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Position paper on AIDS: A research overview

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In April 1981, a Manhattan physician noticed an increase in pneumonia caused by Pneumocystis carinii. Those patients had this disease because of decrease immune system. Nothing could explain the weakening of the immune system. The first case of AIDS was reported in 1981, but it is believed that the disease was present several decades ago. Some people died from unknown diseases that presented symptoms that resembled AIDS. In June 1981, a Los Angeles physician for the first time gave a description of AIDS in the weekly report of the Centers for Disease Control. Two rare illnesses became common on young homosexual men: Pneumocystis pneumonia and Kaposi’s sarcoma. There are both explained by a deficiency in the immune system. Later, three new groups of people, IV drug users, people who received blood transfusions and the children of mothers who had the disease. This fact made the physicians think that the disease was transmitted through blood. The following years, doctors found more and more evidence on the disease and cases were revealed in many places around the world (Dietrich & Glenn, 1990). Pneumocystis carinii pneumonia is an opportunistic pulmonary infection that happens in people with deficiency in their immune system, mainly patients with severe HIV infection. Those patients usually present with dry cough, shortness of breath, and fever (Feinberg & Wilkin, 1999). Kaposi’s sarcoma is disease that causes patches cancer cells to grow under the skin, mucous membranes of the mouth, nose, and throat or in other organs. Those patches made of cancer cells and bloods are generally red or purple. They may be painful, and the spreading to the digestive tract or lungs may cause bleeding. Lung tumours from kaposi’s sarcoma can cause difficulty breathing. Before AIDS, the development of kaposi’s sarcoma was slow. In patients with AIDS, the disease develops rapidly (http://www.nlm.nih.gov/medlineplus/kaposissarcoma.html, 2010).
“The immune system is an intricate collection of organs, tissues, cells, and soluble factors that allow individuals to defend against harmful agents such as viruses, bacteria, and tumour cells” (McGreevy, 2005, p. 405). AIDS is also called Acquired immunodeficiency syndrome.

Immunodeficiency is a total or partial loss of function of one or more of the components of the immune system. This results in increased risk of infection and cancer. If a baby is born with an immune deficiency due to a basic developmental failure, it’s called primary immunodeficiency. But, if a person becomes immunodeficient due to a specific cause during his life, it is secondary or acquired immunodeficiency. In AIDS, the immune deficiency is caused by HIV, human immunodeficiency virus (Gould, 2006).

A virus is a very tiny parasite that needs a living host cell to live. When a person is infected by a virus, it fixes to a host cell so that the genetic material of the virus may enter the human cell. The genetic material of the virus governs the host cell and makes it produce new viruses. Those viruses are released when the host cell bursts. Because viruses live inside human cells, it is difficult for drugs to destroy them without destroying the host cells (Gould, 2006). Our antibodies are the weapons against viruses. Unfortunately, it takes three days for the body to produce the right antibody for a specific virus. However, the viruses disappear entirely from the bloodstream in one to two hours. Those viruses disintegrate and incorporate some human host cells (Dixon, 1989).

The virus that causes AIDS invades white blood cells that protect us against infection. These cells are components of the immune system. When HIV destroys the white blood cells of a patient, he becomes immunodeficient. The patient loses the ability to fight against infection. Many microorganisms that the body naturally resist to them or may cause mild infection can
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cause severe infection to HIV patients. These infections are called opportunistic infections (Beers & Berkow, 1999). HIV is transmitted through contact with body fluids that contain cells infected by the virus or the liquid part of the blood. Those body fluids are specially: blood, semen, vaginal secretions, breast milk, or secretions from a wound. HIV is most commonly transmitted through sexual relations and sharing contaminated needles. Casual contacts at work, school, or home that are nonsexual do not cause the transmission of the virus (Beers & Berkow, 1999). Since HIV is widely transmitted via sexual relations, safe sex becomes extremely important. Dixon (1989) suggests that safe sex is exclusive faithful relationship for life between two people who are currently uninfected. It is a faithful relationship between two people who are virgins at marriage. Almost safe sex is the relationship between two people who have no sexual relation for at least nine months and are both tested negative before they have sex together. It is important to keep in mind that one or two out of one hundred people infected by HIV always appear negative on testing. Dixon (1989) adds that it takes about three months for the blood to become position after a HIV infection. Therefore, there is risk to be infected by a person with a HIV negative test if this person has been infected one to two months before the test.

The Public Health Agency of Canada has another approach about safe sex. This approach consists of the constant and correct use of condoms by sexually active people (http://www.phac-aspc.gc.ca/aids-sida/new-nouv-eng.php, 2010).

The Government of Canada understands that HIV/AIDS continues to be a huge challenge in Canada and around the world. It is clear that the disease will remain a serious problem for many years. The Government of Canada adopted a long-term approach to address the AIDS problem in the country and internationally. The goals of Canada are to prevent new infections; slow the
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development of the disease and improve quality of life; diminish the social and economic impact of the disease; and participate in the international effort (http://www.phac-aspc.gc.ca/aids-sida/index-eng.php, 2009).

In Canada, the first diagnosis of AIDS occurred in 1981; and two years later, a first Canadian death was attributed to AIDS. The disease first appeared in the gay population and people infected through blood. Now, homosexual males remain the groups the most affected, but AIDS becomes a serious public health concern for injecting drug users, women, Aboriginal peoples, prison inmates, people from countries where HIV is endemic, and also those who are already living with the disease. Young Canadians are potentially at risk for HIV infection because of unsafe sexual behaviour (http://www.phac-aspc.gc.ca/aids-sida/info/1-eng.php, 2007).

In 1995, AIDS was the first leading cause of death among people ages 25 – 44 in the United States. Now, it is the sixth leading cause of death among this group age. According to the World Health Organization, more than 25 million people around the world died from the disease since the beginning of the epidemic. About 33.4 million people around the world were living with HIV/AIDS in 2008, including 2.1 million children less than 15 years of age (Dugdale & Vyas, 2010).

Until now, there isn’t any cure for AIDS. But, some treatments are used to give a better quality of life to HIV positive patients who have already developed symptoms. Highly active antiretroviral therapy (HAART), a combination of several antiretroviral drugs, is presently used to treat patients with AIDS. It restrains the replication of the virus in the body. Consequently, it reduces the number of viral particles in the blood. The result is an increase in white blood cells that were affected by the virus which allows the immune system to recuperate. Those patients on
HAART can have significant improvement in quality of life. However, they can still contaminate other people through sex or by sharing needles. Unfortunately, some strains of HIV become resistant to some of the antiretroviral drugs. Researchers are constantly working to come up with new generations of antiretroviral drugs. These drugs carry many side effects such as: collection of fat on the back and abdomen, general sick feeling, headache, nausea, and weakness. In addition, the prolonged used of these drugs increases the risk of heart attack (http://www.nlm.nih.gov/medlineplus/ency/article/000594.htm, 2010).

Considering that there is no cure for AIDS, prevention is of utmost importance. The Federal Government Source for Women’s Health Information website gives some advice about HIV prevention. First, abstinence, which means not having any sexual activities such as, vaginal, anal, or oral sex, is certainly the most effective way to prevent HIV; second, sexual relationship between two partners where both of them are absolutely faithful; third, the use of a male latex condom for all types of sexual relations. Female condoms are not as good as male latex condoms. “Natural” or “lambskin” condoms do not provide protection against HIV. Some other ways of prevention are: Avoid sharing needles, limit the number of sexual partners, talk to your partner about HIV, and avoid using alcohol or drugs which can increase risk-taking behaviour and risk for sexual assault (http://www.womenshealth.gov/hiv/prevention/,2009). The AIDS Foundation Canada gives also some good advice to prevent HIV like for instance: to avoid coming into contact with razors, toothbrushes, and anything similar that could have been contaminated by the blood of a person who has or might have HIV (http://www.aidsfoundation.ca/, 2010).
The countries in Sub-Saharan Africa are severely affected by HIV. Approximately 22.4 million people in Sub-Saharan Africa are HIV positive. About 1.4 million people died from HIV in this region in 2008. 14 million children have been orphan from one or both parents since the start of HIV epidemic. The majority of developing countries in Africa cannot afford antiretroviral drugs for their AIDS patients. Less than 40% of those who need these drugs are actually receiving them. Millions of HIV patients are not even receiving treatment for opportunistic infections (http://www.avert.org/hiv-aids-africa.htm, 2010).

The stigma associated with AIDS has negative consequences on the outcome of HIV patients. An article of the Australian Government AusAID website reported that the Minister Counsellor for AusAID in Papua New Guinea’s highlands (PNG), Stephanie Copus-Campbell, declared:

“For people living with HIV or AIDS in PNG, the health issues they face are often made worse by the social stigma associated with the virus.” She added: “They may be abandoned by their families, ostracised by their communities, and they often become the victims of violence due to their status. The mental strength needed to deal with these kinds of issues saps their ability to remain physically healthy.” (http://www.ausaid.gov.au/hottopics/topic.cfm?ID=692_5137_912_9728_1698, 2010).

The Averting HIV and AIDS organization affirms that HIV-related stigma and discrimination is a huge obstacle to the battle against the disease. Many people refuse to get tested, seek treatment, and openly admit their HIV status because of fear of discrimination (http://www.avert.org/hiv-aids-stigma.htm).

The Church has the responsibility to give a compassionate response to AIDS dilemma. Shelp & Sunderland (1987) suggest that according to the Bible, disease and disability are opportunities
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for God’s people to provide care with sympathy. Church’s ministries of visitation, health care, and asylum are extensions of Jesus’ ministry. They are responses to the command to love one’s neighbour that Jesus gave to His disciples.

When a person has AIDS, many of us usually want to know how this person became HIV positive. We often need that information to judge if the HIV patient is worthy for medical care, our friendship, or even God’s love. We tend to give greater sympathy to patients who contract AIDS through blood transfusion and lesser to those who became infected with HIV via sexual relations (Russell, 1990). Allen (1995), in his book *Burden of a secret*, wrote and I quote:

“It always hurts when friends disappoint you; the hurt and disillusionment sear even more deeply into your heart when members of your own family turn their backs on you. To me, that’s what our church is – family, the family of faith. I never expected that the church I loved so much would become our greatest source of pain. Our sorrow began when Scott, Lydia, and I began searching for a church in which Matthew was welcome to attend Sunday school. Church after church turned us away. Good churches. Great churches. Wonderful people. Churches pastured by fine men of God, many of whom I had mentored. Nobody had room for a little boy with AIDS” (p.90).

AIDS is a terrifying disease. Patients with AIDS have to deal with the painful signs and symptoms of the disease. Some of the opportunistic infections are sometimes resistant to usual treatments. Those patients suffer a lot from the stigma and prejudice associated with AIDS. They may be abandoned by friends and family members especially if it is believed that they contracted the disease through unsafe sexual behaviours. A lot of those patients cannot afford antiretroviral drugs because they are too expensive. Those who have the chance to obtain them experience the
side effects and complications associated with these drugs. One of the biggest dilemmas with AIDS is that there is no cure for the disease. People long for hope; when they learn about the virus that cause AIDS, the new strains of viruses that arise and become resistant to treatments, and the difficulty to have a vaccine soon; it is not easy to have hope.

AIDS patients are vulnerable to depression. It is hard for them to have the strength necessary to cope with all the challenges they are facing every day. Therefore, they need a lot of support. Doctors and nurses should treat them with compassion. They need to be accepted in the society. Family members and friends should be supportive to them. It’s time for people to see AIDS patients like every other patient. Now, many Governments and organizations offer a lot of supportive programs for people who are HIV positive.

The Church has a big responsibility in the battle against AIDS. Not only do victims of AIDS have physical needs but also psychological and spiritual needs. They desire compassion, love, and hope. The church should be an institution to actively support those HIV patients in meeting those needs. The Bible shows us that Jesus was compassionate to the poor and those rejected by the society. As Christ’s imitators, Christians should be the ones to embrace the case of the victims of AIDS. We preach a Gospel of love to the world. But, Jesus said to His disciples that everyone will know that they are His disciples if they have love for one another. This love is manifested by action. Christians should make the difference by showing love through action. When other people rejected patients with AIDS, Christians should welcome them. When other people despise them, Christians should accept them. The church should also play an important role in educating all its members and other people about effective ways of prevention.

Governments and organizations promote condoms as means of prevention. Condoms can break,
leak, and falls off. But, the Church promotes effective ways of prevention such as abstinence and fidelity. Many people would not be HIV positive if they had received good education about the disease. Many Christian organizations entered in the fight against the plague. However, the Church was slow in its interventions at the beginning of the epidemic. Many churches refused to support HIV positive patients at that time especially because the disease was associated with male homosexuals and unsafe sexual relations. Even presently, many people in churches still stigmatize the victims of AIDS. Instead of showing God’s mercy, love, compassion, and forgiveness, they stand as judges to point out the risk-taking behaviours of those patients. They often ignore that many people become infected with HIV through blood transfusions, accidental contact with infected body fluids, and irresponsible partners. Moreover, the Church’s response to the disease is not strong enough. Churches could do a lot more in to help those unfortunates. A campaign to sensitize Christians about the AIDS dilemma would be a good asset. Many people in churches, especially teenagers need more information about the reality of the disease and ways of prevention.

Jesus wants Christians to be the good Samaritans. It is not okay for us to stay unconcern about the pain, suffering and anguish of those HIV patients. Lepers were considered unclean and left behind, but Jesus healed them. The adulteress was considered impure and deserving to be stoned, but Jesus forgave her. Jesus had a life of service. And, this is what we ought to do as Christians. We need to be concerned and ready to serve those HIV patients in need for love, acceptance, and hope. Now is the time to assist and preach the Gospel of love and salvation that gives hope.
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