

SIGNS OF GOD IN TIMES OF AIDS

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ACROSS THE GLOBE, the disease known as malaria affects roughly 250 million people annually, at least 800,000 of whom die as a result.¹ Most malaria victims are children, living in Africa. By any calculation malaria is a global killer. Bill Gates calls it ‘the worst thing on the planet’. This global disease defies and frustrates the plans of scientists, governments, aid agencies and philanthropists. We do not have a vaccine (yet) and the parasite that causes it not infrequently mutates, boosting its drug-resistant profile. Malaria is a disease of the poor; it remains endemic to nations of the South, which, on their own, cannot muster the requisite resources to combat the epidemic. But, to my knowledge, topics such as ‘Malaria and God’ or ‘The Church and Malaria’ do not feature as urgent theological or ethical issues at conferences of theologians and agencies such as the United Nations. Ordinarily, malaria does not provoke social stigmatization or discrimination.

The disease known as Acquired Immune Deficiency Syndrome (AIDS) tells a completely different story. More than any other disease known to us, AIDS has captured our theological imagination in a quite interesting way. We do not say ‘The Church has malaria’, but we say ‘The Church has AIDS’, ‘The body of Christ has AIDS’, ‘Our Church is HIV-positive’, and then proceed to conduct theological disquisitions on ‘God and AIDS’, ‘The Church and AIDS’, ‘AIDS and Stigma’, and so on.

The reason why AIDS has acquired the status of a global theological and moral issue remains open to debate. Simply to reduce its exceptional status to the influence of frightening statistics would be missing the point. There are several other deadly diseases endemic to many countries in the world—river blindness, guinea worms, jiggers, and so

¹ See http://www.who.int/malaria/world_malaria_report_2009/en/.



on. But unlike malaria or these other diseases, AIDS confronts us with the inconvenient truth that our venerable assumptions about life and sexuality, sin and redemption, may, after all, stand in need of a radical re-evaluation at best, or turn out to be completely false at worst. Simply put, AIDS implicates, questions and challenges our notions of God, morality and Church.

The questions are multiple: how does the Church with AIDS live positively with the virus? How do we define and

formulate ethics of prevention and access to treatment and drugs? What is our duty of care, in justice and in solidarity, towards people living with AIDS? How do our rituals honour the pain of people living with AIDS and relieve the burden of stigma and discrimination against them? How do we accompany people infected by HIV and affected by AIDS? What new ministries do we need to recognise and validate in the Church in the time of AIDS? What is our personal calling or vocation in the time of AIDS? How do we interpret scripture in the time of AIDS? What is the meaning of human suffering? Where is God in the midst of this global calamity? Why, God? ...

The conference for which this paper was originally written was called 'AIDS: A Sign of the Times'. This title makes an assumption. Calling AIDS a sign suggests that it has something to teach us. Translated into theological terms, it means that the disease is revelatory. Theology teaches that revelation is the self-manifestation or self-communication of God. This pandemic is anchored in the question of what kind of God, what face of God, is manifested in the midst of suffering. Close to three decades of reflection on the challenges and questions raised by HIV and AIDS have generated diverse theologies of God in the face of suffering, disease and death. Sadly, not all of these theologies are life-affirming and life-promoting. When the epidemic first exploded, its

message was clear for many people: they believed that God had finally visited a plague of biblical proportions upon God's wayward people. Orthodox and fundamentalist ethics lined up the usual suspects, namely commercial sex workers, sexually promiscuous people, intravenous drug users and homosexuals, in the firing line of divine retribution. Looking back over the decades during which this disease has been known, we see the effects of such misconceived theological propositions. They have aggravated social stigmatization, discrimination, prejudice, and the exclusion and marginalisation of people living with AIDS; and they have absolved public morality and some ecclesial communities from the responsibility of care and compassion.

It has taken many years to unmask this ugly theodicy that evokes the will of God in order to justify its blame of people threatened by the global AIDS epidemic. If this disease does teach a lesson, it is that we need to have an acute awareness of the real potential for harm lurking in the fundamentalist ethics of retribution, judgment and punishment.

Voice of God, Voices of Humanity

One of the saddest aspects of the HIV and AIDS saga is the fact that the official theological discourses of many high-profile religious leaders about HIV and AIDS remain captive to this ethics. This restricts, and ultimately destroys, dialogue and open conversation. From my experience, the debate about the transmission and prevention of HIV, and about the care of people living with AIDS, is strewn with dogmatic declarations of the righteousness of God and the moral liability of people living with AIDS. There appears to be an obsession with sexual morality that often blinds religious leaders to the fact that there are commandments greater than the sixth. The ways in which Jesus of Nazareth responded to sin and disease suggest that the tragedy of HIV and AIDS ought to evoke the greater commandments of compassion and solidarity, as well as the greatest commandment of all: love.

In this debate, strident voices have emerged in Church and society which tend to dominate, or want to dominate. But what kinds of voices are heard, or should be heard? There are the voices of blame, stigmatization, ostracism and prejudice. There are also suppressed voices, especially those of people actually infected and affected by HIV and AIDS. The former often formulate moral principles without adequate sensitivity to the experience and conditions of those affected

by the disease. Talking about God in the time of AIDS is a delicate matter. Although faith in God has inspired some innovative responses to the disease, it is a fact that pronouncements and assumptions continue to be made in the name of God that are detrimental to people infected and affected by AIDS—such as the bizarre claim that couples who take measures to prevent infection because one partner is HIV-positive commit murder and destroy innocent lives!

By nature a sign points unambiguously to a single reality. By contrast HIV and AIDS represent a multiplicity of realities; the disease is a bundle of signs. In this context I would like to consider another sign of the times in the context of AIDS: the fight to prevent infection and the transmission of HIV, and initiatives that respond to the condition of people living with AIDS, preclude absolutist positions, dogmatic condemnations and exclusivist interventions. As an African proverb says, when one thing stands, another stands beside it; there is more than one way of catching a rat inside a clay pot.

The Church, Women and AIDS

Often when the word ‘Church’ is mentioned in this context it is associated with official documents and pronouncements on morality which claim to exercise power and authority on behalf of God. But my decade of research into HIV and AIDS in East Africa has led me to discover and encounter a new kind of Church that does not embody inflexible notions of hierarchy and orthodoxy.

In East Africa, the face of the Church is not that of people who make condemnatory declamations. The face of the Church is primarily that of lay people and women religious (though also of priests), for whom people living with AIDS are more important than status, power and authority. In the time of AIDS the idea of Church ought to embody the compassion and creativity of women in particular, who reach out to create networks of solidarity and support—even, and especially, where ecclesiastical biases remind them of their supposed victimhood, docility and subservience. The example from Africa of women’s participation in HIV and AIDS ministry reveals an incontrovertible sign which is often deliberately misinterpreted.

Statistics attest to the disproportionate risk of HIV infection for women, to the greater prevalence of HIV among females, and to women’s traditional role as caregivers. Credible empirical evidence also

shows that larger numbers of women than men are engaged in the fight against HIV and AIDS. Women have pioneered, and still run, arguably the most innovative and successful prevention, care and behaviour-changing initiatives in East Africa. Whether in the Church or in the sphere of public morality and policy, women's voices do not merely offer testimonies of victimhood but speak of a new ethics of compassion and solidarity in a time of crisis.

In the fields of HIV and AIDS prevention, care, support and education, women have an impressive record as pioneers, leaders and ministers. But ironically, and unjustly, as the Second African Synod acknowledges, prevailing ecclesial arrangements continue to deny women full and active participation in, and responsibility for, pastoral leadership, decision-making and sacramental accompaniment.² In the context of HIV and AIDS, to deny the role of women is to deprive the Church of a profound source of accumulated wisdom, experience and creativity in the face of a global threat. Worse still, to deny them the means of taking control of their lives in the face of an imminent threat of infection, in the case, for example, of sero-discordant heterosexual couples, is to risk complicity in perpetuating the risks and the vulnerability that women endure in the time of AIDS.



² See <http://www.maryknollafrika.org/Documents/Resources%20for%20the%202009%20Second%20African%20Synod.htm>.

To extend this point about AIDS, women and the Church: the idea has been expressed in the last few years that AIDS is caused by more than one virus. This assertion may sound eerily Mbeki-like, but my point is a long way from the former South African president's ridiculous ideological propositions. The preponderance of sero-prevalence in impoverished and developing countries, and among pockets of marginalised and impoverished people in the rich nations of the North, is not an accident of history. Whether it is a question of prevention, access to antiretroviral therapy, government funding, hawkish pharmaceutical companies, or irresponsible leadership in Church and society, we will not deal satisfactorily with the challenge of HIV and AIDS without accounting for the structural aetiology of the disease. Poverty is closely bound up with this aetiology. There is not one kind of poverty but several in question where HIV and AIDS are concerned. In this sense, AIDS is a sign that we need a wider ethical framework, one that focuses not just on an individualist ethics of illegal and immoral behaviour, but also on the structural inequalities and inequities in a Church and a society that still lay blame on HIV-positive people rather than seeking the conversion of their moral assumptions and presuppositions.

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Again, the existence of more than one virus, or risk factor, is best illustrated with regard to the situation of women. Available statistics indicate a pattern of HIV infection that can be characterized as 'a preferential option for women'. The statistical preponderance of women living with AIDS, for example, in sub-Saharan Africa, signals a wider set of problems. It shows, for example, that HIV and AIDS are shaped by a constellation of political, economic, social and cultural factors that determine the fate of women in times of crisis. The number of women infected or affected reflects recognisable patterns of injustice in society at large. AIDS is not a natural disaster. The trajectory of infection, transmission and disease implicates gender inequality, poverty and power differentials. This pattern allows us to pose serious questions about the justice of God and the God of justice in the time of AIDS. Just as we can no longer talk about AIDS without talking about gender inequality, it would be patently disingenuous to talk about AIDS without critically questioning the social and theological location of God in times of AIDS.

A Mark of the Church

I do believe that AIDS is a mark of the Church. Christian tradition names unity, holiness, catholicity and apostolicity as the marks of the Church. One of these, catholicity, is particularly salient in the time of AIDS. Catholicity, or universality, is the antithesis of discrimination. One of the deep-seated beliefs of Christianity is in the catholicity of God's compassion, love and mercy. The mechanism of stigmatization negates this image of Christianity, because it relegates people living with AIDS to the unstable margins of Church and society. To the extent that the community called Church promotes or condones it, it undermines the very meaning of that community. Stigmatization and discrimination, no matter what their provenance, count as sins in the time of AIDS. Let me suggest some additional marks of the Church in such a time.

First, it must be a listening and a learning Church. In the time of AIDS, caution is needed before rushing to conclusions and issuing moral condemnations. AIDS is a relatively new disease. It poses a set of new challenges to Church and society. It may be that the moral categories we construct to deal with these challenges will not survive the lifespan of the disease. Under these circumstances, the community called Church would benefit by listening respectfully and learning humbly from a multiplicity of sources, events, agents and signs.

The second mark is solidarity. In dealing with the challenges of HIV and AIDS, it is tempting to externalise the problem, that is, to see it as something for the unrighteous horde of sinners and breakers of the law. But when it comes to HIV and AIDS there are no insiders or outsiders: we are all either infected or affected. The church is not a purveyor of benevolence to a group of people living with AIDS outside the confines of its neat theodicy, ecclesiology and morality. HIV and AIDS define the condition of the community called Church in its radical finiteness, vulnerability and fragility. As a mark of the Church solidarity serves as a measure of how positively the Church lives with AIDS.

Another mark is justice. Happily, much of the literature of HIV and AIDS has amended its vocabulary; we are careful in our choice of words. We speak of people living with AIDS, not AIDS victims, carriers and sufferers. A victim is the object of charity. The condition of the victim allows us a moral choice to respond or not to respond. The victim-based approach aims to pick up the pieces and bind the wounds of the afflicted. Despite the good that this charitable approach

has done in the time of AIDS, I believe that it does not account for the full scope of responses that are required of faith communities. When we have visited the sick and the imprisoned, clothed and fed the poor, we will still be confronted with glaring human-rights violations that keep them trapped in poverty, disease and ignorance.

In this time of AIDS we are allowed to envisage other marks and images of the Church—which allow us to target social, economic, cultural and political factors underlying the spread of HIV and AIDS. These factors affect the overall picture of HIV, and the dynamics of infection, transmission, prevention and care. I would like to suggest that AIDS is a sign that, beyond charity and humanitarian relief, we need to take issues of gender inequality, human rights violations and economic disempowerment more seriously in Church and society.

And the Word Became Flesh

The Christian tradition makes much of the belief that God does not turn away from the human condition of suffering, vulnerability and fragility. HIV and AIDS insert this suffering, vulnerability and fragility into the notion of God. Before we violently reject this somewhat unorthodox understanding of the incarnation, it would help to heed one of the cardinal tenets of medieval philosophers: that God is always bigger than anything the mind can conceive or imagine. Without intending any philosophical provocation, speaking of God in terms of suffering, vulnerability and fragility in the context of AIDS has some salutary consequences. First, by anchoring our notion of God in the messy context of the disease we can hope for the grace of redemption for a world affected by AIDS. In the end, by faith, we know that life will triumph over death. Secondly if, as the Christian tradition claims, we are created in the image and likeness of God, any ethical framework that assaults the personal dignity of people living with AIDS distorts the meaning of God. And, therefore, thirdly, the community of faith need not be frightened into a reactionary stigmatization and exclusion of people living with AIDS.

To sum up: the thread of life has a limit and a period; it is susceptible to reduction in unpredictable conditions. A disease without a cure is a potent sign of this existential truth. But it is equally true that only a God who is not averse to this human condition can offer a meaningful hope of redemption.

Fresh Wineskins

However we look at it, ethics embodies constructs based on belief systems. Beliefs shift, evolve and develop over time and across cultural contexts. The ethics of prevention, treatment and care has become prominent in the debate about HIV and AIDS. To expect this ethics to function in the same way every time in different circumstances is to risk the error of moral reductionism and absolutism. When taken to the extreme and applied absolutely our moral constructs can spread the very ills that they were designed to alleviate. What is the value of our rigid moral constructs when we realise that a person has contracted HIV not because she was sexually promiscuous, but because she was violently assaulted in a society where men prove their virility by sexually abusing women and minors? What is the value of those constructs when a person is HIV-positive not because she was promiscuous, but precisely because she was faithful to her marriage in strict compliance with orthodox codes of marriage and sexual morality? What would be their relevance when a person is HIV-positive not because he was homosexual, but because the health facility where he was treated lacked the resources to protect him from infection? What becomes of our moral constructs when a child is orphaned because her HIV-positive parents had no access to life-enhancing and life-prolonging antiretroviral medication?

My point is simple: moral principles are useful, but like numbers, figures and statistics, principles can ignore real people. HIV and AIDS infect and affect people, not ideas. I would like to think that if the moral categories and principles we apply in times of AIDS paid more attention to people, we would, as a Christian community and a caring society, become less obsessed with upholding moral constructs and protecting traditions, and more concerned with saving lives.

AIDS is a sign that a reassessment of the foundations and framework of our moral constructs is long overdue. Study after study has uncovered the complexity of the ethical context created by the global AIDS epidemic. Yet official moral discourse ignores larger issues such as structural violence, power differentials and social marginalisation, in favour of simplistic and judgmental approaches. The casualties of this approach continue to multiply. We stand a better chance of contributing to the defeat of this global epidemic if we refound our moral constructs on a theology of a God who comes to seek out and heal the sick, the

oppressed and the afflicted—a God who offers all the possibilities of the fullness of life.

In a rapidly globalising world, the challenge of HIV and AIDS entails the courage to envisage a new process of moral reasoning and behaviour. This new moral process starts from the realisation that, as a sign, HIV/AIDS points us in the direction of saving lives, undoing structures of violence and social and economic injustice, and guaranteeing the dignity of the human person. It points away from the preoccupation with defending, preserving and propagating rigid moral constructs.

Because AIDS is a relatively new disease, the moral questions it unleashes burst the old wineskins of orthodox ethics, ecclesiology and theodicy. They invite us, as theologians, practitioners and humanitarian agencies, to collaborate in creating new vessels to receive new images and models of God, Church and morality in the time of AIDS. For Church and society, this disease needs to be understood not simply as a crisis that terrifies us, but as a *kairos*, a vital moment that stimulates creative ethical, theological and pastoral responses. Reading the signs of AIDS correctly and interpreting them with compassion, honesty and justice helps us to defeat sin in all its manifestations, overcome stigma and restore hope for the infected and the affected.

Finally, the treatment, care and support of people living with AIDS require a long-term commitment. Forward-looking, evidence-informed and visionary ethics, theology and ecclesiology better prepare us to confront the generations-long challenges of the global AIDS epidemic. Our response to the signs of AIDS should also be for life—life understood as gift and grace.

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