

The Impact of HIV/AIDS and the Churches' Response

*A statement adopted by the WCC central committee on the basis
of the WCC consultative group on AIDS study process
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I. Introduction

1. Already in 1987 the executive committee of the World Council of Churches called the churches to address the urgent challenges posed by the spread of HIV/AIDS throughout the world. Appealing for an immediate and effective response in the areas of pastoral care, education for prevention and social ministry, the executive committee noted that "the AIDS crisis challenges us profoundly to be the church in deed and in truth: *to be the church as a healing community*".[1]

2. The spread of HIV infection and AIDS has continued at a relentless and frightening pace. The cumulative number of persons infected by the virus — women, men and children on all continents — is about 28 million by mid-1996; and it is estimated that 7000 new infections occur each day, including 1400 babies born infected. Individuals, communities, countries and churches are highly affected by this pandemic.

3. Given the tragic impact of AIDS on persons, communities and societies all over the world; given its direct impact upon many Christians and churches; recognizing the need for careful reflection on a number of inter-related issues bearing on the churches' understanding of and response to AIDS; and believing it imperative that the churches address *together* this issue of global concern, the WCC central committee at its meeting in Johannesburg in 1994 commissioned a comprehensive study to be done by a consultative group on AIDS.[2]

4. In its reflection the group has focused on theological and ethical issues raised by the HIV/AIDS pandemic, on questions of human rights in relation to AIDS, and on pastoral care and counselling within the church as a healing community. As it draws its findings into a final report, the consultative group wishes to make available the present statement indicating some of the main concerns and implications of its work. We request that this statement be *adopted* by the central committee, that the report from the study be *welcomed* by central committee, and that both be shared with the churches for their reflection and appropriate action.

II. The impact of HIV/AIDS

5. HIV is a virus and, medically speaking, AIDS is the consequence of viral infection; but the issues raised by the pandemic are far from purely medical or clinical. They touch on cultural norms and practices, socio-economic conditions, issues of gender, economic development, human responsibility, sexuality and morality.

6. The HIV/AIDS pandemic is not just a matter of statistics. Its effects are impoverishing people, breaking their hearts, causing violations of their human rights and wreaking havoc upon their bodies and spirits. Many who suffer do so in rejection and isolation. In a striking way HIV/AIDS has become a "spotlight" revealing many iniquitous conditions in our personal and community lives, revealing our inhumanity to one another, our broken relationships and unjust structures. It reveals the tragic consequences of personal actions which directly harm others, or of negligence which opens people to additional risk. The pandemic exposes any silence and indifference of the churches, challenging them to be better informed, more active, and more faithful witnesses to the gospel of reconciliation in their own lives and in their communities.

7. Almost every day there are new discoveries, new information, new hopes and accounts of how communities are affected by, and are dealing with, the challenge of HIV/AIDS. The reality of the pandemic seems increasingly complex, confounding the generalizations, stereotypes and partial or false information which all too often dominate discussion of HIV/AIDS. We know, for example, that HIV/AIDS is not confined to particular groups within society, although in any given country particular groups may be more affected.

8. AIDS was first recognized in industrialized countries where, indeed, the vast majority of the funding for research, prevention and care has been concentrated. Now in its second decade, the pandemic is expanding fastest in countries with poor economies, where all the economic, political and social mechanisms that keep countries poor interact to produce a context in which AIDS thrives. Thus AIDS has become a development issue. The HIV/AIDS pandemic adds a heavy burden on health-care systems. The cost of treatment is often completely disproportionate to the incomes of the affected families. In Thailand, for example, the cost of treatment for one person with AIDS absorbs up to 50 percent of an average annual household income.

9. AIDS impacts societies in many ways, challenging some traditional notions of the social order. In some places, the pandemic is raising questions about the meaning and role of the family; elsewhere it has focused attention on those using drugs and their increased risk; still elsewhere it has raised questions about human sexuality and relationships. In the course of the pandemic the role of gay communities in compassionate care and effective prevention has been recognized. This perspective has challenged the churches to rethink their relation to gay persons.

10. The pandemic is also having profound consequences for family and community life. In addition to causing the illness and death of members of the most productive age groups, it severely restricts the opportunities for those — for the most part, women and girls — who care for persons suffering from the disease. In some societies whole communities are weakened by the pain and disruption HIV/AIDS brings to families and other basic social units. Grandparents find themselves caring for their sick children or orphaned grandchildren, and children and young people are forced to become the bread-winners for others.

III. The beginnings of a response

11. The challenges posed by AIDS require both a global and a local response. How can we develop the will, knowledge, attitudes, values and skills required to prevent the spread of AIDS without the concerted efforts of governments, local communities, non-governmental organizations, research institutions, churches and other faith communities?

12. A full range of inter-related approaches is called for. Effective methods of prevention include sexual abstinence, mutual fidelity, condom use and safe practices in relation to blood and needles. Education, including education for responsible sexual practices, has been shown to be effective in helping to stop the spread of the infection. Other measures which inhibit its spread or help to deal with the suffering which it causes include advocacy for justice and human rights, the empowerment of women, the training of counsellors and the creation of “safe spaces” where persons can share their stories and testimonies. In addition all societies — whether “developed” or developing — need to address practices such as drug abuse and commercial sex activity, including the increasing incidence of child prostitution, as well as the root causes of destructive social conditions such as poverty, all of which favour the spread of HIV/AIDS.

13. Strategies for prevention and care may fail if those affected by HIV/AIDS play no part in designing or carrying them out. In the course of the current study, the consultative group noted the role played by the WCC in promoting participatory action research on “AIDS and the Community as a Source of Care and Healing” in three African countries.[3] This process enabled village people to analyze the issues and problems raised by AIDS and to develop actions which foster prevention and care.

14. From the beginning of the pandemic some Christians, churches and church-related institutions have been active in education and prevention programmes and in caring for people living with HIV/AIDS. The consultative group was privileged to have worked with several of these during the study. The group observes, however, that by and large the response of the churches has been inadequate and has, in some cases, even made the problem worse. As the WCC executive committee noted in 1987, “through their silence, many churches share responsibility for the fear that has swept our world more quickly than the virus itself”. [4] Sometimes churches have hampered the spread of accurate information or created barriers to open discussion and understanding. Further, churches may reinforce racist attitudes if they neglect issues of HIV/AIDS because it occurs predominantly among certain ethnic or racial groups. These groups may be unjustly stigmatized as the most likely carriers of the infection.

15. The situation continues to call for “metanoia in faith” and a fresh resolve by the churches to address the situation directly. This must be done in a spirit of humility, knowing that we do not fully understand the scope and significance of the HIV/AIDS pandemic. It requires openness to new information, long discussion of sensitive issues and readiness to learn from the experience of others, as we seek a more adequate response to the challenges posed by HIV/AIDS today.

IV. Theological dimensions

16. The HIV/AIDS pandemic raises difficult theological issues in the areas of creation, human nature, the nature of sin and death, the Christian hope for eternal life and the role of the church as body of Christ. Furthermore the reality of AIDS raises issues, such as human sexuality, vulnerability and mortality, which stir and challenge us in a deeply personal way. Christians and the churches struggle with these theological and human issues and they differ, sometimes sharply, in their response to some of the challenges posed by HIV/AIDS. But it is imperative that they learn to face the issues *together* rather than separately, and that they work towards a common understanding of the fundamental questions — theological, anthropological and ecclesiological — which are involved.

17. The church's response to the challenge of HIV/AIDS comes from its deepest theological convictions about the nature of creation, the unshakable fidelity of God's love, the nature of the body of Christ and the reality of Christian hope.

18. The creation in all its dimensions is held within the sphere of God's pervasive love, a love characterized by relationship, 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 guides our understanding of the Christian claim that men and women are made in the “image of God”. Because humanity is created in God's image, all human beings are beloved by God and all are held within the scope of God's concern and faithful care.

19. Within the fullness of creation we affirm the potential for goodness of the human body and of human sexuality. We do not completely comprehend the meaning of human sexuality. As with other aspects of creation, sexuality also can be misused when people do not recognize their personal responsibility; but it is to be affirmed strongly as one of God's good gifts, finding expression in many dimensions of human existence. The churches have recognized marriage as the primary place for the expression of sexuality in its various dimensions.

20. We live from God's promise that nothing can separate us from the love of God in Christ: no disasters, no illness or disease, nothing done by us and nothing done to us, not even death itself, can break God's solidarity with us and with all creation (Rom. 8:38-39). And yet the creation "groans in travail" (Rom. 8:22); we see in the world much suffering, injustice and waste. Some of this can be understood as the consequence, for ourselves and others, of the exercise of the freedom given by God to God's creatures; some of it, we sense, may be part of a larger pattern of which we now glimpse only a part; some of it defies understanding, leaving us to cry: "I believe; help my unbelief!" (Mark 9:24).

21. Finally we live by hope, holding our questions and doubts within the larger frame of God's love and final purpose for our lives and for all creation: life abundant, where justice reigns, where each is free to explore all the gifts God has given them. More particularly, we live by hope in Christ: Christ gone before us into glory is the basis for our hope. We share in the sufferings of Christ — Christ who is Immanuel, "God with us" — "that we may also be glorified with him" (Rom. 8:17). And in our weakness we are sustained by the "Spirit who lives within us", interceding when we know not how to pray and finally granting anew "life to our mortal bodies" (Rom. 8:11,26; cf. Eph. 3:16).

22. Strengthened by this hope, we wrestle with the profound questions put to us by suffering. We affirm that suffering does not come from God. We affirm that God is with us even in the midst of sickness and suffering, working for healing and salvation even in "the valley of the shadow of death" (Ps. 23:4). And we affirm that it is through bearing the suffering of the world on the cross that God, in Christ, has redeemed all of creation. Our hope is rooted ultimately in our experience of God's saving acts in Jesus Christ, in Christ's life, death and resurrection from the dead.

23. Remembering the suffering servant (Isa. 42:1-9; 49:1-7; 50:4-11; 52:13-53:12), we are called to share the sufferings of persons living with HIV/AIDS, opening ourselves in this encounter to our own vulnerability and mortality. This is to walk with Christ; and as Christ has gone before us through death to glory, we are called to receive "the sure and certain hope of the resurrection". This is God's promise that God's promise, for us and for all creation, is not destroyed by death: we are held within the love of God, claimed by Christ as his own and sustained by the Spirit; and God will neither forsake us nor leave us to oblivion.

24. We affirm that 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. Because it is the body of *Christ* — who died for all and who enters into the suffering of all humanity — the church cannot exclude anyone who needs Christ. As the church enters into solidarity with those affected by HIV/AIDS, our hope in God's promise comes alive and becomes visible to the world.

25. We celebrate the commitment of many Christians and churches to show Christ's love to those affected by HIV/AIDS. We confess that Christians and churches have also helped to stigmatize and discriminate against persons affected by HIV/AIDS, thus adding to their suffering. We recall with gratitude the advice of St Basil the Great to those in leadership positions within the church, emphasizing their responsibility to create an environment — an ethos, a "disposition" — where the cultivation of love and goodness can prevail within the community and issue in the "good moral action" which is love.[5]

26. We affirm that God calls us to live in right relationship with other human beings and with all of creation. As a reflection of God's embracing love, this relationship should be marked not just by mutual respect but by active concern for the other. Actions taken deliberately which harm oneself, others or the creation are sinful; and indeed we are challenged by the persistence of sin, which is the distortion of this right relationship with God, other persons, or the natural order. Yet sin does not have the last word; as we are "renewed by the Holy Spirit" (cf. Titus 3:5) and continue to grow in our communion with God, our lives will show forth more of God's love and care.

27. The World Council of Churches executive committee emphasized in a 1987 statement the need "to affirm that God deals with us in love and mercy and that we are therefore freed from simplistic moralizing about those who are attacked by the virus".[6] Furthermore we note how easily a moralistic approach can distort life within the Christian community, hampering the sharing of information and open discussion which are so important in facing the reality of HIV/AIDS and in inhibiting its spread.

28. In the light of these reflections, and on the basis of our experience in this study, we wish to avoid any implication that HIV/AIDS, or indeed any disease or misfortune, is a direct "punishment" from God. We affirm that the response of Christians and the churches to those affected by HIV/AIDS should be one of love and solidarity, expressed both in care and support for those touched directly by the disease, and in efforts to prevent its spread.

V. Ethical dimensions

29. In responding to the challenge of HIV/AIDS Christians are motivated by urgent imperatives, passionately felt: to show Christ's love for the neighbour, to save lives, to work for reconciliation, to see that justice is done. Making ethical decisions, however, requires a process of *discernment* which includes gathering the latest information, wrestling with deeply sensitive issues and weighing differing, sometimes conflicting views and interests. This process needs to be undergirded by Bible study, prayer and theological reflection.

30. Christians make ethical choices following principles which derive from their understanding of the biblical witness and their faith convictions. These may be stated and developed differently in various traditions, but are likely to include the following points:

- because all human beings are created and beloved by God, Christians are called to treat every person as of infinite value;

- because Christ died to reconcile all to God, Christians are called to work for true reconciliation — which includes justice — among those alienated from one another;
- because we are “members one of another”, being built up by the Spirit into one body, Christians are called to responsible life within community.

31. Such principles — the infinite value of each person, the gospel of reconciliation, the call to responsible life within community — have to be applied to such questions as: How do churches respond to their members living with HIV/AIDS? How can churches promote responsible behaviour without being judgmental and moralistic? What public health measures to reduce HIV/AIDS transmission should churches advocate? How can resources for care and research be fairly shared? This means in each case exploring all available options, weighing the benefits (and difficulties) of each, and finally asking, “which of the possible courses of action best expresses Christ’s love for all those involved?”

32. Such a process of discernment is often difficult: the options may not be fully clear; none of the options may be wholly satisfactory; the implications of some biblical or theological principles for specific problems today may not be clear. It is all the more important, then, that Christians and churches reflect and work on these ethical issues *together*. The challenge of HIV/AIDS demands nothing less than an *ecumenical* response.

33. Churches are expected to give both spiritual direction and moral guidance, and to play a responsible role in the discussion of these issues in the wider society, as well as in discussions of biomedical ethics. Witnessing to their own faith convictions, they enrich the wider debate and make common cause, where possible, with persons of goodwill who appeal to more general sets of ethical principles such as respect for persons, beneficence and non-maleficence, and justice.

34. The churches have crucial contributions to make to this wider debate. For example first, in accordance with their commitment to *truth* they can emphasize that the process of ethical discernment leaves no room for judgments based on superficial generalizations or stereotypes, on fear, or on incomplete or false information. The churches can do much to promote, both in their own lives and in the wider society, a climate of sensitive, factual and open exploration of the ethical issues posed by the pandemic.

35. Second, in accordance with their emphasis upon *personal and communal responsibility* the churches can promote conditions — personal, cultural, and socio-economic — which support persons in making responsible choices. This requires a degree of personal freedom which is not always available: for example, women, even within marriage, may not have the power to say “no” or to insist on the practice of such effective preventive measures such as abstinence, mutual fidelity and condom use.

VI. Human rights in relation to HIV/AIDS

36. The HIV/AIDS pandemic raises important issues relating to human rights. People living with HIV/AIDS generally encounter fear, rejection and discrimination, and often are denied basic rights (such as liberty, autonomy, security and freedom of movement) enjoyed by the rest of the population. Because such reactions contradict the values of the gospel, the churches are called to formulate and advocate a clear policy of non-discrimination against persons living with HIV/AIDS.

37. One of the tasks of the WCC over the last three decades has been to be actively involved in human rights standard setting, promotion and protection. The last decade has witnessed a significant trend in the development of international norms and standards in relation to people that are discriminated against on grounds of race, gender, ethnicity and religion. There are other kinds of discrimination as well. Some of them arise because of lack of awareness and fear. People living with HIV/AIDS fall in this category. They are often denied their fundamental right to security, freedom of association, movement and adequate health care.

38. The issue of human rights also has important implications for the spread of HIV/AIDS. We note the alarming rise in sex tourism. Some men in societies in both the North and the South abuse the young and poor children for prostitution or in an effort to try to escape infection. This is also an issue of violence against children. We further note that men and women who are denied their fundamental human rights, whether on the grounds of social status, sexual orientation or addiction to drugs, are thereby made especially vulnerable to the risk of HIV infection. Thus broadly-based strategies which advocate human rights are required to prevent the spread of HIV.

VII. Pastoral care and counselling within the church as healing community

39. By their very nature as communities of faith in Christ, churches are called to be healing communities. This call becomes the more insistent as the AIDS pandemic continues to grow. Within the churches we are increasingly confronted with persons affected by HIV/AIDS, seeking support and solidarity and asking: are you willing to be my brother and sister within the one body of Christ? In this encounter our very credibility is at stake.

40. Many churches, indeed, have found that their own lives have been enhanced by the witness of persons living with HIV/AIDS. These have reminded us that it is possible to affirm life even when faced with severe, incurable illness and serious physical limitation, that sickness and death are not the standard by which life is measured, that it is the quality of life — whatever its length — that is most important. Such a witness invites the churches to respond with love and faithful caring.

41. Despite the extent and complexity of the problems, the churches can make an effective healing witness towards those affected by HIV/AIDS. The experience of love, acceptance and support within a community where God's love is made manifest can be a powerful healing force. Healing is fostered where churches relate to daily life and where people feel safe to share their stories and testimonies. Through sensitive worship, churches help persons enter the healing presence of God. The churches exercise a vital ministry through encouraging discussion and analysis of information, helping to identify problems and supporting participation towards constructive change in the community.

42. Many trained and gifted members of the community, as well as some pastors, are already providing valuable pastoral care. Such care includes counselling as a process for empowerment of persons affected by HIV/AIDS, in order to help them deal with their situation and to prevent or reduce HIV transmission.

VIII. Conclusion: what the churches can do

43. This study has shown us the delicate, interwoven relationships of human beings and their connectedness to all of life. It has proved neither desirable nor possible to do a "one-dimensional" study of AIDS, describing only its dramatic spread and devastating impact on those who are directly affected. Rather, the AIDS pandemic requires the analysis of a cluster of inter-related factors. These include the theological and ethical perspectives that inform, or arise from, our understanding of AIDS; the effects of poverty on individuals and communities; issues of justice and human rights; the understanding of human relationships; and the understanding of human sexuality. Of these the factor of sexuality has received the least attention within the ecumenical community. We recognize that further study in this area is essential for a deeper understanding of the challenges posed by HIV/AIDS.

44. Our exploration of these themes has brought us face to face with issues, understandings and attitudes of major consequence to the churches and their role in responding to the pandemic. Through their witness to the gospel of reconciliation, the value of each person, and the importance of responsible life in community, the churches have a distinctive and crucial role to play in facing the challenges raised by HIV/AIDS. But their witness must be visible and active. Therefore we feel it essential to highlight the following concerns as points for common reflection and action by the churches:

A. The life of the churches: responses to the challenge of HIV/AIDS

1. We ask the churches to provide a climate of love, acceptance and support for those who are vulnerable to, or affected by, HIV/AIDS.
2. We ask the churches to reflect together on the theological basis for their response to the challenges posed by HIV/AIDS.
3. We ask the churches to reflect together on the ethical issues raised by the pandemic, interpret them in their local context and to offer guidance to those confronted by difficult choices.
4. We ask the churches to participate in the discussion in society at large of ethical issues posed by HIV/AIDS, and to support their own members who, as health care professionals, face difficult ethical choices in the areas of prevention and care.

B. The witness of the churches in relation to immediate effects and causes of HIV/AIDS

1. We ask the churches to work for better care for persons affected by HIV/AIDS.
2. We ask the churches to give particular attention to the conditions of infants and children affected by the HIV/AIDS pandemic and seek ways to build a supportive environment.
3. We ask the churches to help safeguard the rights of persons affected by HIV/AIDS and to study, develop and promote the human rights of people living with HIV/AIDS through mechanisms at national and international levels.
4. We ask the churches to promote the sharing of accurate information about HIV/AIDS, to promote a climate of open discussion and to work against the spread of misinformation and fear.
5. We ask the churches to advocate increased spending by governments and medical facilities to find solutions to the problems — both medical and social — raised by the pandemic.

C. The witness of the churches: in relation to long-term causes and factors encouraging the spread of HIV/AIDS

1. We ask the churches to recognize the linkage between AIDS and poverty, and to advocate measures to promote just and sustainable development.

2. We urge that special attention be focused on situations that increase the vulnerability to AIDS such as migrant labour, mass refugee movements and commercial sex activity.
3. In particular, we ask the churches to work with women as they seek to attain the full measure of their dignity and express the full range of their gifts.
4. We ask the churches to educate and involve youth and men in order to prevent the spread of HIV/AIDS.
5. We ask the churches to seek to understand more fully the gift of human sexuality in the contexts of personal responsibility, relationships, family and Christian faith.
6. We ask the churches to address the pandemic of drug use and the role this plays in the spread of HIV/AIDS and to develop locally relevant responses in terms of care, de-addiction, rehabilitation and prevention.

NOTES

- [1] Quoted in the *Minutes* of the 38th meeting of the WCC central committee, Geneva, WCC, 1987, Appendix VI, "AIDS and the Church as a Healing Community", p.133.
- [2] *Minutes* of the 45th meeting of the WCC central committee, Geneva, WCC, 1994, pp.45-49, 102f.
- [3] See *Participatory Action Research on AIDS and the Community as a Source of Care and Healing*, Geneva, Christian Medical Board of Tanzania, Uganda Protestant Medical Bureau, Eglise du Christ au Zaïre and WCC, 1993.
- [4] *Loc. cit.*, p.135.
- [5] *Ascetic Works*, 2.1.
- [6] *Loc. cit.*, p.135.