb. The cause is an infection called pelvic inflammatory disease (PID), which can be caused by a tiny organism called chlamydia. There is no treatment that can undo the damage of pelvic inflammatory disease. One in ten women develop it after being infected with chlamydia, gonorrhoea, or some other infections. It causes aches and pains that are chronically disabling, and it gradually causes the reproductive organs to stick together.

Then came a new disease---AIDS---that many people think has been around in Africa, the US and Europe for decades before recognition in the late 1980s. Wherever it started, it spread slowly at first, undetected, and then explosively among men, women and young children. It was only detected as it hit the medical technology of the United States, was misdiagnosed as an American gay curiosity, and only traced to its probable roots some two or three years later.

The difference between HIV-related diseases and other sexual epidemics is that HIV can infect you for years before you know it, and by the time you do it has spread to infect possibly hundreds of others. The long "silent" delay between infection and death is why HIV is so dangerous - not the fact that it kills.

The other difference is that once you develop full-blown AIDS---which can take many years---you face almost certain death, unless you die of something else in the meantime. As I say, there is no cure and no vaccine, nor is either anywhere in sight. There are many misleading reports but no good results, many very expensive and toxic treatments that help

prolong life but no way to rid the body of infection. However, some of these treatments can protect those who have recently been exposed, particularly the unborn or small babies.

A rapidly-spreading, silent killer which is difficult to detect, infectious and lethal causes panic. Radiation disasters are similar: you cannot hear, see, feel, or touch the enemy, nor feel the damage it is doing until too late---sometimes not for years. No wonder the Chernobyl nuclear reactor disaster in Russia caused such terrible pandemonium: false rumours, false scares, false cures, false hopes abounded. AIDS is the same today.

If a man had sex with a work colleague and three weeks later was dead, and that was repeated across the country, the impact would be dramatic. You would not need any health campaign because the coffins would be the campaign. But with HIV and AIDS the enormous time lag produces a credibility problem: the only people who really understand what is likely to hit us are the mathematicians. An invisible terror can be ignored.

If we have to wait another ten years to see exactly what is happening, we will be too late.

### The great cover-up

Why are so few people being honest about the extent of the problem and the risks? AIDS is a hard illness to talk about, especially in Africa and Asia. In Africa there is an added sensitivity: confronted with a tragedy affecting their whole continent---and for once not related to war or famine---in an international atmosphere which they see as racist, many have been extremely unwilling to be honest. They are afraid of anti-black backlash if it is said that the problem started there. They are also afraid of economic ruin due to decisions of multinational companies to pull out, and the collapse of their tourist industries. Many of these countries desperately need foreign currency to prevent total bankruptcy. In addition it has often been difficult for doctors to be sure of the diagnosis. Testing is expensive, kits are hard to obtain, and sometimes hard to use. Indirect methods have to be used such as a negative skin reaction to the standard tuberculosis (TB) test. Most AIDS-related deaths seem to be happening out in the bush, unnoticed and unregistered. The wards and clinics see mainly early cases.

So we have a bizarre situation where doctors in these countries may be reeling under an impossible workload, and where even government members or relations of the country's

leaders may be dying, but the problem is denied, or blamed on other causes, or impossible to assess. Scientists studying the epidemic in Central and Southern Africa are often there under tolerance. Intensive research is going on all over Africa to understand the disease, but the results are sometimes censored. A scientist may have to sign an agreement not to disclose publicly what he sees happening.

Information is leaking out all the time, but if it is traced back to a particular person or team the workers may be thrown out of the country or into prison. Fortunately, the situation is changing. It has to. The cover-up has had one appalling consequence which prevents an educational campaign. How can a country embark on mass prevention for a disease it says it does not really have? Once again we see denial for emotional reasons too, not just economic ones. How can you accept from a mathematician that maybe a third of your entire nation could die?

South Africa has had its own reasons to cover up. It has an enormous problem, especially in the black townships where huge numbers of migrant workers come from countries further north in which AIDS is taking a terrible toll.

In places like Soweto, the town providing labour for the deep mines in Johannesburg, there have been up to 50,000 men living without their wives (officially). In the days of apartheid their wives and children were all meant to stay in homelands like the Transkei. They didn't, of course, and drifted out in search of their husbands to build illegal residences made from corrugated iron, wood and plastic. Every now and then these 'shanty towns' were bulldozed to the ground and the women trucked back, sometimes more than 1,000 miles away.

Fifty thousand men on their own with a few prostitutes spelt trouble---yet this situation has been common in South Africa. The historic white government had no political will to change anything. For them, a major disease that selectively hit black Africans and offset the birthrate may have been convenient. But the new post-apartheid regime has also found it hard to talk about AIDS. Nelson Mandela fought for recognition of the disease, but when he handed over leadership of the nation the government mood changed to one of confusion and denial.

### Life after AIDS

Cover-up or no cover-up, honesty, secrecy, or confusion, one thing is clear: nothing will ever be

quite the same again. AIDS is fundamentally altering fashions, behaviour, culture---in fact every fibre of our society. In some places fat is back in fashion: 'Who wants to look thin?---Perhaps he has AIDS.' The Hollywood dinosaur of the movie industry is thrashing its tail and the ground is shaking. Television producers are stepping over each other in their zeal to include AIDS in soap operas, plays and comedies.

Magazines like Cosmopolitan say that smart girls carry condoms. They hope that smart girls will not feel like loose girls when they produce the packet. They hope too for a new courage and honesty so that people will always tell of their unfaithfulness and promiscuity or drug addiction. They hope for new security in relationships so that when a girl or boy suggests using a condom, the other will not treat it as a terrible insult or lack of trust.

Whether such hopes will remain hopes or get built into a strange harsh reality of rubber-separated sex is unclear. But one thing is almost inevitable: out of the ashes of the crematorium will rise a new sub-culture which will affect a whole generation in many parts of the world: a culture of stable relationships and marriages. A culture where a man and a woman find mutual sexual fulfilment for life.

The reality is that even an AIDS cure in 2008 or a remarkable vaccine in 2010 will not erase the traumas of a generation, nor eradicate the problem. As we have seen with the resurgence of TB and syphilis, low-cost treatment does not mean the end of the story. The message is burning home: sleeping around has always been unhealthy. Now it can be suicidal. Taking AIDS out still leaves the other epidemics untouched. The mid-twenty-first century will look at the 1980s, 1990s, and the early years of the next century as the 'era of AIDS'. The reasons for its spread, its origins, the apathy of governments, and the mistakes of scientists will be debated by historians for generations.

AIDS is likely to dominate the rest of our adult lives---especially the lives of doctors and nurses, and of young people becoming sexually active today. The question is this: will you be able to hold your head high? Will you be proud of the way you responded when you look back on it all?

Apart from a radical change of lifestyle in our society---which will not help those already infected anyway---our only hope remains in understanding this strange virus so we can fight it. But what exactly is a virus?

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