



Sub-Saharan African Youth & Family Services in Minnesota (SAYFSM) provides culturally sensitive and linguistically appropriate HIV/AIDS education and social services to all Africans in Minnesota.



Mbiu



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Telling your HIV status brings “spiritual and emotional healing”

Inside this issue:

Treat HIV Patients with Dignity	2
What You Need to Know If You Are HIV-Positive	2
Minnesota Is Taking Leadership in the Fight against AIDS	3
What Can Churches Do?	4
Solomon Berhe	5
HIV/AIDS Facts for Minnesota	6
What Do You Need to Know about HIV?	7



Living with HIV since 1997

Solomon Berhe of Ethiopia tested HIV-positive at the age of 31. He has dedicated his life to telling his story and helping others overcome their fear and shame of the disease. Disclosing his condition, he says, brings “spiritual and emotional healing.”

Read Solomon’s story on pages 5 - 6 . . .

**From the
Consulting
Editor,
Swallehe Msuya**



Treat HIV Patients with Dignity

Recently, I attended a talk by Dr. BraVada Garrett-Akinsanya, an African-American psychologist married to a Nigerian. She spoke to a support group of African immigrants living with HIV/AIDS in Minneapolis.

She asserted that an individual's physical and spiritual wellness is a basic human right that ought to be protected by a "Bill of Rights." She argued that individuals have a right to emotional wellness and deserve to have a safe place "to share feelings and deal with anger, trauma, grief, and fear." This is particularly so for people who have HIV infection as they face rejection from their communities.

The situation becomes unpleasant when people with AIDS are seen as the problem. A few misguided people spend a lot of time pointing accusing fingers at those living with HIV/AIDS, calling them names and condemning them of immoral sexual conduct instead of looking for solutions to the AIDS pandemic.

The stigma associated with HIV/AIDS has been so harsh in some quarters that people who have tested positive are discriminated from work and shunned by friends and family. As long as this attitude prevails, more and more people with the virus will tend to hide to avoid being treated as outcasts.

The general public has to change its behavior toward those with HIV and allow them to enjoy human dignity so that they are not forced to go underground or wear masks.

Without the public extending loving care to those who are HIV-positive, containing the spread of AIDS will be very hard to attain! Being HIV-positive does *not* make one less than human! Our efforts must be centered on fighting a war on AIDS, not fighting people with AIDS.

WHAT YOU NEED TO KNOW IF YOU ARE HIV-POSITIVE

- If you are HIV-positive, you are to maintain your regular doses of anti-HIV drugs. Some people quit taking drugs or skip scheduled doses when they begin to feel good. This is risky because without HIV drugs in your system, the virus may mutate and reproduce itself in the millions and become resistant to the drug when you resume taking the medications.
- HIV drugs do not prevent you from spreading the virus to others through sexual contact, by sharing needles, or by mothers breast-feeding their infants.
- If you are HIV-positive and are considering getting pregnant, seek the advice of your doctor to minimize the risk of passing on the virus to your baby.
- You may have faith in some "traditional healing medicine," but before you switch from the dose prescribed by your health provider to an alternative, discuss your intentions with your doctor so that he/she can determine a good therapy plan for you.
- Eat nutritious foods (fruits, vegetables, proteins, grains, dairy, low fats) and take vitamins and mineral supplements.
- Avoid tobacco, caffeine, alcohol, and other drugs.
- Avoid exposing your body to infections. Infections will weaken your immune system:
 - Stay in a clean environment.
 - Avoid staying near people who have the flu, a cold, or other infection that is easy to catch.
 - Avoid unsafe sex and sharing needles.



**Message from
SAYFSM Board
Chairman,
Dr. Anil T. Mangla**

Minnesota is taking leadership in the fight against AIDS

December 1 was celebrated globally as World AIDS Day, which brought about some extraordinary events in the Twin Cities. It was a pleasure for me to attend a few of the activities and hear leaders like Congresswoman Betty McCollum speak on issues that are important to local as well as international health.

Many seem to forget the significance international health has to our local populations, especially now that the numbers of refugees in Minnesota in 1992 were about 6000 and in 2002 increased to 14,000. Congresswoman McCollum described this need for our involvement in the AIDS crisis locally and globally in simple words: "It's our moral obligation." This has been the attitude of our board in its mission to assist the local community and, in the long term, their families in other parts of the world.

The BBC released the latest statistics that show global figures of people infected with HIV are expected to increase from the current 42 million to 85 million within the next 5 years. This rise will cause a domino effect on the numbers of orphans due to AIDS in the sub-Saharan region of Africa from 12.5 million to almost 50 million.

A Twin Cities success story was the combination of more than 20 organizations working together to establish the first Africa World AIDS

Day (AWAD) on December 11, 2004. Held at the Brian Coyle Community Center in Minneapolis, the event included messages from our state leaders, Senator Mark Dayton, Congresswoman Betty McCollum, and Minnesota State Health Commissioner, Diane Mandernach, and hosted experts in the Twin Cities who have international and local knowledge of the disease. The event also included cultural performances, speakers from the community who are HIV positive, and songs and drama that provided HIV education.

Events like these play a vital role in the awareness of the disease and in removing the stigma associated with AIDS. I believe we in the Twin Cities are now evolving to a new level of community building concerning AIDS, and SAYFSM will continue to promote all the efforts it has successfully supported within the past year.

Dr. Anil T. Mangla, an infectious disease specialist and researcher, was born in South Africa. He currently serves as president of the United Nations Association and chairs the Global Health and Infectious Disease Committee.

Panel of HIV/AIDS Experts at AWAD



From left to right: Dr. Bosola Akinsete, Ms. Gloria Lewis, Dr. Anil Mangla, Dr. Alan Lifson, and Dr. Keith Henry

**"It's our moral
obligation."**



What Can Churches Do?
By Pastor Melkamu

What can the church do about AIDS? Answering this question can make some Christians uneasy because they are not sure how to react to the issue. We are not used to discussing HIV/AIDS in our churches because we automatically associate the subject with sexual immorality, which we never openly talk about. But we can't get rid of the disease by simply ignoring it. Having a discussion about AIDS is necessary, as the disease affects many in our communities.

“What a powerful force the church can be. . . .”

What do we understand from the Bible? Did Jesus avoid or reject sinners and outcasts?

We can see from the life of Jesus that he had compassion for people who were shunned by their family or community. He openly ate with outcasts, went to their homes, and physically and emotionally touched them. All around Jesus were people who blamed these outcasts for their situation and believed in punishing them rather than helping them. Jesus' mission, however, was to get involved with needy people and change their lives through forgiveness and physical and spiritual healing. After encountering Jesus, suffering people and outcasts had hope and a future. This was the mission of Jesus and it is the mission of the church of today, too. We in the church must follow Jesus' example.

What a powerful force the church can be if Christians accept people living with HIV and

give them the emotional, physical, and spiritual support they so greatly need! We understand that we in the African community struggle with the cultural stigma of AIDS. But the Bible teaches us that it is not our job to judge who is worthy of God's love. (Indeed, we are all unworthy! But Jesus saved us when we were sinners. No one can blame others for we all have the virus of sin, of which Christ is the only healer.) Instead, we must reach out to all people in need, regardless of the reasons for their situation, give them help and hope, and accept them as brothers and sisters as Jesus did. If we do so, we are the true followers of Jesus.

Let's work together to solve the AIDS crisis by examining our own attitudes about HIV and the people who are infected by the virus. Are we keeping people living with HIV out of our communities, churches, and hearts? Or are we being "lights of the world," radiating compassion, acceptance, and support to people living with HIV?

Brothers and sisters, answer these questions for yourselves.

Rev. Negari Melkamu is pastor of Oromo Evangelical Lutheran Church in Minneapolis.

FREE HIV TESTING SITES

- SAYFSM 651-644-3983
- Minnesota AIDS Project
(MAP) AIDSLine 612-373-2437
- Red Door 612-348-6363
- Access Works 612-870-1830
- Room 111 651-266-1352

****Please know that tests can be done anonymously or confidentially.****



“I hope to save the lives of many people.”

In August 2004 Solomon Berhe visited the SAYFSM office and agreed to be interviewed for Mbiu. Here is his story:

My name is Solomon Berhe. I am from Ethiopia, East Africa. After finishing high school, I came to America as an international student. That was in 1985 and I was nineteen years old. I was excited about life, just like other kids with the same opportunity, and began college shortly after my arrival. In 1997 I found out that I was HIV-positive.

LIFE CRASHED

I never suspected I had HIV. I never felt sick, but was tired a lot. No matter how many hours I slept, I felt exhausted. Then I noticed a rash around my nose. I went to see a doctor who said I had shingles and asked if the clinic could run an HIV test. I said OK. It took a week to get my results back—that wait was the longest time of my life. When I was told that the results were positive, I felt as though my life had crashed. I thought, “I am a young man in my mid-thirties diagnosed with HIV, and there is still so much I want to do with my life.” I was devastated.

COMMIT SUICIDE?

I knew my life would never be the same. I didn’t know where to turn or what to do. I thought it was the end of my life. Part of me wanted to commit suicide, but I believe in God and I didn’t want to destroy the soul that God gave me. I had much to think about. I knew I would have to live with this horrible disease for the rest of my life, and I’d have to rely on medication.

HOW I WAS INFECTED

It is very hard to pinpoint when or by whom I

was infected, because I had a few sexual relationships with women in the United States and in Ethiopia when I returned there for a brief time in 1993. Sometimes I used protection when I engaged in sexual activity, sometimes I didn’t. I never thought that I, or my partners, would be at risk for contracting HIV/AIDS. Now, of course, I know better.

RISK OF REJECTION

I believed I would have to live a secret life, because if I told anyone that I was HIV-positive, I would risk being rejected by my friends, family, and, for that matter, everyone around me. So I decided to be quiet about my condition. This is the case of many Africans with HIV/AIDS. They are afraid to tell anyone because they do not trust that their condition will be kept confidential. If the community finds out, they will be ostracized.

SAVE LIVES

I lost an older brother to AIDS. Sadly, no one knew he had the disease, probably because he was afraid to tell anyone. When I learned I was HIV-positive, I also was afraid, but I gradually came to the point where I knew I could not remain silent any longer. By speaking out about my disease, I hope to save the lives of many people. I think about how Ethiopia, the country of my birth, might have been the country of my death at a young age if I had not immigrated to America. I want people to know that here in America people with HIV can lead a normal life, because medications are easily available to them.

“... people with HIV can lead a normal life.”

BACK TO ETHIOPIA

I went back home in 2003. My reason to go back that time was to speak out. I told my family and my friends about my status, I did interviews on TV, radio, and for newspapers, and I spoke at gatherings. I wanted every African to learn the facts about AIDS.

SPEAKING OUT

Here in the U.S., I travel to cities throughout

Solomon Berhe (continued)

North America, telling people my story and dispelling myths they have about the spread of AIDS. Many believe that any contact with persons infected with HIV puts them at risk for the disease. I assure them that AIDS cannot be spread by casual contact.

By revealing that I am HIV-positive, I hope to

“AIDS is not a crime—it is a disease.”

encourage others who are infected to tell their stories too. There is spiritual and emotional healing in telling. As more and more people

who are infected “come out,” African communities will begin to accept and forgive those with the disease and will work to support them rather than shun them. After all, AIDS is not a crime—it is a disease. But to spread AIDS knowingly is a crime, as is not being able to forgive.

WORDS OF ADVICE

Get tested. If you are positive, get treated. I know, however, that getting treated is not possible for many people in Africa. I can say “get treated” to my people who live in the U.S. where treatment and access to HIV/AIDS drugs is not an issue, but many people in the world have no chance of seeing HIV drugs. I pray to God that access to HIV treatment will be made available to my people back home and in other parts of the world. And I will do whatever I can to support that happening.

I also advise people to get tested so that they do not pass the disease to others without knowing. Everybody is responsible for his or her own acts.

SUPPORT THOSE INFECTED

Religious and community leaders, I ask you to publicly embrace people who are living with HIV. Be an example to the community with your open acceptance of them. Encourage frank discussions about AIDS in your church or at community gatherings. AIDS is not someone else’s problem to solve. Fellow Africans, give support to those who are HIV-positive. Don’t condemn them. Nobody wants to get AIDS,

but if a person is infected, nothing can reverse that fact. Talking behind their backs and condemning them can only increase the spread of the disease. If people with HIV/AIDS aren’t accepted, they will live in hiding and that is not good. Find out how you can support them. Talk to them; do not isolate or turn your back on them. Don’t be afraid that being around someone with the disease makes you at risk for getting it. HIV does not jump on anyone.

Mr. Berhe lives in Seattle, WA. He actively promotes HIV awareness and early testing, reaching thousands of people in North America through radio and print interviews and by speaking at churches and events. In 2003 he was interviewed on Voice of America in Washington, D.C., and in 2004 told his story to 20,000 gathered for an international Ethiopian soccer tournament in Seattle. He also appears in the HIV/AIDS film “Who Will Speak for Me?” Mr. Berhe welcomes your comments and invitations to speak. Contact him at ethioaids@yahoo.com or 206-380-3070. Read the concluding part of Solomon’s story in our next issue of Mbiu.



HIV/AIDS Facts for Minnesota

As of 12/31/03, a total of 7,356 HIV and AIDS cases have been reported to the Minnesota Department of Health (MDH) since the epidemic began. Of those cases:

- **347 (5%) are Africa-born.**
- **22 of the 347 have died.**

266 new HIV cases were reported in 2003:

- 116 (44%) cases were among whites: rate 2.7 per 100,000.
- 53 (20%) cases were among African Americans: rate 31.6 per 100,000.
- **55 (21%) cases were among Africa-born: rate 110-156 per 100,000.**

Statewide, 2003 infection rates for African Americans were nearly 12 times greater than for whites.

Rates for Africa-born communities were over 40 times greater than for whites.

For complete HIV/AIDS statistics go to the Minnesota Department of Health (MDH) Web site at: www.health.state.mn.us.

“Knowledge is better than riches.”
Cameroonian proverb

What do you need to know about HIV?

WHAT IS HIV/AIDS?

- HIV is the virus that causes AIDS. It damages the immune system, which is the body’s natural defense mechanism that protects our bodies from diseases and infections.
- After being infected, you can live for several years (5 to 10) without having symptoms or knowing you have HIV and can pass it on to others.
- After being infected with HIV for several years, your immune system is severely damaged and your infection progresses to AIDS.
- AIDS is the last stage of HIV.
- Only a doctor can diagnose AIDS.
- There is no vaccine or cure for HIV/AIDS.
- Treatment is available to help most people with HIV infection to live healthy and longer lives, even though they can still pass HIV on to others if protection is not used or they share needles.
- In order to benefit from treatments, knowing your HIV status early is crucial. You can know the status of your HIV only by getting tested for HIV.

HIV does not discriminate!

Anyone can get HIV!

Know the correct facts about HIV and protect yourself!

How Can You Be Infected with HIV?

By exposing yourself to the following *body fluids* of an HIV infected person:

- Semen: the man’s body fluid during sexual intercourse
- Vaginal fluid: the woman’s body fluid during sexual intercourse
- Blood: through sharing sharp equipment such as needles, blades, knives, or syringes when injecting medications or drugs, or through tattooing, body piercing, circumcisions, and blood transfusions in a resource-poor setting/country

You **CAN’T** get HIV by living with someone who has HIV/AIDS.

An infected mother can pass HIV to her baby during pregnancy, delivery, or breast-feeding. Proper medical treatment can greatly reduce the risk of passing HIV on to the baby.

HIV is **NOT** spread by:

Coughs or sneezes
Mosquito or other insect bites
Animals/pets

You **CAN’T** get HIV through casual contact with someone who has HIV/AIDS.

Casual contact includes:

- Eating and drinking together
- Sharing food or drink
- Shaking hands, kissing a cheek, or hugging
- Sharing bathrooms and swimming pools
- Social interaction

Sub-Saharan African Youth & Family Services in Minnesota (SAYFSM) is a nonprofit organization created by African-born immigrants in the Land of 10,000 Lakes to provide culturally appropriate services to our people.

What do we do?

- We indiscriminately serve all Africans regardless of their country of origin, religion, ethnicity, or political affiliation.
- We provide free, culturally appropriate HIV-prevention education to African communities and support services to those in need of HIV therapy and counseling. We link clients to available service providers to ensure reasonable living conditions for those who have tested HIV-positive.
- We respect the unique needs of groups and individuals while acknowledging that cultural differences exist and have an impact on service delivery.
- We facilitate a spiritual and emotional support group for Africans living with HIV/AIDS that is culturally and linguistically sensitive.

Contact us for:

- HIV/AIDS awareness and prevention presentations
- Prevention intervention and health education for positives
- Emotional and spiritual support groups for Africans living with HIV/AIDS
- Counseling and testing
- Resources and referrals
- Housing, clothing, and food shelf needs
- Sewing and computer classes for women
- Interpreters for African languages



Contact us with your story! Or send your letters and comments to:

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Yes! I would like to contribute to SAYFSM:

\$25 \$10 \$5 other

Please send your donation to:

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