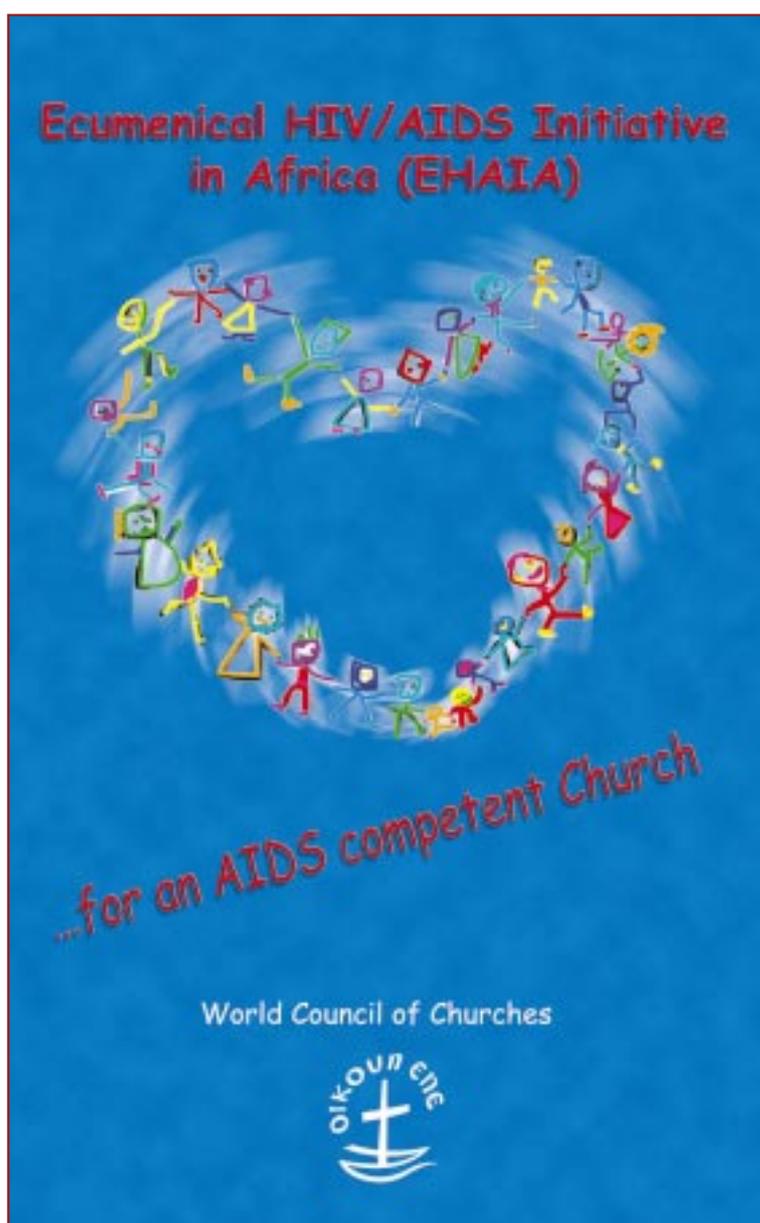


World Council of Churches
Education and Ecumenical Formation

January 2004



This biannual journal aims to encourage sharing and cooperation among all who are working for the renewal of the churches through programmes of ministerial formation. All correspondence regarding MINISTERIAL FORMATION should be sent to the address below. Submission of relevant articles, reports and news is welcomed. Items in this journal do not necessarily reflect the views of the WCC and its programme on Ecumenical Theological Education.

P.O. Box 2100, 150, route de Ferney, 1211 Geneva 2, Switzerland

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MINISTERIAL FORMATION will be produced two times a year by the staff of Ecumenical Theological Education Programme from the year 2003. Subscription: US\$ 10 (or equivalent) for one year, although free copies are available for those person or institutions, who, for whatever reason, cannot make a payment. Please note in the interest of economy, receipts are not issued for payments made by cheque or bank draft unless specifically requested. Thank you for your understanding. MF is also available on Website <http://www.wcc-coe.org> (For any question, please contact Nyambura Njoroge nn@wcc-coe.org).

LETTER FROM STAFF

Dear friend and colleague,

The publishing of *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological Programmes*, WCC Publications, 2003, and soon to be published *AfricaPraying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy*, both edited by Musa W. Dube are a major milestone in the fight against the HIV/AIDS pandemic in Africa and elsewhere.

Unfortunately, it is no time to celebrate. I am writing this letter on 26th November 2003. Yesterday, World Health Organization (WHO) released the latest statistics on AIDS and the headline read: “Global AIDS epidemic shows no signs of abating — five million people became infected with HIV worldwide and 3 million died this year alone — highest number of HIV infections and deaths ever.”

Time is gone when most of us believed that AIDS is a concern only for medical professionals and national governments. Faith based communities have been summoned to take their rightful place at the frontline in the battle against the pandemic and most of all the stigma and discrimination that is inflicted on people living with AIDS and those who are associated with them. In this issue of *Ministerial Formation* and the two new books, we urge theological educators to heed this call, to give priority to the pandemic and to do the right thing: participate in restoring dignity, hope, healing and abundance of life for millions, who are infected and affected.

Let us seek courage to fight the good fight!

To our regular readers and those who keep close touch with ETE office in Geneva, I wish to inform you that the long serving administrative assistance (15 years) Françoise Faure has moved to another office in the WCC. Françoise, be of good cheer and know that you are missed by many of us who had come to know your diligence and passion for ETE.

Nyambura Njoroge

Programme Executive
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**DOING THEOLOGICAL/RELIGIOUS EDUCATION
A PARADIGM OF SHATTERED DREAMS & *CUL DE SAC/ED* ROADS¹**

Musa W. Dube

For an effective fight against HIV/AIDS to emerge, all government departments, the private sector, NGOs and faith communities must make fighting HIV/AIDS their “core business.” All of us everywhere must make it our business to reduce the spread of HIV/AIDS as well as to minimize its impact. One way in which academic institutions can contribute to this huge challenge is by opening up a brave, informed, creative and constructive discussion on HIV/AIDS issues. (Dube & Maluleke 2001:119).

A paradigm of shattered dreams & *Cul de sac/ed* roads

If you listen to HIV/AIDS narratives anytime, and to a large extent, anywhere, you will realize that this pandemic has brought many people to live and work within a paradigm of shattered dreams and *Cul de sac/ed* roads. We have lost a significant part of our social plot to uncertainty. The assumed social plot held that a person gets born to parents, is raised up by some caring and loving parents/guardian, is sent to school or training until they have acquired a certain skill, then one begins to work, to build one’s own home, to raise their own children, to age, to have grandchildren, to retire peacefully with a sense of success and readiness to die when God takes them on an age related death, around seventy or above (Psalm 90:10). Of course, not every person who is born comfortably goes through this assumed linear plot of life. And further, this assumed linear plot of living is often complicated for each individual, depending on his or her class, gender, race, age, sexual identity, etc. For example, many children from poor countries are likely to die before they become adults due to poverty and disease. But by and large, this linear plot is a basic social expectation for an average human being’s life in most societies. It is indeed our assumed social framework of what it means to live a successful and fulfilled life.

But with HIV/AIDS, much has changed at every level of this basic expected plot. At the level of individuals, you will hear of young productive professionals, people who are in the prime of their productivity, as the most infected and affected. They are the ones facing the deepest shadow of death from the HIV/AIDS pandemic. With all the professional training they have acquired, and the well paying jobs they hold; with their newly established families and young children, with their newly bought or built houses, with their cars—basically, with just about all that it takes to live with a seemingly assured bright future ahead. Just with all this, they are brought face to face with HIV/AIDS. It presents to them a shattered mirror of what is and what is to be. In the HIV/AIDS apocalyptic horizon, the present and the future are both shaken and uncertain.

You can also listen too to elderly parents and grandparents, those who believed themselves to be through with child bearing and rearing; those who believed they wanted to rest and to proudly watch the success of their children. You will hear how they are burdened and stressed by fear of uncertainty ¾ the uncertainty of not knowing which child is infected, which one might be getting ill soon. And where this fear is no longer an issue, they are burdened by nursing their own sick adult children, watching them die a slow and painful death, a process which reduces them from adult to infant status, who need basic care from their parents. And when their adult children die, grandparents are burdened by raising the surviving orphans. Clearly, the dreams of parents and grandparents are shattered dreams and their journeys have been *Cul de sac/ed*, back to the burdens of child rearing coupled with grief and lose.

¹ This paper was first prepared for and presented at the INATE (International Network for Advanced Theological Education) held at the University of Natal, South Africa January 2003. As one of the keynote speakers, I was asked to give my talk in narrative form, to tell my story on how I came to be involved with HIV/AIDS as a New Testament Scholar. This would supposedly assist to attendants with some guidelines on the way forward.

You can listen also to children's stories in the HIV/AIDS era. You will hear of how they have lost parental love, guidance, protection and security. You will not run short of many a sad story of how orphans are, exploited, abused, homeless, improvised, dropped out of school, dispossessed, stigmatised, discriminated; how they are heading houses. These are children whose present and future is now a big question mark (Dube 2002d:31-42).

I could go on and invite you to listen to the stories of the newly weds, who look forward to life only to embrace death on their marriage bed. To lovers. We could narrate the stories of pregnant mothers who expect to give birth to life, but bring infected, suffering and dying children. No one escapes from these shattered dreams: the scientific guild remains puzzled, companies and schools, governments and communities, individuals and families—no one. I once heard the current president of Botswana lamenting for his own broken dreams as a national leader. He said, as the third president of Botswana he had counted himself privileged to be ruling at a time when the country had built a critical mass of professionals in the country: engineers, doctors, teachers, nurses, social workers etc. "But here I am," he said, "I have the displeasure of losing all the human investment my former presidents made. I have the pain of burying these young professional and productive people."

Detour: facing my own broken dreams

I, like many of us in the HIV/AIDS zones, have not escaped from the shattering of my own dreams in the face of HIV/AIDS. In this paper, I narrate how I came to face the "You -turn' road sign as a theological educator. This paper is written not as lament over spilled milk but rather as a sign post to other theological educators in the numerous ways of mainstreaming HIV/AIDS in their work.

As a young person, I dreamt I would be a writer. When I grew up and realized that in almost every discipline African people had to depend on books, theories, methods and research done from outside or by outsiders. And when I also discovered that women were even further distanced from literature, I vowed to ensure that no one would once more say, "Show me the Tolstays' of Africa!" African students would read methods, theories and content that are foreign, because they choose to, not because they have to. African women theologians would choose to read methods, theories and content of males, because they choose to, not because they have to. With my disciplined passion for writing, I was surely planning to be an associate professor by the time I am thirty-eight² and to be a full professor by the time I was 41. I had concrete dreams and I had what it takes—the vision, the drive to research and publish. I also had the institutional support. I meant to make sure that in my area of training, the New Testament, they would be enough books, written by my very self. In deed, when I wrote my dissertation, I wrote it with the intention to change the scholarship (I was fed up with colonizing scholarship). Clearly my audience in those days were the scholars. These were my career dreams—in the future without the threat of HIV/AIDS in the horizon of my skies.

Quite ironically, as I was writing, my dissertation, in a foreign land, I was also writing songs on HIV/AIDS—songs of hope, songs of resistance and songs of joy. I wrote the songs mainly because I was away and seeking for a way of dealing with my grief as reports that so and so is no more. Indeed, as I saw on TV that my country and my continent were the hardest hit by HIV/AIDS. One of the songs went as follows:

²This are dreams that was fulfilled in April 29, 2003, when the University of Botswana graciously conferred the status of an associate Professor on me despite my leave of absence. Some dreams can still be realized.

Jabulani Africa, Inkosi Ikhona 2x (Rejoice Africa)
Jabulani Jabulani (Rejoice)
Jabulani Lonke (Rejoice All of You)
Jabulani Sizwe (Rejoice you Nations)

Another one said:

Death has visited our country, our people
And still we rise
Death has taken our brothers and sisters
And still we rise
Death has taken our husbands and wives
And still we rise
Death has taken our brothers and sisters
And still we rise, still we rise
We rise, we rise.

Little did I realize even then, as I was writing my dissertation and dreaming of a groundbreaking career, that HIV/AIDS had already begun to sabotage my dreams. That it had begun to shatter my future bridge and force me to take a “you turn” road sign. Well, I came back to my country and resumed my teaching position in the University of Botswana.

My plan then was that I would teach these songs to my interdenominational choir members ^¾ Hope For Today. I did not foresee that what was required of me was to stop, to take a hard look at the HIV/AIDS context and to take a “**YOU TURN**” sign in search for another route in the face of shattered dreams. But this in itself speaks volumes about theological education. That is, even though I was in graduate school in the mid 1990s, in a very progressive and revolutionary department I would say, still the HIV/AIDS pandemic, which was now more than a decade had not yet made it to the academic halls of biblical studies and other theological disciplines. Now more than twenty-one years since the outbreak of the HIV/AIDS — a disease that has now claimed more than 21m lives, and has infected 40million and caused unimaginable human suffering, most theological institutions and educators have not yet mainstreamed HIV/AIDS in their programs even in zones that are the hardest hit, such as Southern Africa. I hope all of us who are theological educators shall commit themselves to ensuring that change occurs in our theological institutions and programs ^¾ for what is the point our educational programs if they cannot help us save life.

Detour: the shattering of my mode of teaching.

Slowly, the HIV/AIDS context began to move to the centre of my work. This began as I actively sought a sponsor to produce these songs as an album that would raise funds for orphaned children. I ended up producing a video, *Africa Praying: Orphans Need Love* that would serve as a teaching tool for church leaders on the situation of orphans. Gradually, more of my time was being spent on HIV/AIDS activities than New Testament. I was still writing many numerous academic articles. In the process, I personally began to experience a crisis in my teaching vocation. Given the fact that HIV/AIDS is the highest in Botswana, especially amongst young people, who constituted more than half of my undergraduate class, I began to interrogate myself concerning the relevance of my teaching. As I wrote elsewhere

As I went about with business as usual, teaching the Synoptic Gospels from a feminist, narrative, historical or redactional criticism and the like, there came a point that this academic approach began to become artificial and strange even on my tongue. I began to ask myself: why am I talking about historical contexts of Jesus, redactional criticism, narrative and all this stuff and skirting the main issue in this context and the gospels; namely sickness and healing. I began to ask myself a question, which every student also had in mind; namely, if Jesus can

heal this much, why can't Jesus heal us of HIV/AIDS in our nation and the world? With the HIV/AIDS death scare, stigma, suffering and fear of dying or contacting a disease, how do you read the synoptic gospels? The social setting of illness, fear and discrimination against the sick and orphans demanded a re-reading (Dube 2002b:64-65).

As I continue to explain in this article, my context of shattered dreams had brought me to a stop in road which, while I had assumed was a boulevard, it was in fact *Cul de sac ed* (dead end). It forced me to stop, to take a "YOU TURN," and to start finding another way in order to continue. Hence I wrote, I quote,

my position of inhabiting the HIV/AIDS front zones has impelled me to undertake a different re-reading of the miracles of Jesus. I am impelled to ask such questions as: What is the meaning of the miracles of healing in Synoptic Gospels? Are they still relevant? Can Jesus' healing and touching of lepers speak to our fear and secure justice for the sick and discriminated? How does one propound a theology of healing where there is no healing?" In this rereading of the healing miracles of Jesus I have no point of reference, (65).

Such methods of rereading and teaching are not clearly (if at all) articulated in our textbooks and reference books in the library, for they are not written directly to address our HIV/AIDS context... To meet this challenge, my approach was to assign stories of Jesus healing miracles to students and to ask them to design questionnaires from the passage in the light of HIV/AIDS and take them to the community, outside the academic halls (Dube 2002c:124).

Detour: turning departments, universities & the theological guild

While the HIV/AIDS context was beginning to change my teaching methods and the questions that I put to the text as a biblical scholar, I began to make efforts to bring my department of theology and religious studies to acknowledge this context. I was by then assigned the task of being a departmental seminar organizer. So in the beginning of the academic year 2000/2001, I proposed to the department that I wish to run an academic year long seminar series focusing on various aspects of HIV/AIDS. Two or three people supported me. The rest said, "No. Its too long. We cannot talk about HIV/AIDS every two weeks for the whole academic year. That will be too tiring" I really wanted to do this and I could not do it without their support. I knew I could find some speakers from outside the university, but I also knew I needed the support of all my colleagues. What could I do to win their support? After some thinking I had an idea: I knew that academicians want to be published and to be published in refereed journals. So I wrote to Tinyiko S. Maluleke, who was then our external examiner. I also wrote to the editor of *Scriptura* in Stellenbosch. I asked them if they would consider doing a journal issue that focused on HIV/AIDS. I got a positive response from both, but Tinyiko S. Maluleke was particularly eager and offered to co-edit a special *Missionalia* issue with me, on HIV/AIDS.

Okay, I was fine now. I went back to my colleagues, this time individually. I asked each one of them to think of a topic from their own area of specialization and how it interacts with HIV/AIDS context. Such an article, I argued, would benefit from the contributions of the participants. I would edit it and the article would be published in *Missionalia*, a refereed journal. The publishing card worked. The members of the department were very eager—holding that we should utilize both the *Missionalia* and *Scriptura* chances that were available to us! Colleagues registered and I sought other people from outside and soon I had an academic year-long seminar series on HIV/AIDS. I e-mailed the year-long schedule to all in the University and I also posted the schedule on the notice board. Then every fortnight I would e-mail a lecture poster to the whole university community. Thus every two weeks we gathered around some aspects of theology and religious studies and how it interacts with HIV/AIDS prevention and care. And soon our department was noted for the good

work of mainstreaming HIV/AIDS in our teaching and research by the Vice Chancellor. Indeed, most of the papers that arose from these seminar series were published in *Missionalia* 29, August 2001, an issue that Maluleke and I co-edited. In the introduction of this issue we write that

For an effective fight against HIV/AIDS to emerge, all government departments, the private sector, NGOs and faith communities must make fighting HIV/AIDS as their “core business.” All of us everywhere must make it our business to reduce the spread of HIV/AIDS as well as to minimize its impact. One way in which academic institutions can contribute to this huge challenge is by opening up a brave, informed, creative and constructive discussion on HIV/AIDS issues. It is hoped that this issue of *Missionalia* will contribute towards such a discussion (Dube & Maluleke 2001:119).

Detour: challenging the international/ecumenical community

I was becoming quite specialized in mobilizing others to take the context of HIV/AIDS into consideration. I was also taking the HIV/AIDS context to my research, writing and speaking engagements. The first article that I began to highlight this context, was in article called, “To Pray the Lord’s Prayer in the Global Economic Era” (Matt. 6:9-13). This article appeared in the *Ecumenical Review* Volume 49/4 1997, which was a special issue put up in the preparation for the Harare WCC Jubilee (50th) General Assembly. In this article I noted that HIV/AIDS is a context that affect my work as a biblical scholar. I wrote:

I live in the deep shadow of death. To live with the intensification of poverty in African countries, to live with wars and coups, to live with corruption and exploitation, to watch helplessly as beloved friends, neighbours and relatives slowly shrivel as HIV/AIDS gnaws at them, is to live where death and life have become identical twins. Indeed, the fact that the highest concentration of HIV/AIDS is in Sub-Saharan Africa is related to the economic realities of the continent (Dube 2000:617).

I took up this context again at the WCC general assembly itself, when I presented a paper entitled, “Fifty Years of Bleeding: A Storytelling Feminist Reading of Mark 5:24-43.” In the article, I played around with the 50th assembly and the almost fifty years of African independence, while I portrayed Africa as the Markan bleeding woman who has met with many different doctors, who promised her healing, but made her worse. In the last scene where she meets with Dr Globalization I write, that,

Still bleeding and searching for healing, Mama Africa has been struck by a new disease: HIV/AIDS. She is now a nurse. She runs home-based care centres, for her dying children and people. She washes them, feeds them, holds them in her arms, and rocks them, singing a little song while she awaits their death. And when they finally die, she rises to close their eyes, to wrap them and bury them. Mama Africa bears in her own flesh, the wounds of their suffering. And they die in her loving arms... (Dube 2001a:59).

In short, I was beginning to take every opportunity to highlight HIV/AIDS when I was invited to speak, especially in ecumenical circles.³

³ Some of the papers I presented include; Musa W. Dube, “Who do you say that I am: You are the Christ the healer, “ an unpublished paper presented at CWM (Council for World Mission) , Community of Women and Men in Mission, April 2001, India; Musa W. Dube “Talitha Cum! Calling the Girl Child and Women to life in the HIV/AIDS and Globalization Era” a paper presented to WSCF (World Student Christian Federation) Women’s Commission Meeting, Johannesburg, February 12-13 2002. Other papers appear in Musa W. Dube ed., *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological Programme*. Geneva: WCC Publications, 2003.

Detour: taken, turned and moved from the university

But if I began to throw HIV/AIDS to the ecumenical bodies, they began to demand more from me. First, the Norwegian Church Aid asked me to be their conversation partner, to help them to draw their regional HIV/AIDS programme in anticipation of the money that Norway national fundraising campaign would give to them for HIV/AIDS programs. So early January to March 2001 I was doing this programme. When the WCC held its Southern African regional consultation on HIV/AIDS in March 2001, in preparation for an Africawide consultation, Gary Thomas invited me to give a paper there. I wrote what has become a very popularly demanded paper, entitled “Preaching to the Converted: Unsettling the Christian Church” (Dube 2001:35-50). In this paper, I was a free academic speaker who was not afraid to tell the church leaders what I thought they ought to hear. But one of the things I said, which is important for us as theological educators was that HIV/AIDS has exposed our theological mediocrity and that “a theological shift is needed in an HIV/AIDS Context” (2001b:42).

From this point on, I was given more responsibility from WCC and other ecumenical bodies. First, I was asked to work with other scholars to review a curriculum that was designed in Kenya, to make it more gender sensitive, ecumenical and theologically grounded (see WCC 2001). Second, I was asked to organize and run two trainers of trainers (TOT) workshops for Southern African theological institutions and educators. During these workshops I would trial test the reviewed curriculum and review it again. Between June and October I researched who is there in Southern Africa and trained up to about sixty-five lecturers on integrating HIV/AIDS in the curriculum (WCC 2001).

Between these workshop preparations, I went to Harare in August to help Inter Press Service (IPS) to train journalist on how to report on HIV/AIDS and religious issues. In the same month, I led worship for the ECLOF (Ecumenical Church Loan Fund) workshop, where I ensured that one morning I focused on Ruth, Naomi and HIV/AIDS. In October I was in Germany, together with Gideon Byamugisha and Christopher Benn training the UEM (United Evangelical Mission) board on mainstreaming HIV/AIDS in their church programs. From there, I proceeded to Norway, for their national campaign to raise funds for HIV/AIDS. There I gave ten different talks. I came back, compiled a report on the training of trainers workshops that I held in Southern Africa. At that very same time, I was also preparing to lead bible studies in Africawide consultation, hosted in Kenya that came out with The Ecumenical HIV/AIDS Plan of Action (November 2001).

With all this crazy schedule, I was still a University of Botswana lecturer with a full teaching load of four classes and a total amount of about 300 students and no teaching assistant—not to mention other responsibilities. It was finally December 2001, and I was very very exhausted person. Somewhere between October and November I was so stressed, I was even losing my speech. During this crazy year/time, I had failed to write, what I would call “proper academic papers.” Many invitations that I would have died to honour, those from respectable journals and interesting book anthologies remained unattended. I even failed to write a paper for the *Missionalia* issue that I proposed and co-edited with T. S. Maluleke!

Something had happened to me. My dreams of being a hard core academician had been *Cul de sac/ed* by the HIV/AIDS context. My audience had changed from the academy to the church and wider community. My writing had changed—its style, its tone, its content, its methods. In particular, each time I sat down to write another HIV/AIDS, I was confronted with “the how question” That is, how can I write about the same subject without boring my audience and myself on a subject that they are truly bombarded with information. My creation skills of storytelling were called into duty than ever before. One of the funny experiences that I have heard recently is a review I received from a “scholarly referred journal” where I have submitted one of my many HIV/AIDS articles. The comments asked me to cut down on “the didactic we” in my papers! Having been well trained in good academic writing, I however have been forced to use an activist self-involving

language that counts me and my audience as being together in confronting the HIV/AIDS dilemma. I therefore use the pronoun “we” to liberationally to encourage my audience to break the HIV/AIDS stigma of “I and them” by owning up. I use “we” and “us” to appeal to the collective ownership in the struggle and HIV/AIDS struggle. But obviously the circumstances of my context, were not shared by this academic journal.

I had long since reached a *Cul de sac* and I had turned all around in search of another way forward. *I had in fact been taken, turned and changed by the context of the HIV/AIDS.*

As you can imagine, by this time, there was a job offer and a contract on my table from WCC. This really made sense for I was already working fulltime on HIV/AIDS issues. WCC wanted me to be a regional HIV/AIDS Consultant for Southern Africa. I looked at the offer, I considered its package and found that it had no package, the salary would be stable for the next three years (with the assumption that the dollar always goes up, but in Botswana it does go down and the standard of living there is way above many African countries). I considered that with my publications and with my initial goals, I would have been promoted to associate professor in this very year 2003, and I would be a full professor in by 2006. In both cases, the promotion would entail better pay and better package. After I considered the offer, I said to WCC, this would be an academic and financial lose to me. I explained carefully and clearly. It was not difficult for them to understand and appreciate my point. They understood and said, “You know, we have no money, even what we are offering to you we have to go and ask from donors. We cannot offer anything further. But we still ask you to take this job despite the loses. *Consider these next coming three years, as your years of business lose but as years of great service!*” I accepted. And even before I assumed my duties, my job description was changed from being regional to continental responsibility, because my skills, it was argued, were needed, not only at a regional level, but in the rest of Africa. The salary and package however, were not affected by this huge change of responsibility. My current job basically focuses on theological educators and seeks to train them to mainstream HIV/AIDS in their programs. I also assist the WCC four regional co-ordinators as a theological resource person for their workshops.

I applied for unpaid leave from my university to start full time in January 2002, but my university was quite reluctant to let me go so I only started in September 2002 as a full time HIV/AIDS and theological consultant focusing on theological institutions and churches. By the time I left the University, I had turned in my application to become an associate professor. My heard of department had given me triple excellent in teaching, research and publication as well as community and international service. I knew my external examiners could have very little quarrels with what my head of department called ‘a CV that speaks for itself.’ But when the University letter of release arrived it stated that during the years of my absence my salary would be frozen and I would not be entitled to any promotion. So I knew, no amount of excellent reviews could make me an associate professor during the period of my absence. Perhaps if I am lucky, I would be an associate professor at 43. I had been taken, turned and detoured.

And that’s how I landed with my current job of being an HIV/AIDS and theological consultant. My new task as an HIV/AIDS and Theological Consultant is to assist theological institutions and lecturers to come to terms with the paradigm of shattered dreams, with a context of *Cul de sac/ed* road, one which forces us to stop, to turn and to find another way. My task is to challenge theological educators to realize that HIV/AIDS calls for a paradigm in shift. In short, we cannot continue doing our theological discourse as if nothing is happening to our world and time. The context of HIV/AIDS must shape our practice as we seek to contribute towards healing the world and healing ourselves. Our theological programs must equip our students to effectively serve in communities that are hit by HIV/AIDS. The programs must equip the church and its leaders to be an HIV/AIDS competent institution.

And when I say turn and look again, when I say shattered dreams of our basic social plots, I mean much more. It shatters many established social plots and narratives of our lives. HIV/AIDS is apocalyptic, revealing the social evil in of most of our plots. The point I am making is that

HIV/AIDS has debunked many known truths and exposed the limitations of many scientific, economic and cultural truths/knowledge. Subsequently HIV/AIDS has called for intense research, re-examination and re-organization of all aspects of our lives. Theological education in the church and its institutions is not an exception (Dube 2002a: 545).

This is the “You-turn”. It is the imperative search for new ways forward. HIV/AIDS has shattered the economic, scientific and cultural arrangements: When we said, we are the most highly sophisticated and scientific era, it has shown us to be very limited; when we allowed injustice to groom poverty, it has shown us that it lives in poverty. And where we said it is our cultures, it has shown us that our cultures can be a deadly path of the virus or a ground for good caring. Where we thought gender as natural, normal, godly or cultural, it has brought us to realize that it is one of the major pathways of HIV/AIDS — sponsoring feminized poverty, domestic violence, escalating the rape of women and the girl child. Where we said, our culture does not allow for children rights, we have rudely awakened to parents and relatives who instead of protecting their children, they sexually abuse them. When we said marriage constituted by God, HIV/AIDS has shown us that in its current relations of inequality, marriage is deadly for many women. *It is these and many other social plots and narratives of our lives that have been rudely called into question.* In our search for new roads forward, our theology should fully wrestle with poverty, gender injustice, violation of children rights, racism, and international injustice, and stigma, discrimination on the basis of ethnicity, sexual orientation and social displacement. Many other social narratives/plots of our lives need to be revisited. HIV/AIDS calls for a paradigm shift (Dube 2002a:535-549).

Detour: doing and teaching theology in a paradigm of broken dreams

I would like to end by quoting again from the introduction of the *Missionalia 29* issue that I did with Tinyiko .S. Maluleke. We put a series of questions to theological institutions and their members and, I believe, that they are relevant to our readers today: I quote

We must ask ourselves whether our theology and religious studies departments have responded adequately. Can we say that we have produced sufficient publications? Can we say our departments have formulated and adopted policies that deal with HIV/AIDS in the work place and in teaching and in research? Can we say we have made deliberate efforts to integrate HIV/AIDS in our curricula, either by infusing it in our existing courses or by designing new courses, or both? Are our departments running regular short courses for Christian leaders on HIV/AIDS? (Dube & Maluleke 2001: 120)

In short, HIV/AIDS has brought us into a particular context. To an eschatological moment, if I may. It has brought us to that *Cul de sec*, where we must stop, turn, go back and find another way around. For me what is tragic is not that we have been brought to a *Cul de sec* as such. It is not that HIV/AIDS has cruelly presented us with a picture frame of our shattered dreams; or raging rivers to be crossed without any bridge. Rather, what I find tragic is when we fail to see the “You turn” sign, when we fail to turn right around to go back and to search for another way forward. Thus many of us have been frozen by the shocking picture of our broken dreams; by a future which is seemingly without a bridge. By hopelessness. By absolute despair. Fear has frozen many of us. It has bred amongst us the worst pandemic — HIV/AIDS stigma. As I argue elsewhere, the HIV/AIDS stigma is the worst pandemic to be brewed by HIV/AIDS disease, for it has infected more

of us than the virus itself. While others have tragically come to a dead end, many have not even noticed that we are in a context of a *Cul de sac*. Such people are just shooting on, dangerously driving on—irrelevant for our HIV/AIDS plagued world. Such tragic and deadly accidents continue to plague our theological programs which have not responded the paradigm shift demand by the HIV/AIDS context.

I, therefore, wish to thank the organizers and all the participants who have gathered here, on the subject of “*theological responses to illnesses, stigma and discrimination: forging contextual theologies in an era of HIV/AIDS*.” I know for sure, that you who have gathered here, you have turned from the *Cul de sac*, you are not arrested by a picture of shattered dreams. Rather you are energized. You are searching to find another way! You are getting in touch with eschatological hope of your time. It is precisely this paradigm that I am proposing to you — that doing theology within the shattered frame of our dreams, must energize us to turn, to move and to look again for many other ways out. I know that where there is a will there is a way. And so may these few days become a fruitful endeavour as you detour from your normal theological paradigms and search for other ways of doing theology in your HIV/AIDS contexts.

God bless you!

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THEOLOGICAL INSTITUTIONS AND HIV/AIDS A ZIMBABWEAN PERSPECTIVE

Ezra Chitando

Introduction

The HIV/AIDS pandemic has prompted some intellectuals in Southern Africa to pose serious fundamental questions on the role of education. As HIV/AIDS continues to cause death, pain and misery to individuals and communities, the role of educational and training institutions has come under increasing scrutiny. How may the various training institutions equip their graduates with life skills to fight the pandemic? How may graduates be empowered to become more conscious of HIV/AIDS determinants such as poverty, gender and others? To what extent can students be encouraged to tackle stigma and discrimination? Theological institutions in Zimbabwe have wrestled with such questions as they seek to become contextually relevant.

This article analyses the responses of theological colleges in Zimbabwe to the challenges posed by HIV/AIDS. In the initial phase of the HIV/AIDS pandemic, faith-based organisations were viewed as stumbling blocks to creative responses. During the late 1980s and early 1990s, most religious organisations did not have the vocabulary to name HIV/AIDS. The first part of this study examines the earlier negative responses by theological colleges. They tended to adopt a naïve moralistic stance. A simplistic division of the world into sinners who were infected and the righteous who were not infected was dominant. The second section of the study examines increasing awareness of the complexity of HIV/AIDS in the late 1990s. It highlights the changing attitudes of theological training institutions towards the infected as a result of growing reflections on the issue. The third section outlines some of the dominant challenges facing these institutions as they seek to proffer creative and sensitive responses to one of the greatest threats to abundant life in most parts of sub-Saharan Africa.

“For the wages of sin is death”: initial paralysis in Zimbabwean theological institutions

While in some African countries it is difficult to attract students to undertake studies in theology and religious studies, the situation in Zimbabwe is quite different. At the state-run University of Zimbabwe, hundreds of students enrol to major in the various fields of religious studies (Verstralen 1998). This is due to the high incidence of religion in the country, particularly the dominance of Christianity in the education sector. Most students would have completed their high school studies at mission schools and feel attracted to studies that explore the phenomenon of religion. Furthermore, career opportunities are available for graduates in the church, education, non-governmental organisations and other sectors.

Alongside a thriving department of Religious Studies, Classics and Philosophy at the University of Zimbabwe, a number of theological colleges operate in Zimbabwe. These offer the Diploma in Religious Studies that is administered by the department at the University of Zimbabwe. These include the ecumenical Protestant United Theological College, Christian College of Southern Africa and Domboshawa House. The Catholics have also invested in theological training, running Chishawasha Seminary, Wadzanai Training Centre and the Jesuit Arrupe College. Other denominations also have colleges that train their own ministers. These include Gaul House for the Anglicans, Baptist Seminary for the Baptists, as well as Harare Theological College and Theological College of Zimbabwe for the Pentecostals. Most of these theological colleges were awarded affiliate or associate status by the University of Zimbabwe in the 1990s and seek to attain and maintain high academic standards. Alongside accredited theological colleges, numerous bible schools and colleges have sprouted in various urban centres.

Theological training is also provided in a number of church-sponsored universities. The early 1990s saw various denominations investing in university education. This followed the liberalisation of the economy in the different sectors, including education. Since many denominations run mission schools and teacher training institutions, they felt that it was logical for them to build universities. Although the aspect of denominational rivalry is certainly relevant, it is important to acknowledge that these universities have facilitated the education of many talented young people who would not have been absorbed by the state universities. These include Africa University run by the United Methodist Church, Solusi University run by the Seventh Day Adventists, Catholic University run by the Catholics and Great Zimbabwe University run by the Reformed Church in Zimbabwe. These institutions, through their faculties of theology, have played an important role in producing ministers whose services have become essential as the full effects of HIV/AIDS are being felt in the country.

The various colleges and faculties of theologies were slow in responding to the HIV/AIDS pandemic in Zimbabwe. In the late 1980s and early 1990s, most theological colleges were convinced that answers to HIV/AIDS were to be found solely in the medical field. Indeed, at the national level there was a focus on medical experts as “saviours” in the struggle against HIV/AIDS. Most lecturers tended to endorse the verdict that HIV/AIDS was a form of divine retribution (John 1995: 374). Students were encouraged to refrain from sexual promiscuity. It was thought that only those who were of loose morals were exposed to HIV infection, while those who led “saintly” lives were considered safe. Graduates from these colleges tended to have narrow approaches to HIV/AIDS.

Due to the emphasis on personal morality, the preaching in the various churches tended to condemn people living with HIV/AIDS. The popular refrain was, “for the wages of sin are death” (Romans 6: 23), thereby fuelling stigma and discrimination. In a sense, theological training institutions became factories where negative attitudes towards the infected were nurtured. In some instances, preachers caricatured the infected, hoping to scare their parishioners. Furthermore, HIV/AIDS was regarded as a phenomenon that was “out there”. It was believed that dedicated Christians were safe from HIV infection. Generally therefore, theological schools in Zimbabwe could not react to the challenges posed by HIV/AIDS in the initial phase. This was to change as more reflections were undertaken, alongside interacting with personnel from other African countries who had lived longer in HIV/AIDS contexts.

“Awake, awake, put on strength”: creative responses to HIV/AIDS in theological colleges

After the initial theological paralysis, in the late 1990s theological colleges in Zimbabwe began to make strides in integrating HIV/AIDS in their curricula. However, a number of obstacles continue to be faced. These include administrators who insist that the curriculum is already congested and thus there is no space for the inclusion of HIV/AIDS. Some argue that there are no qualified people to handle such courses, while others contend that there are no adequate resources to support courses on HIV/AIDS. Furthermore, the debate as to whether it should be an examinable subject continues to rage. Academic purists in the various colleges also insist that mainstreaming HIV/AIDS is pedagogically unconvincing, while the thorny issue of prevention through condom use continues to divide lecturers and religious leaders. It is, however, pleasing to observe that concrete steps to respond to HIV/AIDS are being undertaken.

The Training of Trainers initiative by the World Council of Churches has gone a long way in ensuring that theological colleges in Zimbabwe rise to the challenge of HIV/AIDS. A number of training sessions have been held, with academic deans and lecturers participating. This has empowered lecturers to impart life saving skills relating to HIV/AIDS to their students. In addition, some institutions, such as United Theological College and Africa University, now require their students to take courses that focus on HIV/AIDS. Lecturers have begun to realise that they need to reflect the

reality of HIV/AIDS in their teaching of various courses and subjects (Chitando 2002a). The recognition of the fact that HIV/AIDS has a direct bearing on pastoral counselling in Zimbabwe has enabled many institutions to train their ministers in sound ways.

One of the most compelling reasons for the hesitation to integrate HIV/AIDS in the theological curriculum has been lack of expertise. As I noted above, training sessions have been held for lecturers in various colleges. Resource persons, including people living with HIV/AIDS, have imparted specialist knowledge to participants. When members of staff are confident about their HIV/AIDS literacy they are willing to share this knowledge with the learners. The Zimbabwean experience shows that most lecturers in the different fields of theology/religious studies are willing to teach about HIV/AIDS but they feel they lack sufficient knowledge about the subject. Training workshops have helped to instil a sense of confidence in the participants, alongside the availability of materials related to the subject.

Some theological colleges like Gaul House have partnered with foreign organisations like MAP (Medical Assistance Programme) International in their quest to acquire more knowledge about HIV/AIDS. Some of their members of staff have been trained in Kenya, while the organisation has also held training sessions in Zimbabwe. Such exposure to other African contexts has helped lecturers to become conscious of HIV/AIDS determinants such as gender, poverty, sexual orientation and others. Other organisations like Balm in Gilead have drawn attention to the important role of faith-based organisations in fighting HIV/AIDS. Lecturers from theological colleges have gone ahead to empower ministers to regard the faith community as an important resource in mitigating the effects of HIV/AIDS. This has seen more efforts being undertaken to ensure that mission hospitals are well equipped, with graduates from theological colleges realising the value of these centres.

Interfaith dialogue has also been one positive outcome of the endeavours by theological colleges in Zimbabwe to come up with creative responses to HIV/AIDS. Recognising the fact that the situation on the ground calls for urgent action, participants in dialogue have avoided lofty intellectual debates that do not deal with the crisis. While the multi-faith approach has been popular in Zimbabwean theology/religious studies (Nondo 1991), recent efforts have sought to mobilise various communities of faith to care for the infected and orphans. The Zimbabwe National Forum for Interfaith Dialogue has run seminars that have brought together participants from diverse faith traditions to examine such topical issues as HIV/AIDS and gender. Theological educators have begun to appreciate the fact that HIV/AIDS does not discriminate on the basis of religious affiliation, thereby facilitating co-operation across religious traditions. Furthermore, students in the colleges are beginning to read sacred writings from other communities of faith to appreciate their teachings on the sick, widows, orphans and other socially disadvantaged groups. Theological colleges in Zimbabwe are empowering learners to tap the collective assets of the diverse communities of faith to become a formidable frontier in the struggle against HIV/AIDS.

As noted earlier, lack of language to discuss HIV/AIDS was one of the biggest drawbacks for the church in its efforts to respond to the pandemic. Ghastly references to eschatology, condemning the infected and adopting terror tactics constituted some of these earlier reactions from the pulpit and theological institutions. However, theological colleges in Zimbabwe have begun to encourage their students to carry out research projects that have a direct bearing on understanding HIV/AIDS. In most African communities, sexuality is a taboo subject, to be handled mainly during rites of initiation. Colleges are inviting students to investigate the issue of sexuality in African culture, including the controversial topic of homosexuality. Other students have examined traditional practices such as wife inheritance, indigenous masculinities, the role of traditional healers and other factors. Such research projects have enabled theological institutions to open dialogue regarding HIV/AIDS and to find the right language to use in such discourses.

After the initial theological paralysis, theological colleges in Zimbabwe have gone some way in becoming relevant in the struggle against HIV/AIDS. Having been overwhelmed by the sheer numbers of people dying every week and the phenomenal rise in orphaned children, these institutions have proffered some creative responses. Ministers who are receiving their training have witnessed a greater commitment to tackle HIV/AIDS in terms of prevention and care. Their lecturers have utilised the testimonies of people living with HIV/AIDS, television documentaries, visits to orphanages and nursing homes, as well as insights from other African contexts of HIV/AIDS to underline the devastation brought by the pandemic. Theological colleges in Zimbabwe have responded to the call, "Awake, awake, put on strength" (Isaiah 51: 9). However, these institutions continue to face a number of challenges. I outline some of them below.

"Pressing on toward the goal": continuing challenges

Although theological institutions in Zimbabwe have undertaken useful strides in making a realistic response to HIV/AIDS, they face a major challenge relating to availability of resources. After enjoying considerable economic prosperity during the first decade of independence (1980-1990), the country began to experience economic problems in the early 1990s. By the late 1990s the economy was in crisis, with many people living below the poverty datum line. This overall economic climate had a direct effect on theological colleges. Most of them could hardly afford purchasing new books and journals. Lecturers and students have found it difficult to keep pace with recent developments in discourses on HIV/AIDS and theology. This challenge of book famine implies that many ministers will graduate without having read some seminal theological works for themselves. Instead, they are being forced to rely on the interpretations by lecturers. This tends to stifle the academic development of learners and may not instigate profound theological reflections on HIV/AIDS.

Most lecturers in the University of Zimbabwe and theological colleges have also not developed teaching materials on HIV/AIDS. While the modules by the World Council of Churches are quite helpful, there is need for more local material. As long as there are no publications that make direct reference to the teaching of HIV/AIDS in theological colleges, most lecturers will feel justified in not offering the course. The failure to produce new liturgy and sermons that are HIV/AIDS sensitive has also meant that the churches continue to rely on old materials. Lack of financial resources has frustrated efforts to compile a textbook from revised workshop presentations. In addition, most experienced lecturers have resigned from their posts, taking up offers in South Africa, the USA and elsewhere. Such brain drain has meant that some of those who were responsible for training lecturers in theology and HIV/AIDS are now based outside the country. This has had the effect of undermining the training programmes.

One of the central goals of the training of trainers initiative is to generate a critical mass of HIV/AIDS literate cadres who will radically transform society. Although it may be too early to come up with an evaluation of the initiative, it is safe to say that as of now the critical mass has not emerged. Some of the individuals who were trained in HIV/AIDS and theology have gone into hibernation, perhaps finding institutions too slow in responding to the urgent task at hand. In some colleges, the notion of an "HIV/AIDS specialist" has evolved, giving rise to the notion that some lecturers are not involved in the struggle against HIV/AIDS. However, as one poster proclaimed in Nairobi during the 13th International on AIDS and Sexually Transmitted Infections in Africa in September 2003, "Some are infected, but we are all affected." The division of staff and students into those that have specialist knowledge about HIV/AIDS and those that do not possess such knowledge tends to restrict the participation of the majority. It remains a major challenge to convince faculty and students that HIV/AIDS is everybody's business. All members of theological institutions have roles to play in the quest for prevention and care.

Despite the progress that has been made, stigma and discrimination continue to be experienced in Zimbabwe. It remains difficult for some trainers to accept that HIV infection is not a sufficient indicator of an individual's life style. Factors such as race, poverty, gender, sexual orientation and others have not been sufficiently grasped by the majority of people within theological colleges in Zimbabwe. A lot of work remains to be done in the area of fighting stigma and discrimination. Euphemisms that are used to refer to HIV/AIDS, such as "the divine rod", "sign of the end of time" and others are not at all empowering. It remains difficult for members of staff and students to declare that they are living with HIV/AIDS due to the high concentration of stigma and discrimination in the institutions. The task of transforming the church and its institutions into HIV/AIDS friendly centres requires continuing reflection and interrogation.

The level of political literacy in Zimbabwe's theological colleges remains disappointingly low. One of the central roles of religious organisations in the struggle against HIV/AIDS is advocacy on behalf of the poor and marginalized communities. Issues such as access to treatment and care are intricately intertwined with notions of democracy and good governance. The availability of anti-retroviral drugs, for example, is linked to the government's commitment to saving lives, while the care of orphans and vulnerable children is a good indicator of the government's provision of social services. Zimbabwean theologians have not condemned the government's military adventurism in the Democratic Republic of the Congo when its own people are not able to afford basic drugs. A government that allows the health delivery system to collapse at the height of the HIV/AIDS pandemic has to be censured by individuals who dare to call sin by its proper name. Theological colleges in Zimbabwe need to become sites of struggle where the rights of people living with HIV/AIDS are fully appreciated and articulated.

Gender also remains a contentious topic in the teaching of HIV/AIDS in Zimbabwe. In the training of trainers workshop, it became clear that most men are not willing to give up power as this threatens their privileges. Inherited patriarchal traditions have led to fundamentalism concerning gender stereotypes. Some members of staff and students continue to uphold the notion that women should be subservient to men and that this is in keeping with the divine order of things. The vulnerability of married women as well as young women has not received enough attention in theological institutions, although this theme is central to the training workshops. Greater determination is required if gender analysis is to become an integral part of theological training in Zimbabwe in the era of HIV/AIDS.

While commendable progress has been made by theological colleges in interacting with other communities of faith, some lecturers remain suspicious of such co-operation. Interfaith dialogue in the era of HIV/AIDS is still a difficult issue for some members of staff and students. There is therefore need for more interaction, taking heed of the fact that HIV/AIDS does not privilege any particular religious tradition. Theological training in most African countries now takes place in pluralistic contexts. Graduates from theological colleges should be equipped to realise that dialogue is not an option in a situation where followers of various religions are dangerously exposed to HIV infection. Furthermore, the care of orphans and vulnerable children falls squarely upon the community, implying that all its members have to pool their resources. Theological training institutions in Zimbabwe will be required to engage other communities of faith in a more sustained manner if the full benefits of interfaith co-operation in the fight against HIV/AIDS are to be enjoyed.

Theological colleges in Zimbabwe also continue to require technical support in their endeavour to equip students with knowledge on HIV/AIDS. While general knowledge of the basic facts relating to the pandemic is available, most lecturers need further information concerning current responses. Technical issues concerning anti-retroviral drugs, prevention of parent to child transmission and others continue to demand the attention of more knowledgeable practitioners. If students are to acquire up to date information on the pandemic theological colleges in Zimbabwe will have

to continue networking with individuals and organisations that have the capacity to avail such information. Access to the information super highway, conferences and other resources is crucial if this is to be achieved.

HIV/AIDS poses a serious challenge to all training institutions in Zimbabwe. Theological colleges have demonstrated a lot of creativity and commitment in trying to prepare their students to serve their communities more efficiently. Despite the stifling economic environment and lack of resources, Zimbabwean theological colleges have come up with some creative responses to HIV/AIDS. Lecturers and students have composed songs and poems that call upon communities to resist the forces of death and to choose life. Youth groups that are devoted to the struggle against HIV/AIDS have emerged in some theological colleges, illustrating the young people's commitment and leadership abilities. Amidst the anguish and groping, theological colleges in Zimbabwe have sought to promote a theology of compassion, love and healing in the era of HIV/AIDS.

Conclusion

Zimbabwe has an impressive academic tradition that is visible in its commitment to high standards in religious studies/theology (Chitando 2002b). Faced with the HIV/AIDS pandemic, theological colleges have come a long way since the earlier tendency to condemn the infected individuals. They have sought to become "AIDS competent" in order to empower ministers to be more effective. Although many challenges remain, theological colleges in Zimbabwe seek to promote ministries of forgiveness and healing. The recognition that religious communities are already on the front lines in responding to the effects of HIV/AIDS, these institutions have sought to provide intellectual support and academic leadership. After suffering from a paralysis of analysis in the late 1980s, theological institutions in Zimbabwe have become factories of hope: empowering and energising communities to face HIV/AIDS with the question, "If God is for us, who is against us?" (Romans 8: 31).

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**HIV/AIDS: A CHALLENGE
TO THEOLOGICAL EDUCATION
IN ASIA**

Wati Longchar

This reflection focuses on a very fundamental issue — Why do we need to address HIV/AIDS issue in the ministerial program of our colleges?

HIV/AIDS: the need for breaking silence

Let us begin this reflection with two testimonies of people who have been involved in ministering among people living with AIDS: the first one is a pastor from Thailand and the other is a counsellor from South Africa.

a) Testimony of the pastor:

I was brought up in an indigenous village, Chiangrai, Thailand near Laos and Myanmar (Burma). This is where many indigenous women and female children and even my school friends were sent away to work in the prostitution trade. It made me sad to lose my friends; there seemed to be no way out for them. I know they didn't like this new way of life. The money they earned did not make them happy even though their parents could then pay off family debts or improve their lives. They were fulfilling their parents' demands as "good" daughters.

At that time, I was nine years old; I had asked many people to help my friends, but no one would help. Even policemen turned their backs on the situations. I made my promise in my heart that someday I would do something. I will tell the child prostitution problem to the world. God has put these words in my heart: "At ten I am a girl, at twenty I am an adult, and at thirty I am dead."

The population of Thailand is about 67 million; the main industries are agriculture, tin, teak, rice and tourism of which 70% of the labour is engaged in agriculture with traditional hand labour; many are born in debt and die in debt

Thailand is in a financial crisis now. Many people have lost their jobs, and women and children suffer the most. The Thai government found that since tourism is a quick way to earn foreign dollars, it cannot easily stop this lucrative degrading business. There were two parts of the Thai policy of promoting tourism: one is to sell the physical and cultural beauty of the country. The other part is friendliness of the Thai people, which of course includes sex-related services. The tourism industry has actively promoted men to come and see Thailand's beautiful women, and men to enjoy the thriving sex industry. The growth of prostitution in Thailand has had a world-wide effect. The laws about prostitution in Thailand are not being enforced.

Today in Thailand, women and children are being oppressed, abused, exploited and degraded by the society. Often daughters of several poor families are sold into prostitution. Some parents sell their children because they need the money for food or drugs. Many parents are "duped" into selling their children and do not realize what the future will be for their children. The parents do not understand the danger of HIV/AIDS and how prevalent sexually related diseases are to the death sentence of the child. The children go, because they feel they can help their families. Thai culture says they own their family and should want to improve the life of their families. According to recent NGO statistics, more than one million people in Thailand are living with HIV/AIDS of which 300,000 children are orphaned.

After becoming the pastor of my home church in Chiangrai, I worked with many poor people. Some earn only a few cents a day. I conduct many funeral services for people dying of AIDS, including school friends who were forced into prostitution. I hear many of my Thai brothers and sisters crying and dying in pain without hope. As their pastor, stories of suffering, loneliness, illness, misuse and imprisonment in filthy rooms move me to shed tears Part of my calling as a pastor is to bring these victims mercy, hope, healing and personal support along with job training.¹

b) Testimony of a counsellor

He married me when I was 18. He knew he was positive. I did not know until my baby was tested. Then I found out that I was also positive. I knew it was he. He married me because I was a virgin. He believed that if he slept with a virgin he would be cured. I walked out. Now I counsel women who are HIV positive. There is life after infection.²

HIV/AIDS brings untold stories of suffering, humiliation, discrimination and isolation. When people discover that a person is HIV positive, there are cases of mistreatment and rejection by family members. There are cases of dismissal from job, denial of medical treatment, housing, insurance and public places. In some cases, even the family members who are not infected are mistreated. There are also cases of people with HIV/AIDS and their families being excluded from churches, refused pastoral care and funeral rites. In some extreme cases, there are even cases of killing. Such stories are heard all over the world.

All these stories touch many dimensions on the seriousness of the HIV/AIDS. It is very clear that HIV/AIDS is not just a medical issue, but it pervades all spheres of our lives – social, economic, political or cultural. It touches the life, behaviour and perspectives of people in human families. The testimonies raise four fundamental concerns:

1) The relationship between AIDS and poverty.

Poverty is both a cause and consequence of HIV/AIDS. The increase of the disease in poor countries is alarming. The WHO (World Health Organization) estimates that nine out of ten people with HIV live in places where poverty, the subordinate status of women and children, and discrimination are prevalent. Very often unjust global economic system forces the parents to sell their daughters into commercial sex work. Global unjust economic system, modern consumeristic lifestyle, development model and tourism promote HIV/AIDS especially in developing countries. The poor, the marginalized, and the displaced in the rural areas and those who struggle to survive are the most vulnerable sections of the society. We need to recognize that HIV/AIDS is essentially a justice issue; it is fuelled by certain structures of oppression and injustice.

2) The relationship between AIDS and gender issue.

Economic, social, cultural and even the state policies, which perpetuate the subordination of women, are contributing to the spread of HIV. In many societies, the position of women limits their control over their bodies and their power to make decisions about reproduction. Women who have little or no education and/or live in traditional male-dominated relationships, have scant access to information on HIV/AIDS and generally lack the skills and the power needed to negotiate safe sex.³ This is more so in the Asian context because of our cultural, religious and social norms. Therefore,

⁴Sirirat Pusurinkham, "Tourism and Child Prostitution in Thailand" in *Report of Indigenous Peoples' Interfaith Dialogue on Globalization and Tourism*, ed. By Tan Chi Kiong (Hong Kong: ECOT & ECTWT, 2002), pp. 74-77.

⁵ Denise M. Ackermann, "Mission in the Midst of Suffering" in *Waging Reconciliation: God's Mission in a Time of Globalization and Crisis*, ed. by Ian T. Douglas (New York: Church Publishing Incorporated, 2002), p. 136.

⁶ *Ibid.*, p. 141.

women are at a far greater risk of being infected with HIV, even if they have received effective education for prevention. Women empowerment becomes the key to resist cultural and economic pressures to engage in unwanted sexual relationships. In this connection, we also need to look very seriously into men's role in spreading HIV/AIDS.

3) The testimonies raise the question of human rights.

HIV/AIDS patients may have lost some measures of their immunity, but not their humanity and dignity. People living with HIV/AIDS are the most discriminated people in society. They bear the real brunt as they are the least equipped to cope with the tragedy when it strikes. Instead of experiencing love, forgiveness, and acceptance in times of their physical pain and mental suffering, often persons with HIV/AIDS experience loneliness, prejudice and discrimination. More particularly, women and children who are HIV positive are at the receiving end of prejudice, social ostracism, and violence. Men, women and children with HIV experience a feeling of untouchability, rejection, fear, and often denied their fundamental right to security, freedom of association, movement and adequate health care. More than the fear of early death, most people living with HIV fear the stigma and shame. Basic human rights for care and compassion are ignored. The fear of stigmatization, marginalization and discrimination keeps people from knowing the full love and care of the people of God contradicting basic Christian teaching and value of the Gospel.

4) The testimonies challenge us to re-examine Christian mission and ministerial formation.

Since HIV/AIDS disease touches on life, cultural norms and practices, socio-economic conditions, issues of gender, human rights, economic development, human responsibility, sexuality and morality, it becomes a theological question. It demands that we re-examine pastoral care and counselling, education for prevention and social ministry. There is an urgent ministerial call for the church at large and theological community in particular, to develop professional knowledge, moral commitment, and pastoral skills to deal with this extraordinary horrifying situation. The church as a healing community, the problem demands the churches and theological community to create a sound theological concept and a better mechanism to care for persons affected especially by HIV/AIDS. It also challenges the perspective and focus of the ministerial formation program in our theological colleges and seminaries.

About 95% of HIV/AIDS infected people live in Asia and Africa. Statistics show that India rank the second highest in the world.⁴ The disease is fast spreading in the region because of illiteracy and poverty, gender disparity, stigma, discrimination and denial, high incidence of sexually transmitted diseases, low condom access and usage, extensive commercial sex industry, injection drug use and population movements such as cross border rural urban migration and trafficking, etc., and low awareness of the dangers of HIV/AIDS among general public.⁵ It has become a threat to life, development and poverty alleviation efforts. It has already affected many families, churches, communities, villagers and the whole nation. We cannot afford to ignore this issue in theological education.

A look at theological curriculum

In Nagaland, a pastor was invited by a family of his congregation for prayer. Prayer was the only hope for the young man who was about to die with AIDS. The family and the patient needed support and care. The pastor came to pray, but refused to enter the room where the patient was battling for life. He prayed from the other room and left the family without seeing the patient. The pastor was afraid that he would be infected by AIDS if he sits near him or touches him.⁶

⁷ The current figure shows 4.56 million HIV infected people in India alone.

⁸ Report of the Consultation of South Asian NCCs and Ecumenical Partner Agencies: "Towards a New and Effective Ecumenical Partnership in South Asia", Geneva, Switzerland, September 4-5, 2002, p.6.

⁹ Rev. Dr. Pongsing, "Churches Response to HIV/AIDS" *NBCC Newsletter*, Vol. III, No. 4, July-September, 2003, p. 9.

The attitude of the pastor reflects our theological education. What theological institutions are doing about this problem of HIV/AIDS and related concerns? How much space should we allot to incorporate these issues into our curriculum? Do our theological education sufficiently address the issue of eradicating and finding solution to this problem? Do we provide adequate knowledge, skills and right attitude to our students to serve their churches and society more effectively in the struggle against the HIV/AIDS pandemic? How do we empower theological students with analytical skills to have a deeper understanding of social, cultural, religious factors behind the spread of HIV/AIDS?

Despite Asia being one of the most affected regions by this tragic pandemic and many NGOs, and ecumenical partners are involved and have done substantial works in awareness program, capacity building program, and theological reflection on HIV/AIDS issue, theological colleges are still almost silent on this issue. When we evaluate the syllabi of theological colleges in Asia, we will discover that almost all theological schools do not offer a course related to HIV/AIDS pandemic. Courses on biblical studies, religion and culture, pastoral care, theology and ethics also do not provide space to reflect theologically on this pandemic. As students complete their studies, they are better equipped to articulate western theologies, but lack skill to deal with the problem like HIV/AIDS. Why do theological colleges continue to remain silent in spite of the seriousness of the disease?

- ✓ many churches and theological educators seem to think that this is not a problem yet in our context;
- ✓ our culture does not permit to talk about sex education openly, and churches in Asia still treat this subject as taboo⁷;
- ✓ due to misconception of AIDS as it is closely associated with abuse of sex;
- ✓ fear of losing support and isolation of the college from the people and churches;
- ✓ lack of awareness and the fear of social stigma and isolation of people living with HIV/AIDS;
- ✓ many theological teachers are not well informed in guiding, designing, implementing and monitoring of HIV/AIDS prevention, care and support intervention programs.

When people with HIV/AIDS suffer isolation from friends, family members; when they are denied medical treatment; when they face dismissal from job, schools, or divorce; when they are accused as being cursed by God, why do Christian ministers often remain silent? While all these stigmatization and marginalization take place in our society and churches, why do Christian ministers remain silent? All these ignorance and misconception testify to the indifferent attitude, failure, and lack of perspective in ministerial formation program of our colleges. Theological educators have not taken this pandemic seriously in our theological education. Our pastors and ministers are not equipped fully to handle PLWHA (People Living With HIV/AIDS) and families. The challenge before us is not only to provide compassionate personal care to individuals suffering from virus and disease, but we should aim to transform the structure of capitalism, patriarchy and racism (casteism) that cause and spread of HIV/AIDS.

Silence leads to death. It is said that the most effective agent that nourishes HIV/AIDS is 'silence'.⁸ The more we are silent about HIV/AIDS, the more rampant it becomes. Since HIV/AIDS has already taken root and fast spreading in Asia, 'silence' in theological education on this issue will contribute not only to the spreading of HIV/AIDS pandemic in our society, but will also contribute to prejudice, pain and marginalization.

¹⁰ Sex is considered to be very private, secretive, and the society fosters a "don't ask, don't tell" norm about sex matters.

¹¹ *Facing Aids: The Challenge, the Churches' Response* (A WCC Study Document) (Geneva: WCC Publication, 2001, third reprint), p.99

Today we are in a historical situation where a new articulation of theological education is urgently required; HIV/AIDS is one that demands urgent response. Our churches will lose the significance of ministry in wider human society if we are not sensitive to the new challenges in which we are caught up today. It is imperative that theological studies move into new areas and struggle on the theological implication of the issues like HIV/AIDS, religious fundamentalism, media and technology, globalization of market, etc. If our pastors, missionaries and Christian ministers are not equipped to respond to these new challenges, they will fail to play a transformative role in human community.

The need of the hour in Asia is to design curriculum in such a way that they bring transformation in the lives of the theological students. To do so, HIV/AIDS issues must be integrated into theological curricula in its entirety. For example, systematic theology can reflect on such issues as the meaning of suffering in the context of AIDS. Christian Ethics can include issues like human sexuality and changing family life. Feminist theology should challenge the issues of women's biological, cultural and economic vulnerability to the threat of AIDS. The contextual theologies like Dalit theology, Minjung theology and Tribal theology should challenge how the new forms of untouchability, marginalization and stigmatization that HIV/AIDS reinforce upon the marginalized people. These distinct perspectives and issues can be brought together by offering inter-disciplinary courses with particular focus on HIV/AIDS.⁹ To make theological education effective and relevant, the theological community also needs to come into contact with the reality of HIV/AIDS face to face. Field Education program in theological education has proved to be effective in many part of the world. Exposure to AIDS-care centres and interaction with people living with AIDS will deepen student's perspective on the issue.¹⁰ In addition, new forms of liturgy and worship should be created to promote AIDS awareness and sensitivity.¹¹

Our faith in the God of life and hope compels us to fight against all forces that diminish, and destroy life. Theological education is so vital and a key instrument to bring fullness of life to all. There is a growing awareness and sensitivity among theological educators, but the existing curriculum lacks sharpness and scope for theological reflection to address such concerns. A sharper directions and clarity is indeed. An introduction of one or two courses in the curriculum for the integration of the HIV/AIDS concerns within the existing curricula of Christian theology, ethics, religions and society, women's study, pastoral care and counselling will make a big difference. The external program or distance theological education learning should also include this subject.

To fight HIV/AIDS problem is a theological and an ethical imperative. It is a pandemic along side other pandemics such as poverty, gender injustice and social discrimination. The disease is a powerful instrument that destroys fullness of life in God. Since life itself is God's will for humankind and creation as a whole, it must be protected from all destructive forces. Every person reflects the mystery and glory of God. To treat any person as less than valuable is contrary to Christian faith; it is to deny the special sacredness of every human life. Donald E. Messer writes that "Stigmatization and discrimination are blasphemous actions against God as well as individual persons. God is *in-cognito* in every person."¹² Since women and men regardless of their class, ethnicity, races, age and religions, are created in God's image and loved by God, Christians are called to treat and co-operate with every person and communities irrespective of race, caste and religion with respect and care.

¹² George Mathew Nalunnakkal, "HIV/AIDS: Towards an Ethics of `Just Care", a paper presented at a National Consultation on "HIV/AIDS: Challenge to Theological Education in South Asia", held in Bangalore from September 10-12, 2003, p. 15.

¹³ *Ibid.*

¹⁴ *Ibid.*

¹⁵ Donald E. Messer, "A Theological Challenge to Stigmatization and Discrimination" in *NCCR*, Vol. CXXIII, No. 2, March, 2003, p. 98.

As communities of faith we have not demonstrated enough that the church of Jesus Christ offers love, acceptance, forgiveness and healing — not judgement, prejudice, stigmatization or discrimination. The church as the body of Christ is to be the place where God's healing love is experienced and shown forth. As the body of Christ, the church is bound to enter into the suffering of others, to stand with them against all rejection and despair.¹³ The church as community of faith in Christ ought to be a healing community where people in pain experience love and acceptance, but not judgement, prejudice, stigmatisation and discrimination. It is sinful to discriminate and stigmatise people living with HIV/AIDS.

Achieving the goal through networking

Considering the seriousness of the disease, many ecumenical partners like Christian Aid, Dan Church Aid, Norwegian Church Aid, Church World Service, World Visions, etc. are actively involved in many ways and making significant works in the region. To enhance the fight against the pandemic the Mission and Ecumenical Formation (MEF) Team of World Council of Churches has been focusing on educational dimension of the problem with theological colleges. With the initiative of MEF, HIV/AIDS curriculum for theological colleges in Africa has been prepared and it is widely used now.¹⁴ The Christian Conference of Asia (CCA) has been deeply involved in awareness program. To combat and eradicate HIV/AIDS is a serious ecumenical agenda today.

Christian community's effort to combat the pandemic is only a part of what the entire human community is doing in caring for the HIV/AIDS. Many NGOs and governmental organizations are also deeply involved in the struggle for justice and care for people living with AIDS. There is a need for the churches and theological community to learn from their experiences to strengthen our commitment and action. There are many things we cannot do alone, but in collaboration with civil society movements we will be able to achieve our goal.

In the global effort to fight HIV/AIDS, theological seminaries can contribute significant role in relieving and eradicating the stigma, breaking the silence, encouraging people to stand in solidarity with those living with HIV/AIDS, and create a community of acceptance, understanding, love, compassion, care and treatment.

¹⁶ *Ibid.*, p. 102.

¹⁷ See *HIV/AIDS Curriculum for Theological Institutions in Africa* (Geneva: WCC Publication, 2001).

HIV/AIDS PANDEMIC IN RUSSIA THE MISSION OF THE CHURCH

Marina Shishova

HIV/AIDS disease in Russia became obvious later than in Africa, Asia or western Europe. In western Europe the first cases of AIDS were detected in the early 1980s, and by the late 1990s, at least 30,000 new HIV infections occurred each year. In 2002 about 570,000 western Europeans were HIV positive, and 25 percent of these cases were women.¹ Before the dissolution of the USSR in 1991, eastern Europe reported few HIV cases. But since 1995, HIV infection has spread rapidly in cities of several eastern European countries, including Ukraine, Belarus, and Moldova.

Today, the rate of HIV infection in Russia is one of the highest in the world. At the time international leaders rightly focused attention on HIV/AIDS in Africa this potentially devastating pandemic has surfaced in Eurasia. Russia, in particular, faces a serious crisis; experts estimate that as many as 1.5 million Russians — more than 2 per cent of its adult population — have become infected in the past six years. HIV entered Russia about 10 years later than it reached the United States of America and western Europe, but has since struck with vengeance. If current trends persist, as many as 8 million Russians or more than 10 per cent of the adult population, could be infected within a decade.

According to the World Bank experts' prognosis, the number of HIV infections may reach 2.3-5.2 millions by 2010, and 5.4 -14.5 millions by 2020, that is, 4 -12 per cent of the adult population. "The problem of the disease growth is in no way less pressing for Russia than it is for the African countries," — Tatiana Loginova says, an expert from World Bank responsible for the Russian representative team on HIV/AIDS. All the figures of the prognosis given by the Bank last year are topical today, the disease rate in Russia has not come down. The ways of catching the infection are different in Russia and in Africa, observes Tatiana Loginova but the consequences are the same. On passing the bounds of drug addict sub-culture, the pandemic began to affect the increasing numbers of the normal, especially in small provincial towns. The expert believes the African example to be instructive for Russia.²

Still, the higher officials in Russia tend to be more optimistic: according to some accounts, the rate at which the number of people infected with AIDS in Russia is growing fell by 36 per cent in the first six months of 2003.³ Russian Deputy Prime Minister Galina Karelova said that, since 2002, when the implementation of the "Anti-HIV/AIDS" federal program started, the overall number of new AIDS cases in Russia had fallen by approximately 41 per cent, compared with the previous year. "Our plan is for the trend towards a fall in the number of new cases to continue in 2003 as well," the deputy prime minister noted.

¹⁸ Microsoft Encarta Encyclopaedia 2004.

¹⁹ General epidemiological data for the Russian Federation shows that as of May 1, 2003, there are a total of about 237,000 reported cases in the official databases of the Federal AIDS Centre. The total number of reported AIDS cases in the Russian Federation from January 1, 1987 to May 1, 2003 was 808, the number of reported AIDS deaths was 602. UNAIDS reported in 2002 (the Barcelona Report) that the Russian Federation has an estimated number of about 700,000 people living with HIV/AIDS, which represent about 1% of the 78 million adult population (15-49 years of age) of a total of 144.0 million population in the country. High estimates of the number of people living with HIV/AIDS range from 840,000 (UNAIDS) to a million, according to experts at the Federal AIDS Centre. These differences between official figures of HIV infected people and the high estimates (i.e estimates by UNAIDS and local experts), demonstrate the existence of underreported cases.

²⁰ Those were the statistics quoted by Russian Deputy Prime Minister Galina Karelova on 18 September 2003 at a meeting of the government commission on public health.

There are more than 250,000 registered cases of HIV infection in Russia at present, including 7,600 children. Out of the total number of those infected, 817 people have contracted AIDS, including 216 children. More than 3,400 people have died as a result of HIV infection. It was also explained that young people aged between 15 and 19 accounted for some 80 per cent of those infected with HIV, and 76 per cent of those had been infected with HIV as a result of the intravenous use of drugs.

Galina Karelova said that the health of the nation would be a priority issue in the state's social policy in 2004. "We intend to pay special attention to the treatment and prevention of dangerous illnesses, and to the health of children and the elderly," the deputy prime minister said.⁴

Today religious life in Russia is a reality, and no longer a dream, the growth of religious activity among all sections of the population is evident; not only can the Church, after seven decades of oppression and persecution, preach at the top of its voice, but it can also in deed witness to its faith. And today, the question arises: What is the mission of the Church under these new circumstances? Shall it be understood only as a quantitative growth, as encouraging those who have been unable to hear the Good News to step onto the path of Salvation?

A number of the documents and manuals for the course in missiology published by the Russian Orthodox Church at the request of the priests engaged in missionary work make us see that the mission of the Church is a service that implies a high degree of social activities. It was ten years ago when the Bishops' Council of the Russian Orthodox Church approved the document "On Orthodox Mission in the Contemporary World" which, in particular, said:

Missionary service is inseparably linked with the task of restoring the fullness of church life to the eparchies and parishes, the need to extend efforts in religious education, catechization and evangelization. The whole of parish life, especially the works of spiritual enlightenment of the pastors and the laity, and daily service, must be dedicated to missionary objectives. For this very reason, strong missionary effect is produced by the Church's social service, her care for poor and oppressed people, refugees, immigrants, the unemployed and the homeless. Orthodox mission must take account of the complexity of modern society, the need for special approaches to various professional and cultural communities, especially armed forces' personnel, workers, farmers, members of professional movements, various groups within the educated population, dispossessed victims of urbanization and modern technological civilization, members of the risk groups, persons under investigation and prisoners.⁵

Care of the health of the society as mission of the Church fits well with such interpretation of the mission. The issue is the need to strengthen the health of the society as a whole and all its members individually. Both moral and somatic health should be aimed at. Obviously, there are many problems with physical condition of the society are underlay by its moral and social diseases. In 2000 the Russian Orthodox Church Bishops' Council approved a document that formulates the Social Doctrine of the Russian Orthodox Church. It says, in particular:

For the Church, the problem of personal and national health is not an external and purely social, because it has a direct bearing on her mission in the world damaged by sin and infirmities. The Church is called to participate, in collaboration with state structures and concerned public circles, in the development of such a conception of national healthcare

²¹ RIA news agency, Moscow, in Russian 18 Sep 03

²² Statement of the Bishops' Council of the Russian Orthodox Church "On the Orthodox Mission in Contemporary World" (29 Nov. – 2 Dec. 1994, Moscow). *Missionerskoe obozrenie*. 1995. ¹¹, pp. 3-4.

whereby every person would exercise his right to spiritual, physical and mental health and social welfare under maximum life expectancy.⁶

The process of liberation from the totalitarian communist regime at the end of the 20th century proved painful not only for the Russian society, but for many former Soviet republics, too. Almost totally ruined were the structures of social guarantees and free medicine, and this was attended with poverty⁷, homelessness, lack of societal interest in the youth and adolescents. The consequences turned to be most dangerous for the society. Such was the background that the threat of the AIDS pandemic was suddenly realized. Drug addiction and AIDS are both global vices; it is no wonder they are present in our society. What is tragic is that the ground for these vices proved so fertile in contemporary Russia.

Fighting against HIV/AIDS should be a priority both for Russian leaders and for its partners in the west. As has been said, the virus is spreading rapidly from high-risk groups to the general population; rates of new infection are highest among people aged between 15 and 30. Left unchecked, HIV will rob Russia of its next generation of teachers, doctors, soldiers and artists.

Russia's priority should be to expand dramatically its own resource allocation for combating HIV/AIDS. But its federal AIDS budget for 2003 is only R122m (\$3.9m) and its draft federal budget for 2004 does not increase HIV-targeted resources. For a country facing one of the world's highest rate of new infection, its current level of spending is insufficient.

Second, to meet the surging demand for treatment that will soon arise, Russia must begin to train doctors and give them the authority to treat AIDS patients. Currently, these patients must be treated in one of Russia's designated federal or regional centers. As the pandemic progresses, however, the centers will be unable to handle the volume of new patients; fully trained independent physicians (and counselors and social workers) will need to step in.

Third, the hundreds of thousands of new AIDS patients that will soon emerge in Russia will require greatly increased supplies of anti-retroviral medication. Compulsory licensing, production of generic drugs and procurement of drugs at significantly reduced prices are all options for expanding treatment in a manner that is fair, efficient and sustainable.

Fourth, Russian leaders should acknowledge that, for the foreseeable future, injecting drug use will remain an important channel of new infection. Experience and research over the last 20 years has shown that needle exchange and substitution therapy programs do not increase drug use; rather, they reduce HIV transmission among drug users and, consequently, from that community to the general population. Many experts are sure that these programs should be legalized and supported alongside other education initiatives aimed at reducing drug use. Likewise, the restrictions on discussion of drug use, sex and related issues in the mass media and public schools are to be relaxed if Russian citizens, especially young people, are to have any hope of learning how to protect themselves and others from HIV.

Russia's HIV pandemic brings the opportunity to set new standards on a host of human rights issues. At present, HIV-infected Russians often face severe discrimination, including in the workplace and in obtaining healthcare. Political leaders should work to expand legislative protection for people living with HIV/AIDS, to ensure that laws are implemented in a rapid and measurable manner and to include representatives from among HIV-positive people in the process of policy development and program implementation.

²³ Bases of the Social Concept of the Russian Orthodox Church. XI.3.

²⁴ 36 m of the Russian citizens (a quarter of the population) live under the poverty level. *Novaya Gazeta*, 16.10.2003,

Given HIV's late arrival in Russia, our leaders have a unique opportunity to benefit from the successes of other nations battling against this pandemic. President Vladimir Putin, in his May 2003 address to the Federal Assembly, declared that HIV/AIDS represented a threat to Russia's national security. His declaration marked an important step towards creating the political environment necessary to confront the pandemic. Experience elsewhere has shown conclusively that without political leadership from the very top, a society's response to the disease will be limited and ineffective.

On the other hand, it is impossible to achieve success purely with initiatives from above; it is absolutely necessary that the upbringing and the system of education are guided in a way that the society will come to see the aim of physical health of the nation as a social issue and spiritual objective. The most important thing is creating critical awareness of the fact that the pandemic is a complex problem, and it can and should be tackled by the state (through several government ministries e.g. health, education, economy and social security), different religious communities (faith-based), institutions responsible for young people, women and other non-governmental organizations. To have such an impact on the mass consciousness means resorting to the faith and convictions of the believers and to the resources of various religious communities.

For instance, Christian influence on the activities of political leaders can be and should be essential. In fact, faith-based organizations do have quite considerable influence over the cultural norms that guide individual and community behavior and that affect how information about AIDS is interpreted. Some have objections to the use and promotion of condoms, preferring to stress the teaching of faithfulness and abstinence as preventive measures. Such teaching can be effective with certain social groups in helping change behavior in positive ways, if people also gain the ability to adhere to it in their daily lives.⁸

It is clear that both the ecumenical and inter-faith facets of the problem should be emphasized. Today, we have in Russia the opportunity to learn from the experience of other Churches battling against this pandemic from their ecumenical experience and the experience of other religious communities. Many churches in Europe have expressed their concern and their commitment to combat the worsening situation. The Church is specifically equipped to provide care and counseling to the victims, to educate people and to work on prevention. The strength of the churches is that they can reach many people; that they are mostly seen as reliable and that they have excellent networks of volunteers. Next to social, psychological and medical help, spiritual assistance is valued by many infected and affected people and by care providers. A holistic approach of healing can return dignity and hope to the patients and those who are affected.

Theological reflection is needed on essential questions around sin and illness; life and death; fatalism and self-responsibility; and charity and neglect. There is a special role for the Churches in strengthening the spiritual dimension in delivering care, in bringing about attitudinal change, combating stigma and discrimination and bringing about a holistic approach to HIV/AIDS in the community. It is recommended that the Church and Church related organizations increase their creative engagement with civil society and other stake holders in the battle against AIDS.

Special attention should be paid to the proper programs and materials of the World Council of Churches (WCC) and Conference of European Churches (CEC). A landmark inter-church

²⁵ Some faith-based groups in the world, such as the Islamic community in Uganda, have publicly indicated that education on responsible use of condoms was acceptable. Similarly, the Ecumenical Advocacy Alliance's recent action plan cites sexual education as a key tool for HIV prevention, and stresses that people need factual knowledge on sexual anatomy, physiology and psychology in order to be able to live safely in abstinence or fidelity.

collaboration towards the aim of confronting the pandemic is the consultation on “Healing Ministry of Churches and Church-related Organizations in Central and Eastern Europe” which was organized by the (WCC) and (CEC) in Minsk (Belarus) in November 27-29, 2002. It was strongly recommended that the Churches and Church related networks get involved in advocacy and lobbying on access to treatment; human rights issues related to people living with AIDS; and improvement on conditions in prisons.

Much time was spent on the matters of education. It was recognized that ministerial formation and training should be aimed at changing attitudes in communities towards the disease and people living with AIDS (against stigma and discrimination) and equipping communities with what is indispensable for prevention and care. There is need to identify relevant points of connections in the networks — with a prospect of expanding their role in the field of education in the HIV/AIDS. Units of the Churches dealing with social work, social ethics, and community work, education (both theological and secular) should be coordinated and inter-connected with women’s and youth networks e.g. Syndesmos.

It was also recognized that education at Sunday schools for teenagers and adults may contribute towards the comprehension of the complex nature of the pandemic. There are countries and regions where state schools have worked out some original ways of dealing with the situation (e.g. as a part of life-skills development). Resource centers should collect and disseminate relevant educational materials from such institutions: translated, then adapted for local use.

Specific experience and resources of the Russian Orthodox Church

According to the Orthodox tradition of upbringing and education, the main resource is asceticism, that is the culture of abstinence. Curbing one’s instincts, putting one’s flesh under command of one’s mind is an essential principle of Christian spirituality which has been served by one of the oldest practices, namely, a system of Eastern Orthodox asceticism. According to Margarita B.Neliubova:

Nowadays the Church has ample opportunities for making an educational impact on children and youth. Among these opportunities are some general schools where basic Orthodox culture is taught, Sunday schools with their extensive network at Orthodox parishes, various interest clubs organized by the Church for children, beginning from foreign language study circles to sports groups and summer camps organized by Orthodox brotherhoods and sisterhoods. All these areas of educational work can incorporate pedagogical efforts to help check the spreading of drugs and restore in our society, especially in the consciousness of children and youth, those Christian and universal humane values which will help them give more appreciation to their own family and strengthen relations with their parents and thus overcome those internal family problems which so often push them to the street, making them victims of drugs. These values will also help them restrain themselves from pre-marriage sexual relations as another channel of spreading the HIV infection⁹.

Since Autumn 2001 the Russian Orthodox Church (ROC) has been monitoring a program of prevention of the disease among teenagers and psychological assistance to those who are infected. Recently a decision was taken concerning broadening of the program. The preventive program is intended for ten-years and older children. Teachers have been intentionally trained at the ROC courses to administer psychological tests to the children, to play role games with them, to speak to

²⁶ Round table “Education for Change and Diaconia”/ Newsletter, January, 2002. Department for external Church relations, Moscow Patriarchate. pp 3-4.

them about the ever-lasting values alluding to examples from such dissimilar categories as the classical Russian literature on the one hand, and the popular films with teenagers (such as the Matrix), on the other. They provoke and lead discussions on the subjects like: “What is to be done if your friend is a drug addict, etc?”

The matters of contraception and ideology of “safe sex” are, however, avoided by the Church since pre-marriage abstinence is believed to be the safest defense against all sexual infections, including HIV/AIDS. Among others, listeners at such courses are priests who are working with infected prisoners. It is planned that similar courses for nurses responsible who work with parish members should be included. Every month the Orthodox churches in Russia, Ukraine and Byelorussia conduct public prayers for those sick and HIV infected. According to the spirit of the time, there are believers who ask to pray for their relatives and friends via Internet.

The authorities in the Ministry of Health, approve of the initiatives of the Russian Orthodox Church. However, for the time being this work has been financially supported by grants of the Norwegian Lutheran Church and German Diaconical Service.¹⁰ At a meeting with representatives of UNAIDS (United Nations Program for AIDS), March 2002, His Holiness Patriarch Alexy II of Moscow and all Russia of the Russian Orthodox Church declared his commitment on co-operation with UNAIDS to combat HIV/AIDS and said that the church will be involved in the development of spiritual and social assistance to those who are infected and affected by HIV/AIDS. In April 2002, leaders of the Russian Orthodox Church blessed the setting up a Church Related Aids Network in Russia, Belarus and Ukraine.

Education

The importance of facilitating theological institutions with the space and knowledge for discussion (by way of adaptation of curriculum and resources) if the issue of HIV/AIDS and related aspects cannot be disputed. The value of linking up with various organizations and civil society groups in a manner that would not compromise the faith is necessary. While the churches may not agree with all the approaches, it is still important to identify points of possible connections. The key role of utilizing the secular mass media to get the message across and making the community more receptive to the issue has the same significance with special reference to the Church mass media.

The need of including HIV/AIDS problematic in theological and religious education was underlined at the ecumenical consultation on theological education Central and Eastern Europe held in St Petersburg on 26th -29th .10.03. Two important events are planned for December 2003. One is a workshop organized by UNAIDS for theologians, which will take place in Namibia. The aims of the workshop are:

- ✓ To bring together an international group of Christian theologians to listen to and reflect upon the effects of stigma and discrimination experienced by people living with or otherwise affected by HIV/AIDS, particularly in religious contexts.
- ✓ To develop a written framework within which issues of stigma and discrimination against people living with HIV/AIDS might be addressed in the context of Christian theology, especially in academic contexts and among church leaders.
- ✓ To inspire participants with ideas for future work in research, teaching and writing generally, and action for change within churches whose culture and teaching promote stigmatization and discrimination directed against people living with or otherwise affected by HIV/AIDS.

²⁷ “NovayaGazeta”: Elena Racheva. ROC is battling with AIDS by means of Matrix 22.09.2003

- ∇ To inspire participants to promote, among their students, the development of relevant research and writing projects.
- ∇ Where participants are engaged in pastoral formation programs, to inspire them to ensure that issues of stigma and discrimination are addressed, and appropriate responses developed.

The second important event is a wide-scale strategy consultation on Churches & HIV/AIDS in Central & Eastern Europe, St. Petersburg, Russia, 15-18 December 2003 organized by the WCC. The participants are invited to mobilize and support the efforts of church-related organizations in countering the dramatic rise of HIV/AIDS pandemic in the countries of Central and Eastern Europe. The meeting will enable encounter and exchange among the diverse churches and related partners responding to the pandemic and will seek to promote a regional ecumenical strategy to strengthen this work. The program will focus on three main areas:

- ∇ Theological reflection on HIV/AIDS and its consequences.
- ∇ Towards an ecumenical strategy for further co-operation on HIV/AIDS in Central & Eastern Europe.
- ∇ Training and methodologies of work.

The system of theological and religious education can prove to be the most effective way to educate people to be responsible for the future of our society, to inculcate them with Christian values that will assist in the fight against drugs and sexual illness. It is the mission of the Churches to develop new theological curricula and to educate new teachers and professors on how to overcome the spread of HIV/AIDS. This activity needs cooperation of various Christian communities and inter-religious initiatives. The contribution of faith-based organizations can be a very important resource for Central and Eastern Europe in the struggle against HIV/AIDS. Faith-based organizations have a key role to play, in advocacy and prevention. Most important, our region can learn from other regions such as in South East Asia where Buddhist monks and nuns in Cambodia, Thailand and Vietnam provide care and support to people with HIV/AIDS, while also engaging in preventive strategies.

In any case, the more vigorous religious communities, the bigger capacity for cultivating social ethic values. It was the main motive for establishing a social ethic resource-center in St Petersburg at the Interchurch Partnership with the objective to prepare teaching materials on HIV/AIDS; to start a Website so as to enhance cooperation of various theological educational institutions of St Petersburg and to coordinate Orthodox charities and Caritas projects. The Catholic organization Caritas International has for many years conducted theological reflections on HIV/AIDS, while many national Caritas organizations provide care and support for people living with HIV/AIDS and for orphans. Certainly, interchurch cooperation brings more resources together but also more influence in the society.

AIDS: AN ETHICAL AND THEOLOGICAL CHALLENGE FOR EDUCATION¹

Carlos Tamez L.

“Much in spite of the barbarism that our century has experienced, the problem of the other and his or her right to existence as different and uncompromising, continues to challenge us today perhaps more urgently than yesterday.”

In these times that we live in (...) if there is any hope at all, it exists, among other things, in the acceptance of the other as an absolute other”,² Esther Cohen

Introduction

Without a doubt the issue of AIDS continues to be a taboo and a stigma that results in discrimination and exclusion. AIDS today is perceived much as leprosy was perceived in the Jewish culture and religion in the time of Jesus and even before the Christian era.

One of the possible and viable tasks for the church in the face of this issue is a campaign for increasing awareness and sensitivity towards the patients of AIDS. We believe that it is necessary to continue and strengthen existing projects involved in education and pastoral accompaniment of persons infected with AIDS, and to initiate the educational commitment of the community as well as other spaces that can generate a change of attitude toward this social sector in order to work toward eliminating the exclusion and marginalization that the disease currently generates.

A process of reflection and searching for answers has led to the evident conclusion that AIDS is not merely a medical problem, but rather a phenomenon which is present in every sphere of our lives: social and economic aspects as well as political and cultural. For this reason it demands attention from all disciplines, all departments and governments, all non governmental (NGOs) agencies, the private sector and all religious communities as well as communities in general.

The devastating effects of HIV/AIDS demand intensive educational programs and research in order to define and apply efficient strategies and methods of prevention, assistance and even healing of the disease. They demand the adoption of a multisectoral perspective which may allow teaching and researching more efficient forms to fight the disease in the struggle against the pandemic.

Basic definitions of AIDS

AIDS (acquired immune deficiency syndrome) is an infectious disease caused by a virus called HIV (human immunodeficiency virus). The virus penetrates the white corpuscles of the blood that protect the organism from infection and disease. Once in the corpuscles, they destroy genetic material and cause irreversible damage. Once HIV has destroyed those globules, the organism loses its defences and is easily exposed to diseases.

AIDS is a relatively new disease that has caused great concern around the world and raises many questions. It is transmitted primarily through sexual contact and is therefore dependent greatly on

²⁹ Esther Cohen, “Prólogo”, in Umberto Eco and Carlo Martini, *¿En qué creen los que no creen?*, México, Taurus, 1997, pp. 11 y 19.

each person's behaviour. Education for prevention is the only efficacious way of avoiding the spread of the disease.

AIDS: stigma and exclusion

Every infectious disease has two important aspects: a) objective characteristics and b) subjective aspects. In other words, a population perceives and interprets the disease (or the pandemic) through a system of cultural values, class attitudes and conscious or unconscious stereotypes and prejudices. The subjective perceptions condition the way in which a population is disposed to face the diseases, according to Rodolfo Stavenhagen. Thus we can see that still today, the fact that this disease is related to homosexuality, marital infidelity and drugs, among other things, establishes a stigma on those who are infected that leads to *rejection and exclusion from society*.

One of the pending tasks for Christian and theological education is the demystification of this discourse in order to allow for the accompaniment of communities experiencing this situation in different dimensions.

AIDS: human rights and holistic education

To affirm that human rights are a fallacy, a lie, an unsubstantiated illusion, means we have not sufficiently valued the origin and motivation of one of the good things that we have available as human beings. When we refer to the complexity of human reality, we don't pretend to idealize these instincts, needs and desires: equally present are egotism and altruism, love and hate. Human rights emerge from a coherent representation of social relationships where an equilibrium is found between the individual demands of justice and the freedom.

Human rights are not, and don't intend to be, an ethical speech in the case of AIDS. Those who have collaborated in the formulation of human rights throughout history seek only an ethical discourse that can serve as a basis for the construction of a more just and free society. Human rights are an ethical discourse in permanent construction that develops and assumes concrete form in historic reality.³ They are instruments of prevention, for alleviating certain social ills", says Bobbio.⁴

Public human rights organizations and in this case of the rights of those who have AIDS, are placed in the crossroads of two discourses with two different perspectives: the ethical perspective that corresponds to "the attitude or intention of the individual in the face of his or her social and personal obligations" that is expressed in the here and now; and the political discourse that "requires complicity and the support of others" and for this reason must admit, almost always, postponement. "Ethics seeks to improve people, politics (...) to improve institutions". The first won't improve because the second is good and vice versa. It is easy to see why it has been difficult to make any advances in the human rights of AIDS patients.

The necessary framework for our expectations concerning social relationships is made up of ethical values concerning the collective: what we have decided to share, what we propose as an ideal for the collectivity. What is necessary in social relationships, from our point of view, are ethical values relating what we have decided to share, what we speak of as a collective idea. This means that there are ethical elements which corresponds exclusively to each person in which the society has no rights to interfere. According to the above, we can define one of the foci of the mission of the public human rights organizations, including those of AIDS patients: "Study ... the ethical, and moral objectives that can serve as support for the attention of this group of citizens as of yet destined to miscomprehension, while we advance in the recognition of their human rights."

³⁰ Cfr. Fernando Savater

³¹ Citado por Luis de la Barreda

The undesirable effects of an authoritarian education and its repercussions for AIDS and the taboo of sexuality. (Susan Dic).

It is more important today to consider the negative consequences, the misinformation and silence concerning the topic of sexuality have had on the development of conducts with a high risk for AIDS infection.

There are groups even today that try to make us believe that the best kind of sexual education is that which establishes prohibitions and generates a fear of sexuality, or says nothing. The goal of this education is obedience and rigidity, based on the supposition that we are incapable of analyzing options, electing between alternatives and being responsible for our own conduct, including sexual practices.

The messages that associate sexuality with guilt and death are a clear example of how society tries to control the exercise of sexuality through a series of values and moral precepts that don't correspond to the need of the population to receive information on diverse issues related to sexuality and the problem of AIDS. However, the educational style that prevails emphasizes guilt over the exercise of sexuality and fear over freedom of expression, obedience over decision making, passive submission over reflection. This way of "educating" doesn't provide information, does not clarify each person's values, but rather leads people to deny their sexuality, to continue risky conduct and generates guilt about sexual practices. If we don't accept our sexuality, we can't accept the need to use prevention in the exercise of sexuality, and makes it more difficult to accept that this is a source of joy and pleasure.

Self respect and preventative conduct

When a person perceives the risk of infection from HIV and decides to carry out protected sexual activities, it is the result of a series of factors such as: having sufficient information, self appreciation, the ability to negotiate and communicate, and the assumption of responsibility for the consequences of his or her actions. AIDS research shows that the reduction of the risk of infection is directly related to the scientific information people have about the forms of transmission and prevention, the individual motivation for reducing risk, the acceptance of the possibility of risk and specific abilities for facing the risk. On the other hand, it has been determined that one of the most important factors in reducing the risk of HIV infection is precisely the self acceptance of sexuality and an understanding of self as a sexually active or potentially sexually active being.

It is important to mention as well that if preventative conducts are learned before initiating sexual relationships, the probability of these conducts becoming habitual increase significantly. This is much more effective than attempting to change the conduct of a person who already has established certain habits. A study of the Mexican institute of Research on Family and Population (IMIFAP) shows that the sexual education course called "Planning your life" given to a group of adolescents who had not yet initiated sexual activities, significantly increased the probability of their use of protection when they did begin to engage in sexual activity. These findings have been confirmed by studies that show that those adolescents who talk with their parents about sexuality, begin sexual activity later than those who live in an environment where silence and myths predominate.

Holistic education: preparing for life

AIDS has changed the world for children. More and more children are infected by the virus that causes AIDS and there are no indications that the rate of infection will diminish. The United Nations and other international organizations propose early sexual education in order to counteract the childhood vulnerability that exposes girls and boys to the risk of HIV infection.

Education concerning AIDS and sexual health is an issue that provokes controversy all over the world. The objection against this type of education is the fear that it will stimulate early sexual relationships. Recently the United Nations Organization for AIDS (UNAIDS) updated research carried out by the World Health Organization (WHO), mostly in the United States and Europe, about the effects of education on sexual health. Their goal was to evaluate the impact of this education on the conduct of students with respect to adolescent pregnancies, abortions, births, sexually transmitted diseases and openly declared sexual activity. The study made evident the fact that it is possible to learn responsible conduct without risk. Sexual education, education concerning HIV, or both, does not contribute to an increase in sexual activity. In fact quality programs help to delay the first sexual relationship and protect sexually active young people from sexually transmitted diseases, including HIV, and from pregnancy. Among other things, quality programs include a clear explanation of the risks of sexual activity without protection and the methods — including abstinence — for avoiding risks. They also help young people to practice communication and negotiation techniques. (*Los Niños en los Tiempos del Sida. World Campaign against AIDS. United Nations Aids Program (UNOIDS)*)

AIDS: a challenge for Christians and theological education

a) Theological foundations and our churches

In the ministries of life and death we find God. This encounter calls us to greater hope and reverence rather than paralysis and immobility. Those who we cannot cure, we can support and accompany in solidarity: “I was hungry... I was thirsty... I was stranger... naked... sick... in prison, and you gave me food... clothing... you visited me.” (Mathew 25).

The AIDS crisis challenges us profoundly to be a church in deed and in truth; to be the church as a healing community. AIDS is devastating and it challenges the church to break its own heart, to repent of inactivity and rigid moralism. It challenges our fears and our exclusions and tests our faithfulness to the teachings of Christ. The healing community must itself be healed by the forgiveness of Christ. The good news of Christ is that there are no strangers or marginalized persons. In the death and resurrection of Jesus, all the walls of separation and division have been torn down. In Jesus Christ we are unconditionally one. For Christians, exclusion is not an option. Our churches must therefore confront different issues and situations.

b) Theological dimensions

The HIV pandemic presents difficult theological issues with respect to creation, human natures, the nature of sin and death, Christian hope for eternal life, and the role of the church as the body of Christ. On the other hand, the reality of AIDS raises questions on issues such as sexuality, vulnerability and the mortality of human beings, topics that stimulate and call us in a profoundly personal way. Christians and churches debate these theological and human issues and disagree, sometimes vehemently in their answers to some of the issues HIV/AIDS presents us. However, the imperative of learning to face the problem together, and not separately, and to struggle toward a common agreement on fundamental issues – theological, anthropological and ecclesiological, is what it is all about.

The church’s response to the challenge of HIV/AIDS is based on deep theological convictions concerning the nature of creation, the unbreakable faithfulness of divine love, the nature of the body of Christ and the reality of Christian hope. Creation in all its dimensions is within the sphere of the love of God that envelopes everything and is characterized by a relationship that is expressed in the vision of the Trinity as a model of intimate interaction, of mutual respect and of sharing without domination. This inclusive love, characteristic of the Trinity, orients our understanding of the Christian affirmation that men and women are created in the “image of God”. Because humanity is created in the image of God, all human beings are loved by God and all are within the sphere of the faithful care of God.

Finally, we live by hope, momentarily setting aside our questions and our doubts within the broader perspective of the love of God and the final objective for our lives and for creation: the goal of life in abundance, a life in which justice reigns and in which each one will be free to explore all the gifts given by God. More specifically, we live through our hope in Christ: Christ who has preceded us in glory, is the basis of our hope. We share the suffering of Christ, who is “God with us, Emmanuel”, “so that we may with him be glorified” (Romans 8.17). And our weakness sustains us. “The Spirit that dwells in us”, interceding when we don’t know how to pray, finally giving us anew “life in our mortal bodies” (Romans 8.11)

In a declaration in 1987, the executive committee of the World Council of Churches emphasized the need to “affirm that God treats us with love and mercy and that, therefore, we are freed from a moralizing and simplistic vision of people affected by the virus. We observe as well how easily a moralistic focus can denaturalize the life of the Christian community, inhibiting communication of information and frank discussions that are so important for facing up to the reality of HIV/AIDS and to halt its propagation.

In the light of these reflections and on the base of the experience obtained in this study, we wish to avoid any idea that AIDS, or any other disease, could be a “punishment” inflicted by God. We affirm that the action of Christians and churches in favor of those affected by HIV/AIDS must be guided by love and solidarity, expressed in attentive care and support of the infected, as well as in prevention efforts.

c) Ethical dimensions

As we face the problem of HIV/AIDS, Christians are moved by urgent imperatives that passionately lead them to demonstrate the love of Christ for neighbor, to save lives, to work for reconciliation and justice. In order to make decisions, a process of discernment is needed, that includes up to date information, confronting delicate issues and the conciliation of divergent, even contradictory, interests and opinions. This process must be supported by the study of the Bible and theological reflection.

These principles — the infinite value of each person, the gospel of reconciliation, the call to a responsible life in community — must be applied to questions such as: How do churches respond to members who have HIV/AIDS? How can churches promote education for responsible conduct without being moralistic and judgmental? What public health measures can be promoted by the churches to reduce the transmission of AIDS? How can resources be shared equitably between medical care and research? This means that in each case all possible options must be examined; the benefits and difficulties of each weighed. Lastly we must ask which of the possible lines of action best express the love of Christ for all those involved?

This process of “discernment” is often difficult. The lines of action are not always perfectly clear, or there may not be any fully satisfactory options; or the application of biblical or theological principles to concrete problems today may not be altogether evident. This is why it is important for Christians and churches to reflect on ethical issues together, and not separately.

CHALLENGES FOR A CURRICULUM FOR CONTEXTUAL THEOLOGICAL EDUCATION

Nidia Fonseca

Theoretical framework for contextual theological education

Contextual theological education, from the experience of Latin America, involves at least three basic elements:

- ∇ the life experience of the active subject and the experience of practical ministry
- ∇ the systematic study of theology, the Bible, history of the church and pastoral ministry
- ∇ the integrality and the transformation of reality as illuminated by the Word of God.

Contextual theological education is a theological task that stems from the practice of Christian faith and has as its goal the Kingdom of God and its justice. It is personal and communitarian; the call to service is for all while at the same time it is the reason for being for the community of faith. This service is characterized by an understanding of the life situation of those around us within the context of a historically determined society. It is a process of teaching/learning that takes its form in the interaction of human beings with environment in a quotidian reality and historic process. This process also assumes the egalitarian relationship of human beings, in which women and men are a divine lineage that overcome all gender stereotypes. As we consider the core life and faith experience, it is necessary to specify the elements that compose these experiences today without ignoring future history.

Macro and micro social contextual situations

Experiences of life and faith involve socioeconomic and political situations as well as the church. Thus we can say that contextual theological education has various reference points or subjects in the task of theological education and pastoral ministry:

- ∇ national, regional and worldwide current reality
- ∇ communal, ecclesial, local, family and personal reality
- ∇ visible and concrete faces that are present in the process of teaching/learning as active subjects, free and capable of transforming their realities
- ∇ the universal ecclesial movement
- ∇ the inhabited world or house of God in which there must be room for all
- ∇ the pedagogical reference point: leaders, pastors, priests, laypersons
- ∇ biblical-theological reference point: the Bible and the rereading of the Bible from each particular reality
- ∇ historic reference point: historic analysis of the church and especially alternative and protest movements and concrete moments and realities
- ∇ contemplative and spiritual reference point: members of the ecclesial movement and those who practice the Christian faith.

Pandemics and social injustice

Poverty accompanies the majority of the population of one in five countries throughout the world¹. The number of people who live in poverty increases with the strengthening of the globalized economic model. The majority of the poor are women and children. From the time a little girl is born her rights are in danger. It has been estimated that approximately 60 million women have disappeared due to gender discrimination that begins even before birth. Girls and women are second in line after their brothers with respect to their access to food, medical attention and

³² All statistics are taken from UNICEF document "Estado Mundial de la Infancia 2000"

education. They are isolated because of their supposed ignorance, illiteracy and suffer the agony of being physically and psychologically abused.

Conditions of slavery affect the lives of other children all over the world. There is no way to know the exact number of children sold into slavery, but it is estimated that there are close to 27 million enslaved persons in the world. More than 1.2 billion people in the world live on less than one dollar a day, and more than 600 million of these are children.

Every day 8,500 children and adolescents are infected with HIV and 2,500 women lose their lives to AIDS. In Africa, while 200 thousand died in political conflicts in 1998, 2 million women died from AIDS. In 1998 HIV/AIDS claimed the lives of 510,000 children under 15 years of age. It is estimated that 1.2 million children under 15 live with HIV/AIDS. It is young people between 15 and 24 however who are most vulnerable. More than 11 million live with this disease. Every minute 5 are infected, 7,000 a day. There are close to 13 million AIDS orphans.

Taking into account these realities, the process of teaching/learning of contextual education must establish several transversal axes:

- a) A systemic model for analyzing macro and micro social realities based on the General System Theory.

This theory organizes societies into systems for scientific analysis. A system is an organized group of elements that interact with each other and with their environment. This theory takes into account the elements themselves and their properties as well as how the system and its components influence the environment. A member of one system may belong to other systems at the same time. When a member of a system is in crisis the whole system is in crisis and not just the individual. In order to solve problems it is not enough to change the individual element or member, the structure of the system itself must change. Also important is the fact that both the individuals and the system have an evolutionary process called the vital cycle. The vital cycle reflects the stagnation, the advances, the transitions and the crisis. Analysis of the vital cycle of both individuals and systems is fundamental for understanding the critical process of the system and the person. The vital cycle theory is very important as well for the process of contextual theological education because from a theological perspective changes in personal and social structures are fundamental for making possible the Kingdom of God and its justice. With it we affirm that we are all sinners and need to be transformed in order to achieve reconciliation with ourselves and with all that is around us.

- b) Epistemological model:

The Christian faith demands the construction of a clear perspective of what life should be like today and now. Thus it is necessary to have a vision of the created world that allows us to maintain a critical perspective of life and ecclesial experiences that are constantly confronted by the Word of God. This confrontation is maintained as guiding line for both experiences of continuous transformation toward fullness of life according to the model of Jesus Christ, paradigm par excellence for human relationships.

- c) Profoundly human model:

A model that assumes explicitly the process of human relationships with human beings and their environment. Human history, both personal and collective, as a concrete history of salvation, makes effective the foretastes and first fruits of the Kingdom of God. On these we base our social commitment for building societies with systems of equality that are just and democratic. This leads to the fullness of human life.

The key for the flourishing of human life is the construction, deconstruction and reconstruction of interpersonal and social relationships that are open, nurturing, joyful, responsible and in solidarity. For this human development to take place it is necessary to unmask all injustice in human relation-

ships, beginning with vertical, authoritarian and violent. We need to open up to the natural process of the human being, understand his and her sexuality, understand the cultural mediation that is involved in the formation of the human being and the social and historical being. We need to understand how the dominant culture imposes itself and uses differences as mediums for oppression, inequality and injustice. We must unveil the process of cultural impositions and their consequences at a personal, family, community, church, economic, political and historic realities. We need to incorporate into our life and work and new form of analyzing, understanding and living life. Understand what determines our gender identity and behavior, the rituals and customs. Understand that divisions are arbitrary and can therefore be subject to transformation and equality.

d) Incarnational model:

God's incarnation in our human condition, in our history and our reality through Jesus Christ, marked the way of faith and testimony. From this comes the imperative for incarnation or contextualization of the church, of theology of pastoral ministry and of theological education. We not only need to understand the statistics and cruelties of reality, but also reveal all that is hidden that causes pain, marginality and injustice. We need to know reality, the structures, the ideologies, the oppressions and exclusions in order to incarnate in them to transform them, in keeping with the messianic model of Jesus Christ. It is impossible to propose a model of teaching/learning without taking into account all the dimensions of human relationships in order to transform them to the fullness of Christ. What we seek, therefore, is to create a pedagogic, semantic and epistemological space in which dignity and justice are the keys for freedom, in keeping with the Kingdom of God. It is a process of teaching/learning committed to those who suffer, without abandoning the quota of utopia characteristic of the Gospel in which dualistic practices are rejected.

e) Paradigmatic model:

As Christians we are not driven by any wind of humanist doctrine, it is the Kingdom of God and its justice that calls us. Jesus Christ is who announces this kingdom, makes in present and brings it to fulfillment. Therefore the Kingdom of God is a central paradigm in contextual theological reflection. Human history and the history of salvation, condenses first fruits or foretastes of this kingdom in which all of creation is liberated. Thus the commitment to a process of contextual theological education that is impregnated with the social commitment for building societies with just systems, here and now. It is a model that encourages growth through open, nurturing and joyous relationships in a spirit of love, the source of all life, healing and growth. It is also a model that accepts and promotes cultural, social, ethnic and social diversity. It is multi-religious, multi-ethnic, multi-national, multi-theological and multi-racial. But the current barriers of separation, exclusion and oppression threaten this plurality and diversity. Ecumenical relationships are not an option, but a necessity and an organized will for reconciliation in justice and peace.

Conclusions: pastoral accompaniment in a context of injustice and pandemics

Contextual theological education develops a process of specific pastoral accompaniment from the experience of confronting the patterns of material and cultural poverty that are transmitted from one generation to another, in order to break them. This epistemological rupture depends on the will of each person and each nation. It is with this will that will build in faith a process of teaching/learning that seeks a holistic transformation with the goal of fullness of life, inspired by the Kingdom of God and its justice.

It is an educational process that seeks, in its method and content, transformation on a personal, ecclesial and social level. In keeping with this the curricula must include real life issues such as HIV/AIDS pandemic, poverty, human sexuality, gender relationships, justice, equality and human development.

**REPORT ON THE CONSULTATION
HIV/AIDS: A CHALLENGE TO THEOLOGICAL EDUCATION IN INDIA¹**

A group of about fifty people representing theological teachers, theological students, pastoral counsellors, medical doctors, officers of World Council of Churches (WCC), Board of Theological Education Senate of Serampore College (BTESSC), South Asia Theological Research Institute (SATHRI) and pastors in India gathered to look for ways and means of facing HIV/AIDS through theological education. They came with the conviction that HIV/AIDS is not merely a medical problem but a challenge to the very existence of human life on this earth. They came with their own prejudices and misunderstandings, yet with a belief that HIV/AIDS is indeed a challenge to theological education and therefore must be responded to in a meaningful way so that the spread of HIV/AIDS could be prevented and mitigated. They came with an open mind to learn about the pandemic and to find ways of facing it as those responsible for theological education in the region. They were informed about the ways in which their counter parts in African countries have responded to the challenge of HIV/AIDS.

There were as many as four medical doctors, who had the wealth of experience of working among the people living with HIV/AIDS. Manoj Kurian, programme staff of WCC Health and Healing who was instrumental in initiating the consultation, set the tone for the consultation, with his key note address. He highlighted the practical approaches for churches and communities responding to HIV/AIDS. He pointed out that caring, welcoming and loving communities is the first pillar for strengthening responses of faith communities to HIV/AIDS. The second, but equally important pillar, according to him is the equipping of the communities to serve effectively. Communities are to be equipped to serve by working out sound **policy**, effective **practice** and cordial **partnership**. Kurian also emphasized the need to have accountable and responsible leadership in the communities. More than attempting to combat the disease itself, it is important to combat the stigma and discrimination, in the context of vulnerability. As a well-informed lay theologian Kurian argued for an ethical and theological response from the Christian communities, as HIV/AIDS is more a challenge to those who are directly involved in the mission and ministry of the church, than to those who are in the field of medical science. He argued that the gospel of Christ and the heritage of the church provide adequate framework for Christian community to educate and motivate its members to serve God's people in the midst of HIV/AIDS.

Another medical doctor, Nirmala Skill in her presentation explained various ways in which the dreaded disease is spread and very clearly pointed out how prejudices, misunderstandings and taboo attached to sex are the primary cause for its spread. She also highlighted how women are vulnerable to HIV/AIDS, because of the patriarchal system of the society, which is plagued with poverty and illiteracy. Therefore, the care of the people living with HIV/AIDS requires an approach, which is multidisciplinary in nature. She concluded saying: "Unless families and communities are strengthened and provision is made for adequate resources and support, the number of people with HIV/AIDS will place an unmanageable strain on extended families and an overwhelming pressure on government and community resources".

³³ A Brief Report on the Consultation organized jointly by WCC and BTESSC/SATHRI, 10-12th September 2003 at Ecumenical Resource Centre, United Theological College, Bangalore, India. It was prepared by Samson Prabhakar, George Mathew Nalunnakkal., Joseph George and Epratha Sarathy

Medical doctors J. Benet Abraham and Glory Alexander provided the group with valuable statistics on HIV/AIDS and various ways of combating the stigmatization and discrimination of the people living with HIV/AIDS. The presentations of these four doctors provided the necessary background information regarding the magnitude of the problem as well as various responses given by medical and social organizations.

With this background the consultation moved on to focus on the problem from theological perspective. K.M. George, a renowned Indian Christian Theologian presented his paper, entitled “The Threat of HIV/AIDS: Some Theological Considerations”. The paper discussed how the perception of health and healing is moving from person-centeredness to community-centeredness. He sees the same trend in theology also. He went on to argue that the HIV virus also is part of God’s creation, which kicked up some heated discussion on the question of the problem of evil. The point was clear that HIV/AIDS is not merely a medical problem but a theological problem as well. It touches the aspects of sacredness of human life, interdependency, creation, sin and so on. He identified six theological issues that would help the church to respond to HIV/AIDS theologically. They are:

- ∇ Goodness of creation
- ∇ Integrity of creation
- ∇ Sickness as the result of misuse of human freedom
- ∇ Sin itself as disease
- ∇ Sacrament of healing
- ∇ The image of God, both as individual and as corporate

The theological reflection was followed by an ethical reflection based on the presentation of George Mathew Nalunnakkal, entitled “HIV/AIDS: Towards an Ethic of ‘Just Care’”. The paper looks at HIV/AIDS from the perspective of social justice, and it sees the people living with HIV/AIDS at par with the ‘new Dalits’ because of the systematic alienation that both experience in the context of social injustice. For him the discrimination and humiliation experienced both by Dalits and by people living with HIV/AIDS are the same and as such it tantamount to ‘a new incarnation of racism and casteism’. Stigmatization of the people living with HIV/AIDS adds to the feeling of alienation and the practice of discrimination.

The pandemic of HIV/AIDS is also an issue to be seen from the perspective of economic justice, because economically poor are the most vulnerable to the disease and hence it can easily be argued that HIV/AIDS feeds on structural problem like poverty. As such it can be seen as a product of social and economic injustice. Nalunnakkal goes on to argue that in the context of HIV/AIDS, the subordination of women has become an urgent threat to the public health, because among the poor, it is women who are more vulnerable. Therefore, it is imperative that the perspective of women is integrated as an integral component of our theological and ethical reflections.

On the basis of this shocking but true state of affairs, the paper proposes the building of a community that is committed to ‘Just Care’, a community fostered and nurtured by an ethic of ‘Just Care’. For Nalunnakkal ‘Just Care’ is a Trinitarian ethical formula, in that it is a communitarian care model rather than individual cure model. It is modelled after a communitarian God, the Holy Trinity. This novel idea is based on a sound theological foundation. He says: “The Trinitarian God is a fellow sufferer, a God who understands by participating in human suffering. This warrants that we, as Christians, enter into the pain and pathos of those who suffer from HIV/AIDS. This profound truth

is the motivating factor for us to work towards 'Just Care' community, where 'acceptance' and 'embracing' are not taboos but a touch of care. Nalunnakkal goes on to make concrete suggestions for integrating these concerns into the theological curriculum. .

Looking at HIV/AIDS from the biblical perspective, R.L. Hnuni spoke about reading the bible from a new perspective. She highlighted some of the negative implications of traditional reading of the Bible, such as viewing suffering as punishment for sin, as God's punishment, and so on, which has perpetuated a culture of stigmatization of those who are suffering from certain diseases. She compared HIV/AIDS with leprosy, as far as untouchability and taboo are concerned. She then highlighted the positive implications of traditional reading of the bible, such as the human dignity derived from the biblical idea of 'image of God' and God's concern for those who suffer. Finally she pleaded for a new hermeneutics in the context of HIV/AIDS.

Philip Kuruvilla of the National Christian Council of India (NCCI) presented a paper entitled "HIV/AIDS: The Human Community's Response". In his paper he highlighted the salient features of a caring community, which is a need in the context of HIV/AIDS. Then he identified several areas where communities should focus in order to respond to the challenge. At the same time he brings to the notice of the participants certain negative responses from the community which has aggravated the sufferings of people with HIV/AIDS, such as, stigma and discrimination, derogatory and humiliating language, and behavioural pattern that are risk-prone. Having identified the problem areas, the paper highlighted varied responses to Community Health Programmes of the Government of India, which is more prevention oriented than care oriented. Further it discusses the negative effect of foreign funds, confidentiality and partner notification. The paper also surveyed the response of the church and other communities of the government and other national as well as international bodies. The presentation concluded with a number of suggested responses from the community in facing HIV/AIDS.

Joseph George's presentation on "HIV/AIDS: Challenges for Creating Innovative Pastoral Care Practices in India" provided a framework for a theology of Pastoral Care that is relevant to India. The framework takes the insights from philosophy, theology, psychology and pastoral psychology for a holistic ministry that is aimed at healing, sustaining, guiding, reconciling, nurturing, empowering and redeeming. In responding to the challenge of HIV/AIDS, it calls for persons and communities with compassion.

Then there were four presentations by J.S. Sadananda, Wati Longchar, Richard Rodgers and Rachel Bagh focusing primarily on the possible responses of theological education to the challenge of HIV/AIDS. Following are the important points that emerged, that calls for serious consideration by those who are responsible for theological education in India, namely the BTESSC:

- v There should be a paradigm shift in the pedagogy itself. The entire ministerial formation and education should be centred around health and healing, because it embraces all other concerns of theological education such as right relationship, reconciliation, liberation and wholeness.
- v Since HIV/AIDS affects not only the person, but the family as a whole and community as a whole — particularly women and children, theological education should be geared towards building caring communities and focus more on women and children.

- ∇ There is a need for deepening theological understanding of the challenges of HIV/AIDS through various programs of theological education, such as Extension Education, Continuing Education and Research Programmes.
- ∇ Special efforts are to be made to emphasize gender issues, the empowerment of women and the weaker sections of our society in theological education.
- ∇ Inter-disciplinary approach to issues such as creation, nature, humans, body are necessary to develop a theology relevant to the context of HIV/AIDS.
- ∇ Advocacy for a just society, just labour practice and so on necessary while fighting against poverty, illiteracy and so on.
- ∇ Re-reading of the bible, especially in the context of healing should be emphasized, while listening to the stories of people living with HIV/AIDS.
- ∇ People living with HIV/AIDS are to be seen not merely as our object of study, but to be involved as subject in our teaching-learning process.
- ∇ Strengthening of counselling centres attached to theological colleges, organizing family centred educational programmes and emphasizing the importance of sex education to younger generation are the need of the hour in facing HIV/AIDS.
- ∇ Experiments in liturgy and developing new liturgies can play a great role in promoting the concern for and expressing solidarity with people affected by HIV/AIDS.
- ∇ Recognize the unholy alliance of sex, trade, HIV/AIDS, and poverty as a theological agenda.
- ∇ The relationship between gender issue and HIV/AIDS cannot be underestimated. Empowerment of women becomes the key to resist cultural and economic pressures to engage in unwanted sexual relationship.
- ∇ HIV/AIDS is to be seen as an issue of human rights. Basic human rights for care and compassion should be upheld in the context of fear of stigmatization, marginalization, and discrimination of the people with HIV/AIDS.

Following are the recommendations to the CAA (Council of Academic Administration) regarding incorporating HIV/AIDS concern into the theological curricula:

- ∇ HIV/AIDS needs to be integrated into theological curriculum in its entirety. The usual tendency is to include such issues as an 'add on' subject within the existing framework. This temptation must be avoided.
- ∇ While each discipline will (should) have its own distinct perspectives on HIV/AIDS, they need to be brought together. For example, systematic theology can reflect on such issues as the meaning or suffering in the context of AIDS, what it means to be a human being (anthropological questions about the meaning of humanity, identity, and dignity vis-à-vis image of God). Christian Ethics must include issues that have been ignored for a long time, issues such as human sexuality, and changing patterns of family life. Feminist theology can raise the issues of women's biological, cultural and economic vulnerability to the threat of AIDS. Dalit theology must include the newer forms of untouchability and stigmatization that HIV/AIDS introduces, which will marginalize Dalits affected by AIDS even further. In the North East Indian context, Tribal theology cannot afford to ignore the crucial issue of drug trafficking and its effect on youth vis-à-vis HIV/AIDS. These distinct perspectives and issues can be brought together through offering inter-disciplinary courses with particular focus on HIV/AIDS.
- ∇ The theological community needs to come into contact with the reality of HIV/AIDS face to face. While the theoretical component is important, it should be informed and influenced by

praxis. Field Education programme in theological education is an effective channel by which this goal can be achieved. Exposure to AIDS-care centres and interaction with people living with AIDS must be an essential aspect of field exposure. Theological communities should be encouraged and challenged to associate with civil society movements who are involved in struggles for justice and care for people living with AIDS.

- v Liturgy and worship in theological communities provide an effective opportunity to promote AIDS awareness and sensitivity. Participation of people living with AIDS in worship and communion would be an excellent education for theological communities.
- v HIV/AIDS must be treated as an issue for contextual, liberation theology in India because majority of people living with AIDS come from economically poor and socially oppressed sections of society. The fact that HIV/AIDS is also caused by socio-economic and cultural structures of capitalism, patriarchy, racism and casteism, the issue must be treated as an issue of social, economic, and gender justice. Hence, contextual theologies such as liberation, feminist (womanist), Dalit and Tribal theologies must engage the issue from a liberation perspective.
- v “Holistic Ministry of Healing with reference to HIV/AIDS” be made a compulsory course at the Bachelor of Divinity level which could be an interdisciplinary course covering the following areas:
 - a) Human sexuality
 - b) Biblical perspective of HIV/AIDS
 - c) Theological perspective of HIV/AIDS
 - d) Pastoral care and counselling in relation to HIV/AIDS

The same course be offered at Bachelor of Theology, Bachelor of Christian Studies and Diploma Christian Studies level also.

- v The concerns of HIV/AIDS be incorporated into the following aspects of the curriculum of theological education:
 - a) Continuing Education
 - b) Extension Education Programmes
 - c) Field Education
 - d) Periodical consultation at various levels and for various sections of the people.

¹ A Brief Report on the Consultation organized jointly by WCC and BTESSC/SATHRI, 10-12th September 2003 at Ecumenical Resource Centre, United Theological College, Bangalore, India. It was prepared by Samson Prabhakar, George Mathew Nalunnakkal, Joseph George and Epratha Sarathy.