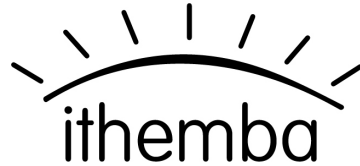


THE CHURCH AND ITS RESPONSE TO HIV/AIDS



TWR-K



*Produced by GBM in collaboration
with TWR Kenya and iThemba AIDS Foundation*

Scripture quotations taken from the HOLY BIBLE,
NEW INTERNATIONAL VERSION.

Copyright 1973, 1978, 1984 by International Bible
Society.

Used by permission.

Introduction

It's estimated that HIV/AIDS is currently responsible for around 9,000 deaths every day worldwide (or 2.9 million every year). Some have compared this to 23 Jumbo Jets crashing every day (this aircraft can carry between 400 and 500 passengers). Added to this, there are about 11,000 new HIV infections every day, or, that's 28 Jumbo Jets taking off never to reach their destination. Globally, there are 39.5 million people

now living with AIDS, and worst hit is Sub-Saharan Africa with 60% of that total. The number of people infected in other countries like India has grown to just under 6 million people.

With these awful statistics in mind and letters from listeners of the *Serving Today* programme (aimed at pastors and teachers) asking how to deal with HIV/AIDS from a biblical perspective, an initial series of short inserts were produced on this subject. Following this, we were urged to produce further more in-depth material, and this booklet is based on a second longer series.

As this was a collaboration with iThemba¹, a Christian HIV/AIDS foundation, and TWR-Kenya, a Christian broadcaster, almost all of the contributors were people who are on the ground dealing with various aspects of the HIV/AIDS pandemic. So, what you read draws on their experience of church based HIV/AIDS care. We are very grateful to Dr Liz Ling of iThemba for instigating and coordinating this project, as well as for her guidance through the issues raised.

This booklet covers some facts about HIV/AIDS (what it is, how it's transmitted, and, where treatments are available, what these can do). Above all, its aim is

¹ iThemba supports HIV/AIDS work in Sub-Saharan Africa
(see <http://www.ithemba.org.uk>)

to be both biblical and practical by addressing the spiritual implications of the disease, and by showing what a Christ-like response to the affected and infected looks like.

Where necessary, direct quotations from interviews have been edited for the purposes of clarity. References to external websites are correct at the time of printing. Please be aware that sometimes web pages are moved or deleted. If you cannot find a specific resource, use that site's 'Contact us' page for further help. The content of and the views expressed on external internet websites are not the responsibility of the *Serving Today* producers or their collaborators. Such external references are given to supplement the information contained in this booklet.

Despite its catastrophic impact, the opportunities HIV/AIDS presents for the gospel and the extension of God's kingdom are great. Therefore, let's be encouraged and be inspired by what God's Word has to say to us, and also by the examples you will read about.

Andrew Cook
January 2008

Chapter 1, The impact of HIV/AIDS

For some time, HIV/AIDS has been talked about as a pandemic (which is where an infectious disease spreads across a whole continent or even around the world² HIV/AIDS certainly fits that description). The scale of the pandemic is overwhelming and its magnitude leaves us feeling totally powerless. While in some places there is an improvement in the situation with numbers of new infections falling, Sam Mugote, an HIV/AIDS programme director, told us what recent monitoring had revealed in Uganda:

"...almost every home has been affected, every home has an orphan, some have two. We have homes that are child headed."

In South Africa, the average rate of infections for adults between the ages of 15 and 49 stands at around 24%, but elsewhere the picture is even bleaker according to Liz Ling of iThemba:

"In some township areas around the main cities, this figure can be as high as 45%, so that's nearly one in two among youngish, middle aged adults who are HIV positive and likely to die"

² see <http://en.wikipedia.org/wiki/Pandemic>

over the next ten years without treatment.”

As most people contract HIV in their late teens or early twenties, they will probably die in their late twenties, early thirties if no antiretroviral medication³ is made available. Dr Liz Ling describes how this affects individuals, their families and their communities because:

“This is the parents of young children dying and it’s the bread winners of families dying. It means that families that are already impoverished become even poorer; children are being left without support and family structures around them.”

The impact of HIV/AIDS on families and the general economic situation is underlined in the United Nations annual report on AIDS. It states that *“HIV/AIDS accentuates existing difficulties, compelling us to confront many simultaneous problems, all of which need resolution.”*⁴

³ anti-AIDS medication (see chapter 2)

⁴ Quoted in “The impact of AIDS on people and societies” chapter 4 of Report on the global AIDS epidemic 2006 (UNAIDS), see http://www.unaids.org/en/HIV_data/2006GlobalReport/default.asp

Life expectancy rates are reduced by 12 to 17 years below what it should normally be. With 60% of deaths caused by AIDS among active working people, HIV/AIDS is taking away those most able to do something about the crisis itself. This, says Liz Ling, is vividly demonstrated by the lack of available staff to administer antiretroviral drugs:

“In South Africa, the number of people dying from HIV/AIDS or off sick in the health sector (nurses and doctors and administrative staff), is greater than the number of people who are training and coming in, so the pool health care workers is reducing. It’s very difficult to roll out a new programme of medication because you haven’t got the staff and you haven’t got the resources.”

Of course behind these shocking numbers and statistics are individuals who have to suffer pain and rejection, often from friends and family. This is especially true of children orphaned as a result of AIDS⁵ who, in many cases, find themselves looking after their younger siblings. There are many stories that tell how such vulnerable children are exploited.

⁵ The label ‘AIDS orphan’ should be avoided as this often causes and perpetuates stigma. HIV/AIDS practitioners use the abbreviation ‘OVC’ which means ‘Orphans and Vulnerable Children’.

One young orphan had been asked by a neighbour to do a job for him.

“He said he’d pay me at the end of the day. I went to him and I said ‘Can I have my money?’ and he said, ‘No, go away you’re only an orphan.’ ”

This vulnerability of HIV/AIDS orphans is also described by Susie Howe, director of The Bethany Children’s Trust⁶:

“These orphan children have to grow up very quickly. They have to go from childhood to adulthood to take on adult responsibilities that are way beyond sometimes their state of development and physical ability to do.”

Other effects of HIV/AIDS on orphaned children include being forced into sexual coercion; dropping out of school; not learning the difference between right and wrong. HIV/AIDS can leave orphaned children traumatised (bed wetting among 10 to 12 year olds is not uncommon). When their parents die, these children suffer multiple bereavements as they’re

⁶ An organisation that helps churches care for vulnerable children (see <http://www.bethanychildrenstrust.org.uk>)

passed from relative to relative which in turn leaves them with profound emotional problems.

Another big impact of HIV/AIDS is its spread to married partners who have remained faithful to their spouse, but in spite of this, still get infected with AIDS through no fault of their own. There are the countless mothers who will live in the knowledge that they have passed on the disease to a newborn child.

When someone finds out they are HIV positive, individuals experience isolation in their daily lives because of the stigma and discrimination that AIDS brings, however the disease may have been caught. This then means that people prefer to live in ignorance because they fear being labelled HIV positive. Many women who are actually HIV positive do not know they are infected with the disease.

Added to this, AIDS sufferers can be attacked physically, be ridiculed, harassed and lose their homes. All of this just makes matters worse in coping with its effects and as the disease continues to spread.

Chapter 2, The facts about HIV/AIDS

The book of Proverbs in the Old Testament says, *“Every prudent man acts out of knowledge, but a fool exposes his folly.”*⁷ To be foolish, in this context,

⁷ Prov 13:16

would be to ignore HIV/AIDS and to pretend that godly wisdom is not concerned with this problem. Such foolishness, some say, is helping to spread disease and infection. Therefore, to respond wisely and appropriately to HIV/AIDS means that we must ensure that we know as much as possible about it.

What causes HIV/AIDS? How do you get it and how can you avoid catching it? These are basic but important issues that are addressed in this chapter with the help of Dr Tim Latham, a community health worker based in Uganda.

What the difference is between ‘HIV’ and ‘AIDS’

Dr Latham explains the distinction between ‘HIV’ and ‘AIDS’:

“ ‘HIV’ stands for ‘Human Immuno Deficiency Virus’. HIV is a particular kind of germ called a virus. When HIV enters the body, it attacks the human immune system which is that system in the body which helps to protect it against invasion by other germs.”

The human immune system can be compared to an army, which exists to protect a country and its citizens

from an enemy invasion. To do its job well, that army needs to be fit and well. The same applies to our immune system. It needs to be strong to fight off the many germs which are always trying to invade our bodies.

In the same way, the HIV germ attacks the immune system and weakens it, therefore other germs that would normally be fought off...

“... take the opportunity to invade the body, they are therefore called ‘opportunistic infections’. When someone is infected with HIV, we say that they are ‘HIV positive’. Initially, when the person is infected, they won’t notice any symptoms, and for some years they feel well. That’s the time during which the virus is slowly by slowly attacking and damaging the immune system. When it gets to the point that the immune system is so weak and it can no longer fight off infections, that’s the point when the person starts to feel ill. We then say that they are developing AIDS. AIDS stands for ‘Acquired Immuno Deficiency Syndrome’: it’s ‘Acquired’, it wasn’t there in the first place; and

there is a 'Deficiency' of the immune system, in other words, the immune system is no longer working properly. So 'HIV' is a germ and the disease it causes after some years, is called AIDS."

How HIV/AIDS is transmitted

Now that we know what HIV/AIDS is, we also need to be sure we understand how the disease is caught. Dr Latham says that the most common method of getting infected with HIV/AIDS is through sex.

"In Africa that is usually sex between a man and a woman. So anybody who is having sex with somebody else who is infected with HIV can themselves become infected. Secondly, a baby can be infected from his or her mother, either during pregnancy or during delivery, or even, through breast-feeding. People can also be infected through blood transfusions although that is less common these days because hopefully most of the blood which is given in hospitals has already been

checked to make sure that there is no sign of HIV in that blood."

Whilst breast-feeding is a potential way of transmitting the disease, sometimes there is no alternative for mothers to feed their baby. Liz Ling of iThemba says that:

"The World Health Organisation recommends that unless you can make up formula milk absolutely perfectly with clean water that you continue to breast feed. Children are more vulnerable from infections they pick up from dirty water and badly made up milk than they are from HIV and breast milk. So unless milk can be made up perfectly, people should continue to breast-feed. It's also important to wean children abruptly. Traditionally, people have introduced food and solid food with milk gradually alongside it. This has been shown to increase the chance of transmitting the virus through breast milk because the solid food irritates the lining of the gut, and allows little sores to develop that the virus can pass through. The best thing to do is

to stop breast-feeding one day and start with solid food the next as that seems to protect babies from the virus.”

How HIV/AIDS is not transmitted

For the unmarried, the best way to avoid becoming infected is to abstain from sex. If you are married, only have sex with your married partner, and make sure that your married partner is also faithful to you. These are the two absolute best ways of avoiding HIV infection.

In places like Africa there are also myths and concerns that HIV infection can also be passed on by mosquitoes, bedbugs or saliva. According Dr Tim Latham mosquitoes...

“... are not able to transmit the HIV virus which is very good news because if mosquitoes could transmit it, then everybody would be at risk in the same way that we are all at risk of getting malaria. The malaria germ and the HIV germ are very different. Similarly, people who are bitten by bed bugs don't become infected with HIV.”

As for kissing an HIV positive person, this is perfectly safe since human saliva does not carry the HIV virus.⁸

Another major concern is that carers might come into contact with the bodily fluids of an HIV positive person they look after. Whilst this may seem frightening, as long as sensible precautions are taken, people shouldn't be put off from looking after HIV sufferers, as Liz Ling says that in this context:

“... the virus is usually and most easily spread by blood-to-blood contact. If you are a carer looking after someone and you haven't got open sores on your hands, it's very difficult to actually catch the virus. However, if you have got cuts on your hands, and you have to clean up urine or diarrhoea, it's sensible to wear gloves. If those aren't available, use plastic bags to cover your hands or ask somebody else to help you. If you're sensible and you follow that simple advice the chance of picking up the virus, in the course of ordinary

⁸ According to Dr Tim Latham, one would have to literally drink 'bucket loads' of saliva for there to be any chance of catching HIV!

nursing duties is very, very small. So you shouldn't fear."

AIDS and other infections

Because the immune system is weakened by the HIV virus, a person who has AIDS will develop severe and unusual infections. On average, this can take about 10 years. These include tuberculosis (TB), various forms of pneumonia⁹ as well as other infections. These opportunistic, or secondary infections are the cause of death rather than the HIV virus itself. For people living with HIV, it's therefore important to avoid these other illnesses as far as possible, and when they do occur, to ensure they are treated quickly. For those who develop TB as a result of AIDS, Tim Latham strikes a reassuring note:

"TB is very treatable, you can take drugs for TB and in most countries those drugs should be available for free. As long as you take those drugs properly, you will be cured of your Tuberculosis."

As there is a close connection between HIV and TB, it's recommended that people who are HIV positive

⁹ TB and pneumonia are both severe infections which affect the lungs (see <http://en.wikipedia.org/wiki/Tuberculosis> and <http://en.wikipedia.org/wiki/Pneumonia>)

should take a test for TB. Likewise, TB sufferers should take an HIV test. This is because these two diseases move around together; they are a bit like partners. Where somebody has HIV, they will often also have TB and vice versa.

The HIV test

It's possible for people to live for many years with the virus before developing AIDS (10, 15, 20 years), and to feel completely well during that time. The only way to be sure about whether the HIV virus is present in a person's body is to go for a blood test.

The test itself usually involves a simple pinprick. The counsellor or nurse will need a drop of blood to put on a tiny strip which will give a result in fifteen to thirty minutes. Normally, two tests are done to ensure an accurate result. Further tests might be necessary with a proper full blood sample at a hospital or clinic if the initial test results are unclear, but it's a very simple procedure.

As the HIV virus is very small and hard to detect, the HIV test works by looking for antibodies, or the proteins that the body produces to combat the HIV virus¹⁰. These may take up to 3 months to appear in the body. If a person is tested soon after infection, the

¹⁰ For a more detailed description of the HIV test see <http://www.avert.org/testing.htm>

test result may be negative even though they may already have the infection, but they risk passing on HIV to someone else.

To be handed a positive test result is very frightening, so it's important to have the encouragement of friends as well as people who are experienced at living with HIV who can explain and offer counsel in that initial period of shock. Unfortunately, many people living with AIDS also find that their friends want to avoid them. This is how they might be feeling:

"I'm still a human being, I still have all those same basic needs that I used to have before and, particularly, I need my friends and I need people who will show me that they love me and care for me. It's very hurtful if you have HIV when someone refuses to shake your hand or fear to hug you or to be in the same room as you."

And on a practical level, this also means that it's all right to share cooking implements or to drink from the same cup as an HIV positive person. Avoiding such contact makes the person with AIDS feel even worse than they already do. This stems from a lack of openness about HIV. So the more people go for

testing, fear, stigma and discrimination will be reduced.

Living with HIV/AIDS

There is no actual cure for HIV/AIDS, but much can be done to enable people with HIV to live normal lives and cope with the disease.

We've seen that HIV infection weakens the immune system making the body unable to fight off germs that it could normally withstand. An HIV positive person needs to do all they can to keep their immune system strong and healthy. Eating well¹¹ is very important, says Dr Tim Latham:

"We don't mean that people with HIV have to have any special food, but they have to eat the normal healthy balanced diet. That means a good variety of the foods which contain carbohydrates like maize or cassava or millet or whichever other foods are local to your area. You need to add to that green vegetables and fruit, as they are available, and then, foods which contain protein. Sometimes

¹¹ *Living well with HIV/AIDS* is a useful resource dealing with nutrition and HIV/AIDS, see <http://www.fao.org/docrep/005/Y4168E/y4168e00.HTM>

when we talk about protein we say that you have to eat meat, or you have to eat fish, and then there might be people who are living out in the village saying to themselves ‘How am I ever going to afford meat or fish?’ But there are other very good foods which contain protein such as beans and peas and lentils, or, if you keep chickens, then, from time to time, you can have an egg. In Uganda, some people live around lake Victoria, and they eat these small fish called Mukene, they are not very expensive and they are also very healthy.”

As well as eating well, people also need something meaningful to do, something that occupies them from day to day. In Dr Latham’s community project, they give people small amounts of money so that they can start a small business. The benefits of this are:

“... that it gives the person something to occupy themselves during the day, so they are not simply sitting at home and thinking and worrying too much. We also hope that it’s helping them to generate some small amount of money which they can use to go for

treatment if they are sick or to buy something nice to eat.”

Early treatment of any infection is also very important because the immune system is already vulnerable. If an infection isn’t dealt with quickly, this can be dangerous, and treatable diseases such as malaria or TB can become life-threatening. Make sure that you sleep under a mosquito net which has been treated with an insecticide, as malaria is transmitted by mosquitoes. Although this doesn’t give complete protection, it is effective.

Antiretroviral drugs (ARVs)

There is, at the present time, no cure for HIV/AIDS. There are no drugs available to take the virus out of the body permanently. However, medication does exist that can improve the health of a person infected with AIDS and prolong their life. These are called antiretroviral drugs, or ARVs.

Although ARVs have been around for some time, many who need them haven’t been able to benefit from them because they’ve been too expensive up until now. But this is beginning to change; ARVs are becoming more widely available to those who need them. Dr Tim Latham explains how these drugs work.

“They act on the virus to stop it from reproducing itself inside the body of the person who has HIV. It’s important to know that you cannot be cured of HIV by taking antiretroviral drugs. The amount of virus in the body falls to a very low level, but there will always be some virus which is hiding itself somewhere, and will not be completely destroyed by the drugs. Once you start taking antiretroviral drugs you will usually need to continue with those drugs for the rest of your life. If at any time you stop taking those drugs, the virus will start to reproduce itself again, and you will become sick again with AIDS just as you were before you started taking the drugs.”

Although antiretroviral drugs do have side effects, overall it’s much more beneficial to be taking them than not to.

At what point should someone be taking antiretroviral drugs? As the HIV virus lives for many years in the body before making a person sick, Dr Latham says that:

“... those in the early stages of the infection don’t necessarily need to be taking antiretroviral drugs. The people who do need to be taking them are those who are becoming sick with HIV, those who are developing AIDS. A blood test is taken and the number of CD4 cells is counted, that is the cells which are being attacked by the HIV virus.”

The critical level at which ARVs are recommended in most countries is at a CD4 count of 200. That is 200 CD4 cells per micro litre of blood.

Traditional treatments may seem to offer an attractive alternative to antiretroviral drugs where these are not available. Particularly, in many parts of Africa, people are tempted to turn to medicinal plants as they seem to have some effect. However, Dr Liz Ling warns that:

“...their effect isn’t proven. The most important thing for someone who’s HIV positive is to be assessed to see if they need to take antiretrovirals which are proven to be very effective.”

Antiretrovirals are highly effective, but in order not to run into problems, it is crucial for tablets to be taken exactly as prescribed by the doctor, and at the same time every day – without fail; otherwise the medication is likely to become ineffective. People must plan ahead and make sure they don't run out of tablets. ARVs need to be taken forever – it's lifelong treatment.

Even with ARVs, the virus remains in the body of an HIV positive person, and it can get passed on to a sexual partner. In order to protect others, it is vital that people stop any 'risky behaviour' and for husbands/wives to be tested for HIV. Dr Liz Ling emphasises that:

“The best way not to pass on the virus is if you're not married, not to have sexual intercourse, but if you're married, then sex is part of God's good purposes for your relationship with your husband or wife. You need to consider how you can continue that aspect of your relationship, and in that situation then condoms have a role and can certainly reduce the transmission of the virus from an HIV positive spouse to an HIV negative one.”

So, while there is no cure for HIV/AIDS there are many steps that can be taken to improve the health and well being of an HIV infected person. These can be summarised as follows:

HIV 'stay well' checklist



- ✓ *Eat well*
- ✓ *Avoid other infections*
- ✓ *Find something useful to do*
- ✓ *Take ARVs*

Because so much can be done for people who are HIV positive, and protecting others is so important, it is vital that everyone considers getting an HIV test. These are often available free from local government clinics.

Chapter 3, HIV/AIDS and the Bible

The HIV/AIDS pandemic may make us wonder why God allows such suffering. We may even ask ‘*Where is God in all of this?*’ Clearly, the Bible doesn't specifically mention AIDS, so we have to try and understand what relevant principles are found in the Bible.

The Fall

One way of understanding the suffering brought about by HIV/AIDS is by looking back to the Fall. Right from the beginning in Genesis chapter 3, things started to go wrong with Adam and Eve. They preferred to listen to the devil's deception, and wanted to be in charge of their own lives, rather than submit to and trust in God's gracious and loving rule. Their rejection of that rule means that every aspect of life in this world is corrupted by sin. God's creation and the perfection of the relationships between God and mankind were spoiled. The story of mankind ever since has been a struggle to live with the consequences of sin, and HIV/AIDS is a disease that's part of that general decay and corruption.

However, Jesus also gives us a forward-looking perspective. In the gospels, Jesus tells his disciples about the 'signs of the end of the age'. In Luke, he refers to "*great earthquakes, famines and pestilences in various places, and fearful events and great signs from heaven.*"¹² In a sense, the awful devastation of AIDS shouldn't take us by surprise, although this may be of little comfort to the person living with AIDS, too weak to wash and feed him or herself or to look after their own family. But, when Jesus spoke about these 'signs of the end of the age', he was also saying

¹² Luke 21: 11

that sin and the devil's work has a definite time limit on it. As early as Genesis 3, verse 15, God had promised to send someone to crush the devil and reverse the effects of sin and death.

That someone, of course, is Jesus himself, Eve's offspring, who has conquered evil by his own suffering on the cross and his resurrection from the dead. Suffering caused by diseases such as HIV/AIDS is a sign that history is coming to an end (although the Bible doesn't tell us when that will be).

Hope in the midst of suffering

Those who trust in God in the midst of their suffering, have hope because they can look forward to the "*new heaven and new earth*" of Revelation where God says, "*He will wipe every tear from their eyes. There will be no more death or mourning or crying or pain.*"¹³

God's Word, the Bible is trustworthy and full of hope. It doesn't minimise the pain of the person affected by a disease like HIV/AIDS. It contains examples of those afflicted with underserved suffering like Job. Or, we can turn to the book of Lamentations, written by the prophet Jeremiah at the time of the destruction

¹³ Rev 21: 1 - 4

of his beloved Jerusalem in 587BC and Judah's exile to Babylon.¹⁴

In this book, Jeremiah pours out his sorrow and anguish over the suffering being endured by God's people. In this case, it's made clear that their difficulties were the consequence of turning away from God and worshipping pagan idols instead. Jeremiah's lament is an A to Z of suffering, through which he unburdens himself to God.

Yet, despite everything that's gone wrong, he acknowledges that just as God is holy and righteous, he is always loving and compassionate: *"For men are not cast off by the Lord for ever. Though he brings grief, he will show compassion, so great is his unfailing love. For he does not willingly bring affliction or grief to the children of men."*¹⁵

Jeremiah recognises that God is in control of the bad as well as the good things that happen, that even suffering comes under God's control. Therefore, the only remedy for Jeremiah's suffering and pain is to put all his hope in God. Life apart from God becomes a nightmare. Above all, Jeremiah puts his trust in God because he is a saving God: *"Because of the Lord's great love we are not consumed, for his*

¹⁴ Talks given by John Benton on the book of Lamentations are available at <http://www.chertseystreet.org.uk/>

¹⁵ Lam 3: 31 - 33

*compassions never fail. They are new every morning; great is your faithfulness. I say to myself, 'the Lord is my portion; therefore I will wait for him.' The Lord is good to those whose hope is in him, to the one who seeks him; it is good to wait quietly for the salvation of the Lord."*¹⁶ The God, to whom Jeremiah cries out in the midst of his suffering, is the same God that HIV/AIDS drives us to call upon. Who else is there to turn to?

HIV/AIDS, curses and the judgement of God

The main reason for Jerusalem's problems in Jeremiah's day was the idolatry of its people. This raises a difficult question about judgement: is suffering a direct consequence of individual sin?

We need to be extremely careful how we approach this subject. One widow living with AIDS says that what makes many Christians reluctant to be involved with HIV/AIDS is:

"... what has been preached on from the pulpit. Preachers have been at the forefront of discriminating and condemning people living with HIV, demonising the disease, describing it as a punishment from God and this

¹⁶ Lam 3: 22 - 27

has made Christians afraid. In fact, I was also afraid before I knew the truth.”

From her experience of training pastors in the slum areas of Nairobi, Kenya, Lavender Busungu reports many pastors’ view about people living with AIDS:

“They are sinners, they are sexually immoral, they will not enter God’s kingdom, they have committed an unforgivable sin, they have the mark of the beast ‘666’, they are hopeless, they are already dead, they should not continue with college, they should be isolated from their community, they should not be given a job.”

This mirrors attitudes which existed in Jesus’ day where leprosy sufferers were cut off from the community economically, socially and spiritually because of this skin disease. They were considered to be ‘unclean’ and contact with them was to be avoided at all cost. When Jesus touched a man with leprosy, this would have been considered shocking behaviour¹⁷. But, that’s exactly what Jesus did, and his followers are to do the same as they get alongside AIDS sufferers.

¹⁷ Mark 1: 40 – 45

In the Bible, three different types of judgements can be identified. We saw earlier that because of the Fall of Genesis 3 the whole of life has been corrupted by sin. This is referred to as the ‘*universal judgement*’. Lavender Busungu explains that this helps to answer questions such as:

“Why do people contract HIV through accidents? Why do people contract HIV through blood transfusions? We have to understand that universal judgement came upon the whole human race and we experience this in the negative things that happen all around us. Even when we live righteous lives, we still experience pain, we still experience sickness, there is still evil in the community because of the universal judgement, because of the fall of mankind.”

Another type of judgement is ‘*cause and effect*’ where deliberate sinful activity leads to innocent victims being infected with the disease. Typically, this happens when one spouse is faithful, but the other is not. If the unfaithful person has sexual contact with a person who is HIV positive, and then contracts the

virus, not only will they infect their faithful spouse, but also risk infecting their children.

Consequences include opportunistic infections, parents becoming sick and unable to look after their own children, these will in turn drop out of school, or fall into poverty, and possibly even into prostitution. Lavender Busungu comments that:

“Sin is rarely static, it is dynamic; it affects even other people who are not directly involved in that particular sinful act. Is this faithful spouse under God’s judgement? What about the child who is born with HIV? Is the church going to condemn the child? Is the church going to condemn the faithful spouse? Even for the person who is unfaithful, is blame the solution? Because when you blame, this person may enter in to the anger stage and go to infect more people.”

The third type of judgement encountered in the Bible is ‘*specific divine judgement*’. It’s directed to a specific people, for a specific period, for a specific cause of rebellion. For example, this can be seen in the flood¹⁸, or, when Sodom and Gomorrah are

¹⁸ Gen 6:1 – 9:17

destroyed by God¹⁹. For specific divine judgement to occur, God himself or his prophet will announce the judgement beforehand, and God causes something out of the ordinary to happen.

So is AIDS the specific judgement of God over and above the universal judgement outlined earlier? Lavender Busungu doesn’t believe that AIDS meets these various criteria.

“It is now a pandemic, it is affecting all regions. The bishop who is faithful can be infected through a blood transfusion or through an unfaithful wife or through a road accident. In the same way that a person who is sexually immoral would also be infected, so it’s not for a specific people. It is not for a specific time because AIDS continues to be with us. It is not for a specific act of rebellion because what has this innocent baby done that she got HIV and AIDS, simply because the father was sexually immoral. If it is was because of sexual immorality then the child should have immunity, and therefore AIDS is not specific divine

¹⁹ Gen 18:16 – 19:29

judgement. The innocent, the sexually immoral will be infected because of the cause and effect consequence. People will be infected because of the universal judgement.

Other common misconceptions are based on the idea that HIV/AIDS is a curse or that it's linked to witchcraft. However, there are several problems with this because a curse is usually specific to a particular people and is passed down through the family line, whereas HIV/AIDS does not respect nationality, ethnic or racial origin nor religious background. Lavender Busungu exposes other misconceptions of treating HIV/AIDS as a curse:

“A curse cannot be seen by a doctor, even by the use of machines. But AIDS is caused by a tiny virus, HIV, which can be detected by machines. Also, a curse is a result of a negative pronouncement which is believed to have magical power; this is not the case with AIDS.”

In some parts of Africa, myths about witchcraft and HIV/AIDS link AIDS to a particular wasting disease because the symptoms are more or less the same.

HIV/AIDS and the gospel of grace

Obviously, the Bible does speak about God's judgement, but in the sense that all are deserving of such judgement and that we're all born with no desire to acknowledge God as our creator and king: *“For all have sinned and fall short of the glory of God.”*²⁰ It's therefore unhelpful to say that AIDS sufferers have got the disease because of a particular sin, or because someone else has cursed them. AIDS affects the innocent as well as those who deliberately indulge in wrong sexual behaviour.

So thinking about judgement alone is not enough. The apostle Paul starts his epistle to the Romans with a very bleak picture of our sinful nature: *“Therefore God gave them over in the sinful desires of their hearts to sexual impurity for the degrading of their bodies with one another.”*²¹ And, he also goes to say that no one has the right to judge others.²² The same point is made by Jesus in Luke's gospel. Being spared from the consequences of an accident, or a disaster such as AIDS, is no guarantee of worthiness and acceptance before God: *“Jesus answered, ‘... those eighteen who died when the tower in Siloam fell on them – do you think they were more guilty than all the*

²⁰ Rom 3: 23

²¹ Rom 1: 24

²² Rom 2: 1

others living in Jerusalem? I tell you, no! But unless you repent, you too will all perish.’”²³

In the Bible, judgement leads to a declaration of God’s mercy and grace. Yes, God is holy, just, pure, righteous and without sin. But he’s also compassionate, gracious, merciful, slow to anger, and above all, a loving God. His anger at sin stands side by side with his willingness to save people from their sin. His anger at sin sent Jesus to suffer the punishment of sin on the cross. In the context of HIV/AIDS, judgemental attitudes have no place, because they obscure and deny the grace and mercy of God.

Instead, when Jesus reached out to heal the man with leprosy, what stands out in Mark’s gospel, is that he was *‘Filled with compassion’*²⁴. Dr Liz Ling thinks that:

“... stigma comes from a judgemental attitude as to how people have contracted the disease. We are all sinners and we are all saved by grace and no one is better than others, so for the Christian there really is no room for moral judgementalism on

²³ Luke 13: 4 – 5

²⁴ Mark 1: 41

either a member of our congregation or someone outside the church.”

Jesus’ compassion meant that he associated with people referred to as ‘sinners’ by the religious elite²⁵, such as prostitutes and tax collectors. He risked his reputation and was prepared to be called a sinner himself. His actions were even said to be the work of the devil.²⁶ There is no shame in following Jesus’ example even if it means risking a tarnished reputation, however wrong others may be about us. A social worker who helps some two hundred widows infected with HIV in one of the Nairobi slums says that people often call her *‘that mother who has AIDS’*. As she understands HIV/AIDS, she doesn’t let such wrongful criticism affect her work.

To conclude this chapter, we need to affirm the reality of God’s judgement on sin, but that it leads to the gospel, the message of reconciliation between sinful mankind and a holy God. All of us, regardless of origin or HIV status are in need of God’s mercy, because all deserve to be judged by him. Dr Tim Latham sums it up like this:

“God loves people with HIV. If we look at the teaching of the Scripture it

²⁵ Mark 2: 16

²⁶ For example, see Mark 3: 22

seems that God particularly has a love for those who are poor and needy or disadvantaged in some way. So it may be, even, that God has a special love for those who have been infected with HIV and that's a very important need that people have: to know that they are loved by God and if you are living with HIV because of some sexual sin that you've committed, you need to know that there is forgiveness from God and God is not condemning you and God wants you to turn to him; he wants you to stop any wrong behaviour that you might have been involved in. He wants you to know that you can come to him as his child and experience his love. That's a very important message that we need to be giving to those who are infected with HIV."

People with AIDS are precisely the kind of people Jesus came for, sinners, just like the rest of us.

Chapter 4, The church's response to HIV/Aids

Fear and judgemental attitudes often stop Christians from responding to HIV/AIDS. Dr Peter Okaalet, director of MAP International²⁷ sums up the difficulties that churches experience by taking us through the various stages they may go through when confronted with HIV/AIDS:

"The first stage is that of resistance and a judgemental attitude, that has to stop, because if we continue to stigmatise people who have HIV/AIDS, they'll go underground. The second stage is fear: yes, they want to do something, but they don't want to catch AIDS in the process of working with people who have HIV/AIDS. The third stage is apprehension and uncertainty. 'We want to do something, but what is it that we need to do?' Many pastors went to school when there was no HIV/AIDS. The kind of counselling that you need for a person who has HIV/AIDS is different from marriage counselling or spiritual counselling and so on. So they are not quite sure how to respond. But the fourth stage, that we

²⁷ MAP stands for 'Medical Assistance Programs', a Christian organization providing healthcare to the world's poorest communities, see <http://www.map.org>

really want them to move towards is one that embraces people who have HIV/AIDS, walking with them, reaching out to them, touching them like Jesus would do, zero tolerance towards stigma.”

That openness and welcome to those affected or infected by HIV/AIDS was demonstrated in the healing of the man with leprosy as Jesus touched him. Jesus broke the taboos about who could benefit from and be part of God’s kingdom. In the same way, the church should not shun those who may have acquired HIV/AIDS through sexual immorality, according to Edward Simiyu a pastor in Kenya:

“Is the church a club for sinless people? No! The church is a place for sinners who have been saved by grace and the church is a place where sinners should run to and seek refuge; it’s a representation of God on earth. If we send them away, where are they going to find refuge? Where will they find salvation if they don’t find it in church? So the church should not stigmatise, and the church needs to get involved. In fact, the

church should be on the front line of the fight against HIV/AIDS.”

In the previous chapter, the idea of God’s judgement was linked to the gospel, God’s act of reconciliation. As far as people outside the church are concerned, judgement should be left with God, according to the apostle Paul²⁸. So rather than focussing on judgement, Pastor Edward Simiyu believes that what HIV/AIDS faces us with are the consequences of sin.

“People may have acquired AIDS out of sexual immorality, they can live with that consequence by perhaps contracting HIV/AIDS, however it doesn’t mean that if that person sought forgiveness they never got it. We have no room to judge and condemn them when God has forgiven them. We should be agents of having people seek forgiveness if they have been affected or infected.”

Church involvement also means encouraging people to be tested for HIV, and supporting them through what can be a very painful process, often leaving many thinking about suicide. The church’s ministry

²⁸ 1 Cor 5: 12 – 13

needs then to focus on enabling such people to be of help to others in similar circumstances.

Put yourself in someone else's shoes

To minister appropriately and effectively, it helps to have some understanding of what it's like to live with HIV/AIDS. Most people say that the stigma and discrimination they suffer is worse than the disease itself. In real terms, this can mean being thrown out of your own home, or losing your job. Susie Howe of The Bethany Children's Trust tells of:

"... families whose children have been turned away from school because they are not HIV positive themselves, but they know that their family is HIV positive. That's why it's so important for the church to know the facts as well so that they can dispel these myths. That's the way you can actually break the power of stigma because you realise that there's nothing to be afraid of."

The power of myths and stigma had a profound effect on Gloria's life. She comes from the North of Rwanda where she lived with her five children. When Gloria's husband died of an AIDS related illness, the family

accused Gloria of performing witchcraft on her husband. They were therefore accusing her of being responsible for his death. Although this wasn't true, she was turned out of the family home and found herself on the streets. She went to Kigali, the capital of Rwanda, where she found somewhere to live for her and her five children: a disused dog kennel, with no roof. Her own health started to deteriorate. Sick, exposed to the elements, burdened with fear, burdened with guilt, asking herself what she had done to her family, she felt terrified, and very alone.

This particular story had a good ending as Susie Howe explains:

"Now the local church has been brought on board, seeing that they are just an ordinary family. The mother has become a Christian; all five children have become Christians. The older daughter said, 'Before I didn't know what God looked like and I didn't know what he was like, but now I've experienced him and I am so grateful and I love him so much'."

One dimension of the Kingdom of God became a reality as the members of this family were brought

into the church and as they were set free from fear, stigma, loneliness and isolation.

HIV/AIDS – an opportunity for the gospel

This release from the consequences of sin needs to be set alongside the spiritual dimension of the release from the captivity of sin itself; Jesus' ministry was holistic, it touched the whole person.

When churches stand back by not getting involved, this not only perpetuates the very real physical and material suffering, but souls that might otherwise be brought into God's family, remain outside the Kingdom. Spiritual poverty, that affects us all, continues. In serving people living with HIV, there should be no tension between the spiritual and the physical. Referring to chapter 4 of Paul's second letter to the Corinthians, Josephine Munywoki²⁹ illustrates the real opportunity that HIV/AIDS presents for sharing the gospel:

“It says from verse 16, ‘Therefore we do not lose heart. Though outwardly we are wasting away, yet inwardly we are being renewed day by day.’ That’s the state of a person living with AIDS,

²⁹ Josephine Munywoki is the director of the Faraja Trust in Nairobi, Kenya. (*‘Faraja’* means ‘comfort’ in Swahili) Faraja’s work includes providing home-based care training for churches

they are wasting away. Their inside is being renewed day by day, and you who call yourself a Christian, you can take that opportunity to encourage this person with AIDS, whose body is wasting away, but who can be touched inwardly. You have an opportunity of encouraging that person and helping that person to be renewed deep inside. ‘For our light and momentary troubles are achieving for us an eternal glory that far outweighs them all.’ Having AIDS is not easy, this body is very temporal and it will go back to the dust, but what happens to our soul? ‘So we fix our eyes not on what is seen.’ Not on our bodies, not on temporal things ‘...but on what is unseen. For what is seen is temporary, but what is unseen is eternal.’ The church has a chance to actually help this person who is dying of AIDS to go to meet their maker very well prepared.”

This isn't just a one-way process; HIV/AIDS work doesn't just benefit the person living with Aids:

“When we are ministering to people who have AIDS, we minister to ourselves too because they remind us constantly of where we are headed. All of us will die one day. How will we have touched that person with AIDS, the inward person not the outward person? For us, it’s an opportunity to win souls for Christ.”

As the church reaches out evangelistically, it cannot pick and choose those who are saved depending on their HIV status. In his letter to the Galatian church, the apostle Paul says that oneness in Christ doesn’t take into account man-made divisions³⁰. Edward Simiyu’s³¹ description of outreach in the context of HIV/AIDS echoes Jesus’ parable of the great banquet³².

“When you evangelise, you’re not going to sort out who has AIDS and who doesn’t and say, ‘You have AIDS, so don’t come to church’, or ‘Don’t give your life to the Lord because you have AIDS’. When we go out to evangelise, we will bring in everybody

³⁰ Gal 3: 28

³¹ Edward Simiyu is pastor of a church in Nairobi, Kenya, which facilitates testing, runs support groups and provides micro-finance

³² Luke 14: 15 – 24

because that’s our mission. Some will probably know they have AIDS, others will not. Being evangelistic, we are going to bring in everybody and definitely there will be people who have HIV and AIDS.”

Churches are unique and special because they can share and demonstrate the love of God, something which secular non-governmental organisations (NGOs) are unable to do. It’s the church’s responsibility to show genuine compassion and care.

HIV/AIDS – an opportunity for reflecting God’s love

Researching this subject, more than one contributor mentioned this as a reason for church involvement. Colin Smith who works with churches in the slums of Nairobi in Kenya says that the church cannot ignore its own.

“The church is a body; part of that body is suffering from HIV/AIDS and if one part suffers then the whole body suffers. The church has to get involved because it’s right here in our midst, in our congregation, in our community, amongst the very people

that we're with on a Sunday morning. They will be either affected in some way, or infected by HIV and AIDS. Therefore, we have an immediate responsibility as a body to show what it means to truly be the body of Christ in caring for one another.”³³

Caring for one another within the church fellowship is an absolute requirement for the Christian believer; it's the outworking and the fruit of the gospel as our hearts are transformed by God's grace. This was foreshadowed in the Old Testament when God told his people Israel through his servant Moses to “*Be open-handed toward your brothers and toward the poor and needy in your land.*”³⁴ However, our love must not be limited to those in the church alone. In Galatians chapter 6, verse 10, Paul does emphasise the priority to love ‘*the family of believers*’, but he also widens this to include ‘*all people*’.

Doing so is nothing more, or less, than reflecting God's character, his justice and his concern for the needy: “*He upholds the cause of the oppressed and gives food to the hungry. ... The Lord watches over the alien and sustains the fatherless and the widow*

³³ There are many references in the New Testament to brotherly love, here are just a few: John 13: 34 – 35; 1 Pet 1: 22; 1 John 4: 10 – 11

³⁴ Deut 15: 11

but he frustrates the ways of the wicked.”³⁵ God is against the oppressor and his people are to show the same compassion. These are strong biblical reasons for showing love to those outside God's kingdom.

Jesus' teaching reaffirms this. When he was asked a question about the greatest commandment, he gave a very well known answer. “*Love the Lord your God with all your heart and with all your soul and with all your mind. This is the first and greatest commandment. And the second is like it: 'Love your neighbour as yourself.'*”³⁶ Just in case, there was any doubt about who ‘*our neighbour*’ is, Jesus tells the famous parable of the Good Samaritan found in Luke's gospel³⁷. The Jews did not like Samaritans and Samaritans hated the Jews. Love for our neighbour, Jesus is saying, is showing mercy without taking into account race, ethnic origin, social class, religious background or even HIV status.

HIV/AIDS is the church's problem, and Colin Smith shows how the answer to the question ‘*Who is my neighbour?*’ is relevant to the church's response to HIV/AIDS.

“Our neighbour is anybody who is in need, who is around us. The person

³⁵ Psalm 146: 7, 9

³⁶ Matt 22: 37 – 39

³⁷ Luke 10: 25 – 37

living with HIV and AIDS is our neighbour and we are commanded to love our neighbour in a practical way. The fact that somebody has got HIV/AIDS doesn't mean that they are no longer our neighbour, it makes them more our neighbour than they ever were before. We're called to show and bear witness to Christ in the life of discipleship that demonstrates God's love and so I think we need to do that and show our discipleship in the area of HIV and AIDS."

For Sam Mugote from Uganda, no special gifts or powers were needed or called for by the one who stopped to help the victim of the robbery.

"The story of the Good Samaritan is an everyday life situation that I and you will confront on a daily basis. But it's also the story of what God expects of us as ambassadors to demonstrate his love to a hurting world, it's a story of a human being, being there when another one is in great need."

Some see that the religious characters in this parable represent the modern church. Edward Simiyu who works with HIV affected people in Kenya makes this parallel.

"The Samaritan is basically an unbeliever, you would even call him a Devil worshipper or a Satanist, but it's really the Satanist who takes care of this man. I see that as the modern church, we have left people who are infected and affected to be taken care of by secular NGOs, by other institutions, and yet we are the priests and the Levites who should be taking care of the hurting. What does James say? "True religion is taking care of orphans and widows." Kenya has over 1.2 million people living with AIDS, many of them are orphans, many of them are widows. Who is taking care of them? The church is very least involved and we need to do something about that."

As we've seen, the church's response to HIV/AIDS must be governed and shaped by God's characteristics of justice and his love for the poor. But, there is also his grace that he doesn't deal with us as our sins

deserve. Our attitude towards those affected by and infected with HIV will show just how much our hearts have really been captivated by “*God demonstrates his own love for us in this: While we were still sinners, Christ died for us.*”³⁸

A relevant example of this is the way that leprosy is dealt with in the gospels³⁹. Indeed, this has been compared with the current HIV/AIDS pandemic. What stands out is Jesus’ compassion or pity for the man who had leprosy.

In those days, and until quite recently, infections like leprosy meant being cut off from the community physically, socially and spiritually.

But this didn’t stop Jesus from restoring the man by making him clean. This miracle is a reminder that salvation in Christ is full, effective and complete. He has come to deal with all the consequences of the fall and this miracle is a foretaste of the new heavens and the new earth.⁴⁰ And it also challenges us to be like Jesus in our dealings with those who are left out because of diseases such as leprosy, or HIV/AIDS.

When confronted with those who are sick and suffering, the church can sometimes ask too many

³⁸ Rom 5: 8

³⁹ Matt 8:2 – 4; Mark 1: 40-45; Luke 5: 12 – 14

⁴⁰ Gen 3: 14 – 19; Rev 21: 1 – 4

questions, rather than getting on with the job of caring and ministering to the affected and the infected.

The church’s response to HIV/Aids needs to be free from stigma and judgementalism as well as taking opportunities for the gospel to be shared with those who are suffering and dying.

Chapter 5, Why churches are reluctant to be involved with HIV/AIDS

Churches find it difficult to be involved in the service of the affected and the infected. In this chapter we look at the causes of such fear, and ways of dealings with them.

The causes of reluctance

Fear and ignorance can stop churches from being involved with HIV. They can often lead to condemnation and rejection of people living with AIDS. For example, by referring to HIV/AIDS as the specific judgement of God, or by saying that it is a curse passed down through the generations.⁴¹

Christians may fear getting alongside, or associating themselves with people who have AIDS, because it might damage their reputation. In the gospels, Jesus

⁴¹ See chapter 3 for HIV/AIDS as the specific judgement of God or as a curse

was often criticised for mixing with the wrong kind of people.⁴² But, Jesus wasn't worried about his reputation; he was more concerned about those who recognised their need of God, spiritually, physically and mentally. This is borne out by James Nyaga's⁴³ experience of what pastors and church people have said to him:

“Well, these are sinners and we don't want any involvement with sinners, so it's not our business, it's other people. Some churches say, well we are poor, how can a poor church in a poor environment get involved, supporting the sick, caring for those who are sick. One thing I've also realised with the churches, they lack the knowledge about HIV and AIDS. That alone makes them not to be able to do anything.”

When members of Christ's body, the church, are suffering as a result of the disease, this can be particularly difficult for other Christians to deal with, as happened some years ago in Edward Simiyu's church when a very committed Christian couple died

⁴² Mark 2: 16,17

⁴³ HIV/AIDS programme director at Church Army Carlisle College in Nairobi, Kenya

of AIDS. He explains what impact this had on him following the death of the husband:

“We just prayed and hoped that this was something that was passing and that was the end, but shortly after, the wife also died and that really broke my heart. From that time I started asking myself what is wrong with my theology? What is wrong with my understanding of our Christian faith?”

These questions led Edward Simiyu to come into contact with churches in Uganda where HIV/AIDS was being dealt with differently. He says that:

“... in Uganda the churches were grappling with it and were struggling and talking about it. I started learning that there was something that we in Kenya had turned a blind eye to: we had deliberately shut ourselves out from accepting that AIDS was here with us.”

Having become convinced that HIV/AIDS was an important issue for the church, Edward Simiyu's initial attempts to change the taboo status of

HIV/AIDS in the church were met with predictable indifference.

“We started AIDS awareness teaching in church, and... you wouldn’t believe it, people would not show up! There was such a strong sort of stigma that you’d just feel in the air that people would not want to associate themselves with even teaching AIDS awareness, how it’s contracted and what we, as Christians, can do.”

Denying that believers are also infected reinforces the church’s reluctance to respond to HIV/AIDS. This then forces HIV positive brothers and sisters to keep quiet about their condition for fear of being stigmatised by fellow believers. According to James Nyaga, this creates an even greater danger which undermines the fight against the disease itself:

“... the church is engaging in fuelling the spread of infection because they take the ‘holier than thou attitude’. ‘Our church congregation is clean, we are not sick ourselves’. The people within the congregation then fail to take care of themselves, when the

church becomes silent about the issue, it makes people more vulnerable and, consequently, they start getting infected.”

Another cause for reluctance within the church is that before ARVs (antiretroviral drugs)⁴⁴ became available, HIV/AIDS meant certain death. The most common reaction was to avoid the subject altogether, as Dr Peter Okalet of MAP International puts it: ‘Don’t talk to me about AIDS, that thing that causes death!’ With ARVs now being more widely used, people living with AIDS are harder to identify because they appear to be, and are, quite healthy.

Also contributing to reluctance is ignorance about the disease itself and how it is transmitted⁴⁵. To this lack of knowledge about HIV can be added a general lack of knowledge about how the human body works as people may not have had the benefit of a good education. According to Susie Howe this leads to adults either not knowing or believing in myths about the way humans are made. She gives these examples of what such misconceptions lead to:

“In Africa, there are men who think that unless they have sex every day,

⁴⁴ See chapter 2

⁴⁵ These subjects were dealt with in chapter 2

they are going to become sterile. There are women who do not understand that the baby actually sits in a womb because they've never had a biology lesson."

Probably the more fundamental problem when it comes to HIV/AIDS is sex itself, the greatest taboo of all. Sylvia, a widow who is HIV positive herself says that:

"Many people think that when you are HIV positive you have been a prostitute or you got it because you wanted to. The sex part of it is very strong on the ears of Christians. I don't know whether it is because we don't understand the word 'sex' or it is because we don't have a lot of information about sex. God created us the way we are."

Peter Okaalet agrees that:

"We don't talk about sex. In Africa AIDS is really transmitted through husband and wife, men and women, heterosexual sex. So, when people hear somebody has AIDS, the first

thing that comes to mind is: 'They must be immoral, they must have been unfaithful', and so on."

Whilst it is understandable that churches may not feel comfortable dealing with sexual matters, Susie Howe believes that the scale of the pandemic means that the church has no choice but to engage with HIV/AIDS:

"The church has got to start feeling at ease about those things because it's a life and death situation. We cannot carry on with 14 thousand people dying globally a day; we have to start addressing these realities. We can do so in a way that is full of integrity by empowering people with knowledge of how to protect themselves."

Julius Ndiva⁴⁶ sums up how many churches feel when it comes to engaging with HIV/AIDS:

"When we go talking to pastors and church leaders, they still feel: "Well, that's not our work, the government is there, the NGOs are there, why bother? Ours is to preach the gospel." To them

⁴⁶ Julius Ndivo works on youth prevention programmes in Kenya.

HIV/AIDS is not part of the gospel. Secondly, those who feel it's something they should do feel a bit overwhelmed and don't know where we begin. They might say: 'There are orphans, people who are in depression, they need money for ARVs.' They say: 'We're not doctors.' They just feel overwhelmed. Lastly, they also feel it's expensive: 'We can't afford this, we need to help these people, by telling them about eating well.' They don't have the money; they don't see where it can begin. They feel that's work that should be done by the people who have the money."

When churches do not address HIV/AIDS, this, says Colin Smith, will contribute:

"... to people feeling stigmatized. We are then actually working against the gospel rather than working for it."

So, this overview has sought to be honest and frank about some of the reasons why churches often feel reluctant to engage with HIV/AIDS. In the next section, suggestions are made to counter and deal with these.

Addressing reluctance

Christians fear doing something about HIV/AIDS. They may say to themselves: "What will it mean if I get involved? What will it demand of me?"

It is therefore important that churches provide their people with good information about HIV/AIDS, the kind that will dispel myths and wrongs ideas. Dr Peter Okaalet encourages church leaders to:

"... get to know what everybody else knows, those subjects that are very difficult to handle. Bring in people who are experienced in those particular subjects, let them educate us and teach us and bring us to the point where we are closer to the Master. If we are really following the Lord Jesus Christ, how come people are running away from the church when in those days the marginalised, the poor, the commercial sex workers were running to the Lord Jesus Christ. Are we following the same Christ who lived 2,000 years ago?"

In the previous section, it was acknowledged that churches feel uncomfortable dealing with sexual matters. In many cases, this is because people do not understand how their bodies work; let alone how HIV is transmitted. To help with this particular difficulty, Susie Howe makes this suggestion:

“Get a nurse from your local hospital to come and give a talk about the biology of our bodies. God has made them beautifully, he’s made them gloriously⁴⁷, let’s find out about them. Then, let’s find out about how we can put them at risk, whether it’s from smoking or from sexual activities outside of marriage or whatever.”

Sharing information about the facts of biology about the body and HIV/AIDS will increase awareness and reduce the fear attached to the disease. However, information alone isn’t enough. So there’s nothing more powerful than someone standing up in front of a congregation and telling their story. This is what happened in Edward Simiyu’s church when he invited somebody, a very strong Christian, who was living with AIDS:

⁴⁷ Psalm 139: 14

“She came and gave her personal testimony in church. That hit people hard because they realised actually that: ‘You mean you can be a Christian and be infected with AIDS?’ That was the issue and people started paying attention. Our church started in a little way, passing on information, publications and literature. People would take them and not say anything. But then, that started a great impetus in people trying to seek more knowledge and information.”

So helping Christians to be less reluctant about HIV/AIDS starts with sharing information, and bringing that to life through personal testimonies. This needs to be followed by practical concern and Susie Howe suggests how to go about this.

“A way to get involved and motivated is – go and learn what it’s like to be them. Listen – go and sit in that person’s shoes for a while. Find out what they would like in terms of support and what they would like to see from the church in terms of a response, and get them working with you.”

If this sounds too difficult, let's not forget the incarnation of Christ. In chapter 2 of his letter to the Philippians, the apostle Paul quotes what was probably an early hymn about Jesus' humiliation (he became a servant, died instead of others as a common criminal – verses 7 and 8) and his exaltation (Jesus is now Lord over all – verses 9 to 11). Paul also illustrates this in his first letter to the Corinthians where he gives a personal example of getting alongside others.⁴⁸ He deprived himself for the sake of the others and the gospel. Getting alongside people living with HIV in this way, is to follow the example of our Lord and Saviour.

Earlier, we said that the scale of the HIV problem is a barrier to churches getting involved with HIV/AIDS. Susie Howe says that we need to be sensible and realistic about expectations:

“Don't think: ‘Oh no! I've got to set up a project for a hundred people.’ Start with the one and see how you get on with that one. You'll see that it grows and grows and develops. It's very exciting because you'll see change and transformation. You've got our Father in heaven, he created the world, he's

⁴⁸ 1 Cor 9: 20 – 23

on our side, he enables us, and he empowers us. Start with the one family, with the one person and see where it goes from there.”

For Josephine Munywoki of Faraja it's about Christians being in:

“...the right place to be used. Not to feel like, ‘We'll be used when we get trained in home based care.’ No. Start where you are, take the first step, reach out to someone who is infected. There's an opportunity to serve, to actually show the love of Christ. It's not an opportunity to condemn and say ‘It's punishment, look at them, they brought it upon themselves.’ ”

To counter condemnatory tendencies and judgemental attitudes towards people who have HIV/AIDS, there is a need to remind ourselves of God's love for us as sinners. In the parable of the lost sons⁴⁹, the loving welcome shown by the father to his younger wayward son is contrasted with the resentful and unforgiving attitude of the older brother (who represents the Jewish Pharisees) both towards the father (God) and his younger brother (a repentant sinner). In the light of

⁴⁹ Luke 15: 11 – 32

this, Susie Howe underlines the need to deal with the affected without being judgemental.

“This is a life and death situation, we’ve got to not close the door on them but open the door to them. If we can’t give them the information that they need, we need to know those who can, and supportively and in love point them to that direction.”

When genuine care and concern are shown in this way, this can open up opportunities for the gospel. Sharing appropriate information about HIV can be a means to say, *“By the way, we’ve got a special service and we’d just love you to come along. I’ll be waiting by the door so that you don’t have to walk in by yourself.”* But sensitivity and tact are needed, especially if that person is in a vulnerable state because he has just found that he is HIV positive.

Another way of defeating judgemental reactions to HIV/AIDS is for the church to show solidarity with our fellow human beings. Tre Sheppard, Director of Engagehivaids.com and a long time supporter of AIDS related projects in Africa, said that:

“The more that the followers of Jesus get tested, the more that we are

actually able to break some of the social stigma and show how that we really want to reach out to the community and show the love of Jesus. That’s why it’s wonderful that so many local churches are starting to develop HIV and AIDS support groups to help those who are fighting the disease come to terms with the disease and live as long as possible.”

There are three ways of showing solidarity with those affected by HIV/AIDS. Two passages from scripture can help us here. Firstly, gospel good works begin at home. In the gospel of John Jesus gives his disciples a new commandment: *“Love one another. As I have loved you, so you must love one another. By this all men will know that you are my disciples, if you love one another.”*⁵⁰ Dr Liz Ling of the iThemba Christian AIDS foundation refers to this saying:

“It’s important for the church to be seen to be loving its own so that others outside will see what our faith and our Saviour are about. To those churches that find it difficult to welcome members of their own

⁵⁰ John 13: 34 – 35

congregation who are HIV positive, I'd challenge you with that verse."

The second step takes us from the loving our own to the well know parable of the Good Samaritan⁵¹ in which Jesus is asked what one must do to inherit eternal life. In the story, both the Samaritan and the victim of the robbery represent undesirable people: Jews and Samaritans hated each other, and the person lying in the road was a possible source of defilement for the religious characters who pass by on the other side. Jesus is challenging the 'expert in the law' about his understanding of real 'neighbourliness'. Jesus is saying that it's about a heart's desire to love those regardless of their background, position in society or HIV status. No one group of people are more or less deserving of ours and God's love. Liz Ling applies this to our attitudes towards people outside the church who have HIV/AIDS:

"... So you should be reaching out to people who might be socially unacceptable in your community, who might be even from a Muslim community and you must be giving them the care that you would extend to your Christian brothers and sisters."

⁵¹ Luke 10: 25 – 37

There's a third way of identifying with those who are affected by HIV/AIDS. Back in the Old Testament, the people of God were criticised, and indeed judged, for their lack of compassion towards the needy⁵². God's people were not only to care for the weak and vulnerable society, but they were to take up their cause by defending them. Here's Susie Howe again.

"Speak up for those who cannot speak for themselves, speak up for those that are oppressed and suffering, care for the orphan and the widow. If we are to be a distinctive people who demonstrate the character of our Lord Jesus Christ and his kingdom, we need to start living according to his values and doing what he would do."

At the beginning of his earthly ministry Jesus says that he is the one spoken about by the prophet Isaiah: Jesus is the one who frees prisoners from sin and the effects of sin⁵³. Susie Howe says that ministering to those captive in the darkness of HIV/AIDS is very much part of this:

⁵² Isa 1: 16 – 17

⁵³ Luke 6: 17 – 21

“It’s like opening a door and we can say: ‘Come out of that prison of fear, come out of that prison of isolation.’ We are all captives to sin, but through Jesus, we can be set free from that. We can point people to the good news of Jesus Christ who completely justifies us. The old has gone and the new has come, we have this new life. That’s very freeing for anybody, it’s certainly freeing as well for people living with HIV.”

So, in summary, it is the gospel itself that should dispel any reluctance there may be to be involved with HIV/AIDS. As has been stated many times, AIDS should not be seen as proof of God’s judgement on sexual sin, but rather as an opportunity for the church to show compassion, to show God’s forgiveness for sin as revealed in the gospel. In fact, the gospel itself should be an antidote to reluctance. We need reminding of our own sinfulness and what God has done about it in Jesus Christ⁵⁴. God did what we can’t do for ourselves. Salvation comes from God’s free and undeserved grace, not our works. And yet, amazingly, God also wants to involve us in his purposes.⁵⁵ This should encourage us to let go of any

⁵⁴ 1 John 1: 8 – 9

⁵⁵ Eph 2: 10

reluctance we might have about responding to HIV/AIDS.

Lavender Busungu underlines what the church’s distinctive calling is:

“Compassion is not an option but it’s a vocation of the church. ‘He who claims to live in Christ must walk as he walked.’⁵⁶ We also see the characteristics of God, that God is compassionate⁵⁷. Jesus also had compassion on those who were sick and he did not look at the origin of the sickness.⁵⁸ Paul also puts an emphasis on Christians being compassionate, like in Galatians: ‘We should carry each other’s burdens.’ ‘We should do good to all people.’ Of course the second part says ‘especially to the believers.’⁵⁹ Remember, the first part ‘to all people’, it means even to people living with HIV and AIDS whether they contracted it through sexual immorality or not, we are called to support them. Therefore, the

⁵⁶ 1 John 2: 6

⁵⁷ For example Psa 103

⁵⁸ Matt 9: 3

⁵⁹ Gal 6: 2, 10

biblical response is that of compassion and not condemnation.”

Chapter 6, The church’s practical response to HIV/AIDS: an overview

These next three chapters concentrate on practical examples of church involvement with HIV/AIDS. However, before beginning with this overview, we need to come back to the reasons for being involved in Christian HIV/AIDS work.

Our motivation

It is often said that our attitude towards those in need shows just how much we’ve understood about God’s grace towards us. The implication is that where there is lack of care and neglect of the suffering, this reveals what little impact the grace of God has had on our lives. Whilst this may not apply to all of us, all of the time, we constantly need to remind ourselves that if God had decided that we, ourselves, should deal with the consequences of our sin, our spiritual situation would be desperately serious. As the apostle Paul says: “*God demonstrates his own love for us in this: while we were still sinners, Christ died for us.*”⁶⁰ Our response to God’s wonderful and amazing grace in forgiving our sins should then cause us to be

⁶⁰ Rom 5: 8

compassionate towards the practical and spiritual needs of others, and that includes people living with AIDS.⁶¹

With this in mind, the following are practical examples of gospel initiated steps that address HIV/AIDS.

Advocacy

This means pleading, arguing for something on behalf of someone else, or representing them before the authorities, it is to support someone else’s case. In the previous chapter, this was referred to as ‘*Speaking up for those who cannot speak for themselves*’.

In the Bible, God tells to his people Israel, more than once, that he expects them to uphold justice on behalf of those who cannot defend themselves:

*“He has showed you, O man, what is good.
And what does the LORD require of you?
To act justly and to love mercy
and to walk humbly with your God.”*⁶²

Of course, the Lord Jesus Christ is our ultimate representative before God⁶³. Although we cannot do

⁶¹ Eph 2: 10

⁶² Mic 6: 8, see also Isa 1: 17

⁶³ For example Heb 9: 15

what Jesus did and bring about the forgiveness of sins on behalf of others, we can certainly imitate his example as an advocate.

This is what a church based project in Rwanda called 'Abisunzimana'⁶⁴ has been doing by supporting about 100 families affected by HIV/AIDS. When she made her first visit there, Susie Howe tells us that there was a '*real air of hopelessness*' about the place. But now, with the project's help and involvement, people's lives have been changed in Christ. This is in part due to the church making representations on their behalf.

"The church has also been advocating at the hospital so that people can access medicine and get hold of antiretroviral drugs⁶⁵. For some people, it makes a huge difference and gives them many more years of life. They've been advocating for these people to be able to receive free ARV therapy. So the health and the well-being of people have really improved."

Poverty alleviation

⁶⁴ 'Abisunzimana' means 'He whose hope is in the Lord'

⁶⁵ See chapter 2

Some churches have set up income generating schemes that enable people living with HIV to provide a little bit of money for their families. Korogocho is one of the poorest slums in Nairobi, Kenya. For its dwellers, life is extremely hard. From a small rented iron sheet hut with no cement on the floor and where the walls are made of dirt and sticks, Colin Smith describes what one small church decided to do about HIV/AIDS:

"They started helping people to set up a small business making soap, making peanut butter, making beads. They've got a whole group of women in their congregation living with HIV/AIDS who are now providing a small income for themselves and their families through the ministry of that church."

When they had found out about what people living with HIV needed, Susie Howe reports that the youth group from the church linked with the 'Abisunzimana' project mentioned above went:

"... to dig some fields and plant some seed potatoes and cabbages. I tell you, God has really blessed those crops, they've just taken off. So the

people living with HIV have food and a little bit of money is made which goes into medicines and things like that. The youth are just using the energy that they innately have. It's not cost anything, it's just cost their energy. Because they used seed potatoes, they don't have to buy them."

The loss of either partner will often cause economic hardship because a family's source of income vanishes. This is how another church in the Korogocho slum saw how it could respond to this particular need.

"A wife will have lost her husband or a husband lost a wife and the child care is a problem. So the church provides child care during the day so that the partner that is remaining can still go out to work and support the family."

Counselling

Positive Ray is a project in South Africa supporting vulnerable people. Its volunteers provide things such as vitamins to ensure better health for anyone in the community who has been told they are HIV positive.

They also encourage them to go for CD4 count ⁶⁶ and if this turns out to be low they advise them about taking ARVs.

As we saw in chapter 2, it is possible for people living with the disease to lead normal lives by taking appropriate medicines and doing what they can to maintain good health. Sindi, a Positive Ray volunteer, does educational awareness about the disease and staying healthy. For her, such practical care goes hand in hand with spiritual care:

"Whenever I want to support them and give them that hope, I always use Jesus' name because he'll be always there, whatever happens. As they don't have Bibles, I'll read the Bible, and then I take my Bible away. They ask me where are they going to read all that, so sometimes I have to go two or three times a week to read the Bible with them, pray and do all the spiritual things. We can give them treatment, give them food, give them everything, but when Jesus is not there, nothing will happen."

⁶⁶ See chapter 2

Using God's Word

James Nyaga from Nairobi, Kenya emphasises just how central and useful the Word of God (the Bible) is in dealing with people who are sometimes at a very low point physically and spiritually:

“There's no better resource than the Bible, because when churches use the Word of God, it brings hope and comfort to people who are sick.”

Sharing God's Word or the good news about Jesus in this context must be done sensitively. If churches are going to dedicate themselves to such work, care and support must be given without preconditions. As Liz Ling of iThemba says:

“It's an enormous blessing to someone who is HIV positive and maybe feels guilty, maybe feels rejected; if someone can give them a hug and welcome them in, eat with them, then, you'll develop a relationship with them. If they aren't a Christian already, maybe you'll be able to tell them about Jesus at some stage. One of the things that people are often concerned about, is that as

a Christian organisation, we go and we 'bash the Bible' or we tell people about Jesus and challenge them to convert without actually meeting or addressing or caring even about some of their other needs.”

HIV/AIDS is a wonderful opportunity to present the message of the gospel, and this works better when bridges are built through the care of the infected and affected. This will naturally lead to people hearing about Christ and their need of salvation.

Support groups

This is a means by which people who share a similar predicament can meet others in the same situation so they can encourage each other and, explains Josephine Munywoki:

“... find ways of coping with it better. The other day, this young man was talking to me. He got to know that he has AIDS two weeks ago and he was telling me, 'I thought my world had ended, like I was the only one with this problem.' Then he attended one of our support groups and he thought, 'Why did I think I was the only one who had a

problem then?’ That encouraged him very much, but imagine if he was referred to a regular hospital where he would sit with people who do not have HIV, he would think he was the only one in the world, he would start having self-pity and, within no time, he would die.”

So meeting others who have the same problems is a great way to be encouraged for people living with HIV. Good support group discussions are characterised by frankness and honesty because there’s no fear, embarrassment or stigma about the disease. From her experience of facilitating such groups, Josephine Munywoki says that members will:

“... even make fun of the virus. They are in another world, maybe a world that we would not understand. When they have these meetings we allow them time, we don’t even attend the meetings unless it’s necessary, unless they’ve called us, so that they can feel free to say what they want, to share frankly with people who are all infected.”

On some occasions, it is however appropriate for a pastor or other gifted person to bring encouragement from God’s Word in a more structured way. For this, the Psalms are always a good place to start because this is where the writers express their difficulties and expose these to the character of God (his goodness, his love, his mercy, his faithfulness, his holiness, his justice...). For example in Psalm 130, David entrusts himself to God for the forgiveness of his sins. This could be appropriate for a person discovering their HIV status; they may feel guilt about their lifestyle *if* they got HIV through wrong sexual behaviour. David begins by ‘crying out’ to God, but he is quick to remember that ‘*with God there is forgiveness*’ (verse 4).

Or in the case of someone who got the disease through no fault of their own, there may be fear of what will happen to them after death and anxiety over the future of their children. In Psalm 139 there is comfort and security because God knows everything about us, everything that happens to us, each individual life is planned out.

Support can also play a part in sharing information about the disease and staying healthy. So they are of spiritual, emotional and practical help to those infected with or affected by HIV.

Prevention

Much of what churches are involved in doing is in a sense, picking up the pieces left by the ravages of HIV/AIDS: helping, caring for and supporting the affected and infected. So it's good to turn (briefly) to what churches can do in order to stop others from getting infected in the first place.

Pastor Clement Joseph who is the manager of Positive Ray, the church based HIV project in South Africa mentioned earlier, describes the type of people they work with:

“Part of the culture is to have more than one sex partner, so HIV/AIDS is mainly transmitted through having multiple sex partners. The age group fifteen to twenty five is the most vulnerable because they are young and sexually active. It's sad but true that a lot of children as old as eight to ten years are engaging in sex. So the kind of work we are doing in schools, for example, is to reach children and young people at an early age so they understand what the pandemic is all about and to take the necessary precautions from being infected.”

Another Project Ray volunteer, Edmara, teaches life orientation lessons⁶⁷ in schools. She describes the kinds of issues faced by the young people she works with and the difference that God can make in very painful situations.

“Mostly, they have been raped, the other children, they didn't understand about HIV and AIDS. Loads and loads of people are getting pregnant. They are engaging in unprotected sex so we talk about this and then we talk about being raped. ‘It's not your fault’, but also introducing the Word of God, ‘He loves you no matter.’

Edmara tells the story of one particular young girl who became HIV positive as a result of rape, and how the message of the gospel has changed her life:

“She didn't want to go on anymore, she just wanted to hang herself and she came to me and we talked about it. Now she knows that the virus is there in her body, but because there is Jesus now, this is not a death

⁶⁷ These lesson periods may also be called ‘Learning for life’, ‘Lesson for life’, ‘Personal health and social care’

sentence, she can go on, she can live.”

In many countries, the commercial sex trade is a major factor in the spread of HIV with more and more young people, even children, getting caught up in it. With more extreme sexual practice being demanded and supplied in exchange for higher sums of money, high-risk behaviour has become prevalent. Working with young people, Julius Ndivo is very concerned about this. He believes that, primarily, preventing AIDS is a matter of individual responsibility:

“It will begin with us. Decide that you will keep yourself, you will preserve yourself. After that what else will you do to touch your neighbour? It’s talking to them, praying for them, giving your resources. Ask yourself what have you done to help someone out there, share with them, challenge them about their behaviour, share information with them, pray with them, bring them to the Lord. So I think we cannot just leave it for the organisations, everybody can do something. Let’s ask ourselves, what have I done today to help push back this epidemic?”

This makes sense, since churches are made up of individuals, which are in turn concerned about the welfare of individuals morally, spiritually and physically. This doesn’t mean that there isn’t a place for collective efforts by larger organisations, particularly with regard to HIV prevention among young people, but this should be in addition or supplementary to what individuals Christians and churches are themselves able to do. It is in fact a great privilege to see young people realising that by themselves they are unable to resist the pressures on them, according Julius Ndivo.

“They realise it’s true, we cannot make it on our own, we need help, we need Jesus, we need the Holy Spirit and they make decisions. We have sexual purity campaigns that have been launched in this country that are touching young people. iThemba has actually funded and helped to do some materials: a Bible study guide is on attaining sexual purity⁶⁸. We also have cards where young people sign commitment cards that they’re not going to have sex before marriage.”

⁶⁸ If you’d be interested in obtaining a copy of *Attaining Sexual Purity* by Julius Ndivo, please contact info@ithemba.org.uk

Julius Ndivo has been involved with school Christian Unions and he has seen students joining accountability groups where they:

“... share what’s happening in their lives with one another. That becomes an ongoing thing in the churches, in the schools and also parents, going back to their parents, telling them, ‘Look, I’ve decided I’m not going to have sex before marriage, can you keep me accountable?’ ”

And Julius Ndivo tells young people to make Jesus the centre of their lives.

“Everything will rise or fall depending on if we’ve made that decision for him or against him. We can have hope in Jesus, if we’re positive, just to know that life doesn’t end here. We have one who created us; after this life is over we will meet him. For those who are not positive and are probably struggling and feeling: ‘I don’t have the strength to keep myself together, to keep my virginity’, I would tell them that Jesus is there to give us the strength,

to help us. He sees what we’re going through. He makes all the difference in our lives whether positive or negative.”

The three Qs

We conclude this chapter with the advice that Peter Okaalet, director of MAP International, gave to his own children when they became teenagers, what he calls the “3 Qs”:

“Quantity of life: please live long. The lifespan in Kenya and Uganda is falling to 40 - 42 years as a result of HIV and AIDS. If you live carelessly, your life could be cut short, so please try to live long. Quality of life: if you know the Lord Jesus Christ, he’ll help you to hold on to the values that will help you to enjoy your youthfulness even before you get married. And then the other ‘Q’: get a qualification. Go to school, study hard. Be careful how you make your choices. I want you to live long. Actions speak louder than words, they see the way I live with their mum, they see the way their mum lives with me. Respect, love.

‘Husbands love your wives, wives respect, submit to your husbands.’⁶⁹ ”

Chapter 7, The church’s practical response to HIV/AIDS: caring for orphans

Of all those affected by HIV/AIDS, children orphaned as a result of the pandemic are the most significant group in terms of size.

The number of children orphaned as a result of AIDS is, as one of our contributors said, “*almost outside of our imagination*”. Current estimates put the figure at 15 million worldwide with 12 million of these on the African continent⁷⁰. While no figures are available for India, HIV/AIDS infection is increasing among the subcontinent’s population, and therefore so is the number of children left orphaned through HIV/AIDS.

Susie Howe is director of the Bethany Children’s Trust, an organisation committed to supporting projects that benefit children at risk around the world. Quoting the specific example of Namibia where it is predicted that by the year 2,021 40 % of children

⁶⁹ Eph 5: 22 – 33

⁷⁰ Source Annex 2 of UNAIDS 2006 Report on the global AIDS epidemic, available at: <http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/Default.asp>
Other data is available in the 2007 update, see <http://www.unaids.org/en/KnowledgeCentre/HIVData/EpiUpdate/EpiUpdArchive/2007default.asp>

under the age of 17 will be orphaned, Susie Howe asks:

“*What does it look like in a nation where 40% of the children under 17 years old are orphaned?*”

The simple answer is that children become vulnerable in many ways. It leaves them exposed to abuse, they experience educational difficulties, to mention just a few.

In this chapter, we will first examine the kind of issues faced by such children. We will then find out more about achievable church responses.

Before examining the impact on such children and what are achievable responses by churches, here are a few Bible references relevant to the subject of orphans.

In the first chapter of Genesis there is the refrain: “*And God saw that it was good.*” And at the end of that same chapter, we’re told that, “*God saw all that he had made, and it was very good.*”⁷¹ This comes after the brief account of the creation of Adam and Eve (which is elaborated on in Genesis chapter two). That’s what God thought about everything in his

⁷¹ Gen 1: 10, 18, 21, 25, 31

creation. Unlike the animals, human beings (including children) are given the image of God; they are the high point and goal of creation. It's therefore hard to imagine what it's like for children who are abandoned because of HIV/AIDS with no adults to care for or look after them. Life for these children is experienced in a way never intended by God our creator.

Therefore it is not surprising to find orphans specifically mentioned (usually along with widows and aliens) in other parts of scripture⁷². For the apostle James, the care of orphans (and widows) is as important for New Testament believers as spiritual purity⁷³.

The impact on children orphaned because of HIV/AIDS

To illustrate what impact the death of a parent has, here is the story of a young girl from Zimbabwe whose father died from an AIDS related illness. Atena and the rest of her family soon found themselves without any income to live on. At school, Atena started playing up terribly, and she stopped speaking. She was then expelled from school. Her teachers said of her: *“This child is naughty, she refuses to speak, she refuses to cooperate in class”*. Sadly, no one

⁷² Exod 22: 22; Ps 68: 5

⁷³ Jas 1: 27

stopped to ask why a ten-year-old child might be behaving like this. Susie Howe explains that this was due to the loss of her father, but it also came out that she was being raped by neighbours:

“So here you have this orphaned child, her world has fallen to pieces, she's had to move into a new community, started a new school where she doesn't know any of the other children, with teachers that she doesn't know. She completely freezes psychologically and she stops speaking, that's how she deals with it.”

In another case, both parents had died, leaving behind their five children. The oldest was thirteen and the youngest was only two years old. By the time they had been referred to the Bethany Trust by a village headman these children had been living for three months without any adult supervision. Susie Howe describes the state in which they were found:

“Their hair was matted and long, they were physically filthy and they'd been living on rats. The roof of their hut had fallen in because all the money had gone on medication, traditional

healer fees, and funeral fees. Then the extended family came and just took everything from the hut, unbelievably leaving the children. That has happened time and time again, children that God loves living like animals.”

These children have to grow up very quickly, they have to go from childhood to adulthood taking on adult responsibilities that are often far beyond their stage of development and physical ability to cope with. Susie Howe continues:

“You have an eight-year-old girl or boy who’s having to go and do the fields, fetch the water, fetch the firewood, feed the children, with what? These children are very vulnerable to sexual abuse, they become prey for unscrupulous, or I would say evil, people within their villages. Sometimes children will be forced into sexual coercion, sometimes they will actually go out and sell themselves because that’s the only way they are going to be able to put a bit of maize on the table. They drop out of school and get

perpetually enmeshed and trapped within that poverty cycle.”

While education is not the solution for all the problems caused by poverty, it does provide all children, especially those at risk, with basic skills, for example, the ability to read whatever is put in front of them, so that they are less likely to be exploited. By being in school, children learn social skills and values, whereas if they are unable to go to school, they are not learning to mix with others, and more crucially, they also miss out on being taught the difference between right and wrong.

Added to such deprivation, children orphaned through HIV/AIDS have to handle the grief of losing one or both parents. And it doesn’t end there: they are passed on to other family relatives who might themselves eventually die because of HIV/AIDS. So potentially, already orphaned children may suffer multiple bereavements.

On top of that, orphans then suffer stigma and discrimination within their community. This often begins even before the death of their parents.

The outlook certainly seems bleak for children orphaned as a result of HIV/AIDS. Can local churches help children like this?

Community based orphan care

Churches are certainly responding to the needs of orphans. We go back to Atena, the young girl from Zimbabwe whose father had died as a result of HIV/AIDS. She was thrown out of school. Help came from an unexpected source as Susie Howe recounts:

“I was working at that time with a community based orphan care project that we were operating through the churches in the surrounding district, and in this particular village there was an elderly grandmother. She was a lovely lady, she was one of our volunteers and she was old, about 80 something. She loved Jesus, and she had come to me and said, ‘I want to volunteer my help for these children, but I’m only a grandmother, I’m only poor myself, there’s nothing I can do.’ I said, ‘Believe me, these children need grandmothers’.”

The grandmother began to visit Atena regularly, three times a week, with her knitting needles, and started to teach Atena how to knit. Even though she wouldn’t speak, Atena knew exactly what the grandmother was

saying to her. As they sat together on the step outside the hut:

“She would tell her stories from the Bible and she would sing her songs. This went on week after week and still Atena didn’t say anything, but gradually she started getting closer and closer to this grandmother, just knitting with her and singing her the songs of Jesus, telling her about how much Jesus loved her, that he was her heavenly dad that would never leave her. Then one day the grandmother used a wrong Shona⁷⁴ word for ‘house’, and Atena suddenly burst out laughing. She said in Shona, ‘You used the wrong word’.”

So through this elderly lady’s simple and humble act of service, Atena came to know Jesus for herself and in him found freedom from her spiritual and mental pain. Maybe there are members of your congregation with similar gifts and with time to spare. Why not encourage them to get alongside that fearful orphan who needs someone to visit them on a regular basis?

⁷⁴ A language spoken in Zimbabwe and parts of Mozambique

In another situation mentioned above, five children had lost both parents, the roof of their hut had fallen in and their living conditions were dreadful. Once again, local church volunteers got involved, and started visiting on a regular basis. They:

“... literally washed and cut their hair, literally washed their clothes and got some clothes that they had left over. The men helped to mend the roof so that they had a dry place to live. The church helped to give grain. These children were absolutely starving. Those children didn't have to go into an orphanage, we got them into school.”

A small family transformed by the members of a local church living out God's love through practical involvement.

Maybe this is the sort of thing you and your church would like to be involved with. Where do you start?

Matching needs and gifts

From her experience in this area, Susie Howe encourages churches to do what she calls a little 'audit', by which she means:

“Sitting down with your church congregation and saying, ‘What are we good at?’ Not, ‘What can't we do’; we can always list the things that we can't do but actually saying, ‘What can we do, using just our hands, our hearts and our available resources?’ When people actually get down to it, they will say, ‘I'm very good at cooking... I'm very good at sewing... I'm a mother, I'm good at looking after children’. The men might say, ‘I'm good at mending fences... I'm a good carpenter... I'm good with my hands... I'm very good at agriculture, my crops are always good’.”

Add church buildings to such talents and skills, and these achievable everyday ordinary things mean that any church has a lot to offer in the service of vulnerable and orphaned children in the community. With this picture of what a church can do, the next step is pretty logical:

“Then just think: what are the needs of the children in your community that are orphaned. List those needs, and you might say, ‘Their clothes are dirty... they're torn... They're lonely...

They are having to look after older children... They don't know how to plant the fields and look after the fields... Their houses are falling down'. Then I say 'Take that list of things that you're good at, match it to the needs of the children and look at what you could do. If you say that the children's clothes are dirty and torn, you said you were good at washing... and you said you were good at sewing... Don't just mend those children's clothes, teach them how to mend their own clothes.' We really do need to be teaching the children every day practicalities and skills that are going to help them look after their younger siblings and run the house. A woman could go and teach a child how to cook maize porridge, a man in the congregation could go and bring the boys together and teach them some simple carpentry."

Enabling children to be children

As well as the immediate practical things that churches can do to help orphans, their emotional needs also have to be addressed. This may sound daunting, but in fact, it's just reinstating what orphans

miss out of through the loss of their parents. Allowing children to be children ensures that their development has some normality. Susie Howe sees this as most important:

"The way that children learn things and the way that children let off steam is through playing. Playing with these children is as important as praying with them, believe me, it really is."

This means volunteers going into homes where parents may or may not still be alive, to play games because, says Susie Howe:

"It takes them out of their grief, out of their painful world, they are able to let go of responsibility."

Stigma starts as a label

Churches can also create opportunities for HIV affected children to be with other children, by setting up clubs for them. Even better would be to integrate these with existing groups because, says Susie Howe:

"There's this dreadful thing that people call these children 'AIDS orphans', that's putting a terrible label

on them which is very stigmatising. They are children affected by HIV. So integrating them into your youth club, into your children's club, if you have one, is a great thing. Very often their lives have become chaotic, they've been passed from pillar to post, they've had to make numerous adaptations and we need to establish a routine in their lives, we need to try to get their lives back to some kind of normality."

This would not only benefit HIV affected, but their counterparts from non-HIV background will learn to be more accepting of those affected by HIV.

Don't forget the carers

Orphaned children are not always necessarily forced to look after themselves. Other members of their extended family take responsibility for them; very often it is the grandparents. Looking after children is no easy task, especially if their 'new' carers are in their later years. They do not have the energy they once had, and they were probably anticipating being looked after themselves by their own children. Many cope with these demands brilliantly, yet they need some support.

Many churches have therefore begun running groups to help such carers, known as 'Granny Clubs'. Susie Howe tells us more about these.

"I met a grandmother who was looking after twelve orphan grandchildren by herself with no support whatsoever. What we can do for them is have little clubs in our churches. Let's use the church hall, very often it's empty during the week, so that grannies can come in during the day, just to have a place where they can chat... have a cup of tea ...a listening ear... bring the children with them. Get the churches doing the crèche so that granny has a little bit of respite, she has somebody to chat to. Even if you can't afford to provide the tea, believe me the chat will be wonderful! Even if you could just do a nice hot meal once a week or once every two weeks. Somebody's listening to her, somebody's taking an interest in her. Believe me, she'll be able to go home and look after those children for another couple of weeks

with strength in her heart knowing she hasn't been abandoned."

Be an auntie

Another practical suggestion for re-establishing normality into the lives of orphans is to organise small groups of people who would become like 'aunties' to them. Susie Howe describes how it worked out in Zimbabwe:

"They would go and visit them in twos on a regular basis just to listen, play, and pray with them. If there's a parent who's still alive, but living with HIV, they need some respite. Take the children into your own home for one day a week or a couple of afternoons. Things like this don't cost us money; they just cost us our time. We really do need to watch out for the mental needs of these children and so anything that we can do to help encourage them to talk about their situation, not forcing it. Not saying, 'How are you feeling?' Sometimes through story telling, describe children in their situation, and then say to them: 'What do you think this little child

would be feeling?' And maybe to get them to draw about what their lives are like. The main thing is being a constant friend to them: when you say you're going to visit them, visit them. If you can't visit them say, 'I can't come tomorrow.' Start establishing a relationship with the orphans in your locality by visiting their homes on a regular basis just to give simple practical support.

This encapsulates a community based approach to orphan care rather than an institutional one. Given the millions of children orphaned because of HIV/AIDS, Susie Howe does not believe that orphanages can ever manage to respond adequately to the scale of the problem for many of the reasons that we have already mentioned above.

"We don't want these children to be institutionalised, we want these children to remain in their communities so that they can grow up knowing community traditions, knowing community values, being a part of the community, not sent to some specialised institutional place. I've visited many orphanages, the

workers are doing their best, but very often they've got about two or three hundred children in an orphanage and the best they can do is to clothe these children and to feed them. But who is actually looking out for them psychologically, who's listening with them, who's actually really getting to grips with what's going on with their hearts, who's teaching them value systems, who's loving them? Every child needs to belong to a family unit which is why God put us in small family units. I'm not saying there isn't a place for places of sanctuary for crisis situations as a short-term measure. If you come across a group of children who are very high risk, maybe they're starving or they've been sexually abused. They've got to be taken out of that place of risk, temporarily, until something can be sorted out for them, but then, get them back into the community."

What can make people reluctant to support children orphaned through HIV/AIDS, is the idea that due to their difficult background, they will cause trouble for

individuals and churches who may get involved. Susie Howe is reassuring about this:

"Those children could spell trouble if we don't look after them, if we leave those children unsupported, unloved, uncared for, children that God has created, left like little animals to raise themselves. Believe me those children will spell trouble. We have to do something about it now. Of course all children can be naughty at times, but that's normal. Those children are not going to bring ancestral spirits into your home. As Christians, we know that that is not true, and if we have that fear, we need to pray about it and read the Scriptures."

If there is difficult or negative behaviour, it shows the extent to which these young lives have been affected by HIV/AIDS. Therefore, allowances need to be made for this because:

"... these children are traumatised, they are grieving. As we start to care for them, those troubles and symptoms will go. The other thing people say is: 'His or her parents died

of HIV, so they must have AIDS themselves. These children must be HIV positive.' That's a myth, not true. Sadly, most children in Africa living with HIV will die before their second year. So these children you're bringing into your home, they are not HIV positive, you are not going to have to be running up and down from the hospital any more than you would do with your own children perhaps."

Therefore, caring for and supporting children orphaned as a result of HIV/AIDS is not necessarily going to bring additional difficulties to those who step out in faith and obedience to God and his word.

Chapter 8, The Church's practical response to: home based care

HIV/AIDS has enormous consequences for personal relationships and it raises deep spiritual issues both of which often lead to stigma and discrimination. From the experience of those who have been involved, home based care is seen as the key to responding to HIV/AIDS in a way that addresses relationships, spiritual and physical needs. Home based care expresses Christian compassion in a practical way,

brings comfort for the infected, and lessens the stigma of HIV/AIDS.

Positive Ray is a church based project in South Africa. Its manager, Pastor Clement Joseph, describes what they seek to do:

*"Our home based care programme is the heartbeat of the project. We do education and awareness through our home based care programme which means talking to people about the HIV/AIDS pandemic and making home visits. By doing education and awareness, we can identify people who are sick with HIV/AIDS. Our volunteers then care for the sick by giving spiritual and moral support, and also by doing chores like cleaning the room where they live, washing the dishes, cooking food, taking the patient to the clinic or the hospital, transporting medication, so there is a variety of things we do. **The reason behind all this is that we want to express our love, the way Jesus Christ expressed his love for us.**"*

A woman who is bed bound because of AIDS describes the support she receives from Positive Ray volunteers:

“They help me with the nappies and they help my mother bath me. Sometimes, they help my mother to take me to the wheel chair when I want to go outside.”

She also testifies the Positive Ray volunteers have shared something about Christ with her: *“Yes, they have and I believe that the Lord will help me.”*

Home-based care is another good example of the community based approach to HIV/AIDS that was highlighted in the previous chapter in the context of caring for children orphaned because of HIV/AIDS. According to Josephine Munywoki of Faraja, this has advantages over a stay in hospital.

“People who are sick, do not have to stay in hospital for long periods. They can be seen in hospitals and referred back home so that they can be taken care of in their own home. It is cheaper so there are no bills to contend with. There’s love at home with the people who know you, and

you can eat whatever you want, not like the hospital. It’s caring for people in their own setting.”

To avoid it becoming an overwhelming burden, home based care organisations will also train family members, according to Josephine Munywoki:

“When they need to be away for some period, community health workers are ready to come alongside them and relieve them. They are not alone in this, but they fear when they don’t know what it involves, they think it’s going to be too heavy on them but the moment they understand that there are people who will help them to understand the basics, then, they are no longer afraid. They get tired of course, and when they get tired we step in to help them and they get some form of relief.”

If a carer doesn’t feel able to get involved with the more physical tasks, there are other things they can do because the needs of the sick vary from person to person. Josephine Munywoki offers the following suggestions:

“If you feel you can’t give practical care like bathing a sick person or touching them, showing them love, you can maybe read the Word for them, you can encourage them. You can do errands for them, or cook for them, or wash their clothes, make their environment look clean. You can counsel them.”

The needs of people living with HIV differ and vary, these may range from the obvious physical, medical and nutritional to the more psychological ones. Therefore Faraja has to be flexible:

“Our training covers emotional care of patients. They also have spiritual as well as socio-economic needs; we have something that targets that. Our training also helps people to understand how to prepare for death with a programme called ‘Memory Book Project’, that’s how our patients can prepare their own children for their death as parents. So that in the future, they can refer back to the book and see what their mum or dad would have wished for them. When a church understands how to give care,

they are more confident, they can step out now into the community and start visiting people in their homes. They are able to give care without being afraid.”

There’s nothing special or extraordinary about what is required in home based care. The training offered by an organisation like Faraja is practical and makes use of every day ordinary equipment:

“It’s simple things like gloves, or a polythene cover to spread on the bed when they are cleaning the patient; things like buckets and basins, just the usual things we have around the home. And if you don’t have gloves you can use plastic bags, just basic things.”

The mention of gloves can put people off, so Josephine Munywoki explains why this is sometimes necessary and how best to reassure the person being cared for:

“You want to protect yourself and also protect the patient against any infections, so use gloves when you’re cleaning a patient who has wounds all

over. You can also use gloves when you are changing a patient who has soiled their clothes and you don't want to make yourself dirty. You can use gloves to carry a bedpan or a basin with either urine or faeces to the toilet. I hardly use gloves and I deal with patients on a weekly basis. I only use gloves when the patient has wounds, so I have bathed many patients without necessarily using gloves and it's good to also observe yourself to see whether you have any wounds on yourself because you don't want to infect yourself. Always explain to the patient why you are using gloves because as soon as you put the gloves on, they might think you are afraid of them. So tell them that you are also protecting them from getting infections from you. But if I were to bathe a patient and I know I have no wounds on my hands, why should I be afraid?"

If a church is considering setting up a home based care programme, Josephine Munywoki says the most important things are to find people who are actually interested in being involved, and also that spiritual

discernment is required to find and identify suitable volunteers:

"People who have a calling to give care could go to the next step of having training. Pray about it because it really needs a lot of strength from the Lord, so that they don't burn out and stop giving care. Plan and organise it in such a way that they don't have to do it every day, maybe weekly or monthly to start with. Then, as they get more experienced, increase the number of times they are called upon."

Josephine Munywoki gives the example of one church where home-based care was simply the outworking of exercising care and concern within an existing group:

"They realised there was one patient really needing medical attention and they prayed for the care of this woman. They have been following her up ever since after she had been put on ARVs to make sure she's taking them regularly and now they look out for her more generally."

In this context, such practical ministry is a mark of obedience to Jesus' words: *"For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me."*⁷⁵ Josephine Munywoki comments that:

"Visiting might not need any resources other than yourself. So when you set out to touch the life of a person who is living with HIV and AIDS, it makes them feel very good, so don't feel inadequate. Just take a step of faith and don't be alone in this, do these things either in groups or with another person accompanying you, and you will never be alone because Jesus will always be with you encouraging you by his Spirit. We've been giving care now for about six years; yes, there have been times when we've wanted to quit, but we

⁷⁵ Matt 25 : 35 – 36 (The parable of the sheep and the goats referred to here is often applied in a general way to the needs of people living with AIDS. However, it should be remembered that the context here is the judgement at the end of time linked to the way in which Jesus' followers have responded to the practical needs of those who are *already* part of his kingdom. So the application of this parable is narrower than is sometimes given the impression. For a more general encouragement to serve the needs of those who are not part of the kingdom, a more legitimate passage would be the parable of the good Samaritan which Jesus told as an illustration of the commandment to *"Love your neighbour as yourself"*, see Luke 10 : 25 – 37.)

thank God for the encouraging Spirit that is in us."

Far from being something to be feared, home based care is a simple yet powerful practical way of reaching out to those infected by HIV/AIDS which also allows others in the church to become involved whatever skills or gifts they have.

These last three chapters have given details, ideas, suggestions and examples of things that are already happening in the context of church life. It would be completely wrong to give the impression that all of these have to be acted upon for an individual or church to be seen to be responding to the HIV/AIDS pandemic. Feeling guilty about not doing anything doesn't achieve anything positive. Being involved requires being realistic about what is achievable in your situation, with the needs you are aware of, with the talents, resources and gifts that God gives us. We need also to remember that God is faithful, and will be our helper as we seek to honour him through the service of those affected and infected by HIV/AIDS. Josephine Munywoki of Faraja has this very simple advice:

"Sometimes it takes just words to visit a person who is sick, you use the Bible, share the Word of God and

encourage that person using your words. Truly, we don't go to the shop to buy words. Sometimes we think we need so much to care for people living with AIDS but at the beginning you might use what you have. With the time if more resources are needed you will get your friends to come in the work with you.

Often many of the examples that have been mentioned are not the work of large churches. Colin Smith's experience in Nairobi is that church size puts no limits on what can be attempted:

"We've also seen a group of churches come together saying 'We are not big enough to do something on our own, but if three or four of us come together, we'll go out just one day in a month, to a number of people who are living with HIV and AIDS and we'll provide some practical care and support for them in their homes', and they're doing that."

May this inspire you and your church to attempt some practical response to HIV/AIDS in Christ's name

Chapter 9, Testimony of a person living with AIDS

Some churches have found it helpful to hear from someone, maybe a church member who is infected with HIV/AIDS⁷⁶. So this chapter summarises the testimony of Sylvia who became a widow 18 years ago. She testifies about God's help to her:

"I thank God that his grace has been sufficient for me and my children. I am a woman living with HIV, that is why I trust a lot on the grace of God. He has brought us up; he has cared for us according to his promise that he is the father of the fatherless."

Up until her husband's death, life had been comfortable for Sylvia, but eventually, the doctor told Sylvia that the actual cause of her husband's death was due to HIV/AIDS. A relative advised Sylvia not to go for testing which, at the time, was what she wanted to hear. That is, until:

"Seven years along the line I started experiencing some 'flu and coughs. I went to doctors, I consulted herbalists, I consulted pastors who

⁷⁶ See 'Addressing reluctance' in chapter 5

prayed, treated myself and went on well again. After about three months I got another infection. I kept on having multiple opportunistic infections, as I now know them, finishing these and having another until I caught TB. The doctor advised me to be tested for HIV, but I totally ran away from that doctor.”

She was treated for TB and got better, but the pattern of recovery, falling ill again and spending lots of money consulting various medical practitioners continued. Then, during a visit to a Nairobi hospital, she saw yet another doctor who told Sylvia that she had all the symptoms of HIV related opportunistic infections. Once again, she was advised to take an HIV test, and this time, she went along with it.

“I got tired with myself and I went for the test and the result was positive. A friend then invited me along to her fellowship. I was a churchgoer and attended the Catholic Church, but I didn’t know much about the Bible or about salvation. It was as I started studying the gospel of Matthew that I got saved.”

Like so many whose HIV status becomes common knowledge, Sylvia was aware that there was gossip going around about her state of health:

“I was stigmatised, self stigmatised, because I didn’t want anybody to know, I kept it secret and stayed in my house. I thank God that I knew that Jesus was love and that I was not condemned because of the salvation that I had already gotten by faith and by grace from Jesus Christ. I was confident within myself that no-one was going to take me down to where I don’t belong before the Lord’s time.”

Sylvia was invited by a friend to another church where she found a warm welcome. Her health problems didn’t put people off from taking a caring interest in her. In fact, the following is a good illustration of home-based care, the subject of the previous chapter:

“Two people escorted me home because I was not able to walk. The love that I found in this church was extraordinary. The next Sunday I could not make it to church and two

ladies from the church came to my house and I wondered, 'These people don't even know me, what makes them come here?' They prayed with me, one of them was a counsellor and she made me talk, I opened up to her and from that time we became very good friends."

This demonstrates the practical love that originates in the gospel and which the apostle John emphasises on several occasions in his writings. *"This is how we know what love is: Jesus Christ laid down his life for us. And we ought to lay down our lives for our brothers. If anyone has material possessions and sees his brother in need but has no pity on him, how can the love of God be in him? Dear children, let us not love with words or tongue but with actions and in truth."*⁷⁷

In Sylvia's case, the love of her brothers and sisters in Christ went further than prayer and talking with her:

"The church responded by buying ARVs for me, one of the doctors in that church volunteered to treat me in his clinic because my CD4 count had

⁷⁷ 1 John 3: 16 – 18

*dropped down to forty.*⁷⁸ *The doctors were worried that if I didn't take the drugs I was going to die."*

Of course, many churches wouldn't be able to go as far as buying the drugs that a person living with AIDS may need. The important thing is that this church did what it could for Sylvia at that time. Although Sylvia's condition was serious, this was the beginning of that church's engagement with HIV/AIDS:

"As I started taking the drugs, the church realised what they faced over HIV: they saw a person living with HIV, in fact, a dying corpse because at that time I was actually dying. Immediately the church took up the challenge of its response to HIV and I got so encouraged because people felt they wanted to hear more from me. They were concerned and they helped to start an NGO⁷⁹ that is helping the church cope with HIV."

Through encouragement from other Christians, the Word of God and the fact that the church was beginning to address issues of HIV, and with anti-

⁷⁸ See section on 'Antiretroviral drugs' in chapter 2

⁷⁹ Zinduka Africa, a non-governmental organization

retroviral medication, Sylvia started to regain her strength and God used her to encourage others who were going through Voluntary Counselling and Testing (VCT)⁸⁰.

“I participated in the ministry that was beginning, this was so exciting! I managed to support those who were coming from the VCT with positive test results. But most of them would not believe that they would end up being the way I was because I was so very ill looking. Although I was walking, I was thin and my skin was very rough, nobody would want to associate themselves with the kind of person I was. I gave them words of encouragement that they were going to live because most of them who came early were still very strong.”

Sylvia now receives her drugs free from an NGO which means she is no longer dependent on her church's resources. Her health is now so improved that it's hard to tell that she was ever as badly sick as she had been.

⁸⁰ VCT involves counselling before the test to decide whether or not to go ahead with the test, and further counselling after the test when the results are given. As its name suggests, the whole process is voluntary.

From her experiences, Sylvia now helps others in similar situations, as she was when she first discovered her HIV status.

“I spend most of my time visiting the sick, referring them to the free programme that I was in and even referring them to the church. The love that I had got from Jesus and the work of Jesus Christ on the cross, that was enough not to condemn me, but to make me strong to live for Christ and serve him. I mobilised friends to provide food and clothes for those in need. That is all I wanted to do for God and this gave me a lot of strength and a lot of emotional healing, knowing that God actually had loved me.”

Asked what advice she would give anyone concerned about HIV/AIDS, Sylvia says that we should keep going back to the gospels which tell us about the Lord Jesus Christ and his work:

“Where he went, the people he talked to, the things he did, the comments he made. I feel that as Christians we

*really need to come out of our cocoons and face the challenge of reaching out to people for the sake of the gospel. Like Paul, I always say I want to be all things to all men and that is why I am very happy to work in the VCT centre as a counsellor. **If you have somebody who is HIV positive, what they need is somebody to listen to them, they need somebody to support them. What they need may not even be money, what they need is to be accepted.***

We trust that this will help you in your ministry as you encounter people living with and affected by HIV. We're grateful to Sylvia for sharing her story with us.

Conclusion

The church faces both a tremendous challenge and opportunity with HIV/AIDS. Yes, there are many difficulties, of a theological and practical nature, which we've sought to address in this booklet. We do need to remember the gospel which comes against the background of God's judgement, but that's not the whole story. The gospel demonstrates God's love for a world corrupted and infected by sin, of which

HIV/AIDS is a symptom. The gospel leads us to demonstrate compassion and rejoice in the grace of God to each one of us, sinners deserving of God's punishment, but who through his Son, the Lord Jesus Christ, can know his forgiveness, his welcome, his embrace. That is the gospel which should shape the church's response to HIV/AIDS.

In closing, we are very grateful to Rupert Bentley-Taylor who has kindly given us permission to reproduce a sermon on AIDS (see below) which takes up the above themes.

Facing AIDS

John Brand, AIM's UK Director, writes that "the pandemic of AIDS is perhaps the most devastating worldwide disaster the world has ever seen, affecting every nation in the world and changing and destroying countless lives. Yet so desperate is our spiritual condition that very few people appear to be asking, "What is God saying to us in all this?" Today AIDS is one of the most inescapable features of a world in need. It was first identified in the US in 1981 amongst homosexual men and intravenous drug users. In 1984 it was first identified in Africa. Now it is the fourth biggest killer in the world with 40 million

people carrying the HIV virus.⁸¹ Escalating figures of AIDS sufferers in Eastern Europe, the Caribbean and Asia, especially India, suggest that the scale of the AIDS problem is set to grow and grow. It is simply an immense human disaster. How are we to think of it? What is God saying to us in all this?

Two different Christian responses

The first response emphasises that AIDS is the judgement of God on immorality in the world: we should denounce sin, call people to repent and live holy lives. The second response, which is increasingly strong today, emphasises compassion. We should show unconditional love, reaching out to AIDS sufferers without passing judgement and, according to this view, it is unhelpful to speak of judgement; it is a medical not a moral problem, made worse by moralising, condemning and stigmatising AIDS sufferers as getting what they deserve. Do these two emphases of judgement and compassion contradict? What principles does the Bible give us to judge an issue to which, of course, it never directly refers? We will consider the AIDS epidemic in the

⁸¹ In sub-Saharan Africa, where 70% of the world's HIV positive cases are to be found, AIDS is the leading single cause of death, 1 in 5 of deaths. In Malawi it is believed that 25-50% of the urban working population will die of AIDS by the end of the decade. In some countries population growth has been reduced to zero, reversing trends in life expectancy and child mortality. Millions of children have been orphaned. Despite progress in countries like Uganda and the development of more effective though expensive treatments, the future looks very alarming.

light of three perspectives: judgement, compassion and grace.

I Judgement and AIDS

We can put forward six propositions:

1. **All disease flows from sin.** Before the Fall man and woman lived in a perfect world without any disease. One day when Christ returns there will be a new heaven and earth without any disease.
2. **We cannot directly read into every disease specific judgement on specific sin.** When Jesus and his disciples saw a man born blind, we read that, "*His disciples asked him, 'Rabbi who sinned, this man or his parents that he was born blind? Neither this man nor his parents,' said Jesus, 'but this happened so that the work of God might be seen in his life.'*" (John 9:1-3)
3. **Yet such judgements exist.** In 1 Corinthians 10:8 we are told, "*we should not commit sexual immorality as some of them did – and in one day twenty-three thousand of them died.*" On this occasion, described in Numbers 25, we find that God sent a plague in judgement. There is a New Testament example found in 1 Corinthians 11 where Paul warns that, "*anyone who eats and drinks without recognising the body of the Lord*

eats and drinks judgement on himself. That is why many among you are weak and sick and a number of you have fallen asleep.” James 5:16 is about prayer for healing with a strong emphasis on confessing sins: “Confess your sins and pray for each other so that you may be healed.” The Bible then does teach that there is such a thing as disease being sent as a judgement from God on sin.

4. *A significant minority of AIDS sufferers have been infected through no fault of their own. I saw a poster in India recently which stated that 14% of those HIV positive in India are under 14. AIDS can be spread by contaminated blood whether by being born to a mother with the HIV virus or through blood transfusion or other means. Therefore whatever part judgement plays in the phenomenon of AIDS we must not assume an AIDS sufferer is necessarily being judged for personal sin at all.*
5. **Yes AIDS as a phenomenon arises from sexual immorality** which, like all sin, brings consequences. 1 Corinthians 6:18 tells us to, *“flee from sexual immorality. All other sins a man commits are outside his body, but he who sins sexually sins against his body.”* This is not saying that sexual sins are in a worse category than all other sins but that sexual sin by its nature is

particularly self-destructive. AIDS, arising from the HIV virus, is not like arthritis or the common cold: it has a moral dimension because it is a sexually transmitted disease. One of the clearest signs that there is a moral issue at the core of the AIDS epidemic is that the great solution to stop the spread of AIDS is quite simply to keep God’s moral law. The basic answer is moral not medical! Be celibate before marriage and monogamous and faithful within marriage: these are the killer blows to AIDS. When we suffer because we ignore God’s law, that is part of God’s judgement. As John Brand says: “All of life, in this fallen world, is under the judgement of God. There are inbuilt judgements in life. There is cause and effect. If we ignore the Maker’s instructions we are in trouble and AIDS is a devastating example of this. To say that God does not act like this is to fly in the face of the evidence in life and the clear teaching of God’s Word.” Hebrews 13:4 warns us, *“God will judge the adulterer and all the sexually immoral.”* Romans 1 indicates that this is not only a matter of final judgement. Romans 1:27 speaks directly of the consequences of homosexuality in these terms: *“Men committed indecent acts with other men and received in themselves the due penalty for their perversion.”* This is a general statement, it is not saying that heterosexual sin escapes judgement or all homosexuals get sexually

transmitted diseases, but we should not be surprised to see direct consequences “*received in themselves*” of homosexuals’ behaviour. Although in Africa, AIDS is largely spread through heterosexual immorality, in the West, up until recently, AIDS has been particularly found among homosexuals. In 1998 in the UK, 72% of HIV infections among men were a result of homosexual activity; 20% of gay men in London were HIV positive. In the US in 1994 it was discovered that the incidence of AIDS among 20 to 30 year old homosexual men was roughly 430 times greater than among the heterosexual population at large.⁸² The serious medical consequences of homosexual behaviour were evident before AIDS. A medical article written in 1984⁸³ before AIDS was widespread listed ten diseases of which homosexual men were especially at risk. Three could be fatal and AIDS was not even in the list. While neither Paul himself, when writing Romans 1, nor his original readers could have had AIDS directly in mind AIDS is an additional example of the same fact, that sexually transmitted diseases are part of God’s inbuilt judgement in this life on immorality. AIDS and the judgement of God are connected, that is not all that has to be said, but it does need to be said.

⁸² See *Homosexuality And Young People* (The Christian Institute 1998) p59

⁸³ See quote in *Homosexuality And Young People*, p53

6. **We are all sinners.** The danger in emphasising that AIDS is part of the inbuilt judgement of God on immorality is that we think in terms of those wicked people out there, as though we ourselves inhabited some altogether superior moral ground. Look again at Romans 1 from which we have picked out the theme of judgement, which is indeed inescapable (see v18), “*The wrath of God is being revealed...*”, however we must see this emphasis on judgement in the broader context of the chapter. Romans 1 does not begin with judgement but with the gospel: 1:16, “*I am not ashamed of the gospel.*” There are references to ‘the gospel’ in verses 1, 9 and 15. Paul’s great message is not the wrath of God but the mercy of God who saves us. We need to understand how desperate our condition is, so Paul describes our sinfulness and God’s wrath so that we turn to God (see v18 onwards). If our big message to a world with AIDS is ‘this is judgement’ rather than ‘here is the gospel’ we have got it wrong. We must speak of judgement only in the context of the gospel. Also we must consider the big picture; Romans describes the consequences of sin and judgement seen in God giving us over to our own choices (vs 24, 26, 28.) These consequences are multiple, including idolatry verse 23, heterosexual immorality verse 24, lesbianism and

homosexuality verses 26–27. We must notice that there are any number of other signs of our depravity that are not to do with sexual sin, such as envy, strife, gossip, slander and arrogance (vs 28–31). Where do you star in this list? The fact that you are not in one particular category does not mean you are innocent. Paul’s key point here is that it includes us all: in chapter 2 he addresses Jews who felt Gentiles were sinners but they were not, just as we may be tempted to think immoral people out there are awful but we are OK. No, says Paul, 2:1, *“You have no excuse”*, 2:5 *“You are storing up wrath against yourself for the day of God’s wrath.”* 3:9–10 *“Jews and Gentiles alike are all under sin. As it is written, there is no one righteous, not even one.”* Verse 23, *“All have sinned and fallen short of the glory of God.”* Those who suffer from AIDS because of immoral conduct are under God’s judgement but so are you and I. Our death may be delayed but unless the Lord comes we too will die because of our sin. All of us need this same gospel. Verse 22, the *“forgiveness which comes from God through faith in Jesus Christ to all who believe.”* We have no superior height from which to proclaim judgement, rather we must come as fellow sinners to offer the gospel.

II Compassion and AIDS

Jesus was the only righteous man; he sets the pattern of what it means to please God. How does the Righteous One treat a world full of sinners living under the judgement of God which they deserve? We read in Mark 6:34, *“When Jesus saw a large crowd he had compassion on them because they were like sheep without a shepherd.”* This did not mean he excused their sin but he longed to reach them with his love and truth and power. If we can look out at the ‘great crowd’ of millions on our world with AIDS and not be moved with compassion we have lost the plot. Jesus dealt with people who had loathsome and dangerous diseases like leprosy; he had compassion on them and touched them and healed them. He was notorious in the eyes of religious people for his association with manifestly ungodly people: Luke 7:34 quotes the accusation that he was *“a friend of tax collectors and sinners”*. The next verse describes his encounter with a woman with a known immoral lifestyle, she *“had lived a sinful life”*. (v37) She wept, wet his feet, poured on perfume and provoked disgust among observers: *“If this man were a prophet he would know who is touching him and what kind of woman she is – that she is a sinner”* said one onlooker. But Jesus defends her, verse 47, *“I tell you her many sins have been forgiven – for she loved much. But he who has been forgiven little, loves little.”* In Mark 2:17 Jesus says, *“I have not come to call the righteous but sinners.”* If we say many AIDS

sufferers suffer because of their sins, then they are exactly the sort of people Jesus came for and we had better rush out amongst them and tell them because they have not got much time. In John 8:1-11 Jesus beautifully combines three things as he is confronted with this immoral woman. First in verse 7, he punctures the illusions of the self-righteous crowd, *“If any of you is without sin let him be the first to throw a stone.”* Every one of them leaves. Secondly, he who alone has the right to do so, does not condemn her, *“Neither do I condemn you.”* (v11). Thirdly he requires of her a new way of living. *“Go now and leave your life of sin.”* (v11) He does not compromise on right and wrong nor does he forget judgement, because the reason he does not condemn her sin is because he himself would suffer her judgement at Calvary.

AIDS is a great challenge to the church of Jesus Christ to respond in a balanced way as Jesus did. We do not have to throw out theology in pursuit of compassion. The church in this land has been here before. In 1665 the Great Plague in London alone killed 68,000 people; this was followed in 1666 by the Great Fire of London. In the face of the plague the elite fled, the court went to Hampton Court Palace, the nobility to country estates, the lawyers left, Inns of court were emptied, the College of Surgeons fled, lots of ministers fled too. But a group of Puritan

ministers, many of whom had been ejected from the Church of England, stayed in London. They preached that these events were a judgement of God, but they stayed to be pastors to the dying, the terrified and the bereaved. They jeopardised their own lives but brought hope, the gospel and compassion. They buried the dead and ministered to the dying; they followed the model of Jesus. AIDS is a challenge to the church today. One danger is that we see AIDS as a judgement and stay indifferent even as millions suffer and die. Another danger is that in the name of compassion we set aside the reality of judgement and hell and the truth of God’s word and end up with nothing lasting to offer anyone. As one writer says, we need, *“to build a church community that is prepared to become affected by HIV for the sake of those who are infected”*⁸⁴ who hold to truth and reach out in love. This is the way of Jesus; who was so affected by our sin, he came to save those dying in sin.

III Grace and AIDS

Let us stand back. The Bible seems to indicate that as human history reaches its end and the coming of the Lord Jesus draws near, there will be terrible times, an upsurge of evil and deception. As we have seen, it is entirely reasonable to see AIDS as part of the judgement of God on a world increasingly given over

⁸⁴ Christian Medical Fellowship’s *Nucleus* magazine. July 2001, p20

to immoral conduct and defiance of God's law. But we may ask what is the purpose of such judgements? Why does God judge at all in advance of the final judgement? We may say 'to restrain evil, to fulfil his warnings,' but there is surely something more going on here. God does not enjoy judgement for its own sake. In Ezekiel 33:10, *"Israel says, 'Our offences and sins weigh us down and we are wasting away because of them. How then can we live? Say to them, as surely as I live, declares the Sovereign Lord, 'I take no pleasure in the death of the wicked, but rather that they should turn from their ways and live. Turn! Turn from your evil ways! Why will you die?'"* The judgements of God can be the very means of grace. Psalm 119:67-75 says: *"Before I was afflicted I went astray, but now I obey your word. It was good for me to be afflicted so that I might learn your decrees. In faithfulness you afflicted me."* God's provisional judgements now can bring people to their senses so that they escape eternal judgement. The message of judgement to the Ninevites actually brought them to God. John Brand strikingly says, "AIDS is an expression of God's mercy and grace. By the very nature of the disease, which develops over a period of time, God provides a window of grace for men and women to turn to him for eternal life."⁸⁵

⁸⁵ This and a previous quote from John Brand are drawn from Africa Inland Mission's special magazine for Africa Sunday. 'Aids there is hope' produced in 2002.

But there is one final thought to consider. In Luke 13:4, Jesus said, *"Those eighteen who died when the tower in Siloam fell on them – do you think they were more guilty than all the others living in Jerusalem? I tell you, no! But unless you repent, you too will all perish."* It is not just AIDS victims who need grace. All of us sinners need grace. All of us face judgement and the only refuge is in Jesus. Better to die prematurely of AIDS, having turned in repentance and faith to Jesus, than live a long life in Bath, dying peacefully in bed without ever having turned to Jesus. Pity that man for the wrath of God remains on him. *"We implore you, on Christ's behalf: Be reconciled to God. God made him who had no sin to be sin for us, so that in him we might become the righteousness of God. We urge you not to receive God's grace in vain. I tell you now is the time of God's favour, now is the day of salvation."* (2 Corinthians 5:20-6:2)

Rupert Bentley-Taylor

Sermon preached in Widcombe Baptist Church (Bath, UK)

November 2002

This book is supplied by Grace Baptist Mission and other titles are available in e-mail format at the address below:

**Grace Baptist Mission
12 Abbey Close**

Abingdon

OXON

UK - OX14 3JD

e-mail: radio@gbm.org.uk