

Sisters for Sisters:
Religious Congregations affected and infected by AIDS
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The time in which we find ourselves in Southern Africa today is a time of profound challenge to the Church. AIDS has impacted on every level of society, every class of people, professional as well as the unemployed, people with a high profile and those who live in desperate poverty. The Church itself has AIDS, if by the Church we understand “the people of God, the body of Christ”. Its members, clerical, religious and lay are both infected and affected.

On looking back over Nicholas’ living and dying, I have come to many profound awarenesses. The first most profound is that no one can walk this journey alone. Nicholas’ parents shared that they had been at their wits’ end when I was introduced to them. I seemingly had little to offer and yet the more I shared, the more help came our way. A neighbour, a caring nurse at the hospital, my own community, the Catholic women in the village, and many other people came to provide support and got involved irrespective of race, creed or color. Nicholas did not walk this journey alone. He sought and found God, the core message he left in writing to be read at his funeral. (Story 1).

Women belonging to religious congregations form much of the backbone of the Church’s response to AIDS in many parts of the sub-continent, often inviting professionals and volunteers to assist them along a continuum of work in AIDS education, care of the sick, the care of children and now the treatment of people who qualify for ante-retroviral therapy. This pattern mirrors one seen in the broader society where women quite clearly and very openly spearhead the response to AIDS in various sectors of society. The response to AIDS across the sub-continent would be severely weakened, if not stopped altogether in some places, were women to be taken out of the equation.

The beloved niece of a religious sister phoned her one day and told her she was not well, but did not say what illness she had. The sister responded after several conversations by a letter saying, that if it was a disease that she was afraid to speak about, she must know that she is still loved. The niece was surprised by this response but encouraged. Knowing that she was still loved by her religious aunt and by God, gave her the courage not to deny the disease any more but accept it and disclose to others that she was HIV positive. As she became more ill with AIDS her aunt visited her along with two priests. Her niece was happy to be loved in such a way and to be prayed with, and to have an opportunity of confession. That was on a Saturday. She passed away peacefully two days later – knowing that she was loved. (Story 2)

Religious congregations of women themselves are also affected, and often enough captive to the same kinds of secrecy and denial that one so often encounters in the broader society. Many sisters have to deal with HIV/AIDS within their families, among their siblings, among relatives.

I asked my Provincial Superior to allow me to give the Sisters of my province education about HIV and AIDS. She did not understand me the first time but I persuaded her. In the end she agreed and we held the workshop. The province was divided into two groups. Through the workshops she found out that many sisters are affected. She also learned from that day the reason for many sisters going home. But still many sisters are in great denial of the problem. (Story 3)

Well known too, of course, is that women are both more vulnerable to HIV infection, and more burdened by the effects of AIDS in their families and local communities, bearing the brunt of care of the sick and dying, than are men. Statistics show clearly that girls are more vulnerable than boys to infection at a younger age (because of physiological development, and cultural and socio-economic factors among others). Some of this vulnerability may be the experience of some religious women as well, either before they enter religious life, or once they are novices or members of a religious congregation. This is not the time or place to enter a discussion about sexual abuse issues within religious congregations, but the point is nonetheless noted.

A sister was found to be HIV positive. She had entered at the time when testing was not done. During her initial formation she experienced some ill health which was not suggestive of HIV, or the congregation did not realize it. In her temporary professed years, she manifested the symptoms of full-blown AIDS. She was badly off health-wise. It was at this point that the congregation did not know how to handle the situation. The congregation did not know whether to admit her to final vows or not. Eventually the family stepped in and took her home. The congregation supported from afar while the family did all the care until she died. This was a painful experience for all. The sister had been infected before she entered the convent. (Story 4).

As scenarios play themselves out it is obvious that some women religious are dealing with AIDS on many fronts. Within their own families where siblings and relatives have become ill, lost their jobs, and often died in desperate circumstances. Within the local NGO and Church projects where they minister. And sometimes within their own communities where a member becomes sick and dies. Some communities have been better able to handle this than have others. And clearly where secrecy and denial have been confronted head on communities have been in a better space than have others who have been unable to deal with the facts and reality confronting them.

A sister, who had been with a congregation, left; it is not clear if she got married, but she was working for some time. She was a nurse. Eventually she became sick. As time went on she became weaker and it became clear that she was HIV positive. The sisters to whom she had belonged took her back into their care. They never questioned as to when or how she became HIV positive, but cared for her until she died. She died in their hands and was buried in their cemetery alongside the deceased sisters. (Story 5).

Stigma and discrimination are present in religious communities, as indeed they are in the wider society, often fueled by ignorance and fear, as well as by cultural beliefs and taboos, and a narrow understanding of the Church's teaching in the area of sexuality.

A sister was diagnosed with the virus. She suggested that she would leave the congregation. Her sisters said no, you are our sister, you must remain, we will take care of you. The greatest of care was given, one sister in particular stayed by her bed side day and night. Many visitors all found the patient in good spirits, well cared for. Sister died, knowing that she was loved and not judged nor stigmatized. (Story 6).

Similarly

There was a priest who was HIV positive and his congregation rejected him. But a certain congregation of sisters took him in and cared for him. When he was about to die the sisters called his superior to come and see him. At first he resisted, but at last he came, and the dying priest asked for pardon, and thanked the sisters for all they had done. He died peacefully, and the provincial learned something. (Story 7)

Denial of HIV, as well as a refusal to recognize the circumstances in which it may have been contracted (which in the story below are not the work circumstances even though that may be the inference of some readers) is like a virus itself, spreading from one person to another, until eventually it is clear that because no one is prepared to admit the truth, everyone suffers.

One of the nursing sisters pricked herself when screening patients. She informed the doctor at once, showing him the syringe and her pricked finger. They also went together to tell the superior. The whole community was informed of the situation and they prayed until the test results were available that they would be negative. It turned out that both the patient and the sister were HIV positive. Some members of the community did not believe it, nor did the family of the sister. The sister cried a lot and died in denial of her illness. Life had been a misery for herself, the sisters and the family. None of the family came to the funeral. (Story 8).

Another problem is that of secrecy and silence, often confused in practice with confidentiality, which quite rightly needs to be protected. Where the silence can be broken in a loving environment, earlier rather than later, both an infected person and the others around him or her can benefit.

A young sister working with people infected with HIV, one day expressed her desire to talk to another one, who was a nurse there. It was difficult situation, but with the nurse's good listening skills, she disclosed to her that she was HIV positive, and asked her to keep that between the two of them. One day the sick sister phoned the nurse to tell her that she was sick. The nurse arranged for her to go to the doctor, who booked her off for ten days. She went to the mother-house during her sick leave. She became worse; when the sick leave expired she was taken back to the doctor. She finally disclosed to him as well about her HIV status. So, the secret was then among the three of them. For a long time the sisters in her congregation had been pressing on their nursing sister to tell them what was wrong with their sister. But the latter could not disclose without the sick sister's permission (consent). Last year on Good Friday, she eventually broke the news to the sisters. They were so shocked, afraid and the situation became so tense as if somebody had died. They were taught protective measures in caring for her. She was relieved and died last year July. She requested her status to be disclosed to everybody at her funeral. (Story 9).

Clearly work situations can be a source of possible infection, and while difficult they are often socially more easily dealt with than are situations in which sexual behaviour is suspected as the possible source of infection

There was a sister who was in direct contact with fresh blood of a client. She then took the emergency cocktail treatment. This was very painful, as she was becoming sick. The congregational members were very concerned and they supported her very much. She felt very much cared for and experienced a sense of belonging. (Story 10).

The stories told in this article are all true, coming from the experience of sisters who gathered from several African countries in South Africa in early 2004 to share their experiences of how HIV/AIDS has affected religious life. My own assessment of these stories is that they are essentially no

different from those which could be told by any other women in the broad Christian society. The same fears and guilt, similar stigma and discrimination, comparable heroic acts in the face of enormous odds. What perhaps is missing from these particular stories, and that is natural given the context in which they were told, is a recounting of the many instances in which lives have been touched in positive ways at grassroots level where women religious serve alongside volunteers and others, reaching out to the poor and marginalized, continuing the mission of Jesus to those who are sick and in need of healing. These stories tell of projects been run on shoe-string budgets, of orphaned and vulnerable children being sought out, of the sick being allowed to die with dignity, of new efforts in the area of prevention, of the joys associated with being able to bring hope along with anti-retroviral therapy to those who would otherwise die.

The story of women religious in the fight against AIDS is part of the story of the Church in our time. A Church attempting to proclaim the gospel in a world affected by globalisation, poverty, unemployment, inequities of every kind, a world in which instant gratification and pleasure is so often the order of the day, a world in which more than ever the good news needs to be proclaimed.

Note

1. The All Africa Conference Sister to Sister was sponsored by Mercy Sisters International, and took place near Pretoria in 2004. Eighty five sisters attended from nine African countries.