

**Address to the E.H. Johnson Mission Luncheon**  
**By Ms. Karuna Roy, Coordinator, HIV/AIDS Programme**  
**The Synodical Board of Health Services, Church of North India**  
**At Brock University, St. Catharines, Ontario**  
**June 6, 2006**

I, Karuna Roy, stand before you as an Ecumenical Partner representing the Church of North India. I am the Coordinator of the HIV and AIDS Programme of the Church of North India. The Synodical Board of Health Services is based in New Delhi, the capital of India. I carry greetings for you all from Dr. Samuel Kishan, Chief Functionary and Secretary of The Synodical Board of Health Services, the Church of North India.

The Church of North India, as a united and uniting Church together, is committed to announce the good news of the reign of God, inaugurated through the death and resurrection of Jesus Christ. We do this through proclamation and demonstrate it in action to restore the integrity of God's creation. For us this is a continuous struggle against the demonic power by breaking down the barriers of caste, class, gender, economic inequality and exploitation of nature.

The Synodical Board of Health Services, the Church of North India, was established in the year 1974 to promote and carry out on behalf of the Church of North India appropriate medical services and training, community health work and the diffusion of useful medical knowledge in the spirit of service and sacrifice which Christ practiced in His own life. The Board seeks to be of service for the benefit of all persons irrespective of caste, creed, community or nationality. It has under it 60 hospitals, 22 nursing schools and 8 regional health boards. The HIV and AIDS Programme of the Church of North India was endorsed by the Synod in May 1995 and it came under The Synodical Board of Health Services to be implemented.

I would now like to share something about myself. I come from a police background where my father served as a police officer all his life running after bandits. My mother was a teacher. I was brought up under strict discipline. My parents were regular Churchgoers but never had an opportunity to serve the Church directly. I am grateful to God that He gave me that opportunity as I was married into a family that served the Church. It was a whole new experience for me.

My husband served leprosy patients all his life and I worked as a teacher always in Christian schools but, like my husband, I also wanted to serve humanity in a different capacity rather than teaching, so I did different health-related courses. In the year 1996, I applied to the Church of North India as there was a vacancy and since then have been serving and it's now 10 years.

It was always a CALLING for me. I love teaching but I also wanted to do something different. Finally God gave me the opportunity without disturbing my passion for teaching. I am still teaching people by talking on HIV and AIDS and other related issues in the 26 dioceses of the Church of North India.

I always feel that this calling is God's plan for me. God is the power that's enabling me to serve in this role. This is the way of life that God has chosen for me. I consider that not only me, but all of us who are serving under similar conditions and capacity, are fortunate and privileged people. My two favourite verses from the Bible that provide me strength, keep me firm in my faith, guide me and use me for God's service are –

- **Jesus said ‘My food is to do the will of Him who sent me and to accomplish His work. (John 4:34)**
- **Therefore encourage one another and build up one another, just as you also are doing. (1 Thessalonians 5:11)**

The Presbyterian Church in Canada and its commitment to be engaged in mission with partners around the world is an example of encouraging and building up one another. I am a living example, standing right before you, where the world has shrunk and where an ecumenical partner from the Church of North India has come to The Presbyterian Church in Canada to be acknowledged for being on the cutting edge of mission.

I would like to thank Presbyterian World Service and Development for inviting me to Canada initially and giving me a breathtaking exposure with wonderful opportunities of visiting different provinces, meeting different people with extraordinary hospitality and speaking in different churches. If it hadn't been for PWS&D, I would have not been a known figure to receive this prestigious award. I would therefore extend my gratitude to them and to The Dr. E.H. Johnson Memorial Fund Committee for this acknowledgement of my work and worth by decorating me with the E.H. Johnson Award. I thank you from the core of my heart. I will hold it high and shall try all my life to keep up to its value.

The two verses from the Bible that I mentioned earlier always boost my morale and push me forward to accomplish what I have always wished. I started my work in The Synodical Board of Health Services as Coordinator for HIV and AIDS in 1996. In 1997, I received training on HIV and AIDS from the Church of Christ at Chiang Mai, Thailand. This was an exposure of a lifetime because I was introduced to people with AIDS for the first time. It took a whole year to convince people from the Church, authorities of institutions, and other related areas to start advocacy on AIDS. There was always fear, hesitation, denial, rebuke and non-acceptance with a lot of apprehension in starting the work.

Initially I was using all the communication material prepared by the government but people always asked...what has the Church prepared on HIV and AIDS? I then worked on pamphlets, posters, a manual for Teenagers AIDS Education Training Programme, two short videos and audios of poetry recitation with AIDS stories and songs on Awareness. I must say that our own material has made a difference in the understanding of the people but I won't go on to say that after 10 years of HIV and AIDS work in the Church, we have succeeded 100% in winning the understanding of the people. It is a very hard nut to crack. There are still voices that scream, **“This is not our problem. It's not going to happen to us, so why waste time.”** Well, ---

**“God has a purpose for me and for all  
We are sent in this world to install,  
His Name, His Fame, His Word, His Love  
And that's His command from above.”**

This is our purpose in life for which God has sent us in this world and so we need to take a good look around to find people writhe in pain, wail in agony and starve for not only physical demands but also spiritual needs; people who suffer from mental anguish, live under crippling conditions and suffer from fatal diseases; people with no shelter and above all who are surrounded by severe poverty and illiteracy. Without money and other resources there is no treatment and care. The situation is grim and bleak but God has planted us in the right place to serve such people under such atrocious conditions. **Jesus came, He suffered and died for people who were suffering and we have been sent as His agents to bring**

**relief to those who are suffering. He came in our image and we are sent in His image. Aren't we privileged?**

This is what I call God's purpose for us. The Church of North India is enormous and The Synodical Board of Health Services is a very vital part of it. We are proud of being a part of it as we have a mammoth task of serving people in whatever capacity it is needed and seeing that people from every strata and field, be it rich or poor, are being served, without any disparity or discrimination. This indeed is a great witness. I would like to share two true stories.

This is a true story of Shruti. After being married for eight years her parents were blessed with a baby girl. She grew and then came the stage when she was in school, growing very fast. She was growing into a beautiful young girl, when melancholy struck. Shruti tested HIV positive.

The HIV and AIDS team of The Church of North India, The Synodical Board of Health Services, went to Shruti's school to conduct an awareness programme. When I ended my talk Shruti had many questions. She wanted to put them all to me but she did not want to make it look obvious in school. So I took the school Principal into confidence who then arranged a quiet place within the campus for Shruti and me to talk. Shruti was hesitant in the beginning but after a while when she felt comfortable, she spoke. She said she was in grade seven when her uncle, her father's younger brother, started abusing her. She was afraid of her father so she could not share this problem with anyone, not even with her mother. Now, she was worried that she might be HIV positive because one night she went in search of drinking water, she heard sounds coming from the kitchen. She peeped in and found that the same uncle was involved in sex with the maid of the house. It was shocking and sickening but she did not realize the seriousness behind it until she heard me speak about HIV and AIDS.

Shruti had to be taken for a blood test and so the problem was shared with the Principal who was extremely cooperative. Shruti tested positive. After three months, what we call the 'Window Period' a second test was taken and she again tested positive. It was confirmed that Shruti was HIV positive.

The news was then carried out to the parents who initially reacted very aggressively. It was but natural. Gradually, they accepted the problem. They said they accepted me because I belonged to the Church and not just any other organization. But there was now no school for Shruti. Even though the Principal was willing to let her continue in confidentiality, her parents withdrew her.

Her uncle then had to go in for a test and then the maid who came from a slum area. Finally, the maid's husband was found to be dying of AIDS. The uncle and the maid both tested positive too. **What a vicious circle this was?**

The maid's husband died, then the maid, and then the uncle also perished. Meanwhile Shruti hung on to life but gradually finding it was slipping away from her clutches. I started visiting the family. My counseling was being tested in her case. I used to request and literally plead with her parents to allow her to go on for antiretroviral treatment but they were very reluctant as Shruti had a younger sister and they did not want the secret to be out. They had shifted from their area to another locality to live in a rented accommodation. It was their ancestral home that they had left. They intended to return when everything was over. They did not want the neighbourhood to know anything about the problem.

Shruti had to be in and out of the hospital so their family doctor was then taken into confidence. He, like me, gradually became a part of their family too. On the 27<sup>th</sup> of July 2004 everything was over. Shruti is

now no more. I was with her family at her cremation. The bud that should have bloomed dried and withered.

I found a beautiful person in Shruti. She never complained. She used to talk to me for hours together. Every Saturday I visited her. She would wait for me. I watched her year after year growing weak and pale. She was now totally confined to bed. One day she said to me, **“I will go to God before you go and I will send blessings to you to be living in this world with a long life to look after people like me.”** Talking to her and being with her has given me a lot of courage to face other people, especially young people with HIV and AIDS, but I pray to God for no one to face what Shruti faced. I have also learned a lot through this experience.

The second true story is of Saurabh, a 26 year-old aspiring to become a Civil Engineer. He was in his 3<sup>rd</sup> year of engineering when he was detected HIV positive. I met him at a chemist shop. He said he wanted to talk to me and then he declared that he was HIV positive and narrated how he became positive. I asked him why he felt like talking to me and he said because he had seen the vehicle I was using which had the Church of North India written on it and the word ‘Church’ had inspired him to share his secret. He said he could trust me.

He had contracted HIV from his maternal uncle. He had met with an accident and was given blood by his uncle who later died of AIDS. Earlier when AIDS was not understood as a severe threat people used to take blood from relatives and friends without testing it for HIV. Saurabh was an innocent victim.

I visited him regularly. He used to talk in poetry and I could make out that he had wonderful expressions to share. He kept saying to me that he had no purpose in life now and that he wanted to die. I talked to him about his ability to write poetry. I asked him to put all his expressions in poetry so that people could read and gain inspiration, strength and hope. I told him that this would be his excellent contribution to people like him.

I now talk with a very heavy heart. He is no more. He died on August 28, 2005. To me he was a precious son, talented, good looking and very lively. During his last days I visited him every day. I personally owe him a lot because he taught me to be strong, to compromise with life and to take death as it comes. He said he was luckier than me because he would soon be with God, free from all pain and misery but I would still be encountering worldly problems.

It was a Sunday and after Church that I went to his house. There was a peculiar silence which never prevailed in their house earlier. I stood knocking at the front door and after a while I saw Saurabh’s elder sister standing at the door. As soon as she saw me she hugged me tightly and cried. Consoling her was hard but then she said to me that Saurabh was no more. I wanted to see him but she said that her parents had taken him away at 3 a.m. for cremation. I asked her where they had taken him and she said she didn’t know. It was a great shock to me. How can people have such an attitude? I spent all my spare time with him and the family but towards the end they never bothered to inform me about his death. This is the way of the world and I am still learning. I know he is with God and that is what matters. What he leaves behind is his poetry for people to read and learn from his experience.

We have a project called ‘Nirmal’ (Project Hope) supported by PWS&D. This project functions from district Ratlam via Mandsaur, Jaora up to Neemuch in the State of Madhya Pradesh (Central India). In these areas the Banchhara Community resides and ritually sanctioned caste-based prostitution is widely

practiced. This system is supported by a complex alternative matrix of social mores where her own parents and brother introduce the daughter/sister of the family into prostitution.

The Banchhara Community is a scheduled caste community and is one of the lowest ranking among communities of Indian caste history. This community is deprived of developmental opportunities. They use prostitution as its primary source of revenue but it still does not flow primarily out of economic necessity. It is a social compulsion forced by the male of the caste. The men initiate it, procure customers for the women and thrive on their earnings. "Prostitution is a hallmark in this caste."

The Banchharas are criminals and they are engaged in thefts and other crimes. There are 54 villages of the Banchharas in our project area on a national highway which is a 300 kilometer stretch. We found that around 2000 trucks ply this highway and there are around 142 roadside motels. The truckers are the main target group for customers.

The work in this area started in the year 2002 by trying to build a rapport with the community and by networking with Government officials, non-government organizations and community-based organizations. This was the first time that a faith-based organization was starting work in this area. I was the only woman then trying to get closer to these Banchhara women but it was not easy.

The Government had barely completed a drive called 'Nirmal' in this area where they had pulled these girls out of their homes and forcefully got them married. They thought that this would cut down on prostitution. In other words it was a mass marriage drive and it failed. It also presented problems for our project using the same name.

In one of the villages, when I wanted to talk to the women, they chased me with a stick. I ran but then I stood my ground. I told them that if they wanted to hit me it was fine because three-quarters of my life was over. They would have to repent because this 'Nirmal' was different and we are not the same people. Moreover I told them that I was a woman like them, though not a very young woman, but I was concerned about them and so I was in their midst.

They laughed and then invited me and the team to talk with them. When I talked to a young 16 year-old girl, she said she had been married under the 'Nirmal' drive to a 60 year-old man who was an alcoholic. She used to prostitute and had money to spend as well as save. Now, she also has to cater to this man and only spends money with no savings. Now, we come again to this 'Nirmal' drive.

I had to clarify the 'Nirmal' misunderstanding. We then made friends with the village leaders who initially would not talk to me, a woman, because it was below their dignity. However, when they saw me continuously coming, they surrendered. After talking to other organizations also working for the Banchharas, I came to know that women were afraid to visit them, especially the young women, as it was the men only who would listen. They were not ready to talk to the men openly on AIDS and related issues such as condoms. I was the one who started talking. I first told them all about the modes of transmission and after winning their confidence talked about the importance of using condoms.

I came across a very interesting incident but very realistic. I had told one of the girls to have safe sex with a condom and the next day when I visited her she said, "I will never use a condom again because yesterday I lost big money and my friend took it. I said to the client no sex without a condom and so he left me and went to my friend next door and she got the money." She further said, "Will you give me that big money? I know you will not but I have learned my lesson." I said to her, "You have not learned

a lesson. You are only thinking of money and not of yourself. Tell me something. I am sure you love dressing up and looking beautiful but if you do not use precautions your life span will be shortened.” She said, “How?” I asked her to call her friend who had earned the big money to listen to what I had to say. They both came and along with them came a few more and then I said to them, “If you get AIDS you may die soon but if you take precautions you may live your complete life. Practice safe sex. The money that you have lost can still be earned but life will never come back.” After this incident the team carried out follow-up programmes and it is an achievement that we have opened 40 condom sites in the 54 Banchhara villages and we are still working to open sites in the remaining 14 villages.

Apart from this I have the opportunity of carrying out in the 26 dioceses of the Church of North India, Workshops/Seminars/Panel Discussions on HIV and AIDS programmes on Awareness, Behaviour Change, Advocacy and Communication, Capacity Building and Re-orientation, AIDS Teen Peer Educator’s Training Programme, Pre and Post HIV Test Counselling, Organizing Rallies, Exhibitions, Radio Talks and Film Shows and Networking with other Government Organizations, Non-government Organizations, Community-based Organizations, and Faith-based Organizations.

My day-to-day work encompasses online counselling where I am online from 9 to 5 each day through which I have 37 HIV positive people who talk to me as and when required. Out of these 14 are in my city, New Delhi, and belong to the cream of the society mainly, not that they are deprived of anything but they need someone to trust and talk to and it is the name ‘Church’ that tells them, “She is trustworthy.” I even have the privilege to visit them in their homes.

I also arrange for people who need to get tested for HIV to visit the Voluntary Counselling and Testing Centers run by the government where they can seek testing on a very nominal, affordable amount. If people test positive, then to counsel them and prepare them for the CD4 count test and then motivate them for antiretroviral treatment.

I also prepare a lot of Information Education and Communication (IEC) material on my own such as writing skits, dramas, song lyrics, poetry, captions and slogans. Through the Teenagers AIDS Peer Education and Training Programme I involve students to participate in the AIDS Awareness drive. We use the Performing Arts since India is very rich in cultural activities. This gives young people the opportunity to show their talents. Our target groups are School/College students, Pastors (Ministers), other religious leaders, youth, women, truckers, prison inmates, Armed Forces, commercial sex workers, other high risk groups and the general population.

India is colossal, with diversity in almost every field such as culture, ethnicity, milieu, environment, traditions, caste, creed, religion, customs, and language and above all the overall progress. The evolution differs enormously from place to place and State to State and so it is not easy to work on the same strategies everywhere.

It is now that I would like to talk about the HIV and AIDS scenario in India. It is painstaking as the future is not very bright. According to the government of India’s National AIDS Control Organization (NACO), we have 5.2 million people living with HIV and AIDS in a population of 1.2 billion. HIV is still spreading and now penetrating into the grassroots where the majority of our population resides. As chosen people we have a Herculean Task ahead of us and we are trying our level best to fulfill our duties to the utmost.

It has indeed been very intimidating, demanding and hard-hitting to be working in the Church on a subject such as HIV and AIDS. Our purpose in life has been pushed aside many times by orthodox, conservative people, due to social constraints but above all lack of funds to run projects and other work. However, this is God's work and it moves forward with dedication and commitment. This is the only goal in life. As an active and alert Church we are providing awareness for prevention and control, as a committing Church we provide care and support to the vulnerable communities, the high-risk groups and to the people infected and affected by HIV and AIDS.

As a caring Church, we work to meet the needs of people living with HIV and AIDS through Home-base care, palliative care and pastoral care. As a concerned Church, we work among the general population with special emphasis on women, adolescents and the youth as the young are the nation's future generation. As a vigilant and observant Church, we encourage sexual abstinence and promote faithfulness, but we also talk about preventive devices. As a non-judgmental Church, we discourage stigma and discrimination against people living with HIV and AIDS and gender disparity with special emphasis on the under-privileged and the marginalized. As an educating Church, we provide counselling and advocacy on spiritual values based on moral theology, family values, self-motivation and ethical guidance. As an encouraging Church we promote life skill practices among all people. As an entrusting Church, we reach out with hope and the love of Christ to not only the infected but all those affected by HIV and AIDS – in the broad sense, we are all affected by it whether we believe it or not.

Since 1996, HIV and AIDS was just a name whispered here and there in the Church of North India. It is now spoken almost everywhere except in some areas which are still conservative. We are trying to capture their attention too. The Church of North India initiated the Interfaith Strategies Workshop on HIV and AIDS in the Indian capital, New Delhi, and it was very successful. Our struggle is an ongoing struggle. We will continue our fight against HIV and AIDS.

I would like to draw the attention of this august gathering that we all know about HIV/AIDS in Africa. We have the suffering in Africa very deeply embedded in our hearts. All our love, care and prayer is for Africa. However, I bring before you India with her alarming statistics and conditions in terms of HIV and AIDS. India awaits your attention and concern.

Once again I thank The Presbyterian Church in Canada, and especially the people working in International Ministries and Presbyterian World Service and Development in Church Offices for their care and support. I express my appreciation and gratitude to the Dr. E.H. Johnson Memorial Fund Committee for acknowledging my services on the cutting edge of mission and through me acknowledging the services of The Synodical Board of Health Services, The Church of North India, by choosing me as the 2006 recipient of the E.H. Johnson Award.