

# Confessing and embodying justice: About being a confessing church vis-à- vis HIV/AIDS<sup>1</sup>

## ABSTRACT

This article looks at the responsibilities of churches regarding the HIV/AIDS pandemic from the perspective of the principles contained in the Confession of Belhar. After an overview is given of the global impact of HIV/AIDS, it is suggested a new *kairos*, similar to the one under apartheid, which led to the formulation and adoption of Belhar, has arrived for the church. This *kairos* necessitates a paradigm shift in the attitudes of churches towards sex. This would require: an act of repentance by churches on their silence, moral judgements and exclusion of sufferers; the acknowledgement that the disease affects the whole church as unified Body of Christ and not only churches in poor countries; a realistic and comprehensive approach by churches towards the pandemic. Finally an appeal is made on churches not only to accept their pastoral responsibilities vis-à-vis HIV/AIDS, but also their prophetic responsibilities in exposing factors that promote the spread of or aggravates the suffering caused by the disease, especially economic globalisation and gender inequality.

## 1. INTRODUCTION

*“I was sick with AIDS and you did not visit me. You did not wash my wounds, nor did you give me medicine ... I was stigmatized, isolated, and rejected because of HIV/AIDS and you did not welcome me. I was hungry, thirsty, and naked, completely dispossessed ... and you did not give me food, water, or any clothing. I was a powerless woman exposed to the high risk of infection and carrying a huge burden of care, and you did not come to my rescue. I was a dispossessed widow and orphan and you did not meet my need ... The Lord will say to us, “Truly I tell you, as long as you did not do it to one of the least of these members of my family, you did not do it to me.”*

Muse W. Dube, *International Review of Mission*, October 2002<sup>2</sup>

Speaking from a European perspective and with no people living with HIV/AIDS<sup>3</sup> in my direct neighbourhood, I can imagine that a South African reader can be sceptic about the contentions that

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1 Paper read at the Barmen/Belhar Consultation, Stellenbosch, 19 October 2004.

2 Messer, o.c., 76.

3 The HIV (human immunodeficiency virus) ‘weakens the human immune system, prompting the body to be more susceptible to various infections, leading to acquired immune deficiency syndrome (AIDS). The virus is primarily transmitted from person to person by the body fluids of semen, blood, vaginal secretions, and breast milk. Persons may get infected while (1) having vaginal or anal sex, (2) using dirty

are will be made in the text that follows. It appears to be easily said by someone who is not personally involved. What I will nevertheless try to do is to discover some theological landmarks in the discussion on HIV/AIDS that will be helpful for confessing churches, each in their specific context, to more adequately respond to the pandemic that ruins the lives of so many people.

## 2. ORPHANS AND WIDOWS

In 1982, Belhar powerfully confessed a God “of the destitute, the poor and the wronged”, a God who helps orphans and widows and calls his church to follow him by doing the same. “For him pure and undefiled religion is to visit the orphans and the widows in their suffering”. The authors of this prophetic confession could not have imagined how true their words would become within twenty years. More than 14 million children below the age of 15 have lost one or both parents to HIV/AIDS, 11 million of them in sub-Saharan Africa.<sup>4</sup> By 2010, the number of orphans will have risen to 25 million, perhaps to more than 40 million. In South Africa alone, the number may increase from 2.2 million (13% of all 2 – 14 year-old children) in 2003 to 3.1 million (18% of all children) by 2010. A “Lord of the Flies syndrome” is emerging: children bringing up children.<sup>5</sup> Stigmatised as an “AIDS orphan”, the impact of their destiny even gets more traumatising. A vicious circle begins, of depression, anger, guilt, and fear of the future. When they grow up, they are easily led to alcohol and drug abuse, aggression, even suicide. “Poverty and social dislocation also add to an orphaned child’s emotional distress. A parent’s death also deprives them of the learning and values they need to become socially knowledgeable and economically productive adults.”<sup>6</sup>

The global AIDS pandemic is just beginning. No end is in sight. Some 67 million people worldwide have been infected since the disease was first detected twenty years ago. By 2021 AIDS will be killing 5 million people a year. In the worst case scenario the toll could be 12 million. The pandemic is not going to peak until about 2050, 2060. Seventy per cent of adults and 80 percent of children infected with HIV/AIDS in the world live in Africa. Three fourths of those who have

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needles during intravenous drug injections, (3) getting contaminated blood transfusions, (4) being born, and (5) experiencing careless or accidental medical procedures.’ (Donald E. Messer, *Breaking the Conspiracy of Silence. Christian Churches and the Global AIDS Crisis*, Fortress Press/Minneapolis, 2004, 42) ‘AIDS is a syndrome of various symptoms and clinical pictures, caused by the weakening of the immune system as a result of an infection with HIV. It is the last stage of HIV disease, and is characterized by the appearance of a multitude of opportunistic infections, resulting from the breakdown of the immune system. These include pneumonias, skin diseases, diarrhoeal diseases and various forms of neurological infections. Other neurological symptoms include loss of memory and difficulties in walking. In addition, particular forms of tumours, such as Kaposi’s sarcoma, develop more frequently than in healthy persons. In Africa, tuberculosis is the most common opportunistic infection. The median survival time after an AIDS-defining complication is 1.3 years, in the absence of an antiretroviral therapy.’ Sonja Weinreich/ Christoph Benn, *AIDS - Meeting the Challenge. Data, Facts, Background*, WCC Publications, Geneva 2004, 2.

- 4 An orphan in the HIV/AIDS terminology is defined as a child under the age 18 who has had at least one parent die. Cf. UNAIDS - Report on the global AIDS epidemic: ‘When one parent is HIV-infected, the probability is high that the other parent is as well. Therefore, children often lose both their parents in quick succession. The child’s suffering is often compounded by being separated from his or her siblings.’ ([http://www.unaids.org/bangkok2004/GAR2004\\_html/GAR2004\\_00\\_en.htm](http://www.unaids.org/bangkok2004/GAR2004_html/GAR2004_00_en.htm))
- 5 Weinreich/ Benn, o.c., 32; Messer, o.c., 91.
- 6 ‘AIDS and Orphans: a tragedy unfolding’, UNAIDS- 2004 Report on the global AIDS epidemic, 62f. For penetrating, moving and occasionally hopeful stories behind these figures, see Emma Guest, *Children of AIDS. Africa’s Orphan Crisis* (second edition), University of Natal Press, Pietermaritzburg 2003.

died, died in Africa. South Africa, in particular, immensely suffers. One out of every five adult South Africans is infected, that is about five million infected people, the highest number of infections in any one country. In 2003 South Africa had the largest number of people living with HIV/AIDS in the world. It is estimated that 6 – 7.5 million will be infected by 2010 in this country.<sup>7</sup>

Statistics do not cry – mothers do. “Can you hear Mother Africa weeping for her children?”, Musa Dube (Botswana) writes and refers to the lamenting Rachel (Matthew 2: 18). “Can you hear the sound of her tears? Do you understand why she refuses to be consoled?”<sup>8</sup> African women weep for of husbands lost to AIDS, because of suffering their own stigmatisation, because of the prospect of their own possible illness and probable death<sup>9</sup>. Grandmothers mourn the loss of their adult children. They then have to take care of their orphaned grandchildren.

Though HIV/AIDS affects both men and women, women are vulnerable in a special sense and for several reasons. They carry the heaviest burden. Not only are they – physically speaking, especially young girls – more susceptible than men to sexually transmitted diseases,<sup>10</sup> but HIV positive women also transmit the virus to their children by birth or breast-feeding. However, it is not biology but culture that makes them suffer the most. Because of the inequality between men and women in most cultures, they lack the power to decide freely on what is done to their bodies.<sup>11</sup> Often they are subject to domestic and/or sexual violence.<sup>12</sup> In some communities HIV-positive women are stigmatised and excommunicated, treated not as a victim, but as the source and the cause of evil. Their economic dependency increases their vulnerability to HIV/AIDS. Poverty makes it more likely that women will exchange sex for money or favours, less likely that they will succeed in negotiating protection, and less likely that they will leave a relationship that they perceive to be risky. In addition, there is a great burden of care on women: they often care for the increasing number of orphans and the chronically sick. (Weinrich/ Benn, o.c. ,29).<sup>13</sup> HIV-positive women bear a double burden: they are infected and they are women. When we use widow as a

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7 Weinrich/Benn, o.c. 8.

8 Musa W. Dube, ‘Unsettling the Christian church.’ [online] <http://www.warc.ch/24gc/rw014/03.html>.

9 ‘For many women, above all in Africa, the greatest risk factor for HIV infection is that they live in a monogamous relationship in which the husband has more than one partner, and at the same time they are not in a position to either refuse sex or insist on the use of condoms.’ (Weinrich/ Benn, o.c. 26)

10 ‘The risk of HIV is higher for girls, since their genital organs are not yet mature, and is higher for females if sex takes place violently.’ (Weinreich/Benn, o.c. 3) Due to cultural practices of cross generational sex the infection rate for especially young women between fifteen and nineteen is five to six times higher than for young men.

11 For that reason, Messer, o.c. 79 writes that ‘the most endangered people on earth are married women ... getting married is the riskiest sexual behaviour an African woman can engage in.’

12 ‘In many communities women can expect a beating and, not only if they suggest condoms usage, but also if they refuse sex.’ Suzanne Leclerc-Madlala, The silences that nourish AIDS in Africa’, Mail and Guardian August 11 to 17, 2000, quoted by D. M. Ackermann, ‘Seeing HIV and AIDS as a Gendered Pandemic’, in: *Nederduits Gereformeerde Teologiese Tydskrif*, deel 45, nommer 2, supplementum 2004, 214- 220, 219. According to population-based studies conducted worldwide, anywhere from 10 to over 50 percent of women report physical assault by an intimate partner. One-third to one-half of the number of physically abused women also report sexual coercion. From research we know that physical violence, the threat of violence, and the fear of abandonment act as significant barriers for women who have to negotiate the use of a condom, discuss fidelity with their partners, or leave relationships that they perceive to be risky. Cf. *Gender, Sexuality, and HIV/AIDS: The What, the Why, and the How*, Plenary Address, XIIIth International AIDS Conference Durban, South Africa, July 12, 2000, Geeta Rao Gupta, Ph.D. (International Centre for Research on Women (ICRW) Washington, D.C. U.S.A., <http://www.icrw.org/docs/DurbanSpeech.pdf>.

13 Sonja Weinrich/ Christoph Benn, *AIDS. Meeting the Challenge. Data, Facts, Background*, WCC Publications Geneve 2004, 29.

metaphor for women who have lost their hope, faith, and love in life, one can say that the AIDS pandemic widows Africa.

### 3. A NEW *KAIROS*?

Where is the God who cares for the African orphans and widows living with HIV/AIDS? Where is the church that is supposed to follow him? Here I only speak with hesitance, as an outsider. South-African churches that suffered severe political oppression and determinately fought apartheid seem to be overcharged. They carry an unbearable task. Still, in the midst of a process of reconciliation with its former enemies, a new enemy appears and has to be confronted. If these churches still want “to stand where God stands”, they have to move on, change strategies, reassess their priorities and reinvent their theological discourse. “The time has come. The moment of truth has arrived. South Africa has been plunged into a crisis that is shaking the foundations and there is every indication that the crisis has only just begun and that it will deepen and become even more threatening in the months to come. It is the *kairos* or moment of truth not only for apartheid but also for the church.”<sup>14</sup> With these words a group of South African theologians began their, now famous, theological comment on the apartheid state in the mid-1980s – the *Kairos Document*. The South African theologian T. Maluleke (UNISA) suggests that these words should be said again today, but now in relation to HIV/AIDS. Since the epidemic has led into “a crisis that is shaking the foundations and there is every indication that the crisis has only just begun and that it will deepen and become even more threatening in the months to come”. Maluleke suggests that, like apartheid, the HIV/AIDS crisis challenges the church to show up for what it really is.

### 4. A PARADIGM SHIFT

So, did things not change? In fact, they did. Vis-à-vis the HIV/AIDS pandemic, a confessional church faces the need of a paradigm shift in its inner attitude, a re-conceptualisation of its public responsibility and religious vocation. The battlefield seems to have shifted from politics to sex, from ideology to medicine, from the public arena to the private sphere, from militant discourse to the intimacy of the body. The virus will not be conquered by the violence of arms or the strength of consciences and characters, but by laboratories and radical behavioural change in sexual practices. Barmen and Belhar faced political enemies (“state theology” in the terminology of the *Kairos Document*) who challenged the church to be militant and prophetic; HIV/AIDS seems to require a priestly church, a healing community where people living with HIV/AIDS can find support and comfort, care and community.<sup>15</sup> In order to adequately respond to this shift in context

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14 “We as a group of theologians have been trying to understand the theological significance of this moment in our history. It is serious, very serious. For very many Christians in South Africa this is the *kairos*, the moment of grace and opportunity, the favourable time in which God issues a challenge to decisive action. It is a dangerous time because, if this opportunity is missed and allowed to pass by, the loss for the church, for the gospel, and for all the people of South Africa will be immeasurable... A crisis is a judgment that brings out the best in some people and the worst in others. A crisis is a moment of truth that shows us up for what we really are. There will be no place to hide and no way of pretending to be what we are not in fact. At this moment in South Africa the church is about to be shown up for what it really is and no cover-up will be possible.” <http://www.wcc-coe.org/wcc/what/mission/dube-7.html>. For the text of the *kairos*-document (issued 25 September 1985, Johannesburg), see <http://www.bethel.edu/~letnie/AfricanChristianity/SAKairos.html>.

15 “The AIDS crisis challenges us profoundly to be the church in deed and truth; to be the church as a healing community.” *The Impact of HIV/AIDS and the Churches’ Response*. A statement adopted by the WCC

and challenge, church leaders are confronted with a need for change in their style of leadership. Under political oppression they were forced to speak and think in a militant style focussing on public courage, sharpening oppositions and making clear divisions between “us” (the oppressed) and “them” (the oppressor). HIV/AIDS demands an inclusive attitude and discourse, a language and practice of care and empathy. The political metaphor of “struggle”, “war”, “combat” etc. seems to have only a limited sense when facing HIV/AIDS.<sup>16</sup> Perhaps “liberation theology” has to be reconsidered as an all-embracing theological paradigm. The “oppressor” now lives within our bodies. The enemy is a disease.

## 5. AN ACT OF REPENTANCE

The first liturgical act of churches facing HIV/AIDS now should be an act of *repentance*. I cannot speak for African churches, but this is clearly the case for churches in the Western part of the world. They should confess their guilt as the beginning of a creative *metanoia* that makes them free to respond more constructively to the crisis.<sup>17</sup> Belhar was right in proclaiming that the church should stand where God stands. God stands with people suffering from exclusion, stigmatised because they are HIV-positive, and with people dying of AIDS. God stands with the mourning widows and the orphans who stay behind without a future – and the churches should stand and stay with them, sharing their bread with them as Jesus did with the lepers (Mk 1:41; Mt 26:6). Churches should be forgiving and healing communities. But, 20 years into the pandemic with some 46 million people infected and at least another 20 million dead,<sup>18</sup> churches worldwide fall short of their vocation. Even if they now stand where God stands – a lot of church initiatives on grass root level concerning people living with HIV/AIDS have been taken by now – they seem to be standing there too late. “The reaction of the churches has by large and by been inadequate, and in some cases has made the problem even worse”, the WCC admits in 1997.<sup>19</sup> I again can only speak for my own church and its congregations. In the early eighties, when the epidemic started, we reacted far too late. Most mainline churches responded to the disease with the elite morality of middle class people who blamed infected homosexuals and drug users for their promiscuity and addiction. They considered HIV/AIDS as the reward for sin. Theologians did not realise what challenges HIV/AIDS posed for their theology. They went on with business as usual. What about African theologians? Were they more alert? I do not know. Again, I only hear an African voice (again Maluleke’s) saying: “To be fair, these past ten years have seen some important innovative developments on the African theological scene. There have been serious attempts to address the new post-cold war situation and to embrace it creatively. However, when it comes to the question of the challenge of HIV/AIDS, our theologians have been slow and silent – and we have reason to suspect that, differences from country to country notwithstanding, the churches have been slow and quiet too.”<sup>20</sup>

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central committee on the basis of the WCC consultative group on AIDS study process September 1996, <http://www.wcc-coe.org/wcc/what/mission/appendix.pdf>.

16 Though the military metaphor in medicine has a long history, at least in the West. Cf. Susan Sontag, *Illness as Metaphor/ AIDS and Its Metaphors*, Penguin Classics, London 1991, 65 ff.

17 ‘The only way to turn back is through recognition of the guilt incurred towards Christ.’ Bonhoeffer, D. 1978. *Ethics*. London: SCM Press, 89. [‘Umkehr gibt es nur auf dem Wege der Erkenntnis der Schuld an Christus’. Bonhoeffer, D 1992. *Ethik*. München: Chr. Kaiser Verlag, 124.]

18 Messer, o.c. 149.

19 *The Impact of HIV/AIDS and the Churches. Response*, 1.

20 Tinyiko S. Maluleke, ‘Towards an HIV/AIDS-Sensitive Curriculum’, in Musa W. Dube (ed.), *HIV/AIDS and the Curriculum: Methods of integrating HIV/AIDS in theological programmes* (WCC), <http://www.wcc-coe.org/wcc/what/mission/dube-7.html>.

Perhaps churches worldwide should repent for their (1) sometimes double-hearted silence, (2) their moralistic judgments, and (3) their ambivalent reading of Scripture that contributed to the spread of the virus.

### 5.1 Silence

Churches – at least those in my own European context - kept silent. They denied or minimised the significance of the problem. Perhaps the most important reason for this is that the virus is sexually transmitted and that churches find it embarrassing to speak about sex. The morality of the Western mainline churches is a middle class bourgeois morality, and in the northern countries AIDS is associated with drug abuse, homosexuality, and prostitution – things from which church members stay far away (at least they say they do). More in general, throughout the Christian *Oikoumene*, churches have difficulties in dealing with sexuality; talking about sex, including heterosexuality, is taboo, because the Christian tradition as such has a disturbing and ambivalent theological relationship with sex. There is a strong tendency – certainly within the Reformed churches – to associate sex with sin and shame. It is surrounded by fear and associated with danger and death. So, although (not *because*) everybody does it in private, one does not talk about it in public. However, in the prevention of HIV/AIDS this silence kills. The HI-virus is not simply transferred by semen or other bodily fluid; it is also spread by the “conspiracy of silence” in which churches are taking part.<sup>21</sup>

### 5.2 Moral judgments

Once church members become infected with HIV and suffer from AIDS the silence has to be broken and they run the risk of being subject to condemnation and isolation. If churches talk about sexuality publicly at all, it is mostly in a judgmental way. In church, sexuality still seems to be a matter of Law, and not of Gospel. Sex is rarely accepted as a joyful gift from God, but mostly feared as a seduction to sin. In politics, radical Christian ethicist may consult the Sermon on the Mount, in sexual affairs they may often stick to Leviticus.<sup>22</sup>

### 5.3 Exclusion

“[T]he hardest part of having the disease is not the illness itself or facing the prospect of death and dying, but experiencing the fear and the reality of rejection from friends, family, church members, medical professionals, and even strangers”.<sup>23</sup> Many congregations have developed networks of dedicated volunteers who care for people living with HIV/AIDS. There are indeed new saints among us, who follow Jesus in their compassion with the sick and the dying. But, theologically churches often speak with a double tongue. In some churches the first question that is asked is: how did you get infected? What should be asked is: how can I help and comfort you? People with HIV/AIDS are not only treated as sexual deviants but also as religious sinners. But,

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21 ‘Sexuality is a topic the church has found difficult to address. Its silent and joyless condemnation of sexuality in general has been a contributing factor in the spread of AIDS.’ (Canon Susan Cole-King, cited by Messer, o.c. 27)

22 ‘Yet when conversations focus on issues related to sexuality, suddenly Christians start focusing almost exclusively on the limited biblical passages that speak negatively of same –sex relationships (such as in Leviticus) rather than the powerful, life-giving teachings of Jesus (who himself apparently never spoke about homosexuality.)’ (Messer, o.c. 54)

23 Messer, o.c. 67. ‘... most people do not fear so much the possibility of an early death but the world of stigma and shame thrust upon them. The cultural environment becomes the great killer, forcing individuals and families to hide the disease.’ (idem, 68)

AIDS is a disease. It is not a sin. As long as churches do not communicate this message clearly and in a straightforward way, they frustrate the prevention of HIV/AIDS and people living and dying with it are left to do so alone.

In his *Ethics* Dietrich Bonhoeffer proposes a confession of guilt for his church that failed to confront the Hitler regime. His radical<sup>24</sup> words may be considered to be repeated facing HIV/AIDS:

“She has often been untrue to her office of guardianship and to her office of comfort. And through this she has often denied to the outcast and to the despised the compassion she owes them. She was silent when she should have cried out because the blood of the innocent was crying aloud to heaven. She has failed to speak the right word in the right way and at the right time.” (Ethics (SCM Press, 1955, 92.)

## 6. THE UNITY OF THE CHURCH

Christian thinking on AIDS is inclined to be guided by an exclusive, judgmental perspective, which divides the world in an “us” and a “them”, those infected and those who are not. In the Western world, in the early days of the epidemic HIV/AIDS was predominantly spread among men having sex with men and among (intra-venal) drug users. It was known as the “gay disease”, “the gay cancer”. AIDS was interpreted as a punishment from God for the sin of homosexuality and promiscuity.

Once the virus concentrates itself in Africa and Asia, I observe a colonial mind-set reawakening within the Western world. Another line of separation is introduced: “we” are the healthy, and “they”, in some distant country or continent, are the diseased; “we” should offer

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24 Ethik [DBW 6], 129: ‘*Sie hat ihr Wächteramt und ihr Trösteramt oftmals verleugnet. Sie hat dadurch den Ausgestossenen und Verachteten die schuldige Barmherzigkeit oftmals verweigert. Sie war stumm, wo sie hätte schreien müssen, weil das Blut der Unschuldigen zum Himmel schrie. Sie hat das rechte Wort in rechter Weise zu rechter Zeit nicht gefunden.*’ A confession of guilt written during the war far more radical than the Stuttgarter Schulderklärung 1945 afterwards: ‘Wir klagen uns an, dass wir nicht mutiger bekannt, nicht treuer gebetet, nicht fröhlicher geglaubt und nicht brennender geliebt haben.’ (Cf. M. Greschat, *Die Schuld der Kirche*. Dokumente und Reflexionen zur Stuttgarter Schulderklärung vom 18./19. Oktober 1945, Kaiser München 1982, 102)

African church leaders confessed in 2001 (Nairobi, WCC, ‘Plan of Action. The Ecumenical Response to HIV/AIDS in Africa’, Global Consultation, November 2001): ‘we have contributed both actively and passively to the spread of the virus. Our difficulty in addressing issues of sex and sexuality has often made it painful for us to engage, in any honest and realistic way, with issues of sex education and HIV prevention. Our tendency to exclude others, our interpretation of the scriptures, and our theology of sin have all combined to promote the stigmatization, exclusion and suffering of people with HIV and AIDS.’ (Cited in Messer, o.c. 52) With explicit reminiscence to Belhar, the URCSA confesses in her declaration on the issue: ‘That we have not always showed support and love for people living with HIV/AIDS as we should have. We ask for forgiveness for our lack of love and understanding. ... That the church as God’s possession must stand where God stands with those who are living with HIV/AIDS and against discrimination, rejection, and prejudice against people living with HIV/AIDS (Belhar Confession).’

But where is the Reformed ecumenical support? On the 24th Assembly of the WARC (Accra, August 2004) AIDS was only considered a priority concern ‘along with dozens of other priorities for its work over the next seven years’ (according to the WARC website, visited in oktober 2004). Some delegates protested against the propagation of condoms while they may promote promiscuity, and homosexuality was a too controversial issue to be put on the agenda again.

Cf. in this respect also the almost desperate personal comment of Christoph E. Mann, leader of the Ecumenical HIV/AIDS Initiative in Africa, in EHAIA News, January 2004, no.4: ‘Where are all the big church projects? Nobody in the church denies that HIV/AIDS is in the church, and that even if it were

“them” some help, though we know their situation is hopeless. HIV/AIDS seems to be used as another brick in the ideological wall that the affluent world would like to build around Africa. The myth that AIDS *originated* in Africa is just that, a myth, but still it persists and contributes to the even more outrageous idea that AIDS *belongs* in Africa.<sup>25</sup>

Belhar confessed the unity of the church both as a gift and as an obligation. This unity, as it was stated then, “must become visible so that the world may believe that separation, enmity and hatred between people and groups is a sin which Christ has already conquered, and accordingly that anything which threatens this unity may have no place in the Church and must be resisted.” These prophetic passages should be read and reinterpreted again in the light of the HIV/AIDS pandemic. HIV/AIDS threatens the unity of the church by dividing the world in two – both in local congregations where members are stigmatised and excluded, as well as on a ecumenical level, where Western churches ignore the urgency of the situation and fail to respond to the call of their sister churches in the high prevalence parts of the world.

The lines of separation in the *Oikome* no longer seem to be based on racial differences, but on viral contamination zones: those who are infected stand apart from and against those who (still) are not, separated along the lines of a theology of purity and holiness, at right angles to the gospel of Jesus. Churches, at least as far as I know them in my own context, should confess that they fall short of faithful discipleship.

However, in church, AIDS touches us all. Theologically, as I shall point out below, but also factually: at every level in the church, Christians are dying of AIDS. If a distinction should be made, it should only be between those who are *infected* and those who are *affected* by HIV. The hidden doctrine that divides the church in the infected and the clean, the soiled and the pure, sinners and saints, sinfully separates people and should be rejected as a heresy. We “share one faith, have one calling, are of one soul and one mind; have one God and Father, are filled with one Spirit, are baptised with one baptism, eat of one bread and drink of one cup, confess one Name, are obedient to one Lord, work for one cause, and share one hope” (Belhar). How a person got infected by the virus should make no difference in the church. The gospel should guide us, instead of the law of Leviticus. Let us respond to people with HIV/AIDS as Jesus responded to the lepers of his time: embracing and healing them compassionately (Mt 8:1-4; Lk 17:11-19), inviting his disciples to do the same (Mt 10: 18), sharing the table with them (Mk 14:3-9). In doing that, Jesus left behind the legal tradition where leprosy was considered to be a punishment for sin and should be met with social exclusion (cf. Nu 12:10–15; 2 Ki 5:27; 15:5; 2 Ch 26:20f.).<sup>26</sup>

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not, churches must respond to the suffering of the world. But very few quality projects that match the challenge are submitted to big donors by churches. Why? (...)where are all the big projects to help the ailing church hospitals, the orientation seeking youth, the isolated and stigmatized women who care for the sick, the orphans and impoverished children resulting from HIV? I can see only a few; they give hope, but are only drops in the ocean of the epidemic.’

25 Nonsense as well: in Europe for example, after having been stabilizing in the 1990s, the virus is progressing rapidly again. Nowhere in the world the number of AIDS-patients is growing faster than in the Ukraine and White-Russia. (*NRC-Handelsblad* 8 september 2004) In the EU around 1,3 million people are infected. Since 1995 the number has been doubled. Especially young people in the age between 15 and 25 are concerned. The number of HIV infections in the Netherlands is estimated between 16.500 and 23.000. (*Dagblad van het Noorden*, september 9, 2004). In North America and Western-Europe, HIV/AIDS is now viewed as a ‘chronic manageable disease’, though with many side effects and unforeseen long-term consequences. Public attention has diminished.

26 Marcus J. Borg, *Conflict, Holiness and Politics in the Teachings of Jesus*, Trinity Press Harrisburg 1998 (New York 1984), speaks of the Politics of Holiness/Purity, which Jesus opposed in his practices and teachings with a Politics of Compassion.

The church is *koinonia* or it is not the church. We are all members of each other. This means: what afflicts my brother or sister also afflicts me. Christians should be united in a solidarity of suffering. “We are all HIV-positive.”<sup>27</sup> The essence of the church is at stake here. What does it mean to read 1 Cor 12 (“... there should be no division in the body, but ... its parts should have equal concern for each other. If one part suffers, every part suffers with it; if one part is honoured, every part rejoices with it. Now you are the body of Christ, and each one of you is a part of it.”) in the midst of the pandemic, to be the Body of Christ when this Body has AIDS? “Christianity is the religion of the incarnation *par excellence*, a religion of the body”, Sally McFague writes in her *The Body of God*.<sup>28</sup> “Its earliest and most persistent doctrines focus on embodiment: from the incarnation (the Word made flesh) via Christology (Christ was fully human) to the Eucharist (this is my body, this is my blood) the resurrection of the body, and the church (the body of Christ who is head).” HIV/AIDS challenges us to despiritualise Christianity.<sup>29</sup>

## 7. A REALISTIC AND COMPREHENSIVE APPROACH

A *realistic* (1), *comprehensive* (2) and balanced approach is needed by churches towards the HIV/AIDS. Churches will not bring the solution; sometimes they are part of the problem. But the crisis will not be conquered without them.<sup>30</sup> So, even if they cannot provide a definite answer to the issue, they are challenged to give a creative response.

### 7.1 A realistic approach

Therefore, the church should be first of all realistic and face the facts. Almost 87 percent of all the HIV infections in Africa are transmitted through heterosexual intercourse and the percentage also is growing in western countries.<sup>31</sup> When churches preach *Abstinence*, fidelity within marriage (*Be Faithful*), forbid children to have pre-marital sex, and only in the final instance advise the use of *Condoms* (the so-called ABC approach) – they do not acknowledge the reality that in every culture and in all religious communities persons do *have* multiple partners, experience same-sex relationships, frequent sex-workers, engage in sexual contacts outside of marriage, and sexually experiment in their youth. In the Christian tradition abstinence (the first command in the ABC approach) was a device for saints, the *consilium evangelium* for a spiritual and moral elite. It should not be made the first command for masses of young people discovering their body and the intimacy with others. The churches’ unrealistic sexual ethic leads to denunciation and denial. Safe

27 ‘Thinking of oneself as HIV-positive – and it’s true anyway: we are bound to die, all of us - is a theological exercise that brings us closer to our infected sisters and brothers.’ (Messer, o.c. 37)

28 *The Body of God*. An Ecological Theology, SCM Press, London 1993, 14.

29 ‘The body matters, and therefore the needs of the bodies provide the primary context for obligation’, McFague writes (o.c. 48). She points out how embarrassing bodily Jesus’ activities and message were, referring to his parables, his healing and eating practices, and how distinctive he was in his inclusion of the outcast and the oppressed. (o.c.170)

30 The important contribution of faith based NGO’s is acknowledged by the UN ‘Emphasizing the important role of cultural, family, ethical and religious factors in the prevention of the epidemic, and in treatment, care and support, taking into account the particularities of each country as well as the importance of respecting all human rights and fundamental freedoms’. (Declaration of Commitment on HIV/AIDS, ‘Global Crisis — Global Action’, United Nations, from 25 to 27 June 2001, for the twenty-sixth special session of the General Assembly.)

31 ‘... with lower proportions due to blood transfusions (2 percent), intravenous drug use (1 per cent) and mother- to-child (10 percent).’ (Weinrich/ Benn, o.c. 3) Heterosexual transmission is a growing route in Western countries as well (24%, against 39% homosexual, 37% I-V drug use, idem 4).

sex requires that both partners agree to be with only one partner *for life*. However, these are rare exceptions. Principles of abstinence and faithfulness should not be abandoned<sup>32</sup>, but the order in the ABC of prevention should be reversed. First of all, the categorical obligation for everyone having sex should be to use condoms (you MUST); then: be faithful as an imperative of love (you SHOULD); and finally, for the saints: abstain (you MAY). Instead of preaching abstinence in our sermons, we should – as a story from Maputo, Mozambique tells - bless condoms as part of the celebration.<sup>33</sup>

## 7.2 Comprehensive

The approach should be balanced. The church should not narrow its response to sexual ethics and pastoral care, nor reduce HIV/AIDS to a “disease of poverty” and a matter of global justice. The virus is mainly transmitted by sexual intercourse. But it is also spread by cultural conventions, religious ideologies, economic dependency, political domination, and the inequalities of power between men and women. HIV/AIDS should not be left to doctors and fund raisers; it has a religious, a political, and an economical component as well. It is not a matter of cure and care only, but also of faith, ideology and justice. In this respect, little seems to have changed since Belhar.

## 8. AIDS AS A MATTER OF JUSTICE

A cynical observer might wonder whether HIV/AIDS is not the prolongation of racism by other means. Donald Messer tells about a woman who met a white South African couple who were on vacation in Amsterdam and confidentially told her: “You know, in South Africa, we won’t have a black problem much longer; it is being taken care of by AIDS.”<sup>34</sup> HIV/AIDS is primarily experienced and labelled as a health problem. It is a disease, yes. But, precisely as a health issue, it is more than that. HIV/AIDS as such does not exist; HIV/AIDS never comes by itself. It is wrapped up in (economically, politically, gender based) power and in narratives that legitimate it.

This broader context should question the individualistic and moralistic approach within churches towards people living with HIV/AIDS. Instead of fighting HIV/AIDS, we may only fight the sick. In moral philosophy a principal difference is made between different kinds of moral judgment. It is morally justified to blame someone who is acting irresponsibly. You can hold someone responsible if he or she had the power to act otherwise. Responsibility does not always imply consciousness – the drunk driver who runs over a child is responsible, even if he did not know what he was doing - but always implies the *availability of alternatives*. Children who are born with HIV, women who are married to unfaithful partners, women and girls who are raped, do they have alternatives? They were condemned to suffer from HIV/Aids. What choice do sex workers have, who have to “choose”

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32 However, they should be seriously questioned and relativised. Total abstinence indeed is one guarantee of not getting infected, the other however is being a woman and becoming lesbian, Messer, o.c. 50, 42. However, being faithful to your husband in combination with unprotected sex is the greatest risk married women run of getting infected.

33 Messer, o.c. 113.

34 Messer, o.c. 10. Racists see Aids as an answer to their prayers: ‘Soon there will be a white majority government in power!’ “Does a person with HIV change colour from white to black?” (Pieter-Dirk Uys, South African satirist, but not joking here). All the above are true and happened in South Africa - except for the last comment, which was from a 13-year-old girl at a school in London. Ivan M. Abrahams, Methodist Bishop of Southern Africa: ‘HIV/AIDS is the new apartheid of discrimination and stigmatization. Previously apartheid meant lack of access to opportunities and institutions; now it means lack of access to the life sustaining anti-retro-viral medicines.’ (cited in Messer, o.c. 141)

between dying of hunger or selling their bodies? What “choice” do truckers, soldiers, migrant workers have, who have to be away from home for months and months?

Is this virus democratic, non-sexist, non-racial and incurable, as the South African satirist Pieter-Dirk Uys is saying in order to mark the difference between it and apartheid? One can have doubts about that. The virus is not democratic, for it affects the poor; it is sexist, because it hits especially women; it is racial, because it touches the black community far more than the white; it is curable, in the sense that there are anti-retroviral drugs available, but only for a happy few rich who have financial access to them.

## 9. POVERTY

The worldwide spread of HIV/AIDS is inextricably bound to poverty (war, drought, malnutrition, limited health care, lack of education).<sup>35</sup> In countries with a high prevalence of infection, *all* people are affected by it. Either they are themselves infected with HIV/AIDS, or are affected as surviving members of the family, as orphans and as members of the wider community. Poverty promotes the spread of HIV and exacerbates its impact on individuals, communities and societies. In turn, HIV/AIDS itself leads to the “misery-go-round” of more poverty. On a global scale, HIV/AIDS affects people in poor countries and the poorer groups within the rich industrialised countries in disproportionate ways.<sup>36</sup>

If justice can be defined as having equal access to primary life provisions, HIV/AIDS reveals global injustice.<sup>37</sup> Hunger and HIV work together: HIV positive people, who are also malnourished, fall ill en die faster. And hungry people are more likely to resort to sex work in order to buy food.<sup>38</sup> HIV/AIDS will also make poor countries poorer. It kills people at their most productive age, and often more than one member of a family. Breadwinners fall ill and die. Children drop out of school to take over adult roles at home.

The effects of the globalisation of the market economy combined with the HIV/AIDS pandemic may be cynically described as “genocide by indifference.”<sup>39</sup> The politics of power, disguised in international patent disputes and in the negotiation of trade treaties, is responsible for the deaths of millions (Messer, o.c. 142).

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35 ‘It is no coincidence that 90 percent of people infected with HIV live in developing countries. Here, 800 million people lack access to clean water and are wanting for basic health care and perinatal care, primary education, nutrition and sanitation, all of which grievously affect their physical well-being and make them vulnerable to disease. Not only do people living in poverty suffer general loss of health but they are forced to adopt survival strategies that expose them to health risks. Families break up as men seek work in cities where they meet women, themselves under economic duress, who are willing to trade sexual access for a roof over their heads and some financial support. Inevitably less money reaches families back in the rural areas and poverty spirals.’ (D. M. Ackermann, ‘Seeing HIV and AIDS As a gendered pandemic’, in: Ned. Geref. teologies Tydskrif, Vol. 45, nr. 2, supplementum 2004, 214–220. Lack of education about sexuality and HIV/AIDS in particular means that young people believe that if a person looks healthy then there is no danger. (Messer, o.c. 81)

36 Weinrich/Benn, o.c. 40.

37 ‘Only 5 percent of women have access to drugs preventing mother-to-child transmission. Just 12 percent of people have access to voluntary HIV counselling and testing. Of those at high risk, 24 percent have access AIDS education. Only 42 percent of people in need have access to condoms.’ Only 10 percent of the global HIV/AIDS budget is spent in poor countries, although 92 percent of all HIV infections have occurred there. (Messer, 118)

38 To put it more bluntly: ‘It is hard to persuade a poor person, or one in a dangerous job like mining, to give up an orgasm today so that they can, in ten years’ time, prolong their enjoyment of endemic unemployment, poverty and conflict.’ (E. Pisani, cited in Guest, o.c. 5)

39 Western pharmaceutical giants refuse permission for making generic copies of patents. The lack of funding for HIV/AIDS is described by as Stephen Lewis, UN’s secretary-general’s special envoy for

What should be the response of churches? They mourn, bury, counsel and care, what can they do otherwise? They can *protest*. Despite their priestly vocation regarding this very *kairos*, they should not forget their prophetic role and denounce the ruinous role of uncontrolled economic globalisation vis-à-vis the poor and the destitute. Churches – those of the northern hemisphere included – should consent to the WARC declaration at Accra, 2004, and “reject the current world economic order imposed by global neoliberal capitalism”. (World Alliance of Reformed Churches, 24th General Council, Accra, Ghana, July 30 – August 13 2004: *Covenanting for Justice in the Economy and the Earth*).

## 10. GENDER

HIV/AIDS reveals a radical gender inequality. A major factor in the spread of AIDS is the powerlessness of women; their incapacity to make decisions about their lives is due to the lack of material ownership and decision making powers.<sup>40</sup> In most cultures gender roles make women subordinate to men. They are expected to be ignorant about sex and passive in sexual interactions. However, men are expected to be sexual active, experienced. For women then to be proactive in demanding safe sex is difficult.<sup>41</sup> As was mentioned above, poverty makes it more likely that women will exchange sex for money or favours, less likely that they will succeed in negotiating protection, and even less likely that they will leave a relationship that they perceive to be risky. Poverty-stricken women are more likely to become infected with HIV and transmit the virus on to others. Male violence against women contributes both directly and indirectly to women’s vulnerability to HIV.<sup>42</sup> “Men transmit the disease to their spouses and girlfriends, but the women are blamed and often tossed out of the home. They not only die, they die alone.”<sup>43</sup> What should be the response of churches? In order to develop a theology of gender equality and justice they not only should strengthen the position of women in society and church, but also critically discuss the

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HIV/AIDS in Africa, as ‘Mass murder by complacency’. The US spend during the 1990s 70 million dollars per year for the HIV/AIDS campaigns in the Two-Third World. The Pentagon budgeted 50 million to provide American troops and retirees with Viagra when it first came available. What is the 15 billion Bush spends on HIV/AIDS in Africa and the Caribbean against the 1 billion a week of the war in Iraq? (Messer, o.c. 145)

- 40 UNAIDS 2004; report on the global HIV/AIDS epidemic: 4th global report ([http://www.unaids.org/bangkok2004/GAR2004\\_pdf/UNAIDSGlobalReport2004\\_en.pdf](http://www.unaids.org/bangkok2004/GAR2004_pdf/UNAIDSGlobalReport2004_en.pdf)), 45 – 54. Due to cultural practices of cross generational sex the infection rate for especially young women between fifteen and nineteen is five to six times higher than for young men. And talking about widows, in some traditions the practices of widow inheritance and widow cleansing prescribe that a widow should be “cleansed” by having sexual intercourse with a stranger three days after her husband is buried so she can be “inherited” by one of her husband’s relatives. Besides dehumanizing the grieving woman, the tradition exposes her to HIV. Old widows in rural Zimbabwe are accused of bewitching people with AIDS. (Messer, o.c. 85)
- 41 ‘It is no coincidence that 90 percent of people infected with HIV live in developing countries. Here, 800 million people lack access to clean water and are wanting for basic health care and perinatal care, primary education, nutrition and sanitation, all of which grievously affect their physical well-being and make them vulnerable to disease. Not only do people living in poverty suffer general loss of health but they are forced to adopt survival strategies that expose them to health risks. Families break up as men seek work in cities where they meet women, themselves under economic duress, who are willing to trade sexual access for a roof over their heads and some financial support. Inevitably less money reaches families back in the rural areas and poverty spirals.’ D. M. Ackermann, o.c.
- 42 Cf. note 11.
- 43 Messer, o.c. xv.

leading images of masculinity dominant in theology and church structure. Gender justice is not only a matter of the emancipation of women, but also of the (self-) liberation of men from the patriarchal patterns that are perpetuated in our cultures and religions. The majority of church leaders throughout the world still are men who are not ready to discuss their own masculinity but legitimate it with ideological interpretations of Scripture (eg. Eph 5:22; 1 Cor 7:5). HIV/AIDS confronts us with deep, globally spread, cultural conventions about male sexuality that contribute to the spread of the disease: sexuality used as an instrument of power and aggression, and the identification of intimacy with genital sex. *Metanoia* acquires a new meaning: men should convert themselves to respectful behaviour and a sexuality of erotic tenderness.<sup>44</sup> Are we still talking about politics then? Yes, but “*life politics*” (A. Giddens), in which power as a matter of transformative capacity is located within our own self-understanding. In life politics the personal is political.<sup>45</sup> Gender politics is no longer an elitist feminist theme; HIV/AIDS makes it a global priority. In - what Anthony Giddens calls - emancipatory political struggles against power hierarchies the first virtue of leadership is *courage*. Life politics, which has to do with self identity, requires different first virtues, such as honesty and respect. Campaigns aimed at preventing HIV/AIDS need role models, men who embody a different masculinity. Where are the leaders, the role models we need here in politics and in the church?

## 11. CONCLUSION

In the third century, devastating epidemics decimated the population of cities of the Roman Empire. Around 260 AD, at the height of the second great epidemic (probably measles or smallpox), Bishop Dionysius of Alexandria wrote in a pastoral Easter letter to Christians from his local congregation; many of whom lost their lives while caring for others.

“Most of our brother Christians showed unbounded love and loyalty, never sparing themselves and thinking only of one another. Heedless of danger, they took charge of the sick, attending to their every need and ministering to them in Christ... Many, in nursing and curing others, transferred their death to themselves and died in their stead.”

After having described at length how the Christian community nursed the sick and dying and even spared nothing in preparing the dead for a proper burial, he noted:

“The heathen behaved in the very opposite way. At the first onset of the disease, they pushed the sufferers away and fled from their dearest, throwing them into the road before they were dead and treated unburied corpses as dirt, hoping thereby to avert the spread and contagion of the fatal disease; but do what they might, they found it difficult to escape.”<sup>46</sup>

When faced with the HIV/AIDS crisis there is a difference to be made between “us” and “them”, not along the lines of the pure and the impure, but between those who flee and those who stay,

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44 ‘Harmful concepts of masculinity must be exposed and other models of masculinity must be shared. New ways of positively relating to women must be introduced. Men must be viewed not simply as part of the problem, but critical to the solution.’ (Messer, o.c. 80)

45 ‘Life politics – as distinguished from emancipatory politics – concerns political issues which flow from processes of self-actualisation in post-traditional contexts, where globalising influences intrude deeply into the reflexive project of the self, and conversely where processes of self-realisation influence global strategies.’ A. Giddens, *Modernity and Self-Identity. Self and Society in the Late Modern Age*, Polity Press Cambridge 1991, 214.

46 Quoted by Rodney Stark, *The Rise of Christianity*, HarperSanFrancisco 1997, 82f., who makes plausible that bishop Dionysios really described characteristic Christian behaviour.

those who cared for the least of Jesus' brothers and sisters and those who never did (Mt 25).

To put it differently with Albert Camus' in his novel *The Plague*: "All I maintain is that on this earth there are pestilences and there are victims, and it's up to us, so far as possible, not to join forces with the pestilences."<sup>47</sup>

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47 Albert Camus, *The Plague*, New York: Vintage Books 1991, 253.