

**The Challenge of HIV and AIDS to the Church from
ethical-theological and biblical perspectives**

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**THE CHALLENGE OF HIV AND AIDS TO THE CHURCH FROM
ETHICAL-THEOLOGICAL AND BIBLICAL PERSPECTIVES**

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TABLE ON CONTENTS

Abstract		i
Acknowledgements		iii
Declaration		iv
Copyright Statement		v
Dedication		vi
Chapter 1	Introduction	1
1.1	The purpose and importance of the study	1
1.2	Research Methodology	3
1.3	Major results from the research	4
Chapter 2	Ethical-Theological Response to HIV/AIDS	10
2.1	Introduction	10
2.2	Religion, Ethics, and HIV/AIDS	10
2.3	Conclusion	14
Chapter 3	Biblical reflections in relation to HIV/AIDS	16
3.1	Introduction	16
3.2	John 11: 1-44: The Compassionate God in times of HIV/AIDS	18
3.3	Luke 13: 10-17: The Healing God in times of HIV/AIDS	21
3.4	Luke 18: 15-17: Being touched by Jesus in times of HIV/AIDS	25
3.5	Conclusion	32
Chapter 4	Conclusion	34
	Bibliography	37

ABSTRACT: THE CHALLENGE OF HIV AND AIDS TO THE CHURCH FROM ETHICAL-THEOLOGICAL AND BIBLICAL PERSPECTIVES.

In this study we address the crisis of AIDS as it continues to be a great challenge to Christians everywhere. How should we think, speak, and act as Christians, after you have discovered that your spouse, or your child, or a brother or sister or father or mother is infected with HIV? What difference should my faith make in the midst of such a sad situation? What goal should the Church have in times of HIV/AIDS? Why being involved as the Church in HIV/AIDS? If being involved what will be the specific contributions of the Church? More specifically, what should we do as the Church in times of AIDS?

Many Churches and people of other faiths have responded constructively and with profound compassion to the HIV/AIDS crisis. Studies have been undertaken, religious leaders have issued pastoral letters, diaconal programs have been organised, and hospital chaplaincies have been expanded. However, traditionally, talking about sexuality has to a large extent been taboo and statements issued by African Churches are carefully formulated to avoid meaningful discussion on human sexuality.

From such a background, we shall maintain that the Church need to consider a range of approaches appropriate to the situations of different individuals, a changing morality, rapid urbanisation, industrialisation, the influence of African or Western culture, the liberal or traditional attitudes towards sex in villages, towns and cities, the influence of

alcohol and drugs as contributing factors for daily HIV infections, as well as the use of soldiers and mercenaries, who raped many women and girls in many countries that are experiencing civil wars.

The study will conclude by maintaining that Christian faith is a faith in a God who loves life. God became human so that human beings may have life in its fullness. There is little doubt that in the AIDS situation today, God would be on the side of life. God would not necessary demand immediate moral perfection from people, who, for various reasons, cannot yet measure to that ideal. To put it differently, the Word of God raises the possibility of making use of objects to our disposal in the search towards solutions. Therefore, let us light our lamps and take our brooms (Luke 15: 8-10) and go into the world in the search to find answers to the question, which of the possible courses of action best expresses the best way of being ‘a Christ’ in times of AIDS? The answer to this question in the words of Bonhoeffer is that the Church “is only the Church when it exists for others.”

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DECLARATION

I hereby declare that this thesis, entitled the Challenge of HIV and AIDS to the Church from Ethical-Theological and Biblical Perspectives, is a true reflection of my own research, and has not been submitted for a degree in any other institution of higher learning.

Estêvão Samuel

Windhoek, Namibia

December 2004

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DEDICATION

This thesis is especially dedicated to:

CONSOLAÇÃO LELO MALALO CAPITA SAMUEL

my beautiful and courageous wife,

and to my children:

- - David Russell Capita Samuel
- - Simão Socrates Capita Samuel
- - Loice Angelica Capita Samuel
- - Samuel Chibinda
- - João Israel Capita Samuel
- - Jemima Ester Capita Samuel

and to my first granddaughter

NILCEIA CONSOLAÇÃO

CHAPTER 1: INTRODUCTION¹

1.1 The purpose and importance of the study

The reason why the Church is engaged in the fight against HIV/AIDS is threefold: to provide continuous pastoral counselling based on love and compassion and not on judgmental attitudes or condemnation or moralistic preaching; strengthening the Church in innovative preventive measures, and to care and services of vulnerable groups in community. In other words, the crisis of AIDS continues to be a great challenge to Christians everywhere. How should we think, speak, and act as Christians, after you have discovered that your spouse, or your child, or a brother or sister or father or mother is infected with HIV? What difference should my faith make in the midst of such a sad situation? What goal should the Church have in times of HIV/AIDS? Why being involved as the Church in HIV/AIDS? If being involved what will be the specific contributions of the Church? More specifically, what should we do as the Church in times of AIDS?

¹ I am gratefully acknowledging the assistance of Paul John Isaak of the University of Namibia, Department of Religion and Theology. His valuable suggestions and collaborative efforts have been indispensable to the completion of this thesis. His ethical and biblical insights on this topic are greatly appreciated and in many cases I do rely on his study on “Preaching the Word of God in times of HIV and AIDS;” a study done at Makumira University College in Tanzania, March to May 2003.

The Church is being involved for three important reasons, first by giving in times of AIDS pastoral counselling to those infected with and affected by HIV/AIDS. The ministry of pastoral counselling to the people living with AIDS as well as those affected by AIDS and those who are HIV negative is a continuous process. Such pastoral counselling is viewed by the Church as the mission of God, *Missio Dei*, and is done with love, understanding, and compassion. Second the Church is being involved by offering prevention ministry. The key target group to who the message of prevention is directed is those who are not yet infected, but just about to enter an age or situations where they could be infected. The Church is call upon to present innovative preventive measures such as Voluntary Counselling and Testing (VCT) programmes. By establishing such VCT programmes, the Church may provide information on HIV/AIDS, and counsel vulnerable groups as well as emphasising to those who are HIV negative to take definitive steps to remain negative. Thirdly, the Church is being involved in order to render and provide care and services to those who are infected with and affected by HIV/AIDS. Care and counselling of vulnerable groups in the community through VCT programmes, follow up clinics for people living with HIV/AIDS, prevention of mother to child transmission programme for pregnant mothers and provision of home-based care and palliative care or hospice care is needed.

To reiterate, our study will focus on these three objectives of providing pastoral counselling without judgmental attitudes or condemnation but with compassion and love, being engaged in prevention ministry by counselling and providing information to those

who are HIV negative, and thirdly providing care and services to those who are infected with and affected by HIV/AIDS.

1.2 Research Methodology

The study was both quantitative and qualitative in nature. The investigator developed a questionnaire where following questions were asked:

1. Do you agree or disagree or are not sure that HIV/AIDS is a punishment from God?
2. Do you agree or disagree or are not sure that HIV/AIDS is a human made disease?
3. Do you agree or disagree or are not sure whether you will feel comfortable to touch someone who is infected with HIV/AIDS?
4. Do you agree or disagree or are not sure that if any member of your family had AIDS, you will take care of her or him?
5. If a member of your congregation is HIV positive, will you exclude such a person from the activities of your congregation, or would you love her or him just like any other member?
6. Should the Church recommend the use of condoms in times of HIV/AIDS?

After a brief session explaining the aim of the study and the anonymity of the data collection to sixty pastors and theologians from IEA-Igreja Evangélica de Angola (Evangelical Church of Angola); UIEA-União das Igrejas Evangélicas de Angola (Evangelical United Churches of Angola); IESA- Igreja Evangélica Sinodal de Angola (Evangelical Sinodal Church of Angola); IEIA-Igreja Evangélica dos Irmaos em Angola

(Evangelical Church of Brethren in Angola), the questionnaire were administered and completion of the questionnaire was done on voluntary basis. The participating pastors collected the completed forms without checking their content. The survey was a quantitative survey to obtain and determine theological, ethical and pastoral perspectives from the pastors on HIV/AIDS.

Next to the administration of the questionnaire the investigator met with ten male and six female pastors and church co-workers and conducted in-depth interviews. The duration of the interviews was two hours with each of the informants.

1.3 Major results from the research

1.3.1 Results regarding HIV/AIDS as a punishment from God

To the question, Is HIV/AIDS a punishment from God because of our sins, the majority of the respondents, 62%, disagreeing. A significant number, 25%, of respondents are unsure, and 13% agree that AIDS is a punishment from God. The 13% of the pastors believe that people have wronged God so much that God has become angry, and so God has sent AIDS as a punishment. Furthermore, the 25% that are unsure are leaning more towards the view that AIDS is God's punishment. During the in-depth conversations, it came across that majority of these unsure pastors may hold the view that AIDS is a punishment from God due to what some of them regard as our sexual sins associated, specifically with adultery, in addition to promiscuity, homosexuality, and prostitution. It

is noteworthy to point out that adultery was mentioned at several times during the interviews.

The implication of such a finding is that a certain percentage of the pastors will most likely preach to the congregations that AIDS is a punishment from God. But on the positive side, the overall majority of the pastors, 62%, agree that AIDS is not a punishment from God. They hold the view that a moralistic approach will promote the 'blame game' and prevent the Church from giving beneficial pastoral counselling and social services and medical care to those who need it.

1.3.2 Results regarding HIV/AIDS as a human made disease

33% of the pastors responded that they are unsure whether HIV/AIDS is a human made disease. 62% agrees that it is human made disease, while 5% disagree. For some of the pastors the question that needs to be addressed is, where did AIDS come from? Possibilities that it came from monkeys were mentioned and that these monkeys may have been in certain areas of Africa. Some strongly hold the view that American scientists created it in their laboratories. As mentioned earlier, some say that God created HIV to punish humankind. However, during the in depth interviews the pastors stressed that God, or a person, or a nation, or a continent, are not to be blamed for the origin of AIDS. The most important task, they argued, is to prevent the further spread of the virus and care for those who are infected with HIV. Now that we know it is there, and almost 90% of the pastors affirmed the reality of AIDS in their communities, we must not be

accused of failing to create the kind of responsibility and caring Church, government and society, which will make it possible to prevent AIDS.

1.3.3 Results regarding touching someone who has AIDS

In the Bible we are reading that Jesus stood among the people; he did not separate himself or act as if he were “holier than thou.” He stood with the crowd on a “level place”: he treated them as equal. He reached out and touched all, including those who were sick; likewise the crowd reached out and touched him (Luke 6: 17-19).

One of the tragedies of HIV infection is that many people are reluctant to touch someone who is HIV positive. As someone has said, people do not regard AIDS as a ‘disease’ but as ‘dis-ease.’ On the other hand, we must also be sensitive at times when a person does not want to be touched for any reason or cannot be touched because of the physical condition. In short, our willingness to touch should always show our willingness to care.

In the survey conducted among the pastors 49% feel comfortable to touch a person who has AIDS; 29% feels uncomfortable, and 22% are not sure.

1.3.4 Results regarding Home Based Care

The increased demand for health care from people with HIV-related illnesses is heavily taxing the overstretched public health services of many developing countries, especially

in Africa. For example, in Kenya about 39% of the beds in Kenyatta National Hospital in Nairobi are occupied by HIV-positive patients, and 70% of the beds in the Prince Regent Hospital in Bujumbura, Burundi.² Furthermore, the existing health infrastructures are inadequate to provide in-hospital care for people living with AIDS thus there is pressure on health workers to discharge patients quickly with little medicine and without later follow-ups at home.

The situation will become worse because HIV-related illness and premature death among health care workers themselves will continue to create another problem, who must take care of the sick? In the face of these realities the question of home based family care for men, women and children living with HIV/AIDS becomes most urgent.

At the outset it should be noted that the concept of home-based family care is not something new in many traditional cultures. Traditionally speaking, each house was a clinic and the place where family members provided best care for the sick. This has always enabled the sick to remain within the home environment among sisters, brothers, mothers, fathers, and friends.

Today, in the times of AIDS the concept of Home Based Care becomes more and more important. Home Based Care provides in the home care for patients with HIV/AIDS and trains family members to be care providers at home. It has been proved that people living with HIV/AIDS (PLWA) who receive Home Base Care are happier, suffer less from pain and actually live longer. Furthermore, having the patient at home may sometimes be

² UNAIDS Report on the global HIV/AIDS epidemic, June 2000, p. 31

easier for the family members too, because in many parts of Africa hospitals are far and roads not easily accessible. Some people also argue that integrating PLWA into the community is one of the most effective forms of confronting discrimination, stigmatisation and educating people about HIV/AIDS. One may also come to the conclusion that those who care for people with HIV/AIDS see such individuals as a brother or a sister and not so much as a sinner. Somehow seeing the other as a sinner brings division between the two whereas seeing the other as part of myself brings comradeship, sisterhood and brotherhood.

With above background in mind, the respondents were asked: If any member of you had AIDS, would you take care of her/him. 89% of the respondents are willing to provide home based family care; 2% disagree and would prefer that professional health workers provide health services, and 9% of the respondents are unsure.

1.3.5 Results concerning the attitude towards those who are infected with HIV/AIDS in a congregation

To the question the great majority of respondents, 80% think that God is just and faithful. Furthermore, most of the pastors are convinced that Jesus, instead to condemnation, will side with those who are accused of committing a sin (John 8:3-11). Those respondents remarked that “Jesus is ready to forgive all sinful practice in our life when it is confessed and our heart demonstrate a changeable disposition.” 15% feels uncomfortable to have

this person as member of the congregation, and the other 5% feels that such a person should not be part of the congregation.

1.3.6 Church and the use of condoms

85% of the respondents disagree about the use of condom. Most of the pastors maintained that any sexual activity should be in marriage and do not see the need to use condoms, even in times of HIV/AIDS. Only a very small percentage of the pastors, about 5%, would have no problem if the Church will promote the ABC³ principle. The remaining 10% of the pastors will advocate that the Church should break the silence around HIV/AIDS and human sexuality. They supported the Statement of Anglicans⁴ that declared: "We raise our voices to call for an end to silence about this disease – the silence of stigma, the silence of denial, the silence of fear. We confess that the Church herself has been complicit in this silence. When we have raised our voice in the past, it has been too often a voice of condemnation. We now wish to make it clear that HIV/AIDS is not a punishment from God. Our Christian faith compels us to accept that persons, including those who are living with HIV/AIDS, are made in the image of God and are children of God".

³ In the ABC principle, the A is for abstinence, that is, abstain altogether from sex before marriage; B stands for be faithful in marriage, and if A or B is not followed, then C for condom.

CHAPTER 2: ETHICAL-THEOLOGICAL RESPONSE TO HIV/AIDS

2.1 Introduction

Every day in the news we hear about people getting killed. Too many people are taken away too early through earthquakes, floods, civil wars, violence and malaria. However, the greatest killer today is none of those mentioned above, but AIDS pandemic, which takes more lives than all these together. It is called the silent enemy who kills. It targets rich and poor, intellectuals and illiterates, men and women, youth and children. In some areas this deadly disease infects one out of every four people. Statistics shows that more than 42 million people have so far been infected with HIV/AIDS, 29.4 million of them are Africans.⁵

2.2 Religion, Ethics, and HIV/AIDS

It is good to deal with issues that challenge Christians and people of other faiths; to address issues such as sexual morality from theological and ethical perspectives. Sometimes, due to the attitudes of religious people and cultural taboos, one is prevented from talking openly on sexual matters from biblical, theological, and pastoral perspectives. However, in the face of HIV/AIDS we are challenged to talk openly and freely about human sexuality.

⁴ Action for Children and Young People. What Religious Leaders Can do About HIV/AIDS. New York, 2003. p.12.

Today, the issues related to HIV/AIDS are no longer simply an ethics of private virtue but an ethics that reaches the root, which destroys human relationships. What is needed today is to stress time and again the marketing or proclamation of sound Christian, religious and traditional cultural morals and faithfulness within any type of marriage relationship. Today, promiscuity and drug abuse are key avenues for the spread of HIV/AIDS. Our message on abstinence has to focus on regaining a sense for the deeper meaning and purpose of sex as the celebration of a mature love in a committed relationship, which provides a “nest” for the future generation.

HIV/AIDS is no longer a problem ‘out there’ to be ignored by Christians and religious communities. Sooner or later we shall be confronted with the reality of this virus. In the social environment where up to a third of the population is infected, it is more than likely that some of our members are infected as well. Taking Paul’s picture of the body seriously, we can say that the Body of Christ is HIV positive. Put differently, our Church has AIDS. It has become our problem; we have to deal with it; we have to become instruments of God’s redeeming love.

The family is often the most important group to which an individual has membership, and in which close relationships exists, so it is here that death should have its greatest impact. A loss of a parent, a sibling, a fellow learner or student, or a spouse disrupts established family patterns and requires a caring community and ministry. The religious, cultural and social implications are that such family members are subjected to great emotional distress as well

⁵ UNAIDS, December 2002.

as a burden of care on family members, often intensifying destitution and disruption of family life, and leaving orphaned children.

Many churches and people of other faiths have responded constructively and with profound compassion to the HIV/AIDS crisis. Studies have been undertaken, religious leaders have issued pastoral letters, diaconal programs have been organised, and hospital chaplaincies have been expanded. However, traditionally, talking about sexuality has to a large extent been taboo and statements issued by African Churches are carefully formulated to avoid meaningful discussion on human sexuality. For example, in 2001 the Council of Churches in Namibia issues the following statement: “We must educate ourselves and others to prevent the spread of HIV/AIDS. In doing so, we recognise that our future rests with our young people, who are in special need of our education, our guidance, and our understanding concerning issues of human sexuality, morality, Christian values, and the challenge of HIV/AIDS. In our conviction, we encourage abstinence and the empowerment to say ‘No’ to unwanted or immoral sex.”⁶ However, such theological statements should be presented from a much more broad-based perspective. As Benezet Bujo explain, “Neither purely technical advice (use of condoms, prevent AIDS!) nor moral admonitions (remain faithful!) are sufficient to control the disease. The prevention and stopping of AIDS does not depend solely on the individual but on the quality of our institutions, changes in culture, economy and politics as well.”⁷ In short, more debates on human sexuality are

⁶ *Pastoral Letter on HIV/AIDS*. Issued by the Council of Churches in Namibia, 2001. 13 members churches and 2 affiliated organizations signed it.

⁷ Bujo, Benezet *The Ethical Dimension of Community*, (Nairobi: Paulines Publications, 1997) pp. 186-87. Several studies had been done to highlight this aspect. See Magesa, Laurenti “Taking Culture Seriously: Recognizing the Reality of African Religion in Tanzania” In *Catholic Ethicists on HIV/AIDS Prevention*, edited by James F Keenan, pp. 78-84. New York/London: Continuum, 2000. Saayman, Willem, “AIDS-still posing unanswered questions” In *Missionalia* 27, No. 2, August 1999. Talavera, Philippe *Challenging the*

needed within the religious and socio-cultural and modern medical contexts in which we find ourselves, particularly in Africa.⁸

To reiterate, the principle of ABC revolve around three ethical guidelines to be followed: abstinence from sex by any unmarried person or those of us who are married but who must work or travel far away from their spouses, absolute faithfulness to one sexual partner and regular VCT for HIV. According to Saayman from South Africa, “what is needed is a sexual ethic that stresses fidelity, whether in monogamous, polygamous, homosexual or heterosexual relations, so that HIV/AIDS cannot become a factor in such relationships”⁹, and in case both A and/or B is not applied, then the use of condoms. The first two are strongly endorsed by religious groups and indigenous traditions and present the ideal solutions. And, of course, they are the surest ways to contain the epidemic. They are as well as the most preferred methods of Christian and social ethics. The public at large ought to be continuously educated in them. If they were followed, there would be no AIDS crisis. But it

Namibian perception of sexuality: A Case study of the Ovahimba and Ovaherero culturo-sexual models in Kunene North in an HIV/AIDS context, (Windhoek: Gamsberg Macmillan Publishers, 2002). Winterfeldt, V, Fox, T & Mufune, P (eds). *Namibia, Society, Sociology*, (Windhoek: University of Namibia Press, 2002)

⁸ The current message of encouraging behavioral changes on monogamous and Christian members of the society, to promote abstinence, faithfulness and the use of condoms, has been challenged by a case study done on the Ovahimba and Ovaherero in the northern part of Kunene Region of Namibia. It is said that in a polygamous system such as that of the Ovahimba, Christian and Western notions such as “abstinence and faithfulness” is relative theoretical concepts (Talavera, *Challenging the Namibian perception of sexuality*, 101-105). Such findings are supported by African theologians such as Laurenti Magesa from Tanzania and Benezet Bujo from Congo. Both of them criticizes the biomedical paradigm that advocates for the use of condoms and the Christian approach which preaches abstinence before marriage and faithfulness to one married partner at the exclusion of socio-cultural factors. (Magesa, L “Taking Culture seriously”, 76 and Bujo, *The Ethical Dimension of Community*, 186-87).

⁹ Saayman, W “AIDS” in Villa-Vicencio, C (ed). *Doing Ethics in Context: A South African Perspective*. (Cape Town: David Philips, 1994)

is precisely because they cannot be followed hundred percent by us all due to our sinful human nature,¹⁰ that the epidemic looms large.

2.3 Conclusion

Let us add our theological and ethical voice to the conclusion drawn by the World Council of Churches Study Report: “Without blessing or encouraging promiscuity, we recognise the reality of human sexual relationships and practice and of the existence of HIV in the world. Scientific evidence has demonstrated that education on positive measures of prevention and the provision and the use of condoms help prevent transmission of the virus and the consequent suffering and death for many of those infected. Should not the churches, in the light of these facts, recognise the use of condoms as a method of prevention of HIV?”¹¹

Ethically, the use of condoms is ambiguous in many cases, but in some situations their use would be more on the side on conserving life. Christian faith is a faith in a God who loves life. God became human so that human beings may have life in its fullness. There is little doubt that in the AIDS situation today, God would be on the side of life. God would not necessary demand immediate moral perfection from people, who, for various reasons, cannot yet measure to that ideal. To put it differently, the Word of God raises the

¹⁰ It should be noted from a theological perspective humanity is universally affected by sin as a consequence of the Fall. The human mind or will has become polluted and weakened by sin. Thus, to think that all unmarried young people will refrain from sex is merely an idealistic or utopian dream. At the same time, the promotion of VCT programmes should be encouraged and strongly recommended by all stakeholders. When such ethical principles are no longer followed in some cases, the use of condoms may be considered.

¹¹ Facing AIDS: The Challenge, The Churches' Response. (Geneva: Switzerland, 2001), p. 62.

possibility of making use of objects to our disposal in the search towards solutions. Therefore, let us light our lamps and take our brooms and go into the world in the search to find answers to the question, “which of the possible courses of action best expresses the best way of being ‘a Christ’ in times of AIDS?” The answer to this question in the words of Bonhoeffer is that the Church “is only the Church when it exists for others.”

CHAPTER 3: BIBLICAL REFLECTIONS IN RELATION TO HIV/AIDS

3.1 Introduction

In Luke 15: 8-10, a woman is engaged to search for something precious, important, and absolutely dear to her. We are told that she has ten coins of equal value. She does not argue that the lost of one is insignificant since she has still the many coins. In her case, all are of equal value. It is not the quantity that counts, but each one on its own, by its virtue of being a coin, has equal value to her. The bigger coin is not more important than the smaller coins. Big or small, all are of same importance to her.

Likewise, as individuals we are each valued by God. As human beings we are unique creatures through the dignity and value that God has conferred upon us. Each of us is unique and nobody should regard herself or himself as low, useless, rotten and unproductive person. The fact that we belong to each other and are related as brothers and sisters make us human. In short, one is only human in the personal encounter with the other and therefore, we are constantly searching ways to guarantee that no human life will be lost, degraded, exploited, abused, or violated.

The question could be raised what one is supposed to do if a soul is lost or if a body is violated? In our text from the gospel of Luke, when the woman lost one coin she makes use of the other objects at her disposal to seek the lost coin. She uses a lamp to provide light and a broom to sweep the house from one corner to the other. In her search, the objects of a lamp and a broom are of great value and importance. Without them she will never find the lost coin.

Likewise, we are invited to light our lamps and taking our brooms to seek solutions to our problems. We have to make use of many objects to find solutions so that our society will become HIV/AIDS free. We cannot merely sit still when we are witnessing people dying each day.

In John 6: 12-13 Jesus asks us as churches, governments and NGO's with the resources that we have to "gather the pieces left over; let us not waste any. So the disciples gathered them all up and filled twelve baskets with the pieces left over from the five barley loaves which the people has eaten." In other words, the disciples had to scratch around to find one willing boy with a small lunch bag. The resources we, as individuals, have in the face of HIV/AIDS are as pitiful as five sandwiches for more than five thousand women, men, and children, but Jesus does not stop there. He invites us to bring our resources to him, and this is where transformation becomes possible, and the meagre can become the miraculous.

3.2 John 11: 1-44: The Compassionate God in times of HIV/AIDS

Compassion is a particular important word in the gospels. The stories told about Jesus speak of him as having compassion and of his being moved with compassion. The word also represents the summation of his teaching about both God and ethics. For Jesus, compassion was the central quality of God and the central moral quality of a life centred in God. In the Gospel of Luke these two aspects are put succinctly as “Be compassionate as God is compassionate” (Luke 6:36).

This crystallisation of Jesus’ message brings together two aspects, namely what God is like and how we are to live. In other words, for Jesus compassion is spiritual and socio-ethical, namely that compassion is the dominant quality of God, and is therefore to be the ethos of the community that mirrors God.

In the Hebrew Scripture (the Old Testament) the word, compassion, has rich meaning. Sometimes the word, compassion, may be translated as “womb”¹². As a feeling, compassion is located in a certain part of the body-namely, in the loins. In women, as one would expect, this means in the womb; in men, in the bowels.¹³

In terms of feeling, compassion means “to feel with,” as even the etymology of the English word suggests: *-passion* comes from the Latin word that means “to feel,” and the

¹² See, for example, 1 Kings 3:26, where Solomon has to decide between the claims of two women to being the mother of the same baby. When Solomon proposes to settle the case by cutting the baby in two, the real mother, we are told, was moved in her womb. A woman feels compassion for her child in her own womb.

prefix *com-* means “with.” Compassion thus means feeling the feelings of somebody else in an intuitive way, for example feeling the suffering of someone else and being moved by that suffering to do something. That is, the feeling of compassion leads to being compassionate. In other words, the mission of the Church is to minister to the people with HIV/AIDS with love, compassion and care. With this background let us focus on our text.

One day, a young man and a close friend of Jesus, had been ill. When his sisters, Mary and Martha had noticed how critical the condition of their brother Lazarus was, they sent a message to their family friend Jesus¹⁴. The message was simple and personal: “ Lord, he whom you love is ill.”

Two days after, Jesus decided to visit his sick friend. For Martha and Mary it was too late. In fact, Lazarus had already died, and had been buried. In the voice of Martha we are actually hearing as if she is saying, “Jesus, you have turned down your friend when he needed you most.” This must have been the feeling of the whole family, for Mary repeated the identical words of Martha, namely “Lord, if you had been here, my brother would not have died” (verses 21 and 32. Is it possible that Lazarus might have died with the same feelings? The cries of the two sisters are: “Why, Jesus?” This is actually not a question; but an expression of someone who want a sympathetic and compassionate ear.

¹³ See, for example, Genesis 43:29-30, where Joseph was overcome with affection or compassion for Benjamin, his only full brother through Rachel. A man feels compassion for his brother, who comes from the same womb.

¹⁴ Ruzindaza, C, 2001. *Living Positively with AIDS*. Nairobi: Paulines Publications Africa, pp. 86-89.

Today, those who are affected by AIDS could express the same feelings. “Why, God, is our children dying?” The same disturbing questions that Job asked come up again and often elicit the same not very good advice as was offered by his friends in the biblical story. Our brothers and sisters who are infected with AIDS too might get the same feeling as they pray for help. God might seem then not to hear our prayers. Again, the question, “Why, God?” Others began to weep. Jesus was so sympathetic that he too started weeping!

Could anyone ask “Why, God?” if they didn’t believe God existed? The question is a profound expression of a belief in the existence of God. It also presupposes a compassionate and loving God who cares. If they thought God was distant and uninvolved, they could never ask why God allowed something bad to happen to them. The question in such a crying faith also affirms that God is all-powerful and sovereign. If they didn’t think God is in charge, would they have questioned what God is up to?

Put differently, the question “Why, God?” is actually the question which we ask in our crying faith, “Where are you, God?” To this question the answer is, if you listen in the distance, you will hear a voice. It is saying, “Come unto me all you who are weary and heavy laden and I will give you rest” (Matt. 11:28). Go to the voice. God is in the voice. For Jesus, this is what God is like. Jesus promised us that God is there and does care, and that our tears often bring hope to hurting people. I wonder how Mary and Martha felt when Jesus wept at Lazarus’ tomb.

3.3 Luke 13: 10-17 The Healing God in times of HIV/AIDS

When we speak of healing ministry of the Church, we include in it our responsibility for caring for others, for helping those in need, and our concern and compassion for those in trouble of any kind. We include too our responsibility to be involved, to be mixed up in the needs and problems of fellow humans. All these are comprised in the thought of healing, and they are just different ways of expressing sisterly and brotherly love in practical terms. In short, seen in this way, healing is the work of every Christian.

Jesus gives us an example in Mark 6:30-44; Matthew 14: 13-21; Luke 9:10-17, and John 6:1-13, of how such healing ministry should be done in faith and good works. One day Jesus saw more than five thousand men, women, and children. He immediately noticed their needs: He welcomed all the children, including the boy with a small amount of food, women and men, he healed those that had a need for healing, and then he fed them, and finally he preached to them the Word of God. By doing all these things he satisfied that crowd. He satisfied their psychological and human need by welcoming them in a tremendous spirit of hospitality, he satisfied their physical need of being fed and being healed, and he satisfied their spiritual needs and preached to them. These are the dimensions of healing ministry.

From the very beginning, healing has been part and parcel of the ministry of Jesus. In Luke 5: 12-26 the author tells the story of two separate healings and is also introducing

the healing ministry of Jesus. In these episodes, Jesus heals a victim of leprosy and a paralytic. For such individuals to be healed meant to be restored to extended family, friends, and community. Health, therefore, implies safe integration into the life situation of the society. This might become clear with the help of an example. When an African inquires after the health of someone she or he meets, the African wishes to know, even from a total stranger, whether her or his family members are well. Not only a “How are you?” is important, but rather “How are your people?” is decisive regarding health.¹⁵ Therefore, one cannot bid farewell to someone, not even a casual acquaintance, without extending greetings to her or his family. In other words, hospitality and spirit of welcoming each other is regarded as a way of life.

These human consequences of the healing must not be neglected, for the picture of the man falling on his face before Jesus pleading for healing or carrying a paralysed man up on to the roof and let him down with his bed through the tiles into the middle of the crowd in front of Jesus is filled with pathos. The implicit and desperate faith of the man covered with leprosy or those carrying the paralysed man in Jesus is transmitted by all the Gospel accounts: “If you will, you can make me clean” or “I say to you, stand up and take your bed and go to your home” (Mark 1: 40, Matt 8:2, Luke 5:12, 24). Such stories invite us to reflect on the Church ministry of healing today.

In Luke 13: 10-17 we are introduced to a woman with disability as she shuffled her way to the synagogue to hear the Word of God, for it was Sabbath. The preacher of the day was a Pharisee who believed that God would not heal her on a Sabbath and set her free to

¹⁵ Bujo, B 1997. *The Ethical dimension of Community*. Nairobi: Paulines Publications Africa, p 182-83

stand up straight and walk. But before he had the chance to deliver his message, Jesus took the initiative in addressing her. Because of the woman's sickness, she is regarded as religiously unclean and socially separated from the society¹⁶. Jesus immediately recognised her troubles and addressed her directly with the words, "Woman, you are set free from your ailments" (verse 12). In order to heal her, he touched her (verse 13). Luke's sense for the human dimension is striking. Jesus touched the woman with compassion. Unlike the woman with the flow of blood who touched him (8: 44-46); it's now Jesus who take the initiative and touched the woman so that she will be healed. And immediately as it was the characteristic of the healing of Jesus, she "stood up straight and began praising God" (verse 13). There was no wondering whether the person was healed when he healed. There was no hysterical delay. People may, these days, fling their crutches away during an evening healing service, and have to pick them up after a day or two. In the case of Jesus they never pick them up when he healed.

The Pharisee in charge was indignant and tried to lecture the crowd on the wrong of coming to the healed on the Sabbath; but Jesus exposed his hypocrisy and silenced him. Pointedly, Jesus said to the Pharisees, Does not each of you on the Sabbath untie his ox or his donkey, on the grounds that it was a necessary act of mercy. Yet here was no mere animal but a human being; and not only a human being but "the daughter of Abraham" (verse 16), and for eighteen years Satan had bent and bound her double, so that she could no longer hold her head high and walk tall and lift her eyes to heaven or look straight into the eyes of fellow humanity, but only shuffle along because of her disability. In other words, if there is mercy for the donkeys to be untied on a Sabbath to drink water, why not

¹⁶ Seim, T R 1994. *The Double message: Patterns of Gender in Luke-Acts*. Edinburgh: T&T Clark, p 41

untie this daughter of Abraham from her disability? This woman as a human being in her own rights is entitled for healing on the Sabbath. In brief, the woman is helped by Jesus to achieve a transformation in her live by crossing the boundaries created by cultural and religious traditions of impurity and social sidelining. She is restored to her status as Abraham's daughter to share in the community of the people of God and salvation ¹⁷.

Here we should address the issue that we have left thus far in suspense. Should sickness be linked with sin? Is AIDS a consequence of a sinful action instead of punishment for sin? To put it differently, perhaps it is better to suggest that sins have consequences, but diseases such as AIDS is not a punishment by God?

For example, drunken driving causes an accident; that is not a punishment, but the consequence (indeed, the overturned car is no "accident", but the natural outcome of the behaviour!) In the process, not only the drunken driver is injured, but the passengers are also hurt. They suffer also the consequences of this foolish act of the drunken driver¹⁸.

Jesus did not make sin the sole cause of sickness. He rejects the popular view that the person who suffers sickness or misfortune must have sinned. While a fifth of the entire Synoptic Gospels are devoted to the healing ministry of Jesus and the discussions

¹⁷ Ibid. p 57

occasioned by them, only twice did he refer the sick to their sins. One was the paralytic whom Jesus forgave before healing (Mark 2:5; Luke 5:20; Matt. 9:2). The other was the man healed at the pool of Beth-zatha. Jesus warned him “not to sin any more, so that nothing worse happens” to him (John 5:14). So sin is not necessary prerequisite of healing. God does not wait until people sin in order to act or to heal them, but God acts because God is a healing God.

To reiterate, one should not make God’s work chronological to human sinful action. If so, what God is this who, before acting, waits for people to act! God heals people because of the promise: “I shall be your God” and on account of the command: “You shall be my people.” To put it differently, healing is a positive act which God wills, and is not necessarily caused by human sins. God heals because God is “Giver of Blessing”; God is “Real Physician”; God is “Great Healer”; God is “Perfect Healer”; God is “Victor over Death”; God is “Supreme Healer” and God is “Spirit Medicine of Life”. These are the names of God under which God is known in Africa. He is the Healer of Eternal Life”¹⁹. In brief, God is the Healer God.

3.4 Luke 18: 15-17: Being touched by Jesus in times of HIV/AIDS

In his ministry Jesus touched people or was being touched. In Luke 8 a woman with chronic bleeding touched Jesus. She has numerous physical problems-irregular bleeding for twelve years, anaemia, weakness, and infertility. Her social problems were worse

¹⁸ John, Jacob T, “Sexuality, sin and disease: Theological and ethical issues posed by AIDS to the churches: reflections by a physician” In *Ecumenical Review*, 373-84. Geneva: WCC

because she was unclean (Leviticus 15: 19-30). Everything and everyone she touched became unclean. She was probably divorce, abandoned by her family, and without friends. Grief, depression, and anger at society and probably at God filled her mind. Spiritually she was cut off from God because no unclean person could go to the temple to worship or ask for healing.

Remember To Touch

One of the tragedies of HIV infection is that many people are reluctant to touch people with HIV. Some of this hesitation is due to irrational fears about contracting HIV through casual contact. Others hesitate because they do not accept people with HIV or the lifestyle they are believed to have. Whatever the reason, refusing to touch someone who wants to be touched sends the message that we are not emotionally present for the person or that we do not accept the person. At the same time we must also be sensitive to times when a person does not want to be touched for any reason or cannot be touched because of a physical condition. Our willingness to touch shows our willingness to care²⁰.

In Luke 18 it is Jesus who touched people. In this text we are introduced to the parents, to the children or babies or one-year old children, and the disciples. The parents are eager to present their children to Jesus so that he might touch them or according to Matthew 19: 13-15 prays for them. They, the parents, wanted Jesus to make it manifest that he is for children; that he represented them just like anyone before God. They wanted him to show that as he came to all adults, good or bad, healthy or sick, satisfied or needy, and children too. In sum, the woman comes to Jesus and touched him while the parents are bringing their children to Jesus so that he should touched them too.

¹⁹ Healey, J. 2000. *Towards an African Narrative Theology*, p 300.

²⁰ Catholic AIDS Action: Namibian Catholic Bishops Conference. 2002. *Following in the Footsteps of Jesus*. Windhoek: Angelus Printing, p. 27

In Luke 18 it is stated, “People were bringing even infants to him that he might touch them” and in Luke “she came up behind him and touched the fringe of his clothes” and Jesus asked, “Who touched me?” On both occasions the word, touch, is stressed. To touch means to establish most intimate relationship. Intimateness in the sense that the other is no longer “out there” but “in here.” Being touch means that the other becomes a true sister, a true brother, a true colleague, or a true comrade. To touch means to be connected or attached to each other or to meet the other and the other meets you. To touch means to break down the distance and empty space between the two parties. The parents are bringing their children to Jesus so that they will become a family of God, children of God, and sisters and brothers of all the children of God.

Sipho is a widow and a father. He is living with AIDS. Neighbours stopped visiting him for fear of contracting HIV. Sipho’s own irrational fear even stopped him touching and holding his seven-year old daughter and ten-year old son. He missed their companionship.

Imagine yourself in Sipho’s place. How would he feel about being touched? How would you feel about being touched? How would you feel if your parents or spouse or children refused to touch you?

Likewise, when the woman heard about Jesus, she determined to go to him even though she would make him unclean. The woman had one great asset, namely, her determination to be cured and to take her rightful place in society. It was this determination that led her to brave the crowd and find her way of touching Jesus ²¹.

²¹ Okure, T. 1995. “The Will to Arise: reflections on Luke 8: 40-56” In Oduyoye, M & Kanyoro, M (eds.) 1995. *The Will To Arise*. New York: Orbis books, p 228

Were she seen doing this, she could be stoned to death. Nevertheless, this was her only hope. When she touched his rope, she knew she was healed and turned to flee. Jesus, however, stopped her. Jesus called this woman to come to him because she herself, as a person, had not yet been healed. Terror filled her heard because she presumed he would condemn her.

Likewise in Luke 18: 16-17 we are informed about Jesus' reaction when people are coming forward with their deep, most personal, most private, and also their most socio-political and economic needs. What is God doing when mothers and fathers are bringing their children to him? What is God doing when we bring our sinfulness, pains, sufferings, sicknesses, unhappiness, loneliness, exploitations, and inequalities? What is God's response when we come for blessings, when we come to be touched, when we come with our cries to have a piece of land, a share of the diamonds, copper, fish, etc? In our text there are three issues:

First, instead of curse the woman receives a word of blessing. The woman told her story in great fear. As she was expecting a word of condemnation, she heard instead a single word that totally healed her. She heard Jesus say, "Daughter, your faith has made you well; go in peace" (8: 48). In brief, with her ears the woman heard Jesus call her his daughter. With her heart, she heard him say, "Come into my family. You are clean and whole." That is the model of healing: being touched by human suffering and extending in word and deed healing ²².

²² Fountain, D. 2000 "Jesus: The Model of Healing" In *Contact*, A publication of the WCC, No. 17, July-Sept. 2002. <http://wcc.coe.org/wcc/news.contact.html> p.15

Second, Jesus rebuked his disciples for preventing the people to come to him.²³ When people are coming to God there should be no obstacle. To use a biblical image, God is the shepherd and people are the sheep. When the sheep come to God such sheep should not be chased away by the sheep dogs. As a matter of fact, the sheep dogs should do the necessary running around the sheep and in the process keep away foxes and wolves. In other words, the disciples are expected to act like the sheep dogs. But in our text they are chasing away people when they came with their burdens in this life. Instead, as the Church we should encourage people to come with their burdens of life any time to God. Karl Barth is highly specific on such ecclesiology and theological orientation as can be appreciated in the following passage:

It is important to notice that the people to whom God turns as helper and Saviour is... harassed and oppressed people, which, powerless in itself, has no rights, and is delivered to the superior force of its enemies; and...it is especially the poor, the widows and orphans, the weak and defenceless.... The human righteousness required by God and established in obedience...has necessarily the character of a vindication of right in favour of the threatened innocent, the oppressed poor, widows, orphans and aliens.... In the relations and events in the life of His people, God always takes His stand unconditionally and passionately on this side and this side alone: against the lofty and on behalf of the lowly, against those who already enjoy right and privilege and on behalf of those who are denied it and deprived of it.²⁴

²³ During the times of Judeo-Greco-Roman world children were viewed as low-status dependants. Low in status, they could not be permitted to deter a teacher like Jesus from “important” matters—at least, this was the view of the disciples. Disciples, who owed great respect to their teachers, typically sought to avert other interruptions from them (2 Kings 4: 27). Later, lest Jesus be delayed in his mission to establish the kingdom in Jerusalem, crowds try to silence blind beggars (Matthew 20: 31). It seems that in both passages, as in Luke 8, disciples and crowds alike fail to understand what Jesus’ kingdom is really about—caring for the weakest rather than engaging in political triumphalism (Keener, Craig S. 1999. *A Commentary on the Gospel of Matthew*. Grand Rapids: William B Eerdmans Publishing Com., p 473)

²⁴ Barth, K 1957. *Church Dogmatics*. Vol 2, part 1, p 386

In summary, when people are coming with their burdens God forgives them. God does answer when someone is crying; when someone is dying; when someone is shouting out against the injustices prevailing in our societies and world. It is a God that takes a specific stance by rebuking his own inner-circle followers in favour of the marginalized. According to Zephania Kameeta, in the process of the encounter between God and his people “there is and will be no such a time where God’s voice can be tamed into neutrality. Neutrality has in fact no place in the vocabulary of God.”²⁵ And for this reason Jesus rebuked his disciples.

Third, when the mothers and the fathers are coming with their children Jesus took them up individually, embraced them individually, touching them individually, and blessed them collectively as the new family of God with these words, “Let the children come to me, do not stop them; for it is to such as these that the kingdom of God belongs” (verse 16).

From what has been said above let us contextually focus and ask how the Church is being touched today by those who are infected and affected by AIDS, especially by orphans and vulnerable children.²⁶

²⁵ As quoted in Katjavivi, P and Frostin, P (eds.) 1989. *Church and Liberation in Namibia*. London: Pluto Press, pp 63-64

²⁶ Our working definition of an orphan is someone under the age of eighteen (18) whose father, mother or either parents, or a primary caregiver have died, and/or are in need of care and protection. Unless we find solutions to the plight of the orphans and vulnerable children, most of them will grow up without nurturing, will live in poverty, no access to schooling, health care, descend food or a safe place to live and their basic human rights will be violated.

At the outset it should be stated that the tragic reality is that children can be infected with the HIV in the following ways: First, vertical transmission from mother to child during pregnancy, birth or breast-feeding. Although most babies born to HIV-positive mothers do not have HIV, about one child in three (some say, as many as 40 per cent of all children born to HIV-positive mothers) do develop the disease in this way. The parents, particularly the mother, may not be aware of their HIV status and therefore are also unaware that the health problems of their babies and children may be due to the HIV disease. In this connection it is always good that pregnant mothers take voluntary testing for HIV. The earlier the virus is diagnosed, the better the chances are for quality treatment of the mother. This could prevent infection and ultimately save the life of her baby. Second, older children become infected by the same methods as adults, through unprotected sex and contact with the blood of an infected person. It should also be noted that HIV develops differently in children, and they tend to develop AIDS much quicker than adults. This is because their immune systems are weaker, and they develop opportunistic infections more quickly. Because of this, the health of infected children should be monitored very closely.

We should applaud churches, for example in Namibia, such as the African Methodist Episcopal Church; Roman Catholic Church, Anglican Church, Evangelical Lutheran Church in Namibia, Evangelical Lutheran Church in the Republic of Namibia, Evangelical Lutheran Church in Namibia/German Evangelical Lutheran Church, Dutch Reformed Church, United Congregational Church, United Methodist Church and the Uniting Reformed Church for establishing an faith-based organisation known as the

Church Alliance for Orphans (CAFO) ²⁷ Such organisations are established so that orphans and vulnerable children will see and experience a world where people are willing to stand up for the others; a world where God steps forward and is choosing a side against his own disciples; a world where God is not merely choosing side but is taking the children in his arms and blessed them and laying his hands upon them. Finally, a world where children will feel at home, being loved, and being cared for. A world where all God's children will do justice, love kindness, and walk humbly with God (Micah 6:8). In short, a world where our all the children, without any kind of discrimination, will be assured their share in the socio-economic and political life; a world where the rich will be willing to go, sell, and share their profits with all God's children, and especially a world where we touch each other.

3.5 Conclusion

In summary, we are convinced that the Word of God is a key factor in our understanding of HIV/AIDS. We have come to understand that the plan of God unfolds in the realm of human history, not outside it. Such interpretations of the Word of God in times of AIDS acknowledges that God is a God of history, the living voice of the Gospel proclaimed with courage and sufficiency and power no matter where (in Church or elsewhere).

It is a God that is concerned with human affairs, and is involved in their struggles and lives. God is at work through us. Such an interpretation of the Holy Scriptures encourages

²⁷ The vision of these Churches and faith-based organizations for CAFO is to see that these organizations in Namibia will contribute to a national caring and supportive environment for Namibia's orphans and vulnerable children. They shall do this by undertaking meaningful community-based activities that provide material, spiritual and psychosocial supports for these children and assisting them to develop resilience and to cope with challenges ahead. They will like to see all children fulfilling their God-given potential.

us to open our eyes and see the amazing work of God in our times from those who can still serve and sacrifice their lives for a better world. We have to look within the Church and outside the Church and we will find the signs of the active, creative presence of God and the goodwill and authenticity of other people

CHAPTER 4: CONCLUSION

In our discourse on HIV/AIDS we stressed that the Triune God is revealed in the events and experiences of our everyday lives. These are considered as contemporary signs of times and human experience and are regarded as essential parts of theology (*locus theologicus*) in our times. This discourse stresses the unwavering commitment to the present situation and the challenges of our times. For example, in the face of HIV/AIDS, poverty, racism, tribalism, gender discrimination, unequal economic distribution, moral regeneration and corruption, this discourse desperately attempt to salvage the Church and our society from sinking into moral cynicism and collective despair. This discourse motivates Christians to discover and put in practice new forms of Christian witness by deepening their personal knowledge of the link between Christian doctrine and social responsibility, spirituality and everyday life, worship and action for justice in society.

Such a discourse tells us where God is present, already at work, changing the present reality and building God's reign. In short, this is what we call the contemporary signs of times: the ability to interpret, analyse, and evaluate the happenings and experiences of the people at the present moment and then give directions for the future.

Such a discourse challenges people to be fully present in the present with its anguish and pains, its joys and achievements, and to live in the light of the future when the reign of

God will be fully manifest. It makes people aware of the Triune God who comes to them in their life-situation, in their joys and despair, hopes and anxieties. In this way it gives people hope in the midst of their difficulties and remind them of their responsibilities: to be compassionate, to work for solidarity and justice while observing and acknowledging the signs of God's reign in our world, inside and outside the Church.

We are convinced that in the face and in the times of HIV/AIDS we should emphasise such a discourse, namely to read the contemporary signs of times. We are then encouraged to affirm those signs and celebrate them. On the other hand we look at the negative signs, which remind us of the presence of evil and injustice in the world, and to hear the call of God to change this situation. The negative signs such as that AIDS will kill seventy million people over the next twenty years, which is by 2024, and that more than forty million people world-wide have AIDS or are infected with HIV, the virus that causes the disease, should not leave us paralysed.

Furthermore, with reference to Africa, AIDS threatens to wipe out a generation and destabilise the whole continent²⁸. This discourse reminds people that they are collaborators with Jesus Christ, proclaiming the Good News and even if we are let down, to be reminded that it is a risk worth taking. To paraphrase Ezekiel 37 in the Hebrew Scriptures, the valley is full of dry bones. The question is, "Can these bones live?" Our discourse teaches us that we should not despair but have the ability to verbalise and communicate one's faith while making sure that the outstretched hand of the neighbour does not grope in the void, but finds in mine the prayerful hand of friendship it needs. In

short, the Churches, therefore, are particularly well placed and well equipped to interpret and proclaim the Word of God in times of AIDS. As the body of Christ, the Church is to be the place where God's healing love is experienced and shown forth and God's promise of abundant life is made freely available²⁹.

²⁸ <http://www.cnn.com/2002/HEALTH/conditions/07/02/un.aids.reut/index.html>, July 2, 2002

²⁹ *Facing AIDS: The Challenge, the Churches' Response*. A WCC Study Document, p. 43

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