

The Lutheran/Moravian HIV/AIDS Plan of Action¹

1. Introduction

On the 5.06.2002, LUCSA Church Leaders' Conference, representing 16 Lutheran and Moravian Churches in Southern Africa, met in Bonaero Park to design a joint Plan of Action to combat the HIV/AIDS pandemic. They took account of the recommendations of the LUCSA workshop on HIV/AIDS held in Bulawayo from 6 to 10 March 2000, the commitments made by the Pan-African Lutheran Church Leaders Conference on HIV/AIDS in Nairobi from 1 - 6 May 2002, as well as the experiences made in projects already operational among the member churches. Though Lutheran Churches are already involved in the struggle against the pandemic and its consequences to various degrees, it is clear that a much more determined and coordinated effort is needed from the side of the Lutheran Community as a whole.

2. Obstacles

The Conference noted with shock that the HIV/AIDS pandemic has become more catastrophic than World War II. In World War II, Germany, which was the epicentre of the conflict, lost about 4 million lives out of a population of about 80 million, while South Africa has already lost about 4 million lives out of a population of about 40 million through AIDS,

thus twice as much. In a war the entire society is mobilised to enhance the war effort, but the creeping impact of the virus largely escapes our attention.

In response, the Conference first reflected on the obstacles in the way of swift and decisive action on the side of Lutheran/Moravian leaders and their respective constituencies. These can be summarised under the following headings:

(a) Problematic theological assumptions.

AIDS is often considered to be God's punishment for sexual transgression, or even God's way of eradicating sinful elements from society. We overlook the fact that, although promiscuity is indeed an important factor contributing to the spread of the virus, hundreds of thousands of children and adults are infected and affected without being guilty of such offences.

The Church also tends to foster a very narrow concept of salvation, ignoring the fact that the redeeming action of God in Christ includes physical health, psychological wellbeing, sound relationships and social welfare. The Church often believes that the state is responsible for health matters and social organisation, while its own mandate is restricted to the preaching of the Gospel. This attitude finds no support in Scriptures.

(b) Ignorance, taboos and superstitions.

In many cultures a veil of silence is cast over sexual matters; women have no say in sexual relations; disease is ascribed to witchcraft; women automatically become scape goats when their husbands die; youngsters believe that they can be immunised and healed through intercourse with virgin, or people simply have no knowledge of the character of this disease.

(c) Fear, denial and fatalism.

Because HIV/AIDS is a lethal condition, which is prone to attract stigmatisation, ostracism, economic discrimination and

exclusion from sexual activity, persons at risk are often numbed by fear and paralysed by denial. They prefer to ignore the possibility that they themselves, their peers, their families or their congregation members may be infected.

(d) Ignorance and indifference.

Many Christians remain ill-informed about the disease. Most do not know where to begin and what to do. In some cases the problem has become so overwhelming that Christians throw up their arms in desperation, believing that they cannot do anything about it anyway. Some congregations assume that it is a problem which afflicts only persons outside their constituencies. The immense impact of the pandemic on the economic, social and political scene as a whole is not fully appreciated. Church leaders and pastors often do not realise that the dramatic reduction of the economically active population will directly affect their income. Many are too busy with other duties. Some simply could not care less.

(e) Confidentiality.

To avoid discrimination, the law in some countries does not permit health workers and other third parties to make HIV infections public. This again leads to secrecy, uncertainty, suspicion and fear, even among bridal couples and spouses. Pastors and elders are afraid to get involved lest they commit a criminal offence.

3. Opportunities

The Conference then reflected on the opportunities which the crisis opens up for the Church. Any crisis presents an opportunity for the Church to become the instrument of God's redeeming action in a world which has come to believe that the Gospel is irrelevant. The Church has a large following at grass roots level as well as world wide connections. Pastors can again become influential. Churches can be drawn together in the struggle against the calamity. Experts within their

ranks and the wider community can be recruited. Sunday congregations can be transformed into caring communities. The Bible can be understood in astonishingly new ways. The law of God can be formulated in such a way which directly addresses the calamity. The Gospel can be rediscovered in very concrete terms as God's suffering, caring and redeeming love. The confession and forgiveness of sins and communal reconciliation can again become powerful factors of life. The meaning of sexuality, the importance of a healthy family and the dignity of women can be rediscovered. The hollowness of the modern quest for the immediate satisfaction of all desires regardless of the consequences can be exposed. Confronted with the prospects of death, the youth may again listen to the Church's message. Hopelessness can be turned into trust. Faith can be mobilised against carelessness and fatalism.

4. Theological basis

The Nairobi statement includes a commitment to enhance a theological understanding of the calamity. The Conference took note, therefore, of the formulation of a Lutheran theological basis drawn up by the Bulawayo workshop. It can be summarised as follows:

(a) God is the Creator:

Lutherans believe that God is in charge of all of reality and that nothing can exist and happen without God's creative activity. This is a source of great comfort, but also of great agony. If a loving God is in charge of reality as a whole, how can such a calamity strike humanity, including the innocent? Is God really for us and with us or is he against us? According to Luther, believers cling to the cross of Christ, where a horrendous catastrophe was transformed into God's means of salvation. On the basis of the cross, Christian faith is a tenacious struggle with God to make good his promises, thus a powerful antidote against hopelessness and carelessness.

(b) The law is meant to serve life.

According to Luther the law of God is not a code of oppressive laws imposed by a heavenly dictator, but a formulation of the basic prerequisites of healthy communal life. God grants insight into what is needed through human observation and reason. According to Luther we must always draw up "new decalogues" which are relevant to the situation. In this case, taking the following steps could bring the spread of the virus to a halt:

- Life long single partner sexual relationship
- Sexual abstinence of the infected
- No pregnancies of infected women
- No drug abuse
- No transfusion of infected blood
- Protection of health workers and care providers against infection
- A life style which builds up and maintains the immune system: proper nutrition, exercise, moderate stress levels, absence of disease overload, etc.

Lutherans also subscribe to the principle of choosing the lesser evil: while condoms are not a solution, they can help contain the spread of the disease where sexual discipline has broken down.

These guidelines are essential and simple. They only demand responsibility and determination. A society has the right and duty to protect itself against a behaviour which threatens the survival and wellbeing of its members and it can be harsh in doing so.

(c) The Gospel redeems.

The function of the law is to expose and prevent evil and the Church must proclaim it clearly and fearlessly. But once the harm has been done, the law is powerless. The law cannot redeem. To apply the whip of the law to the infected and

affected will do nothing to remedy the situation but only make it worse. Now the Gospel must do its work. The Gospel proclaims God's unconditional, suffering, redeeming acceptance of the unacceptable into his fellowship. We are all unacceptable in various ways - whether through moral failure, lack of insight, diseased bodies, broken relationships or our mortal bodies. The community of believers is the community of those for whom Christ has died on the cross and who take up the cross of Christ for the sake of others. God accepts the unacceptable into his fellowship through the acceptance of those who have also been accepted by God.

The suffering which acceptance entails should not be played down but shouldered courageously in the power of the Spirit. It is this suffering, redeeming acceptance of the unacceptable which overcomes stigmatisation, ostracism, discrimination, rejection, shame, guilt, fear, secrecy, denial and loneliness.

(d) Acceptance leads to transformation.

Lutherans believe that transformation is a consequence (not a precondition) of God's acceptance. Good fruits are brought forth by the good tree of God's grace in Christ. We cannot cure AIDS. But where the Gospel does its work, we can all be transformed: the infected, the affected, the Church, the wider community, the economy, the society, the state. Even those marked by death can find new meaning by becoming ambassadors of a new life style and new human relationships.

(e) Luther emphasised the public responsibility of the Church.

Church leaders must go public with a clear message; congregations must become caring communities, and individual members must act as Christians in their secular contexts. The new front after the demise of apartheid is the modern idea that we are entitled to the immediate satisfaction of all our desires regardless of the consequences. This idea is spread by

the advertising and entertainment industries; it dismantles all inhibitions; it undermines the family as a "protective nest" in which the young can develop and as a safety net for the widowed and orphaned; it marginalises the poor; it corrupts the state and it leads to endless violent conflicts whether in the home, on the streets or on the war front. While freedom is indispensable for responsibility to flourish, freedom without responsibility is counterproductive, in this case even lethal. Political liberation is not enough if we are not liberated from within. The Church has an indispensable task to offer this inner liberation to the people.

Public responsibility also requires us to attack harmful cultural traditions, for instance those connected with male virility, female subjugation, belief in witchcraft and magical cures, secrecy and taboos regarding sex education, etc.

5. Infrastructure and strategy

Theological insight forms the basis for action. The commitments made by the Nairobi Conference (a copy of which is attached²) can be summarised as follows: confessing the failure to act lovingly and decisively; breaking the silence; becoming a healing community; establishing support groups; sex education; care and counselling; encouragement of voluntary testing; exposing and condemning sexual abuse; prevention of infections through a change of attitudes and behaviour, telling the truth about the spread and placing no obstacles in the way of preventative measures; enhancing theological understanding; cooperation with other agencies; advocacy concerning labour relations, drug addiction, harmful practices and the accessibility of medical care, and finally, tackling the huge problem of poverty.

To give effect to these commitments the Conference drew up a Plan of Action which is herewith presented to the Churches for consideration, adaptation and implementation. The Plan can also augment and strengthen existing initiatives.

The foundation of the Plan is the quest for appropriate

responses to actual cases at grass roots level. Whatever the Church does, should empower the affected communities to cope with the calamity. Regular cost-benefit analyses should be conducted to determine the usefulness of formal institutions. Expensive and unwieldy bureaucracies, which work top down and have no commensurate impact on the grass roots should be avoided or abolished.

(a) At the lowest level, a Support Group should be formed for each individual case, or strengthened and encouraged where it already exists. It should be recruited from family members, neighbours, congregants and the wider community according to local circumstances. Its task is to prevent isolation and loneliness both of the infected and the affected, to comfort, reconcile and counsel, to overcome destitution, to find food, clothing and school fees.

It is imperative that, according to good African traditions, the responsibility remains that of the family and the community. However, where a situation has deteriorated to such an extent that there are more people living with the virus than potential helpers, orphanages, day care facilities, foster care programmes, frail care centres and other such institutions may have to be established as the need may be. Cooperation with other agencies is essential in these cases.

(b) At parish level a Parish AIDS Committee should be formed, or encouraged and strengthened where it already exists. As far as possible, it should consist of a pastor, a health worker, a social worker (where available), a member of the youth and a person living with the virus. Its tasks are, on the one hand, to inform themselves, the congregation and the wider community about HIV/AIDS on a regular basis and, on the other hand, to determine actual cases in the community and establish Support Groups for each of these cases. It should work towards making the congregation an accepting and caring community, coordinate all efforts of the Parish,

seek cooperation with other churches, NGOs and state agencies and generate funds to assist the Support Groups.

Parishes which do not seem to be affected as yet should become proactive, making their members well informed in good time, and discover the problem in their closer environment, for instance, among the employees of their members.

To avoid fatigue and bitterness, it is important to ensure that voluntary groups are not overburdened, that the work load is spread evenly and that the whole community backs up the efforts of individuals. A good idea is to rotate the membership of these groups on a regular basis so that more people gain experience and share the burden.

(c) At circuit or district level there are various possibilities. One is to appoint a trained Coordinator whose task it is to initiate, train, guide and empower Parish AIDS Committees, to coordinate their actions and represent them at higher levels. Another possibility is to form a Circuit AIDS Committee representing all Parish AIDS Committees. The latter may be less efficient than the former. One could also combine the two approaches, so that the Committee is a consultative and policy making body while the Coordinator is the executive. Care must be taken that costs do not spiral out of hand.

(d) At diocesan or church level, unwieldy and expensive structures should be avoided. However, the Conference became persuaded that the forthright, positive and active stance of the Church Leader is decisive for changing the mood of the diocese or church. Concrete cases have shown that, where a Church Leader had addressed the issue of sex and the virus openly, fearlessly and with determination, both clergy and laity find the courage to take initiatives. Lutheran Church Leaders should also come out of their reserve and go public as the leaders of other churches do. The Conference was challenged by the suggestion that bishops should volunteer being tested in full view of the media to remove the stig-

ma and fear connected with such tests. The Church Leader should ensure that progress reports on the HIV/AIDS programme are placed on the agenda of all meetings at parish, circuit and diocesan levels. The issue should figure prominently at all visitations. Church Leaders should also seek consultation and cooperation with other churches, NGOs and the state where applicable.

(e) It is important that the issue of HIV/AIDS becomes an integral part of training at all levels, especially at the theological seminary, but also in lay training, Sunday school, confirmation class, and adult education. Pastors should not hesitate to include it in their sermons and liturgies, to conduct special services and organise workshops on combating the pandemic in cooperation with their Parish Aids Committees. Ecumenical cooperation should be sought wherever possible.

(f) LUCSA's role should be that of coordinating the Plan of Action, encouraging the churches, monitoring their progress on a regular basis, consulting with other agencies, raising funds, establishing and maintaining links with overseas partners, etc.

6. Conclusion

"Jesus went about all cities and villages, teaching in their synagogues, proclaiming the good news of the kingdom, and curing every disease and every ailment. When he saw the crowds, he had compassion for them, because they were harassed and helpless, like sheep without a shepherd Then Jesus summoned his twelve disciples and gave them authority over unclean spirits, to cast them out and to cure every disease and every ailment" (Mt 9:35f; 10:1). Christ prayed to his Father: "As you have sent me into the world, so I have sent them into the world" (Jn 17:18). These texts show that Christ continues his redeeming work through his

Church. Or, as Luther has put it, every Christian is privileged to "become a Christ to others". It is in the power of his Spirit that we will be able to make a difference.

Summary

There are many obstacles in the way of the Church's involvement in combating HIV/AIDS, but there are also great opportunities. Lutheran theology provides us with decisive clues which have been formulated at a LUCSA workshop in Bulawayo: because God is in charge, we struggle with God for solutions; we formulate God's law for every new situation by using human observation and reason; we share God's suffering and redeeming acceptance of the unacceptable into his fellowship, thus overcoming stigmatisation, marginalisation and discrimination; we expect transformation to follow from this acceptance; and we take up public responsibility in the face of calamities. Commitments have been made at a Pan-African Lutheran Church Leaders' Conference in Nairobi to make a decisive impact. To bring them into effect a Plan of Action is now presented to the Churches for adoption, adaptation and implementation. It entails the formation of Support Groups for individual cases; the appointment of Parish AIDS Committees; circuit coordinators; a positive and determined stance by the Leader of each Church or Diocese; educational programmes at all levels, and the facilitating role of LUCSA.

¹ This document was introduced to NOTM by Professor Klaus Nürnberger, Pietermaritzburg, who lectured at theological institutions in Norway the fall 2002 on "Theology of HIV/AIDS".

² Do not apply to NOTM's publication of the Lutheran/Moravian plan. Ed.