A JUBILEE ASSEMBLY

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Here is the first issue of Contact following the Harare Assembly. We move from recalling our heritage in issues 161 and 162 to exploring how today’s realities of unjust international trade relationships affect the health of the poor, in issue 163. Against that background, remembering the Assembly theme, we turn to God and rejoice in hope as we face our common future.

We have selected three memories of Harare to share with Contact readers: first, an experience of the warmth of Africa, its welcome and worship and the chance to mingle where life and hope jostle with poverty and anxiety; where health concerns are linked with the realities of unmet needs. Next, the “Padare” (see page 16), events which provided an open space for networking among people, churches and ecumenical partner bodies related to the WCC. Thirdly, the formal business of the Assembly which included considerations of the responsibilities of the World Council of Churches in a context of rapid globalization and exclusion.

Meeting in the year of the 50th anniversary of the WCC, the Assembly message “Being together under the cross in Africa” emphasized the biblical jubilee proclamation of ‘good news to the poor, release of captives, recovery of sight for the blind, freedom for the oppressed, and the coming of the year of the Lord’s favour.’ (Isaiah 61.1-2 and Luke 4.17-19)

As Assembly participants we heard many stories of pain, especially that of the effects of HIV/AIDS on community life in Zimbabwe. We recognized the terrible effects of globalization and structural adjustments that disempower many, making them "invisible". We affirmed our solidarity with uprooted people and with the victims of violence. We appreciated the gifts that our brothers and sisters who are disabled bring to our communities.

In the midst of these realities the Assembly invited all Christians and churches, to turn to God and rejoice in hope, walking together in resurrection faith, willing to grow into an inclusive community, focusing on what we have “in common” — common life in Christ, common witness and common concerns in the service of human need.

This issue of Contact takes up some of these common concerns in more detail: the emerging issues in the healing ministry, described in the contribution by Darlena David; Christoph Benn recalls the many strong pleas for help that brought the HIV/AIDS concern to the fore at the Assembly. Erlinda Senturias reflects on the celebrations for the Decade of Churches in Solidarity with Women and reminds us of the pressing need to face the concerns of women and the issue of violence. Patricia Nickson takes up the problems of the many people in our world who live in situations of insecurity, most often caused by war and hatred. We put before you the challenge of concerted action and mutual support, essential if our dedication and our service are to be fruitful.

May the theme — Turn to God, Rejoice in Hope — steady our hands for work, so that those we care for will find some answer to their problems, some assurance for their faith, and some joy.

Wishing you blessings in this special year,

Konrad Raiser
General Secretary
WCC
At the end of a century and the beginning of a new millennium, the World Council of Churches (WCC) at its Eighth Assembly set its agenda for another seven years. The fact that the Assembly took place in Harare, Zimbabwe contributed in no small measure to the agenda itself.

**African dream and agenda**

Hearing of the huge challenges of war, globalization, ill health and the spread of AIDS facing Africa, the WCC agreed to place “a special emphasis on Africa during the beginning of the 21st century”. The WCC wholeheartedly supported “the commitment, undertaken before God by the leaders and representatives of member churches of Africa at the Assembly,” to do everything within their means to help to contain and to overcome the scourge of AIDS, and affirm the right of African children to hope for a bright future that they themselves can help to create.

Millions of people in sub-Saharan Africa have borne the terrible social, political and ecological costs of debt. The Assembly appealed to leaders of the G8 nations to **cancel the debt** and “to enable the poorest countries to enter the new millennium with a fresh start”.

Respect for human rights, the promotion of an alternative economic order, debt relief, reductions in the arms trade, and action to bring about peace and justice in areas of conflict, in Africa in particular and the world at large, will ensure that we all keep travelling on a journey of hope.

**The seven-year road to health**

The years after the 7th Assembly of the World Council of Churches in Canberra came under scrutiny of participants in the hearing on Churches in Mission (Health, Education and Witness). They heard that with AIDS threatening to wipe out the economically active population in many parts of the world,
the church had been called upon to pull together resources to help those affected. Christoph Benn, one of the four “witnesses” who shared their experiences in the hearing, said that the churches ran most of the hospices in Zimbabwe that looked after AIDS patients and orphans. The challenge and the mission of the church “is to build a new, healthy and just society,” said Brenda Ruiz, who chaired the panel.

Sandwiched between the first hearing on the past work and the second hearing on perspectives for the future were more than 30 padares on health issues including a panel discussion on facing AIDS (see page 16). The padares on co-operation for sustainable health care comprised of a hilarious and thought provoking role play, and a lively debate. The training of health professionals for community-determined health programmes, the church’s responsibility for influencing health policies and health delivery, preventing and dealing with alcohol/drug abuse and gospel and disability were subjects of other padares. At the padare on the healing ministry of the church participants heard of the ecumenical study on health, healing and wholeness, the work of the CMC-Churches’ Action for Health and the Christian healing ministry in Uganda and India.

Several people spoke privately about the tremendously important role of church-related health care institutions in countries of the South, especially in sub-Saharan Africa. According to Susan Mary Cole-King, a delegate from the Church of England, UK, the overwhelming problem is the economic situation that is driving people into greater poverty and cuts expenditure on social services — “so that health workers’ salaries are not paid, there are no drugs and no transport…”

Several people spoke about CMC—Churches’ Action for Health, some openly grieving at the passing of the old structure and the limited staff resources for health and healing within the new structure of the WCC. (What is your opinion, dear reader?) There was soul searching too. “Maybe we did not communicate our issues to the churches. That must be a priority.” Perhaps health issues had been left too much in the hands of professionals and the medical or health boards of the churches. Participants at different padares recommended that small booklets on subjects such as the church’s view on HIV/AIDS and primary health care should be distributed both to churches and to people working at the grassroots.

**WCC’s unique role in health and healing**

The healing ministry of the church is one of the most visible examples of the compassion of Christ. The WCC and its
member churches and networks have been prophetic advocates for health, healing and wholeness. According to Assembly participants, health and healing being integral components of mission and evangelism, should be at the centre of the life of the churches and thus also of the work of the WCC.

Sara Bhattacharji, representing WCC’s Mission and Evangelism Team (Cluster on Issues and Themes), spoke to Contact about health concerns at the Eighth Assembly of the WCC.

Of the many voices raised at the Assembly, she said that the following seemed to her to call out for further attention from the WCC and the churches:

**HIV/AIDS** It is hoped that the WCC and the regional networks will continue to work together – with a life-affirming and positive value base, and with full participation of the community – to deal with the problems posed by HIV/AIDS.

**Health, healing and wholeness** The basis of the work in health has been Christ’s call for abundant life. What are the implications of this “life in all its fullness” in the midst of the challenging realities of our world today?

**Contact** The periodical has been relocated to India, but will continue to keep the network together and be a means by which we can share what we are and do with one another. Many people at the Assembly expressed their appreciation of Contact and hoped that it would continue to stimulate and encourage the network.

**Sustainability of church hospitals** The report on the study of church hospitals in Africa and Asia generated a lot of interest and

To travel on a journey of hope, we have to affirm life in the midst of disease, marginalization, debt, violence and war.

Representation from the Ethiopian Orthodox Churches with Konrad Raiser.
Voices from Harare

“There is holocaust in the developing countries...”

“The New Age movement has taken over ‘wholistic’ health. The church has failed.”

“Jesus came and did not leave health out. He took it as a priority to heal the sick. May be we as priests should stop preaching and focus on healing.”

“Our duty is to look after the sick and the suffering.”

“When John the Baptist’s disciples asked, ‘Are you the one who was to come’, what did Jesus say? ‘The blind can see, the lame can walk...the deaf can hear’ (Luke 7.22). It was an essential task for the disciples and the churches to look after the sick. In the last century, there were more church hospitals. The church provided health care for those who did not have any. But the church’s role is not to deliver health care necessarily but to address the physical and spiritual needs of people so that they can experience healing in a comprehensive way.”
HIV/AIDS: WHERE DO WE GO FROM HERE?

Christoph Benn, from the German Institute for Medical Missions (DIFÄM), Tübingen hopes that churches will actively partner international organizations to launch AIDS programmes and outlines ideas for action.

With the Eighth General Assembly being held in Zimbabwe, the HIV/AIDS pandemic received considerable attention among the delegates, journalists and visitors. Everybody was made aware that 40% of sexually active adults in the city of Harare are infected with HIV as well as 25.8% of the adult population in the whole country according to WHO figures. That means that Zimbabwe has the highest reported prevalence rate of HIV/AIDS among all member countries of the WHO.

But AIDS is far from being a problem of Zimbabwe alone. World-wide there were 5.8 million new HIV infections in 1998, and 2.5 million men, women and children have died from AIDS in the past year. In some countries, the epidemic is virtually out of control and one could feel a sense of fatalism and despair, with some people having lost any hope of containing this deadly disease. But is that true?

Uganda and Thailand – two positive examples

More than anything else good examples can dispel our doubts and regenerate our hope that something can be achieved if we choose the right approach. Currently there are two countries which have shown that infection rates can be reduced dramatically. Both Thailand and Uganda have managed to almost halve the rates of new HIV infections particularly in young people. For Uganda, UNAIDS could show that the reduction of infection rates was directly linked to a change in behaviour with delayed age at first sex, fewer sexual relations with non-regular partners and increased use of condoms.

What needs to be done

We are now more than 15 years into the pandemic and have collected a wealth of experience, scientific data and reports about successful approaches. The problem is that most of this information is still not applied. Peter Piot, the director of UNAIDS said on World AIDS Day 1998:

“Two decades into the AIDS epidemic, we know better than ever before about prevention – how to persuade people to protect themselves,
make sure they have the necessary skills and back-up services, and remove social and economic barriers to effective prevention. Yet almost six million people became infected this year. Every one of these new HIV infections represent a prevention failure – our collective failure.” (UNAIDS Press Release, 24 November 1998)

All individuals, communities, organizations and countries have to work together so that this tragic situation will change.

Effective, affordable and appropriate approaches

• Education on HIV and other sexually transmitted diseases that is targeted to the people most vulnerable to these infections, using appropriate and culturally sensitive material and involving members of the target groups (peers) in the design and implementation of the education campaign.

• Promotion and social marketing of condoms, particularly for groups who practise high risk sexual behaviour.

• Early detection and treatment of sexually transmitted diseases which can facilitate the transmission of HIV.

• Needle exchange programmes and social support for injecting drug users.

• Provision of counselling services, where appropriate in conjunction with voluntary HIV testing.

• Care for people living with HIV.

• Respecting the human rights of all vulnerable people and reducing the discrimination against people living with HIV/AIDS.

There are excellent publications (see page 9) helping countries and organizations to set the right priorities and to find out the most cost-effective ways of HIV prevention for any given situation.

The global epidemic of HIV/AIDS – moving from despair to hope and action

Churches and their health institutions have been in the forefront of the struggle against AIDS since the beginning of the epidemic. They have been particularly strong in both institutional and home-based care, in pastoral counselling and in social support for people living with HIV/AIDS. However, so far they have been reluctant to enter other areas of HIV prevention: working with groups such as truck drivers, commercial sex workers or drug addicts. Many churches still have moral reservations against sex education for young people or the promotion of condoms.

At this critical moment in the epidemic churches have to go beyond their traditional areas of involvement and join forces with governments and other non-governmental organizations. There should be AIDS control programmes that combine the strengths and resources of all partners avoiding uncoordinated or even contradicting messages. In countries with infection rates as high as Zimbabwe it can no longer be tolerated that governments and religious organizations give out conflicting messages concerning sex education and the effectiveness of condoms. Young people in particular need clear and scientifically sound information that helps them to protect themselves.

The WCC Assembly has made an important step towards a more uniform and concise approach. It was decided...
by the delegates to enter into closer co-operation with UNAIDS in order to help churches and governments to formulate their programmes together using all the available resources that have been compiled on the international level, both by UNAIDS and by WCC. This might lead to the launching of joint AIDS pilot projects in particular countries.

It might be hoped that the Assembly in Harare was the starting point for a new era of HIV/AIDS prevention with the churches as active partners leading to effective and comprehensive AIDS programmes in the future.

**What the churches are doing?**

At the Padare event during the WCC General Assembly there were quite a number of presentations and workshops on HIV/AIDS demonstrating what the churches have already done and which direction they should take in the future. The WCC study on HIV/AIDS, called *Facing AIDS* was introduced to all participants.

Other presentations included workshops of a Jesuit youth project, the Presbyterian Church in the USA and the International Christian AIDS Network which is planning to extend its network of organizations and individuals who are actively involved on different levels of AIDS work and who want to share their experiences based on their Christian faith and spirituality. The next culminating event will be the participation of ICAN and its partners at the next international AIDS conference to be held in Durban in the year 2000.

**Christoph Benn**

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**RESOURCES**

**UNAIDS:** A measure of success in Uganda, a UNAIDS case study published in May 1998 offers a detailed analysis is available from UNAIDS.

**Confronting AIDS – public priorities in a global epidemic** a policy research report compiled by the World Bank is an excellent resource book that helps countries and organizations to set the right priorities and find cost-effective ways of HIV prevention.

**Facing AIDS**, the WCC study on HIV/AIDS, is a good resource for all who are struggling with the medical, theological, ethical and pastoral issues around HIV/AIDS. This book is recommended by WCC to all member churches for further study and implementation.

**Education in the Context of Vulnerability,** a practical study guide for communities and congregations also published by the WCC consultative group on HIV/AIDS, contains easy-to-use handouts with suggestions for reflection, Bible study, worship and actions that can be applied by any group wishing to participate actively in the struggle against HIV/AIDS. Both the books (English, French) and the study guide (English, French, Spanish) are available from WCC.

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(http://www.unaids.org/highband/bpc/casestudy/uganda.pdf)

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A day care centre in the village of Kashenye, United Republic of Tanzania. Over half of the children at the centre are AIDS orphans.
HEALTH CONSEQUENCES OF VIOLENCE AGAINST WOMEN

How can women overcome the pain of violence? Former executive secretary for health, Erlinda Senturias describes a creative session she attended at the Women’s Ecumenical Decade Festival.

“Your story is my story.” This was the community response in between the women’s stories during the hearing on violence against women in the Ecumenical Decade Festival at Harare, Zimbabwe on November twenty-eighth. We were constantly reminded of what Jesus said to Mary at his resurrection, “Woman, why are you weeping?” Indeed the image used in the whole programme was the jar half-filled with water symbolising the tears of women in every continent who suffer from violence.

Domestic violence

A woman from Papua New Guinea shared how she suffered domestic violence from her first husband. She silently suffered. Instead of helping her, the church advised her to keep her problem to herself. She finally left her husband and lived with another man who treated her with dignity, but the church did not agree with this relationship. After more than two decades, the church has taken no action and moreover she is unable to receive Holy Communion.

A decade ago, women rarely stood up and spoke up on their experience of violence. It is still not easy to share one’s experience of violence. For too long, women have been taught to bear their burdens silently. “It was not easy to persuade the churches to discuss about violence and to consider the issue of violence against women as much an issue of ecclesiology,” said Aruna Gnanadason of the Church of South India who coordinates the Women’s Programme of the World Council of Churches.

Name the sin

Participants of the Ecumenical Decade Festival called on the churches to name “violence against women” as a sin. Examples of violence against women are rape, domestic violence, and sexual harassment. Sexual abuse includes everything that harms the sexuality of a person, whether or not there has been physical contact. It includes harassment,