

To Nigeria ... With Love

Mike & Barb Blyth, Serving with SIM in Nigeria

August 28, 2004

Ndubuisi is Number One

"We're worried about Ndubuisi," Margie Upson told me. "He hasn't been very sick, but he just seems to be going downhill. Maybe we should include him." It was June, and Margie and I were discussing who should be the first children to start antiretroviral (anti-HIV) treatment. Margie is the project director of the Spring of Life counseling center. There, for the past several years, SIM missionaries and Nigerian Christians have helped individuals and families struggling with HIV/AIDS. This year we have focused on developing a closer working relationship in the care of children. Spring of Life now brings children to our pediatric department for treatment and follow up, while they continue providing spiritual, social, and psychological support to the families.

As we planned the beginning of our antiretroviral treatment program, we had to proceed carefully and slowly. As one HIV expert told us recently, "You in Nigeria have one chance to do this right. Don't repeat the mistakes that we have made in the US." The drugs are expensive, and we have relatively few choices available. It is critical to ensure that patients take every dose, especially in the first few months, to avoid developing resistant virus. If we can avoid resistance, the drugs can stop the progress of infection and allow a normal life for years, possibly for a normal lifetime. If resistance develops to one or two drugs, it may not be possible in our context to stop the long-term decline to AIDS. Therefore, social support, close communication with the child's caretaker, education, and a sure supply of the drugs

are all vital.

We decided to start with three or four children, choosing those who might have the greatest need and be most likely to be successful.

Ndubuisi's mother became sick soon after he was born, and died when he was four or five years old. A few years later, his father lost his job. Then they lost their home during the Jos riots of 2001, and had to move to another state. By this time, Ndubuisi's father was sick, too. The father's brother brought him back to Jos. He turned out to have HIV and became involved with the Spring of Life program before dying of AIDS. Ndubuisi was an orphan, and even his extended family had very little ability to care for him, having used most of their money for medical expenses already.

Johnson, the Spring of Life counselor who had cared for the father, tried to get Ndubuisi into an orphanage. Ndubuisi was tested and found to have HIV, however (probably acquired at birth), and the orphanage does not accept HIV positive children.



Ndubuisi

Ndubuisi's aunt Mercy, a widow, is caring for him now. He is eleven years old and in primary school. Mercy earns a little money by sewing and by selling Cokes on the street. She suffered a recent setback when she could not afford an exorbitant rent for the space under some stairs, where she stored her Coke crates. Now she can no longer buy in bulk from the distributor.

Still, Mercy has been faithful in coming to the Spring of Life HIV Positive Club, and bringing Ndubuisi along with her. Margie

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saw that he was not well, and brought him to us in the pediatric clinic in June. He was underweight, sickly and had a chronic ear infection. From the history and tests, I concluded he probably had tuberculosis, so started treating him for that as well.

Margie and I decided Ndubuisi should be one of the first candidates for antiretroviral therapy. The two others would be two-year-old Bukola and eight-year-old Jefferson. We held a conference with the caretakers and children, and explained the possibility. I worked especially hard to convey two main ideas in simple terms. First, the treatment does not *cure* HIV, but only keeps it in check. I used the analogy of a prison for the HIV virus, with the drugs being like locks on the doors. Second, it is vital to keep the virus from finding the keys to the locks, that is, becoming resistant. Anytime doses are forgotten or missed, the virus “wakes up” and starts checking out the locks. Then we discussed things the children and families could do to avoid missing doses. Jefferson invented his own charting system, drawing a face each day, with one eye for the morning dose, one for the afternoon one, and so on.

There was still more preparation as the Spring of Life counselors talked again with the caretakers and children, checking their understanding, willingness, and commitment.

Finally, on July 20, Ndubuisi and Jefferson became the first children in our antiretroviral program. Bukola followed a week later. Some of the

drugs were donated through another ministry, and Spring of Life bought others. What an exciting day of new hope!

The children have all done well in the past six weeks. Ndubuisi has gained ten pounds. Bukola has started playing again. Jefferson, too, is feeling better. As far as we know, among them all, only one drug dose was missed.

Many uncertainties remain. Will we be able to continue providing the medications? What about other needs, such as school fees and food? How can we further mobilize the local church? Will international programs such as President Bush’s initiative come through soon to meet some of the need? If so, for how long? If we can treat three children successfully, how can we scale up to treat thirty or three hundred? If we treat three hundred, how can we maintain a spiritual and personal focus? Is it worth it? After all, there are many other pressing needs in the world besides HIV/AIDS.

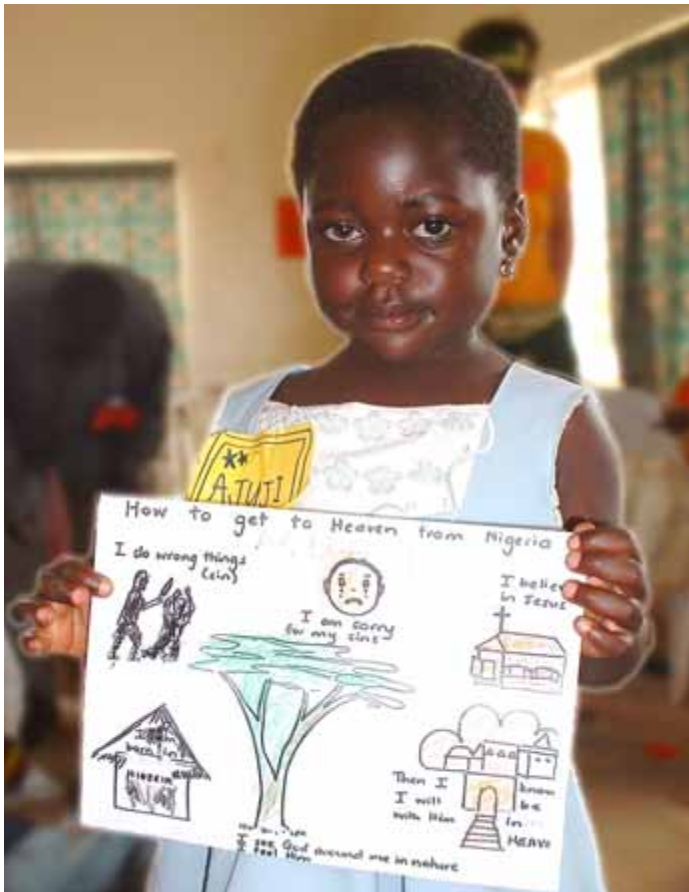
For these three, it *has* been worthwhile already. I hope we can expand, and do it well. I pray that the HIV crisis and our response will create new paths of revival in the church and open cracks in the wall of Islam. Earlier this month, I looked in on part of the first Spring of Life HIV Children’s club, three mornings of activities for children of HIV positive parents, some children themselves infected. Career SIM missionaries, a youth team from Biola University, Nigerian staff, and Nigerian volunteers, some HIV infected, all worked together



Bukola



Mike with Jefferson



**Ajuji at Spring of Life Kids Club
“How to get to Heaven from Nigeria”**

to give the kids a refreshing time of fun, friendship, and Bible learning. What a great event.

Please pray for us as we move ahead. Do we need money? Yes. We want to add more kids to the program, and realize that we need to treat the parents also when they need it. Is the need endless? Yes. Can we meet it all? No, not even with endless funds. Can we affect some lives and encourage others to do the same? We think so. We’re expecting to get some drugs or funding for drugs through the Bush initiative within five or six months, which will be a great help.

If you would like to give toward the expenses of the HIV affected kids program, please send contributions to the SIM USA address on the first page, marked as “Blyths’ ministry account—HIV kids.

Luke

Luke is doing great. Two weeks ago, he had long-awaited surgery to lengthen his left heel cord, and casts put on both legs below the knee. The reason for all this is to help him be able to walk more normally, not always on tip-toe. When the casts come off, in two more weeks, we’ll begin do-

ing physical therapy with him. We’re blessed to have a new missionary neighbor who is a trained physical therapist.

Luke keeps us on *our* toes. Though constantly advancing, he’s more like a two- or three-year-old in his “common sense” and responsibility level, and we’re seeing that we need to be more



vigilant in keeping an eye on him constantly. This morning he “made coffee” by himself, by filling our precious bottle of Nescafé Gold instant coffee with water, stirring, and pouring some into his cup and some onto the counter. We just had to laugh.

Follow-up

- We’re sad to report that one of the triplets we wrote about in the last letter died a few weeks ago. The family lives almost two hours from here, in an area with little medical care. One of the surviving babies has been hospitalized during past week but is improving.
- There were several more armed robberies of mission and church compounds but, a few weeks ago, five or six members of a criminal gang were arrested and confessed to the majority of those robberies.

Family News

- Jonathan and Lori are expecting their first child in December ☺ Yipee!
- Saralynn graduated from Wheaton College and is exploring career options. She will be taking some science courses this fall and is thinking about the possibility of medical school.

Thanks for your prayers, financial support, and encouraging emails and letters. We always enjoy hearing from you!

*Lori,
Mike and Barb*