

## AIDS AND POSTMODERN RELIGION

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### ABSTRACT

Thirty years ago, when the HIV/AIDS pandemic struck with a vengeance, some religious groups distinguished themselves by presenting a pastoral and prophetic face of the divine, comforting and supporting people who were infected and insisting on justice from the medical community. Some other religious groups, that will remain nameless, claimed that AIDS was God's wrath on homosexuals, that AIDS was divine punishment, and worse. Now, although such ranting still exists in some few religious traditions, the normative religious responses to HIV/AIDS are constructive and creative, what religion ought to be in an increasingly postmodern world. If religion is to have any role at all, it must be to bring affirming, enhancing beliefs to the creation of an inclusive global society. Otherwise, it will be written off as increasingly irrelevant, or worse, as a drag on globalized justice. The media in many affluent societies, especially the United States, have all but forgotten about the disease. But many religious people are among the leaders keeping attention on the survivors and pressure on the medical industrial complex for drugs, prevention strategies, and a cure. These leaders come from a variety of religious groups and often can be found working right alongside people who profess no religious belief whatsoever. My brief look at AIDS and postmodern religion reveals the on-going usefulness of religions as human-enhancing enterprises and religious people as motivated by their faiths to act for the common good.

**Key words:** AIDS; Religion; Postmodernity

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## AIDS e Religião na Posmodernidade

### RESUMO

Trinta anos atrás, quando o HIV/AIDS golpeou com vingança, alguns grupos religiosos se diferenciaram ao oferecerem um rosto pastoral e profético do divino, reconfortando e apoiando as pessoas que foram infetadas e lutando por justiça da parte da comunidade médica. Já outros grupos religiosos, que não nomearemos aqui, arguíram que a AIDS era a ira de Deus sobre os homossexuais, que o AIDS era um castigo divino, e coisas piores. Ora, apesar de que tal retórica ainda existe em algumas poucas tradições religiosas, as respostas religiosas normativas ao HIV/AIDS são construtivas e criativas, de acordo com o que a religião deveria ser em um mundo cada vez mais pós-moderno. Afinal, se a religião for ter algum papel, esse seria o de trazer afirmação, e encorajar as crenças para a criação de uma sociedade inclusiva e global. Caso contrário, ela será eliminada como algo cada vez mais irrelevante, o pior ainda, como uma draga para a justiça global. Em muitas das sociedades opulentas, especialmente nos Estados Unidos, a doença tem caído no esquecimento quase total. Mas existem algumas pessoas religiosas entre os líderes prestando atenção nos sobreviventes, e pressionando a indústria médica a respeito de drogas, estratégias preventivas, e cura. Estes líderes provêm de uma variedade de grupos religiosos e podem ser achados frequentemente trabalhando lado a lado com pessoas que não professam nenhuma crença religiosa. Minha breve consideração sobre o AIDS e a religião na pós-modernidade revela a utilidade contínua da religião na caminhada para o melhoramento das condições humanas através de empreitadas de pessoas religiosas que, motivadas pela sua fé, agem pelo bem comum.

**Palavras-chave:** AIDS; Religião; Pós-Modernidade

### AIDS over thirty years

AIDS has changed a lot in thirty years. Science now has the wherewithal to say that treatment works as prevention. Medications are available to turn what was once a quick death sentence into a chronic disease with which a person can live a normal lifespan. There are strategic visions of how to implement measures to put an end to this pandemic even in the poorest countries. It will not be an overnight fix. But the resources for stemming the tide of HIV/AIDS and eventually eradicating it are at hand.

What is missing is solidarity, both local and global, to socialize the resources of prevention, to make medicine available widely for those who are already infected, and to do the educational work necessary to stop the spread of this preventable disease. While science and medicine are the obvious keys here, there is also a great deal that culture-shaping forces like religion can do to hasten the end of AIDS. Religion, for good or for ill, has long been known to AIDS activists and factored into the analysis as a strong motivator for many people to see HIV/AIDS as a human rights as well as medical matter.

Jonathan M. Mann, a medical doctor and public health official who directed the World Health Organization's Global Program on AIDS, gave the 1994 Ingersoll Lecture on Immortality at Harvard Divinity School on "Health, Society and Human Rights".<sup>1</sup> His history of the pandemic runs from the so-called silent years, before it was discovered in 1981, to the initial efforts to discover and respond to it in the mid-1980s. Then, the early 1990s was considered a period of "stagnation and fragmentation," the height of the pandemic, when efforts to eradicate the disease were outstripped by the capacity of the virus to grow. Rather than simply focus on medical matters, he conceived of health more broadly as part of the human rights agenda, an approach that has characterized the period from the end of the century to the present.

Dr. Mann wrote: "The critical discovery was that the spread of HIV is strongly determined by an identifiable societal risk factor" (p. 9). In addition to things like sexual behavior, smoking, and drug use, he pointed to "a societal risk factor for vulnerability to HIV infection in the scope, intensity and nature of discrimination that exists in each community or country... forms of discrimination in society that antedated the arrival of the human immunodeficiency virus" (p. 9). Whether women, people of color, or those who are made poor, such persons will suffer HIV/AIDS disproportionately because of discrimination. To mitigate this risk factor, he called for new strategies that "must focus on the underlying determinants of vulnerability to HIV" (p. 10). These fall in the domain of religion and ethics.

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<sup>1</sup> Jonathan M. Mann, "Health, Society and Human Rights," The 1994 Ingersoll Lecture on Immortality at Harvard Divinity School, *Harvard Divinity School Bulletin*, 23:3/4, 1994, pp. 8-12.

While twenty years later Dr. Mann's analysis may seem obvious, in 1994 it was far from it. He claimed that ensuring the safety of the blood supply and safer sex were important tasks, but equally important was the need to "identify, reduce and prevent the profound forms of discrimination and violations of human rights and dignity within each society" (p. 10).

Religious people began to see the centrality of our contribution not only to the eradication of HIV/AIDS and other diseases, but also to the creation of a safe and welcome world for all, especially for those who are marginalized because of illness or disability. Dr. Mann's point was that, long after science found both cause and cure for HIV/AIDS, society would still need to change decisively on matters of poverty, race, gender, heterosexism, and the like in order to eradicate the underlying factors in its spread. Twenty years later, it is clear that he was right. While religious people look to science for matters of health, on this matter science looks to us to be full partners.

### **Church responses to HIV/AIDS**

Many religious groups have been heavily involved in the containment of the HIV/AIDS pandemic. I will focus on a few of the Christian ones for sake of economy, but there are Jewish, Muslim, and other religious responses as well.

Catholics for Choice, for example, has pushed their Condoms4Life (<http://www.condoms4life.org/>) program, working with national and international nongovernmental organizations to look at the funding that groups like Roman Catholic health agencies receive from "publicly-funded bilateral and multilateral donors" (<http://www.condoms4life.org/>).

DignityUSA has a National AIDS Project that includes an annual day of fasting, prayers, and other practical things people can do in response to the pandemic (<http://www.dignityusa.org/aids>). This ministry is dispersed across the country in the many Dignity chapters that have lost lots of members to AIDS.

Protestant groups have projects as well. Many European churches, including the Division for World Mission of the Evangelical Lutheran Church in Bavaria (EKD) ([http://www.ekd.de/english/1714-ekdtext91\\_4](http://www.ekd.de/english/1714-ekdtext91_4)).

html) have been pioneers in both on-the-ground health projects and government-focused pressure to find resources for people in developing countries such as Congo. The Evangelical Lutheran Church in Botswana (ELCB) collaborated with the Evangelical Lutheran Church in Southern Africa (ELCSA) Botswana Diocese on a variety of HIV/AIDS related issues.

In the US, the Evangelical Lutheran Church, under the rubric of “God’s Work, Our Hands” (<http://www.elca.org/Our-Faith-In-Action/Justice/Poverty-Ministries/HIV-and-AIDS.aspx>), has a variety of worship resources that go with their advocacy work. The United Church of Christ (<http://www.ucc.org/ucan/>) has perhaps the most complete approach beginning with a practical little widget on its website where one can find the closest place to one’s zip code to be tested for HIV/AIDS.

One of the most creative and effective projects is the All Africa Conference: Sister to Sister (<http://allafrica-sistertosister.org/>), a network of Catholic nuns and other women that was started in 2002 by the Sisters of Mercy. Ethicist Margaret Farley, rsm, began the project, but it clearly developed according to the needs and norms of African women. AACSS “offers a process to empower African women to more effectively address HIV and AIDS issues and to bring new information and hope to every village and hut in the sub-Sahara” (<http://allafrica-sistertosister.org/>).

Given that 76% of all HIV positive women live in sub-Saharan Africa, nuns decided to bring together “women religious so that they may address the crisis of HIV and AIDS by listening to, learning from and empowering one another to collaborate in strategies for prevention and care in response to the pandemic. The essence of the AACSS is the bonding that exists between Sister to Sister” ([http://allafrica-sistertosister.org/index\\_files/Dynamics.html](http://allafrica-sistertosister.org/index_files/Dynamics.html)). This successful work includes training workshops on HIV/AIDS as well as theological and spiritual resources for those engaged in direct service.

### **International AIDS conferences**

Religious people are now organized to be part of the international AIDS conferences held annually. The first religious pre-conference was held in Bangkok in 2004. Religious leaders who gathered there issued a

strong statement: “The HIV and AIDS crisis is bringing us together because we are all living with HIV and AIDS. We need to share knowledge, understanding and experience from our various religious communities so that our efforts become more and more effective and inclusive. Through this, we will seek to establish a new culture of interfaith co-operation, respecting the uniqueness within our traditions while focusing on our shared values of human dignity and human rights” (<http://www.nmz-mission.de/fix/files/pic/bangkok.pdf>).

In the intervening years, many religious leaders have taken up the agenda set there:

- Promote the dignity, equality, and rights of all people;
- Discuss openly and accurately the basic facts about the HIV and AIDS

and about all effective means of prevention;

- Work to eliminate the root causes of the HIV and AIDS pandemic including gender inequality, prejudice against those whose way of life or sexual orientation is different from the majority community, systemic injustice, and unequal distribution of wealth;

- Overcome silence, stigma, discrimination, denial, and fear regarding HIV and AIDS;

- Reject the negative statements by some faith leaders that AIDS is a form of divine punishment or retribution;

- Advocate for expanded resources to fight against HIV and AIDS;
- Document “good practices” and support research to identify more

effective means of prevention and treatment;

- Attain “access for all” – to effective preventive education and knowledge, comprehensive care and treatment, and full inclusion in the community” (<http://www.nmz-mission.de/fix/files/pic/bangkok.pdf>).

That work remains unfinished, of course, but progress has been steady and somewhat astonishing given the virulence of the initial reactions to what was perceived to be a largely sex-related disease. Now, it is clear that HIV/AIDS follows a trajectory of poverty, racism, colonialism, sexism, and heterosexism throughout the world, especially in the global south.

Today women and children are its most visible victims while before men who had sex with men and/or IV drug users who were the public face of AIDS. None of that should matter—this is a disease, not a morals lessons. But religions have their work cut out for them to bring what Marquette University professor Daniel C. Maguire calls the “renewable moral energy of the world’s religions” to bear on the eradication of this disease ([http://www.religiousconsultation.org/un\\_talk\\_Dan\\_Maguire\\_Cairo.htm](http://www.religiousconsultation.org/un_talk_Dan_Maguire_Cairo.htm)).

The XIX<sup>th</sup> International AIDS Conference to be held in Washington, DC, in July 2012 (<http://www.aids2012.org>) will be preceded by a two-day pre-conference under the rubric “Taking Action for Health, Dignity and Justice.” (<http://iac.ecumenicaladvocacy.org/preconference>). Featured speakers include HH Sri Sri Ravi Shankar from the Art of Living Foundation and IndiaMaria Ziwenge from the Young Women’s Christian Association of Zimbabwe who will be examining the added value of faith communities taking action on health, dignity, and justice in the context of HIV, including challenges, opportunities, next steps, and key partners.

This fifth such religious pre-conference is a far cry from the one in 2004. An interfaith Prayer Room will be open during the entire conference (<http://iac.ecumenicaladvocacy.org/interfaith>). A Faith Zone will be part of the Global Village with displays and meeting areas so that people of faith can find one another easily to exchange ideas. There will even be special guidance in the conference program to orient people to the faith-related sessions. This signifies that the larger movement understands the role of religion in getting to the last death from HIV/AIDS. It is heartening to see the number of faith traditions now actively involved in HIV/AIDS ministry and advocacy for structural changes necessary to eradicate the disease.

A part of the pre-conference, an interfaith worship service, will be held at the National Cathedral in Washington, DC. It will include panels of the AIDS Quilt (<http://www.aidsquilt.org/>). Started in 1987, the Quilt, like the red ribbons, is a powerful iconic image that emerged from the pandemic. The Quilt now includes 47,000 memorial panels, each three-by-six feet in size, sewn to commemorate a person or persons who have died of AIDS. The Quilt has been on display in whole and in part



over the decades. Organizers are ready to see it finished when the last person dies of the disease.

At the July 2012 service, the congregation will pray its way through the stages of grief. Healing and hope are integral to the process. Part of that is to imagine the last death, symbolized by the final panel. That panel will be on display at the service, but it will not be sewn into the quilt until the pandemic is officially over. That may be decades yet, but the day will be hastened by the many and varied religious contributions.

### **Spiritual strategies**

Liturgies and rituals are among the most common responses. From early on when no one had a name for the so-called “gay disease,” one group that has been laboring in these vineyards is the International Network of Religious Leaders living with and affected by HIV, or INERELA+ (<http://www.inerela.org/english/>). One of their liturgies, with readings from the Bible and Koran, demonstrates just how such interreligious work is taking shape based on the crying needs of real people. (<http://www.inerela.org/english/resources/worship-resources>).

Other resources come from myriad faith groups. One such is the General Board of Church and Society of the United Methodist Church. Their focus on World AIDS Day in 2010 was on respect and compassion for people who live with HIV/AIDS, setting a tone in prayer and preaching that differed markedly from many church voices a decade before.

Creation of sacred places to commemorate the pandemic is another useful spiritual strategy. I will focus on ones in the US, even though there are many others around the world. In fact, there is a project entitled “AIDS Memorial.Info” (<http://www.aidsmemorial.info/home>) that has a digital catalog of many such places. It lists monuments, moveable memorials, digital memorial, ceremonies, and celebrations all over the world. I consider these a new form of postmodern religion.

These sacred places have the virtue of being unconnected to any one tradition, yet still call upon the prevailing quest for spirituality to make sense of this senseless pandemic. For example, the AIDS Memorial Quilt still travels (<http://www.aidsquilt.org/>). Once the last panel is added, it will undoubtedly find a permanent home. Meanwhile, everywhere



it goes it is greeted with hushed silence, tears of remembrance, and prayer.

The AIDS Memorial Grove in San Francisco, established in 1991, is a place where many people find solace. It is located in Golden Gate Park, easily accessible to all (<http://www.aidsmemorial.org/>). Another such place is the AIDS Memorial Wall, or “Las Memorias,” in Los Angeles. It was built in 1993 and is dedicated to promoting wellness and preventing illness among Latino populations affected by HIV/AIDS (<http://thewallsmemorias.org/>).

Key West, Florida, Greenwich Village, New York, and Albuquerque are among the other places where such sacred spaces are set aside for remembrance. Stephen Hemrick, who has catalogued these spots, writes: “... we have yet to reach a national consensus on the importance of the epidemic or even the legitimacy of formally honoring its victims. For now... efforts to preserve the memory of those lost... remain a local undertaking”.<sup>2</sup>

### **Local faith groups**

Local faith groups are the most common places where AIDS is brought into conversation with religion. One such project is the Balm in Gilead Ministry in Washington, DC (<http://www.bigministries.com/>). In the United States, half of those who are newly infected are African American although that group makes up only 13% of the country’s population. Mosques as well as churches are beginning to grapple with the reality of HIV/AIDS for their participants.

One progressive black church, Union Temple Baptist in Washington, DC, has condoms on hand in the foyer of the church. The Reverend Willie Wilson, the pastor, reasons, “The fact of the matter is, people are having sex. Would you rather then die or would you rather them have a means by which they might live?”<sup>3</sup> That is becoming an increasingly important theological question.

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<sup>2</sup> Hemrick, Stephen. “AIDS Memorials in the USA.” *The Gay & Lesbian Review* May 2012: pp. 26-28.

<sup>3</sup> Harris, Hamil R. “Faith Groups Boost AIDS Outreach.” *The Washington Post* 10 Mar. 2012: p. B2.

## Theological responses

There have been a number of theological responses to HIV/AIDS, again most of the more recent ones very affirming and helpful. One especially salient example is the work of Professor Musa Dube, a biblical scholar in Botswana (born in Zimbabwe) who argues that HIV/AIDS is the occasion for new forms of liberation theologies. She argues that the multi-faceted nature of the disease (race, class, gender, colonialism, heterosexism, etc. all woven together) requires an equally multivalent form of response. Rather than liberation theologies focused on gender, such as feminist work, or on race, such as Black theology, she urges a far more integrated approach that includes anti-imperialist as well as postcolonial approaches.<sup>4</sup>

Dr. Dube takes a praxis-based approach to her own work. She encourages students to talk with people who are HIV positive and learn directly from them what they need and how pastoral people can be useful. One result of this work is Dr. Dube's book *Africa Praying: A Handbook on HIV/AIDS, Sensitive Sermon Guidelines and Liturgy* published by the World Council of Churches.<sup>5</sup> Such handbooks are needed all over the world, specific to the culture of each location, so as to tailor worship and preaching to particular communities.

## Hard questions that remain unanswered

One of the roles of religion is to help people think through some of life's most difficult conundrums. In the case of HIV/AIDS, several unanswerable questions remain. One is why some people lived and others died, especially in the early days of the pandemic when so many gay men were infected. The medical mysteries will someday be cleared up as to why some people were felled and others spared. But long after those clarifications emerge, there will remain the deep human questions that writer Frank Bruni calls "living after the dying."<sup>6</sup>

<sup>4</sup> A very useful presentation of Musa Dube's theology is an article by Melissa Browning, "Hanging Out a Red Ribbon: Listening to Musa Dube's Postcolonial Feminist Theology." *Journal of Race, Ethnicity, and Religion* 2.13 (2011).

<sup>5</sup> Musa Dube, *Africa Praying: A Handbook on HIV/AIDS, Sensitive Sermon Guidelines and Liturgy*. World Council of Churches, 2004.

<sup>6</sup> Bruni, Frank. "The Living After the Dying." *The New York Times* 18 Mar. 2012: p. 3.

After watching a new documentary film entitled *How to Survive a Plague* (*How to Survive a Plague*. Dir. David France. Sundance Selects, 2012. DVD), Frank Bruni reflects on the work of Act Up, a protest group famous for its powerful public actions. Those people were a major force in getting the pharmaceutical companies to the table to talk with people living with AIDS so that those people and their allies could help to shape the medical and political dimensions of the disease. While this was a largely US and Europe phenomenon, it had an impact across the world.

Ironically, HIV/AIDS is seen as a reason why same-sex marriage is increasingly acceptable in many countries. The many queer people who came out during the pandemic, both those who were infected and the large cadres of caregivers and supporters, brought same-sex issues into polite conversation. At the same time, many thousands of people will never marry because they have lost their partners to AIDS. It is a soul-trying experience for those who worked so hard for a basic human right but then have to live with the fact that their partners did not. That so many religious groups are now trying to figure their way around the matter of same-sex marriage is a postmodern challenge in meaning making.

### **Conclusion**

As much as HIV/AIDS has changed in affluent places from a death sentence to a chronic disease, it remains very much the same in many parts of the world. Lack of access to potable water, medical supplies, condoms, adequate nutrition, gender, racial and economic justice means that AIDS is still a life-threatening reality to millions of people. It is those issues that religion will need to focus on in postmodernity if it is to be useful at all.

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