

Towards a Theology of Hope in a Time of HIV/AIDS

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2005



HIV/AIDS). As the pandemic increases in momentum, we realise that the accusation against the people of Israel, because of their neglect of the widows and the orphans (Malachi 3:5), is also directed to the church of today, calling us to repentance as we equally neglect those most in need of care.

This document is not intended solely as a theological discussion on the responsibility of the church towards HIV/AIDS. This document is a call to action. There may still be time to do something, but time is running out. For millions of people all over the world, it may already be too late...

The churches have strengths, they have credibility, and they are grounded in communities. This offers them the opportunity to make a real difference in combating HIV/AIDS. To respond to this challenge, the churches must be transformed in the face of the HIV/AIDS crisis, in order that they may become a force for transformation – bringing healing, hope, and accompaniment to all affected by HIV/AIDS.

Plan of Action: The Ecumenical Response to HIV/AIDS in Africa, Nairobi, 2001

INTRODUCTION

In our reflection on one of the greatest disasters to strike the earth – the pandemic of HIV/AIDS – the REC not only came under a clear impression of the many facets of this problem, but also realised that we, as representatives of Jesus Christ, stand guilty before God, our fellow believers and the world due to our inability to raise a prophetic voice while there had still been time to make a difference, against the problem of HIV/AIDS, the different circumstances leading up to the uncontrolled spreading of the dis-ease as well as the social circumstances which inevitably follow once someone has been diagnosed as HIV-positive. As we humbly and with great shame confess our guilt, we nevertheless acknowledge that the Lord has taught us that we need to move beyond the confession of our guilt in order to facilitate change within the community and world within which we live, by sharing faith, love and hope to all people, regardless of whom they are. This we believe to be the way in which our Lord would expect us to address this problem.

Paul's first letter to the Thessalonians, considered to be the first document of what is known to us today as the New Testament, starts with the following words: "We continually remember before our God and Father your work produced by FAITH, your labour prompted by LOVE, and your en-durance inspired by HOPE in our Lord Jesus Christ" (1 Thessalonians 1:3 – NIV). A few years later, Paul writes another letter, incorporating within it one of the greatest love poems ever written, which ends with the words: "And now these three remain: FAITH, HOPE and LOVE" (1 Corinthians 13:13). Following the example of the Apostle Paul, who started the New Testament with the concepts of faith, love and hope, we therefore wish to take up the responsibility towards all those infected with or affected by HIV/AIDS, by allowing them to experience the works done because of our faith, by enveloping them with our love and by inspiring them with hope when all feels hopeless.

This document does not call for uniformity. The earth houses many realities, and what works in one place may not work in another. What it does attempt to achieve is a realistic initiative which will make it possible for church leaders and their congregations to speak honestly about HIV and AIDS, and to act practically in response to it.

FAITH

A THE NECESSITY OF A THEOLOGY OF HOPE IN A TIME OF HIV/AIDS

We admit that we as church have for too long indulged ourselves in the luxury of denying that HIV/AIDS is our problem.

We believe that:

1. There are times when the world is faced with a crisis which has the potential for such devastating consequences throughout the world, that it becomes necessary for the church to respond to that crisis, not only practically, but also theologically
2. We can no longer speak relevantly about the church without also speaking about HIV/AIDS

Failure to probe the theological significance of this moment will be not only a missed opportunity but also irresponsible. Just as the entire Christian world has been and continues to be mobilized in programmes meant to combat racism, sexism, economic exploitation and cultural arrogance, we now need theologies that will help us deal with the challenge of HIV/AIDS.

Tinyiko Maluleke: towards an HIV/AIDS-Sensitive Curriculum

B. THE RELATIONSHIP BETWEEN HIV/AIDS AND SIN

We admit that we as church have at times laid a much too direct link between HIV/AIDS and sin, giving the impression that those with HIV/AIDS are greater sinners than others, without keeping in mind that many of those who are today HIV-positive got the virus innocently.

We believe that:

1. AIDS should not be considered as judgement of God upon sinners.
2. A person's HIV status, whether it is positive or negative, gives no indication of that person's moral choices.
3. As in many other aspects of life as recorded in the Bible as well as in our own daily lives, certain choices which are made may have undesirable consequences.
4. The consequences may affect those who sinned, but usually many other people are also affected by these consequences and these consequences may even be felt over more than one generation.
5. AIDS can be seen as evidence of the fallen nature of creation in the sense that everyone and everything is tainted with imperfection.
6. When people are aware of their HIV-positive status and nevertheless continue with a lifestyle which can transmit the virus to others, this can clearly be considered as contradictory to God's will.
7. Regardless of who had been infected with HIV/AIDS and how they got it, the Bible clearly states that there is forgiveness of all sin (1 John 1:9) and that Jesus had come for all those who realise that they need Him (Matthew 9:12).

At the World AIDS Day celebration in the Roman Catholic Cathedral in Bujumbura in 1995, the priest said, in the course of his sermon, "We must have compassion for people with AIDS because they have sinned and because they are suffering for it now". At that point something propelled Jeanne Gapiya to rise from her pew and walk up to the front of the church. "I have HIV", she declared, "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 that Jesus came."

Janet Brown & Jurgens Hendriks: *The AIDS Fulcrum: The church in Africa Seesawing Between Alienation, Estrangement, Prejudice and Love*, 2004

C. SEX

We admit that we as church have often neglected to speak clearly about sexual matters, as though this is a sin to be ashamed of.

We believe that:

1. Sex was given by God, not only with the aim of bringing forth children, but also for the mutual enjoyment of those taking part in it, according to the will of God.
2. This becomes true, more than anywhere else, within a loving, caring and permanent relationship between a man and a woman.
3. Sex and sexuality is something which Christians may and should celebrate without shame.
4. In order to understand and celebrate our sexuality, a new understanding in the light of Scripture is needed, on our entire body as part of God's creation.

O LORD, our Lord, how majestic is your name in all the earth!

You have set your glory above the heavens. From the lips of children and infants you have ordained praise because of your enemies, to silence the foe and the avenger.

When I consider your heavens, the work of your fingers, the moon and the stars, which you have set in place, what is man that you are mindful of him, the son of man that you care for him? You made him a little lower than the heavenly beings and crowned him with glory and honour. You made him ruler over the works of your hands; you put everything under his feet: all flocks and herds, and the beasts of the field, the birds of the air, and the fish of the sea, all that swim the paths of the seas.

O LORD, our Lord, how majestic is your name in all the earth!

Psalm 8

D. SEX EDUCATION

We admit that we as church have missed many opportunities to teach those children entrusted to us about the gift of sexuality.

We believe that:

1. The church has the responsibility to speak to our members, young and old, about sexual-related topics.
2. When speaking about sexual matters, the aim should not be to only give information, nor only to warn against pre- and extra-marital sexual relations, but also to increase in people their awe of God, who created human beings in such a wonderful way.
3. There are many ways in which HIV/AIDS can be prevented, of which abstinence from sexual relations outside marriage and faithfulness to a single partner are the two preferable options.

...if sound moral decisions are required of people, an environment conducive to making such decisions is necessary, an environment in which openness to honest sharing of experiences and concerns is promoted and the integrity of people and their relationships is affirmed. Apart from such an environment, the vulnerability of marginalized groups to high-risk behaviour is greatly increased."

E. POVERTY

We admit that we as church have for too long ignored the effects of extreme poverty on more than 50% of the world's population, particularly as the HIV/AIDS pandemic seems to be thriving within these poor communities.

We believe that:

1. The HIV/AIDS pandemic will never be effectively opposed while the social circumstances under which many people are living are stimulating the spreading of this disease.
2. Many people, men but more especially women, are caught up in a situation where they have no other choice than to sell their bodies in order to earn money with which to feed their children and other family members.
3. While the church can never approve of people engaging in prostitution, this practice cannot be condemned without also making earnest with the problem of poverty forcing many people to go to these lengths to earn money.
4. As the gap between the rich and the poor is steadily growing, the church needs to address the problem of economic injustice.

5. Although migrant labour has helped to enrich many, the devastating effects that it has upon many families and communities also need to be addressed by the church.

If you want to spread a sexually transmitted disease, you'd take thousands of young men away from their families, isolate them in single-sex hostels, and give them easy access to alcohol and commercial sex. The, to spread the disease around the country, you'd send them home every once in a while to their wives and girlfriends. And that's basically the system we have with the mines.

Bertil Egerö, Mikael Hammar skjöld & Lise Munck: AIDS: The Challenge of this Century: Prevention, care and impact mitigation.

LOVE

A. STIGMATISATION

We admit that we as church have often stigmatised those infected with or affected by HIV/AIDS, making it difficult for people to openly declare their HIV status and causing them to experience rejection while they were most in need of love and compassion.

We believe that:

1. Stigmatisation of and discrimination against any person, regardless of who and what they are, is a sin in the eyes of the Lord.
2. Stigmatisation is a reality of which we have to take note and against which we have to make a stand.
3. God is often revealed in the Bible as the God of the marginalised (Psalm 146:7; Luke 1:53).
4. Following the example of Jesus Christ, instead of stigmatising those infected with and affected by HIV/AIDS, we should embrace and support them, as He did with the lepers (Mark 1:41).

It is now common knowledge that in HIV/AIDS, it is not the condition itself that hurts most (because many other diseases and conditions lead to serious suffering and death), but the stigma and the possibility of rejection and discrimination, misunderstanding and loss of trust that HIV positive people have to deal with.

Plan of Action: The Ecumenical Response to HIV/AIDS in Africa, Nairobi, 2001

B. CARING

We admit that we as church have not done enough to take care of those infected with and affected by HIV/AIDS.

We believe that:

1. Each congregation has the God-given obligation to become involved with the HIV/AIDS pandemic.
2. Congregations within communities or countries which are privileged not to be severely affected by HIV/AIDS, need to take hands with congregations within less fortunate areas to assist them by every means possible to reach out to those in need of care.
3. The care given to the suffering should be administered in such a way that the dignity of those being cared for as well as the dignity of the community within which they reside are maintained.
4. This pastoral care should not be restricted only to the innocent victims of HIV/AIDS, but also to those who are so angered by their own HIV-positive status that they deliberately infect innocent people with the virus.
5. Antiretrovirals should be readily available to any person who has HIV/AIDS and who wishes to have a more productive life.
6. Churches in more affluent countries should assist those in poorer countries to gain greater access to antiretrovirals.

Then the King will say to those on his right, 'Come, you who are blessed by my Father; take your inheritance, the kingdom prepared for you since the creation of the world. For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me.' The the righteous will answer him, 'Lord, when did we see you hungry and feed you, or thirsty and give you something to drink? When did we see you a stranger and invite you in, or needing clothes and clothe you? When did we see you sick or in prison and go to visit you?' The King will reply, 'I tell you the truth, whatever you did for one of the least of these brothers of min, you did for me.'

Matthew 25:34-40

C. WOMEN

We admit that we as church have for too long been silent on the sexual abuse of women and violence against women.

We believe that:

1. The church needs to speak out against violence and sexual abuse directed towards women, not only through the hands of strangers, but also through the hands of their spouses, often resulting in domestic rape.
2. Cultural taboos which often lead to women being forced to have unprotected sex and thus resulting in them getting the HI virus, need to be addressed.
3. Men need to be educated to enable them to reject myths such as that sex with a virgin will cure a man of HIV/AIDS.
4. Special plans should be made to support women, who seem to be carrying an even greater burden than men due to the larger number of females infected with HIV/AIDS as well as the extra burden of caring for family members with HIV/AIDS.

If I refuse to accept his advances, he can get physical and several times he has hurt me. A number of times he has hit me when I have refused to have sex with him because i know that he was with someone else. If feels as though I am being raped. It is very difficult to protect myself in this situation and I fear for myself.

Other women verbalized their agreement with her concerns, 'What can you do if he is going to beat you and demand that you have sex with him? Even if there is AIDS these days you just have to accept your fate and continue to sleep with him because he beats you. He says I am his wife and can do this with me whenever it pleases him.'

Janet Brown: HIV/AIDS
Alienation: Between Prejudice and
Acceptance, 2004

D. WIDOWS AND ORPHANS

We admit that we as church have often been sidetracked from a true and faultless

religion, acceptable to God our Father, which is defined in James 1:27 as looking after orphans and widows in their distress.

We believe that:

1. The caring of orphans and widows are the responsibility of the church.
2. Orphans need to be educated if we want to see their circumstances improve. Where the education of orphans are being neglected for whatever reason, the church needs to take up that responsibility.
3. Widows need to be empowered in many ways, which includes the learning of skills to enable them to receive a sustainable income as well as the knowledge of basic human rights which can help to protect them from exploitation.
4. Widows need to receive holistic support on the physical, social and spiritual terrains to enable them to function fully as human beings after the agony of caring for their dying husbands, often over a long period of time and then having to cope with the death of their husbands.
5. Those people taking care of dying family members or friends should be assisted by the church through a proper home based care program.
6. Church members should be taught how to have empathy with the suffering instead of only having sympathy for them.
7. The church needs to address some of the traditional beliefs that affect widows, such as the sexual cleansing of widows after the death of her husband.

AIDS also manipulates Care into exhausting Noluthando and MamaDina. MamaDina starts dragging her feet during her visits to her daughter and her merry songs dry up. She cries quietly where Dina can't see her. Her burden of care is becoming unbearable. She seems incapable of really helping Dina as the bedsores and the pain are getting worse every day. Perhaps a hospice will be able to take care of Dina properly. MamaDina feels so tired. The mere thought of her younger children and Dina's daughter at home fills her heart with devastation. Care has become a heavy burden. She fakes a weak smile when Dina looks up at her. Noluthando thinks about her childhood dreams of studying engineering and starts blaming Care for shattering her dreams. She feels old and ugly. She opens a drawer and stacks away her make-up.

She no longer jumps up at night to help her sister when she falls off the bed because of the stricks of Stigma and Discrimination. She wishes her uncle who lives in the matchbox house would help her, but he obeys the rules of Patriarchy, which prohibits a man from doing a woman's work and caring is after all a women's job. She draws the curtains in her sister's room and wishes hat her sister would die.

Sunette Pienaar: The Untold Stories of Women in Historically Disadvantaged communities, Infected and/or Affected by HIV/AIDS, about Care and/or the Lack of Care, 2003

HOPE

We admit that we as church have caused those, most in need of hope, to lose hope, instead of giving them hope, often because our definition of hope was confined only to the life after death.

We believe that:

1. Hope is built not only through words but even more so through our actions.
2. Hope cannot be built in a climate tainted with stigmatisation and discrimination.
3. Hope will be built if the church clearly states that HIV/AIDS is its problem so that those infected with or affected by HIV/AIDS do not have to carry this burden on their own anymore.
4. Hope has at its essence the conviction that our life does not end with death, but that death is merely the doorway to a new life. While this message needs to be proclaimed, it should not be done at the expense of a meaningful life here on earth.
5. True hope will be built where those who are suffering from HIV/AIDS are surrounded with love, care and compassion of fellow-believers and where those who are dying are assured that the relatives of the deceased will also be cared for after the death of the HIV/AIDS sufferer.

The church woes the world hope for both this and the ultimate, new world. Because the church knows that she is a commissioned witness of the coming new order, she has to erect signs of the Kingdom already. Because she knows that the gates of hell cannot prevail against her, she can risk the impossible. Because she heard God saying: 'Behold! I am making all things new!' (Rev. 21:5), she can already begin something new. Nothing may remain unaffected. The suggestion that things might stay as they are, is the very antithesis of the gospel. It is nothing less than a denial of Christ's resurrection and of the inauguration of the New Age.

Someone who knows that God will one day wipe away all tears, cannot with resignation accept the tears of those who suffer and are oppressed now. If we believe that one day all disease will vanish, we cannot but begin to anticipate here and now the victory over disease in individuals and communities. We believe in God not because we despair of the present and future; rather we believe in the present and future of both man and the world because we believe in God. Precisely because we hope for the eternal and ultimate things, we also hope for the temporary and the provisional.

David Bosch: Witness to the World, 1980