

AIDS: Murder of Innocent Wives and Children

By: Sharri Ardill

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Let's just pray before I start, please.

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Dear Father in heaven, I thank you that we can live in a country that has such freedom and that enjoys such health and so much food and so much safety. But, Lord, will you please show us, will you please make us feel and try to relate to those who don't have it as good as we do today. I pray that each of us will just be moved to compassion and to not just leave here and never think about it again. So, use this time. I pray in Jesus' name. Amen.

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My name is Sharri Ardill, and my family and I have been privileged to live in Africa for about a dozen years, most recently in Ethiopia for about ten years. While we were in Ethiopia, I would often hear about AIDS, but frankly, the people who are sickest are not in the streets. They're home on their beds. I one time heard that at any point in Addis Ababa, the capital city where we lived, 75% of the hospital beds in our national hospital were full of HIV positive people. The general population, I believe now is about 8% is infected, and that's high in a country of 54 million people. But frankly, I think it didn't get to me then because I didn't see the people.

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And so, it makes me realize that for you all who haven't even had that privilege of being in a third world country, if some of you have not, I wanted to bring that here to you today. I didn't realize the full impact of the disease until I started studying it myself and reading the statistics, which are really daunting. This is what the disease stands for. I'm sure you've all heard it.

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I'd like to tell you the story this morning. A lot goes on behind one roof, under one roof in your house and in my house and under this mud hut roof in Africa. A middle-aged woman let's call her Amsala she started noticing that her teenage daughter was getting very thin and kept missing some days of school. So, she said, we're going to the local clinic. Was hoping that it was just worms or bronchitis or something. But the doctor sat them down after running a bunch of tests and gave them the news that her 13-year-old daughter was HIV positive. The mom was upset. She couldn't believe it. On the way home, she asked her mom, who did this to you? Who was your partner?

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Her daughter hung her head in shame and said, my older brother. The mom ran to her older son and said, look what you have done to our family. She realized now that that could mean both her son and her daughter were infected. She said, who was your partner? He hung his head and said, the house girl. Our house girl. Their maid. Now the mother was just so upset, she was screaming through the house. She went and got her husband. She sat him down and the kids and then called in the house girl and started railing at her about how she had destroyed their family and how could she do this thing. And she was threatening to her, threatening her. And the house girl just

shook her head, smiled, and said those three horrifying words, it's your husband. That meant that Amsala was infected too and the whole family would be gone.

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The United Nations has reported that AIDS has become the most devastating disease humankind has ever faced. Since the disease began, more than 60 million people have been infected. Some of those today is living, and some have already died. It's easy for us here in the States to sort of shrug off what we hear about AIDS because we just know of it as a homosexual disease, right? Or a drug user disease. But the truth is 90% of all HIV cases in Africa were caused by heterosexual sex. Sex between a man and a woman. Can you imagine that every 10 seconds one person dies of AIDS, but worse yet, two people are infected every 10 seconds.

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Most of you know how AIDS is contracted through sexual intercourse, through blood transfusions that are tainted through contaminated needles, and also through the birthing process or breast milk. But let's look at the different stages of the disease. I'd like you this afternoon to get a feel for what it's like in many parts of Africa. In most parts. So, let's think today that you are a group of college students in the country of Botswana.

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As I discuss these stages, I would like you to stand at the appropriate time. I'm not going to ask you to do anything else, but just to show you the reality of AIDS in your age group. The first stage I never knew about is this period that is up to six months where even though a person has

contracted the disease, it's possible that if they went and got a blood test it would be negative, it would be false. And then that is followed by this long period that they would be without symptoms.

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They're walking around just like everyone else, don't know they have it and are probably infecting other people. If you're here and your birthday is in January or February, would you please stand? You represent the number of people in a class this size that are in these first two groups. You aren't showing symptoms, but you have the disease. Go ahead and have a seat. After that time, then other you will start feeling bad and showing symptoms. It may be a bad cough, dysentery, skin rashes, that was early, but you still may not know its AIDS because it is just diarrhea or just a cough. If your birthday is in March or April, will you please stand?

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All of those of you would be in this group. The disease has already progressed and you're starting to see signs. Have a seat. Then the final stage is what we call full blown AIDS, where you really start to suffer. The most common signs are these first three things the weight loss, diarrhea that lasts for up to a month, and fever. And then, depending on the condition of your body, these other opportunistic diseases start coming in. If your birthday is in May or June, would you please stand up?

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If we were in Africa, you would be the people that will be dying soon. You are very sick. You're confined to your bed. There's not much you can do. Have a seat. Now, for those of you whose birthdays are in the rest of the months, July through December, will you please stand? This represents about half of you. You do not have AIDS. You do not have HIV positive. But if you'll just take a look around at your classmates, your friends, try to imagine that these people are all HIV positive. They will all die someday. Have a seat.

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An epidemic is when a lot of people in one place, one general region, die because of the same disease. A pandemic is when people in many places die of the same disease. And that's what AIDS is. If you can imagine this, many people have already died, but what's worth 42 million will die someday, probably in the next decade. I don't know if you're like me, but it's kind of hard for me to process 42 million people. I mean, we live in a world of over 6 billion. So, what does that look like?

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So, I started trying to think, okay, what about the major cities in California? La. San Diego, San Francisco? If we added up all of those populations, would it equal 42,000 to 42 million? No. In fact, if you picture that the entire state of California was HIV positive and would someday disappear, that still would not meet the number of people (sorry, this is going ahead) the number of people that are still going to die. Instead, it's more like the populations of all of California, all of Arizona, and all of Nevada.

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Imagine those states empty in ten years. That's how many people will die of AIDS. You've probably heard that AIDS is worst, at its worst in Africa, and that is because 70% of all AIDS cases are from Sub-Saharan Africa. That's below the Sahara Desert. South Africa has been hit the hardest. Can you imagine, in your country, nearly 40% of the population is going to die, and unfortunately, it's not at its worst. (Do you know, does anybody know how I stop this from happening?)

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Okay, just to say that those are the countries that are hit the hardest, let me just start this going again, okay? And we wonder, why is it so much worse than Africa? Let me tell you about some of the myths one more myths that are causing this to be perpetuated. People think if people look healthy, they're fine. They're not HIV positive. They just don't have the facts. A lot of effort has been made by western countries to hand out condoms to all the people. And unfortunately, that may be working against us because people are against them, because people think that if they're using condoms faithfully, they're not going to get the disease. Well, you know, that's false in terms of pregnancy as well. So, it's actually giving this sense of freedom that they really shouldn't experience.

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The most devastating of all is this rumor that if you have sex with a virgin, you will be cured. Can you imagine the number more of more innocent young women who are getting in the disease because of that myth? There are also cultural factors that contribute to this widespread

AIDS in Africa. There's prostitution and promiscuity in every culture. But you can imagine if, like in Ethiopia, the national annual wage yearly is under \$250,000, excuse me \$250 annually, you can see why more women there would go into prostitution.

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Another issue is polygamy. If a husband has three wives or four wives, and he has been promiscuous and brought home the disease, now all three women may have it, and also all of their future children. I was very sad to learn in some cultures, and remember, this is not all of Africa, and I don't know how much it is, but in some cultures, when young women become adolescents, as a means of initiation, they are expected to sleep with the tribal chief or initiator. Imagine if that man has HIV, he has now spread it to all the teenage girls in the whole village, as well as all their boyfriends.

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You've often seen and heard of tribal markings. These are done often in the bush with unsterile instruments, as well as male circumcision and even female circumcision. If there's contaminated blood on that instrument and it's not sterile, it may be transferred to the next person. Another issue is birthing practices. Picture a dirty hut and a midwife who is unprotected, no gloves and a messy birth. If she has a cut on her hand, she is liable as possible that she will get AIDS. Then there are other factors. Do you know that in Nigeria, 14% of their blood transfusions are unsafe? This is in the most populous and very actually modern country in Africa, but 14% is unsafe. And this accounts for 5% to 7% of all the AIDS infections in Africa.

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Another is shared needles in hospitals that work on a very low income or local clinics. They can't have a new needle for every patient, and so it's being spread that way. You've heard of the atrocities of war all over Africa, right? So many tribal wars. A terrible thing is that soldiers with a gun, they often rape their captors. In Nigeria, when they came home, the soldiers came home from the war. In Sierra Leone, one in nine soldiers was HIV positive. And often that means a lot of innocent girls out there as well. Another thing more unique to Africa is that because of the low or the high unemployment, men often will leave their homes to go to the city to try to get a job. They'll be away from their wives for a long time.

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There are plenty of prostitutes in the city. They may bring home the disease to their wife and again, future children. Well, the implications are horrendous. In the Central African Republic, AIDS was the cause of 85% of the 300 teacher deaths in 2000. In Botswana, often two people are hired for the same job because they expect that one of them would probably die. That's where the rate is 38%, the whole working population. Imagine in this country if half the work or 40% of the workforce were gone. It would affect every aspect of your life. Probably the most daunting implication, though, is the number of orphans in Africa, there are 13 million orphans worldwide who have been orphaned because of the AIDS disease.

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Both of their parents have died, but 12 million of these are in Africa. In Sub-Saharan Africa, one author writes, I met one grandmother after her travel to Africa who looks after 35 grandchildren.

She had lost 23 of her own children and including their spouses, 35 grandchildren. In some villages we've heard that it's just children and old people that remain.

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Well, what can be done? It's a humongous problem, we don't know where to start. Well, looking at what has been done, prevention through education, absolutely. You heard all those myths, and that's one thing that is improving condom distribution. You've heard that the pros and cons of that. Do you know that if a vaccine were found tomorrow to prevent AIDS, 42 million people would still die? Because it's too late? They already are HIV infected.

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There are some antiretroviral medications available here, but they are extremely expensive. And even if they are talking about sending those to third world countries, the truth is they delayed the disease, or it may just be a couple of years later until they die. Think about the 9/11 tragedy. Listen to this fact, 3000 people plus died in the Twin Towers. And think about our response. \$100 billion was given within weeks, yet only half that amount is given every year by Western countries to combat AIDS.

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Well, there's a lot more that we as Christians can do and are doing. One is that, yes, we have education, but not just that we throw a condom at them, but we get the word out about God's truth, about his perfect design for sex to be saved until marriage and for marriage partners to be pure and loyal to each other. You just listened in this previous session about simply showing

kindness, and I thought of that here. I mean, when we see something terrible happened, are you just going to walk by it and pretend you never saw it? Or for the person who stops to help someone who's been hurt or victimized. As you can see, the disease isn't curable, but we can show that we care. Let me read Matthew 25 for you.

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And I'm just going to keep backing this up when I see those fly in. It says, For I was hungry, and you gave me something to eat. I was thirsty and you gave me something to drink. I was a stranger and you invited me in. This is Jesus who was teaching this. I needed clothes and you clothed me. I was sick and you looked after me. I was in prison, and you came to visit me then. The righteous will answer him, lord, when did we see you hungry or thirsty or a stranger, it goes on. The King will reply, I tell you the truth, whatever you did for one of the least of these brothers of mine, you did for me.

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James 1:27 says, that religion that God our Father accepts as pure and faultless is this to look after orphans and widows in their distress. If Jesus were here today, I believe he would be at the bedside of AID sufferers, holding his or her hand, preparing her food, helping her bathe, whispering words of hope. I believe he would be there in a dirty African village with all those orphans, with no mother and father, and he would take them up on his lap and show his love to them. And he would tell them about a father who will not die, a father who will be with them forever. What can we, as Christians do?

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To me, the most obvious is tell them about our Lord Jesus Christ. When will we, or have we ever seen a more captive audience of 42 plus million people who know or will soon know that they are going to die? Imagine what words of hope would be to them. How can I just be quiet? Listen to them responding to a teacher, to someone who comes along their bedside. Maybe you can't speak the language, but in Ethiopia, there would be plenty of other people, of Ethiopians who knew both English and Amharic who could translate for you.

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The truth is time is running out. A recent article written by a Bible translator from Southern Africa said, we're in a race against time. AIDS is reducing the population of the tribe that he is preparing the Bible for so fast that no one may still be alive when the Bible is finally delivered in their own language.

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What about our attitudes? It's easy to think AIDS is not my problem. We're used to thinking of it as a homosexual disease. Maybe God is just judging them. And even when you hear about Africa, you say, well, maybe God's judging them for their adultery. But what about all the people who are just victims that I've mentioned? It's easy for us to think about how safe and warm and full we are here. And not to go any further, but imagine if you saw pictures every day of people suffering? Would that change you? Does it really take that?

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It's also easy to think the problem is just too big. I can't do anything. 42 million people. How can we possibly deal with it? I want to tell you about one person, a missionary named Allison. She and her family left a very wealthy lifestyle as a banker in the south and decided to go to Ethiopia. She started visiting a community of AIDS sufferers in Addis Ababa. She had a translator. She started sharing Christ, and many believed. And I was just with a friend, a missionary friend, who had been out to Ethiopia recently and gone with Allison on one of these trips to the AIDS village.

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And she said to me, Sharri, those people were smiling. They know the Lord; they have a hope. And Allison is now having Bible studies with these people. Imagine how the word will spread. That's what we're called to do. Well, what are churches in Africa doing? Many have passed beyond their initial denial of AIDS and blame casting of AIDS, and they're starting to reach out by caring for AIDS patients, by taking in orphans and leading prevention classes. What I'd like to do is read a letter that a missionary wrote after visiting many different countries and working among the AIDS victims.

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She says, consider me a messenger first from our brothers and sisters in Africa who are caring for their lepers of our day, those dying of AIDS. They are serving Christ by preparing food for them, cleaning their beds, washing their clothes, praying with them, telling them that they have a hope. These Christians would say, Christians around the world, please join us in responding to this need. Even though you can't hear the dying moaning in their beds, it doesn't mean they're not

here. They would say, Come, hold our orphans, feed the hungry. Remind us of stories of liberation and freedom of new life in Christ. Send money to buy blankets for the thousands and thousands of orphans who have no blankets, hardly any clothes.

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She goes on to say, what would the AIDS patients say? They would say to you, we are sick. We're very sick, and we're very dirty. It's not because we want to be dirty. It's because we have no one left in our family who has the strength to carry water 2 miles on their head. If you came to visit us, we would offer you a chair, but there isn't one. We would offer you a greeting at the door of our home, but we're too weak to get up. We would offer you some food, but there is none. Our young children are caring for us. Our crops are failing because we have no close relatives around to care for them.

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They would say, Tell me again about new life in Jesus Christ. I need that hope. I need that forgiveness. While many missions, the thing I finally ask is, we've talked about what would Jesus do, and what would he want us to do? Many missions are starting to respond to AIDS by getting the word out like this, by arranging teams in every country who are starting to look into how can we best meet this need and how can we get a lot of people out here. Please start praying about this, about whether you would want to go maybe on a short-term thing next summer.

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Start praying for the victims. It's not too late. They still have a chance to find the Lord. Pray that someone will share with them. Pray that God in his mercy, will bring an end to this disease.

That's all that I have planned. Tell me, do any of you have questions? I'm not a medical doctor or a nurse, so there's a lot I can't answer. But if you'd like to even know more about what our mission is doing, we work in Asia, Africa, and South America. What other kinds of questions do you have?

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Yeah, it would be good to come to our booth and see some of the ones that are listed. I know that in many countries they are starting, or they have programs where they're needing somebody to come in and organize how things are going to be handled. I have a sister-in-law who works in Nigeria, and I wrote her, and I said, what are some of the things that short term are doing there? And she said, frankly, these days, if someone comes short term to Africa, they're going to be dealing with AIDS in whatever ministry they're in.

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So, I know, at least when we were in Addis Ababa, I worked at a school and other teacher who came out, we had freedom after school, after teaching kids from up to 30 different countries from other kinds of ministries. And one of my friends, a young single gal, went out like three days a week to an AIDS orphanage where the kids were actually dying of AIDs, not just that their parents were gone. So that kind of thing is available everywhere. Ruth, can you help me out other things?

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The deadline was March 15. So, if you are interested, not in this summer, but next summer, I'd say start applying and checking into it in the fall, because SIM has sending countries all over the world. So, we are not the only ones that hear about these openings. So, they fill up fast. But you will see AIDS patients wherever you go in Africa. What other kind of questions do you have?

Okay, for those of you in the back, Ecuador, that's another possibility, yes. India. Nepal.

Pakistan. Philippines. China. Bangladesh.

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It's definitely not just as a missionary, you don't go in like that. But yes, I have another friend who has just come back from India, and she says, please, we need workers in India so badly. So, if God has laid a certain country on your heart or a certain ministry or HIV patients, please come talk to us. My husband and I are the regional directors here in the Southwest, and we're at our booth at the SIM booth.