

NO CHILD LEFT TO DIE

We have an opportunity to help save children from HIV. We also have a responsibility—from God.



Since the 1980s, the specter of HIV/AIDS has loomed like a shadow over much of humanity—especially in the poorer regions of the globe. While many who have contracted the incurable disease in the United States have been homosexual, that is not the case in Asia and Africa. In fact, many victims in these areas have picked up the malady not through sexual promiscuity, but from unfaithful husbands. Even sadder is the plight of many AIDS sufferers who are children, who inadvertently got it from their mothers when they were born. Besides the personal, human toll of families being torn apart, HIV/AIDS has brought almost incomprehensible devastation across countries and continents, both for this generation and the next.

Yet scientists and health workers have been diligently working to find drug therapies that will keep AIDS under control. Even better, they have discovered ways to prevent—or at least greatly reduce the risk of—mother-to-child transmission of the HIV virus. And they are starting to report amazing medical breakthroughs. But such therapies will do no good if we cannot get them to the people who need them—and help them stick with the treatment.

That's where churches and Christians can help. But are we willing?

Scripture: Genesis 21:8–21; Matthew 8:1–4; 25:31–46; Mark 10:13–16; Luke 10:25–37

Based on: “No Child Left to Die,” CHRISTIANITY TODAY, December 2010



HOW TO USE THIS RESOURCE FOR A GROUP STUDY

This Bible study can be used for an individual or a group. If you intend to lead a group study, follow these simple suggestions.



- 1** Make enough copies of the article for everyone in the group. If you would like your group to have more information, feel free to copy the leader's guide for them as well.
- 2** Don't feel that you have to use all the material in the study. Almost all of our studies have more information than you can get through in one session, so feel free to pick and choose the teaching information and questions that will meet the needs of your group. Use the teaching content of the study in any of these ways: for your own background and information; to read aloud (or summarize) to the group; for the group to read silently.
- 3** Make sure your group agrees to complete confidentiality. This is essential to getting people to open up.
- 4** When working through the questions, be willing to make yourself vulnerable. It's important for your group to know that others share their experiences. Make honesty and openness a priority in your group.
- 5** Begin and end the session in prayer.

Part 1 **IDENTIFY THE CURRENT ISSUE**

Note to leader: Provide each person with the article "No Child Left to Die" from CHRISTIANITY TODAY, included at the end of this study.

When HIV, resulting in AIDS, was first identified, Christians were conflicted about what to do about it. On the one hand was the obvious fact that sin was involved in the spread of the disease. On the other was the obvious gospel imperative to help the suffering. As the years have grown into decades, Christians have increasingly opted to show compassion, using gospel words and deeds to bring sufferers to the Savior, while negotiating the oft-difficult shoals of public health policy. Now we see an opportunity to prevent the disease from spreading to children, who did not ask for it and cannot protect themselves. Can we help them, too?

While the Bible is silent about HIV/AIDS, it has plenty to say about leprosy, a somewhat analogous condition that brought strong reactions from others, and about the preciousness of children. Let's explore some key passages so that when our minds are engaged with this issue through articles like "No Child Left to Die," our hearts will have already been touched.

Discussion Starters:

- [Q]** Do you know someone with AIDS or have firsthand experience with AIDS sufferers? Describe what you know.
- [Q]** Do you ever feel that those with HIV somehow "deserve it"? Why or why not?
- [Q]** Children often get the disease through no fault of their own. When have you suffered unjustly?
- [Q]** If your church has any ministries directed toward those with HIV or other diseases, what practical help do they provide?

Part 2 **DISCOVER THE ETERNAL PRINCIPLES**

Teaching Point One: God provides for the seemingly forgotten.

Children in Africa are at extreme risk of contracting HIV, according to the article by Sarah Eekhoff Zylstra. "Ninety-one percent of children born with HIV live in African nations with very high birth and infant mortality rates," Zylstra writes. "Young children in Uganda, for example, die by the tens of thousands, as the nation has one of the world's highest

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birth, infant mortality, and HIV infection rates, not to mention deaths from tuberculosis, malaria, and other diseases.”

Women and children are sometimes viewed merely as statistics—both today and in the ancient world. But they are never statistics to God. We see his individual care in a story from Genesis. Showing a lack of faith, Abraham took his future in his own hands and received Ishmael as a son (see Genesis 16). Now come the consequences. When Isaac was born, Ishmael was probably already a teen (see Genesis 16:15–16 and 21:5), and Sarah sends him and his mother, Hagar, into exile. Read Genesis 21:8–21.

[Q] What reason does Sarah give for sending them away?

[Q] Do you feel Ishmael's mocking deserved this punishment? Why or why not?

[Q] In verses 11–13, Abraham acquiesces to his wife's demand. What commands does God give him? What assurances does the Lord provide? What blessings does he describe?

[Q] What had Ishmael done to deserve God's care? How much faith did Abraham exercise by obeying?

[Q] In verses 14–16, Abraham sends Hagar and Ishmael into the desert. Note the resources he gave them. Were they adequate for survival? Describe the scene. Did Hagar have any hope? Put yourself in her place; how would you have felt?

[Q] God hears the boy cry and responds (17–19). What does he do?

[Q] God hear the cries of dying children today. How can we be his hands and feet to protect and provide for them? How does he open our eyes as he opened Hagar's?

Teaching Point Two: Jesus has compassion on the suffering.

AIDS is similar to leprosy in that both seem to indicate God's judgment and are dangerously communicable. God's people struggle to overcome their fear and disgust in such situations. “Twenty-two years ago, when [Joyce] Kamwana found out her husband had infected her with HIV, she was emotionally devastated. Some members of her church responded judgmentally, and she left,” Zylstra writes. “In 2002, I joined Charismatic Redeemed Ministries International. This is where I was loved for who I was and encouraged that with God, everything is possible,” Kamwana told CT. She came to believe God had a purpose for her life. ‘I consider the battle against HIV as my ministry.’” We can develop compassion for such people by reflecting on the example of Jesus and a leper.

Read Matthew 8:1–4.



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[Q] After giving the Sermon on the Mount, about life in the kingdom, Jesus now demonstrates it. What does this tell us?

[Q] In verse 2, a leper asks for cleansing, basing his request on Jesus' compassion. Jesus is no less compassionate today (Heb. 13:8). How can we reflect his compassion to others? How might we begin?

Teaching Point Three: We and our faith will be judged based on what we do with the lowly.

Zylstra writes that there are many ways to help: "Samaritan's Purse health workers train existing community health workers and midwives to educate pregnant women about HIV and set up support groups. Since the program started in 2008, it has trained 37 community health workers, referred about 1,500 women for testing and counseling, and educated almost 4,500 women on how to prevent HIV transmission."

Read Matthew 25:31–46. In this well-known and yet still shocking passage, Jesus warns us that our faith must be backed up by deeds—or it is not real faith. Then he lists some indicators of real faith.

[Q] In verses 34–40, list the elements in the king's statement to the sheep, and their response. Why don't the faithful remember what they had done? What is the reward promised to the faithful (see also v. 46)?

[Q] In verses 41–46, we see the reverse, the failures of the unfaithful. What is their punishment? What are the implications for us?

Teaching Point Four: Children exemplify Christ's kingdom.

Most of us have sung, "Jesus loves the little children, all the children of the world. Red and yellow, black and white, they are precious in his sight. Jesus loves the little children of the world." This biblical message goes farther, saying not only that children belong to the kingdom, but that the kingdom *belongs to them*. If that is true, how can we express it in concrete and practical ways?

Read Mark 10:13–16.

[Q] In verse 13, we see in microcosm the basic conflict in attitudes to children in the ancient world. Do we have the same attitudes today? Explain.

[Q] How does Jesus respond (vv. 14–15)? Are we similarly indignant over the things that keep children from receiving their kingdom inheritance? If so, how do we express it?



[Q] How do children teach us about the kingdom (v. 15)?

[Q] What does this scene imply about the kingdom?

Teaching Point Five: We are called to act in a neighborly way to others, whoever they are.

In another famous passage, an expert in the law attempts to wriggle free of the demands of the law. So often we do the same, not realizing that those who suffer, whether near or far, are our neighbors, people who have a claim on us. We are not to hesitate or discriminate but are to go to the trouble of expending time and money to meet their needs—even if we don't know them personally.

Read Luke 10:25–37.

[Q] In verses 25–29, we see the context to the story of the Good Samaritan. Can we compare this to our own lack of action for our neighbors with AIDS? Why or why not?

[Q] In verses 30–35, Jesus carefully describes the compassionate acts of the Samaritan. What adjectives describe his ministry to the helpless man? How could you apply these principles to the current fight against AIDS?

Part 3 APPLY YOUR FINDINGS

Much progress against HIV/AIDS has occurred in the last three decades—in the laboratory and in the church. Scientists have discovered drug therapies that can treat the disease and prevent its spread. This is great news for the millions of children at risk of contracting the virus from their mothers. Can we mobilize ourselves and our churches to do more? If we can, many lives can be saved, and those saved physically can have hope for spiritual salvation as well.

God's Word provides encouragement to value children and to touch those with socially devastating communicable diseases. God provides for the lowly, Jesus has compassion on them, we will be judged on how we treat them, children exemplify the kingdom, and we are called to act in a neighborly way toward everyone.

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Optional Activity: Go to <http://www.avert.org/aids-statistics.htm> and pray through the different statistics you find about AIDS for each of the global regions. Discuss any individuals you know from these areas, whether they have AIDS or not. Pray for those people by name, and for the people you don't know who need help with HIV/AIDS.


Action Point: Assign someone from your group to do some Web-based research on what Christian ministries are doing to help fight HIV/AIDS, particularly on behalf of children. Next meeting, discuss what you have found and take an offering for the ministry that best fits the calling you hear from God.


— Stan Guthrie is author of *All That Jesus Asks: How His Questions Can Teach and Transform Us* (Baker). A CT editor at large, he writes a monthly column for BreakPoint.org and Crosswalk.com. Stan blogs at stanguthrie.com.

RECOMMENDED RESOURCES

ChristianBibleStudies.com

- **The Value of Human Life:** How much is life worth? Why is every life precious? How does an ethic of love work in the real world? We explore these questions in this study.

 **The Hope Factor: Engaging the Church in the HIV/AIDS Crisis**, edited by Tetsunao Yamamori (Authentic and World Vision, 2004). Some of the world's top minds and hearts help us respond with appropriate biblical passion to the plague of our time.

 **Breaking the Conspiracy of Silence: Christian Churches and the Global AIDS Crisis**, by Donald E. Messer (Fortress, 2004). Just as individuals must change their behavior to prevent and eliminate AIDS, so must congregations and church leaders. Compassion, not condemnation, is desperately needed, says Messer. But financial resources for education and prevention programs are also urgently required from churches. Messer shows how churches can partner with ecumenical organizations, relief agencies, volunteer mission programs, healthcare programs, and other agencies to engage global AIDS directly and effectively.



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📖 **Missions in the Third Millennium: 21 Key Trends for the 21st Century**, by Stan Guthrie (Authentic, 2005). How to bring together kingdom word and kingdom deed in service of the Great Commission.

📰 HIV & AIDS Statistics from Around the World”; <http://www.avert.org/aids-statistics.htm>.



Lost Boy: Moses, who is HIV-positive, was found wrapped in a towel along a road in Harare, Zimbabwe, in 2007. A Christian orphanage took him in.



SOCIAL JUSTICE

No Child Left to Die

Half of all babies born with HIV die by age 2. Could we stop that by 2015? By Sarah Eekhoff Zylstra

Joyce Kamwana got lucky. The mother of two went to the doctor after running a fever, thinking she had malaria. After running tests, the doctor told Kamwana she was HIV-positive. That was 1988, three years after the first case of HIV/AIDS was diagnosed in the East African nation of Malawi.

Kamwana had contracted the disease from her husband, Dan, who would

die from AIDS three years later. Their daughter, Sharon, tested negative for the virus. But their newborn, Tracy, tested positive. After Kamwana finished breastfeeding, more tests were run, and Tracy tested HIV-free. Both girls eventually went to college and were able to donate blood without risk.

"It's quite a relief to say I have only myself to think about now," Kamwana said. "I'm very proud of them. Lord, thank

you. You've done a very good job."

Not every mother living with HIV is as fortunate. Globally, about 1,000 HIV-positive children are born each day. In many developing nations, contracting HIV from one's mother is a death sentence: 50 percent of children who get the disease from their mothers die before their second birthday. Without drug treatment, an HIV-positive pregnant woman has a one in three chance of infecting her child during pregnancy, labor and delivery, or through breastfeeding.

Ninety-one percent of children born with HIV live in African nations with very high birth and infant mortality rates. Young children in Uganda, for example, die by the tens of thousands, as the nation has one of the world's highest birth, infant mortality, and HIV infection rates, not to mention deaths from tuberculosis, malaria, and other diseases (see "Standing in the (AIDS) Gap," page 18).

Pregnant women with HIV need antiretroviral drugs the most. A 2000 Johns Hopkins University study found that when a pregnant woman takes a single dose of nevirapine (an antiretroviral drug) at the beginning of labor, and her baby takes a dose after birth, the baby's chances of contracting the virus are cut in half, from about 30 percent down to 15 percent.

More recently, researchers have found that a regimen of antiretroviral drugs given to a mother from early in pregnancy to after breastfeeding can reduce the chance of transmission down to about 4 percent. Stephen Lee, senior program director for the prevention, care, and treatment services team at the Elizabeth Glaser Pediatric AIDS Foundation, said, "If we can get to under 4 percent of [at-risk] infants being born with HIV, we've accomplished a lot."

FAITH-BASED CHANGE

The greatest challenge is making the new triple-drug regimens and related programs available where they are most needed.

Treatment costs between \$100 and \$140 per year. But only 42 percent of the 33.4 million people worldwide living with HIV have access to ongoing drug treatment. In response, a growing group of faith-based leaders have endorsed the ambitious goal of eliminating mother-child

Standing in the (AIDS) Gap

Only half of HIV-positive children in Uganda receive treatment. By Esther Nakkazi in Kampala, Uganda



fter seven years and \$1.4 billion of American aid, Uganda is coming back to life following a near-death experience with HIV/AIDS.

But the battle is far from over. The U.S. government is spending on average \$5 million a week (\$280 million per year) to fight HIV in the East African country. About 100,000 Ugandans are newly infected each year, and about 25,000 are young children.

"We have a big gap to address in pediatric treatment and care," said Addy Kekitiinwa, executive director of Baylor College of Medicine Children's Foundation in Kampala. "It's a shame that most adult facilities cannot offer pediatric services."

Christianity Today visited Kampala's Mildmay clinic, which treats HIV-infected women and children. Inside, preschooler Elizabeth happily plays with Jackie, her 2-year-old sister. Both of them are too young to realize how narrowly they escaped becoming a statistic. Worldwide, 280,000 children died of AIDS in 2008.

Wearing a faded pink-and-white dress, Elizabeth is at the clinic for a check-up. For the past four years, clinics and hospitals have become her virtual second home. Born with HIV, Elizabeth came into the world weighing 4.4 pounds. Within eight months, she had contracted meningitis. She was continually coughing and vomiting and became malnourished. After six months of intensive care, she had a 75 percent weight gain and was discharged.

Winnie, Elizabeth and Jackie's mother, is among the 1.1 million Ugandans living with HIV. Before giving birth to Jackie, Winnie, 26, joined an HIV prevention program for expectant women, and so far Jackie has remained disease-free. Now pregnant, Winnie receives updated instruction at Mildmay on how to keep the virus from spreading to her third child.

Such programs are relatively new. In Uganda, programs for HIV-positive pregnant women started in 2000. Clinic nurse Vicky Nabuule told CT that treating pregnant women and children after HIV infection must be comprehensive to succeed long-term. "Women are encouraged to take their medication and to keep their appointments for good adherence," Nabuule said. Prevention reaches 30 percent of the women who are at risk of HIV infection. In Uganda, 150,000 children are living with HIV, but only half of them receive the drug treatment they need to survive.

The Mildmay center treats 22,000 Ugandans annually. The UK-based charity was begun in 1866 by evangelical clergyman William Pennefather to fight a cholera epidemic in London's East End. Mildmay ministers in five African nations. Its programs are designed to treat the whole person. Staff assess the physical, medical, and spiritual needs of each client, then design a treatment program to meet all of those needs. The World Health Organization has given Mildmay one of its best practices awards.

About 90 percent of Uganda's HIV programs rely on donor funding. Within the past year, many cash-strapped programs stopped providing antiretroviral drugs to new patients. This move prompted a worldwide outcry. The PEPFAR program, launched by the Bush administration in 2004, allowed an emergency supply of drugs worth \$5.5 million to be given to the Uganda Ministry of Health. That put another 72,000 HIV-infected people, including 5,000 children, on drugs for the next two years.

"Elizabeth keeps asking me why she has to take the medicine when she is not sick. She does not know how lucky she is," said Winnie. A family friend, Namitala, is also pregnant and HIV-positive. She has lost two children.

Mildmay holds a non-sectarian worship service each morning for clients and staff. Norah Namono, Mildmay's public relations officer, told CT that the pastoral team offers follow-up counseling, because many people living with HIV blame God or witchcraft for their infection.

Dunstan Bukenya, the new Anglican bishop for the Mityana diocese, east of Kampala, said the scientists do the treating, but the healing is from God. "The missionaries knew that very well," Bukenya said. "That is why they built churches alongside hospitals."

HIV transmission by year 2015. Adam Phillips, faith relations manager for the ONE Campaign, an advocacy organization co-founded by U2 frontman Bono, told *Christianity Today*, "This is something we can completely stop. We have the medicine and the know-how. For us it's an imperative to stop it."

ONE's efforts are gathering steam. In May, the Global Fund, which raises billions of dollars for public-health programs in developing countries, launched the Born HIV Free campaign. In October, at the Global Fund Replenishment Meetings, President Obama pledged \$4 billion, a 38 percent increase from the previous pledge. The United Methodist Church gave \$28 million to the Global Fund in 2010. The fund has commitments to receive \$11.7 billion over the next three years. With that money, it will put more people living with HIV/AIDS on daily drug therapy, support more of the 14 million AIDS orphans, and almost double the number of HIV-positive pregnant women receiving preventive services.

This fall, ONE launched its own public awareness campaign, No Child Born with HIV by 2015. ONE has collaborated with evangelical leaders such as Saddleback Church's Rick Warren, West Angeles Church of God in Christ Bishop Charles Blake, and mainline denominations, including the Evangelical Lutheran Church of America and the Episcopal Church. The campaign precedes a larger push next spring, starting Sunday, April 10. "Lazarus Sunday" borrows from the Orthodox Church's Lazarus Saturday, the day before Palm Sunday, which commemorates the resurrection of Lazarus. "Jesus tells Lazarus' sisters that his disease will not lead to death, that their brother will rise again," said Phillips, who is a pastor. "We see a Lazarus effect happening when folks can get on antiretroviral [drugs] and their babies are born HIV-free."

Among the local church leaders who have joined ONE's efforts is Michael Hidalgo, pastor of Denver Community Church. On the Sunday nearest World AIDS Day (December 1), Hidalgo will preach on HIV/AIDS mother-child transmission.

"We're teaching on 'O Little Town of Bethlehem.' On Sunday school flannel boards, it's a sweet little place, but

Esther Nakkazi is a journalist in Kampala, Uganda.

historically there are miserable stories located there,” he said. Besides being the site of King David’s anointing, Bethlehem was home to a concubine who was assaulted, cut into pieces, and sent to the tribes of Israel. It was also a place of heart-wrenching genocide ordered by King

found out her husband had infected her with HIV, she was emotionally devastated. Some members of her church responded judgmentally, and she left.

“In 2002, I joined Charismatic Redeemed Ministries International. This is where I was loved for who I was and encouraged that

‘The ONE campaign asks if we have the political will for no child to be born with HIV by 2015. I ask if we have the spiritual will.’

~ Shayne Moore, activist and author

Herod after Jesus’ birth.

“This is the world that God came into,” Hidalgo said. “The story of Jesus being born in a difficult place—it’s not hard to transfer that to children born today in a difficult place.”

MOTHER TO MOTHER

Twenty-two years ago, when Kamwana

with God, everything is possible,” Kamwana told CT. She came to believe God had a purpose for her life. “I consider the battle against HIV as my ministry.”

Kamwana is one woman in an expanding network of Christian mothers focused on preventing mother-to-child HIV transmission. Another is Shayne Moore, a stay-at-home mother of three in

suburban Chicago. Moore, author of the new book *Global Soccer Mom*, began her advocacy work in 2002, around the time Bono was traveling the U.S. calling on Christians to fight HIV.

“The ONE Campaign asks if we have the political will for no child to be born with HIV by 2015,” Moore told CT. “I ask if we have the spiritual will.” But the 15 African nations where HIV is rampant have a combined population of 515 million. Scaling up programs to reach millions of at-risk pregnant women is a daunting challenge. Many women at risk don’t even know they have the virus.

The President’s Emergency Plan For AIDS Relief (PEPFAR) is committed to testing 80 percent of all pregnant women in sub-Saharan Africa by 2011. Of those who test positive, 85 percent will begin the drug regimen, said U.S. Global AIDS Coordinator Eric Goosby. “We lose a lot of women to follow-up,” he said. It’s difficult to keep a pregnant woman with HIV connected to a

[continued on 20]

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HIV/AIDS Transmission [from 19]

medical facility for 40 weeks of pregnancy and about six months of nursing, he said.

Long-term follow-up for HIV-positive women is a major priority because women

‘We are creating a generation that is HIV-free. If the women keep being treated, we’ll be able to achieve that.’

~ Joyce Kamwana, an HIV-positive mother in Malawi

account for 60 percent of all adults living with HIV in sub-Saharan Africa.

Samaritan’s Purse has begun taking on that follow-up role, said the nonprofit’s HIV/AIDS project coordinator, Ashley Wagoner. In eastern Kenya, Samaritan’s Purse is in the middle of a three-year pilot project that will end in 2011. In the Kinango district, outside the coastal city of Mombasa, many women give birth at home. “Some areas were up to 24 miles

[in] walking distance from the nearest clinic,” she said.

In this case, Samaritan’s Purse health workers train existing community health workers and midwives to educate pregnant women about HIV and set up

support groups. Since the program started in 2008, it has trained 37 community health workers, referred about 1,500 women for testing and counseling, and educated almost 4,500 women on how to prevent HIV transmission.

Progress has been encouraging. Of all HIV-positive pregnant women living in sub-Saharan Africa, the number of those who received antiretroviral drugs increased from 15 percent in 2005 to 45

percent in 2008 to 54 percent in 2009. Still, about 18 percent of women with HIV pass the disease on to their newborns.

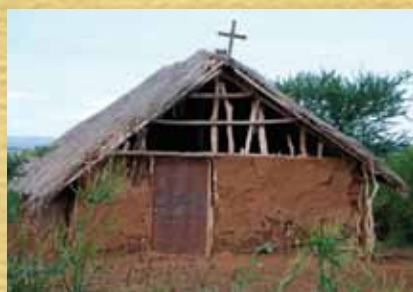
Dropping that rate to 7 percent by 2012 is a good first goal before dropping the last few percentages to elimination. Lee said, “I think it’s achievable if the momentum being generated right now is maintained, and if the resources follow the rhetoric that people are [using] now.”

For Kamwana, that feels great. “We are creating a generation that is HIV-free,” she said. “If the women keep being treated, we’ll be able to achieve that.” It’s an amazing thing for a woman who never thought she’d live to see grandchildren.

“I will no longer die of AIDS. It will be due to something else, but not AIDS.” ✚

Sarah Eekhoff Zylstra is a journalist from the Chicago area. International reporting in *Christianity Today* is supported by a grant from John Stott Ministries.

Go to ChristianBibleStudies.com for “No Child Left to Die,” a Bible study based on this article.



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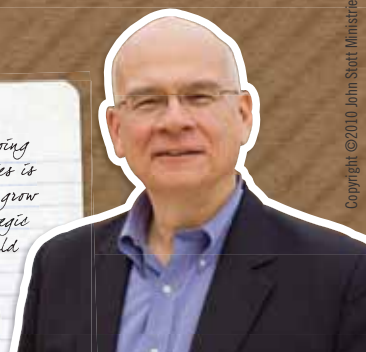
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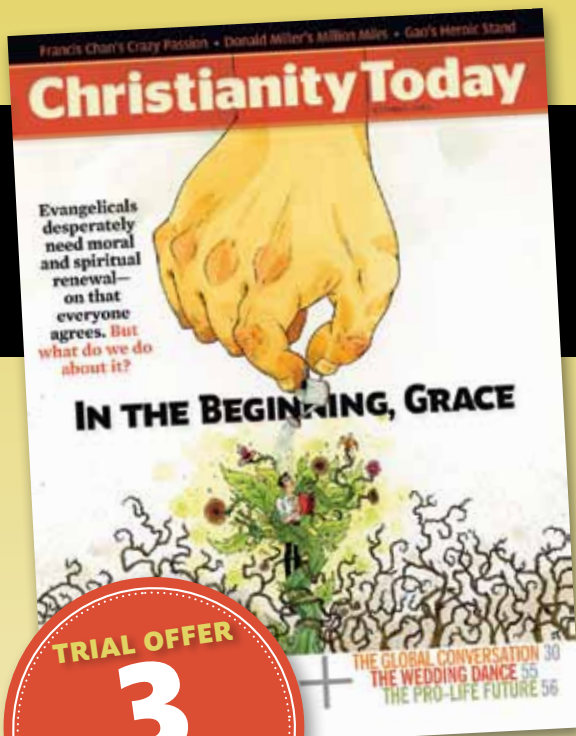
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