

GENERAL ACUPUNCTURE

The PanAfrican Acupuncture Project: Facing the Realities of HIV/AIDS in Uganda

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In June 2009, three volunteer acupuncturists joined the PanAfrican Acupuncture Project (PAAP) and traveled to Lyantonde, Uganda, to conduct the first of three trainings of 32 health care providers. The trainings took place at the Lyantonde Hospital, Kabula Health Subdistrict, and brought together nurses, nursing assistants, and midwives from the surrounding Rakai, Lyantonde, and Sembabule districts.

PAAP is committed to creating collaborative relations with AIDS organizations in order to support their efforts. Because acupuncture often leads to significant positive changes, patients develop a sense of trust in the practitioner and therefore are more apt to come in when there is a medical need. Thus, patients eagerly return for treatments, and acupuncture and our trainees serve as gateways to conventional medical interventions, including counseling, testing and, if necessary, treatment. PAAP will continue to contribute everything we can to address the needs of the people of the Rakai, Lyantonde and Sembabule districts.

The 32 health care providers we trained in June and then again in August and December of that year demonstrated their commitment to learning the acupuncture protocols and their dedication to using their new skills to address the needs of their fellow Ugandans. At the concluding ceremony of each training, the District Health Officer, in a display of unsolicited support, charged each Trainee to commit to using their newly acquired skills to better the lives of their patients.

It is significant that the trainings took place in Lyantonde, in that this is considered to be the epicenter of the AIDS epidemic in Uganda. The town is at the crossroads of many significant trucking routes in the country, linking Uganda, Rwanda, Tanzania and Kenya. As a response to economic hardship, poverty and hardened social customs, this is where there continues to be a great deal of prostitution. It is easy to understand how desperation and ignorance led to the spread of HIV/AIDS across Uganda and into other countries.

Although Uganda has often served as the model of how the AIDS epidemic can be addressed and eradicated--a role that is often deserved--there remain many shortcomings. Despite the many millions of dollars and hundreds of NGOs that have flooded Uganda, prostitution continues. In Lyantonde, there is a great deal of poverty, and young women often turn to prostitution to survive. At night, young women stand in the middle of the street, flagging down the trucks. The young men who nonchalantly orchestrate operations contact the women via cell phone. On one side of a small hotel courtyard, there may be well-kept, clean, and safe rooms. On the other side, there are rooms where the truck drivers meet the prostitutes.

Where once there were many successful governmental and grass-root efforts, the results are now painfully absent. In 2003, when PAAP first began working in Uganda, free condoms were readily available everywhere. Posters and billboards promoting safe sex and the need for counseling and testing were always in plain view. In Lyantonde, we saw none of this.

The whole situation became that much more painful when we learned that for each encounter, the young women often made as little as 2,000 Ugandan shillings, the equivalent of \$1. In an area where jobs are scarce and poverty is great, it seems that the ultimate attack on the prostitutes is the huge risk they are taking for a small amount of money that will never help them do more than survive. It seems to be a system that currently can only perpetuate itself. Hotel owners and local merchants are able to survive from the revenue they receive for room use and the sale of food and alcohol.

In March 2010, we decided to train another group of providers from Rakai to ensure that acupuncture treatments are accessible to the greatest number of people. We also visited the hospitals and health centers where our previous Rakai trainees work, providing additional supervision and support. In addition, we traveled to the Kamwenge District, an area with the second highest prevalence rate of HIV, to begin the training of another group of providers.

PAAP welcomes financial contributions and donations of acupuncture supplies. For more information, please visit www.panafricanacupuncture.org or e-mail to RMandell@panafricanacupuncture.org.

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