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An Invitation to Faith
in the Context of HIV and AIDS

Fr. Robert Igo OSB



**World Council
of Churches**
Publications

A WINDOW INTO HOPE

An Invitation to Faith in the Context of HIV and AIDS

Robert Igo, O.S.B.

EHAIA series

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Preface

The reflections contained in this book have arisen as a direct result of and sincere response to the experience of living in Zimbabwe. Three important factors have played their part in shaping what follows. Firstly, listening to people who are living with HIV and AIDS in their bodies or in their families. Secondly, journeying with professional carers who cope daily with frustration and finally, but by no means least, the invitations to give workshops in which hope is conveyed to those who feel desperate. All these have brought me face to face with one of the major concerns in Southern Africa today.

In 1996 Benedictine monks from Ampleforth Abbey in England responded positively to the invitation of the Zimbabwean Catholic Bishops Conference by founding a monastery that would one day be the home for young Zimbabweans who desired to seek God under the Rule of St Benedict. As a monastic community whose prime role is to be a spiritual resource, a place of prayer and reflection, we do not have a major apostolate to those who are sick. We cannot boast of doing great work to relieve the enormous suffering that surrounds us by running clinics or health care facilities. This responsibility falls on the shoulders of others. As monks our gift is our solidarity with those who face this pandemic daily through a presence that is grounded in prayer, a presence that offers respectful listening and which is hopefully an encouraging and healing presence.

We have tried as a monastic community to respond to this pandemic by providing opportunities for those living with HIV and

AIDS to come for a time of retreat, which we call Living Positively. One of the things that the participants have found so helpful is the opportunity to share their stories and be encouraged by one another. Through the use of scripture, personal time for prayer and reflection, group sharing, videos, individual counselling and anointing of the sick, the participants look at how their faith can contribute to a way of living with the virus that is positive. Equally, they see how they, too, can be agents of hope to others living with HIV and AIDS.

We also recognize that as well as those infected there are many who are affected, especially those who are professional carers and those involved in home-based care. With this in mind we have allocated from time to time particular weeks when we provide Care of the Carers. These occasions are a mixture of formal and informal sharing, personal reflection and prayer, as well as time to rest and relax. The structure of the time together is essentially flexible.

We realize that the contribution is small and limited in scope compared to the enormity of the HIV and AIDS pandemic but our attempt to seek God in the context of the suffering is nonetheless genuine. What follows in these pages therefore comes from a lived engagement with the reality of life for millions of our brothers and sisters and a desire to bring hope. It is an attempt to grapple with HIV and AIDS from a theological/faith perspective but it does not pretend to be exhaustive or to constitute the final polished word on a disease that seeks to destroy life. These reflections are merely an attempt to remind each of us of the hope that is inherent within us as children of God, a people created by God who is a God of promise (Gen 3:15; 9:1-17).

Many of the chapters began life as individual articles and can be read almost independently, though there is a link between chapters and an overall theme running throughout. A significant number of people have played a part in the birth of these reflections and if I were to begin to mention all who have helped and influenced my thinking I would present a very large litany. I simply recognize my debt of gratitude to many people. There are some particular people to whom I would like to say a special word of thanks.

Acknowledgements

I should like to thank three religious women. Srs. Patricia Walsh OP, Gaudiosa Dippert OP and Sr Maura O'Donohue, Medical Missionary of Mary. Sr Patricia was at one time Coordinator of the Health Desk for the Conference of Religious in Zimbabwe and it was during her tenure of office that I was invited to become a member of the Health Desk. It is thanks to her encouragement at that time that a great deal of what can be found in these pages began to emerge. Sr Gaudiosa took the time and patience to read through the initial draft and because of her long experience as a nurse and her involvement with this pandemic from the very beginning was able to give sound advice. Likewise Sr Maura O'Donohue took time to read and to correct many mistakes and provide encouraging comments and renewed my desire to publish these reflections when I was having doubts.

Next, Dr Sue Parry is simply an inspiration. She is Regional Coordinator for the Ecumenical HIV and AIDS Initiative for Africa of the World Council of Churches. Her knowledge, dedication and tireless service are a constant source of challenge. Due to her enthusiasm many workshops have been financed and brought to birth. The World Council of Churches has in Sue Parry a gift that needs to be treasured. How she balances the role of wife, mother and African globetrotter for WCC is a marvel. She has kindly read these pages and commented and corrected a great deal.

Next, my thanks go to various groups, first to those living with HIV and AIDS and who have participated in the retreats in our monastery. Their courage and faith has been a real fountain of

encouragement and wonder. Through their honest sharing they have helped me to locate God in the reality of people's lives and brought to light the concerns of those who have to live with HIV and AIDS on a daily basis and still have faith. In a similar fashion the participants of the Care of the Carers workshops at our monastery, St Teresa's Hospital, Hama, and Mater Dei Hospital, Bulawayo, have clarified the demanding task that carers have. How do we continually and consistently bring comfort in the face of so much suffering and death? That these carers took time to reflect and pray was impressive and a sign of hope in and of itself. Finally the Sisters of Mercy invited me in May 2006 to give eleven days of workshops on the theology of HIV and AIDS in Mazabuka in the diocese of Monze, Zambia. Words cannot begin to express how that experience helped focus my thoughts and deepen my understanding. The encounter with over 2000 participants is indelibly etched into my spirit.

Then, I thank my own monastic community who unknowingly provides encouragement and challenge in different and varied ways. I would especially like to thank Fr Henry Wansbrough OSB who, despite a heavy teaching schedule, read through different chapters and provided helpful critical comments on many of the chapters and spurred me on to think again. Likewise to Br Sixtus Roslevich OSB of St Louis Abbey, USA, who kindly corrected grammatical mistakes and as a seminarian made useful comments. What mistakes remain are completely my own!

This book is a very small attempt to be a resource to those in ministry, those preparing to minister and for Christian congregations who are living in a context that is dominated by people living with and dying as a result of HIV and AIDS-related illnesses. It does not pretend to offer all the answers but it does try to suggest some of the questions we could be asking and the issues that theology and pastoral care need to tackle. If it opens peoples' eyes to the magnitude of what we are dealing with and encourages discussion and further reflection then it will have been of some value. To this end you will find at the end of each chapter reflection questions and scriptural

passages, while at the end of the book a bibliography has been provided which hopefully will encourage further reading.

Finally, it needs to be said that I write as a Benedictine monk and it is that context along with the lived experience of Zimbabwe that provides the grounding for what follows. Only you the reader will be able to judge whether the reflections are applicable in your context. Let us pray for each other as we strive to find the God of life amidst the ashes of despair.

*Monastery of Christ the Word
Zimbabwe, August 2008*

Contents

<i>Preface</i>	v
<i>Acknowledgements</i>	vi
Introduction	1
Chapter One: Looking Back as a Way of Moving Forward	17
Chapter Two: Faith: A Missing Dimension	53
Chapter Three: Encountering God in the Context of HIV and AIDS	75
Chapter Four: Christian Morality: A Way of Growing in Hope	95
Chapter Five: Making Sense of Suffering	121
Chapter Six: In a Body like Ours: Why Sex Is Good News	145
Chapter Seven: The Question of Condoms	181

Chapter Eight: Female and Male: God Created Them	197
Chapter Nine: Dying You Destroyed Our Death	223
Chapter Ten: A Way of Spiritual Support	253
Conclusion: Called to Prophetic Witness	275
Resources	299
Bibliography	301
Index of Names	305
Index of Subjects	307

Introduction

The Experience of Life

Experience is the most effective teacher, that is, if one can truly be open to it and genuinely give time to reflect upon it. Living in Zimbabwe for the past twelve years has certainly facilitated many new and rich experiences. Moreover it has provided, at first hand, a lived experience of one of the major threats to human life in the twentieth and twenty-first centuries, namely HIV and AIDS. To live in sub-Saharan Africa and Zimbabwe in particular means learning to live with HIV and AIDS not as a theory or a set of statistics trotted out each World AIDS Day, but as a daily fact of life written into the lives and bodies of men, women and children.

Though home to only 10 percent of the world's population, sub-Saharan Africa is populated by 60 percent of those living with HIV and AIDS worldwide. This simple fact alone means coming to terms with an important truth. If we really believe as Christians that baptism is a truly significant event that connects us not only to Christ but also to one another in a living communion then, although we may not be directly infected by this virus, we are all certainly affected. In this sense "the body of Christ" has HIV and AIDS flowing through its corporate veins.

The presence of HIV and AIDS amongst our family members and Christian congregations thus prevents us from trying to neatly divide people into the safe categories of "us" and "them". Rather, we are brought face to face with the realization that all of us are involved in this pandemic to a lesser or greater extent and there is no escape. Too easily we present HIV and AIDS as somebody else's

problem, other people's families affected or infected, other countries far away struggling with high prevalence levels. Yet in an age when the world is frequently referred to as a global village and Christian theology stresses the union we share in Christ, we need to take seriously our interconnectedness. We are part of each other's problems just as much as each other's joys. We may, for convenience sake, divide people into countries, ethnic groups and even different religions, but ultimately there are only people – God's people.

Looking therefore at HIV and AIDS as a problem that exists outside of ourselves misses an essential point. The very presence of this disease is a valuable opportunity to rediscover our roots as Christians and to re-focus on the primary commission given by Jesus to "Go out to the whole world; proclaim the gospel to all creation," (Mark 16:15).¹ What is this good news? It is a gospel of life that declares that God is the God who comes to live with his people, "I have come down to rescue them," (Ex. 3:8; 18:20). He has "made his dwelling among us," (John 1:14) and he encourages us to create a living culture of love, a love that is to recall humanity to its true destiny and dignity.

Christianity is by nature a faith that looks forward while living fully engaged in the present. Pope Benedict in his encyclical, *Spe Salvi*,² sought to remind us that we are a people who have hope. This is not because we are certain about what will happen in our individual lives or that of our nation but because we are a people who have a future. We may not know the details of what awaits us but we do know "in general terms that... life will not end in emptiness". In fact only when we live from the source of hope "does it become possible to live the present as well".³ Hope is confidence in God's faithfulness to his promises (Heb. 11:1) and it is this fundamental belief in hope, living with and from the source of hope

¹Scripture quotations are taken from *The New Jerusalem Bible*, DLT, London, 1985.

²Published on 30 November, 2007.

³*Spe Salvi*, Libreria Editrice Vaticana, n.2.

that Christians bring to HIV and AIDS. Living with this conviction allows us to see HIV and AIDS as a real window into hope, not a doorway to death and despair.

From this perspective we could look for inspiration from the book of Esther in the Old Testament. Here we see the story of the Jewish people on the edge of destruction when Mordecai sent a message to Esther, a Jewess who had risen to prominence in the imperial court of the Persian empire. Queen Esther was wife of King Ahasuerus and became the heroine who saved her people through her intercession. When asking her to speak on behalf of the Jewish people despite her fear, Mordecai says,

...if you persist in remaining silent at such a time, relief and deliverance will come to the Jews from another quarter, but both you and your father's whole family will perish. Who knows? Perhaps you have come to the throne for just such a time as this.
(Esther 4:14)

The Christian church certainly cannot remain silent in the face of HIV and AIDS, and while pastoral and medical care of those infected remain ever crucial in the response to this crisis, we Christians, with our deep faith in the incarnation and resurrection, must go further and seek to eradicate this virus totally from our world. We have a very distinctive contribution to make to the whole area of prevention, because of the faith we proclaim. As Blessed Teresa of Calcutta once said, "God is speaking to us through this disease." The question is, are we able and willing to hear? HIV is devastating and that can never be denied, but it is also a window of hope as it challenges us to question our very understanding of what it means to be human and motivates us to search for ways to fulfil our deepest desires and dreams. It is a focus for our search for God.

...And the Experience of God

The large numbers of our sisters and brothers, friends, neighbours and relatives who are suffering due to HIV and AIDS means that as

Christians we are invited in a special way to reflect on and explore the ways in which our faith impacts upon our experience of this tragic denial of life. In fact we need to go further and examine honestly, critically and sensitively how we can speak realistically of faith and live with hope when faced with such human devastation. The invitation to enter into life and to live it to the full (John 10:10) is a central component of our baptismal belief as Christians. It is from our very lived experience that our real encounter with God begins, grows and deepens. Rooted in this understanding of God is our belief that God is a God of revelation, a God who comes to meet us in every human situation. As Pope Benedict commented on Holy Thursday 2006,

God is not a remote God, too distant or too great to be bothered with our trifles. Since God is great, he can also be concerned... Since he is great the soul of man, the same man, created through eternal love, is not a small thing but is great, and worthy of God's love.⁴

We read in the *Compendium of the Catechism of the Catholic Church* that "God Himself, in creating man in His own image, has written upon his heart the desire to see Him"; only in God will we "find and live the fullness of truth and happiness for which he never stops searching."⁵ The Judaeo-Christian God is a God who desires to communicate. He is a God who wishes to be in dialogue with creation and the Old Testament has many rich examples of the fact that Yahweh reveals himself in actual historical events (The story of Joseph: Gen. 39-45; Moses and the liberation of Israel: Ex. 12-19; The call for a King: I Sam. 8).

When it comes to the New Testament the central feature of revelation is of course the incarnation, Jesus is God's ultimate word. This is what the writer of the letter to the Hebrews testifies to,

⁴*L'Osservatore Romano*, 19 April, 2006, 3.

⁵*Compendium of the Catechism*, Pauline Publications, Nairobi, 2006, n.2. This is echoed in the *Catechism of the Catholic Church*, Geoffrey Chapman, London, 1994, n.26 & 27.

At many moments in the past and by many means, God spoke to our ancestors through the prophets; in our time, the final days, he has spoken to us in the person of his Son, whom he appointed heir of all things and through whom he made the ages.

(Heb. 1:1)

Jesus truly is the summit of revelation in that he reveals God to humanity and opens the door for humanity to understand itself more fully. Read again how *Gaudium et Spes* expresses it.

In fact only in the mystery of the Word made flesh does the mystery of the human person truly become clear...the new Adam fully reveals human beings to themselves.⁶

It is, therefore, a basic assumption that will run throughout these pages that the God whom we are seeking is to be found in the very matrix of our lives, so we need above all to become sensitively aware of his presence and to see our experience as a genuine source of wisdom. As we enter into life we will find God, conversely as we discover God we will embrace life in all its fullness.

If this assumption is true then we need to appreciate that our life and experience are the very starting points and context for our discovery of God. We believe in God not because of some compelling ideology, speculation or dream. Christian hope is not founded on something vague but in a person, in a God who personally has entered our history. Hence St Paul can say of Jesus “he is our hope” (Col. 1:27) and it is this hope that saves us (Rom. 8:24).⁷

Life then is where real theology will emerge and develop. It was St Augustine who said that God has written two books, the Book of Life and the Book of his Word. There has to be in this

⁶*Gaudium Et Spes Vatican Council II*, Costello & Eerdmans, 1992 edition, General Editor Austin Flannery OP, n.22. Read also *Redemptor Hominis*, Libreria Editrice Vaticana, 1979, n.12.

⁷*Spe Salvi* n.5; also Jurgen Moltman, *Theology of Hope*, SCM Press, London, 1967, 16-17.

regard a constant interaction between these two texts. God is clearly speaking to us through his inspired word but equally through his inspired creation. As Sr Teresa Okure SHCJ has written, “Experience is the primary context for doing theology and reading the Bible.”⁸

As a raw experience of life, HIV and AIDS is truly a window into hope because it is an opportunity to discover our yearning for life in all its fullness. We discover this fullness by discovering the God who is life in the very issues that this pandemic brings to light. We need to start our search for God not so much by trying cosmetically to introduce the divine into our experience, but rather to take our own experience seriously enough to recognize God speaking to us through our daily struggles. Experience is the school of theology; it speaks of God and it reveals to us our true and lasting hope. It is this hope in God that ultimately transforms and changes people as well as situations.

The Experience of HIV and AIDS...

In his book *Witness to AIDS* (2005), Edwin Cameron, a High Court judge in South Africa himself living and infected with HIV, tries to highlight the fact that HIV is simply a disease and yet much more than a disease. He writes,

AIDS is a disease. It is an infection, a syndrome, an illness, a disorder, a condition threatening to human life. It is an epidemic – a social crisis, an economic catastrophe, a political challenge, a human disaster... AIDS is stigma disgrace discrimination hatred hardship abandonment isolation exclusion prohibition persecution property privation... It is made moral. It is condemnation deterrence retribution punishment sin a lesson a curse rebuke judgement. It is a disease.⁹

⁸Teresa Okure (ed.) *To cast fire on earth*, Cluster Publications, Pietermaritzburg, 2000, 202.

⁹Edwin Cameron, *Witness to AIDS*, Tafelberg, Cape Town, 2005, 2.

As these words of Edwin Cameron strikingly reveal, HIV truly is so much more than a disease. Of course we are dealing with a virus that on a biological level destroys the body's in-built defence system. HIV enters the very cells that should provide the source of healing and silently burrows its way into a person's life, reproducing itself as an evil substitute, destroying people from within. It is a virus that, once it has grown in strength and number, weakens the human immune system until the system can cope no longer. It kills and is just as debilitating and life threatening as cancer, diabetes or a chronic heart failure, yet it causes much more pain and trauma both physically and emotionally than each of these others precisely because it is overloaded with moral suspicion and judgment. As Melebogo Kgalemang of the University of Botswana writes,

We have tended to believe that the person who has HIV/AIDS has committed some immoral act and that the stigma is punishment for this moral transgression.¹⁰

Yes, HIV and AIDS is a disease, but unlike any other disease it invades and destroys much more than the biological fabric of life. It eats away at dignity and self-respect. It causes people to face fear, guilt, anger, regret, denial, stigma and discrimination. HIV and AIDS makes us face reality and brings to the forefront of people's personal agendas issues and questions that can otherwise, if healthy, be safely stowed away and even ignored. HIV and AIDS asks us to look into the very purpose and meaning of our life and open us to the embrace of the God who first loved us into being. It invites us to question where our hope truly lies.

¹⁰See Melebogo Kgalemang's paper: "John 9: Deconstructing the HIV/AIDS Stigma" in Musa Dube & Musimbi Kanyoro, (eds) *Grant Me Justice! HIV/AIDS & Gender Readings of the Bible*, Cluster Publications, Pietermaritzburg, 2004, 150.

...And the Invitation to Reflect

Speaking in December 1999, Kofi Annan, who was then UN General Secretary, said,

Today the AIDS pandemic, unexpected, unexplained, unspeakably cruel...presents us with a tragedy we can barely comprehend, let alone manage... This unprecedented crisis requires an unprecedented response, a response that makes humanity live up to its name. The epidemic is terrible but we are not powerless against it. Already, strong forces of hope and faith are showing us what can be done.¹¹

If one looks round at the many impressive initiatives which seek to bring relief to those living with and affected by HIV and AIDS, one can already see examples of “strong forces of hope and faith” among Christians and other faith-based groups in the way that they have responded to this tragic and unprecedented crisis. In the countless interventions and projects throughout the world, and especially here on the continent of Africa, there is much evidence of what can happen when people of faith work together in solidarity to fight against silence, denial, stigma, discrimination, poverty and inequality and to offer genuine pastoral care.

After twenty-eight years of this pandemic the time is ripe, in fact well overdue, for the Christian community as a whole to evaluate our response. The aim of this book is not to provide ready-made answers but to encourage reflection and to point to the hidden and yet powerful resource that we already have in the hope that is intrinsic to our faith in Jesus who is the human face of God. Knowledge and information concerning HIV and AIDS, necessary as they are, will not ultimately by themselves bring about sustained change in behaviour. Increased technical skill and advances in medication, effective as they are, will fail without committed leadership and

¹¹Opening address to the International Partnership against AIDS in Africa, December 1999.

improved human resources and infrastructure. Yet behind all this there is a need for Christians not only to become better organized in existing programmes so as to address the determinants that fuel this pandemic, but they must also grow in theological and spiritual competency so as to strike at the very roots of this unacceptable threat to human life and prevent further unnecessary infections.

It is time for us to look again at the theology and the spiritual vitality that underpin our care, compassion and prevention messages. We need to focus clearly on our faith in the God who continually speaks into history, a faith that invites us to speak out with a strong and informed voice, especially for those whose voice is often not heard or simply ignored. It is time to evaluate how we are preparing people to minister in this era of HIV and AIDS and to what extent we have radically mobilized our faith communities to respond creatively to this pandemic and integrate its complex issues into our personal prayer, reflection, corporate worship and pastoral planning.¹²

As we begin to evaluate our response to HIV and AIDS there is a need to acknowledge honestly that while many Christians have made a significant contribution there have been other voices within the Christian family that have not always shown a positive attitude towards those infected and affected. An example of one such negative and stigmatising voice was to be found at the close of the Synod of Bishops held in Rome in October 2005. One cardinal of the Curia expressed the view that it was inappropriate to speak of the “suffering of the AIDS victims” in Africa, as they had brought this disease upon themselves through indiscriminate sexual activity.¹³

¹²For example, many Christian churches have been in the forefront of ‘home-based care’, yet the carers themselves, if not adequately trained and carefully monitored, can often unthinkingly fuel the stigma and discrimination that surround this pandemic through insensitive remarks and gestures.

¹³*The Tablet*, 29 October 2005, 7.

Though the personal views of one particular cardinal may well be insignificant, and certainly not the official opinion of the Catholic Church, they do represent perhaps a point of view that other Christians may hold, though few would be so insensitive as to utter it so publicly. Too many have subscribed to the view already mentioned by Melebogo Kgalemang, that HIV and AIDS is God's punishment and is a direct result of immorality and sin. Sarojini Nadar of the University of KwaZulu Natal quotes a further example to be found in a South African theological journal.

In most cases AIDS is the result of denying God and disobeying His Commandments. It is the outcome of apostasy. It is not primarily a health problem, but a heart problem. For the human heart which frees itself from God also casts off all restraints. It seeks to gratify the self and enter into sin.¹⁴

Such a view is not simply distorted theology but it is also a theology that helps fuel injustice, and inflicts stigma, discrimination and great distress. The poisonous pedagogy that HIV and AIDS = Sex = Sin = Punishment = Death = just reward is a challenge to anyone who is faced with this dehumanising disease. For some Christians the most important way for us to respond to those who are infected by HIV and AIDS is simply to bring them to repentance, to "convict them of sin" as evangelical Christians would say and thus to help them die at peace with God.¹⁵ There are other Christians, myself among them, who feel strongly that we need to encourage people to learn how to live before we prepare them for death.

¹⁴Musa Dube and Musimbi Kanyoro (2004), 61.

¹⁵The connection between disease, sin and the need for conversion is well discussed by Peter Mageto in his book *Victim Theology*, AuthorHouse, Milton Keynes, 2006, Chapter One. Too often Christians in past decades have concentrated on the reward of heaven as the ultimate goal. This focus on the after life and the subsequent neglecting of the here and now has resulted in a form of 'victim' theology.

While the issues of reconciliation and being at peace with God are clearly crucial to an overall understanding of pastoral care, and for some situations a fundamental component in helping people to live positively, relating HIV and AIDS with punishment is not a tenet of the gospel of life that I for one would recognize. Yet it is not only Christians who hold discriminatory beliefs. The assumption that those who are infected find themselves in this condition because of their own irresponsible behaviour and therefore do not really deserve treatment is an argument proposed by David Bantar, a Cape Town philosopher who has even argued that governments do not have any moral obligation to spend money treating those who contract HIV through “negligence, indifference, arrogance or weakness.”¹⁶

It is for this reason that in the following pages you will find a strong plea for a genuine and authentic theological and spiritual approach to this pandemic. Equally those who are responsible for the formation of future priests, ministers, pastors, religious brothers and sisters need to look seriously at how they can integrate the life and death issues that HIV and AIDS raises into their programmes of formation and theological study. This is necessary so that HIV and AIDS can be introduced at all levels into their preaching, teaching and pastoral programmes. We desperately need sound theology that will lead not to further stigma and discrimination but rather to a movement towards hope and healing.

Ministry in the Midst of HIV and AIDS

If this theological reflection is to take place and to be of real assistance then it is crucial to look again at the ways and means of preparing those whose ministry will be undertaken in the context of HIV and AIDS. In 2005 the Catholic Bishops Conference in India announced that AIDS awareness was now to be part of the curriculum in seminaries. Commenting on the bishops’ document *Commitment to Compassion and Care – HIV and AIDS policy of the Catholic Church*

¹⁶Edwin Cameron, 2005, 196.

in India, Fr Alex Vadakkumthala, executive secretary of the Bishop's Healthcare Commission said,

It is not enough we raise awareness among the public. We should prepare our own people to meet the challenges.¹⁷

It is indeed necessary to raise awareness of HIV and AIDS among all Christians, but especially among those who are going to face this challenge daily in their ministry of care and compassion. Yet it is not enough to concentrate on awareness-raising alone. Those who are going to be in the forefront of Christian ministry in the years ahead certainly need adequate and accurate information concerning the HIV infection, its modes of transmission and ways of prevention. But medical information alone will do little by itself if these future hands and feet of Christ are not helped to grapple with the theological and faith issues of a pandemic that strikes at the very meaning of our existence. People at the centre of this fight for life have been saturated with HIV and AIDS education in terms of how to prevent infection and roots of transmission, etc. While this must continue we need to open a way to God so that they may truly discover life and choose to live it to the full.

At the heart of good theology is a challenge to learn how to ask the right questions. In fact theology ought to help us to see that the questions are just as necessary, if not more important than the answers we sometimes come up with. HIV is an invitation to us as people of faith to confront the important and central questions of life and existence. While we have been very good at doing and giving practical care we have often failed to reflect deeply and ponder on the more difficult issues surrounding this pandemic.

The following pages are but one person's attempt to look and reflect upon some of the central issues surrounding HIV and AIDS and to struggle to see where faith in God fits into this painful and for some, shameful illness. We need to try honestly to discover what

¹⁷*The Tablet*, 10 September, 2005, 33.

kind of God emerges from people whose bodies continually present them with conditions that cause them pain. We need to ask the difficult questions concerning the meaning and purpose of suffering and how to make sense of a senseless disease. As gender inequality has emerged as a major factor in the continued spread of HIV and AIDS in the developing world we must try to discover what God's original purpose and plan was in creating us female and male.

While recognizing that there are a number of ways of contracting the HI virus, it has to be admitted that in those parts of the globe where prevalence levels are highest the dominant root of transmission is through sexual intercourse. Therefore it would seem an imperative for people of faith to explore openly the real meaning of our sexual identity in order to reawaken our sense of awe of this wondrous gift of life. Finally we need to pay attention and not lose sight of the spiritual support and care that we can give to all infected and affected, through the Word of God, prayer and a ministry of healing and listening. As Christians we have authentic spiritual tools, which can help us to offer courageously to others real hope so that together we can embark on the journey of living positively with determination.

Hence these reflections are offered as a voice of hope and a confirmation in faith. They are certainly not offered because I imagine that I have any smart or clever answers, or because I consider myself to be a theologian and writer. I offer these reflections because I feel a challenge to try to contribute to the struggle of finding a way of making sense of a disease that strikes at the very roots of our human dignity and future. These reflections are offered because of a deep conviction that people of faith can make a significant contribution in changing the course of this pandemic; and offered in recognition that faith-based communities have indeed already made a considerable contribution, which is often bypassed and ignored.

As mentioned earlier, the following pages arise from the experience of living here in Zimbabwe and travelling in sub-Saharan Africa. This is not to ignore the impact of this pandemic elsewhere in the world, nor to address these reflections just to an African context, but simply to try to speak from what is known rather than what is

not. Of course, there are similarities between our experiences of HIV and AIDS no matter where we find ourselves in the world.

Sadly however there is much dissimilarity due to poverty and lack of resources. To be HIV-positive or living with AIDS in North America and Western Europe is a very different experience because it would mean living with a chronic and manageable illness, no more or less chronic than heart disease and certain types of cancer. The availability of affordable medication and the health delivery systems that provide care assure a person who is infected that they can live. Conversely, being infected in Africa and other low-income countries still means living with an illness that is life-threatening. Essentially, however, wherever we might find ourselves in the world, to be infected means we are faced with choices and questions of great significance. In whatever part of the globe you are reading these reflections I can only trust and hope they will make some sense to your own personal experience.

In the preface of the *UNAIDS Global Report for 2005* we find the following statement:

AIDS is an exceptional disease with exceptional and wide-ranging impact, it requires an exceptional response.¹⁸

I invite you now therefore to join me in the following pages in reflection and prayer, trying to discover and struggle to find a truly Christian response to this exceptional disease that embraces and concerns an exceptional God.

¹⁸*UNAIDS Global Report*, 20.

Read carefully Job 29:1-10; 30:1,9-23

As you read this passage, read it through the eyes and experience of someone living with or affected by HIV and AIDS.

What thoughts, feelings, ideas emerge within you?

What does it reveal about stigma and discrimination?

Where would you find hope or consolation?

What image of God does it bring to mind?

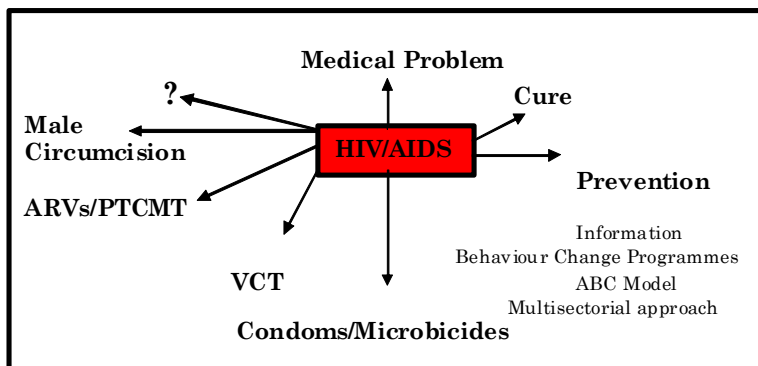
CHAPTER ONE

Looking Back as a Way of Moving Forward

The Response to HIV and AIDS: A Process, Not a Solution

Before we can truly look at theological empowerment, which is of the greatest necessity if we are to respond fully as Christians to HIV and AIDS, we need first to reflect a little on where we are in the struggle with this pandemic and how we arrived here. The diagram below gives a simple outline showing the varied ways we have tried over the last two decades to intervene so as to reduce and eradicate this tragic threat to humankind.

In looking at these different interventions, however, and arranging them in this particular order, there is no attempt to present here a strictly chronological account of the histology of the pandemic; rather the diagram and the following pages merely seek to highlight what the major interventions have been.

**Figure 1**

Looking back at the history of HIV and AIDS, one can see clearly that as our knowledge of this virus grew so the types of interventions employed to avert further increase in infections have also changed and developed. It is perhaps not unfair to say that in the very early days, once scientists discovered in 1983 that the HI virus that causes AIDS, the emphasis was naturally on looking for a medical solution. HIV is after all a virus, a medical condition, therefore logically it seemed right to consider it primarily the concern of medical practitioners and researchers, one which they alone had to solve. What initially engaged people's attention was the need to find a cure, a vaccine, and every effort had to be put into discovering one. Subsequent years have of course revealed the far more complex nature of the virus that we are looking at. We now see it very much as one epidemic that exists and is fuelled by many other social epidemics. The approach to HIV today is multi-sectoral.

Looking for a Cure

HIV is a virus that is full of contradictions. It can disable the immune system and yet is itself very fragile. A common cold virus, for example, can linger on our hands for days but fresh air dries and destabilizes HIV in hours or even minutes. Likewise if the HI virus comes into contact with alcohol or chlorinated water (i.e., when it is

outside the body) it is quickly rendered inactive. Soap also neutralizes HIV by breaking the chemical bonds of its lipids.¹ HIV is a conundrum indeed and from its earliest detection concerns were focused on trying to discover a possible vaccine.

The traditional way of combating a viral infection has been to develop a vaccine. These teach the body to recognize and defend itself against viruses or bacteria that cause disease. Vaccines are designed to help people who are not yet infected, either by preventing infection or by slowing disease progression following future infection. It is important however to be very clear that a vaccine is not the same thing as a cure.

It soon became apparent, however, that a cure and a vaccine were not going to be easy to find. If a vaccine were to be found then it would need to encourage the human immune system to defend itself against HIV. The immune system protects itself against disease with a combination of cells and chemicals called antibodies. The early vaccine research focused on trying to teach the immune system to produce antibodies that would block HIV from entering human cells. Of course it is one thing to create a laboratory culture called HIV but the antibodies are not engaging with the real thing. In the response to HIV no reliable vaccine has so far been found.²

Developing a vaccine against HIV is a very difficult challenge. Why? First, it has to be understood that nobody has so far ever recovered from the HIV infection, so there is no natural mechanism to imitate. Second, HIV destroys the very cells that are meant to

¹Michael Klesius, *National Geographic*, February 2000, 37.

²The following websites will be of interest for those who want more information:

- National Institutes of Health <<http://www.niaid.nih.gov/publications/aidsfact.htm>>
- International AIDS Vaccine Initiative <<http://www.iavi.org/>>
- Global HIV Vaccine Enterprise <<http://www.hivvaccineenterprise.org/>>
- The Body <<http://www.thebody.com/treat/vaccines.html>>

fight against it. Third, once a person has been infected, the HI virus inserts its genetic material into human cells, where it remains hidden from the immune system. Fourth, because of the very nature of this unstable and highly variable virus we have to understand that HIV has the capability of mutating and changing its appearance very readily.

Although we naturally speak of HIV as if it were a single virus, the reality is that there are many different strains of this virus, even within the body of one person. To date, therefore, when referring to HIV we are really talking about at least two main types of HI virus, HIV-1 and HIV-2, and both of these can be divided yet again into groups and subtypes which in turn are subdivided into further subtypes.

Research has revealed that the subtype of the HI virus that is found in Sub-Saharan Africa, India and Ethiopia (HIV-1, subtype C) is different from that which is found in West Africa (HIV-2), and different again to the strain in Western Europe and North America (HIV-1, subtype B).³ The cry for a suitable vaccine to prevent HIV infection has had to take into consideration the considerable complexity of the virus that one is trying to eradicate, as the following quotation tries to highlight,

It is still not clear what kind of immune response in a vaccine recipient is necessary for protection against HIV infection. All the mechanisms which have been used to develop effective vaccines against other infectious diseases have proven unfruitful in the case of HIV... Most observers anticipate that it will probably be ten to twenty years before vaccines will make a real difference in preventing HIV infections, if this is ever possible.⁴

³See Sonja Weinreich & Christoph Benn, *AIDS: Meeting the Challenge*, WCC Publications, Geneva, 2004, Chapter 1. See also www.avert.com and click on the article *Introduction to HIV types etc.*

⁴James F. Keenan SJ, (ed.), *Catholic Ethicists on HIV/AIDS Prevention*, Continuum, New York, 2005, 34.

A fifth reason why the search for a vaccine has been slow is that less than 1 percent of all the resources allocated to HIV and AIDS worldwide is actually spent on research. According to Dr Seth Berkley, president of the International AIDS Initiative, the environment is not very conducive to the production of a vaccine because there is a lack of commercial interest. This is largely due to the fact that the majority of vaccine is needed in lower-income countries. It does not take long for us to work out that countries of lower income will of course be far less lucrative in terms of a financial return. Finally, there are no good animal models to use in experiments. Some would suggest that there was perhaps yet another, less noble, reason for the slow start to searching for a cure. HIV and AIDS first manifested itself among the homosexual community of North America and Western Europe, in fact it was known in the early 1980s as the “gay cancer” or the “gay plague”. Because this virus was located in a minority group, and one that carried much fear, misunderstanding and disgust, it was considered to be self-inflicted, largely through promiscuous sexual behaviour. There were those who even went as far as suggesting that HIV and AIDS was God’s way of eradicating an unsuitable element from society so there was hardly a need to rush to find a cure, simply let nature take its course! From the beginning, therefore, a moral or judgmental label was attached to this virus that has become the seedbed of the stigma and discrimination that has often been far more crippling than the virus itself.

To understand the full horror of those early days it is worth watching the film *Philadelphia* or reading the novel by Christopher Davis, based on the screenplay by Ron Nyswaner. In the trial that lies at the heart of this moving story about Andrew Beckett, a lawyer who is dismissed by his law firm because he is gay and has HIV and AIDS, a witness, Ms Benedict is called to give evidence. She too is HIV positive. In the cross-examination the following dialogue ensues,

“Ms. Benedict, how did you contract the AIDS virus?” he asked.
“During a transfusion. I lost a lot of blood giving birth to my second child.”
“In other words,” Mr Green said, “in your case there was no behaviour on your part that caused you to be infected. It was something you were unable to avoid, isn’t that correct?”
“I guess...” Ms Benedict started.
“Thank you,” Mr Green said.

Ms Benedict was not about to be intimidated. “But,” she said, “I do not consider myself any different from everyone else who has this disease: I’m not guilty, I’m not innocent, I’m just trying to survive.”⁵

While it would be wrong to give the impression that the quest for a vaccine has not been sincere, the truth has to be faced that the road is long and hard, though recently someone commented that if HIV had been an airborne virus we would probably have had a vaccine within three years. Even if, however, a vaccine were to be discovered today it would take many years before we would see the trend of infections turned around. Like any other discovery, the time between discovery of a marketable vaccine and production could be as much as twenty years or more. One biologist, G.J. Stone, has remarked that if we are lucky and a vaccine is found now, then by 2021 HIV will be responsible for about 5 million deaths a year. If not, we could be looking at 12 million.

Many researchers would agree that it is unlikely that any effective product will be available before 2015 at the earliest. It’s even possible that the search could last decades. As Bill Gates has said,

If you took a poll of reputable scientists they would say that [an AIDS vaccine] is further away today than they would have said even ten years ago. It is not a question that we have not made

⁵Christopher Davis, *Philadelphia*, Penguin, Harmondsworth, 1993, 161.

progress in that time. It's just that all the simple things didn't work and even the quite non-simple things didn't work.⁶

Salutary as this fact is, we should not despair.

Writing in the *New England Medical Journal* of August 25th 2005, Dr Howard Markel recalls that although HIV and AIDS has arisen at a time when medical research is extremely advanced we might easily suffer from unreasonable expectations. He noted that April 23, 1984, was the occasion of the "most wildly optimistic predictions" and caused many to blush with embarrassment. It was the occasion when the virus we now call HIV was first identified and the then-US Secretary of Health and Human Services, Margaret Heckler, firmly announced that a vaccine would be ready for testing within two years! Dr Markel goes on to explain why many scientists "blanched visibly",

Their reaction was understandable. After all, it had taken 105 years to develop a vaccine for typhoid after the discovery of its microbiologic cause; the *Haemophilus influenzae* vaccine took 92 years; pertussis vaccine, 89 years; polio vaccine, 47 years; measles vaccine, 42 years; and hepatitis B vaccine, 16 years. And so, after a mere 21 years, we continue to struggle to contain the pandemic of our age.⁷

Trials of various vaccines are currently in operation. It is estimated that approximately 33 human trials are currently taking place around the world. If any one of these led to a vaccine that would eventually immunize people against HIV many around the world would rightly applaud loudly. It has been reported that two of these trials have been halted after the initial results showed that the vaccines were

⁶Bill Gates, the world's biggest private donor to AIDS vaccine research, March 2005.

⁷See Howard Markel's article: The Search for an Effective HIV Vaccine, *New England Medical Journal*, August 25, 2005.

ineffective and “may have increased risk of HIV infection”.⁸ The trials were being conducted in the USA and South Africa and despite promising early results from animal studies the vaccines proved ineffective and may well have increased the risk of transmission of the HI virus due to affecting the immune system.

This new setback in the search for a vaccine only goes to encourage us to face the reality that important as they are, vaccines would not challenge us to stop and ask the uncomfortable question, why it is that people risk being infected by a preventable virus?

A Need for a Prevention Campaign

Alongside the search for a vaccine, gradually it became clear that there was a need for an intervention that could slow down the continued growth of HIV infections. This was seen to be especially necessary because the demographics of this epidemic had now begun to change and change rapidly. HIV and AIDS had begun to break out of the marginalized world of the intravenous drug users and homosexuals, and had begun to take root within the heterosexual population.

From being a virus that was by and large white, gay, and male, HIV soon began to manifest itself rapidly among the heterosexual population beginning in central Africa and moving into southern Africa where the vast majority of the world’s HIV population now lives. The epidemic is currently increasing in Asia as well as the countries of the former Soviet Union. With increased infection rates and the shift in the demographic picture of HIV and AIDS, the time was more than ripe for a rigorous prevention campaign to be set in motion.

With hindsight it is all too easy to suggest that there was a naïve assumption underlying these early prevention programmes that if people were given enough information concerning the roots of

⁸<http://www.aert.org/aidsnews.htm>. [Report accessed on 21 November 2007.]

transmission then the numbers of people becoming infected would by default decrease significantly. Why would infection rates decrease? The answer was simple because people would either protect themselves from possible roots of transmission or radically change their sexual behaviour and avoid occasions of high risk. Prevent and Protect became key words underpinning the early campaigns and to some extent remain the core message of many who specialize in HIV and AIDS today. Effective prevention thus relies on people's willingness to change.

Sadly, however, it has to be recognized that worldwide "less than one in five people at risk of becoming infected with HIV has access to basic prevention services" (UNAIDS, 2005). In resource-limited countries for example one can often find in cities and urban areas good examples of prevention campaigns. Once one moves out into rural areas, however, where access to information and literacy may be low, the knowledge of how HIV is contracted and prevented, etc., may likewise be minimal.

Even more alarming is the growing recognition that in many countries where vigorous prevention campaigns have been launched there often seems to be a significant gap between the information given and the resultant change in people's behaviour. This can be due to significant influencing factors such as alcohol or drug abuse, which clearly lowers people's ability to choose wisely, but also because many people, especially young people, have become hardened to the prevention messages. Some even gave their own interpretation of the acronym AIDS; they said it was an American Idea to Destroy Sex.

It is rightly claimed that young people provide a window of hope in the fight against HIV and AIDS because, if for no other reason, if they can take up the choice for life and change their own patterns of behaviour then the tide of the pandemic can be turned. In some instances, however, there is a growing fear that these windows seem to be closed as young people themselves report that they know well the facts concerning HIV transmission but they choose to tune out when presentations are being given, especially if the person talking

is an authority figure. “It’s the same old message” can be the feeling of many students in schools and the message is, “let me spoil your fun”!

Moreover we need also to take into consideration the profound effect that cultural and religious attitudes have on people’s values, beliefs and choices. Still it is important to assert that behaviour-change programmes and the promotion of safe sex have certainly contributed to the drop in the numbers of new infections. HIV and AIDS is after all a disease that is 100 percent preventable; all people need to do is either abstain from sexual activity that brings risk or take the necessary precautions to guard against the various other roots of transmission. It sounds easy enough but human behaviour is not so easy to regulate. We need to look more carefully perhaps at the particular groups we are targeting when presenting and creating our prevention messages. Delivering the correct information is one thing, but delivering it in a language and medium that is understandable and acceptable is crucial. Different groups clearly need different forms of prevention messages.

One of the simplest prevention messages developed has been the “ABC” model, Abstain, Be faithful and/or use a Condom. In many countries, especially throughout Africa, one can come across advertisements that proclaim, “It’s as easy as ABC.” Or, as one commentator has written,

ABC education has, at least for the time being, the power of the purse and has by now a Coca Cola coverage in Africa. It is also highly standardised – you see the same manuals, slightly adjusted to local circumstances, over and over again, spreading from South Africa north to the borders of the Arab world.⁹

With the passing of time however it has become abundantly clear that it is not quite as easy as ABC. Infection rates are not decreasing enough and have in fact risen in some countries. Furthermore, the

⁹Joke van Kempen, *SAfAIDS News*, June 2006, Vol. 12.

ABC message itself can be seen as confusing and contributing to stigma and discrimination. In reality the message, which at first seems simple, can prove in practise to be very unbalanced as one or other of the three components gets lost or is over-emphasized.

The message starts by saying that in an ideal world people should abstain from sexual encounters outside of marriage and be faithful to one partner within a stable relationship. Soon, however, this message can end up simply stressing the use of condoms because the invitation to abstinence or being faithful is considered to be too idealistic and impossible to practise.

The closer one reflects upon the ABC message one can begin to see a fatal flaw emerging. The hidden and unspoken implication of the ABC message can often be that the best kind of people are those who can and do abstain or those who are faithful to one partner. It's only those who are unfaithful and cannot practise abstinence that will need to use condoms as a last resort. Condoms = weakness of character and lack of control. There is therefore an unconscious value judgment that people often read into this ABC message.

There are other problems. Recently while giving a workshop to community teachers in Zambia, a group that consisted of people considered as being most vulnerable and at risk (19-24 years of age), it was freely shared in the open discussion that abstinence simply was not possible. The implication from those who were reporting back from their group discussions was that it was unrealistic and unnatural to expect people, especially young people, to go without sex. In this instance abstinence was interpreted as giving people a life-sentence of denial. It also seemed as if the very people who were now promoting this idea had not themselves, as youths, practised it.

The ABC message therefore meets great resistance because it is already having to try to save a generation that has a very different and for them a more appealing message: relationships at root are about sexual expression. The sexualization of relationships over the last forty years has been subtle but deeply influential. The whole subculture of the young in terms of music, magazines and films disseminates the popular and attractive point of view that sex is

natural and normal and as long as it is consensual it is part of the way we recreate and relate.

In such a worldview, even though abstinence as a means of avoiding infection, may appear as common sense as the only 100 percent means of guarding against infection, it does not make sense at all to a vast majority of people. The story is told, how true I would not know, of a speech that Mother Teresa of Calcutta gave at Harvard University, USA, on the topic of chastity. It is claimed that more dictionaries were sold that day than on any other day in the academic year. Abstinence is not a concept that the 21st century readily understands. It is simply seen as a negation.

Furthermore there is the unspoken implication in the ABC message that if you stick to one partner you will be free from infection. This has not been the experience of the majority of women throughout the world, particularly those in Sub-Saharan Africa, who have been faithful to their husbands but who have been infected. Faithfulness to one partner only makes sense by adding two further provisions. Test for HIV yourself, test your partner and then guard against all other possible roots of transmission if both of you are negative. If one of you is positive then you need to discuss the best ways to prevent infection and re-infection.

While few would disagree that the prevention of HIV and AIDS will stand or fall on the emphasis on risk reduction and risk avoidance, many more people are looking for renewed messages of prevention that are creative and arise from the different groups most at risk. We cannot simply present one “fit-all” slogan. People are far more complex.¹⁰

¹⁰Christian Aid and the African Network of Religious Leaders Living with or Personally Affected by HIV and AIDS have been aware of the unsatisfactory nature of the ABC approach. As a result they have adopted a new acronym, SAVE. S = safer practice, A = available medications, V = voluntary counselling and testing, E = empowerment. The message is summarized along the following lines: Be Safer, Get what’s Available, Get tested Voluntarily, Get Educated. Further explanations can be obtained from Christian Aid.

Advocating the Use of Condoms

Those working with people who are infected and affected by HIV and AIDS and those most at risk have learnt through experience that no matter how well-intentioned prevention campaigns are, there remains a gap between information and living according to the information you possess. Many people who are adequately equipped with information find themselves either unwilling or unable to change their sexual behaviour or that of their partner. There are many external as well as internal pressures that militate against behaviour change and so alongside the education programmes many NGOs and HIV and AIDS activists have strongly advocated for the use of and free distribution of condoms as a more radical way of combating this virus.

Behind the promotion of condoms is a clear premise and it runs like this: If men can be persuaded to wear condoms then this would cut down the number of new infections drastically. This is of course true in theory. The reality is different as it fails to take into consideration the human factor. Not everyone has such easy access to condoms or the freedom to negotiate for their proper and consistent use.

While not denying the effectiveness of condoms as a possible prophylaxis, the fact remains that the advocacy for the use of condoms is already an admission that information and behaviour-change campaigns alone in and of themselves are not sufficiently effective. Furthermore the provision of condoms in low-income countries does not seem to have reduced the number of women who are yearly infected.

Advocacy also sometimes fails to recognize the strong dislike of condoms among male users, particularly in lower-income countries. Added to which, for some Christian groups as well as other religions, the promotion of condoms has proved to be a contentious issue. In fact in some ways it has been allowed to distract people from the deeper issues underlying the continued existence of a preventable disease.

Condoms can in some ways be likened to a plaster that one applies to a wound. The wound is covered and it may prevent infection but it does not necessarily give proper attention to the wound itself. It is first aid; while HIV and AIDS require that we work for a more radical solution. It is to this controversy that we will have to return later so as to reflect more deeply and somehow attempt to gain some clarity and sense of perspective.

The Advent of Microbicides

Before leaving the realm of protection or safe sex, it is worthwhile mentioning at this point the emergence of research into microbicides. April 2006 saw the Fourth International Microbicides Conference held in Cape Town, South Africa with more than 1300 participants. This was the biggest conference to date and was a clear indication of the growing interest in this research. As microbicides are in their early stages of trials this is an opportune moment to reflect on them.¹¹

So far in the response to HIV infection women have had little or no chance to take a clear and pro-active approach regarding their own sexual health. Thus with the emergence of microbicides women can find their voice and express their own control over their bodies, they can begin to choose for themselves. Condoms have by and large remained the domain of men. This has proven to be disastrous in many countries where women have no rights to ask for condoms to be used by their male partners. With the advent of microbicides, women may now have for the first time a female-controlled prevention method. Of course there are female condoms but these are expensive and not very popular in resource-limited countries.

So what are microbicides? Microbicides are chemical compounds that kill or prevent the microbes that cause the HI virus from infecting a person. These chemical compounds in the form of a

¹¹See the following websites for further information:

- Alliance for Microbicide Development <<http://www.microbicide.org/>>
- The Body <<http://www.thebody.com/treat/microbicides.html>>

gel-like cream are applied before sexual activity to the inside of the vagina, or anus in respect to anal intercourse, and act as a barrier to infection and in some cases they enhance the natural vaginal defence mechanisms. So far, at the time of writing, there are twenty-three microbicide products in various stages of clinical development. In essence, therefore, the gel or suppository protects against sexually transmitted infections, including infection with HIV, by preventing the HI virus from attaching itself to cells within the vagina or anus.

How are they to be used? The microbicide has to be applied before sexual intercourse and lasts up to one hour. If sexual intercourse does not take place within the hour then it has to be applied again and applied for each sexual act. Recent projections by the London School of Tropical Medicine suggested that if a microbicide that is 60 percent effective reaches the market and is used consistently by 30 percent of women at risk, it could prevent 3.7 million infections. Making these microbicides available and affordable would cut infection rates by 40 percent. In terms of lives saved and reduction in sickness this intervention would ultimately cut the cost of suffering and health-care drastically.

There are, however, some important questions that still need to be explored. What are the short- or long-term side effects of using these microbicides? Are there any known drug resistance issues among HIV-positive women who are on ARV-based microbicide? To what extent will individuals and communities who are engaged in the trials benefit long-term? Why should trials always be carried out in lower-income countries? In situations where poverty is a real issue, providing compensation for taking part in the trials could be a real incentive and the risk factor may not be taken too seriously.

Hence what assurance of proper aftercare is given if the trial goes wrong and people are either infected with an STI or HIV itself? What do faith communities think about this latest development, especially as some microbicides are spermicidal and thus act as a contraceptive?

What happens after the trials have been completed? In tests undertaken in laboratories microbicides have been found to have no

significant side effects, but until the large-scale trials are completed in Africa and India we will not be in a position to declare them scare-free. More to the point American and British governments largely fund the present trials while pharmaceutical companies have been slow to show significant interest in being involved. As Graca Machel said at the 2006 conference on microbicides,

We know all too well in this part of the world what happens when profits take precedence over lives. We do not want to repeat the struggles in the efforts to get affordable access to antiretroviral treatments to people living with AIDS.

While recognizing the tremendous breakthrough that microbicides could make to the lives of many women, the very issue of gender imbalance could eventually be the greatest stumbling block. Lori Heise, director of the Global Campaign for Microbicides, has highlighted the fact that the manufacture of these gels and creams alone will do little to truly free women in resource-limited countries from sexual enslavement. What is needed is a far-reaching debate in many countries where women's rights are neglected about the sensitive and crucial issue of sex and power. At root, some men could view microbicides as a threat to their sexual dominance.

In theory the male partner does not need to be informed that the woman is using a microbicide. The woman can apply it herself before and in some cases, after sexual intercourse. In reality however the very women who would benefit from this intervention in resource-limited settings are the ones perhaps most restricted. It is said, for example, that African men prefer "dry sex", i.e. the vagina is dried even to the extent of applying herbs. This naturally increases the woman's vulnerability. A gel or cream in this situation would not be acceptable and easily detected by the male partner. A further complication is how the woman is to buy, store and dispose of these gels or creams and their accompanying applicators without the husband/partner knowing.

Among the major factors that contribute significantly to the increase in infection of HIV is the inequality between women and men. Unless this structural, cultural and institutional disadvantage is dismantled then microbicides will fail to have the far-reaching effect that is predicted. If in essence human relationships are to be based on love, honesty and trust, rather than merely servicing another's sexual needs, then it would seem important that the use of microbicides be negotiated between partners. No matter how sophisticated the creams or gels become, the reality is that a woman could not apply a microbicide without the knowledge of her sexual partner and among some women there is a fear that there may indeed be side effects for the male partner or, if discovered, could lead to mistrust and violence. One thing is very clear, the success or otherwise of microbicides does not rest on scientific results alone. There are far deeper and more significant issues at stake.¹²

Information, encouragement to change patterns of sexual behaviour, and the promotion of condoms have all become standard practice in the response to HIV and AIDS. With the passing of time, however, it has become clearer that more was needed. The emphases moved to equipping people with knowledge concerning their sero-status. Perhaps this would be a valuable tool in allowing them to make informed choices about their sexual behaviour. What was needed was greater provision of voluntary counselling and testing.

The Call for Voluntary Counselling and Testing

From 1985 onwards, once the test for HIV antibodies became available, many governments and NGOs began to provide facilities for counselling and testing, though not all governments did so for laudable reasons. For some authorities testing proved to be neither voluntary, nor was it accompanied by appropriate counselling. In

¹²Disappointing news came in January 2007 when it was announced by UNAIDS and WHO that certain microbicide trials were to be discontinued due to the fact that instead of lowering the infection rate more women became infected than previously.

the apartheid days of South Africa, for example, it was revealed that the blood samples of some 300,000 male mineworkers showed that 800 of them, many of whom were from Malawi, were infected with HIV. The contracts of these employees were not renewed, such was the revulsion of HIV and AIDS in 1986.¹³

It is all too easy to assume that people know exactly with whom and how many people, they have been having sex with. The startling truth, which many fail to recognize, is that in any sexual relationship each partner is in indirect contact with every past and current sexual partner of the other person.

The advent of VCT (voluntary counselling & testing) was thought to be a golden opportunity that would not only facilitate people's knowledge concerning their sero-status but would also mean that they could protect themselves and their partners and so reduce further the rate of infection and the risk of being re-infected. VCT could also provide people with additional support in the shape of post-test clubs where they learnt how to look after themselves in terms of diet, exercise, sleep and lowering of stress. Once again we can observe the very basic principle that knowledge is power.

The good that has come about through the provision of voluntary counselling and testing cannot be denied, yet it is nonetheless important to face the uncomfortable fact that despite all the efforts, of all those who are actually living with this virus "only one in ten has been tested and know their status" (UNAIDS, 2005). The struggle to convince people of the value and importance of being tested still remains. Stigma and the fear of actually being faced with a positive result prevent many from taking this step. Added to which, in many countries where health-care provision is less than adequate, some would say that there is little point in knowing one's status as there will be no medical help as a result. While testing and counselling are at least in theory understood as being interrelated, the notion of testing and treatment are still all too frequently seen as different categories.

¹³Edwin Cameron (2005), 52.

One might even say that the quality of counselling itself and the after-care provided, not to mention the lack of confidentiality that can occur in many small and not so small medical facilities, militates against VCT in some parts of the world. Counsellors may have had the minimum of training and in certain instances be very poor role models themselves, either because they have refused to be tested (and so know little from personal experience what their clients might be feeling) or by using the VCT service for their own agenda, i.e., merely for financial gain.

HIV and AIDS has certainly highlighted the importance of counselling and testing and there is need to provide more of these services and to attempt as best we can to guarantee that we provide services of quality.

The Arrival of the Antiretrovirals

As the years progressed and our knowledge of the HI virus increased, so the ability to treat those infected with opportunistic infections also expanded significantly. In 1996 Dr David Ho announced groundbreaking news that HIV could now be controlled with a combination of medication known as antiretrovirals (ARVs). These drugs would, however, need very careful monitoring because, although ARVs were a promise of hope and increased length of life for those infected, the drugs were also a mixed blessing in that there were sometimes side effects, some of which were more unpleasant than HIV itself. Nonetheless this was good news indeed.

Antiretroviral drugs were in fact known since 1987 but it was not until 1996 that the triple-combination therapy (i.e., taking three types of antiretroviral) was first introduced and became more widely used. Now scientists have revealed that a single dose therapy has been developed which will soon be available and will make life a great deal easier. Taking ARVs at present can be complex and time consuming. There can in some instances be drug resistance in some people who are unable for one reason or another to adhere to a strict regimen of taking some medication with food, some without, at different times of the day and at different times from other medication.

With the advent of antiretroviral drugs came a programme for expectant mothers called Prevention of Parent to Child Transmission (PTCT).¹⁴ This programme allows HIV-positive expectant mothers to have a better chance of delivering HIV-negative babies, a development that has brought a new sense of hope into the bleak world of HIV and AIDS, not simply for the parents but also for the nursing staff whose morale has greatly improved as they deliver healthy babies. Recently it was reported that a new tablet for HIV-positive children has just been approved. The tablet combines three antiretroviral drugs, but in one pill to be taken twice a day. This is the first fixed-dose combination formula produced for children and will improve the quality of life for paediatrics.¹⁵

With the dawn of antiretroviral drugs there seemed to have emerged an unspoken assumption that if people cannot be cured of this virus and we cannot prevent large numbers of people becoming infected then now at least we can help people live longer lives. In reality, however, antiretrovirals were, and to a large extent in the developing world still are only available to those who could afford them. Poor countries, poor people, are basically denied access to them because of what is in legal jargon known as patent rights. Among all the strategies used so far to combat HIV and AIDS, perhaps

¹⁴Worldwide less than 10 percent of women receive the drugs they need to prevent them passing on HIV to their babies. In Botswana, a country with one of the highest rates of HIV infection (24 percent), the number of babies born free of HIV infection has grown rapidly due to strong leadership in PTCT programmes. By providing over 90 percent of pregnant mothers with ARV treatment the transmission rate has been cut by 4 percent.

¹⁵Research by Medecins Sans Frontières in 14 countries of Africa and Asia has shown that children in countries which are resource-limited who receive treatment with non-nucleoside-based regimens experience remarkably good responses. The reverse side is that it is thought that about half the children exposed to antiretrovirals in the womb and after birth go on to develop anaemia and loss of white blood cells. See reports in *SAfAIDS News* 2, vol. 13, 2007.

ARVs stand out amongst all the others as being the intervention that has raised serious questions of justice, or rather injustice.

Patent rights arose in the fourteenth and fifteenth centuries in Italy. In essence, a patent is a license which is conferred by a government to a named person or company that gives exclusive rights to manufacture and sell a particular commodity. In this case the commodity is medication. Usually the patent has a fixed period attached to it, twenty years in Europe and South Africa and twenty-five in the USA. Notionally one might naïvely think that if a medicine has been discovered to alleviate a specific illness then it will automatically be available to those who are suffering from the disease. Real life, however, dictates that the medicine belongs to the person or company who takes out a patent. Thus, they alone can decide where it is produced, to whom it is available, and at what cost.

Treatment Action Campaign, an HIV and AIDS activist group in South Africa, was launched in 1998. TAC saw this patent law as a great injustice and began to challenge it. Their simple goal was to widen the availability of these life-saving drugs to people who most needed them. The death of one man, Christopher Moraka, a person living with HIV and AIDS and who was unemployed, too sick to work and too poor to afford the ZAR1,120 for two weeks' supply of medication, focused attention on the unjust application of patent law. Christopher had been a founder member of TAC and so the remaining members felt impelled to honour the memory of their 44-year-old friend. The debate that TAC raised was clear enough. People were dying unnecessarily because governments and pharmaceutical companies were hiding behind the profitable patent law.

Slowly the availability of ARVs has improved, though the debate to make them more affordable and available to developing countries still goes on. Within this brief description of ARVs here it is not possible to go into every intricate detail about patent law and the larger issue of enforcement of these laws by lower-income countries

that resulted in the World Trade Organization's TRIPS agreement.¹⁶ What is important to note is that the battle to make these necessary and life-prolonging drugs available has not been easy and has highlighted, as nothing else before, the disparity between rich and poor. It is estimated (UNAIDS 2006) that in developing and transitional countries 6.8 million people living with HIV and AIDS were in immediate need of life-saving antiretrovirals. Of these, only 1.65 million had access. Each day, each year, sees the lists of those who require medication increase. It was for this reason that the United Nations Joint Programme on HIV and AIDS (UNAIDS) and the World Health Organization (WHO) set a goal target for themselves that came to be known as "3 by 5". Their desire was to try to ensure that 3 million people would have access to antiretrovirals by the year 2005, a target that has not been met.

In a report released by UNAIDS in September 2007 it was projected that there would be a funding gap of around US\$ 8.1 billion for the treatment of those infected with HIV and AIDS in the developing world in 2007 alone.¹⁷ This in fact will derail all the ongoing strategies for access to comprehensive prevention programmes and continue to hamper the realization of the goal of providing ARVs to millions of people who are clinically qualified to receive these medicines, most of whom live in Sub-Saharan Africa. This is a bleak scenario for those trying to respond to this virus and its related illnesses and for the millions of infected who are in need of this treatment. Even the great pledge of the G8 (group of the most wealthy industrial nations) of July 2005 is only a notional offer since most of the signatories will be out of office and those most in need will have died by the time any funding is released.

¹⁶TRIPS stands for Trade-Related aspects of Intellectual Property Rights: http://www.wto.org/english/tratop_e/trips_e/pharmpatent_e.htm

¹⁷By 2010 around \$42 billion dollars will be needed to ensure that at least 80 percent of PLWHA (People Living With HIV and AIDS) worldwide have access to the services they need. At the current rate only \$17 billion will be available.

In theory, of course, HIV and AIDS is not a problem that belongs to one ethnic/racial group or social class alone, because anyone no matter what their religious belief or socio-economic background can find themselves infected. While all this is true there is a more devastating and sickening truth that has emerged over the years; the truth is that whereas all are equally capable of becoming infected, not all are thought equal when it comes to access to suitable and sustainable medical treatment. Hence HIV and AIDS has increasingly become a major problem for those in lower-income countries. It is an untreated disease of the poor and, more tragic still, an untreated disease of poor women, especially those on the continent of Africa.

Like many slogans, “3 by 5” sounds slick and catchy but it will perhaps haunt UNAIDS and WHO as an undelivered promise. However they cannot bear wholesale blame for the failure to deliver because they have met many obstacles on the way, not least the dismal quality of political willpower and leadership to truly fight this pandemic. Let us be very clear; the problem we are facing concerning ARVs is not simply a question of their availability; there is no shortage in terms of production. What we are coming face to face with is human greed and especially the greed of the large pharmaceutical companies who are more concerned with their end-of-year profit margins than marketing a commodity that a larger percentage of the world could benefit from.

We also face the fact that many governments in resource-limited countries are placing more stress on defence budgets than on health delivery systems. Also it has to be noted that while complaining at the lack of resources given to them and pointing the finger of blame at pharmaceuticals and governments of developed nations, those responsible for governance in low-income nations are themselves prone to mismanagement of aid as well as benefiting from duties and tariffs that they themselves impose on imported drugs.

Countries in resource-limited settings have a critical partnership in the roll out of ARVs. Yet as Dr Sue Parry, the Southern African Regional Coordinator of the HIV and AIDS Initiative of the WCC has found from experience, many governments were often ill-prepared

in terms of the training of health personnel, counsellors and providing the necessary infrastructure such as VCT centres, improving laboratories to cope with increased requirements and mobilization of local communities. Though governments in low-income countries often complain bitterly about what they do not have and articulate long lists of what is needed if only the international community would dig deeper in their pockets, these same governments consistently fail to utilize, maintain and improve the resources they actually do have. Mechanisms of drug distribution, monitoring, providing adequate nutrition, the surveillance of TB and the provision of prophylaxis such as Cotrimoxazole were often not in place so as to assist the success of the “3 by 5” campaign. None of these were in fact dependent on whether ARVs are available or not, but as Dr Parry rightly stresses, they are prerequisite to effective ARV roll out.

It would, therefore, be all too easy to blame WHO/UNAIDS, the donor organization or even the pharmaceutical companies for the lack of success of the “3 by 5” campaigns. This would be an injustice in itself. For while each may take a share of the collective blame, the governments of the countries most affected by HIV and AIDS must take the lion’s share. “Donor syndrome” has crippled many low-income countries and makes them blame others for problems, while in other circumstances demanding to be treated as adults who can solve their own problems.

While it is clearly right and just to advocate a scaling-up of the availability of ARVs, especially in countries where resources are constrained, it is also important to be aware that this increase has ethical implications for individual countries and donor agencies. What is the use of scaling-up if there are no mechanisms in place to ensure that all those on ARV treatment will continue to have access to medication for as long as they need it? It is important to take note that the majority of governments in low-income countries have not as yet taken ownership of ARV programmes and are unlikely to provide for budgetary support to ensure continuity of treatment once donors begin to phase out their own commitment.

The sustainability of ARV programmes is therefore a vitally important issue and presents us with a fundamental moral question: Is it right to offer people hope through the provision of ARVs if the source of hope is going to dry up after a certain period of time? Is it right not to provide what we can in terms of aid even if the provision is time-limited? The international community of developed nations will need to be brought to understand that funding for ARVs will need to be seen as a global responsibility for much longer than many donor agencies first anticipated.

Before leaving this topic of ARVs there is one more issue that needs to be highlighted. A feature of antiretrovirals that has already been mentioned is the fact that they can have side effects, some of which seem more difficult to cope with than the HI virus itself. There is a very dangerous side effect, one more deadly than the physical side effects, which few predicted and is not often brought out into the open. Despite a great deal of information, many people still erroneously see ARVs as a cure and this has led in some countries of the developing world to a dropping of the “prevention guard” in either the use of condoms carefully and consistently, or to radical behaviour change. Anecdotal evidence among the gay community of San Francisco reveals that the advent of ARVs has led some younger homosexuals to think that it does not really matter now if they become infected because there are medicines that will prevent the virus gaining too much strength and imposing an early death.

ARVs have brought a great deal of hope into the world of HIV and AIDS but from this brief reflection it can be seen that there is still much work to be done in terms of education and in making these drugs available, affordable and accessible. While recognizing them as a significant breakthrough we need also to be aware of the moral issues that ARVs bring to light. An article in *The Guardian Weekly* (13 July 2007) reported on the effect of the provision of antiretroviral drugs in Johannesburg Hospital AIDS Clinic. It quoted François Venter, the president of the Southern African HIV Clinicians Society, as saying that despite the roll-out of antiretroviral medication doctors are not really making any real headway in reducing HIV infections

because the virus is spreading far more quickly than the treatment programme can cope with. The report continues,

Keeping people on medicine, which generally must be taken twice a day for life, has proved difficult. The World Health Organisation reported in April that 1.3 million Africans were taking antiretrovirals. But most programmes cannot track their patients.¹⁸

As Venter put it, “I don’t think we are going to treat ourselves out of this epidemic.” While, in theory, ARVs prolong life, the lack of adherence and inadequate preparation and supervision of the ARV programmes by governments can, in fact, bring about unnecessary suffering and untimely death. Likewise the constant mutation of the virus itself demands newer and more effective ARVs in the future.

Where Are We Now?

Twenty-seven years into this pandemic and people are asking, what next? We have been informed about the risk of HIV infection, we have been urged to use condoms consistently and correctly if there is danger of infection, we have been encouraged to know our status and in some countries ARVs are readily available to prolong the life of those infected, but still infection rates continue to grow. News was released in December 2006 that a study into male circumcision in South Africa, Uganda and Kenya revealed that men who are circumcised are approx 50 percent less like to be infected. It is necessary to stress, and stress clearly and loudly, that circumcision is not a guarantee that a man will not get infected but it slows down the chance of infection in men though in not women. Circumcision therefore is one more tool that can be added to the HIV prevention

¹⁸*The Guardian Weekly*, 13 July 2007, 42.

tool kit.¹⁹ Time will now tell how effective this new intervention will be and how easily and readily it will be taken up in resource-limited countries. Access and the health-care infrastructure and, in particular, the standard of surgical procedure will be key issues.

We can of course work even harder to scale-up prevention messages and improve availability of sound medical assistance; all this is of vital importance. Yet there remains a nagging question: crucial as all the above interventions have been and continue to be, is there anything more that we can bring to our attempt to rid the world of this pandemic? At the time of writing it is estimated, according to the UNAIDS Global Report published in July 2008, that 33 million people are living with HIV and AIDS throughout the world, of whom 2.5 million are young people under the age of 15. Of those infected with the HI virus 22 million live in sub-Saharan Africa, 15 million are women. Over 25 million people have died worldwide so far with AIDS-related illness; 2.27 million in 2007 alone, 330,000 of them were children. In 2007 2.7 million were newly infected worldwide, 420,000 were children under the age of 15. All this makes HIV and AIDS “one of the most destructive epidemics in recorded history” (UNAIDS, 2005).²⁰ Indeed a staggering total of 65 million people have been infected since the start of this epidemic.

¹⁹The same hurdle that has affected the roll out of ARVs in southern Africa however is likely to hit this new intervention. The health systems in this part of Africa are in meltdown. They have suffered years of neglect and the low salaries and poor working conditions mean that many health care professionals look for greener pastures outside the continent. In Malawi it is estimated that there is one doctor for every 42,662 patients.

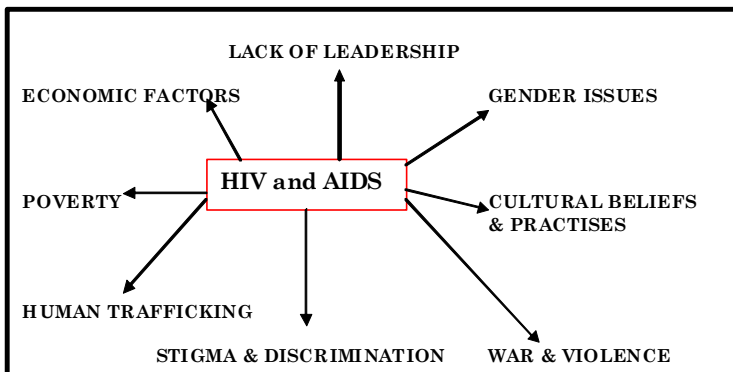
²⁰It is always necessary when quoting statistics for HIV and AIDS to realise that by the time of publication the figures are already out of date. Numbers are, of course, very unreliable, as in many areas of the resource-limited world people become infected, die and are buried without ever coming near a clinic or doctor, so who can really know the full extent of this pandemic? Also, while not wishing to impute bad motives, one wonders if at times it suits governments and NGOs to reveal reduced infection rates so as to give the impression that they are doing their job well.

The sheer scale of the HIV and AIDS pandemic has now outstripped even the worst prediction of a decade ago and many countries throughout the world find themselves in the grip of serious epidemics, while others are on the brink. Yet, however shocking we may find the raw statistics of people infected and affected by HIV and AIDS, these numbers reveal only a small part of the total impact of this pandemic in terms of human suffering and misery, whether at the global, societal, family or individual level.

These staggering statistics need to be translated into human faces, into names of friends and relatives, brothers and sisters. We can never afford to forget that HIV and AIDS infects and kills people. It destroys families and destabilizes whole communities. It slows down and disrupts economic growth and social services. It makes those already vulnerable, such as women and young girls and those disadvantaged by poverty, at greater risk of infection. This is not a mere catastrophe on paper, it is a violation of our very humanity, an attack on all that it means to be human.

We have looked briefly at the varied means that have been employed over these past decades to try to stem the tide of HIV and AIDS. The reality of these years of experience has helped us to recognize clearly that HIV and AIDS constitutes a threat, not only to our physical well-being but to our economic and political stability as well. Deaths from HIV and AIDS related illness lead directly to a reduction in the number of able-bodied people available for work. These deaths occur predominantly among workers in their most productive years and so many countries in Africa, and the rest of the developing world, struggle with a workforce which is not only far less experienced but one that is itself vulnerable to infection. HIV and AIDS is therefore a crisis that impacts on every level of society and every level of the individual.

If we look at the diagram below we see that HIV and AIDS goes far deeper than a virus that penetrates peoples' veins and immune system.



Though clearly medical as stated earlier, HIV is fuelled by a wide range of issues that contribute significantly to increased new infections. Amongst these are:

1. Cultural practice and customs, many of which undermine the rights and value of women, young girls and children in general, as well as undermining prevention messages.
2. Traditional beliefs, which often seek to blame someone for an illness or death rather than face the reality of disease. Such beliefs reinforce denial, stigma and discrimination.
3. Socio-economic conditions and development, which may well, because of poverty, work against a positive life-style diminishing the chance of proper nutrition and endangering food security, health care and family support. It also affects the choices people are able to make.
4. Issues of human responsibility, sexuality and gender, which view sex as a cheap and easy recreational pastime, a right that has to be fulfilled and that considers women and young girls as objects of satisfaction and pleasure having no “rights” in and of themselves. The whole complex issue of human trafficking is part and parcel of this.
5. War and conflict, both of which contribute greatly to the spread of infection. Few countries in Africa have been spared,

resulting in trauma that has been compounded by poverty. Conflicts generate and entrench many of the conditions and human rights abuses in which the HIV and AIDS epidemic flourishes. Conflicts are closely associated with physical and sexual violence, forced displacements and separation on family members, sudden destitution, collapse of social structures and increased poverty and powerlessness.

6. A lack of focused leadership, which fails to see that adequate funding and clear prevention messages reach all the people. Governments tend to get hijacked by their own political agendas that can fail to see medical needs as important. HIV and AIDS strategy is long term, requiring consistency and determination so as to bring about radical change. The effect of policy is not immediate so great patience and clear vision is needed.

All these issues highlight that we are dealing with a virus that is multi-layered. It was the awareness of the unprecedented nature of this pandemic that led the UN to declare HIV and AIDS to be “an international security issue that could decimate the economic, political and military establishments in many countries.”²¹ June 2001 saw a UN General Assembly Special Session convened on how best to tackle HIV and AIDS, the first time a health issue had been debated by the UN, which resulted in the setting up of the “Global fund to fight HIV and AIDS, TB and Malaria”. HIV and AIDS was at last beginning to be understood as having wider implications than health and medicine alone, for it attacks the very core of what it means to be human.

²¹Opening Address to the International Partnership Against AIDS in Africa, New York, December 1999.

Where Can We Go From Here?

We live with uncomfortable statistics, such as:

57 percent of those living with the virus in sub-Saharan Africa are women, as well as over half of those with the infection worldwide;

6,800 new infections occur each day worldwide, 5,800 amongst those between the ages 15-24 years of age. This age group now accounts for nearly half of the new infection worldwide;

There are over 12 million children who have been orphaned worldwide, 11.6 million are in Africa.

We cannot further violate the suffering of so many by attempting to squeeze the complex issues of HIV and AIDS into neat and banal solutions. Cheap and slick slogans will not ultimately contribute significantly to the eradication of a pandemic that desires to diminish people from within. We need to put time and effort into genuine reflection. As Kofi Annan, UN Secretary General said in November 2000,

We must make people everywhere understand that the AIDS crisis is not over; that this is not about a few foreign countries, far away. This is a threat to an entire generation; this is a threat to an entire civilization.²²

This was simply echoing what Pope John Paul II highlighted in Tanzania in 1990,

The drama of AIDS threatens not just some nations or societies but the whole of humanity. It knows no frontier of geography, race, age or social condition...Only a response that takes into account both the medical aspect of the illness as well as the human, cultural, ethical and religious dimensions of life can offer complete solidarity...and raise hope...

²²UN Department of Public Information, November 2000.

Thus the threat posed by HIV and AIDS is not only a threat to individuals or their families alone, but also whole communities and countries, and inevitably “to the whole of humanity”. HIV and AIDS is a global emergency and unlike many other disasters that strike humanity they have no foreseeable end in sight. Many countries already have begun to admit that entire generations are disappearing, leaving behind the old and the very young. Colin Powell, former US Secretary of State, remarked,

No war on the face of the world is more destructive than the AIDS pandemic. I was a soldier, but I know of no enemy in war more insidious or vicious than AIDS, an enemy that poses a clear and present danger to the world.²³

Faith-based communities have a vitally important opportunity to be part of the answer to this virulent enemy of our world. Faith-based communities may indeed help considerably by providing a new set of questions as to why HIV and AIDS continues to be with us and to grow despite very sincere efforts to the contrary. But it may require a change in our way of approaching problems of this kind.

We live in an age of the sound bite, that is to say, people want quick and short answers to long and complicated issues. Politicians are asked to reduce their policies for example to easily-remembered slogans. So-called experts are invited to condense their life’s work to a side of A4; “Like children who need their food cut up for them, we prefer to deal with little pieces rather than to chew over complex issues for ourselves.”²⁴ The reality of life lived in the context of HIV and AIDS however does not permit us to look for simplistic solutions. HIV and AIDS challenge us to look at the questions of faith. As Pope Benedict XVI has made clear in his first encyclical, *Deus*

²³*New York Times*, 26 June, 2001.

²⁴Michael Casey, *Sacred Reading*, Liguori/Triumph, Liguori, MO, 1996, 7.

Caritas Est, when we are faced with people in need it is not merely a question of professional competence, though this is truly necessary, but the deeper recognition that we are dealing with human beings, hence,

They need humanity. They need heartfelt concern. Those who work for the Church...must be distinguished by the fact that they do not merely meet the needs of the moment, but they dedicate themselves to others with heartfelt concern, enabling them to experience the richness of their humanity.²⁵

It is the very richness of humanity that calls, in the Pope's words, for a "formation of the heart" that leads to an encounter with God in Christ. It is therefore to this central issue that we must turn our attention in the next chapter.

Scripture to Read and Reflect Upon

Ezek. 36:1-14	Choice in life/New life/Resurrection
Ezek. 47:1-12	Invitation to go deep and find healing.
Deut. 30:11	end Choice of life rather than death-living positively.
John 20:1-10	What are we looking for in the face of this pandemic?
Eph. 6:10-20	We need the Armour of God, but what is this armour in the face of HIV and AIDS?

Questions to Ponder

1. What has been your own personal experience of HIV and AIDS in terms of family & friends, Christian ministry and preparation for ministry?
2. Have you been tested for HIV? If so what two or three things stand out from that experience? If you have not been tested what are the main reasons for this?

²⁵*Deus Caritas Est*, Libreria Editrice Vaticana, December 2005, n.31a.

3. How comfortable would you feel to disclose your status if you were HIV-positive? What would prevent you from sharing with your family or other Christians?
4. In what two or three practical ways could you begin to create a safe place in your Christian congregation for people living with HIV and AIDS?

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Prayer

*O God, who is the source of life and love,
You have invited us to discover you in the rich and varied fragments
of our daily experience.*

*We come to you now aware of the depth of your love
And ask that we may always have eyes and hearts that are open
To your gentle presence.*

*As we begin this journey into HIV and AIDS may we find
That you are with us and anointing us to become a
Genuine foundation of healing love.*

*We make our prayer through your Son Jesus our brother and saviour.
Amen.*

CHAPTER TWO

Faith: A Missing Dimension

HIV is a Justice Issue and More

Faced with the staggering nature of this pandemic it is painfully clear that HIV and AIDS is something that cannot be ignored. If “left to run its natural course” then this pandemic “will cause devastation on an unprecedented scale.”¹ Indeed for those countries that are already bearing the heavy burden of high rates of infection it is obvious that HIV and AIDS has already unleashed extreme suffering both to those who are infected and affected alike. While still posing a far greater threat than the so-called “bird flu” for example, HIV and AIDS no longer attracts as much media coverage. People would seem to have lost interest.

Yet reflect for a moment that there have been to date more deaths due to AIDS-related illnesses than perished in the worst atrocities of the holocaust of the Second World War. There are more people who die each week than perished in the attack on the twin towers of the World Trade Centre in New York on 11 September 2001, or died in the tsunami that hit the Indian Ocean in December 2004. Yet the world at large lives as if HIV and AIDS were already yesterday’s problem while in reality we are dealing with a global emergency.

¹UNAIDS *Global Report 2002*, Foreword by Dr Peter Piot, Executive Director.

If the numbers that perish each week from HIV and AIDS-related illness had died at the hands of a terrorist attack, or through the deployment of a weapon of mass destruction there is little doubt that the international community would rise up in horror and demand immediate action. Instead HIV and AIDS launches its attack often in the most intimate of acts and sacred of places, in the bedroom and sexual encounters of people who at times fail to recognize that the very sexual act that has the potential to transmit life is now, not to put it too dramatically, itself a weapon of mass destruction.

We are not simply dealing with a viral infection or sexual promiscuity. This is not just about people who inject drugs into themselves with dirty needles. As the previous chapter tried to outline, we have to be aware that the very social conditions in which people find themselves influence the choices that they can or cannot make and in some circumstances the choices are already limited. An example springs to mind. The *Star* newspaper of South Africa reported on 22 May 2006 that over 10,000 young people, some as young as 13 years of age, are selling themselves for sex for as little as ZAR 30 a time so as to pay for rent and sometimes food. Many of these young people only seek help when they are already sick from AIDS-related diseases. Meanwhile UN agencies continue to report cases of “Food for Sex” in refugee camps. The most vulnerable, it would seem, tend not to have as many options as the comfortable world would want us to believe.

While stories such as these strikingly highlight the link between HIV and AIDS and the lack of justice in our world,² justice alone will not be able to redress the deadly imbalance between the world’s rich and those who are desperately poor, nor between men and women. Of course justice certainly is a virtue that is necessary for us as individuals and as societies to strive towards for without it we can

²See Lisa Cahill in James F Keenan SJ, (ed.), *Catholic Ethicists on HIV/AIDS Prevention*, 282-293, where she makes a clear assertion that AIDS is a justice issue.

all too easily fail to allocate the world's resources equitably. Something more profound than justice is called for.

In his encyclical *Spe Salvi* (November 2007) Pope Benedict recalls how Marx took up the rallying call to create a more equitable world by overthrowing the existing order. There was however a fundamental error in the thinking of Marx and his disciple Lenin. The fatal flaw was that both these social reformers had failed to fully think through what would replace the existing order once it had been overthrown. Pope Benedict writes,

He simply presumed that with the expropriation of the ruling class, with the fall of political power and the socialization of the means of production, the new Jerusalem would be realized. Then, indeed, all contradiction would be resolved, man and the world would finally sort themselves out. Then everything would be able to proceed by itself along the right path, because everything would belong to everyone and all would desire the best for one another.³

What Marx also forgot was that creating favourable economic conditions could not simply redeem human beings. He failed to acknowledge the self-seeking tendency in human nature that prevents us from saving ourselves. Justice alone is not sufficient.

For a fuller picture of justice we need to examine carefully the revelation given to us in scripture for there we see God not simply as an impartial judge but as one who liberates the weak and vulnerable and who requires his people to act in ways that promote human dignity. Biblical justice, therefore, is not simply about fairness or equality, but favouring those who are less than equal, those who are marginalized.

As Pope John Paul II pointed out in the encyclical *Dives in Misericordia* (1980), while justice is something we should uphold and work towards, we need to recognize that even justice can be open to corruption; it needs to be complemented by mercy. The people

³*Spe Salvi*, n.21.

of the Old Testament often appealed to Yahweh's mercy even though their infidelity would merit his justice. In the New Testament, Jesus gives clear expression to God's mercy and in the account of the woman accused of adultery (John 8:1-11) we see mercy overriding the badly motivated cry for justice.

Mercy, as Jesus reveals, is necessary so that justice can carry out its social end. As John Paul II writes,

Mercy becomes an indispensable element for shaping mutual relationships between people, in a spirit of deepest respect for what is human and in a spirit of mutual brotherhood. It is impossible to establish this bond between people if they wish to relegate their mutual relationships solely according to the measure of justice. In every sphere of interpersonal relationship justice must, so to speak, be "corrected" to a considerable extent by that love which, as St Paul proclaims, "is patient and kind" or, in other words, possess the characteristics of that merciful love which is so much of the essence of the gospel and Christianity.⁴

As Christians, indeed as human beings, we are faced with the challenge that "we need to build a just social order in which all receive their share of the world's goods."⁵ Yet "Love-caritas will always prove necessary", writes Pope Benedict, "even in the most just society."

There is no ordering of the State so just that it can eliminate the need for the service of love. Whoever wants to eliminate love is preparing to eliminate man as such. There will always be suffering which cries out for consolation and help...situations of material need where help in the form of concrete love of neighbour is indispensable.⁶

⁴*Dives in Misericordia*, Libreria Editrice Vaticana, n.14.

⁵*Deus Caritas Est*, 2006, Pope Benedict XVI, n.26.

⁶*Deus Caritas Est*, n.28b.

Clearly while justice is a crucial issue, even if governments were to begin to provide all the material aid possible, they could not guarantee “the very thing which the suffering person – every person – needs: namely loving personal concern.”⁷

While justice demands the provision of material needs in the response to HIV and AIDS, Christians must bring to the world’s attention the reason why we act justly and love tenderly. We must enable each human being to experience an appreciation of their deeper significance. We need to facilitate for each person an encounter with God who is love and whose love has brought him or her into being. Once again Pope Benedict puts it well,

The Christian programme – the programme of the Good Samaritan, the programme of Jesus – is “a heart that sees”. This heart sees where love is needed and acts accordingly.⁸

We can indeed make a difference as Christians in the context of HIV and AIDS, if we have a “heart that sees”. Alongside the humanitarian relief we bring and the advocacy for justice, we can bring to this pandemic the vital focus of faith, a faith that is utterly convinced in a love that casts out all fear (1 Jn 4:18). Not only does justice demand a response from us, in terms of care and treatment, but also more importantly, as Pope John Paul II and Pope Benedict XVI have reminded us, as Christians the gospel of mercy impels us to act in response to our faith and present to humankind the vision of love, because love alone can transform.

A Focused Sense of Direction

It is for this reason that faith communities have a particular and crucial contribution to make in the global response to HIV and AIDS. In June 2002 speaking to religious leaders in Nairobi, Stephen Lewis,

⁷*Deus Caritas Est*, n.28b.

⁸*Deus Caritas Est*, n.31b.

who was at that time the special envoy of the Secretary General of the UN for AIDS in Africa said,

I think we may have reached a curious and deeply distressing lull in the battle against AIDS... What we need is another massive shot of adrenalin to take the battle to the next level, and you, your eminences, the representative religious leadership of Africa – you are the shot of adrenalin, the energizing force, the catharsis of faith, hope and determination which can propel us forward.⁹

What was it that Stephen Lewis saw in the faith communities that gave him the confidence to challenge religious leaders to become the “new shot of adrenalin”? In his speech he goes on,

Who else, beyond yourselves, is so well placed to lead? Who else has such a network of voices at the grassroots level? Who else has access to all communities once a week, every week, across the continent? Who else officiates at millions of funerals of those who die of AIDS-related illnesses, and better understands the consequences for children and families? Who else works on a daily basis with faith-based, community-based organizations? In the midst of this wanton, ravaging pandemic, it is truly like an act of Divine intervention that you should be physically present everywhere, all the time. I ask you again: who else, therefore, is so well placed to lead?

Ultimately our response to HIV and AIDS, and the complex issues that continue to encourage new infections, confronts us with the questions of what we hold to be true and of greatest value in our cultures and personal beliefs. We are grappling with life issues. We are struggling with issues of faith. For twenty-eight years we have at times focused on the physical nature of this pandemic and failed

⁹The African Church, ‘Adrenalin’ in the Fight Against HIV/AIDS, An Address by Stephen Lewis, Special Envoy of the UN Secretary General for HIV/AIDS in Africa, in Nairobi, Kenya, 10 June 2002.

to explore the core beliefs and dysfunctional systems that somehow help maintain this human tragedy.

What do I mean by this? Great emphasis is often placed on people's actions. We tend to focus on what we can see, i.e. someone's behaviour, but we forget that every action is supported and maintained, fuelled and encouraged by a series of thoughts, attitudes or beliefs. We have seen from the previous chapter that an enormous amount of effort has been made to reduce infections. Every conceivable intervention has been employed to reverse the tide of HIV and AIDS. Yet we come back to this nagging question, is reducing the number of infections good enough? By raising this question there is no intention to belittle or disparage the importance of bringing infection rates under control. Rather, in raising this uncomfortable question, there is a genuine desire to highlight the fact that reducing infection rates, important and necessary as it is, does not ultimately reveal the core issue of why this disease is so destructive to humanity's survival and why, despite noble efforts, it continues to increase.

Over and over again in these pages we are reminded that HIV and AIDS takes us to the very roots of what it means to be human. It uncovers our dignity as well as our purpose for being alive. We need not only a vaccine that may eradicate medical risk, but more particularly we need a new way of seeing others and ourselves as more than biology. We need a faith that will help us address the social, political and spiritual issues that are exposed by the presence of HIV and AIDS. We need an understanding of humanity, a credible anthropology.

We can give people medication for HIV and AIDS which reduces the viral load and we can continue to give people the correct information in order to help them to protect themselves, and when they suffer from opportunistic infections we can provide quality care; but we will only really stem the tide of this pandemic when we radically expose people to the things that they believe deeply, to their values and hidden attitudes. By doing so we will empower them to challenge and change, not simply their patterns of behaviour but

more fundamentally, the insidious and poisonous way of thinking that causes destructive ways of acting.

Faith communities are not ultimately concerned simply with changing people's behaviour by giving them prescriptive rules to follow. Rather, by leading people to an encounter with Christ, faith communities try to open minds and hearts to a new way of seeing life. Faith provides direction to life; it opens us to a new perspective.¹⁰ To be a person whose life is influenced by faith is to live according to a basic philosophy of life, which helps us to look at questions such as "Who am I?" "Why are we here?" "Where are we going?" "How can we best live life to the full?" Inviting people to explore and examine what motivates them in terms of their attitudes, beliefs and values can ultimately provide a deeper reason for living.

The Christian response to HIV and AIDS is a battle for people's hearts and minds, just as much as a battle for their bodies. This is very important as we consider the millions who are as yet not infected. How can we best and most effectively help them to remain HIV and AIDS-free? How can we empower them to envision a different set of attitudes, values and beliefs that will give them sufficient reason to remain virus-free? In short, what reason do we give people not to become infected with HIV?

A Missing Dimension

Let us return for a moment to the suggestion made by Stephen Lewis that religious leaders are well placed to provide a focused leadership. He went on in the same speech to ask an uncomfortable question.

So where is that leadership? Dare I say that the voice of religion has been curiously muted? There are notable exceptions as there always are. Some of the finest work combating AIDS on the continent is done through religious communities. But you will admit that, overall, the involvement of religion has been qualified at best.

¹⁰See the discussion in Vincent MacNamara, *The Truth In Love*, Gill & Macmillan, Dublin, 1988, Introduction & Chapter One.

I haven't the slightest interest in recrimination or finger pointing. My interest, our interest, should only be, where do we go from here?

While many activists in the field of HIV and AIDS rightly point to the crucial importance of a highly visible and well-motivated political leadership, Stephen Lewis suggests another significant component in the leadership stakes: there is a desperate need for a spiritual leadership which is capable of encouraging people to make choices that embrace life.

In other words we need a religious leadership that can boldly proclaim that it is possible to create a world free of HIV infection and to encourage people to make choices that prevent the spread of the infection. At the same time we need a spiritual leadership that inspires those who are infected to realize that there is indeed life after being diagnosed with HIV and appreciate that God takes seriously our world infected by this pandemic. We need a spiritual leadership that clearly proclaims that HIV it is not a virus that spells judgment, punishment or death!

We need a spiritual leadership that seriously seeks to eradicate all forms of stigma and discrimination and can give voice to the millions caught up in this pandemic and who find themselves voiceless through poverty, confusion, shame and loss of hope. It is why we need to reflect more deeply on the faith dimension of this pandemic because it is far too often a forgotten tool in the work of prevention and in securing a world free of HIV and AIDS. Faith is an aspect of HIV and AIDS that is of primary importance to carers, to those working in the field of prevention, to those ministering spiritual support and not least to those living with and affected by HIV and AIDS.

Yet, as mentioned previously, discussion surrounding this pandemic and its ensuing difficulties can all too frequently concentrate on the resources that are simply not available. The litany of deficits can be long and well rehearsed, usually resulting in a cry that what is desperately needed is more financial assistance in order to provide

the missing and much-needed resources. We neglect in our inventories to make reference to and strengthen what is already available. Furthermore we very often fail completely to assess whether our existing structures can accommodate the improved equipment, funding or medical supplies. Above all we need to recognize the resources that are not monetarily based, that we certainly do have, the most important being human resources. Faith, too, should be seen as a “religious health asset” that we ignore to our cost. Faith does not need donor help or government initiatives.

But, you might ask, what do I mean by a “faith dimension” and can it really bring about a difference to people whose lives are already devastated by this pandemic? Can faith give courage to those as yet not infected to make healthy choices? Let me be clear. When I speak of the importance of a faith dimension, I am certainly not suggesting a game of let’s pretend, or merely encouraging people to hope for a better life in the hereafter. Nor am I descending into the realms of magic and superstition. Faith, I would like to suggest, is a very practical way of responding to and making sense of the very details of the daily struggles of our life.

Faith enables us to find meaning in our experience, a way of looking at our experience, so as to give us the energy and motivation to keep going even and especially when we are confused and fearful, when our experience is difficult to cope with or comprehend. Faith springs from the realization that there is more to life than what we see and know. It points to something beyond us, to a higher power that reveals our true value and worth. Faith encourages us to match our attitudes and beliefs with our behaviour, with what we hold to be true and important.

Of its very essence faith is not about certainty, having God or the future in our pocket, but rather having the courage to face the difficult questions in life and not feel defeated by them or try to avoid them. In fact, faith is not really about giving us digestible answers so much as encouraging us to keep asking the right questions, to keep searching for truth. Perhaps too often in the past people have looked to faith to take away the pain and confusion that they

encounter, when in reality faith helps us to embrace it. The scriptures and the Christian traditions assure us that we find God in the twists and turns of our daily experience (Gen. 28:16) and so our spirituality must of necessity emerge from that experience where God dwells within. Genuine spirituality thus gives us the energy and reason to live. Pope Benedict XVI made this clear when speaking just before the publication of his first encyclical when he said,

It was my aim to shed light on the centrality of faith in God: in that God who took on a human face and heart... Faith is not a theory that can be personalized or even set aside. It is something very concrete: it is the criteria that determines our lifestyle.¹¹

It is for this reason that faith-based communities can play a significant role in the context of HIV and AIDS. We can help people to shape their values, promote responsible behaviour and foster respect for the dignity of all. Faith defends the very sanctity of life and because of the very structures we have within the church we can encourage action from the grassroots up. Yet a disturbing fact that this pandemic highlights only too well is that although, for example, Africa is at the centre of the growth in Christianity and is home to many other world religions, it would appear that what people believe, in terms of faith, does not always seem to influence or inform the choices they make. HIV and AIDS clearly invites us to clarify in what or in whom do we put our faith!

AIDS, the Challenge to Truth

Highlighting the need to take seriously the faith dimension of this pandemic does not in anyway ignore the considerable contribution that Christians have already made in the response to HIV and AIDS. They have, along with other faith-based communities from the very beginning responded to the overwhelming needs that have arisen

¹¹Speech to Pontifical Council of Cor Unum, January 23, 2006: *L'Osservatore Romano*, No.5.

due to this pandemic. Indeed in certain parts of the world, particularly those of lower income, Christians have been the main providers of health care and education programmes. As Dr Sue Parry reminds us in her booklet, *Response of Faith-Based Organisations to HIV and AIDS*,

...congregations and parishes have themselves been in the forefront of care and support right across Africa. A great number of these initiatives did not wait for funding in order to begin... Their courage and determination in the face of so many obstacles is a humbling challenge and is a reflection of deep compassion in a real world of suffering.¹²

The Catholic Church itself, for example, is involved in bringing 26.7 percent of the total care given to people living with HIV and AIDS. Cardinal Javier Lozano Barragán highlighted this point in his address to the UN General Assembly that met in June 2006. He said,

Our work focuses on the training of health care professionals, as well as prevention, treatment, care and assistance. In all of these stages, we accompany the sick and their respective families.

The Holy See has launched initiatives all around the world. We note our presence and action working against the pandemic in 62 countries: 28 in Africa, nine in America, six in Asia, 16 in Europe and three in Oceania. The action of the Holy See and of the Catholic Church in this regard is not introspective, but rather, its goal is to strongly promote and strengthen the required sense of ownership and responsibility that each country must develop in each phase of the answer to the pandemic.

One can think of many examples of excellent projects spearheaded by faith-based organizations, notable among them are

¹²S. Parry, *Response of the Faith-Based Organisations to HIV/AIDS*, WCC Publications, Geneva, 2003, 3.

the initiatives of religious congregations of women, who have been in the forefront of home-based care, mother-to-child-transmission, provision of ARVs and the care of orphans, etc. Through mission hospitals and clinics, home-based care and orphan support, Christian churches have already made a significant contribution in terms of health education, behavioural change programmes, basic medical care and providing voluntary testing and counselling centres.

Yet we return to the question raised earlier, what more can we do? Is there a more profound contribution that we can make as people whose faith challenges us to bring quality of life, not just to prolong life? One of the clearest ways in which faith can be brought to bear in this pandemic is that it can help us to evaluate the quality of the care we bring to those we seek to serve. Christian healthcare facilities, like those that are government-owned, have been put under enormous pressure due to the presence of HIV and AIDS in resource-limited countries. The sheer number of people requiring help, often having travelled long distances, can overwhelm these healthcare facilities. The great challenge to these faith-based centres of healing is to be ever on the alert to the danger of reducing people to merely being illnesses and symptoms, yet another statistic, medical record and, sadly, yet another person we cannot cure.

The world-at-large, rooted in secular beliefs, looks in a very pragmatic manner at what is possible in resource-limited situations and attempts to determine who or what can be discarded. Faith, on the other hand, reminds us that each person who stands before us is unique; they have a name, family, feelings, a history and a future. While never forgetting the need to provide the best professional care, we cannot equally forget that we are caring for people who have infinite value. We are not interested in numbers to be added to our project proposal or inventory of achievable goals, rather we seek to bring genuine compassion to a person created in God's image and likeness.

Listening with Love to the Heartbeat of God

To live with HIV and AIDS involves confronting many emotions and questions that the otherwise healthy person can shelve: issues of guilt, regret, self-loathing, anger, fear, denial, stigma and discrimination. Faced with this virus we look afresh at the meaning and purpose of life and how we can cope with our own degeneration and possible death. We become anxious as to what will happen to wife/husband or children. How this will financially impact upon the family as a whole? Who needs to know and how best to tell? How do I stigmatise myself through negative thoughts and feelings?

Christians and non-Christians alike will begin to ask particular religious questions as to whether life has been worthwhile. What is there after death? Where is God in this mess, this disease, and this disaster? What kind of God is it that allows such a virus to be in existence at all? Is this a punishment? How do I cope with my anger and bitterness?

While often acknowledged, these searching questions are perhaps too often neglected. It is after all easier to try to do something practical to alleviate physical discomfort, as this makes us feel useful while dodging the more difficult task of being with people, of listening to them in their emotional and spiritual discomfort. Yet complementary to any medical care that we are able to supply, as people of faith, we recognize that there is a pressing need to provide valuable time and opportunity to allow those living with HIV and AIDS to share their deepest fears and uncertainties, their hopes and desires.

Sharing the darkness of another person is of course costly and it will inevitably bring to the fore our own vulnerability and weakness. Perhaps this is why we can sometimes find it easier to choose to do things for people rather than engage in the more demanding invitation to simply be with others in their distress. The profound difference and important contribution that we as faith-based communities can surely bring to the world of HIV and AIDS is a compassionate listening presence. Such a listening presence requires of us a faith and a willingness to confront the important and painful issues of

life. That certainly does not mean that we have to find solutions to them so as to dish them out to others! It means rather a readiness to stand with others in their distress and offer support and encouragement as they struggle to find meaning.

As we learn to listen deeply to those living with HIV and AIDS and those most affected by it we will begin to see what they truly need, rather than assume that we already know! Indeed this ministry of compassionate listening is the most precious gift we can offer to those immersed in HIV and AIDS because we give to them the most important thing we have, our time and attention. Jesus in his own ministry reveals to us his own ability and willingness to stand alongside others in their difficulties (Luke 7:11-17; 13:10-17; 17:11-18). He had come to “serve not to be served” (Mark 10:28). Hence if we too desire to serve in a ministry of listening we will need to see it not simply as an activity requiring skills alone, but a way of supporting people so as to be a sacrament of love and compassion.

Listening may not at first sight seem a very spectacular way of helping others, but it is the most physical and practical means of acknowledging just how important each person is. Through our prayerful listening we provide a presence and create a sacred space that not only shows immense respect but also brings us to touch the very heartbeat of God. In her book *Listening*, Anne Long says that there are three images that are very illuminating and which experience has taught her to be core elements in a ministry of listening love. The three images that she highlights are gift, hospitality and healing.¹³

To be listened to, for no matter how long or short a time, is indeed a gift. We are aware of this gift because we feel heard and that in turn gives us an important and vital message that our story is worth listening to; we have value. Jesus had the ability to make everyone to whom he was listening, or in whose presence he was, to feel special, he acknowledged their dignity.

¹³ Ann Long, *Listening*, Dartman, Longman and Todd, London, 1990, 35.

Likewise, to offer to sit down with someone while they tell their story is a visible way of showing hospitality. Like Abraham in Genesis 18:1-9 we welcome others and make them feel safe and at home. We create a sacred space. We receive another person as they are and not as we think they should be. Jesus offered to others a space where they could share what was troubling them. He did not offer the solution before the problem was voiced (Mark 10:46-52). As we serve those infected and affected by HIV and AIDS we need first to create a space for them to freely share the difficulties that presently confront them. If we are indeed generous enough to give hospitality to another person through our listening we will find that we too receive a great deal.

If listening really is a gift and a way of showing hospitality then it is undoubtedly a means towards healing. Each of us carries within ourselves a great deal that is often hidden away and unshared. When someone gently allows us to expose the inner wound we generally feel relief and to see reflected in the eyes of another person acceptance and genuine understanding is the beginning of a healing process. As Jesus made his way through Galilee and the surrounding districts he was simply present to those who needed him most and it was that presence and service which was certainly a gift and a form of hospitality that brought about deep healing.

Through mutual listening and sharing we can together discover a power greater than ourselves, a presence that is sharing our darkness with us. The challenge of HIV and AIDS is a genuine challenge to discover faith in the midst of difficulty, light and hope when things seem dark. That the ministry of listening given in pastoral counselling is appreciated and valued is witnessed to by this example from Uganda.

In November 1987 Noerine Kaleeba began an organization called TASO (The Aids Support Organization) as a direct result of her experience of nursing her husband Chris who died of HIV- and AIDS-related illness. Experiencing first hand the stigma that surrounds HIV and the benefit of religious and moral support from genuine friends as well as others who were HIV positive, Noerine

decided to form an organization that would provide an impetus to fight against the spread of HIV and AIDS as well as seek to encourage self-esteem, hope and respect for life. As a Christian it was her strong faith that influenced her to emphasize the love of God. TASO provides compassion, hope and mutual support. It has also trained 993 counsellors both in and outside Uganda.

Such counselling opportunities have not only encouraged people to be tested and to live positively with their result, but they have provided correct information concerning the virus and allowed people to continue to live life normally, allowing HIV-positive people to see clearly that HIV does not mean death.

It replaces despair with hope; self-condemnation with reassurance; fear of having been bewitched with proper facts about HIV/AIDS; and fear of contracting the disease through casual contacts with the sick with facts on how such care should be provided.¹⁴

If Christians wanted seriously to respond to the presence of HIV in their local community, one way they could do so would be to try to ensure that every medical unit and religious institution would have adequately-trained counsellors freely and readily available. Christian churches already have a precious resource in the people who make up their communities of faith. What is needed is for each Christian fellowship to train members of their congregation seriously in listening skills and utilize this in a pro-active ministry of listening love.

The Call to Hope

Faith, as we have seen, always opens us up to hope. It roots us in reality, not only because of the choices we have made which may or may not have contributed to our present distress, but also allows us to work for a future. Central to the task of enabling people to live a

¹⁴James Keenan SJ, (ed.), *Catholic Ethicists on HIV/AIDS*, 54.

positive lifestyle is the ability to set them free from regret and anger, from being imprisoned by what has been.

The Christian faith takes us on a journey of forgiveness and reconciliation. It does this by encouraging us to expose our wounds and learn how to accept and live the truth that each of our wounds contains. Providing another person with the space and time to share their inner hurts is, therefore, an essential part of the healing process. For we cannot possibly encourage people to live positively if we at the same time have not reinstated and restored within them a sense of nobility. We are not prisoners of our past, victims who must continually remain in darkness; rather by the wounds of Christ we have been healed and our faith in Christ helps us to let go of the things that burden us and to hold on to that which brings life.

In a similar fashion faith liberates sickness and death from being problems that have to be avoided and allows them to become an invitation to enter the mystery that is God. Likewise, the faith dimension of this pandemic confronts us with the ultimate meaning we attach to our lives, the choices we make and the activities we engage in. It reminds us that sexual activity, the single most important component in the spread of HIV and AIDS, is not merely a recreational pursuit. It is not just fun without responsibility, but rather a means of entering into deep intimacy with another human person. Hence it is not simply unprotected sex that can cause diminishment of life, but sexual encounters that seek only to misuse and turn others into mere objects of sexual curiosity. Faith invites us to look again at our sexual behaviour and to choose genuine ways to promote dignity for others and ourselves.

Faith-based communities are therefore faced with the important challenge of helping people explore the deeper meaning of sexuality and sexual expression. They have the task of helping us free sexual activity from being reduced to an expression of greed and placing it in the context of love, relationship and commitment. At root this pandemic invites us to evaluate what we consider important in life, what quality we desire for our lives and what value we place upon our relationships. It helps us appreciate that sex carries with it a

promise and a covenant. It is indeed a wonderful gift that should not be cheapened.

In a similar way this pandemic urges faith-based groups to look again at the issue of gender. That women bear the brunt of this pandemic is well attested, they are one of the most vulnerable groups. Women need, therefore, to be given a voice and empowered with the right to be in control of their own bodies and, along with their partners, to reflect on what their married love involves. There is, after all, as much rape within marriage as outside and by its silence the Christian church especially must bear the responsibility for sending many women to their deaths! The truth needs to be faced that simply because a relationship is lawful does not in fact make that relationship safe or healthy. Faith-based communities have an amazing opportunity and responsibility to provide leadership in this area of gender. They can provide occasions for married couples and young people to reflect openly and honestly on the whole issue of respect for women and the girl-child.

Journeying with others as they face these crucial questions, which we will look at in greater detail in the following chapters, is the most distinctive contribution that people of faith can bring to this all-pervasive pandemic. Why? Because faith informs us that as creatures created by a divine being, we too are capable of great things. We not only have a dignity but a destiny. Our spirituality reminds us that we are beautiful people, even though circumstances of life may be ugly, and so we must learn how to live in a way which allows the beauty of God to come to its full potential.

Helping those caught up with guilt, anger, self-loathing and fear through sharing of scripture, prayer and genuine support can only lead to an enhancement of the healing process. Through providing time and opportunity for people to be listened to with genuine compassion, without judgment or disapproval, will surely enable them to feel valued and allow infected and affected alike to discover through mutual understanding and sharing, a strength in weakness (2 Cor. 12:5f), light in our darkness. Faith in the end gives

people a reason for living, while medication alone can at best only provide a means.

Conclusion

The last 28 years have confirmed that HIV and AIDS is a cry to explore the very meaning of our human existence. It is faith that allows us to do this, confident that we are not powerless in the face of this pandemic. We need however to be very clear on the resources we have in terms of our Christian beliefs and the spirituality that keeps those beliefs alive. As Christians we can provide a significant form of leadership that is based on the crucial ingredient of compassion.

Indeed it is our compassion that allows us to stand with others in their suffering and distress and to bring relief where we can; it is this compassion that is our chief motivating force. Therefore,

- We can, as people of faith, journey with others so as to challenge beliefs and attitudes in individuals and in society that help to generate ignorance, fear, stigma and discrimination. We can encourage people to choose life.
- We can vigorously promote human rights and dignity helping to break the silence of denial. In our parish groups, homilies, liturgy we can speak openly and often.
- We can be informed and help end the ignorance that still prevails.
- We can use our spiritual resources of prayer and reflection on scripture to bring hope, healing and reconciliation to those infected and affected.
- We can above all learn how to listen to those living with HIV and AIDS and create in our communities of faith places of welcome.

We can in small ways and in large, in the many initiatives that already exist, renew our commitment to change the growth of this pandemic. We can make a difference, and we can do so with faith.

Scripture to Read and Reflect Upon

Mark 8:27-32 Who do you say I am?
 John 14 Do not be afraid, I prepare a place for you.
 Ps. 27 The Lord is your light and your help.
 John 13:2-20 Will you allow Jesus to wash your feet?

Questions to Ponder

In what ways has your faith enabled you to find hope? What parts of scripture have been helpful?

What two or three things would help you to deepen your faith and trust?

When faced with the pain of HIV and AIDS what important questions come into your mind? What do you want to avoid thinking about? Why?

How could your community of faith respond in two or three practical ways to journey creatively with those who are living with HIV and AIDS?

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Prayer

Lord,
Show me a way to get through life and its many problems
No matter how hard they are.
Help me to build a life that is positive that respects myself, and
others.
As people who have dignity. Help me to believe that I am
beautiful and surrounded by love.
I put my trust in you as you are a power greater than myself.
Lord Show me the way, the truth that leads to life.
Amen.

CHAPTER THREE

Encountering God in the Context of HIV and AIDS

People, Not Facts

“How can we sing the Lord’s song in a foreign land?” (Ps. 136:4). So sang the Israelites when they were in exile. The desperate situation they found themselves in could well have stolen their belief in a brighter more hope-filled future. It could have led them to consider themselves abandoned, forgotten and punished. Yet into this desperate situation prophets such as Hosea spoke a word of encouragement from Yahweh, “I shall love them with all my heart...they will come back to live in my shade,” (Hos. 14 5-10). Likewise Isaiah was told “Console my people, console them... Speak to the heart of Jerusalem” (Is. 40:1).

We, too, could equally ask how can we sing a song of hope, a song of life, how can we encounter the God of promise in the context of HIV and AIDS? Yet this is the very challenge and invitation that we face as Christians. As followers of Jesus Christ we believe in a gospel that continually speaks of life. We believe in a gospel that points us to hope, a gospel that can be applied to the most painful wounds of our humanity, an ointment of healing and renewal. As Desmond Tutu, retired Anglican Archbishop of Cape Town, South Africa, warns us in his book, *God has a Dream, A Vision of Hope for our Time*,

When we look around, we see God's children suffering everywhere... All over the world you see God's children treated as if they were rubbish. The statistics are discouraging but they can also be numbing. Only when we remember that the people in each statistic ultimately could be a member of our family, are members of the human family, do these statistics come to life.¹

The impact of the devastating statistics concerning HIV and AIDS can all too easily anaesthetize us from feeling the personal pain that lies behind these staggering numbers, the personal tragedies. Trying to respond to HIV and AIDS can seem at times too much, beyond our ability to manage. We feel that we are drowning in the tidal wave that never ceases to seek to destroy and rip apart the life we cling to.

In many parts of the world HIV and AIDS is so much part of life now that many people have ceased long ago to think of it as a matter of any great importance. Sometimes one can come across an air of resignation, an almost fatalistic attitude, "What can we do?" "We have to die of something." The infections and deaths due to AIDS-related illness quietly but gradually increase and only annually do we take stock and check on where we are. Yet every new infection brings to an individual, their family and perhaps their locality and country the challenge to think again about what life with HIV and AIDS really means. What could a world without HIV and AIDS look like? What would it cost?

So far in these reflections I have tried to highlight the many and varied levels at which a sero-positive result impacts on people, their families and the world at large. Not least of those impacts is the need to discover where God might be in this unwelcome disease, to grapple with the stigma and discrimination that declares an HIV-positive person to be "immoral", a sinner in need of repentance, someone who is cursed or being punished. In certain parts of the

¹Desmond Tutu, *God Has a Dream*, Rider & Co., London, 2004, 66.

world we need to look realistically at the accusation that HIV and AIDS is a question of witchcraft and spells that have been wished upon others. Constantly, however, we come back to the fundamental need in all our reflection to recognize that HIV is about people, not facts.

People and their Stories... Windows into God

St Benedict in his Rule says that a monastery is never without visitors and that is certainly true even of our small monastery in Macheke, Zimbabwe. People find a way to our door for a variety of reasons, not least of which is to seek medical assistance. Just before Christmas 2004 a young woman came for help because she felt weak and had “no power in her legs”. After some time talking it became clear that she had a sexually transmitted infection. “How long had she had the vaginal discharge?” I asked. She thought it was a week or perhaps it was two, she was not so sure. Naturally her husband with whom she had sex only the previous night, despite the pain and discomfort, would not consider seeing a doctor, even though he, too, was sick. According to him, his wife was the problem; she needed to get medical attention, as it was her fault that this sickness had come into their house, even though she had never had sexual intercourse with any other man but her husband.

The young woman’s story is all too familiar and is repeated hundreds if not thousands of times in many parts of the world. My dilemma was, what was the best thing to do? It would be possible to prescribe medication for the woman’s STI but this would not get to the root of the problem. This young woman would continue to be re-infected time after time until either she or her husband became too sick to have sexual intercourse or one of them died! As I came away from the encounter I thought to myself that she would more than likely become yet another statistic, one of the faceless numbers that we read about in the UNAIDS Global reports. But she is more than that; she is a person, made in the image and likeness of God. So where is God for her in this dilemma?

Another example springs to mind, which provides yet a further pertinent context for our reflection. It comes from a book entitled *African Women, HIV/AIDS and Faith Communities*.² The book is a compilation of essays by African women theologians and in one of the essays this real life story is told,

On Sunday 3rd February 2002, while on her way to work, a woman was raped by three young men. The men were very angry when they discovered that the woman was not a virgin. She was not a virgin because a year previously she had been raped while returning home late from a church meeting. The Christian fellowship to which she belongs does not approve of sex outside of marriage. To punish her, the men inflicted injuries to her and she sustained severe internal and back injuries, which could well stay with her for the rest of her life.

While the rape was in progress, she survived mentally by telling her rapists that God loved them, and assured them that they could touch her body but not her soul. God was testing her, she believed, and punishing her for going to work on a Sunday and not to church.

After the rape, one of the rapists showed kindness by putting her in a taxi back home. This, she said, was because she had assured him and the others that they were loved by God, who would not punish them because they did not like what they were doing.

Later in the day the young woman went to see the pastor of her church, "Hope for Africa". The pastor prayed for her and told her to forgive the men, then God would forgive her. Her boyfriend, whom she then told, was very angry and wanted to go search for the men, but the young woman discouraged him.

²Isabel Apawo Phiri & Beverley Haddad (eds), *African Women, HIV/AIDS and Faith Communities*: Cluster Publications, Pietermaritzburg, 2003, 202

The boyfriend has, on the advice of the pastor, left her because she is no longer pure. This second rape indicated to him that God had not chosen her to be his bride...she was unsuitable.

These stories reveal two tragic truths. First, they confront us with the reality that HIV and AIDS is eating away at people's lives, violating their bodies and robbing them of a promised future. People infected with HIV in many parts of the world find themselves in terrible situations, they long for guidance as to where they can find meaning and how they can make sense of this destructive virus. Second, people are sometimes suffering from a far deeper pain and stigma due to the distorted Christian theology and plain spiritual nonsense that is insensitively administered by ill-equipped priests, religious sisters and brothers and fellow Christians.

Theology Arising from Life

The challenge for those who find themselves ministering in Christian communities today, and for all Christian congregations genuinely trying to cope with sickness and death, anger and frustration due to HIV and AIDS, is to discover how the song of the Lord can be sung in the context of so much pain and confusion. We need to discover through our liturgy and personal time of prayer and reflection how to gaze on the God who has inscribed his very life into the fabric of creation and from the stuff of life to hear God speaking to us.

The World Council of Churches has made a considerable contribution in this area. In November 2001 the WCC published *An HIV and AIDS Curriculum for Theological Institutions in Africa*.³ The curriculum consists of five units dealing with such topics as

- Human Sexuality and HIV and AIDS
- Biblical Studies and HIV and AIDS
- Theology in HIV and AIDS

³Copies available from WCC Publications, World Council of Churches, 150 route de Ferney, PO Box 2100, 1211 Geneva, Switzerland.

- Counselling and HIV and AIDS
- Programme development and HIV and AIDS

Since its publication it has already been used in regional and national workshops throughout Africa in order to encourage those responsible for teaching theology to begin to integrate HIV and AIDS into their theological programmes. It would be interesting to know how far and how widely this inspiring initiative has been adopted, modified and expanded over the last seven years.

The *Curriculum for Theological Institutions in Africa* is an admirable starting point for further theological development and is a document that all Christian denominations could easily adapt to their own needs so as to equip those in ministry as well as the congregations they serve. It attempts to empower Christian communities to become theologically competent in the context of HIV and AIDS. More and more we need to rediscover how to preach and teach the truths of the carpenter of Nazareth in a way that actually touches people's lives where they are hurting most. We need to learn how to facilitate a genuine encounter with the living God in the midst of HIV and AIDS, to try to hear clearly what he might be saying to us in and through a pandemic that sows the seeds of despair. More radically we need to see where faith in God provides the means for serious prevention. We do this most adequately when we are able to reconcile the reality of the God we worship with the very material of our daily experience.

An example of where the reality of life fundamentally influenced the expression of theology comes from the experience of theologians who witnessed first hand the horrors of the Second World War. Having survived this experience of raw brutality they had to speak and teach of the God of promise and covenant while surrounded by the debris of painful life experience. One of these theologians, Jurgen Moltmann, in his book *The Crucified God* (SCM Press, 1974), wrote that his own search for God was purified and sharpened by what he personally experienced as a prisoner of war. He writes,

A theology which did not speak of God in the sight of the one who was abandoned and crucified would have had nothing to say to us then. One cannot say, of course, whether as the result of our experiences we understood the crucified Christ better than anyone else. Experiences cannot be repeated. Moreover, one speaks of personal experiences only to explain why one is fascinated by what one is trying to communicate. It is not the experiences which are important, but the one who has been experienced in them.⁴

Those who returned to the lecture halls of universities, theological institutes and seminaries after the Second World War could no longer pick up theology in the same way. They had seen great atrocities and now they had somehow to reflect on the all-important question, where was God while millions suffered? Or had God truly died in the Holocaust? Pope Benedict XVI himself raised the same question on his memorable visit to Auschwitz in May 2006. He said,

In a place like this, words fail. In the end, there can only be a dread silence – a silence that is itself a heartfelt cry to God: Why, Lord, did you remain silent? How could you tolerate all this? Where was God in those days? Why was he silent?⁵

This self-questioning was particularly poignant for Jewish theologians. Here the people of the covenant, God's chosen people, had to wrestle with the fact that Yahweh remained silent while six million of their fellow countrymen and women died. Irvine Greenberg, a Jewish writer, puts it clearly when he writes,

The fundamental existence of Jews and Judaism is thrown into question by this genocide. For this reason alone, the Holocaust cannot be overcome without some basic reorientation in the light of it by the surviving Jewish Community.⁶

⁴Jurgen Moltman, *Crucified God*, SCM Press, London, 1974, 1.

⁵*L'Osservatore Romano*, 31st May 2006, 11.

⁶Judaism and Christianity After the Holocaust, *Journal of Ecumenical Studies*, Special Issue, Vol. 12 no.4, Fall 1974, 522-523.

Likewise Alan T. Davis, a leading scholar of Christian anti-Semitism writes,

Auschwitz has altered the criteria of theology forever... Never again one trusts, will the Church dogmatise abstractly about human themes without pre-testing its conclusions in the crucible of the flesh and blood world.⁷

If the reconciliation of faith, theology and experience was true and necessary for those living in the aftermath of the Second World War, it is of no less importance for us today. We live with a new holocaust, the holocaust of HIV and AIDS and the God who is intricately involved in human history, in the “crucible of the flesh and blood world”, though often silent, is still waiting for us to discover the hidden meaning of this tragic waste of life. The people who are infected and affected by HIV and AIDS, in our Christian congregations and outside, hunger longingly for the deeper meaning of their experience to be acknowledged and interpreted. We certainly cannot dogmatise abstractly without looking into the mirror of human experience, the experience of 65 million people who have already been infected.

HIV and AIDS and the God We Encounter

In attempting to respond to the penetrating question, where is God to be found in the context of HIV and AIDS?, we are forced to look again at what we actually believe about God. Inevitably human disasters of whatever kind provoke the cry; what kind of God do we really worship? How can God be a God of love if...? In the space of this chapter, however, a detailed and prolonged discussion of the nature of God cannot be given. We can, though, begin to explore some basic thoughts that will hopefully encourage further

⁷Quoted by Regis Martin, *The Suffering of Love*, St Bede's Publications, Petersham, MA, 1988, 30.

investigation and reflection and may in fact allow us to encounter God as person, not merely gather data concerning him.

Central to our faith journey is the idea of searching for God. We go in search of a God who has mysteriously already found us but whose revelation needs to be gradually unpacked. The primary source for our search is the scriptures. The Word of God is a genuine mirror through which we can begin to see the intricate story of our own life and that of the world around us in the narrative of God's wondrous love affair. The more we become familiar with God's Word the greater our awareness that what the scriptures are trying to describe is not far from what we ourselves experience in our day to day lives.

So what do the scriptures have to say concerning the God for whom we thirst? Reading and reflecting on the Old and New Testaments it is perfectly clear that the collection of books that make up the Christian Bible were not meant to be thought of as a full and expansive treatise on the nature of God, as if God was an object that could be studied simply by gathering together facts and information. Rather the writers of the scriptures invite each reader to enter into the events described so as to experience for himself or herself the "God who is, who was and who is to come" (Rev. 1:8).

This approach to scripture, and to God, is crucial if we are to truly appreciate where God may be located within the matrix of HIV and AIDS. Our task, the task of all theology, is not to try artificially to fit God into the dreadful situation of HIV and AIDS so as to bring about a veneer of consolation. Fundamentally we search the scriptures and reflect so as to enable us to become aware that the God of Abraham, Isaac and Jacob, the God of Jesus Christ, is a God rooted in the very fabric of the creation that he has loved into being. The scriptures, first and foremost, point to the basic and profound truth that God exists and has always existed and will always exist (Is. 41:4; 44:6; 48:12).⁸

⁸It is this profound and fundamental truth that lies at the basis of Pope Benedict's assertion that a world without God is a world without hope, *Spe Salvi*, n.44: "we have hope because we have God!"

From the early history of Israel we discover that the patriarchs referred to God under two main titles, EL and YAHWEH. What comes through to us in our reading of the Old Testament texts is that the God whom the Israelites knew under the name El (Gen. 14:22, 16:13; 17:1; 35:11; 48:3) was able to be recognized, worshipped and distinguished from the pale and universal gods of that name that other nations worshipped. This was because the God whom Israel encountered chose to reveal himself under a new name, Yahweh. Under this name the people discovered who God really was by what he did. His name explains his identity and his purpose. It is in the beautiful encounter with Moses in the unwelcoming surroundings of the desert, and in the distress of being slaves and in exile, that God reveals, “I am he who is” (Ex. 3:1-15).⁹

From that desert experience we hear from scripture that God is a “living God” (Judg. 8:19; 1 Kings 17:1; 2 Kings 19:16; I Sam. 17:26,36), one who does not sleep (Ps. 121), who listens to his people and acts (Is. 40:28). We begin to appreciate that Yahweh is a holy God (Amos 4:2; Hos. 11:9) totally separate from the people he has created but who wishes to share his holiness with creation (Ex. 19:6). Yahweh is a jealous God (Ex. 20:5) who does not allow the people he has chosen to have others gods (Ex. 20:3). There is a profound reason for his jealousy because he is the only one who can ultimately save. He is ever present to them, ever ready to help.

Thus the God whom we encounter in the Old Testament is a God who said to Moses, “I have indeed seen the misery of my people. I have heard them crying for help... I am aware of their suffering. And I have come down to rescue them” (Ex. 3:7-10). Yahweh is a God of action, an exodus God, and the whole faith of the Jewish people was built and founded on their communal experience of this profound truth, Yahweh frees his people and enters their struggle for life. We see this clearly declared in a passage that is often repeated in different ways throughout the writings of the Old Testament.

⁹See *The Catechism of the Catholic Church*, 203-221.

My father was a wandering Aramean who went down to Egypt with a small group of men and stayed there, until he there became a great, powerful and numerous nation. The Egyptians ill-treated us, they oppressed us and inflicted harsh slavery on us. But we called on Yahweh, God of our ancestors. Yahweh heard our voice and saw our misery, and our toil and our oppression; and Yahweh brought us out of Egypt with mighty hand and outstretched... (Deut. 26:4-9).

Here is provided a simple theology of history and one that contains the deep faith experience of Israel, a faith experience that proclaimed that God is concretely involved in their history. Gerhard Von Rad puts it well,

In this respect the theological radius of what Israel said about God is conspicuously restricted compared with the theologies of other nations – instead, the Old Testament writings confine themselves to representing Yahweh's relationship to Israel and the world in one aspect only, namely as a continuing divine activity in history.¹⁰

For the people of Israel Yahweh is the holy one who enters the drama of life, the God who says to Shadrach, Meshach and Abednego not, "I will meet you on the other side of the fiery furnace", but rather "I will go right into the furnace with you".¹¹ "The Bible", writes Gustavo Gutierrez, "reveals a God who is near to us and is faithful".¹² The reason for this nearness and the basis of the action of Yahweh in history is the covenant that God has with the people of Israel. It is a covenant starting with Noah and the promise never to destroy the world again (Gen. 9:8-17) and expanding in the experience of Exodus 19 when a rough collection of tribes emerges from their desert

¹⁰Gerhard Von Rad, *Old Testament Theology*, Volume One, SCM Press, London, 1975, 106.

¹¹Daniel 3:91-94.

¹²Gustavo Gutierrez, *The God of Life*, SCM Press, London, 1991,33.

journeying as a holy nation. It is a covenant summed up in the formula, “I shall take you as my people, and I shall be your God.” (Ex. 6:7; see also Jer. 7:23). Here is a belief that flows through the whole of the scriptures and reveals in its simplicity and conviction the mutual belonging of God and His people.

The bond that intimately binds the life of God and that of the people of Israel implies something very important; it implies fidelity on the part of both parties. The Old Testament again and again points to Yahweh the “faithful one”, “my faithful love will never leave you” (Is. 54:10), “will not desert or destroy you, or forget the covenant” (Deut. 4:31). The truth is that God has made a promise to his people and he will not forget or go back on his promise. His word is a word that can be trusted (Jer. 3:11, 13; 31:20; Hos. 11:1; Is. 49:15).

The Word of Promise Becomes Life

This Word has become flesh. Yahweh truly is Emmanuel (Is. 7:13-15), he is with us, indeed he is within us and so for Christians it is in the incarnation that we believe that we see our God made visible (John 3:16; 14:6). The Incarnation is the ultimate outpouring of the faithfulness of Yahweh. In Jesus we see God’s covenant love for the whole human race made concrete (2 Cor. 4:6). This is beautifully summed up in the opening words of the First Letter of St John. The evangelist tells us that he is speaking of something that he has seen, touched, handled and heard. He is writing of a living experience, “The Word who is life”, the “Word that became flesh” (1 Jn. 1:1f). John uses his own experience of the incarnate God and tries to express this experience in words.

Hence when Jesus stood in the synagogue in Nazareth he clearly outlined his mission in terms of what people would experience in their own lives, in their own bodies. The reign of God was a physical experience, not just a set of intellectual ideals or rules,

The spirit of the Lord is on me, for he has anointed me to bring
the good news to the afflicted... (Luke 4:18f)

The anointed one has been called into the world for the purpose of giving life. “The reign of God”, says Gustavo Gutierrez “is a reign of life” and this is the “ultimate meaning of human history”.¹³ If this truly is our faith then the God who breathed his Spirit over the waters of chaos and brought order, who led Israel out of slavery, whose great deeds of kindness are rehearsed in Psalm 136, who was humble enough to be born in a stable and die on a cross, this is not a God who is going to shrink from the horror of HIV and AIDS.

Life and not death was Yahweh’s desire for his creation (Ezek. 18:21-23; 33:11). The reality of HIV and AIDS urges us to seek the face of the God of life in the midst of this violation of his gift and desire, to courageously go through what appears to be a “valley of death” in order to meet the Lord of life. Here in simple language is our belief in God. God who is “for life” and who makes “all things new” (Rev. 21:5). He so loved the world that he entered into life so that all may have life to the full. This we cannot afford to forget especially when faced with a virus that desires to steal life from the people it enters. The God who has entered a love relationship with us is the source of hope. God is always close to us. Once again Gustavo Gutierrez expresses it well.

...hope is born in the midst of suffering; it takes the form of life that comes through death. Its ultimate motivation is found in the living God, the God of tender love, who stoops to us in our suffering, our faith and our efforts to be in solidarity... It is of this God and this reality that Vallejo was speaking when he said: God anxiously takes our pulse, seriously and silently and like a father treating his child, gently, but gently, opens the bloodstained cotton wool and with his fingers extracts HOPE.¹⁴

If there is indeed one clear teaching that Jesus in the New Testament proclaims it is this, “we have access to the father and nothing can

¹³Gustavo Gutierrez, *The God of Life*, 9.

¹⁴Gustavo Gutierrez, *The God of Life*, 189.

henceforth bar the way” (Acts 2:36-39). To cling to Jesus, to believe in Jesus is already to have life eternal (John 17:3). In Jesus we do indeed see our God made visible (Heb. 1:3, John 14:9). Here then is the God that HIV and AIDS invites us to meet and encounter fully. Not in the anaesthetized sanctuary of church buildings only, or in the clean pages of theological textbooks and theories but in the stench and mess of people battling to live with a virus that violates their inherent gift of life.

Making God Real

Underlying our exploration of where God is to be found in the context of HIV and AIDS and how as Christians we are responding to this pandemic, there is surely a pressing need for us continually to ask “How can we apply the healing medicine of the gospel, the scriptures that we have just briefly surveyed, to this virulent wound of humanity?” As preachers of life how can we open the bloodstained wounds of people’s lives and gently extract hope? If we have indeed been preaching the gospel over these HIV and AIDS-saturated years, rather than mere piety, how could we have done so without somehow trying to develop a theological, liturgical and spiritual understanding of a disease that has invaded and devastated the lives of the very people we seek to serve?

Fr Gabriel Harty, an Irish Dominican friar, recalls a very telling story in his book, *Make The Wild Rose Bloom*. He had gone to preach to a gathering of workers at the quays in Dublin in the 1960s and was to show some slides and a film but there was a power failure. One of the men came up and asked if he wanted a cup of tea while he waited for the electricity to return. Fr Gabriel recalls,

He poured a mug of strong brown brew from the aluminium boiler in the corner and eyed me from over the rim of his own steaming mug. Then came the mighty words: “The trouble with

Jesus Christ, is that he's dead! What the men what works down here wants, is a Saviour alive to-day..."¹⁵

A Jesus that is alive. A Jesus who is not remote or beyond understanding the difficulties and pain of life, a God for whom none of life's drama is unredeemable, is that not what people living with HIV and AIDS are looking for? If this is true then we need to allow the present pandemic to fully impact and influence the way we do and teach theology. We need to be open to the experience of the millions infected and affected so that our presentation of the gospel moves us to preach not a dead Jesus but a living Jesus immersed in HIV and AIDS.

There are certainly inspiring examples of theologians who are trying to wrestle with God in the context of HIV and AIDS and the multiple issues that are raised. The groundbreaking work of the *Circle of Concerned African Women Theologians* is certainly one very notable example of theologians trying to discover the reality of God in the crushing experience of HIV and AIDS.¹⁶ These women are making a considerable contribution to theological reflection and many of their essays have already been collected together and published by Cluster Publications, a non-profit making enterprise that consists of the theological institutions in Pietermaritzburg, in South Africa. We can hopefully look forward in the near future to more biblical scholars and theologians, especially in countries where the rates of

¹⁵Gabriel Harty OP, *Make the Wild Rose Bloom*, Tallaght, Dublin, 1992, 69-70.

¹⁶The 'Circle' began in Accra, Ghana, in 1983; it contains the work of women theologians such as Isabel Phiri of the University of Natal, South Africa; Musa Dube, Professor of New Testament at Scripps College, Botswana; Teresa Okure, Professor of New Testament at the Catholic Institute of West Africa and Musimbi Kanyoro from Kenya who is secretary general of the World Young Women's Association.

HIV and AIDS are high, who will reflect seriously upon this life-denying pandemic.¹⁷

To profess our faith in God and to live in a world struggling with HIV and AIDS clearly invites us to take a careful look at the kind of language that we use to describe our idea of God. In our reflection so far we have tried to point to a God incarnate in the world of creation; a God who stands by and with those who suffer in order to bring them liberation and freedom. Throughout the history of the world there are many significant examples of situations that on the surface appeared to be without hope but which proved to be the embryos of transfiguration, none more spectacular than the death and resurrection of Jesus. But one could equally point to the collapse of communism, the Berlin Wall, the apartheid system in South Africa. One could look at the huge impact of a lone figure like Blessed Teresa of Calcutta, Maximilian Kolbe or Dorothy Day and thus find the presence of the God who is for us.

The presence of HIV and AIDS in our world is then not an obstacle to encountering this God of love, indeed they can be transfigured and made to be windows through which this tangible love of God can be experienced. Our task as Christians is to cooperate with the God who can change the worst situation and the most life-denying experience into evidence of his hope-filled presence.

¹⁷Stuart Bate OMI (ed.), *Responsibility In A Time Of AIDS*, Cluster Publications, Pietermaritzburg, 2003: This arose out of a conference of the same name by Catholic theologians and AIDS activists in Southern Africa. Also: Ann Smith & Enda McDonagh, *The Reality of HIV/AIDS*, 2003. Again one can think of the exceptional work of Sr Susan Rakoczy IHM of St Joseph's Theological Institute, Cedara, South Africa. St Pauls Media have also produced a series of books, see bibliography for details. Over the years there have been numerous comments made from time to time by various popes, the president of the Pontifical Council for Health and Pastoral Care, individual bishops or bishops conferences. How encouraging it would be if we had a substantial teaching document from the magisterium pulling together these different pronouncements.

Ultimately that is the challenge of our theology to help change HIV from being a sentence of death to becoming the living expression of what the initials really mean: Hope Is Vital.

With this in mind we look forward to future ministers of the gospel who will be theologically competent. We look forward to ministers who will view theology not simply as a subject to learn so as to pass exams but as a tool with which to interpret life and who will make our hope more concrete and affirm with deep conviction that there is no area of human life that is not the concern of God.

Scripture to Read and Reflect Upon

Gen. 28:10-16, Jacob's dream:	We struggle to find God in the context of HIV and AIDS but God reminds us that we are standing on holy ground / God is present in life's experience.
1 Kings 19:9-13, Elijah exp. of God:	Prayer of stillness. Where is God to be found in HIV and AIDS?
Ps. 85, God of promise:	Invitation to find hope.
Mark 6:45-52, Walking on the water:	Trust/Courage/Faith/ The storms of life.
1 Cor. 12, Spiritual gifts:	Where are your gifts? Look for the resources that help you live positively?

Questions to Ponder

1. In what ways have you been able to discover the presence of God in your experience of life, especially at difficult and painful times?
2. What two or three passages of scripture have you found life-changing for you in the last four years? Why?
3. If you were asked to teach a course concerning the nature of God to a group of people who were living with and affected by HIV and AIDS what would be the key components?

4. In what two or three ways could those who will minister in the context of HIV/AIDS be better equipped?

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Prayer

God who is life,

You are to be found in every detail of life,
since life itself is your gift to us.

Help us each and every day to look with the eyes of faith
for the signs of your presence and your love.

Open us to the wonder of each moment

*whether it be an occasion of joy or sorrow.
And with the gift of your indwelling Spirit
give us courage to embrace the events of life
so as to discover the beauty of our being.
We make this prayer in the name of Jesus, who is
The way, the truth and the life.
Amen.*

CHAPTER FOUR

Christian Morality: A Way of Growing in Hope

Who Sinned?

The ninth chapter of the gospel according to St John recounts the story of the man born blind. The encounter is rich in meaning and reveals clearly the understanding of the disciples and the prevailing culture concerning the nature of disability and sickness. Seeing the man who had been blind from birth the disciples turn to Jesus and ask, “Rabbi, who sinned, this man or his parents?” (John 9:2).

Behind the disciple’s question was a worldview that linked sickness and disease to sin, a view confirmed towards the end of the incident when in anger the Pharisees say to the man, “Are you trying to teach us, and you a sinner through and through ever since you were born!” (John 9:34). Certain Jewish circles held the belief that sin enters a person while they are in the womb and if the person commits sin in this prenatal state then they will be afflicted after birth.¹ Though the connection between disease and sin is not a point

¹William Barclay, *The Daily Study Bible*, The St Andrew Press, 1975, St John Volume 2, Chapters 8-21, pp.37-38. See also Raymond Brown, *The Gospel According to John (1-XII)* The Anchor Bible Doubleday, 1966, 371; and John Marsh, *St John*, Penguin Books, Harmondsworth, 1968, 376.

of view that is commonly held today, there are still parts of the world where the cause of infirmity and sickness will be attributed to factors other than mere biological dysfunction.² Indeed, one may find people asking the question who caused the sickness rather than what.

The disciple's question to Jesus betrays a fundamental human desire not simply to find a reason for sickness but to find someone or something to blame. It is almost as if disability and illness carry overtones of shame, weakness and guilt. This has been especially true with HIV and AIDS which from their earliest days have carried a large dose of stigma and discrimination due to an overloading of moral suspicion and judgment.³

Take time now to examine your own hidden prejudices concerning HIV and AIDS. What opinions do you hold concerning HIV and AIDS that you would not necessarily feel comfortable to share in public? When you hear someone is HIV positive do you find yourself curious as to how they became infected? Why? What are the words you have heard, or even, used that could easily stigmatise and discriminate against people? Why is it that we stigmatise people living with HIV and AIDS and their families? What does your reading of scripture teach you about the Christian understanding of stigma and disease?

HIV and the Experience of Stigma

An overview of the last twenty-eight years of this pandemic would clearly reveal that HIV and AIDS has triggered responses of genuine compassion, solidarity and support, often bringing the best out of people, their families and local communities. But as we have seen, this disease has also been responsible for stigma, repression, ostracism and discrimination. To a large extent these have been fuelled by ignorance and fear and have often involved serious and tragic

²See discussion on disease in: Peter Mageto, *Victim Theology*, Author House, Milton Keynes, 2006, 18-24.

³See Malebogo Kgalemang in Musa Dube and Musimbi Kanyoro, (eds), *Grant Me Justice*, 142-166.

consequences. For example, people have been denied or denied themselves access to treatment and support through fear of others finding out about their status. Ignorance and intolerance have in some instances made it almost impossible to carry out any constructive prevention and educational campaign.

As the HI virus emerged, so a series of very powerful metaphors become attached to it, words, images and concepts that reinforced and made legitimate stigma and discrimination. Metaphors such as,

HIV = death

HIV = moral irresponsibility

HIV = punishment from God

HIV = a crime i.e. infecting others who are innocent

HIV = unacceptable sexual behaviour or drug use

HIV = self-inflicted suffering

HIV = a disease of prostitutes

These mistaken responses have led inevitably to HIV and AIDS being considered shameful and have provided a very powerful basis for stigmatisation and discrimination. The revulsion surrounding this virus was often compounded by the fact that it was found at first in minority and marginalized groups such as homosexuals, commercial sex workers and drug addicts. HIV and AIDS was thus linked to “perversion”. De Bruyan (1999) identified five factors that contributed to HIV and AIDS-related stigma:

- The fact that HIV is a life-threatening disease;
- The fact that people are afraid of contracting HIV;
- The disease is associated with socially unacceptable behaviour;
- The fact that people infected with HIV are often thought of as being personally responsible for their having contracted the disease;

- The fact that religious or moral beliefs lead people to conclude that having HIV is the result of moral weakness such as promiscuity and so deserves punishment.⁴

In his seminal work on the topic of stigma, Erving Goffman (1964) makes clear how the Greeks used this word in order to draw attention to “bodily signs designed to expose something unusual or bad about the moral status” of another person. Stigma seeks to make a clear distinction between ourselves and other people, the latter being people that we look down upon and desire to exclude. Stigma is constructed around the ideas concerning what is considered normal or abnormal, acceptable or unacceptable. Thus stigma highlights difference and on the whole we are not only uncomfortable with difference but we fear it.

Stigma arises from a set of judgments that we make regarding someone’s character, physical appearance or behaviour. The unspoken judgment with regards to HIV is that people who are HIV positive have somehow brought this disease upon themselves because of their immoral behaviour. We make exceptions of course and feel great sympathy for babies and those whom we consider to be infected through “no fault of their own”. But our judgment is clear. HIV is not an acceptable disease and the people infected or affected are feared.

What is it we fear? On one level we fear to be associated with those who are HIV positive because others might judge that we are guilty of the same immoral behaviour. We fear contact with those infected because despite all the educational material we think that their very presence will expose us to the risk of contracting the virus, even though we know this to be unlikely. Stigma and discrimination bring to the fore not only a lack of knowledge but a great deal of irrational thinking and behaviour.

⁴T de Bruyan, *HIV/AIDS and discrimination*, Canadian HIV/AIDS Legal Network and Canadian AIDS Society, Ottawa, 1999.

As Edwin Cameron points out, this irrational thinking is not only to be found in those who stigmatise others. The most poignant and poisonous aspect of stigma is that it also originates within the person who is infected. He writes,

The external manifestation finds an ally within the minds of many people with HIV and AIDS. Stigma's irrational force springs not only from the prejudiced, bigoted, fearful reactions others have to AIDS – it lies in the fears and self-loathing, the self-undermining and ultimately self-destructing inner sense of self-blame that all too many people with AIDS and HIV experience.⁵

The presence of self-stigma is powerfully illustrated in the story of Rev. Philippe Ndembe, a Baptist minister,

I am the first pastor in the Congo to talk about being personally affected by HIV/AIDS... Four months after the birth of my daughter, who was often ill, the doctor tested her for HIV. Six months later he told me that she was HIV-positive... I didn't have the courage to tell my wife, but after twelve months I did. We were both tested and she was found to be positive but I was negative.

We didn't tell anyone because we were afraid of the shame that it would bring to us within the church. HIV is associated with prostitution and bad morals, so it is a source of shame... For seven years we lived with that knowledge... Then my wife died and I felt as though Jesus had let me down. I felt that, if I had known that this was going to happen to me, I would never have become a pastor. I was in total revolt against the Church.⁶

Philippe Ndembe's story is repeated hundreds of times daily throughout the world as people who discover their HIV-status wonder to whom they can disclose their secret. He was lucky in the end; he

⁵Edwin Cameron, *Witness to AIDS*, 53.

⁶Gideon Byamugisha & Glen Williams, eds, *Positive Voices*, Strategies for Hope Series, Oxford, 2005, 37.

got the courage to open up to fellow pastors and then church members and received support, not condemnation. Others may not have had such a positive experience. Canon Gideon Byamugisha, a Ugandan Anglican priest himself living with HIV, is on record as saying that it is not the virus that causes most distress but the possibility of rejection through stigma and discrimination.

Stigmatising, blaming and overloading people with moral censure have certainly been used as ways of trying to react to the presence of HIV and AIDS but they can hardly be considered as acceptable solutions to this pandemic. We need to acknowledge with regret, however, that they have been present in the ways that some Christians have responded. The Christian community has an important choice. Either we can truly be a voice that ministers hope and we can commit ourselves to freeing people from fear, shame and isolation, or we can willingly or unwittingly reinforce separation and condemnation by the language we use, especially concerning morality and sin.

The very presence of millions of people living with and affected by HIV and AIDS within our Christian fellowships and the world at large is what Dr Tinyiko Maluleke (2001), a theologian from South Africa, calls a *kairos* moment for the church and world.⁷ HIV and AIDS challenges us to stand at the crossroads and look carefully at the direction we can take. Christian morality can provide us with real guidance as to the path that will encourage life. Indeed moral theologians can contribute greatly to creating a Christian ethical framework that challenges the way we respond to this pandemic in terms of prevention, care and pastoral support. In this way Christian morality is a real window of hope. Before suggesting how Christian morality can be a means of growing in hope, let us first be clear what this word “*kairos*” means.

In Greek there are two words for time, *kronos* and *kairos*. The first carries the idea of ordinary successive time, hence we derive the word chronological. *Kairos*, on the other hand, contains the notion

⁷Musa Dube, ed, *HIV/AIDS and the Curriculum*, 63.

of a particular, decisive event. Maluleke describes kairos in terms of “crisis”, “moment of truth”, “moment of grace and opportunity”. He writes,

Indeed, this epidemic presents us with a critical and dangerous time, a moment of truth as well as a moment of grace and opportunity. The AIDS crisis catapults us into a “moment of truth” because it brings us face to face with the failure, sinfulness, frailty and interdependence of human beings. It reveals the “truth” about the limits of human knowledge, the inability of science and technology to save us.⁸

HIV and AIDS is thus a kairos moment because it invites us to look once again at the crucial issues concerning faith and human existence. It is a critical moment for humanity when we can examine with care the stories of people’s suffering and reflect in what way we are experiencing, in the words of Fr Enda McDonagh, Professor Emeritus of Moral Theology of Maynooth in Ireland, the in-breaking of God’s Kingdom.

A world crisis and its harrowing and heroic stories of human suffering require Christian response and reflection, some fresh theological consideration... Theology remains permanently unfinished. The stories, the caring, and the grieving, tragic and inspiring, continue; so must the theological reflection. And for all the suffering and the threat posed to the human community, the stories may also open up fresh possibilities of redemption and liberation by the in-breaking of the kingdom of God.⁹

This “in-breaking of God’s reign” or “kairos moment” invites us to look once again at how we present our Christian belief in redemption. We need in the context of HIV and AIDS to present a vigorous

⁸Musa Dube, ed., *HIV/AIDS and the Curriculum*, 64.

⁹Enda McDonagh, “Theology in a Time of AIDS”, in *Irish Theological Quarterly*, vol. 60 No 2, 1994.

theology of life that helps us to move away from thinking of Christianity in general and moral theology in particular in terms of rules and regulations. Rather we need to appreciate that our moral theology helps us to face the basic and perplexing questions that living with this life-destroying pandemic puts before us. Among the many important components of this “theology of life” are the two important areas of, what kind of path leads to life? And what happens when we fail to stay on the path? In short, how do we understand sin and forgiveness? First let us turn to the issue of Christian morality.

A Question of Morality

Few would disagree with the opinion that morality is fundamental to a religious outlook on life. Stephen Lewis who was quoted in chapter two certainly had this in mind when speaking to religious leaders in Nairobi in 2002,

The sacred texts, from which all religion flows, demand a higher level of morality. And if ever there was an issue which bristles with moral questions and moral imperatives it's HIV/AIDS. The pandemic, in the way in which it assaults human life, is qualitatively different from all that has gone before. There is no greater moral calling on this continent today than to vanquish the pandemic.

Many people thus look at Christianity, and indeed many other world religions, primarily in terms of providing people with a particular code of practice concerning what is right and wrong. It is almost as if religious faith is seen fundamentally as a way of guiding people's behaviour. Religious people are expected to be moral, that is to say, we expect them to do the right thing and to live good lives. Christian morality is thus all too often presented as a set of prescriptive dos and don'ts and therein is a huge mistake.

Rather than consigning our faith in Jesus Christ to simply following a set of well-laid down laws we need to ask an elementary question, What does it mean to be a Christian, a disciple of Jesus

Christ? Only when we come to see Christianity in terms of the call to discipleship and what that discipleship means can we then go further and speculate how this faith, this discipleship, inform our daily choices.

To be a Christian is, first and foremost, to believe in a person. Christianity is not primarily to follow a set of religious principles and doctrines. As Pope Benedict reminded his hearers on his visit to Poland in May 2006,

Faith does not mean accepting a certain number of abstract truths about the mystery of God, of man, of life and death, of future realities. Faith consists in an intimate relationship with Christ, a relationship based on love of him who loved us first (1 John 4:11), even to the total offering of himself.¹⁰

Christianity is about faith in and response to a person. It is an encounter with a God who loved us not because we were perfect but “while we were still sinners” (Rom. 5:8), while we were still his enemies. Jesus calls us, like he did his first disciples, to follow him (Mark 1:16-20) and having called he invites us, like them, to first “be with him” (Mark 3:13). In other words our first task as Christians is to be like Christ. Love of Christ requires a response and so our journey in faith is about learning how to answer the question that Jesus put to the disciples on the road to Caesarea Philippi, “Who do you say that I am?” (Mark 8:29). Or put another way, “How important am I to you?” “Who am I to you?” Christianity is an encounter with Jesus Christ, a call to discipleship. Once again Pope Benedict highlights this well. Speaking to the Roman Curia in December 2007 he said,

¹⁰*L'Osservatore Romano*, 31 May, 2006, 5. See also *Deus Caritas Est*, Introduction, n.1. This theme was returned to once again by the Holy Father on 7 November, 2006 when addressing the bishops from Switzerland. See *L'Osservatore Romano*, 22 November, 2006, 5.

Being a disciple of Christ – what does this mean? Well, in the first place it means being able to recognize him... One can never know Christ only theoretically. With great teaching one can know everything about the Sacred Scriptures without ever having met him. Journeying with him is an integral part of knowing him, of entering his sentiments, as the Letter to the Philippians (2:5) says...having the same love, being of the same mind, being in full accord, doing nothing out of rivalry...¹¹

It is only after encountering the person of Jesus, the human face of love, it is only when we have put on the mind of Christ (Rom. 12:2) that morality finds its proper context or content.

Thus if we really are to see morality or sin in their true perspective and actual context, we need to see them framed in the love of God.¹² The source of our Christian faith is that we are people who have been loved into existence and kept in existence by the passionate and faithful love of God, a love that goes beyond our human frailties and sins (Rom. 8:1) and that meets us in the very depth of our being (1 Jn. 1:1-4). Yet as Carl Jung once wrote,

Too few people have experienced the divine image as the innermost possession of their souls. Christ only meets them from without, never from within.¹³

The actual truth of Christian revelation is far more radical.¹⁴ The Second Vatican Council constantly reminded us that it is only in Christ that our own personal story/history begins to make sense.¹⁵ In short, God became a human being not only that we might share in the divinity of the Blessed Trinity, but also that we might become fully and genuinely human. The encounter with the person of Jesus

¹¹*L'Osservatore Romano*; 2 January 2008, 5.

¹²*Veritatis Splendor*, 1993, n.10.

¹³*The Basic Writings of Carl Jung*, Modern Library, NY, 1959, 449.

¹⁴*Dei Verbum*, n.2.

¹⁵*Gaudium et Spes*, n.22.

is not just an idea or a set of historical details or doctrines, rather to encounter the person of Jesus is to be introduced to a new vision of life, a new understanding of others and ourselves that leads to and encourages new values and attitudes. We are set on a new path to life. Most strikingly a real meeting with Jesus of Nazareth will open our eyes to the full dignity of being human. Fr Raniero Cantalamessa, a Capuchin friar and preacher to the papal household remarks,

If Christ was born for me, if he became the new human being for my sake, if “he sanctified himself” for my sake (cf. John 17:19), if he died for my sins, it follows that these events involve me directly, that they have a meaning that I ought to accept and imitate in my own life.¹⁶

The Christian life, then, is not about merit, redeeming myself by my own actions, but about gift and grace. It is in our encounter with the love and tenderness of God as expressed in Jesus Christ (Eph. 4:32; Matt. 7:3; Ex. 22:21) that morality finds its proper place and emerges as a result of a free and wholehearted response to the God who is mercy and love.

It is this love that influences and gives focus to all our choices and actions. As Dietrich Bonhoeffer reminds us,

Without “this” love everything falls apart and everything is unacceptable, but in this love everything is united and everything is pleasing to God.¹⁷

Theology, and moral theology in particular, does not so much intend to instruct us how to behave, but rather it seeks to help us articulate our experience of God who is love and whose love informs our choices in terms of what is life-giving and what is not. So when we turn our

¹⁶Raniero Cantalamessa, *Jesus Christ The Holy One of God*, St Paul Publications, London, 1990, 70.

¹⁷Dietrich Bonhoeffer, *Ethics*, The Fontana Library, UK, 1968, 49.

attention specifically to Christian morality it is never primarily a question of doing what is right, following prescriptive rules and regulations but rather by accepting the invitation to live with integrity our God-given dignity. This is what the Catechism of the Catholic Church clearly states in the opening sentence in the section on morality, quoting from a sermon of Pope Leo the Great,

Christian, recognize your dignity and, now that you share in God's nature, do not return to your former nature.¹⁸

All issues of morality, and particularly sexual morality which is so intrinsically connected to the HIV and AIDS pandemic, ultimately come down to one basic question, does this action truly image God's free, total, faithful, fruitful love or does it not?¹⁹

One can see, therefore, from this very brief reflection that Christian morality is broader than simply doing what is considered to be the right thing. Christian morality seeks to help each person to discover the path that leads to life; it points us in the right direction. In order to stay on this path we need a sense of direction. This is why morality from a biblical perspective is concerned with "right vision" long before it is concerned with right actions. We see where we are going and how best to get there. Indeed guidelines to right living can only flow from the vision of wholeness that scripture presents. The revelation of God in the Old and New Testaments seeks to draw us into a covenant relationship.

Christian Morality, Sin and a Covenant of Love

The rich witness of the Old Testament provides us with many great themes that shed light upon the Christian understanding of morality and sin. From the very opening pages we see that the God who creates

¹⁸CCC, n.1691.

¹⁹See discussion in Christopher West, *Good News About Sex & Marriage*, Servant Publications, Ann Arbor, MI, 2000, and *Theology of the Body for Beginners*, Ascension Press, West Chester, PA, 2004.

is a God who calls things into existence. God spoke and it came to be. His word is creative and it is a word that invites human being to enter into a personal and distinctive relationship with the creator (Gen. 1:26-27). This special bond between the creature of dust that God blew his own breath of life into and the rest of creation is revealed by the freedom that God gives to humankind. Our first parents were free and placed in a setting of harmony and peace and instructed to multiply and take care of creation. They were initiated into a partnership.

Yet as the story of Adam and Eve in Genesis 3 makes clear, human beings do not know how best to live in this freedom. God however does not abandon his project so quickly even though disobedience (sin) has entered the perfect world that he has created. Through Noah God extends and reveals his love in a new response towards his creation, he shows forgiveness and the history of salvation thus unfolds. The rainbow, which is an early symbol of God's covenant love for those he has created, reveals also Yahweh's mercy. Having created a people he now chooses from creation a particular person to be the great father of a nation.

The Old Testament, as we have mentioned earlier, sees history as God's history, the history of God and his people. The people he calls have a vocation to mould and shape the world. So the call of God becomes the call to live the promise of God. Throughout the history of this chosen people we see the various ups and downs, abandonment of God and his subsequent forgiveness, we see God as a liberating presence that faithfully tries to save his people. A new covenant is made with this people in the time of Moses and it is this covenant that makes Israel's morality a covenant morality; that is to say, a morality that is a direct response of gratitude to Yahweh and an act of fidelity. Bernard Haring writes,

God's call to Noah, to Abraham, to Jacob, Moses and all of Israel issues in a covenant. God commits himself to his saving covenant. By the very gift of the covenant and the saving action that it brings forth, God grants Israel the gift of the Law. But the

law is not something externally added to the covenant: it flows from it.²⁰

God has a people to whom he is committed, a people who have freely chosen him as their God. We are a people that God has filled with his Spirit and to see the outworking of this gift we must turn to the New Testament.

The opening words of Jesus as found in Mark's gospel are a very good and simple summation of the way God's covenant love for his people is lived out and brought to completion in Jesus. "The time is fulfilled, and the kingdom of God is at hand; repent, and believe in the gospel." (Mark 1:15). Jesus is the fulfilment of the covenant relationship begun in Genesis. The gospel that Jesus brings is not, therefore, a question of good advice, but "good news" and the good news is not a manifesto but is Jesus himself. Jesus announces God's kingdom and that kingdom is not a geographical location but his very presence among us. God's kingdom is a person.²¹

Through his teaching and miracles Jesus makes manifest the saving action of God among us. Jesus discloses the kingdom to us. He shows his own intimate relationship with the Father and this opens him to a unique relationship with all human beings (John 15:12), a relationship which is revealed in service (John 13). So when Paul writes about the "law of Christ" he does so in terms of bearing other people's burdens (Gal. 6:2). All who have come to experience Jesus Christ and have a desire to share his love of the Father have also a deep wish to live by the truth.

Morality from a Christian perspective is a genuine desire to live for Christ, to live in Christ (John 17:3) and to love as he loved. We come again to the simple truth. Christian morality is about a person and our relationship with this person. By responding to Christ

²⁰B. Haring, *Free and Faithful In Christ*, St Paul Publications, Homebush, NSW, 1978, 13.

²¹See Pope Benedict XVI, *Jesus of Nazareth*, Bloomsbury, London, 2007, 46-63.

and answering his call the believer becomes a disciple of God (John 6:45). Pope John Paul II makes this principle eminently clear in his encyclical *Veritatis Splendor* (1993). In reflecting on the encounter of Jesus with the rich young man (Matt. 19:16-21) he comments,

...in the young man...we can recognize every person who, consciously or not, approaches Christ the Redeemer of man and questions him about morality. For the young man, the question is not so much about rules to be followed, but about the full meaning of life... Indeed, the Church “wishes to serve this single end: that each person may be able to find Christ, in order that Christ may walk with each person the path of life”.²²

Morality takes us on a path towards Christ, but we do not always stay on the path, so let us now turn our attention to sin as it is manifested in personal choices and especially consider how our social setting affects our choices.

Sin: Personal and Social

We have seen that God created us from the beginning to enjoy a relationship of freedom.²³ This comes to an abrupt end when our first parents disobey God and eat of the tree of the knowledge of good and evil (Gen. 3:4-6). With this disobedient act sin entered creation. We could be forgiven, therefore, for thinking that in order to live a “good life” we simply need to do the correct thing, choose to do what is right. On one level this is certainly true. We are invited to live according to God’s plan. Yet living a “good life” can never be seen solely as individual choice of right and wrong, which can in turn be redeemed by individual repentance alone.

Before reducing sin to “what to do” or “what not to do” we need to place it in the context of how we love, indeed how we

²²*Veritatis Splendor*, n.7 also n.19 and *Redemptor Hominis*, n.13.

²³*Veritatis Splendor*, n.35.

understand being loved by, God.²⁴ Furthermore we need to take cognisance of our social setting, to be sensitive to the fact that situations, other people, as well as psychological dysfunction, can critically influence the way we behave and the choices we make. Of course this does not negate the notion of personal choice and personal responsibility – these are key to any correct understanding of Christian ethics; but they are not the whole story.

We have over the years come to appreciate the systemic nature of human existence. That is to say we have begun to recognize that we live as human beings within particular social, economic, cultural, political and religious contexts and structures, which we call “systems”. These heavily influence the decisions we make and the choices we have available at any given time. This is not the same as saying that we are prisoners of social systems. Rather it is a call to be aware of the truth that we do not exist in isolation. As the poet John Donne reminds us, “No man is an island”, hence it is of the greatest importance that we learn how to identify and challenge in our HIV and AIDS world the presence of “structural sin” alongside trying to heal and identify individual error of judgment.²⁵

How, then, do we look at sin? How can we encourage personal responsibility, while recognizing the social context in which people live? How do we acknowledge honestly that some people’s behaviour has indeed contributed to the spread of this virus and has been far from morally responsible without simply leaving them with blame and guilt, feeling condemned? Bernard Haring in his book *Free and Faithful in Christ* (1978) is very clear that it is possible for us to sin by the very way we speak about sin.²⁶ How?

²⁴ See chapter by Enda McDonagh, The Reign of God: Sign Posts for Catholic Moral Theology, in James Keenan SJ, (ed.), *Catholic Ethicists on HIV/AIDS Prevention*, Continuum, New York, 2005, 317-323.

²⁵ It is worth reading George Lobo, *Guide To Christian Living*, Christian Classics Inc., US, 1982, chapter 20, in which he suggests that there is a need for a dialogue between personal sin and social sin.

²⁶ Haring (1978) 378.

We do this when we simply seek to put the blame for our wrongdoing onto others, either the devil, our first parents, Adam and Eve, other people or circumstances. That is to say we view sin incorrectly when we externalise the responsibility for what we personally do, while doing little ourselves to resist temptation. We sin most, says Haring, when we put far too much emphasis on our fallen nature rather than on the grace that comes through Christ. He concludes,

Our talk of sin is sinful whenever we have not made all the effort necessary to come to a better knowledge of God and man. And it is sinful whenever we are lacking the resolution to be converted and to share with others the Good News of conversion.²⁷

So how can we speak of sin? In simple terms “sin” means to miss the mark. We fail in some way or other to reach our intended goal or to measure up to a particular standard. The Old Testament provides us with a lucid understanding of sin. As we saw earlier, the children of Israel had entered into a covenant relationship with Yahweh expressed in the declaration of the Ten Commandments. Sin was seen as a breaking of that relationship between God and human beings. Indeed the third chapter of Genesis goes further. Reading the story of “the fall” we become aware that the sin of Adam and Eve had many different implications. In fact if morality and sin are about a covenant relationship then we can observe that three very important relationships were damaged when our first parents disobeyed the command of God.

First, the relationship between God and humankind was disturbed. The story tells us that Adam and Eve were expelled from paradise and the doorway sealed (Gen. 3:24). It took the death and resurrection of Jesus to open the entrance again and to give us access to the Father. Sin interferes with our relationship with God in that

²⁷Haring (1978) 379-383.

we build walls; God tries to break them down, but like Adam and Eve we go into hiding (Gen. 3:8). Second, the relationship among ourselves as human beings is damaged. As we shall see in subsequent chapters sin has prevented us from looking at each other in the correct way. We view others as mere objects to be used rather than as partners in a divinely given vocation, to love as God loves. Finally in our relationship to the earth itself, instead of taking responsibility for creation we begin as human beings to dominate, use, but not appreciate and enhance. We are happy reaping and fail to sow for the future. In simple terms sin alters the way we see God, other human beings and the environment in which we live. Not least of course sin alters the way we view ourselves.

The teaching of Jesus picks up the important theme of relationships and shows how love of God and neighbour are intrinsically linked (Matt. 22:34-40; Mark 12:28-31 and Luke 10:25-37). There is, says Paul, a conflict raging within us between the false spirit (the flesh) and the Spirit of God. We often forget that our old sinful nature has been crucified with Christ (Gal. 2:19f); we are a new creation in Christ, freed from sin. So when we commit sin we act against who we really are as well as against God who is within us (Rom. 7:19).

While sin is always a personal choice, a decision we must take full responsibility for, we have to recognize as mentioned earlier that particular situations, other people, as well as our physiological imbalance provide significant influences. Lack of family structure, little education, addiction to alcohol or drugs and poverty, etc., can all bring their own persuasive value systems. Though Christ has set us free to live in the light we can all too readily learn to prefer darkness. Pope John Paul pointed this out in his encyclical *Sollicitudo Rei Socialis* (1988). He wrote that there is a danger of building “structures of sin” which “grow stronger, spread, become the source of other sins, and so influence people’s behaviour.”²⁸ Of course those

²⁸*Sollicitudo Rei Socialis*, n.6.2.

who make the decision to support conditions that promote injustice and evil are personally culpable of sin, but so too are

those who are in a position to avoid, eliminate or at least limit certain social evils but who fail to do so out of laziness, fear or the conspiracy of silence, through secrecy, complicity or indifference; of those who take refuge in the supposed impossibility of changing the world and also of those who sidestep the effect and sacrifice required, producing specious reasons of higher order.²⁹

It is too easy to believe in a rather naïve manner that in the context of HIV and AIDS people simply need to be given the correct information concerning this virus and then they will take responsibility for their behaviour and act responsibly, after which the nightmare of this pandemic will go away. While there is a great deal of truth in the necessity to help people to make responsible choices, some people's choices, as we have noted above, seem to be curtailed because of the circumstances in which they find themselves. While all of us are responsible for the choices we make when speaking about sin, missing the mark, we need to recognize that there are differing degrees of complicity. As Fr Leonard Martin CSsR, moral theologian from Brazil, highlighted,

...people do not always do what they know is best, nor even what they know is right, and that the combination of desire and fascination with the prohibited and the dangerous is a potent mix.³⁰

In the complex and multi-layered world of HIV and AIDS, personal sin is certainly present and it would be misleading and lacking in honesty to ignore it. Equally however we need to recognize that it is

²⁹*Reconciliatio et Paenitentia*, n.6.

³⁰Fr Leonard Martin CSsR, HIV/AIDS: A Moral and Ethical Framework for Reflection and Action. Paper given at a symposium in San Salvador in 2001.

not the only cause of the increase in infection rates. When seen against the background of grinding poverty, the sexual abuse and trafficking of women and children, continued gender inequality, international injustice in relation to the provision of adequate medical assistance and economic hardship, etc., then personal sin finds a new level alongside structural sin. George Lobo SJ writes,

We are now becoming aware of the reality of sin embodied in political, economic and social structures. Today, scandal is not only individual, it is even more the contaminating power of structures that seduce and enmesh the ordinary man.³¹

While preaching a gospel of reconciliation (2 Cor.4 & 5) and inviting people to turn towards the vision of God written in the very substance of our humanity,³² Christians must become skilled in challenging the very structures within family, society and cultural systems that prevent people making free choices. Indeed in reading the signs of the times Christians must exercise a prophetic ministry that highlights the “concrete acts of individuals who introduce these structures, consolidate them, and make them difficult to remove.”³³

Assisting people to identify the patterns of behaviour that contribute to making them vulnerable to infection is one step, an important step, in the work of prevention, but we need to be very conscious and sensitive of the kind of environment that we are expecting this “changed behaviour” to live and grow in. Is it an environment that will support the desired change or will it lead to and even encourage regression? When a young girl or woman sells her body for sex in order to feed her family, where is the sin? Ultimately, simply pointing out people’s sins does not seem to be the way that Jesus himself empowered others in their choice for life. He seemed rather to offer them an alternative pathway to freedom, one

³¹George Lobo, *Guide to Christian Living*, 406.

³²*Catechism of the Catholic Church*, 27.

³³*Sollicitudo Rei Socialis*, n36.2.

that inevitably caused them to turn around and away from their old way of living.

The heart of the good news is that Christ has died for our sins (1 Cor. 15:3). We have a way to freedom. There is forgiveness and mercy. The very incident recorded in John chapter 20 when, on the first evening after the resurrection, Jesus appeared to his disciples, is a clear teaching of his relationship to those who have sinned. Jesus entered into the upper room where the disciples were locked behind closed doors out of fear and offered them peace. The disciples no doubt expected some kind of recrimination from Jesus, they had betrayed him and run away, yet there is no record of his ever reminding them of what they had done. He offers reconciliation and, as far as Peter is concerned, he gives a commission to serve and grow in responsibility.³⁴

As Christians, when we seek to respond to this pandemic, we will need to take great care concerning the kind of statements we make. We want to bring people to a deeper understanding of the covenant relationship that they have in Christ, not merely point fingers of blame, nor enlarge the distance between themselves and the God who has loved them into existence. The following comments from a professor of theological anthropology and social ethics at the Pontifical Universidade Catholica de Campinas in Brazil is thought provoking,

We can observe furthermore that the difficulty in following Catholic moral teaching is real, especially among the poorest families. In Campinas alone, a city with one million inhabitants, there are one hundred thirty-six thousand living in the slums. Barely able to survive, they do not have the social structure that would encourage them to follow Church rules. How can moral theologians contribute to HIV/AIDS prevention in a reality as dramatic as ours? Many rules and moral guidance that we have in ecclesiastical

³⁴Look also at: Matt. 6:19; 9:2-6; 18:23-35; Luke 7:36-50; 15; John 8.

documentation are not followed due to the brutality of our social reality.³⁵

Personal and structural sin are “categories which are seldom applied to the situation of the contemporary world” writes Pope John Paul II. Yet he reminds us that “one cannot easily gain a profound understanding of the reality that confronts us unless we give a name to the root of this evil which afflicts us.”³⁶ Both have to be understood so as not to promote unwittingly a version of Christianity that places too much emphasis on following rules and calling for individual change and conversion, forgetting the surrounding social constraints. It is perhaps all too easy to be like the Pharisees in the gospel, we heap upon others laws and traditions without lifting a finger to help them carry the load (Matt. 23:1-12).

HIV and AIDS, Sin and Morality

With the passing of time it has become more than ever apparent that HIV is just as much a spiritual and theological crisis, which exposes us to the very nature and meaning of our existence as human beings, as it is a medical and social dilemma. Indeed it exposes the basic flaws in our human nature and social structures. It calls for a comprehensive and credible Christian anthropology. Writing in the encyclical *Evangelium Vitae* (1995) Pope John Paul II states,

The gospel of life, proclaimed in the beginning when man and woman were created in the image of God for a destiny of full and perfect life (cf. Gen. 2:7; Wis. 9:2-3), is contradicted by the painful experience of death which enters the world. (n.7)

Further on he tries to highlight some of the attacks against life that we experience in our world today, he says,

³⁵James Keenan SJ, (ed.), *Catholic Ethicists on HIV/AIDS Prevention*, 61.

³⁶*Sollicitudo Rei Socialis*, n.36.3.

Some threats come from nature itself, but they are made worse by the culpable indifference and negligence of those who could in some cases remedy them. Others are the result of situations of violence, hatred and conflicting interests, which lead people to attack others through murder, war, slaughter and genocide.

And how can we fail to consider the violence against life done to millions of human beings especially children, who are forced into poverty, malnutrition and hunger because of an unjust distribution of resources between peoples and between social classes?...What of the spread of death caused by reckless tampering with the world's ecological balance, by the criminal spread of drugs, or the promotion of sexual activity which, besides being morally unacceptable also involves grave risk to life? (n10)

This attack against life has to be seen against the backcloth of the understanding of humanity that we as Christians proclaim as God's original plan. Much has been done in the response to this pandemic but the hearts and minds of many have not been touched by the prevention messages so far employed. Medication and safer sex in and of themselves have not gone to the root of the problem. Hence the need at this present time for a sound theology of life and a genuine spirituality of hope that is rooted in the reality of people's everyday experience but which is able to take them beyond that existential experience to the greater vision of themselves in Christ.

Perhaps this is the deeper meaning of the invitation issued by Stephen Lewis to religious leaders gathered in Nairobi in 2002. While vigorously working to bring relief wherever possible we should not forget the importance of raising people's consciousness and understanding as to why this pandemic continues to increase despite the enormous efforts that have been made over the last twenty-eight years. The admirable interventions so far made by faith-based communities are tremendous but it would seem to be morally irresponsible to advocate for higher quality care alone while neglecting to eradicate the dysfunctional belief systems that support the spread of this deadly virus.

It is crucial therefore that all Christians are equipped with an authentic spirituality and theology that radically empowers and informs the choices that we make on a daily basis, a theology and spirituality that facilitates the encounter with Christ and thus empowers each person to choose life. This is why St Paul would be urging us, if he were writing to us today, to “fan into flame the gift of God that you possess... God did not give us a spirit of timidity, but the Spirit of power and love and self-control” (2 Tim. 1:6-12). We need to find ways of passing on this gospel of life to our brothers and sisters affected and infected by HIV and AIDS because, as Nelson Mandela has warned,

Every moment that is spent on deliberations that does not lead to decisive action is a moment tragically wasted.

Scripture to Read and Reflect Upon

Gen. 15	God's covenant with Abraham: We, too, have a covenant relationship with God.
Ex. 20	Israel is given the Ten Commandments not as chains to bind but as symbols of the love relationship with Yahweh.
2 Sam. 11 & 12 & Ps. 51	These passages tell the story of David's sin but he repented and found forgiveness.
Mark 1:14-15; 2:1-14 & Luke 7:36-49; 15:1-32 & John 8:1-11	These entire gospel passages speak of the ministry of Jesus as one of forgiveness not condemning people for their sins – call to repentance.
1 John 3 & 4	The context of our faith is love. God's love for us first and our response of love.
Romans 5 & 8 Galatians 5	The teaching of Paul is clear: we are called to be free.

Questions to Ponder

1. What experience have you personally had of being stigmatised or discriminated against? How did this make you feel?

2. How have your views concerning HIV and AIDS changed over the years? What has contributed to this?
3. St Paul reminds us that “*all have sinned and fallen short of the glory of God*” (Rom. 3:9f) How can we speak of personal sin and personal responsibility without leaving people condemned?
4. As people committed to read the signs of the times, what kind of moral theology is necessary for us in a world dominated by HIV and AIDS?
5. In what two or three ways could we help Christians and non-Christians to understand more deeply the place of sin and morality in our choice of life?

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Prayer

*Blessed are you, God our redeemer,
for in Jesus you show us the image of your glory.*

*We give thanks for the gospel of reconciliation, healing and hope.
May we recognize more clearly that in the body of Christ, which
suffers at this time with HIV and AIDS that you are truly present.
May we see in this time of pain your healing love not your
punishment and condemnation.*

*May we acknowledge that you are at work among us in the lives of
all our sisters and brothers affected and infected and may we
together come into your kingdom of light and life, through Christ
our Lord.*

Amen.

CHAPTER FIVE

Making Sense of Suffering

Seeing Things in their Context

When I sat down to write these reflections I was called to the door of our monastery. A young man stood before me who was in need of help. He had come with a problem that at first he was embarrassed to speak about but as the local clinic had failed to be of any assistance and he was in such discomfort he had nowhere else to turn. His problem, like two other young men I had seen earlier, was that he had a sexually transmitted infection. He had kept this problem to himself until he was too ill to conceal it any longer. As I listened to his story I came to realize that he had not quite kept it to himself for he had brought along with him his wife, for she too was sick, as was their newborn baby.

Somehow coming face to face with this family, a living icon of suffering, puts what this chapter is trying to wrestle with here into a real context. If the presence of HIV and AIDS invites us to examine our image of God and our understanding of sin and morality as discussed in the previous chapters, it certainly causes us to try to evaluate what possible meaning and purpose suffering might have in the lives and well-being of those who suffer and those who care for them. Writing in the preface of Viktor Frankl's book, *Man's Search for Meaning* Gordon Allport makes the point,

...to live is to suffer, to survive is to find meaning in the suffering.
If there is a purpose in life at all, there must be a purpose in suffering

and in dying. But no man can tell another what this purpose is. Each must find out for himself, and must accept the responsibility that his answer prescribes. If he succeeds he will continue to grow in spite of all indignities.¹

To write about suffering involves, however, a great danger. There is a danger of trying to capture in words what is ultimately personal and inexpressible, trying, perhaps unconsciously by the choice of words to make suffering acceptable, palatable, safe. To write or read of suffering in the comfort of a book is one thing, to see it in the face and body of a relative or friend, to experience it first-hand in our own body makes words at times almost obscene.

It is, after all, real flesh-and-blood people who are in agony and distress with HIV and AIDS. It is our own relatives and friends, our own bodies that are wasting away, weak with diarrhoea and night sweats, covered with herpes, coping with one infection after another. It is real people and real situations that demand of us real and convincing words. So as you read these pages try to keep real people before you, for any genuine attempt to reflect on suffering has to be grounded in reality.

A Cry Beyond Physical Pain

In the struggle with HIV and AIDS and the challenges that it unleashes we are faced on a daily basis with a disease that not only strikes at the immune system, so as to destroy a person's physical well-being, but we come up against a virus that invades and takes away a person's sense of dignity, future and can ultimately rob them of hope. Looking into the faces of those who are living with HIV and AIDS one sees very often a hidden cry for help behind the eyes of those who suffer, one that is all too often not verbalized. Not only do people have a desire for the immediate pain to be taken away, but also there is an

¹V.E. Frankl, *Man's Search for Meaning*, Rider & Co., London, 2004 edition, 9.

even deeper longing that we soothe the ache that goes to the very core of each one's being where fear and uncertainty linger.

While medication, if it is available, can bring partial relief to the physical discomfort that we suffer it cannot ultimately heal the often more distressing question, why? It cannot relieve the searing pain of self-doubt, stigma and discrimination, shame, despair and anger that can all too easily accompany HIV and AIDS. Medication can help us to feel better in the short term, it can enable us to cope with life, to get through each day, but it cannot by itself make life worth living because it cannot provide answers to the deeper questions raised by this pandemic.

For those who find themselves immersed in this pandemic, whether directly infected or affected, there is an urgent need to seek a way to make sense of a disease that can appear senseless and empty of meaning. As I write this I find myself recalling a conversation that took place some years ago. I was talking to a fellow monk who had just been asked why he was a Christian. There are of course many answers that could have been given but to my surprise he said that after a great deal of thought he could not be anything other than a Christian so long as there was suffering in the world. Christianity, he continued, tries to treat suffering honestly, it takes it seriously and does not try to make it go away or pretend it is not happening. This is because Christianity attempts to point beyond the actual pain or discomfort and reveal that suffering has meaning, it is not pointless.

The more I reflected on what he said the more I appreciated the truth of it. Christianity is the only religion in the world which has at its central point of faith a "crucified God", a God who not only through his Son Jesus experiences agonizing physical pain, but a God who can appreciate the deeper wound of rejection, degradation and abandonment from those he attempted to heal and love. The Christian God is an incarnate God who invited the "the poor, the crippled, the lame, the blind" (Luke 14:13) and who throughout history,

...remained the God of the back streets, the God of dark holes, of shacks, of all the unhealthy quarters of the world! His universal kingdom is, now as always, a domain of the underworld, a hospital, a basement, a ghetto kingdom.²

This suffering is an expression of God's very nature, which is love,³ a theme beautifully explored earlier in his life by Pope Benedict XVI in his book, *Behold the Pierced One*. Writing on the ability of God to experience suffering he says concerning the teaching of the third-century scholar Origen that he

...grasped most profoundly the idea of the suffering God and made bold to say that it could not be restricted to the suffering humanity of Jesus but also affected the Christian picture of God. The Father suffers in allowing the Son to suffer, and the Spirit shares in this suffering, for Paul says that he groans within us, yearning in us and on our behalf for full redemption (Rom. 8:26f).⁴

In this sense Christianity does not try to run away from the brutal reality of suffering for this is impossible. As Pope Benedict writes in his encyclical *Spe Salvi*,

Indeed we must do all we can to overcome suffering, but to banish it from the world altogether is not in our power... We can try to limit suffering, to fight against it, but we cannot eliminate it. It is when we attempt to avoid suffering by withdrawing from anything that might involve hurt, when we try to spare ourselves

²J. M. Oesterreicher, *Auschwitz, The Christian and The Council*, Montreal, 1965, 28.

³H. von Balthasar, *A Theological Anthropology*, Sheed and Ward, New York, 1967, 273.

⁴Joseph Ratzinger, *Behold the Pierced One*, Ignatius, San Francisco, 1986, 58.

the effect and pain of pursuing truth, love and goodness, that we drift into a life of emptiness.⁵

The history of the world is full to overflowing with horrific examples of how people have had to suffer through natural disasters and the cruelty of others. Christianity is no religion of escapism; rather it wants to help each of us to find what the hidden purpose of suffering might be. It does not say “avoid suffering”, “pray it away” and all will be well, but rather have courage to stand firm and let it reveal its secret.

In fact if we look at the Christian tradition, from the scriptures of the Old and New Testament right down to our present day, it clearly highlights the truth that suffering is not only a part of our human experience, it actually enables us in some mysterious way to enter into our humanity more fully. Suffering, uncomfortable as it is, is a fact of life, living in misery and despair is an option we can choose. We can never escape suffering, but we can choose how to live with it in a manner that does not totally crush us.

A Challenge to Live with Unanswered Questions

If Christians in this era of HIV and AIDS are to make a credible contribution to this pandemic then we need first and foremost to have an informed and realistic understanding of the situation in which we live. We need to explore HIV and AIDS from every angle learning how to listen to those who are living with this virus and those who care for the infected in their families and neighbourhood, especially those who do not share our faith or any faith. Such sensitive listening will surely reveal to us the palaces of pain in people’s lives, the areas of deep concern and the questions uppermost in their minds. Furthermore Christians must recognize with humility that in our exploration of the issues surrounding this pandemic we are not without our limitations in the way that we understand things in general and suffering in particular. No one can claim to know exactly what

⁵*Spe Salvi*, n.36, n.37.

God's plan is, no one can speak on God's behalf, and yet too often one can come across believers who speak as if they have some kind of hotline to God's mind! We hear believers who come out with ready-made pious phrases and who tell others precisely what God wants, thinks, desires. Yet no one can say with confidence and certainty what God is doing in and through this pandemic. All of us, believers and non-believers alike, need to take up the struggle to search for meaning rather than impose solutions. Dr Anne Bayly puts it this way,

The Gospels present evidence that Jesus, too had to search painfully for meaning and understanding in the events of His own life, and He warned us that disciples are not greater than their master (John 13:16). Christians are part of suffering humanity which cries out, as did Jesus, 'My God, my God, why have you forsaken me?' (Mark 15:34). In the face of AIDS everyone has to learn to live with unanswered questions.⁶

To live with unanswered questions, perhaps this is the only honest starting point for Christians in our response to suffering in general and to HIV and AIDS in particular. Looking at the life of Jesus we see many examples of how he did not stand safely, from an imagined position of superiority, outside the experience of those who came in need to him. Jesus fully entered the difficulties and distress of the people around him. His compassion came from the depth of his being, from his ability to identify with others and with respect for their dignity.

The gospels are full of examples of how Jesus embarrassed others by reaching out to those who were most vulnerable and often excluded. His first visitors after his birth were shepherds (Luke 2:8-14) who were considered outcasts by other Jews; later lepers came and were cured (17:11-19), as was a blind beggar (Mark 1:40-45,

⁶Anne Bayley, *One New Humanity: The Challenge of AIDS*, SPCK, London, 1996, 124.

10:46-52). Women were heard and acknowledged (Luke 7:36-8: 3; 8:43-49; 13:10-17). He raised a widow's only son (Luke 7:11-17) and the daughter of Jairus (Luke 8:40-56). His contemporaries thus had to learn a hard but important lesson that the people whom they thought were acceptable were different to the people Jesus naturally associated with. Stigma and discrimination were clearly not part of his thinking and compassion was the fundamental principle of life and action.

A Gospel of Compassion

The lessons of the gospel reveal clearly that care and compassion spring from a willingness to be with others in their pain and distress because one can see in them people who have value and worth, one can see them as people not simply that we would like to help, but from whom we can learn, no matter who they are. Suffering invites us to be radically clear about what we mean by compassion. We serve others not because we feel sorry for them; sympathy is very different from compassion. We feel compassion because of a very deep-seated belief, a willingness to enter into the pain of another, to stand with them in their difficulty. Henri Nouwen tried to put this simply in his own book *Compassion*. He writes,

The word compassion is derived from the Latin words *pati* and *cum*, which together mean "to suffer with". Compassion asks us to go where it hurts, to enter into places of pain, to share in brokenness, fear, confusion, and anguish... Compassion means full immersion in the condition of being human.⁷

To stand before another human being, from a Christian perspective, is to stand before an icon of the Holy Trinity, a bearer of the image and likeness of God. There is therefore no room for judgment, of treating others as something different from ourselves, as "objects", unworthy of care, respect or love, as somehow cursed or punished.

⁷Henri Nouwen, *Compassion*, DLT, London, 1999, 4.

The Jesus we meet in the gospels would seem to remind us that “nothing can separate us from the love of God” (Rom. 8:38-39) no matter what our present suffering might be.

Born into Suffering

A South African songwriter, Lucky Dube, himself a victim of violence that resulted in his death in 2007, wrote a song entitled *Born to Suffer*. He sings of the painful situations that we encounter in our daily struggle with life and reinforces the point of view that suffering appears to be a raw fact of life. Of course not all suffering is the same. There are those who bring suffering upon themselves, and indeed cause suffering for others because of the life-style that they have freely chosen. Equally we know from experience that there are diseases that are simply part of the fabric of creation such as the many infections, viruses and parasites like mosquitoes, etc. Then again there are the natural imbalances within the earth’s structure that cause earthquakes, floods and volcanoes.

All of these one could say are understandable, but what of the suffering that has no easy explanation, that seems unjustifiable? While you are reading this, for example, someone somewhere is being raped, a child is being abused, someone is crying because a person they loved and trusted has deserted them, someone is thinking that life is not worth living. Someone is dying of starvation, being beaten, or afraid of dying. There are people now who are alone and uncared for, in tremendous physical pain, who cannot cope or who are facing a terminal illness. By the time you finish this chapter someone will have decided that suicide is the only sensible answer to their problems; their life will have ended.

Inevitably our exposure to pain, whether emotional or physical, our exposure to death itself, invites us to grapple with the uncomfortable question of why. Why does suffering exist? What purpose could it possibly serve? Why do I have to suffer in this particular way? Why has this happened to me? Behind these questions there is perhaps a deeper fear that we are cursed, a fear that God has rejected us, or a neighbour or relative has bewitched us. Attached,

especially to HIV and AIDS, is equally the terrible feeling of being betrayed by a partner, lover, a husband or wife. How could they pass on this disease?

Suffering brings us then to the point where we examine our attitudes to life itself, what value we place upon it, what meaning we can see for our continued existence. It can also cause us to question the existence of God and if there is a God what kind of God allows suffering to be part of human experience? Suffering disturbs us not simply because of the pain it brings but because deep within us there may well be a belief that it only happens to people who are bad or who deserve punishment. We consider it as God's way of getting back at us for our misdeeds. If this were not the case, we argue, would not God somehow intervene to stop the terrible pain? Clearly our idea of God, as we suggested in the last chapter, needs to be re-examined and changed and perhaps it is in the face of suffering that this take place.

Certainly if we are to make sense of life then it would seem that we need to find room in our understanding for the place of suffering, for perhaps we cannot begin to embrace life, live it to the full, until somehow we have accommodated suffering. A reading of Viktor Frankl's book *Man's Search for Meaning* would certainly point to this truth. Towards the end of his description of how people survived the horrors of life in a concentration camp Frankl asks the question, is there no spiritual freedom in regard to behaviour and reaction to any given surroundings? Or are we no more than a product of the conditions we find ourselves in, be they biological, psychological or sociological? From personal experience and observation Frankl is able to remark,

The experience of camp life shows that man does have a choice of action. There are enough examples often of heroic nature, which prove that apathy could be overcome, irritability suppressed. Man can preserve a vestige of spiritual freedom, of independence of mind, even in such terrible conditions of psychic and physical stress...everything can be taken from a man but one thing: the last

of human freedoms – to choose one's attitude in any given set of circumstances, to choose one's own way.⁸

This is true not simply for those who suffer within themselves but for carers as well. As a carer we cannot bring to others what we have been unwilling or unable to face ourselves. Indeed the truth is we will bring to those we seek to care for our own confusion and resentments, fears and anxieties. We will also find ourselves overwhelmed by the neediness around us until in some small way we have begun to find the God of tenderness and compassion at the very core of the human pain we experience.

There Are No Clever Answers

At root the ugly face of suffering keeps our feet firmly on the earth. No clever answers will do but rather we need the patience that allows us to stay with others, and ourselves, in pain and confusion until the face of love, the face of God, the face of hope emerges. Dr Shelia Cassidy puts this in earthly language when in her book, *Sharing the Darkness*, she writes,

One must develop the ability to stand with feet firmly planted on the earth inhabited by vomit, bowels and wounds, but gaze beyond the mess to the future of hope.⁹

I met a young girl once who had escaped the civil war in Angola. Returning from collecting wood one day she heard screams and shouts as she approached her village. Hiding at a distance she witnessed the massacre of her entire family and their neighbours. After great difficulty she managed to cross the border to safety into Namibia. There she remained in a refugee camp attempting to put her shattered life back together. Slowly the future began to look better and the trauma of her family's death was beginning to heal when one day

⁸V. Frankl, *Man's Search for Meaning*, 74-75.

⁹Sheila Cassidy, *Sharing the Darkness*, DLT, London, 1990, 6.

four men raped her in turn. When I met her she was five months pregnant and HIV positive. Listening to the agonizing events of her young life I could not help but ask if she were angry with God? Her clear eyes looked into mine and she said “No, I am not angry with God. It is only faith that has kept me alive. My only prayer is that I might have patience to wait until the meaning for all this suffering is revealed.”

At nineteen this young girl had gained wisdom beyond her years. It was a wisdom that she had not learned from reading books or attending workshops but by simply living life. Living means we can choose how we interpret the events of our lives. How we interpret them will either lead us to live positively or in dread. We can never afford to glamorise suffering or try to spiritualise it away in soft-sounding words so as to tone down its raw impact. We are after all very conscious of its presence among us even if we ourselves are at not directly afflicted.

For some people suffering will be explained and interpreted in such a way as to make them feel angry and bitter, while others will find themselves rebelling against God, cursing him and declaring that he does not care. For others the difficulties that life throws at them will be an occasion to turn ever more deeply to the One behind all life and in their vulnerability they cling to God and search more earnestly for his presence. While others will look for ways and means of numbing the pain and confusion that suffering brings, they desire relief not answers.

Avoidance is an all too easy option and we can try by all means to protect ourselves and stand removed from suffering, looking on like an observer. We can try to wrap it up in neat religious answers and language, like the friends of Job in the Old Testament. Indeed our search can be for nothing more than comfort rather than truth and so the very last thing that we are willing to do is to let the suffering we experience enter into the very depth of our being so that it can reveal its hidden meaning.

In many people's experience suffering challenges them to let go of their religious ideas and to allow a new spiritual insight to

emerge. We need, as it were, to embrace the stench of rotting flesh, the squalor and mess of the incontinent and unwashed, the very face of human frailty and stupidity, we need to allow all this which is the stuff of life to lead us to the real God behind our world rather than the plastic and false god that we create. We need to come before this mystery of life with empty hands and humble hearts. Dr Sheila Cassidy who has experienced great suffering in her own personal life and works with the terminally ill and dying writes,

I have no clever answer to the eternal question “why?” of suffering but I am convinced that whatever its cause and whatever its outcome, it is never without meaning. Just what that meaning is, I can only guess: perhaps different people’s suffering has different meaning. Some are clearly purified and strengthened by it and go on to do great things for God and for his people. Others are quite simply broken, dehumanised and destroyed. Some are ruined before they can even begin; the parcel unwrapped with such eagerness and hope reveals only a pitiful collection of broken shards, wrecked beyond any hope of repair... These are the things that make people “lose” their faith. How, they say, can there be a loving God, if this goes on?¹⁰

Suffering does not require of us clever answers, but the honest acceptance of the reality that I find myself in. Strange as it might sound we need to embrace that which frightens us. As a Buddhist monk once said, “The best way to rid yourself of an enemy is to make them your friend!”

Entering into the Mystery

One of the things that can happen when we courageously draw close to suffering and allow it to teach us is that we discover that there is something very mysterious at work. At best we can only glimpse hints of what suffering’s real purpose may be. We are led, if we have the patience and the humility to wait, to something that we find

¹⁰Sheila Cassidy, *Good Friday People*, DLT, London, 1991, 2.

difficult to put into words. We are led to God. For in the mystery of all human suffering is concealed the mystery of God, a God who chose to create and then enter into the world as a weak, fragile, vulnerable human being and died a most hideous death. We need to learn how to draw closer to suffering for that is exactly what God has done in the birth, death and resurrection of Jesus. The answer to the riddle of suffering will never come from outside our experience but always from within.

Elie Wiesel, a Jew who was imprisoned in Auschwitz during the Second World War, tried to put into words his unforgettable experience of torment and the conclusions that this led him to. He waited ten years before attempting to illustrate in his book *The Night* the depth of human suffering and evil. Regis Martin comments concerning *The Night* that it is

Without doubt the single most shattering narrative to emerge from the experience of the Holocaust, the book recounts the whole terrible ordeal of capture, torture, and death which overtakes Wiesel's family, hellishly trapped in the nightmare world of a Nazi concentration camp.¹¹

In this world of horror Elie Wiesel, no more than a child, watched his mother and sister led away to die, killed like six million others in gas chambers and then mutilated and burned. He saw his father die slowly and felt his own faith in God disappear. Wiesel experienced many days and nights of horror that caused him to feel "seven times cursed", but there was one memory that lies at the heart of his narrative, and is often repeated; it is the death of the "sad-eyed angel". A child not much older than Elie Wiesel himself was one day chosen by the Gestapo to be used as an example to the other prisoners. The boy was sentenced to death; he was to be hanged. The other prisoners were all made to watch the cruel murder of this innocent child and it was this event that left its permanent mark on the thinking and faith

¹¹Regis Martin, *The Suffering of Love*, 45.

of the young Wiesel. The young boy, the “sad-eyed angel”, silently went to his death speaking no words of defence or plea for mercy. It was clear to all who gazed upon this victim that the child was too light in weight for the rope to do its terrible deed properly. As the child hung between heaven and earth, from within the crowd of prisoners a voice was heard crying, “Where is God? Where is He? Where is God now?” Elie Wiesel writes,

I heard a voice within my head answer him, “Where is He? Here He is – He is hanging here on the gallows.”.... Never will I forget those moments which murdered my God and my soul and turned my dreams to dust. Never will I forget these things, even if I am condemned to live as long as God Himself. Never!

In the death of this child, one of millions of others, Elie Wiesel could only come to one conclusion. There is no God. The God whom he had been taught to believe in and put his whole trust in was as dead as the boy at the end of the rope. God and humanity died in Auschwitz according to Elie Wiesel. It is interesting that another Jewish writer, Emil Fackenheim, records the same hanging incident in his book, *God's Presence in History: Jewish Affirmation and Philosophical Reflection*.¹² Like Wiesel he is clear that it is not possible to read into the story any sense of redemption. If that were to happen then,

A Jew, in short, would have to become a Christian. But never in two thousand years of Jewish-Christian confrontation has it been less possible for a Jew to abandon either his Jewishness and embrace Christianity.

It would seem that for some people, at least, the uncomfortable, but nonetheless inevitable answer to the mystery of suffering is to point us to the simple fact that God does not exist, to look for a redeeming

¹²E. Fackenheim, *God's Presence in History: Jewish Affirmation and Philosophical Reflection*, New York University Press, NY, 1970, 72.

presence is to look in vain. Suffering merely proves that there cannot be a God, certainly not a God who bears the name or nature of love. The 33 million around the world¹³ who live with HIV and AIDS, just like the millions who were caught up in the evil virus of hatred in Nazi Germany, are faced with a clear choice: either we descend into a pit of utter hopelessness and despair that leads us to declare the non-existence of God, or, like Jorgen Moltmann, we recognize that, cruel as it may first appear to be, suffering is an invitation for us to enter ever more deeply into human pain and tragedy, take the plunge and within it to find the mystery of God concealed.

...for a God who is incapable of suffering is a being who cannot be involved. Suffering and injustice do not affect him. And because he is completely insensitive, he cannot be affected or shaken by anything. He cannot weep, for he has no tears. But the one who cannot suffer cannot love either. So he is a loveless being.¹⁴

Elie Wiesel's silent answer to the question "Where is God?" is perhaps more correct than he would want to admit, more shocking than his own intentions to shock are. For God is indeed hanging on the shameful gallows with the "sad-eyed angel" but neither are dead. Suffering may want to declare that God does not exist, but the very absence of God does not provide an answer either. Only love provides a convincing reply to the question why.

Jesus Christ: the Gospel of Suffering Love

At the beginning of this chapter it was suggested that we keep real people before us as we struggle to make sense of pain and confusion, despair and rejection. This was to safeguard us against the temptation of descending into the realms of unrealistic spiritual platitudes. We cannot simply try to soothe away the pain and discomfort of suffering by mere words. As John Waliggo, a Ugandan theologian, writes,

¹³Figure from July 2008 UNAIDS Global Report.

¹⁴Jurgen Moltmann, *Crucified God*, 48.

Theology, in all its branches, can best be understood when it is fully inserted into cultures, times, circumstances, and concrete situations of a particular people.¹⁵

Theology, as we have noted before in these pages, rightly roots us in life and nothing quite like the encounter with suffering, with HIV and AIDS, exposes us to life in all its fullness.

The Jews grew as a people of faith having to come to terms with the presence of conflict and suffering. Israel understood herself to be Yahweh's chosen people, a people that had entered upon a covenant relationship, which promised material blessings or curses if they were not faithful (Deut. 28:30). Yet this very simplistic vision of reward and punishment (Ps. 1; 23; Prov. 22:4; Gen. 22; Deut 8:16; Ex. 20:20) had to be abandoned with experience. Israel looked for other reasons to explain the presence of suffering in their national and individual lives. Perhaps God used it to test people and help them to be obedient (Amos 4; Hos. 6:1-6; 11; Is. 63:9-16), or maybe suffering purified people (Ps. 38; Zech. 13:8f). Or ultimately, as the story of Job tries to present in such graphic detail, perhaps suffering brings us face to face with a mystery that cannot be explained by words, but simply lived in trust.

The journey of Israel with God revealed in the Old Testament is, however, not the end of the story. Rather, it is the foundation upon which the culmination of God's revelation takes place in the person of Jesus Christ. It is to this person that we must turn our gaze if we seek a genuine understanding of the meaning of suffering because it is in his life, "his humanity, his fidelity to the truth, his all-embracing love"¹⁶ that we will begin to make sense of the mysterious presence of suffering within our world. It is indeed to the mystery of "suffering love" that Jesus' life points and it is in that crucible of love that all experience of human suffering finds its proper context. Pope John Paul clearly teaches,

¹⁵Robert Schreiter, *Faces of Jesus in Africa*, Orbis, NY, 1995, 164.

¹⁶*Redemptor Hominis* (1979), 7:4.

The God of creation is revealed as a God of redemption, as the God who is “faithful to himself”, and faithful to his love for man and the world, which he revealed on the day of creation... This revelation of love is also described as mercy; and in man’s history this revelation of love and mercy has taken a form and a name: that of Jesus Christ.¹⁷

The entrance of God into creation through the incarnation, in the person of Jesus, allows those who believe to see in the life, ministry, death and resurrection of the carpenter from Nazareth God’s very presence in the midst of suffering humanity. In Jesus we see redeeming love made flesh. Yet Jesus not only reveals God to humankind but “penetrates in a unique unrepeatable way the mystery of man and entered his ‘heart’.” Jesus “fully reveals man to himself and brings to light his most high calling.”¹⁸ In this sense every fundamental question and problem that men and women encounter finds an answer in Christ.¹⁹ The Word that has become flesh in Jesus really is “the centre of the universe and of history”.²⁰

This is our Christian faith, that God who is love has a human heart, a human face, that he has entered into human history. Henceforth nothing can be the same again. If we were to ask what difference does Jesus make to those who suffer, especially in the context of HIV and AIDS, then we need to see that this Jesus draws all who suffer into his own redeeming love. He does not, cannot prevent people from experiencing pain in their bodies or emotions, but he can assure them that they are not alone. “I am with you always...” (Matt. 28:20). Those who suffer can be guided to gaze upon him who “was despised, the lowest of men, a man of sorrows, familiar with suffering, one from whom, as it were, we averted our gaze, despised, for who we had no regard.” (Is. 53:3) Why, what has he to offer to those who suffer? The reassurance that

¹⁷*Redemptor Hominis*, 9:2.

¹⁸*Redemptor Hominis*, 8:2.

¹⁹*Redemptor Hominis*, 10:1.

²⁰*Redemptor Hominis*, 1.

Ours were the sufferings he was bearing, ours the sorrows he was carrying, while we thought of him as someone punished and struck with affliction by God; whereas he was wounded for our rebellion...we have been healed by his bruises. (Is. 53:4-5)

Looking to Jesus crucified is not simply an act of devotion but the recognition that the Christian gospel is a gospel of suffering love. This gospel is not written in carefully crafted words and printed in beautiful and rare volumes but is to be found in the torn flesh and agonizing pain of a young life given freely on behalf of others. His was a suffering that was not wanted, "...if you are willing take this cup away from me" (Luke 22:42) but accepted out of love (John 3:16). This is why Pope John Paul proclaimed,

The cross is like a touch of eternal love upon the most painful wounds of man's earthly existence.²¹

Of course the fact that Jesus Christ died and rose again does not make suffering acceptable, it is an evil intrusion into the harmony that was God's original design. But Jesus has shown us by his example that evil never has the last word, love conquers everything because love transforms and transfigures. Every human being is capable of releasing into the destructive and disfiguring situations of life the power of redeeming love. This is surely what St Paul was trying to teach when he declared that "nothing can separate us from the love of God" (Rom. 8:38-39). If this is true then there is no tragedy either of our own making or from other sources, which can break God's intimate link with the creation; we are held in love (2 Cor. 5:14).

"I Have Faith. Help My Lack of Faith" (Mark 9:24)

This may all sound very theoretical, almost unbelievable, but it is the heart of what we believe as Christians; this is our "good news", the healing ointment that we bring to the wounds of humanity. Before

²¹*Dives In Misericordia*, 1980, 8:2.

we dismiss, however, the presence of redeeming love perhaps we could cast an eye to the countless examples of sacrificial love by people whose life and death have brought about change, often at great cost. History is full of such examples many of which have not been written down, but three come to mind now.

Edith Stein was born into an orthodox Jewish family on the Day of Atonement in 1891, a fact that had enormous significance. Later in life she was received into the Catholic Church and entered the enclosed Carmelite convent in Cologne in 1934 taking the name Benedicta of the Cross. She was keenly aware of the terrible storm that was approaching as the Nazis rose to power and once wrote,

I spoke to the Saviour to tell him that I realised that it was his cross that was now being laid upon the Jewish people, the few who understood this had the responsibility of carrying it in the name of all, and I myself was willing to do this, if he would show me how.²²

The way was made clear when in 1942 she along with her sister Rosa were taken to Auschwitz. Survivors describe her courage and composure despite the certainty of death. She cared for those around her, comforting terrified children and consoling women separated from their husbands. She lived the cross and through love brought great hope.

Little did Martin Luther King realize the power of his words when he stood up to preach on 2 December 1955 and said, "As you know my friends, there comes a time when people get tired of being trampled on by iron feet of oppression." The church erupted and thus began the civil rights movement for the emancipation of black Americans. Yet the roots of his belief were not in a political agenda but in the promises of God. He was repeatedly jailed, his house bombed and on one occasion almost fatally stabbed; then came the

²²Robert Ellsberg, *All Saints*, The Crossroads Publishing Company, New York, NY, 1998, 343.

now-famous “I have a dream” speech in Washington DC in 1963 towards the end of which he said,

When we allow freedom to ring, when we let it ring from every village and every hamlet, from every state and every city, we will be able to stand up that day when all God’s children, black men and white men, Jews and Gentiles, Protestant and Catholic, will be able to join hands, and sing in the words of the old Negro spiritual, “Free at last. Free at last. Thank God Almighty, we are free at last.”²³

Within the year he had won the Nobel Peace prize but he was a marked man. On the day before his assassination in 1968 he was prophetic as he ended his address with the words,

Well, I don’t know what will happen now. We’ve got some difficult days ahead... Like anybody, I would like to live a long life... But I’m not concerned about that now. I just want to do God’s will... I’ve seen the promised land. I may not get there with you. But I want you to know that we as a people, will get to the promised land. And I’m happy tonight. I’m not worried about anything. I’m not fearing any man. Mine eyes have seen the glory of the coming of the Lord.²⁴

He did not see the fruits of his labour but his death surely was a powerful act of love that gave hope to thousands of black Americans and others throughout the world.

More recently an example of sacrificial love comes from the suffering Chaldean Catholic Church in Iraq. Fr Ragheed Ganni a young priest from Mosul in Northern Iraq was, along with four deacons, brutally murdered on 4 June 2007. In November 2003 after studying for the priesthood in Rome he returned to his homeland fully aware of the danger. His only crime was that he faithfully celebrated Mass for the local catholic Christians despite being told

²³Robert Ellsberg, *All Saints*, 152-153.

²⁴Robert Ellsberg, *All Saints*, 153.

not to by Muslim extremists. In a powerful speech during the Eucharistic Congress in Bari, Italy in 2005 he said,

The terrorists might think they can kill our bodies or our spirit by frightening us but, on Sundays, churches are full. They may try to take our life, but the Eucharist gives it back. When I hold the host in my hands, it is really He who is holding me and all of us, challenging the terrorists and keeping us united in His boundless love.²⁵

These three witnesses to the gospel of suffering love in our own day reveal to us that the Lord who is said to be our shepherd certainly seems to lead us through many dark valleys in order to get to the safety of green pastures (Ps. 23). The glory, which is God's promise to us, would seem to come, for some at least, through living their suffering with dignity. This of course does not make sense from our human perspective, it seems sheer madness and can drain away the little faith we have. Yet the same Jesus who cried out from the cross, "My God, My God, why have you forsaken me?" (Mark 15:34) could also say "...whoever lives and believes in me will never die" (John 11:26).

The very Spirit of Jesus transforms the harsh reality of suffering and stands with us, suffers with us (Rom. 8:26) and through this presence of love we can find strength in the midst of our weakness (2 Cor. 12:5-10). Christ who experienced all the pain and sorrow possible in life pointed us beyond it. His suffering was not the end of his story, nor will it be the conclusion of our own. The Christian tradition throughout the centuries has repeated time and again that through the gift and power of the Spirit we shall be given "new" life that goes beyond death and transfigures pain.

Looking at the figure of Jesus on the cross, a man who had lost his eight-year-old daughter to cancer screamed "I'm glad they crucified you! I'm glad they nailed you to a cross, because you don't

²⁵*Catholic Herald*, 8 June, 2007.

know what it is like to suffer. You do not understand what it is like to lose what you have loved. You never felt pain...!" As the man cried out his hurt he suddenly realized what he was saying and what he was looking at. A man bleeding to death, tortured, humiliated and exposed to ridicule. What was this man's crime? He loved and healed from the depth of his heart.

What these thoughts and reflections have tried to do is encourage each one of us in our own particular situation to embrace life, to take up the challenge that Moses gave the Israelites in Deuteronomy 30:19, "Today, I call heaven and earth to witness against you. I am offering you life or death, blessing or curse. Choose life, then, so that you and your descendants may live." Let the last word be with a young man who is living with HIV and AIDS and who comes to our monastery for support. He said, "People in my village say I should be dead because of this disease. I tell them, yes that is true, but you're looking at a dead man who's decided to live! They say to me, how can you live? I tell them because I have people who love." Because we carry the presence of Jesus within us we equally carry the source of healing, a presence more powerful than HIV or AIDS. It is to this presence that we need to look each day in hope.

Questions to Ponder

1. Take a look at Luke 12:22-32. Jesus invites us not to be over-anxious or worried. We are very precious to God. How do these words of Jesus speak to the situation that you find yourself in? Do they bring you comfort or make you more frustrated?
2. When you think about HIV and AIDS and the suffering that it brings, what attitudes, values and beliefs do you see within yourself that need to be challenged and healed?
3. Read some of the passages from pages 80 and 86-87. How have you tried to answer the question of why people suffer? What kind of God do you really believe in?

4. Now read through Psalm 103 very slowly as a prayer of confidence in God.

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Prayer

*Lord Jesus, You know the feeling of pain.
 You experienced the agony of being beaten and flogged
 You felt the pain of being misunderstood and abused.
 I find it hard to pray.
 To keep my mind on you.
 So I will simply look at you on your cross,*

*and ask you to be with me in my suffering.
I will invite you to reveal your presence to those who are
suffering throughout the world.
Like so many others I want to cry out, "Why me?"
Why has this difficulty come my way? But no answer will come.
And so I ask for the patience to wait until the meaning of my
suffering is revealed. Your strength will be made known in my
weakness,
Your purpose and design in the very frailty of my flesh.
In my loneliness and doubts, my fear and uncertainty
come and make your presence felt.
Give me strength to bear the pain and yet choose to live.
Give me the hope that allows me to begin again another day.
Lord into your wounded hands I commend myself
and long to hear your healing words,
"My peace I give unto you".
Amen.*

CHAPTER SIX

In a Body like Ours: Why Sex Is Good News

Sex: What's the Issue?

Amidst the many comments and analyses that emerged after the death of Pope John Paul II there was one report that sounded a very sour note. Following his death in April 2005 there appeared a headline on the front cover of a periodical called the *New Statesman* that declared,

He did more to spread Aids in Africa than prostitution and the trucking industry combined.

An extraordinary statement that, if true, would indeed be quite a remarkable achievement for one person. The writer of this rather sensationalist article, who may never have set foot on the soil of Africa, created yet another eye-catching headline on the inside of the magazine, "Blood of Innocent on his hands". The writer's main claim was that Pope John Paul II helped to keep Africa "disease-ridden, famished and disastrously underdeveloped". That the late Pope was a man of many talents cannot be denied, but not even he could be credited for single-handily unleashing all this misery!

What, of course, the writer was really taking issue with was the Catholic Church's stance concerning the use of condoms in the prevention of HIV. In her rather naïve estimation the journalist put

forward the point of view that if only the Catholic Church would sanction the use of condoms then a great deal of human misery would automatically disappear. In reality the article in the *New Statesman* highlights the ill-informed and dangerously superficial level to which discussion and debate concerning HIV and AIDS can often descend. Sensationalism and emotionally-charged journalism may sell newspapers and grab headlines, but in reality they do little to save people's lives.

While agreeing that there is indeed need for serious theological debate concerning condoms and their role in the response to HIV and AIDS, it is equally important to recognize that there is a great deal more to this hideous virus than simply providing people with a protective layer of latex. Condoms undoubtedly can contribute to preventing the spread of infection if used consistently and correctly, but what is equally undeniable is that they certainly do not invite people to avoid risky sexual behaviour or examine and reflect seriously about the nature of human sexual activity. The campaign for so-called "safe sex" neglects to ask the question; why sex? In the next chapter we will look at the issues surrounding the use of condoms in a little more detail. For the present we need to reflect upon our understanding of human sexuality and sexual activity, particularly from a Christian perspective.

Sexual expression is not just about being protected, rather it brings to light and seeks to articulate what we fundamentally believe ourselves to be as human beings. Human sexuality is a great good given to us as part of the very gift of creation and it touches us on all levels of our existence.¹ Let us begin by taking a look at what is perhaps commonly understood about sexuality in the world of today.

Sexual Liberation or Sexual Confusion

With the dawn of the 1960s we entered the so-called age of sexual liberation. All previously held values and codes of practice concerning

¹Philip Keane, *Sexual Morality*, Gill & Macmillan, Dublin, 1980, 3-4.

sexual orientation and sexual activity were explored and many were abandoned in the name of freedom of expression. The desire was to empower people and enable them to feel more comfortable about a topic that was often considered a taboo. In reality the exploration and liberation of human sexuality in the past three decades seems to have left many people just as confused and bewildered. Undoubtedly it is true that many societies are far more sexualised than previously and young people, and not so young, appear free to engage in sexual activity and talk about sexual issues more easily. But whether this can be interpreted as having led to genuine freedom and enhanced respect is questionable.

The fascination with sexual matters is strong. Indeed it is a multi-million-dollar industry. One only has to look at the revenue from pornography alone to recognize that sex is thought to be good business. We have through advertising and the music industry become so sexually saturated that it is now thought to be quite natural and normal to move into and out of sexual encounters with little or no underlying thought about commitment or responsibility. As one young university student put it, "I simply ask, is it sex you want or a relationship? We need to know the ground rules before we start!" Sexual encounters have become much more of a recreational activity than in previous generations and the pressure from others to pair off can be almost too great to resist.

Though it may be considered a gross generalization, there would seem to be three basic approaches to human relationships in terms of sexual expression operating in the twenty-first century. With the disappearance of traditional moral values there has emerged what is generally called "casual sex" or "a one-night-stand". In this sense people have sexual relations whenever they want and with whomever they want and by and large these encounters are based on a desire for the momentary experience of genital pleasure. Secondly, there are those who want a relationship but without any notion of it being permanent. Such relationships can last anywhere from three weeks to ten years and there can be a clear agreement that there are no strings attached. The relationship lasts as long as it lasts, until it is

time to move on; there are no regrets. Indeed there are so-called open-relationships where partners may live together and continue to have a sexual relationship but are free to explore sexual encounters with other people outside their semi-permanent relationship.

Thirdly, there is marriage itself. A great deal of literature has emerged over the years and people are now trained in sex therapy in order to assist married couples to express their love sexually. Much of the emphasis can sometimes seem to be on techniques focusing on how to give one's partner the optimum experience of pleasure and satisfaction. Everything is legitimate as long as it does not cause injury and is acceptable to the other. In all three scenarios sexual activity can easily be reduced to being a prelude to orgasm and the prime object is pleasure. Within these three basic approaches there are of course a wide variety of variations.

The German philosopher Immanuel Kant (1724-1804) put into clear focus the basic understanding concerning sexual expression for a great many people in the world in which we find ourselves today. Kant thought that "Sexual intercourse is the mutual use which one human being makes of the sexual organs and faculty of another."² Though marriage was essential in his view (this was more to do with the age in which he lived than a high regard for the sanctity of the union), it was so because it made "legal" the use of another person's sexual organs.

It is this utilitarian approach to sexuality that one finds deeply ingrained in people's attitudes. Perhaps this is a caricature but it is almost as if we view others as objects, not subjects. This attitude was noticeably present when in March 2008 a researcher from America reported that over 26 percent of teenage girls in the USA have a sexually transmitted infection. When asked the cause of this he replied without hesitation that abstinence was the cause. The interviewer asked how was abstinence the cause? The researcher answered, "Because teaching young people about abstinence fails

²I. Kant, *Metaphysics of Morals*, 1785.

to give them the necessary information to engage in a healthy sexual career.”

Sexuality is evidently now a career. Looking therefore at the number of books, videos, television programmes and shops that promote sexual literacy one might imagine that since sex is now so easily spoken of and written about it can be generally assumed that we are all far more sexually educated and aware. We can, one might assume, be launched into this “career” with confidence. The truth is very different. We would appear to be even more unsure of ourselves and there is greater need than ever for a deeper understanding of the meaning and purpose of human sexual expression.

HIV and AIDS: A Timely Invitation

We are well aware that sexual intercourse is only one possible mode of transmission of the HI virus,³ but equally we are aware that in parts of the world where HIV prevalence is highest the virus is largely transmitted sexually, though of course fuelled by many other factors as previously highlighted. It is for this reason that Christian churches should seriously commit themselves to an open and focused presentation of God’s liberating view of human sexuality.

The following three chapters are an attempt to begin to do this and are but parts of a single story offered as a positive reflection on the good news concerning sexual activity and human sexuality. Christians in general, and Catholics in particular, are more often than not portrayed as people who are reluctant and embarrassed to talk about sexual matters. Or when we do speak it is only to issue restrictive pronouncements and point fingers of blame. The Christian faith, despite its bad press and even more bad communicators, has an immense contribution to make towards a growing and ever deeper appreciation of the gift of God in respect to human sexuality. It is a

³I am conscious that in these pages I have not touched on the issue of intravenous drug users and their particular place in the drama of HIV and AIDS. For a clear presentation of some of the concerns involved read the following pages in *Catholic Ethicists on HIVAIDS*, 177-191.

contribution that is highly positive and that promotes a liberating gospel of life and love.

So let us begin with ourselves. Take a moment to pause and reflect. When the words “sex” or “sexuality” are used what comes immediately to your mind? Think for a few seconds upon your own sexual knowledge, what you have been taught by your parents, peers, church leaders, etc. What is fruitful and life-giving from the information you received? What fills you with guilt and a sense of shame?

Perhaps far too often when the word “sex” is used it is to describe biology, or more accurately it points to what people do with their sexual organs. Herein is to be found the major stumbling block to sensible and credible discussion on the issue of human sexuality. The sad truth is that too frequently those who had the responsibility to pass on the great vision of God’s plan written in human sexuality distorted this truth beyond recognition. Christian pastors, priests, religious sisters and brothers on the whole conveyed to young minds, and not so young, the notion that the “flesh” was the root of all that is evil.

The slow evolution of Christianity’s discomfort with sexuality and bodiliness may very well have initially arisen from our Jewish ancestry. The Jewish faith certainly had no great esteem for the body and saw it as weaker than the soul.⁴ As we shall see in Chapter Eight, women were often considered responsible for the great disturbance as they “stir up the lust and jealousy that pitted males against each other.”⁵ It was a natural step for the early Christian thinkers, such as St Paul, to see a dichotomy between body and soul, the soul being the most important feature of the human person. The early Christian writer Tertullian (c.150-230) publicly put away his wife and stopped having sexual intercourse with her because he claimed that it drove away the Holy Spirit. In fact he went as far as

⁴See Peter Brown, *The Body and Society*, Columbia Press, New York, 1988, 30-35.

⁵*Body and Society*, 39.

to declare that women were, “the devil’s door: through them the stain creeps into man’s hearts and minds.” Origen (c.185-254) followed this line of thought and regarded the body as the prison of the soul; to escape the passion of this tormentor he underwent castration. St Jerome (c.347-420) called the body the “darkened forest”.

This is the seedbed of our misunderstanding of human sexuality. It is impossible to give a thorough history of Christian thought on this topic in this single chapter but we need to take note that a misinterpretation was handed on to successive generations. It was this travesty of truth that Christian missionaries took with them and which they passed on to those they sought to convert. As Peter Mageto writes,

The European denominations enshrined in their sexual cultural context (which is found in almost all European missions) handed down to African cultures sexual rules which were authoritative, nonnegotiable, impersonal and indifferent.⁶

This negative view of sex and sexuality has had a profound effect and has caused us to consider our bodies as dirty and our sexual desires evil.

If we are to bring a renewed sense of hope and direction to people infected and affected by HIV and AIDS, indeed if we are to be a credible force in the work of prevention of infection, then we need to see plainly that to speak of human sexuality is not simply to describe what people do with their bodies, but rather to discover who we are in the very depth of our personality. Human sexuality invites us to look at issues that go far deeper than mere genital activity; rather, it highlights what it truly means to be a female or male, it asks us to consider what ultimately is the reason for our existence and continued existence here on earth.

⁶Peter Mageto, *Victim Theology*, 31.

It is on this deeper purpose of our sexual desires and sexual activity that this chapter intends to reflect. Indeed we cannot fail to do so because in essence Christianity is founded upon this central truth concerning the goodness of our bodies. As Maria Cimperman writes,

We relate to ourselves, one another, and to God through our bodies. Our bodiliness is essential, not optional or mere garnishment. The body is the way through which we know and express ourselves as physical, emotional, psychosexual persons. Yet it is exactly these areas that are compromised...⁷

Ultimately we have little to contribute to renewing the world in the face of HIV and AIDS if we cannot speak honestly and effectively about what it means to be bodily.

The Theology of the Body

If we accept the fundamental principle that the presence of HIV and AIDS amongst us is a timely reminder that sex is never primarily a question of what we do with our genitals, but ultimately about who we are as human beings and the purpose of our existence, then it would seem appropriate to take a clear look from a Christian perspective at what God really intended when he created us. That human sexuality is fundamental to the plan and design of God is without question. This belief is what makes Christianity's understanding of sexuality strikingly different from that of non-Christians, because we see sexuality as fundamental to our humanity.⁸ Pope John Paul II was so convinced of this that he reflected upon the importance of human sexuality often and wrote about it long before being elected to the papacy. He saw the human body as a theological statement. It is worthwhile reading his book *Love and Responsibility*

⁷*When God's People Have HIV/AIDS*, 38.

⁸See Timothy Radcliffe, *What is the Point of Being a Christian?* Burns & Oates, UK; 2005, chapter 5, 'The Body Electric'.

(1978) in order to appreciate the profound sensitivity that he brings to this topic. What follows is a simple presentation of his visionary understanding of the meaning of human existence as theology clothed in flesh. If taken seriously, and taught effectively, his teaching could be a radical theological contribution that changes people's hearts and minds enabling us to save lives and respond vigorously to the HIV and AIDS pandemic.

On the whole the Catholic Church's understanding of human sexuality has not received a very good press and many, if asked to describe Catholic sexual teaching, would simply list a series of things we are not allowed to do. As one Catholic theologian, Hugh Lavery, once put it, "In the beginning was the Word, and the word was 'no'!" Pope John Paul II on the other hand tried to rectify this distorted perception. He had a lucid vision of the meaning of human life that was born of his own personal experience and struggle to find God in the midst of human suffering. He had an appreciation of humanity that released humankind from being mere accidents in the maelstrom of history to being the crown of creation. He saw that men and women have a tremendous vocation to proclaim through their very humanity the glory of God.⁹ How? Why?

A brief look at the life of Karol Wojtyla reveals very clearly why he was so concerned to find meaning in human experience. From an early age this great defender of the faith had to discover God not simply as a result of reading or believing in a series of abstract truths but from the painful reality of his life's experience. Suffering was not far from the surface, starting as young as eight years with the death of his mother. By the time he was twenty-two Pope John Paul II was an orphan having lost every member of his family. He then had to grow up in the shadow of the Nazi occupation of Poland and the horrors of the death camps at Auschwitz. The smell of burning corpses, many of whom were neighbours or friends, would have been a daily experience. Once liberation arrived after the end of the Second World War there followed thirty-six years of

⁹John Paul II, *Letter to Families*, (1994), n9.

communist rule, just as hard and unrelenting. Here was the context in which the young seminarian and future Pope had to reflect on the theology of God and the meaning of human life.

There are those who would say that it was this very experience that prompted John Paul II to try to answer the burning question “What does it mean to be a human being?” In the face of raw evil he had to discover in some way the presence of hope surrounded as he was by countless signs of a world obsessed by death. No one could have been brought up in the difficulties of Poland in those turbulent times and not be affected. Few could fail to ask, where was God in the midst of this carnage? Hence Pope John Paul tried to piece together a theology of the human person, a theology of life that takes seriously two contrary truths, the truth of being fashioned in the image and likeness of God while recognizing the depths to which unredeemed humans can sink.

Rather than despair of human nature, the theological and philosophical reflections of Karol Wojtyla led him to put forward the idea that human beings had written into the very fabric of their flesh a noble and great dignity that would lead them, if lived honestly and in its fullness, to a great destiny.¹⁰ His personal reflections, based on his many years of pastoral ministry and academic research, culminated in the first five years of his pontificate in a series of teachings that attempted to express the great purpose of God in creating us male and female. It is to these teachings that we now turn as a tool of hope in our response to HIV and AIDS.

¹⁰See Michael Waldstein, *John Paul II: Man and Woman He Created Them*, Pauline Books & Media, Boston, 2006. In the introduction he gives an excellent overview of the major theological and philosophical influences upon Wojtyla’s thought.

The Body as a Gospel

In his book, *Crossing the Threshold of Hope*, John Paul II wrote,

As a young priest I learned to love human love... If one loves human love, there naturally arises the need to commit oneself completely to the service of “fair love”, because love is fair, it is beautiful.¹¹

His deep belief in love, emanating from his reading of John of the Cross, led him to contend that the “body can never be reduced to mere matter”.¹² Indeed he sees the human body as having a spousal meaning, a sign of self-giving, a communion of persons that image the trinity itself. Hence in the teaching of John Paul II there is a fifth gospel, the gospel of our body. Yet how often do we really look at our bodies in this way? The Catechism of the Catholic Church says,

In human life, signs and symbols occupy an important place. As a being at once body and spirit, human beings express and perceive spiritual realities through physical signs and symbols. (CCC n.1146.)

What is more physical than our bodies? It was in this everyday encounter that God wanted to impress something of immense importance. Too many people have grown up with the notion that there is something bad, unimportant, an unfortunate necessity or, worse still, something dirty and not worthy of God to be found in our flesh. Think of the most embarrassing thing concerning your body and you will probably think of being caught naked! This distorted point of view was compounded by the talk of “saving souls” where we were encouraged to think of ourselves as “souls” trapped

¹¹*Crossing the Threshold of Hope*, Jonathan Cape, London, 1994, 123.

¹²*Letter to Families*, 1994, 19.

in a body, or “spirits trapped in a bag of flesh”.¹³ Such thinking is heresy, Manichaeism, and needs to be radically removed from Christian thinking. Christopher West in his book, *The Theology of the Body for Beginners* makes the point that

Far from being a footnote in the Christian life, the way we understand our body and the sexual relationship “concerns the entire Bible” (Jan. 13, 1982) It plunges us into the whole gospel, of the whole teaching, in fact, of “the whole mission of Christ” (Dec. 3, 1980).¹⁴

The heretic Mani looked at the body and its inherent sexuality and declared it to be a source of evil. On the other hand we believe as Christians in a God who looked at creation and could declare it good. If bodily creation was so unnecessary or bad why did God go to the trouble of creating us?

The 129 teachings of John Paul II remind us that our very bodies, and their vocation of union through sexual intercourse, take us to the core of God’s plan for the world (Eph. 5:31-32). Once again Christopher West puts it succinctly,

The problem with our sex-saturated culture then is not that it overvalues the body and sex. The problem is that it has failed to see just how valuable the body and sex really are.¹⁵

Once again for a more balanced approach we need to go to the Catechism of the Catholic Church where we find that it quotes

¹³Timothy Radcliffe, *What is the Point of Being A Christian?* pp. 90-91.

¹⁴C. West, *The Theology of the Body for Beginners*, Ascension Press, West Chester, PA, 2004,2. I am indebted throughout this chapter to the writings of Christopher West. He has done more than anyone else to try to make accessible the teaching of Pope John Paul II on the theology of the body.

¹⁵C. West, *The Theology of the Body for Beginners*, 4.

Tertullian, an early theologian, who speaks of the flesh as “the hinge of salvation.”

We believe in God who is creator of the flesh; we believe in the Word made flesh in order to redeem the flesh; we believe in the resurrection of the flesh, the fulfilment of both the creation and the redemption of the flesh. (CCC n.1015.)

This is why we can legitimately speak of the body as having a “sacramental” quality. The very sacraments of the Catholic faith reveal just how incarnational, how very “earthy” and physical our faith actually is. We encounter God through the senses of our bodies. In baptism we are washed, we feel and are touched through anointing with oil. In the Eucharist we touch and taste the goodness of God. The sacrament of the sick, holy orders and confirmation involve the laying on of hands and anointing with oil. Through bodily gestures we express our faith in the liturgy and in the very use of colour, lights, incense, sight and smell are engaged. We are bodily creatures and it is in our very bodily-ness that we experience the spiritual world.

The Body as a Sacrament

Traditionally we are familiar with explaining that the sacraments are a physical expression by which we encounter God and that they are his gifts. The body, as a sacrament, makes visible the invisible mystery of God. How does God do this? Let us listen again to the teaching of the Catechism,

The beauty of creation reflects the infinite beauty of the creator and ought to inspire the respect and submission of human intellect and will. (CCC n.341.)

People will often speak eloquently of the way in which they can easily encounter the presence of God in nature, in the beauty of a sunset or the strength and majesty of the ocean. If this is so then

surely, human beings, who are the very crown of creation, speak even more eloquently still concerning the image and likeness of God (Gen. 1:26-27). Thus the human body in all its mystery allows us to see the deepest spiritual realities because it ultimately points to who we are. It was for this reason that Pope John Paul chose the invitation to become “one flesh” given to our first parents in the garden of Eden as a window through which we can rediscover “the meaning of the whole of existence, the meaning of life.”¹⁶ Pope John Paul II says,

God comes to us in the things we know best and can verify most easily, the things of our everyday life, apart from which we cannot understand ourselves.¹⁷

The sacraments open to us the presence of the divine in the very ordinariness of life. As windows into God’s life the sacraments refocus our attention upon the deeper mysteries we find it difficult to recognize and to put into words.

In this sense when Pope John Paul speaks of the body as a sacrament he is trying to emphasize the link between theology and anthropology. Some will inevitably ask, “How can something as earthly as the human body speak of such a grand spiritual and heavenly plan?” The incarnation is the answer says the Catechism,

His humanity appeared as “sacrament”, that is the sign and instrument, of his divinity and of the salvation he brings: what is visible in his earthly life leads to the invisible mystery of his divine sonship and redemptive mission.¹⁸

¹⁶*The Theology of the Body*, Pauline Books & Media, Boston, 2000, 168, Oct. 29, 1980. In future references from the 129 teachings of Pope John Paul we will use the abbreviation ‘TB’ then the date of the teaching and finally the page reference in the St Paul’s Media edition.

¹⁷*Fides et Ratio*, 1998, n.12.

¹⁸CCC n.515.

Because of the incarnation Jesus' own body becomes "a tabernacle of glory...where the divine and the human meet in an embrace that can never be separated."¹⁹ This "divine embrace" has not only happened in the person of Jesus Christ, the same is true of every child of God; as we reflect upon our human nature through the importance of the body so we will come to understand more deeply the mystery of the divine fused with human nature. In the incarnate face of Jesus we see "the human face of God and the divine face of man."²⁰

The making visible of the invisible is what John Paul II means by speaking of the body as a sacrament. Our bodies are sacraments; because they embody the "person", the body allows the real/true person to be visible. This was true of Christ's body, which made visible the Father and is no less true of every human body.²¹ Through the centuries Christianity has tried in different ways to defend the goodness of the physical world and the sacredness of the human body against many heresies.²² We still struggle to counter wrong dichotomies, which people assume to be orthodox Christian belief. Christianity has good news when it comes to our human body and it does not reject it. We recognize that God has raised human flesh to the highest heights of heaven, and Christians believe this to be God's plan for everyone...*everybody*. We believe in a God who created this flesh and who clothed himself in it; we believe that it will take part in the resurrection.²³

God Has a Plan

Archbishop Desmond Tutu recounts a cartoon that he once saw of God in his office with papers and books everywhere and the whole place upside down. The caption reads, "I know I put the divine plan

¹⁹*Orientale Lumen*, n.15.

²⁰*Ecclesia in America*, n.67.

²¹CCC, 515, 477, 470; TB: 4 Feb., 1980.

²²CCC, n.299.

²³CCC, 1015.

somewhere!” If we care to take a look around at the world in which we live we may well wonder if God really did/does have a plan? We need look no further than Matthew’s gospel chapter 19:8 to receive an answer. The Pharisees had come to Jesus asking for his opinion concerning divorce. Moses, they reminded Jesus, had allowed divorce but what would he say? “For your hardness of heart Moses allowed you to divorce your wives but from the beginning it was not so.”

To see God’s plan we need to go right back to the beginning to the book of Genesis.²⁴ Here we will become aware of what our original experience was as creatures created in the image and likeness of God. Pope John Paul in his teaching highlights the fact that there were three very distinctive experiences that defined us from the beginning: our original solitude, our original unity and our original nakedness. Space does not allow an in-depth presentation here of each of these experiences, but we certainly need to note them and try to see their meaning for us so as to fully appreciate how they can impact upon our world ravaged by HIV and AIDS and a culture of sexual relativism.²⁵ Let us take an overview now of these three crucial experiences.

The first thing we need to note is that God created human beings for one simple purpose, because God is love. In his book *Ethics* the German theologian Dietrich Bonhoeffer makes an important point when he writes,

First of all, for the sake of clarity, this sentence (God is love) is to be read with the emphasis on the word God, whereas we have fallen into the habit of emphasising the word love. God is love;

²⁴In reflecting on Genesis it is important to note that this is done so from a theological point of view not a scientific one. No one is suggesting that Genesis is a blow-by-blow account of what took place at the time of creation but the two accounts of creation contain profound theological insights that Pope John Paul explores with enthusiasm and sensitivity.

²⁵See *The Theology of the Body for Beginners*, 20-30. Also Richard M. Hogan, *The Theology of the Body in John Paul II*, TheWord among us, Ijamsville, MD, 2006, 37-62.

that is to say not a human attitude, a conviction or a deed, but God Himself is love. Only he who knows God knows what love is...

It is precisely because he is love that God creates.²⁶ God is a communion, a love affair of Father, Son and Holy Spirit and simply out of the desire to expand and extend that communion of love God creates. Hence in the creation story as described in Genesis 2 we see the beautiful act of giving life as God breathes into the clay. This clay will become the first human person. The act of imparting his Spirit is an act that God restricts to human creation and is an act that imbues human life with God's life-giving Spirit. In this sense we witness, as it were, the first Pentecost.

Having created this bearer of his Spirit, God then places the human person into a prepared garden in order that this human expression of love might take care of it. But then came a new and important discovery. Adam came to realize who he was and what his vocation would be. Let us recall that before the "big sleep" (Gen. 2:21) and the creation of Eve, there was no real distinction between male and female, after all Adam simply means human. Look again at the wording given in scripture,

God created man in the image of himself, in the image of God he created him, male and female he created them. (Gen. 1:27)

There seems to be confusion in terms of numbers. How many persons did God create initially? The account in Genesis 2 is clear, God created a single human being, one who appears to have contained both male and female. Adam is then "alone" and there is nothing else like this creature among all the other creatures that God has made. This first human is alone at a deeper level of his being also because of all the living creatures God created. Adam alone bears the image and likeness of God (Gen. 2:18). He has a vocation and a relationship with God that no other created creature has.

²⁶CCC n.221.

God recognizes that “It is not right that the man should be alone” (Gen. 2:18). God had created this human person to enjoy relationship and so God creates other creatures and it is as Adam goes about the task of naming the other creatures that the realization slowly dawns “I am not like these and they are not like me!” (Gen. 2:20) Adam differs radically from the animals with which he shares paradise. John Paul II wishes to suggest that in the encounter with the other creatures Adam begins to recognize a quality that is not shared with them, that quality is “personhood”. Yes, like all the other creatures Adam was created from the dust of the earth but, unlike them, God breathed into this human creature so that Adam now shares the breath of life. Christopher West calls this body of Adam’s an “inspired body”, that is to say a body filled with God’s Spirit and says, “an inspired body is not just a body but a somebody. A person can choose what to do with his or her body. Mere dust cannot.”²⁷

The discovery by Adam that the nature or “personhood” implanted by God was not one shared by the other bodily creatures led to an even deeper realization. Adam awakened to the fact of a vocation that the animals did not and could not share, a vocation to love as God loves, to mirror the love that existed within the Trinity and so to enter a covenant of love with the three in one. The Trinity, however, could relate to each other, but with whom could Adam share this experience of covenant love? Clearly there was need for a being that shared the same nature and the same vocation. Original solitude led directly to a desire for an experience and expression of unity.

It was not until the creation of Eve that Adam was able to cry from the very core of his being, “This one at last is bone of my bones and flesh of my flesh.” Here Adam experiences original unity. As we will discover when we look a little more closely at the issue of gender, it was only in the creation of Eve that Adam becomes fully human, fully alive to the divine vocation. In the very body of Eve,

²⁷Christopher West, *Theology of the Body for Beginners*, 22.

Adam sees the divine truth that creation has been impressed with as male and female. They were more than mere biology, magnificent, as this biology is; they were living theological icons made for communion.²⁸

Once Adam cried for joy upon meeting a partner that shared the same human nature, a person made to love as God loves, a person with whom he can share unity, there comes a verse in the book of Genesis that we can read and miss. “Now, both of them were naked,...but they felt no shame.” (Gen. 2:25) Commenting on this Christopher West remarks,

Of all the passages in the creation stories, the Pope says that this one is “precisely the key” for understanding God’s original plan for human life.²⁹

The fact is very simple: if we fail to understand the importance of this original nakedness of Adam and Eve we will miss the point about the meaning of our femininity and masculinity and thus rob life itself of meaning. So in searching for our real call and destiny as male and female we need to go beyond, or rather behind, the fig leaves and stand in awe of the sacredness of our nakedness.

Have you ever wondered why we wear clothes? People from colder climates will immediately respond that clothes are a practical necessity so as to protect ourselves from severe weather. Those who find themselves not quite the shape or size that they would ideally love to be or with a gathering number of wrinkles will say that clothes, in fact, protect others and themselves from deep embarrassment! The real answer goes far deeper and resides in the fact that we feel vulnerable, literally, exposed when we are naked. Clothes do provide a protection, they protect us from the distorted gaze of others who may want to look upon us as objects rather than persons.

²⁸TB: Nov. 14, 1979.

²⁹ Christopher West, *Theology of The Body for Beginners*, 26.

Adam and Eve could be naked without shame because they looked at each other and saw only the deep spiritual mystery that each one embodied.

Adam and Eve were created as gifts for one another. Their visible bodies manifested this truth. In fact it was through their masculinity and femininity that they could bodily express their gift to one another... Each person is able to come to an awareness that his or her body manifests God's call to love as he loves and to express that love in and through the body.³⁰

Pope John Paul makes it clear in his teaching that our first parents were without shame because they were consciously aware of sharing the same vocation that God had. From the very first gaze Adam and Eve knew that they were called to love and they were called through this love to image God who is love. Thus the flesh they were looking at revealed the gift they were to make of themselves to each other. Their bodies carried a truth; in their very difference as male and female they were to be a sign of unity that publicized a "nuptial meaning". Through their relationship with each other they were to find their deepest longing and deepest meaning in the mutual gift they made of themselves to the other.³¹

Their very sexual difference spoke of gift, complementarity and was a way to holiness. Sadly this state of affairs came to an end when they took it upon themselves to eat of the fruit forbidden by Yahweh. Self-gift becomes self-interest. Redemption is therefore necessary if we are to recover the vocation implanted in our bodies and this is what the incarnation sought to bring, a re-formation and transfiguration of God's original plan for us.

An Invitation to Enter the Divine Mystery

We keep coming back to this important truth; the human body as experienced in its solitude, unity and nakedness is more than

³⁰R. Hogan, *Theology of The Body in John Paul II*, 27

³¹TB: Feb. 20, 1980.

biological machine. It is this profound truth that John Paul II wished to make known. We are a theology; we speak of God, not that the body is divine but that it points to the divine reality. There is a wonderful phrase in the Mass of Christmas, which declares, "In him we see our God made visible and so are caught up in the love of the God we cannot see."³² Our incorporation in Jesus allows us also to share in this mission to reveal God through our very incarnated presence. John Paul taught,

Through the fact that the Word of God became flesh, the body entered theology...through the main door.³³

As stated earlier we are not spirits trapped inside a body, rather our bodies make visible the deepest spiritual reality to which we have been called. In the teaching of John Paul II our bodies make visible the invisible mystery of God. We are not divine but we do have a clear vocation to be a "sign" of the divine mystery. Let us ponder these words from the teaching of Pope John Paul which in some way sum up his 129 teachings,

The body, in fact and it alone, is capable of making visible what's invisible: the spiritual and the divine. It was created to transfer into the visible reality of the world, the mystery hidden since time immemorial in God, and thus to be a sign of it.³⁴

Christianity is fundamentally faith in the "Word made flesh", faith in the one who has chosen not simply to live among us but to live within us. We believe in God's union with humanity a communion that has impregnated women and men with a vocation to carry and manifest the divine mystery. So what is the divine mystery that has

³²Christmas Preface, *The Sunday Missal*, Collins, 1975, 61.

³³TB: April 2, 1980.

³⁴TB: Feb. 2, 1980, 76.

been “kept hidden through all the ages in God” (Eph. 3:9) which human beings have been called to reveal? The Catechism explains.

God revealed his innermost secret: God himself is an eternal exchange of love, Father, Son and Holy Spirit, and he has destined us to share in the exchange. (CCC n.221.)

Commenting on this Christopher West says,

This key statement summarizes the ultimate mystery of God and the meaning of human existence: love. God is love as the apostle John tells us.³⁵

We were created by God to love, to image the way he loves. To change the wording slightly of St Theresa of the Child Jesus, “Our vocation is to be love at the heart of the world”. The Trinity exposes us to the truth that with God there is a deep relationship of self-giving love. God is a “communion of persons” and we as bearers of his image and likeness are asked to mirror that communion. In our vocation to be icons of the Trinity we are to love as God loves, to live in a constant exchange of love. As we shall explore in the following chapter it is exactly in our sexual difference, in being male and female, that we discover the vocation to love, to give ourselves selflessly. “In this way,” writes Christopher West, “sexual love becomes an icon or earthly image in some sense of the inner life of the Trinity.”³⁶

If we were able to de-mystify the confusion that surrounds human sexual activity then it would seem that we would appreciate that the real meaning and purpose of sexual intercourse, the reason why we are female and male, is that we were created for “holy communion”. Sexual intercourse is a tremendous gift but it is only a means to an end, it points to and brings us to true and lasting

³⁵Christopher West, *The Theology of the Body for Beginners*, 6.

³⁶Christopher West, *The Theology of the Body for Beginners*, 8.

communion for which St Paul in Ephesians makes us aware of the deep union that exists between Christ and the church. The church, the fellowship of the baptized, enjoys a relationship of genuine intimacy such as exists between husband and wife. Hence scripture speaks of the church as the bride of Christ.

If we were to follow this analogy further then we can see that the members of the church enter communion with the bridegroom in the Eucharist, this is where we become “one flesh”. John Paul II points out that the Eucharist enables us to understand “the relationship between man and woman, between what is ‘feminine’ and what is ‘masculine’.”³⁷ Ultimately, as the Second Vatican Council proclaimed, if we are to understand ourselves as human beings we have to understand ourselves “in” Christ. Jesus Christ reveals to us, presents to us, a reflection of what we are called to be. St Paul put it beautifully in Colossians. “There is only Christ: he is everything and he is in everything” (Col. 3:11).³⁸

God Wants to Marry Us

If we explore the scriptures we will find many different images to explain and expound the relationship between God and his creation. Often the Lord is referred to as a shepherd, a judge, a vinedresser, but the image that stands out and is used more often is that of a bridegroom. From the book of Genesis right through to the final book in the New Testament, the book of Revelation, we see that God had one plan and purpose in creating us, that is God wanted to “marry us” (Hos. 2:19). Spousal theology is rich and reinforces the fact that our bodies carry a nuptial meaning; because like a bride, God desires to impregnate us with life, divine life.

At first glance this might very well appear to be too much, but before we dismiss this thought let us ponder on the role of Mary. Did she not allow herself to be impregnated with divine life? Did she not give the Word a home in her womb and thus provide the flesh for the

³⁷*Mulieris Dignitatem*: n.26.

³⁸CCC n.1615.

incarnate one? In this is Mary not a fitting model of what we are called to be as human beings?

If all this is true and this magnificent vocation, this spousal relationship, has been impressed into our humanity then why is there a destructive battle that exists between the sexes and why is sexual intercourse and sexual desire so debased? It all sounds nice in theory but there seems little evidence for it in reality. The very word “sex” conjures up feelings of embarrassment and shame. The exploitation of people’s sexual appetite, as was mentioned earlier, is a multimillion-dollar industry, which fails to point to the meaning of the “one flesh” union that God had in mind.

To fully understand the separation between the original plan and design of God and the lived experience of countless numbers of our fellow human beings we need to take a long look at Genesis Chapter three. The “father of lies” is of course no fool. Satan recognized that if his alternative plan was to gain credibility then he would need to attack human beings at the very core of their being... in their flesh. If sex and the human body are a means of experiencing the deepest mystery of God then women and men must at all cost be blinded to their real vocation. The battle in which we are engaged in is “fought over the truth of our body”.³⁹

The Truth Will Set Us Free

The reality of HIV and AIDS puts before us with a daunting clarity the corruption of the good news concerning sexuality and sexual activity. John Paul II could write in *Evangelium Vitae*,

It is an illusion to think we can build a true culture of human life if we do not accept and experience sexuality and love and the whole of life according to their true meaning and their close inter-connection.(n.97)

³⁹Christopher West, *Theology of the Body for Beginners*, 12.

It is time for all Christian denominations to develop a language concerning sexual matters that allows the twenty-first century to radically embrace the good news about ourselves as sexual beings and as beings distinguished through our body. Gone must be the prudishness that relegated sexual issues to be spoken of in hushed whispers or nervous giggles. Equally we must take up the task to rescue human sexuality from a hedonism, which says “what I do with my body is my business so long as I am not breaking the law or doing anyone any harm.” The simple fact that many societies do not wish to face is that there is as much rape within marriage as outside of it. Simply because sexual relationships are “legal” does not mean that they are life-giving or healthy; we need to recognize, as Pope John Paul reminds us, that we suffer from “an adultery of the heart” and this can manifest itself in selfish violation of one’s spouse.

Using the teaching of Jesus in Matthew 5:27-28 Pope John Paul II launches into a series of teachings that point to a basic fault in the way men and women look at one another. Often the Sermon on the Mount is declared to be a new ethic, while in reality it is a new ethos, that is to say it provides us with a new perspective. The teaching of Jesus seeks to correct the way we see others. It highlights that lust is not so much what we do but how we view things around us.

Lust is not a popular word today, yet it reveals that we use our sexual desire not as an expression of love, certainly not in line with God’s original plan and design, but as self-gratification. Putting things succinctly, in the distorted and confused world in which we live men often use relationships in order to obtain sexual pleasure, while on the other hand women enter into sexual relationships in the hope of a more intimate and lasting relationship of love. This is why Pope John Paul saw that the opposite of love was the use we make of other people as a means of our own self-centred ends.

Adultery of the heart, therefore, is a disposition of the mind and we can abuse people even if we are married to them. In fact, to put things plainly, it is possible for a married man or woman to be having sexual intercourse with their spouse with their bodies while

in their minds it is with someone else. Hence the invitation from Jesus is to enter fully “our full image” (April 23, 1980) and so bring into clear view God’s desire for sexual love. We have a real remedy for the woundedness within us (Rom. 6:4); we can live redeemed lives and it is possible to experience here and now our sexual desires in the manner that God so designed.⁴⁰ As Pope John Paul says,

Man, who is “from the beginning” male and female, must seek the meaning of his existence and the meaning of his humanity by reaching all the way to the mystery of creation through the reality of redemption. There he finds also the essential answer to the question about the meaning of the human body, about the meaning of masculinity and femininity of the human person.⁴¹

Before, however, we can live this redemption with integrity, perhaps we have to go back to the beginning of our human story once again in order to understand where God’s vision went wrong.

Enter the Father of Lies

We have seen in the above discussion concerning our bodies as a theology that God granted human beings a share in his own life and love. By impregnation of his image and likeness God not only gave us an incredible gift but also a wonderful vocation. In their relationship men and women were called to re-image this life and love through their sexual self-giving to each other. Having placed Adam and Eve in the beautiful and harmonious garden called Eden, God only asked them to do one thing, not to eat from the tree known as the tree of the knowledge of good and evil (Gen. 2:16-17).

It seems beyond belief that these two ancestors were given everything they could possibly want and yet chose to touch and violate the one thing they were asked not to take and eat. At first glance their behaviour sounds odd, but deeper reflection will reveal that

⁴⁰CCC n.1002.

⁴¹TB, December 15, 1982, 354.

very often it is not the things we possess that really satisfy us but our eyes seem to be attracted to what we do not have. Think of children as an example; how many parents have had the experience of asking a child not to touch something only to find that the child makes an immediate move towards the thing put out of reach or out of bounds? Curiosity is a very powerful instinct. The Catechism calls this curiosity a “seductive voice”,

Behind the disobedient choice of our first parents lurks a seductive voice, opposed to God, which makes them fall into death out of envy. Scripture and the Church’s Tradition see in this being a fallen angel, called “Satan” or the “devil”.⁴²

The father of lies is no fool and is given that title for good reason. Satan knew only too well the gift that God had given to humanity, and so his goal and aim is to steal this gift to deflect us and to sow a seed of chaos in our very bodies. We need to turn our gaze to chapter three of the book of Genesis in order to see the three fundamental lies that Satan introduces,

1. God cannot be trusted, he is a liar. “No, you will not die!” (Gen. 3:5)
2. If God cannot be trusted then only Satan can. “...your eyes will be opened and you will be like gods.” (Gen. 3:5)
3. They will have the power to create the world in their own image, “knowing good from evil.” (Gen. 3:5)

The very acceptance of these lies wounded Adam and Eve in their bodies because they were attempting to be gods. In his book, *The Theology of the Body in John Paul II*, Richard Hogan makes the comment,

⁴²CCC, n.391.

We should realize that they had a very short time to consider what the devil was proposing, so we should not be too hard on our first parents. We have had centuries to consider the temptations and lies of the devil; they had seconds!⁴³

Let us take a more detailed look at what happened in the garden. The great deceiver comes to Eve and does not go for a crass attack but rather subtly asks, “Did God really say...?” This is a clever approach, it sows the seed of doubt in her mind and dismisses God’s claim by suggesting that rather than death God merely desires to keep something of great importance from Eve and her partner. In other words, Satan wants to imply that God cannot be trusted; in fact God is a liar. Now Adam and Eve have a choice, whether to believe in God or to look to Satan for the truth.

If our biblical parents truly want to be like God then they should not eat of the tree and then they will find the freedom that God desired to give. The father of lies, however, suggests a new approach, that of taking for oneself, rather than receiving; herein lies the great sin of Genesis chapter three. Adam and Eve turn away from the gift of love in order to be not like God, in imaginary control of themselves. The intended gift of self-donation turns to selfishness and their eyes are now opened and no longer do they see one another as gift and icon of love but rather as object of pleasure to be used (Gen. 3:7). In one sense the father of lies was correct in saying to Eve that eating the fruit from the tree of knowledge of good and evil would not result in their death. Adam and Eve did not die physically but spiritually their vision was distorted and they no longer saw as God intended them to see. As God blew into the nostrils he gave them His Spirit, they were truly “in-spired” but with their grasping at power they lost the Spirit and so they looked at one another with very different eyes. Their sexual desire thus became not a gift of self in total, faithful, fruitful love but a grasping and taking for themselves and their own self-gratification.

⁴³R. Hogan *The Theology of the Body in John Paul II*, 74.

Shame had now come into the world (Gen. 3:8) and with it our first parents lost sight of God's nuptial meaning inscribed in their bodies and so felt the need to protect themselves from the distorted gaze of others by clothing themselves. They turn from theology to biology and their sexual desire, rather than pointing to union with God, Father, Son and Holy Spirit, simply becomes a means to fulfil a biological itch. Christopher West describes lust as an eating out of a dustbin, when all the time we have been invited to a banquet! The deepest truth that is at the centre of our world where sex is a commodity, where HIV and AIDS is allowed to grow at such a rate, is not that our bodies are a problem, but that our heart has been captured by a lie. As Christopher West rightly says,

Until we address the distorted desires of our hearts, we will never be able to live as the men and women God created us to be.⁴⁴

What is emerging from the teaching of Pope John Paul is that Jesus' invitation during his ministry is not that we tinker a little bit with what we believe, but rather there needs to be a radical reconstruction of the values we live by, a change of heart, a heart transplant not a simple by-pass.⁴⁵ Is this not what St Paul was speaking about in Romans and Galatians when he wrote about the freedom from the law? We only need rules, laws, when there is a problem to correct; before sin there was no need for laws and commandments because we as human beings had no desire to do anything other than live in God's love. The distortion that the father of lies has introduced means that we think and desire things that are not according to God's original plan, therefore we need constraints. When through the outpouring of the Spirit of God we have received the "new" Pentecost and found ourselves "in-spired" once again we no longer need to live by the law but through the power of God's Spirit.

⁴⁴Christopher West, *Theology of the Body for Beginners*, 38.

⁴⁵CCC, n.1968.

St Paul in his letter to the Galatians encourages us to live, walk, “according to the Spirit” (Gal. 5:16-17). In this way Paul urges us to live according to God’s original purpose for us, to live the vocation that is inscribed in our bodies as human persons. This redemption of our bodies does not simply happen at death, we can gradually rediscover ourselves and the gift of sexual love; we can begin to see each other as God’s nuptial gift. We can be liberated from lust and live freely our divine truth. This surely is the real invitation of abstinence. Abstinence is not about repressing, denying or forgoing our sexual desire; rather it places it at a deeper level and affirms our true dignity. Abstinence invites us to cleanse the lens of our heart so that we can look at another person not simply as a passing object of desire, a moment of personal and short-lived pleasure, but rather see in this human person the invitation to real ecstasy, the window into God.

Let the Debate Continue

“Silence kills”, said Colin Powell, the former US Secretary of State, (and) “Breaking the silence is a powerful way that people at all levels of society can combat the disease.” If the Christian church can break its own nervousness and silence on the issue of human sexuality and proclaim clearly the good news of sex and sexual expression, then there may indeed be hope. This will not occur by imagining that a “magic formula” will be constructed but by enabling people to encounter the person of Jesus. We need to find our lives in Christ and Christ in our lives. This encounter with Jesus in our very flesh radically transforms our perception of the flesh we inhabit and how we relate to our bodies.

South African theologian Denise Ackerman, of the University of Stellenbosch, has a beautiful section on embodiment in her contribution to the book *Grant Me Justice! HIV/AIDS & Gender Readings of the Bible*.⁴⁶ She writes, “This pandemic is all about

⁴⁶Denise Ackerman, *Tamar’s Cry: Re-reading an Ancient Text in the Midst of HIV*, 42-60.

bodies.” Ackermann contends, as we have seen in the teaching of Pope John Paul II, that the story of Tamar in 2 Samuel 13:1-22 challenges us to remember and uphold that the body is not secondary to the soul. The flesh is not less praise-worthy than the spiritual. She writes,

Our bodies are more than skin, bone and flesh. Our bodies encompass the totality of our human experience, our thoughts, our emotions, our needs and our memories, our ability to imagine and dream, our experience of pain, pleasure, power and difference, as well as our beliefs and our hopes.⁴⁷

The presence of HIV and AIDS in the bodies of so many people demands that we as Christians learn again to read the language of God that is intricately written in the flesh and blood that has been given to us. Our bodies are truly agents of divine reality. Where do we meet this truth more profoundly than in the Eucharist, the sharing in Christ’s body and blood? The Eucharist is a celebration that “makes the reign of God present ‘to us’ in the form of Christ’s body broken ‘for us’ and Christ’s blood shed ‘for us’.”⁴⁸ It announces to us that we become the vehicle that is empowered to carry into the world the one who is the Saviour. We are a theology.

In the twenty-first century we need to be liberated from looking at one another as objects, as mere physical machines. The long and revolutionary story of God’s love affair with humanity insists that our bodies reveal that we are persons who are fully one in body and soul in Christ. Our sexuality is then nothing less than the energy of love within us. We seek in varied ways to express and reach out to others at the level of the heart. Maria Cimperman describes it beautifully as “The fire within us” which “is in search of intimacy with ourselves, others and God.”⁴⁹ As theologies, creatures that are

⁴⁷Denise Ackerman, *Tamar’s Cry*, 43.

⁴⁸Denise Acherman, *Tamar’s Cry*, 52.

⁴⁹M. Cimperman, *When God’s People Have HIV/AIDS*, 40.

made to speak of God who is love, we go in search of intimacy all our lives. This desire and hunger for intimacy cannot, however, be reduced to our genitals. Sexual expression is of course an important and vibrant expression of love but by no means the central and only means for us to deepen our covenant relationships.

Let me try to conclude this presentation of a possible Christian contribution to humanity's understanding of human sexuality with these words from Christopher West,

If the theology of the body provides the answer to the crisis of our times, it does so only because it reconnects the modern world with the "great mystery" of Christ and his Church. As Pope John Paul II writes, "We are certainly not seduced by the naïve expectation that, faced with the great challenges of our time, we shall find some magic formula. No, we shall not be saved by a formula, but by a Person, and the assurance which he gives us: I am with you!"

The battle for our bodies and our hearts and lives, in terms of the sexual revolution that is needed, will ultimately not become victorious because we have frightened people into changing their patterns of sexual behaviour. Changing patterns of sexual behaviour alone is a less noble goal. Nor can we hope to help people choose life by simply exerting external pressure in the form of prohibitive church teaching. Rather we need to present in language that people understand a total vision of what it means to be human. We need to lead people to an authentic encounter with themselves in Christ. St Paul put it simply, "Our life is hidden with Christ in God" (Col. 3). This is the truth that has to be so integrated within us that we change because we recognize ourselves changed in Christ.

Scripture to Read and Reflect Upon

Genesis 1-3	The plan of God for humankind.
2 Kings 5:1-19	Naaman's healing of body brings peace.
Is. 35:3-10	The arrival of the Messiah will restore bodily deformity.

Matt. 19:1-12	Jesus' teaching about divorce and God's plan.
John 6	The bread-of-life discourse points to the union that comes through "communion" with Jesus' body and blood.
1Cor. 12:12-13:13	The body has many parts but its greatest function is to show love.
Eph. 5:22-33	Love between a man and his wife.

Questions to Ponder

1. In what ways do you experience your body? What/who has formed your bodily opinions?
2. If we are a theology of the body and we convey love through our sexuality what one or two ways could you begin to articulate this great truth to others?
3. How could a "theology of the body" contribute to a new world vision and help eradicate HIV and AIDS?

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Prayer

Lord Jesus

In the wonder of the incarnation you took upon yourself our human flesh.

In a body like ours you restored us to the true image and likeness that your Father had given to us.

We have been from the moment of our conception impregnated with love.

*Help us always to touch and handle our bodies
and those of others with great respect.*

Help us to recognize the dignity that we carry within us.

*Empowered by your Spirit may our sexual desires and our sexuality
be a genuine channel of your love and a means to deeper
communion.*

Let us tirelessly work to uphold the dignity of others.

We make our prayer through Jesus the Word made flesh.

Amen.

CHAPTER SEVEN

The Question of Condoms

Condoms in Context

Early in the history of HIV and AIDS many activists viewed condoms as the standard means of protection and prevention. If the HI virus were indeed passed on through body fluids, then this protective barrier of latex would, in their opinion, provide the simplest and most satisfactory safeguard against infection. Indeed when used consistently and correctly it is claimed that condoms could in fact offer as much as 100 percent protection. The truth, of course, is that we can never assume that condoms will be used either correctly or consistently. Nor can we be sure that they have been manufactured without defects in the latex; therefore perhaps at best we might look more realistically for 85 percent protection.¹ Despite the rhetoric and the statistics used to prove the effectiveness of condoms in reducing infection rates, many religious groups are resistant in promoting their use. Why?

¹In October 2007 there was another example of millions of faulty condoms having to be withdrawn from circulation in South Africa. These had been distributed as part of the government's prevention programme. This latest scare came only two months after the government withdrew 20 million condoms from circulation made by a company called Zalatex. A government official who works at the Bureau of Standards was accused of accepting bribes so as to approve the Zalatex condoms. Clearly these scares will undermine public confidence in condoms.

Sometimes faith-based groups have been concerned that advocacy of condoms will lead to greater promiscuity. They argue that instead of helping people to choose less risky patterns of behaviour condoms can give a false sense of security and encourage people to engage in rather than change patterns of sexual behaviour that are high risk. This concern can often lead religious groups to try to find fault with the quality of the latex used and the debate is then reduced to the size of the pores in the condom and the size of the HIV virus.

Often advocates on both sides of the condom debate become entrenched in a search for scientific proofs to uphold their particular point of view and they thus fail to listen to what each other's basic concerns really are. This is particularly true when it comes to the Catholic Church. Despite all the health care initiatives that offer treatment and support for those infected and affected by this pandemic, the perceived understanding by many HIV activists and secular NGOs is that the Catholic Church is very much part of the problem and is failing miserably to work towards a credible solution. Indeed it can lead to accusations that the Catholic Church is a serious cause of increased infection rates and is lacking in genuine compassion.

One could be forgiven for thinking that if the Catholic Church would only sanction the universal use of condoms then the rates of HIV infection would immediately be drastically reduced and might even cease to be a feature of life. This clearly is too naïve a perception. While recognizing that consistent and correct use of condoms can be a source of effective protection and reduce transmission of HIV, we need also to ask the much more fundamental question as to whether condoms address the real issues surrounding HIV infection or merely mask the root causes.

Why has the issue of condoms remained so contentious? Why is it that the only document that the Vatican has produced concerning the plight of millions of those suffering the consequences of this pandemic, family life versus safe sex, has been received with ridicule and anger? Why indeed, one could ask, has the Catholic Church felt

it unnecessary to produce any clear teaching document on the role of faith and practice in response to HIV and AIDS?²

***Humanae Vitae* – Essential to Catholic Teaching**

To understand the Catholic Church's position on the use of condoms in the context of HIV and AIDS it is necessary to revisit and to understand the teaching of Pope Paul VI in *Humanae Vitae*. This important encyclical on human life has suffered from being caricatured and is wrongly reduced by many to a single issue, birth control. *Humanae Vitae* was in fact Paul VI's attempt to respond not only to the advent of the contraceptive pill in the early 1960s, but to address the more crucial issue of the value of human life as a whole.

Before the 1930s all Christian denominations were in agreement regarding the issue of contraception. It was only in the mid-1930s that the Anglican Church broke with other Christians and began to accept the possibility that "within marriage" contraception was permissible in "some circumstances". This break with tradition led to a new way of viewing the sexual act between man and wife and would by many today be considered as perhaps one of the greatest advances in the twentieth-century.

With the dawn of the 1960s the availability and reliability of contraceptives were improved and with them came a new wave of thinking based largely on three basic premises. Firstly it was thought that the world's population was out of control. Demographers claimed that if we did not begin to regulate the size of people's families then the world could be heading for a population explosion that would result in a shortage of food and natural resources. There was a limit to how many people the earth could contain and without due care we could easily find ourselves overstretching these limits.

²As I reflect and write this chapter we await the decision on a report handed to the Congregation of the Faith from the Pontifical Council for Health Care on the use of condoms in the fight against HIV and AIDS.

Secondly, the rise in feminism promoted women's rights. Women needed to be part of the economic market, pursuing a career to the same degree and with the same opportunities as their male counterparts. To do this they needed to be freed from the perceived burden of producing babies and staying at home to care for them. Equal opportunities in terms of work and leisure became the watchwords. Contraception was thus seen as a radical means towards the liberation of women who would now stand alongside their male counterpart as equal partners. Following on from this the third reason for the promotion of contraceptives was that it was thought that they would lead to better marriages and remove the strain and stress upon many marital relationships because of the attendant fear of unwanted pregnancies.

Without at all wishing to take away from the sincerity of those who promoted these arguments, the reality of the last forty years has proved to be very different. It was indeed a small step and, in the perceived wisdom of the 1960s onwards, a logical one from recognizing that contraception would take away the fear of pregnancy within marriage to realizing that it would do the same before and outside of marriage. In fact it is an interesting fact that the steady rise in divorce was almost paralleled by the growth in the use of contraceptives leading one to wonder if in truth the quality of marriage and respect and liberation of women have indeed noticeably improved. Some would certainly highlight that in general our appreciation of sexual intimacy has diminished. Before the advent of contraception many thought carefully about engaging in sexual intercourse before marriage and indeed outside of marriage because they did not want to run the risk of pregnancy. The philosophy of contraception changed radically people's understanding of sexual expression. As we saw in the previous chapter a new permissiveness³ broke upon our world

³In using the word permissive there is no judgmental attachment. Permissive is to give permission. People gave themselves permission to behave in particular ways.

and an almost utilitarian approach began to surface with regard to sexual activity.

The basic philosophy that has emerged runs along the following lines, if you were going to buy a car you would not dream of doing so without first test-driving the vehicle. You would naturally want to know what you were buying before you paid out a great deal of money. Indeed you might well want to test drive several models before you chose the one you were happy with. Could the same principle not be applied to marriage? Would it not be equally idiotic to settle down for a life-time with a partner before living with them and having sex together, in fact you would probably need to do this with several partners before choosing one in particular to commit yourself too.

It was this pragmatic attitude to human relationships and sexual activity that Paul VI tried to address when in 1968 he published his encyclical *Humanae Vitae*. From the opening section of the encyclical Paul VI tries to highlight the new questions and challenges that have arisen since the Second World War. Of particular significance is the manner in which women were now considered and their place within society, as well as a deeper appreciation of conjugal love within marriage. Paul VI's intention was to be positive.

The teaching of *Humanae Vitae* came as a complete shock to a world that expected the church simply to "get with the times" and to accept what had become the perceived wisdom of the age. It does not fall within the remit of this chapter to give a full explanation of this encyclical but it is worth noting section 17, because this puts down the key markers for Pope Paul's defence of the church's view on contraception. Read again this important section and you will see several predictions made by Pope Paul about what would come about if the contraceptive mentality were allowed to grow unchallenged.

The Holy Father claimed that contraception would in fact lead to a lowering of moral standards. That is to say we would subtly find ourselves accepting many things that previously had been thought unacceptable. Even a superficial glance over the last twenty-five years will reveal evidence to substantiate Pope Paul's fears. In fact one only has to look at the media in terms of what people can watch

on television, videos and read in magazines. What was unthinkable in the late 1950s and early 1960s is not only permissible but is encouraged. Many would attest that morally the world is not a better or safer place to be.

Paul VI was concerned that contraception would not in fact heighten the dignity of women but cheapen and degrade them. The growing use of rape as a weapon not only of war but as a means of dominating women, alongside the anecdotal evidence of women and children as commodities to be used sexually in return for food and financial assistance and the whole industry of pornography and sexual trafficking, does not lead one to concur that the gender liberation that the activists of the Sixties promised has happened.

Likewise the sexual act itself has, through the availability of contraception, meant that people can have sex with whom and whenever they so desire. Sex has been reduced to a recreational activity and a mechanical act. While sexual intercourse is clearly a biological act it is, as was suggested in the previous chapter, much more than that. This is why Paul VI called for a “total vision” of the human vocation, a deeper understanding of Christian anthropology.⁴ The third cause for concern that Pope Paul brings to light in section 17 is that he fears that governments would use contraception for their own abusive aims. China springs to mind in its law of one child-one family. Subsequent American governments have also used contraception as a weapon to browbeat resource-limited countries by attaching a condition to the financial aid given, i.e. the rigorous implementation of family-planning programmes.

Whether one agrees with the final conclusion of *Humanae Vitae* on the prohibition of contraceptives one could not fail to give credence to the fears of Pope Paul VI, many of which have become a reality. Equally, one cannot fail to recognize that the ultimate purpose behind this encyclical was to give greater dignity to husband and wife and to pinpoint the beauty of sexual intimacy. Sexual intercourse at root was to be seen as “the transmission of life” and ennobling of each

⁴*Humanae Vitae*, n.7.

person.⁵ Once again we meet a fundamental Catholic principle that sex is not so much what we do with our bodies, it is a statement of who we are at the very core of our being.

A Tradition Not Without Compassion

To caricature *Humanae Vitae*, and the teaching of the Catholic Church, as unconcerned, unfeeling and responsible for millions of deaths is to distort the true nature of the HIV pandemic and fails to testify to the many initiatives promoted throughout the world by the Catholic Church that try to respond to HIV and AIDS at the local and international level. The compassionate outreach of the Catholic Church is motivated, however, by a very clear theological tradition that is grounded in the fundamental belief in the inherent dignity of each person, a value that each person has from the moment of conception to the end of their earthly life.

With this in mind we cannot realistically expect the Catholic Church, or other faith-based communities that question the use of condoms, to suddenly give universal sanction for their use. Such a declaration would be open to clear misunderstanding and abuse. More important than universal sanction is individual pastoral care. It is incumbent upon all pastors to listen sensitively to the couples who come to them seeking guidance so as to respond appropriately to their particular needs. HIV and AIDS cannot become polarized around this single issue.

What is confusing for many who are not so technically informed is that each side of the condom debate supports its particular viewpoint with a panel of experts each of whom puts forward evidence contrary to the other. There are those whose research has categorically shown that although no condom can provide 100 percent protection the risk of the virus permeating the latex is minuscule, while other researchers are just as adamant that condoms fail in 15 to 20 cases. Even those who would support the use of condoms as a unique weapon in the fight against HIV and AIDS would agree that it does

⁵*Humanae Vitae*, n.11.

not reduce the likelihood of risky behaviour, simply the chance of infection. There is a real danger that if we become tied up in the discussion of whether condoms are really safe or not we are ultimately missing the key question and root issue. To highlight what I mean I would like to take us back to the central point of the theology of our bodies as discussed in an earlier chapter.

Our body, as we have seen, is a gospel because it mirrors the life of God the Holy Trinity. This truth invites us to ask two very important questions “What does it mean to be human?” and “How am I supposed to live my life in a way that will bring me happiness?” If we agree that we are not simply biological machines, or even reproductive apparatus, then we will recognize that our sexual desires have a divine meaning and intention. Of all the varied ways that God could have chosen to reveal his divine life and love in the created world, John Paul II says that marriage, enacted in sexual intercourse, is the most fundamental way in which we experience the love of God. Could God have made our sexuality and sexual union any more important than this, any more beautiful, any more glorious? Christopher West puts it clearly,

God gave us sexual desire itself to be the power to love as he loves, so that we could participate in divine life and fulfil the very meaning of our being and existence.⁶

This seems to be a far cry from the experience of our world today where we are more conscious of sexual abuse of children and vulnerable adults, abortion, adultery, rape and divorce, a multimillion dollar sex industry, sex trafficking and pornography. This is not because God set impossible standards, but rather because we have a distorted view about sexuality in God’s original plan.

⁶Christopher West, *Sex and Marriage*, 21.

Safe Sex – But Why Sex?

Hence the most important question that the debate concerning condoms fails to answer is, why am I having sexual intercourse in the first place, what is its purpose? Even to speak of “safe sex” is to have missed this cry to answer the deeper question, why sex? As one Canadian moral theologian writes,

...two issues that trouble me as an ethicist. One was the campaign to reduce “safe sex” to condoms. The attitude that underlies this campaign betrays the understanding of sex as a stable, loving, and procreative relationship. Often I have been laughed at...and told to be more realistic. Realism, however, is not the problem; what we ask and expect of people is. Getting people to be realistic about who they are as sexual beings is not only a more noble goal, it may be the only way to make people morally responsible for their sexual selves. Condoms without responsibility are not nearly as safe as portrayed. They appear as a “technical fix it” when the real issues are human relations and attitudes.⁷

It is indeed a short step from boldly saying that condoms reduce the risk of HIV infection to implicitly giving people permission to engage in sexual activity that carries a risk factor. As a reducer of infection there may well be few grounds to argue against condoms but as a promoter of responsible behaviour or behaviour change it is unlikely that one could argue that condoms have played a significant role. Indeed as one Ugandan youth said, “Now with condoms I can have three or four girlfriends, as long as I protect myself.”

The second important feature of condoms that needs to be taken into consideration is that anecdotal evidence consistently reveals that a considerable number of men throughout the world, especially in resource-limited countries, do not like using condoms. They prefer the experience of flesh on flesh. Indeed it has been shown that in certain parts of Africa men prefer “dry sex” which leads to greater

⁷Mark Miller, in *Catholic Ethicists on HIV/AIDS Prevention*, James Keenan (ed.) Continuum, New York, 2000, 90.

excitement, though equally a higher risk of abrasions. Furthermore some young people have expressed the view that "...to wear a condom is itself a statement that either you do not trust your partner, or are yourself infected or cheating."

Increasingly there have been calls by various cardinals and bishops for condoms to be used as a protective measure when couples find that either or both are HIV positive. It would seem to be an opportune moment for the Catholic Church to make very clear that there is indeed a great difference between the use of condoms as a method of contraception and their use as a life-enhancing prophylactic. Indeed one may go further and say that a person who is HIV positive who decides to use a condom "correctly and consistently" for each act of sexual intercourse is in fact acting responsibly in trying to safeguard themselves and their partner and avoiding breaking the commandment, "Thou shalt not kill". This is the view expressed by Cardinal Cottier, the theologian of the papal household, in February 2005, echoed by Cardinal Javier Lozano Barragan, the head of the Pontifical Council for Health, who said that where abstinence is not an option condoms were acceptable.

As we have seen, the notion that people need only to be faced with the facts concerning HIV and AIDS so as to encourage them to make a free and informed choice is not simply erroneous but promotes a culture of death rather than life. As Ann Smith wrote,

...for many in the developing world sex is often the only commodity people have to exchange for food, school fees, exam results, employment or survival itself.⁸

As noted earlier, choice is something that for some young girls and many women is not a word to be found in their particular vocabulary. The choice has been made for them. The use of condoms for those who are HIV positive is then a question of intention. Fr Martin Rhonheimer has made it clear that,

⁸Ann Smith, Where Cafod Stands, *The Tablet*, 25 September 2004.

There is no official magisterial teaching either about condoms, or about anti-ovulatory pills and diaphragms. Condoms cannot be intrinsically evil, only human acts; condoms are not human acts, but things.⁹

With this in mind we are able to state that sexual intercourse can only be called a contraceptive act if the persons involved have clearly intended to engage in sexual activity with the single intention of rendering procreation impossible. It is a question of intention; the issue of motivation is of paramount importance.¹⁰ The teaching of the Catholic Church does not therefore rest upon the rights or wrongs of condoms, because condoms do not in themselves have a moral value. What is uppermost in the Catholic Church's concern, as shown in the teaching on the theology of the body and *Humanae Vitae*, is whether this sexual act mirrors the fruitful, faithful, total and free love of God. Is the divine purpose of sexual union upheld?

A Pastoral Solution: A Transmission of Life

So what can be said in order to help people from a pastoral point of view? How can we take the opportunity to speak truth into the painful experience of people who are still sexually active and are also HIV positive? It is not a question here of encouraging them to use condoms per se, but rather of impressing upon them the need to act in a responsible manner. To uphold life rather than violate it is a principle deeply embedded in Catholic moral and social teaching, as is also an appreciation of the law of double effect. It is clear, therefore, that a couple where one or both are HIV positive and whose conscience has led them to the view that it is morally wrong to put each other at

⁹*The Tablet*, 10 July 2004.

¹⁰When considering whether an action is good or bad it is necessary not only to examine the action itself and its consequence, but also to reflect upon the prime intention. We can do the right thing for the wrong reason and equally carry out an act that has terrible consequences but with very noble intentions.

risk of re-infection are not intending to prevent conception happening, rather the sterile act of intercourse is but a consequence of their desire for the well-being of the other.

If we continue the polarized debate which either promotes condoms as the main defence against HIV and AIDS or abstinence alone, then we will fail to be agents of hope and life and the very pandemic that we are trying to eradicate will continue to take the lives of generation after generation. Of course condoms will contribute to the reduction of the incidence of HIV and AIDS, though availability has not appeared to help in the elimination of sexually transmitted infections in Europe where Britain has the highest rates of teenage pregnancies and STIs in Western Europe; all this in a culture where condoms are available and an accepted part of life. Talk of condoms and safer sex will not, in themselves, challenge a destructive way of looking at others, or of ourselves, as toys to be played with and abused.

Meanwhile NGOs and HIV and AIDS activists often fail to realize that condoms are available but they are not used consistently or correctly and sometimes used for other purposes. It was revealed recently that a large consignment of female condoms that were sent to Nigeria was reconstructed once the latex had been removed into fashion items, decorated wristbands. More importantly, even if and when condoms are available, who can afford them? If it is a question of bread or condoms, which do you choose?

The contribution of moral theologians has been of great assistance. The fear among many Catholics, especially cardinals and bishops, is that any statement that seemed to allow the use of condoms would of necessity be seen as compromising the church's traditional teaching on contraception. Theologians such as James Keenan SJ¹¹

¹¹Prophylactics, Toleration and Cooperation: Contemporary Problems and Traditional Principles, *International Philosophical Quarterly* 28, 1988, 201-220.

and Enda McDonagh¹² have argued strongly for the use of condoms in a manner that would not at all compromise the view of the Catholic Church's defence of *Humanae Vitae*. Indeed they see the use of these prophylactics as a life-giving way of interpreting church teaching. As James Keenan writes,

My position was that recommending condoms in a time of AIDS was not an endorsement of contraception, but rather prophylaxis. In a more thorough way, John Tuohey argued that *Humanae Vitae* is not undermined at all when one acknowledges the moral liceity of using prophylactics in a marriage where one spouse is HIV positive.¹³

While the media, politicians and activists call for "safe sex" the Catholic Church and other faith-based organizations call for something more humanly fulfilling. It is not, as suggested elsewhere, merely a question of sex being safe, but sexual activity being rooted in love and relationships of quality leading to deep fulfilment. The challenge of HIV and AIDS is that condoms remind us very clearly that sex is not ultimately about being safe, it is about giving and receiving life.

Scripture to Read and Reflect Upon

2 Kings 5	The Healing of Naaman.
Mark 3:1- 6:	The question of doing good or evil.
Mark 7:14-22:	What is clean and unclean?
Gal. 5:16-26:	Walk by the Spirit.

¹²Theology in a Time of AIDS, *Irish Theological Quarterly* 60, 1994, 81-99.

¹³James Keenan SJ, (ed.), *Catholic Ethicists on HIV/AIDS Prevention*, 24.

Questions to Ponder

1. What has been your opinion concerning condoms and their place in the fight against HIV and AIDS? Have these changed/remained the same? Why?
2. What has helped you formulate your point of view?
3. Is there in your mind a clear distinction between condoms as a contraceptive and their use as a barrier against infection?
4. How would you see a fruitful discussion developing using the teaching of *Humanae Vitae*?

Further Reading

Catholic Ethicists on HIV/AIDS Prevention, James Keenan SJ, (ed.), Continuum, New York, 2000, especially pp.108-120.

Consortio Familiaris, John Paul II, 1994.

Humanae Vitae, Pope Paul VI, 1968.

Meeting the Challenge; Lucy Y. Steinitz, *International Review of Mission*, Volume 95, No. 376/377, January/April, WCC, Geneva, 2006.

Prophylactics, Toleration and Cooperation: Contemporary Problems and Traditional Principles, *International Philosophical Quarterly* 28, 1988, 201-220.

Theology in a Time of AIDS, *Irish Theological Quarterly* 60, 1994, 81-99.

Prayer

We come to you source of all life.

We are aware of our confusion and our need of help.

Purify for us the intentions of our hearts.

Help us by the gift of your Spirit to seek life rather than do harm.

Bring us ever to the point of defending life and promoting truth.

Bring us to you and in you find peace.

Amen.

CHAPTER EIGHT

Female and Male, God Created Them

A Virus Fuelled by Inequality

HIV, as highlighted in different ways throughout these pages, is far more than just a virus; it is about people. It is not just about health and medication; it is about inequality and injustice, which attack not only individuals but also families, nations and continents. We can never therefore let the personal suffering of people affected and infected get lost in the overwhelming statistics and ever-growing mountains of documentation.

With this in mind let us begin this chapter with one person's story. Before doing so, however, let me make clear that as I begin this reflection on gender I fear I may be stepping into a lion's den. I write as a man with all that that involves. I write, however, with a deep desire to see each of us, male and female, treated in the manner in which God intended. The following reflection will not however present a thorough history of the feminist movement. There are far more competent accounts than I could give. The principle purpose of this chapter is to try to emphasize that gender equality is not merely about a "cause", it is a deep theological truth.

So now let us take a look at the experience of one HIV-positive woman.

They had been married for eight years when they divorced. The husband, Shibeshi, was a member of the former army. Selome, his

wife, was a jobless woman who had lived under the support of her parents after completing her high school. They were introduced to each other while Selome was visiting a good friend... They loved each other and were friends for a couple of years before they entered into an unplanned marriage because of Selome's unexpected pregnancy. Unfortunately Shibeshi lost his job and there was an inevitable economic crisis in the family.

Shibeshi was not able to feed and clothe his wife and children and so the couple divorced for the first time. Since Selome was unable to support her children properly she married another man who promised to be a perfect replacement for Shibeshi. They started a peaceful life together.

Selome delivered her third child exactly one year after her marriage to Assefa and another child followed a year later. It was then that Selome began complaining about various illnesses and started attending a nearby government hospital. She was diagnosed as having tuberculosis and her doctor advised her to be tested for HIV. The test result was positive.

Meanwhile, rumours surfaced that her previous husband had a similar health problem. He had been in jail but before his release; he was also found to be HIV-positive. Sadly, Assefa left his family once he discovered that his wife was HIV positive. Some months later Shibeshi was released from jail. He strongly believed that it was his wife who had infected him. He decided to take his revenge by attacking and killing her.

One day while his wife was shopping in a supermarket he threw a hand grenade at her in broad daylight. She died instantly. Shibeshi is now back in prison.¹

The above story, dramatic and tragic as it is, does not stand alone as an isolated incident. It is rather the life experience of many women

¹An abridged version of a story that appeared in *Medical Missionaries of Mary Newsletter Ethiopia*, Volume 11, Issue 1, January 2007.

who find themselves HIV positive. In 1998 Sr Teresa Okure SHCJ attempted to bring to people's attention that there were in fact two viruses that were just as deadly as HIV. The first was gender inequality, which gave to women an inferior status, one that encourages sex trafficking and forces young girls and women into abusive relationships. The second, which seriously aggravates this inequality, is poverty.

The violation and mistreatment of women is in the words of Denise Ackerman, "responsible for the shocking fact that in many countries in Africa the condition that carries the highest risk of HIV infection is that of being a married woman."² There is sufficient evidence to show that gender inequality is itself a major driving force behind the HIV and AIDS pandemic.³ It works along with other social, cultural, political, economic and religious inequalities to expose women, and men, to a high level of risk and oppression. In particular women can be seen to carry a heavy share of the burden of this pandemic because of their physiology, their lack of economic independence from men, their lack of literacy and their role as carers. As one writer puts it,

Sub-Saharan Africa is the only region in the world in which HIV infection rates are higher among women than men. For every ten men with the HIV virus, thirteen women are infected. The gap is even larger in Zimbabwe and Zambia where girls and young women make up close to a staggering eighty percent of all young people aged between 15-42 who are living with HIV and AIDS.⁴

The very nature of the HIV and AIDS pandemic has placed upon the shoulders of women an enormous burden of responsibility. Hospitals

²Musa Dube & Musimbi Kanyoro (eds), *Grant Me Justice*, 36.

³UNDP & UNAIDS 2001.

⁴Women's and Children's Rights in the time of HIV and AIDS in Zimbabwe, Sophie Chirongoma, article in *Journal of Theology for Southern Africa*, November 2006, 48-65.

by and large in many resource-limited countries cannot cope with the numbers of those infected and so they are often sent back home, hence home-based care programmes have developed in order to provide the necessary care and support. Women are the foundation of these programmes, spending much of their time cleaning, washing, feeding and trying to give emotional support to their sick family members, relatives, neighbours or friends.

Naturally their own health can suffer due to tiredness but also the economic stability of the family comes under threat because the women themselves are unable to work and so provide adequate financial support for their families. When in turn they themselves become sick often there is no one to give them the necessary care and when a husband or sibling dies women can be vulnerable to the accusation of witchcraft. In his book, *Breaking the Conspiracy of Silence* (2004), Donald Messar provides a revealing illustration of the plight of women in the context of HIV and AIDS.

The example he uses comes from a hospital in a suburb of Madras, India. The wards are overcrowded and there are too few beds for the vast number of patients. In fact the hospital has introduced a rotation system so that the sickest patients get the beds and the less sick lie down on mats on the floor. A visitor to the women, a filmmaker, Robert Bilheimer, records these impressions,

The ward was immaculately clean, and quiet. For the most part, the women just stared off into space, their thoughts and emotions difficult to read... When the woman is finally diagnosed with a deadly disease like AIDS, she is then shunned and, for all intents and purposes, deemed to be worthless.

“Do you notice anything different here?” the doctor asked me. I looked around, and then it struck me. There were no visitors... Whereas the men and children have wives or grandmothers sitting by the bedside, the women have no one. I asked the doctor if a husband had ever set foot in the ward. “Never. Not even one.”

So not only are Indian women dying of AIDS, in growing numbers, they are dying alone.⁵

The plight of women in the presence of HIV and AIDS has clearly brought to light that working towards reduction of infection is not only a question of prevention and the provision of medication, but it is the realization that there exists in our world inherent injustice against women. Women who find themselves in the most infected countries of the world can find themselves crying out like the widow in Luke 18:3; “I want justice from you against my enemies.”

We can no longer ignore this important cry. If healing is an objective for followers of Jesus Christ then we need to work fearlessly to eliminate the life-denying expectations and roles that stereotype what and how women should be. HIV and AIDS cries out for us to grant justice to all God’s people; stigma and discrimination is unacceptable whether it is based on race, colour, religious belief, sickness or gender. Christianity, like many other world religions, often speaks about inequality. The very scriptures uphold the rights of the orphaned, widowed and oppressed, but reality does not always match the rhetoric and there is a clear discrepancy between the idealism expressed in Christian circles and the lived experience painfully evident in the pandemic of HIV and AIDS.

Being a Woman Today

In many cultural settings today women continue to have their basic human rights denied. They are not allowed to own property, inherit from their diseased husbands, and improve their professional skills nor advance in terms of career. Alongside this they often lack the right even to control what happens to their bodies and to make their own decisions. Hence the crucial element of prevention in the struggle to reduce HIV infection comes up against a major obstacle when it

⁵Quoted in ‘Breaking the Silence’, taken from Robert Bilheimer, *Letters From the World of AIDS*, Letter 7, April 6, 2001, <http://www.thebody.com/closerwalkfilm/journal7/journal7.html>.

Story of Thandiwe from Zimbabwe

She is a sex worker and never wanted to be so. Thandiwe was working illegally in a restaurant in Johannesburg where she met a man from Zimbabwe. They got married and had two daughters. One day her husband was gunned down and she had to take him back home for burial. Her parents sent her to her in-laws to be "cleansed". This is a common practice and it gives the dead husband's brother the right, even the duty, to sleep with the widow. She was found to be HIV positive not long thereafter. Her parents wanted to marry her off to an old uncle. So she fled. Now she did not have a job, nor any means of economic survival and support. She then met a friend who introduced her to sex work. To protect herself she often uses two condoms. If a guy refuses she refuses too but then some hit her. (Grant Me Justice, 154).

comes to either negotiation of abstinence or use of condoms. The increase in many parts of the world of gendered violence, especially rape inside and outside of marriage, has made life for women very unsafe. As Musa Dube comments, "In HIV and AIDS hot zones, rape has risen almost simultaneously with the rise of HIV and AIDS."⁶

Scientists are of course correct

when they assert that it is the virus HIV that causes AIDS, but as gender inequality highlights most clearly it does not do so in isolation. One could almost say that to be a woman in and of itself in certain parts of the world is to be "at risk".⁷ This risk factor is increased because of the second virus that Okure mentioned, i.e. economic

⁶Grant Me Justice, 9.

⁷Isabel Apawo Phiri, Beverly Haddad & Madipoae Masenya, eds, *African Women, HIV/AIDS and Faith Communities*, Chapter 8, Choosing To Remain Silent: Links between Gender Violence, HIV/AIDS and the South African Church, p.149. Beverly Haddad describes clearly the sexual violence that women in South Africa are subjected to where it was said that a woman is raped every 17 seconds.

injustice. Women are vulnerable to the global economic systems imposed on low and middle-income countries because they themselves do not have the same economic power base granted to their male counterparts. In many countries of the world women are poor and illiterate. Thus all too often it means that they adopt survival responses that expose them to health risks.⁸

If one reflects for a moment upon many cultural traditions, especially those in sub-Saharan Africa, one recognizes that in many situations men are generally given a more dominant role to play. The importation in the nineteenth century of Christianity with its colonial bias simply reinforced and upheld a patriarchal view of the world. Today one can still find Christian preachers and teachers promoting a somewhat unbalanced view of gender.⁹

Madipone Masenya, professor of Old Testament at the University of South Africa, notes that women in Africa often experience themselves as trapped between rigid cultural beliefs that consider them to be property belonging to their husband, and a form of Christian teaching that exhorts them to be submissive to their husbands because the man is the head of the family. She writes,

It is a well-known fact that in traditional African culture a woman becomes fully human only when she is married.¹⁰

Traditional culture and a particular interpretation of Christian biblical teaching (Gen. 3:16, Eph. 5:22-24; 1 Cor. 7:5; 1 Cor. 11:7-9) thus saw women as having a lower share of humanity than their male

⁸See Lisa Sowle Cahill, *Aids, Justice, and the Common Good*, in *Catholic Ethicists on HIV/AIDS Prevention*, 284. Also Richard Parker, "Empowerment, Community Mobilization, and Social Change in the Face of HIV/AIDS", paper presented at the XI International Conference on AIDS, Vancouver, July 1996.

⁹See Madipone Masenya, *Trapped between Two Canons*, in Isabel Apawo Phiri, Beverly Haddad & Madipoae Masenya, eds, *African Women, HIV/AIDS and Faith Communities*, 113-120.

¹⁰*African Women, HIV/AIDS and Faith Communities*, 117.

counterpart. These passages can very easily be used to prop up a hierarchical ordering of society that is patriarchal in the extreme. From this perspective many Christian preachers interpret the scriptures with a clear and unashamedly male bias. It is a divine prescription (it would seem to them) that men control women even, and especially, their bodies. Madipone Masenya again writes,

An African Christian woman who decides to remain faithful to the cultural expectations of men's control over her sexuality as well as the men-friendly interpretations of the Bible therefore, finds herself in a dilemma.¹¹

Story of Sinab:

Sinab is 24 years old and was raped when she was 16 when coming home from school. She was raped and stabbed with a knife. By the time her friends found her she was unconscious. She soon became sick after the rape and her mother worried about her. In desperation the woman confided in the headmaster of the school who in turn told Sinab's class teacher what had happened. The teacher then passed the information round and soon the whole school knew of the terrible events. Then, her school friends started to isolate her. Some parents said that she should not be at school because she would infect other children with HIV. (Grant Me Justice, 155).

What might this dilemma be? Caught between these two strong pillars of supposed truth, culture and religion, a woman thus finds that her options are limited indeed. In fact she has no real option at all except to allow her husband to make all the major decisions of life for her. This is especially true when it comes to issues of sexual relations. Her task is to be available whenever sex is required and more often

¹¹*African Women, HIV/AIDS and Faith Communities*, 123.

than not this sex will be unprotected, despite the fact that men have no restrictions placed upon them culturally concerning monogamy.

Men may conveniently use the Bible to endorse these patriarchal systems from which they profit greatly but it would seem that they are all too ready to turn a blind eye and a deaf ear to the invitation found in scripture to be faithful within marriage and to love their spouse, as Christ loved the Church... with their whole lives.

This makes women vulnerable, a vulnerability which is enhanced by the biological fact that they are more susceptible to HIV infection than their male partners. This is because the vagina and labia present a larger surface area for the HI virus to attach itself. The genital tissue of women can also be more easily damaged during sexual intercourse and thus the cuts and abrasions provide an easy point of entry. HIV, therefore, is a virus of inequality.

From what has been outlined briefly above it hardly needs stressing that it is essential for Christians to reflect widely and deeply on the very meaning of femininity and masculinity. It is hard to see how Christians can seek to respond to HIV and AIDS or even to be a prophetic voice within society if we do not look carefully and honestly at the ways in which we ourselves consciously and unconsciously fail to challenge gender stereotyping. Christians can very easily fall into the trap of perpetuating the abusive power of men over women and promoting destructive views with scriptural foundations, thus making women victims of discrimination from the point of view of culture reinforced by religious beliefs.

Male and Female, He Created Them

Some years ago while listening to a presentation on the issue of gender and HIV and AIDS I was struck by the opening comments of the speaker. She declared firmly and very definitively that gender was not "a biological fact or something divinely given"; gender in

her view was simply a social construct.¹² While understanding what the speaker was trying to say I could not help but internally declare that she was greatly mistaken, because she had made a fundamental error.

What was that error? Like many others, the speaker had confused gender and gender roles. The former posits simply that we are either born male or female. These are not neutral accidents that society determines. Biologically we are made different. This very difference is extremely important. Adam wakes up according to Christian theology and finds that God has been at work creating Eve. She is the same but different. This difference is something that we need to understand and not belittle.

Gender roles, however, are not givens, they are not inscribed into our very flesh; they are constructs determined by culture, the age in which we live and the accepted traditions of society. All these can subtly and not so subtly influence how we choose to define our masculinity and femininity and can determine in a very rigid way the manner in which we live them out. It is, however, a basic contention of this reflection that gender itself, rather than gender role, is indeed a biological given and that it has a divine origin. Indeed one could go further and say that gender is a theological statement of the greatest profundity. The writer of the book of Genesis makes clear that God deliberately chooses to create humankind as male and female (Gen. 1:27).

Gender, as I understand it myself, cannot simply be reduced to “what women and men do”, the roles they act out, what is expected of them. In this sense it is not simply a social construct. Gender celebrates “who I am” as a human person and therefore is something intrinsic to my identity. This is so obviously illustrated when we consider the forms that we so often have to fill in. After being asked our names, address and age, etc., we often come to a section that

¹²See Musa Dube, Culture, Gender and HIV/AIDS, in *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological Programmes*, WCC, Geneva, 2003, 86.

simply says “sex”. The form, of course, is not asking whether we desire sex - “yes please” or “no, thank you”. It points to the use of the word sex as a description of who we are not what we do. Bodily difference is not about separation of male and female but recognition that we are two different incarnations of what it means to be a human person.

To understand how Christian theology can help to untangle the poisonous web of gender confusion we need once again to return to God’s original plan as portrayed in the book of Genesis and the teaching of Jesus.

In the Beginning...

As mentioned in a previous chapter, God has a plan and design for human beings that is greater than our wildest dreams. But the reality of life seems very often to be a far cry from this vision of God. This is especially true when we come to consider the issue of gender. Gender and feminism in particular have been with us since about 1882 when the first recorded use of the word “feminism” by Herbertina Auclert occurs. Sadly, however, it has not always received the recognition it should. That is particularly true in those countries where one often hears the cry that gender and feminism is a problem imported from the industrialized West and North America. Tinyiko Maluleke makes the point that some African men claim that African women are not oppressed but rather they are stronger than men and take the lead. He writes,

African men have responded (a) by saying, in various ways, “our women are not like that, so it must be “foreign influences” that are causing them to speak and act in this manner”, and (b) by fleeing from dialogue with women by suggesting that, since they are women, they will not comment on anything to do with gender...for fear of being accused of meddling.¹³

¹³African ‘Ruths’, Ruthless Africans: Reflections of an African Mordecai, in Musa Dube, ed., *Other Ways of Reading: African Women and the Bible*, WCC, Geneva, 2001, 238.

Men cannot keep hiding behind such weak and bigoted excuses for failing to re-look at gender roles. The slogan for the 2000 World Campaign for HIV and AIDS read “Men can make a difference” and they could do so by beginning to take responsibility for treating women as partners rather than objects. *Time* magazine once reported on a study of HIV and AIDS by recounting the story of a truck driver. Although he was a married man with three children he, like many other truck drivers, took advantage of being away from home for long periods to have casual sex. This often took the form of sex with either sex workers or with women who were doing cross-border trading and who asked him for a lift home.

When asked if he realized the dangers of HIV and AIDS as well as the injustice of asking women to pay for transport with their bodies he declared “I’m human, I’m a man. I have to have sex. Yes, HIV is terrible. But sex is natural. Sex is not like beer or smoking. You can stop them... We all die anyway.”¹⁴ In some countries throughout the world extramarital relationships are seen as acceptable and part and parcel of the gender construct that says women are for sex and men need several partners.

Sr Susan Rakoczy IHM makes a similar point in her book *In Her Name: Women Doing Theology* (Cluster Publications, 2004). She reminds us that feminism strikes at the prejudicial attitude that sees maleness as the norm of all human life and females as a divine aberration at best and an inferior model at worst. She recounts how a missionary priest from Germany working in Ghana once said to her, “Feminism has nothing to do with Africa; get your American nonsense out of here. African women are happy.” The great challenge of HIV and AIDS has highlighted clearly how wrong the missionary priest was.

Gender inequality is not simply about prejudice against women however. It is fundamentally about power and has taken the poisonous form of an ideology embodied in patriarchy that portrays women as

¹⁴Musa Dube & Musimbi Kanyoro, (eds), *Grant Me Justice*, 155.

less than human. The patriarchal system has its influence on all levels of life. As Sr Susan Rakoczy writes,

To be truly human is to be a male and thus females are an inferior and deficient type of being, most probably a divine mistake... Male interpretations of every aspect of life, including religion, are accepted as normative by men and often by women.¹⁵

There needs to be a concerted effort to rectify such blatant injustice and in doing so to restore the true balance between the sexes. There is a danger, and perhaps it arises from my own blinkered male perspective, that a certain approach to feminism tends to seek to promote women and simply reverse the present roles. As Archbishop Migloire, permanent observer of the Holy See at the UN, said recently,

Equality between women and men and the empowerment of women will be attained when the differences between the sexes are recognized and highlighted as complementary and the cultural element of gender is understood in its proper context.¹⁶

We need to speak of gender in such a way as to clearly highlight the full humanity of both male and female, otherwise we tilt the balance once again. Feminism is not simply about a shift in power or making women more like men, rather it seeks to look for wholeness. Since its emergence in the late nineteenth century the feminist movement has undergone many changes in emphasis from civil, religious and human rights to a stance that wants to promote the humanity of both sexes.

¹⁵Musa Dube & Musimbi Kanyoro, (eds), *Grant Me Justice*, 11.

¹⁶Intervention at 61st Session of UN General Assembly on “Informal Thematic Debate on the Promotion of Gender Equality and Empowerment of Women”, March 6, 2007.

A Legacy Handed On

As was mentioned when we were reflecting on the issue of human sexuality in chapter six, the fundamental question that exercises the human mind is what does it really mean to be human? All of life's experiences contribute to answering this important puzzle. Yet imagine how it must feel if from the earliest days of our consciousness we are given the strong message that, nice as we are, we are a mistake. Gender is after all the very first thing that is spoken about us, "It's a girl" or "It's a boy". The names, labels, attitudes and expectations surrounding our gender that have been passed on to us by parents and other significant people have left their mark. For better or for worse others have helped shape us, and our views on gender.

Susan Rakoczy invites the readers of her book to reflect on how and where their opinions concerning gender roles emerged. For women she asks them to consider the following questions,

Have there been occasions when you felt that your humanity was not as "good" as that of a man? Are there ways that your Church and/or society devalues you as a woman? Are there ways that your Church values you?

On the other hand men could do worse than ask themselves, what are some of the ways that the sexism of the Church and society has taught you to devalue women as persons? How does your culture view women?

Developmental psychology has helped us recognize that we drink in a great deal as we grow up and uncritically imbibe the views and opinions of adults. So much of what we think and that forms the bedrock of our perspective on the world goes unexamined, so much so we automatically assume that others naturally see things as we do, that is until we come up against differences of opinion and are shocked and confused. As Christians we cannot hide from the embarrassing fact that Christian tradition has not always brought enlightenment to the confusion surrounding gender equality. The patristic period has a few telling examples of stigmatising and

discriminatory teachings by some of the most respected Christian teachers. Tertullian for example in the second century spoke of women in the following way,

You are the devil's gateway... You destroyed man so easily.

The great preacher St John Chrysostom (349-407) was far from "golden-tongued" when he declared,

Amongst all the savage beasts none is found to be so harmful as women.

Another saint of the church, John Damascene (646-750), proclaims,

Woman is a sick she-ass...a hideous tapeworm...the advance post of hell.

It is, of course, necessary to remember that all these esteemed fathers of the church were very much men of their own time. Their patriarchal views arose from a worldview that was commonly derived from Greek and Jewish thought. Women were simply less than men and in Roman law this was upheld by making them subjects of their fathers or male relatives. By and large, ancient cultures saw women as property and as such, they had no legal standing.

It was this jaundiced view of gender that led Catholic theologians such as St Augustine to suggest that women were not fully human in that that they could only share the image and likeness of God when they were married. The strangest assertion of all comes from no less a personage than the great doctor of the Church, Thomas Aquinas; he claimed that women were in fact a divine mistake, a biological hiccup, because they were

...the result of an accident of the male sperm, conceived under a full moon with a southern wind blowing.¹⁷

The sperm was, of course, thought to contain the “complete human being”; women were only created in order to give the sperms a home, a kind of human incubator. Here then is the very heart of the matter. Do women really share in the image and likeness of God? Christian thinking as mentioned above would give the erroneous answer that they do insofar as they are linked to men. We need to look nearer our own times to see if this really is the teaching of the Catholic Church.

The Catholic Church and Women

If we have truly understood the beautiful vision of John Paul II in his magisterial teaching on the theology of the body, then we can see how crucially important it is, according to God’s plan, that we were created as male and female. Gender is no biological accident, it is a theological statement made by the creator. Adam, in the teaching of John Paul II, only becomes fully human with the creation of Eve and they both fully image God in relationship with each other. The very fact that we are different as male and female is, for Karol Wojtyla, the created source of our unity. In trying to name the animals (Gen. 2:20) Adam came up against his being alone. Once Eve had been created he found a true partner, a sense of mutual belonging, a human being that shared his divine vocation. It is in our very difference as male and female that we can experience the vocation inscribed in our humanity. As Pope John Paul taught, the human body is created so as to proclaim the love of Christ and the church. It does so

... by means of gestures and reactions, by means of the whole dynamism... of tension and enjoyment – whose direct source is the body in its masculinity and its femininity, the body in its action and interaction – by means of all this... man and woman reciprocally

¹⁷Susan Rokozy, *In Her Name: Women Doing Theology*, Cluster Publications, Pietermaritzburg, 2004, 34.

express themselves in the fullest and most profound way possible to them.¹⁸

Thus we enjoy the image and likeness of God in ourselves “but also through the communion of persons which man and woman form right from the beginning.”¹⁹ As Sr. Teresa Okure says, the creation by God of male and female is an acclamation of a unity in nature and diversity in sexual difference. The creation accounts reveal that in the plan of God men and women are meant to belong together. Their very difference in physiology highlights the divine plan of unity. They are created for a “one flesh” experience of deep union.

Clearly there is a need to revisit scripture and Catholic social teaching in order to regain a balanced view. The briefest encounter with the Jesus of the New Testament allows us to discover that women, far from being excluded from his ministry, were in fact an integral part (John 4:1-42; Mark 6:25-34; John 8:1-11; 11:27; 20:17). Christian anthropology, rather than diminishing women and seeing them as a divine afterthought, places them at the centre of the human story. As human beings we share in the image of God (John 1:18; Col. 1:15) through our relationship with Christ. It is this relationship established at baptism that gives to each human being, male and female, a unique relationship of adoption.

In his homily at the Easter Vigil in 2006 Pope Benedict spoke eloquently about the dynamic quality of baptism. He saw it clearly as our human experience of resurrection, which he regarded as

...an explosion of light, an explosion of love which dissolved the hitherto indissoluble compenetration of “dying and becoming”.

Pope Benedict considered that the resurrection “ushered in a new dimension of being, a new dimension of life”, in fact “a new world emerges”. The resurrection therefore is not an event that has little or

¹⁸August 22, 1984.

¹⁹November 14, 1979.

no effect upon us; it has changed human history and it is through baptism that Christians enter this cosmic event. The Holy Father continues,

Baptism means precisely this, that with the resurrection we are not dealing with an event in the past, but that a qualitative leap in world history comes to us, seizes hold of us in order to draw us on... the resurrection has reached us and seized us. We grasp hold of it; we grasp hold of the Risen Lord, and we know that he holds us firmly even when our hands grow weak. We grasp hold of his hand and so we hold onto one another's hands, and we become one single subject, not just one single thing.²⁰

The invitation to experience this union with Christ in baptism is not issued to men alone. The universal call to holiness that came with *Lumen Gentium* of the Second Vatican Council (n.40) comes to male and female alike. We truly are a theology in our ability to complement one another.

It is this deep belief in the intrinsic dignity of each human being that one can find running as a consistent theme throughout Catholic social teaching. John XXIII in 1963 said,

Since women are becoming ever more conscious of their human dignity they will not tolerate being treated as inanimate objects.²¹

This viewpoint was emphasized in the Second Vatican Council when the fathers of the council made clear,

With respect to the fundamental rights of the person, every type of discrimination based on sex, race, colour is to be overcome and eradicated as contrary to God's intent.²²

²⁰*L'Osservatore Romano*, 19 April, 2006, 5.

²¹*Pacem In Terris*, n.41.

²²*Gaudium et Spes*, n.29.

Maria Pilar Aquino of Latin America echoes these thoughts when she says,

Because we are different and each person is special, we can claim equality. We are equals with equal human dignity, equal intellectual power and creative powers, each in our own way.²³

Turning once again to John Paul II we can see that in the 26 years of his pontificate he touched on this important topic of the dignity of women on many occasions. In particular he entered the debate prior to the fourth World Conference on Women held in Beijing in 1995 when he was at pains to reaffirm the Catholic Church's belief in the "inherent and inalienable dignity of women".²⁴ John Paul took great pleasure in the fact that women's place in society was growing in significance. At this time he called on governments to work more effectively to ensure the legal guarantee of women's rights and dignity. It was necessary to do this because the Pope believed that the world was a poorer place by "deforming or losing the unique richness and inherent value of femininity."²⁵ Above all, the Holy Father asserted, men and women have been created "to live in a profound communion with one another." How could this communion be fully understood if the particular genius of women was neglected?

Despite this call in 1995 and the positive achievements made in promoting the dignity of women and their human rights over the years, it seems somehow contradictory that in an age when sensitivity towards women has developed at a rapid pace we still confront new

²³Maria Pilar Aquino, *A Cry for Life from Latin America*, Maryknoll, Orbis Books, New York, 1993, 90.

²⁴Letter to Mrs Gertrude Mongella, Secretary General of the 4th UN World Conference on Women, n.2.

²⁵*Ibid*, n.3.

²⁶Archbishop Celestino Migliore, Address to UN Commission on "The Elimination of All Forms of Discrimination and Violence Against the Girl Child", 1 March, 2007.

forms of slavery and discrimination directed especially at women. Each day sees increasing evidence of violations against the rights of adolescents, young girls and women which are not only tolerated by many governments but would seem in part to be encouraged. Women, “bear the brunt of the world’s child prostitution, sexual exploitation, abuse, domestic violence, child labour and human trafficking.”²⁶

The simple truth remains that despite great strides forward in certain cultures and nations, there still remains within a significant number of countries beliefs that see women and the girl-child as a financial burden and at best a piece of property that can be disposed of at will, sold, bought or forced into marriage. Governments are still only paying lip service to the human dignity of women in many countries and they need to be vigorously challenged. Sadly, many profit because of the exploitation of women and young girls, especially in terms of trafficking and forced marriages; it is thus a harder circle of vice to break. Poverty and lack of education contribute greatly to this new form of human slavery and governments and local structures must seek to eliminate prejudice and bring about repatriation where possible. Above all, each section of society should be helped to the deeper appreciation of “authentically feminine values in the heart of our society”.

In his teaching Pope John Paul II was very much aware that history has been written and taught as if all the great achievements belonged to men alone. History is a narrative that is a male viewpoint. In reality, however, John Paul says “its better part is most often moulded by women’s determination and persevering action for good.”²⁷ We need, especially as Christians, to give thanks for the “mystery of women and for every woman”,²⁸ hence the Holy Father began his Apostolic Letter on the Dignity and Vocation of Women with the assertion that their dignity and vocation was and is the “subject of constant human and Christian reflection.”²⁹

²⁷Letter to Mrs Gertrude Mongella, n.6.

²⁸*Mulieris Dignitatem*, 1988, n.31.

²⁹*Mulieris Dignitatem* , n.1.

Towards a Theology of Women

The starting point of any genuine theology of gender is, as has been mentioned above, the recognition of the painful fact that despite many breakthroughs in the past two centuries women continue to experience oppression. Gender, like so many things in life, is caught up in the web of power and the cards are stacked in favour of men. It is therefore the actual experience of women that provides the context for an exploration of scripture and it is the interpretative nature of their experience that makes available the key to our understanding. St Anselm once wrote that faith seeks understanding. This is true but it also seeks resources to help us to live life in the face of difficulties.

Women have a distinctive experience and as such inevitably have distinctive questions. Many feel oppression but how it is felt and the way it is expressed is very different according to culture, etc. In a revealing comment Mercy Amba Oduyoye, an African theologian, responded to the question, where are the African women feminist theologians?

She replied that first African women do theology with their bodies: fetching water over long distances, chopping wood for the fire to prepare food for their families, working in the fields – and in the homes of the middle class and upper class. These actions of care and concern are the first theological voice.

HIV attacks the human immune system that eventually can destroy the human body. It is thus an attack against the body of women in particular. The previous discussion concerning the “theology of the body” ought rightly to point to one of the major contributions that Christians can make in the struggle with HIV and AIDS. How?

The fundamental belief of Christianity in the incarnation, resurrection and the teaching that the body is a temple of the Holy Spirit leads all Christians to identify clearly that each individual

³⁰Musa Dube & Musimbi Kanyoro, (eds), *Grant Me Justice*, 43.

bears the image of the creator. Our bodies “encompass the whole of our human experience” and are the “intricate tracery of all that is ourselves”.³⁰ We need as Christians to reflect on and to teach more clearly about ourselves as part of the body of Christ (1 Cor. 12; Rom. 12). This is not simply a theory but a reality that binds us together and ultimately puts the correct emphasis not on gender as such but on participation in Christ who is our life. Christians must truly take responsibility for the way in which we wrongly promote and carelessly maintain gender inequality. We need to challenge deep-rooted traditions and customs, not only in society, but in the church as well.

A vigorous presentation of the theology of the body would do much to correct the rapid erosion of sexual morality and violence against women and children. We can teach children to esteem their bodies whether they are masculine or feminine. We can clearly point to the connection between power, gender and HIV and AIDS and thus bring hope. We are the body of Christ and it is our unity in Christ that lifts us from living utilitarian lives to being the new creation envisioned by St Paul. As Denise Ackerman states,

We are all related; what affects one member of the Body of Christ affects us all (1 Cor. 12:26). We are all living with HIV and AIDS. There is no “us” and “them”. We dare not forget that inclusion, not exclusions, is the way of grace... Holiness is not withdrawal from the smell of crisis, but engagement, often risky, in situations where God is present.³¹

As mentioned above, while agreeing with those who describe the issue of gender roles as a cultural and social construct, it is not possible to speak of gender as not natural, not divine nor a biological fact.³² We are not the same and that is for an eternal purpose. Our very difference points to a fundamental truth that traditional African culture teaches beautifully. A person is a person because they belong;

³¹Musa Dube & Musimbi Kanyoro, eds, *Grant Me Justice*, 41.

³²Musa Dube & Musimbi Kanyoro, eds, *Grant Me Justice*, 141.

through other people I become a person. The principle of *ubuntu* is crucial for the recognition that as human beings we are interdependent. It reminds us that our humanity is not a private possession but is caught up in something greater than myself. I am a “we” long before I am a solitary “I”. Yet this does not mean we are the same. Archbishop Desmond Tutu in his book, *God Has A Dream*, refers to a sticker that his wife Leah enjoys. It reads, “A woman who wants to be equal to a man has no ambition!” Equality does not mean the same.

God’s Purpose?

From what has been shared so far, surely we can see that the creation of human beings as male and female goes to the very roots of what we believe about human nature. In fact this is why HIV and AIDS is not simply an attack on the body’s immune system but on the purpose of our humanity. In short God created in the human creature a body and being that was very different in kind to all other living creatures because this particular body encompassed the very Spirit of God. The earth creature was a person bearing in the very nature as male and female a unity in persons, just as God in himself displayed a unity in diversity.

We were created for a simple purpose – to love as God loves. In the bodily solitude of the first human Adam could not experience love because there was no one to love. The theological poetry of Genesis Chapter 2 takes us to the heart of God’s creative plan. God extracts from the very life of Adam, Eve, the person who had originally shared the same space. Now the two are separate and share a double unity. Without Eve, Adam was incomplete, now both can live as they were intended to.

So, in essence, gender equality and gender reconstruction is not simply a question of changing language, shifting the axis of power, rather it is a profound invitation to re-vision our whole understanding of ourselves as male and female according to the great design of God. The Millennium Development Goals set a target of 2015 by which time HIV should have been reversed, but it also declared its

determination “to halve poverty, ensure primary school education for all, promote gender equality and empower women.”³³ Each nation will of course need to discern carefully how this might be managed. The church can give considerable assistance and encouragement. As Maria Cimperman has written, “A truly global community demands global efforts.”³⁴

Donald Messer in *Breaking the Conspiracy of Silence* suggests concrete ways in which Christians can engage in combating the stigmatisation and discrimination endemic in HIV and AIDS. He suggests seven possible interventions:

- Challenge the sexual practices of men
- Provide behavioural change education to men and women.
- Reach out to the most impoverished women of the world.
- Reject patriarchal structures within Church and society
- Champion human rights legislation and eradicate gender inequalities.
- Enable women to protect themselves against HIV and AIDS and receive proper health care.
- Protect the well-being of children and young people generally.³⁵

What better way could Christians have to raise up a prophetic voice and speak out and speak up for a large number of the human race whose voice has been silenced? Prophets were truly seen in the Old Testament as the conscience of Israel who spoke the mind of God. As the church seeks to bring light to the world it has an opportunity now in the midst of HIV and AIDS to bring light and hope to women and the girl-child. Let the church speak up and let it speak out.

³³UNAIDS, *Report on the Global HIV/AIDS Epidemic*, 2002, 16.

³⁴*When God's People Have HIV/AIDS*, 14.

³⁵D. Messer, *Breaking the Conspiracy of Silence*, 79-91.

Scripture to Read and Reflect Upon

2 Samuel 13:1-22	The story of the rape of Tamar.
Matthew 15:21-28	The Canaanite woman and her daughter.
Mark 5:21-43:	Little Girl Arise.
Luke 18:1-8:	The story of the widow and the judge.
John 8:1-11:	The woman caught in adultery.

Questions To Ponder

1. Go back to the question posed on p.127. Where did your own concept of male and female come from?
2. In what two or three ways has the church affirmed your experience of being a woman or a man?
3. What two or three practical steps could the Christian church take in order to promote genuine gender equality?
4. How well informed is your local congregation concerning the issue of human trafficking of women and children?

Further Reading

- African Women, HIV/AIDS and Faith Communities* Cluster Publications Pietermaritzburg, 2003.
- Breaking the Silence of Conspiracy*, Donald Messer, Fortress Press, Minneapolis, 2004, Ch. 5.
- Grant Me Justice! HIV/AIDS & Gender Readings of the Bible*, Musa Dube and Musimbi Kanyoro, Cluster Publications, Pietermaritzburg, 2004.
- HIV AIDS and the Curriculum, Methods of Integrating HIV/AIDS in Theological Programmes*, Musa Dube, WCC Publications, Geneva, 2003: Culture, Gender and HIV/AIDS.
- In Her Name: Women Doing Theology*, Susan Rakoczy, Cluster Publications, Pietermaritzburg, 2004.

Man and Woman He Created Them, John Paul II, trans. Michael Waldstein, Paulines Publications, Nairobi, 2006, Ch. 1 and 2, 131-246.

Mulieris Dignitatem, John Paul II, 1988.

On Being Church: African Women's Voices and Visions, Isabel Apawo Phiri, Sarojini Nadar, eds, WCC, Geneva, 2005, Ch. 8.

The Pope Speaks to Women, Paulines Publications, Nairobi, 1996.
Victim Theology, Peter Mageto, AuthorHouse, Milton Keynes, 2006, 143-154.

Prayer

Creator and giver of life we give you praise.

The wonder of creation takes our breath away.

Yet nothing can be compared with the beauty of your breath given to us as male and female.

O generous God lead us to acknowledge in our words and gestures the deep respect we have for your presence within us.

Help us to empower all men and women so as to free them to sing your praise.

Looking at each other may we celebrate our difference and in that divine difference find our unity and peace.

Amen.

CHAPTER NINE

Dying You Destroyed Our Death

Why Talk About Death Among the Living?

At first sight it might seem somewhat out of place to reflect on death in a book whose title proclaims HIV and AIDS as *A Window Into Hope*. Looking a little deeper however one may come to realize that it is of great importance for the art of living to think carefully and honestly about what death actually means to us. Like all the topics so far discussed, death is a vast issue and the confines of a single chapter cannot hope to deal extensively with all its varied aspects. The intention therefore here is to open up a subject that is often taboo and encourage further reflection and discussion.

Over the past decades much has been written concerning death. Studies over the past years have clearly revealed that among all the experiences of life that cause stress, death and bereavement are one of the most stressful. If we truly desire to comprehend the significance of dying and death, particularly in the context of HIV and AIDS, and to be a source of hope, we will need as Christians to delve deeply into the wide-ranging issues and questions that inevitably arise.

Developmental psychology has taught us that as children we need to learn the difficult, but necessary, skills of when to let go and when to hold on. As we approach the gateway called death these two tasks become ever more important. These are skills, however, that we learn as life progresses. The final letting go will ultimately only be as easy as the experience and practice we have gained in earlier life.

Reading the literature about HIV and AIDS and its related topics, one is struck by the paucity of any mention of the importance of dying and death. One comes across many articles concerning the scaling-up of anti-retroviral and other medication; there are pleas to increase the availability of voluntary testing and counselling centres and the constant cry for more funding. Indeed one could get the impression that HIV and AIDS is solely about medication and money. In reality, when faced with being HIV positive, it is death that becomes suddenly a more obvious reality. This is particularly true for the millions living with HIV and AIDS in resource-limited countries where lack of adequate nutrition, economic instability and ineffective health-delivery systems can all too easily make this virus a precursor to death.

Those who find themselves ministering in this context of HIV and AIDS are confronted with death on a daily basis. The question of how best to help people in low-income countries to cope with dying and to mourn their dead, especially when families may often be faced with multiple deaths in the space of a short period of time, is not an academic exercise, therefore, but a cause for real concern. Christians have a genuine responsibility to reflect sincerely on the ways in which we can contribute to a sense of celebration of life that encompasses a genuine preparation for dying and death. We need to search for ways of empowering people in the midst of HIV and AIDS to see death not as a defeat to be feared or denied but as the final passage to life.

It is interesting to note that time is rightly spent in training medical personnel to be competent midwives so as to bring new life into our world with ease and little distress. On the whole, however, most health care professionals are inadequately prepared to assist people to die with dignity, at peace and with hope. This is a sad and painful gap in our provision of genuine holistic care. This could be a valuable area for Christians to become involved. We could make a considerable contribution by equipping lay and ordained ministers, as well as health care professionals in our mission hospitals, home-based care groups and parishes to be authentic midwives birthing

people into eternal life. In order to do this properly we will first need to openly examine our own attitudes towards death and dying.

Before going any further, however, take a little time to reflect. Ask yourself what is your gut reaction when you think of death? When you hear of the death of family members or neighbours what instinctively comes to mind? Is it sadness, depression, anger, fear or revulsion? The more we are aware of our own feelings concerning death the more we may become conscious of the blocks in our life that cause us to shy away from this essential human experience. The more we examine our fear of dying and death the more comfortable we may become in accepting its presence among us and assisting others to take the journey without fear. HIV and AIDS is certainly an invitation to us as people of faith to reflect on what this basic human experience teaches us about living.

Death: The First Fact of Life

There is a story that comes from the Sufi tradition that has a great deal to teach us about a common reaction to death,

There is an old legend that tells of a beautiful youth, the son of the sultan, who dashed into his father's palace in Damascus crying that he had to leave immediately for Baghdad. When the sultan asked the lad why he was in such haste the boy replied, "I just saw Death standing in the palace garden and when he saw me, he stretched out his arms as if to threaten me. I must lose no time in escaping him." Agreeing, the sultan gave the boy his swiftest horse. When he left, the ruler angrily stalked into the garden and demanded to know of Death how dare he intimidate the son of the sultan. Death listened, astonished, and answered, "I assure you I did not threaten your son. I only threw up my arms in surprise at seeing him here because I have a rendezvous with him tonight in Baghdad."

The story could not be clearer. We try to avoid death and yet it is the one thing certain in life. We are at times so distressed that we cannot

even use the words “dying” or “death” and we invent many other phrases to act as substitutes. Just pause for a while now and think how many phrases you know or use to describe dying or death, without using the actual words themselves. Here are some.

No longer with us	Slipped away	Passed away
Gone home	In a far better place	At peace
Got away	Lost her/him	Didn't make it
Joined the ancestors	Taken the last journey	Not long for this world
In the departure lounge	Got the red light	Taken the last journey
On the way out	One foot in the grave	Popped off

There can be few words in the English language that have provoked such a creative reaction. Elizabeth Kubler-Ross, who has written perhaps the most well-known books concerning dying and death, expressed it clearly when she wrote,

It might be helpful if more people would talk about death and dying as an intrinsic part of life, just as they do not hesitate to mention if someone is expecting a new baby... I am convinced that we do more harm by avoiding the issue than by using time trying to sit, listen and share.¹

What is it about this inevitable fact of life that disturbs us so much? Why do we frighten others and ourselves at the thought of death and dying? Perhaps one could highlight three basic reasons for our being uncomfortable with death and dying,

- i. Death seems to cheat us of something we really value.
- ii. Death awakens within us a fear of the unknown.
- iii. Death steals from us those whom we love and brings to light our instinct to attach ourselves to other people, places and things.

¹Quoted in Neil McNicholas, *A Catholic Approach to Dying: Death – a friendly companion*, CTS Publications, London, 1992.

In some ways the above story reveals that as human beings we are all hungry for life and we long to prolong life as much as possible. Many have drunk deep from the wells of an existentialist philosophy, which sees this life as the “only” life and death as somehow cheating us of our existence in the here and now. We try by all means, therefore, to cling to life and avoid considering our mortality. So much so that part of our human psyche wants to believe that one day medicine will find a way of keeping us alive indefinitely. In her novel *Harry Potter and the Philosopher’s Stone*, J.K. Rowling gave expression to this desire. One of her characters, Sir Nicholas Flamel, invented something called the Philosopher’s Stone, which could not only turn any metal into pure gold but more importantly produced the Elixir of Life, a magic potion that could extend life indefinitely. Of course Harry Potter is a children’s story but it carries nonetheless the seed of a very adult search for immortality.

We want to live and not only does death attack this fundamental desire for life but it also brings into the open a deep-seated fear because it carries within it the promise of the unknown. In some cultures and societies, due to this fear and dislike of death, we have managed to sanitize it by placing it at a very safe distance and removing death from our immediate experience. This is done successfully by making sure that our sick and dying relatives are taken care of in hospitals rather than at home. Very few people, in fact, in the highly industrialized nations of the world stay with family members who are dying and even after death an increasing number of people decline to view the body of the deceased claiming that they wish to remember the person as they were when they were alive.

This fear of the unknown unleashes within many people a fear of what death will be like from a physical perspective. Will this involve pain? Will we be conscious of what is happening or in great distress? What will it actually feel like as our heart rate slows down and finally stops? One of the great breakthroughs in medicine during the twentieth century has tried hard to address these very real

concerns. The hospice movement has attempted to provide places that specifically care for people in the last stages of their illness.

In medieval times in Europe, hospices were resting places for pilgrims and travellers. They provided food, shelter, rest and care when people were sick or dying. Dr Cicely Saunders saw from her experience that there was a need in 1960 to re-introduce hospice care as an adjunct to traditional hospitals. She noted that while adequately prepared to promote health, hospitals were by and large unable to cope with the dying. Many health care professionals viewed death as a defeat, a failure of their medical expertise. Hospices were necessary so that people could be empowered to die with dignity.

It was in this setting that the notion of palliative care (relief of symptoms rather than curative treatment) arose. Dr Saunders maintained that pain could be controlled so that patients could remain conscious as long as possible and enjoy a quality of life. She highlighted that often pain had many root causes some of which were to be found outside the realm of biology and the particular disease the patient was suffering from. It is worth noting how the World Health Organization defines palliative care,

Palliative care is an approach which improves the quality of life of patients and their families facing life-threatening illnesses through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual... Palliative care

- Affirms life and regards dying as a normal process.
- Neither hastens nor postpones death.
- Provides relief from pain and other distressing symptoms.
- Integrates the psychological and spiritual aspects of patient care.
- Offers a support system to help patients live as actively as possible until death.

- Offers a support system to help the family cope during the patient's illness and in their bereavement.

As can be seen from the above definition the core value that palliative care seeks to promote is the treatment of the whole person, body, mind and spirit. A person is not simply an illness, but should be related to on four very important levels: physical, emotional, social and spiritual. At all times the patient ought to be involved in the decisions concerning his or her illness and given adequate information about what is happening to the body at a level and to a degree that can be comprehended.

In many industrialized countries palliative care has now become integrated into the health delivery systems of major hospitals and many cities and towns now provide hospices for the terminally ill and dying. The problem, of course, arises in resource-limited settings where, even if doctors and nurses are made aware of the importance of palliative care in their training, lack of personnel, medication and government motivation can often mean that this necessary provision is missing. It needs also to be recognized that people can live far distances from the nearest hospital or clinic. In these settings people continue to see relatives becoming emaciated, developing painful skin diseases and sores, or slipping into forms of dementia and distress etc. Where palliative care and medication are lacking, death can still be a frightening sight.

The third reason we find death an unwelcome topic is that it hits against a very basic human instinct to become attached. Freud was one of the first to recognize that childhood experiences have an enormous influence on later adult reactions to life. One of the features of early childhood that he highlighted was the power of attachment. Human beings have within them a great need and desire to be attached to significant others. Freud sadly thought that this need was basically attributed to "feeding" alone.

John Bowlby,² a British-born psychoanalyst, has spent a great deal of his career developing the theory of attachment and has gone beyond the rudimentary reflections of Freud. Bowlby's studies reveal that attachment is largely due to a fundamental need for security and safety. One can see this instinct not only in human beings but also in animals that form strong bonds with the first moving object that comes into sight after birth.

If we recognize and agree with the findings of Bowlby, and others associated with him, that human beings form strong emotional bonds from an early age, then anything that threatens these bonds or seeks to break them is a threat indeed. A child has to learn in life how to cope with the absence of a significant figure to whom they have become attached for longer or shorter periods. If this figure disappears for good, or for a longer period than normal, then great anxiety occurs. Clinging, crying and anger often accompany loss of this kind. Death, therefore, strikes at this very basic human tendency because it removes from us permanently a person to whom we have become emotionally attached.

A hunger for life, a fear of the unknown and the attack on basic human attachment that results in the experience of loss and grief, all provide strong reasons for us to try to avoid the unavoidable. The question now arises as to how we can turn this fear and dislike into a pro-life choice.

Death: A Pro-Life Choice

Do you recall the question of the rich young man to Jesus? He said, "Good teacher, what must I do to inherit eternal life?" (Luke 18:15). This is a very different question to the one that many put to their doctors, What should I do to live longer? The reply can often come

²J. Bowlby, *The Making and the Breaking of Affectional Bonds*, *British Journal of Psychiatry*, 130, 201-210, 421-431, Tavistock Publications, London, 1979; J. Bowlby, *Attachment and Loss*, vols 1-3, Penguin Books, Harmondsworth. See also Mary Ainsworth et al, *Patterns of Attachment*, Lawrence Erlbaum Associates, Hillsdale NJ, 1978.

back, “You must exercise and avoid being overweight. Take the correct medication for high blood pressure and keep a careful eye on cholesterol etc., etc.” Indeed there is much talk of a similar nature among those who work with and support people living with HIV and AIDS to get them to live positively. Eat well, take adequate rest, exercise and get the correct medication and this virus will not beat you; you will beat the virus.

This, of course, is sound advice. We want people who are HIV positive to live, but they, like all of us, will die one day, even if it is not of an HIV and AIDS-related illness. The hunger for life is good but we cannot escape what the above discussion has highlighted clearly, that is that death is the one inevitable fact in our often-unpredictable life. In one sense human beings are the only living creatures that actually know that death is an inbuilt part of existence. To be mortal is to be subject to the process called death, a process that we have little or no control over (Gen. 3:19; Ps. 90:5-6; Is. 40:6-7; Eccl. 2).

Concerning death we have no choice, we will die, but we do have a choice as to how we prepare for this event. We can choose how we think of death, either as a full stop or as the entrance into a new and existing way of living. It is after all an event waiting to happen and, as strange as it might seem, it is a pro-life choice. In fact the very immediacy of death for those who are terminally ill invites them to reflect on what is genuinely important about being alive. Elizabeth Kubler-Ross commented in her book, *Death: The Final Stage of Growth*,

It is the denial of death that is partially responsible for people living empty purposeless lives, for if you live as if you’ll live forever, it becomes too easy to postpone the things you know you must do. You live your life in preparation for tomorrow or in remembrance of yesterday, and meanwhile each today is lost. In contrast, when you fully understand that each day you awaken could be your last ... you take that day to grow, to become more of who you really are.

There is much common sense in what Elizabeth Kubler-Ross has written, but the mere thought of living each day as if it “could be your last” could sound rather depressing. Yet what she, like so many other writers through the ages and from different religious traditions, is suggesting is that we should learn how to take seriously the fact of our mortality. We do this so that we can embrace death not as an inevitable defeat but as the key that enables us to get the best out of life. In this sense death truly is an invitation to be committed to “quality” of life and to choose how we desire to live.

We have no doubt had the experience of attending a funeral of a friend or relative and listening as the priest or minister spoke of the deceased. We spend time reflecting whether the words we are hearing are a true reflection of the person who has died. Did these words express the person as you knew them or were they a collection of pious phrases strung together so as to bring comfort, restore hope and speak well of someone who could not defend him or herself? In so many different cultures and traditions one comes across the ideas that it is not good to speak ill of the dead, maybe out of respect but certainly out of fear they may come back and haunt you!

So what about you? Imagine for a moment that it was your turn to die and at the funeral the time had come to speak the truth concerning your life. What would be said? Would you be happy with the truth being spoken about you? What would you really want to be said? In fact push your imagination a little further; if you actually knew you were going to die what difference would that make to the way you lived? Are there things you would do differently? Ebenezer Scrooge in Charles Dickens’ novel, *A Christmas Carol*, portrays what can happen when we think about the choices we can make in life. Thinking of death actually does, strange as it might sound, unlock a reason to live; it creates the space for us to make changes and consider our choices well.

If death truly is to open up its secrets to us then a movement needs to take place from simply acknowledging the inevitability of death to recognizing that death has implications for the way we seek to live; it enhances the quality of my present life. Of course this is

true whether we are Christians or not but it is especially true for those who are followers of Jesus Christ as we shall explore a little later. Jesus, as we have seen, came to invite us to live life to the fullest; quality of living was high on his agenda.

The Process of Death and Dying

One thing is certain, everyone experiences dying, death and bereavement in a manner particular to themselves. It is untrue to say, “I know exactly how you feel!” when someone is sharing the news concerning death. None of us knows “exactly” how another human being feels. Each person’s journey is unique and will be influenced by culture, religious beliefs and personal experience. Culture and religious belief, for example, can play a very significant role in the attitudes we have adopted towards those who are dying and the issue of death.

Muslims, for example, believe in an afterlife and so death is seen as a temporary separation. Once the person has died the family washes and lays out the body and no non-Muslim must touch the body; if they have to then they must wear gloves. A Muslim is always buried within 24 hours of death and the body wrapped in a special cloth. Mourning lasts about forty days with special prayers said by the Imam after three days and on every Friday. For the first three days the bereaved stay indoors and relatives minister to them.

Hinduism, which is a very ancient religion, accepts death as part of life. In fact it teaches those who are in the third and fourth stage of life to start preparing to sever relationships on earth, this is to enable their spirit to be released and join the Supreme Being. As death approaches the dying person is given water from the river Ganges and passages from the holy books are read. After death the body is washed and is laid out on a white cloth and then the body is burned. A special ceremony takes place on the eleventh day, called *Sraddha*, involving rituals for the dead performed by the eldest son. Relatives and friends also play their part during this ceremony and there are open gestures of support and much crying. On the thirteenth

day official mourning is brought to an end after which the men shave and cut their hair and may eat non-vegetarian foods.

Over time each culture has developed rituals and ways of expressing beliefs concerning death. In some cultures it would be considered inappropriate to speak to someone who is dying about death, even if they were to ask you outright. Rather you give them consolation and hope, even when to do so is a game of deception. Pregnant women and young children are kept away from funerals in some African cultures not only to shield them from distress which might harm the infant in the womb or give the children nightmares but also from a belief that evil spirits might enter the unborn and the young.

It is also true to say that people's experience of death may very well depend on which part of the world they live in. Some people in the course of their life may only come across death on television, films or in news reports. For them a personal experience of death could come very late on in life, due to the fact that parents, relatives and friends are well cared for and thus live longer lives. As mentioned above death is at a distance and happens often outside the family home. Others again will face death from an early age and can find themselves constantly surrounded by it through warfare, poverty and sicknesses that are not addressed adequately because of a lack of medical resources.

Having recognized the uniqueness of people's experience concerning death we need also to acknowledge that over the years there have been a growing number of attempts to try to describe some of the common human emotions and behaviours following a major loss. From her experience as a medical doctor and psychiatrist Elizabeth Kubler-Ross was one of the first people to try to reflect seriously about the stages of death and dying, especially as she came into contact with patients who were terminally ill. In 1976 she wrote a book called *On Death and Dying* that has become one of the standard textbooks for those reflecting on death.

Her work with those who faced death revealed that there were fairly consistent patterns of reaction to the prospect of death. Hence

she identified five emotional reactions: denial, anger, bargaining, depression, and acceptance. Yet having formulated this theory she very wisely cautioned against being too rigid in applying it. People have their own process and do not necessarily fit into a neatly formulated theory nor do they go through all the stages in exactly the same way and in the same order. Over the years Kubler-Ross' ideas have been adapted and changed by later writers. Even though we speak of stages it is more cyclical in nature, even a series of cycles. This pioneering work has contributed greatly to our general understanding and appreciation of the emotional and physical needs of dying people. Let us take a brief look now at these stages just as a simple framework to see if they help us with those infected and affected by HIV and AIDS.

DENIAL: No one really wants to believe that they are HIV positive or that they may be dying. Strange as it may sound, even if we are 95 percent certain that we are HIV positive or that the end could be near we still want to hang on to the slim possibility that a mistake has happened, and of course mistakes do happen in HIV-testing. It seems to be a common experience that once bad news is given people generally stop listening and fail to take in completely what the doctor, counsellor or nurse is saying. This might very well be a defence or simply an inability to make sense of what is being said. Whatever the case the important thing is that the person will need to be counselled once again and all the information repeated when they can begin to take in what for them is devastating news.

If they do begin to comprehend what is being said then often there is a flood of questions, but uppermost is the simple question, "How long?" There looms here a dangerous pit that the inexperienced can all too easily fall into. Having dealt someone a blow there is the great temptation to soften it by offering him or her hope in the form of a time frame. While hope is a positive contribution, false hope is futile. What if I die before the time given or even extend my time of survival? I can feel cheated either way. "You said six months and here I am after three feeling that death is around the corner!" "Now that I have gone over six months maybe the diagnosis was wrong?"

The best way is to be very factual. A person needs to know that they are positive and what the immediate options are, or that they are dying and this is how ill they really are and what can be done to help them.

ANGER: Once the news concerning their status has begun to sink in the next common emotion that can often surface is anger. “Why me?” “Who gave me this virus?” “Who can I blame?” The same can be true if I am told that I am dying; I feel angry that I have lost the battle for health, feel out of control, angry that future plans can never be fulfilled and that this has happened to me and I want revenge. What is necessary is that we allow people to feel their anger and to express it in ways so that they actually do feel some release. Often the outburst of anger can be directed to those who are trying to care for them or relatives and this makes caring more stressful. As long as family members and friends realize that the anger is not personal and is in fact not really directed at them, it is possible to absorb the other’s frustration and allow yourself to try to be part of this very difficult process of coming to terms with death.

BARGAINING: The sense of disbelief that can arise when we hear the news that a relative, or we ourselves, are dying can bring about a feeling of desperation. We begin to try to take control again by promising all kinds of things in return for recovery or an extension of time. Bargaining certainly recognizes the act of death but seeks very much to defer it. We try to make deals with family members, relatives, God or ourselves. Death may indeed be round the corner but we want it on our own terms!

DEPRESSION: It is not at all uncommon for those who are dying or whose spouse or relative has died to find the whole thing just too much to handle and so we go into a depression. The failing health that I can perceive deepens my experience of loss of control. Or the person concerned begins to mourn the inevitable loss before it happens.

ACCEPTANCE: Finally it is hoped that one can reach a time of acceptance. We come to terms with what is and what will be. Through a simple but tough process of saying goodbye and letting

go we reach a place of peace. But it can be very difficult sometimes to reach this place because others among our family and friends continually want to bring us back, cheer us up and distract us from reality.

Again it is essential to make clear that the issues surrounding dying and grief are complex. In fact the sense of loss begins from the very moment that one is diagnosed as being HIV positive. Upon receiving the news that one is HIV positive a person can start to mourn the loss of his or her negative status and all that that means. The future, too, is suddenly very different. One can begin to wonder if one is about to lose the people one loves most, “What will they think?” “Will I still be accepted?” There can be the loss of love as spouse or other close family members and friends reject us. We can experience the loss of our reputation or good name through stigma and discrimination. Indeed we can lose our employment through illness, ignorance and fear and we can lose our home if, like so many women in Africa, we are considered the bringer of disease into the family. Tragically people have lost their lives prematurely because having disclosed their status they have become victims of violence.³

Surviving Loss

If Kubler-Ross is correct in suggesting that there are possible common ways of coping with the knowledge of death, it is equally true to say that there are common emotions and physical symptoms undergone during the grieving process: shock, searching for the departed, withdrawal, anger, depression, insomnia, lack of appetite, etc. William Worden, who has worked a great deal with those who are bereaved, suggests in his book, *Grief Counselling and Grief Therapy* (Routledge, 1991) that there are four basic tasks that need to be worked at when experiencing grief:

³One clear example of this is the story told in Edwin Cameron’s book *Witness to Aids*, 53, of Gugu Dlamini of Durban, South Africa, who disclosed her status on radio. Not long afterwards she was identified by a mob that stoned and stabbed her to death.

- To accept the reality of the loss.
- To have the time to express the pain of the loss.
- To begin to adjust to our environment without the presence of the deceased.
- To reinvest emotional energy in a new relationship.

Below is a table outlining how some other major theories outline the process of grieving.

Table 1: Theories of the Grieving Process

BOWLBY 1961	PARKES 1974	RANDO 1983	SANDERS 1989
Numbing	Disbelief	Recognition of loss	Shock
Searching/Yearning	Searching/Yearning	Reaction to separation	Awareness of loss
Disorganization/despair	Isolation/loneliness	Re-experience diseased	Withdrawal
	Reinvestment/new identity	Readjustment Reinvestment	Renewal

Once again it is necessary to highlight that the process that the above theories attempt to detail must not be seen as an unalterable checklist. People do not step from one stage to the next. Often just when people imagine that they have passed through bereavement they may just as suddenly plunge into it once again; the truth is that grief takes time. Not that time itself is somehow a magical cure, but it does allow the bereaved person to make adjustments at their own pace, it provides an opportunity to learn ways of coping. The real art of accompanying the person steeped in grief is to be present to them in their pain and empower them to manage that pain in a more positive way. The insight from the personal experience of C.S. Lewis is revealing,

Grief is like a long valley, a winding valley where any bend may reveal a totally new landscape. But not every bend does.

Sometimes the surprise is the opposite one; you are presented with exactly the same sort of country you thought you had left behind.⁴

In fact grieving can, as mentioned above, begin long before a person dies. We speak sometimes of “anticipatory grief”, the grief that arises once the initial diagnosis has been given. The person living with HIV and AIDS is immediately made aware that the presence of this virus within his or her body and within the family will inevitably have repercussions. Roles can suddenly change; a parent becomes someone to be cared for by children rather than the reverse. The husband may cease to be the wage-earner. Expectations, goals need to be modified and refined. Feelings of sadness, depression, anger, and guilt need to be addressed.

The loss of our health is often followed by secondary losses, i.e. loss of income, employment, relationships, meaning or future. Indeed what studies have highlighted is that during our lifetime we undergo a series of losses of a major or minor nature: loss of status, job, a limb, a divorce, emigration etc. As the HI-virus progresses and AIDS becomes a reality the losses increase: loss of weight, control, movement etc. There is still for many who are infected and affected the presence of shame and fear. This can be most commonly observed by either a lack of mention of how the deceased died or by using one of the euphemisms, “The modern disease”, “After a long illness”, “TB2”, “The young person’s illness”. Likewise in cultures where it is common to view the body before burial the deceased is now placed in a closed casket and a photograph placed on top so that no one sees the emaciated body or other signs of HIV and AIDS.⁵ Apart from these particular reactions to death caused by HIV and AIDS grief can manifest itself in five important areas of our

⁴C.S. Lewis, *Grief Observed*, Faber & Faber, London, 1966.

⁵See the *Journal of Theology for South Africa*, July 2006: Funerals and AIDS, Resilience and Decline in KwaZulu-Natal, pp.21-37. Also: We pray but we cannot heal, Theological Challenges Posed by the HIV and AIDS Crisis, 80-89.

experience, feelings, thoughts, physical sensations, behaviour and spiritual concerns. Take a careful look below at Table 2 and reflect from your own experience if these are some of the most commonly experienced reactions.

Table 2: Common Reactions to Grief

PHYSICAL	EMOTIONAL	BEHAVIOURAL	COGNITIVE	SPIRITUAL
Dizziness	Numbness	Indecisiveness	Disbelief	Search for meaning
Breathlessness	Yearning	Sleep Disturbance	Confusion	Loss of faith
Hollow stomach	Sadness	Change in appetite	Sense of going crazy	Comfort in faith
Tightness in throat and chest	Anger Guilt	Absent-mindedness	Preoccupation with deceased	Changes in relationship to God
Dry Mouth	Anxiety	Crying	Sense of presence	Alienation
Change in energy level	Loneliness Relief	Sighing Searching		
Loss of sexual desire		Increased use of alcohol, tobacco or tranquillizers		

This chapter cannot hope to cover all the necessary aspects of accompanying the bereaved. What is clear, however, is that anyone who has suffered the loss of a family member or close friend appreciates the opportunity to talk. People who are in grief are people hurting deeply and they need to express the emotional pain that is overwhelming them. Therefore it is of great benefit for someone to listen sensitively to us as we narrate the story of our bereavement. As we listen with patience we give space to another person to offload. In the telling of what happened and how the death of the family member or friend has affected them they release the feelings and thoughts trapped inside. This in itself often gives the bereaved person a new perspective.

A Presence with the Dying

As mentioned earlier it is not the purpose of this chapter to give a detailed account of death and bereavement, nor to outline how to go about accompanying the dying and bereaved. There are many excellent books available that can do that. Here you will find an encouragement to give prominent place to the care of the dying and bereaved within our Christian communities. At the end of this chapter you will find suggested reading material on bereavement counselling. The fact is clear, when someone in your family is dying there are so many things that need to be done. Doctors to see, medication to be bought, calling home-based carers. Coping with a dying member of the family at home can be “more than hard work – it is all-consuming and creeps into every aspect of your life.”⁶

In a similar manner knowing that death is not simply an inevitable event but one that can happen soon raises many questions. An illness such as HIV or AIDS is not simply a disease of the body, it affects the whole network of relationships among family, friends, neighbours and people you have worked with. It involves a roller coaster of emotions that sends ripples and sometimes-huge waves through all the areas of life. For this reason we need to pay special attention not simply to the physical needs of those who are dying but also to acknowledge the emotional and spiritual dimensions of letting go of life.

Those who have worked long with the terminally ill remind us that listening carefully to the dying is of crucial importance. In this way we pick up many important and often-nuanced messages, their parting gifts. As carers, whether we are relatives, doctors, nurses or pastoral workers, we have a genuine contribution to make to the healing process of dying. It is now becoming more generally accepted that the dying person can have in the weeks or days before their death a very clear perception that they are dying. Thus they desire to communicate and the great challenge to those nearby is to keep

⁶Maggie Callanan and Patricia Kelly, *Final Gifts*, Hodder & Stoughton, London, 1992, 12.

listening and watching so as to interpret the messages that are given. Reflect a moment on these comments by Maggie Callanan and Patricia Kelly,

The experience of dying frequently includes glimpses of another world and those waiting in it. Although they provide few details, dying people speak with awe and wonder of the peace and beauty they see in this other place. They tell of talking with, or sensing the presence of, people whom we cannot see – perhaps people they have known and loved. They know, often without being told, that they are dying, and may even tell us when their death will occur.⁷

As we care for the dying it is of course important to manage their physical pain, but no less necessary to minister sensitively to their spiritual and emotional discomfort. People who are dying need time and opportunity to express their feelings. Our listening presence as will be emphasized a little later is the most practical and safe way for them to identify and share their real concerns, fears and hopes.

One of the key initiatives that HIV and AIDS have facilitated is the emergence of home-based care. Faith-based communities in many parts of the world provide the mainstay of this outreach and they could do well to examine just how they train carers for this crucial ministry. Indeed those Christian hospitals that have schools of nursing could contribute greatly to a general improvement of a holistic approach to patient care by making sure that their students are adequately trained in end-of-life issues. In such institutions we need to highlight quality of life as a fundamental criterion when caring for the dying. Do we look simply to relieve pain, or do we attend to the spiritual comfort and psychological well-being of those who are HIV positive or are in the last stages of AIDS?

If death empowers us to prepare to live it also challenges us to prepare for the journey ahead. From a pastoral perspective it makes life easier if there can be a high degree of honesty. There is nothing

⁷Maggie Callanan and Patricia Kelly, *Final Gifts*, 22.

more defeating than being told “Don’t say anything about death, he/she doesn’t know.” Pretending never helps, the idea that talking about dying will upset people, or bring the end nearer is sheer nonsense. That people may find it distressing to talk about death is true but contrary to popular belief most dying people know that they are dying and that is particularly true for those in the final stages of AIDS. The church could make a significant contribution to easing people’s emotional and spiritual pain if they were to train a body of skilled pastoral counsellors who were competent to talk about death and dying.

Such pastoral counselling/accompaniment would be an enormous help towards providing a safe environment to disclosure one’s HIV status and begin the necessary task of working through all one’s concerns and fears. This is just the care that Christians can and should provide. We can offer a listening presence that allows the person who is dying to look at what is unfinished, sharing their life story, and facilitate family and friends facing honestly the death of someone they love. We can arrange times for them to meet people they need to forgive or ask forgiveness from. Above all we can provide spiritual support by praying and reading particular passages of scripture or other encouraging writings.

On a practical level pastoral accompaniment can help the dying consider proper provision for those who will be left behind. Making a will is a practical preparation for death, an investment in the here and now while looking to the future. Yet once again it is a topic that many people avoid, often until it is too late. A will is a very practical way of looking to the future and helping to ensure that our families are taken care of. This is especially important in cultures where the security of the deceased’s immediate relatives is often in question. In many parts of the world today people draw up what is known as a “living will”. Normally a will only comes into effect upon our death; in a sense it is a “death will” that makes our requests known about what should happen when we die. On the other hand a living will is designed to give clear instructions about what should happen while we are alive but in a circumstance where I am too ill to make

decisions. A living will says very clearly how you want to be cared for in these circumstances. Such a will gives control back to the dying person.

Saying thank you, I'm sorry, I love you, are all crucial ways of saying good-bye. Such good-byes are important, as is investing in the future. Among the many deaths resulting from HIV and AIDS are many parents. Over 12 million children are orphaned as a result of this pandemic. In her book *Building Resilience in Children Affected by HIV and AIDS* (Maskew Miller Longman 2003), Sr Silke-Andrea Mallmenn CPS speak of a very simple but effective way parents can help their children cope with bereavement. She uses the word STOP. Parents who are approaching death can

- S Share their thoughts and feelings with their children and listen, too, to the views of their children.
- T Talk to each other and teach their children to be strong and independent. Say the necessary things before it is too late.
- O Organize things properly so that the child will be properly cared for. Arrange the substitute caregivers. Collect necessary documents like ID cards, birth certificates and keep them in a safe place. Allow the child to share in these tasks and empower them.
- P Prepare your child and plan with them the funeral and the days ahead. Pray together.

No one is suggesting that this is easy. It requires a great deal of courage and sensitivity to share openly with your children, at the level they can understand, the exact nature of your illness and the possible outcome. Many parents want to protect their children and this is understandable, but we should not underestimate what children pick up and observe. They notice very well when things are not okay. Saying good-bye is sad but the parting can be made that much

easier if we have prepared well and worked with our children to keep our love and memory alive. This is why many parents who are aware that HIV and AIDS could bring about their death prepare what is called a “memory box”.

The idea behind a memory box is that parents collect together items that are significant which they want to leave behind in order to be remembered. The best way is for parents and children to work on this task together as it creates a beautiful opportunity for sharing of feelings, tears, as well as laughter. The activity of putting together special items also allows a parent to speak clearly and honestly about death. The box itself does not have to be anything special, though it too can be decorated to make it special. The contents of the box are special; these can be letters, some to be opened after death, poems, stories, photographs and important documents, passages of scripture that have been shared. Hymns and songs that are loved can also be saved and taped messages of encouragement or videos of special events are also of great value.

Although the memory box is something that is going to be left behind for one’s children it can be a crucial way of helping the adult who is dying to let go and accept death. Through it they can say what is important and know that it will be remembered.⁸ The box can be visited any time and new items placed in when necessary. As Sr Mallmann says, “...the memory box becomes a precious tool for communication”. Though the memory box project was first thought of to assist children, there is everything to be said to encourage all who are dying to create one for their family and friends.

The above are a few very practical ways in accompanying those who are dying. Being a midwife to the dying is not always easy but it is rewarding. Though there are many practical things that we can do for the dying we must never forget that it is our presence that is of greatest value. We give them our time and attention so that they can share their deepest feelings and thoughts. We can equally, when the

⁸Sr Silke-Andrea Mallmann, *Building Resilience in Children Affected by HIV and AIDS*, 42.

opportunity occurs, remind them of the rich teaching of Jesus himself on life and death. It is to this good news that we must finally turn.

Death: The Final Riddle of Life

In the *Pastoral Constitution On The Church In The Modern World*⁹ of the Second Vatican Council we read that human beings are not only perplexed by the break-down of their physical bodies due to pain and suffering, as we saw in chapter five, but “by the dread of ceasing to be”. As mentioned earlier, no matter how advanced we become medically we can ultimately only prolong life for a limited period of time. Eventually mortality kicks in. However, “It is in the face of death that the riddle of human existence is most acute.”

If it is true that only in Jesus Christ will human beings find their meaning and fully understand themselves and their vocation, then it is to the life, death and resurrection of this Messiah from Nazareth that we must turn for a credible answer to the mystery of death. Without Christ, without faith in God who creates and the Spirit who sustains life, then we are left with existentialist philosophy, which according to people such as Jean-Paul Sartre, sees death as simply falling into emptiness. Without faith all life is a mere accident and ultimately without meaning.

Faced with the meaninglessness of life and the absurdity of death Christianity offers a very different perspective. The cry of the four evangelists as they recall the life of Jesus is that life does indeed have meaning; it is full of meaning because it points to our encounter with God. In short, Christian revelation takes us on a journey from the Garden of Eden to the new city of Jerusalem in the book of Revelation chapter 22, and gives us a simple answer. Death is a mystery but there is an even greater mystery into which we are plunged through baptism, that is, the mystery of eternal life. Christian theology is clear: death is both a completion and a new beginning. The very “image and likeness” (Gen. 1:26) that was planted within us at the dawn of creation is not a gift that will be destroyed by our

⁹*Gaudium et Spes*, n.18.

physical death; we were not created for death, but for life. Death allows us to move from one dimension to another as the words used in a requiem mass clearly declare, “Lord for your faithful people life is changed not ended”. For the Christian, life has meaning because of the creative and redemptive act of God and if life has meaning then death also points beyond itself, it is a “Passover”, a passage over to eternal life.

In different ways through these pages HIV and AIDS has been presented not as an obstacle but as an invitation, an invitation to rediscover our true humanity and the ultimate meaning of our existence. Hence one could argue that the very presence of this pandemic, which radically attacks the human body, carries the opportunity to understand more profoundly the incarnation and resurrection. When the Word became flesh in Jesus Christ it was our very humanity that was taken hold of and transformed. Through his incarnation Jesus took into himself all our human experience including death. The resurrection of Jesus gives to our death a new interpretation, “Dying you destroyed our death. Rising you restored our life. Lord Jesus come in glory.” These are words familiar to Catholics from the mass. Death thus became in Jesus a healing and saving event to which he gives new meaning. St Paul writes thus,

...we are preaching a crucified Christ: to the Jews an obstacle they cannot get over, to the gentiles foolishness, but to those who have been called...a Christ who is the power and the wisdom of God. (1 Cor. 1:22f)

From the harrowing accounts of the crucifixion we are able to understand that Jesus experienced totally “the most protracted, unimaginable pain and humiliation”.¹⁰ He experienced the menacing darkness and utter helplessness of abandonment (Mark 15:33) as well as excruciating physical pain. Yet from this place of torture Jesus gave to death a new reality, “Today you will be with me in

¹⁰R. Martin, *The Suffering of Love*, 107.

paradise” (Luke 23:43). Or, using the words from Isaiah 53, “By his wounds we have been healed.” If we stay looking at Calvary and neglect the resurrection then we have only part of the story of God’s love affair with human beings. Three men were crucified on that Good Friday and yet only one was called “King of the Jews” and only he died but then rose again. It was “on the basis of their experience of resurrection, that these disciples would see the life and death of Jesus in a whole new light.”¹¹

Looking at the crucified Christ we need also to see this death in the context of the whole liberating action of God. Or as Gutierrez says, “To be a Christian is to be a friend of the author of life, Jesus Christ.”¹² This author, the God of life, is the human face of love, because it is love that is the core of God’s revelation (1 John 4). This love finds its home in an event that can seem pointless and devoid of meaning, i.e. death on a cross. Death, which had been the very destructive force, now becomes in the experience of Jesus an act of surrender to the saving power of love. Christ transforms death into a sacrament, that is to say, an effective and efficacious sign of our human experience in God. With this in mind we can see that for those who believe and have been baptized into Christ (Rom. 6:3) then death is simply the very point of entry through which we reach our full maturity in Christ (Phil. 3:8-21). What we lose is our physical state of being; what we gain is an eternal encounter with love.

St Paul explains very clearly the real point of our human existence. He speaks of a “mystery hidden for generations and centuries” (Col. 1:26) that is now revealed. What is this “mystery”? “Christ among you, your hope of glory” (Col. 1:28). We share Christ’s life and so we look forward to sharing the resurrection because as St Paul reminds us, “You have died and now the life you have is hidden with Christ in God” (Col. 3:3-4). Christian life is nothing less than a

¹¹Richard McBrien, *Catholicism*, Winton Press, Minneapolis, 1981, 407-423.

¹²Gustavo Gutierrez, *The God of Life*, 19.

gradual and continuous practical application of this mystery of love, which is Jesus. We carry in our bodies the death of Jesus (2 Cor. 4:10f) so that the life of Jesus may be more visible. In reality, therefore, physical death simply crowns our life with Him who is life.

The tremendous truth, which the Christian vision of death reveals, is that our relationship with God is the key to life. HIV and AIDS, like many other destructive forces, desires to reduce us as human beings. The good news that Jesus Christ proclaimed is that God is with us and absolutely nothing can breach this bond. The God of history that we met in chapter two of this book does not simply encounter us in life; history for him continues. His gaze is upon us and indeed within us at every moment in life.

If we see death as a full stop then there is no hope and we fall full faced into the pit of meaninglessness. Whereas if we view death as a doorway then the darkness of death gives way to the bright promise of eternal life in love. We are made for communion as we have seen from our discussion in chapter six, and our physical death opens the way for us to enjoy eternal communion with love. This is the faith of Christians and because of this faith, because of the event of Jesus in history, death becomes an essential experience of life, an experience to be entered upon and gone through.

The true meaning of any life – of all life – is that it is a preparation for dying and death. To die is to be born forever, after our physical birth, after our spiritual birth in baptism, there is our final birth into eternal life. The greatest assistance we can offer to those living with and affected by HIV and AIDS is to introduce them to Christ, the fullness of meaning, for all who open themselves to him will find a guide who leads towards a kingdom of light and love, a kingdom that has no end.

Scripture to Read and Reflect Upon

Psalm 27:	The Lord is my light, no need to fear.
Wisdom 3:1-9	Eternal life for the suffering.
Ezek. 37:1-14	The Lord brings us to life.

John 14:1-11

Jesus prepares a place for us.

Romans 6:1-11

We have died with Christ and so live with him.

Questions to Ponder

1. Think for a moment of the losses you have experienced, not necessarily bereavement; what were your predominant thoughts and feeling at the time? What are they now?
2. Take a piece of paper and have some crayons or felt tip pens to hand. Be still for a moment. Breathe gently and easily for sometime to quieten your mind. Reflect for a moment on the word “death”. Now let your hand freely draw what comes to mind, either abstract or concrete images. Don’t force yourself – let the images and colours come naturally. Now look at what you’ve drawn. How do you feel about what has come from you? How do you personally feel about death? What would you like to change?
3. Recall the first funeral you attended. What rituals come to mind both at home or in church? If you had to explain to someone the purpose of a funeral what would you emphasize? If you were to plan your own funeral what would you want included? Why?
4. What would your response be to a friend/family member who said, “I feel devastated, I never thought this could happen to our family, someone dying of AIDS...how can I live with the shame?”

Further Reading

Building Resilience in Children Affected by HIV and AIDS, Sr Silke-Andrea Mallmann CPS, Maskew Miller Longman, Cape Town, 2003.

Community Based Counselling for People Affected by HIV and AIDS, Mark Winiarski, Maskew Miller Longman, Cape Town, 2004.

- Death: The Final Stage of Growth*, Elizabeth Kubler-Ross, Prentice-Hall New Jersey, 1986.
- Dying*, John Hinton, Pelican Original, UK, 1967.
- Final Gifts, Understanding and Helping the Dying*, Maggie Callanan & Patricia Kelley, Hodder & Stoughton, London, 1992.
- Gift of Tears*, Susan Lendrum & Gabrielle Syme, Routledge, UK, 1992.
- Grief Counselling and Grief Therapy*, J. William Worden, Routledge, UK, 1991.
- Grief Observed*, C.S. Lewis, Faber, London, 1961.
- Helping Grieving People When Tears Are Not Enough: A Handbook for Care Providers*, J. Shep Jefferies, Routledge, UK, 2006.
- Letting Go: Caring for the Dying and Bereaved*, Ian Ainsworth-Smith, SPCK, London, 1982.
- Love and Loss*, Colin Murray Parkes, Routledge, UK, 2007.
- On Death and Dying*, Elizabeth Kubler-Ross, Tavistock Publications, London, 1970.

Prayer

*Lord you bring life and hope from death.
From the moment of our conception you have invited us to share
eternity with you. We place our trust in your love and ask you
to welcome all who are dying or have died due to HIV and
AIDS into your very self. Let us all experience the peace which
only you can give. We ask this in the name of Jesus who is the
Way the Truth and who is LIFE.
Amen.*

CHAPTER TEN

A Way of Spiritual Support

Living Positively Through Prayer and Scripture

How can we as Christians realistically talk about living positively with HIV and AIDS and encourage others to live with hope without this becoming an exercise in false and even facile optimism? As one newspaper reported recently, “Even as billions of dollars are spent on expanding access to antiretroviral drugs, the goal of controlling AIDS in Africa remains remote... For every South African who started taking antiretroviral drugs last year, five others contracted HIV.”¹ A young person in South Africa is more than 50 percent likely to contract HIV, so where is the hope? Where is the prevention strategy that will truly call a halt to this pandemic?

In the preceding pages there has been an attempt to make clear that HIV and AIDS is God’s issue because it affects and infects God’s people. We have looked at what this pandemic has to teach us from many different angles, in particular how it impacts upon our faith in God and our attitude towards others and ourselves. There has been a real concern to highlight the multi-layered nature of this disease and to drive home the notion that we cannot simply look at HIV and AIDS from a medical perspective, nor even a psychosocial

¹*The Guardian Weekly*, 13. July, 2007, 42.

dimension; we need also to recognize the importance of its spiritual implications as well.

As followers of Jesus we have been commissioned through baptism to share in his mission (Luke 4:16-19) and that means we are to bring the good news to those in greatest need. The ministry of Jesus outlined in the New Testament is the clearest possible indication of the immense value of each individual person in the sight of God. Indeed if we take time to look closely at Jesus' parables and miracles we will see just how often those who were considered unimportant and insignificant, those who were outcast, the stigmatised and discriminated against, were the very people with whom he chose to associate, either through healing or sharing a meal. He listened to the cry of the blind beggar (Mark 10:46-52). He touches lepers and eats with tax collectors, prostitutes and Pharisees (Luke 19:1-10; Mark 5:25-33; Luke 7: 37-38). All this is evidence enough that Jesus' ideas of who was acceptable to God did not always fit in with the views of his contemporaries.

For a disciple of Jesus faith is first and foremost an encounter with the compassionate heart of Jesus and then, as a result of this encounter of becoming oneself, an extension of this heart of love to others. As Pope Benedict puts it,

True religion thus consists in being attuned to this heart, "rich in mercy", which asks us to love everyone, even those who are distant and our enemies, imitating the Heavenly Father who respects the freedom of each one and draws everyone to himself with the invincible power of his faithfulness.²

Our faith in this sense can never simply be reduced to a collection of holy thoughts or important doctrines but is a clear invitation to be the hands, feet, heart and eyes of Christ (Matthew 25). St Paul says, "For me to live is Christ" (Phil. 1:21). If this is to become a reality then our spiritual life, the lived expression of our faith, needs to be

²Sunday Angelus, 16 September, 2007.

rooted in “real” life and in this sense our prayer, which is a practical response to his love, has likewise to be rooted in what we experience. “A life devoted to following Christ calls for an integration of one’s entire personality,” says Pope Benedict.³ Of course our encounter with Jesus in prayer will flow into action but our actions will have little value unless grounded in prayer. We must never imagine that our prayer with and for others is anything less than a genuine and practical way of reaching out in love for we cannot ultimately be authentic love for others unless we continuously encounter the face of love that is Jesus himself.

As we approach the end of these reflections we must turn our attention to the central place that our spiritual life has in the context of HIV and AIDS. Indeed there is need for a deeper conviction within us as Christians that spiritual and theological clarity is a valid and much neglected means of responding to HIV and AIDS. We could do with asking in what sense time spent in prayer and reading of scriptures can be a valid pathway to promoting and nurturing hope, especially when often we seem lost in a morass of despair.

We saw earlier as we struggled to reflect on the place of suffering that the God of Christianity is a God who knows first hand the pain and confusion of life as it is actually lived by the people of his creation. It is this God who hears the cry of the poor, who took our very flesh and in that flesh died and rose to life again. It is this God who testifies through the incarnation and resurrection that he can never be thought of as being remote or our human life and experience as being of little significance.⁴

In this present chapter therefore we will try to look at how we can deepen our faith in the “God of life” through a life of prayer, a life that is lived in prayer, and see how we can develop a spirituality that helps us experience being HIV positive as an invitation to live and grow rather than diminish and die. “Jesus Christ”, said Pope

³Address given to Cistercian monks in Austria, 9 September, 2007, *L'Osservatore Romano*, n.37, 11.

⁴*Spe Salvi*, n.39.

Benedict, “does not teach us a spirituality of closed eyes, but one of alertness, one which entails an absolute duty to take notice of the needs of others.”⁵ It is in this spirit that we seek to renew our spiritual life.

Before turning our attention to prayer in general let us spend a little time trying to re-discover the importance of listening to God’s word as a daily ointment, which we can apply to the wounds of life. In doing so we must open ourselves to the relationship that God longs to have with us. We must learn that God is a God of promise and through his word in scripture we can find the promise that leads to life.

Alive and Active

God’s word brings hope and it brings life. If we desire to live positively with HIV and AIDS we need to learn how to examine the truth we live by. Truth, said Jesus (John 8:32), would always set us free, whereas denial, deception and distortion will lead to greater frustration and disappointment. Yet as Pilate said to Jesus, “What is truth?” If we but take a little time to pause and reflect then most of us will soon come to the realization that much of what we actually call “truth” is in fact on occasion no more than a collection of confused thoughts and feelings. There is a Jewish proverb that states, “We do not see life as it is. We see life as we are!”

All of us look at life through an elaborately constructed commentary of thoughts and feelings, which we have carefully created around events and people. We do not so much experience life pure and simple; we interpret it and live according to a sophisticated internal story that we continually and constantly tell ourselves. These stories attempt to provide meaning for our experience but in reality they can be a reflection of the inner division we suffer from. We do not see life clearly hence the value of times of stillness, of opening ourselves to the only truth that can set us free, God’s truth.

⁵Address to Volunteers in Austria, 10 September, 2007.

If this is true then we can plainly see that what we often think, the talk that is going on in our own heads, is of vital importance as to how we evaluate life. If we have a hunger for life and look at it from a positive angle then we will embrace every circumstance as a new opportunity. If, however, we see people and happenings as problems, they will certainly be so and can overwhelm us and we will live in despair and fear.

The truth that sets us free is the truth as seen from God's perspective, not as we imagine ourselves to be. This truth can be silenced by many negative voices within. We need to try to find a way of hearing God's truth again. As one writer so clearly put it,

In order to hear the word which has been hidden within us from the foundation of the world but which is hidden from us by our own attachment... We have first of all to step out of ourselves and into God. We will not hear what it is the Bible has to say to us unless we have first made this interior move.⁶

So how do we come to know this truth, rather than get entangled in the complex web of thoughts, feelings, judgments and opinions? How can we learn to step into God and so step into our "real" self?

A Gift from an Ancient Tradition

Long ago some of our Christian brothers and sisters went out into the loneliness of the Egyptian desert in order to try to get away from the clutter of urban life, but more importantly to sort out the clutter within them. You might say that they went into the desert to "clear their minds" to confront themselves by re-discovering the story of God. How did they do this? First by allowing the silence and starkness of the desert to reveal the inner jungle because they realized that you cannot possibly change what you have never seen. Once they had come in contact with their "untruth" they tried to allow the scriptures

⁶Melvyn Matthews, *The Hidden Word*, DLT, London, 1992, 19.

to permeate every fibre of their being so as to untangle their knotted thoughts and feelings.

The desert tradition is full of stories of seekers coming to Christian women and men who lived a life of deep prayer asking for a Word. Like this one concerning Abba Anthony,

Some brothers came to Abba Anthony and said, "Speak a word; how we are to be saved?" The old man said to them, "You have heard the scriptures? That should teach you how."⁷

The Word given was not so much wisdom gathered from themselves but rather from their own lived experience of constant reflection on God's word in prayer.

Not surprisingly, therefore, when in the sixth century St Benedict was writing his Rule he placed great emphasis on the time that monks spent in listening to God's word through the disciplined daily reading of scripture. He did not so much teach people how to pray, or even how to read the scriptures. Rather he tried to encourage a quality of living, which he considered far more important than quantity of prayer. He taught his monks to seek and find God's hidden presence in every circumstance of life. Life was prayer, not simply an occasion to say prayers.

In essence he was teaching a spirituality of the heart, a spirituality that would help people discover and uncover their "inner source of spiritual vitality".⁸ Encouraging them to live from the heart, from the very centre of their being, the place of God within. Benedict knew, like the desert Christians before him, that we human beings often live with an inner division and it is this divided self⁹

⁷Benedicta Ward SLG, *The Sayings of the Desert Fathers*, A.R. Mowbray & Co. Ltd., Oxford, England, 1981, 5.

⁸Michael Casey, *The Undivided Heart*, St Bede's Publications, Petersham, MA, 1994, 27.

⁹Ronald Laing, *The Divided Self, An Existential Study in Sanity and Madness*, Penguin, Harmondsworth, 1961.

that we project onto everything and everyone we meet. We live as it were far from our own centre; the place of God within, and this gives us a distorted perspective and affects our values, beliefs and choices. The real invitation of praying the scripture, which is called *lectio divina* (holy reading), is that we learn how to live by the truth of God rather than our own distorted ways of thinking. Prayer brings us to the place of unity.

What is *Lectio Divina*?

Let us be very clear, *lectio divina* is not so much a technique that has to be learned and then applied. It is rather an attitude towards life, an approach to living that encourages us to “become” prayer, not simply recite words. *Lectio divina* is a slow prayerful way of reading the scripture that enables the word of God to cleanse the lens of our heart so that we begin to see more clearly; it allows the still small voice of God to speak to us personally and reveals to us the importance of words because it points to the very presence of the Word in our lives. An image from the scriptures that might help us to understand this comes from the parable of the sower. Stop now and read it. You will find it in Mark chapter eight.

The seed longs to find a home in the right kind of soil. Why? So that it can reveal its mystery and bear fruit one-hundredfold. The fundamental question that the parable puts before each one of us is, what kind of soil are we? Can the Word really find a home within us? The Word of God certainly desires to find a home within us and as Dietrich Bonhoeffer once wrote concerning the Word of God, “the heart of God opens itself to us in God’s Word.” We must in this spirit allow God’s word to become something that is a living force within us. As the writer of the letter to the Hebrews says, “For the Word of God is living and effective, sharper than any two-edged sword” (Heb. 4:12). This is an echo itself of Deuteronomy, which declares that “all that proceeds from the mouth of God is life for human beings” (Deut. 8:3).

Christian revelation teaches us clearly that words have power. Yet each of us knows that although we are surrounded by many

words most of these are empty of any real meaning, and they more often than not fail to be life-giving. Generally we speak without too much concern about the words we throw around! We use and abuse words very easily. There is a children's rhyme, "Sticks and stones may break my bones but words will never hurt me." This is so untrue; words do hurt! A bruise or physical wound will heal, often leaving no lasting scar but an unkind or ill-chosen word can fester for years and leave a permanent, though unseen, mark.

Words, someone once said, are like bullets; once they are fired from our mouth they can do great damage and they cannot be recalled! Our mouths can often remain one of the unrecognised weapons of mass destruction. St James saw this very well. Read again what he says in chapter 3 of his letter where he compares the tongue to the rudder of a ship. Small as it is it has great power. *Lectio divina* seeks to help us give respect to God's Word and then in turn to be greatly conscious of the words we speak.

The Power of Words

How many hurtful words and cutting remarks are those living with or affected by HIV and AIDS carrying around in their hearts and minds? Stigma and discrimination are devastatingly real and the destruction that they can unleash is crippling indeed. As we have noted earlier there are still many who understand HIV to be related to immoral behaviour, sex before or outside marriage, between homosexual men, sex that carries the labels of "promiscuous", "careless", "sinful", drug users.

People who are living with this virus or have a member of their family sick still encounter judgmental responses from their families, fellow church members, work colleagues and neighbours. In fact often the stigma is anticipated and discrimination is expected even if in reality no one does speak badly! Self-stigmatisation is all too real. Even if others do not attach unkind labels, those who are HIV positive can often label themselves very harshly. So whether the hurtful and disparaging words come from outside, from others or from the

constant self-talk and labelling within does not ultimately matter; the effect is just the same.

We fear what others will say or think about us. Even well-intentioned people can cause hurt through the words they use, words and phrases such as “AIDS victims”, “AIDS orphans”, “the scourge of HIV and AIDS”, “people with this disease”, all these can make people living with HIV or AIDS feel less than accepted. Labelling people may well be a convenient way of speaking, but it does not help to promote self-confidence or dignity. Even the very silence and denial, which in many countries throughout the world still surrounds HIV and AIDS, only goes to reveal just how powerful words can be. Each of us can give witness from our own experience that words have power and that they need to be used with great care and sensitivity. From a Christian perspective we could say that words have a sacramental quality in that they can bring to life what they signify. Destructive words can destroy, ugly words create ugliness, a word of kindness and encouragement can lift us up. If therefore we really desire to live lives that are positive we need to grasp the truth that words have power,

In the beginning was the Word and the Word was with God and the Word was God. (John 1:1)

And God said, “Let there be light...” (Genesis)

The Word Spoken by God

God has spoken and he will never take back that Word (Heb. 1:1-4). Words are then like windows through which we are opened to the very presence of God and in the scriptures; they allow us to see the WORD who is hidden among and in human language. As the Catechism makes clear recalling *Dei Verbum*,

Through all the words of Sacred Scripture, God speaks only one single word, his one utterance in whom he expresses himself completely.

The *Catechism of the Catholic Church* goes on to remind us,

You recall that one and the same Word of God extends throughout scripture, that it is one and the same utterance that resounds in the mouths of all the sacred writers, since he who was in the beginning God with God has no need of separate syllables, for he is not subject to time.

Words, therefore, are not to be passed over without genuine thought. Behind and beyond the ordinary words we use lies the creative presence of God. Our task is to enter this depth. We must place ourselves before the Word and allow ourselves to be challenged and transformed by it. As the author of *The Way of the Pilgrim* (Fr D.J. Billy, Liguori Publications, 2000) writes,

In the very words of the gospel there is a life-giving power for in them is written what God himself has uttered. Never mind if you do not understand it properly; it is enough if you read it carefully. If you don't understand the Word of God, the demons certainly do understand what you are reading and tremble.

If we do come to the realization that words are more powerful and important than we often acknowledge because of the very presence that they contain, then we move towards giving words respect. We are speaking here about something much deeper than a simple renewal of our appreciation of the scriptures, or of its beauty or truth. We are talking about allowing God to speak to us, allowing his Word to transform us. What is at stake is allowing "the voice of the Spirit to sound again and again" as we come into contact with "The Word of God, which is the power of God for salvation..." The teaching of the writer of the Letter of St James needs to take hold within us; we should "welcome the Word of God which has been planted in you

and has the power to save” (James 1:21). As the theologian David Gracie points out,

How can we read and hear God’s Word today as a “word of life”, when just such a scriptural citation makes us fear that the writer is either a fundamentalist or someone simply inviting us to play the game of criticism. How can we “receive with meekness the implanted word which is able to save (our) souls?” We need help today if we are going to be able to appropriate the Word in a fresh and living way. We need the help of God to “read, mark, learn and inwardly digest” this word which has become strangely distant and in different ways, threatening to us. We need the help of teachers whose lives have been shaped by the Word, who have been “doers” of the Word as James puts it.

What follows is not a technique but a way of responding to life. Reading God’s Word is like immersing oneself in water, the water covers every part of us and cleanses us but it does not seep into us unless we are porous. In this sense *lectio divina* is nothing more than a way of being with scripture, with its mystery.

Being in God’s Presence

If we really desire to become aware of the importance and value of scripture, of being impregnated with God’s Word, then we will need to come to accept and understand that this Word contains God’s presence. To read God’s Word is to look into a mirror, a mirror that reflects not only who God is, but also who I am. This mirror reveals my own story. St Gregory the Great said,

Scripture is a letter from God to his creatures; in it we come to know God’s heart through God’s Word.

Or indeed St Euthanasia,

We eat his flesh and blood in the divine Eucharist but also in the reading of scripture.

In our own time a Jesuit writer, Fr Gerald Hughes, has expressed this point well in his book *God of Surprises* (Darton, Longman & Todd, 2008, 3rd Revised edition),

The Word of God in scripture is a special sacrament of his presence just as real, although different in form as his presence in the Eucharist. The Words of scripture, if we read them with faith, act like a light falling on the darkness of our inner selves so that we can find and recognize that God-Father of Abraham, Isaac and Jacob, Father of Jesus Christ is also our God. I read and ponder God's action in past ages in order to recognize that same action continuing in me.

A Daily Practice

Throughout the history of the Christian church many have attested to the value of setting aside time on a daily basis to be with the Word of God and allow that Word to minister to us. God's Word brings hope and it brings life. Archbishop Desmond Tutu, the retired Anglican Archbishop of Cape Town, often said that the one book that the apartheid government in South Africa should have banned was the Bible because it was the one book that gave encouragement to those crushed by hatred, paralysed by fear and filled with anger. If we desire to learn how to live positively with HIV and AIDS and create a future with hope then perhaps we could take the risk of examining the truths we live by.

The saying of Jesus that the truth will set us free (John 8:32), whereas denial, deception and distortion will lead to greater frustration and disappointment, has been highlighted in different ways in these pages. It is this simple saying that we return to again as a source of motivation to read and reflect on scripture. Each day we can create an opportunity so that we can listen to God's truth in order to counteract the many negative voices that we hear within our own heads and from others. This truth can be thought of as nutrition that feeds our desire for hope.

Often the importance of proper nutrition is strongly advocated if people desire to live positively with HIV and AIDS. Adequate nutrition is an important component in strengthening our immune system and contributing to weakening the negative presence of HIV in our body. The nutrition we need is not only, however, for our physical bodies alone but also our minds and hearts, which are in desperate need of support and strength. Reading scripture can really be a gift towards gaining the inner freedom from negative thoughts and feelings, that internal commentary that takes away our energy and will to live. All of us need to be encouraged and supported and this is especially true of those infected and affected by HIV and AIDS who can so very often live in despair. So it is that, as Christians, we can bring support by suggesting that they add time with God's Word to their daily diet.

How Can I Spend Time with God's Word?

- Find a place to be quiet. Take your Bible into your hands and remember it contains the living Word of God. As Dietrich Bonhoeffer said, "The heart of God opens itself up to us in God's Word." God is longing to meet with you.
- Ask the Holy Spirit to help you to read this sacred text. As we invite the Holy Spirit to help us to listen we open ourselves to receive a Word that will help us live through the day. The Spirit of God in our hearts will seek the Spirit of God in HIS Word.
- Now read through some verses slowly and listen to what they are saying. We may need to read through the passage several times so that it sinks deep within us. As you read be aware:
 - How does this passage speak to my situation?
 - Where does this Word challenge my thoughts and feelings?
 - How can I apply its healing ointment to the wounds that I carry?
 - What word can I keep to give me hope?

- We can then choose a word or phrase that we can keep in our memory and take into our daily living. Perhaps have a notebook into which you can jot down any thoughts and keep a record of significant passages.
- Finally, thank God that He has spoken a Word of Life to you and pray that you can make this Word flesh.

Praying and listening to God's Word is not hard. We simply have to be faithful to this daily food of life and continue to pray with it. Here has been provided a simply way to be with God's Word and allow this Word of life to empower us. You will find below a selection of passages. We can add more as we faithfully find time each day to sit with God's healing Word.

Scripture to Read and Reflect Upon

Ezek. 36:1-14	Dry Bones	Choice in life/New life/ Resurrection.
Ps. 40	Waiting for the Lord	Patience/Reassurance.
Ps.103	Bless the Lord	Healing/Forgiveness.
Mark 2:15-17	Jesus eats with sinners	Breaking stigma and discrimination.
Mark 5:25-34	Woman of faith	Invitation to faith/ Role of women in HIV/AIDS context/ Gender issues. What are you looking for?
Luke 10:38-11:13	Mary & Martha	Teaching on prayer/ Importance of finding time to sit at the feet of Jesus.
Luke 11:25-37	Who is your neighbour?	Who am I called to serve/ Whose wounds do I bind up and heal?

Luke 24: 13-35	Emmaus	Jesus joins us on our journey with HIV/AIDS. He wants us to listen to him. What have you learnt on your journey?
John 4	Samaritan Woman	Jesus wants to hear the story of your life. Our story can help us and give us courage.
John 5:1-9	Pool of Bethesda	Do you want to be healed? What ways could you help yourself to receive healing?
John 10	Good Shepherd	Which voices are you listening to? How can you learn how to listen to the voice of life?
John 15	Vine	Union with God.
John 20:19-29	Upper Room	Jesus comes into your wounds.
1 Cor. 3: 1-16	Co-workers with God	Temple of the spirit/ Even though our bodies are infected with HIV we are temples of God.
1 Cor. 13	Hymn to Love	Where does my love stop?
2 Cor. 1:3-11	Blessed be God	Our suffering has a purpose.
2 Cor. 4:5-15	Treasure in Clay	We carry Jesus within our HIV/AIDS infected bodies.
Rom. 8:18-27	Filled with the Spirit	God comes in our weakness.
Rom. 8: 28-39	Not separate from God	Held in love.
Eph. 1:3-14	Blessed be God	We are blessed even though we are infected

Eph. 3:14-21	Paul's Prayer	or affected. Self-Knowledge.
Col. 1:10-14	Lifestyle	Life in Christ.
Col. 3: 1-9	Seek the things of heaven	Where is your vision?
James 3	The tongue	Invitation to truth.
1 Jn. 3:1-6	The Love of the Father	Bathe in God's love.

Praying with Life

From what has been shared it is clear that to read the scriptures and to reflect on them is prayer. In fact *lectio divina* is prayerful reading. There are many other ways in which to pray but we have to be careful that we do not make it complicated. Sometimes the way prayer is described sounds as if it is simply for "holy" people or specially gifted people. As we have seen with reading God's Word, prayer is an essential component to healthy living. To pray is to live, just as to live is to pray. Like the disciples who came to Jesus in the gospels we cry out, "Lord, teach us to pray". We make the fundamental mistake of thinking that prayer is about saying the correct words in the correct way so if we just have the right technique then all will be well. The truth is very different. Prayer is not about words; it is about a relationship. Take up the Bible again and go to the book of Exodus 33:7-11, there we read that "God spoke to Moses as a man speaks to his friend". Presumably Moses did the same. How many people need to consult a book before talking to a friend? Or worry about how to fill the time?

The first lesson in prayer is that it is something natural. So maybe we need to stop making it complicated and start praying with our life experience. Pray as we are with the experience we have and with the feeling and thoughts filling our hearts at this particular time. Too many concentrate on creating a special feeling or atmosphere. We pray as the ordinary people we are not as some ideal people we think we should be. In this way prayer is about life

long before it is about words. We are seeking to discover the presence of God in our life, not trying to introduce God in an artificial manner. To pray reveals to us that God is within and when we pray we return to the sacred space inside us and listen for God's movement like a woman who is pregnant sits still to feel the movement of the child within her womb. Prayer first and foremost is God's activity within us. Our part in the relationship, like any friendship, is to give it time and space to grow. We need time to pray and to recall often that we are the prayer, not the words or thoughts that occupy our mind. In fact prayer goes far deeper than the words and thoughts that fill our attention. Let us learn how to be in his presence. We need to stop, look and listen.

Keeping a Daily Appointment

Those who are HIV positive learn well the necessity of balance and routine in their life; they desire to beat the virus within. A woman who has been living with this virus for over twenty years recounts how angry she was when she first discovered her sero-positive status. Then one day she spoke to the virus inside her and said, "I know that you are not going to go away, but I am not about to give up and die. You and I will need to make friends or you will be very unhappy in this house!" Living with hope is learning to live "with", not to find superficial ways to eradicate the virus from our bodies. The virus does not have to take control of us; we can reclaim our own bodies as a sacred space through times of prayer. People living with HIV know the importance of good exercise, diet, rest and taking medication regularly and medical check ups at the appointed time. All this teaches them to keep a daily appointment with self-care.

In a similar manner we need to appreciate how to keep a daily appointment with God. Creating time and space in our day simply to sit still and breathe in the fresh air of God's presence is just as necessary to hopeful living. We become aware of the love of God within us and we share with God the concerns, aspirations, needs we have. Above all we learn to say thank you for the many signs of love we receive each day. We do not have to say much, we can

simply stay still. Even if our minds begin to jump from one thing to the next let these simply come and go, focus on God with a simple word or phrase such as, “I am here, you are here, that is enough.”

There will be times when we have little to say and other times when we have a great deal to share concerning our family and friends, our own worries and anxieties. Let each time of prayer be unique. Pray today as you can, not as you think you should or copying what happened yesterday. The importance is keeping the daily appointment. Praying is like eating food. At the time of eating, the food may not always be exciting or to our taste, but if we skip it we soon feel hungry. The effect of prayer is cumulative, at the time nothing may seem to be happening but our patient endurance reveals over time the loving embrace of God.

The best way to learn how to live in a prayerful way is to pray daily. You will learn from experience; though other people can encourage us, only we can keep the appointment. The following suggestion is simply that, a suggestion of one way to start praying. It is not a magical technique but a simple structure to hang our thoughts on.

A Simple Way to Pray

Look at the following. It is a simple way to pray so as to simply pray as we are.

- Each day find some time and place to be quiet.
- Beginning from the top of your head and going right down to your feet bring each part of your body into your mind. Say simply God lives in my (name the part of your body) and so does HIV, but God is stronger. I choose to live.
- Breathe slowly and steadily as you go through your body and find yourself relaxing. Once you feel relaxed move on.

- Take time to become aware what you feel today. What is the strong emotion in your body?
- Name the feelings you have at this moment that are uppermost in your mind.
- Name the people or events that bring these feelings/emotions into your life.
- What do these feelings/emotions say about your attitude to life?
- What do these feelings/emotions say about your attitude to yourself?
- What do these feelings/emotions say about your attitude to God?
- What is God saying to you through your feelings/emotions?
- Now go through your body again and thank God for living in you.

A Spiritual Awakening

What has been shared in this chapter comes from a deep conviction that when we are faced with something as devastating and potentially life threatening as HIV and AIDS we have a choice. We can simply surrender to what our distorted imagination considers to be inevitable. We die inside before we die physically. Or we can choose to live. A spiritual awakening can be just as the phrase suggests, a possible opportunity to come to a very different perspective; prayer changes us, it does not change God. If we persevere with reading God's word and praying, our life, we will slowly become aware of a power greater than ourselves.

There will be days when we feel like prayer is a waste of time or that reading scripture does not seem to provide answers. We are not to look for successes and achievement but simply to try to be

faithful. We want to live and the God whom we believe in is a God who has promised life to those who seek it. We want to experience love and the God whom we meet in prayer and in his word tells us often of his immense love for us. In the end all we can do is to give God a chance through prayer... The rest will follow.

Questions to Ponder

1. How were you taught to pray and read the scriptures? What has your experience been like?
2. What two or three things do you find most difficult about prayer? What would help you overcome these difficulties?
3. Does your parish have a group of HIV people who meet regularly to read and share the scriptures? How could you best go about starting one?
4. When was the last time you read an encouraging book about prayer? What was the title? When did you share it with others?

Further Reading

Into the Silent Land, Martin Lard, DLT, London, 2006.

Prayer In the Shadows, Angela Ashwin, Fount, London, 1990.

Sacred Reading: The Ancient Art of Lectio Divina, Michael Casey, Liguori/Triumph, Missouri, 1996.

The Colour of Light, Daily Meditations for all of us Living with AIDS, Perry Tillerass, The Hazelden Mediatrion Series, Harper and Row, San Francisco, 1988.

The Hidden Word, Melvyn Matthews, DLT, London, 1992.

The Mystery of God's Word, Raniero Cantalamessa, The Liturgical Press Collegeville, Minnesota, 1994.

When I am Weak, J. Holmes, Daybreak, London, 1992.

Prayer

In you we live

In you we move

In you we have all our being.

Help us Lord Holy Trinity to tune each day into your song of love.

Give us listening hearts so that as we hear and feel your movement

Deep within us we can respond and reach out to you.

Through your Word cleanse our thoughts.

Through stillness in your presence give us courage to choose to live.

We make our prayer in the name of Jesus, your human face of love.

Amen.

CONCLUSION

Called to Prophetic Witness

Where Have We Come To?

It has been said that the longest journey we make in life is the journey from our head to our hearts. The invitation that was issued in the introduction of this book was in fact to take just such a journey. Often HIV and AIDS is presented from the perspective of the “head”, finding the perfect prevention package, targeting the correct risk group, adopting the most appropriate language and then assessing success on the latest figures published by UNAIDS. All this is undoubtedly important but it is not the only perspective.

The challenge of these pages has been for us to move to the heart and to recognize that HIV and AIDS goes to the very core of what we understand as the meaning and purpose of life. This virus not only invades people’s bodies, it attacks and robs them of their human dignity and sense of destiny. A simple conviction therefore has thus fuelled the arguments presented here, to isolate HIV and AIDS to a bio-medical concern alone, reducing it to symptoms, risk groups and roll-out programmes, etc., is not only short-sighted it is highly dangerous. It is perhaps just such a viewpoint according to Barbara Schmid¹ that has led to “ineffective prevention strategies,

¹Research Co-ordinator for African Religious Health Assets Programme (ARHAP) and lecturer in Religious Studies at the University of Cape Town, South Africa.

strategies that still hold on to the belief that the final answer to the problem will be a medical one.”²

In reflecting on HIV and AIDS from a theological point of view I have attempted to acknowledge that, while the pandemic is of course medical in its outward manifestation it points to a much deeper confusion within the human psyche concerning the deepest significance of our existence as human beings. I have tried to call us in these pages to reflect on and discover the presence of God within this life-denying virus. As people who carry hope within them Christians cannot avoid this task of reflection, we cannot turn away from those who daily must struggle with HIV and AIDS and who come to us with painful questions. Our very encounter with Jesus Christ has enabled us to come face to face with the human face of love, for we find in him not a dead hero to be imitated but the authentic source of life to be lived.

It is against this background that in the very heat and at the very heart of HIV and AIDS, in those countries where resources are most limited and where the pandemic is most acute, Christians are invited and challenged, because of their faith, to be a compassionate and a vocal presence on behalf of those whose voice is rarely heard. Our compassion must, however, by its very nature be well organized and clearly focused.³ We must surely work for quality care and adequate provision of life-prolonging medication. Yet we must not neglect our call to minister spiritually. As Jesus puts it in Matthew “What you did for the least of my brothers and sisters, you did it to me” (Matt. 25:45).

How will Others View Our Response?

Undoubtedly future generations will look back and evaluate our response to this enormous threat to humanity. What will they discover? As people responsible for reading the signs of the times,

²See her article in *The Journal of Theology for Southern Africa*, July 2006, 91-103.

³*Deus Caritas Est*, n.20.

how will we Christian men and women be judged? Undeniably Christian communities were often the first to react at the very beginning of this pandemic, especially in resource-limited countries. In many remote areas of the world where HIV and AIDS is still acute Christian communities remain, to some extent, the main provider of health care, education and pastoral support. This having been said we need also to acknowledge that much of our humanitarian relief has been undertaken without any overtly theological rationale. Theology seems as it were to have followed slowly behind the instinctive desire to provide practical support. While this may very well have been necessary at an early stage so as to reflect from lived experience and speak out of knowledge not just theory, now is the time for a greater impetus to be given to our theological reflection.

Similarly, hindsight will point out that while many communities of faith responded heroically there have also been groups of Christians who have sought to distance themselves from HIV and AIDS or have failed to respond at all. This denial arose to a large extent from a very deep-rooted belief among some Christians that the virus was intrinsically linked to promiscuity and immorality. Hence if HIV was indeed God's judgment, then there clearly would be no place for people infected with HIV within the local Christian community. Furthermore future generations will discover looking back that there were Christians who saw the need to be involved in ministering to the infected and affected but were somehow unable to accommodate this ministry into their already pressing schedules and programmes. They simply did not know how best to mobilize themselves or others.

We clearly face a situation where future generations will perhaps point to an obvious lack of cooperation between different Christian denominations and a serious lack of coordination within the same groups. Christians are people who are often very good at "doing", we are hands-on people, but we are poor at mobilizing our combined

forces to share vital resources.⁴ To some extent the very wound of our disunity within the body of Christ and our protection of our particular theological identity and disagreements weakens our effectiveness to respond ecumenically against the onslaught of HIV and AIDS. We even contribute to more confusion and unwittingly become a factor in the continued increase in infection rates. Because we do not speak with a united voice we cannot speak with a voice of authority. This factor of Christian life and experience presents those Christian denominations in the most highly infected areas of the world with a noble challenge to learn how to work together, for while we muddle along in our different Christian ghettos the human cost of HIV and AIDS increases daily.

While future generations may well bring to the fore these defects within our Christian response to HIV and AIDS there should be no attempt to belittle or minimize the serious contribution that different Christian denominations have made so far to combat this pandemic. There are numerous accounts and examples of enormous goodwill and sheer self-sacrifice that show how Christians in many different parts of the world have selflessly attempted to bring relief and hope to those most affected.

Hindsight can all too often judge harshly, but any appraisal will ultimately need to take into account the complexity of this pandemic. We are dealing with a virus fuelled by poisonous factors such as poverty, famine, political instability, corrupt governance,

⁴This of course is an allegation that can equally be assigned to the many different NGOs carrying out similar work with little or no communication and common effort. One thinks of the numerous international and national conference held more often than not in smart hotels and at vast expense. These have brought to light pledges to end gender inequality, provide better treatment and availability of affordable antiretroviral medication, as well as bringing to an end stigma and discrimination, but still the promises have not been met. We equally see a plethora of agencies that have emerged due to HIV and AIDS, each with their own jargon, each justifying its independent existence.

human rights violations, human trafficking which often leads to the sexual abuse of children and women, as well as crumbling health delivery. We are trying to combat a virus that not only secretes itself into the human immune system but a virus that comes up against the inherent dysfunction of human nature. Herein lies the single biggest obstacle to the reduction in rates of transmission.

HIV is a preventable illness but the past twenty-eight years would seem to show that something deep within the make-up of human beings blinds us to this fundamental truth. Prevention programmes have come, been adapted, refreshed and remodelled. While we have clearly seen in some instances infection rates fall due to such programmes the unpalatable truth, not often publicly acknowledged but privately admitted, is that despite all the arguments we present to explain the reasons for the continued existence and increased growth in HIV infections, no matter what psychosocial gloss we produce, the majority of people who become infected with HIV do so knowingly, even if not willingly. One thinks of St John's gospel where the evangelist says that the light has come into the world but people seem to prefer darkness (John 3:19). Why is this? I realize that this is not a popular thing to say and I have no intention of adding to the stigmatisation of anyone; but equally it seems extremely unrealistic not to admit that some people choose to go against all the known information concerning possible means of HIV infection. We can identify risk groups and risk behaviour but we cannot prevent people from choosing to engage in this. There would seem to be within the human psyche a pull towards the darkness away from the light.⁵

In this respect every human being can identify with St Paul when he says "I do not understand my behaviour; I do not act as I mean to" (Rom. 7:15). We are back to a truth highlighted in a previous

⁵See Gerald May, *Addiction and Grace*, Harper, San Francisco, 1988, Chapter 1. Something within pulls us away from freedom even though we long to be free. Addiction is a distortion in the way we perceive the world around us, ourselves and others.

chapter; a complex web of thoughts supports our behaviour. We tell others and ourselves stories in order to justify what we do; in this sense we are in some ways addicted to distorted ways of thinking. Edward Moss puts it this way,

It is not just the things we do wrong that are the matter with us; much more important in practice, are the stories we use to avoid facing the truth about ourselves, so that we do not need to change. It is more important, and much more difficult, to strip off some of our layers of self-deception, the stories we tell ourselves to justify staying the way we are, and so to risk discovering and acknowledging something of our own deeper motivation.⁶

It is this very motivation that is so difficult to help people to come to terms with. HIV is truly a heart matter and it is because it touches the depth of our being that the gospel of Jesus Christ has such a crucial contribution to make. We need to go much further than bringing to this human trauma immediate relief of bodily symptoms; we need to bring the full force of the liberating truth of the gospel of life.

Living With AIDS, Not Dying of AIDS

In 1994 Edwin Cameron, a South African judge, hoped to convince a commission that he was ready to be appointed to the position of a High Court judge despite being HIV positive. As he came to the end of his interview he declared, “I am not dying of AIDS, I am living with AIDS”. In his book *Witness to AIDS* he writes,

Before it felt like the hardest, most self-exposing thing I had ever done. After, I knew that I had freed myself of a vast burden – that of unnecessary secrecy. I was able to unite myself with the truth, finally to disburden myself of responsibility for a secret that

⁶Edwin Moss, *Growing Into Freedom*, Eagle Publishing, Washington, D.C., 1993, 68.

I had not wanted to keep. More deeply I was relieving myself of responsibility for others' reactions to my illness.⁷

As far as Edwin Cameron was concerned disclosure brought enormous relief. Some might say that he could afford to take the risk because he belonged to the elite of South Africa; he was white, upper middle class and in a very prominent position. None of this diminishes, however, the cost to him personally of disclosing a simple fact that he himself has acknowledged. Despite the passing decades the fear of what other people's reactions will be to HIV is still very common.

If our ministry and pastoral care are to be of any real effectiveness, then a major contribution that Christian congregations can make is to break the poisonous bonds of stigma and discrimination that become fertile breeding grounds for fear. We need as Christians to work hard to break the silence and denial, first and foremost within our own congregations. We need to create Christian communities that are well informed and where those who are HIV positive can feel free and comfortable to disclose their status should they want too. We need to work along with all other agencies involved in responding to this pandemic by trying to "normalize" an illness that in too many parts of our world continues to be considered a taboo subject.

What would help to create safe and healing Christian communities? "The gospel of Life", wrote Pope John Paul II in *Evangelium Vitae*,⁸ "is at the heart of Jesus' message." Perhaps more than anything else we need to affirm this great truth; the gospel is about life because it is about Jesus Christ. To introduce people to Jesus Christ is to invite them to be open to life for it is "in this life" that all the aspects and stages of human life achieve their full significance" (n.1). The vocation that is revealed in the life, death

⁷Edwin Cameron, *Witness to AIDS*, 63.

⁸Published by Catholic Truth Society, 1995. It is important to see this within the context of the social teaching of the Catholic Church.

and resurrection of Jesus reveals to each human person “the greatness and the inestimable value of human life even in its temporal phase” (n.2). Therefore, “whatever is opposed to life itself... are infamies indeed” (n.3).

As Christians we need to present to the people of our time a “vigorous reaffirmation of the value of human life” (n.5). As Pope Benedict clearly taught in his first homily as pope,

Only where God is seen does life truly begin. Only when we meet the living God in Christ do we know what life is. We are not some casual and meaningless product of evolution. Each of us is the result of a thought of God. Each of us is willed, each of us is loved, each of us is necessary.⁹

In this way we are called to respect, protect, love and serve life. If we do so then we “will find justice, development, true freedom peace and happiness” (n.5). Ultimately then every Christian community is a living advertisement of the culture of human life and “an authentic civilization of truth and love” (n.6).

It is this deep belief in the gospel of life that motivates our concern as Christians and causes us to act and work to eradicate all forms of discrimination. As Pope John Paul writes, “With humility and gratitude we know that we are the people of life and for life” (n.78). Our communities will certainly not become centres of healing or safe places for people to disclose their sero-positive status unless and until we honestly identify the inconsistencies within our own structures. In a word, there has to be integrity between what we preach, the programmes we promote and the pastoral and spiritual care we provide. Two examples may serve to highlight what I mean by inconsistencies.

First we must face an uncomfortable truth. While many Christian leaders are vocal in their call to fight against denial and silence and to encourage those who are living with HIV and AIDS to

⁹Homily, 24 April, 2005.

be open about their status, there remains a tangible secrecy concerning the priests, religious sisters and brothers within the Catholic Church, pastors and other church personnel in other denominations who are themselves HIV positive and who often die without help and support,

...in many countries priests and religious have become infected with HIV. In this, the Church has failed to break its own silence born of denial and fear. Whatever the reason, the Church has often seemed to collude with the injustice of silence rather than speak the truth...¹⁰

This is not, of course, a plea or even a demand that people disclose their status. Religious sisters, brothers, priests and pastors have the same rights to confidentiality and privacy as anyone else. Rather it is a plea to work towards the eradication of a culture of fear and to promote a culture of compassion and acceptance within our Christian communities where people feel free to disclose should they desire to do so.

Second, Fulato Lusungu Moyo¹¹ writes in a book called *On Being Church: African Women's Voices and Visions*¹² about a tradition within the Presbyterian Church in Malawi called the "Phoebe practice"¹³. The Yao people of southern Malawi have a tradition where certain single women are designated to offer "hospitality" to visiting pastors who are away from home. It is a hospitality that is costly because it "involves the giving of their bodies in the name and service of the Church". Likewise there is a long standing custom in rural Zomba that after Easter all the pastors gather for a conference

¹⁰Ann Smith & Enda McDonagh, *The Reality of HIV/AIDS*, 142.

¹¹Lecturer in the Department of Theology and Religious Studies at the University of Malawi and an ordained minister in the Central Presbyterian Church.

¹²WCC. Geneva, 2005.

¹³ The article is entitled: "When The Telling Itself is a Taboo": The Phoebe Practise, 184-200.

and they are expected to attend without their wives because they will be assigned a woman to take care of their every need.

One wonders how widespread this tradition of providing hospitality is among other Christian denominations in missionary situations. Obviously in the context of HIV and AIDS such a tradition is highly dangerous as well as degrading of women. The task of the Christian community is to renew itself in the light of this pandemic and to see to it that silence is not interpreted as consent. Living with HIV and AIDS is a concern for all Christian denominations and as such transcends ecumenical boundaries. The presence among us of this virus could truly be seized as an opportunity for Christians to reflect together rather than in isolation, it could even be a necessary catalyst for those who have as yet failed to engage with this life-threatening disease.

Evaluating Our Response

Musa Dube, who was at one time the World Council of Churches' HIV and AIDS theological consultant for Africa writes,

In this way, the onslaught of HIV/AIDS is an apocalyptic event which reveals starkly the existing social evils and the most terrible forms of suffering. As an apocalyptic event, however, HIV/AIDS also underlines the urgent need for transformation and justice in society and in the lives of individuals.¹⁴

Faced with the apocalyptic presence of HIV and AIDS we are inevitably faced with the question, where is God? The compassion that is at the very core of Jesus' ministry impels us to become a "caring" church. Our faith in Jesus flows into an active expression and a reaching out to those in greatest need. This reaching out in love however must never be interpreted or even less presented as a remote ministry by "us" who are clean, to "them" who are

¹⁴*Methods of Integrating HIV/AIDS in Theological Programmes.* 2003, vii.

unfortunately diseased. Ronald Nicholson put it very clearly in his book, *AIDS: A Christian Response*.

We need to rediscover the Church as the family of God's people, and to rediscover the human race as one family. The pain of one affects us all... We are co-dependent; people with AIDS need the love, support and very often the practical assistance from the rest of the community.¹⁵

Our spirituality, which is our lived response to the encounter with God, leads us to embrace all that is found in reality. Our prayer as individuals and our corporate prayer in worship have their feet firmly rooted in the earthiness of the incarnation of our human experience. As we pray at each mass at the offertory when offering the bread and wine, "which earth has given and human hands have made" or "fruit of the vine and work of human hands". We are created beings but looking towards the spiritual reality that is also to be found in our flesh and blood.

Our common worship and personal prayer remind us continually that there is far more to what we daily experience than simply what we are conscious of at the time. We recognize the presence in our midst of the HIV and AIDS pandemic but we look beyond it. This is not because we seek to create a futile optimism but because the virus is ultimately smaller than God who is creator and redeemer of human history.

The expression of hope that is to be found in Christian worship finds its concrete expression in the self-giving service of others. Pope Benedict explains this well in *Deus Caritas Est* through which he gives us a clear theological basis for our charity and compassion. "Where you see charity", he writes, "we see the Trinity".¹⁶ He continues,

¹⁵R. Nicholson, *AIDS: A Christian Response*, Cluster Publications, Pietermaritzburg, 1995, 18.

¹⁶*Deus Caritas Est*, n.19.

The entire activity of the Church is an expression of love that seeks the integral good of man... Love is therefore the service that the Church carries out in order to attend constantly to man's sufferings and needs, including his material needs.

Christian communities, in providing a caring, sensitive and above all spiritual environment, open up a deep source of healing that is truly life-giving. Christian charity, which points to God, unlocks hope that is more certain than optimism.

The time is more than ripe for Christians from different denominations, along with other faith-based organizations, to begin to evaluate the ways in which we are presently responding to this pandemic. This, I would like to suggest, needs to be carried out by assessing not only whether we are doing enough in countries most affected, but also to ask the far more radical question, are we doing the right thing in the most effective way? Certainly we need to be very clear that the practical and spiritual support we offer to PLWHA and those affected is what they themselves actually need. In a similar manner we need to be careful that we do not produce beautiful schemes on paper that are not based on reality. A reappraisal of our present response will naturally enough seek to evaluate how we are preparing those who are going to minister in the context of HIV and AIDS.

If we honestly take time to review our ministry amongst those infected and affected by HIV and AIDS perhaps we may very well discover that our lack of coordination, collaboration and documentation often leads to overlap and wastage of resources and personnel.¹⁷ We may very well need to look creatively at new tasks that belong to us as people of faith. We may discover gaps that others are not able or competent to fill. We may see that we have been neglecting whole areas that only people of faith can fill. This is not so we can add to the overload of work that many working in the field of HIV and AIDS already experience, but rather it is a challenge

to examine whether what we are doing is the right use of our expertise.¹⁸

A Focused Theological Response

In the introduction to these reflections it was suggested that at the heart of good theology was a challenge to ask the correct questions. HIV and AIDS, as we have seen, is an important opportunity for us as Christians to confront some of the central questions concerning life and faith, and to emerge from a theological impasse. What is needed in many parts of the world today where HIV and AIDS continues to ravage lives are ordained ministers of the gospel, religious brothers and sisters and lay Christians who have made a sincere and sustained effort to struggle to make sense for themselves of the issues surrounding HIV and AIDS, as well as a zeal to encourage others to do the same.

There is little doubt that increased prevalence of HIV and AIDS has brought with it a corresponding increase in the pastoral workload. There are sick people to be cared for and visited, people to be counselled and prepared in some instances for death. Likewise we have seen considerably more funerals to be conducted and attended, bereaved relatives to comfort and orphans to be looked after. Those who minister daily to those infected and affected often face the pandemic in their own families, even in their own bodies.

All this points to the simple truth that those who are going to minister amongst the different Christian denominations in the future are in need of formation for ministry that will equip them theologically

¹⁸Often as not the lack of response to this pandemic among Christian communities is less to do with an unwillingness to be involved as an inability to know where to start. The very complexity of HIV and AIDS can overwhelm ministers and congregations. Indeed, as Beverly Haddad comments in an article entitled: *Surviving the HIV and AIDS Epidemic in South Africa*, *Journal of Theology for Southern Africa* 131, July 2008, pp.47-57: "Unable to break cultural taboo and speak openly about sex, they (Christian ministers) resort to what they know – moralistic teaching."

and spiritually to manage the concerns and pressures of a pastoral apostolate that is dominated by HIV and AIDS. As the future animators of their local Christian community these leaders will need to be empowered with the necessary skills and resources that will encourage them to reflect on the implications of this pandemic so as to be genuine ministers of hope, not fear. Equally these future Christian spiritual leaders will need to be sensitive not to provide a ready packaged theological solution for those living with HIV and AIDS, but rather learn how to listen to and help those most affected to articulate a theology of life from within their own experience.

It is now time for each Christian denomination radically to evaluate what is needed in their formation institutions so as to integrate the major issues surrounding HIV and AIDS within their theological and spiritual programmes. Those responsible for preparing people for ministry should look carefully at all levels of the curriculum so as to provide people with accurate information, and encourage reflection on the key issues outlined in this book:

- Our concept of God
- The place of suffering and death
- Forgiveness and healing
- The nature of sin: personal and structural
- Our understanding of human sexuality
- The need for gender equality
- Prayer and scripture as tools for hope

All the available literature should be made accessible to those in formation while guarding against the danger of filling peoples' minds with facts but failing to enable them to reflect. Those responsible for preparing the future hands and heart of Christ should help future bishops, priests, religious sister and brothers to become theologians, not simply to read theological books.

If this theological and spiritual reflection takes place then there is truly hope that we can as Christians bring to our ministry and service a focused response. Such a response will be

- Clear concerning the theological issues that need to be addressed.
- Able to identify the necessary skills and resources that are best needed and are already available in order to create pastoral programmes that are effective.

Christian communities are, after all, very well placed to be a prophetic voice because of the structures that are already in place. Each week congregations of different Christian denominations gather together, often in large numbers; these groups, and the organizations within them, are an untapped resource for locally based theological, spiritual and psychosocial support. Through these meetings of Christians it is more than possible with good communication to disseminate information and mobilize home-based care.

A Prophetic Voice

The very fact that Christian congregations can be found at a grassroots level is of considerable advantage in the work of transforming the way people think. The willingness of many volunteers to be peer educators, counsellors and home-based caregivers makes of the Christian lay faithful an asset not to be minimalised. They are the very source of hope. As Dr Lucy Steinz who works in Namibia has written,

We have many reasons to be hopeful but hope requires hard work and good management. I often like to say that God is many things but he is not our accountant. God is on our side but he cannot do this alone, he needs us as much as we need him.¹⁹

We must therefore utilize as Christian communities the invaluable resource of volunteers who come forward to help in the response

¹⁹*International Review of Mission*, WCC, Geneva, Jan./April 2006, 102.

against HIV and AIDS. In fact we will truly be a prophetic voice and presence and will bring about the ultimate goal of a world without HIV and AIDS if we begin to see ourselves as victors not as victims. We need not be overwhelmed by the task before us as long as we look to the resources we have and we use them to their maximum potential. We are, in the words of St Paul, “more than conquerors” (Rom. 8:37) and this is far from being false optimism.

Each and every denomination within the Christian family has a challenge to be a voice that is prophetic, a witness to the love that has already overcome and which empowers us to do the same. This can happen if

- We work consistently to create Christian communities where both the infected and the affected feel nurtured and accepted. We will do this by building an environment that encourages non-judgmental listening. We should first listen to the “lived” experience of PLWHA; in this way we will draw up responses that meet their needs.
- We need to learn how to build on the structures that we have within our Christian congregations and to use these networks to create centres of healing that promote hope, not fear.
- We need to organize our response and have a clear plan of action that is both achievable and able to be monitored. Such action plans will have programmes for care of the sick, orphans and vulnerable people. Alongside this we need to learn how to cooperate so as to use our resources wisely.
- We need to train all our volunteer workers, not only giving them good information, skills and resources, but also providing them with adequate pastoral care and supervision.

- In whatever projects initiated we should promote the idea of self-reliance rather than dependence. Projects should be sustainable and volunteers ought to provide mutual support.
- Wherever possible positive people within Christian congregations should be encouraged to help others and provide clear examples of good role models.
- We need to use our international structures as Christian churches to influence governments and institutions that can provide quality care, treatment and prevention campaigns to do so, especially in resource-limited settings.
- We need to reflect on the central issues of individual and structural sin, our concept of God and punishment, healing, forgiveness, marriage, family and reconciliation in the light of this pandemic.
- We need to encourage and equip religious sisters, brothers and seminarians to read the scriptures through the eyes of this pandemic and learn how to apply them contextually where we can bring hope and compassion, support and challenge.
- We urgently need to address the cultural practices, traditions and beliefs that remove people's dignity, reinforce stigma and put them at risk of infection.
- We need to work towards a reconstruction of gender in the way that God intended in his plan of creation as given to us in Genesis, especially to break the confusion between gender roles and the given fact of being male and female.
- Through a clear and thorough presentation of a theology of the body we need to give a creative understanding to our sexuality, its gift and potential.

- We need to empower more priests, religious sisters, brothers and lay Christians in the ministry of pastoral counselling so as to increase our support to those living with HIV and AIDS whether they are infected or affected. We need adequate training and supervision.
- We need to keep ourselves updated with the issues surrounding this pandemic and the spiritual, theological, ethical and liturgical questions they raise. We need to take care and support those who work with PLWHA.
- Finally we need the courage to imagine a world without HIV and AIDS and to work for alternatives.

We begin where we are with the resources we have. If we do want a world without HIV and AIDS and not just a world with reduced infections or drugs that can manage an increasing number of new infections, then the time to act is now.

A World without HIV and AIDS

If we dare to envision a world without HIV and AIDS, then important as prevention, treatment and care are, we need to recognize that they do not go far enough. Reducing infection rates is, of course, a noble and vitally necessary short-term goal, but we cannot really be satisfied until we inhabit a world where HIV and AIDS is not to be found. We can invite and challenge people to change their behaviour but we also need to work consistently to deconstruct the complex labyrinth of dysfunctional thinking that maintains this very behaviour. If we call individuals to take responsibility for the choices they make, we cannot avoid pointing out the institutions, governments, states and ideologies whose structures contribute significantly to fuelling this global catastrophe.

Why does HIV and AIDS strike at the essence of our humanity? Because they uncover the roots of our beliefs and values, they reveal what worth we attach to human life itself. What is our value as

human beings? The Christian anthropology that has been reiterated time and again in these pages speaks of an eternal value impregnated into the very nature of every man, woman and child. God made us for love. Our life expresses the vocation to love as God loves. Hence the dignity of each person is not something that is based on a “human right” written on paper and enshrined in a UN charter. The innate dignity of each human being is a fact inscribed deep within us because we are “called to communion with God”.²⁰ We not only carry the image and likeness of the creator but we bear within us the seed of eternity. As the Russian writer Alexander Solzhenitsyn says in his novel *Cancer Ward*,

The meaning of existence is to preserve unspoiled, undisturbed and undistorted the image of eternity with which each person is born.²¹

Such is our dignity and destiny; this fundamental belief is the rationale of our Christian witness to life. This is why Christians speak out against forms of injustice or indeed anything that seeks to diminish the ultimate vocation that belongs to men and women.

Human beings, as these pages have sought to proclaim, cannot ever be reduced to mere biology alone, we are not “some casual and meaningless product of evolution”.²² While much modern scientific and philosophical speculation would seek to reduce us to a collection of cells, which have no lasting meaning, the Christians’ faith based on the revelation of Jesus Christ is that each human life is a living theology. Pope John Paul II in his presentation of the “theology of the body” rejects the kind of rationalism that portrays humans as complex machines and upholds and defends the dignity of each person. HIV and AIDS exposes the deep wound in the heart and soul

²⁰Catechism of the Catholic Church, n.27.

²¹A. Solzhenitsyn, *Cancer Ward*, Bantam Books, New York, 1969, 428.

²²Homily of Pope Benedict, Sunday, 24 April, 2005.

of humankind. It is indeed a battle for the survival of civilization not simply because of the number of deaths but because it invites us to choose how we want to live.

We have an enormous challenge as we try to enable ourselves, and future generations, to bring the gospel of life to people who feel as if they are lost in the valley of the shadow of death. We need to move forward in hope. Yet this can only come about if we as Christians are theologically and spiritually focused in the compassion we seek to bring to those in greatest need. Pope John Paul II put it clearly when he wrote,

Solidarity is not a feeling of unfocused compassion or just distress at the misfortunes of others. No, it is a firm determination to commit oneself to the common good; that is to say, to the good of all and of each individual, because we are really responsible.

We are indeed “really responsible” and so we must take seriously the responsibility to form our young religious and diocesan priests for the crucial mission to those affected and infected by HIV and AIDS. Not to do so would seem to be not only to fail our young vocations, but also to fail Christ who waits among the poorest of the poor to be loved and served.

The preceding pages have been an attempt to look and reflect upon some of the central issues surrounding HIV and AIDS and to struggle to see where faith in God fits into this painful and, for some, shameful illness. They are offered as a voice of hope and a confirmation in faith. Once again I stress they are not offered because I imagine that I have any smart or clever answers but because of a challenge to try to contribute to the struggle of finding a way of making sense of a disease that strikes at the very roots of our human dignity, hope and future.

Dr Peter Piot, the retiring executive director of UNAIDS is on record as saying that “When I started this job I saw religion as one

of the biggest obstacles to our work.”²³ Far from being a stumbling block the Christian church has a prophetic witness and must seek to find ways of speaking hope and life into this pandemic. We need to be true disciples of Jesus Christ and read carefully the signs of our present time. We do not need to try artificially to manufacture a ministry in the midst of this pandemic. We need rather to rediscover that our task is, as St Paul boldly proclaims in Romans chapter 12, to enable people to be transformed by the renewal of their minds. The gospel of life is a clear reason to live. With this as our foundation we can help people choose life rather than death, to encourage them to live with hope rather than die in fear. The journey you have undertaken in reading this book has been long but hopefully if you have persevered up to now it has been worthwhile!

Scripture to Read and Reflect Upon

Joel 3	What are the dreams and visions we need to have?
Ps. 146	How can we praise the lord of our life in the midst of this pandemic?
Rev. 21:1-5	A new heaven and a new earth.
Rev. 22:1-5	What part must we play in bringing this about?

Questions to Ponder

1. In what one or two ways do you think that the many issues surrounding HIV and AIDS could be reflected upon from a theological and spiritual perspective in your own setting?
2. Are there initiatives that your Christian community needs to evaluate? How best could this be undertaken?

²³Reported in *The Tablet*, 16 August, 2008, 10.

3. If we are to be a prophetic voice in bringing about a world without HIV and AIDS what areas of ecumenical discussion need to be begun? Who needs to facilitate this?
4. After reading this book what will you do? With whom?

Further Reading

Breaking The Conspiracy of Silence, Donald Messer, Fortress Press, Minneapolis, 2004, Ch 9.

Reflecting Theologically on AIDS: a global challenge, Robin Gill, ed., SCM Press, London, 2007.

When God's People Have HIV/AIDS, Maria Cimperman, Orbis, New York, 2005, Ch.4 & Conclusion.

Prayer

Great source of compassion hear us.

We cry in trust to you the giver of life.

In gratitude we thank you for your presence with us now

And we place our trust and hope in you alone.

We pray for all who are infected and affected by HIV and AIDS.

May your healing presence console them and bring them hope.

We hold in love all who try to bring direct service to those caught up in this pandemic. May they experience your support and be strengthened in the care they seek to bring.

We pray for those who have been left orphaned due to HIV and AIDS.

May they feel the love of others around them and their vulnerability be reduced.

We pray for all women who bear the heaviest burden of this disease.

May they know their dignity and never lose sight of their human rights.

We pray for Christians who live in the areas of the world most acutely affected by HIV and AIDS. May they minister hope not fear, love not condemnation.

We pray for all who have died as a result of HIV and AIDS. May they enjoy now the fullness of life, which is your promise.

Amen.

Resources

Websites

www.UNAIDS.org

United Nations Programme on HIV and AIDS, provides information and update on global statistics.

www.wcc-coe.org

World Council of Churches has many excellent books and other materials.

www.aidsmap.com

AIDS Map is a charity that provides a wide range of articles and information from around the world.

www.avert.org

UK-based charity that has many articles and up-to-date statistics.

www.aids.org

Updated information especially concerning treatment.

www.aaaw.org

Artists Against AIDS Worldwide, is a non-profit making organization that provides music, videos and an instant accounting of Aids deaths since the first of January of a given year.

www.gatesfoundation.org

The Bill and Melinda Gates foundation offers information concerning health and learning.

churchandglobalaids@yahoo.com

Centre for Church and Global AIDS coordinates efforts of individuals and organizations committed to engaging churches in projects aimed at creating a world without AIDS.

www.e-alliance.ch

This organization is based in Geneva and coordinates Christian advocacy efforts internationally.

www.caa.org.na

Website of Catholic Aids Action in Namibia

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Index of Personal Names

Ackerman, Denise 174, 175
Aquino, M. Pilar 214

Balthasar, H. von 124
Barclay, William 95
Bate, Stuart OMI 90
Bayley, Anne 125
Benedict, Pope XVI 108
Benn, Christopher 20
Berragan, J. Lozano 190
Bilheimer, Robert 201
Bonhoeffer, Dietrich 105
Bowlby, J. 230
Bonhoeffer, Dietrich 265
Brown, Peter 150
Bruyan, T de 98
Byamugisha, Gideon 99

Cahill, L. Sowle 54, 203
Callanan, M. 241, 242
Cameron, Edwin 6, 11, 34, 99
Cantalamesa, Raniero 105
Casey, Michael 48, 258
Cassidy, Sheila 130, 132
Chirongoma, Sophie 199
Cimperman, M. 175

Davis, Christopher 22

Dube, M. 10, 100, 101, 199,
205, 207, 208, 209, 217,
218

Ellsberg, Robert 139, 140

Fachenheim, E. 134
Frankl, V.E. 122, 129
Frontières, Medecins Sans 36

Gates, Bill 23
Gutierrez, Gustavo 85, 87, 248

Haddad, Beverley 78
Haring, B. 108, 110, 111
Harty, Gabriel OP 89
Hogan, Richard M. 160, 163,
172
Hughes, Gerald 264

Kant, I. 148
Kanyoro, M. 10, 199, 208, 209,
217, 218
Keane, Philip 146
Keenan, James F. S.J., 20, 54,
69, 116, 193
Kelly, P. 241, 242
Kempen, Joke van 26

Kgalemang, Melebogo 7, 96
 Klesius, Michael 19
 Kubler-Ross, E. 226, 231

Laing, Ronald 258

Lewis, C.S. 239

Long, Ann 67

Lobo, George 110, 114

MacNamara, Vincent 60

Mageto, Peter 96, 151

Mallmenn, Silke-Andrea 245

Markel, Howard 23

Martin, Leonard 113

Martin, Regis 82, 133, 247

Masenya, Madipone 203

Matthews, Melvyn 257

McBrien, Richard 248

McDonagh, Enda 101, 110, 193

McNicholas, Neil 226

Messer, D. 220

Migliore, Celestino 215

Miller, Mark 189

Moltmann, Jurgen 81, 135

Mongella, Gertrude 215, 216

Nouwen, Henri 127

Oesterreicher, J.M. 124

Okure, Teresa 6

Parry, S. 4

Paul, John II 153

Phiri, I. A. 78

Masenya, M. 202

Preface, Christmas 165

Rad, Gerhard Von 85

Radcliffe, Timothy 152, 156

Ratzinger, Joseph 124

Rhonheimer, Martin 190

Rokozky, Susan 211

Schreiter, Robert 135

Smith, Ann 190

Tuohey, John 193

Tutu, Desmond 76

Waldstein, Michael 154

Ward, Benedicta 258

Weinreich, Sonja 20

West, Christopher 106, 156,

162, 163, 166, 168,

172, 188

Williams, Glen 99

Index of Subjects

- Antiretrovirals 35
Awakening, Spiritual 271
- Body**, Theology of the 152
- Catholic Church and Women
212
Catholic Teaching: *Humanae Vitae* 183
Christian Morality 95
Compassion 187
Compassion: A Gospel of 127
Condoms 181
Condoms: Advocating the
Use of 29
Condoms: The Question of 181
- Death** 223
Death, A Pro-Life Choice 230
Death and Dying, Process of
233
Death, First Fact of Life 225
Death, Final Riddle of Life 246
Divine Mystery 165
Dying, Presence with the 241
- Faith** 138
Faith, Missing Dimension 53
- Female and Male 197
- God**, Experience of 3
God, Listening with Love to 66
God, People and their Stories
77
God, Word Spoken by 261
God's Purpose 219
God's Word 265
Gospel, Body as 155
- HIV and AIDS** 149
HIV and AIDS and the God
We Encounter 75, 82
HIV and AIDS, Experience
of 6
HIV and AIDS, Ministry in
the Midst of 11
HIV and AIDS, Sin and
Morality 116
HIV, Justice Issue 53
Hope, Call to 69
- Lectio Divina* 259
Life 191
Life, Experience of 1
Life, Praying with 268
Life, Theology Arising from 79
Life, The Word of Promise 86

- Living and the Dying 223
 Love, Christian Morality 106
 Love, Gospel of Suffering 135

Marriage 167
 Microbicides 30
 Morality, Question of 102
 Mystery 132

Physical Pain 122
 Plan of God 159
 Prayer 51, 74, 93, 120, 143,
 179, 195, 222, 251, 270,
 296
 Prayer and Scripture 253
 Prevention Campaign 24

Response to HIV and AIDS 17

Sacrament, The Body as a 157
 Scripture to Read and Reflect
 49, 73, 91, 118, 176, 193,
 220, 249, 266

 Sex 145, 151, 156, 166, 169,
 188, 189, 207, 208
 Sexual Liberation or Sexual
 Confusion 146
 Sin 95
 Sin, Personal and Social 109
 Spiritual Support, Way of 253
 Stigma, HIV and the
 Experience of 96,
 Suffering 128
 Suffering, Making Sense of 121
 Surviving Loss 237

Tradition 257
 Truth 63, 168

Virus and Inequality 197
 Voluntary Counselling and
 Testing 33

Women, Theology of 216
 Words, Power of 260