

AIDS Care as an Avenue for Ministry in Congo

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Vanga Hospital has been providing comprehensive medical care in the Bandundu region of Congo since 1920. However, combining spiritual/pastoral care and medical care began in earnest in 1984. This happened when Rev. Mrs. Matala joined the staff, after graduating from seminary with specialized training in hospital pastoral counseling. Patients with psychosomatic complaints and others with so-called incurable illnesses were directed to her. Soon afterward she began to deal with HIV+ persons. By 1992, the number of HIV+ persons had grown to almost one new case per day, and the intensive spiritual and psychological counseling ministry for AIDS patients was started.

A team of seven members of the hospital staff assists Mrs. Matala. They received a short period of training in counseling to prepare them to facilitate individual and group dialogue, and in understanding medical and spiritual aspects of chronic illness, especially HIV infection. A spirit of unity exists among the entire hospital staff, and both physicians and nurses refer patients to the pastoral service.

The Context and Components of Caring for AIDS Patients

Currently the gender distribution for the AIDS infection is almost equal in males and females. The principal route of transmission is through heterosexual relationships, as homosexual relations and IV drug use are almost unknown. The spread of the virus by transfusions, however, is also an issue.

The care of HIV+ persons in the Vanga Hospital has five aspects:

1. An open welcome to the sick person. There is no isolation or separation of those who are HIV+. They receive the same treatment and care as other patients, as well as respect for confidentiality.
2. Appropriate medical care, which includes treatment for co-existing infections and other conditions. No specialized medicines for HIV are available. Careful disinfection and protection of staff and patients against viral transmission are assured.
3. Social support. The cost of care is kept to a minimum and is subsidized for those who cannot pay.
4. Pastoral care, including counseling, instruction and group dialogue in the medical and spiritual aspects of chronic illness and especially HIV infection.
5. A ministry of prayer. Consultations, group meetings and planning sessions start and end with prayer. However, in individual consultations, prayer is offered but never imposed. Special prayer is organized for specific needs and concerns for those who desire it.

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The Caring Process for HIV+ Persons: Physical Testing

The hospital cares for patients either as outpatients or as in-patients. An RN does the initial examination and triage and requests the appropriate lab studies. Most patients are then referred to an attending

physician. If the physician suspects HIV infection, a SERODIA-Fujirebio test is ordered to detect HIV antibodies.

In the laboratory, all specimens are anonymous. Only the two technicians doing the tests know the patient identity of each numbered specimen. The register of numbers and names is kept locked and only the attending physician is advised of the results.

A physician who receives a positive result begins the counseling process and then makes a referral to the pastoral team. Counseling focuses on awareness and handling of negative emotional burdens through Christ, and the development of positive thoughts and attitudes, in addition to finding a support system. Confession and request for forgiveness, pardon of others, reconciliation and release of destructive emotions like anger, resentment, hatred, and jealousy may all be recommended as a part of the process for healing.

Emotional/Spiritual Assessment

The assessment by the counselor begins with questions of a general nature about the illness. This helps establish a relationship for caring, without causing the patient to be ill at ease. Then specific assessment is done for the following:

- Particular concerns and worries.
- Dreams, especially painful or disturbing ones, as these often have much significance to sick persons in Africa.
- Important conflicts and tensions in the family or clan.
- Painful or difficult events in the past: fear, grief, resentment or anger, abuse, rejection etc.
- Past behavior causing discomfort or guilt.
- Fear of sorcery or of being cursed.
- Belief about God. The counselor inquires about the faith and beliefs of the sick person, to identify spiritual resources, which can be mobilized to strengthen the immune system and also to determine if spiritual problems exist.

These questions reveal important socio-cultural and spiritual values of the patients. Individuals are free to answer or not, but the counselor does encourage reflection on each question. Confidentiality is assured, and if the patient wishes, the counselor will end with prayer. A counselor may encourage the patient to accept Christ if he/she seems open to the suggestion. However, no pressure or attempts at manipulation are made.

Christ is available to all who want Him, but it is a personal decision. The team never rejects anyone who does not wish to become a Christian, but continues to treat him/her with respect, as would Christ. Christ healed sick people because He had compassion on them, and many did not accept Him.

Revealing the Diagnosis of HIV/AIDS

When the counselor feels that the HIV+ person has been adequately prepared psychologically, the attending physician and counselor meet together with the patient to reveal the diagnosis. The doctor explains that the patient has a serious chronic illness that diminishes resistance to infections. It is caused by a virus for which no cure is yet known. It is only after this initial discussion that the doctor explains that the virus is indeed, HIV. Up to this point, the team does not use the term AIDS unless the patient asks about it.

The patient is assured that there is real hope that improvements will occur and a remission may take place. By telling the truth about the diagnosis, the patient can better understand the illness and learn behavior patterns to follow to improve health, as well as to protect the spouse and family. The individual can also pray specifically in terms of his/her own symptoms, immune system and healing process. The team leaves time for questions, answering all as honestly as possible. The therapeutic aspect of tears is recognized, and concern, sympathy and hope are expressed with encouragement to continue with counseling and physical care.

The counselor makes contact again within 24 hours to follow up. This provides further opportunity for expression of feelings, asking questions and emphasizing hope. The counselor encourages the patient to continue with regular sessions of counseling and prayer.

Group Meetings

Regular group meetings are organized with sufferers of various chronic illnesses. Persons with HIV are invited, but the identity of their illness is not revealed unless they themselves speak of it. The group meetings are a time to share concerns and gain ideas on how to cope. A sense of community is fostered for mutual caring and encouragement. Thankfulness is expressed for positive things that God is doing, such as improvement in health, relief from worries, and joy in knowledge of acceptance by God. Prayer concerns are shared and patients pray for each other. The team encourages patients to organize spontaneous sessions of prayer at other times.

Every Sunday morning, a special service is held in the hospital for Bible teaching on healing and prayer for healing. Through the counseling and the group meetings, culturally sensitive spiritual care is brought to patients as they work through the many social, cultural and spiritual issues associated with AIDS.

The Results

Numerous factors contribute to this program's results. Physicians, nurses and pastoral counselors all have a dedicated commitment to Jesus Christ. There is a strong support group of intercessors and a spirit of unity among all staff. There is also an acute awareness of the spiritual dimension of this ministry. Spiritual means are essential in overcoming the powers of darkness trying to destroy persons and the works of God. God has graciously granted positive outcomes.

More than 90% of HIV+ persons participate in the counseling process, and more than two-thirds of counselees with HIV profess having or entering into a personal relationship with Jesus Christ. They express joy, a sense of peace, and improved well-being.

More than 90% of HIV+ persons to whom the diagnosis has been revealed have accepted it with tranquility and fortitude. No major reactions of anger, despair or suicidal tendencies have been encountered. Furthermore, the majority of persons with HIV experience improvement in their general condition. A few who come with far advanced HIV disease succumb rapidly, but usually with peace and gratitude for the help received.

The majority of persons with HIV disease are discharged after treatment of their other infections and the counseling process. The team encourages them to continue self-examination and committing all concerns to God in prayer. The team also recommends that they become part of a spiritual support group wherever they go. They are asked to return on a monthly basis if possible.

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Problems Encountered

A major problem initially was strong opposition from church leaders, especially local pastors. They feared having persons with AIDS come to the center. They were also jealous of the large numbers coming to the hospital for spiritual ministry and not to the local church. God helped work through these conflicts, as Christian medical people took the initiative, first of all, in helping persons with AIDS to cope with their problems; secondly, in designing biblically based educational programs; and thirdly, in encouraging Christian lay people to do home visitations. Thus, the churches are becoming more active in facing the challenge of HIV/AIDS.

A second problem occurred during the Ebola epidemic in nearby Kikwit when a team from Vanga Hospital held seminars for Catholics and Protestants both in the city of Kikwit and at the hospital to teaching about AIDS and educating for its prevention. There was opposition from those who profit from the exploitation of women and commercial sex.

When the Ebola epidemic appeared, I was accused of having cursed the city and causing many deaths. Undercurrents of antagonism still continue in parts of the city even though Vanga Hospital played an important role in helping to stop the spread of the Ebola. These accusations, again, demonstrate the importance of understanding and dealing with the spiritual and cultural components of disease in general and with HIV/AIDS in particular.

Lessons Learned

1. There must be a strong, clear, biblical foundation underlying all aspects of health care, with Christ at the center.
2. Evangelism does not necessarily have to be overt. Perhaps the most effective evangelism is that of compassionate care, sacrificial service and a quiet presence.
3. Health care must embrace physical, social, emotional, psychological, and spiritual concerns.
4. Building and maintaining unity among believers in the Body of Christ must have a high priority.
5. Regular and intense prayer is essential, both individually and in groups.

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