HIV in Ghana-Another Look

By Maurice Graham

Dr. Nettie Sims, a retired psychotherapist, nurse and healing touch practitioner in her seventies disembarked from Ghana Airways on a sunny afternoon in April 2003 in Ghana West Africa, with tears in her eyes, and exclaimed "I'm finally Home!" She was one of five who had traveled from the U.S. to provide humanitarian relief to a country in the grip of the escalating problems associated with HIV/AIDS. This party was lead by me, Maurice Graham a frequent traveler to Africa since reclaiming my own life from substance abuse and HIV infection. I am Living with AIDS and this idea has launched me into actions based on my new belief that I can live well with AIDS. This statement is about taking responsibility for my own life and making a commitment to live. Since making this declaration, I have been to Africa on eight different occasions responding to this new direction I have taken in life. I have learned to organize my local community to respond to this pandemic by collaborating with people and organizations of like mind. We have set-up programs local and international incorporating the skills and talents of those affected and infected by HIV. We see that our issues in Africa and America as people of color are the same, ignorance, fear, denial, and the stigma we have relative to the spread of HIV/AIDS. This is a preventable disease, yet the new infections in communities of color are increasing at an increasing rate. Aid for AIDS/AFRICA (AFAA) an organization founded by myself and others of like mind has responded by getting new information out on how we in general, can prevent infection and expose the underlying reason that contribute to the behaviors that lead to HIV infection and other STD's. AFAA has also responded by enlisting the people living with HIV to get involved in their own process of Living Well with HIV. Taking what we learn about living with HIV, we teach others by example how to help themselves. This I believe will be the model for all of us who are concerned about wellness in the African and African American communities. Also traveling with us was an educator, Hamadi Walls, a physician, Dr. Cal McNeill and another person living with AIDS, Darren Williams. We worked well together as our goal was to get information and medicine to organizations who are responding to AIDS at a grassroots level. We were successful in this endeavor.

Nothing Went As We Planned

We left during the war on Iraq, April 12th 2003 from Oakland Ca. for Baltimore and planned to leave on Sunday April 13th from Baltimore to Ghana, however, when we arrived at BWI, Ghana Airways terminal, we were met with as sign that read "Flight to Ghana Cancelled Today!" My hope to get to Ghana by Monday to start an aggressive two-week schedule was crushed. We were all disappointed. We were meeting Dr. Calvin McNeill from North Carolina for the first time; he was originally scheduled to travel with one of our collaborating partners "Project Africa" a group of medical professionals and educators based in Southern California. The group delayed its trip until late June. Dr. McNeill decided to go with us instead, and what a welcomed member of our team he was. The next flight was scheduled to leave for Ghana on Tuesday, 3 days away but did not actually leave Baltimore until very early on Wednesday morning April 16th. We arrived in Accra, the capital city of Ghana at 4PM on the same day. We had missed 4 days of our scheduled activities. One member of our group Darren Williams did arrive on the Monday as originally scheduled being an employee of another airline and was able to make some important presentations on our behalf in the Ghanaian community concerning women and the gay population which have been previously overlooked regarding any prevention or treatment messages and services associated with HIV. He was able to meet with a group of gays at one of the popular beaches in Accra for face-to-face discussions on sexual behavior and HIV. He was also able to get representatives from the gay community connected with West Africa AIDS Foundation as liaisons for continued support. Most of the AIDS Service organizations have little or no contact with the gay community in Ghana. None of the agencies we have come into contact with are sensitive to the needs of gays in Ghana, as most Ghanaians don't believe homosexuality exists in significant numbers. There is a lot of work to do in regard to addressing this major channel for HIV transmission. I believe to overlook this community is equivalent to not addressing the issue of how HIV is transmitted at all as this is a major flaw in any plan to address the prevalence and spread of the disease. We learned of Darren's success upon our arrival and prepared to rearrange our plans to accommodate our contacts with our major partners in Ghana due to our shortened schedule. The lesson for me was that it is God's plan that always prevails, just show up and God does the rest.

West Africa AIDS Foundation (WAAF) was our first visit on Thursday. We spent most of the day launching a "National Testing Program" with WAAF as the alpha site for Ghana. Remember, this is the 20th year HIV has been around and this is the 1st National Testing program in Ghana. Barclays Bank and the Ghana AIDS Commission funded the program. I was one of five on a panel that included a representative from Barclays Bank, Stephen Opon, and the Director of the Ghana AIDS Commission, Prof. Amoa, Director of WAAF, Eddie Donton, Princess Afie Dcansey and myself. The princess is responsible for saving an eighteen year old boy's life who has been living with AIDS since his birth by getting him to the "International Health Care Clinic" which is WAAF's clinic and a recipient of medicine brought into Ghana by Aid for AIDS/Africa's "Medication Collection" program. The princess has her own organization called "Save A Million Lives Project". The national media broadcasted the event and West Africa AIDS Foundation was given funding to look for the necessary partners across the country to make the program successful. This was the 1st major funding for any program in Ghana for testing and the 1st major funding WAAF has gotten since its inception in 2000. AFAA has been supporting WAAF since it's inception with medicine, public speaking engagements and direct money donations to keep its doors open. Also supported in the same ways mentioned above is Vital International, the 1st organization to launch an HIV/AIDS's Hotline in 1998.

Korle Bu Teaching Hospital's "Fevers Unit" where the HIV patients and other's with infectious diseases are cared for and Osu Children's Home are also partners adopted by Tapestry a faith based collaborative in the San Francisco bay area which AFAA is a member of. Tapestry visited Ghana when AFAA invited them to come in 2000. Tapestry and Wo Se' Community Church made direct donations totaling $500.00 U.S. to the above organizations. AFAA also contributed directly to these organizations and more. Some of the other organizations AFAA contributed to were the Countryside Children's Welfare Home in a small farming community called Awutu Bawjiase, near Cape Coast, the Liberian Refugee Camp, Buduburam, outside of Accra and the AIDS ALLY Clinic in Kumasi, home of the Ashantihene, King of the Akan people. We distributed more than $1,000 U.S. in cash and in the neighborhood of $300,000 U.S. in medicines for HIV related illnesses and split these medicine between WAAF and AIDS ALLY. In addition to these donations we also set

up an entrepreneurial endeavor for some of the patients at the clinics and orphanages who have little or no support by providing barbers' clippers as a means to raise money to fund the services for the children and adults living with HIV for medical care. In the clinics and refugee camp individual patients could support themselves and their treatment by cutting hair. Existing barbers who accept the new equipment have done so with the agreement to set aside funds from the profits of cutting hair to support those living with HIV/AIDS. We distributed 10 sets of barbers' clippers as well as medical information and prevention messages in the form of brochure and books donated by the Highland Hospital in Oakland and a wonderful book called "Mindful Messages" written by a friend of mind named Debra Day. The book was written in the language of our youth and was well received by the youth in Ghana.

In Kumasi, with Dr. Peter Preko, we also went on public radio for an interview and to inform the public that medicine for HIV related illness are now available through AIDS ALLY. This is a clinic within a clinic, as the stigma would prevent people from coming if they knew the name of the larger clinic whose name I won't mention. I met Dr. Preko at the 14th International AIDS Conference I attended in Barcelona Spain last summer. It was my second International AIDS Conference. I was there to do a presentation on the "POWER of COLLABORATION" via community based organizations working with all sectors of the community. We met at a workshop dealing with getting medicines to areas of the world that have little or no access to HIV related medicines. I promised him on our next trip to Ghana we would supplement their supply. We did just that.

Upon our return to Accra, we went to confirm our return flight to discover our flight had been delayed 24 hours. It caused us additional complications, but in Africa patience, flexibility and adaptability are essential qualities to have. When life serves you lemons, make lemonade. We spent the additional day filming a documentary on my life after living 20 years with HIV and still going strong. The film included me doing everyday activities like running, swimming and horseback riding. It also included a segment on nutrition and the traditional and alternative medicines I have used over the last 17 years. I did not use any medicines for the 1st three years of infection. At the advice of those living with AIDS at the time, people I met in HIV support groups; I began to use the alternative medicines. In the last 6 years I have begun to use traditional western medicines. I have not had any major opportunistic infections to date.

We also met with Director of the Ghana AIDS Commission, to get an overview of the national plan to support agencies and non governmental organizations, (NGO's) who intend to provide direct services and care for people living with AIDS as well as prevention programs. Dr. McNeill took the lead in this discussion. He is a clinical safety physician for a major pharmaceutical company and I added the voice of one living with HIV and knowing the issues from my own experience dealing with supporting prevention, education and providing medical services to those who need them in the U.S. and Africa. Some of the topics we discussed included: how to get medicines into Ghana dealing with HIV related illnesses; how the country is currently getting the resources necessary to provide support, care, treatment and prevention; plans for securing funding for medicine and the necessary support to build the infrastructure needed to provide and sustain medical programs; and training for doctors, nurses, counselors and the facilitators of support for the people living with HIV/AIDS. It was also uncovered in our conversation the lack of any support at all for people becoming infected as a result of the altered consciousness associated with drug consumption including alcohol. Substances like crack and methamphetamine did not exist in Ghana in 1998 when I first arrived in any substantial quantities, however, there is a growing presence with all of the associated side effects and no programs at all to deal with the consequences of this new issue as part of the national program to deal with HIV/AIDS transmission. Another major issue is the lack of sensitization necessary to deal with the gay community in a non-judgmental way. There is a large underground of gays who have been completely overlooked with prevention, treatment and care messages and services. The director admitted the need to include and train organizations to enlist this community in the prevention and treatment process.

WHAT WE CONCLUDED

Ghana's position that HIV PREVALENCE is less than 5% has been a huge disservice for its people. While the reasons are many for reporting such a low number, the results have caused reduced interest in outside support of the populations of those infected. It is estimated that people dealing with HIV related illnesses occupy 50% of the beds at the major hospitals, according to the Ghana AIDS Commission. The good news about AIDS in Ghana is it is still estimated to exist in relatively low numbers compared to other African nations. The people accessing the few services that are available are low, now is the time to build the infrastructure necessary to support the growing new infections. Ghana's people are warm and very friendly to African Americans and we need to go there to really understand fully the kind of support we can offer individually and collectively. We can respond through our social, fraternal and religious entities. We must foster relationships with industry and medical establishments.The average income in Ghana is only $400.00 annually, however, the dollar goes a long way. Our partnerships even with a limited amount of direct money support can address a lot of issues that can save many lives. The Brain Drain was discussed with Dr. Amoa, Director of Ghana AIDS Commission. The effect is enormous as many professionals can better support themselves in other countries, robbing Ghana of the medical professionals and technical expertise necessary to deal with AIDS issues. One of the first things we can do is to continue to support training programs for the medical practitioners as well as provide medical equipment with medication support programs to supplement their existing sources. One idea that we are currently exploring is a "Train the Trainer" program. We want to bring professionals in all areas of support to Africa to train the professional's in Africa on HIV prevention, treatment and care. We are also considering bringing people to the U.S. and/or setting up e-training programs using the Internet. Getting training materials, medicine and medical equipment is another issue. Addressing this issue, Tapestry has organized a "Shipping Container" program for regular shipments to support our partners in West and South Africa with needed medications and medical supplies as well as other materials of relief. Aid for AIDS/Africa has a program locally and internationally bringing people living with HIV/AIDS into communities of color where it is difficult for some of us to stand up and admit being infected. We who are living with HIV can share what is working and how we maintain wellness, right where we live and abroad. It is one of the most important things we do, as we directly deal with the fear and denial face to face. We let people know that this disease is not a death sentence even in resource poor communities and it is possible to live well without the traditional medicines for long periods of time as witnessed by my own experience and the experience of others. We can do for our people what is difficult or impossible for some, and that is to tell the truth. We can set-up training to sensitize the AIDS service organization on how to deal with

the double stigma within them relative to HIV and homophobia, so that they may be supportive to and for gays in Ghana. We at AID for AIDS/Africa believe we can be helpful in organizing and implementing these types of programs for government and non-government organizations. We also believe that a necessary part of the prevention and treatment message must include support for substance abusers and the behaviors associated with a mind under the influence of drugs- including alcohol. We can also provide training and supportive programs for those seeking to change these generally anti-social and abusive behaviors. We would like to invite others in the community to participate in this process as we realize the problem is much larger than any one or group of organizations. We are our own greatest resource. I also want to challenge the community to come up with other idea's that put people in a position to provide for themselves on-going support, like the hair clipper's idea used on our last visit. Aid for AIDS/Africa needs working board members, grant researchers and writers and volunteers. We at AFAA also believe that the model of helping people living with HIV/AIDS live well reduces the likelihood of that person spreading the disease as it is incentive to get tested, incentive to remain healthy with or without traditional medicines and incentive for the person living with AIDS to become a prevention advocate. It is also my experience that people in general find it easier to support those who are willing to support themselves. Living with this disease has given us an opportunity to choose to learn to love our selves and let this example of helping ourselves, then helping others, speak for itself.