

Theology and the HIV/AIDS epidemic

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'We have recognised that there is a problem in the church... We have to ask ourselves, what can we do?'

Contents

Executive summary	1
Preface	2
1. Theology in the context of HIV/AIDS	3
2. Combating injustice: renewing covenantal relationships	7
3. Restoring life: the Creator and the human condition	12
4. The challenge to the churches: a new order	17
References	21
Endnotes	22

Executive summary

Since the first cases of AIDS were identified in 1981, more than 20 million people have died. Today, around 38 million people worldwide are living with HIV.¹ The rapid and continuing spread of the epidemic has placed huge demands on governments and health and social services, above all in countries with the least resources.

Christian churches have a long tradition of pastoral care, education and healthcare, a concern for social justice and unparalleled local networks. They are therefore well placed to play a crucial role in HIV prevention and care at community level. In many countries, churches are already deeply involved in this work. There is, however, a need for churches and Christian agencies such as Christian Aid to formulate the theological principles that determine their response to the epidemic if this is to be seen to be well-founded.

HIV/AIDS poses a particular challenge for theologians. In the 1980s, some churches responded to HIV with the message that it was a punishment from God for what they understood to be immoral behaviour. This response caused untold harm. People who found themselves infected kept their positive status hidden in order to avoid stigma and rejection by their church and family. As the causes behind the spread of HIV, and its links to poverty and injustice, became better understood and with the realisation that HIV can infect anyone, regardless of their faith, marital status, sexual orientation or social position, churches had to recognise that HIV was in their midst. This meant acknowledging that the role of the church was not to condemn, but rather to offer comfort and support after the example of the God of hope and love, and to put that recognition into practice.

A theological framework that facilitates discussion on the nature of God and his relationship with humankind living with HIV/AIDS needs to accommodate searching questions and changing realities. The model proposed here is based on Karl Barth's work. It reflects the love of the triune God for his people since the moment of creation, and God's continuing involvement in the well-being of the created world through an eternally existing covenantal relationship. Barth's thinking on creation and covenant is complemented by the work of Jürgen Moltmann, whose view of the 'crucified God' who 'died outside the gate on Golgotha for those who are outside' has a special resonance for those people living with HIV who are treated as outsiders.

If covenantal relationships between God and his people, and, by extension, between those people themselves, are to be restored and maintained, the various forms of injustice that underlie the spread of HIV have to be addressed. Foremost among them is stigma, which all too often leads to dangerous silence, as well as rejection. Gender injustice also has to be tackled urgently. Women now make up nearly half the total number of people who are living with HIV/AIDS worldwide. Women are vulnerable because of poverty and their need to provide for their children at whatever cost.

They are at risk of rape and abuse, may lack the option of negotiating safe sex with their husbands, and may suffer culturally determined discrimination.

Tackling injustice is a vital part of reversing the tide of the HIV/AIDS epidemic. The need to restore life to people who see themselves as under a death sentence is equally pressing. This means breaking the silence and offering hope, both material and spiritual. In turn, this means addressing openly and positively issues such as suffering and sexuality. For the church, this involves enabling people to behave responsibly by providing teaching about HIV prevention. It also involves the church itself acting responsibly, in terms of its theological response to the epidemic and the quality of spiritual care it offers to people infected and affected by HIV.

HIV/AIDS presents a challenge to the church in its commitment to upholding God's covenantal relationship with his people in every aspect of their daily lives. This challenge relates to the way the church sees itself and understands its mission as a healing, worshipping and prophetic community. Within the church, it is vital that everyone can feel welcome and receive pastoral support. Breaking the silence about HIV means integrating into worship the concerns of people living with HIV. Externally, in order to identify the most effective ways of combating the HIV epidemic, churches need to examine their relationships with other churches and faiths. Finally, the church must make its voice heard in order to change the structures that are assisting the spread of HIV. Most crucially, this means working to alleviate poverty by advocating for change in unjust trade practices and the removal of the burden of unpayable international debt.

A theology of hope and love must be accompanied by practical care, which not only aims to improve people's quality of life within their community, but also demands action in the wider world.

Preface

Today, 38 million people worldwide are living with HIV/AIDS. In the worst-affected countries in eastern and southern Africa, up to 60 per cent of today's 16-year-olds will not reach their 60th birthday if current infection rates continue and there is no large-scale treatment programme. The rapid and continuing spread of the epidemic has placed huge demands on governments and health and social services, above all in countries with the least resources.

Christian churches have a long tradition of pastoral care, education and healthcare, as well as a concern for social justice and unparalleled local networks. They are therefore well placed to play a crucial role in HIV prevention and care at community level. In many countries, churches are already deeply involved in this work.

For the churches, and for Christian agencies such as Christian Aid, there is a clear need to formulate the theological principles that determine our response to the epidemic, if this is to be seen to be well-founded. This is a task that could probably occupy several doctoral theses, but people engaged in combating HIV do not have the luxury of time. This paper is very far from being the last word on the subject. Rather, it is offered as a basis for discussion, and in the hope that it will provide church leaders with a starting point for debate and some ideas for carrying forward their churches' work and reflection in this vital area.

Many people have contributed, directly or indirectly, to this paper. Thanks to some of Christian Aid's partner organisations overseas, particularly, but not exclusively, in sub-Saharan Africa, I have been privileged to meet many people living with HIV and to witness first hand the work and commitment of those who care for them. I have also benefited from exchanges with church leaders and others at international conferences over the past few years. Equally importantly, I have been able to make contact with organisations working on HIV and individuals living with HIV in the UK and Ireland. The help and support of colleagues at Christian Aid and discussions with local church groups have also been essential in helping me to formulate some of the ideas outlined in this paper.

I would particularly like to thank the Rt Revd David Atkinson, Bishop of Thetford, Professor Nigel Biggar, Professor of Theology and Ethics at Trinity College Dublin, and the Revd Dr Colin Jones, Director of the Church of the Province of Southern Africa's HIV and AIDS Programme, for their very helpful comments on an early draft of this paper. Any errors are of course my own.

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1. Theology in the context of HIV/AIDS

Why theology?

As the magnitude of the HIV/AIDS epidemic has become apparent over the past 20 years, there has been a growing call in Christian circles for what is popularly referred to as 'a theology of AIDS'. As countries in the developing world and beyond have gradually faced up to HIV/AIDS being in their midst, the clamour for a theological response has become a feature of their churches' conversations and conferences.

The way the human immunodeficiency virus (HIV) spreads, and the devastating effects of the illnesses that result from acquired immunodeficiency syndrome (AIDS), have been felt to demand a response from the church and its leaders across the world. Why is this so, when no one expresses a need for a theology of cancer or of malaria, the biggest killers in many countries? What is so different about HIV/AIDS?

A superficial answer might point to the sheer size of the problem. HIV does not discriminate. It affects rich and poor, adults and children, Christians and non-Christians. Whether acknowledged or not, HIV has since its outset been present at the heart of the church itself, affecting congregations, priests and pastors alike. This begs the natural question asked in the face of all widespread and individual suffering: where is God in all this? But that is not the same as seeking a theology that is specific to HIV/AIDS. This search implies that a theology of suffering, with which Christians have wrestled over two millennia, is not enough to address this epidemic.

Besides the rapid spread of the virus, HIV/AIDS is also perceived to be different because of how it is transmitted. This has frequently been linked to behaviour of which the church disapproves. A significant factor in the now increasingly urgent demand for a theological response to HIV/AIDS has to be the spectacular theological error of the church in the epidemic's early days. It is well known that in western Europe and North America, HIV was first identified primarily among homosexual men, while elsewhere it quickly became associated with female sex workers. The response of some churches was swift and unthinking: AIDS was a punishment from God, akin to the plagues which God inflicted on disobedient communities in Old Testament times.

As will be shown later in this paper, this attitude is both theologically untenable and pastorally disastrous. Arguably still worse is that the church's attitude served merely to fuel the fires of the epidemic. Fearing the wrath of their priests and rejection by their congregations, Christians who became infected by HIV simply kept it quiet. The silence surrounding HIV deepened and stigmatisation of the people affected became more deeply rooted. With people's ignorance of how it spread left unaddressed, HIV/AIDS reached epidemic proportions all the more quickly.

Even today, the 'punishment from God' theory has not been completely eradicated. It was propagated so loudly and effectively in the 1980s that pastors in more remote

communities in developing countries have yet to hear word of the churches' change of heart. It may also be brushed aside by some western conservative church leaders, because the idea of divine punishment fits neatly with their own world-view.

But as churches and governments began to break the silence surrounding HIV/AIDS, many church leaders, finding that in the worst-affected regions few families were untouched by HIV, first questioned and then rejected that initial, damning response. The courage that this took, and still takes, should not be underestimated. Today, instead of a theology of punishment, priests and pastors are urged to preach about a God of love and compassion who does not inflict sickness on his people, and for whom illness is not to be equated with wrongdoing. In the words of Pasteur Bazié, General Secretary of Christian Aid's partner organisation, the Development Office of Evangelical Churches in Ouagadougou, Burkina Faso: 'The churches delivered a harsh judgment and we have recognised that there is a problem in the church. Now we have to ask ourselves, what can we do?'

It was probably this sea-change in many churches that greatly increased the demand for a theological approach that could help them make sense of the complexity of HIV/AIDS. In many countries, for over a decade the church has been at the forefront of home-care provision and health services for people affected by HIV. In addition there is the emotional and spiritual support offered by many Christian congregations. People involved in such activities, as well as the individuals and families who are infected or affected by HIV, need some kind of theological framework within which to do their work and live their lives.

The challenge to theology

While many churches have begun to address the theological context of HIV/AIDS, most seem to be limiting their approach to a biblical studies perspective. This viewpoint is open to the criticism that it is just as selective as the previous, Old Testament-based, view of a 'punishment from God'. Biblical studies are, of course, a crucial element in formulating a theological approach to HIV/AIDS. However, the Bible also has to be studied from a clearly articulated theological perspective. While it is good and right to comfort and encourage someone living with HIV by pointing them to Jesus' love for outsiders, as shown in many of his healing miracles, theology also has to probe more deeply and widely. The subject matter of theology is God's own self, and in turn, the world seen through God's eyes. Clodovis Boff defines it like this:

The object of theology is God in God's own mystery, the God of revelation. Theology sees everything with God's eyes and theology's proper perspective is the faith perspective. While the mystery of God is the formal object of theology, its material object is everything: God and the world, the church, and society.²

To address the question of where God is in HIV/AIDS, we need to rephrase it. What is the nature of God as he is revealed through this epidemic? What does this tell us about the world as he sees it? Hopefully, this will avoid either glorifying suffering (as did the medieval mystics, who longed to experience a suffering akin to that of Jesus on the cross, in order to be united with him), or accepting it as somehow part of a Christian's duty.³

HIV/AIDS represents a double challenge to theology. First, there is the question of widespread and unpredictable suffering. Secondly, there is a growing feeling that HIV has seemingly turned the world upside down. Several theologians have referred to chaos or disorder, sometimes striking an apocalyptic note:

AIDS represents the frightening world of chaos – disorder and non-meaning from which we hoped our faith had delivered us. AIDS is a plague in the modern era where plagues should have no power. The AIDS pandemic recreates for us the frightening world of the earlier church where we do not control the elements and are in a place between creation and redemption, in what the old *Salve Regina* prayer used to call a 'vale of misery'.⁴

Others have reflected on the oppositions that this chaos has created. As Musa Dube puts it: 'HIV/AIDS makes love drag us to death',⁵ while David Atkinson has commented that the processes that we associate with giving life are bringing death. The great Christian themes of the goodness of creation, love and life, appear to have been thrown into disarray. Yet there is an imperative to confront the challenge, not least because theology, with its concern for the nature of God's relationship with the people of his creation, aims to reflect the conditions in which those people live. A theology formulated today without reference to HIV/AIDS is as outdated and potentially irrelevant as one that in earlier centuries reflected the world-view of slave traders or an imperialist elite. The same applies to biblical studies:

HIV/AIDS is a major attack on life. Since biblical studies is a discipline that centres on the divine creation of life and the search for the divine will for all life and relationships, it cannot ignore HIV/AIDS' attack on life and how it affects particularly socially disadvantaged populations, who face poverty, gender inequality, violence, international injustice, racism, ethnic conflict, denial of children's rights, discrimination on the basis of sexual orientation and ethnicity.⁶

If God is to be revealed through the interpretation of the biblical text in the context of today's world, a theologically informed, contemporary approach to Scripture cannot ignore the fact and impact of HIV/AIDS.

Establishing a theological framework

A theological framework that facilitates discussion, both on the nature of God and on humankind living with HIV/AIDS, needs to accommodate searching questions and changing realities.

We need to be able to ask fundamental theological questions in a new context, and expect to find some answers. For example, what does it mean to talk of the goodness of God in the context of HIV/AIDS? We need to find answers that are relevant to people affected by HIV and their carers, as well as to people for whom HIV/AIDS is far removed from their own experience and consciousness.

In 1996, the World Council of Churches issued a statement about HIV/AIDS. It stated that: 'The church's response to the challenge of HIV/AIDS comes from its deepest theological convictions about the nature of creation, the unshakable fidelity of God's love, the nature of the body of Christ and the reality of Christian hope.'⁷ It suggested that such convictions might be worked out in practice in a threefold model in which God who is Father, Son and Holy Spirit offers 'a model of intimate interaction, of mutual respect and of sharing without domination'. This is an ideal that would be shared by those who are working with people living with HIV/AIDS.

The doctrine of the Trinity is the starting point for *Church Dogmatics*, the monumental work by the 20th century Swiss theologian, Karl Barth. The volumes that are particularly relevant in considering a theological framework for discussing HIV/AIDS relate to the themes of creation and covenant. This theology reveals something of the nature of God and the relationship with humankind that he created, and provides a model for relationships between human beings. Since Barth's ideas will be used as a basis for much of this paper, it is worth setting them out in a little more detail.

Creation and covenant

Barth often makes the point that God did not 'need' to create heaven and earth. But having done so, 'God does not grudge the existence of the reality distinct from Himself; He does not grudge it its own reality, nature and freedom.'⁸ (Contrast this, say, with a tycoon who creates a football club for himself, uses the power of his money to build up his players' hopes and the fans' dreams, and when the team plays badly ensures that those who displease him are sold on.)

The first two chapters of Genesis tell of the world's creation in seven 'days', emphasising its goodness: 'God saw everything that he had made, and indeed, it was very good' (Genesis 1.31). Because these events fall outside our historical knowledge, it is tempting to disregard them, or rank them alongside creation myths from other cultures. But for Barth, mythology is not an option: 'The biblical creation narratives... stand in strict connection with the history of Israel, and so with the story of God's action in the covenant with man.'⁹

In other words, creation is the beginning of the eternal relationship ('covenant') between God and humanity. Old Testament scholars have recognised successive covenants – binding agreements – between God and his people, beginning with the covenant with Noah (Genesis 9:21: God promises never again to destroy all living things because of human sinfulness), and continuing through the covenants with Abraham, Moses and David, each covenant entailing obligations on both sides.

Barth, however, places this understanding between God and his created people and the relationship that is implied by it, right back at the time of the creation with the institution of the Sabbath ('God blessed the seventh day and hallowed it, because on it God rested from all the work that he had done in creation' (Genesis 2.3)). Creation and covenant are thus intrinsically related, a relationship that Barth expresses as creation being 'the external basis of covenant' and covenant 'the internal basis of creation'.

The seventh day is both an end and a beginning. It marks the end of the story of creation, whose goal, says Barth, is 'Sabbath freedom, Sabbath rest and Sabbath joy'. This is not restricted to God alone, but is shared with humankind: 'Man is created to participate in this rest before any human activity.'¹⁰ This sharing by God of the climax of creation with human beings is the first revelation of his covenant of grace, and thus there is also a beginning – it is the starting point for all of human history that is now to follow. This means that our human story, and all our individual personal stories, derive their meaning from God's covenanted relationship with his creation and his people. Our personal stories, whether in health or in sickness and suffering, are somehow caught up into the fuller narrative of God's purposes for the world.

From the outset, God is involved in the well-being of the world he has created, and this sharing is 'good'. But there is a further important strand to Barth's argument. In terms of human history, the covenantal relationships with the Hebrew people set out in the Old Testament, for all their magnificent promises, would still have been only half the story. Historically, we have to wait until the New Testament to see the fulfilment of God's new covenant with his people in the person of Jesus Christ, as prophesied in Jeremiah 31: 'They shall all know me, from the least of them to the greatest... for I will forgive their iniquity and remember their sin no more' (31:34). But the reality of the doctrine of the Trinity is that all three Persons – Father, Son and Holy Spirit – were present at creation: 'The decisive anchorage of the recognition that creation and covenant belong to each other is the recognition that God the Creator is the triune God, Father, Son and Holy Spirit.'¹¹

At the very beginning, then, God not only creates humankind and establishes a special covenant relationship with them; he identifies with them through his son. In the New Testament, the relationship between the Father and

the Son (and consequently the relationship between human beings and God) finds its most profound expression in the Gospel of John. Jesus tells his disciples: 'I am in the Father and the Father is in me' (John 14:11), and continues: 'I am in my Father, and you in me, and I in you' (John 14:20). Barth extends this 'indwelling' relationship back to creation: 'What God does as the Creator can in the Christian sense only be seen and understood as a reflection, as a shadowing forth of [the] inner divine relationship between God the Father and the Son.'¹²

This indwelling relationship is developed by Paul, who in turn applies it to the church in terms of Christians' relationship to Christ and to one another. Paul's memorable image of the church as Christ's body, with each member having a different role that is vital to the well-being of the whole, ends with a statement of what this entails for the relationship between the members themselves: 'If one member suffers, all suffer together with it; if one member is honoured, all rejoice together with it' (1 Corinthians 12:26). Barth makes an important point in this context: 'While the authors of the New Testament presuppose the being of Christ in the Christian, with no fear of injuring the supremacy of the divine initiative they do in fact look more in the opposite direction, namely, to the being of the Christian in Christ.'¹³

To be able to assert that 'Christ is in me' is a wonderful thing for Christians living with HIV. Their experience of being rejected by the church – the body of Christ – may make them feel unable to say with any conviction: 'I am in Christ', even though that remains true.

Old Testament history reveals a cycle of covenant-breaking as people turn away from God, and covenant renewal, as God in his goodness and mercy never gives up on them and calls them back to him. In a sense, this cycle comes to an end with the New Testament. There, Christ once and for all fulfils God's covenant with humankind and, in Barth's words, makes 'common cause' with Christians, giving and joining himself with them:

Christ attests to the world the reconciliation to God effected in Him, the covenant of God with man fulfilled in Him, as He associates with Christians, making common cause and conjoining himself with them. He does not merely do this ideally or partially, but really and totally. He does not merely comfort, encourage, admonish or protect them remotely or from afar. But as He calls them to Himself in the divine power of His Spirit, He refreshes them by offering and giving Himself to them and making them His own.¹⁴

To sum up: in Barth's writings, creation and covenant – God's eternal relationship with humankind – are inextricably linked. Creation has prepared the covenant and become the unique sign of it. Barth brings together the Old Testament teaching on creation and covenant, and the

New Testament revelation of Jesus Christ and the church's doctrine of the Trinity. This broad theological canvas is a particularly helpful framework for the discussion of HIV/AIDS. It places contemporary human relationships with God in an eternally existing pattern that is rooted in creation itself. Humankind is not brought into relationship with the Trinity at a given point in time – that relationship is shown to have been there for all time. This timelessness may help us to see beyond the perceived chaos arising out of HIV/AIDS. It reveals God's eternal involvement in and commitment to his world and his people, whatever befalls them. In turn, it offers a model for human relationships.

While Barth, writing on dogmatics, has little to say on suffering,¹⁵ the subject is fully explored by Jürgen Moltmann,¹⁶ again from a trinitarian point of view. His approach will be considered in Chapter 3. For now, it is enough to note that Moltmann's work seems to complement Barth's in this crucial aspect of theological thought and will form the basis for our consideration of suffering later.

Theology and HIV/AIDS

In December 2003, academic theologians meeting in Windhoek, Namibia, identified what they saw as major theological themes that need to be addressed in order to develop a theological framework for responding to HIV/AIDS:

- God and creation
- interpreting the Bible
- sin
- suffering and lamentation
- covenantal justice
- truth and truth-telling
- the church as a healing, inclusive and accompanying community.

The theme of 'sin' was further sub-divided into the sin of stigmatisation, the association between sexuality and sin, HIV/AIDS as a 'punishment for sin', and sin as failure to take responsibility.

These themes will be grouped under separate headings in the following chapters. The next chapter, on 'Combating injustice', will include, but not be restricted to, covenantal justice and sin. The third chapter, 'Restoring life', will include some aspects of sin, suffering, and lamentation. Finally, 'Challenging the church' will focus on the church as an inclusive and healing community. Biblical interpretation is a relevant part of all three headings. Other themes, such as sexuality and working with other faiths, must also feature.

HIV/AIDS has already caused untold suffering, and will continue to do so for the foreseeable future. In this wholly new context, Barth's theology contains the timely reminder that being 'in Christ' also includes suffering. It includes crucifixion, as well as resurrection. The two-way

relationship of the covenant between God the Trinity and his people will be a recurrent theme and reference point in what follows here. It has been summed up by another distinguished 20th century theologian, John V. Taylor:

Through [Christ's] continuing presence within the life of the church, manifested in that superhuman assurance and love they called the Spirit, God's own covenanted presence in the midst of his people was established for ever.¹⁷

2. Combating injustice: renewing covenantal relationships

Everyone has a share in the same humanity – which also includes suffering, injustice and tragedies. The fate of each person affects our own in some way. People's rights and obligations are reciprocal.¹⁸

If covenantal relationships between God the Trinity and his people, and between those people themselves, were established at creation, biblical history becomes an account of how those relationships were maintained in changing physical and cultural circumstances over the centuries. As already mentioned, Old Testament history may be seen as a sequence of covenant-breaking and covenant renewal events, as God's people turn away from him in unfaithfulness, typically to idol-worship, and are brought back to him with his forgiveness. This cycle gives way to God's promise of a new covenant (Jeremiah 31:31-34) and its fulfilment in the coming of Christ (Hebrews 9:15). Deuteronomic law establishes in considerable detail how covenantal relationships between groups and individuals are to be preserved, until it is superseded by Christ's all-embracing command: 'Love one another as I have loved you' (John 15:12).

Importantly, covenantal relationships remain unchanged in their nature. What does change is the law that is intended to uphold them. We see this in the passage from the Old Testament to the New. It continues in the interpretation of Scripture through to modern times as new obstacles to those relationships arise and need to be dealt with. As the Windhoek theologians' meeting put it: 'Readings of the Bible must be Christ-centred and linked to the context in which we find ourselves. We need to acknowledge insights now available to us, which were not available to the biblical authors and previous generations of people studying or reading the Bible.'¹⁹

The damage done to covenantal relationships in the Old Testament is never irreversible. God continually renews his promise of blessing to his 'rebellious children' (Isaiah 30:1): 'The Lord waits to be gracious to you, therefore he will rise up to show mercy to you. For the Lord is a God of justice; blessed are all those who wait for him' (Isaiah 30:18). This acknowledgment of justice as a characteristic of God becomes particularly significant when the covenantal model is transferred to human relationships. The damaging or breaking of such relationships is frequently a matter of injustice. Their restoration depends on injustice being transformed into justice.

Because of the integral link between poverty and the spread of HIV, injustice must play a major part in any discussion of HIV/AIDS. It is not unusual for links to be made between disease and poverty, as poor living conditions have always given rise to poor health. People are likely to get sick more quickly because of malnutrition, overcrowding (which leads to a higher incidence of respiratory infections such as TB) and water-borne infections caused by poor sanitation.

In the context of HIV, this applies to HIV-positive people who live in poverty being unable to withstand so-called opportunistic infections. But poverty means far more than vulnerability to infection in the case of HIV/AIDS. Poverty means illiteracy and lack of education that leaves people ignorant of how HIV spreads and unable to protect themselves against it. Poverty means the desperation that forces women into sex work, simply to feed their children. Poverty means a lack of empowerment, which deprives women of the option of negotiating safe sex with their husbands. Poverty means a lack of job opportunities for men, who have to travel in search of work. Away from their families and the stabilising influence of their communities, they become susceptible to having casual sex with HIV-positive sex workers, or risk spreading HIV if they are positive themselves.

A lack of education, food, healthcare, employment and empowerment are all issues of injustice. So is the failure to respect women's and children's rights. Such injustice is not limited to particular countries or cultures. For example, men in sub-Saharan Africa may find themselves without jobs, and families may be forced to survive without an income, because global trade favours subsidised imports over local products. Likewise, many children in developing countries are unable to receive an education because their parents cannot afford the government-imposed school fees needed to pay interest on the country's spiralling international debt.

Unfair trade rules and international debt expose millions of people to poverty and HIV/AIDS. In developing countries, the active working population aged between 15 and 49 is the generation most severely affected by HIV. As large numbers of young people and adults become ill and die, the economic effects of this injustice is felt at all levels of society. The resulting fall in life expectancy is also likely to have international economic repercussions. In South Africa, for example, life expectancy at birth is predicted to fall from 49 today to 40 by 2010. In richer countries the situation is more complex. In South Africa and Botswana inequality, together with the incidence of migrant workers, may be as significant as poverty in causing HIV to spread.

Other forms of injustice are more specific to HIV. Access to Antiretroviral Therapy (ART) is now a major factor in enabling people with HIV to live much longer. Governments that fail to provide ART free or at low cost are guilty of injustice to those who cannot pay. The stigmatisation of people with HIV has led to discrimination and rejection all over the world. This has happened at every level: national governments, churches, communities and individuals have all contributed to the injustice experienced by people affected by the epidemic. Finally, particularly in developing countries, the injustice of gender inequality continues to lead to the spread of HIV.

Stigmatisation

The stigmatisation of individuals is a sin against the Creator God, in whose image all human beings are made. To stigmatise an individual is to reject the image of God in the other, and to deny him or her life in all its fullness. This is not just a sin against a neighbour but also a sin against God.²⁰

Discrimination, moralism, rejection and mystification are ethically the most serious threats when encountering the [HIV] epidemic.²¹

Those who oppress the poor insult their Maker
(Proverbs 14:31, NRSV).

Stigmatisation and discrimination seem to be inseparable. Referring to someone according to their ethnic origin, sexual orientation, or positive HIV status does not stigmatise them in itself. Stigmatisation arises only because of some social understanding that such ethnicity, sexuality or positive status should be feared or despised. Discrimination represents the unjust consequences of such an understanding.

In theological terms, stigmatisation and discrimination represent a breaking of covenantal relationships. They find biblical expression, for example, in the gospel encounter between Jesus and a blind man. The disciples reveal the stigma: 'Who sinned, this man, or his parents, that he was born blind?' they ask (John 9:2), associating physical impairment with sinful behaviour. To which Jesus replies, 'neither', and proceeds to restore the man's sight. Society has punished stigma with rejection – the man has been cast out, a beggar. He does not approach Jesus for healing and the disciples only mention him as a starting point for theological discussion. It is an episode that not only makes a clear link between stigmatisation and discrimination, but also demonstrates the devastating effect this has on the individual.

Stigma is at heart unjust. It creates an unjust association between an individual and a type of behaviour of which society, or a segment of society, does not approve. It is typically based on misinformation, and the consequences of that are damaging both to people on the receiving end and ultimately, as in the case of HIV, to society as a whole.

Creating the stigma of HIV

Stigmatisation of people living with HIV began with fear. The discovery in the early 1980s of an unknown disease that led to an agonising death was naturally frightening and drove people to look for an explanation. A virus subsequently named HIV was identified as the cause of AIDS, but the absence of a cure simply increased the fear. However, the fear was somewhat alleviated by the fact that HIV, in Europe and North America at least, was first found primarily in the homosexual community. The long-term effects of this have been devastating. As heterosexuals

breathed a collective sigh of relief and dismissed HIV as 'a gay plague', their ignorance about how HIV spreads left them vulnerable to infection. Others, who felt unable to reveal their homosexuality, kept quiet about their HIV status.

Silence has always been a consequence of stigma. In the case of HIV, because people do not want to risk becoming stigmatised by changing their behaviour, silence has simply allowed the virus to spread. In countries where admitting to a homosexual orientation remains socially unacceptable or even dangerous, the crisis can only get worse. In Tanzania, for example, the existence of homosexuality is denied to the extent that the church does not even discuss human sexuality, as this would be taken to mean homosexuality. Yet there is a growing gay community in urban areas, and both male and female sex work is common in the slums.²²

In most developing countries, HIV became associated with sex workers, instead of with homosexuals. It was explained away by promiscuity, which in turn led to silence and ever-increasing infection rates. As with all sexually transmitted diseases, irresponsible sexual behaviour has been a factor in the increase in HIV prevalence. However, this is not a valid reason for rejecting HIV-positive people. How people contract the virus should not determine the attitude of the church – or of society – to their suffering.

In secular circles, stigmatisation of HIV-positive people arose out of a sense of shame or guilt. As Dr Martti Lindqvist put it:

AIDS is associated with taboos in combining the images of death and sexuality. After all it is an illness that is usually transmitted sexually and often leads to the death of the infected person. Given, on the one hand, that sexuality itself is often associated with shame and guilt, and death with fear and incomprehensibility, these experiences converge to form an entity that is highly difficult emotionally to handle. In that case, one is close to the idea that AIDS is a punishment for the person for his or her sexual misdemeanour.²³

It is worth making the point that stigmatisation is not always imposed on people. The phenomenon of self-stigmatisation – a person's conviction that he or she is an object of shame, or a sinner – may be equally devastating, even if that person is living in a community that does not share that conviction.

While people living with HIV in a secular context may end up wracked with shame and guilt, Christians in the 1980s were confronted with a new teaching in many churches: HIV is God's punishment for sexual sinners. The suddenness of the new disease and the speed and scale of its transmission could perhaps give grounds for comparison with the unprecedented plagues with which God struck his enemies (Exodus 7-12). However, the idea of illness as a

form of punishment inflicted by divine wrath was theologically a totally retrograde step. Yet it was adopted with enthusiasm, both in Europe and North America, particularly – but not exclusively – by evangelical groups. It also gained ground in some developing countries, where people typically seek an explanation (such as bad spirits) for any kind of misfortune. There, the idea that misfortunes are a punishment from God is also deeply rooted, not least among the clergy.

Dr Michael Burke, of the Anglican Church of Tanzania Health Unit, has challenged churches to accept their role in combating stigma, arguing that: ‘the churches have been the key maintainers of stigma while also having the capacity to address it.’²⁴

For Christians who discovered that they were HIV-positive, silence was again the preferred option. All too often, the alternative was very public rejection. This in itself was injustice enough. For those who knew themselves to have been faithful wives or husbands, being branded a sexual sinner, as well as being afflicted with a deadly condition, was also hard to bear.

Jeanne Gapiya is one of the founders of Burundi’s Association of Seropositive People (ANSS). She first spoke out about her HIV-status at the 1995 World AIDS Day celebration in the Roman Catholic Cathedral in Bujumbura. ‘We must have compassion for people with AIDS’, said the priest in his sermon, ‘because they have sinned, and because they are suffering for it now.’ Jeanne can’t remember how she got from her seat to the front of the church. ‘I have HIV’, she said, ‘and I am a faithful wife. Who are you to say that I have sinned, or that you have not? We are all sinners, which is just as well, because it is for us that Jesus came.’²⁵

The effect of stigmatisation

Silence is the most dangerous effect of stigmatising people with HIV. Fear of stigma makes people afraid to reveal their positive status by changing their behaviour. This means that men and women continue to have unprotected sex, intravenous drug users continue to share needles, and HIV spreads faster than ever. Churches have often been accused of complicity in this silence. Archbishop Njongonkulu Ndungane of Cape Town has gone further by saying that ‘the church *is to blame* for the stigma and the spread of HIV/AIDS’, because a destructive theology linked sex with sin, guilt and punishment (emphasis added).²⁶

A second consequence of stigmatisation is that people who are not part of the stigmatised groups consider their way of life to be risk-free. In the UK, associating HIV with the homosexual community has led many people – especially young people who are particularly vulnerable

because of their sexual behaviour – to wrongly imagine themselves to be protected. Stereotyping is dangerous, and not just for those who fit the stereotype.

Thirdly, stigmatisation leads to rejection. Wrong theology is mirrored in secular terms by wrong information. People who believe that HIV can be transmitted through touch, by eating food prepared by an HIV-positive person or by sharing their utensils, will reject anyone they know or believe to be infected in the false belief that they are protecting themselves. This is a heavy psychological burden for the rejected individual. Equally painful is the custom in many countries of families blaming a widow for her husband’s death from an AIDS-related illness and throwing her and her children out of their homes.

Marsilie Kondé, a former teacher, lives in rugged countryside in the Kisenso commune on the outskirts of Kinshasa in the Democratic Republic of Congo. Her husband died of AIDS in 1996. She said: ‘My husband’s family took away everything. I was left alone crying with my five children.’

Since then, Marsilie has been receiving help from Christian Aid’s partner organisation, Fondation Femme Plus (FFP), which supports HIV-positive women. FFP gives Marsilie maize, soya and medicines, and she says simply: ‘It’s thanks to them that we still exist.’ The family now lives in a house given to them by one of Marsilie’s relatives, and Marsilie spends her days looking for food. Although her eldest son did complete his studies, she cannot afford to send her younger children to school. She is resigned to her situation: ‘We can accept that we are living with our illness, thanks to God and to FFP, who continue to support us in our need.’²⁷

Rejection is not restricted to individuals, families or communities. In Haiti’s capital, Port-au-Prince, a recently established support group for HIV-positive people is campaigning against national and international discrimination. One of their members, Malia Malo, described their aims:

We’re demanding an end to the refusal by some countries to accept residence applications from people who are HIV-positive. If a person discovers he is positive and is rejected by, say, the United States, it’s a double rejection. We’re trying to contact overseas networks to lobby international bodies such as the UN. Our network is also working to direct people to proper treatment and to lobby for treatment to be available nationally.²⁸

As covenantal relationships do not tolerate any form of rejection at any level, they allow no kind of stigmatisation. Stigmatising someone goes beyond refusing to see God’s

image in that person. By, in effect, claiming him- or herself to be a better, somehow stigma-free person, the stigmatiser is creating an unacceptable inequality in human relationships. Such inequality was memorably condemned in Jesus's parabolic saying about motes and beams, or in modern terms: 'Why do you see the speck in your neighbour's eye, but do not notice the log in your own eye?' (Luke 6:41).

Those working with people affected by HIV/AIDS frequently allude to covenantal relationships in explaining their motivation.

Pauline Nooya is a social assistant with FFP in Kinshasa. She comes from the eastern part of the Democratic Republic of Congo, but was cut off by the war while visiting her mother. She explained why she continues to work with people living with HIV/AIDS: 'I'm driven by conscience. These are people like me – I can't abandon my brothers and sisters. I'm a Christian and I can use my abilities to help them. It's my contribution. I watch them get their happiness back and I see that they're my brothers, sisters and children.'²⁹

Gender

Shall we allow millions of people to die now, knowing that gender inequalities are a major driving force behind the AIDS epidemic?... It is up to us as theologians to cultivate a gender-sensitive culture that respects the rights of all. Believers have nothing against the notion of human rights, for our faith holds that every human being was created in God's image and deserves to live a life of dignity.³⁰

Gender concerns the social relationships of women and men. Gender relations are constructed according to a society's culture, and are modified or even transformed as that culture changes. Gender is different from sex, where people are created male and female in the image of God, with a natural complementarity between men and women. There is nothing natural or divine about gender. It is a purely cultural construct. Gender discrimination is similarly culturally conditioned.

Barth describes the relationship between men and women as a partnership that is essential if human beings are to understand their relationship with God. Commenting on the creation story as it is presented in Genesis 2:18 he says: 'To be God's partner in this covenant, man himself needed a partner.' If the first human being had remained solitary, he argues, creation as a whole could not be characterised as good, because it would lack its 'internal basis in covenant'. Rather, 'it is with male and female that God will have dealings in the history which follows.'³¹ This is a claim of sexual equality before God that in its language goes far beyond conventional statements about equality in

human relationships. It is a relationship in which discrimination by one or the other partner simply does not come into question – it is totally alien. Culturally conditioned gender discrimination can only be seen as equally alien.

Physiologically, women are more vulnerable to HIV than men. In sub-Saharan Africa, women aged between 15 and 24 are two and a half times more likely to be HIV-positive than their male counterparts. But this infection rate is not simply due to a difference between the sexes. It also relates to gender discrimination arising from cultural conventions. In a significant number of societies, this has caused the virus to spread and to infect and affect women disproportionately. The effect of HIV on women in Africa was graphically described by Stephen Lewis, the United Nations (UN) Special Envoy on HIV/AIDS in Africa. Addressing a conference on microbicides, he said:

The women of Africa and beyond: they run the household, they grow the food, they assume virtually the entire burden of care, they look after the orphans, they do it all with an almost unimaginable stoicism, and as recompense for a life of almost supernatural hardship and devotion, they die agonizing deaths.³²

Because of poverty and gender inequality, women are not only particularly vulnerable to infection themselves; they also bear the consequences of the epidemic to a much greater degree than men.

Women's vulnerability

Sheer economic need drives women into risky relationships, in order to feed themselves and particularly their children. This HIV-positive Haitian woman, who did not want to be identified, speaks for many:

I used to work in a market in Port-au-Prince. I had a child. I started trading in the market, but one day everything got burnt. My partner left me. My life was very hard and my situation was very bad. I had to go and live with another man – I had no other choice. At that point I did not know anything about AIDS and I didn't know how many partners he had had.³³

If a family is in need, mothers may be forced to put their own daughters on the street. In Zambia, the Catholic Diocese of Ndola works with groups of young people to develop educational plays and presentations on HIV/AIDS. One of their plays focuses on exactly this situation. A mother sends her only daughter onto the streets, because her father is too drunk to provide for them both. When the girl becomes ill, the mother blames her husband for the infection because he has previously put their daughter at risk by sending her out at night to buy beer for him.

Girls whose lives are put at risk by their own families, and women who enter into dangerous relationships out of

economic necessity, are the modern day equivalent of the widows and orphans who were singled out for special care under Old Testament law: 'You shall not deprive a resident alien or an orphan of justice; you shall not take a widow's garment in pledge' (Deuteronomy 24:17). Where human relationships break down or are simply lacking, today's covenantal relationships must reflect this ancient call to social responsibility for the vulnerable – typically the women. In addition there are the countless women and girls worldwide who have been infected with HIV as a result of rape (both domestic and as a weapon of conflict), the young girls who have been sexually abused by relatives and acquaintances, and so on.

Stephen Lewis, in the speech already quoted, uses dramatic language to describe the plight of women: 'It goes without saying that the virus has targeted women with a raging and twisted Darwinian ferocity. It goes equally without saying that gender inequality is what sustains and nurtures the virus, ultimately causing women to be infected in ever-greater disproportionate numbers.' He is scathing about the international community's failure to acknowledge women's vulnerability over so many years: 'The reason we have observed – and still observe without taking decisive action – this wanton attack on women is because it's women. You know it and I know it. It amounts to the ultimate vindication of the feminist analysis. When the rights of women are involved, the world goes into reverse.'³⁴ Once again, injustice and unjust relationships are found at the heart of the spread of the HIV/AIDS epidemic.

Gender discrimination is not the only human rights issue that affects women. Health ministers from 13 African countries recently appealed for Africans to get access to antiretrovirals. This, they said, is 'a new human right which the world has yet to accept.'³⁵ Since women now represent nearly half of all people living with HIV worldwide, being denied the right to the most effective treatment clearly affects them most.³⁶

Women are not just disproportionately vulnerable to contracting HIV themselves. They also bear the brunt of caring for people infected or affected by HIV/AIDS, as well as becoming the main breadwinners. This burden affects women from childhood through to old age. Young girls risk being taken out of school to care for a sick relative or to contribute to the family income. Widows are left to bring up their children on their own. Grandmothers find themselves caring for any number of grandchildren once their own children succumb to HIV. And in communities with health and education programmes aimed at combating HIV and caring for those affected, women usually make up the majority of volunteers.

There are many inspiring stories about women who have undertaken such tasks with extraordinary dedication and success. However, this should not be allowed to obscure the underlying injustice of their situation. It is not simply

that they live in societies where women are expected to bear this immense burden of caring and providing for others. What also needs to be challenged is the injustice at national and international levels that has landed them in the current crisis. For example, why will a young girl sleep with a teacher or an older man in order to pay her school fees? The underlying question should be: why does she have to pay fees at all? The answer lies in the international debt that prevents so many countries from providing free education. If we ask why families are broken up when men have to travel hundreds of miles to seek employment, the answer often lies in the international trade rules that allow subsidised imports to flood the market, making it impossible for local people to compete. Why does the Democratic Republic of Congo have to spend money on fighting anti-government rebels instead of providing healthcare? The answer lies with the countries supporting the rebels and with those who buy the illegally mined diamonds that fund the rebels' campaign.

Injustice, as a cause of the spread of the HIV epidemic, has to be fought at every level – local, national and international. This is a challenge that demands a worldwide response. Covenantal relationships reach across the world and across racial and cultural divides, as is suggested by St Paul's metaphor of the body of Christ – 'if one member suffers, all suffer together with it' (1 Corinthians 12:26). This metaphor is widely applied to the unity of the church, often in the hope of encouraging ecumenical understanding. It is much more urgent that Christians should work out, and live out, its application to the worldwide injustice of HIV/AIDS.

3. Restoring life: the Creator and the human condition

The world with its sorrow and its happiness will always be a dark mirror to us, about which we may have optimistic or pessimistic thoughts; but it gives us no information about God the Creator.³⁷

To people living with HIV/AIDS, to all the men and women affected by it, the church says that life is a gift from God, a free gift. Something very precious. The God who loves each one of us could not take pleasure in humiliating us.³⁸

If tackling injustice is central to reversing the tide of the HIV/AIDS epidemic, it is equally pressing to restore life to those who already see themselves as under a death sentence. This means, among other things, breaking the silence and offering hope, both in material, real-life terms, and theologically. 'Difficult' themes, such as suffering and sexuality, need to be addressed openly and positively.

Suffering

The HIV/AIDS epidemic has led some to reflect that the life-giving order of creation has given way to death-dealing chaos. This reaction is hard to justify theologically. Genesis states categorically that creation is 'good'. But what exactly was good? For Barth, the goodness lies above all in the fact that creation is adapted to God's purpose, to be the (external) basis of his covenant of grace with humankind.³⁹ Barth also refers to the 'peculiar dignity' of creation in following the eternal will of God.⁴⁰ The role of creation is to sustain the unbroken relationship between God and humankind and creation is in turn sustained by him. In such a view, descent into chaos is unthinkable.

Nonetheless, in the face of great and widespread suffering, from which no area of human life seems to be immune, human perception fails to grasp creation's dignity and the miracle of God's relationship with those he has created. In such circumstances it is important to affirm that the pattern of God's relationship with humankind, and therefore the pattern of relationships between human beings, is indestructible. As Barth acknowledges above, the reality may be indistinct, but the pattern remains undimmed: God's intentions are not revealed through our limited perceptions of the world.

Such an abstract principle, however, may be of little comfort when suffering obscures reason. But the principle of God's covenantal relationship with his people is seen in its full reality in the suffering of the crucified Jesus: 'My God, my God, why have you forsaken me?' (Matthew 27:46). This is the point at which, paradoxically, God himself experiences that separation from God that marks the depth of human suffering.

This intensity of suffering needs to be acknowledged in any attempt to reverse the feelings of chaos that may have replaced our sense of natural order. It must be recognised in all efforts to discern life and hope in the midst of a worldwide epidemic that has become a byword for death and despair.

People who are living with HIV are the most effective and trustworthy witnesses to the despair and hope manifested through the HIV/AIDS epidemic. There is a growing realisation that their participation is key to successful education and prevention programmes. Their understanding is also vital to the compassionate treatment of those who are fearful, stigmatised or alone. Likewise, any theological understanding of the epidemic has to reflect an understanding of 'the crucified God'. Jürgen Moltmann, the author of a seminal book of that title, describes how he came to the academic study of theology after being a prisoner of war:

Shattered and broken, the survivors of my generation were then [in 1948] returning from camps and hospitals to the lecture room. 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.⁴¹

Like Barth, and in common with theologians like Rahner and Urs von Balthazar, Moltmann emphasises trinitarian relationships, which leads him to a trinitarian theology of the cross. He quotes Karl Rahner's rhetorical question: 'Who is God: the one who lets Jesus die or at the same time Jesus who dies?'⁴² And he concludes his book with a statement of faith that radiates hope for people whose suffering has been compounded by human rejection: 'There is no "outside the gate" with God... if God himself is the one who died outside the gate on Golgotha for those who are outside.'⁴³

Seen this way, the God who oversaw creation, who was present when 'the earth was a formless void' (Genesis 1:2) in the fullness of his divine nature, as Father, Son and Spirit, is present in exactly that same nature to share the many and varied forms of suffering and human rejection of the people he created. If this is chaos, it cannot be the formlessness that preceded the life-giving work of creation. It is more like the depths in which the Psalmist, to his wonder, discerned God: 'If I make my bed in Sheol, you are there' (Psalm 139:8).

This makes the teaching that God punishes the sinful with fatal illnesses particularly unacceptable. He would have to be a peculiarly masochistic deity if this were the case. Instead, we see in human suffering not the wrath of God, but the love of God. His love for humankind led him to give us his son, so that we could see once and for all his divine identification with human wretchedness. 'He... did not withhold his own Son, but gave him up for all of us' (Romans 8:31). Moltmann points to the essence of God: 'God does not just love as he is angry, chooses or rejects. He *is* love, that is, he exists in love... He exists as love in the event of the cross.'⁴⁴

The HIV/AIDS epidemic is about more than sickness – it is the impetus for the scandalous rejection and stigmatisation of many thousands of people, and permeates every area of

life for those affected. Christians therefore need to have before them this vision of a loving God who knows from within not only physical suffering, but all-embracing torment. It is the face of this God that we are privileged to see in so many people who are living with HIV.

'I want to be able to help people to stand up in spite of the pain. People who feel that the world wouldn't be any different if they died, need more than education. People are important and have a huge amount of worth. People don't necessarily change, but God isn't asking us to change them. You don't see the image of God in what they do; you find it in understanding their story. If you give them time and listen, it's not long before you see the pain behind the abuse and the beauty within the person' Moyra O'Neill, AIDS Care Education and Training (ACET), Dublin, Ireland.⁴⁵

So how are we to respond to the pain? Certainly not with stoical resignation. That is not the example of Christ on the cross, nor is it a fruitful way of addressing the global challenges that HIV presents. If they are to be heard, the voices of those who are suffering need to be much louder.

The response of lamentation

The draft 'Framework for Theological Reflection' produced by the December 2003 conference in Windhoek, emphasised the need for theologians to challenge the social structures that are causing suffering and stigma. It suggested that one way of doing that is through the biblical tradition of lament.

Lament offers us language which names the suffering, questions power structures, calls for justice and recounts to God that the human situation should be otherwise. Lament also expresses hope and trust in God's compassion and willingness to deliver us from suffering. It is both an individual and a communal activity.⁴⁶

Lamentation means acknowledging hurt openly and unreservedly. It is an immensely valuable first step in restoring life to a situation characterised by death, by bringing openness where previously there has been silence and denial. But while the model of the ancient psalms of lamentation is a helpful one, it is not enough simply to repeat them, since there is a new suffering to be named. The staid language of many church liturgies will not do either, something that is well recognised by people living with HIV. These verses are from a 'litany of reconciliation' compiled by an anonymous writer for the Diocese of the Highveld in South Africa:

AIDS has separated me from my family... Oh God, help me and them to realise that I haven't changed, I'm still their child, our love for each other is your love for us...

Help them to overcome their fear, embarrassment and guilt... Their love brought me into this world... Help them to share as much as possible with me.

AIDS has separated me from society, my whole world and my community... It pains me for them to see me differently now... Forgive them for allowing their ignorance of this disease and their fear to blind their judgements... Help me deal with my anger towards them.⁴⁷

While this is still couched as a prayer, the writer's pain is unmistakable. Given the silence that surrounds HIV, in the UK as much as overseas, it is as vital for the wider community to hear it as it is for the speaker to articulate it.

Lamentation is also a call for justice – an appeal for God to right past wrongs and to bring about healing in the future. Such is the call of Jeremiah:

Those who were my enemies without cause have hunted me like a bird; they flung me alive into a pit and hurled stones on me... I called on your name, O Lord, from the depths of the pit... You have taken up my cause, O Lord, you have redeemed my life. You have seen the wrong done to me, O Lord; judge my cause (Lamentations 3:52-3, 55, 58-9).

During the 1994 genocide in Rwanda, many women were raped and infected with HIV. The words of Seraphine, a widow, echo Jeremiah's lament: 'I still feel afraid of the men who raped me and I am angry – they killed my whole family and then they let me live to die with this. They came to rape me every day! My husband was the first man I was with and I was always faithful. Since then I have never been with anyone else and yet I have HIV.' Seraphine is unwilling to seek justice through the courts: 'I would be embarrassed to talk about what happened in front of those people. Also I do not know who the people were who killed my family and I would not want to recognise my rapists. I don't know any victims who have been through it.'⁴⁸

But that does not reduce the responsibility of Christians who recognise God in that terrible situation, to respond to Seraphine's cry of distress and to continue to seek justice for her and others like her.

The goodness of sexuality

The challenge to break the silence about human sexuality needs to be faced if we are to succeed in talking about HIV/AIDS.⁴⁹

Since HIV is transmitted mainly through sexual intercourse, preventing its spread naturally demands a focus on sex and sexuality. But the silence that engulfs sexual issues seems all-pervasive. Parents find themselves unable to talk to their children about sex, indeed they may not talk about it to each other, and the church stays silent. Typically, if

sexual matters are addressed at all, it is in terms of condemning sexual sin and advocating an abstinent lifestyle.

It is widely acknowledged that this silence needs to be broken at every level. Where the church is concerned, a shift in theological thinking may be needed. This would involve moving from a judgmental approach to a recognition that sexuality is God-given, something not to be deplored but to be the subject of rejoicing and thanksgiving. This does not mean rejecting a Christian moral code of sexual behaviour, but rather rooting it in a rediscovery of the goodness of sexuality, instead of in wickedness.

A full discussion of theology and sexuality is beyond the scope of this paper. But it is worth emphasising the need to redress the balance, theologically speaking, to move away from what Khathide calls 'the demonising of sex'.⁵⁰ This is necessary in order for people living with HIV to become free of stigma and for young people to be taught realistically how to avoid infection.

Commitment to a sexual relationship that offers mutual support, and a partnership founded in the recognition of equality, is a special form of covenantal relationship. The compilers of a book published for the All Africa Council of Churches make the link with the created order: 'It is only when two people appreciate each other that they can appreciate the creation of God and their purpose for the world'.⁵¹

The HIV/AIDS epidemic has brought with it the question of so-called discordant couples: where one partner is HIV-positive but the other is not. This is touched on in the next section on responsibility. However, it should be stressed here that HIV is not in itself a barrier to marriage or a long-term sexual relationship. What is crucial is responsible behaviour, so that an uninfected partner does not contract the virus, and truthfulness between partners. The possibility of one partner being infected, but not disclosing it to the other, has led to the highly debatable practice by some churches of demanding tests before marriage. In this case it would be the responsibility of the church to offer, say, appropriate counselling, and not to reject the couple if the result is positive. It is not for the church to deny couples the possibility of a relationship that is good and God-given, simply because one of them is sick.

Taking responsibility

Responsibility in a time of AIDS is vital, for many in our society refuse to take responsibility for the tragedy unfolding in our society.⁵²

This extract is taken from a statement by Catholic theologians from southern Africa, that makes a number of significant points. The main thrust of their argument is that taking responsibility means not looking for someone to blame for AIDS, 'whether that is the devil, ancestors, a

witch, Americans or God'. Instead, they ask the church to accept that HIV/AIDS should be dealt with, not within a framework of individual moral values, but within the framework of social justice, and to recognise that it has failed to educate its members on the value of sexuality.

The message is an important one. The Catholic Church, it is suggested, needs to take responsibility in confronting HIV/AIDS, acknowledging its own shortcomings and its hitherto limited approach. For all the churches, this can be broken down into two main areas: enabling people to behave responsibly, and acting responsibly themselves in terms of the spiritual and theological approaches they adopt.

Behaving responsibly

The Bible which says 'thou shalt not commit adultery' is the same Bible which commands us 'thou shalt not kill' (Exodus 20:13) (Gideon Byamugisha).

Knowingly infecting someone with HIV has been judged by English courts to be a criminal offence. In theological terms, such behaviour equally needs to be deemed sinful. And along with that sin of commission goes a sin of omission: failing to ascertain one's HIV status and therefore unknowingly (although not necessarily unsuspectingly) infecting another person.

In talking of sin, it is important to recognise that it is being applied here in the sense of deliberately behaving in a way that risks depriving another person of their life – not in terms of being the victim of such behaviour. Likewise, stigmatisation and discrimination have to be seen as sinful, in that they deprive HIV-positive people of the freedom to live openly, seek treatment and enjoy a normal life. But that sinfulness should not be projected onto the person who suffers stigmatisation or discrimination. That would be equally irresponsible, in that it deprives people of at least some part of their lives in terms of loss of dignity and self-respect.

It is worth emphasising that responsible behaviour is a global prerequisite in the face of the worldwide HIV/AIDS epidemic. Sex tourism, typically undertaken by wealthy westerners, is a significant factor in the spread of HIV in Latin America and the Caribbean, and increasingly in south east Asia.

Many faith-based and secular groups believe that responsible behaviour is set out in the ABC approach to HIV prevention: **A**bstain, **B**e faithful, or – if you can't do either or if one partner is HIV-positive – use a **C**ondom. Unsurprisingly, it is the third element, so-called condomisation, which has aroused the most passion in churches. They either associate condom use with promiscuity or see it as contrary to the teaching that 'every marital act must... retain its intrinsic relationship to the procreation of human life'.⁵³

The statement by Catholic theologians quoted at the start of this section declares that: 'Catholic messages about condoms have tended to confuse the issue [of HIV prevention] since they are too tied to teachings about contraception whereas the goal here is to defend oneself against a deadly disease.'⁵⁴ While Catholic moral theologians have been arguing for some time that using condoms to prevent the transmission of AIDS is a lesser evil, there has been no official Vatican pronouncement on the subject. However, church leaders are beginning to speak out. Notably, the Archbishop of Brussels stated in January 2004 that if a person infected with HIV 'has decided not to respect abstinence, then he has to protect his partner and he can do that... by using a condom.' The Archbishop of Westminster declared more tentatively in July 2004 that the use of condoms in this situation 'may be licit'.⁵⁵

The heated debates that continue to rage round this issue have obscured the fact that condom use is an integral part of responsible behaviour by Christians and non-Christians, married and unmarried couples. Canon Gideon Byamugisha, the first Ugandan priest to state publicly that he was living with HIV, puts the position with characteristic forcefulness: 'Safer sex support should be given in a way that makes it clear that the Church is not condoning unlawful sexual practices but rather enforcing a double commandment, "Don't commit adultery, do not commit murder through HIV transmissions".'⁵⁶ In this context it might be better to talk of manslaughter rather than murder, since there are relatively few instances of people deliberately infecting others. More commonly, people do not know they are HIV-positive, and pass the virus on through ignorance. Once again injustice comes into the picture. Poverty may be preventing people from having access to life-saving information, or they may simply be too terrified to be tested, because of the rejection and stigmatisation they fear will follow.

Canon Byamugisha suggests that the HIV crisis demands that the church speaks out beyond its own walls to those who do not follow its teaching on sex outside marriage, by condemning the deadly consequences of unsafe sex. It is a message that also needs to be heard by those within the church. He concludes:

I have written on behalf of all those who have within their blood the virus that spells death for the host and thus have to make daily decisions in their sexual lives first to obey God and second to make sure that they don't infect those they love (to die in agonising and excruciating pain like theirs). I am also writing on behalf of all those millions of faithful women and men who enter marriage unions as virgins but die later from HIV infection due to lawful but unprotected sexual contacts with their lawful but unprotected partners.⁵⁷

Responsibility, however, is not limited to choices made by individuals. If HIV prevention is to be effective, the message of responsible behaviour has to be conveyed to young

people before they become sexually active. In some countries, children as young as five or six are being taught about HIV – how it is transmitted and how to prevent infection.

In Kitwe, Zambia, children as young as six learn about HIV and are actively involved in prevention and awareness-raising, often by taking part in powerful dramatic sketches, thanks to volunteers trained by the Catholic Diocese of Ndola. These activities are vital in educating parents who have tended to treat HIV as a taboo subject and avoid talking to their children about it. The result in one school has been the formation of a parents' group, who now go out and talk to other parents about how to prevent their children from becoming infected.

Bound up with this is the whole question of sex education for young people. Many church groups have argued that this also leads to promiscuity. However, research indicates that this is far from being the case. The evidence shows that sexual health and HIV education does not lower the age of sexual debut, nor does it increase sexual activity or the number of sexual partners. Sometimes the opposite has been found to be the case, with the age of sexual debut delayed and activity reduced.⁵⁸ In any case, the failure of parents, schools and churches to talk about sexual matters to the children in their care, is dangerously irresponsible in the face of the HIV epidemic. Embarrassment, shame or a tradition of not talking about sex until a young person is on the verge of marriage, all ensure that children and young people remain vulnerable to HIV. As the Archbishop of Cape Town has put it:

At the very point in their lives when God has given them all the physical means to love, our young people are, at times, abandoned by parents, society and the church and left to learn by themselves the life skills which sexual relationships require. In a world beset by the devastating HIV pandemic, we are leaving our young people, the flower of our church and our society, to wither and die through ignorance, the absence of open, honest and compassionate sharing of vital information, our embarrassed silence and resistance to reality.⁵⁹

The 'resistance to reality' that the Archbishop refers to is the refusal to accept that in most countries, the majority of young people are sexually active from an early age. Within the church, it is not uncommon to find that pastors are also reluctant to admit that the behaviour of adult congregations from Monday to Saturday is not the same as that which they are advocating, or taking for granted, on Sundays.

A blinkered world-view on the part of people deemed to have some kind of authority is irresponsible. This irresponsibility is symptomatic of a breakdown in the

covenantal relationship between human beings. It may also be seen as a reluctance to recognise the very existence of God-given sexuality, as it is kept secret, viewed as a matter for embarrassment rather than openness and celebration, and ultimately demonised as a source of shame and death.

Spiritual responsibility

During a workshop for leaders of the Protestant churches in Francophone Africa, discussion turned to discordant couples.⁶⁰ A hypothetical question was raised: 'How would you counsel a girl who longs to be married but knows she is HIV-positive?' To which one pastor replied: 'I'd tell her she mustn't get married but I would pray with her that she might be healed of HIV.'

To state that HIV cannot be 'cured', just as amputated limbs cannot grow back, is not the same as denying that God is capable of doing the miraculous, even if a genuine instance of this particular miracle is yet to be found. Encouraging people infected with HIV to pray for a cure is irresponsibility of the highest order. This holds out false hope to vulnerable believers, and can create unbearable feelings of guilt, disappointment and lack of worth when that prayer is not answered.

Yet it is widely acknowledged that spiritual well-being is an important element in creating the healthy lifestyle which will enable people with HIV to live happy and fulfilled lives. The Christian church is supremely well placed to offer the kind of holistic care that secular and faith-based organisations alike have stressed is vital to such positive living. In the words of the World Council of Churches: 'The experience of love, acceptance and support within a community where God's love is made manifest can be a powerful healing force.' They go on to make the point that to offer people such healing is more than a responsibility, it is an obligation: 'In the gospels we are required to love: this is a demand, a requirement, not an option.'⁶¹

While individual pastoral care is undeniably of great value, 'love, acceptance and support' surely have even greater healing power when they are offered by a whole community – large or small. This is because people living with HIV are likely to have experienced rejection not just by individuals but by whole social groups. Again, the church has unique healing power by virtue of its life as a community, alongside the practical or spiritual support offered by individual members.

The call to act responsibly should not, therefore, be addressed solely to people living with HIV/AIDS in order to prevent them from transmitting HIV, nor to those not yet infected to protect themselves against it. It is also a call to Christian counsellors, educators and carers, and to the church as a whole. If the life-giving Creator God is to be seen in the face of a human being living with HIV, then the Christian community has a responsibility to respond

accordingly: by providing trustworthy information in place of silence or myth; showing love rather than awakening fear; offering hope that will not be disappointed; and helping people overcome their feelings of guilt (before God) and shame (before other people), rather than allowing such feelings to intensify.

In October 2003, Joe, a man in his early 40s, killed himself. He was unable to live with his grief after his wife, Christina, died of hepatitis C. Both Joe and Christina were HIV-positive and had been intravenous drug users. Both had experienced hardship and abuse, as well as rejection by members of their families. Yet during their six years of marriage, they were supremely happy. Thanks to the chaplain at the Edinburgh hospice where they frequently received care, the church offered them the opportunity to renew their marriage vows shortly before Christina's death. Even this couple, who seemingly lived only for each other, were able to see their relationship affirmed by a wider community through this highly symbolic action. In the time that was left to them, they found acceptance and vital reassurance of their own worth.

Conclusion

The whole doctrine of justification by faith hinges, for me, upon my painfully reluctant realisation that my Father is not going to be any more pleased with me when I am good than he is now when I am bad. He accepts me and delights in me as I am... In consequence I want to show my love for him fully and continuously, and I can do that best by insisting on my freedom to push into his presence, grubby and outrageous, without having first to wash my hands and comb my hair.⁶²

For those living with HIV, the theology of creation and covenant offers hope for their life on earth, as well as in the world to come. The covenantal relationship between God and his people, demonstrated most powerfully in the cross of Christ, assures them of his presence in their suffering and of the value of their lives. 'I know God is in everything, whether good or bad, and that helps to sustain me,' said Agathe Komboigo, a volunteer home-based carer in Burkina Faso, who is herself HIV-positive.

The knowledge that God accepts us as we are is a model for the church as a whole, as well as for the relationships between its members. But this does not free anyone from responsibility. Restoring life to those who believe themselves to be without life places a responsibility on those people to respect their own and other people's lives. The local church also has a responsibility to offer support in a loving and responsible way. Perhaps most of all, members of the worldwide church have a responsibility to bring to an end the injustice that has caused the death of millions and is threatening millions more.

4. The challenge to the churches: a new order

Because of its sheer scale, the HIV/AIDS epidemic poses immense challenges to society as a whole. For the Christian church that is committed to upholding God's eternal covenantal relationship with his people – not as a remote ideal, but as something that is revealed day by day in every aspect of life – some very specific challenges lie ahead. These relate to how the church sees itself and understands its mission. In the face of the epidemic, three particularly relevant aspects of that understanding are the church as a healing community, a worshipping community and a prophetic community.

The church as a healing community

In order to meet the challenge of offering healing and renewal to those it serves, the church must first acknowledge its need to heal itself. This has been outlined above as presenting a theology of love and hope, instead of a theology of vengeance. It also involves repentance for having increased the stigmatisation of, and discrimination against, people living with HIV/AIDS. But if the church is to be effective in halting the spread of the epidemic, further healing needs to be done. The church must transcend and heal internal divisions, and cooperate with secular organisations and representatives of other religions, including those to whose beliefs it may previously have declared itself to be implacably opposed. In other words, to be effective in the face of a worldwide epidemic that has yet to reach its full proportions, the church needs to be inclusive in nature. It must also look urgently at its willingness to engage both in ecumenical cooperation and interfaith working.

Inclusiveness

'Our church has AIDS' was the slogan on a badge distributed at a conference for church leaders in Mukono, Uganda in January 2001. At the time, it seemed like quite a brave move, but the statement is well rooted in theological belief and social fact. In the worst affected countries, HIV/AIDS leaves no Christian family or church congregation untouched. Paul's teaching that if one part of the body of Christ suffers, all suffer together (1 Corinthians 12:26) is a call to the church worldwide to acknowledge the epidemic as its own.

The response to this call for a particular and vital form of inclusiveness, where the church not only admits that HIV is in its midst, but offers full and open acceptance and loving care to those affected, has barely begun. In South Africa, it is not uncommon to find individual churches that have designated themselves 'AIDS-friendly'. These are places where HIV-positive people know they will be welcome and free from stigma and discrimination, and find that their concerns are reflected in the worship. But worldwide, such churches are the exception rather than the rule. For example, in west Africa, there is still much silence surrounding HIV, and in Europe or North America, HIV-positive people may be drug users who inspire fear or gay men who face discrimination. For 'AIDS-friendly' churches

to be established in such areas, all churches must first recognise their own lack of inclusiveness and before God seek healing and the will to change.

Inclusiveness is more than a proclamation in the church porch. It is a commitment by the whole church community to accept, love and care for those who might otherwise be rejected. It is a commitment by church leaders, both ordained and lay, to promote this acceptance through their teaching and leading of worship. A helpful model is the approach of liberation theology, which typically examines scripture from a grassroots viewpoint. Its openness to alternative views of familiar passages has offered many inspirational insights, and characteristically it addresses the situation of the community today.

In an analysis of the parable of the two sons (Luke 15:11-32), the Argentinian liberation theologian Lisandro Orlov looks at the way in which the father welcomes his returning son. He sets aside his pride to run to meet him; he embraces his son in a gesture of peace and reconciliation before the young man has had a chance to recite his prepared speech, and he gives him a ring and sandals, the latter a sign of a free person since only slaves went barefoot. All three actions need to be present in the pastoral care of those living with HIV, says Orlov: setting aside pride, offering reconciliation, and recognising freedom. 'Are we and our churches ready to act in the same way?' he asks. His conclusion sets these inclusive actions of the church in an eschatological context: 'This pastoral work with those whom the church or society considers impure, and with the marginalised, is a preparation for and image of the feast to which Jesus invites us. Music and celebration are an invitation to those who are always with the Father to unite with those who are outside. What will be the response of our churches?'⁶³

This calls the church to go far beyond pasting over the cracks in its pastoral care systems. It must embrace a new order, invite the vulnerable and the marginalised to share its privileges without reservation, and work for the full restoration of covenantal relationships.

Bringing about a new order is no easy task. It includes involvement in issues that the church may find daunting, or even distasteful. If HIV is to be halted, prevention as well as care is crucial. In its response to the HIV/AIDS epidemic it is essential that the church demonstrates its willingness to tackle both of these things together.

Ecumenism

If there is anything the HIV/AIDS pandemic in Africa has revealed it is our inability or unwillingness to work together ecumenically... An ecumenical or holistic approach

must take seriously all factors that lead to exclusion, exploitation, discrimination, destructive competition, divisions and tearing apart of communities in order to foster the spirit of cooperation and working together in each for healing and wholeness in a divided world.⁶⁴

In many countries, the HIV epidemic has given ecumenical working a focus that it might not otherwise have found. Faced with such a huge problem, churches tend to find that their differences are forgotten and that they can work together fruitfully. On a practical level, cooperation gives them additional strength in negotiating with governments and overseas donors. The challenge is for them also to gain spiritual strength from one another.

Nonetheless, tensions persist. The condom issue is a huge barrier to ecumenical working, with Catholic groups and conservative Protestant groups often joining forces to oppose the rest. The reverse is also true, with Catholic groups complaining of discrimination and prejudice, because of how other churches perceive them. A representative of the Roman Catholic Church in Tanzania has said that other denominations seem to believe that Catholics will give in on condom use if they are pushed hard enough.⁶⁵ If this is correct, it suggests that churches still have much to learn about working together.

Interfaith working

Tanzania lives under the threat of religious wars, but everyone is united by HIV/AIDS. This war crosses the boundaries of religion to humanity (The Rt Revd Valentine Moliwa, Bishop of Dar es Salaam).

Despite the obvious truth of the bishop's statement, it is hard to find examples of different faiths genuinely working together on HIV. This is not necessarily due to a lack of willingness. Tanzania's Interfaith Forum, set up in 1999 as a result of the World Faith Development Dialogue, brings together Roman Catholic and Anglican groups, Muslims, Buddhists and Ba'hai. However, it is structured primarily as a forum for discussion rather than as a body with the authority to take action. There is also some evidence that the forum is reluctant to discuss HIV, perhaps fearing deepening divisions, and prefers to address nutrition instead.⁶⁶

When it comes to moving from debate to action, existing structures for interfaith discussion are unlikely to be adequate. They may exclude voices that need to be heard. Lucy Steinitz has written tellingly of Jewish attitudes as she perceives them in Namibia: 'Though no one masterminded this extermination, as in World War II millions are dying while the rest of the world stands by doing nothing. To date, the organised Jewish community is nowhere to be found. Is it because this time we are not the victims?'⁶⁷

Yet if faith leaders can find the courage, there are tremendous advantages to working together.⁶⁸ At one level, HIV can be a catalyst for improved relationships and

therefore more effective work in the community, where HIV is best tackled. At another level, as with ecumenical work, interfaith cooperation may add great weight to the pressure that faith-based organisations are able to put on governments and international donors.

The church as a worshipping community

There is little point in churches committing themselves to breaking the silence about HIV if it is not mentioned in the church itself. Much has changed in recent years, but the question remains inescapable. If nearly three million people are dying of AIDS-related illnesses every year, should this not be reflected in Christian worship, Sunday by Sunday, throughout the world?⁶⁹ Yet in many churches, from those in the worst-affected countries to those in the least affected, HIV/AIDS is rarely mentioned. Silence in society has its counterpart in Christian silence before God.

The question is not, of course, whether HIV should find its place in worship, but how. In August 2001, a group of 60 or so clergy and pastors from five different denominations gathered in Kuruman, South Africa, for a one-day workshop on HIV and worship. For many it was the first time they had even been able to talk to each other about HIV and their ministry, let alone work together on ideas for integrating it into worship. Three of the church groups worked on specific prayers for people living with HIV/AIDS – not a straightforward task for people with different languages and who were not used to such formal composition. Another group devised a litany that included resolutions for future action, and the last group, made up of members of the Church of the Province of Southern Africa, created a special statement of belief.

An AIDS Credo

We believe in the unity of the body of Christ, that all are part of the body of Christ.

We believe in the equality and dignity of all men and women, and accept each other as equal partners in the body of Christ.

We believe that, when one member of the body suffers, we all suffer and that, when one member of the body rejoices, we all rejoice.

We believe in acceptance of ourselves and of each other as we are, in the knowledge of the healing and forgiving nature of Christ in his love for the body, ever remembering Christ's acceptance of the leper and the outcast.

We believe in our personal Christian responsibility, as members of the body, to reduce the suffering of all members of the body by taking responsibility for our own lives and by accepting responsibility for the care of others.

Perhaps even more striking than the composition of the AIDS Credo itself was the speed with which its compilers

then moved to get it accepted. By the end of the day the diocesan bishop had been given a copy and had agreed to take it through the formal administrative processes that would enable it to be used in Sunday worship. Some did not wait that long. The next day, a Sunday, it was already in use by some local congregations. Theological thinking was translated into immediate action.

Many worship leaders, regardless of the country they work in, do not find it easy to incorporate issues to do with HIV. Often this is down to a simple lack of confidence, either assuming that they need specialist knowledge in order to pray, or just not knowing what to pray for. Sometimes it is down to fear, with the local pastor not wanting to upset people by mentioning a taboo topic. All of this could be addressed through some very basic training or even just workshop discussions such as the one held in Kuruman. But ideally, HIV/AIDS (in all its aspects, not just as it features in worship) should be a regular element in ordination training for clergy as well as in local lay training. With 38 million people worldwide now living with HIV/AIDS, there can be few more pressing demands for space on the training syllabus.⁷⁰

Of course, worship includes preaching as well as prayer. Some clergy in sub-Saharan Africa have committed themselves to incorporating HIV into their sermons on a regular basis. Some publications already offer advice on how this might be done. In fact, it is not hard. The Bible is steeped in a concern for social justice, and it is a short step from analysing the biblical text to applying it to the injustice affecting people living with HIV.

There is also a healing aspect to worship. For people who have known exclusion, simply being accepted as a worshipping member of a small group or larger congregation is immensely powerful. Angèle Sawadogo in Burkina Faso draws strength from taking part in midweek charismatic prayer meetings that typically include joyful dance and movement. In other words, worship is not only an opportunity to bring before God the needs of people living with HIV. It is also a time for those people themselves to come to God as fully integrated members of the worshipping community. This way, they may give of themselves to God in worship as well as receive from him.

The church as a prophetic community

The Church is not a snail that carries its little house on its back and is so well off in it, that only now and then it sticks out its feelers, and then thinks that the 'claim of publicity' has been satisfied... Christianity is not 'sacred'; rather there breathes in it the fresh air of the Spirit. Otherwise it is not Christianity. For it is an out-and-out 'worldly' thing open to all humanity: 'Go into all the world and proclaim the Gospel to every creature'.⁷¹

In many countries, the HIV/AIDS epidemic has forced the church to come out of its shell, to admit that the snail itself has HIV and to open its eyes to the situation that surrounds

it. But to be truly prophetic the church needs to engage in prophetic action. This paper has already highlighted some areas in which action is needed – including becoming inclusive, in confronting gender discrimination, and in campaigning for justice. The HIV/AIDS crisis must not prevent the church from engaging with the wider issues. The relationship between the HIV epidemic and factors that cause whole nations to sink into poverty, such as unfair trade rules and international debt, must be exposed, and it is part of the role of a prophetic church to do this.

National and local churches are well placed to demonstrate to the world their commitment to offer unconditional care to those living with HIV and to be involved in initiatives to prevent the further spread of the virus. In so doing they will show themselves to be faithful partners in their covenant relationship with God. If the church takes seriously its call to be prophetic, then now is the time for it to demonstrate its openness to 'the fresh air of the Spirit'.

Conclusion: HIV and theology

While most of the worldwide church has set aside the view that HIV is a punishment from God, this does not necessarily mean that they have found a theology to put in its place. But whatever model of theological reflection they select, it must be translatable into action. Two comments by Tanzanian church leaders stress that this may not always be easy:

In place of a theology of punishment, the church must offer a theology of hope, so that people can die knowing they are loved. This must go hand in hand with practical care, improving people's quality of life, so that they are not left just to look forward to life after death (The Rt Revd Mdimi Mhogolo, Bishop of Central Tanganyika).

As people gradually shift to a theology of love, church leaders need to show love more openly, and this will require a lot of training for pastors and laity alike (The Rt Revd Philip Baji, Bishop of Tanga and Chair of the Anglican Church of Tanzania Health Committee).⁷²

Indeed, the above may involve not just a shift in thinking, but a radical change in lifestyle. Richer churches may find this particularly challenging. As Ayoko Bahun-Wilson, the World Council of Churches regional coordinator for west Africa, put it: 'To enable our communities to attend to people's suffering, the Church must return to its original concept of sharing, loving one's neighbour, equity, solidarity and humility as described in Acts 4.'⁷³ In Acts 4:32, we read that: 'The whole group of those who believed were of one heart and soul, and no one claimed private ownership of any possessions, but everything they owned was held in common.'

Speaking at the XV International AIDS Conference in Bangkok, the Executive Director of UNAIDS, Dr Peter Piot, commented that HIV is 'an exceptional phenomenon requiring an exceptional response'. This poses the

question of whether traditional western theology and ecclesiology are capable of providing this exceptional response. Colin Jones, of the Church of the Province of Southern Africa, goes as far as to say: 'I question whether the church has the stomach to respond exceptionally for fear of the radical transformation it would need to undergo to meet the exceptional challenge AIDS poses. Traditional models of pastoral care also fall far short of the long-term, intensive care demanded by AIDS. Many churches have lost the art of providing specialised care for the sick, having long since disposed of hospitals and clinics.'

The church is called not only to act but to act boldly. HIV/AIDS exists in the world, and we do not have the luxury of not engaging with that world. HIV needs to inform our theological thinking, which in turn must lead to appropriate action, whatever demands that might place on the internal workings of the church. As the provincial development officer of the Anglican Church of Tanzania has put it: 'We cannot have a theology of the giraffe and eat the nice leaves from the tops of the trees without experiencing real life on the ground.' This paper represents some first steps in formulating ideas that may usefully inform such action at the foot of the trees.

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Christian Aid works in some of the world's poorest communities in more than 50 countries. We act where the need is greatest, regardless of religion, helping people to tackle the problems they face and build the life they deserve. At home and overseas, we campaign to change the structures that keep people poor, challenging inequality and injustice.

Christian Aid is a member of the Stop AIDS Campaign, an initiative of the UK Consortium on AIDS and International Development, a coalition of more than 60 groups campaigning to urgently increase international action on HIV.

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