

## EDITORIAL

The Christian perception of *hell* (Hades, Gehenna) is that of a place of fire and brimstone where the non-repentant and non-believers are condemned to spend their life after death. There is also the blood curdling imagery of red forked devil stroking the fire while waiting for new arrivals. At the same time, God is portrayed as being caring and merciful. The impression of a merciful God eager to sit back and watch his children suffer abomination in *hell* present a contradiction many find difficult to accommodate. When the English philosopher Bertrand Russell wrote his book, "*The Will to Doubt*" in the mid 1950s he ignored the Blasphemy Law, which made it illegal to express disbelief in the Christian religion. Today several prominent Christian theologians are finding it necessary to resolve the apparent contradiction of *hell* and a merciful God. Pope John Paul II recognized this dilemma when in 1999 he said, "rather than a place, *hell* indicate the state of those who freely and definitively separate themselves from God, the source of all life and joy."

The apparent contradiction of *hell* and a merciful God should serve as a wake-up call for those charged with the responsibility of taming the HIV/AIDS pandemic in African countries. People will accept the message if it is realistic and devoid of contradiction. In Kenya, for example, where over 50 % of the adult population earns less than KSh. 100 a day, the National AIDS Committee has been gloating over the perceived success in bringing the cost of anti-retroviral drugs to KSh. 360 per day. This is a country where a primary school teacher or a police officer earns less than KSh. 200 per day. There is yet another twist to this saga. Many HIV/AIDS patients in Africa are diagnosed at the stage when the disease is widely disseminated. While the anti-retroviral drugs are useful in delaying the progression of HIV infection to full-blown AIDS, they are of questionable value in the later stages. Much more important are the drugs used in treatment of opportunistic infections by bacteria, fungi, virus and protozoa. These drugs are reasonably cheap. For example, a daily dose of co-trimoxazole costs less than KSh. 10 per patient. Anti-tuberculosis drugs are also reasonably cheap. Why is the HIV/AIDS pandemic spreading like a bushfire despite the spine-chilling statistics being churned out daily in the print and electronic media and vast investment in financial and human resources in programmes meant to stop the pandemic? Up to now African National HIV/AIDS Committees have nothing to show for their effort over the last 15 years. Money spent on holding national and international conferences on AIDS has simply gone down the drain. It is a betrayal of public trust. Driving four-wheel drive cars in urban area under the pretence of fighting AIDS is the wrong way of doing things. Indeed, some of the health professionals (doctors, nurses, pharmacists) in the National HIV/AIDS Committees have themselves succumbed to the disease. AIDS is among people, not in conference rooms. It was perhaps in jest that a colleague suggested that African Governments should hire commercial sex workers to advise them on proper strategy to fight AIDS. Many of them are known to practice their profession over many years without contracting the disease. Their clients include politicians, clergymen, intellectuals, law enforcement officers, criminals etc.

One of the misconceptions we have about ourselves is that we are not as primitive as other animals in matters of sex and can reason out at critical moments. Commercial sex workers, many of whom have never heard of Sigmund Freud, might advise us that when it comes to natural instincts (sexual urge) we are only half a step ahead of our cousins, the monkeys and apes. This would be consistent with Freud's theory that our hopes, ambitions, dreams and fear are dictated to some extent by sex. If indeed, humans are irrational in matter of sexual behaviour, then trying to use a rational approach will not do. This is why commercial sex workers, sorcerers and witch doctors may have a role to play. For example, witch doctors might teach us how to instill fear in people without invoking unrealistic images of *hell*.

Let us adopt a more realistic approach. Use of visual aids and displays can be useful depending on how they are applied. A T-shirt with the imprint, "*AIDS kills*" may have no more educative value than another with a message "*I Love New York*". And while we are at it, let us get one thing correct. Patients

infected with human immunodeficiency virus (HIV) succumb to opportunistic infections such as tuberculosis, *Pneumocystis carinii* pneumonia, *Cryptococcal meningitis*, systemic candidiasis, toxoplasmosis etc. They do not die of AIDS! And what of drama and concerts? Using nursery and primary school children to warn their parents about the danger of HIV/AIDS pandemic may be counterproductive. At worst it may trivialize the message. There is also the more pertinent question of the value of drama to educate the general public in many African countries. It is common knowledge that many drama clubs perform in half-empty theatres due to apathy. And what of cartoons? Presenting the HIV as a vile monster out to disseminate the human race may just be interpreted as another version of Martians visiting their cousins on the planet or just another of those syndicated cartoons in the dailies. In this era of economic hardship many young people are delaying marrying until late twenties or early thirties. How realistic is it to expect this age group to abstain from sex? Yet we continue to advocate "abstinence" as the ultimate solution to HIV/AIDS pandemic.

None of us has a ready answer on the best way to contain and even reverse the HIV/AIDS pandemic. However, where strategies are seen not to yield results within a reasonable time, it is reasonable to go back to the drawing board. This is the inescapable message that must ring out, loud and clear.

**Editor – in - Chief**