HIV and Inclusive Communities

BCS/BD/MCS Study Materials: HIV

HIV AND INCLUSIVE COMMUNITY: ASIAN THEOLOGICAL AND BIBLICAL PERSPECTIVES

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HIV and Inclusive Community:
Asian Theological and Biblical Perspectives
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To institutionalize HIV concerns in ministerial formation program of the churches, a curriculum on "Inclusive Community: People Living with HIV" has been developed and it is now taught in theological colleges/seminaries. To help the ministerial candidates and teachers, the production of study materials was under consideration for a long time. We are happy that theological resource materials on HIV from Asian perspectives now ready and we do hope that this will greatly benefit BCS/BD/M.Div/ MCS candidates especially those who do not have access to library facility. We record our appreciation to Christian Conference of Asia (CCA) especially to Rev. Dr. Henriette Hutabarat Lebang and Dr. Alphinus Kambodji for the initiative and facilitating us to bring out this theological resource book.

We also thank for EMW, Germany, for journeying with us in strengthening theological education and making the resources available to the production of study materials.

Editors
August, 2013

FOREWORD

For the past several years, the Christian Conference of Asia (CCA) has given - special attention to the issues related to HIV and AIDS. The main intention is to accompany and facilitate the churches and theological seminaries/colleges in Asia to respond to the growing concerns of the HIV and AIDS pandemic, and more specifically to build HIV competent churches. Several consultations and trainings have been held in different Asian countries in collaboration with CCA member churches and councils like: Myanmar, Thailand, Laos, Cambodia, Indonesia, Philippines and Bangladesh. We noted also that there have been initiatives of churches and theological institutions in India, Sri Lanka, Hong Kong, Malaysia and others to address this huge challenge.

The 2010 CCA Pre-Assembly Forum of People Living with HIV+ and Asian Theological Reflection Process on HIV in Kuala Lumpur, Malaysia underlined that:

> *"The Church is called to be an Inclusive Community that engages in creative listening, hearing the stories of people and sharing the wilderness journey together. The wilderness is a sacred place, where God's provision is revealed and people begin to understand better and support each other."*

In other words, it is an urgent call for the churches today to create an environment where people appreciate and support each other regardless of their backgrounds. The churches need to create safe spaces for healing and reconciliation with oneself and others. For such a great task the members of the body of Christ need hearts of compassion, and a willingness to follow Jesus who stretched out, touched and healed the wounded. (cf. Mark 1:41) Moreover, a special attention is required from the leaders of the

churches and students who are in ministerial training program as they are and going to be shepherds of the congregations. They are expected to facilitate awareness-building among the people especially in the congregations on the issues related to HIV and AIDS, so that they can strengthen their commitment to develop the churches as healing communities.

Theological education and institutions play a significant role in the training of pastors and theologians who have the knowledge and understanding about the concern, accompanied with a heart of compassion which springs out of a deep theological reflection and life-supporting spirituality. We are grateful that many theological institutions in Asia have begun to incorporate the concerns on HIV & AIDS in their curriculum. In this light we are facing a new challenge to prepare materials to be used by teachers and students in theological schools and seminaries.

This book is a response to such a need. It is a compilation of papers presented at recent theological consultations on HIV & AIDS organized by CCA in collaboration with member churches and councils, and theological institutions as well as articles specially written for this purpose. It is our hope that this book can offer new thoughts and perspectives for the pastors, theologians and lay leaders to build up their inner and outer HIV competencies so that they will be empowered to accompany the churches in responding to this enormous challenge.

This book titled: "*HIV and Inclusive Community: Asian Theological and Biblical Perspectives*" is a second book recently published by CCA in this area of ministry. The first one, *"Building HIV Competent Churches: Called to Prophesy, Reconcile and Heal" (2010)* was a collection of stories and testimonies of people living with HIV & AIDS, the experiences of caretakers and socio-theological reflections that aims to assist the churches in the ministry to and with the people living with HIV and AIDS.

I would like to express our heartfelt appreciation to the contributors of articles in this book for their profound reflections and commitment to this ministry. A special thanks to CCA member

churches, councils and theological institutions for supporting this endeavor in various ways and for willing to take steps in journeying together, on this difficult yet rewarding path, towards fullness of life for all. Also, deep appreciations to our ecumenical partners who have faithfully committed themselves to support Asian churches in enhancing this program, particularly Evangelischer Entwicklungs Dienst (EED)/Brot für die Welt and the World Council of Churches (WCC). Last but not least, my special gratitude to dear friends and colleagues: Dr. Wati Longchar, Dr Erlinda Senturias and Dr. Alphinus Kambodji who with their passions have worked tirelessly to make this publication possible.

All in all, we are thankful to God who strengthens us in our faith journey. As we continue to witness the love of Christ through this ministry, let us pray for each other with the prayer of Apostle Paul,

> *"that your love may overflow more and more with knowledge and full insight to help you to determine what is best, so that in the day of Christ you may be pure and blameless, having produced the harvest righteousness that come through Jesus Christ for the glory and praise of God." (Philippians 1:10-12)*

Henriette Hutabarat Lebang
General Secretary

INTRODUCTION

Asia is the one of the areas in globe where the numbers of people living with HIV continues to climb, in some areas at an alarming rate. This is the tragic trends, especially in areas where testing facilities are limited, and the access of information (knowledge and awareness), care, support and treatment are not adequate enough. Since stigma and discrimination continue to fuel the spread of the epidemics and there is a continuing resistance among religious leaders to deal with issues of sex workers, injection drug users and sex between men, education on the various dimensions of HIV and AIDS and advocacy efforts must be strengthened in faith-based communities. Religious leaders and Theological institutions/seminaries can play a vital role in addressing stigma and discrimination, inform and educate members of the community, provide care and guidance and be an example of safety, acceptance and love.

The Churches is called to be an inclusive community that engages in creative listening, hearing the stories of people and sharing together. People living with HIV need a sacred place, where God's love and care is experienced, and where all people feel safe and valued as being created in the image of God. It is important to remember that People Living with HIV and AIDS have lost only their immunity not their humanity.

In the midst of this situation, the Churches in Asia are committed to address HIV & AIDS not just as a disease but also as a multi-dimensional issues affecting every aspect of human lives based on the Christian principle of love, respect, and solidarity.

CCA has been involved in raising the awareness of churches on HIV since the late eighties. CCA involvement with the churches and theological seminaries took a new turn and intensified after the creation of joint Ecumenical Theological Education (ETE) consultancy work with the World Council of Churches in 2001.

One of the mandates of ETE at that time was to promote new areas of studies. HIV was identified as an urgent theological issue because the moralistic attitudes that fuel the spread of HIV much faster than the Human Immunodeficiency Virus itself. HIV and AIDS cut across many different issues and opens up new dimension in our understanding of disease. The stigma and discrimination attached to HIV and AIDS create a situation where thousands, many among whom are widows and orphans, were facing death amidst deepening poverty. The churches and theological institutions as agents of change can influence society to meaningfully address HIV, especially issues related to stigma, shame, denial, discrimination, inaction and mis-action that people living with HIV have expressed as barriers to prevention, treatment and care.

Two theological resource books, namely (1) *HIV & AIDS: A Challenge to Theological Education* (BTESSC, 2004) (2) *Health, Healing and Wholeness: Asian Theological Perspectives on HIV & AIDS* (ETE, 2005) have been published. The HIV awareness program paved the way for curriculum transformation. To institutionalize the course, a well-structured curriculum approved by the Academic Committee or Senate was needed. Without that it would be difficult to offer as credited course, and even if it is offered it will be treated as elective or optional course. In this connection, a major consultation was organized in Manila for ATESEA member schools. The Manila workshop developed four courses and the proceedings of the workshop was published as part of ATESEA Occasional Papers, entitled, *HIV & AIDS: Challenges for Theological Colleges* including seven liturgies to be used in the colleges. Then, through the accreditation and affiliation mechanism, the colleges were encouraged to offer the course on HIV & AIDS as core courses for all ministerial candidates. It is quite satisfying to see that a course on HIV & AIDS is now being taught in all the colleges under the ATESEA and the Senate of Serampore College (University) affiliated colleges.

The curriculum needs to be accompanied by publication of theological resource books. Without adequate theological resource material addressing and challenging the churches and society from the perspective of people living with HIV, we cannot make competent churches in Asia. In response to the demands of

theological institutions and students across Asia, we are happy to publish this theological resource book on HIV. Some of the articles have been published in our earlier books, but most of the articles have been revised and updated. We thank the contributors for their insightful thoughts and scholarship.

This book on "*HIV and Inclusive Community: Asian Theological and Biblical Perspectives*" brings together some of the Bible studies and theological perspectives of pastors, church leaders and theologians on HIV. The papers were read and discussed by Dr. Ezra Chitando, Consultant on HIV and Theology of the Ecumenical HIV and AIDS Initiative in Africa of the World Council of Churches (EHAIA/WCC) and Asian participants from Indonesia, India, Philippines, Thailand and New Zealand/Aotearoa. Participants invited by the Christian Conference of Asia (CCA) had consistent involvement in the prevention, care, support, treatment, advocacy for HIV for more than two decades. Gaps were identified and additional articles were solicited from pastors and teachers who have been involved in pastoral counseling and clinical pastoral education.

The book is part of the three-year project (2011-2013) on "Building HIV Competent Churches" that is supported by the Protestant Development Agency in Germany and by the Health and Healing program of the World Council of Churches. Seven countries were identified as pilot areas: Myanmar, Thailand, Indonesia, Philippines, Bangladesh, Laos, Cambodia. The book is aimed at equipping pastors, church workers, and theologians on the transformative role they can play in creating safe and inclusive communities that HIV opens up in traditional Asian societies. We have to end stigma, shame, denial, discrimination, inaction and mis-action around HIV, human sexuality and in gender relations. We have divided the eighteen (18) contributions into six parts: HIV and AIDS and the Bible; HIV and Theology; HIV and Gender; HIV and Human Sexuality; HIV and Church; and Bible Study. We hope that the readers will find the book resourceful.

We also thank all the ecumenical partners for their continued contributions and partnership. It is through their support that we could initiate this important project.

Editors
August, 2013

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Part I
HIV & AIDS AND THE BIBLE

1

HIV AND AIDS: NEED FOR NEW PERSPECTIVES

Prawate Khid-arn*

Introduction

Why should religious leaders be interested in HIV and AIDS? What is the role of religious leaders in a crisis of these proportions? What are their responsibilities? What should be the response of religious leaders when afflicted people are physically, psychologically and emotionally disturbed? What do the religious texts say and teach about pandemics of this dimension and the way the sick should be treated and cared for?

These are some of the frequently asked questions among religious communities while dealing with the AIDS issue. The answers may be numerous and varying. But today, it is clear that *AIDS is not merely a physical health and hygiene issue, but the sum of multiple life dimensions - the spirit, the mind and the environment, which needs to be understood in the local, national and global contexts.* We are not only fighting the HIV virus and AIDS, but we, as religious communities and social development agencies, are striving for the fullness of life of the people and for sustainable communities that can live with hope and die with dignity.

World AIDS Day [December 1st every year], has been

* Dr. Prawate Khid-arn is the former General Secretary of the Christian Conference of Asia, Chiangmai, Thailand.

earmarked to highlight the International battle against AIDS and yet the disease continues to spread unabated. The pandemic respects no geographical, ethnic, social or political divides. It has out-paced science eluding the discovery of a vaccine or preventive medicine even though millions of dollars have been spent in research globally.

Poverty and AIDS in Developing countries

1. Overall Scenario

Poverty has put many individuals at vulnerable situation to get HIV infection. Of the estimated 5 million new HIV infections that occurred worldwide during 2002, more than 95% occurred in developing countries and in poor families. Countries where good education, prevention and care programs are available often experience lower rates of infection with HIV. However, it is a fact that some countries are blind to the existence of HIV and AIDS and refuse to initiate comprehensive programs to prevent the disease from spreading rapidly.

The lack of anti retroviral treatment, the absence of adequate health care, legal aid and counseling, allows for unrestrained progression of the disease in developing countries. It has also led to PLHIV to resort to alternative therapies like herbal medicines, simple traditional remedies, and superstitious rituals, which could aggravate the situation.

In most poor countries, health services are already disastrously under-developed. In addition to lack of basic medicines to support their immune systems, the same people are not able to eat properly or have access to clean drinking water! Expensive treatments for people with HIV are unaffordable even at cost price. Diseases such as HIV, TB and Malaria thrive in the world's poorest communities and make them poorer. Extreme poverty, malnutrition, lack of clean water, lack of education, lack of basic health care, vulnerability to disease, low levels of schooling, inadequate health services, lack of medicines and ignorance about the virus, all contribute to the rapid spread of HIV. These factors are reinforced by unstable life styles caused by unemployment, violence, conflict, insecurity and migratory labor systems.

2. Impact of HIV and AIDS on Women, Youth and Children

Confronted by poverty, illiteracy, racism and a lack of targeted prevention education programs, more young people are falling prey to this disease. New patterns of transmission through unsafe sexual practices [which include both casual and commercial sex], experimentation with drugs, and altered behavioral norms of young children/adolescents in Asia-Pacific countries, pose new challenges to the world. Of the many million deaths, women accounted for 60% and children accounted for almost 20%. As AIDS mortality rises, a growing number of children will be orphaned by the syndrome. Apart from the grief and pain experienced at the loss of a parent, or loved ones, there is the decline in the child's status in terms of education, nutrition care and dignity of living. They are also prone to being sexually and physically abused. Inadequate-education, apathy, denial, inability to buy expensive drugs or treatment, superstition or mythical thinking are a few of the problems that have to be confronted.

3. Denial of the basic rights of HIV and AIDS infected - some social and ethical questions

In the initial stages, the epidemic was just another disease. The social and ethical issues came in much later; when the mode of transmission of the disease became clear, that is through sex and drugs, embarrassment, guilt, social stigma, discrimination and ostracisation brought a lot of mental stress on the HIV infected and the people related to them. The impact of their physical, psychological and relational losses on the quality of life as their disease progressed was devastating and something that they had not bargained for. They were denied their basic rights and access to medical care, employment, marital rights, housing and social security, pushing them into further poverty and deprivation.

4. Awareness, education and prevention programs

While medical care, physical and moral support have to be imparted to PLHIV's, combating AIDS through awareness, education and prevention programs for women, young people and children - through community based organizations - have also to be taken up on a war footing.

5. HIV counseling and testing (HCT) and ART (anti retro-viral treatment)

ART provides PLHIV with an opportunity to lead a normal life, delays the onset of full-blown AIDS and reduces the transmission of HIV, although it does not offer total cure. During the first years af ART, countries did not have the resources to make HIV counseling and testing and ART available and there were millions who cannot afford treatment. However, with many international efforts (3 by 5 initiative, Universal Access to Treatment, and Getting to Zero); more countries are able to make HCT and ART available and more PLHIV have access to HCT and ART.

Responses

It is gratifying that the AIDS issue has been engaging the world community's attention and that Governments, NGO's and the world's rich are contributing liberally towards a global program that is holistic and comprehensive.

Considering the seriousness and urgency of the AIDS problem confronting the countries in the Mekong sub-region, the Governments with the support of International organizations (UNAIDS, WHO, UNICEF etc), Governments of developed countries and non-profit organizations, have announced a high-priority program on HIV prevention, control and care.

Cambodia was reportedly the first country in the world to have approved of a national policy on religious response to HIV. The policy, approved by the Ministry of Cultures and Religions, covers the 3 main religions in Cambodia, namely Buddhism, Christianity and Islam. UNICEF has signed a Memorandum of Understanding with the Government and Provincial Departments of Cultures and Religions in 16 provinces to work on implementing this policy.

In Thailand, Inter faith people's movements, the Government and the NGO's have worked together tirelessly to bring the epidemic under control. Activists, researchers, public health officials, religious and community leaders and PLHIV’s are working towards recognizing the participation of local communities and the association of the PLHIV’s as one of the most urgent strategies to

bring the situation under control. Also identified were more strategies and action for improving the implementation of the policy of inter-religious cooperation in confronting AIDS. It is recognized that effective implementation requires stronger and more systematic links between the three pillars on which the concept of "the fullness of life for all" is built - socio-economic, political and spiritual development.

The Consultation called for a sustained and sustainable response at multi-sectoral and multi-faith levels. The participants of the consultation called on the Governments of Asia:

- To affirm the human rights and dignity of all people, including those living with HIV, especially women and children
- To legislate against discrimination and stigmatization by ensuring the basic rights of people living with HIV- and their families- to adequate health care, education and employment
- To allocate adequate resources and provide programs that serve to decrease the incidence and impact of HIV in the region

I would like to quote Gro Harlem Bruntland of World Health Organization (WHO), who said,

> *To suffer from a disease with no treatment or cure is tragic. To know that a treatment exists, but is too expensive, brings the ultimate despair.*

Conclusion

HIV is an economic time - bomb - it devastates the productive capacity of the poor countries of the world. It cripples the life of the rural farming communities and the urban poor. As breadwinners die, incomes fall, and family members are evicted from their homes. It is not only the poor, even urban people like teachers, doctors, nurses, civil servants and entrepreneurs are dying of the disease.

The fight against this disease should be fought with a strong political will, economic support-and socio-cultural commitment from the Government, Civil organization, religious communities, and community groups along with the help of the people living with HIV. The epidemic needs a comprehensive perspective, a comprehensive strategy and a comprehensive approach to ensure

that HIVand AIDS and its multifaceted problems are recognized and critically addressed. We need new perspectives for this.

In order to protect the dignity and human rights of all those living with HIV and also of those affected by its impact, to prevent the epidemic from spreading further, to create awareness and alert the world community of the impending danger, some of the priorities that need to be addressed are:

1. Uplifting people from abject poverty is one of the best guarantees to long - term social stability and to confine the spread of the HIV virus. "Today poverty has been recognized as a "disease" by itself; for we realize that there is a link between development and ill health". Eradication of poverty requires a combination of policies, which includes changing trade rules and canceling unpayable external debts, increasing resources to support ongoing programs of aid and support for education and social welfare, building up of health care, and access to medical treatment and medicine.

2. Human rights and Social justice: HIV raises issues relating to human rights and social justice. PLHIV generally encounter fear, rejection and discrimination and are often denied basic rights enjoyed by the rest of the population. Promoting and protecting the rights of PLHIV as well as those affected by the epidemic and those most vulnerable to it, is central to creating an environment whereby stigma, violence and inequality is reduced. It has been observed from the experience of developed countries, that the creation of a non-discriminatory environment based on principles of human rights is the best public health strategy in controlling HIV.

The United Nations (UN) stated that "the protection of human rights is essential to safe guard human dignity in the context of HIV and to ensure effective rights - based response requires the implementation of all human rights, civil and political, economic, social and fundamental freedoms of all people, in accordance with existing International human rights standards.

3. Personal attitudes and ignorance of people further aggravate the treatment meted out to HIV infected. There are numerous cultural and religious policies and barriers that impede awareness

of HIV and AIDS and have even fostered denial of the issue, resulting in discrimination, marginalization and stigmatization.

4. A National policy of support should be evolved:

a) By involving all sectors of the Govt. to combat AIDS on a war-footing

b) Ensure more budgeting priorities for social welfare programs instead of diverting funds to defense and economic infrastructure. Earmarked budget to provide HCT and ART services.

c) Call for increased corporate partnership with the Governmental, Non-Governmental Organizations, religious communities and business sectors-creating new ways to strengthen each other so that there is Co-operation and not competition, nor duplication of each others work.

5. Religious Communities have an important role to play by being supportive, caring and understanding. Religious communities need to understand the impact of the disease on the quality of life and relational losses of PLHIV in order to establish a climate of trust and confidentiality to offer guidance and support. They need to approach it with an open and responsive mind, taking into consideration the holistic context of body, spirit and emotional health. They also need to assist and facilitate PLHIV to access medical care and treatment, especially ART for longer and better quality of life. A contemplation on the theological foundations regarding diseases and attitudes to the sick such as being compassionate, not condemning or judgmental, being hospitable and not hostile, will give better religious insights regarding treatment of the PLHIV. They need to assist PLHIV to cope with a long life disease and long life medication. It will also serve as the basis of a study of sexual ethics, self worth and the right choices that are the cardinal principles of prevention.

We have to remember that to fight against HIV or any other disease we need not only a physical or medical treatment but also holistic care. In this approach, the "community-based" movement is of much importance. Remember, that the most effective way to combat the infection of HIV and to promote fullness of life is to empower people with the capacity to help themselves.

2

FACING HIV AND AIDS: SOME INSIGHTS FROM THE HEBREW BIBLE

Monica Jyotsna Melanchthon[1]

Introduction

In the debate over HIV and AIDS, people have responded variedly. Some people in the public and church domains have adopted what has been called a *rejecting punitive* approach, which is the rejection of people with HIV or AIDS on the grounds that their illness is the result of sin. Others have adopted an approach of *qualified acceptance*, which maintains that HIV and AIDS is a part of the reality, and so the Church and Christians should be accepting but still uphold that HIV and AIDS is the result of sin. Few have fully accepted and are of the conviction that Christian love demands no less and that all those infected with HIV or AIDS should be accepted and that one needs to show compassion for them and support them in their efforts to cope with the disease.

What is the Christian response to HIV and AIDS? The answer to this question does not lie only with the experts. In reality, Christians do theology every day. Theological reflection is not the exclusive prerogative of the clergy or the seminary faculty. All of us make choices and act in certain ways because of the way we think theologically. To think theologically is to appropriate the resources of our faith in reflecting on real-life dilemmas and situations. But most often, our behavior betrays

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our beliefs, since human beings have a propensity for not practicing what we preach. Even Paul declared, propensity for not practicing what we preach. Even Paul declared, "For I do not do the good I want, but the evil I do not want is what I do (Rom 7: 19). This disjuncture between values and behavior has long been recognized. The Indian dilemma that we are all familiar with is that, despite the constitutional and public profession of equality and justice, historic segregation of castes and contemporary discrimination in church and society persists. For Indian Christians, reconciling values and behavior remains a continuing dilemma, and so also in regard to determining the appropriate response to persons infected with HIV or AIDS. For conservatives, commitments to love and justice are often lost in condemning people with HIV or AIDS because of the linkages made between the disease and Sin. For liberals, acceptance and understanding often seem to overshadow a willingness to set boundaries on what is not acceptable Christian behavior.

Whether we are liberal or conservative or somewhere in between, how we think or act theologically may be revealed, for example by asking ourselves some basic questions. Do our thoughts about God hinder or help us in loving other persons? Does the way we read the Bible obscure or open our vision of God's truth? Do the traditions and teaching of our church freeze us in the past or free us for the future? Does our Christian faith contradict or correspond to what we experience in life? Does our theology limit or liberate us in the way we respond to people and the kind of world in which we live? Do our beliefs create barriers or draw us closer to other children of God? Realizing that some people think their way into new ways of acting, while possibly more act their way into new ways of thinking, it remains essential that theology develop in response to empirical or actual situations. Therefore, making efforts to know personally, people infected with HIV or AIDS may help one discover new scriptural insights and resources.

Our Approach to the Bible

In formulating one's theological response to HIV and AIDS, Christians begin at various points and draw on a variety of

sources. Whether one begins with reflection on a Bible passage or from a personal experience, insights from all four major authoritative foundations of theology – Scripture, tradition, experience, and reason – need to be woven together if life and faith are to be meaningful and we are to discover the whole fabric of God's revelation. Christians must constantly struggle with correlating the gospel message with human existence. Inevitably, in struggling with Scripture, tradition, experience, and reason, individuals tend to give different weight or more credence to one dimension than another. That the Bible is the primary source for theology is undisputed. But because of sharply differing understandings and interpretations, this strand fashions dramatically distinct designs in various theological weavings. A primary point of departure in how Christians think theologically about HIV and AIDS stems from this fundamental disagreement. It must be recognized that equally sincere Christians may disagree as to which insights from the Bible should be applied to a particular social issue and they might further disagree about the nature of biblical authority and how the Bible ought to be interpreted and applied to social concerns. Consequently, on must recognize one's own presuppositions in interpreting the Bible and the basis on which one chooses biblical passages to inform thinking.

A conservative response to HIV and AIDS often rests on a particular way of understanding the authority and primacy of the Bible. God's truth is what the Scripture says; what is written in the Bible becomes binding on the Christian. Not only select portions of the Bible, but also the totality of the Bible is understood as being against those with HIV or AIDS. If one adopts this approach to theology, disagreeing with or contradicting what the Bible is interpreted as saying proves impossible. Critics of doing theology in the conservative fashion contend that such an approach necessitates an incredible mental gymnastic that both defies and denies God's continuing revelation through tradition, experience, and reason. An alternative approach to doing theology recognizes that the Bible is not independent from its interpreters. Scripture did not

suddenly appear in a bound volume, but it resulted from centuries of conscientious religious persons seeking to understand and interpret God's will and way for humanity. Written in different languages from our own, the Bible has been conditioned by historical, social, and scientific understandings distinct from those of the contemporary world.

But since the Old and the New Testaments are foundational for Christian faith and witness, and constitute collectively, the Church's scripture, it is imperative therefore, that the believing community seeks the guidance of Scripture as it considers any subject or issue. In doing so this community must (1) take care not to force these ancient writings to answer questions they do not address, (2) attend to the particular contexts – literary, cultural, historical and religious – within and for which each biblical text was written, and (3) recognize how the Bible is authoritative for Christian faith and witness. This paper will however, attempt to discern the insights within the Hebrew Bible, which might aid us in our efforts to address the HIV and AIDS epidemic.

HIV & AIDS and the Hebrew Bible

The Hebrew Bible does not directly address the issue or problem of HIV and AIDS. But the silence cannot be used to justify any particular stance on the subject since silence is simply silence when one forces the Bible to address questions of which it has no conception, and whatever answers one may get are not really biblical conception, and whatever answers one may get are not really biblical answers at all. And in the process, one has risked being distracted from the Bible's agenda. Indeed, the Bible says a lot about sickness and illness of the body, and insights gained from a study of these passages can be applied to how one could address the HIV and AIDS issue from a Biblical perspective.

In an article, entitled, *Does the Hebrew Bible have anything to Tel us about HIV and AIDS*[1], Johanna Stiebert begins with a survey of the various Hebrew terms that are used in the Old Testament pertaining to illness and disease and the terms for healing. She claims that the Hebrew people in conformity with

the belief that Yahweh is in control of everything and every aspect of the universe, also assume that Yahweh is responsible for initiating illnesses or diseases.[2] In many cases, the disease is described as divine punishment. A good example to illustrate this is found in Numbers chapter 12. The text not only reinforces the notion of disease as the consequence of sin but also provides for us an example of the suffering endured by those who are ill and stigmatized.

Numbers 12: Miriam Outside the Camp

The biblical text us that during the sojourn in the wilderness, Miriam and her brother Aaron equally challenge Moses' sole leadership and only Miriam was punished and rather severely! "Has Yahweh indeed spoken only by Moses? Has he not spoken by us as well?" The claim comes from Aaron the "mouthpiece of Moses" (Ex. 4), and Miriam the Prophetess (Ex. 15). More importantly it echoes the expressed desire of Moses, "Would that all Yahweh's people were prophets (Num. 11:29). "God's response however shows a reluctance to diffuse power."[3] But there is reluctance on the part of God to have this desire of Moses realized. God does not seem to want to distribute power.

God bids the three siblings to the tent of meeting, descends in a pillar of cloud and reprimands Miriam and Aaron, emphasizing the special or unique manner in which God and Moses communicate (12:8-9). Yahweh defends Moses unreservedly against the possible weakening of Moses' power and claims a special revelation through Moses. There is no ambiguity in what Yahweh says to Miriam and Aaron through the cloud. They needed no interpreter. As the cloud lifts, Miriam is made a leper; someone who would contaminate others who came into contact with her. The immediate thought is that the resultant isolation of the challengers would keep the contagion of rebellion against the patriarchal Moses from spreading.[4] But why is only the woman "struck with leprosy" and therefore isolated? This is a question that has not found any satisfactory answer.[5]

But what is important for us is that Miriam exercise her individuality and was out down. She experiences the harshness

of her oppression and discrimination with her body. It is her flesh that is attacked and she is silent in the face of stigma and the resultant suffering.

I would like us to reflect a moment on this deafening silence of Miriam. After the punishment we do not hear her voice and never will again. She is mentioned again in Num 20:1 in her obituary. I try to imagine what her life must have been like after this incident until she died. Even though she was healed, the stigma remained, as one who had sinned, as one who was punished by God with leprosy. She is now a blemished woman, a living example of what could happen if one challenges the decisions of God. It is hard to say if she was allowed to actively participate in the affairs of the community. The Prophet who led the community in dance and song after the victory at the Red Sea is silenced forever. Her contributions after this incident, if there were any, have been successfully erased from the memory of the community. Her silence in response to God's punishment represents the silence, the voicelessness of the stigmatized individuals who internalize their stigma at the horror of a situation that is often not understandable.[6] Miriam and many like her may ask, "what is the sin that I have committed for which there is no pardon?" Miriam's sin is the questioning of God. God is therefore the father who spits on the face of an insubordinate daughter who dared to question male decision. Miriam's body suffers the brunt of divine anger, whether that anger is legitimate or not. The harshness of this narrative cannot be undermined or diminished and the seven days of purification outside the camp points to the painful ambiguity and the irrationality of her situation.

This is a scriptural text and texts such as this are used to explain and justify stigmatization and suffering as an outcome of sin without even trying to reflect on whether Miriam did in fact commit a sin or why only she and not her brother was punished. Texts such as this are used to reinforce the maleness and fatherhood of God, who seeks retributive justice, whose decisions cannot be questioned or challenged. People infected with HIV or AIDS, no matter how they have contracted the virus or the disease have been like Miriam relegated to a life on

the periphery, on the margins of society, outside the gate, whose life in the world is suppressed, their bodies abused, their cries of anger and pain ignored or silenced.[7]

What the text presupposes and directs about matters of social significance is especially problematic, due in part to the deeply rooted patriarchalism of ancient society. But in the context of the theme of this paper, the text highlights several issues: (1) It is God who inflicts illness upon Miriam; God inflicts illness as punishment for Miriam's insubordination;[8] (2) the very same God also restores the health of Miriam when Moses and Aaron intercede on her behalf.[9] Normally, only those who turn to God are healed. Repentance and a turning to God are prerequisites for recovery and healing.[10] We are not told if Miriam herself sought forgiveness in any way or retracted her questions. The text seems to imply that God healed Miriam out of God's good grace; (3) Aaron is not punished. God's ways are unpredictable.[11] God's role is not simple as that of preserving the righteous and punishing the wicked.[12] (4) The test also highlights the pain of unmitigated suffering and stigmatization, which is the experience of many people infected with HIV or AIDS; (5) we are not sure exactly when Miriam was healed. But she was healed and hence readmitted into the community after having undergone a ritual separation of seven days, and the community could continue on its journey towards the Promised Land.

In most discussions of HIV and AIDS, it is the correlation between it is this correlation between illness and sin and the need for separation that is emphasized. But the Hebrew Bible also contains passages that speak of disease and illness with no reference to the moral status of the infected individual. The Leviticus law code contains may statutes about people with bodily discharges, sickness or skin diseases which are graphically described (Lev 12-15) but they are not one of the moral laws in this code. Rather they are the laws that are concerned with ritual purity, with what is clean and what is unclean in a quite objective sense as distinct from spiritual and moral purity. Hence the need for the priest to inspect the infected person to determine if the illness is contagious. According to

the ancient Hebrew conception, purity means keeping like things together and unlike things separate. Where things that belong to different categories get mixed, each is thereby polluted. That is why the laws of Leviticus prohibit sowing two different kinds of seeds in one field, wearing two different kinds of fiber at once, crossbreeding livestock, cross dressing, and so on. Such regulations presuppose that anything mixed is thereby polluted, impure, unclean without there being any implication of moral onus. [14] Practically speaking the separation is also a measure taken by the community to contain the spread of the disease. "Once this has been carried out, the affected person can be readmitted to the community. If the disease were indicative of moral deviance, readmission to the community would be very improbable."[14]

Steibert points to another aspect of the Levitical code in relation to bodily diseases and discharges which is the instruction it gives to the infected individuals to help contain the spread of the disease.[16] Leviticus 13:45 states:

> The person who has the leprous disease shall wear torn clothes and let the hair of his (sic!) head be disheveled; and he (sic!) shall cover his (sic!) upper lip and cry out, "Unclean, unclean, "HE (sc!) shall remain unclean as long as he (sic!) dwelling shall be outside the camp.

The infected individual had to also therefore assume responsibility for controlling the spread of the disease.

Miriam's illness was construed to be a result of her insubordination and her separation was essential because it was a disease that was considered contagious. Miriam separated herself in order to do her duty of not spreading the disease. Why was she readmitted into the community if hers was a moral deviance? This contradicts Steibert's statement about moral deviation and readmission into the community and points to the inconsistency in the application of the law. Appealing to the Hebrew Bible for guidance proves impossible in many ways, since one gets a very multifaceted and confusing picture of God and illness and the reason for the illness.[15]

In Conclusion

How, then does the Hebrew Bible help to inform the mind of the modern church in the matter of HIV and AIDS? A comparison of the Levitical laws regarding diseases and discharges with the narrative in Numbers 12 shows that disease is not always associated with iniquity. Since God is in complete control over creation, God is understood as one who inflicts disease on individuals, but it is not always to punish them because even the innocent are made ill. It is God who is also responsible for restoring health. God is gracious to both the wicked and the righteous (Exod 33: 19). The ambiguity points to the fact that in many cases, the biblical traditions confirm the truth of the poet's observation that "new occasions teach new duties." But what the Hebrew Bible attests as unchanging is the reality of the gift and claim of God's grace, not the specific ways that God's grace should come to expression in the world. As Sakenfeld reminds us:

> There is the larger biblical tradition which presents us with another face of God who stands close to and defends those on the "outside", a God who has likewise been rejected, put outside, by people who though they knew better. The starkness of Numbers 12 cannot be undercut, but Miriam outside the camp may point us not only to the painful arbitrariness of her situation but also, however indirectly and allusively, to the suffering of God.[16]

The concrete moral teachings and directives of the Hebrew Bible may be affirmed as evidence of the concern, both in ancient Israel and in the early Church, to be faithful to the gift and claim of God's grace. However, these specific moral counsels and rules are all conditioned, to one degree or another, by the particular cultural and historical context within and for which they were originally formulated. To the same extent that they were specifically relevant in those particular times and places, they are less specifically relevant in other times and places, including our own.

The concrete moral teachings and directives of the Hebrew Bible are part of the total Scriptural witness, but they do not constitute its distinctive core. The biblical writings function as

Scripture within the Church because in and through them this believing community is in touch with the roots of its faith. This faith has its origin in God's enlivening, transforming love, as attested in the traditions of ancient Israel and, definitively, in the apostolic witness to Jesus as the Christ. The believing community experiences God's love as saving grace, which it receives as both a gift and a claim. Just as grace nourishes this community's faith, so it defines faith's task. For the community and for its individual members, to live by faith means to let God's grace find daily expression in the world. This, above all, is the word that the Church hears in Scripture.

New knowledge about the world and new realities within it require the believing community constantly to rethink what actions express God's grace and what actions do not. To accomplish this task in a way that is credible, the Church must avail itself to the most recent finds and the keenest insights from all pertinent fields of inquiry. And to accomplish this task in a way that is appropriate to the gospel from which it lives, the Church must test every proposed decision and action by the criterion implicit in Paul's appeal, "Let all that you do be done in love" (1 Cor. 16:14). It is the gospel of grace from which this appeal derives that truly distinguishes the witness of Scripture; and it is finally, this gospel that must inform the decisions and shape the actions of the believing community in the matter of HIV and AIDS.

The Church suffers from politicized fragmentation – fragmentation caused by various social issues, namely caste, gender, sexual orientation, language and ethnicity. HIV and AIDS should not become another issue that results in the fragmentation of the Church. What the world needs for salvation, says Michael Kinnamon, "is the transforming proclamation of God's love that binds us into communities of active love, even with those with whom we disagree."[17] An honest, open and forthright inquiry regarding HIV and AIDS offers the Church an opportunity to test its ability to witness to the world how 'speaking the truth in love" can deepen, not divide, genuine community.

ENDS NOTES:

[1] Cf. Musa W. Dube, ed., *HIV and AIDS and the Curriculum: Methods of Integrating HIV and AIDS in Theological Programmes* (Geneva: WCC, 2003) 24-34.

[2] Johanna Stiebert, "Does the Hebrew Bible Have Anything to Tell us About HIV and AIDS?" 27.

[3] Sana Nolan Fewell and David M. Gunn, Gender, Power & Promise: the Subject of the Bible's First Story, 114.

[4] Leonard Swidler, *Biblical Affirmations of Woman* (Philadelphia: Westminster, 1979) 86.

[5] One argument forwarded is related to the use of the verb form t'dabber (and she said) which is found at the opening of the section of Num. 12:1 and following. According to traditional interpretation, it is a form of the third person singular feminine and can only refer to the subject identified by name, which is Miriam. From the point of view of literary criticism, Aaron, who is also mentioned in that sentence, is accordingly of secondary significance. Also, the fact that the predicate of the sentence was not changed when the supposed addition of the name Aaron took place may cause one to conclude that this literary-critical argument is actually circular. Is it possible to believe that the grammatically feminine form of the verb in question could have been understood as semantically inclusive, that is, as including a female and male subject? Maria Hausl has shown that throughout the Hebrew Bible the feminine designations of persons are supplied morphologically with a special feminine ending, so that the grammatical-syntactical gender was obviously fitted to the natural one. There are apparently three exceptions to this: the term for "mother' (emm), "the woman-spuse of the king" (egal) and "concubine" (pilaga); in other words that could not be any more "feminine". Cf. Maria Hausl, "Abischag und Batscheba: Frauen am Konigshof und die Thronfolge Davids im Zeugnis der Texte 1 Kon 1 und 2," ATS 41 (Munich: Eos-Verlag, 1993) as cited by Marie – Theres Wacker, "Part One: Historical, Hermeneutical, and Methodological Foundations", in *Feminist Interpretation: The Bible in Women's Perspective* by Louise Schottroff et. Al., (Minneapolis: Fortress, 1998) 70.

One may also speculate that the answer is related to the role of Aaron as priest. Since Aaron was the high priest, it was impossible for the narrator to conceive of Aaron as one who was blemished with leprosy. Sakenfeld who proposes this also speaks of this "narrative impossibility" which was further compounded by the great care exercised by the Priestly writers throughout Exodus and Numbers to

achieve a delicate balance between the power and authority of Moses and Aaron. This balance would clearly be upset if Aaron were pictured as unclean and outside the camp. Katharine Doob Sakenfeld, "Numers," in *The Women's Bible Commentary,* Carol A. Newsome and Sharon H. Ringe (eds.), (London/Louisville, Kentucky: SPCK/Westminister/ John Knox, 1992) 47-48. On the other hand, Miriam as a woman spends much of her life in the state of pollution (from menstruation, sexual intercourse, childbirth, caring for the sick and the dead). As a woman and a non-priest, and therefore as a "lower class" citizxen, Miriam is "unnecessary" and becomes the scapegoat of Yahweh's indignation. Dana Nolan Fewell and David M. Gunn, *Gender, Power & Promise: the Subject of the Bible's First Story, 115.*

[6] While sexual transmission of the disease is the most frequent means of contracting the virus, it certainly is not the only one, for even those who have been infected by sexual means, many especially women had been faithful to one partner, namely their husbands for life.

[7] Cf. Lev 26:16; Deut 7:12-15; 28:27-29, 35, 61; 2 Chrin 21: 12-15; 1 Sam 15:24-26; 16:14; 2 Sam 12:15-18; 24:15; 2 Chron 26:19; 1 Kings 14:1-13; Jer 14:12; 16:4; Ezek 6:11 are some other examples of God inflicting illness as punishment.

[8] Even the innocent are sometimes affected by illness (for example Job). God also inflicts people with illness in order to show God's mighty power and control (Exod 9:9)

[9] It is crucial to mention here the involvement of the men in the healing process. The Leviticus law too emphasizes the involvement of the priest in the purification ritual of the woman, which seems to depict her as potentially dangerous and even destructive as a woman. The ritual antagonism between the pure and purifying priest on the one hand and the dangerous polluting potencies of the woman on the other are dramatically juxtaposed. The woman becomes worthy and is cleansed only through the involvement of the priest (compare Lev 12:6 and Lev 12:7). To this extent, the priests have managed to subject women, to ritual processes that dramatize their ritual disabilities and hence their inferior status. The priest acts for the benefit of the woman, and the rituals allow him significant control over the woman reducing her to a puppet. There are however other instances where men too have been healed through the agency of other men (cf. 1 Kings 13: 4-6; 17; 2 Kings 5: 20).

[10] 2 Chron 16: 12; 2 Kings 1: 1-4.

[11] Cf. also 2 Samuel 24, Exod 4: 24; 33:19.

[12] Eccl. 11: 5.

[13] For details cf. L. William Countryman, *Dirt, Greed, and Sex: Sexual*

Ethics in the New Testament and their implications for Today (Philadelphia: Fortress, 1988) 11-65.

[14] Johanna Stelbert, "Does the Hebrew Bible Have Anything to Tell us About HIV and AIDS?" 31.

[15] Johanna Steibert, "Does the Hebrew Bible Have Anything to Tell Us About HIV and AIDS?" 30.

[16] Katharine Doob Sakenfeld, "Numbers," in *The Women's Bible Commentary*, Carol A. Newsome and Sharon H. Ringe (eds.). (London/ Louisvilled, Kentucky: SPCK/Westminister/John Knox, 1992) 48.

[17] Michael Kinnamon, "Restoring Mainline Trust: Disagreeing in Love," *The Christian Century*, July 1-8. (1992) 648.

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BIBLICAL PERSPECTIVE ON DISEASE AND SUFFERING, HEALING AND WHOLENESS: Some Insights on Understanding HIV and AIDS from the Gospel Accounts

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Introduction

Disease and suffering have bothered people through the ages and they have resorted to various means, including magic and sorcery to overcome them.[1] However, HIV and AIDS is a very recent problem and hence was of no concern either to the Biblical context in general or to Jesus in particular. It would therefore appear to be a futile exercise to search in the ancient scriptures for a relevant approach towards understanding HIV and AIDS that would serve as a guide for our action today. However, notwithstanding the remoteness of the biblical context to the questions raised by HIV and AIDS, we cannot deny the profound influence that the Bible would have on its adherents if only we could delineate principles that may be of assistance in addressing the issues. Besides, if the Bible has nothing to offer in relation to the pressing present-day issues and problems, the relevance of the Bible as the basis of our faith becomes redundant in a context of misery and suffering of millions of our people.

We shall make an attempt here to look into the Bible, particularly the Gospels, keeping in mind the concerns generated by HIV and AIDS, in an attempt to identify Jesus' attitude to disease and suffering

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in general and his response that led to healing and wholeness of the affected. A closer look at some of his responses may provide us with certain images of Jesus that arose from an Asian setting which could be of help in our endeavor to understand how to address the issues of HIV and AIDS from a Biblical and therefore also from a Christian perspective that is relevant to our own context(s). We shall confine ourselves to a casual reading of the life and ministry of Jesus, as portrayed by the Evangelists, that has to do with his engagement on the face of disease and suffering and his acts of cure and healing, highlighting the ways Jesus responded in such situations. In the light of our reading of these images of Jesus drawn from his interaction with the sick, the suffering, and the marginalized, an effort shall be made to draw some implications for our understanding and response to those who suffer in general and those infected and affected by HIV and AIDS in particular.

Bible on the Question of Disease and Suffering

Disease and suffering are experiences of most people at some point in their life. Yet, it's the poor who suffer the most on account of disease and ill-health. While disease may cause suffering in people, suffering can also result from other factors. Some people suffer a short period of time while others suffer over a prolonged period in life or even their entire span of life. Even those who may have experienced relatively no major incidents of sufferings in life would have been confronted with suffering of others whether friends, relatives or one's own family members. While there can be a link between sicknesses and suffering, cessation of suffering does not necessarily mean end of suffering. We shall very briefly look at Disease and Suffering, the diverse views on the cause of suffering as represented in the Bible and Jesus' view on disease, pain and suffering.

A. Disease and Suffering

Bible deals with a variety of sicknesses and diseases on many occasions describing them using technical terms and even providing their case histories. It lists infections and communicable diseases such as fever (Lev. 26:18; Deut. 28:22) and malaria (Mt. 8:15; Mk. 1:31; Lk. 4:38-39), jaundice (1 Kgs. 8:37; Jer. 30:6),

epidemic: cholera (Zech. 14:12), infection (Ex. 12:13; 11:1); abscess (2 Kgs. 20:1; 2 Chr. 32:24); parasitic disease (Acts 12:23); skin disease often referred to as leprosy (Lev. 13:2; 14:2): Job's skin disease, Miriam's leprosy, Naaman's leprosy (2 Kgs. 5:1); diseases of the nervous system: paralysis (Mt. 8i:5-8; 9:2-8; Mk. 2:2-11; Lk. 5:18-20; Jn. 5:2-9; Acts 9:32-35), sun stroke (2 Kgs. 4:18-20), epilepsy (Lk. 9:39; 2 Cor. 12:7); disease of eye and ears: blind and deaf (Lev. 19:14; Mt. 11:5; Acts 8:22-33); Psychological diseases (Lk. 8:2-3; 1 Sam. 16:14-16; 19:24); woman with hemorrhage (Mt. 9:20; Mk. 5:25;Lk. 8:13) and old age (Gen. 24:1; 1 Kgs. 1:1)[2].

Suffering manifests itself in many forms including: pain, frustration, depression, loneliness, grief and anxiety. It can be caused by war, natural calamities, illness, premature death, terrorist attacks, and experience of guilt, rejection and loneliness. The inability to find an answer to the cause of suffering, particularly when the innocent suffers, makes the suffering much harder to understand. While everyone who suffers find the experience difficult to bear, it becomes harder on those who are poorer. It gives rise to many questions: Why am I suffering? Where did suffering come from? Why does God allow suffering? Where is God when the innocent suffer? Religious traditions have tried to answer the problem of suffering using such concepts as *karma* or *kismat*. Buddhism considers desire as the basis of all suffering. Once one overcomes desires, suffering will automatically cease. While the Bible does not provide an easy answer to human experiences of suffering, it does provide different perspectives on such experience.

B. The Cause of Suffering

Experience of suffering has always taunted humanity and attempts have been made to explain the reason for suffering. The inability to adequately explain the reason for the sudden experience of suffering in human lives has made suffering more difficult to bear. While there are no easy answers to the experience of suffering, there are a number of views on the cause of suffering. They include: suffering as result of human sin, suffering as caused by evil forces,

suffering as leading to greater good, and suffering as mystery.

Suffering as Resulting from Human Sin

There are many instances of suffering in the Bible beginning with the story of the Fall of Adam and Eve (Gen. 3) which became the root of suffering of the humans, the animal kingdom and the created world. Genesis attributes the cause of suffering to human sin of disobedience (Gen. 3:14-19). Fall testifies to the strangeness between divine intervention and the reality of a suffering world. The world of our birth is one that is vulnerable to suffering. Israel suffered in exile as a result of their sin (Ex. 34:6-7; Deut. 5:9-10; Num. 14:18). Sin leads to both individual and corporate punishment that leads to suffering (Josh. 7). The prophets attributed injustice and idolatry as the cause of the disaster that the people experienced in their exilic experience. They found an immediate link between the sins of the people, especially the political, religious and business leaders and the national calamity that they experienced. The Deutronomic History carries on the exilic tradition. The emphasis is on the failure of the people to obey the law (Deut. 27-28; Deut. 30:15-20). The book of Judges too attributes suffering as retribution for sins (Judg. 2:6-23). The destruction of northern kingdom was God's punishment of evil (2 Kgs. 17). Pentateuch, pre-exilic prophets and Deuteronomic History stress suffering as result of human sin. Suffering of Job, coming from the end of exilic or the beginning of post-exilic period, is attributed by Job's counselors and Elihu to his sin and hence as divine retribution despite his (Job's) vehement protest. The earlier understanding of suffering as punishment for sin came under question in the post-exilic times as the people of Judah perceived themselves as more righteous than the Babylonians who were used as instruments of divine punishment (Hab. 1:12-13). Hence, viewing suffering as for the sins of others was questioned. It was felt that each one should bear the consequence of his/her deeds. In this contexts Ezek. 18 and Jer. 31:29, 20 raised questions on the punishment of children for the sins of parents.

Suffering as Caused by Evil Forces

Very often suffering is looked upon as being brought about by

the forces of evil. The account of the Fall attributes the reason for the disobedience of Adam and Eve to the power of Satan who appeared in the form of a serpent and misled them to disobey God's command, resulting in catastrophic events that affected not only humanity but the entire created order. Even in the story of Job in the prologue (Jb. 1-2), the blame for the suffering is shifted from self and God to Satan, the demonic the cause of all suffering. It is the poly of Satan that brings an innocent Job under severe suffering. In both these instances suffering is brought about by the forces of evil. We have also instances of demonic possessions in the New Testament which attributes suffering to the power of the demons (Mt. 12:22-32; Mk. 3:19b-30; Lk. 11:14-23; Mk. 1:21-28; Lk. 4:31-37)

Suffering for a Greater Good

Suffering is also looked upon as of some benefit to the sufferer and even others who might not suffer (Deut. 8:1-6), as such suffering leads to a greater good. The wandering of the people of Israel in the wilderness was a time of humbling and testing (Deut. 8:2) to prepare them for the Promise Land. Joseph's suffering at the hands of his brothers who meant evil turned out in the hands of God for the good of themselves and for others as he was God's instrument in saving people from the severe famine. Judah's suffering though was a punishment for sin (Is. 42:8-22; 43:24b), there was hope at the end. The positive effect of suffering for the Judeans was to be a witness (Is. 43:9, 10), and a light to the nations (Is. 42:6; 49:6). In this sense, God works for the greater good of others through the suffering of the faithful. Eliphaz attributes Job's suffering both to his own sin and for his own good. The prologue and epilogue of the book of Job clearly expresses that Job's is a case of innocent suffering and not all suffering is retribution.

Suffering as Mystery

The mystery and complexity of suffering in God-human relationship is evident in the story of the snake in the Fall account. The mysterious force that pushes human into the act of evil that has detrimental effect on themselves and others. Ever since there is enormous experience of suffering some resulting from human actions and others from the fury of Nature? It ever remains a

mystery why innocents are subjugated to enormous sufferings while those who appear to deserve suffering are spared. When God speaks to Job in response to his persistent questions (Jb. 38-41), the divine answers are not very clear. In fact, God does not provide a direct answer to the several questions, that Job had raised. God rather puts counter questions to Job which was beyond his ability to answer. Finally Job was content to live with the mystery of suffering. He committed himself to the God who is active in creation and trusted him. Jeremiah suffered enormously, so did other prophets for the sake of the word that they called upon to proclaim. The lament songs, the book of Lamentations and Jeremiah's confessions are all examples of attempts to cope with the reality of suffering. Jesus' suffering itself remains a mystery to comprehend as to how an innocent one can be subjected to such a cruel suffering.

C. Jesus' Views on Disease and Suffering

The views of Jesus with regard to illness and suffering can be looked at from the following three points of view. Jesus did not consider suffering as result of human sin, neither has he thought it within the divine purposes that humans should suffer. He called for human solidarity in the midst of suffering and that God can turn around human suffering for God's glory and the wellbeing of the sufferer.

Suffering not Result of Sin

Two occasions suffering is attributed to human sin in the accounts of the Gospels include: the story of the Galileans whose blood Pilate mingled with their sacrifices (Lk. 13:1-5) and the story of the man born blind (John 9). Attributing calamity and suffering to sin was questioned by Jesus when he asked: "Were the Galilean pilgrims subjected to the cruelty of Pilate who mixed their blood with their sacrifice more sinful than those escaped?" or those escaped the fall of the tower of Siloam more righteous than the eighteen who were killed? Jesus' response to these instances attests to the general understanding of any misfortune as a result of human sin. Those met unfortunate end at the hands of Pilate or those crushed by Siloam tower may not have been any worse than those

escaped. The story of the healing of the blind man in John 9 too rejects the premise that suffering is a result of divine retribution. The question of disciples to Jesus: "Rabbi, who sinned, this man or his parents, that he was born blind?" (Jn. 9:2) reflects the general attitude to suffering during Jesus' time. Jesus answered saying, "Neither this man, nor his parents sinned. . . ." (Jn. 9:3a) emphasizing sickness as not necessarily resulting from sin. In both the above instances Jesus does not accept suffering as a basis for moral judgement[3].

Suffering not in Divine Purpose

Jesus' response to situations of suffering and pain testify to the fact that suffering was not within the divine intention and purpose of God for the creation, let alone human beings. In fact, the Genesis account of creation underscores that all that God created were found to be "very good". Hence suffering and sickness emanate from the frailty of humans as created beings who have erred thereby drawing the entire creation into the ambit of their own experience. The creation itself therefore awaits its own redemption through the appearance of the children of God (Rom. 8: 18-23). Any sickness and suffering that we witness in the present experience is therefore to be tackled with human efforts and resources that are available. Because God does not desire the humans created in God's own image to undergo pain and suffering. When the humans suffer, it is God who suffers with them. Hence Jesus through the course of his ministry not only tries to alleviate suffering but cures all sickness that was brought to him for healing. Even in the sending of his disciples for mission encompassed the command to heal all sickness. He said, "Cure the sick, raise the dead, and cleanse the lepers, cast out demons." (Mt. 10:8a; Mk. 6:13; Lk. 9:6).

Solidarity in Suffering

One of the poignant examples of Jesus' attitude to suffering is found in the way of his reaction to the news of the death of his friend Lazarus. He visited the village Bethany where Lazarus and his sisters had stayed. He was deeply grieved when he found Lazarus' sister Mary and the Jews gathered there weeping and was "greatly disturbed in spirit and deeply moved" (Jn. 11:33).

Sorrow had overcome him so much that he even "began to weep" (Jn. 11:35) with them. Even when Jesus goes to the tomb, John describes him as "greatly disturbed" (Jn. 11:38). The agony of his friends at the passing away of their dear one made him to grieve as well. Jesus thereby expresses his solidarity with the family of the diseased. Sharing the pain of the sufferer will go a long way in helping him/her endure the pangs of pain that one experiences.

It is the same attitude of care and concern that is evident in Jesus' response to the pain and suffering of those whom he healed. When Jesus was in the synagogue of Capernaum on a Sabbath Day, there was a "man with an unclean spirit" (Mk. 1:21-28; Lk. 4:31-37). Luke refers to him as a "man who had the spirit of an unclean demon" (Lk. 4:33b). Jesus' response to the man indicates his deep concern for the suffering that he undergoes. Despite being a Sabbath, Jesus responded to the loud cry of the demon, saying: "Be silent, and come out of him" (Mk. 1:25b; Lk. 4:35b). He also healed a man with dropsy again on a Sabbath (Lk. 14:1-6). His concern for the person was evident in his question on the legality of healing on a Sabbath. People did not respond to Jesus' question. But they remained silent (Lk. 14:3, 4a). If a child or an oxen fell in a well could be picked up on a Sabbath day, Jesus said, a sick human being could also be healed. In a similar setting Jesus healed a man with a withered hand (Mt. 12:9-14; Mk. 3:1-6; Lk. 6:6-11). In fact, during the course of the ministry of Jesus in Galilee many sick with various kinds of diseases were brought to Jesus. He laid his hands on each of them and cured them (Mt. 8:16; Mk. 1:32-24; Lk. 4:40). His attitude to those with disabilities such as the paralytic was one of deep care and concern (Mk. 2:1-12; Lk. 5:17-26). He healed the blind and the mute (Mt. 9:27-34), woman who had suffered from hemorrhages for twelve long years and raised the daughter of the synagogue leader, Jairus (Mt. 9:18-26; Mk. 5:21-43; Lk. 5:33-39). As Jesus was passing through the region of Samaria and Galilee, Jesus cleanses the ten lepers one of whom was a Samaritan (Lk. 17:11-19). Jesus healed the blind beggar at Jericho (Lk. 18:35-43).

Suffering for the Glory of God

In the story of the man born blind, Jesus attributes the cause of

him being born blind was for the ultimate glory of God. Human disabilities and sufferings are not a punishment of God for sin committed, but as an occasion to manifest the glory of God. When Jesus heard of the sickness of Lazarus, he responded saying, "This illness does not lead to death; rather it is for God's glory . . ." (Jn. 11:4). There are other instances where the experience of healing lead people to glorify God (Lk. 18:35-43; Lk. 17:11-19)

Jesus' own suffering on the cross was not for any sin that he had committed (Heb. 4:15), but in solidarity with human experience of suffering and temptation. Jesus suffered voluntarily so as to bring relief to the suffering ones (Mk. 10:45). The suffering of Jesus thus brings to focus a new dimension in the perception of suffering. Suffering need not always be a punishment for sin, it could rather be a sign of one's faithfulness to God. It is through the suffering of Jesus on the cross that the way was opened for the salvation of all who would believe. Jesus' suffering in that sense was vicarious. In his high priestly prayer Jesus prayed, "Father, . . . glorify your Son so that the Son may glorify you." (Jn. 17:1). The suffering of Jesus that he would soon undergo would be for the glory of God. Crucifixion of Jesus and the suffering of early Christians are all instances of suffering for the good of others. But how that suffering satisfied the divine justice and love continues to remain a mystery.

Healing, Wholeness and the Image of Jesus

Making a distinction between "disease" and "cure" and "illness" and "healing", J. J. Pilch remarks, when a therapy can affect a disease so as to check or remove it, it is "curing" and when an intervention affects an illness, it is called "healing"[4]. He further states, in the biblical accounts "evidence for the incidence, identification and management of 'disease' is difficult" to discover with certainty. Therefore, the Gospel accounts of healing should refer to illness" and "healing" than "disease" and "cure.[5]" "Since healing essentially involves the provision of personal and social meaning for the life problems that accompany human health misfortunes, all illness are healed, always and infallibly since all human beings ultimately find some meaning in life-situation including disvalued states."[6] Among the many images of Jesus

that the Gospels portray, there are some that are more relevant to our understanding of his work of healing. Among them we shall focus on Jesus' role as a teacher, healer, companion, fellow-sufferer and harbinger of hope.

C. Jesus as Teacher

It has generally been recognized by people, irrespective of religio-cultural distinctions, that Jesus was a great teacher[7]. Many who came to learn from him including the crowd addressed Jesus as 'teacher' (Mt. 8:19; 12:38; Mk. 9:5; 11:21; Lk.5:5; 8:24; 9:338)[8] Major portions of the Gospels are a witness to the teaching activities of Jesus. His parables, pronouncement stories and discourses, among others, represented the genius of Jesus as a teacher in the assessment of the Gospel writers. It is interesting to note that a recent study on the Gospel of Mark even assumed its title as 'Jesus the Teacher'[9]. People from all walks of life flocked to Jesus to listen to his teaching. They very often marveled at his wisdom. However, the distinguishing marks of Jesus' teaching were the 'authority' (Mk. 1:22, 27) that his teachings carried and the 'newness' (Mk. 1: 27) of his interpretation of scripture. People who listened to Jesus were quick to perceive a difference in the style of Jesus' teaching (Mk. 1:22; Mt. 7:29). A peculiar 'authority' unlike that of his contemporary teachers, including the scribes and other Jewish Rabbis, characterized Jesus' teachings. The power of God as was evident in his superiority over demons and scribes[10] (Mk. 1:27), and from his identification with the people in the struggles of life against oppressive systems (Mk. 2:12; 11:27-28; Mt. 21:23-27). Hence the basis of Jesus' teaching was not a philosophy detached from life and morality. It is his daily engagement in the struggles of life on the face of oppression and suffering that served as the textbook that informed Jesus' teaching. While for the scribes, the reputed Jewish Rabbis served as the authority in their teaching, Jesus relied on his own experiences with people in the affairs of life. Hence, people sensed a special 'authority' in the words spoken by Jesus, unlike that of the scribes and Pharisees. People could find easy connections with their life in the stories told by Jesus (Mk. 4: 1-8). His words carried authority to accomplish what is set out to do including release to those

weighed down with the burden of sin and discrimination.

Jesus' teaching was 'different' from that of the scribes and the Pharisees in that there was 'newness' in his teaching. Biblical stories found new meaning and relevance in the handling of Jesus. Compared with the teaching of Jewish Rabbis whose interpretations were directed towards clarifying obscurities, Jesus' teaching provided 'newness' in its nature and content, that is, 'newness' in respect of the 'quality' of his teaching as different from the "newness" in its nature and content, that is, 'newness' in respect of the 'quality' of his teaching as different from the "newness" with regards to time[11]. The challenges of life that Jesus shared with his audience provided him with a special hermeneutic key to unlock the meaning of scripture. Matthew very clearly demonstrates Jesus' reinterpretation of the Law in the Sermon on the Mount (Mt. 5-7). People found new wisdom and insights in Jesus' interpretation of loving God, loving neighbor, honoring parents, fidelity in marriage, or matters relating to everyday activities. Cult, rituals and piety were interpreted in relation to their true divine intentions. Prayer, observance of Sabbath, practice of purity, and fasting assumed new roles in the understanding of Jesus. Caring for the poor became the true practice of religion (Mt. 25:40 cf. Jas 1:27). Jesus thus re-read the Scripture to find its meaning a new in his own context.

Jesus as Healer

Gospel writers devote a greater length of their material in dealing with the miracles of Jesus although the preferred term for John is 'sign' along with that of 'work'. The miracles are called the deeds of Jesus as against his words represented in his teachings. Among the verities of miracles that Jesus performed, miracles of healing assume special significance. While all the Gospels devote attention to the healings of Jesus, Mark perhaps provides greater attention to them, as in the Gospel of Mark, out of the 18 miracles of Jesus 13 have to do with Jesus' healing[12]. The healing miracles of Jesus lay emphasis on at least two aspects of Jesus' action: Jesus' concern for the wholeness and wellbeing of the diseased and his compassionate care towards the suffering persons.

Sickness, in anthropological study, involves two aspects: *disease* and illness. While disease refers to "malfunctioning of biological and/or psychological processes", *illness* refers to "psychosocial experience and meaning of perceived disease."[13] Drugs may help in the curing of disease but not the healing of illness, as modern health care tends to treat disease as against the indigenous systems that focused on treating *illness*[14]. Illness has to do with one's reaction to her/his sickness and that of the family and society. *Sickness* is a third aspect which, according to Kleinman is "the understanding of a disorder in its generic sense across a population in relation to macrosocial (economic, political, institutional) forces …. Seeing it as a reflection of political oppression, economic deprivation, and other social sources of human misery[15]"

Suffering and sickness in the biblical context were associated with divine punishment for sin (Job 4:7-9; Jn. 9-2). Those who had ill-health therefore not only suffered the pain and agony of their ailment as well as any disability associated with the disease, but also being labeled as 'sinners' and the experience of social refection. Each society's identified illness constitutes a sign or emblem that marks what that group values, disvalues and preoccupies itself with. Thus as Crossan observes, "Society (its systemic structures) cannot only exacerbate the illness that follows from a disease, it can create the sickness that leads to disease.[16]"

Added to it was the fact that many of those who were sick and needed healing in the narratives of the Gospels were from the lower rung of society, such as the blind, the lame and the leper. Those whom Jesus healed in the course of his ministry were the ones whom the social order of the day had considered outcasts. Many a sickness was such that people disassociated with them. These included sickness considered to carry impurity and ritual uncleanness (lepers, Mk. 1:40-42/ Mt. 8: 2-4/ Lk. 5:12-13; Lk. 217: 11-19); the woman with a flow of blood (Mk. 5: 25-29). Jesus expressed anger towards the system of purity that excluded people on the basis of such systems (Mk. 1:40-45).[17] We can only imagine the enigma attached to disease in the ancient society with its labeling of the disease as sinful and subject to rejection.

It is in such a context of discrimination and rejection of the sick ones that Jesus' act of healing embodies special significance. Not only that Jesus did not discriminate against anyone because of physical disabilities or ailment, but also he was instrumental in helping people overcome their diseased condition and disvalued state. He cured them and restored them back to their rightful place is society[18]. Health and wholeness were the motives behind the healings of Jesus. Any human affliction not only affects the health of a person but also deprive the person of his/her wholeness. The healing miracles of Jesus related by the Evangelists have been motivated primarily by an intention to restore to wholeness the ones suffering the disease while it also illustrates the compassion of Jesus towards their suffering. Alan Richardson rightly observes, "We cannot, we dare not, deny that a motive behind the mighty works of Jesus was compassion, or that they are to be understood as parables of the gracious mercy of God towards those who are in affliction…19"[19] While the element of compassion is evident in the healing miracles of Jesus in general, it is in Matthew more than any other Evangelists, an association of compassion with the healing activity of Jesus is manifest (Mt. 20:34; 14:14; (cf. also 9:35f.); 15:32)[20].

Pilch and Malina observe, "The process of healing involves diagnosing the problem, prognosing the outcome, and applying the suitable therapy.[21]" It is well articulated by Horsley, when he says:

> The healing stories, however indirectly, indicate in fact that Jesus, far from forming any special following or movement out of the cripples or beggars responding to him in faith, restored them to regular social interaction in their own communities. Preaching the kingdom of God to the poor and healing the sick clearly had something to do with the renewal of people's lives in their own communities[22].

To Jesus therefore any situation that denies wholeness and wellbeing of people are 'demonic' and in need of change. Disease and situations conducive to the promotion of such disease both need attention if the health and wellbeing of the people are to be ensured. Jesus therefore attended to all aspects of the disease that was responsible for making a person suffer, when he healed the

sick person.

Jesus as Companion

A scrutiny of Jesus' association with the kind of people in the Gospels indicates that the circle of his companions invariably comprised of those who were considered out of bounds for such companionship in Jesus' context. The companions of Jesus consisted of the Twelve who came from an ordinary social setting. Besides he had toll-collectors (Mk. 2:16f.), prostitutes (Jn. 4), and the socially neglected within his company. One of the constant accusations against Jesus in the Gospels from the Jewish leadership was that he ignored the laws of purity in associating with those beyond the boundaries of ritual purity (Mk. 7:15; cf. Mk. 1:41 a leper, 5:25ff. a hemorrhaging woman, 5: 41 a corpse) and ate with tax collectors and sinners (Mk. 2:16f. Mt. 11: 18-19; Lk, 7:33-34; Lk. 15:1-2 cf. Mt. 18: 17; Lk. 19:10), the stigmatized group of society[23]. While Jesus' action may not have been the abrogation of the whole system of purity, the stress would have been on the importance of moral purity, the stress would have been on the importance of moral purity more than the ritual cleanness[23]. As stated by Pilch and Malina, "In the NT, Jesus of course changes the rules, for he does not agree that purity threats are located at the margins but teaches rather that they are within.[24]"

Segregation of people as clean and unclean on the basis of rank and social standing was not acceptable to Jesus. He, therefore, enlisted into his company those considered to be unclean and expendables by the prevalent social system. They were recipients of divine favour (shepherds, Lk. 2: 8-20) and faithful followers of Jesus (Mk. 14:3-9). The beggars (Mk. 10:46-52), cripples, poor26 (Mt. 11:2-6; Lk. 7: 18-23) and the prostitutes (Mt. 21: 31; Lk. 7:35-50) who had no acknowledged role in society were the ones whom Jesus befriended and identified with. They were provided an identity in the company of Jesus as against the experience of rejection and discrimination, which was there, hitherto, experienced in the everyday life.

Table-fellowship (commensality) in the ancient context was a clear indicator of the company of a person within the social setting.

In honour and shame society, feasts and banquets provided special occasions of interest, as they were markers to assess the social worth of a person (Lk. 14: 16-24)[27]. Commensality was an occasion for either the enhancement or lowering of one's standing in society. The guests were carefully chosen and the menus carefully prepared. According to Bengt Homberg:

> Table-fellowship provides information about which people belong to a given community. Eating together is a statement about social identity that informs both participants and observers about which people belong together and can be expected to accept the social rights and obligations that belongs to that community. In the same way, the refusal of commensality is a very strong boundary marker that defines social structure by establishing group identity, making it clear who do not belong to that group[28].

Again, according to Lee Edward Klosinski,

> The chief insight gleaned from the anthropology of food is that food has the capacity both to serve as the object of human transactions and to symbolize human interaction, relationships and relatedness. Giving and receiving food creates obligations. It involves the creation of matrices of reciprocity and mutuality. It defines relationships and the contours of group boundaries …. In Greco-Roman antiquity … commensality gave concrete expression to the boundaries of the group, facilitated social identification, and provided a means to mediate social status and social power[29]."

Restricted commensality along with Sabbath observance and circumcision were identity markers of Jewish behavior. It is such identity markers that Jesus diluted or even dissolved in his open commensality. Jesus' choice to eat with the outcasts of society was a deliberate snub on the prevalent system wherein the poor were discriminated against. For *'it is in food and drink offered equally to everyone that the presence of God and Jesus is found.*[30]"

Jesus as a Fellow-Sufferer

The cross is the central and most powerful symbol of Christianity. The cross stands for suffering in its most cruel form. Jesus' identification with the victims of suffering and stigma was the significance of the cross. Having done no wrong, Jesus suffered,

hence identified with all who suffer ignominy and injustice, rejection and discrimination in their life. The cross was the symbol of the suffering of the innocent and hence a symbol of solidarity with all who suffer, especially with the socially ostracized sufferer, and this is the essence of the meaning of the cross. In the Synoptics description, on the cross Jesus is made an object of derision. He was struck, spat upon in the face, and tortured. The Synoptics agree that the Jewish leaders mocked Jesus on the cross, where the soldiers joined in the derision according to Luke (cf. Mk. 15:16-20). The shameful suffering on the cross, according to them, put a question mark on Jesus' claim of who he was[31].

The Markan version of the crucifixion of Jesus talks about his human rejection. The disciples fall asleep while Jesus prays, Judas betrays and Peter curses him and denies him. All flee from him. The only cry of Jesus from the cross is one of rejection, "My God, my God, why hast thou forsaken me?" Mark emphasizes Jesus' isolation and rejection in the crucifixion[32].

The cross represents agony, pain and suffering. Jesus dies on the cross as a victim of human sinfulness and injustice. Despite the repeated insistence on the innocence of Jesus by Pilate when he says:"The man has done nothing that deserves death" (Lk. 23:4, 15, 22), the death could not be averted. The Isaiahnic prophesy of the suffering servant, recalled in the agony of the cross, lays emphasis on this aspect of the divine solidarity with the suffering masses. Jesus Christ felt so deeply the pain, the suffering and the injustice of the world that he had to pray, "Lord, if it were possible remove this cup of suffering." In the agony of his suffering he became a fellow-sufferer with the unmitigated suffering of all those who suffer[33].

Jesus as Harbinger of Hope

The disciples were overtaken by fear and despair with the death of Jesus. Gradually they even began to return to the occupation that they once forsook in following Jesus, as in the case of Simon Peter and the disciples who accompanied him in fishing (Jn. 21:1-3). However, the cross was not the end of the story of Jesus. Good Friday was followed by Easter Sunday, the day of resurrection, a

day of new life and hope for all victims of suffering. The news of the resurrection of Jesus brought courage and hope to the disciples' sorrow and sadness. The resurrection experience helped reinstate the disciples to their call and mission. It helped them overcome their failure and to open up a new understanding of life with Jesus. Suffering is not the end of life. There is the hope of a new day wherein there will be deliverance form all experiences of oppression and marginalization, to a life of freedom and happiness. Resurrection experience rekindles the lost hope.

Death in the biblical understanding is a perversion of the original divine intent for his creation. It is human sin that brought about death and because of sinfulness death remains a reality for every human person. It is in the context of life that death is to be understood. Even sickness, when worsened, leads us to the point of death while the experience of healing restores us back to life.

The resurrection event provided the hope to the aspirations of a community that otherwise was downcast as a result of the experience of the death of their Master. The angelic witness and the experience of the empty tomb have assured them of the victory of life over the forces of death. Even after the experience of Resurrection, Christians may be called to walk the way of rejection and suffering. In such situations it is a personal understanding and experience of the risen Jesus that provide hope for the future. It is this experience of the resurrected Jesus as one who travels with us along the way that provides us the basis for our assurance.

What we see about Jesus in his ministry is that he was not confined by the 'taboos' of his time so far as his life and ministry was concerned. Many an occasion, in fact, he had to go against the prevailing understandings so as to fulfill his mission. There is an element of daring in Jesus' actions. It is to do the very same thing that the church is called in facing the pandemic of HIV and AIDS.

Some Implications to our Concern for HIV and AIDS

A. Dare to Read Bible Differently

The Gospels portrayal of Jesus as a teacher who taught with 'authority' and 'newness' invites us to reexamine our interpretive

paradigm with reference to those living with HIV and AIDS. We need to be daring to be able to read the Bible differently, and possibly through 'Asian eyes'. Also, those stories and incidents in the Bible that are more appropriate to address the HIV and AIDS should be highlighted and interpreted. Such attempts of reading the Bible with liberation emphasis as in Latin America, or with contextual emphasis as in South Africa[34] where the Bible is read in such a way as to help create awareness about the HIV and AIDS situations, can serve as examples. We should dare to do something similar, if we were to find any linkage with our reading of the Bible and the concerns of HIV and , in our Asian context.

B. Address HIV and AIDS as a Challenge to Holistic Health Care

People living with HIV and AIDS [PLWA's] need to be seen as our Brothers and Sisters Living with HIV and AIDS [BROSLIH]. The disease requires adequate medical care. Health care facilities should be provided and improved in the church hospitals to adequately care for the HIV and AIDS patients. We should be able to see the 'BROSLIH' as those whose full humanhood and wholeness are under severe threat. Along with appropriate medical care there is a need to provide sex education to youth. Since there is no autonomy of sex apart from human wholeness, sexual practices that affect health and wholeness need to be avoided. Appropriate methods and teaching for the prevention of the spread of sickness should be adopted.

C. Provide Compassion, Care and Support

Loneliness and rejection being the experience of the PLWA's or BROSLIH, the church should provide compassion, care and support to the suffering ones. HIV and AIDS should not be perceived as the problem of only those who are affected by it. Rather it is to be seen as a human problem that has the potential to affect the whole humanity. Those who suffer would require understanding, care and support as they already experience dejection and suffering. A network of family and community care and support should be provided for those who are detected as HIV positive. Their basic need for friendship, health care, and job

support and security is no less than that of the others. The church should help support to realize these.

D. Human Solidarity

More than the sickness and its effect on health, what affects them most is the stigmatization and discrimination of the affected persons by the society. This calls for a change of attitude on the part of those who are unaffected. Rather than looking down upon or rejecting the affected persons, efforts should be made to stand with the sufferer in his/her suffering. We should be willing to enter into the pain, agony and suffering of the affected ones even when we are unaffected to be able to show our empathy and support in their struggle. Jesus was found to be always in solidarity with those who suffered as suffering for him was not the divine intention for humanity.

E. Hope for the Future

The Resurrection faith is the cornerstone of Christianity. Faith in the resurrection of Christ is the basis of human hope in the midst of despair and suffering. One who is infected – or affected - with HIV and AIDS very soon loses his/her hope for the future. This affects their very struggle for survival. They need help to see HIV and AIDS is not the end of life. Despite the limitations that are imposed by the effect of the sickness, a hope beyond the experience of the reality of present suffering is essential to face an otherwise bleak future. The Church should be able to serve a beacon of hope in the midst of hopelessness in their care and support for the affected ones and their families.

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6 John J. Pilch, "Sickness and Healing": 192.

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Part II

HIV AND THEOLOGY

4

THEOLOGY OF LIFE: THEOLOGICAL REFLECTION ON CHURCH'S RESPONSIBILITY IN THE TIME OF HIV

Sostenes Sumihe*

Introduction

There is life after HIV. Anti-retroviral treatment stops the HIV from replicating and treatment is also now a part of prevention. With this scientific breakthrough, the immune system is not compromised because the CD4 rises and viral load becomes nil. The body defenses on infection and cancer are back in good shape. The new World Health Organization guideline on treatment is to give ART when CD4 is down to 500 to ensure that the body defense mechanism is not compromised. Access to medication, other prevention methodologies, nutrition, counseling, testing for HIV and CD4 and meaningful involvement in activities that generate holistic empowerment are the basic ingredients to win lives for humankind. Scientific advancement and theology of life help people live positively and win life to humankind.

With this development, the church is called to proclaim the good news that there is life after HIV. What kind of theological foundation is needed to guide churches in mission especially at the time of HIV?

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Based on biblical witness, there are threefold missions: God's mission, Christ's mission, and Church's mission. A new theological discourse underlining that God creates life; through Jesus Christ (his dead and resurrection) the life itself is given to human being; and through the Church, mission is manifested in evangelization or proclamation of Gospel. Hence in this paper, I would like to describe theology of life which can be used constructively as theological foundation for church's role and responsibility to meet the challenge of HIV.

HIV and AIDS as Theological Issues

In practical life of our society, HIV and AIDS issue is not merely a health issue. HIV strikes the social and cultural aspects as well. Generally our society has been responding negatively toward people living with HIV. People who have no accurate information on HIV are afraid of getting infected with the virus. They tend to isolate, stigmatize and marginalize people living with HIV.

HIV is not only medical and social issues but also a theological issue. The word "theology" here is used to explain our effort to reflect God's action in human experience. By acknowledging that God works in everything for our good (Romans 8:28) we are coming into an understanding that our lived reality or living experience is never detached from God's salvific work. God works within human life as a way to demonstrate God's glorious kindness. This is the main reason that we cannot accuse people living with HIV as punished by God for their sins.

The last phrase above indicates that in our society there are assumptions which connect sin to punishment from God or what we call divine retribution. I argue that diseases have nothing to do with God's punishment. Once Jesus said that there is no essential correlation between sin and disease. Responding his disciples' question about interrelation of sin and disease, Jesus affirmed: "Neither this man nor his parents sinned but this happened so that the work of God might be displayed in his life" (John 9:2; 11:4). Jesus has positive attitude to disease by putting it within a framework of God's work. Hence, God does not invite only healthy people to experience

God's saving work but also those who are sick. In fact Jesus came for the sick.

People living with HIV and AIDS are called by God to reveal God's glory in their life. They are no longer merely regarded as object and target but living subject, like little candles which light surrounding and giving life to others who need of it.

Understanding Church's Mission

Church's mission should not be detached from God's mission. The story of creation in the Book of Genesis tells us that God's creation has been undergoing continuously even in hopeless life situation – "the earth was formless and empty, darkness was over the surface of the deep" (Genesis 1:2). The Spirit of God has been acting through the Word transforming our hopeless situation into life. The existence of water, soil, animal, and planets is manifestation of such life given by God, the Creator.

The creation of human being affirmed that human being was created from dust that has no life. However, God blows the spirit entering the dust so that it becomes living being (Genesis 2:7). The Spirit, as God's manifestation, is for creating life either in macroscopic (universe) or microscopic (human world) dimensions.

God does not only create but also maintains the existence of life. The Bible repeatedly speaks about God's act as a divine act for life. The Book of Ezekiel, for instance, notes God's act which bring life to all dry bones by blowing the living breath (God's spirit) into them (Ezekiel 37:5). The dry bones symbolize a hopeless dying life. In Ezekiel words: "Our bones are dried up and our hope is gone; we are cut off." (Ezekiel 37:11). The "dry" hopeless situation is changing for God presents and gives life within it. Although because of sin that human life is threatened by death but God the Creator returns and re-creates life.

The coming of Jesus into the world presents a new understanding of mission. Jesus came that we might have life in all its fullness, giving us hope in the midst of emptiness and

sin for grace did much more abound. Paul calls it as God's act to reconcile the world with God (2 Corinthians 5:19). The cosmic reconciliation provides new hope to the world and humankind. Jesus transforms the hopeless and our mortal selves into a new creation and granted us fullness of life. Paul wrote: "Therefore, if anyone is in Christ, he is a new creation; the old has gone, the new has come!" (2 Corinthians 5:17).

Amid various interpretations about the coming of Jesus, one thing was agreed by New Testament biblical scholars that the central point in Jesus' teaching is to proclaim the Kingdom of God. Jesus began his ministry by saying "The time has come. The kingdom of God is near. Repent and believe the good news!" (Mark 1:15). The Kingdom of God should not be understood as a territory but a condition explaining situation in which God is sovereign. Whenever God demonstrates divine rule, human being receives living salvation and healing. God's sovereignty and living power has been revealed concretely in Jesus Christ. Jesus Christ is the great manifestation of God's love: "For God so loved the world that he gave his one and only Son, that whoever believes in him shall not perish but have eternal life" (John 3:16). The mission for bringing to life is affirmed by Jesus himself in terms of his coming to the world, that is, to bring abundant life (John 10:10).

Precisely through the framework of God's mission through Christ, the church is called to participate actively in God's mission. Church's mission emanates from God's mission through our Lord Jesus Christ. Even I should say that the existence of church in the world is the mission itself. The substance of church mission is proclaiming the Gospel to all creatures (Mark 16:15). The Gospel is good news for freeing life from all condition that humiliates human being as the image of God. It is good news as long as the church responds contextually to human problems and brings freedom to discover God's love in concrete experiences as individual as well as in social, cultural, political, economic and religious spheres. The Gospel has to be the good news as well for those who live with HIV by setting people free from fear and hopelessness. "This sickness will not end in death. No, it is for God's glory so that

God's Son may be glorified through it" (John 11:4). Through the lens of the Gospel, HIV is viewed newly, that is, as God's hands which offer high quality of new life because it has been nurturing personal relationship with God and people. At this point the role of pastoral counseling is strategic and decisive.

Implication for Praxis of Ministry

This theological understanding has implication for the praxis of Christian ministry. Firstly, the church's mission that has tendency of winning souls for Christ should be transformed to winning life for humankind. God creates life for all creatures and the life has been given to humankind through Jesus Christ. The main mission of church is maintaining the quality of human life and having hope in the hopeless reality. He said to them, *"Go into all the world and preach the gospel to all creation.* Mark 16:15 is the great commission to perform and manifest in life. The mission of the church is to proclaims the Gospel as good news about life as presented by Jesus Christ through his life, dead, and resurrection.

Secondly, it has implication in the pastoral ministry. The preventive aspect of the pastoral ministry is building awareness and commitment to church members, even society, to maintain life as God's grace. The healing aspect is on renewing life and re-creating hope continuously for those who live with HIV.

Living with HIV is a new phase of life that requires pastoral counseling. It demands dialogue of life for creating spirit of life in a person facing crisis situation.

Thirdly, the theology of life has diaconal implication. Concretely, this type of diaconal mission is holistic and includes unconditional love, medical treatment, shelter, sufficient food, harmonious social relationship free from stigma, shame, denial, discrimination, shame, and any forms of marginalization brought about by inaction and mis-action.

The church is called to embrace people living with HIV as an integral part of God's mission and the mission of our Lord Jesus Christ who came that we may have life in all its fullness. This positive attitude when translated into praxis of church ministry will bring new life and new hope for all humankind.

5

UNCLEAN AND COMPASSIONATE HAND OF GOD

Wati Longchar*

HIV: Today's Ministerial and Theological Challenges

Recently, I was involved in an HIV awareness programme among theological teachers. To assess their level of awareness, perceptions and attitudes, a few questions were asked to them. Three responses were quit shocking. In response to whether an HIV positive church member should be allowed to participate in the Holy Communion, one answer was "It depends how the person got infected." I asked why? He kept quite but the silence was the answer – if the person got infected through a sexual act, that person should not be given holy communion. Another question was "Would you recommend to a local congregation that they appoint someone HIV – positive (who in doing very well in studies) as their pastor? The answer was "no." I asked why? He replied, "The person is going to die soon." Another replied, "As long as HIV is associated with immoral activities, I will not recommend."

I did not expect such answers from theological teachers who are going to teach a course on "Towards Inclusive Communities: People Living with HIV." I thought to myself, are they (our theological teachers and church leaders) behaving like Pharisees at the time of Jesus? The questions and answers say a lot about

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how we perceive those affected HIV, with judgmental and negative attitudes. Thus, HIV is still a serious ministerial and theological challenge.

Theology does not spread the HIV, but it does spread negative and judgmental attitude among people. Our narrow theological formations lead people to believe that HIV is result of immoral and sinful activities, and therefore, is sin, unclean, a punishment from God. Negative attitudes stigmatize, exclude and discriminate people with HIV, and create feelings of guilt among many people. This is as serious as the HIV itself, or even more so. This causes people to remain silent. People do not want to disclose their status due to fear of discrimination. It perpetuates an attitude that the disease exists only among drug users, sex workers, and people of different sexual orientation.

Moreover, we also have the wrong notion that people living with HIV will die soon. They have no hope and no future. Nobody knows whether the years of our life will be long or short. What is important is that we make each day count. Some people may live more than 90 years, full of complaints and grumbles, with life as a burden. What is important in life is not the years of person's life but the way we experience life, in its joys and sorrows, and in how we share our life with others meaningfully.[1]

The above answers also reflect a narrow Christian understanding of human sexuality. Sex is still seen as a taboo and sinful. Except for moral values, Christian ministers should not speak of family planning.

For about three decades now, the churches and faith communities have slowly gotten involved in prevention and care programs for people who have been effected and affected by HIV. The disease has involved stigma, repression, ostracism and discrimination. To a large extend injustice toward those who are living with HIV has been fuelled by ignorance, fear and judgmental attitudes. We hear stories about people who have been denied, or denied themselves, access to treatment and support, due to fear of others knowing their status. Ignorance, silence and intolerance have, in some cases, made it almost impossible to carry out prevention and educational campaign.

HIV is not just a medical issue, but rather, it pervades all spheres of our lives – social, economic, political and cultural. It touches the precious gift of God – life in its fullness. As such, HIV is a spiritual and theological issue. The church cannot remain a silent spectator. Our faith formation needs to be re-formulated to create a positive attitude and an inclusive community of and for all.

We need to ask ourselves: What is the role of theology? What makes HIV an ethical and theological issue? Why is it a missiology imperative? Where is God to be found in the context of HIV?

God without a Compassion Hand

Theology is God-talk, discourse on God. Our theological discourse is shaped by our culture and metaphors constructed in a given context. Hebrew and Greek thought provided foundations and philosophical resources for constructing Christian theology. Influenced by patriarchal culture, life is perceived in hierarchical-dualistic ways. God is also perceived hierarchically and dualistically, as is the God-world-human relationship. Other dualisms include abled–disabled, holy–unholy, soul-body, permanent – temporal, man-woman, human-nonhuman, sprit-matter, living-nonliving beings etc. In this view of life the latter is always see as inferior and associated with evil and damnation. The former has the ultimate right over the later. This perception of life has a wide range of implications for people living with HIV and disabilities.

Influenced by this view of life, we construct a God who is impassable- beyond change. God is incomprehensible being, omnipotent, omniscient, or omnipresent. This all powerful, all-knowing God is present everywhere, the holy of holies, about all. Gnostics believed that such a God cannot be related to the material world. The visible world cannot be the creation of the Holy Almighty God. God is pure transcendental and spiritual being. The world is created out of matter, it is an evil work destined to destruction. The holy God does not come into the contact with the sinful material world, but is separated from it.

Within this framework, images of God are constructed, such as Ruler, Lord, King, Almighty, Father, Master and Warrior. These

are all military and imperial images of God. Though God is merciful, loving, comforter, sufferer, compassionate and liberator, we tend to over-emphasize triumphalistic images of God. K.C. Abraham says that "all these images are constructs of abled people for the abled people."[2] These images have made Christianity a religion of, and for rulers, the elite and upper class. The theological concepts or images of God we uphold today are in deep crisis because they are not capable of liberating poor and marginalized people, such as those with disabilities and those living with HIV. This consciously or unconsciously promotes the following views of Christian life:

(a) Prosperity, good health, success are seen as blessings from God to be celebrated. Physical disabilities, sickness like HIV, and poverty and failure in life are seen as punishment and curses from God. Any theology that measures life only in terms of blessings, perfection and success can be called prosperity theology. This is not the teaching of the Bible, but is a domestication of God.

(b) We tend to promote the transcendental, holy nature of God who does not come in contact with the evil world. God accepts only the perfect, unblemished ones. People living with leprosy or persons with disabilities are distorted images of God, imperfect, unclean, unholy and sinners, who therefore should not be allowed to the temple service. In the name of maintaining holiness and sacredness we exclude, discriminate and deny opportunity to persons with disabilities, women and persons infected by disease like leprosy. Such practices are sin.

Today the same attitude is maintained toward persons living with HIV. We suspect that this kind of Christian teaching is the construct of abled-bodied rich and powerful people to protect their privilege and position. God's name is used to exploit people who are vulnerable. Many people with HIV and disabilities have been excluded from ordination and Christian ministry, or even denied admission to theological studies. Narrow interpretation of the "holiness of God" continues to exclude people living with HIV and people with disabilities from living healthy and respectful lives.

(c) God is conceived as an all powerful super-magician, everything is possible, if we have faith in God. God has the power to heal even terminal diseases like cancer and to raise people from death. Yes, God is all powerful and there is nothing impossible for God. But the danger is that those who are not healed are considered faithless, and branded as sinners. We often think that persons with disabilities are sick; we want to heal them of their disabilities. But did Jesus heal all the sick people in the ministry? Did he raise all the dead during his ministry? Suffering and death is the part of God's creation. No human person can escape from death and suffering. Even the innocent suffer, for example, Job. Such super-magician constructs of God bring more pain, anxiety and psychological crises to people living with HIV and to people who go through pain and suffering in life. People die and suffer not because of sin, or as punishment from God as if this were God's will. If we narrowly interpret healing-faith in terms of miraculous cures alone, then we are mis-reading the biblical teaching. Such interpretations reinforce the denial and stigmatization of people living with HIV and disabilities.

(d) Such concepts of God contribute to negligence and undermining of the present world. If the world is coming to an end, all material life will be destroyed, and only the souls will be saved to live eternally in heaven. People then think that the world is not their home, but that they are only those passing through it. If this world is not our home, why should we take care of it?

(e) This view of God and reality looks down on the body. This soul of human beings is more important than body, which does not matter. The soul is the highest aspect of a human person, which finds its true destiny by escaping from this perishable body and world. So, why should we care for the body if it is temporal and perishable? Why should we care for people with disabilities or those living with HIV?

Such constructs of God contradict the true message of the Scripture. The Bible affirms that God became flesh, became Immanuel. Jesus is the incarnation of God and gave his life for

downtrodden people who had been excluded and stigmatized in society.

God is not remote. Indigenous people believe in a God who "comes out from the soil," but not a god who comes from above. For example, the Aos of Nagaland call their Supreme Being, Lijaba. Li means "soil," jaba means "real," or alternatively, Lizaba meaning "soil" and "enter." This means that God is "the real soil" or the one who enters the soil and comes out along with the vegetations. They see the face of God in every iota of creation. God is revealed as Creator who gives life to all vegetation and lives.

Genesis accounts speak of God as creator. God saw all that God had created was "good," and desired to share divine holiness with all of creation, both living and non-living beings. God protects and sustain all life, and desires to communicate and dialogue with people. God personally entered our history, taking the side of the Israelites when they were under the bondage of the Egyptians. The living God listens to this people and acts (Is. 40:28) Thus, the God whom we encounter in the Bible is a God who said to Moses "I have indeed seen the misery of my people. I have heard them crying for help…I am aware of their suffering. And I have come down to rescue them" (Ex.3:7-10). God is a God of action, an exodus God and a liberating God.

We need to remove consciously away from the hierarchical-dualistic and success/beauty-oriented construct of theology. We need to redefine our theology in the context of HIV and disabilities and with other marginalized communities. We should seek theological metaphors that counter and de-legitimize male rulers and oppressors. A God without a compassionate hand is not the God of the Bible. Any language of God that fails to answer the cry of the marginalized people such as wounded women, tribals, Dalits, persons living with HIV, and persons with disabilities is not holistic. God-talk should be free from the institutionalized-patriarchal-hierarchical-dualistic views of life, and instead be a living reality for people. We need a new theological paradigm in which God is perceived as a fellow sufferer, companion, great comforter, as a divine power that is not dominating or controlling. Rather than a dialectical power in weakness, this is a liberating

and transforming power that is effective in compassionate love, care and service.[3] This nature and power of God is powerfully revealed in the life and ministry of Jesus Christ.

The Human Body and Sexuality

God is the creator and source of life. God's gift of life includes the gift of sex and sexuality. Sex is not only for procreation but also to celebrate the mutually affirm God's gift of the human body, with respect and responsibility. We have inherited a negative theology of human sexuality; it is perceived as sinful and shameful. Early Christian teachers, such as Tertullian, publicly put away his wife and stopped having sexual intercourse with her because he claimed that it drove away the Holy Spirit. He even declared that women were "the devil's door; through them the strain creeps into man's heart and minds."[4] Augustine also held that the sin of Adam was passed on to later generation through concupiscence in the sexual union of man and woman.[5] The Reformers held deliberate discharge of semen to be a crime: Onan deserved to die (Gen.38:8-10) taught Calvin, for the crime of unproductive discharge of semen. Deliberate spilling of semen outside of intercourse between a man and a woman was considered a crime worthy of death.[6] This doctrine has perpetuated guilt in many people who masturbate. This negative view of sex and sexuality has led to seeing sexuality as dirty and sexual desires as evil. This is also one of the reasons why the church has opposed the use of condoms. Those who propagate the use of condoms are criticized by religious leaders who say this glorifies rather than sanctifying sex. One of the major hurdles in facing HIV is this theological-moral association of sexual sinfulness with HIV transmission, which has been deeply entrenched in the minds of many believers.

God created human in God's own image. Our bodies, souls and spirits are in God's image. The body is not to be destroyed. Even through a person in efffected by diseases such as HIV, the human body still is the temple of the Holy Spirit. Stigmatizing such persons, rejecting the image of God in them, is a sin against the Creator God, in whose image all human beings are made. To stigmatize them is to deny life in all its fullness to them. This is a sin not only against the neighbor but also against God.

St. Paul speaks of a transformed and glorified body (Phil 3:21). Soma, body is used by Paul to refer to the whole personality. The body cannot be disregarded as unimportant. Human beings are made for union with Christ in this world and still fuller union hereafter. Therefore, the body must not be misused and commercialized; human sexuality cannot be reduced to mere sexual pleasure. For Paul, the body (a) belongs to Christ, it is not ours. We are not free to do what we like with it. (b) It is purchased by the blood of Christ. Christ died in order to give humanity a redeemed soul and a pure body. (c) It is the temple of the Holy Spirit. It is holy, including human sexuality. It must be cared for and protected.

The Compassionate Hand of God

The compassionate touch of God affirms life over rituals and religions. The Bible testified that the compassionate God became human. The incarnation is the outpouring of the faithfulness of Yahweh. In Jesus, "the Word of promise becomes life."[9] We see God visible in Jesus (Heb1:3, John 14:9). In Jesus, God stands by and with those who suffer in order to bring them to dignity, liberation and freedom. Jesus advocated healing and wholeness, not just curing. He attacked the Pharisaic attitude towards people with leprosy, disabilities, the poor and the rejected by inviting them to the Great Banquet. Jesus said,

> When you give a luncheon or a dinner, do not invite your friends or your brothers or your relatives or rich neighbours, in case they might invite you in return, and you would be repaid. But when you become a banquet, invite the poor, the crippled, the lame, the blind. And you will be blessed, because they cannot repay you, for you will be repaid at eh resurrection of righteous. (Luke 14:1 2-14)

The rejected ones are at the centre of God's kingdom. Jesus challenged discriminatory practices and attitudes. This is an action of acceptance, compassion and love. "Jesus intentionally shattered the boundaries instituted by society and fashioned a new understanding of community rooted in the grace of God."[10]

The Compassionate hand of God expressed in love goes beyond religious norms and rituals. The Hebrews connected

certain diseases with sin and uncleanness (e.g., those with leprosy, hemorrhages, and blindness). Suffering and sickness were seen a divine punishment for sin (Job 4:7-9; John 9:2). Persons were seen as sinful even from their mother's womb. Some even taught that children inherit the consequences of the parent's sins (Ex. 20:5; 34:7; Num 14:18).[11] In Jesus' time, people who suffered from disease not only suffered from disease, but also suffered from physical pain, isolation and discrimination, rejection and ostracism, because they were considered impure and ritually unclean[12] Attitudes towards disabled and diseased people were discriminatory. They were looked down upon and not given any place in society, especially in relation to the temple.

It is in this religious and social milieu that the compassionate God is revealed in Jesus as a healer. Many of those who were healed (in the narratives of the gospels) were from the lower rung of society, such as the blind, the lame and lepers. Jesus healed those whom the society considered outcasts. He expressed anger towards the system of purity that excluded people on this basis. Jesus healed them and restored them back to their rightful place in society. Health and wholeness were the motives behind the healing of Jesus.[13] To Jesus, any practices that denies wholeness and well-being of people are demonic and in need of change and transformation.

The compassionate God is revealed in Jesus as companion. One of the constant accusations against Jesus from Jewish leaders was that he ignored the laws of purity by associating with those beyond the boundaries of ritual purity. Jesus stressed the importance of moral purity but not mere ritual cleanness. Segregation of people as clean and unclean on the basis of rank and social standing were not acceptable to Jesus.[14] He enlisted into his company those considered to be lowly, unclean and sinners. Jesus befriended and identifies with them; he chose them to be his disciples. They became the recipients to divine favour and declared "blessed." The neglected ones were given an identity in the company of Jesus, in contrast to the rejection and discrimination they had been experiencing in their everyday life."[15]

This compassionate touch of sinners, of unclean and socially

rejected people, led Jesus to become a fellow sufferer. The cross stands for suffering in its most cruel form. Jesus' identification with the victims of injustices and stigma was the significance of the cross. Having done no wrong, Jesus suffered, identifying with all who suffer ignominy and injustice, rejection and discrimination in their lives. The cross is the symbol of the suffering of the innocent, a symbol of solidarity with all who suffer, especially with the socially ostracized sufferer. This is the essence of the cross.[17]

The healing of lepers (Matt. 8:1; Mark 1:4-45; Luke 5:12-16; 17:11-19) is an extraordinary act of Jesus. Leprosy was considered not only a serious disease, but as unclean, those with leprosy had to be quarantined and live outside of human habitation (Lev 13:46, Num 5:2-3). We can compare people living with HIV with the lepers of Jesus' time. Since they are unclean, they are required to shout "Unclean, Unclean, Unclean" when they come near human habitat (Lev. 13:45-46). Anything that comes into contact with the lepers is considered unclean and therefore, had to be burn and discarded (Lev. 13:52-57; 14:40-45). Such disease required cleansing. Until a leper is declared clean by the priest, he/she cannot go back to lead a normal life. Jesus broke the cultural and religious norms of his time when he touched and healed the lepers (Matt. 8:3; Mark 1:41; Luke 5:13). Jesus set love and compassion above any religious norms and rituals that dehumanized certain people. Jesus demonstrated that no disease can be branded as disease of sinners.[18]

Jesus reached out and touched the leper, which was a radical action. Jesus need not have touched him- but he did- to break rituals taboos that kept people apart. Social barriers need to be broken down if true healing is to be take place. Jesus demonstrated to the disciples that they must come out of attitudes that bind and seclude people. He commissioned his disciples to go and do the same. (Matt.10:8).[19] Are we then willing to break the religious taboos and extend a compassionate hand to people living with HIV?

Another powerful example of the compassionate hand of God is in the story of woman with the hemorrhage (Mark 5:25-34,

Matt. 9:20-22; Luke: 8:43-48). The woman was sick twelve long years. Defiling the Jewish norms, she touched Jesus. Those hemorrhaging were considered unclean, to be unclean; to be separated from other people. The Jews considered even normal menstruation to be unclean; even the bed on which a menstruating woman rests and everything on which she sits were considered unclean (Lev.15:26). Anyone touching such things were also considered unclean (Lev. 15:27). The person could be cleaned only when the priest made an offering (Lev. 15:29-30). When the woman touched him, Jesus turned and asked "who touched my clothes?' In front of all his followers, Jesus declared her healed and cleaned. Jesus broke the social stigma. The social stigma associated with her due to her disease was nullified by his declaring, "Go in peace" (Mark 5:34)[20].

Jesus' act of healing the man with a withered hand on the Sabbath (Mark 3:1-12) was another challenge to Jewish leaders. They did not want him to be healed in the synagogue on the Sabbath because observing the Sabbath was more important than saving life. They were afraid that this man would enter the synagogue with this ailment and defile the holy place. Religious rituals, laws and finding fault were more important than saving lives. But for Jesus, life was more important. Against their ritualism, Jesus said, "The Sabbath was made for humankind and not humankind for the Sabbath" (Mark 2:237). Care and healing is more important than religious practices,[21] which Jesus broke.

Thus, the compassionate God revealed in Jesus stood for the cause of people who were sick. He defended them against the prevailing attitude that suffering and physical impairment is due to sin. Instead, Jesus reached out to the sick and touched them to bring them healing. Not only did he heal them of their physical infirmities, but he also restored them to their rightful place in the society. Because of his compassionate love for the disabled and sick, Jesus did not hesitate to break the Sabbath law (Mark 3:1-6). The whole motive behind his healing ministry was not to present himself as a kind of healer or super-magician but to start a movement of hope for the hopeless, a movement from nobody to somebody, from exclusion to inclusion. In encountering Jesus,

the sick and disabled experienced the worth and dignity of life. In the kingdom of God there is nothing unclean that cannot be made clean again.[22]

For Jesus, sin is not connected with infirmity is not sin, but stigmatizing and denying the right to life is sin.[23] Jesus never considered any disease to be beyond his compassion, love and mercy. For him every single person was precious and valuable; they must be cared for and protected.

What would Jesus do for people effected/infected and affected by HIV? Jesus would not take the road of denial, discrimination, ostracism and isolation.[24] He would be there with them to bring healing and hope. Jesus will certainly condemn Pharisaic attitudes. It is not our duty to pass judgment and undermine people, but to accept those living with HIV, ministering to them with compassion, open-hearted acceptance, love and care. Encountering Jesus is not an idea or a set of historical details or doctrine. Rather, to encounter Jesus is to be introduced to a new vision of life, a new understanding of others and ourselves to leads to and encourages new values and attitudes. The Biblical faith affirms compassion for the suffering. This compassion involves both strong feelings for suffering individuals and a determination to help and empower them. In the cross of Jesus, God enters the suffering creation to heal it from within. Jesus showed solidarity and compassion.[25]

The church is called to ask what it means, in our time, to be inclusive community that Jesus proclaimed. As a community of disciples of Jesus Christ, the church should be a sanctuary, a safe place, a refuge, a shelter for the prevention of stigmatized and excluded. The church is thus called to work towards both the prevention of stigma and care for people living with HIV. It is a missiological imperative.

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6

THEOLOGY OF SHAME

Simplicio B Dang-awan Jr*

Introduction

A senior Pastor of a big Local Church has observed that every Sunday worshipers prefer to fill-up the last pews in the Church. So every Sunday he would appeal to his people to fill-up the front row pews first, so that the late comers can fill up the back seats. This has been going on Sunday after Sunday, in spite of the help of the ushering ministry.

Then one Sunday, the pastor gave his ultimatum to the members. If in this coming Sunday I still find people crowding at the back seats, I will transfer the pulpit at the back and I will request everybody to execute about face, so that you will be in the front seats. Then he said, why in the world will you prefer to stay at the back when in buses you always want to stay in the front. The pastor later conducted a random survey related to this matter, and majority of the response is "I am ashamed to be in front!" We may call that a "misplaced shame" but it is still a shame at work in a church.

Definition of Shame

Webster defines Shame as "a painful feeling of having done something dishonorable or improper."[1] Jim and Jean Hatton define Shame as "an inner sense of being (completely) forsaken

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or insufficient as a person. It is felt as an innertorment, a sickness of the soul. It is the self judging the self."[2] The Hattons further say that;

> Shame is related to humiliation so painful, an embarrassment so deep, and a sense of being so completely diminished that one feels he/she wants to disappear into a pile of ashes. As a result of this humiliation, the person feels he or she has been robbed of his/her dignity or exposed as basically inadequate, bad, or worthy of rejection. Shame involves the entire self-worth of the individual. A pervasive sense of shame is the ongoing premise that one is fundamentally bad, inadequate, defective, unworthy or not fully valid as a person.[3]

The Beginnings of Shame

Biblical history traces the origin of **Shame** in the garden of Eden. The first couple, Adam and Eve, were at the beginning without shame despite the fact that they were both naked. They were like innocent children enjoying everything God has provided for them.

The Lord God gave them one simple instruction. "You are free to eat from any tree in the garden; but you must not eat from the tree of the knowledge of good and evil, for when you eat of it you will surely die"[4] (Genesis 2:16-17). It was a command from God given to Adam to test his leadership, loyalty and commitment to his Creator. To the couple, it was a test in their exercise of freedom within the context of responsibility.

In Chapter 3 of Genesis, it relates to us that the couple disobeyed God and failed.

> Then the eyes of both of them were opened, and they realized they were naked, so they sewed fig leaves together and made coverings for themselves. (Gen 3:7)[5]

This verse tells us that the couple's innocence has gone, and they were ashamed of their nakedness. That is why they made coverings of themselves out of the leaves of a fig tree. The act of covering themselves was a way to deal with their shame which was actually the beginning of the "denial system" in

human beings. So we meet people everywhere, "smiling in the outside, but hurting in the inside," because they refuse to bring to the open what is hurting them. And when their cover-up is about to be exposed, they would rather kill themselves than live without honor.

The Nurturing of Shame

Jim and Jean Hatton classified functionally three types of Shame:[6]

External or Traumatic Shame - The key word is "trauma". When a person's body, thoughts and feelings or spirit are invaded in ways that the person feels like he is treated like a non-human, or as a thing.

Inherited Generational Shame - This is usually seen when Counselors deal with the shame shared by a family or clan or tribe, hence the "culture of shame." Families or even organizations protect their history with secrets, mysteries and myths. Sometimes their myths are considered sacred so that it is taboo to research on them. The word "generational" may also indicate the concept of "inherited sin" from generation to generation, like the sin of "disobedience" of Adam transmitted to our present generation.

Maintained Shame - This is a by-product of the first two types of shame. It is more focused on the behavior. Why one behaves the way he/she behaved.

Researches in the field of chemical dependency, such as addictions to drugs, tobacco and alcohol are rooted in shame. Even mental addictions such as gambling, sexual or cyber sex are outlets of shame. Sexual promiscuity has become a physical expression of a lingering shame kept intact in the sub-conscious mind and in the guarded feeling or desire of a person for another.

In societies where class status is accepted or perpetuated, those in the lower strata, especially the women and children, are always the recipient of shame. In fact in many societies, women are considered things or as properties of men. Such kind of outlook by men to women fall under what Martin Buber calls "I-it" relationship. The women are the "it" and the macho

men are the "I." The ideal type of relationship Buber said between sexes should be "I- Thou." The women are the "Thou," and the men are the "I," which means we look up to our women with awe and respect.

Shame has its own Context

Shame is one useless emotion that has many "relatives" so to speak. To any human family, like many of the Asian families, use shame as a means of social control in bringing up their children. Shame is a coercive force that comes out in the forms of scolding, embarrassing, insulting and worst whipping naughty children who disobey their parents or do unpleasant acts that would displeased them. Girls in the family who become victims of incest suffer in fear and in shame. In most cases Shame is perpetuated in the home where helpless innocent girls are taken advantage of by fathers, or brothers or relatives-persons fully trusted by their female siblings.

Cases of Sexual Abuse

You can imagine a child who during his/her growing years heard verbal abuses, punished physically, and possibly molested sexually and treated as non-person. Such individual when he/she will become an adult and have his/her own family, will also treat his children like the way his/her parents raised him/her. This is called "transference" in clinical pastoral counseling. She will suffer in silence to save the family's honor, but probably behave as an introvert due to the traumatic child experience. This cycle of behavior is transmitted from one generation to another, the so called generational shame. This will go on and on, if no clinical intervention is done to stop it.

To illustrate our point, here is a story of how an incestuous relationship has damaged the promising future of a young beautiful girl.

> *Annie (not her real name) was a pretty 18 year old young lady when her father took advantage of her. After the first incident, she was warned to keep the matter top secret or she will be killed with her mother. The molestation was repeated several times until it became an incestuous*

relationship.

The mother eventually came to know about the relationship between her husband and daughter. She drove the daughter out from the house and filled a divorce case against the husband. Annie was 18 years old at that time. At 25 she got married to a retired Marine soldier. At 35 her husband committed suicide by shooting himself. At 40 she had a heart stroke and was brought to a hospital for medical attention.

The Chaplain assigned to the Ward of the Hospital was requested by the Ward Head Nurse to visit patient Annie in Room no 4. The Nurse informed the Chaplain that Annie was not talking to anybody and she refused to take her medicines. She further said, "she looks very lonely and depressed. You might be able to engage her in a talk."

The Chaplain visited Annie, and indeed she does not want to talk with him. It took the Chaplain five times visit before Annie eventually said these words; "Do you think God can still forgive me?" Such query was a breakthrough into Annie's top secret past life. The Chaplain encouraged her to share to him why she asked that question. The facts stated above about Annie's past life was obtained in an hour dialogue with the Chaplain.

As a result, Annie's query was answered positive that God is merciful and kind who forgives sins and can cleanse them as white as snow (Isaiah 1:18). After a therapeutic dialogue and biblical clinical counseling, Annie was asked if she wanted her sins forgiven by God. She answered positive.

Right then and there, they prayed together invoking God's mercy, kindness and forgiveness. Annie was crying her heart out as tears flowed freely on her face. Then the Chaplain pronounced the Trinitarian formula about God to absolve Annie of all her sins.

When she was asked by the Chaplain, how she felt after the prayer, she said, "For the first time in life, 40 years of life, I felt my heavy burdens were lifted up, thank you Chaplain for your persistency in wanting to talk with me. I thought God is punishing me for all my sins." The Chaplain said, Yes God is merciful to all who sincerely

seek his forgiveness and love. He assured Annie for his continuous visit until she will be discharged.

How many people around the world who are suffering in silence like Annie because of a shameful act done to them? How many fathers and men who destroys the bright future of women because they take advantage of them? What can we do as a Community of faith to help both men and women become aware of their respective responsibilities in creating a loving, trusting and caring human relationships at home, Church and society?

In the book of Wayne W Dyer, *Your Erroneous Zones*,[7] it says that what we are today is the product of our upbringing. The contexts of our upbringing include family influences, church teachings or what we call faith heritage, mass media or our environment. Psychology tells us that whatever we learned in the first seven years of our life became the basic foundation of our adult life. This is affirmed by the Proverb which says, "Train up a child in the way he should go so that when he grows old he will not depart from it." (Proverbs 22):

In the book cited above, Dyer says that we can break from whatever wrong we internalized as a result of the erroneous influences taught to us or imposed upon us. This include traumatic experiences. He said:

> Only a ghost wallows around in his past, explaining himself with self-descriptors based on a life lived through. You are what you choose today, not what you have chosen before.[8]

In his Chapter 4, he went on to list at least ten erroneous concepts or myths which we can change so that we may be able to live an authentic life the way God wants us to live in a "shalom" kind of life.

The Theology of Healing Re Shame

Biblical teaching reminds us that the above cited "I-It" relationship has been changed by our Lord Jesus when He elevated the status of women by giving attention to them and by restoring their human dignity from the shame they have suffered for so long. Among the many examples in the Bible

we can state two of them:

One, is the woman caught in adultery. Jesus reprimanded the men who caught her (or used her like a thing) by writing their own sins (and maybe to include their judgmental attitude to women) on the sand, which embarrassed them. When they left, Jesus told the woman, "… go and sin no more!" (John 8:11).

Two**,** is the meeting of Jesus with a Samaritan woman. Jesus broke the myth of "women not talking to men, especially a Samaritan woman to a Jew." In the dialogue of Jesus with the woman of Samaria, he saved her from her shame and became a new person. The healing here means salvation. In fact she became a lay evangelist by simply telling her fellow Samaritans about Jesus who knew everything about her. He changed her life from the life of adultery (old life) to a life in God (new Life) (John 4:7-38). She regained the purpose of God for her life.

The two stories cited above are examples of a holistic healing done by Jesus Himself, the Healer of all times. In the words of St Paul, it was a change from the old sinful self into a new- being in Christ. (2 Corinthians 5:17).

Since the healing ministry of our Lord is now done by the Church today, how can we in terms of action do what our Lord did in his healing ministries as told in the Scriptures? How can we walk our talk of love and concern for the sick and dying? These questions are calling for action, for a faith without deeds is dead (James 2:17).

Clinical Pastoral Counseling Approach

Among all the approaches in the healing of emotionally disturbed persons, such as those sick in mind, body and spirit; the Clinical Pastoral Counseling approach is most relevant and effective. Why? Yes because of the following reasons;

1. It combines theology and other sciences specially Psychology. Theology responds to the spiritual crisis, while Psychology addresses the emotional crisis of the sick person. They complement each other.
2. It uses the "process approach" in which the client/counselee

is led to explore his/her inner feelings to become aware of the sources of his/her emotional difficulties to expose them to the open for cleansing.

3, The process approach makes the client/Counselee the focus of concern, not the Counselor. The Counselee is motivated to speak out all his/her "heavy burdens" while the Counselor uses his/her "3rd ear" to listen to the Counselee.

4. Process counseling is not a one-shot deal. It is a continuing show of care and concern within the context of what is called "after-care" until the target person has fully recovered from his/her shame issue. Normally one hour per session is ideal. The series of sessions are scheduled with the agreement of both Counselor and Counselee. The scheduling of the series of sessions should consider the space interval to give time for counselee to internalize the lessons that he/she might have learned during the past sessions.

5. The Clinical Pastoral counseling acknowledges the fact that without the help of God, efforts of human beings, in spite of their skills, will fail. That is why Prayer is an imperative, but it should be done after the Counselor have heard all the pains and the hurts of the sick person. That way the prayer items are specific and will include God's cleansing and healing of the entire person to include his family.

Conclusion:

The bottom line of our theologizing in terms of addressing human sickness and diseases is this: That it is God's purpose in coming to planet earth through our Lord Jesus is to "give us abundant life." (John 10:10). On the other hand**,** every human being is in need of that kind of life. That is why when humans suffer, in spite their strong denial system, deep in their hearts they want to be loved by God through His channels of mercy and grace.

A video on alcohol abuse shows the drunkard who at 4 AM called his immediate superior who was still sleeping soundly. Awaken by the ring of his telephone he answered

the call. It was his Assistant at their advertising office. He was at a drinking bar deadly drunk. While they were talking a clear and audible voice is heard saying, "Steve, the Alcoholic, is crying for help but expressed in anger to his Superior because of self-hate. He hates himself for not being able to stay away from alcohol which is causing his anxiety, guilt, shame and anger every time he gets drunk. His self-hate was dumped to his Senior which the Senior did not understand.

The voice says, "If only his senior officer understood that Steve was crying for help, he could have gotten out of his way to bring him to a treatment program so that Steve will have the chance to recover and again become an asset to his family, company and society.

If only all of us also can understand the pains, hurts and issues of people with HIV, and those suffering from different types of addictions, probably we can be more humane and generous to the less fortunate persons than us.

Edmund Burke, an English Parliamentarian once said; "The triumph of evil is for good men to do nothing!" Jesus also said; "If you have done to the least of my brothers/(sisters) you did it unto me." (Matthew 25:40).To all good people the ball is in your hands!

END NOTES

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2 Jim and Jean Hatton, "Recovery From Shame" A Lecture Material downloaded from the Internet on 18 July 2013.
3 Hattons, Ibid.
4 *The Thompson Chain-Reference Bible* (NIV), 1983.
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7

SHAME, STIGMA, PREJUDICE, EXCLUSION AND THE QUEST FOR SHALOM: A THEOLOGY OF GRACE

José Andrés Sotto*

A Truth Worth Retelling

Every human being is created in the image of God. This is an affirmation that binds most, if not all, statements of faith ever crafted by Christian communities. The declaration holds unequivocally that innate in every person is a worth that cannot, and should not, be reduced by any human standards, practices, policies, or rituals. Quite the contrary, the entire human community is expected to uphold, respect, embrace and—if need be—defend the built-in dignity, the intrinsic beauty, and the inner strengths that God has endowed every individual.

The psalmist could not have been more articulate:

> "For it was you who formed my inward parts;
> you knit me together in my mother's womb.
> I praise you, for I am fearfully and wonderfully made.
> Wonderful are your works, and I know very well.
> My frame was not hidden from you,
> when I was being made in secret,
> intricately woven in the depths of the earth."
> Ps. 139:13-15, NRSV

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The psalmist is singing his praise to God, not only for his exquisite creation that is the human being; he is also extoling God for making humankind the centrepiece of his holy act of creation.

The Imperative of Shalom

Being created in the image of God serves as the very foundation for the quality of relationships that God intends us to establish in this life.The Holy Bible is very clear about God's purpose for his creation—for all persons to be rightly connected to him, as the supreme ruler of the universe, to each other, as well as to the entirety of his creation. Therefore, we find real fulfilment in this life when we are meaningfully connected to God, to each other, and to the entire environment. This is the essence of the Biblical vision of shalom. It is a glorious picture of joy, wholenesss, kindness, peace, justice, and mutual edification.

What makes the existence of shalom even more imperative is the fact that diversity characterizes God's creation. Diversity in creation and in humankind is a gift from God. Yet, it is not always seen, let alone appreciated, in that light.

It is trite of theology, psychology, and human law that diversity offers a full spectrum of challenges. The Holy Bible is replete with stories of clashes and wars between and among human beings. Halls of justice around the world are clogged up with cases of humans against humans in their quest for resolutions to their conflicts. The fields of social science are busy looking for solutions—i.e., treatments—to problems borne out of human diversity.

A corollary to diversity is conflict. The mere fact that human beings vary in their temperaments, world views, traits, and coping mechanisms, conflict is bound to exist in various situations. But conflict can be constructive. In fact, conflict is necessary for someone to open up to new experiences. New experiences can lead to growth. Growth can lead to the mutual strengthening of relationships. Strengthened relationships reinforce the beauty of our connectedness to God and to each other.

The Emergence of Shame, Stigma, Prejudice and Exclusion

A menacing shadow of diversity is its potential for destructive conflict. While conflict provides an opportunity to know more about other people and to grow from that knowledge, unfortunately it can also wound, hurt, and divide. People in destructive conflict are bound to try to diminish each other's worth. They are a threat to the very essence of shalom. Even worse, people in destructive conflict seldom recognize the extent of the social, emotional and spiritual devastation that they are in. God, speaking through the prophet Amos, bewails this condition:

"Hear this, you that trample on the needy, and bring to ruin the poor of the land, saying,

> 'When will the new moon be over
> so that we may sell grain;
> and the sabbath,
> so that we may offer wheat for sale?
> We will make the ephah small
> and the shekel great,
> and practice deceipt with false balances,
> buying the poor for silver
> and the needy for a pair of sandals, and
> selling the sweepings of the wheat.'

The scenario is not pretty at all. The people of God have turned their back from the very essence of their creation. They have become a brood of cheaters. They have become hypocrites immersed in corruption. Kindness has turned into arrogance. Mercy has given way to hatred. Judgmentalism has replaced forgiveness. Acceptance has turned into rejection. Inclusivity has given way to exclusivity. And all these have become the new normal.

In other words, the people of God have been making a travesty of God's creation. They have been mocking the sacred!

The prophets of the Old Testament have spoken harshly against injustices committed against those on the poor, the widows, the strangers, and anybody else who found themselves

on the margins of society. Throughout his earthly ministry, Jesus welcomed and even fellowshipped with the outcasts of church and society—the tax collectors, the poor, as well as women in illicit relationships. These were people whom society had conveniently shamed, stigmatized, discriminated against, and excluded from human contact. These were individuals whom organized religion at the time had deemed to be competent as spokespersons for God and, therefore, had the authority to judge who were unclean and, therefore, were unworthy of being connected to God and to the rest of creation.

But Jesus embraced the "unclean" and restored to them the joy of human contact. Jesus healed the lepers and raised the dead, thereby restoring them into full fellowship with God's community.

Shame, Stigma, Prejudice and Exclusion in Asia

Around Asia live individuals and communities that have, for centuries, been at the receiving end of cruel injustice. Subjugated by the dominant cultures in their own societies, these persons go through the vicious cycles of poverty, ill-health, ignorance, unemployment and underemployment, and low self-esteem. From the Dalits of India to the Kurds of Iraq, from the Muslims in the Philippines to the Tamils of Sri Lanka, there is marked vulnerability to low quality of life among these populations.

Centuries of colonization in Asia have also resulted in the emergence of the social elite. Controlling government and other social institutions, these elites dictate standards of perfection and rules of conduct. They decide who gets to access the best in education, health services, and social amenities. They rule on who is in and who is out. And in most cases, their rulings benefit them first, if not exclusively.

Shame, stigma, prejudice and exclusion are means of social control, particularly in Asia where divisions among people continue to be a way of life. Cultural patterns and religious tenets, in general, continue to discriminate against women, children, those with disabilities, the poor and those whose lives

are deemed "totally unacceptable" such as homosexuals, bisexuals, and the transgendered. Violence against these groups are an ordinary occurrence—and widely accepted—in many Asian societies.

Add a much misunderstood health condition, such as HIV or AIDS, to their already stigmatized condition and the gap of exclusion widens beyond measure. Add the use of social and medical services by these human sectors, and the condemnation deepens. Add a much misunderstood human relationship, such as same-sex partnership, and violence escalates.

In any shape or form, violence, hatred, exclusion, alienation, distrust, and abuse are contrary to God's will. They violate the essence of God's shalom.

God of New Beginnings

The Biblical concept of justice (*sedeqah*) and the teachings of Jesus point to the restoration of right relationships between God and people, as well as between people and each other, as a prerequisite to the re-emergence of shalom. The prophet Micah passionately reminds us:

> "He has told you, O mortal, what is good;
> and what does the Lord require of you
> but to do justice,
> and to love kindness,
> and to walk humbly with your God?"
> — Micah 6:8, NRSV

The Biblical command is for us to undergo transformation if we are to redeem the vision of shalom. But transformation is a radical process. It encompasses all aspects of one's being—cognitive, affective, behavioral and spiritual. It calls for a profound change in our attitudes toward others (particularly those who until now we find unacceptable), a drastic determination to embrace new understanding, a sweeping commitment to the process of correcting injustice, and a far-reaching charge to the change process, painful and tedious as it may seem.

The presence of persons with conditions that appear totally

different from us challenges our understanding, our attitudes, our behaviors, and even our spirituality. It is a situation of conflict. But it is really up to each of us to decide whether to the conflict will be constructive or destructive. Our response to their presence in our midst will determine –

whether it will be constructive or destructive,
whether it will lead us to justice or to oppression,
whether it will bring us a deeper sense of meaning or drive us to despair,
and whether it will help us rediscover the grand Biblical vision of shalom or lead us to wider and more painful human separation.

Jesus said, "I came that they may have life, and have it abundantly." (John 10:10b, NRSV). Abundance in the Asian context means freedom from oppression, discrimination, and exclusion. Abundance in the context of people living with HIV and AIDS means freedom from shame, stigma and prejudice.

Although human society has strayed very far from the Biblical vision of shalom, we are not so hopeless that we are beyond redemption. We still can say a resounding "YES" to Jesus' unbending belief in our (human) potential:

> "You are the light of the world. A city built on a hill cannot be hid. No one after lighting a lamp puts it under the bushel basket, but on the lampstand, and it gives light to all in the house. In the same way, let your light shine before others, so that they may see your good works and give glory to your Father in heaven." (Matt. 5:14-16)

The God we worship is in the business of creating New Beginnings for his people.

> "I am about to do a new thing: now it springs forth, do you not perceive it?
> I will make a way in the wilderness and rivers in the desert."
> (Is. 43:19, NRSV)

In the midst of our depravity in which we have conditioned ourselves to treating shame, stigma, prejudice and exclusion as acceptable norms of human conduct, and at the same time

convincing ourselves that it is but normal and moral to exhibit those attitudes under the canopy of God's outstretched arms, God calls us again to reclaim our identity as the very people whom he has created in his own image and to whom he bequeaths shalom. His shalom.

We call that *grace*. And he wants us to be his agents of that grace.

8

HIV AND AIDS: TOWARDS AN ETHIC OF 'JUST CARE'

Metropolitan Geevarghese Mor Coorilos*

Introduction

One of the most critical concerns that contemporary ethical reflections have to address is the whole question concerning the (in)adequacy of classical modes of doing ethics, especially their insufficiency in dealing with certain moral issues that we encounter in a 'late-modern' or a postmodern context. HIV and AIDS is one such area where the scantiness of traditional models of ethical reflections is noticeably felt. Morality is not simply a matter of private emotions and feelings. Neither is the scope of ethics confined to matters pertaining to personal and individual choices. Rather, it is about local communities making moral discernments and decisions. HIV and AIDS, in a sense, presents us with a challenging issue that makes demands on moral communities such as churches, to look at moral concerns from an integral perspective, synthesizing the personal and the societal, the transcendent and the mundane, and the pastoral and the prophetic dimensions in our discourse on moral issues.

The Locus

In its third decade, the pandemic of HIV and AIDS is expanding at an alarming pace. It was first discovered in the industrialized

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North in the 1980s. The centre of gravity has since moved to Africa. And now it is being shifted to Asia. It is estimated that each new day records some 6800 new infections, out of which 1700 are babies, born with HIV.

The HIV and AIDS scenario in country like India calls for real concern and some urgent response. According to official estimates[2], there are about 3.97 million people living with HIV in India today. India has the second largest population living with HIV after South Africa, where almost a generation of its people has been wiped out by the menace of AIDS. The UNAIDS report on India is deeply distressing. Out of the 3.97 million people afflicted by AIDS, 3.8 million are adults (15-45 years of age), 3 million are women and 170,000, children. Even more compelling is the fact that it is no longer confined to the 'high risk' groups. Even farmers and skilled workers, especially their womenfolk, appear to be exposed to the risk. Research in this area has, thus, proved to be helpful in exposing some of the conventional myths about the disease, those myths that would associate HIV exclusively with sexual minorities such as homosexuals and sex workers. Such shallow prognosis and moralistic suppositions tend to ignore the larger structural and cultural dimensions of the issue.

In Third World contexts such as Asia, HIV and AIDS is essentially a justice issue. As we shall see in the following sections, the epidemic of HIV and AIDS is actually fuelled by certain structures of oppression and injustice. What follows, therefore, is an endeavor to reflect on the issue of HIV and AIDS from a justice-oriented ethical perspective.

HIV and AIDS: Social Justice Perspectives

The HIV and AIDS touch on many social-political justice concerns. Of them, perhaps, the most significant issue is that of social discrimination. The World Health Organization (WHO) warns us of three epidemics vis-à-vis HIV and AIDS:

(i) The silent pandemic of HIV

(ii) The clinical concerns of disease

(iii) The widespread frantic reaction to HIV and those affected by it. People Living with HIV[3]

Due to the rampant hysteria about HIV and AIDS, people affected by HIV and related illnesses have been experiencing systematic alienation. Denial of fundamental rights such as housing, healing care, education, employment, insurance, and the right to live is a subtle form of social discrimination. Here is a concrete story narrated by Bhagat Chandrashekhar:

> Some six months ago, Bensy (8 years old) her brother, Benson (6 years old) have been barred from attending tzheir school in Kerala. The reason? Both of them have tested HIV positive. This is in a State, which takes pride in its advance in health standards and its envious achievement of 100 percent literacy rate. But look at its rather pathetic 'mental health', which is so manifestly embodied in this prejudiced attitude towards those affected by HIV and AIDS! Bensy and Benson inherited HIV from their parents who died recently from HIV and HIV related illness. Parents of the other students threatened to withdraw their children from the school if Bensy and Benson were allowed to continue their studies there. Despite the intervention of the Chief Minister of the State and other civil society initiatives, the entire village demonstrated an unprecedented kind of solidarity in isolating these innocent children.[4]

Bensy and Benson today represent the 'new Dalits', the new 'untouchables' in South Asia. The experience of seclusion came to them at once. And the attitude of bigotry is all too apparent. There is no dearth of such moving stories about HIV afflicted people being stigmatized and ill-treated. As person living with HIV puts it across poignantly:

> You tell somebody that you have AIDS, and they reject you. Rejection is like taking a suicide pill, not totally dead, but cut you off or limit you. It's something you have to deal with besides everything else. It suppress(es) the mind, (and) the body.[5]

People living with HIV, thus, undergo, what one could call, a Kafkan metamorphosis. As we read in Kafka's metamorphosis', Gregor Samsa, the central character of the story, in a dream, finds himself transformed into an insect. His entire life changes from that moment of realization. He ceases to be a human being, 'He' becomes an 'it' – a 'thing'. His own kith and kin deserted him. He

finds himself in exile, a stranger in his own home. The predicament and plight that people living with HIV face today is not dissimilar to the one encountered by Gregor Samsa. For mainstream society, people living with HIV constitute a community of 'its', untouchables and outcasts. Discrimination of people living with HIV is, thus, a new incarnation of racism and casteism. It may be recalled that when the epidemic was first discovered. Britain blamed African students for its spread. The US, on its part, attributed it to Haitians, and the French right wing turned to the Arab immigrant population, in their search for the genesis of HIV and AIDS. There has, thus, been an obvious racist agenda in the global approaches to the threat of the virus and the disease. In South Asia, untouchability has been conventionally practiced on the basis of one's caste background. The HIV and AIDS-driven untouchability, while transcending the caste factor, nevertheless, reinforces castesim, making people living with HIV of Dalit locale, especially their womenfolk, even more vulnerable than they usually are. This is because they are now deemed doubly polluting, on account of their caste identity and also due to their medical identity vis-à-vis AIDS.

'Stigmatization[6]' of people living HIV and AIDS adds to this feeling of susceptibility. In this sense, HIV is comparable to leprosy. As the WCC Study document entitled Facing AIDS[7] enlightens us, discrimination makes not only the discriminated against the vulnerable, but also those who discriminate against, to the spread of HIV. What is important for us to note here is that in the acts of discrimination against people living with HIV and AIDS, all ethical principles are dishonored[8]. Every ethical principle entails that no one be discriminated against on account of his/her class, caste, race, creed, gender, or medical condition. The principles of beneficence and non-maleficence, two of the most important sets of guidelines applied in medical ethics, are in clear violation here because it causes enormous amount of harm not just to those who are discriminated against, but, eventually even to those who practice discrimination as well. Social justice requires that people be treated equally and with dignity so that none is denied of care and attention when they are sought. In the case of HIV and AIDS,

especially in the specific context of the experience of intolerance, the principle of social justice in ethical reasoning is of utmost significance.

HIV and AIDS: Economic Justice Perspectives

In an age of economic and culture globalization, where globalization itself acts as a channel that aids the spread of HIV, an economic justice perspective is indispensable in any ethical discourse on HIV and AIDS. Although no one is completely immune from the disease, it is the economically poorer sections of society who are at risk. Poverty is both a cause and a consequence of HIV and AIDS. Cristina Gutierrez drives this point home. To quote:

> Social injustice and the legalized inequality that produces poverty are basic factors in the risk of HIV infection. [9]

HIV and AIDS feeds on structural problems like poverty. As such, HIV and AIDS can be seen as a product of social and economic injustice: of poverty, of unemployment, of marginalization, and of disempowerment[10]. Researches estimate that nine out of ten people living with HIV and AIDS live in areas that are haunted by problems such as poverty, subordination and discrimination of women and sexual minorities, racism, lack of political will, and huge international debt crisis[11]. All this contributes to an environment that intensifies vulnerability of human communities to HIV and AIDS. Generally speaking, all households that are affected by HIV are prone to experience penury and other forms of misery as a consequence of productive member of a household are immense. Besides the instantaneous loss of financial income, the long-term impact on women, children, and the elderly is beyond imagination. HIV empties nations of their youth. According to official figures, the worst affected by HIV are adults between 20 to 49 years old. This can be particularly damaging for the Third World countries where survival and sustainability of industries and labor depend heavily on the availability of industries and labours depend heavily on the availability of young work force. People who bear the real brunt would be those from the economically and educationally backward

sections as they are the least equipped to cope with the tragedy when it strikes.

One of the most exposed sections of any society to HIV and AIDS is the migrant community that would include lorry drivers, commercial sex workers, fisher-folk, sailors, the military, and the commercial blood donors. Almost all of these people come from economically lower rungs of society. With the fast liberalization and privatization of the trade and industrial sector, Asia has now developed a massive migrant population. The capitalist trade policies that are in place now make the movement of workers across borders much easier. This also enhances the prospects of transmission of HIV.

Another facet of globalization that is strikingly apparent in most Third World countries is an intense spirit of promoting tourism, which also creates an un-satiable demand for flesh trade, itself a major breeding ground for HIV and AIDS. Free movement of work force across national borders has also resulted in an alarming upsurge in sex and drug trafficking.

> Anand, a tourist guide by profession, hails from Trivandrum, Kerala. He contracted the virus from a European lady who came to Trivandrum as a tourist. She revealed to Anand the truth that she had HIV, but not before she had persuaded Anand to have sex with her. By then, it was all too late. She was suffering from "Anto Delusion Disorder", a kind of mindset where she would want to deliberately pass on the illness to others.[12]

There is a clear divide between the rich nations and the poorer nations when it comes to the questions of research in HIV and access to medicines and treatment of people living with HIV. Even within developed nations, the gulf is felt between White communities and people of colour. According to official reports, a US citizen of white racial background, who is diagnosed with HIV is likely to live about 2 years more, whereas a black person from the same country with HIV would only survive for a maximum of 19 weeks.[13] This speaks volumes about racism that is encountered in the world of HIV and AIDS.

The protagonists of economic globalization use, with dexterity,

the mechanism of Intellectual Property Rights (IPRs) as a neo-colonial tool to dominate the global market and thereby extend their hegemonic control over the Third World economies as well. This has detrimental consequences for the poor, especially in the arena of health care.

A recent study by the Operation Research Group (ORG) confirms that not less than 44 percent of drugs marketed in India are under US patents.[14] This is same to other Asian countries. More than 99 percent of drugs marketed in Asia is patented by some MNCs. Nation-states in the Third World (they are in the process of 'withering away', any way, thanks to globalization) find it increasingly difficult to get drugs manufactured in their home countries because of the stringent provisions and conditions in the TRIPs agreement. Due to unfair competition from the monopoly patent holders, indigenous manufacturing firms cannot even endeavor to produce drugs locally. This is even more serious in the case of HIV and AIDS where drugs to fight the disease are far too costly for the poorer nations and people to afford. Life, thus, gets 'commodified'. Almost 95 percent of resources that is going into the area of prevention and cure of HIV, actually goes to the developed world where only about 20 per cent of reported AIDS cases exists. These dimensions of economic injustice and imbalance cannot be overlooked in our ethical reflections on the question of HIV and AIDS.

HIV and AIDS: Gender Justice Perspectives

The problems rose by HIV and AIDS have to be specifically looked from the perspective of women because women form the most vulnerable section of any society-biologically, socially, economically and culturally. There is a clear rise in the proportion of women getting and women who are affected by the disease is 2:1 whereas in the Sub Saharan Africa, women already have an 'edge'.[15]

Women are biologically more vulnerable than men to all sexual transmitted diseases. The chances of them contracting the virus as a result of a single sexual encounter are about three times that of a man.[16] This is mainly because the accumulation of virus or bacteria in male semen is far greater than they are in the vaginal

secretions of women. The vaginal membranes are much more permeable than the surface of the penis. The likelihood of injury is much higher among women as they are susceptible to forced sex, rape, and sexual abuse. Biological vulnerability of women, in many cases, is reinforced by cultural, social and economic factors. As Gillian Paterson warns:

> In the context of AIDS, the subordination of women has become an urgent threat to public health.[17]

The perspective of women needs to be integrated as an integral component of ethical reflections vis-à-vis HIV because socio-economic and cultural powerlessness can actually lead to further victimization of women. In a cultural milieu where women, particularly those from certain castes, tribe and classes in South Asia, have no right over their body and sexuality, this perspective is of crucial import. Rape, sexual abuse, prostitution and devadasi system in South Asian countries are all evil structures that are often forced on women. Economy, religion, ideology and culture play their part in perpetuating such patriarchal structures, which make women even more defenseless. Even when women do not have the disease, they are still forced to bear the brunt of 'care' for their spouse and children. When they are identified as HIV affected, ostracization happens almost instantly.

> Suhira was admitted to hospital due to labor pain. Her blood test showed that she was HIV positive. She got the virus from her husband who worked in the Gulf. This pregnant woman was chased from her hospital bed like a mad dog by the authorities.[18]

There is concerted and deliberate targeting of women, especially commercial sex workers, who are often identified as the principal carriers of HIV. According to Geetha Devi Ayappa:

> Women are considered to be "reservoir" of the disease, as "vectors" of transmission to their children and male sexual partner rather than victims of the disease.[19]

Due to the popular association of HIV and sex, many women are reluctant to go for HIV test. Least they should be branded 'loose women', they are compelled to stay unidentified and 'choose' to suffer silently without any access to care and treatment.

A study undertaken by the Indian Health Organization (HO) amongst sex workers in Mumbai in 1992 came up with some compelling evidences.[20]

(i) 15 percent of them were below 18

(ii) about 15 percent of them had sex through the devadasi system where they had no option

(iii) each woman had at least 4 clients a day, earning about 400 rupees per month

(iv) most of them were ignorant of STDs and contraception

All this suggests that the powerless sections of society such as the poor, the illiterate, sex-workers and '*devadasis*' are more likely to succumb to the threat of HIV. The sweeping phenomenon of globalization actually worsens the problem. Due to the widening gulf between the rich and the poor nations, as a result of growing liberal trade and investment policy, many among the economically weaker sections of society are forced to sell their young women in sex industry. The fear of HIV has now increased the demand for younger and 'safer' women, those who are not infected by HIV. The tragedy is that about 70 percent of these 'safer girls' catch HIV within a year or so after they have been forced to join brothels.[21] Once they are found to be HIV positive, they are treated like animals and end up in streets. The patriarchal bias of 'safe sex', which is often prescribed as a moral solution to the threat of HIV, is exposed here. All of this underlines the importance of approaching the issue of HIV from the perspective of women.

Towards an Ethic of 'Just Care' in the Context of HIV and AIDS

The classical modes of ethical reasoning may not be all that applicable and relevant in a contemporary discourse on HIV and AIDS. Ethics of principles (Deontology), in this case, can lead to some simplistic moralism, prescribing moral medicines for HIV such as insistence on sexual purity (Sexual Puritanism), and condemnation of homosexuality. In this sense, HIV, as Faith Robertson Elliot observes, has become a site for conflicts between the 'old morality' of conventional family life and the 'new morality' of the permissive revolution'.[22] This would call for a thorough

examination of the whole gamut of human sexuality. The scope of this essay will not permit me to enter into that debate. Teleological ethics, on the other hand, can stand in the way of human rights being respected. This is reflected in such approaches as mandatory testing, and compulsory quarantines for HIV affected people. Claims are in conflict here, between the rights of HIV and AIDS affected persons and the rights of a society that seeks to protect its members from the threat of HIV.

The conventional medical ethical principles are also found wanting in dealing with the issues of HIV, as most of them, be it autonomy or beneficence or non-maleficence, turn out to be too individualistic and personalist.[23] As the personal is essentially political, particularly in the case of HIV and AIDS, ethical principles ought to have a social justice component. My submission here is that a 'just care' ethic can synthesize the personal and the corporate, the pastoral and the prophetic in the HIV issue.

An Ethic of 'Just Care'

The philosophical roots of care ethics could be located in Rousseau's teachings on 'compassion'.[24] From this perspective, one will respond to moral concerns by identifying with the people or the issues at the level of feeling, particularly at the level of empathetic care, at the intuitive and the receptive level. As Miriam Cameron expresses it:

> For proponents of ethical caring, the primary purpose of life is to care and to be cared for, not obey rules or maximize good.[25]

This follows that the traditional schools of ethical reflection such as deontological and teleological modes cannot be of much relevance here.

The adjective 'just' in just care ethic is significant here because a care approach in the traditional sense can be patronizingly charity-oriented, ignoring the justice dimensions. It could remain at the level of the sympathetic as against the empathetic, the individualistic as against the corporate, and the essentialist (which, for example, stereotypes care as a fundamental feminine virtue) as against the egalitarian. Paul G. Crawley echoes a similar sentiment when he says:

> A professed compassion that does not issue from and lead to a deeper penetration of the empathy of Jesus constitutes a deficient form of compassion.[26]

Cure and Care

HIV and AIDS, if anything, call for a revival of care ethics from a social justice perspective. What is distinctly Christian about our attitudes towards HIV is the compassionate and caring outlook exemplified in the person and life of Jesus Christ. As Thomas Kalam argues,"there isn't, and there will not be, any Christian medicine or cure for HIV and AIDS, but there is a Christian care (healing) for these living with AIDS".[27] While there are limits to cure in this case, there can be no bounds for care. In fact, 'Christic' (Christian) care begins at the point of 'no cure' – at the point of utter hopelessness and rejection. Just care, in this sense, is not about preparing people living with HIV for the inevitable death, although it does involve this dimension at some stage, but rather about enabling them to celebrate life, life even in the midst of its misery and the possible threat of death.

'Just care' is a Trinitarian ethical formula, in that it is a communitarian care model, modeled after a communitarian God, the Holy Trinity. This divine community is one that is geared to strengthen bonds of relationships. Relationships within the community are one of mutual indewelling (perichoresis). Father, Son, and Holy Spirit cohere among one another. Whatever happens within the family affects each and every one at all levels. There is no sense of detachment in this relationship at any point of time. In the context of HIV and AIDS, a Trinitarian model of care could suggest that when HIV affects a person, the entire community is affected. It is called to share in his/her experience of pain and suffering. As African feminist theologian Musa Dube reminds us, theologically speaking:

> There is no us and them: we are all one in Christ (Gal. 3:28). Owning up is a much-needed theological challenge for the church of this era. We as the body of Christ, the church, we have AIDS.[28]

The Trinitarian God is a fellow sufferer, a God who understands by participating in human suffering. This warrants that we, as

Christians, enter into the pain and pathos of those who are living with HIV.

It remains a paradox that Christians have tended to employ military metaphors in their analysis of contemporary issues. The world of HIV and AIDS is no exception to the rule. For instance, expressions such as 'fighting the war of HIV and AIDS', and 'waging war on AIDS' smack of militant frenzy. Here, people living with HIV are seen as foes that are to be conquered and eliminated from the face of the earth. As Miriam urges us, it is time we moved from such military images to organic images such as care.

Just Care Ethic: An Ethic of 'Touchability'

Just care ethic is 'touch' oriented as it has been already indicated. HIV and AIDS manifest itself as a modern incarnation of leprosy. The new leprosy brings back, almost with a sense of vengeance, the issues of stigma, isolation, and social uprooting.

A Christian just care ethic would, here, raise a fundamental question: "What would Jesus have done in today's context of HIV and AIDS and what would be his approach to people living with HIV?" We could endeavor to answer this question by putting leprosy in the place of HIV. Jesus' way of responding to the situation was to accept leprosy patients into his community of the Kingdom of God. Luke 5:13 ("Jesus stretched forth his hands and touched him…") communicates the message that there would be a reversal of values in the Kingdom. The fact that Jesus chose to touch the leprosy patient in this case to heal him is of immense pertinence. By touching a leprosy patient, Jesus was breaking conventional ethical values of orthodox Judaism, particularly those values surrounding the practice of untouchability. Leprosy patients were considered to be 'untouchables' by orthodox Jews. Jesus, by touching a leprosy patient, challenged the practice of untouchability. People living with HIV, the new untouchables, need to be offered this healing touch of Christ through our own touch of love and care.

In a context where there is a sense of stigma and untrouchability, where many still believe, albeit out of ignorance, that physical contact with persons living with HIV is contagious

and risky, an ethic of 'touch' is of immense value and significance. A just care ethic of touch is a resounding message that 'touch does not transmit the virus, rather it transforms and brings healing to the affected'.

In the Indian scenario, a touch-care ethic can transcend the traditional Indian 'namaste' care. Although 'namaste', the Indian gesture of welcoming, has been idealized as a non-violent and noble form of greeting, it can also be looked at from a completely different perspective. For example, Kancha llaiah , Dalit intellectual in India, detects the subtle operation of an ideology of untouchability in this gesture. For him, greeting someone with folded hands is an insinuating way of practicing untouchability. In 'namaste', there is no physical touch involved. It even presupposes and expects a 'safe' distance to be maintained between people. Remember, leprosy patients were required to follow the rule of keeping a safe distance from others in public places. In South Asia, Dalits and 'lower caste' people had to, and many still have to, keep a 'safe' distance from 'higher' caste people. HIV and AIDS brings back such notions of alienating distances and untouchability. Hence the need to highlight the ethic of Touchability.

The WCC document conveys this message succinctly thus:

> In a community of care … acceptance moves from a simple avoidance of being judgemental to an embracing of who we care individually and together.[29]

Ethic of just care is about embracing the issue of HIV and AIDS and embracing people with HIV and AIDS.

Anne, who is living with HIV tells us what difference a healing touch can bring to people like her:

> Love is warmth and understanding. Having somebody hug me or pat my hand, tell me that HIV and AIDS is like cancer or other diseases … with love, the medicine that the doctor gives you can bring more healing.[30]

Just Care Ethic: An Ethic of Table Fellowship

Yet another popular misgiving about HIV is that the disease can be contracted through sharing the utensils of AIDS patients.

Discrimination of HIV and AIDS is tangibly felt when people refuse to dine with them. This form of rejection also has resonance in the South Asian context where Dalits and other untouchables continue to encounter this form of discrimination in hotels and restaurants. They are either not let in or given separate utensils. People living with HIV share the same plight today, not just in public places, but also in their own homes and families. This is where Jesus Christ's table fellowship, his dining with 'sinners', gentiles, and the outcasts should offer us a different ethic.

Pharisees and Sadducees never missed an opportunity to criticize Jesus. One of the faults that they found in Jesus was that he ate with 'sinners' and outcasts (Lk:5). The 'outcast' also included leprosy patients with whom Jesus had table fellowship. Mark narrates the event of Jesus dining with Simon who had leprosy. (Mk. 14:3ff)

His conversation with and drinking water from a Samaritan woman (Jn: 4) was a revolutionary and subversive act of liberation, dismantling the discriminatory values and practices of Judaism. Jesus, through such acts, destroyed the system of social apartheid and broke the hostility between Jews and Gentiles. (Jn. 4:0) In such a context, Jesus asking water from an 'outcast' woman came as a shock to the Samaritan woman. This is a concrete example for an expression of an ethic of care – a just care ethic of sharing resources, and thereby of even breaking walls of discrimination and untouchability.

According to Amos Clare,[31] one of the features of this story of Jesus' encounter with the Samaritan woman, which I think is crucial in the context of HIV and AIDS as well, is the emphasis on the vulnerability of both Jesus and the woman here. Jesus was exhausted and thirsty (Jn: 4:6) and the woman was conscious of the repercussions, particularly the prospect of her exclusion from society. What is striking, though, is the fact that both Jesus and the woman, here, were willing to take the risk and initiate the risky encounter. A just care ethic of table fellowship and dining together is not without its risks, but they are there to be faced, not to be ducked.

A just care ethic of table fellowship, of eating and drinking

together, has sacramental overtones and implications. In this sense, it is a Eucharistic ethic, of sharing the Lord's Table, sharing the body of Christ from the same plate and the blood of Christ from the same cup. The Lord's Supper brings (at least it is meant to) people of all races, castes, genders, and creeds around the same table. Just as denying communion to people from certain castes is immoral, denying communion to people living with HIV is also unethical. Sharing in the brokenness of people living with HIV should flow from our partaking in the body and blood of Christ.

Community care ethic is certainly one of risk taking. It is about allowing ourselves to be vulnerable. As Manoj Kurian explains, vulnerability does not have to be always conceived in negative terms. There can also be a 'healthy vulnerability'.[32] When we accept the challenge of caring for people living with HIV and AIDS, we are, in fact, sharing in the common Humanity, Identity, and Vulnerability (sharing in HIV) of all human beings. It, then, becomes an ethic that Affirms the Identity and Dignity of the Suffering (an ethic of HIV). People living with HIV may have lost some measure of their immunity, but not their humanity and dignity.

A Just Care Ethic: A Political Ethic

As Tinyiko Maluleke reminds us, HIV returns issues of personal and individual ethics and morality. "The personal here is devastatingly communal and political".[33] Therefore, a just care ethic is necessarily a political ethic. Just care ethic cannot be a moralistic discourse. There is no room for 'holier than thou' attitudes here as moral self-righteousness is recognized as the greatest of all immorality. As Kalam puts it strikingly:

> The cause of AIDS is a virus, not sin.[34]

The human temptation is to jump into moral judgments. In the case of HIV and AIDS, the tendency often is to blame certain sections of society such as GLBT, sex-workers (sexual minorities), and drug abusers. Moralizing does not solve the problem of HIV, rather it only helps to complicate the issue. It stands in the way of providing care to the needy. This is where a just care ethic can be particularly pertinent. It is necessarily socio-political in content

and thrust, because it refuses to overlook the structures that cause and spread HIV, the systemic and political issues of social, economic, and gender justice. In other words, just care does not remain at the level of providing some compassionate personal care to individuals who are stigmatized. It will doubtless to individuals who are living with HIV. It will doubtless challenge the structures of capitalism, patriarchy, and racism (casteism) that cause and spread HIV. This will manifest itself in concrete actions of struggles against globalization, poverty, unemployment, untouchability, cultural nationalism and so on. This is important in the Third World contexts where ethic is necessarily liberation in its orientation and content.

> In societal terms, compassion must be seen as the collective will and political acts that bring about resources, structures, institution, and norms directed at the care of the sick, the prevention of the illness, and the promotion of health.[35]

HIV and AIDS, thus, constitutes a major political challenge for civil society. Can the Church play this role of civil society or at least be a part of those civil society initiatives that have already taken up this issue? Will theological education address the concern in such a way that it will challenge the Church in Asia to wake up to this reality before it is too late?

Conclusion

The concern of HIV and AIDS, as we have tired to see, cannot be looked at from a monolithic viewpoint, be it an ethical, pastoral, or missional perspective. The issue has implications for the way we do theology, the way we engage in 'God-talk'. It raises fundamental questions about the way we understand God, ourselves, and our fellow human beings, especially in the midst of stigmatization. HIV and AIDS, being a life and death issue for many, also challenges some of our perceptions about the very concepts of life and death. Our reflections on such themes are informed and influenced by the socio-political and cultural matrix that we are part of. This means that a theological discourse on the issue of HIV and AIDS becomes relevant only when it is accompanied by a simultaneous process of serious engagement with socio-political, ideological and cultural realities and

parameters such as social (race and caste), economic (class) and gender justice issues. Tinyiko Maluleke sums up the theological challenge pithily thus:

A theology of AIDS is the face of a new 'theology of liberation'.[36]

HIV and AIDS needs to be integrated into theological curriculum in its entirety. The usual tendency is to include such issues as an 'add on' subject within the existing framework. This temptation must be avoided.

While each discipline will (should) have its own distinct perspectives on HIV and AIDS, they need to be brought together. For example, systematic theology can reflect on such issues as the meaning of stigmatization and exclusion in the context of HIV, what it means to be a human being (anthropological questions about the meaning of humanity, identity, dignity vis-à-vis image of God).Christian Ethics must include issues that have been ignored for a long time, issues such as human sexuality, and changing patterns of family life. Feminist theology can raise the issues of women's biological, cultural and economic vulnerability to the threat of HIV. Dalit theology must include the newer forms of untouchability and stigmatization that HIV and AIDS introduces, which will marginalize Dalits affected by HIV even further. Tribal theology/indigenous theology cannot afford to ignore the crucial issue of drug trafficking and its effect on youth vis-à-vis HIV and AIDS. These distinct perspectives and issues can be brought together through offering inter-disciplinary courses with particular focus on HIV and AIDS.

The theological community needs to come into contact with the reality of HIV and AIDS face to face. While the theoretical component is important, it should be informed and influenced by praxis. Field Education programme in theological education is an effective channel by which this goal can be achieved. Exposure to HIV-care centers and interaction with people living with HIV must be an essential aspect of field exposure. Theological communities should be encouraged and challenged to associate with civil society movements who are involved in struggles for justice and care for people living with HIV.

Liturgy and worship in theological communities provide an effective opportunity to promote HIV awareness and sensitivity. Participation of people living with HIV in worship and communion would be an excellent education for theological communities.

HIV and AIDS issues must be treated as an issue for contextual, liberation theology in Asia because a majority of people living with HIV come from economically poor and socially oppressed sections of society. The fact that HIV and AIDS is also caused by socio-economic and cultural structures of capitalism, patriarchy, racism and casteism, the issue must be treated as an issue of social, economic, and gender justice. Hence, contextual theologies such as liberation, feminist (womanist), Dalit and Tribal/indigenous theologies must engage the issue from a liberationalist perspective.

END NOTES

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3. Quoted in Miriam E. Cameron, Living with AIDS: Experiencing Ethical Problems, Sage Publications, New Delhi, 1993, p. 83
4. The story of Bensy and Benson is narrated by Bhagat Chandrashekhar, "AIDS: Puthiya Ayithavum Aneethiyum" (Malayalam: "AIDS: New Untocuchability and Injustice') in Madhyaman (A Malayalam Weekly), August 15, 2003, pp. 24-27.
5. Ibid., p. 97.
6. 'Social Stigma' refers to any attribute that marks the bearer as culturally inferior or unacceptable. 'Discrimination' is stigma acted upon. (See, Manoj Kurian, "Practical Approaches to Churches and Communities Responding to HIV/AIDS", A WCC Publication, Geneva, p. 9).
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9. Quoted in Gillian Paterson, Love in a Time of AIDS: Women, Health and the Challenge of HIV, WCC, Geneva, 1996, p. 95.
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11. Manoj Kurian, op. cit., p. 10.

12. Bhagat Chandrashekhar in Madhyamam, op. cit., p. 25
13. AIDS and the Third World, Panos Dossier, New Society Publishers, Philadelphia 1989, p. 123.
14. Quoted in an inter-disciplinary paper presented on HIV/AIDS at the United Theological College, Bangalore, by Jomy Mathew (a B. D. student).
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19 Geetha Devi Ayappa, "Women and HIV and AIDS: An Indian Scenario" in Robert A. Glick (ed), Law, Ethics and HIV, UNDP, New Delhi, 1993, p.5.
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21. See Matsui Yagori "Globalization and Asian Women" in Mathew George Chunakkara (ed), Globalization and its impact on Human Rights, CCA, Hong Kong, 1998,p. 109.
22. See Matsui Yayori "Globalization and Asian Women" in Mathew George Chunakkara 9ed), Globalization and its impact on Human Rights, CCA, Hong Kong, 1998, p. 109.
23. For a detailed discussion of classical modes of ethical reflection in the context of HIV and AIDS, see Facing AIDS, op. cit., pp. 47-68.
24. Miriam Cameron, op.cit., p. 18.
25. Ibid.
26. Quoted in Jessica Richard, op. cit., p. 85.
27. Thomas Kalam, "A Christian Response to the AIDS Patients" in The Problem of AIDS: Challenges and Perspectives.- The Christian Response, CSI Council for Healing Ministry, Chennai, 1991, p. 21.
28. Musa Dube, "Theological Challenges: Proclaiming the Fullness of Life in the HIV/AIDS & Global Economic Era", a draft paper presented at a CWM-WCC consultation in London, 2002, p. 5.
29. Facing AIDS, op. cit., p. 29 (emphases mine)
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31. Clare Amos, an unpublished Bible Study on Jn. 4:1-42, presented at an inter-national conference in Bangalore, p. 1.
32. Manoj akurian, op. cit., p. 10.
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35. AIDS and the Third World. Op. cit., p. 123.
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9

HIV AND AIDS: THE HUMAN COMMUNITY'S RESPONSE

Philip Kuruvilla*

Introduction

From time immemorial, human beings preferred to live in groups – the equivalent of the animal "herd". From these small units, tribes were formed, bonded at first perhaps by the necessity of self-preservation and to hunt for food, but later, blood ties were forged. Their society depended on rules to enhance their bonding, ensure their longevity and to keep them intact. It is in this sense that 21st century society has not changed, it still determines what behavior is permitted within. However, as we enter the 'global village scenario', a paradox emerges. While modern society seems to throw away the old mores and accept new ones, the atavistic in some humans makes some rebel, and, afraid of losing their ethnicity and subsequently their identity, they prefer the status quo, relying heavily on the old to keep their traditional way of life. The old and the new values system battle on many issues within society even today. All societies have 'formal values' that guide public and private behavior, which are usually determined by religions, governments and other entities that shape a society's laws – the socio-cultural values. However, 'informal values', in which individuals indulge on a day to day basis, may not be consistent with that society's norms and values. This strong

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socio-cultural context must be taken into account when we look into the human community's response to HIV and AIDS. Our values, experience, schools, media, religion, laws and government all influence social behaviors, including, or especially, sexual ones. It is not in the scope of this paper to go too deeply into the issue of human sexuality. Indeed, the WCC Statement (1996) said:

> … we do not completely comprehend the meaning of human sexuality …(it) can be misused when people do not recognize their personal responsibility: but it is to be affirmed strongly that it is one of God's gifts.[1]

It should be the basis for any study on HIV and AIDS. Societal norms even today determine sexual practices, marriage customs, and punishment for unapproved sexual practices, marriage customs, and punishment for unapproved sexual behavior. They also determine attitudes towards prostitution, homosexuality, sexual taboos and HIV and AIDS. These norms are the human community's response. This Consultation is an important step by the theological community here in India to break the silence and to take up the challenge in a concrete way. In order to evolve a curriculum for theological students, the human community-responses should be looked at from the socio-cultural, economic, political and medical issues that are associated with HIV and AIDS.

A Model Community's Response

How indeed must the human community respond? Before proceeding further, we should look at a LWF report made almost 15 years ago (1988), during a meeting in Germany, entitled "Pastoral work in relation to HIV and AIDS",[2] because it contains a community response that seems relevant even today, it said:

- A Caring community is one that acknowledges its role in the brokenness of God's creation; and only in this understanding can we participate in the process of healing our brokenness.
- A Caring community is one that is informed and educated about AIDS. The community will provide

information about AIDS and its prevention. People need to hear the stories of those affected by the AIDS crisis to better understand the impact of this disease on all lives.

- A Caring Community needs to listen and respond to the fears of its members regarding the AIDS crisis.
- A Caring Community becomes an open community in all its activities by breaking the isolation of those affected by the AIDS crisis.
- A Caring Community needs to provide compassion to the whole person, to provide practical, social and spiritual support for those affected by the AIDS crisis.
- A Caring Community empowers people to take responsibility for their own lives and relationships.
- A Caring Community needs to dialogue and explore together what it means to celebrate our whole being, including our sexuality and to struggle with the problems of the meaning of life, of sin, of human solidarity, of suffering and death.

There are two other essential ingredients for a community with an ideal response. A booklet on AIDS brought out by the Christian Medical Association of India stated that any individual, hospital or community-based project that is involved in AIDS work required the following two basic commitments:[3]

1. The commitment to promote the effective prevention of HIV and AIDS transmission, and
2. The commitment to provide unconditional compassionate care for people infected and affected by HIV and AIDS.

Focus areas and current challenges in the struggle against HIV and AIDS

We need to look briefly at some of the areas where communities should focus their intervention efforts:

- STD clinic which are run by the community health workers
- Migrant worker interventions

- Commercial Sex Workers/Intravenous Drug Users interventions
- Truck drivers interventions
- Children at risk (street children) interventions

Bitra George has proposed several challenges in the fight against HIV and AIDS in Asia:[4]

- Large population
- Political apathy
- Health care system under stress
- Poor inter-sectoral links in addressing a multi-dimensional epidemic
- Addressing social factors, including poverty, illiteracy and gender inequality
- Stigma and discrimination
- Lack of availability of adequate care and support services
- TB infection
- A greater involvement of People Living with AIDS (PLWSs)

We will proceed to look at some of these challenges (though not necessarily in the same order), and see how they affect the community – and how the community responds.

I. Negative Responses by the Community

i) Stigma and Discrimination are currently the worst offenders:

The 2002-2003 World AIDS Campaign focused on removing stigma and discrimination in the community. This is the current challenge to communities all over the world. Persons infected with the virus not only go through the pain of illness but also the related problems like stigma, prejudice and discrimination. Many lost their jobs, their friends, and even their families when it was known that they had HIV and AIDS. Kalpana Jain[5] clearly states that more than their fear of early death, most people fear the stigma and shame they may face. Here the cultural environment created by an unfeeling community becomes the greatest killer. Donald Messer spoke at the Ecumenical Church

Leaders Conference in Mumbai in February, 2003, and challenged that the churches ought to empathies more with those affected by HIV. Instead, our silence has been cruel, rather like the Old Testament-type response to leprosy (Leviticus 13:45-46). As communities of faith we have not demonstrated enough that the Church of Jesus Christ offers love, acceptance, forgiveness and healing–not judgement, prejudice, stigmatization or discrimination. The Ecumenical Advocacy Alliance, an offshoot of the WCC which is involved in HIV and AIDS, has organized a *Global Poster Competition* on the 'no stigma/discrimination/ theme, which is to have its All-India exhibition at the National Council of Churches in India in Nagpur later this year.

ii) Language and the Community

Language can be a potent tool for stigmatizing and excluding; it also reflects our personal biases and particular understanding (or lack of understanding). We need to avoid language that is accusatory (for example, "promiscuous"), derogatory, value-laden (for instance, "prostitute") and stigmatizing, since we are discriminating against our own body.

iii) Behaviour Change in Individuals and Communities

Promoting and sustaining risk-reducing 'behaviour change' in individuals and communities is vital in the process of combating HIV and AIDS and can set the tone for compassionate, responsible interventions. In order to reduce their vulnerability to HIV, communities must understand the seriousness of the epidemic, be taught protective skills and find the environment supportive of behavior change. Community discussion on sex, sexual risk and risk behavior is a must in order to:

- Increase Knowledge
- Stimulate Community dialogue
- Promote Advocacy
- Reduce Stigma and Discrimination

For the same reason, many professionals in the field of medicine and health education are of the opinion that sex education must be taught at the school level. Unfortunately in Asia, as in the

rest of the world, many parents disagree because they find it too 'embarrassing'.[6] Behaviour change is not an overnight process and needs sustained advocacy through a sympathetic community.

II. Varied Responses to Community Health Programmes (CHPs)

i) Funding

Asia cannot afford to move away from the 'public sector model of health' since the private sector alone cannot protect the poor, who undoubtedly are the worst sufferers. Treatment cannot be left to the market forces as they can only expand the rift between the rich and the poor. Community Health Programs (CHPs) have been the medical fraternity's response to the Government's inability to provide sufficient socio-medical infrastructure. CHP workers who traditionally took up the challenges which were relevant in their region, (example, polio, small pox, family planning etc), almost all moved into the field of HIV and AIDS when the epidemic assumed community proportions. Here, they were able to do better than clinicians since they had detailed knowledge of the communities they worked with. However, what is evident is that in many Asian countries the entire funding and focus of the Government and Aid agencies is on prevention rather than care.

HIV and AIDS health services in Asian countries in reality mean centres for testing, education, research and community intervention among high-risk groups, while care homes and *hospices* are struggling for financial attention. The same problem was presented at Shanti Solomon's (the lady who "discovered" the first HIV patient in India in 1986) YRG Care Centre in Chennai when I visited sometime ago.

ii) Confidentiality and Partner Notification

The ethical issues of confidentiality and partner notification in the case of HIV and AIDS are complex issues for the community. The individual's right to confidentiality can be in conflict with the partners' right to be protected from medical risk, which in

turn can affect the entire community in which the affected HIV+ person lives. The CHP's strategies for dealing with HIV and AIDS which are based on voluntary testing, counseling and treatment found that failure to maintain confidentiality could threaten cooperation and therefore jeopardize the entire Health Program. At the same time, this led to the health risk of the 'unsuspecting third party'. Thus it is the 'moral duty to warn'. (It was the Tarasoff ruling in the USA in 1974 that formed the basis of partner notification. It was deemed ethically permissible for physicians to notify people they believed were endangered). In a 1999 judgement (which has subsequently been challenged), the Supreme Court ruled that the right to privacy and confidentiality were not absolute and could be restricted when third parties were at risk. A study done by CMC Vellore[7] highlighted the moral dilemma of the social workers and the ethical dilemma to the community.

III. The Response of the Church and other Religious Communities

Asian churches have responded to HIV very unevenly. In spite of many awareness programs initiated by the churches and Christian Medical Associations, the average church-going member of the 'human community' is not much aware of these programs, let alone actively involved.

It would not be wrong to say that in the case of HIV and AIDS, almost all religious communities and faith-based organizations are guilty of "passing by on the other side". Governments and faith communities have traditionally been at loggerheads over the *thrust* of the prevention schemes. While governments have promoted the use of condoms, religious groups have highlighted abstinence and fidelity to one partner. In June 2001, the Special UN General Assembly Session on HIV and AIDS adopted a 'Declaration of Commitment' which urged a wide range of prevention programs encouraging 'responsible sexual behaviour', including 'abstinence and fidelity' as well as expanded access to condoms'. An Interfaith Statement, subsequently drawn up by representatives of various faith-based organizations (FBOs) under WCC leadership, was

endorsed by Jewish, Muslim and Christian organizations. The FBOs felt they had the following resources to fight against HIV and AIDS: reach, experience, capacity, spiritual mandate and sustainability. They expressed their commitment to work within their own communities for the dignity and rights of People Living with AIDS or PLWSs.[8]

> …ultimately it is the power of the community to challenge and to 'take charge' that, in many countries, has made the greatest headway against the epidemic.

Religion has the power, we have yet to use it. Gillian Patterson, a renowned theologian involved with AIDS, feels there is a stereotype of a religious leader as a 'conservative moralist who deplores any form of sexual behavior that takes place outside the context of monogamous, heterosexual marriage … These stereotypes can sabotage efforts to find a distinctive, credible and respected role in the community for churches and faith based organization."[9] It is our bounded duty as theologians to strive for that role of our pastors through ministerial program of the churches.

IV. The Response of the Government, the 'Servants of the Community'

Jonathan Mann, the first director of the World Health Organization's (WHO) Global AIDS program suggested that every society undergoes 3 stages of reaction to HIV and AIDS. First – denial of the problem; second – minimization of the seriousness of the problem; third – constructive engagement to resolve the challenge. A Washington Post staff writer (Oct. 1, 2002, p. AQ 7) predicted India to be only 15 years behind the "African trajectory" of HIV and AIDS, and cites an intelligence report showing that by the year 2010, India, China, Nigeria, Ethiopia and Russia together would have 50-75 million cases of HIV and AIDS. (The figure for December 2002 by NACO is 4.58 million.) This was promptly denied by the Minister for Health Peter Piot, executive director of UN AIDS said in an interview with Lalitha Panicker that he was so impressed that there was no country in the world which had organized a meeting like the 'National Meeting on HIV and AIDS' in New Delhi in August

2005, attended by the Prime Minister and all the political leaders.

> It is not ideology nor morality which can fight HIV but political leadership and a commitment to break the silence.

V. Government and Law

In a democracy, laws are made by the Community and for the Community. We need to look at a few laws that tend to discriminate:

i) Laws that Discriminate

Religions have been known to shape society with 'sacred' laws which often powerfully impact the current laws of a country. (The present *brouhaha* about the Uniform Civil Code is a case in point). The HIV and AIDS epidemic has brought to the limelight some criminal laws which contribute to making certain parts of our population more vulnerable to the virus, and an informed/concerned community needs to take up some of these issues with the government. The issue of MSMs (men who have sex with men) is not being brought here as a theological issue, but as a human one. Section 377 of the Indian Penal Code (IPC), enacted back in 1860, make homosexual behavior – or to be more precise, anything other than penile-vaginal penetrative sex, even in the privacy of one's home – a criminal offence. Similarly, the Narcotic and Psychotropic Substances Act (1985) and the Immoral Traffic (Prevention) Act (1956), force the drug addict and the Commercial Sex Worker (CSW/ 'prostitute') communities underground where they cannot access health care, information, testing and counseling facilities, nor opt for safer practices, and thus make the control of the epidemic impossible. Meanwhile, these communities are often harassed – economically and sexually – by the police, while some people in eminent positions are blackmailed. As the human community frowns on their orientation, they are not supported, except by some human rights groups.

ii) Relevant International Laws

Many Asian countries are signatories to three international laws, which are relevant. The International Covenant for Civil and

Political Rights (ICCPR), the International Covenant for Economic, Social and Cultural Rights (ICESCR), and the Convention on the Elimination of all forms of Discrimination against Women (CEDAW). They include the right to freedom of expression and information, (Art. 19, ICCPR), the right to health (Art. 14, ICESCR), and the principle of non-discrimination (Art 2 and 26 of ICCPR). While the many Asian delegations to the UN General Assembly Special Session on HIV and AIDS in 2002 acknowledged that marginalized communities were particularly vulnerable and urged the end of discrimination, there is unfortunately a refusal by subordinate state bodies to implement these policies at a local level. This dichotomy is also evident elsewhere. While one branch of the Government – the public health service – relies on NGOs to take up work on high risk groups they cannot reach, another who provide that service.

iii) Drug Laws and the WTO

Since 1970, promoted by Government policies, pharmaceutical companies have shown significant growth, especially in the drug sector. Companies like CIPLA have competed successfully in the international market and come up with HIV and AIDS medicines at low prices that rocked the western world. However, the situation is going to change with the World Trade Organization's (WTO) Trade Related Intellectual Property Rights (TRIPD) coming into effect in 2005 after which many Asian companies can no longer manufacture these drugs. At various national levels, for dubious reasons the "Second Patents Amendment Bill" passed by Governments did not make use of flexibility available under the TRIPS agreement, which could have authorized manufacture of such drugs under 'national emergency'.[10] This can have grave ramifications in the future.

VI. Suggested Community Response Today

To go back to the LWF document we started with – which was out together in 1988 – perhaps, we need to form new guidelines for the 'caring community's response today:

- A caring community would take pains to understand, in detail, all that there is to know about this HIV and

AIDS.

- A caring community would spread awareness about the possible ways in which HIV and AIDS is communicated, and equally important, how it does not spread.
- A caring community would empathize with the debilitating effects of stigmatization and discrimination on PLWSs, and work to removing them from society.
- A caring community would accept that there are some humans who live an alternate lifestyle and a different sexual preference.
- A caring community would help and support high-risk groups to make certain behavioral changes.
- A caring community would ask for repeal or rethinking of laws that criminalize certain behavior patterns and lifestyles, and thereby force high-risk communities to go underground.
- A caring community would encourage the Government and NGOs to channelize more funds for the care of those already affected, while continuing funds for awareness and interventions in the community's vulnerable areas.

Conclusion

The responses of the communities are still on the anvil and need to be continuously reworked by a sensitive and caring community – which we claim to be. Transformation and change will not happen by itself. Much will depend on leadership, training and the vision involved. Tackling issues of HIV and AIDS, especially discrimination and in their values, and this will be painful. As we enter into the next phase of this epidemic, the church and the community have to become extended families involved in supporting the social systems. These support systems will have to take care of the infected and affected children, orphans, widows, the abandoned and the socially marginalized groups. This initiation of support groups by the community would result in hope-filled lives. More important, they would get emotional support. The impact of this would be

as described in Isaiah 61 where we will be providing in all gladness instead of mourning for these people and their families. In a large country like ours, where there is a gross difference between what is happening in the north, south, east, and the west, churches and communities will have to develop their own locally-relevant effective response-models with courage, conviction and commitment. These models can then go on to produce the required impact in the communities they work with.

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Part III

HIV AND GENDER

10

GENDER AND THE VULNERABILITY OF INDIVIDUAL TO HIV AND AIDS

Gertrudes A R Libang*

Gender: A Powerful Social Construct

In almost all societies, women are viewed and treated differently from men. Different roles are given to men and women. The characteristics ascribed to women and men differ. Women who take on the role which society defines as that of the "men" are seen as "not normal". In some societies women and men who do not conform to societal definitions are even ostracized and ignored.

These arrays of societal beliefs, norms, customs and practices that define "masculine" and "feminine" attributes, behaviors and roles are referred to as "GENDER". As opposed to "SEX" which refers to biological characteristics, gender is a social construct that is learned and can vary from culture to culture, generation to generation and over time due to societal changes.

Gender is a powerful concept since it determines to a very large extent how each member of society thinks and feels and what she/he can, or cannot do as a woman or a man.

There are "Gender Roles" or sets of behaviors and relationships that society believes as appropriate given the sex of an individual. These have three aspects: a) positions within the social structure indicating where women and men belong or are expected to belong; b) rules for behavior and interaction prescribed for men and women;

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and c) relationship between women's and men's roles.

There are also "Gender Stereotypes" or fixed, unquestioned beliefs or images that members of society carry at the back of their mind about women and men and transmitted from generation to generation.

Through socialization, each member of society is taught from childhood about these gender roles and stereotypes.

As powerful concepts, gender roles and relations directly and indirectly influence: a) level of an individual's risk and vulnerability to HIV infection, b) level and quality of care, treatment and support that HIV positive men and women get; and c) ability to cope when infected and affected.

How Gender can Determine Vulnerability to HIV and AIDS?

Women's Economic Dependency

In Philippine society, men are the padre de *familia*. This title is very seldom used nowadays but men are still expected to go out of the house to work and earn for the family's upkeep while women are supposed to stay in the house to take care of home and children. Even if a woman works, this is seen as temporary and secondary to her being a wife, mother or housekeeper. What she earns, no matter how big, is seen as merely supplemental. And she retains the responsibility for running the household and taking care of husband and children.

This is the justification for relegating women to low-skilled, low-paying jobs that are often an extension of their housewifely chores and even for discriminating against the hiring, training and promotion of married women. In fact, most women are in insecure jobs in the informal sector.

Statistics on the Philippine workforce bear this out. Labor force participation by women in the Philippines, according to a March 2013 study of Center for Women's Resources, is 50.1% compared to 78.5% of the male. So there remains a big gap in the labor force participation of male and female. There is also a significant gap on the average daily basic pay of men and women, with men receiving higher pay than women. Most of our women are forced to become overseas migrant workers. 7 out of 10 migrant women are in service work;

with many among them working as domestic helpers and are vulnerable to various kinds of abuse.

Due to their gender role, women are pushed towards economic dependency on their husbands and partners. This dependency puts them on a subordinate position vis-à-vis men in general and their husbands and fathers in particular.

Economically dependent women have little or no negotiating powers when it comes to sex. They are less able to demand for use of a condom or fidelity from a non-monogamous male partner. They are also less likely to leave relationships which they perceive as risky for fear of abandonment and destitution. Thus, their increased vulnerability to HIV infection.

Women's economic dependency on men greatly affects their use of services or adherence to treatment and other medical regimen. They are encouraged or even required to ask the consent of their husbands just to be able to access services or to act upon medical recommendation and prescriptions. Often, women refuse to do so for fear of the stigma attached to any infection. Or their partner denies their request outright thus depriving them of their right to proper protection or care.

The Economic Crisis as an Aggravating Factor

Women's lack of training and employment opportunities come into stark play as the economic crisis deepens. Increasing poverty is driving many women into prostitution and increasing vulnerability to HIV infection.

As homemakers, women take care of budgeting whatever little income the family has. Unfortunately, the already meager income of the family is further reduced as prices of basic commodities and utilities rise. As homemakers, women have to find ways of making ends meet so that they could put food on the table. And a way for many is prostitution- or to become a ‘commercial sex worker’ [CSW].

Prostitution/CSW does not necessarily have to involve exchange of money for sexual favors. It could also mean the "palit" system - sex for rice, sex for fish, and sex for a can of sardines. And as jobs become very scarce, it also becomes sex in exchange for a continuing job contract, a permanent job or a promotion.

Commercial Sex Work puts young women who are the preferred

partners of older men at the most risk for infection. Entering the trade becomes very tempting to these young women since older men are willing to pay the highest price for their sexual services. These older men are the ones who are most likely to be infected since they have had multiple partners before.

Poverty also drives both women and men to find jobs elsewhere even if this means separation from their families for long periods of time. Almost a tenth of the Philippine population is overseas contract workers of which an estimated sixty percent are women. More men and women migrate across the country to find jobs.

Loneliness drives many men who migrate for work into the arms of CSW's. When they come back, these migrant men workers pose a danger to their wives who find it extremely difficult to insist on condom use when their husbands have been away so long earning money for the family.

Even women migrating for work are prone to establishing new sexual relations or to engage in multiple partnerships for economic gain or security. And this exposes them to HIV infection.

Diminishing Social Services

Social services are being sacrificed at the foot of the financial crisis. Yearly, for more than a decade, allocation for health, education and housing is diminishing while allocation for debt servicing is increasing. A third of the national budget is now being used for debt servicing.

This both increases women's vulnerability to STD and HIV infection while putting more burdens on their already overworked shoulders.

With the budget vastly reduced, the government cannot even mount a simple information campaign on STIs and People Living with HIV. Worse, government health clinics and centers remain understaffed so that free prenatal and postnatal cares are fast becoming a rarity. And this could spell disaster to poor women whose main source of knowledge and care are these government clinics and centers.

The privatization of government hospitals is making home care more and more the only alternative even for those infected by HIV.

And care for the sick falls on the shoulders of women.

The experience of other countries have shown that usually it is the husband who is first infected so that when he becomes sick, the wife has to take care of him while her own health is deteriorating. When he dies, the infected wife is left alone with no caregiver or even any resources since all have been spent for the husband's care.

Even if the wife is not infected, the emotional and physical burden of caring for sick family members while ensuring that there is always food on the table and money for treatment of the sick under harsh economic conditions often takes a toll on women's own health and well being.

When help is sought, it is often the girl-children who are pulled out of school. And this compromises the child's future. With little education, she becomes more vulnerable to the disease in later life.

The Double Standard of Morality

In the Philippines, much premium is placed on fidelity but only for women. For men's unfaithfulness is tolerated. And women are given the message that they should not question men's transgressions.

At the same time, fear of the men's anger or even of abandonment in the midst of their economic dependency, keep women quite about their husband's infidelities which may include the use of the services of prostitutes.

While naïveté and passivity are expected of women especially when it comes to sexual matters, men are expected to be knowledgeable and aggressive.

Adherence to this societal belief constrains both women and men from seeking knowledge about reproduction and procreation including STIs and People Living with HIV. Even if a woman has much knowledge about the matter, it remains difficult for her to be proactive in negotiating safe sex. While men, in an effort to hide their own ignorance, refrain from seeking more information about reproductive health, STIs and People Living with HIV. Meanwhile, myths- particularly in the use of condoms –persist,

thus increasing vulnerability of both men and women to infection.

On the other hand, men are put under heavy peer pressure to lose their virginity at a young age. In many cases, the first experience of young boys with sex is with a prostitute. This is euphemistically called "pagbibinyag". They also succumb to peer pressure into experimenting with multiple partners even when they are already married or in a steady relationship.

In the Philippines, ninety five percent (95%) of the 1,089 HIV positive cases, from January to March 2013, were males (1,036). There were 1,026 males and 53 females who were infected through sexual transmission (Department of Health, 2013).

Violence against Women and Children

Another notion of manhood is sexual domination over women, a disturbing outcome of which is violence against women and children, as shown in the statistics from the Philippine National Police. Many incidents remain unreported.

Violence against women and children contributes directly and indirectly to women's vulnerability to HIV.

Violent acts such as rape result in vaginal tearing or lacerations which dramatically increase risk of contracting STIs of HIV infection from the rapist. This is especially true of gang rapes.

Additionally, fear of violence or abandonment prevent women from discussing fidelity or even condom use with their husbands or partners even if they know that they are at risk of infection because of their husband's non-monogamous practices.

Fear of violence was also discovered as a barrier to the success of efforts that seek to reduce the prenatal transmission of HIV. Fearing violence from the husband and ostracism from their friends, family and kin, many pregnant women refuse HIV testing or did not return to get their test results.

It should be noted that war and armed conflict increases likelihood of widespread rape and prostitution. Women are still seen as trophies of war and their violation as a symbol of the conquering army's victory and dominance. An alarming consequence of this is the possible spread of STD and HIV infection among the conquering army and the conquered populace.

Gender Stereotypes

STD and even People Living with HIV are usually associated with "loose women" and rarely on men with multiple partners.

Even the use of language tends to emphasize women's role in the spread of the disease. For example, the term "mother to child transmission" ignores the fact that it is the husband who infected the wife and to impute blame solely on the mother. A more neutral term would be "parent to child transmission ["PCT"].

Afraid of being blamed and rejected even by her own relatives, a woman who suspects herself of being infected postpone the trip to the doctor thus denying herself of early detection and help. Or if she has already undergone a test, would try to hide the results or even avoid treatment for fear of discovery.

Gender in HIV and AIDS Programs

People Living with HIV programs and policies become more effective once gender differences are acknowledged, and when the specific gender concerns and needs of women and men are addressed. This has been the experience in many countries. And the challenge for those wanting to work with People Living with HIV cases is to understand these gender differences and to adapt better strategies and ways to address the specific concerns and needs of women and men.

At the same time, those in charge of developing and running the program must undergo gender sensitivity trainings so that they can work out their own gender biases and stereotypes. However, those developing the program must bear in mind that gender concepts stem from -and are perpetuated by - societal structures, and helping change these structures is an ongoing challenge that must be faced.

11

POVERTY, AIDS AND THE STRUGGLE OF WOMEN TO LIVE

Rose Wu*

AIDS affects some of the most marginalized women and children of our world, especially our Asian sisters. In this paper, I want to raise our awareness about the connection between the feminization of global poverty and the socio-economic and religious dimension of this disease.

Women and AIDS

Throughout the world, the majority of women with HIV infection are poor and are denied access to resources and services. In her thoughtful examination of the gendering of American AIDS discourse, Paula Treichler asks, "Why were women so unprepared? And why do they continue to take it so quietly?" She responds to her questions with an insightful critique:

> As evidence of AIDS in women mounted, speculations linked the disease to prostitutes, intravenous drug users and women in the Third World. It was not that these three groups were synonymous but rather that their differentness of race, class or national origin made speculation about transmission possible—unlike middle-class American feminists, for example. American feminists also by this point had considerable access to public forums from which to protest ways in which they were represented while these other groups of women were, for all practical purposes,

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> silenced categorically so far as public or biomedical discourse was concerned.[1]

Poor women, however, have not been silent in public. Rather, they have been unheard. This selective deafness on the part of those who enjoy positions of privilege is because the dominant myths and mystifications of treating AIDS, like treating poverty, view HIV and AIDS as merely a personal matter rather than recognising it as an issue of justice. It is therefore important to make connections between the construction of AIDS victim-hood and similar constructions of the poor, who also suffer the triple curse of objectification, institutionalised powerlessness and blame for their condition.

In recent years, extensive evidence suggests that poverty is the most harmful and least studied risk factor for AIDS. Through myriad mechanisms, it creates an environment of risk. In addition, poverty and gender inequality are inextricably intertwined. Poverty plays a large role in structuring dependent relationships with a male partner, whether that relationship is marriage or another type of union.

In many settings, HIV risks are enhanced, not so much by poverty in and of itself, but by inequality. Increasingly, what people with AIDS share are not personal or psychological attributes. They do not share culture or language or a certain racial identity. They do not share sexual preference or an absolute income bracket. What they share rather is a social position—the bottom rung of the ladder in inegalitarian societies. It is poor women, by and large, who must wrestle with this grave danger, and impoverished parents are forced to sell their daughters into commercial sex work. The cumulative effects of lives of poverty and sexual exploitation force many women into circumstances where sex becomes a survival strategy.

Thus, if the hypothesis that inequality is an important co-factor in this pandemic is correct, then stopping AIDS will require a more ambitions agenda, one that calls for the fundamental transformation of our world. This agenda requires not only more funding for research for the prevention and treatment of the disease, but it also demands a shift in the values of the global community in which the value of life is held higher than the value of money and in which power is

redistributed and gender roles in society are redefined. The implications of these changes are that the neo-liberal economic paradigm must be drastically reformed or even discarded and women must be included as equal partners in the process of transformation. What is at stake in these tasks is well expressed by anthropologist and activist Brooke Schoepf: "Unless the underlying struggles of millions to survive in the midst of poverty, powerlessness and hopelessness are addressed, and the meanings of AIDS understood in the context of gender relations, HIV will continue to spread."[2]

1. The Global Economy and the Feminization of Poverty

The borderless societies, that the global economy promotes, continue to exploit women by selling them as "wives," forcing them into prostitution or engaging them in other kinds of exploitative work, such as working in sweatshops and as domestic labour. Take, for example, the social situation and people's livelihood in China that have gone through drastic changes since the mainland began its series of economic reforms and open-door policy in the late 1970s. The Chinese government has focused its policies on developing the coastal cities and special economic zones. Foreign capital has rushed into these areas, and tourism has been encouraged. At the same time, because of the uneven economic development between urban and rural areas, thousands of peasants have been pushed to southern coastal cities, like Guangzhou, Shenzhen and Zhuhai, and eventually to Hong Kong.

It has been reported that among migrant workers in the coastal cities almost 80 percent are women. Because of difficulties in finding a job, harsh working conditions and other problems, some migrant women workers choose to join the sex industry in order to earn more money and hence provide more economic support for their families in their hometowns.

Ah Hung, 28, was born in a Guangdong village and later farmed chickens and pigs. Today the mother of 9- and 10-year-old sons works as a prostitute in Temple Street in Hong Kong. She told a reporter of the *South China Morning Post*: "My first customer helped me take off my clothes. Afterwards,

I cried and felt dirty. I asked, 'Why do I have to do this?' I comforted myself by saying, 'It's for my children. If I don't do this, they will have no food and no future.'

Women displaced from farms and collapsed domestic industries because of trade liberalisation have been forced to seek survival by migrating to foreign lands where they often suffer abuse and harsh treatment at the hands of their recruiters and/or employers. Many become victims of sex trafficking.

Owing to the corruption of many Third World governments, women are forced to use the services of untrustworthy organisations and intermediaries. This places migrating women in extremely vulnerable situations, subject to abuse by procurers, employment agencies, marriage agencies and other kinds of intermediaries. Thus, migrant women who are trafficked do not have access to legal resources in order to bring their traffickers to justice. On the contrary, most state policies regarding "aliens" effectively turn these women into criminals instead of victims and expose them to a variety of health risks, including HIV and AIDS. For example, sex workers in Hong Kong used to be able to have a free health check-up and receive treatment from social hygiene clinics operated by the Health Department. However, non-Hong Kong ID cardholders are now charged over US$ 100 for each visit. This new policy is having an adverse affect on migrant sex workers as the fee is beyond their means.

These examples illustrate the double burden that women must bear. Not only are women expected to be care givers in the home, but they are also forced to participate in the market economy because social reproductive or care work have no economic value in the market. Thus, in order for women and the family to survive, women must bear the double burden. In addition, their labour in the market economy is exploited as noted in the examples above.

Above all, the people most vulnerable to HIV infection are those on the social and economic margins of society who are denied access to their most basic human rights. As Peter Piot said when he was the executive director of UNAIDS :

> There is no question that we understand women's vulnerabilities to HIV— vulnerabilities based on biological

> factors, culture and on their social and economic status. We know that women face domestic violence, at times exacerbated by conflict or insecurity; that girls are the first to be pulled from school and put to work when AIDS strikes at home; that women lack the power and economic independence to negotiate sexual safety.

Another issue related to the global market economy and the marginalisation of the poor concerns drug patents. Much of the progress in the treatment of HIV and AIDS has occurred because some countries, notably Brazil, Thailand and India, have begun manufacturing copies of drugs developed by large pharmaceutical companies. The World Trade Organisation (WTO) sanctioned this process last year, affirming that countries could declare drug patents invalid in times of health crises. However, the United States and other European manufacturers are trying to elude the requirements of the WTO accord, which it signed, by negotiating free trade agreements with individual countries that would extend drug patents while promoting trade.

Such issues reveal a harsh reality that whoever has the power and resources sets the rules. In the name of protecting trade and the free market, sacrificing human lives has apparently become unavoidable, for an examination of the drug industry over the past two decades reveals that the pharmaceutical industry has moved far away from its original high purpose of discovering and producing useful new drugs. Now primarily a marketing machine to sell drugs, this industry uses its wealth and power to co-opt every institution that might minimise its profits, including governments, the WTO, academic medical centres and the medical profession itself. The challenge for the global community is whether we dare to break the domination of the market economy on our lives, a paradigm that is devoted to the accumulation of wealth, and usher in a system in which health care and the other basic needs of people's lives are divorced from the market.

A Religious Commitment to be in Solidarity with Women to Overcome HIV and AIDS

Women who are empowered are women who can protect themselves. Peter Piot warns that "equity in all fields—health,

education, the environment and the economy—is essential if women are to act to protect themselves when it comes to HIV and AIDS."

One image to describe the context of the global economy and the threat of HIV to the world's women and marginalised people is a global war, a war of the strong against the vulnerable, all those judged by society to be "immoral" or "the majority poor."

In analysing the epidemic of HIV, one cannot just focus on sex as a personal moral issue or AIDS as a medical problem. Rather, unequal power structures and the social constructions of gender, sexuality, class and race that creates systems that exploit the vulnerable, especially the poor, the youth, people of colour and socially outcast women, must be re-examined.

One must, first of all, recognise that people exist not just as physical bodies but they live in a social world and that, therefore, AIDS must not be viewed just as a virus, rather it is a complex, multifaceted social issue. It touches deeply internalised gender stereotypes, the power structures of societies and religious beliefs.

Secondly, AIDS is often perceived by Christians and others in the First World as a sign of moral weakness, of promiscuity and illegal behaviour. To recognise poverty as a dynamic force, a reorientation is necessary to understand that the majority poor are forced to reprioritise their lives based on survival, often at the expense of their well-being. Many poor women, consequently, are faced with a choice between exploitation and survival, which hardly can be called a choice at all.

As Christians, we must open our eyes to see that modern poverty is not a natural social phenomenon: it is the product of political decisions. It is part of the interlocking system of ongoing global politics and the global economy. The most damaging fact is that poverty destabilises lives, crushes self-esteem and creates an apartheid between those who have economic power and those who do not.

In order to liberate the Church to be in solidarity with women to overcome AIDS, we must first recognise that all doctrines need to

be reworked from the perspective of the liberation of the vulnerable. Thus, it is important for the Church to distinguish the traditional concept of evil from sin. Evil, as liberation theology has taught us, is systemic. It is not personal forces but structures of oppression. It is social, political and economic arrangements that distort our human dignity or restrain our abilities to such an extent that we find it difficult to choose or do good. In contrast, sin refers to those free, discrete acts of responsible individuals that create or reinforce these structures of oppression.

In facing the challenges of HIV, if we continue to stress the 'sinfulness' of individuals and perceive sex as simply a personal moral choice, we will become perpetrators of the status quo and blame the victims—the poor and women—for their problems.

Thirdly, it is vitally important that we are called to return to the core value of all religions, that is, in the beginning is the relation and we bear responsibility to care and love our neighbours as ourselves. The conditions that exclude some from the household of God distort the life of all who are already in the household. Even those who seem successful according to present household rules are dehumanised by structures of a household that exclude the "losers" in society.

The Church is God's attempt to build a household that will join God in making the world into a home, a home for all and especially for those who are at the margins of society. With this new lens of commitment and hope, religious communities from all over Asia and the world can be inspired to fight the global AIDS crisis and its consequences. We must end the silence of stigma, denial and fear about HIV and AIDS and embrace in a practical way those who have become victims of our apathy and ignorance. One practical response for the Church to take is to push our governments to make its fight against AIDS a higher priority, to honour their commitments to provide cheaper AIDS drugs to those who cannot afford them and to increase their financial support for AIDS-related health care in developing countries.

As religious communities, what we share in common is the quest for greater solidarity, love and justice for the most marginalised people of our communities. We share the value that the economy is organised to serve life. When we see lives that are exploited in the name of the market economy, we must cooperate to make changes and seek alternatives for those who suffer from economic exploitation and oppression.

One possible change involves the Church working with others to develop a "people's economy" to supplant the present neo-liberal model, a "people's economy" in which meeting people's needs for health care, education, housing and food and water are placed above profit-making. A promising example of this model has been organised by the St. James Settlement in Hong Kong based upon the exchange of services. In this model, coupons are exchanged between people from all walks of life for services. These coupons are denominated in time rather than money. In this way, the social relationships between various classes of people are transformed. One hour of treatment by a doctor, for instance, is valued the same as one hour of house cleaning by a woman.

Lastly, the religious quest for justice and peace must promote hope - not optimism. Optimism is the belief that humankind will inevitably progress to a more just, peaceful world. It is a passive virtue. Hope is the faith that, together, we can create more justice and peace in the world. Hope is an active virtue. Hope requires action from responsible citizens to create new relationships, societies and citizens. Hope is preventive democracy. Hope is the path to kinship and understanding of the stranger, empathy with "the other" and the courage to extend a hand across boundaries of estrangement or hostility. Hope is love in action.

END NOTES

[1] Paul Farmer, Margaret Connors and Janie Simmons, eds., *Women, Poverty and AIDS: Sex, Drugs and Structural Violence* (Monroe, Maine: Common Courage Press, 1996), 27.

[2] *Ibid*., 38.

Part IV

HIV AND HUMAN SEXUALITY

12

AIDS AND HOMOSEXUALITY: A CHRISTIAN PERSPECTIVE

Stephen Suleeman*

Introduction

There is a dramatic change going on in the world. About a decade ago, people were not free to talk about homosexuality. It was considered as sin and "good people" did not feel the need of discussing it, except as rumors or scandals. But today things have changed dramatically. President Obama, before starting his campaign for re-election as US president, announced that he supports gay marriage. Gradually, American states started recognizing same-sex marriage. In Europe, a lesbian was elected as president of Iceland. France and England started recognizing same-sex marriage. While some churches are still struggling with the issue, a gay priest, V. Gene Robinson, was elected as Bishop of New Hampshire on June 7, 2003. Rowan Williams, the archbishop of the Church of England, faced opposition from the church. Some members of congregations and priests refused to acknowledge the leadership of LGBT people, let alone recognizing same-sex marriages. Several congregations threatened the archbishop not to invite Bishop Robinson saying that they would not attend the 14th Lambeth Conference.

How do we understand this phenomenon? Most Christians

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hold the position that what they believe should be grounded in the Bible. What does the Bible say about homosexuality? We quickly refer to select verses in the Bible that could be quickly interpreted to condemn homosexuality and homosexual practices. For example, the story of Sodom and Gomorrah. Citing this incident we come to a quick conclusion that God hates homosexuals and punishes them for their sin. There are also claims that the creation story tells us that God created only men and women – and none in between, hence there is no place for transgender. If God intends that a man can marry a man or a woman can marry another woman, then the command "to be fruitful and multiply" would be thwarted, and the whole creation would be doomed to end.

Meanwhile, in the other parts of the world there is an explosion of HIV and AIDS cases, especially in the Sub-Sahara regions. According to 2010 Report on the global AIDS epidemic, UNAIDS/WHO, July 2010, there are 22.9 million people infected by HIV and AIDS. It means there is an increase of 0.9 million since 2008. This is a very great number, compared to the total 34 million cases all over the world. It means, more than 2/3 HIV and AIDS patients of the world are found in Africa.

This paper is an attempt to help us understand better the HIV and AIDS pendamic and homosexuality, which has often been seen as one of the major causes of HIV and AIDS prevalence, and what we as Christians can or should do to help those who find themselves in this situation.

Understanding Homosexuality

Rejection of Bishop V. Gene Robinson is only one example of how some Christians and churches discriminate LGBT people. It also cannot be denied that often such rejections are done hypocritically. Some church leaders speak very strongly against LGBT people, while some of them are LGBT hidingly. Rev. Ted Haggard, for example, the former chair of National Evangelical Association, has once announced that evangelicals can make a significant difference in a general election by standing against LGBT. However, it was later found out that he – although officially married with one wife – had a secret

love and sexual relationship with his masseur.

Recently, Cardinal Keith O'Brien of Scotland, stepped down from his office, confessing that he has had "unspecified sexual misbehaviour and promised to play 'no further part' in the public life of the church.'[1] O'Brien is a Catholic priest who was widely known for his views because they were very much in line with those of Vatican. He spoke strongly against abortion, same-sex marriage and priestly celibacy.[2]

Why do some Christians oppose LGBT people and their homosexuality? A major reason they would cite is that such relationship is not natural, it is not blessed by God, it will not bear offsprings, thus it is against God's command to humans "be fruitful and multiply". (Genesis 1:22) They also argue that if LGBT people are allowed to adopt children, they will grow in a dysfunctional family, because children will be raised by two fathers or two mothers, instead of having a male father and female mother. Brian S. Brown, Family Institute of Connecticut, says:

> Children of divorce or single-parents have had the most research done proving this point. Yet same-sex households create a case that is much worse than a simple divorce or separation. Whereas a single parent may marry or a divorcee may remarry and create a family in which a new father-figure or mother figure partially fills the need for stable female and male role models, same-sex households make fatherlessness or motherlessness permanent and obligatory. The obvious needs reiterating here: children raised in same-sex households will never have both a mother and a father[3]

As a result of these positions, many people think that a gay person should undergo a therapy to "straighten up" their sexual orientation.

I would like to share an experience with a young man who came to me sometime ago. He shared with me his suffering over the confusion of his sexual orientation. Since from the time he was in elementary school, he felt something different in himself. He did not have attraction to girls, instead to male heroic characters that he often dreamed about to rescue from a dangerous situation.

His confusion increased as he grew up in an evangelical church that teaches that homosexuality is a sin from which the person has to be liberated. He prayed often to God to change his sexual orientation. And when he failed to get answer what he had prayed for, he felt even more sinful. He was sent nine times to a mental hospital, taking care by psychiatrists and psychologists, but they could not help him because all the advices given by those experts went against the teaching given by his pastor. In such a situation, what should he do? Should he be condemned as sinner and deny pastoral care and support?

The attitude towards homosexuality has to be changed. The church's understanding and theology has to be changed. Churches need to show the right attitude to those excluded people and implement the right approach in their pastoral care to help those person with such sexual orientation and gender identity. Churches have to revise their theological position in regard to homosexuality. Right understanding of sexuality and interpretation of the Bible has to be inclusive.

Many people hold the position that the Bible is the perfect word of God containing all answers. For some Protestants, the Bible is the infallible word of God, whereas for the Catholics – as long as the Church's tradition is concerned – there can never be a place for same-sex marriage and transgender people. We need to change this view. The Bible was written thousands of years ago in the context of certain people influenced by their cultural views of life, values, and cultures, which is very different from today's world. For example, it was believed that the earth is flat. When Galileo Galilei said that the earth is round and that it was the earth that revolved around the sun and not vice versa, the Church rejected his claim and declared him heretic. Only in 1992 Pope John Paul II apologized to Galileo – more than 350 years after his death!

The mistake that the Pope made on Galileo is not the first and the last one. Christian accepted slavery without question because they thought that it was something natural that Ham's descendants should be punished due to sins committed by Ham to Noah, his father. Ham's descendants are African people

who were justly enslaved by the white. Where can we find in the Bible that Ham's descendants are the black people who could justly be enslaved?

Churches in the past declared that women should not speak during services and not eligible for priesthood. Protestant churches in general have realized this mistake and have started ordaining women into ministry. However, the Roman Catholic Church, the Eastern Orthodox Church and a few more others still refuse to ordain women into priesthood. When the Episcopal Church in the USA (Anglican) ordained women and gays into priesthood, some Anglican leaders got disappointed and the Roman Catholic Church offered them to "return to their bosom of the Mother Church"[4]

Churches have also taught in the past that women should not vote in a general election.[5] However, today we no longer hold this position. Churches have corrected their past mistake. Today, women take part in politics not only as voters, but also as candidates for executive as well as legislative positions.

Christians' understanding of homosexuality has also undergone similar position as mentioned above. Our understanding of homosexuality is often based on how we understand the Bible – that it teaches that God created "Adam and Eve", and not "Adam and Steve". Then, as the Bible tells us, "Now the man knew his wife Eve, and she conceived and bore Cain, saying, 'I have produced a man with the help of the Lord'." (Genesis 4:1) Now, how could this story come into being if God did not create a man and a woman in the first place, and thus making sure that the human race could continue to exist?

Another argument that has often been presented is the story of Sodom and Gomorrah, two cities that have been condemned and destroyed by God because of their sin of homosexuality. From the name of Sodom the words like "sodomize", "sodomite", "sodomy", etc. were derived.

Let us now turn to the texts and see how the verses say about homosexuality and other issues related to LGBTIQ. As I have said earlier, there are some biblical verses that have been

wrongly used to interpret homosexuality. A few examples may be cited here:

The story of creation (Genesis 1-2)

The story of creation of Adam and Eve has often been used to reject same-sex marriage. A Christian site explains:[6]

Some gays have such issues with self-identity, that they try to 'switch' their genders in secret, calling themselves made-up things like 'transgender' or 'transsexual', as if their choice to mutilate their bodies and adorn themselves in the socially acceptable attire of the opposing gender can somehow undo their baseline genetic code.

Gays must be taught to choose that their lifestyle and desire is not normal. Gays must accept that a man's body is designed to mate with a woman. A woman's body is designed to mate with a man. This is normal and based on our *bauplan*, the very essence of our species, we are meant to do.

This view clearly shows that the writer does not know or understand the issues related with human sexuality. For him, male and female is comparable to black and white, night and day. There is no gray, nor dusk and dawn. The fact is the other way round – human beings are more like a rainbow with many different colors and spectra.

The creation story in the Book of Genesis is not exhaustive, meaning that it does not give us a complete and whole, but it gives us a process that would baffle modern people. For example, it tells us,

> *[14]And God said, 'Let there be lights in the dome of the sky to separate the day from the night; and let them be for signs and for seasons and for days and years, [15]and let them be lights in the dome of the sky to give light upon the earth.' And it was so. [16]God made the two great lights—the greater light to rule the day and the lesser light to rule the night—and the stars.*

Today we know that the day is not separated from the night. They rather go in a continuum, changing slowly from dark to light and dark again. And in between dark and light there is

dawn and dusk, which is not mentioned in the creation story. Then, who created dawn and dusk?

This same creation story also tells us how our plants were created. In Genesis 1:9 we are told that first God gathered the water into one place, and let the dry land appear. The waters were called "Seas". Then God created vegetation: "plants yielding seed, and fruit trees of every kind on earth that bear fruit with the seed in it'." (vs. 11)

Then only on the fourth day God continued God's work by creating lights in the dome of the sky to separate the day from the night; and let them be for signs and for seasons and for days and years. "God made the two great lights—the greater light to rule the day and the lesser light to rule the night—and the stars." (vs. 16)

This brings us into question: How could the plants grow when the sun had not been created? How could there be light without the sun? How about plants that have no seeds, such as mushrooms? Who created them? Some defenders of the doctrines of inerrancy and infallibility of the Bible would tell us that the difference is only one day, merely 24 hours. So it would not be a problem for those plants to grow without lights. But some other interpreters would tell us that the one day in the creation process is actually one thousand years, or even one million years by quoting 2 Peter 32:8.

In short, the fundamentalist position on the Bible can always be stretched or shrunk, depending on the need arising, as long as it can preserve the doctrine of inerrancy and infallibility of the Bible.[7] However, if we take a different position, recognizing that the Bible is not inerrant or infallible, then we would realize that the creation story is not exhaustive, that it is possible for plants without seeds to exist and be created, and therefore for people who do not fit in the male or female categories. It is further possible, too, that human sexuality is not a binary category but a continuum with thousands possibility.

Some Christians may say, "No!" arguing that they are product of their environment, or they are like that because of the deviation in their psychological condition." But issues we

need to raise are: How could we explain if in such cases, like I have explained above, when a young boy, even during his time in Kindergarten, had already felt that he was different than other boys? And how many more people should be sent to psychiatric wards or mental hospitals to "be cured" from their deviation in their sexual orientation?

Sodom and Gomorrah (Genesis 19: Jude 1:7)

The story of Sodom and Gomorrah, as mentioned earlier, has been quoted several times as a text proof to show that God disapproved homosexuality. The fact that they demanded Lot to surrender the two men (angels) in order that they could "use" them is taken as an indication that these people are homosexuals. Moreover, they refused when Lot offered them his daughters.

David J. Stewart posted in a website that Sodom and Gomorrah was indeed destroyed because God condemns homosexuality. He wrote that "God destroyed Sodom because of fornication and homosexuality."[8] He rejected the explanation given by Carole Fontaine, a feminist theologian and a professor at Andover Newton Theological School, who wrote that the people of those cities were condemned by God because they did not practice hospitality.

Stewart further cited other verses in the Bible to support his argument. In Jude 1:7, he said, "Even as Sodom and Gomorrha (*sic*), and the cities about them in like manner, giving themselves over to fornication, and going after strange (Greek: different, other) flesh, are set forth for an example, suffering the vengeance of eternal fire."

Let us examine the other verses in the Bible where Sodom and Gomorrah have been referred to.

Ezekiel 16:46, 48-53, 55

> *[46]Your elder sister is Samaria, who lived with her daughters to the north of you; and your younger sister, who lived to the south of you, is Sodom with her daughters. ...*
>
> *[48]As I live, says the Lord God, your sister Sodom and her daughters have not done as you and your daughters have done. [49]This was the guilt of your sister Sodom: she and her daughters had pride, excess of food, and prosperous*

> *ease, but did not aid the poor and needy. [50]They were haughty, and did abominable things before me; therefore I removed them when I saw it. [51]Samaria has not committed half your sins; you have committed more abominations than they, and have made your sisters appear righteous by all the abominations that you have committed. [52]Bear your disgrace, you also, for you have brought about for your sisters a more favorable judgment; because of your sins in which you acted more abominably than they, they are more in the right than you. So be ashamed, you also, and bear your disgrace, for you have made your sisters appear righteous. [53]I will restore their fortunes, the fortunes of Sodom and her daughters and the fortunes of Samaria and her daughters, and I will restore your own fortunes along with theirs, …*
>
> *[55]As for your sisters, Sodom and her daughters shall return to their former state, Samaria and her daughters shall return to their former state, and you and your daughters shall return to your former state.*

And in Jeremiah 23:14 we find the following:

> *[14]But in the prophets of Jerusalem I have seen a more shocking thing: they commit adultery and walk in lies; they strengthen the hands of evildoers, so that no one turns from wickedness; all of them have become like Sodom to me, and its inhabitants like Gomorrah.*

It is clear from these verses that the people of Sodom and Gomorrah were condemned because of their selfishness; they did not practice kindness as demanded by God. Micah 6:8 says, "O mortal, what is good; and what does the Lord require of you but to do justice, and to loving kindness, and to walk humbly with your God?"

Jewish Sources

The Jewish sources describe the evil deeds of the people of Sodom and Gomorrah as follows:

> *…. the Sodomites, overweeningly proud of their numbers and the extent of their wealth, showed themselves insolent to men and impious to the Divinity, insomuch that they no more remembered the benefits that they had received from him, hated foreigners and declined all intercourse with*

others. Indignant at this conduct, God accordingly resolved to chastise them for their arrogance...

Josephus, Antiquities I: 194-5

The men of Sodom waxed haughty only on account of the good which the Holy One, blessed be He, had lavished upon them...They said: Since there cometh forth bread out of (our) earth, and it hath the dust of gold, why should we suffer wayfarers, who come to us only to deplete our wealth. Come, let us abolish the practice of travelling in our land...

There were four judges in Sodom named Shakrai (Liar), Shakurai (Awful Liar), Zayyafi (Forger), and Mazle Dina (Perverter of Justice). Now if a man assaulted his neighbour's wife and bruised her, they would say to the husband, Give her to him, that she may become pregnant for thee. If one cut off the ear of his neighbour's ass, they would order, Give it to him until it grows again.

If one wounded his neighbor they would say to the victim, Give him a fee for bleeding thee [blood letting was sometimes considered medically beneficial in those days; Here the Sodomite judge cruelly ruled that if one beats you until you bleed, you owe your attacker money for this "beneficial" medical service"...]

... they had beds upon which travellers slept. If the guest was too long they shortened him by lopping off his feet; if too short, they stretched him out...

If a poor man happened to come there, every resident gave him a denar [coin], upon which he wrote his name, but no bread was given [the store owners recognized such coins, and refused to accept them]. When he died, each came and took back his (denar)...

A certain maiden gave some bread to a poor man, hiding it in a pitcher. On the matter becoming known, they daubed her with honey and placed her on the parapet of the wall, and the bees came and consumed her. Thus it is written, And the Lord said, The cry of Sodom and Gomorrah, because it is great (rabbah): whereupon Rab Judah commented in Rab's name: on account of the maiden (ribah).

Babylonian Talmud, Sanhedrin 109a

Said Rabbi Levi, "Even if I wanted to keep silent, the

> *requirement of justice for a certain girl will not allow me to keep silent. There was the case of two girls, who went down to draw water from the well. One said to her friend, Why are you pale? The other said, All the food is gone from our house and we are ready to die. What did the other do? She filled the jug with flour and exchanged it for her own. Each took the one of the other. When the Sodomites found out about it, they took the girl (who had shared the food) and burned her. Said the Holy One, blessed be He, Even if I wanted to keep silent, the requirement of justice for a certain girl will not allow me to keep silent. What is written is not, 'In accord with their cry', but, 'according to her cry', referring in particular to the girl."*
>
> *Genesis Rabbah, Parashah 49:6*

What we find in the above mentioned sources are far from the simplified version of the story of Sodom and Gomorrah, namely, that the people were homosexuals who wanted "to use" Lot's visitors. Instead, we discover that they were arrogant, selfish and inhospitable to strangers. They were also involved in various crimes – but none was related to homosexuality.

Jude 1:7

A Bible reference that is often used by the conservative-fundamentalist interpreters is Jude 1:7, which reads,

> *[7]Likewise, Sodom and Gomorrah and the surrounding cities, which, in the same manner as they, indulged in sexual immorality and pursued unnatural lust, serve as an example by undergoing a punishment of eternal fire.*

What is meant by "unnatural lust"? The original text in Greek is *sarkos heteras*. In various other translations, the word used is *perverted sensuality, unnatural lust, unnatural sex, lust of men for other men, pursued unnatural desire, sexual sin, perversion event*. We see that all these words refer to desire for unusual sexual intercourse. Here we see how certain agenda or ideology influences the chosen word in the translation of the Bible, so that the word could be translated as "lust of men for other men."

What is meant by *sarkos heteras*. *Sarkos* means "body",

"the physical", and *heteras* means "different". What is "the different body" sought by the people of Sodom? Back to the story of Genesis 19, we are reminded that both of Lot's guests were angels of God. That is, they are not the people of Sodom. They are strangers, or even unusual human beings who look different from other ordinary person. If the word is "the sin of Sodom", it means sexual sin, it is what aroused their sexual desire. Having sex with angels! This is not different from the excitement that some European tourists find in the body of Asian women in Thailand or Bali with whom they would like to have sex. In their eyes, the body of Asian women look exotic and tempting, and they would like to try them and enjoy this unusual sexual relationship.

So *sarkos heteras* refers to in Jude 1:7 is not at all related to homosexuality. Even if the interpretation that the story of the destruction of Sodom and Gomorrah was caused by homosexual behavior, according to some experts, has never appeared until the early Common Era. Jerome, an early Bible translator, used the term *Sodoman, Sodomis, Sodomorum, Sodomæ, Sodomitæ* for the behaviors of the people of Sodom (Hallam 1993). And yet, the term homosexual itself was not coined until the 19th century.

Now, what surprises most is the fact that most conservative-fundamentalist Bible interpreters would refer to Jude, but never to the Books of Ezekiel and Jeremiah. Why? They would not find theological basis to support their argument that the sins of Sodom and Gomorrah are merely their homosexuality.

The Book of Leviticus

The Book of Leviticus is often quoted for condemning homosexuality. For example, in Lev. 18:22, it is said, "You shall not lie with a male as with a woman; it is an abomination." What does abomination mean? Leviticus condemns "men who lie with men,", it does not mention the story of Sodom and Gomorrah.

The reading of the Book of Leviticus is made complicated due to the fact that this book is very much conditioned by Israelite

culture. Lev. 19:19 stated, "You shall keep my statutes. You shall not let your animals breed with a different kind; you shall not sow your field with two kinds of seed; nor shall you put on a garment made of two different materials." The fact is today we have violated this commandment by mating two different kind of animals (tiglon or liger, or mare), planting a garden with different plants and seeds, and by wearing cloth made by two different materials.

New Testament

In the New Testament, Jesus did not interpret the sin of Sodom as sexual. We cannot find even a single verse in the Gospels where Jesus said something specific about the sin of homosexuality. He did speak of sexual sins, but all of us, regardless of our sexual orientation, commit a few of these. Second, when Jesus instructed his disciples to preach in the towns of Israel, he warned that those who do not receive them peacefully will be judged more harshly than the people of Sodom and Gomorrah (Matt. 10: 5-15).

Jesus reaffirmed the ancient tradition of viewing the sins of the Sodomites as the abuse of strangers, neglecting the poor and needy, and the stigmatizing of outsiders. As shown earlier, Ezekiel said that the people of Sodom and Gomorrah "had pride, surfeit of food, and prosperous ease, but did not aid the poor and the needy" (16:49-50); and the Wisdom of Solomon also said that they "refused to receive strangers when they came to them" (19.14). Similarly, an early Christian book, *I Clement* states that Lot was saved "because of his hospitality and piety" (11.11). A few commonly cited Bible verses that have been used to condemn homosexuality are as follows:

Romans 1:26-31

A text that is often used to condemn homosexuality is omans 1:26-31

> *[26]For this reason God gave them up to degrading passions. Their women exchanged natural intercourse for unnatural, [27]and in the same way also the men, giving up natural intercourse with women, were consumed with passion for one another. Men committed shameless acts*

> *with men and received in their own persons the due penalty for their error. [28]And since they did not see fit to acknowledge God, God gave them up to a debased mind and to things that should not be done. [29]They were filled with every kind of wickedness, evil, covetousness, malice. Full of envy, murder, strife, deceit, craftiness, they are gossips, [30]slanderers, God-haters, insolent, haughty, boastful, inventors of evil, rebellious toward parents, [31]foolish, faithless, heartless, ruthless.*

According to the text, God punished a particular group of people in Rome for having "unnatural" sexual relations. However, these verses should be read and understood in its own context. Therefore, we need to read the earlier verses:

> *[22]Claiming to be wise, they became fools; [23]and they exchanged the glory of the immortal God for images resembling a mortal human being or birds or four-footed animals or reptiles. [24]Therefore God gave them up in the lusts of their hearts to impurity, to the degrading of their bodies among themselves, [25]because they exchanged the truth about God for a lie and worshiped and served the creature rather than the Creator, who is blessed forever! Amen.*

If we follow the text, then we should find that these people that Paul was referring to, were worshiping idol. That is why God let them practice things that were abominable. These are not sexual practices that are based on love and total commitment that we find among homosexuals today. These are people who deviated from the commandments of God and those people who were

> *. . . filled with every kind of wickedness, evil, covetousness, malice. Full of envy, murder, strife, deceit, craftiness, they are gossips, [30]slanderers, God-haters, insolent, haughty, boastful, inventors of evil, rebellious toward parents, [31]foolish, faithless, heartless, ruthless.*

This becomes clearer when we compare Paul's writing in Romans 1. Here Paul is referring to the Wisdom of Solomon 14:27-28, which reads,

> *[27]For the worship of abominable idols is the cause, and*

> *the beginning and end of all evil. [28]For either they are mad when they are merry: or they prophesy lies, or they live unjustly, or easily forswear themselves. (Douay Rheims Bible)*

"Arsenokoitai" (1 Corinthians 6 and 1 Timothy 1)

The word "*arsenokoitai*" in 1 Corinthians and 1 Timothy are translated into different English words. This word seems to be created by St. Paul himself while he was writing 1 Corinthians 6:9-10. There is ro record found using the term by other writers before St. Paul. It has been translated as "abusers of themselves with mankind" in the King James Version (KJV):

> *[9] Know ye not that the unrighteous shall not inherit the kingdom of God? Be not deceived: neither fornicators, nor idolaters, nor adulterers, nor effeminate, nor abusers of themselves with mankind, [10]Nor thieves, nor covetous, nor drunkards, nor revilers, nor extortioners, shall inherit the kingdom of God.*

The translation of the KJV was completed in 1611 CE when there was no single word in the English language that could be directly referred to homosexuals or homosexuality. The translators were forced to use this awkward phrase. More recent versions of the Bible translate "*arsenokoitai*" as:

"homosexuals" (NASB);
"homosexual perversion" (NEB);
"homosexual offenders" (NIV).

By using these translations, the translators drow the readers to closer meaning of the original Greek word. However when they use the term "homosexual" the scople of the meaning is changed. The original Greek refers only to men; but the English translation refers to both males and females; i.e. to gays and lesbians.

The author of I Timothy also used "*arsenokoitai*." The KJV translated it in a similar way:

> *[9]Knowing this, that the law is not made for a righteous man, but for the lawless and disobedient, for the ungodly and for sinners, for unholy and profane, for murderers of fathers and murderers of mothers, for manslayers, [10]For*

> *whoremongers, for them that defile themselves with mankind, for menstealers, for liars, for perjured persons, and if there be any other thing that is contrary to sound doctrine...*

What does "*arsenokoitai*" really mean, then? "*Arsenokoitai*" is derived from two words; "*arsen*" means "man"; "*koitai*" means "beds." Although the word in English Bibles is interpreted as referring to homosexuals, we can be quite certain that this is not the meaning that Paul wanted to convey. If he had that intension, he would have used the word "*paiderasste*." That was the standard Greek term used at the time for sexual activity between gays. We can conclude that he probably meant something different than people who engaged in male-male adult sexual behavior.

Cannon suggests a translation: "It is as if Paul were saying, 'male prostitutes, men who sleep with them, and slave dealers who procure them'." That is, all three words deal with slavery. They are unrelated to homosexual behavior in the modern sense of the term i.e. consensual sex between persons of the same sex. Thus, a possible translation of I Timothy 1:10 would be: "... male prostitutes, boys who have sex with men, and slave dealers who enslave them both."

Hospitality

Hospitality is a very important concept in the Bible and it is demanded from anyone visited by a stranger. We remember the story of Joshua who welcomed some foreigners, the Gibeonites, who seemed to have traveled a long distance. Joshua found out later that the Gibeonites were actually neighbors and that they had deceived the Israelites in order that they would not be attacked (Joshua 9-10).

In the New Testament, Christians were advised, "Do not neglect to show hospitality to strangers, for by doing that some have entertained angels without knowing it." (Hebrews 13:2)

In Matthew 25:42-45 Jesus said,

> *[42]for I was hungry and you gave me no food, I was thirsty and you gave me nothing to drink, [43]I was a stranger and*

> *you did not welcome me, naked and you did not give me clothing, sick and in prison and you did not visit me.' [44]Then they also will answer, 'Lord, when was it that we saw you hungry or thirsty or a stranger or naked or sick or in prison, and did not take care of you?' [45]Then he will answer them, 'Truly I tell you, just as you did not do it to one of the least of these, you did not do it to me.'*

These verses show that hospitality is demanded from every person. Hospitality is an expression of love. In 1 John 4, it is stated:

> *[7]Beloved, let us love one another, because love is from God; everyone who loves is born of God and knows God. [8]Whoever does not love does not know God, for God is love. . . . [11]Beloved, since God loved us so much, we also ought to love one another. . . [20]Those who say, 'I love God', and hate their brothers or sisters, are liars; for those who do not love a brother or sister whom they have seen, cannot love God whom they have not seen.*

There are many *hagadah*, or ancient Jewish folklore tells of the atrocities the people of Sodom towards foreigners and their ill-treatments to the poor and the homeless. There are stories that tell how the travelers are given gold, and not food. When they died of hunger, everything they had was confiscated, including their gold and the clothes they wore, then their bodies would be left to rot.

Contemporary Understanding on Homosexuality

In 1974, The American Psychiatric Association officially deleted homosexuality from its list of mental illnesses, and yet it was only in 1992 the World Health Organisation followed suit. The Royal College of Nursing stated in its publication "Issues in Nursing Health Series" (October, 1997) that "there is no intrinsic relationship between sexual orientation and mental illness. Homosexuality is not a mental disorder and there is no difference overall in the adjustment of people with same-sex or opposite-sex orientations."[9] In Indonesia, the Ministry of Health in its book, "Pedoman Penggolongan dan Diagnosis Gangguan Jiwa di Indonesia" second edition, 1983 (PPDGJ II) and PPDGJ III

(1993) also delisted homosexuality from its list of illnesses.[10]

However, there are still many people who hold heteronormativity as the only way of understanding gays and lesbians. They believe that:[11] Gays always love to pretend that they are in some struggle for equality, trying to convince non-gays to join their cause based on faulty notions such as 'genetics' or 'condition', that do not apply to gays.

The gay agenda has become increasingly belligerent, manipulative and aggressive. Gays wish to force their lifestyle upon our society and children. Gays wish to make it seen that society at large thinks their forceful behavior is acceptable, and actively recruit others to help them manipulate scientific polls, created to show that gays are not accepted and America stands against gay marriage.

It is one thing for people in general society to fall for such rhetoric and clap-trap, but for scientists to fall for this is completely absurd. Scientists should understand that being gay is not a genetic condition that has been proved in any primary journal study of significant confidence.

I once asked a gay friend, "What is so nice of being gay?" He replied, "If only I had a choice, would it be possible that I chose this my life to be gay? Why should I choose this very difficult life, being rejected by so many people – even by my own family? I believe those people who reject LGBT people have never really encountered with LGBT. Another friend, a pastor, believed sincerely that LGBT people became who they are because they simply could not find the "right" partner, a heterosexual one. But when I asked her to meet with my LGBTIQ friends she said, "No, I am not ready to do that." So, if one is not willing to meet an LGBTIQ person, how could they get a better understanding of their life and struggles?

Homosexuality among Church Officers

For some years now I have been looking after the Field Education Program at Jakarta Theological Seminary. Every year, we send students to LGBTIQ communities in Jakarta and other cities. Once we visited a gay bar in West Jakarta and

one of my students met a man, a customer of the bar. He first asked where she came from. When she said that she was a student of our seminary, he expressed his disbelief. She explained to him our program to send students to gain better understanding of the struggles of LGBTIQ people. Then the man confessed to her that he, too, was a Christian, and an elder in his church. He said that he was actually married and has wife and children. But he said that every time he comes to Jakarta he would visit this bar because it is part of his life. His wife and children do not know the other side of his life because he kept it secret from them and he never showed his gay life to them. Now, how do we deal with such case? Should we just approve of his practice of frequenting a gay bar thus finding his own true self or should we let his church know about it?

I believe this thing can happen only when we refuse to recognize homosexuality and people with different sexual orientations. Many people are forced into hiding in order to conceal their true identity. They are too afraid to come out of the closet because the risk is too high and the price they have to pay is too much. They are afraid that they would be bullied or stigmatized by their friends and family members. They are afraid when people ask them why they remain single when they are mature enough and economically settled to get married. When faced with such a situation some people choose to get married just to get over with the issue. But it does not solve the problem at all.

Some people even have an assumption that LGBTIQ people can be cured by getting married. And that's exactly what some people would do, only to find out later that their decision was wrong, that they do not really love their husband or wife.

Many churches are still unable to accept homosexuality and LGBTIQ people among them. Some take a slightly more lenient position by allowing gays and lesbians take full part in church life as choir members, choir directors, and even as pastors – as long as they remain celibate. But does it really solve the problem? Sexuality is a right of every person because humans are sexual beings.

Jakarta Theological Seminary is one of the theological seminaries in global south that opens itself to the LGBTIQ discourses and even to those who are gays and lesbians – although so far no one has declared themselves as gays or lesbians. We run programs to introduce LGBTIQ issues to the members of our community to help them understand LGBTIQ people and deal with them positively, accepting them as God's children whom God loves very much. "For God so loved the world that God have God's only Son so that everyone who believes in him may not perish but may have eternal life." (John 3:16)

Conclusion

The problem of understanding and accepting LGBTIQ has been a very difficult struggle for many Christians and churches. It has become even worse when biblical scholars do not want to bother to check the nuances in the Bible, and think in a simple way that the Bible says what it says without going deeper into its background and history.

LGBTIQ people have been left alone, suffering in their struggle often blaming themselves for that God had created them to be. Thus, it is our task as a healing community to understand their struggles and to accept them as they are. The churches have to realize their past mistakes and take side of LGBTIQ people. As Bishop J.S. Spong from the Episcopal Church in the USA has said,

> "I am always amazed at how the Bible, that portrays my Lord embracing the outcasts, touching the lepers, welcoming the Samaritans, not judging the woman taken in the act of adultery, and inviting 'all of ye,' not 'some of ye,' to 'come unto me,' can, in the hands of a few distorted people be turned into a book of hatred, violence and judgment."

Jesus whom we know is the one who is open and accepting those who come to him. He always tries to empathize with people whom he meets and invites them to come into his community. How sad it would be if we as his followers cannot follow his examples and instead continue to close our eyes

towards them and our ears to their cries for help.

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13

RECLAIMING OUR PAST, CONSTRUCTING OUR FUTURE:

The Struggle for LGBTIQ Rights in Asia and the Pacific

Dédé Oetomo*

Abstract

Emerging evidence from historical and anthropological studies indicate that many societies in Asia and the Pacific have recognized, accepted, celebrated and even sanctified various transgender and homosexual behaviors. Within the context of cultural practices, certain behaviors and identities have been institutionalized. These came under attack from the normative gender binarism and heteronormativity brought in by Western colonial civilization, conservative interpretations of major belief systems, and, more generally, modernity. However, the region's nationalistic independence movements have, to varying degrees, brought the promise of freedom, equality and justice for all people, no matter what our origins are. LGBTIQ people and communities have been clamoring to demand that that promise, although probably not explicitly formulated to include us, be fulfilled for us as well. This, I believe, is the essence of our struggle in Asia and the Pacific.

In the Beginning...

> In the beginning, the gods of the Upper and Under Worlds create and populate Luwuq, the Middle

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> World, the realm in which we humans live. Patotoqe, supreme god of the Upper World, sends down his son Batara Guru, and Guru ri Selleq, god of the Under World, sends up his daughter We Nyiliq. The two marry and, in a festival of fertility, everyone gives birth except the Queen. That's because her twin son and daughter have decided they like the womb and don't want to be born.
>
> *Bissu*, originally female, male, *calabai* (male-to-female transgenders) and *calalai* (female-to-male transgenders) are brought in to help the Queen, and she gives birth to Golden Twins: Sawerigading and We Tenriebeng. After this difficult birth, an oracle tells the parents that their children must never meet, as they are destined to fall in love, and incest would destroy the kingdom.
>
> However, the twins eventually meet and fall in love, but they are not allowed to marry. Trying to forget We Tenriebeng, he marries We Cudaiq, a proud and stubborn princess in Cina, and begets I La Galigo. Eventually Sawerigading returns to his home kingdom and meets his sister again, at which point the gods announce the purging of the Middle World. The gods return to their worlds, Sawerigading's son and We Tenriebeng's daughter are sent down to the Middle World to be its new rulers, and the gates between the realms are closed forever, leaving the young royal couple alone on the godless earth.[2]

Thus begins the creation myth of the Bugis of South Sulawesi, Indonesia, and of other diasporic communities throughout and around the Indonesian Archipelago, in the 6000-odd-page-long epic poem, *Sureq I La Galigo*. This initial part shows the central sacred role *bissu*, meta-gendered half-god, half-human androgynous shamans, continually play during crucial, interstitial moments throughout the events in the poem, and indeed in contemporary Bugis society through *mantras* in a divine language

only they master and ritualistic trance.

The phenomenon of *bissu* draws our attention to an indigenous Bugis construction of four genders still prevalent to the present day: *makkunrai* (feminine), *oroané* (masculine), *calalai* (female-to-male transgenders) and *calabai* (male-to-female transgenders).[3] Bissu can be of any of these four genders at birth, but once ordained they occupy a meta-gender construction encompassing all four in gender performance. If we imagine the four Bugis genders as the four corners of the base of a pyramid, then bissu performs a fifth gender at the apex.

These days *bissu* are invited to conduct ceremonies asking for people's safe passage on a pilgrimage to Mecca and other long-distance journeys, the first planting of rice, and so forth. They are the only persons allowed to guard and ritually wash *arajang*, old regalia of the Bugis courts, and are able to communicate with and be the mouthpieces of *dewata*, deities who assist the One Allah and act as mediators between Him and humans. These deities' gender is unknown, hence necessitating *bissu* to manifest the performance of all genders.

Indigenous Constructions of Gender Identity and Sexual Orientation in Asia and the Pacific

Throughout our region, past and present indigenous constructions of gender identity such as prevalent among the Bugis can be found, either as profane identities or ones related to specialized ritual professions: other ethnolinguistic groups in Sulawesi, such as the Toraja Pamona in Central Sulawesi; some Dayak tribes in Kalimantan/Borneo; indigenous peoples of the Philippines, the Pacific Islands, Burma, Mongolia, Siberia, Korea, South Asia and the Arabian Peninsula. In the performing arts, cross-dressing, which may extend off stage, has been known in many societies. One does note that among such peoples gender identity is more dominantly recognized than sexual orientation.

On the other hand, the phenomena of vegetarian anti-marriage sisterhoods among Cantonese in the Pearl River Delta and in diasporic communities in Malaya and Singapore, and of all-women communities in the palaces of Balinese royalties at the turn of the

twentieth century, should alert us to the possibility of same-gender relations as well. We have better records of male homosexuality in the context of ritual initiation through anal or oral penetration of boys by adult men in the so-called semen cultures of Melanesia. Transgenerational sexual relations related to the search for prowess, the performing or martial arts, or social prestige have been documented in rural western East Java, Acheh and in feudal Japan. Male and female homosexual relations, casual or extended, have been studied in traditionalist Islamic boarding schools on Java, many of which count among their students young women and men from as far as southern Thailand, the southern Philippines as well as elsewhere in the Malay world.

It is obviously not my intention here to give a comprehensive survey of indigenous constructions of sexual orientation and gender identity. Suffice it for us to take note of the highly complex and diverse constructions of gender identity and sexual orientation in our societies, past and present.

The more relevant issue to raise is why such complex diversity has only been recently and very slowly discovered by the general public, and even then only limited to academic communities and to a lesser extent to a few LGBTIQ activists. We must question the suppression of our past, which as we see in the *bissu* case has continued to the current time.

Multi-frontal Attacks on Indigenous and Contemporary Constructions

What has happened to *bissu* is a case in point. In the 1950s and 1960s the institution came under attack from exclusivist, Wahabi Islamists, which rode the wave of a regionalist rebellion, accusing *bissu* of committing heathen idol worship and of violating the binary gender construction proscribed by Islam.[4] In 1965–1966, in the anti-left program taking place all over Indonesia, *bissu* were accused of being communists. Some were tortured and killed; others had to look masculine or feminine and stop practicing their rituals or do so in secret. It was only after the Reformation of 1998 that in the name of the promotion and protection of indigenous rights *bissu* have been able once again

to be more visible in society and requested to practice their rituals.

In Christian societies such as the Toraja Pamona, and in the Philippines, indigenous gender identity and sexual orientation constructions have been under attack as well. The first generation of Asian and Pacific leaders, fascinated by the promise of modernity, were also ashamed of what they perceived as the "backward, superstitious, and immoral" practices of our ancestors' decadent past. In their thinking, it is that decadence that made our peoples lose to the "modern and rational" Europeans. Most of the following generations of educated Asians and Pacific Islands people, even those deeply involved in history and anthropology, for a very long time did not know about such phenomena, or if they did, did not talk or write about them.

But it is not only conservative Islam and Christianity that have suppressed and attacked transgenders and homosexuals. Conservative Hindus, and to a lesser extent Confucianists and Buddhists, have overlooked the complexity of gender identity and sexual orientation in their sacred texts and condemned transgenders and homosexuals. For these religionists, and in a way for Muslims, especially homosexuality has been seen as a corrupting influence from the West. Communism, with a very few exceptions in more recent years, is not much different either, labelling transgenderism and homosexuality as bourgeois decadence or social evils.

It is thus ironic, but perhaps understandable, that our nationalist leaders, being among the first to be educated in the modern schools provided by the colonial administrations of the early twentieth century, adopted the gender identity and sexual orientation constructions and morality prevalent among the European colonial rulers, based largely on Victorian-era moral values even when struggling to free our nations from the same colonial powers. They turned their back on the more inclusive and accepting values of the past. The case of the retention of sodomy laws in most of the former British colonies is but one poignant instance.

It is this combination of modernist interpretations of cultural, religious and ideological values that have been bandied around as "Asian values," "Eastern customs," or "nationalist values" by

our autocrats. They have been used as an excuse for not accepting gender identities or sexual orientations other than masculine and feminine or heterosexuality.

Psychiatry and Psychology

At 1973, American Psychiatry Association put out homosexuality from classifying of mental illness then followed by American Psychology Association at 1975. Health Department of Indonesia, c.q. Directorate of Mental Health, General Directorate of Medical Service, at 1983 published *Manual for Classifying and Diagnosis of Mental Illness II*, where only ego-distonik homosexuality, namely people who has homo in their sexual orientation felt bothered by their attribute, classified as mental illness. On 17 May 1990 World Health Organization (WHO) put out homosexuality from *International Classification of Diseases (ICD) 10*. Now that date commemorated all over the world as International Day Against Homophobia (IDAHO).[5] The PPDGJ III published at 1993, and The Association of America Psychiatry published *Diagnostic and Statistical Manual IV (DSM-IV)* where homosexuality totally put out from the list of mental illness.

However until now transgender still classified as gender identity illness. Currently there are endeavours to revise this classification on *DSM-V*.

Basic idea of the abolishment of homosexuality (and transgender) from the list mental illness is very simple, something that should to understand by the beginner in the field of scientific methods. Basic determination whether homosexuality and transgender being mental illness indicated in those who come to the clinic with mental problems. However until 1970s not many studies on homosexual (and frequently transgender mixed up in it) who live without mental problems in the society.

Actually, a pioneer in psychology, Sigmund Freud had been suggested that homosexuality is neither a disease nor a mental illness, as testified by a mother with a homosexual child (1935). We also take into account a study by Alfred C. Kinsey (1948) which has shown on high percentage of men who ever have

homosexual relationship in their life.[6] Kinsey tends to see objectively range of behavior variance, now acquainted with Kinsey Scale, from the absolute heterosexual (Kinsey 0), that is only have sexual relationship with other sex, until absolute homosexual (Kinsey 6), that is only have sexual relationship with same sex. He also emphasized that most people are in the being in that two poles.

The first extensive study on male homosexual had published in 1975 by the scholars who continuing Kinsey's project. It shows that in the society (means: not in clinic) majority of homosexual did not have mental illness.[7] The analogy, if we study on hetero married couple who came to psychology clinic or psychiatry, so we have definite conclusion that marriage becomes something problematic psychologically.

The Other Side of Modernity

Fortunately for us, though, modern society also unintentionally gives us an enabling environment for our social lives, and effective ammunition in our fight against conservative values. At the societal level, the expansion of urban centres provide us the anonymity often needed to start cross-dressing or looking for other lesbian, gay, bisexual, transgender, intersex and queer and questioning people and our communities to gain support, fulfil our desires and experience loving relationships that we can construct ourselves free from the suffocating constraints of our ancestral cultures and religions.

The modern obsession with social identity has meant that some of us can no longer just behave sexually in certain ways without identifying as lesbian, gay, bisexual, transgender or intersex. In many ways it puts us through a baptism of fire while forging our identity, but quite a few of us, by helping each other and by obtaining help from allies still inspired by the old values from our more complex ancestral past or imbued with progressive humanist values, emerge stronger and better humans.

Family planning programs, while very conservative in intention and performance, could not but imply that sex is not only for procreation. Recreational sex does not take place only

within heterosexual marriage: despite the prurient façade projected by many of our leaders who have lost touch with the lives of ordinary people, the latter engage in various sexual relations of different orientations. Our corruptly rapacious uniformed services and bureaucracies are not discriminating in accepting protection money for different otherwise transgressive recreational sex-related venues and activities, either.

Add to the above three factors the rapid expansion of literacy and mass media, in which I would include illegal print publications and video recordings, and we have plenty of discursive materials, some hyperreal obviously, that serve as reference points for young and not-so-young people who desire to be sexually active.

But more seriously, and perhaps most importantly, our nationalist struggles and revolutions in the decolonisation upheaval of the twentieth century inspire us with notions of equality, justice, fairness, freedom, non-discrimination and (horror of horrors for the conservative autocrats) human rights.

In the Indonesian experience, to bring up an example closer to my experience and research, we have been able to contest the government's claim as guardians of our great ancestral cultures by producing evidence that our ancestors accepted transgenders and homosexually behaving people, that some of them were transgenders themselves or had relationships with same-gendered people.

This contestation has been made possible by the principle of academic freedom, which strangely enough the Soeharto regime played with in the 1980s and afterwards. Some Indonesian academics, many of who were also social activists, inasmuch as they faced repression by the security apparatus in teaching and research, became creative in treading the high wire in pursuit of scientific endeavour. It is within this context that studies of gender and sexual diversity were possible. The advent of increasingly expanding HIV work in the 1990s, as well as more concerted work in sexual and reproductive health and rights after the 1994 International Conference on Population and Development in Cairo and the 1995 International Conference on Women in Beijing, also meant steadily more possibility for discussing gender and sexual

diversity.

The increasingly vocal pro-democracy discourses of the 1990s have been taken one step further by LGBTIQ activists, but also our allies in the movement, to mean that democracy would not be democracy if LGBTIQ people were excluded. Carefully working within human rights framework in the same decade, we were educating ourselves to use it, and after the change of governments in 1998, the dam broke and Indonesian LGBTIQ organizations have been able to join the democratisation process.

It is within this environment, sometimes under harsher conditions, that LGBTIQ organizations sprung up in Asia and the Pacific in the 1980s and 1990s. Partly enabled by the need for HIV work within communities of gay men, transgender people and other men who have sex with men (MSM), partly by an increasingly critical and inclusive feminist movement, and certainly by the emphasis on (or even denial of) human rights, the movement came into being. Local and national activists and organizations have seized historical opportunities to demand guarantees for our rights. More recent examples have been the courageous work that resulted in the Nepali Supreme Court recognizing gender identity and sexual orientation as independent legal categories, and the persistent attempts to repeal the sodomy laws in some of the former British colonies, namely India and Singapore.

In the face of national repression, we quickly saw the need for strong regional and international networking. One notes the few meetings of the Asian Lesbian Network, the clumsily organized but warm and chummy Asian gatherings of the International Lesbian and Gay Association, and the online and offline activities of Asia-Pacific Rainbow around the AIDS conferences and events such as this Rainbow Conversations conference.

Last but not least, we should not underrate the influence of such international developments as the inclusion of sexual orientation in the South African and Fijian constitutions, to mention but two, in the 1990s. The failed Brazilian resolution at the 2003 session of the UN Commission on Human Rights to include

gender identity and sexual orientation in UN language has rallied national and international activists together in lobbying within the UN system, using various mechanisms, among other things resulting in the formulation and publication of the Yogyakarta Principles in 2006.

What Is To Be Done?

Such is the current state of things. What is to be done, then, to ensure that every person of whatever sex, gender or gender identity, and sexuality, is able to pursue a dignified and sexually pleasurable life of optimal health and well being on the basis of full protection of our human rights?

Within my own organization, GAYa NUSANTARA, in the Asia-Pacific Rainbow network, and I believe in many other progressive institutions in our region, we see the need to work in three programmatic areas:

1. We need to work within our communities and organizations, together with our allies in progressive research institutions and faith-based organizations, in reclaiming and revealing our diversity-accepting past and foregrounding the contemporary richness of our societies with regard to gender and sexuality. We must then conduct a concerted campaign to contest the false knowledge disseminated by conservative institutions.
2. We need to find creative ways, using different information and communication technologies, in providing sexual health and well-being services in our communities based on what we know in (1). We should also push for an approach to general sexual and reproductive health and well-being services that incorporate such knowledge.
3. We need to work politically in changing oppressive laws by invoking universal human rights principles such as exemplified by the Yogyakarta Principles. We also need to guard the implementation of such noble instruments by constantly being alert in documenting human rights violations and demanding redress.

In brief, we need to change our cultures, and we need not be anxious about doing so. Our cultures have continually changed,

whether intentionally engineered or not, and in most of Asia and the Pacific people under the age of twenty-four, citizens of the future, are in the majority and will take the societies of this region into directions the current elders could not comprehend nor imagine.

END NOTES

1 Paper presented at Activating Human Rights and Peace Conference, Byron Bay, Australia, 1–4 July 2008.

2 This is freely adapted and shortened from theater critic Alison Croggon's summary of Rhoda Grauer's libretto of I La Galigo (theatrenotes.blogspot.com/2006/10/i-la-galigo.html, accessed 16 January 2008).

3 For an ethnographic description of Bugis gender constructions, see Sharyn Graham Davies, Challenging Gender Norms: Five Genders Among the Bugis in Indonesia, Case Studies in Cultural Anthropology (Belmont, CA: Thomson Wadsworth, 2007).

4 This is not true at all. A more careful reading of Islamic texts show that khuntsa (male-to-female transgenders) has a place in Muslim society, as evidenced by their role to lead a communal prayer when no men are present.

5 Homophobia, that is anxiety towards homosexuality and homosexuals, precisely regarded as mental illness. This term aroused by psychologist George Weinberg (Society and the Healthy Homosexual [New York: St Martin's, 1972]).

6 Alfred C. Kinsey et al., Sexual Behavior in the Human Male (Philadelphia: W.B. Saunders, 1948).

7 Martin S. Weinberg & Colin J. Williams, Male Homosexuals: Their Problems and Adaptations (New York: Penguin, 1975).

14

THEOLOGICAL REFLECTION ON SEXUALITY AND REPRODUCTIVE HEALTH

Hendri Wijayatsih*

1. Introduction

In general we realize that there are several causal possibilities of people being infected by HIV virus such as unsafely sexual intercourse, using unsterile injection, blood donor and from HIV positive mother to her baby. Some experts asserted that the disease is not contagious but once infected he/she will carry the virus for life. At the initial appearance the disease was stigmatized as homosexual disease. They were regarded deserve for such deadly disease and hence it was viewed as punishment for their deviant sexual behavior by virtue of religious and social norms. The development case data as well as results of medical research, however, had been challenging us to rethink the stigma. Data of Commission for Overcoming AIDS in Indonesia illustrated that in 2010 there was 55 per cent HIV and AIDS were transmitted through unsafe sexual intercourse between heterosexual. It is in contrary with religious and social norms which considered heterosexual relationship as the only normal sexual behavior than homosexual. This unavoidable fact challenge us to reflect sex and human sexuality of both homosexual and heterosexual seriously as there are possibilities of being infected by the disease.

I would like to structure this paper as follows: first, we will

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discuss the reality of common understanding about sex and sexual behavior of human being in our society; second, how do the church and Bible views human sexuality; and third, some critical reflections on Christan perspective of sex and sexuality. Let me start with the description on sex and sexuality of human being. James B. Nelson asserts:

> **Sex** is a biologically-based need which is oriented not only toward procreation but indeed, toward pleasure and tension release.
>
> **Sexuality** is much more comprehensive term assosiated with more diffuse and symbolic meanings, psychological and cultural orientation. Sexuality is our self-understanding and way of being in the world as male and female. It includes our appropriate of attitudes and charateristics which have been culturally defines as masculine and feminine.It involves our affectional orientation toward those of the opposite and or the same sex.[1]

Through the definition above we understand that sex is not same with sexuality. Sex is human biological activity, whereas sexuality is broader than that.

2. Sex and Sexuality of Human Being in our Society

Generally, as Indonesian, we grow and live in a family circumstance as well as community which considers conversation about sex and sexuality as taboo. Such a common consideration around public life of ordinary people is contradictory to what occurs in noble families behind their palace walls. If in India we know about Kamasutra, then in nineteenth century there was Javanese ancient literature namely Serat Centhini. According to some experts who has researched on the text, Serat Centhini is a "manual guideline" in Indonesian version which is more complete and challenging than Kamasutra. *Suluk Tembangraras* is an official name of Serat Centhini. This text was composed around 1815 by three poets of Surakarta Palace: Yasadipura 11, Ranggasutrasna, and R. Ng. Sastradipura (Haji Ahmad Ilhar) by command of K.G.P.A.A. Amengkunegara II or Sinuhun Paku Buwana V.

Serat Centhini consisting of 722 *tembang* (Javanese songs) tells about sex and sexuality. Even though, according to Otto Sukatno

CR in his *Seks Para Pangeran: Tradisi dan Ritualisasi Hedonisme Jawa*[2], Javanese culture during the golden period of *Kraton* (palace) was repressive-feudalistic but it is far beyond of our imagination today about sex and sexuality. It means that from sexual ethics perspective Javanese community is puritan and orthodox but from esthetical perspective (particularly in literary and dance), Javanese are able to express about their sexual and sexuality as a central issue both verbally and artistically. Sukatno gives an example from Centhini II (Pupuh Asmaradana) which described vulgarly about *ulah asmara* (making love) related sensitively to genital spot in sexual intercourse. For instance, it describes about how stimulating orgasm for women and preventing early ejaculation for men. It also describes that women are not always passive in sexual acts as commonly stereotype in Javanese traditional society. Women have equal freedom for expressing their sexual experiences and not as they had been drawn as *pasrah* (passive) to men. The text also depicts sexuality in many versions and cases. Sukatno asserts, "For example, about sexual understanding, nature, position and function, ethics and guideline, styles and so on." Even sex was discussed in terms of life pleasure or impingement of hedonism passion (a philosophical doctrine asserts that the sexual pleasure is an ultimate or the only goodness in human life). In Javanese society is also well-known about various formulas of *jalu usada* (sexual medicine) in order to be a 'strong' man. For example, preventing diluted semen so that a man is able to get baby, as it is found in Serat Centhini VII (Pupuh Dhandanggula). The formulas are *merica sunti* (pepper) and seven *cabe wungkuk* (chili), *garam lanang* (salt), *arang kayu jati* (teak wood charcoal), one-fourth *gula aren* (brown sugar). All materials are pounded at the center of front yard during day time and then keep tightly in capsule type container.

Only a few people have access to understand the text of Serat Centhini. From a few founded description of the text we get an impression that it tells more about sex rather than sexuality. It also describes more about re-creation aspect of sexuality instead of its pro-creation aspect. Another question is

what about the development of sex and sexuality outside the palace walls?

Though sex is an integral part of their daily life for ordinary people it is still regarded as taboo even between spouse's conversation. In such a cultural milieu, is it possible to develop education for health reproductive? And how? An ordinary Javanese usually consumes *jamu* (traditional herbal beverage) for several purposes. *Jamu* should be drunk by Javanese women to increase their sexual capacity to satisfy their husbands. Based on this cultural perspective, a wife seen as mere 'children bearer' which I think one of the potential root causes for women's exploitation.

Sexual exploitation is increasingly day by day. In domestic domain, we discovered cases of household domestic violence in which the perpetrators use muscle power and abuse sex to bamboozle the victims. The rise of advertisement industries, openly or disguised, has been demonstrating the importance of being charming and beautiful to attract the opposite sex. The advertisements of cigarettes, cars, washing machine, actually have nothing to do with human sexuality but it has been performing in a very sensual slides. Mass media often demonstrates vulgar sex-related advertisements as well. Now sex is frequently used as media to attract consumer for buying certain products.

We can imagine how such bombarding advertisements influence the society? Those who have no access to sex and reproductive health education perhaps can shift as puritan to active sex actors in his/her innocent. The shift occurs because most of our members in society has stuttering information and technology. Silence strengthen abuse of sex and sexuality.

Once I read Anne K. Hershberger's book *Sexuality: God's Gift* which is already translated into Indonesian language (2008). She figures out date styles in American today:

Level of Commitment	Love Expression
Common attraction	Holding hands, small cuddle
Best friend, non-monogamy	Close-mouth kissing, open-mouth kissing with

	passion
Steady relationship, monogamy	Horizontal hugging, dressing, petting above the waist, dressing
Considering engagement	Petting above the waist, not dressed petting beneath the waist, dressing
Announcing engagement	Petting beneath the waist, not dressed naked hugging
Marriage	Genital stimulation with mouth sexual intercourse

Based on the table, I conducted a small survey on dating among teens in one city in Indonesia. I was surprised with the result although I am accustomed to student's life in campus. The respondents mentioned that they did all stages (see table) with their friends. In a subsequent conversation: if your friends things such mentioned above, do you think that you would to try it? A general response was that: date without sex seemingly is not cozy. Some mentioned that they did it just for the sake of trying or just for fun. What is appearing is that doing just for fun lead to habitual practice and perpetuate violence during their dating. Through this small survey we realize that there is an iceberg phenomenon in sex understanding and behavior in our society. The society which looks calm, puritan, and reluctant to speak sex openly, they actually create serious problem in understanding and expressing their sexual drives. We can understand the increasing violent act during the dating, unwanted pregnancy and teen's marriage nowadays. Through this simple exploration we can conclude that sex participants = sexuality = activity from belly to beneath.

3. Christan Perspective on Sex and Sexuality

Augustine of Hippo (354-430) was a great theologian whose influential ideas till continue to influence many people even today. Prior to become a monk, he as a young man struggled continuously with his passionate sexual desire. The struggle brought him into sexual adventurer without any marriage legally. After his repentance, particularly after contemplated his personal experience, Augustine

along with his peers decided that sexual intercourse and particularly penis erection demonstrated the disability to control their lust. The disability disturbs spiritual nature (Hershberger, 24). He even asserted that sexual intercourse is a medium for spreading out original sin. Augustine's perspective on sex was negative which affects church's understanding about sex for centuries.

In the book of Genesis, we read the story of how God created human beings. Chapter one and two described how human beings (man and woman) were created according to God's own image. They have received divine mandatory to "be fruitful and increase in number" and "fill the earth and subdue it". In order to fulfill this divine mandatory, a man should leave his family and be united to his wife. Both of them will become one flesh (Genesis 2:24). Hence we know that since very beginning human being was created as sexual being. Human sexuality is a good thing and sacred, a gift from God, the Creator, so that human beings become co-creator with God.

In the Hebrew Bible (Old Testament) we find sex-related texts such as:

— Genesis 26:8 – a story about Isaac who caressing his wife Rebecca

— 2 Samuel 11:1-27 – a story of David who was attracted by the beauty of Bathsheba and had sexual desire about her.

— Story about polygamy: Jacob married Rachel and Lea; Solomon had 700 wives and 3000 mistress (1 Kings 11:1-4)

— Leviticus 18-20 gives a guideline for not doing sexual intercourse during menstruation, prohibition for making sexual intercourse with animal and for exposing nudity.

— Song of Solomon explicitly exposes sexual attraction between pair of lovers.

From the Hebrew Bible's texts cited above, we can say that they refer to sex more than sexuality. Sex is also seen as a dominant medium of pro-creation rather than re-creation. Nevertheless, sex and sexuality do not imply negative meaning

but they should be celebrated. Misuse and abuse of sex and sexuality is condemned in Bible.

In the New Testament we have also similar views as in the Hebrew Bible (Old Testament). Sex and sexuality are not the central theme in both Jesus and Paul's teaching. Sexual issues that become important in Jesus' ministry are marriage, lust, adultery, and divorce (Matthew 5:27-32; 15:9; 19:3-12; Mark 7:21; 10:2-12; Luke 6:18). In these passages Jesus gave a new understanding of adultery. He debated those who agreed on divorce. Jesus implicitly taught the principle of respect, commitment, and caring, particularly for women. In the Gospels, Jesus did not mention much of marital life or family life as the aim of disciples' life. Rather, he emphasized more on disciples' capacity to control everything (including sexual desire) for Kingdom's sake.

St. Paul spoke at length about sexual intercourse in I Corinthians 5-7. In these passages, Paul taught that it is better to remain unmarried because the Kingdom of Heaven is near. However, for those who cannot maintain "self-control", it is better to get married than "to burn with passion". I Corinthians 7:7; 2-35 and Matthew 19:12 are used as foundation for celibacy. This teaching on celibacy had been developing in church tradition by which church has openly discussed the true meaning of sexuality.

Through the explanation above, the Bible's perspective about sex and sexuality is an integral part of our existence as God's creation. The right sexual relationship is monogamy marriage. Nonetheless, for those who choose celibacy they are called to embrace emotion as well as commitment.

4. Closing Remark: An Attempt to Develop Christian Sexual Ethics During HIV and AIDS Era

In the context of increasing cases on HIV and AIDS today, we note three important contributions of Christianity. First, sex and sexuality are God's gift for human being. Since God created human being (male and female), God the Creator provides space for human beings to be co-creator through pro-creational

function of human sex. As co-creator, human beings have rights to celebrate their body, sexual desire and emotion as re-creative medium in accord to God's will. This challenge us to engage in fighting against increasing sex commercialization. Sex and sexuality should be spoken openly because it relates to the existence of human beings as responsible creature.

Second, the calls for developing a clear understanding of celibacy. Seemingly we interpret meaning of celibacy as abstinence (self-control). Though sex is a God's gift and God had set us free from sin and death but we should not be tempted for free life totally, particularly to expose our sexual desire with risky attitudes. Sexuality is not merely genital activity or waist activity beneath. Hence for those who are married and unmarried they need learn to develop various sexual expressions as a part of his/her existence.

Third, sexual intercourse should not be performed without commitment and true relationship. The church should to develop a critical consciousness among the members that marriage is not only space to justify only sexual behavior, bur also love and commitment. Development of intimacy and honest communication between husband and wife will help them to confirm their marriage as a way to conduct God's mission and holding commitment for monogamy.

END NOTES

[1] James B. Nelson, *Embodiment: An Approach to Sexuality and Christian Theology* (Augsburg Publishing House, 1979)

[2] The Princes' Sex: Tradition and Ritualization of Javanese Hedonism, 2002

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Part V
HIV AND CHURCH

15

HIV AND AIDS: CHALLENGES FOR CREATING INNOVATIVE PASTORAL CARE PRACTICES

Joseph George*

Introduction

The **Reality TV channel** has a regular programme featuring various kinds of rescue operations all over the world. After each segment, the programme is concluded with an advertisement in which these words appear: *ORDINARY PEOPLE, EXTRAORNINARY SITUATIONS*. This is very true when one considers the issues of HIV and AIDS that has affected the entire human community in one way or other. The psychological, emotional, medical, ethical, theological, spiritual, and cultural impacts of this epidemic are considered unusual and horrifying. The concerns and questions that this epidemic has brought to the human community are yet to be sorted out with clarity and discernment. The efforts of the medical research community in developing a cure for this epidemic are still far from any success. The experience of the epidemic is still far from any success. The experience of the epidemic points to an unprecedented situation that calls for an extraordinary concern and commitment from the human community at large, including the global Church. There is an urgent ministerial call for the Church to develop professional knowledge, moral commitment, and pastoral skills to deal with this urgent situation.

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The Acquired Immune Deficiency Syndrome is a disease that attacks the body's defense against infections. The Human Immunodeficiency Virus immobilizes the key blood cells, which in healthy people activate the immune system. Persons who are affected with HIV and AIDS experience that their body becomes vulnerable to various forms of opportunistic diseases. There are sufficient authentic materials on the nature and characteristics of the virus, modes of transmission, and various symptoms of this epidemic.[1] Attempts are also made to highlight the social and medical issues that provide significant information for professionals working with HIV and AIDS patients. The magnitude of the problem worldwide is already known to the academic and to the service-providing community. Hence, this paper will not get into those details. Generally speaking, both the professionals and the public are still not clear as to how this kind of a human tragedy needs to be dealt with. Normal reactions of the public to HIV and AIDS seem to indicate helplessness and an obvious lack of concern and discernment in their thoughts and actions. This lack of concern and discernment in their thoughts and actions. This is also indicative of a general absence of direction and determination about this crisis situation. This is not the first time that the Christian community encounters a dilemma that has moral and theological implications. All through the centuries the Church has had to face implications. All through the centuries the Church has had to face extraordinary situations: internal conflicts, schisms, heresies, external threats, persecutions, natural calamities, famines, plagues, and so on. The main purpose of this paper is to examine the pastoral care practices of the Church, from an historical perspective, with a view to highlighting various innovative and creative methods of pastoral care that the Church developed in each phase. Further, it is proposed to present various ministerial task of the Church with regard to developing adequate responses in the context of such a serious dilemma that the Church is facing today.

We are far from any clarity with regard to religious viewpoints concerning this epidemic and other, related issues. There are many myths and misinformation about persons with HIV and AIDS that drastically hinder social interactions, helping actions, and community level relating. Further, whatever theological and pastoral viewpoints that are available are far from being satisfactory, especially at the

grass-root level. There are wide-ranging responses and reactions from the Christian community with regard to HIV and AIDS. This may vary from blatant condemnation (the virus infection as God's punishment for immoral behavior) to total silence and indifference. This epidemic is often descried as a major global crisis that has moral implications not only for the Church but for the entire world community. In terms of psychological attention, money and time spent for medical research, and the amount of emotional and relational struggles. HIV and AIDS could be seen as a major health problem in the world community today. Moreover, a sense of hopelessness and frustration pervades due to lack of any curable treatment for this epidemic at the moment. The quality and security of life is endangered with serious concerns, like HIV and AIDS. This situation has created confusion and concern at all levels. Stephen Pattison, a pastoral theologian, expresses this succinctly:

> AIDS challenges humanity at all levels of existence, from the governmental policy making to that of the suffering of the individual. All sorts of assumptions, beliefs and behaviours have become very problematic. Life will never again be the same for anyone with this mysterious, horrifying and incurable condition around.[2]

In HIV and AIDS, one finds serious moral and ethical issues that need further elaboration and clarification at all levels, regional, national, and global. The key question in this regard seems to be: What is the role of the Church in this situation: healer or judge? In the past, whenever the Christian community encountered dilemmas of significant proportions, it responded in specific ways to deal with such situations.

In this section, a word of clarification about **pastoral care** may not be out of place. The term pastoral care often has a narrow connotation: visiting the sick, care for the elderly, home visitation, and meeting people in their troubled times. This rather limited definition is not helpful to understand the significance of pastoral care activities in the Church in dealing with major crisis and critical issues. Every activity of the Church (local and global) is geared to nurture, guide, sustain, heal, reconcile, and empower the members of the congregation.[3] The pastoral care activities encamp the entire ministry of the Church that is centered on a theology of care and

moral commitment. A theology of pastoral care must begin with the affirmation that God's caring and nurturing activity continues to impact the entire creation of God. The redeeming activity of God in history is a caring activity. God's salvation through Jesus Christ is the ultimate caring action of God. God's action in history is a therapeutic action because it facilitated and continues to facilitate healing and restoration. Any attempt to understand and to engage with the people of God must affirm a theology of CARE. The Church, the people of God, the community if believers, in every place have a mandate to engage with God's creation with a sense of care and mutual support. The Church is a ministering and serving community because the Church reflects the fundamental affirmation, that is: GOD CARES.

This paper has three sub-sections with the following foci: in the first section, an attempt is made to review the pastoral care activities of the Church from an historical perspective. The second section is focused on discussing major practical, theological, and ministerial issues related to HIV and AIDS. In the third section, a model for ministry in the context of HIV and AIDS is proposed.

I. PASTORAL CARE AS A CREATIVE INNOVATIVE ENTERPRISE: AN HISTORICAL PERSPECTIVE

THE Church has a long history of facing new challenges and dilemmas that led the faith communities to form and re-form their caring methods and convictions. A close reading of several historical epochs reveals that many of the pastoral care theology and methods had been the results of the Church's engagement with serious issues and concerns in each phase. William Clebsch and Charles Jaekle made an in-depth analysis of how various pastoral care functions had emerged through centuries as a result of the Church's interaction with contemporary human concerns and challenges. The main objective of pastoral care was to help troubled persons and communities to overcome their troubles and to find resources to cope with a given troubled situation. The specific pastoral care functions that are dealt with in the work of Clebsch and Jaekle are *sustaining, reconciling, guiding, and healing*.[4] The role of the Church was to understand the trials and troubles of the faith community in practicing their faith and

maintaining their life. As pointed out by Clebsch and Jaekle, in every historical epoch the Church developed creative and innovative ways of pastoral care practice in interaction with the cultural heritage and their faith convictions. Clebsch and Jaekle summarize these view thus:

> The records, even when only sampled, reveal immediately two features of soul care under Christian auspices. First, the richness and inventiveness of pastoral ingenuity defy all efforts at complete comprehension, so great is the variety of ways that troubled people have been helped pastorally. Second, each intimate and unique act of pastoral helping in the past stands discrete within its own specific conditions – human, historical, personal, cultural, and ecclesiastical.[5]

The Church had to face new challenges, dilemmas, or moral problems. In each situation of crisis, the Church responded, at least partially, in order to withstand the impasse.[6] In this respect, the Church's response and action are considered as creative and innovative. The challenge posed today by the onslaught of HIV and AIDS offers an opportunity to the Church to exercise its creativity and innovativeness. Clebsch and Jaekle describe, how the Church had responded to the challenges of various eras (till the Reformation).

The Early Christianity

The first phase (from its inception to 180 AD) that Clebsch and Jaekle deal with is the Early Church in which they found **sustaining** as the most important pastoral function. The early Christian communities were scattered and each one was independent in its ministerial practice. Initially, these new groups of worshippers were not recognized as distinct from Judaism. In their interaction with the Judaic and the Hellenistic cultures, the early Christian communities developed their own distinctive customs, traditions, liturgies, theologies, and pastoral practices – independent of each other. The early church expected an imminent returned of the Lord. Under these circumstances the primary pastoral function was to sustain the people until the day of the Lord. This involved sustaining them from falling away from their newly found faith and from the influences and attacks around them.

The Church under Persecution

The second phase mainly deals with the experiences of the Church during the time of persecutions (180-306 AD). Though there were sporadic instances of persecution prior to this period, it was during this period that the Church was understood as a separate entity in the Roman Empire with its own belief systems and claims. The refusal of Christians to participate in the state cults resulted in large scale persecutions because the new 'sect' was considered as a threat to the unity of the Roman Empire. Indications from history reveal that hundreds and thousands of Christians suffered and laid down their lives for their faith and witness. During these persecutions, many Christians declared allegiance to the state practices, denying their newly found faith. But many others continued to affirm their faith and chose suffering. Now, the Church faced a difficult moral situation of dealing with apostates. The formidable task of the Church during and after the persecutions was to discern how to manage the apostates who wanted to come back to the church. Some, including the leaders, argued for reconciliation of the apostates while many others opposed the idea. Hence, **reconciling** became an important pastoral function during this period along with **sustaining** of the ones who suffered. The Church formulated methods by which the apostates could be reinstated to the faith community. One of them, being the public confession, led them to reconciliation and restoration.

Christianity in the Era of Royal Patronage

The third phase is a period of imperial favour of Christianity, beginning with Constantine, to the end of sixth century. The shift from a persecuted Church to a favoured religion attracted many to become members of that officially patronized religion.[7] Hence, large masses became Christians without knowing much about the fundamentals of its faith and practice. The Church faced the Herculean task of maintaining its own unity and faith while continuing to be a witness and an agent of transformation in the society. This led to the emergence of the pastoral function of **guiding**, which aimed at educating and nurturing those who accepted the new faith. The Church witnessed another epoch when Christianity spread to Western Europe and the so-called barbarian folks embraced this

new faith. During the Constantine period and after, with the spreading out of Christianity, the pastoral care dimension was more inclined towards **inductive guidance**. Hence, the Church employed specific methods of ministries to educate and to socialize those barbarians' to Christianity. In order to provide appropriate guidance, the Church raised specific orders of priests and monks who had the task of teaching and guiding. The prominent among these was the Benedictine Order. This was also a period in which the Church faced serious creedal controversies which also led to the development of teaching and guiding functions.

Christianity during the "Dark Ages"

The early Medieval Western Christianity continued to guide the new entrants to the faith community. Eastern Christianity, however, witnessed a different scenario with the rise if Islam and its antagonism towards Christianity. By the end of the 11th century, by and large the Catholic Church spread out to the entire European society. The universality and unity of the Christian Europe rested on the symbols of Papacy and the Holy Roman Empire. The Christian cultures interacted with the so-called barbarian cultures producing elaborate sacramental system. The ministers of the Church concentrated on facilitating healing, restoration, and grace to the lives of the suffering through objective sacramental agencies. They emphasized bodily rejuvenation and spiritual health through these sacramental ministrations. For example, the Eucharist provided grace and strength at every occasion of perplexity, joy or woe. At the time of temptation, disease, demon possession, moral frailty, economic ventures, journeys, bereavements, and emotional struggles the Holy Mass brought comfort, peace, soothing, and direction. In the same manner, each ritualistic and sacramental action implied specific meaning for those involved. This led to a strong sacramental-hierarchical system that aimed at facilitating **healing**.

Christianity during the Reformation

This period is marked by a major schism that resulted in the formation of the Protestant Churches and the emergence of Counter-Reformation. During the Renaissance and Reformation (14th, 15th, 16th centuries) period, the pastoral care activities focused on

reconciling individual persons to a righteous God. Hence, a major shift occurred from the medieval emphasis on pastoral practice. The act of reconciling during the persecution was within the faith community; it was an act of disciplining. However, reconciliation seen during the Renaissance and the Reformation was mystic in nature. Personal commitment and engagement of the believer in experiencing salvation was an essential part of the reformation thought. The emphasis of individual piety necessitated pastors to be fully engaged in leading the people. The clergy were encouraged to be engaged with the society fully so that they ministered effectively to the individual needs of the faith community. In this instance, even the priests were exhorted to marry in order to full engage with the social and family realities of the contemporary society.

Christianity under the Enlightenment

The post-reformation era of Enlightenment sought the explanations of life and world around without any specific reference to God and religious life. Hence, religion and God in some sense came under attack. As an adaptation to this situation, the Christian religion focused on the salvation of the individual person and the quality of life. Hence, much importance was given to morality, linking it to religious life. The earthly life was described as a temporary phase where one prepared for that which was permanent. The earthly life is a short period of pilgrimage and the ultimate is eternal life. In this context, the pastoral care activities centered around **sustaining** human souls in the context of hard realities, confusions, and perplexities of life. This sustaining is quite different from the sustaining I referred earlier with reference to the primitive church due to the contextual difference. The pastoral care activities now nurtured and sustained persons in order that they may experience their full human potential and growth.

Christianity during the Cultural Revolution

The Cultural Revolution that shook many of the traditional patterns of life and relationships between the French Revolution and the First World War also gave rise to new attitudes toward religion, religious commitment, and moral concerns. The political, social, and intellectual awakenings brought technological development,

nationalism, and the bourgeois morality. What was traditionally considered as Christian nation was weakened and the ecclesiastical power diminished with the withdrawal of the state support. Religion came to be considered more as a private affair and had minimum impact on public life. Hence, guiding became a prominent activity during these years along with the other pastoral care activities. About this era, Clebsch and Jaekle remark:

> The privacy of religion placed church membership on a voluntary basis and cultivated ecclesiastical pluralism. The function of guiding personal, private, pluralistic decisions of troubled persons pervaded pastoral concern and a pastoral activity throughout the nineteenth century and at the same time built the foundations for a later preoccupation with psychology and the psychology of religion.[8]

The Church during the World Wars (1900-1940)

The period preceding and between World Wars witnessed increased missionary activities and church planting.[9] The missionary agencies in the West, impacted by the revival movements, made efforts to evangelize peoples of other lands. When the 'pagans' were converted, they lad to be educated and trained in this new faith to make them discontinue with the old 'pagan ways' and to accept the 'civilized ways'. Hence, **guiding** became a prominent feature of the missionary Christianity. The 20th century church also witnessed the realities of hostility, war, and suffering. There were considerable attempts by the church at large, especially under the Ecumenical movements, to respond and to react to human made disasters. These also **empowered** the persons, groups, and communities to think and to act in ways that were constructive and liberating. The formation of agencies like the World Council of Churches (WCC) and the Student Christian Movement (SCM) and their contribution in this context is worth noting.

The Post-World War Christianity

The post-war context till the end of the twentieth century is considered as one period in this paper. The post-war situation led to much more vigorous anti-colonial activities. The leaving of colonizers

left many of the churches to develop more indigenous forms of Christianity. The radical change occurred with reference to traditional practices and values: the nature of family relationships, the impacts of secular revolution of the 1960s and 1970s, divorce and remarriage practices, the hardcore individualism supported by industrialization and depth psychologies, and the alternative life-style movements, and the indifference towards religion and religious activities drastically impacted the faith and life of the Church everywhere. The church encountered broken lives and relationships that needed **sustaining** and strengthening. These broken persons had to be **empowered** to face the challenges of life in the midst of various perplexities. In order to prevent personal and relational brokenness, the Church turned its attention to **nurture** the members of the congregation through various growth oriented programmes. In this endeavor, the depth psychologies impacted the Church tremendously. The newly emerging theological disciplines also influenced the pastoral care activities of the Church. Liberation theology, ecotheology, dalit theology, tribal theology, feminist theology, and many other local theologies in various Asian countries made tremendous impact on the life and faith of the Church. Hence, pastoral care functions differed from decade to decade and region to region.

All this points to a positive side of the Church, as it had responded to and developed creative and innovative ways of caring for the faithful and at times even for those who were outside the Church. At times, these responses appeared to be rather slow and late, but the fact remains that the Church did respond. What do we learn from this? The Church has the capacity and creativity to respond, but lacks determination and enthusiasm in a given context. Will the Church in the 21st century follow the same tradition or show determination and commitment to serve the poor, the sick, and the dying? Having provided an historical survey, let me present some of my random reflections.

II. A PASTORAL COUNSELLOR'S RANDOM REFLECTIONS OF HIV AND AIDS

My Encounter with HIV and AIDS

In this section, my main objective is to highlight some of my random reflections on HIV and AIDS with reference to my vocation as a

counsellor. It was during my doctoral study at Emory University that I had my first HIV positive person as a counselee. I was in an unfamiliar situation attempting to make adjustments to the cultural and academic situations. When I began the clinical work, I had no idea that very soon I would have to encounter an HIV positive person. In the first session, the counselee who was a middle aged Afro-American person, narrated a part of his story revealing that he was HIV positive. He was also in a rehabilitation programme, recovering from drug addiction. The feeling of anxiety, fear, and uncertainty was quite evident – not of the counselee but of the counselor! It took several weeks of conscious deliberation and clinical consultation thatbrought me to a tolerable level of anxiety in being with this person in the therapy room. During the clinical consultations, with my clinical supervisor and the peer group, I learned that the HIV positive person who came to the centre was well aware of his infection and the possible consequences. What he longed for and to experience freedom, comfort, and strength. During my five years of clinical work, almost 30% of the clientele I worked with in that situation was HIV positive persons, mostly men. The *therapeutic space and the quality of interaction created a safe space* for these persons to express themselves and experience a sense of worth and dignity.

The first counselees I met after my return to the United Theological College (UTC). Bangalore in 2001 was a couple from a distant place who came for treatment in Bangalore. The husband was suffering from AIDS while the wife tested HIV positive. They had a lot of difficulties to continue their treatment: financial debts at home, family, rejection, two children left behind with their aging mother, loss of his employment, and the social stigmatization and discrimination. Their temporary shelter in Bangalore was far below the basic facility needed for a sick person to rest and to take care of his/her personal needs. As the story was slowly narrated to me, I realized my vulnerability and a sense of helplessness. In spite of not knowing exactly what I was to do as a counselor, I continued my contact with this couple. The husband died in 45 days after my initial encounter with them. A Catholic church in the city took care of his funeral rites. The wife moved into a deep clinical depression and wanted to end her life because she did not see any hope from any angle. She considered herself a burden to everyone. The priest

and I negotiated with her the possibility of finding a shelter for her for a brief period which initially she resisted. I made an initial enquiry with the Arogyavaram Medical Center (now a Medical College) for her rehabilitation. However, one of the family members came to take her back home which was a relief for all of us. In retrospect, the function of sustaining the person at the time of crisis was possible with the assistance of a local church and the counselor. This was a learning experience for a counselor to understand the struggles of such persons and the ways in which one could be resourceful. Today, in such situations, I depend much on the resources around. In the city, in order to provide maximum help possible for the suffering persons and their dear ones.

I often visit a rehabilitation centre for the HIV and AIDS affected persons (men, women, and children) with my students or delegates of programmes on HIV and AIDS. I remember the first time I entered that centre and the inhibitions deep within me. I experienced a conflict between my commitment to be with this community (as a visitor/counselor) and the fear and anxiety. I had when I was in their midst. I was perplexed when the residents offered a seat, a handshake, a cup of tea, or a glass of soft drinks. My own assumptions and myths (at times false ones) created that anxiety which became a *hindrance to become a fully engaged visitor*. My ignorance, wrong notions and prejudices, initially, often stood in the way of my becoming an empathic person in the midst of them.

I remember the occasion three years ago when a group of us visited this centre and we were served tea by the residents. The tea was brought in a tray and every one of us was expected to pick up the cups. The silence and the resistance that I saw in everyone's face (including mine, though in different degrees) indicated the fear and the anxiety even to touch the cups that these residents used. I volunteered to pick up my cup first and others followed suit. During the reflections following the visit, the entire class narrated their thoughts, anxieties, and fears which they experienced during the 60 minutes they spent in that centre where a few people (doctors, nurses, counselors, and administrators) continue to serve those who are in urgent need round the clock. The way these professional treat and interact with these persons with HIV and AIDS reflect their personal

commitment, professional integrity, joy of service, and willingness to suffer. On the other hand, resistance, fear, and anxiety are signs of psychological "untouchability" and "unsociableness" that we create about others around us. These are *personal and professional barriers* that hinder us from engaging with the suffering people with an open mind a sense of comfort ability

During another recent visit to the centre, we were led to a hall where the residents were watching TV. They were requested to leave so that the counselor could give some orientation. As the people discomfort which later she explained: "When I sat, the chair was still warm". She was right, and everybody else agreed in silence. My chair too was warm! The situation became much more tense when the staff offered us soft drinks. Discomfort and reluctance was further see on everybody's face.

The participants of a workshop on **Combating Substance Abuse and HIV and AIDs** held for theological students in India[10] in April 2003 visited the same centre. Following the visit they shared their responses and reactions. Many of them expressed similar thoughts and feelings indicating *discomfort and fear*. For some of them, this was the first to a rehabilitation centre and the first encounter with persons with HIV and AIDS. In their reflection many of them expressed the desire to further develop their skills to deal with HIV and AIDS in their respective regions. The theological students in their reflection deplored that in their four years of theological studies there was not much attention given to these contemporary realities, except passing references in certain classes. I fully agree with their observation.

Self, Sex, and Shame

Quite often, in seminars and workshops related to issues concerning Sexuality, including HIV and AIDS, a lot of information is given detailing what sex is not: human sexuality is not dirty, not shameful, not sin, and so on. However, very little stress is given in defining what human sexuality is and its interconnection with other dimensions of personality. Similarly, very little information is generated on sexuality and the nature and quality of relationships. Development of the sexual aspect gives character, colour and essence to the human identity as females or males. (This is quite different from

sexual orientation – heterosexual, homosexual, etc). Without this sexual urge (developmental) human beings lose their essential character, vitality, and strength. This will be similar to the salt that has lost its saltiness – the essential nature of that substance. This is not adequately treated in our discussions about sexuality. Sex is considered to be very private, secretive, and society fosters a "don't ask, don't tell" policy about sexual matters. This leads to, at least in some, a sense of embarrassment and shame, when discussing matters related to sex and sexuality. However, the shame issue is much deeper and disturbing if it has anything to do with thoughts and actions that are considered as unacceptable.

Depth psychologists, in particular Sigmund Freud, give a lot of stress on the sexual nature of human beings, though Freud may have overemphasized it. Sexual urge in human beings is innate and has power to motivate and control thoughts, actions, and feelings. This may include conscious and unconscious thought processes and actions that have direct or indirect implications for understanding all human motivation and interactions. The awareness of a personal self (psychic self) is closely linked to one's understanding and experience of gender identity, male or female. There should be a language with positive connotation to detail our understanding of gender, sex, and sexuality. A Christian theology of sexuality should be related to the theology of creation where the entire creation is deemed good. Sexual urge in human beings (and other creatures) is a gift of God to humanity, to relate and experience the depth dimensions of personality. This gift of God must be honoured, understood, and utilized with maximum care. It is a mystery of God and an ecstatic experience in which one knows oneself and the other (similar to ecstatic religious experience) in a unique manner. Sex is a social, psychological, physical, emotional and spiritual experience.

Abstinence and Fidelity as Old Commodities: Remember, Old is Gold!

As a pastoral counselor I am deeply disturbed when I hear talks or conversations that imply that human beings are mere helpless poor creatures who have no control about their sexual behavior may not be based on any theory, either theological or psychological. I am aware that we live in an era where people begin to ask: "Are you

married to the same person for the last fifteen years?" The ability of human beings to shape their though processes and to control their (sexual) behavior is deplorably underestimated and degraded in contemporary thoughts. The ability of human beings (in positive environments) to remain single, to practice abstinence, and to remain faithful in marital relationships cannot be overlooked. Any attempt to reduce human beings as beings controlled by instincts amounts to devaluting and despising the worth, dignity, and inner capacity of persons. I am surprised that much of the literature and study materials on sexuality, HIV and AIDS, and human personality systematically ignore topics such as abstinence and fidelity. For some, it may be too stale, but in the present situations of the threat of HIV spreading, no responsible person and community can ignore the value of these so-called old virtues.

No More "Sex Education", but Education on Personality Development

It is quite depressing that I have been hearing a lot about sex education since my first year of theological study, some 25 years ago. The term 'sex education' creates curiosity but not necessarily an intelligent and emotional acceptance. The approaches used for sex education is far from satisfactory. Even in Western countries, sex education is faced with resistance and criticism. Who is to blame? Sex or Education? Or both? The language implied therein seems to have deeper implications in the community. Further, the language and its symbols communicate deeper levels of meaning that we ignore sometimes. It is high time we develop a vocabulary and language that will find larger community acceptance with regard to gender and sexual matters.

I am not against 'sex education' seems to indicate probably my 'liberal' views, but the way it is 'propagated' seems to indicate an unhealthy approach. The existing approaches largely ignore the fact that sex is an integral part of human personality that has close links with the intellectual, relational, and emotional development. Further, when one talks about sex education in relation to a situation such as HIV and AIDS we indirectly force the idea that sexual aspects ignoring intellectual and emotional development? This is a serious theoretical and methodological lapse. Hence, what we need is not

just sex education but **education on human development** where one may focus adequately on sexual development along with other dimensions of personality.

DEVELOPING A CREATIVE-INNOVATIVE PASTORAL CARE

Having given my random reflections, let me, now, turn to the task of the Church in the present day context. The Church as a community that fosters fellowships, witness, and service must act with discernment and vigor in order to shape contextually relevant ministerial vision, commitment, and practical methods of caring. The Church's moral commitment to facilitate transformation in the society cannot be fulfilled by being a silent spectator in the midst of suffering and pain. The 21st century Christian church must learn the fundamental principles of care from its commitment to the poor, the marginalized, the despised, and the suffering ones. The lessons from its own history may strengthen the Church to be engaged with the people, the burdened ones, and their communities. The church through its ministry may continue to reflect on the meaning of what Jesus said:

> Come to me, **all you that are weary and carrying heavy burdens and I will give you rest**. Take my yoke upon you, and learn from me; for I am gentle and humble in heart, and **you will find rest for your souls**.[11]

The Church in its pastoral activities must carry forward what Jesus implied in this message to all those who are sick, weary, despised, restless, broken, and untouchable in our society today. It is high time that these dimensions and concerns are incorporated into the curriculum of theological training in India. The pastoral care activities of the Church, Christian agencies, and the NGOs should be directed to address the struggles of the suffering people. In the context of HIV and AIDS, the affected person, his/her immediate family members, and the community around are the suffering ones. Further, the training of professional caregivers and volunteers is an important aspect of a caring community. This may include all kinds of training including theological education. In my opinion, the Church and Christian communities should focus on five distinct pastoral care approaches in order to address HIV and AIDS concerns and other related issues. Through these functions, the Church can retain keep

elements of its historical tradition and also develop creative and innovative ways of caring. In its commitment and action the community of believers should act with discernment to facilitate healing, sustaining, guiding, reconciling, nurturing, and empowering. The Church in the past had developed specific caring activities whenever there were serious issues and moral concerns. Why should the Church today shy away from engaging with the needy who seeks healing, sustaining, guiding, reconciling, nurturing, and empowering? What is lacking today, in our outlook and service, is a serious sense of moral commitment toward the broken ones in the contemporary society. These concerns must be addressed in the training ministries of the Church and theological education in India.

Rehabilitation and Care: Sustaining as the Immediate Need

The Church and its various related agencies must move into action in order to engage with and share the burdens of the suffering people. All those engaged in one way or other to help those afflicted must develop a participatory method of caring. In this participatory method, everyone in the community is involved and has a key role to play. The focus of such actions need not be on enhancing curing (as that is quite a distant possibility for HIV and AIDS) but **sustaining and healing of the person.** The Church's mission to be a healing and sustaining community cannot be confined to some occasional charity but should be expressed through a strong moral commitment to live with those suffering ones. The ones with experiences of rejection may foster not only the dignity of the dying but also the worth of the living (no matter how long!)There are, sadly, very few such centres maintained by Churches, NGOs, or government agencies in India. Moreover, most of them do not have adequate living and treatment facilities.

The Church and its related agencies must make a realistic appraisal of these existing centres of treatment and care in order to learn and initiate new models of rehabilitation centres that can sustain those in their brokenness. Whatever models we create must provide safe space for the persons to narrate their life stories, struggles, fears, and pains in order to experience healing. These caring centres could be places where participatory models of caring can evolve in order to provide the maximum help for all concerned. A WCC study

document notes:

> Caring can be expressed in various places where people can feel safe – at home, in the hospital, in drop-in centres – and it can be strengthened through the involvement of people from the whole community: neighbours, community leaders, church members, health professionals and those various organizations. This involvement transforms people's lives – people living with HIV and AIDS, those intimately linked to them, the wider community and those doing the work.[12]

These Sustaining Centres must be equipped with the following in order to deal with specific needs of the afflicted person and his/her family members:

Physical and treatment needs

Social, emotional, and psychological needs

Religious and spiritual needs

Besides shelter and medical attention, steps to address the social, emotional, psychological and spiritual needs of the HIV and AIDS affected people have to be incorporated in order to sustain the person. In the context of theological education, there should be adequate theoretical and practical focus to train the future ministers to engage with this form of ministry – sustaining the broken ones.

Prevention and Control: Guiding the Community

Prevention is an important dimension of Church's commitment to care for the HIV and AIDS persons and communities. The old saying: "Prevention is better than Cure" seems to be more relevant in the case of HIV and AIDS than in any other categories of illnesses. All helping agencies, including the Church, must develop methods that will address primary and secondary preventions. In this regard, I want to highlight three specific areas:

Educational Activities: Education on personality development – physical, social, psychological, emotional, intellectual, and sexual dimensions – these need to be seen as interrelated components. The sexual development is integrally linked to other dimensions of personality development is integrally linked to other dimensions of personality development. Hence, all caring persons and educators must take the entire personality development as the core concern.

It is also important that all our training and teaching must address the fear and anxiety with regard to certain diseases. Similarly, educational activities are to be planned for all age groups that will reduce stigmatization and discriminations at all levels. Further, all ministerial efforts should aim to inculcate and cherish positive human values, including dignity and worth of all persons.

Safe Sex Practices: Helping people, especially the high risk groups to adopt safe-sex practices that will reduce the chances of HIV infection. Even the so-called non-high risk groups must be gradually trained to understand the need for safe sex practices in order to avoid an "accident" through which one gets infected. Further, in a situation where one partner is HIV positive must adhere to safe sex practices to avoid 'harm' to the unsuspecting partner.

Abstinence and Fidelity as Virtues: As already noted, many cultures and traditions consider abstinence and fidelity as virtues. Unfortunately, these are outdated concepts for many people, including the professional helpers. We need to learn from psychology regarding behavioral development, sublimation of behavior, and the possibility of behavior modification. It is possible to control and modify sexual behavior when it is done in an intellectually and emotionally acceptable environment.

The Faith Community's Public Role: Empowering the Despised

The Church s a faith community also has the mandate to identify with the marginalized and the despised ones. It is in this identification and the role of advocacy that the Church can find its function in empowering persons and groups in order to encounter and to deal with critical issues and concerns in life. The advocacy role may include the fight against:

Stigmatization and Discrimination
Political apathy towards this crisis
Denial of basic human rights
Denial of residence/employment
Denial of medical treatment
Denial of property rights

Creating New Communities: Nurturing and Supporting

There is a great need to plan for the creation of new communities that will exist to serve not only those affected with HIV and AIDS but also the entire community around. The new communities are to be based on love, compassion, and hope rather than rigid structures and judgements. The new communities are possible with caring people who have a deep sense of moral commitment for the entire creation of God. This kind of amoral commitment calls for changes in attitudes, values, religious practices, and even the environment.

> In living its identity a caring community and in facilitating change, the church can develop practical approaches to HIV and AIDS. It is through caring with people that changes in attitudes, behaviours, and the environment happen. The process of caring is linked to the response of people as they move towards their own change and healing. In so doing they help to prevent HIV and AIDS fro spreading, and find hope for the future of their families and communities[13]

Creating Networks for Optimal Use of Resources

The Christian community's effort is only a part of what the entire human community can do in caring for the HIV and AIDS. The NGOs and governmental organizations in the field can be excellent resources if they are available. There is a need for the Church to learn from the experiences outside the Church in order to strengthen its own commitment and action. There are many things the Church cannot do on its own, in this situation, but in collaboration with others it may be possible. Hence, the need for initiating networks (local, regional, and national) for mutual support, consultation, and guidance.

Conclusion: A Call for Compassionate Persons, Compassionate Communities

The contemporary trend of curiosity, judging mentality, and the way of assessing 'rightness' or 'wrongness' of actions is quite evident in all forms of life situations. Human communities have established and maintained relationships and bonds based on what was considered as acceptable and non-acceptable behavior all through history in specific periods of time. However, there have been instances when persons and communities have gone beyond their limited frameworks to care for others, thus, portraying the depth of

their moral commitment. This is a time in history that we and our communities must reflect our moral commitments through actions that will heal, sustain, reconcile, guide, nurture, and empower people around us. In their discussion about moral commitment Anne Colby and William Damon remark:

> In the bleakest of historical epochs, there are people who step forward with noble purposes and inspiring acts. Good faith and virtue shine through their deeds; the sincerity of their intentions resists suspicion … human goodness, in fact, is both persistent and fragile. It appears when we least expect it, under conditions that are little understood and difficult to create. It can arise in settings that seem devoid of anything but sheer evil, deep within a totalitarian society, in a forlorn prison or concentration camp. It can vanish in the midst of fortune and happy companionship.[14]

The book of Job continues to be a challenge for the 21st century world to understand different dimensions of health, illness, suffering, and healing. The cause and effect theory of objective science has also impacted social ad biological sciences. Everything that happens in personal and collective lives is understood to have immediate causes. Even illnesses are understood from that angle. The classical example of this is found in the interaction between Job and his friends. Job appeared to be suffering from a severe and mysterious disease. The friends appeared to be very concerned about Job and his condition. They were quite empathic with him. They sat with him and cried with him. Yet, their theology was controlled by what they learned from their cultural, social, and religious settings. This points to us the biases, prejudices, and misinformation that impacted their thinking and interactions. They were reasonable, rational theological, and partly empathic. Yet, what Job missed in these interactions was **compassion** – a deep sense of concern, love, and commitment. Jesus had compassion on his people, even to the extent that he wept with those who were weeping. What we need today is compassionate persons and communities who will stand with the marginalized, oppressed, despised, and the suffering ones. The challenge for theological colleges and church communities is to become compassionate communities. Let us face it with courage, conviction, compassion, direction, and grace.

END NOTES

1. The earlier presentations in this consultation have given due attention to medial, theological, and ethical dimensions of HIV and AIDS. Hence, a repetition of those factors is not attempted in this paper.
2. Stephen Pattison, Alive and Kicking: Towards a Practical Theology of illness and Healing. London: SCM Press, 1989, p. 130.
3. For further clarity with regard to my definition of pastoral care, refer to the diagram on the theology of pastoral care that I have presented elsewhere.
4. Clebsch, William A & Charles R. Jaekle, *Pastoral Care in Historical Perspective*. New York: Harper Torchbooks, 1967, p.14ff.
5. Clebsch & Jaekle, *Pastoral Care in Historical Perspective*, p. 1. (emphasis mine)
6. I am heavily indebted to Clebsch and Jaekle for the description of these various historical epochs till the Reformation. No other work is known to me that links history with the development of pastoral care. From Reformation to the Present is a tentative formulation that I have attempted for this paper.
7. Clebsch & Jaekle, Pastoral Care in Historical Perspective, p. 19.
8. Clebsch & Jaekle, *Pastoral Care in Historical Perspective*, p. 30.
9. The following periods are not found in the work of Clebsch and Jaekle. This is my own construction to support my argument that the pastoral care activities were contextually shaped as the church in each phase encountered specific difficulties and moral concerns.
10. This was a Workshop held for theological students in India, jointly sponsored by the United Theological College and the Christian Medical Association of India, and coordinated by Dr. Joseph George and Fr. Johney George. There were about 50 students representing 22 theological colleges from South, North, and North East India. The programme was held from 22-24 April 2003 at the United Theological College, Bangalore.
11. Mathew 11: 28-29 (NRSV; emphasis mine)
12. WCC, *Facing Aids: The Challenge, the Churches; Response*, Geneva: WCC Publications, 2002, p. 83.
13. WCC, *Facing AIDS*, p. 83
14. Anne Colby & William Damon, *Some Do Care: Contemporary Lives of Moral Commitment*. New York: The Free Press, 1992.

16

COMPASSION AND CARE FOR PEOPLE LIVING WITH HIV

Ezamo Murry *

HIV epidemic as a global emergency is at large in the society touching all sections of the human community. The body of Christ, the church also has AIDS. In Musa Dube's words, "There is *no us and them*; we are all *one in Christ* (Gal. 3:28). Owning up is a much-needed theological challenge for the Church of this era. We as the body of Christ, the Church, we have AIDS."[1]

HIV STORY IN INDIA

The first AIDS Clinic in India was set up by Dr. I. S. Gilada in Mumbai in 1986. The first known Indian person living with HIV, Dominic D'sousa was detected in 1989. Dominic was then kept in a Sanitarium for nearly two months under armed guard.[2] The pandemic began to be detected in the North-Eastern States in the nineties and the situation at present is alarming. The States in order of high prevalence are, Manipur, Nagaland, Assam, Mizoram, Meghalaya, followed by the other States with lesser incidences. Although the sex channel is reported the highest the world over in transmitting the virus, Manipur is reported to have the Intra-Venous Drug User channel as high as 56%. This is understandable considering its vicinity to the Golden Triangle of drugs production bordering China, Myanmar and India. Of the total population of 2 million in

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Nagaland 25,000 infections are reported of which 75% is of the age group of 16-40 years. While the dominant route is sexual, 80% above anywhere, Assam is reported the highest frequency of unprotected sex among the states in the North East India. Manipur is termed the 'hot bed' or the 'epicenter' of AIDS in the region. Nagaland is ranked the 6th among AIDS populated States in India.[3] In Nagaland the virus is reported as moving towards the rural population. Rural people rarely know the danger of the virus or the need of safe sex. When infected they can neither afford the drugs to sustain themselves, nor is such a facility within their reach even if they can afford to buy. Nutrition and sanitation in these rural areas are very poor too. Condom use in this region is reported the lowest, due probably to ignorance about the deadly virus and, secondly to certain religious beliefs.

Science keeps us hoping. Though an AIDS cure has not been reported, some improved means of handling the disease or by treating the opportunistic infections, by keeping the nutritional level of the infected stable are reported. Powerful drugs like Anti-Retroviral Therapy (ART) or Highly Active Anti-Retroviral Therapyhave been in use for both prevention and treatment. In August it was reported that the Naga Hospital at Kohima acquired the CD^4 cell counter facility for free service. HIV vaccine is promised and being tested. Even in India such a test is promised much awaited.[5] Unfortunately, ART that may sustain and prolong the life of the People Living with HIV are not available for all in India. Hence it is reported that the Americans live with the virus longer than Indians. However, so far as its cure is concerned, the observation stands, *science has been negative though HIV is positive*[6]. Thus assuming its healing is distant or impossible to science, we now turn more toward what may be considered the psycho-socio-religious means of *sustaining* as an ally to healing and the ongoing search by science.

Psycho-Social Implications of the Infected and the Affected

People living with HIV are stigmatized by society, even using terms like '*new lepers'*. The loved ones of the infected feel the

same stigma as they are often looked at with fear and hate, unfortunately. They are made to feel ashamed, victimized, isolated, and even considered divinely punished. The spouses of the infected, especially the wives, feel cheated by their spouses as most infected spouses are the wives. Millions of children whose parents have HIV are expelled and segregated and orphanages refuse to accept children living or affected by HIV according to the 2004 documentation entitled "Future Forsaken: Abuses Against Children Affected by HIV/AIDS in India." and released in 2004. They are refused acceptance in the society, refused admittance in educational and recreational centers. "Although schools are supposed to accept children with HIV, there is a difference between policy and practice," explained Nampheung Plangraun, the manager of AIDS Access Foundation, a UNICEF-supported non-governmental organization (NGO). "All children can go to school, but they often return home in tears because their friends tease them or the other children refuse to play with them or their teachers isolate them. We have one child here who was forced to eat in a separate part of her school for a year. The attitude is that you should cut off the weakest part for the benefit of the whole."

An overwhelming percentage of the People Living with HIV are reported to be youth between the age of 15-25. Their self-esteem, their sense of competition, consciousness in public appearance, capability, brilliancy, vision for life mission and physiological drives are all in ascending scale at this stage of their growth. The moment they are diagnosed HIV positive, these entire aspirations come down suddenly to the lowest ebb. However, their physical needs, the need to give and receive love, their emotional susceptibility and vulnerability remain the same even after the infection. Klaus Wendler, in his study of the psychological impact on the infected suggests that the diagnosis makes a strong negative impact, causing despair and discouragement. Then the patient regresses psychologically to earlier stages of life which were more comfortable and so gets into denial of the reality by mental defenses saying s/he does not have AIDS, or that *it can be cured*. Then later the patient acknowledges the reality and goes through the suffering and

pain, even agreeing to continue the treatment utilizing the energy and time still available with him/her. Finally, the patient accepts the reality of death and prepares for it and settles the rites of exodus with the loved ones.

The caregivers need to know the varied emotions of people living with HIV go through like loneliness, frustrations and resentments, including hostility to God and to the medical science. Responding to their emotional expression would involve patient listening and making them feel valued and liked. They need to be listened to and to be touched. They cannot bear the society's exclusion, discrimination and stigmatization. Human sexuality plays such an important part in personality that its reciprocity with the loved ones releases physical and emotional tensions and brings reassurance of one's importance as a person deserving love and affection.

Care in the Light of the Traditional Pastoral Functions

Seward Hiltner, a leading pastoral theologian from the Princeton Theological Seminary, conceptualized the pastoral function under three heads; *Healing task, Sustaining task, and Guiding task*[7]. Later, Clebsh and Jaekle, added one more vital task as *Reconciling task* of the Pastor[8], Still later, H. J. Clinebell, felt Nurturing task as another vital task of the pastoral ministry[9]. *Empowering*, seems to be another vital aspect of care emerging these days.* These functions are underlined here to see how the present challenge of AIDS care can be facilitated by the Church in general and the pastors in particular, assuming these tasks. Each of these is briefly examined keeping in mind the topic on AIDS care, but only the first two are examined in more detail for want of time and space.

Healing: Taking the person and the society as an organism, a functioning whole, Hiltner understood healing as the process of restoring functional wholeness that has been impaired as to direction and/schedule. Disease and illness suggest that certain direction-impairing processes are at work and that these must be deprived of force if healing is to take place. ART that prevent the virus from further reproducing can be an example. When

the disease process is arrested thus the healing process becomes dominant. The factor that create brokenness that requires healing, says Hiltner, are of four broad types, defect, invasion, distortion, and decision. In the light of these conditions of brokenness, HIV can make a person broken by defect (inborn defect in the person including the lack of immune system), invasion (the virus invading the person from external agencies, and so acquired), distortion (by human misunderstanding and misjudging, unjust distribution of facilities, discrimination etc.) and decision (by the person's deliberate decision to adopt harmful behavior).

When two Church historians, Clebsh and Jaekle, studied the functions of pastoral care from the historical perspectives from the early church to date, they found that the church at times used a variety of instruments in healing ministry including, anointing, saints and relics, charismatic healing, exorcism and *magico-medicine*. They also found that pastoral healing has been aimed to overcome some impairment by restoring a person to wholeness and by leading that person to advance beyond his/her previous condition, that is, healing had a forward gain over the condition prevailing before illness.[10] Healing of the physical wound is an area of the physician and so the pastor may have very little capability to effect healing in the literal sense. Christian healing, however, should be affective beyond the grave. When healing is either impossible or distant, the pastor takes another mode of care, *Sustaining care.*

Sustaining Care

Sustaining care emphasizes on standing by. Sustaining ministry takes place where change is impossible at least for the moment. It is the ministry of support and encouragement when the situation is irreparable. Bereavement care is an example of sustaining care and so also the ministry to the people living with HIV whose situation neither the pastor nor the doctor can reverse. In sustaining care even comfort is not always effective and silent companionship may do better in such situations. Later on, says Hiltner, the crisis passes or assimilates and the emotion comes down when consolation can be relevant. The emphasis

in sustaining care, Hiltner says, is on the suffering of this present time, and, not on any degree of glory which shall be revealed later (cf: Rom 8: 18, where Hiltner reverses the Pauline admonition). Clebsch and Jaekle found sustaining care most relevant in the early church where the church's frontiers were hostile with persecution, invasion and martyrdom that made the trend of human destiny in the hand of God appear as it is moving downward. Sustaining care made the believers re-affirm that in spite of these destructive situations human fulfillment lay beyond such destruction. These scholars found that during those turbulent early centuries pastoral sustaining took four forms which are also directly applicable to AIDS care today: preservation, consolation, consolidation, and redemption.

Preservation, sought to help a person to suffer as little loss as possible. It is the ministry of holding the line against other threats, or further loss, or excessive retreat. Bereavement, or coming to know one's life threatening medical report, for that matter, discovering the infection in the case of the people living with HIV can be examples. A word, a glance, a touch, and a gesture of sympathy in compassion with the sufferer are useful methods of caring in such a situation.

Consolation, sought to offer to the disconsolate person the hope that actual losses could not nullify the person's opportunity to live and achieve his/her destiny under God. However, the caregivers should know when words of consolation benefit the person most. For, there are times when the sufferer will shut out even the word of God. When appropriate, hymns and scriptures, prayers and sacraments, can become immense sources of comfort. Inappropriate use of religious resources can however even harden the person's heart toward God. Consolation care is the ministry of bringing the people living with HIV into an understanding of his/her belonging to the company of hopeful living.

Consolidation, sought to help gather the reaming resources available to build a platform from which to face up to a deprived life. It is a care to help regrouping of remaining resources despite

loss, a new mobilization. People living with HIV may decide to live the remaining few years for the best benefit of the family and the love ones. Not all things of life tumble down at any loss. One can embrace the loss, 'face up to it' and build up strength again. Some people living with HIV deciding to live and work for the prevention of the virus from infecting others is an example.

Redemption is the stage of embracing the loss and setting out to utilize whatever is left by the loss. The available time is redeemed, in the biblical sense (Eph.5:16) and lived in quality. Like in consolidation above, people living with HIV and the affected loved ones can make best use of the time available with them and become a benefactor for many, even by advocating HIV prevention. John Milton, the great poet is said to have written three epics after he became completely blind. Ashok Pillai of Delhi who had lived 11 years with HIV was said to be the first to spread the message that HIV was not just about dying, he said, "it is about making the best use of one's limited years" (*The Times of India,* April 20, 2002).

Guiding, Reconcilling and Nurturing Care

Guiding, Reconciling, and Nurturing care will also contribute important modes of ministry to the people living with HIV and the affected persons around them. Guiding will include educational, preventive measures, physical arrangement and assistance in many ways. However, Hiltner made sure that pastoral guiding is not a coercive guiding. The affected person has the right to decide in many matters. Even the choice of therapy or use of means to heal, or whether or not to institutionalize, should be left to the people living with HIV once the caregiver unfolds the spectrum of available resources to the them. The choice is left to the person. *Reconciling* ministry will also play an important role, especially with the people living with HIV accepting oneself and reconciling oneself to his/her true self, and to the family and the society, including reconciliation with God. Dying after reconciling with one another and reassurances of love and acceptance is different

from dying with bitterness. Nurturing, will have an important role in ministry to the people living with HIV and the affected. Nurturing not only the body for healthy living but also the spirit with the spiritual food befitting the destiny with which God gave us life and to whom our souls will finally find rest. *Empowering* as an aspect of care will include conscientizing the oppressed and the marginalized to enable them to utilize privileges and rights available to them, for instance, the subjugated or discriminated women and children can be empowered to discover their legitimate provisions, whether of legal, economic or social rights. Empowering also includes educating the uniformed to open their eyes to fight against evils and the enemy of life.

Some Relevant Pastoral Approaches in Caring for People Living with HIV

1.*System approach*- A system is a set of elements standing in interaction. A pump set is an example of a mechanical system. The human body with various related parts is an example of a physiological system. A family is a unit of a social system in which the members of the family are inter-dependent. St. Paul has illustrated this system in 1 Corinthians 12. Family or social system is an organism that makes the members of the family bound to become a functioning whole. In the family system there is a corporate experience of hurts, loss, and threat as well as of joy, fulfillment and security. A member of the family living with HIV will therefore make the whole family personally affected with HIV. The whole family is in some way responsible in creating such circumstances. The system approach to care for people living with HIV becomes a family and a community concern. It will also help us to see how care giving will engage the whole network of filial and other forms of community relationships. Healing of one part of the system will also bring healing to the whole body.

2.*The Good Samaritan model* – Seward Hiltner, takes the Good Samaritan model for the healing, sustaining and guiding care. Attending to the wound, lifting and guiding to the inn and organizing to continue care by the innkeeper with assurance

to reimburse for the expenses. This is relevant particularly in the context of caring for the people living with HIV. The caregiver did nor inquire what caused the circumstance trying to find out whether it was the wounded person's or the society's fault, he did not inquire what nationality, whose family or what sex the wounded person was. He saw and he just knelt down and helped. In the eye of the majority people, the Jews, the Samaritan himself was a despised person, one who was not pious. But he became the only person who had compassion for the wounded person. Here is a point for people living with HIV becoming helpers of others living with HIV, agents of compassion.

3. A *phenomenological* rather than a medical model approach – a phenomenological approach in care and counseling does not dig the past to diagnose the problem like the psychoanalyst would have done. C. E. Scott makes the point clear,[11]

> In a phenomenological approach one's understanding of scientific is changed from accounts based on linear causation, mathematical measurements, and laboratory-oriented perception to a method of description in which the intentional *spacio-temporal* structures of the presence of things…is taken centrally to account.

In the context of care for people living with HIV, the phenomenological approach attempts to describe the world (or situation) as it appears, not necessarily finding an objective truth. It sees the troubled person in his/her *internal frame of reference*. Carl Rogers' emphasis on empathy (similar to compassion) and client-centered approach in counseling is relevant in caring for people living with HIV. Rogers also insisted on an *unconditional positive regard* of the one being helped by the helper. The respect and positive regard of the person by the helper is the backbone of Rogers' therapy. Here, the helper will not seek to know whose fault caused the problem and the therapist will not ask if the person is worth helping. Rogers' high regard of the person's worth is to be a lesson for such caregivers. Such is more in line with a theological view of humans and Rogers, though a psychotherapist is sometimes

called a better theologian than many other theologians in the sense the former accept people as worth compassion and love more than the latter.

4. *Hospice and Palliative care* – Hospice is a program of care to relieve the emotional, physical and spiritual suffering of the terminally ill. Hospice is a radical shift from the institutional care to home care. At home, people living with HIV as well as the affected receive care and the bereaved are supported through the recovery period. Palliative care is the active and compassionate care of the sick person at a time when the goals or cure or prolongation of life are no longer possible or most important (Latimer, 1991 quoted).[12]

Palliative care is a bedside care (it seems to have come from pallet, or bed) where family affection, spiritual concerns and pain control becomes central. Such mode of care will be relevant to a communitarian society like the people of the North East India where the loved ones would prefer home care than living in isolation. This is to communicate the compassion of the loved ones to the dying with their words, touch, solidarity and loving care. In tribal societies like ours, it is a social shame for a family to leave the ailing or dependent member of the family to the care of others. Home care of the sick therefore, is not alien to the tribal community.

Caring Motives in Christian Faith Tradition

God is a Creator (Gen 1), a Preserver (Ps. 26.6) and Restorer (Ps. 23:3) of humankind. Jesus is a Savior or a Healer. James Lapsley in his book, *Salvation and Health*, shows how closely related salvation is to health. Jesus' motto for ministry was centered on healing, feeding, restoration and forgiveness (Lk. 4:10, 21). Jesus' healing power was the evidence that God's rule has entered the world and thus the powers of evil destroyed. Therefore, his commissioning of the Twelve as well as the Seventy had healing as an important task. Bishop John Sadique,. Reminds us of the motto of the Christian Medical Association of India which reads. "It is our conviction that healing is an essential part of the work of the church whose mission it is to represent God as revealed in Jesus Christ."[13] God has a special

concern for the poor, the sick, the orphan, the widow, the marginalized and those downtrodden. Jesus associated himself with these poor of the society by touching them, forgiving them, healing them, feeding them, sitting and eating with them, and by uplifting their ego, showing how valuable each of them is in the eye of God. Compassion moved Jesus to be in solidarity with and caring for the suffering humanity. As Klaus Wendler admonishes, the caregivers need to enter into this world of pain and distress with compassion and solidarity. Even when the church does not approve the life-style of the people living with HIV, the church has no choice but to be involved in the work of support and care. For, the work of the church is to continue the work of Jesus.

We have references in the Old Testament that those who disobeyed God were subjected to various forms of punishment including dreaded diseases (Dt. 27:15-26, 28:15-28). R. L. Hnuni, rightly remarks that the church's attitude toward the people living with HIV today is the hangover of that principle of divine retribution. Leprosy was one such dreaded disease considered a stigmatized affliction. However, Jesus revolutionized that attitude by declaring that sickness is not a result of sin. Jesus healed by touch and forgiveness. The belief about HIV and HIV-related illnesses as a divine retribution is strong even among the healthy Christians. A study by a group of doctors revealed that Christian people living with HIV were more inclined to believe that their sickness was some form of divine retribution. Similarly the post-holocaust Jewish theologians were said to attribute the sufferings of the Jews to their sins.[14]

The World Council of Churches has published a very useful book for use as a tool in ministering with the positive people, *Listening with Love*.[15] In this book, listening as an approach is advocated like in all other pastoral counseling events. Counselors speak about empathic listening which amounts to listening with compassion and love not only to what is heard but also to what is seen. Listening is considered creating a ***sacred space*** for the other to respond. Jesus' patient listening to the

two men on the Emmaus road is taken as a good example of how the pastoral counselor listens with empathy, love, and compassion to the frustrated persons.

Compassion

Compassion is a prominent Biblical word and is a spiritual virtue which can be explained best in context of the Ultimate Reality, God, in whose character and magnanimity alone compassion can be explained in its fullness. Compassion is a derivative from a Latin word meaning, *to bear, suffer*, and so, *suffering with the sufferer*. In common use it means sympathy or pity for the plight of another, to be moved emotionally by the other's tragic situation or distress. Compassion is close to sympathy, another language of care. It is further observed that[16] compassion implies both the emotion experienced when a person is moved by the suffering of others, and *the act of entering* into the suffering of another person with a purpose of relieving it. It includes both the desire to relieve suffering and an action to relieve it. Compassion involves doing rather than saying. One who shows and lives compassion, therefore, accepts responsibility to heal, bring hope and minister justice. Compassion is the avenue by which God's grace and spirit – spiritually, emotionally and physically – come to those in need. The Good Samaritan's example is an act of compassion in that he, seeing the wounded man by the side of the road had compassion on him. He took this compassion into action helping him to recover (LK.10:33-35). So also Jesus was moved by compassion when he saw the hunger, sickness and rejection of the people and so fed them, healed them and lifted them. Compassion is a God given virtue in humans. Different cultures have stories to cultivate this virtue throughout the generations. In the present writer's tribal stories there are instances like, the younger sister whose lunch was delayed by her elder sister that made the former become a chameleon; in another folk tale the brother and the sister who were ill-treated by their step-mother turned into monkeys; and such stories are told and listened to with a deep inward appeal to compassion. The god of the higher heaven is believed to push down boulders upon humanity on

earth whereupon the god of the lower heaven muttered, 'Show compassion to my chicken (people) below', and broke the boulders into pieces of normal hail, thus protecting the people on earth. Among the English, there is the story of how Napoleon, the great conqueror was moved by compassion when one of his soldiers attempted to cross the English channel by a raft made of twigs just to go and see his mother. The story of St. Martin giving a portion of his cloak to the dying beggar is another moving story to teach compassion. There is an Assamese story of *Tajimala* of ancient Assam whose story of ill-treatment and torture by her step-mother moved us to compassion even as school children. Gibson is reported to have said he produced the film, The Passion of the Christ, just to arouse human compassion on the suffering of Christ that the gospels had failed to portray adequately. All these legends, including those legends of tragedies are meant to cultivate the virtue of compassion in human hearts.

Judaism considered compassion (*rachamin*) as an attribute of God (Exodus 34:6) which humans are enjoined to imitate. In Christianity the cross is the sign of God's compassionate participation in the sufferings of creatures and the forgiveness of their sins. As J. Ezhanikatt observes, "The Christian who accepts divine compassion is liberated to share with others and thereby extend and participate in the compassionate, reconciling work of God in history."[17]

Unlike the Greek philosophical concept of apathetic theology (that is, God cannot feel or suffer), Christian theology affirms the *pathos* of God (God capable of being affected by outside influences and feelings). The *pathos* of God is manifested in the divine compassion revealed in Jesus.[18] A compassionate Christian caretaker is therefore, one who exemplifies God's compassion in a deeply felt sense of solidarity with suffering persons transcending class and culture. Compassion is the cardinal virtue of the pastoral tradition, the indispensable quality that motivates and deepens all charitable, healing, and caring acts into events of moral and spiritual significance (Ezhanikatt, cited above). Pastoral ministry is a

ministry of caring for human needs. It requires compassion, more than just sympathy in words. A case method study of pastoral theology from the global perspective concluded with a note on AIDS, thus, "*Although AIDS is an affliction with global implications, ministry to persons with the virus (or with AIDS) is highly personal, calling for deep compassion and often sacrificial love and caring*."

Some Alternative Caring Paradigms

1.Norine Kaleeba takes HIV back to the community: Kaleeba was left a young widow after her husband died of HIV-related illness in Uganda in 1987. Her life then was dedicated to saving humans from HIV. She said, "Our principal message is faithfulness, abstinence, then condom, in that order". She found that the infected came to know their fate only when they were so told in the hospitals. The AIDS Support Organization (TASO) aimed to reverse this order and take the people living with HIV back to the community. For it was a part of the African culture to care and support the sick by the family, much like the tribal communities in the North East India. Kaleeba, taking the people living with HIV back to community declared, "*If AIDS took everything out of this country, one thing we must not allow AIDS to snatch away is community togetherness. The family spirit must survive at all cost*."[19]

2. *Heal lives if you can't cure cancer*: A group of doctors in Kolkata seeing they could not cure the terminally ill fathers decided to raise money from among themselves and began to support those children whose parents died of cancer.[20]

3. *AIDS can't be cured, care is our immediate priority* (D. E. Messer),[21] Messer exclaimed that there is no time even to ask whose sin causes the infection. There is no time even to ask whether God loves and cares for people living with HIV. Jesus is already at work with the people living with HIV. Franklin Graham is quoted to have said," When the history of the 21st Century is written, may it be said of Christians that we show the love of Christ by leading the way in defeating HIV/AIDS"[22]

4. *AIDS can't be cured but AIDS can be treated*: The Health

and Family Welfare Minister, of India, A. Ramadoss stated this in the 2004 International AIDS conference in Bangkok.[23]

5. *Bush, Atal or Gate can't stop AIDS, people on the street can*: This remark by G. N. Sibley, US Consulate General, while visiting Guwahati, is another cry to take up prevention back to the common people on the street as against the flood of money that won't stop HIV, and the command of the politicians which often remains only on papers.

Ways Forward to Get to Zero

Some churches all over the world are developing theological curricula on HIV to teach the generations to uproot the pandemic. Klaus Wendler's study on HIV, found 45 of 69 attributing their wellness to spiritual experience, a strength coming "from deep within the self, the soul".[24] When physical cure has not been possible, the sustaining elements from the faith tradition, such as, love, mercy, forgiveness, reconciliation, compassion and hope of life after death, become more relevant. The faith community can prepare the infected to prepare well to face their life realities, even death. It is painful to say that there are still some hangovers of the old belief that AIDS comes from God as a divine retribution to the sinners. This belief has prevented the church from showing its core message of the gospel - God's acceptance of persons as they are, and preaching the forgiveness and regeneration in Christ. Some churches have even resolved not to attend to the sickness and funerals of the people who died of HIV-related illnesses. This is an act of passing judgment on people living with HIV by the church itself.

As the scientific community continues to discover the cure of HIV, theologians are called to address human dignity and that all are created equal and in the image of God.. Removal of stigma can be best done in the context of this human equality and dignity irrespective of who and what state a person is in. the Nagaland State AIDS Control Society (NSACS) has adopted a humane approach to people living with HIV by launching a program to dispel social stigma attached with the sickness by incorporating community participation and meaningful

involvement of people living with HIV.* This is an act of passing judgment on the afflicted by the church itself.

Let us rejoice that in spite of this small corner of darkness in the church that has not been convinced of God's love for the people living with HIV, some churches have taken this pandemic as a challenge to her mission to care for the afflicted, the rejected, the wounded, the orphaned and the widowed. The other very important step the church should take up is *sex education* in the church. If the percentage of causes of HIV infection is so high (80% above) the church cannot remain shy about this topic anymore. When teenage pregnancies, pre-marital sex among the youth is so high (67%) in many countries including India, when sex industry grows, and when rape rates shoot up, proper understanding of human sexuality and the dignity of its purpose is an important opportunity for mission by the church, not only by the media. Anne Bayley[25] alarms us to recognize that *women's lack of power and permission to resist male sexual demands as an important barrier to change.* She points out the economic pressure on sex, like, the vulnerability of the single girls who are in want of cash to clear their school fees or for their small luxuries that their parents cannot afford, and for which they are compelled to sell sex to support themselves and their children, and even married women who cannot feed or cloth their families with what their husbands provide.

The church should also help in income generating projects; cooperate with the governmental and NGO projects to help the public, especially the poor. This will also minimize the unwanted sexual activities for sustenance of life. Proper sex education will also do away with harmful myths like the belief that rape of virgin cures the rapist's HIV/AIDS. The church should also be prepared to accept safer patterns of sexual behavior. The remark of the Executive Director UNAIDS, Peter Piot has a point,[26]

> There is evidence that when young people are given sex education, they do not become more promiscuous. In fact they tend to postpone their first sexual encounter. They tend to protect themselves. I feel the religious leadership

must be engaged in promoting awareness.

Even in the last International AIDS Conference, July 2004, Bangkok, it was reported that 90% of the people living with HIV did not know it. So, testing was felt the key to prevention.[27] It is interesting to know an Indian Village, Hivare Bazar, is making blood testing a must before marriage.[28] A young widow of Guwahati is reported to lament,

> Instead of going about matching horoscope of their daughter, parents should look at blood reports of possible matches. If my parents had done that I wouldn't have been married to an HIV+ man in the first place, and then getting the scourge myself. I wouldn't have lost my husband just 18 months after marriage, and then my only daughter.[29]

This ***community blood*** testing should be accompanied by adequate STI clinical services. The accessibility to the internet porn by one and all, especially the youth in their prime of sexual urge, coupled with the culturally and religiously restricted sex outside marriage as in India fuels the momentum of rape and murder cases. Therefore, a wholesome understanding of human sexuality, its proper use for the highest human joy as God intended, coupled with its healthy teaching to the uninformed, including the children, will become an important factor in preventive measure against the virus.

While the science continues its search for the conquest of the virus the compassion reflected in the followers of God should take the dominant mode of care for the affected and the infected. Let us also keep the hope that we get to zero HIV infection, zero HIV-related deaths and zero discrimination.

END NOTES

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2 Ibid.

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17 "Compassion" in *Dictionary of Pastoral Care and Counseling*, cited above, p. 206.

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24 *Journal of Pastoral Care,* Summer 1996, p. 191
*Dr. Kumoni, the Head of NSACS, quoted by *The Sentinel*, Guwahati, Sept. 22, 2003.

25 *One New Humanity: The challenge of AIDS* (ISPCK, Delhi, 1998) p.198

26 *The Times of India,* Delhi, July 3, 2002.

27 *The Sentinel*, Guwahati, July 12, 2004

28 *The Times of India*, Nov 6, 2002

29 *The Sentinel*, Guwahati, May 20, 2000

Part VI

BIBLE STUDY

17

BIBLE STUDY ON HEALING AND HIV & AIDS

Darlene Marquez-Caramanzana*

Biblical Text: Luke 8: 42b – 48
Luke 5:12-14

Part 1: Setting the Context

Materials: meta-cards, marking pens and masking/scotch tape

Method: Participants are asked to remember some striking statistics or facts on HIV and AIDS from their respective countries. Request each one of them to write down phrases, statistics or facts about HIV and AIDS on their respective countries.

After 5 minutes, participants are requested to show and say something about what they wrote. Then request them to paste it on the board.

After looking through what is listed and pasted on the board, try to group together all those things which are common.

Part 2: Reading the Texts

Divide the participants into groups. Assign one biblical text for each group. Ask the participants to read silently the Biblical text. Ask them to try to read between the lines and put their place on the situation of the sick woman/man. Participants may present the stories through role play.

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Guide Questions:

1. If you were the woman/man, how would you feel?
2. What could be your fears, challenges and dilemmas as a sick man/woman?
3. How would you seek healing? What resources in the community will you avail of?
4. How would you challenge your church and your government to help you or other sick people in your community?

After 20-30 minutes of sharing, groups are asked to share a summary of their discussion.

Part 3: The Church as a Redemptive and Healing Community

"Healing is God's activity in which we participate. Healing is not the same as curing. In the case of HIV and AIDS, the virus remains, but what is transformed is how people are received as whole persons in the community. Jesus was often seen as a folk healer, one who took people's need for healing at face value. He entered individual stories and experiences of suffering, bringing concrete experiences of liberation. Likewise, the task of healing today is to enable as many people as possible to live their lives in such a way that others can recognize the image of the living God in them, and so that they may live and remain truly human until death." (LWF, 2007)

Jesus in the New Testament was often seen and heard to be proclaiming and granting wholeness to people. This, he did when he healed many people: men, women and children, suffering from various kinds of infirmity and diseases.

In Luke 8:40-55, we witnessed a "woman in desperation owing to a health issue" (Ball, David). Now, notice that preceding the story of the woman who was bleeding is another story - The one that tells about Jairus' daughter who was also sick and dying. The girl was 12 years old. "Age twelve is a pivotal age in a young woman's sexual development, so the fact that the older woman had been bleeding for that time (12 years) can be read as a hint that her bleeding is sexual. Blood meant life in their culture, so her life has been seeping away" at the time of her encounter with Jesus.

There is subversion in the story. Notice that in this specific story of

the bleeding woman, it was the woman, not Jesus, who reached out and sought for healing and wholeness. Jesus only took notice of the woman when he felt that power came out from him. The woman's health was restored because she asserted and persevered for it. Despite her condition, she walked hard through the crowd so that healing can be hers. (With this I am reminded of the sharing of the Myanmar Positive Women Network Initiative. They said that nobody pushed them to do AIDS ministry, they themselves decided to come together and form an organization. It seems to me that, like the bleeding woman, they were saying, "we will work for our own healing." To them the healing becomes more meaningful by bonding together.)

Question: How is this story translated in the lives of people living with HIV? How do they assert themselves for healing?

In Luke 5: 12-14, we are told of a story of a man who had leprosy. "The Greek word *lepra* (leprosy) is used by the Septuagint (Greek translation of the Hebrew Scriptures) for the Hebrew *zara'at.* "Leprosy" in the Bible covers a variety of human diseases that affect the skin, none of which, however, is identifiable with modern leprosy, that is, the disease caused by Hansen's bacillus. Whether or not Hansen's disease existed in ancient Israel is disputed.

The leper in Israel was ordered to live alone "outside the camp" (Lv 13:46). The afflicted one was segregated from normal life, from the socio-religious life of the people of God, and became an outcast living outside of villages, cities, and encampments. This order appeared to be more related to ritual impurity than to hygiene. Ritual cleanliness was the immediate concern, not infection." (The Cleansing of a Leper)

Question: In what ways do people living with HIV experience marginalization and stigmatization in our societies?

A major theme in the Bible, especially in the Old Testament, is the Hebrew concept of *Shalom.* Many will ascribe to "peace" as the meaning of *Shalom.* But our ecumenical understanding of *Shalom* goes beyond the present meanings that many of us have when we say peace. *Shalom* to us, in the ecumenical community means

wholeness. A state of life where everything that is needed and is due to the people are given and enjoyed by the people.

We can only surmise that when Jesus proclaimed and affirmed wholeness to the bleeding woman and the leper, he was in fact acting on the basis of an Old Testament concept and vision of promoting Shalom among people, especially the poorest of the poor.

The reality of the HIV pandemic poses a big challenge to the redemptive and healing nature of the church as a faith community. Most of the time, even the church and church people succumb to discrimination and stigmatization when it comes to dealing and relating to people living with HIV. Our ministries in the church speak well of how we give value to the pressing issues and needs of the people. (Try to make an inventory of your church ministries. What are their focuses? To where do you put value? To where do you spend your resources?)

The ecumenical community, now more than ever, has to face the reality that HIV and AIDS is an urgent concern that we must together address. We church people are always saying that we are primarily concerned with upholding the dignity of life because to us the gift of life is sacred. Then we must also face the reality that like the bleeding woman and the leper, many people in our communities are afflicted with HIV and AIDS, and their lives are sacred, too. Are we doing something?

One thing common in the story of the bleeding woman and the leper is that both of them made the first step to reach out to Christ so that healing would be accorded to them. They were both victims of discrimination and stigmatization. The leper, who was ritually "unclean" to the people of his time, is alone. No one is allowed to touch him nor come near him for he is "unclean" and coming near him or touching him would make one unclean also. The bleeding woman was said to be drained of her resources because she already spent everything that she has in trying to seek for medical attention but to no avail. They received no attention from anyone. No one cared for them. No one ever listened to them. No one reached out to them.

In the Philippines, USAID reported in December 2010 that the "The Philippines is a low-HIV prevalence country, with less than 0.1 percent of the adult population estimated to be HIV positive. Prevalence has remained low despite widespread risky behavior, low rates of condom use, and increasing prevalence of sexually transmitted infections (STIs). Recent information from the Joint United Nations Program on HIV and AIDS (UNAIDS); however, points to a rising trend in infections, with incidence increasing by 25 percent between 2001 and 2009 (UNAIDS, 2010)."

Alarmingly, the Department of Health (DOH) also reported in January 2011 a 38% increase in the number of HIV positive cases. This is the highest number of cases reported in a month since 1984 (DOH 2010).

Earlier, we wrote down some glaring facts/challenges that confront us as a faith community when we talk of HIV and AIDS. In our respective countries, we have different struggles with regards to HIV and AIDS. But we also have commonalities in context and situations. Not to say that we have common goal of eliminating stigma and discrimination against our brothers and sisters who are living positively. In fact, one of the challenges being posed to faith-based communities like us is: how do churches become instruments of acceptance, inclusivity and "redemption" to people living with HIV and AIDS?

The Challenge to Churches

In both stories, Jesus portrayed an ideal situation where the needs of those people needing healing and wholeness are responded to.

1. The Response is always immediate.

"You are made whole" or "Your faith has made you whole" are common words we usually hear from Jesus when healing sick people. To me, such words do not only imply addressing an urgent situation but also give a sense of his holistic response to people's situations. People are not only cured physically – they are purposefully reintegrated into a community that rendered them invisible for a long time. The response is NOW! Not tomorrow, not in a few week's time, not next month, not the next executive committee meeting. It's NOW. The sense of granting

this immediate response stems out from the faithful recognition and affirmation that people's lives are sacred, so whatever needs arise have to be addressed in the immediate. Jesus broke many laws just to heal the sick, not because he just wanted to defy the rules for the sake of defying them, BUT because for him LIFE is more important than the laws which the people are trying to uphold.

Point of Reflection: How do our churches treat or respond to issue of helping and attending to people living with HIV?

2. Jesus healed the sick man and woman without passing value judgment.

Jesus did not ask the bleeding woman how many husbands she had or what sins she had committed. Jesus did not ask the leper what the sins of his ancestors were for him to merit such disease. They were healed because at that specific time in their lives they are in need of healing.

Too many times, people living with HIV are judged as immoral, dirty and promiscuous. These are considered reasons why they got infected with HIV. Most of the time, they are subjected to questioning that degrades them and removes their dignity as persons. Such judgments are not helpful at all if we are to be faithful in our task of ministering to our brothers and sisters who are affected by such. Genuineness in our intentions to reach out and be part of their journeys is very much a prerequisite in our HIV and AIDS ministry.

Reflection: How do we give importance to our HIV and AIDS ministry in terms of goal setting and programmatic expressions? In what ways do our programs help or contribute in the elimination of stigmatization and discrimination?

3. The healing is more than physical, it is holistic.

When the leper and the bleeding woman were healed, the bleeding and the leprosy did not only leave their bodies, they were also made whole in such a way that they were able to go back to their own respective communities and perhaps were reintegrated into them. The healing allowed the woman and the man to feel their worth as human beings. Their dignity was restored and they were able to feel and

experience the love, care, acceptance and affirmation of Jesus.

Reflection: How do we as churches accord healing to people living with HIV? How do we as churches help in the restoration or upholding of human dignity of people living with HIV?

4. The healing comes from an active interaction between Jesus and the leper and the woman.

Our HIV and AIDS program must be a product of faithful interaction between faith communities and people living with HIV. In my experience in working with survivors of violence against women, we never decided for them. It is they whom we asked what they wanted to do with their lives. In our various sharing , we heard of different networks who shared with us their engagements with HIV and AIDS programs. One thing is common in their sharing: they want to ACTIVELY take part and engage in the programs. Let us give them that space. Let us give them the opportunity to determine their own courses of action. Our tasks as faith communities must be to JOURNEY with them and not decide for them. Let us give to them our open hands and minds and hearts in providing meaningful programs or ministries that would uphold their rights and dignity.

Conclusion:

The road to the total elimination of HIV and AIDS may still be long and arduous. Despite global and local initiatives to fight the HIV and AIDS pandemic, the reality is that the effort for its total elimination continues to pose a challenge to us in the ecumenical community and in the churches.

The challenge is for us to put more flesh in our programs, provide needed resources for effective and efficient programs and provide holistic programs that will not only provide "dole-out" services but will uphold and affirm their dignity and rights as persons.

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BUILDING HIV AND AIDS COMPETENT CHURCHES IN THE PHILIPPINES
A Biblico-Theological Reflection

Fr. Rex RB Reyes, Jr.*

In its September 2011 meeting, the Executive Committee of the Christian Conference of Asia listened to the testimony of Pastor Ponsawan Khankaew. It was a powerful and moving testimony. Moving because it was a first person story – her life story. She told of her blindness and how one eye eventually gained sight. She talked of her isolation from her friends, from the hospital and above all her isolation from her own pastor and the members of her community. She was dismissed as a hopeless case, a sinner and her community talked about rituals and customs related to her impending death. She also told of how her love for her two sons and the apparent love of her sons for her carried her through the painful ordeal. It was powerful because her testimony is a challenge to the church and Christians about our notions of sin, mission and pastoral responsibility. There she was - well recovered singing of her faith in a Jesus who stood by her and healed her. There she was opening up a ministry for people bearing the suffering she underwent by putting up the Adonai Church in Pattaya and the Glory Hut Foundation out of nothing but her indomitable spirit to minister to people isolated by others. There she was receiving, without resentment, referrals from pastors who still think they have nothing to do with people living with HIV and AIDS. May she live much longer than the fifteen years she prayed for. There she was singing of the

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victory that was hers in Jesus Christ and the joy of watching her two boys grow up in a hostile world. There is no other profound and genuine witness to the love of Jesus and His command to love than the testimony of our own lives.

When her colleagues and friends ask her why she visits bars in Pattaya which is a popular tourist destination in Thailand, she counters "Why not"? Indeed, why not? Pastor Ponsawan proclaims God's love and healing in a place where it matters most – where love and healing is not felt, utterly hidden by the vicious cycle of people who exploit those who are already marginalized and vulnerable for profit. In this case it is called tourism. A cover of an in-flight magazine of an Asian airline caught my attention (that is what in-flight magazines are supposed to do – catch attention, of course). Tourism is a dollar-earning industry in many parts of Asia. The magazine cover projects a certain aspect of tourism in an Asian country and targets a particular section of tourists. It is very subtle but the message is there. We have our own in the Philippines – pictures of beautiful and "submissive" women and projections of our hospitality.

The stories of healing and perspective-setting for people of faith in Matthew 9 are instructive for our purpose today. We have a situation here where the religious leaders, contained as they are by their concept of ritual purity, religious rigidity and their authority fail to see the divine agenda of healing. Healing does not only address the issue of physical wellness but also those that cause broken relations – people being cast into the margins, isolated and made more vulnerable in their vulnerability. Our text does not provide the reason or reasons how one got paralyzed, how is it that the woman suffered hemorrhage for years, how the two men became blind or how one person became a dumb demoniac. But, it does tell of how they drew near or were brought near to Jesus. Drawing near or being brought near suggests not just physical nearness but a conversation that results into conversion and healing. To the paralytic Jesus says: "take heart, your sins are forgiven…rise, take up your bed and go home". To the woman, he says "Take heart…your faith has made you well". To the blind men, he says "according to your faith be it done to you". There is less of "moralizing" but more of compassion. He says "take heart".

None can be more compelling for a sick person than the desire to be healed and not be a social outcast. Jesus knows that and acts on that basis.

At a cursory glance, physical unwellness is caused by sin. To hold on to this view is to confine a portion of the total self as bad – in this case sexuality – and must be conquered at all costs so that we do not sin. This leads to a tendency to moralize – that one gets sick because of sin. Moralizing tends to espouse segregation or perhaps generates hatred or attitudes of domination or superiority and blocks the way for rendering loving service and creating an inclusive community. It complicates relationships. It is not uncommon to find people who hold the view that people contract HIV and AIDS because they are sinful, that regions are hit by tsunamis, earthquakes and hurricanes because the people there are sinful, that Padi Rex has not grown any taller because of his sins, etc…. Such posturing defies and denies the place of scientific breakthroughs, which are also the results of another of God's gift – the human mind.

I believe that our text is also intended to humble the Pharisees in their constant moralizing and hypocrisy. Because Jesus knew that they are consumed by "evil in their hearts" he healed people "that you may know that the Son of man has authority on earth to forgive sins". But beyond that is the lesson that Jesus wants to impart to the Pharisees: "Go and learn what this means, 'I desire mercy and not sacrifice'. Jesus sees mercy from the perspective of those who suffer, instead of from the perspective of those who are in the position to dispense of it. In this way can genuine compassion come about – solidarity with those in pain. This suggests an approach our churches can take in dealing with the issues that matter most to people. First, to be with them, and, second, to be for them. It emphasizes the "Word (which) became flesh and dwelt among" us. If the Word remained a Word, would Christianity be there or would God be relevant? I surmise that if God did not come to be in solidarity with us in Jesus Christ, we would still remain like the people of old, each tribe or nation having their own god with no mission to speak of. As it is, even the first Christian community recorded in Acts was marked by the genuine concern of its members to attend to the needs of the weak – "not

one of them was hungry". Paul, addressing the Romans gives some practical advise, too. "There is no condemnation for those who are in Christ Jesus (8.1)…. You are in the Spirit, if in fact the Spirit of God dwells in you, Any one who does not have the Spirit of Christ does not belong to him" (8.9).

At the heart of the National Council of Churches in the Philippines' self-understanding is faithfulness to Jesus who said they who want to be great must serve. Service or diakonia is the hallmark of the church. Service is extended not only to our own members but especially to others. "Others" does not just refer to non-members. "Others" refers to those to whom that service is most needed – those who are denied opportunities to live abundant lives, those who are isolated/ignored by their families, friends and even by their own members and pastors/priests, regardless of who they are. The NCCP's self-understanding also seeks to be consistent with the definition of Paul of what churches are – communities built upon "the foundation of the apostles and prophets" and Jesus being the chief cornerstone, in that order. Apostles teach the essentiality of service and prophets call us all, especially those powers and principalities, to repentance and to love peace and justice. I have earlier cited the cover page of an Asian Airline in-flight magazine. Things like those are where the prophetic witness of the church comes in. Any demeaning or diminution of human life is always a violation of human rights and should be exposed and denounced.

HIV and AIDS are not a curse. The first is caused by a virus like tuberculosis is caused by bacteria. The other is equally a serious condition gravely affecting the body's immune system. People living with HIV need care and not condemnation. A loving church will try to understand and know what these are in order to seek the people living with HIV or PLHIV and people living with AIDS (PLA) out so that not one of them is lost. The book produced by the Christian Conference of Asia, "Building HIV Competent Churches" is a valuable resource material for the churches in the Philippines and elsewhere. Every church should have it. A series of Bible studies could be formulated from its pages. After reading it, one is faced with the undeniable reality of HIV and AIDS and of the compelling need to respond. PLHIVs and PLAs are not faceless. They too, are the image of God.

It is not late for the churches, or the ecumenical movement for that matter, to extend loving service to the PLHIVs and PLAs and key affected populations. Let it be said that this concern is equally for our sake as it is for them. Now is also the time to engage in prophetic witness such that the many myths about HIV and AIDS, how they are contracted and how to prevent the same can be more objectively known and addressed. The fact is clear: the number of PLHIVs and PLAs is increasing in our country and the environment that allows that number to increase is also widening. We should not wait until the numbers reach thousands upon thousands.

Pastor Ponsawan has had a very personal experience of healing. Her faith has made her whole again. That wholeness goes beyond herself to the restoration if not renewal of social relationships. Her love for life is not only her personal claim but also propelled her to live out and express that love to those who have been made outcasts by their own kind. The Bible which is our source of personal and private devotion is the product of the engagement of God's evangelists and prophets of the real issues that made people behave the way they did in those days. The faith that we claim, wrestles with the issues of power relations, of vulnerable people and of the gap between people – and proclaims a community of love, of hope, and of salvation.