

Community

1. THE BODY OF CHRIST, THE HUMAN BODY AND HIV/AIDS

As the body of Christ, the church is to be the place where God's healing love is experienced and shown forth and God's promise of abundant life is made freely available. In making tangible the love and care of Christ, the church offers a prophetic sign and foretaste of the kingdom. In its confession, proclamation, worship and service, the church is called to witness to the presence of Christ in the world.

Christ's offer of abundant life is to be made available to all. The inclusiveness of Christ is especially seen in his parables about meals, such as that of the great banquet pictured in Luke 14:15-24, with their emphasis on the generosity of God's invitation, which does not discriminate among those invited on grounds of their merits, abilities, beliefs or moral standing.

Because all persons fall within the scope of God's love and are honoured with Christ's care, we are called to honour one another as if in each person we encounter Christ himself. When we fail to honour the icon and image of the divine which we should see in ourselves and in our neighbours, then we are not being true to our calling as members of Christ's body, the church.

As Christ identifies with our suffering and enters into it, so the church as the body of Christ is called to enter into the suffering of others, to stand with them against all rejection and despair. This is not an option; it is the church's vocation. And because it is the body of *Christ* — who died for all and who enters into the suffering of all — the church cannot exclude anyone who needs Christ, certainly not those living with HIV/AIDS.

In opening itself to persons living with HIV/AIDS, in entering into their suffering and bearing it with them, in standing with them against rejection and despair, the church expresses more fully what it is to be the body of Christ. And as the church enters into solidarity with persons living with HIV/AIDS, its hope in God's promise of abundant life comes alive and becomes visible to the world.

Some churches are showing courage and commitment in manifesting Christ's love to persons affected by HIV/AIDS. Other churches have contributed to stigmatizing and discriminating against such persons thus added to their suffering. The advice of St Basil the Great comes to all those in leadership positions within the church, emphasizing their responsibility to create an environment — an ethos, a “disposition” — in which the cultivation of love and goodness can prevail within the community and issue in that “good moral action” which is love.

The church is called to stand with persons who are affected by HIV/AIDS. This “standing with”, this service of the church on behalf of those who suffer, will take different forms in each situation depending on the needs and possibilities. In some cases the church will need to work for better medical care for affected persons; in other cases, to work for improved counselling services, or for the defence of basic human rights, or to ensure that accurate factual information is available within the church and to the general public, or to ensure that a climate of understanding and compassion prevails. Most of the time all of these efforts and more will be needed.

In the incarnation, God in Christ has entered into the world, breaking down the barriers between the spiritual and the material, claiming the material world as a place where God is present and active for good. *(Facing Aids, 43)*

2. THE INDIVIDUAL AND THE COMMUNITY

The complex relationship between rights and duties is confirmed by the status of human beings as created in the image of God. The Bible, rather than referring to “rights”, speaks about duties to God within the covenant; this is in order to safeguard others from abuses and to give all people an equal possibility to benefit. God is described as love; and human beings, created in God's image, are therefore called and given the possibility to reflect that reality. The image of God is an inclusive description of the human family, not a cause for human pride. In light of this, humanity's very existence as love and *koinonia* should be approached according to the principles of relationships with others, including the natural world. Such an approach will in fact result in implementing the idea of human rights and duties.

For this reason, human rights also has to do with economic and social, environmental and ecological justice, and with the relationship between the individual, community and government. In saying this, however, it is important to be clear about the community's interests — and to identify who determines the nature of these. What is often put forward as *the* interest of the community may in fact be based on the selfish, individual interests of dominant “representatives” of the community.

In authentic koinonia, rights and duties are considered in harmony. The “individual”, as usually described, does not prevail over the communitarian, but neither does the communitarian suppress the individual. From this theological perspective, the very idea of human rights can be looked at only in the light of life in community rather than *against* community.

There is consequently no necessary conflict between the rights of the person and the interests of the community. Human rights should be a tool for the empowerment of both persons and communities, in order to restore their dignity and enhance the quality of life. (Facing Aids, 72)

3. THE CHURCH AS A HEALING COMMUNITY

The church, by its very nature as the body of Christ, calls its members to become healing communities. Despite the extent and complexity of the problems raised by HIV/AIDS, the churches can make an effective healing witness towards those affected. The experience of love, acceptance and support within a community where God’s love is made manifest can be a powerful healing force. This means that the church should not — as was often the case when AIDS was first recognized in the gay community — exclude, stigmatize and blame persons on the basis of behaviour which many local congregations and churches judge to be unacceptable.

It is important to acknowledge that the church is a communion of one body with many members, each distinct:

But God has so arranged the body, giving the greater honour to the inferior member, that there may be no dissension within the body, but the members may have the same care for one another. If one member suffers, all suffer together with it; if one member is honoured, all rejoice together with it. Now you are the Body of Christ and individually members of it (1 Cor. 12:24b-27).

When the church properly responds to people living with HIV/AIDS, both ministering to them and learning from their suffering, its relationship to them will indeed make a difference, and thus become growth-producing. And if through this relationship — out of fidelity to others who are suffering and because of the significance of those who suffer — we are again pushed back on ourselves, it is because in the gospels we are *required* to love: this is a demand, a requirement, not an option. (Facing Aids, 77)

4. THE DIVINE RELATIONSHIP OF LOVE

If the first characteristic of a good relationship is respect for the otherness of the other and renunciation of domination, a second, equally important characteristic is the affection, love or esteem in which each holds the other. Only with that warmth of regard and sense of interconnectedness will the relationship blossom and flourish for both. Thus the Bible portrays a God of love, who “so loved the world...” (John 3:16), and beseeches women and men in their turn to love God and to walk in God’s ways.

No creature is excluded from this love and this pilgrimage. If God’s love had to be *earned* by what men and women do, no one would be worthy of it. But because it is given, everyone is included. All those who tend to be forgotten, excluded, denigrated or marginalized in every society in this world are never abandoned, because the divine relationship is constant. Even those who refuse this relationship are not cut off from the omnipresent love of God.

HUMAN BEINGS IN RELATION

To be human is to be in relation, to be involved in a web of connections with others — in the family, at work, in the church, at leisure. Above and beyond all this human relating is the relationship God freely offers to all in love. Relations with other human beings, like relations with God, may manifest the same respect for the otherness of the other which makes freedom possible and the same warmth of relationship in the form of love.

Christians may speak confidently concerning God who is known in relationship because such a relationship of freedom and love was enacted visibly in Jesus Christ. During his life — which is as important for belief as his death, although it has had less attention in the Western theological tradition — Jesus showed in practice what it is to live this relationship with God, encountering others with the promise and demand of the kingdom.

There was in the way Jesus behaved an *openness* to people of all kinds, without barriers of class or race or gender. Just as God in love accompanies all creation, so Jesus went among the poor, telling them that they were loved by God even if they had not been able to keep the law scrupulously. He dined with a rich Pharisee, and told another who came to see him at night that he needed new vision and had to be born again (John 3:3). He healed Jewish lepers and a Roman soldier’s child. There were women in the group that travelled with him, and unlike many holy men he did not shrink from the touch

of a prostitute. In all that breadth of relationship, Jesus incarnated the *accessibility* of God, who “shows no partiality” (Acts 10:34; Rom. 2:11), but is open to all — rich or poor, sick or healthy, old or young.

When people and churches live out of relationship with God and follow Jesus, therefore, they will be continually open to others and offer relationship to them, even to those who seem very different. Just as there is no closing off of relationships in the gospel accounts of Jesus, so churches cannot withdraw into being congenial groups of the like-minded, refusing openness to and esteem for others who are physically or socially different.

A similar observation emerges from considering Jesus’ relations with the religious establishment of his day. He attended the synagogue and was certainly no religious dissenter. But he denounced or bypassed religious practices and ordinances which put difficulties in the way of ordinary people in their relationship with God. Not only did he preach the immediacy of unconditional divine love and forgiveness, but he also put it into practice through his own accessibility and his going to where the people were. All this has something to say to the churches about human being-in-relation. It speaks powerfully against churches which confess that nothing separates us from the love of God (Rom. 8:39) and then go on to set up barriers of their own between themselves and other people. (Facing Aids, 23)

5. EXAMPLES: LOOKING AT COMMUNITIES OF HOPE

REPUBLIQUE DU CONGO (ZAIRE)

In Zaire a team visited a man who had been abandoned by his family because of his illness. He was pitifully lonely, waiting for visitors, and looking for what the team might be bringing for him. Some discussion began to build his confidence to take the initiative to call his family together. The team offered to come and talk with them in the hope of encouraging reconciliation. He invited them; and when the team left he was looking very different from when they first arrived. He was looking forward to an opportunity for family reconciliation, not just for his own benefit but for the well-being of his children and grandchildren all of whom, he felt, need to protect themselves.

(Ian Cambell in a report of a Salvation Army team visit to Zaire)

GAY MEN’S HEALTH CRISIS

Two months after the Federal Centre for Disease Control’s (CDC) 1981 report of the first cases of an illness to become known as AIDS, eighty men alarmed by the report gathered in New York writer Larry Kramer’s apartment to hear a doctor speak about “gay cancer”. Passing the hat, the men contributed \$6635 for biomedical research. Six months later, this fund-raising group became Gay Men’s Health Crisis (GMHC).

Even as GMHC, one of the largest AIDS service organizations in the USA, was coming into existence, members of Metropolitan Community Churches and Episcopal churches in New York, San Francisco and Los Angeles were voicing concern and taking action regarding AIDS and those infected by the virus. They thereby launched the very first religious community response to AIDS — a response “from the pews up”. Those who had long worshipped together and shared church socials together were now together in the face of the virus as they had never been before. They began to provide personal care services including meals, house-cleaning, transportation to clinics or hospitals; they provided emergency financial assistance or housing; they offered free legal or dental services. And they began to devise new liturgical responses to their suffering.

(From the AIDS National Interfaith Network, Washington DC, USA)

REPORT FROM NORTHERN THAILAND

Case Study: the Strength of a Woman

The Church of Christ in Thailand has experienced the importance of community involvement in counselling and on this basis has developed case studies to assist churches in reflecting on pastoral care and healing community. These case studies, drawn from concrete experiences, include questions for discussion and reflection. One of these studies is as follows:

Arthit and Urai lived together with their six-year-old daughter Nut and Arthit’s parents in a village about 30 km. south of Chiang Mai. They learned that they were both HIV-positive when they went for medical check-ups prior to deciding whether to have a second child. Arthit, angry with himself for having brought this upon his family, became suicidal. Urai’s love, equanimity and firmness kept him from taking his life. “Whatever happens, we’ll face it together,” she said. When Arthit was diagnosed with cryptococcal meningitis, he again felt discouraged and defeated. On top of the physical suffering came the pain inflicted by others. Neighbours stopped coming to visit for fear of contracting HIV. People in the market where Urai sold fresh vegetables avoided her stand, and her business slowed drastically. The family of Arthit’s sister even took Nut away for fear that she would contract HIV by living under the same roof. Although he had been very close to his daughter, Arthit’s own irrational fear even stopped him touching and holding Nut. He missed her comfort and warmth. He would not go outside the house, he stopped eating and he stopped taking care of himself. Still, Urai rose early each morning to go and sell her vegetables, only allowing herself to cry for a few minutes in the darkness before her husband awoke, refusing to let him see her tears. Again, it was her love, determination and commitment to him that made life worth fighting for and pulled Arthit back from despair.

After visiting a specialist at the hospital, and receiving medication for his meningitis, Arthit's condition improved within a matter of days. Some time later Arthit and Urai heard about a Buddhist meditation centre where the abbot taught a technique designed for people living with AIDS. Based loosely on psychological and psychosomatic principles, and using a model which combined traditional Buddhist teachings and healing, it was providing many people with an effective spiritual discipline. It helped to release their pent-up emotions, focus their minds and to clarify their thoughts and planning, resulting in improved health and a strengthened immune system. After a one-week session at the centre, they returned home feeling utterly renewed, refreshed, re-invigorated, and with new desire and energy for the struggle for life. At home they kept up the meditation, growing stronger day by day. While pain, problems, obstacles, frustration, grief and family issues which brought disagreement and quarrels did not disappear, Urai and Arthit felt able to confront them one by one, day by day, without fear.

About this time they were introduced to the Church of Christ in Thailand's AIDS ministries team. The team visited weekly, brought basic medicine they needed and, more importantly, just sat and talked quietly with them, giving them a chance to express their feelings, giving voice to their thoughts and breath to their dreams. Soon Arthit's sister returned Nut to them, and Arthit himself packed away the thin mattress from the front room of the house where he had become accustomed to lying when he was sick or feverish. "I don't need it now," he said, "because there are no longer any sick people in this house." Urai gradually assumed the role of unofficial counsellor to people with problems in their district — anyone who needed a listening ear, a helping hand or a shoulder to cry on. She was a source of encouragement and hope for dozens of persons and families who were HIV-positive. Even some who had shunned her in the marketplace sought her help, asking what made her so strong in the midst of her crisis.

One day Urai appeared at the CCT AIDS ministries office with fear and confusion in her eyes. Arthit had terrible headaches, could not rise from bed, and there were new skin lesions even worse than before. "Does this mean he is really at the last stage now?", she whispered between gasps, with barely enough strength to force the words out. Then the tears, held back for months, came rushing out. We sat with her and let her cry until she finished, then found some pain medication for her to take to Arthit, and promised to visit them both the next day.

When members of the team arrived at their home, Arthit was just as Urai had described. Yet it became clear after only a few minutes of sitting and talking together that the most distressing and disheartening thing was that neither Arthit's father nor mother, nor anyone else in the household or neighbourhood dared to touch him. They were afraid even to spend more than a few moments at a time in the room with him. He wanted to sit and look out of the window, but no one would help him up. Our workers went to Arthit's side, touched his face and arms, and applied ointment to the affected skin. Placing their arms gently around his waist, they eased him to his feet, and supported him as he walked the few paces to the door to see the sunshine.

From that day nearly ten months ago, Arthit began to improve. He weighs more now than he did before getting sick, and while you might see the scars on his face and arms if you looked for them, you cannot help noticing the radiant smile which is on his face most of the time. It is a hard-won smile which comes from learning to live and love each day, one day at a time. Urai, still Arthit's rock, solace and joy, continues in good health offering friendship, advice, encouragement and hope to many others living with HIV. Some have formed an informal support group which meets regularly in their home. And reporting on what has been a personal and family disaster, "I have found true love... I think it's worth it, don't you?"

QUESTIONS FOR DISCUSSION:

1. In the context of the HIV/AIDS pandemic, how should Christians and churches respond to claims of healing potential (physical, spiritual and otherwise) arising from other traditions, such as Buddhist meditation or natural "folk" medicines?
2. Imagine yourself in Arthit's place. How would he feel about being touched, or physically cared for in the way he was by members of the CCT AIDS ministries team? How would you feel about being touched? How would feel if your parents refused to touch you?
3. In terms of mental, spiritual, social and relational health, how much of Arthit's and Urai's success in living with HIV/AIDS is due to medical care and treatment, and how much to other sources?
4. Consider Urai's role in this story. What observations, as general as they may be, would you venture to make regarding the role of women (wives, mothers, daughters, etc.) in Asian households during times of disease, death and crisis? Where does Urai's strength come from?

*From a report by Prakai Nontawasee on the Church of Christ in Thailand's Health Promotion Unit: Source-Report on the Meeting of the Sub-Group on Pastoral Care and Healing Community, New York, pp.35-38.
(Facing Aids, 89)*