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In:

Chitando, Ezra; Mombo, Esther; Gunda, Masiwa Ragies (Eds.), That all may live! : essays in honour of Nyambura J. Njoroge, Bamberg : University of Bamberg Press, p. 59-74. 2021. DOI: 10.20378/irb-50019

Bookpart - Published Version

DOI of the Article: 10.20378/irb-93726

Date of Publication: 18.03.2024

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LIVING IN THE POST-HIV & AIDS-APOCALYPSE¹

Musa W. Dube

Background

The global HIV & AIDS epidemic has been a context of great suffering: stigmatization, death, grief, orphaned children and impoverishment. It is an attack on life and its quality. Moreover, the most marginalised groups such as women, homosexuals, youth, blacks and the poor have been at the centre of the storm of the epidemic. With millions death, and other millions living with HIV, and with millions of orphaned children globally, the epidemic has been an apocalyptic event that raises significant theological questions. Who is God? Where is God? Does God care? The same questions are asked about Christ by communities and individuals who are living with HIV & AIDS. How then should we read the Bible in such a global context? This chapter will share the imperative to read the Bible in the context of HIV&AIDS, which calls for frameworks of reading for the affirmation of life, justice, the body, sexuality and compassion among others.

“There will be no end of AIDS without ensuring respect and dignity of all people, equity in access to health services and social justice,” Prof Françoise Barre-Sinoussi, AIDS 2014 International Conference.

Introduction

During the last two weeks of July 2014, the city of Melbourne welcomed the red-ribbon community of researchers, medical practitioners, activists, people living with HIV, key populations, NGOs, Faith-based and community-based organisations. I attended the International AIDS Conference for the first time. Melbourne took upon its body the spirit of the AIDS global village that gathered in this city—hanging the conference banners around its streets, some on its city trams, giving red-ribbons in some of

¹ Initially presented at the Niblett Memorial Lecture, 15 November 2014, Sarum College, Salisbury, SP1 2EE, Wiltshire, UK. Subsequently revised and updated.

its shops, holding special services in their churches, among others. Altogether, about 13 600 delegates gathered from 200 countries, while as many as 6000 are believed to have visited the HIV & AIDS Global Village, that was set up at the conference. It was the 20th AIDS International Conference, since HIV was medically discovered in 1981. As its theme underlined, the conference sought to “*step up the pace*” in so far as committing to all work that seeks to halt the devastating impact of HIV on the global community. It sought to mobilise recommitment to the objective of ensuring that “no-one is left behind,” given that “HIV response has always been about universal access — about non-discrimination and about working with affected people with commitment.” Accordingly, one of the outcomes of the 2014 International AIDS Conference is the Melbourne Declaration, which underlines that “non-discrimination is fundamental to evidence-based, rights-based and gender-transformative response to HIV and effective health programs.”

We remember the families and friends of those who perished in the **Malaysian airline MH 17** as they sought to bring their contributions to the 2014 AIDS International Conference. We are grateful for all that they did for the global community through their work. May they rest in peace. Above all, may their spirit of commitment to eradicating AIDS continue in us. In the past thirty-three years of living with, and in, the global HIV & AIDS epidemic, it has been an apocalyptic event of multiple angles for us. It revealed that our health is interconnected and that we cannot separate ourselves from the health of those who are suffering. It has also revealed that good health is interlinked with social justice. When the most marginalised members of our earth community, those who bear the brunt of inequalities in our societies, such as the youth, women, blacks, LGBT individuals, and the poor became the most infected and affected, a portrait emerged. The latter highlighted that HIV & AIDS is an epidemic within other social epidemics, which demands that we should attend to the virus in our social bodies with equal seriousness of attending to the HI virus in our biological bodies. Living as we do now, in the post HIV & AIDS Apocalypse,² we bear upon our memories the burden of our knowledge: that which has been revealed to us by the epidemic as we seek to be part of healing our relationships and our world.

² Although I have used the phrase, “post-HIV & AIDS,” I do not mean “after-HIV & AIDS.” Rather the term is used as in other “posts” such as in postcolonial, which means “since the beginning of the HIV & AIDS epidemic.”

Red-Ribbon Texts

So, what does it mean for the Bible and its readers to bear the burden of the HIV&AIDS red ribbon movement? What happens when the biblical texts are read in the light of the red-ribbon texts? And what are the challenges that confront us? Do biblical texts have any role to play? The red ribbon-texts are stories of living with HIV & AIDS in the global community in the past three decades, since the virus was medically discovered in 1981. There are stories of a virus that enters the body, eating away its immunity, leaving the body unprotected against any minor and major infection, leading to opportunistic infections, that is AIDS. The red-ribbon texts are stories of suffering bodies that are subjected to further stigma and discrimination, for allegedly their immoral status and sexualities (Heath 2005:11-18). We often find that those who are affected and infected by HIV & AIDS are those who are already on the margins of society due to race, class, gender, ethnicity, profession, religious affiliation, age or sexual orientation. The red-ribbon texts are therefore stories of massive suffering, stigma and discrimination, massive death, grief, orphaned children, children born with the virus, widows, as HIV eats away both the immunity of individual and communal bodies. Those of us who have lived and worked within the past thirty-three years, have been witnesses of HIV & AIDS' devastating impact on the global community. We have seen the HIV & AIDS apocalyptic event happening in our own world and in our time. Since 1981, AIDS has resulted in an estimated 36 million deaths. Today it continues to be the leading cause of death globally, even though infection rates have declined in recent years due in part to more widespread access to treatment, there still are approximately 6300 new infections occurring everyday. According to the joint United Nations Programme on HIV & AIDS, in 2018, 37.9 million people globally were living with HIV. Further, over 36 million people have died from AIDS-related illnesses since the start of the epidemic. In sub-Saharan Africa, four in five new infections among adolescents aged 15–19 years are in girls. Young women aged 15–24 years are twice as likely to be living with HIV more than men.

Where is God?

Searching Around the Exodus, the Cross & Graves

To read the Bible in the post HIV & AIDS apocalypse is therefore, to be intertwined with millions of suffering bodies, to encounter millions of dying bodies, to confront millions of discriminated people. It is an act of gathering the courage to look up millions of graves that litter our time and memories that happened in the last three decades of our existence and work as we seek a different reality. It is to be seated in a place where the boundaries between life and death have seemingly collapsed where we have become dead with the dead. While we seek to rise from our graves our birth pangs are too long, as we try to midwife ourselves to another plane of being. To read the Bible in such a context is to centre the body and all that reduces its life, as well as to search for the resurrection power that must resist all the forces of death that deny the body its life. In the words of Exodus 3, it is to desperately seek a God who sees the misery of the oppressed; a God who used to hear their cries, a God who used to come down to liberate the oppressed. But just as one seeks to encounter such a compassionate and liberating God, the red-ribbon texts bring one to the crucifixion boulevard, where with the voice of Jesus one cries out, “My God, My God, why have you forsaken me?”

Crucified on the HIV & AIDS cross, going up the Calvary road, the weight is too heavy. We fall. We fail going up the Calvary road, but there is no return ticket. Here at the foot of a crucified Christ, there are millions of voices that cry out: “My God, my God! Why has thou forsaken me? But there is no answer. People and communities affected by, living with and dying from HIV thus ask, “Is there a God? If there is a God, does God care? Where is God?” Perhaps God has come down and gone down together with the 36 million people who have suffered and died of AIDS - many of them stigmatised, discriminated, rejected and shamed. Perhaps God is down there listening to their cries of misery, seeking their resurrection. Perhaps God died with those who died of AIDS. Reading the Bible in the HIV & AIDS context is the art of standing in this space of hopelessness, suffering, death and search for resurrection power. It is the art of joining other various disciples and organisations to search for answers and to work for the healing of individual and communal bodies invaded by the virus.

With No Extraordinary Power: “So Now Go, I am Sending You”

While the question of “where is the liberating and healing God” remains pertinent, it is important to remember that the liberating God of the book of Exodus does not only see, hear and know the misery of suffering. Rather, the liberating God also calls for earthly leadership in working out the liberation of the oppressed. Hence, Exodus 3:9-10 tells us that God found Moses busy with his daily duties and disrupted his career saying, “The cry of the Israelites has reached me, and I have seen the way the Egyptians are oppressing them.”¹⁰ So now, go. I am sending you to Pharaoh to bring my people the Israelites out of Egypt.” Naturally, Moses gave valid excuses - he was a mere shepherd, a small man, how could he confront the awesome power of Pharaoh? With no extraordinary power, he was sent to take up leadership in the liberation of the oppressed, using, among other things, the rod in his hands. What is in `your hand’? It might be a mere pen, pencil or a book, but it may be an instrument of healing and liberation.

Combating HIV & AIDS with Biblical Weapons

What do professional biblical interpreters such as scholars, faith leaders and the laity have to do with HIV & AIDS? It is, after all, a virus that eats up the immunity of the infected individuals, which must, perhaps, be rightfully addressed by medical professionals. Yet because HIV & AIDS is a social injustice driven epidemic, that is, it evidently attacks groups that are already marginalised and disempowered such as women, black people, youth, injecting drug users, undocumented immigrants, sex workers and LGBT communities; thus, spirituality has a role to play. This is because the impact of HIV raises spiritual questions calling for spiritual healing. These groups are likely to get infected, have less access to affordable drugs and quality care. Biblical reading should and does have a role to play in the struggle to reduce the impact of HIV & AIDS. Consequently, it has been underlined in the 2014 International AIDS Conference that “there will be no end of AIDS without ensuring respect and dignity of all people, equity in access to health services and social justice,” (Barre-Sinoussi 2014). The Melbourne Declaration, “No-one left behind” has been

adopted for the same reasons. The medical cure may remain elusive, although the scientific community is working tirelessly and has made impressive achievements, but there is a social, spiritual, economic and political healing to be delivered to millions of people whose bodily and communal immunity is under daily attack from lack of human rights, spiritual rights, economic or sexual rights. While biblical/theological professionals and faith practitioners may not necessarily deliver a cure to infected bodies, they can deliver healing through being in solidarity with marginalised and vulnerable communities in seeking their human dignity, rights and spiritual healing.

My Story: Taken and Turned Away

As a biblical scholar who began to do her graduate academic training in 1988, my training began at a time when the world was already living with HIV & AIDS. However, it seemed then that it was a medical issue that needed the attention of the scientific guild than theological tools. So, for my seven-year graduate education, which ended in 1997, I never learnt anything about reading the Bible in the HIV & AIDS context. There were no such courses, neither did I think there was anything amiss. However, I had personally begun to deal with HIV & AIDS that was devastating my country (Botswana). With friends, family and colleagues suffering and dying, I began to write prayers and songs about HIV & AIDS, more as a form of dealing with my grief, since I was studying abroad at the time, away from family. I was hoping to be able to sing some of the songs with my old interdenominational choir upon my return home. I had graduated in an illustrious university where my skills had been sharply crafted as an academic biblical scholar. I had an agenda to grow my research, along with my training. In short, I had not realised that HIV & AIDS would demand more from me, like Moses, who was called away from his career of being a shepherd to confront something new and unrelated to his skills. Becoming an HIV & AIDS scholar was a call to expand the horizons of my engagement beyond the academic guild to include faith, civil and developmental communities and key populations.

By the end of the 1990s, the HIV & AIDS epidemic was at its height in my country. People who had been living with the infection were beginning to die, orphans were growing in millions and many families were caring for terminally ill relatives. The infection rate was in the range of 30% among

the young reproductive age groups in my country. HIV & AIDS drugs were so expensive then that our governments hardly spoke about treatment. I was going around with my duties as a University lecturer, teaching Gospel Narratives, Johannine Literature, Pauline Epistles from a narrative, feminist, postcolonial, historical criticism and the like. Outside campus, I was busy with my activism, trying to raise churches' awareness about HIV and putting up an educational documentary video on the plight of orphans. In other words, my research and teaching were not part of addressing HIV & AIDS. When it finally dawned on me, it was a crisis moment. I was teaching a huge class on the Gospel Narratives in an auditorium, and I suddenly wondered why I should continue teaching if half of my students might be dead in the next decade and if my teaching could not assist my students to stay alive in the HIV era. I also had a crisis with the content of the gospels, for Jesus went around healing every known disease for free, while our context of HIV & AIDS was such that there was no healing, and the drugs were unaffordable.

This crisis on the meaning and relevance of my career led me to make changes. I began to mainstream HIV & AIDS in my research and teaching. Everything was experimental since I had not done such work before and I could not find any book from the library on biblical interpretation in the HIV & AIDS context. For my teaching, I asked my students to carry out field work from their communities and families on passages that feature Jesus' healing power over incurable diseases. They were to enquire about the meaning and relevance of such passages in a context where there was no healing and where drugs were unaffordable and where infection was a sure ticket towards death (Dube 2005). Students brought back their findings from fieldwork research and shared them through class presentations. The result was breaking the silence and the creation of space to talk about an issue that affects all of us, which was nonetheless, often swept under the carpet. Among the major theological findings from the fieldwork was that communities insisted that gospels remain relevant, since Jesus' healing of all people and all diseases underlined that healing is God's will for all.

From these beginnings, through the Circle of Concerned African Women Theologians and through the Ecumenical HIV/AIDS Initiative in Africa (EHAIA), we began a journey of searching for answers. What was there in the Bible? How was the Bible part of the problem and how could biblical interpretation assist with breaking the stigma and discrimination, pro-

mote prevention, quality care, access to affordable treatment and promotion of justice for all? For the most part, churches were okay with giving care to the sick through their hospitals, hospices and community care projects; but this was not good enough since stigma, discrimination, prevention and access to treatment was not addressed. The first major task was confronting HIV and stigma.

Jesus is HIV+:

Breaking the HIV & AIDS stigma and discrimination

HIV and stigma and discrimination meant that individuals, families and communities who were affected and infected with HIV did not receive compassion and services of care and support. Rather, they were marginalised, feared and regarded as sinful people who were getting what they deserved. Since it was groups who were already marginalised and oppressed in their particular communities and the global context such as women, black people, youth, men having sex with men (MSM), injecting drug users and sex workers, who bore the highest infection, HIV & AIDS seemingly legitimised prevailing stereotypes and added to their marginalisation. In turn, the stigma and discrimination meant that these groups were hindered from using available public services such as HIV & AIDS counselling and testing, orphan social support services and relevant information. Most importantly, high prevalence of HIV & AIDS among these groups highlighted that HIV & AIDS was and remains a social injustice driven epidemic.

Reading the Bible for breaking the HIV & AIDS stigma and discrimination thus needed a framework that demolished the discriminatory walls of “us and them” and the promotion of the dignity of all. It was imperative to regard infected bodies as part of our social bodies, to identify with them rather than to distance ourselves from them. Both Christology and ecclesiology of identification provided a framework of reading for liberating inclusion. Jesus’ habit of spending time with the marginalised and oppressed was evoked to challenge Christian communities to rethink their judgmental positions. In the HIV & AIDS context, the Jesus who said, “you saw me naked, imprisoned, hungry, homeless ...” (Matthew 25) would say, “I was HIV+” and you did not, or you welcomed me (Dube 2008 and Messer 2004). Such a characterisation of Jesus underlined that he could not be separated from the marginalised and that those who did

so, were not only violating such groups, but discriminating against Christ himself. Of note, in this radical self-identification of Jesus with the 'Other', is that he did not worry about their morality. For example, the morality of prisoners and the crimes they may have committed were not his concern. All he knew was that such groups were on the margins of society and they needed to be accompanied, empowered and affirmed. Jesus' identification with the marginalised was a call for justice to be served to them. It was his proclamation of the good news to the poor and oppressed and the declaration of the jubilee year (Luke 4: 16-22).

The Pauline theological description of the church as the body of Christ, made of many parts, provided a helpful language (1 Cor 12: 26). Paul held that if one member of the church suffers, we all suffer. Accordingly, if some members of the church are living with HIV and some have died, we are an HIV+ church. The assertion that the body of Jesus was HIV+ was a shocker in earlier times, especially to Bible readers who associated HIV with immorality. Nevertheless, such a biblically based framework of thinking served the purpose of creating a constructive space of compassion, identification, activism and owning up among Christian communities. It assisted members to realise that HIV was not, and is not, out there among the so-called immoral individuals, rather it is among all of us. Both the body of the church and Jesus Christ were HIV+. Along with such a theological framework, of reading, the presence of HIV + positive priests, such as Rev (later, Canon) Gideon Byamugisha, the first African priest to publicly declare his HIV+ status, was of tremendous help in deconstructing claims to holiness, which manifested themselves as HIV & AIDS stigma and discrimination.

With such a framework of thinking, other texts such as the book of Job (Stiebert 2003, Masenya 2003 and Nadar 2004), the healing of lepers (Mark 1:40-42) and the prophetic tradition (Masenya 2003 and Dube 2003) could be read constructively to discourage stigma and discrimination as well as to promote compassionate accompaniment and justice. The book of Job seemed to be a powerful criticism against the theological frameworks that associated illness with sinfulness, just as Jesus (John 9) also discouraged such perspectives (Kgalemang 2004).

God the Creator of Life: Embracing HIV Prevention

If the Christian faith communities identified themselves with HIV+ communities, such solidarity would create a space of reading for HIV prevention. The earliest approach to HIV prevention was the popular ABC - abstain, be faithful and condomise. It centralised the body and its sexual needs. To engage the church constructively in the ABCs of HIV prevention, one needed first, a theology of the sanctity of life. AIDS' claim of millions of lives, its creation of millions of orphans and its cause of suffering, its attack on life and its inequality was a violation of God's creation. The creation framework of Genesis 1 was thus, important for highlighting that all life was created by God and it was good. The creation framework also provided several theological perspectives that discouraged any form of discrimination, namely, that all people were created in God's image, blessed by God to be fruitful and to have access to the resources of the earth regardless of their gender, sexuality, race, or ethnicity. HIV prevention was thus consistent with maintaining the sanctity and human rights of all. The creation framework affirmed the body together with its various needs.

Yet the ABCs of HIV prevention were linked to sexuality, which created a special challenge since most Christian communities did not have a language to speak about sexuality of any form. Second, their association of HIV+ people with sinfulness was based on various sexual taboos such as adultery, fornication and same-sex sexual intercourse. Consequently, many church leaders were happy to insist on AB, that is, abstinence and being faithful to one's spouse as the answer to HIV prevention. The condom was often left out, for it was suspiciously held to promote promiscuity among young people. It was mostly admissible among discordant married couples. Searching for a method of reading the bible for discussing human sexuality and its link to power was particularly challenging. It took me a while to come up with, until I started scrutinising the sexual practices of biblical characters.

The Bible, Sexuality and HIV & AIDS

I remember one particular time that hit me hard on reading the Bible for HIV & AIDS prevention. Kim Groop from Finland had written to say he was organising a short course in Namibia on the theme of "Theology

Combating HIV&AIDS.” He wanted me to come and teach an intensive course on “The Bible, Sexuality and HIV & AIDS” for a week, so I went about studying the biblical families in the Hebrew Bible and the New Testament for their sexual practices. I was not so much looking for laws such as “thou shall not commit adultery or divorce your wife”. Rather, I was searching for examples of the sexual practices of biblical families. I read on Abraham and Sarah and found out about Abraham going in to Sarah’s maid and then disposing of her and their child, Ishmael. I read of fire and brimstone poured upon Sodom and Gomorrah, and Lot and his family running away, and about his wife turning to look back. I read about Lot getting drunk twice and each time delivering a stellar sexual performance that impregnated his daughters in two consecutive nights. I read about Jacob and his two wives and the two maids given to him by each of his wives. I read about the Levite of Judges 19, who gave his concubine for mob rape and then cut her up in twelve pieces in the morning. I read about how Tamar, the desperate widow dressed up like a sex-worker and how her father-in-law Judah could not resist doing business even if he did not have money! I read about Tamar, the daughter of David, who was raped by her step-brother and how David kept quiet about it. I read about David watching the nakedness of Bathsheba, desiring her body, summoning her for his sexual satisfaction, impregnating her, orchestrating the death of her husband and marrying her. Bathsheba never expresses her feelings. Did she, as Leonard Cohen, a musician, will have us believe, play the sexual heroine who tied David to the kitchen chair, broke his throne, cut his hair and drew a Hallelujah from his lips? I read about Solomon and his many wives and concubines. Of Esther and all the young virgins that were collected from the empire, brought in, groomed and lined up, one virgin a night to the king’s bedroom. Of Ruth and Naomi, struck by death and poverty, planning how Ruth should show up in Boaz’s threshing floor and lay her warm body against his feet (genitals). Boaz was trembling, when she commanded him, “Cover your servant with your skirt!” I bet he was happy that night, judging by the amount of barley he gave Ruth in the morning.

The point is made. The attestation for abstinence or faithfulness among the biblical heterosexual families was very thin. I thought to myself, is this the Bible? Did the post-Mosaic law biblical characters ever read Exodus 20.14, “Thou shall not commit adultery...?” Although I was shocked by this discovery, for me the point was clear, we are saved not by our works,

but by grace. David, for all his glaring ethical limitations, was still described as a man after God's heart (Acts 13:22). If God could overlook the "sexual limitations" of the heroes and heroines of faith, why should church leaders in a death-dealing epidemic insist on sexual purity than embark on the preservation of life? We needed to read the Bible for the preservation of life, of families, of communities. We needed to re-read the Bible for building justice-loving families and communities, for it is in such a context that individuals and families are more likely to be able to make effective choices for protecting themselves.

The moment came and I was in Namibia, Paulinum Theological Seminary, packed with an ecumenical student group from various countries. They had come to my class to learn about "The Bible, Sexuality and HIV & AIDS." The sub-text was that the Bible offers good examples, supporting sexual faithfulness in marriage and abstinence for those outside marriage. What could I do with these biblical stories depicting not so perfect sexual practices? They depicted multiple concurrent partners, incest, rape, violence, sexual violence, commercial sex, seduction, fornication and adultery — it was all there in the scripture, practiced by the giants of faith. I divided the students into groups and gave each group three of these stories. The task for each group was to:

- Take their given story and read it in the contemporary context of the HIV&AIDS global epidemic.
- Dramatise the stories for presentation in the classroom.
- Tell the stories of the silenced groups or characters (powerless members) by helping us to hear their feelings and experiences.
- Show how each member of their story would be vulnerable to HIV infection.
- Discuss the factors that make some members unable to protect themselves.
- Make suggestions on how to protect all members of our families and communities from the epidemic (open class discussion).

Students went to work with their passages and engaged their cellphones and laptops and brought to class interesting dramatic shows that were infused with modern technology. We began to listen to Sara and Hagar, to Lot's daughters, to Jacob's wives and concubines, to Tamar the raped virgin, to the dismembered body of the Levite's concubine, to Bathsheba, Naomi and Ruth, to the voices of those burning in the Sodom and Gomorrah fires, until we reached Esther. There were many, if not hundreds, of young girls. We journeyed with one virgin at a time, as they entered the

King's bedroom, spent the night there and emerged in the morning, neither as queens nor virgins, but heading to the second harem for life. We listened to the cry of each virgin in the bedroom of the king. There were screams of terrified young girls. Then we heard their sobs in the morning as they exited and headed to the second harem. We followed them there and heard their lifetime stories. We could have gone to Broadway in New York City and stayed there for a year with the stories of the numerous virgins of the book of Esther, sacrificed for the king's sexual pleasure — no, sacrificed for taming Vashti, so that every woman should know that a man is a king in his house. Aagh, we fast forwarded to Esther, the winning queen. Or was she? We listened to her. She hardly saw the king, after all, the king's second harem was fully packed with those young girls who did not win the queenly crown but interested the king's passions. No, we dared not go to Solomon's family — that would make a lifetime of musicals on Broadway.

The engagement with these stories highlighted that indeed homophobia kills — it kills those who are feared and discriminated against (his interpretation of the story of Sodom Gomorrah followed on its persistent cultural perspective, which is not supported by the text)³. They helped us to understand that as long as families and the communities still harbour violence, discrimination and inequalities, it is clear that the virginity (abstinence) of Tamar, Lot's daughters or the Esther virgins (or young people); the faithfulness of Bathsheba, Esther or Sarah (or married women in general) and Ruth's and Tamar's economic poverty (or poor people in general) could not effectively protect them from HIV infection if they lived in such a contexts. The stories made clear to us that as long as patriarchy gave men excessive power, the likes of Abraham, Judah, David and King Ahasuerus would not only be infected, but they would also spread the virus in their families and communities, thereby underlining the need to revisit patriarchal and heterosexual masculinities in order to construct redemptive ones (Chitando and Chirongoma 2012). The stories highlighted that members of our families and communities who are denied justice have

³ Genesis 19 is a story about gang rape and sexual violence against strangers. It is not a story about homosexual relations. However, over centuries sodomy, a term drawn from these stories, has been used to legitimate discrimination and violence against homosexuals. The tradition that associates with Genesis 19 with homosexuality is too strong, although it is not supported by this passage.

already been sinned against, the unjust structures that they inhabit make them vulnerable.

Conclusion

There are many other forms of reading the Bible in the HIV & AIDS context. They include the liturgical approach (Dube 2003b), the Tamar campaign, which focuses on centralising the rape of Tamar (2 Samuel 13:1-22) to highlight sexual violence (West and Zondi-Mabizela 2004), interrogating dominative and destructive masculinities (Chitando and Chirongoma 2012) and highlighting the plight of widows (Ruth & Luke 18: 1-8). Reading the Bible in the context of the post HIV & AIDS apocalypse involves more than just the academic guild. It involves conversations with People Living with HIV, faith-based communities, developmental communities, NGOs, human rights movements, key populations, scientific communities and governments. It occurs in a multiple-disciplinary setting, that calls for leadership and scholarship that is socially engaged and transformative. Reading the Bible in the HIV & AIDS context seeks to participate in healing the world and birthing resurrection to a world that has been invaded by the disruptive HI virus.

To read the Bible in the global HIV & AIDS context is, therefore, to be willing to accept that God might be calling us to make God's presence known through our professional leadership, even if we do not know how, to join the search for answers and the birthing of healing and resurrection from all forces of death in our global community.

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