

Salvation and Liberation in Africa
Pastoral reactions and challenges – Botswana
Bishop Frank Nubuasah, Oct 2006

The theme of salvation and Liberation in Africa is very provocative in the light of the gospel. One would think that the salvation Jesus came to bring is the same for all. The truth is that when we speak of salvation, we tend to focus on the soul and not worry too much about the body. It is easy to forget that we are body and soul. It seems to me also that liberation focuses on the person to be liberated from something inordinate. What is this that is inordinate?

HIV/AIDS has presented to the church a challenge in various aspects of her life that there needs to be a rethinking of some of the teachings of the church. By teaching here, I do not mean doctrine but some of the moral and social teachings. The church is faced with new possibilities of proclaiming the gospel in a new way. The message of Jesus is enduring and valid for all times, ours is a challenge to repackage it with new understanding and terminology to make it attractive to the post modern person.

I wish to contend the expression one hears often that AIDS is a disease of Africa and say, it is a disease in Africa not of Africa. AIDS is a disease of the poor and underprivileged. All over the world, the people most affected by HIV/AIDS are the poor. I am not saying the rich do not contract AIDS, they do. The rich have access to doctors and can be treated in privacy with no one ever knowing that they are living with AIDS. In comparison to this is the poor man in the village who cannot afford to see a private doctor. By the time s/he sees a doctor in the public hospital, he has developed symptoms of AIDS. Treatment becomes urgent in such situations. If you are lucky to be born in Botswana, you can access treatment for free. If you are in another country in Africa, you may have to work many weeks to be able to afford the first dose of the treatment. By then you are too sick to work, so you end up in the back room of the house dying slowly of hunger and the virus that compromises your immune system.

Botswana, a success story in Africa in terms of prudent financial management, good governance and democracy is among the worst affected countries in terms of HIV infection. In terms of percentage, we are in the upper 30's. In fact, we used to have the dubious reputation of being number one in the world until we were overtaken by Swaziland. Economic success does not make people immune to a disease that is largely caused by lifestyle choices.

The church is not immune either, as people get sick and cannot take their place in the pews. Eventually they die and we bury them. So all have to work together to fight the pandemic we have on our hands. One good thing, if we can say that, which we have experienced as a result of AIDS, is the networking with many NGO's and governmental agencies that we did not deal with in the past. We are forced by the sheer gravity of the situation to cooperate with others and not reinvent the wheel. Church participation is severely affected by AIDS.

AIDS Literate church and formation

In my opinion the church is not AIDS literate enough. This has led to some pronouncements of certain leaders of the church that are unfortunate to say the least. We need to set about educating ourselves about HIV/AIDS. In the seminaries and formation houses AIDS should be a *must* topic for discussion. My dealing with the youth of my church has taught me that

our focus is to be on behavior formation as against behavior change. So much is said about behavior change and whole programs have been developed to promote that. One such popular program is Education for Life that originated in Uganda. Working for behavior formation implies that we would get it right the first time, that there would be no need for behavior change in later years. Our focus is to start with 10 year olds. We need to stress the importance of targeting a biblical education of children. To my mind, faith and religious practice gives support to form and maintain a certain behavior pattern.

Some school kids have so much knowledge about AIDS that they can teach you a whole lot. The mere fact of having facts does not solve any problem. This knowledge has to be applied and made practical so as to evoke the necessary behavior that is desired. When clergy give a sermon on HIV without condemning those infected, they have come a long way.

Clergy

Priests are accused of not speaking enough on HIV and AIDS but they do not know what to say. Their knowledge of the pandemic is rudimentary. Most priests are not AIDS literate and sensitive. They are afraid due to their ignorance and lack of skills. Counseling skills to assist the sick are lacking or insufficient at best.

A challenge for priests is to promote Voluntary Counseling and Testing (VCT) to assist people to know their status and so live positively. Testing is an efficient way of preventing the spread of the Virus. It is difficult to convince people to undergo testing when the priest does not have the experience of waiting for his results. For effective results, priests have to lead by example and take the test.

Many priests are emotionally exhausted as they reach out to people who are affected by AIDS. Sick people look to the church to provide some meaning for their suffering. The orphans who spend lots of time at the church compound are in search of support and acceptance.

Catholics who are HIV positive are afraid to talk to their priests as they do not know how the priests will react. Some priests have condemned people who are HIV positive or living with AIDS. Others have ministered sympathetically to them and accompanied them with spiritual and emotional support.

At the same time more and more people to my knowledge are going to their priests and disclosing their status but asking them to keep it secret. He would like to speak about AIDS but is afraid it would be misconstrued as betrayal of confidence. Yet if 35% of the adult population is living with HIV, he should be free to talk about it. How can we help the clergy to be torchbearers of hope in the time of AIDS? How can we equip them with practical knowledge to make them sensitive to the PLWHA? Who cares for the caregiver?

The Catholic Church is facing an unprecedented crisis in vocation promotion and recruitment as a result of HIV. A number of women Religious are faced with the dilemma to choose to remain in the comfort of the convent or to go back home to care for the sick or the orphans left behind. This is a very painful choice that one has to make. The many indigenous religious congregations do not have resources to help the affected Sisters to mitigate the effects of sickness and death in their families. If the trend continues, we shall face a vocation

crisis in Africa. Anerela+ (*African network of Religious leaders infected or affected by HIV*) continues to play a positive role in bringing together religious leaders living with AIDS. Is the church ready to accept candidates to the priesthood who are HIV+? What do you do when a person applies to go to the seminary? Do you test them?

Spiritual Support

Since getting involved in the AIDS ministry some years ago, I have experienced that those who suffer silently do tend to trust the priest and are willing to share their pain with him. In turn they are looking for spiritual support to live with the virus. They want to see where God is in this dreadful disease. They want words of comfort and consolation that God has not turned his back on them. They want to hear that AIDS is a sickness not sin. They want to hear words of acceptance not condemnation and discrimination. They are looking for inclusion rather than exclusion. The church community can become de facto a support group.

In this light, providing opportunity for a weekend retreat for caregivers is a great support to them in their difficult ministry. The sick too appreciate time given them to spend with God and ask all their questions to the great I AM. Getting people with AIDS to go to a retreat is a challenge to anyone who organizes it. We find it difficult to gather all our clients together for any input. There are always some who are absent. Coupled with spiritual care is debriefing for the caregivers.

Counseling

Linked with spirituality is counseling in a Christian environment. When people trust the church to come seeking consolation and guidance, they come exactly because they know that the church does not have the answers. They are happy to accept accompaniment. What is needed in many places are the institutionalized counseling centers run by the church. Confidence and trust in a church run institution is high in our country.

Psycho-social support of people who live with HIV is important but for most, it is not available. The church has been largely unable to be there for those who need her on that level. Our priests and voluntary care-givers are stretched to dangerous levels. Burnout among those who work with PWA is high.

Theology

Great minds have populated the church over the two millennia and lots has been written about sickness and death. Very little of the theology of the church deals with the pandemic we are faced with. We are not prepared to face AIDS at all. While efforts at providing treatment are progressing and social mechanisms of coping are springing up, the theology of the church seems stagnant on AIDS. Some people are even confused about the fact that in the OT we see people who got sick as a result of punishment from God (Miriam and Lot's wife) and they tend to bring the same to apply today too.

God has been accused of creating HIV as punishment for errant behaviour. The church has maintained her teaching on sickness as sharing in the cross of Christ and she has also upheld the position on artificial contraception even in the face of the pandemic of AIDS.

In¹ Leviticus 15 a person with a genital discharge is told to report to the authorities as being unclean. This was time bound. They were told to undergo purification rites. They remained within society. In Numbers 5 however, such a person is expelled from the camp permanently. So we see inclusion versus exclusion, discrimination versus acceptance.

Most of us priests are lost when it comes to dealing personally with the pandemic of HIV infection and related AIDS. It seems to me that the church can learn from Leviticus a few things.

- 1) Infected people are members of the body of Christ and are included in society. We should show them Christian love. We live with them. They can do peer education against getting infected.
- 2) It is important to maintain our interrelatedness as a people. Everybody is equally responsible for everybody else's health. We are our brothers' keeper.
- 3) After purification a re-entry to full communal life is possible without discrimination and stigmatization. People on ARV can live normal lives.

Those of us in the pastoral field in the frontlines of the pandemic are waiting and calling on theologians to develop a theology of AIDS. It is a matter of urgency, it is not a luxury. The church needs to do some catching up to give hope and comfort to people after the example of Jesus of Nazareth.

There is a deception in some churches that if you named the culprit the sickness would go away. Who sinned, this man or his parents? Slowly, judgment, condemnation and discrimination are giving way to compassion, love and grace. Another possible deception is the fact that AIDS is being reduced to a purely biological issue that can be solved with condoms and ART alone. There is a need for good conscience formation for all believers to empower people to make right decisions and choices.

Stigma and Discrimination

We cannot wish HIV away. Unfortunately it has come to stay with us. Priests need to learn how to demystify it by removing all discriminatory tendencies in our churches. I have two young boys who serve at Mass and it is my privilege to have them assisting at the Eucharistic table. Their parents died of AIDS related diseases and these two boys are now living positively with HIV. The Church community supports them emotionally, spiritually, socially and materially. It is not a secret in this particular community that the two boys are HIV positive and are on ARV. I find this positive and a small but great step towards the elimination of stigma and discrimination surrounding AIDS.

In the wider Catholic Church, I have experienced Bishops who send their priests who are HIV+ to far away hospitals in other dioceses to minimize the stigma the priest would have suffered. Or is it that the Bishops themselves are discriminating against the priests who are HIV+? When asked whether any of his priests was living with AIDS, an eminent Bishop retorted "what makes you think any of my priests is HIV+?" The questioner simply said, it is a pity no one is HIV+ in your diocese, only those who die of AIDS. The church leadership must stand up against any forms of discrimination and stigma even in subtle forms.

¹ This idea is promoted by Dr. Christina Landman in HIV/AIDS and Spiritual Care. Faith in Action Certificate Programme, UNISA Pretoria, South Africa.

How can we preach a God of love to people when we discriminate against them? How do we bring hope to people, healing through the sacraments and sacramentals of the church, visit the sick and dying and comfort the bereaved?

Personal Experience

Five years ago, Sheila my house help became sick and could not work for weeks. One day she developed a sore on the ear. She said it was a mosquito bite. But the sore would not heal. She became weaker and weaker as she lost a lot of weight. She attended hospital and was being treated for the opportunistic infections. Sheila did not know about ARV and did not take any. That was before the advent of ART in Botswana even though I bet the private Clinics were already dispensing them to those who could afford them. I watched Sheila die slowly each week. She was never a big person. The day she died, I was in hospital we talked about her condition. She knew she was dying. When she died, I could carry her with one hand. She was a mother of two boys.

AIDS is real. It is here to stay. Let us do what we have to do to prevent new infections. I think we are not seeing the end to this pandemic any time soon. All hands on deck is what the churches should be saying.

Today through many church structures, treatment is being provided to the sick. This is bringing the compassionate face of the church out. As more people get treated and get better, more children would have parents around to care for them and not be left as orphans. The church would have to be empowered to continue and scale up whatever programs she has for treatment.

HIV/AIDS likes to exploit situations of disorder, inequality, poor health systems and poverty. It seems that the virus deliberately seeks the poor, weak and vulnerable in the society. It destroys lives and families quickly where there is a lack of good nutrition. Governments are to show leadership in this by making sure that the national cake is shared equally among the citizenry.

Orphans

Children under the age of 15 are the majority of people in Botswana. Our churches are filled with the same age group. They are very active and energetic. Some of them have not known a world without AIDS. Many of them are heading households as parents have died. These orphans are seen spending a lot of time around the church seeking acceptance, in the form of psycho-social, spiritual support. Handing out food baskets is not enough for these young people. The church needs to enlarge the ministry to orphans in a big way in proportion to the pandemic.

In towns, street children that were not there ten years ago are taking over the streets. Is AIDS a contributing factor to this new phenomenon in our part of the world? What can we do? We seem to be impotent in this field.

Murder-Suicides

In Botswana we have a new phenomenon in the so-called passion killings where usually the man kills his girlfriend and then takes his own life. A strong suspicion has been voiced that some of these killings are due to the discovery that they are HIV+ and they do not know how to handle it. They choose death instead of life.

A particular challenge of the church is sexual education for the young. We need to move away from moralizing and face reality. In the process of sexual education, we can encourage and promote the delay of first sexual intercourse. We should be able to help differentiate between love and instant gratification of sexual desire.

Gender inequality in sexual relations could be discussed in church circles. God created a woman as a helpmate of the man not a slave. Due to cultural practices, women are not able to negotiate sex in many situations. A woman may not be able to resist her husband's demand for sex even when she knows he has been sleeping with another woman. Rape is another challenge that faces the church. When can we solve the fact that young girls as well as old women are being raped daily? Then we have the problem of sex for money. Is this a choice or a felt need for survival?

Alcohol use and abuse is another factor that needs to be dealt with. Many people do not know that alcohol is addictive. Use is made of alcohol to hide the pain and disconnect that exists in peoples' lives as a result of HIV infection. When drunk, control is lost of normal decision making processes and people tend to engage in indiscriminate sexual activity, thus spreading the virus more. A challenge facing us in the pastoral field is how to deal with the intergenerational sex between older men and younger girls. This phenomenon is growing rapidly as the older men can support the lifestyle of the girls financially.

Conclusion.

There are many factors that fuel this pandemic. AIDS is complex and multifaceted. It has a number of factors that sustains it. We need a holistic response from the church. Material, social, cultural, political, psychosocial and spiritual aspects of life coupled with medical science have to be brought to bear on this pandemic if we are to achieve any positive results. Our call to Christian discipleship also requires discipline from all.

Future generations would one day stand up to judge our response to this pandemic. They might ask questions like, how come that a disease that we know the means of prevention was allowed to decimate whole families? How come that with the development of science a vaccine was not found early? How come that funding for research is slow in coming? How come that the church did not stand with the sick and suffering? How come that the Body of Christ was discriminating among the membership? And finally, how come that the truth was not told about AIDS?

In the light of the above, I have some observations:

- 1) The modern culture is being influenced by the pop culture of Hollywood. In remote villages, there are Video shacks screening all sorts of films for our youth. Unfortunately, the young minds cannot differentiate between reality and acting. Their minds get polluted. Is it not time for the gurus of the entertainment industry to support the fight against new infections through this medium?

- 2) The shift has to be made now in the church from behavior change to behavior² formation on all levels. Our children deserve life in its fullness and we have to give them the means to live this life to the full as Jesus would want it.
- 3) Conscience formation has to be strengthened. We have the obligation to provide for good formation of individual consciences. After that, we should trust that people are making decisions based on their consciences. There is no moral authority higher than a good conscience.
- 4) What is ultimately behind the spread of the killer disease AIDS? Is it just poverty and lack of resources? There is a need for a rethink and change for effective management. Not until we acknowledge the root cause of AIDS, we would continue to build the graves of the dead to hide the rotteness below.
- 5) Treatment is a life saver, it is available and possible, how come that the world cannot make it universally available to all? Does profit precede human lives? How can we work together in the global village that we live in to make a difference? As a Christian, I would like my light to shine on others so that we can all walk in the light and leave the darkness behind. ARV's should be made affordable to all. It is a matter of justice.
- 6) The confusion of condoms has to be revisited. Opinion in the church is divided. We need theological discussion on this. Is there a distinction to be made between using condoms as a birth control mechanism and as a life saving intervention? Who sinned, he or his parents does not come into the equation. I have been asked whether it is a sin to use condoms by the youth. They said if it is not a sin to take prophylactics to prevent malaria because we are in the malaria zone, why can it be a sin to use condoms to prevent getting infected by a deadly virus?
- 7) To my mind, married couples whether discordant or not are the best judges of how they live their conjugal lives. They are not celibates and celibacy should not be forced on them.
- 8) Ecumenical and interfaith cooperation that has been born as a common response to the challenge of AIDS should not be allowed to die. That they may be one is Christ's prayer. This also is mine.

Thank You.

Frank Nubuasah, SVD
Bishop of Francistown
October 25, 2006

² Behavior formation is what Pope Benedict calls "formation of the heart" This includes church teaching on morals, doctrine and life skills.