

AIDS

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since poor nutrition can speed the progress of AIDS.

EDUCATION COMPROMISED

Lewis said mothers suffering from AIDS "are desperate for their kids to have some education before they leave this world." But "many kids are not in the classrooms because their teachers are dying of AIDS," he said, citing projections that 17 percent of the teachers in one Mozambican province would be dead from AIDS by 2010.

"It's complicated by the fact that the orphan children don't have money for school fees," Lewis said.

Some children drop out of school because they need to care for their siblings after their parents die of AIDS.

"There is a growing number of

child-headed households in situations where the parents are dead, as well as all the adults in the child's extended family," said Liz Towell, project manager of Sinosizo, an organization in the Archdiocese of Durban, South Africa.

"Our primary goal is to have every orphan back in school," she said, noting that in some instances, this is extremely difficult, such as the case of a 17-year-old girl who stays home to take care of her 3-year-old brother.

Relief agencies have also seen the need for a different type of education in sub-Saharan Africa — how to keep from being infected with HIV/AIDS.

Martin Nyirenda, a 24-year-old CRS home-based care provider in Bowe, Malawi, said the organization teaches sexual abstinence and marital faithfulness as sure ways to avoid the virus. Even though they initially met with some cultural resistance, "We are seeing some be-

havior change," Nyirenda said.

In Zambia, recent studies "show that the HIV infection rate has dropped, but this is not anything to celebrate yet," said Father Komakoma. He said the rate decrease could be attributed to "a very sustained education campaign" that could be endangered by complacency.

DRUGS NEEDED

In his travels throughout sub-Saharan Africa, Lewis said he did not hear these words uttered exactly, but the gist of the message he received many times was: "You, mister white man, have the drugs in your country. ... Why can't we have the drugs? Why must we have to die prematurely?"

As in most of Africa, no one in Bowe, Malawi, can afford anti-retroviral medications that are helping U.S. AIDS patients survive longer. So far, Malawi has opted not to allow generic drugs, which would provide the antiretrovirals at a reduced cost.

Charitable groups can acquire enough drugs for a few thousand patients, a mere blip of the Malawians infected with the virus. Offered at a cost of \$20 per month and only in larger towns, the drugs are well out of reach for the farmers of Bowe.

About 1 percent of Zambia's population of 10 million has access to anti-retroviral drugs. The country's health system needs strengthening, Father Perry said, noting that hospi-



A woman cradles Georgina Everett, 4, at the Nyumbani Home for orphans with AIDS in Nairobi, Kenya.

tals and clinics "have difficulty getting enough drugs for opportunistic infections" that are rampant among those whose immune systems are being attacked by HIV, the virus that causes AIDS.

At St. Mary's Hospital in the Mariannhill Diocese in South Africa, adults with HIV receive no anti-retrovirals because of the high cost, said Dr. Douglas Ross, hospital superintendent. He noted that the hospital is seeking benefactors to pay for the treatment that would extend the life expectancy of those infected.

Speaking strictly for himself, Lewis said he doesn't understand why, when it comes to government spending, "millions of people die (of AIDS), but war continues its sacrosanct status."

"We know everything we need to know to defeat the pandemic, (but) the great problem is resources. I don't know in God's name what we're going to do about that."

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