

The Truth About AIDS

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People often ask what I think governments of various countries should be doing next. Here are a number of different suggestions which need to be adapted sensitively and carefully to the country concerned.

1. 'Determine the extent of the problem

We need to get it right: governments do not have resources to squander on problems that do not exist or are being exaggerated by those with vested interests in increasing their own budgets. However, we do not have time to adjust plans if the AIDS epidemic becomes worse than estimated or changes its character in any way. For example, has education reduced heterosexual spread but not affected drug addicts? Are new HIV viruses spreading in different ways? After all, as things stand, a person infected tomorrow will probably die. You have possibly five to fifteen years to plan his or her terminal care, but only today to prevent a

death&Roman;

All discarded blood samples from selected hospital laboratories should have identifying markers removed and be sent to public health laboratories for testing. Only the hospital of origin should be stated. Results will give an indication of spread across the country and will enable us to detect local increases. Hospitals giving cause for concern should then be asked to send regular batches of blood samples with age and sex recorded on each bottle, but no other information.

2. Target people especially at risk with further new campaigns

Education is most effective when targeted at those most at risk. Young people also need to be targeted before they begin taking risks. It is far easier to prevent risk-taking behaviour before it becomes a life habit, than afterwards. Government campaigns are insufficient without continued high-profile publicity for a prolonged period afterwards. Education is easy. Changing behaviour is extremely difficult. Smoking kills several hundreds of thousands each year, numbers which dwarf the current AIDS problem, yet public health campaigns have taken years to produce change. Sexual drives are stronger than the power of nicotine or the needle. All educational literature should be clearly marked with date of issue and leaflets should be promptly withdrawn when out of date.

3. Get an army of health educators on the road

The economics of health education are simple in many industrialised nations: hospital costs for caring for one AIDS patient alone are so high that a health educator only has to prevent one person a year from developing AIDS to save the government or health insurance companies his entire salary. If he or she succeeds in preventing one person a month from becoming infected, the government or other agencies make a fortune. (See Chapter 12.) In poorer nations the economic arguments are strongest when targeting those on whom the future of the country most depends, and those likely to be at greatest risk.

The argument for prevention is overwhelming. From travelling around to schools and colleges myself, I am convinced that an effective communicator can save hundreds of lives a year.

One important factor has been left out of most school information packs and is also missing from youth education: the personal factor. Tell your own stories. When I go into a school or college everyone is on the edge of their seats. Why? Because I know people personally who have died of AIDS, people who are dying right now, and I often see people who are dying of it. It is real, so prevention and encouraging positive attitudes are easier.

4. National training programme for all health care workers

Never has there been a new lethal disease that has spread so quickly to affect so many millions of people. Consider cancer care or malaria: cancer and malaria have been around for centuries. Even so, there are acute training problems. Existing care teams are under strain with conflicting demands from patients and from the need to train more carers.

The explosion of AIDS cases in many countries and the rapidly-changing appearance of the disease---with new treatments and research likely to make most knowledge obsolete in a year or two---means that a vast, crash-training programme needs to be established. If every week terrorists blew up four civilian aircraft on domestic flights killing 1,000 US citizens, a national state of emergency would be declared. Why shouldn't governments treat the AIDS epidemic with the same seriousness? After all, possibly the same number are doomed every week or two in India, China and many African nations through new HIV infections.

5. Provide a network of specialist advisory teams

Governments should fund teams to advise and support health care workers in the community and various hospitals in high-incidence areas. One aim would be to channel the latest information and techniques on treatment from research centres to those in the field. Such workers can have a remit to cover other illnesses as well, particularly in poorer nations.

6. Establish a network of hostels

Some governments need to slash through miles of red tape to allow the swift establishment of

safe housing for AIDS patients who have nowhere to go, nowhere to live. It is not unusual for a recently diagnosed person with AIDS to come back home to find his bags outside the door and that his partner has changed the locks.

7. Recruit extra community nursing staff

People with AIDS are heavy users of nursing resources. Health teams need additional resources for community nursing that are increased in line with their numbers of people with AIDS.

8. Work in partnership with the church

The church is the largest non-government organisation in many nations and perhaps globally. It represents a massive untapped resource. In many countries the church has a long history of care provision, particularly so in developing nations. Governments should actively seek partnership programmes. The church represents not only an effective resource organisation, but also a powerful influence for behaviour change. The essential government task is to provide overall strategy, leadership and co-ordination. We all need to work together. The problem is too great in many countries for governments or secular agencies to solve on their own. Faith-based organisations have a vital role to play, especially in behaviour change.

9. Increase spending by wealthy nations on prevention in developing countries - and pass on funding to NGOs

In an age when a traveller from the UK can be in Botswana more quickly than it takes to drive from the North of the UK to the South, wealthiest nations must recognise the need to invest in international prevention efforts, even as a matter of self-interest. The AIDS epidemic must not rage ahead unchecked. It is a scandal that the UK government spends more on AIDS, with a tiny domestic problem, than the entire UN agencies for their global programmes on AIDS. No wonder the world epidemic is out of control.

Part of the deal is for developing countries to work hard ensuring that every dollar of aid goes

swiftly and openly to projects delivering practical services to people who need them. Too often red-tape and secrecy have created a climate that encourages corruption and other bad practices. In many countries there are unspent aid funds sitting in accounts because of disagreements about where the money should go. Delays cost lives.

Governments should give major priority to funding non-government agencies (NGOs) since they are often much better placed to deliver services quickly in a relevant and efficient way.

Getting spending sorted out will encourage donors, who want to see rapid action and real results.

10. Research into long-term relationships as well as vaccine/cure

In addition to these points, governments and international agencies need to fund further major research into vaccines, cures and better ways to prevent spread. Incentives need to be provided to encourage drug companies to direct their vast research operations towards vaccines. A comprehensive study of marriage is greatly overdue: what makes a happy marriage, how to choose the right partner and how to prevent breakdown. Results can then be fed into schools' education

How can I help turn plans into action?

The future is in your hands. You can write, phone, or otherwise make your views known to those in local or national government, to health planners and to church leaders. You can make sure copies of this book (produced without profit) get to the right people. You may feel that your contribution is small and not worth much, but thousands of others are doing the same. Together we can help turn the tide and build a better place for those who come after us. We are too late to prevent a disaster, but not too late to prevent an even bigger one.

Petitions are useless in comparison to individual letters, so get others to write too. Write to your Member of Parliament or other appropriate government official. Even if not read, your letter will

be counted as yet another part of a big vote on the issue. Write to TV producers who have made AIDS programmes. Commend them for good content and criticise the bad. Remember that in the past, thirty letters after a programme have been enough to influence the producers.

Write to your local legislators asking them what provisions they are making for those with AIDS. If you are dissatisfied with the reply, say so, and send copies of the correspondence to your newspaper.

Having looked at how the government can respond, we now need to return to our overall Christian vision for responding to AIDS. Is there more needed than just prevention and cure? Is there anything more we need do? Is the church in danger of just becoming an expert provider of AIDS programmes almost identical in many ways to government ones? Are we in danger of losing our way?

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