

Dube, Musa W.

Let there be light! Birthing ecumenical theology in the HIV & AIDS apocalypse!

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. 161-180. 2021. DOI: 10.20378/irb-50019

Bookpart - Published Version

DOI of the Article: 10.20378/irb-93736

Date of Publication: 18.03.2024

Legal Notice:

This work is protected by copyright and/or the indication of a licence. You are free to use this work in any way permitted by the copyright and/or the licence that applies to your usage. For other uses, you must obtain permission from the rights-holder(s).

This document is made available under the **Creative Commons License CC BY**.



This licence information is available online:
<https://creativecommons.org/licenses/by/4.0/>

LET THERE BE LIGHT! BIRTHING ECUMENICAL THEOLOGY IN THE HIV & AIDS APOCALYPSE!

Musa W. Dube

Introduction: Singing in the Mass Choir

The African Church is a community of believers who are ethically guided by the teaching of Jesus Christ, African indigenous morals, various church traditions, continent wide and international human rights instruments. One of the outstanding Christian ethical injunctions is to love one's neighbour as one loves themselves. Christ's teaching also underlined the ethic of compassion and solidarity by stating that believers should see Christ in all the under-privileged and marginalised members of their communities and be moved into transformative solidarity (Matt. 25:1-43). Planted in African soil, the African church is also grounded in its *ubuntu*¹ ethics that teach us to welcome and respect all members of the community and strangers (Murove 2009:9) As a young girl growing up in the village, I knew that my value and beauty as a person, and of any other person, is not dependent on my looks, colour, height, money, ethnicity, the size of our family, house, or the car that we drove, rather, it was dependent on my capacity to welcome and respect people in the family, community and all strangers. In the *Ubuntu* ethical thinking, one's identity is performed through the capacity to consistently make room for the Other in their space.

Recognising the importance of ethics to Nyambura Njoroge's ministry, in this chapter, I seek to contribute to ethical reflections in African ecumenical theology. Similar to other scholars' views, I believe it is clear that there is no one ecumenical theology in Africa, instead, there is a symphony of

¹ Cf. On various elaborations of *ubuntu* philosophy, see Munyaradzi F. Murove; ed., *African Ethics: An Anthology of Comparative and Applied Ethics* (Pietermaritzburg: UKZN Press, 2009). For perspectives that seek to depatriarchalise Ubuntu see, Ezra Chitando, "Do not tell a person Carrying you that- S/he Stinks": Reflections on Ubuntu and Masculinities in the Context of Sexual and Gender-based Violence and HIV;" in Elna Mouton, et. al. *Living With Dignity: African Perspectives on Gender Equality* (Stellenbosch: Sun Press, 2015), 269-284.

voices and movements, which are not always harmonious² (Phiri and Nadar 2005:8-15). The African church and its ecumenical bodies are extremely diverse (Amanze 1999). Using a theatre analogy, a huge jazz orchestra constitutes the African ecumenical theology, and to state the obvious, many more are in the audience listening to the band and many others are not interested in the show. The African church can range from the ancient Ethiopian Coptic Church to the current mushrooming neo-Pentecostal movements (Kalu 2008).

With such an ancient mass choir in the theatre of African ecumenism, who is listening? I believe this question brings to the fore the question of ethics. In other words, whose ecumenical African theology are we singing/constructing/birthing and for what purposes? Whose interests are served by the ecumenical theology that we construct in or that emerges from the diverse faces of the African church history? Given that the subject of African ecclesiology and consequently, its theology, is the big elephant in the house, we the ants can only proceed by naming its various parts: the elephant is a long white bone (an ivory tusk), the elephant is a huge flappy rug (the ear); the elephant is a long tube (its trunk). As one voice in the mass choir, I cannot pretend to sing all voices, although I might sometimes be heard speaking in the definitive, claiming that, this elephant is one long bone and mine is just that, an attempt to name one characteristic of African ecumenical theology and its ethical frameworks. The part that I seek to elaborate is the HIV positive church, which, in my view, is the apocalyptic script that calls us to new ways of being church and doing theology.³ Although it is just a part, not the whole, it is indeed a part of the whole. The whole cannot be without all its parts.

² Cf. Brigilia Bam, "Women and the Church in (South) Africa: Women are the Church in (South) Africa." In Isabel A. Phiri and Sarojini Nadar, eds, *On Being Church: African Women's Voices and Visions* (Geneva: WCC, 2005), 8-15. theorises the Circle of African of Women Theologians, which is Africa wide, and other women movements as a "creation of a new model of Church and society in Africa," 11. Indeed the whole volume represents African women definitions, experiences and visions of being church. Longwe (2019) also addresses this theme in the context of Malawi. See also Gideon Byamugisha et al. *Is the Body of Christ HIV Positive: New Ecclesiological Christologies in the Context of HIV Positive Communities*. Delhi: ISPCK; 2012, presenting new models of being church and ecumenical from the perspective of HIV & AIDS.

³ Cf. For my earlier review of various theological responses to HIV & AIDS see, Musa W. Dube, "Go tla Siama, O tla Fola: Doing Biblical Studies in an HIV & AIDS Context," *Black Theology: An International Journal*, Vol 8/2 (2010), 212-241.

This chapter has three assumptions which I seek to outline up front concerning the state of the African theology, ecumenism and ethics in the context of HIV & AIDS.

Firstly, as said above, that ecumenical theology in Africa (Amanze 1999) is a hybrid enculturated dish that is constituted through biblical faith, baked in African cultural soils and struggles and in its membership in the international community (Antonio 2006). This cultural soil consists of indigenous beliefs, worldviews and ethics, which are also informed by international human rights-oriented instruments. The African church, its theology and ethics are also informed by various struggles for liberation which include the struggle against colonial oppressions (Dube, Mbuvi and Mbuwayesango 2012), racism, international economic injustice, national poverty, patriarchy, anthropocentrism, heteronormativity, military violence and HIV & AIDS⁴ (Botha and Andinach 2009).

Secondly, it is my premise that HIV/AIDS has been an apocalyptic text for the African continent, revealing the horror and violence of our ethical deficit structures, thereby making an urgent call for the new Earth to come and dwell with us (Chitando 2009). An “apocalyptic text inevitably calls us to dream and to work for a better world” (Dube 2008:12). Consequently, the book of Revelation, with all its amazing images of violence, suffering and death, ends by saying, “Behold, I saw a new heaven and earth coming to dwell on earth.” (Rev. 21:1a).

Thirdly, the African ecumenical theology that I seek to sketch in this paper is that of the “HIV positive church”⁵ (Byamugisha, Raja and Chitando 2012) and the “ethics that it proposes/serves to the ecumenical movement” (Klagba and Peter 2005). According to a 2013 special report issued by the Joint United Nations Programme on HIV/AIDS, UNAIDS, the number of HIV positive people in Africa receiving anti-retroviral treatment in 2012 was over seven times the number receiving treatment in 2005, “with nearly 1 million added in the last year alone. The number of AIDS-related deaths in sub-Saharan Africa in 2011 was 33% less than the

⁴ Cf. See Gideon Byamugisha et al. *Is the Body of Christ HIV Positive: New Ecclesiological Christologies in the Context of HIV Positive Communities*. Delhi: ISPCK; 2012, which brings together some of the significant theorists and theologians of the HIV positive theology.

⁵ Cf. several books on ethics and HIV&AIDS that have been produced, including Charles Klagba, ed. *Into the Sunshine: Integrating HIV/AIDS in Ethics Curriculum* Eldoret: C.B. Peter, 2005.

number in 2005. The number of new HIV infections in sub-Saharan Africa in 2011 was 25% less than the number in 2001.” In my country (Botswana), as it will be in others, 95% of pregnant women who need ARVs receive them successfully preventing the parent to child infection. Indeed, the past three and half decades of facing AIDS have demonstrated the compassion and resilience of the human spirit at all levels because no rock was left unturned to face AIDS. So, significant achievements have been made and amazing human solidarity has been demonstrated. I confess that although it can be said that we are living in the post HIV & AIDS era in the sense that HIV & AIDS have increasingly become more manageable than a death sentence, I am haunted by the landscape of its yesteryear. I am haunted by those who died and our ethical responsibility to them. I am haunted by the HIV & AIDS apocalyptic text and what it reveals to us as the African church and the world that has lived with HIV & AIDS. Before we turn to the HIV & AIDS epidemic, there is need to have an overview on ecumenical theology in Africa.

Enculturated: Ecumenical Theology in Africa

The church in Africa was planted in the African cultural worldview and was nurtured by the same. As Mercy A. Oduyoye asserts, “what we in Africa have traditionally believed of God and the transcendent order has shaped our Christianity” (Oduyoye 2004:18). All Bibles that were translated into African languages and every sermon preached in indigenous African languages is already cast in the African cultural understanding and worldview (Yorke and Renju 2004). African theology and ecumenical fellowship were thus interreligious, from the start. Undergirded by *ubuntu* ethics, African Indigenous Religions (AIRs) have been welcoming to Christianity, Islam, Hinduism, Buddhism and various other religious beliefs. According to Mercy Oduyoye, AIRs often mediate peaceful existence between different religions in the African context. Citing an example of Islam and Christianity, she holds that “religious maturity, traditional hospitality to the stranger and the sacredness of blood ties have enabled the adherents of these two faiths to accept the other’s right to exist and in the family context to share each other’s festivals” (Oduyoye 2004:18). Rarely, if ever, do we have wars of religious intolerance ignited by followers of AIRs towards people of different faith among their societies. Many black

Africans are interested in learning from the faith of the other and becoming converted to the other, without necessarily disavowing their Indigenous formation, although many of our so-called World Religions often denigrate AIRs.

This interreligious character of African theology forms the base and foundation of its ecumenical theology. African theologians in the past forty years have been at work describing the enculturated theology, its various stages of enculturation and purposes (Antonio 2006:1-28). While historical annals amply attest that colonial Christianity was not necessarily welcoming to AIRs ⁶, African theologians consistently show that AICs have been welcoming to Christianity. Consequently, African Indigenous churches have been widely studied for championing an interreligious theology that appreciated and used the wisdom of both religions. Neo-pentecostalism, which has been described by some researchers as demanding that its African members should “make a complete break with the past,”⁷ is said to mimic the colonial church than the historical AICs. Be that as it may, the jury is not yet out concerning contemporary charismatic churches and AICs. Some researchers have pointed out that their materialistic theology of health and prosperity, their focus on casting out spirits ⁸ and their disavowing of heavenly-focused theology are thoroughly nurtured and groomed in the laboratory of AIRs (Asamoah-Gyadu 2007a: 65-86). In short, African Christian theology is inevitably interreligious ecumenical theology, whether such a stance is expressed negatively or positively. We need perspectives on African interreligious theology from other religions, such as Buddhism, Hinduism and Islam. But as far I can see it, AIRs are welcoming religions that make space for various faith perspectives that come to tabernacle among their communities in the African continent. Their capacity to welcome various religious beliefs into their

⁶ Generally, missionaries hardly had any appreciation of African Indigenous Religions as their letters, records and books overwhelmingly attest: See for example, Dachs, A. J. ed., *Papers of John Mackenzie*, Johannesburg: (Witwatersrand University Press, 1975) and Robert Moffat, *Missionary Labours and Scenes in Southern Africa* (London: J Snow, 1842).

⁷ The phrase was popularised by, Birgit Meyer, *Translating the Devil: Religion and Modernity Among the Ewe in Ghana* (Edinburgh: Edinburgh University Press, 1999) to describe neo-Pentecostal perspective towards African Indigenous Religions.

⁸ See Kwame Asamoah-Gyadu, “Pulling Down Strongholds: The Evangelicalism, Principalities and Powers and the Pentecostal Imagination,” *International Review of Mission* Vol. 96, Nos 382/383 (2007), 306-317.

social body without resorting to discrimination and violence is a great ethical asset. It has facilitated and midwived peaceful ecumenical spaces in our communities and for African Christian theology, so much that we rarely think about their contribution to ecumenical interreligious co-existence. It follows that the ethic of *Ubuntu* shines better here in the formation of the African interreligious relations.

The HIV & AIDS Apocalyptic Script and the Ethical Kairos

Turning to HIV & AIDS, it barely needs description for African churches and people. Although it was, and still is, a global epidemic, the African continent has had a lion's share. Sub-Saharan Africa⁹ alone accounted for an estimated 69% of all people living with HIV and 70% of all AIDS deaths in the year 2011. According to the joint United Nations Programme on HIV & AIDS (UNAIDS), in the year 2018 (the latest data available), 37.9 million people globally were living with HIV. To add on, 32 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 among girls. Young women aged 15–24 years are twice more likely to be living with HIV than men. In these three and half decades we have expanded old cemeteries, opened new cemeteries, bought more coffins than we dare to remember nor to forget. The trail of tears from our homes to the graveside has been so frequent, so much that the boundaries between the living and the dead became thin and blurred. The texts of HIV & AIDS are inscribed upon our bodies, etched upon our memories and spirits. The African continent and its church bears upon its social, economic and political body the wounds of the HIV & AIDS epidemic.

The HIV & AIDS epidemic is an ethical Kairos, forcing us to ask the question: “how can/must we live together?” Overt thirty-five years of struggling to reduce and arrest HIV & AIDS with marginal breakthroughs compared to the efforts invested, it soon became evident that it is also an ethical issue that underlined fractures in the foundations of our relationships, socially, culturally, economically and politically and called for re-evaluation. The HIV & AIDS epidemic was consistently forcing us to examine critically “what we ought to do and what we ought not to do”

(Chukwu 2002:38). Both the strategies of combating the spread of HIV & AIDS and their failure, or minimal success, underlined that the HIV & AIDS epidemic is also an ethical question. At first, the world said to prevent HIV & AIDS is as easy as ABC—Abstain, Be faithful and Condomise. The responsibility to arrest the spread of HIV was left in the hands of individuals and their moral agency. Behaviour change was, and still is, flagged desperately. If only people could change their behaviour of drinking alcohol, having unprotected sex, having multiple concurrent sexual partners and if only our young people can delay their sexual debut. If only people could use the condom correctly and consistently. If only married couples could be faithful to one another. If only! The strategy of behaviour change depended on individual moral agency to save families, communities and nations. Although there were many different reasons that gave rise to stigma and discrimination, those who were HIV negative began to see those who were HIV positive as morally lacking individuals, who were supposedly failing to abstain, to be faithful or to condomise in the sexual activities. Such a perception snowballed into a plethora of other social evils, aptly named by Gideon Byamugisha as SSDDIM, that is, Stigma, Shame, Denial, Discrimination, Inaction and Mis-action (Byamugisha et al., 2012:130).

HIV & AIDS was an ethical storm, generating multiple questions and yielding few satisfactory answers.¹⁰ On the issue of disclosing or not disclosing, for example, there were numerous questions, such as; is it acceptable for a doctor to test a patient without his or her consent? Should the positive individual disclose his status to his partner and caregiver, or keep it as his or her privacy? Should it be compulsory for all couples preparing to get married to get an HIV test and disclose to one another, or does an individual have the right to keep his or her status private? On the subject of marital relations, some of our questions were: should an HIV positive husband insist on having unprotected sex with his wife, because he married her and paid *lobola*? Should he insist on a baby even if both husband and wife are positive (prior to the availability of antiretroviral therapy)? Concerning motherhood, we had such questions as; should a pregnant woman choose not to take an HIV test, and risk infecting her

¹⁰ Every aspect of HIV&AIDS featured ethical questions. Some of theological works exploring ethics include, James Amanze et al, *Christian Ethics and HIV/AIDS in Africa*. Gaborone: Bay Publishing, 2007; Musa W. Dube, “Let us Change Gears! Ethical Considerations in the HIV&AIDS Struggle,” in Musa W. Dube Shomanah, *The HIV@AIDS Bible: Selected Essays* Scranton: University of Scranton Press, 2008.

unborn child? Should an HIV positive mother avoid breast feeding to minimise infecting her child and risk disclosing her status and facing stigmatising neighbours? Should HIV positive people have children at all? Concerning youth and single people, we debated; Should we give condoms to school going teenagers, to save their lives or will such an act promote loose sexual morality? Should all sexually active people, regardless of marital status, condomise or should married women live out the marriage vow; “until death do us part” to its tragic end? On the subject of access to treatment, there were questions such as, should pharmaceutical companies keep drugs unaffordable, while people are dying in millions? Should we give anti-retroviral drugs to Africa, since they may not have sufficient medical facilities to manage them and risk creating new mutations of the virus? The list of questions is endless. At every turn of the HIV & AIDS epidemic, there were moral questions. Rose Graham thus spoke of “The Moral Forest and AIDS” (Graham 2003:52-69). The moral forest became ever so thick that it then became necessary to construct counter slogans, by reminding people that “HIV is not a moral issue, it is a virus”! (Byamugisha et.al. 2012).

The situation was critical and how we answered these ethical questions was urgent for multiple reasons, three of which I wish to state. Firstly, HIV/AIDS was claiming millions of lives with each year that was passing. These millions were more than just faceless statistics. They were people: our children, siblings, parents, relatives, friends, churchmates, workmates, neighbours and our very selves. Secondly, HIV/AIDS was primarily attacking groups that were already vulnerable, the marginalised groups in our societies. These include black people, wherever they were found in the world, women, youth, children and LGBT communities. Thirdly, those who were HIV positive were subjected to stigma and discrimination. The stigma and discrimination was practiced within families, churches, communities and the workplace, thereby inflicting on top of physical pain, social and spiritual pain, and sometimes this translated into both social and physical death.

Be that as it may, the HIV & AIDS era was an apocalyptic moment that threw new light on individual and communal ethical capacities (Dube 2008: 99-122). It threw light, exposing the making of our social structures and how they impacted people and their capacity to make decisions and to implement them. For example, while the messages of individual and communal behavioural change were preached widely, using various media sources and huge resources, the educational campaign often yielded

very small dividends. In fact, the more the message was spread, the higher the statistics of infection, death, rape and orphaned children. Eighty% of women who were infected were married and had been faithful to their husbands; the women were also sexually abstinent virgins and nuns who were raped and infected. Men and boys carrying condoms in their pockets did not always use them lest they demonstrate unmanly fear, while some did not have access to condoms. Many men who needed to undergo voluntary counselling and testing to become eligible for treatment either used their wives to check their status or preferred to die than check their status and face the possibility of being pronounced HIV positive! Pharmaceutical companies were not logically moved by the death of millions for they still preferred to sell for profit than to give patent rights for the production of cheaper and affordable drugs. Churches, bodies that were supposedly communities of compassion and healing did not automatically come out as welcoming institutions that live by the rule of “love your neighbor as yourself” or “when you see the sick identify Christ in their faces.” The church was not automatically a stigma and discrimination free space (UNAIDS 2005). Similarly, our *Ubuntu* founded African families and communities proved to be less welcoming than the demands of their communities (Gaie and Mmolai 2007).

Patriarchy is a system that empowers men socially, economically and politically. It supposedly socialises men to protect their nations, women, and children, and for public leadership. In every single year AIDS was killing more people than all the current wars combined. It was thus, worse than war. We needed our men to rise up to the challenge and do the job of protecting their nations, families, women and children against the virus (vanKlinken 2011). Some few good men did. But we all know that the patriarchal ethic of brave and protective men could not hold up. It could not measure up. Our men could not stand up to the challenge in a collective movement. They failed to accountably and programmatically proclaim “We the African men do hereby solemnly swear that no member of our family and nation shall ever get new infection with HIV. We are heading to and working for zero infections!” The HIV war had a very few brave men in its army. Consequently, children and virgin girls were either raped or enticed by grown up men into intergenerational sex through the use of cash, cars, clothes and cellphones (Chilisa, Tsheko and Mazile 2005). It is well attested that many men were scared and hoped to rid themselves of the virus by ‘loading’ it in babies and teenage girls through the so-called myth of virgins who can cleanse a man’s blood (Weinriech and Benn

2004:34). Contrary to patriarchal socialisation, such men were not brave, courageous or protective in the face of HIV.

The protective patriarchal man had lost his moral accountability so much that married women and virgins were in a worse situation than sex workers. Research and books began to be written on *Risky Marriage* highlighting that, “it’s better to be single” (Browning 2014:9-20). The ‘sacred family,’ that is the heterosexual monogamous marriage, was openly shown to be unsafe. What is the use of such a patriarchal system to anyone? Confessing on behalf of his fellowmen, Chitando admits, “We African men have struggled to provide compassionate leadership in our homes, religious organisations, professional institutions and nations...we are heavily implicated in sexual and gender-based violence and HIV (in Mouton 2015:280)” Chitando has undertaken the project of “detoxifying aggressive masculinities” (in Mouton 2015:280) by calling for redemptive masculinities (Chitando and Chirongoma 2012). The point being made is that HIV/AIDS has been an apocalyptic event that revealed to us our biggest ethical deficit. It was a light that was turned revealing our blindness, revealing the ethical deficit of our concepts, structures, institutions, policies and theologies. It revealed deficit. Our moral deficit was not, as some were prone to think, due to “Among those amongst us who were living with HIV” (Chitando 2007)¹¹ but on the larger world, in the communities, churches, families, the industry, economic structures and our international relations.

The above ethical questions are still ringing in our ears and to resolve them there was a demand for an expensive programme that called for community gathering and discussion of all sorts on the global and local stage. It necessitated formation and reformation of communal ethics that was characterised by workshops, seminars, conferences and consultations (Byamugisha et. al 2012:128-146; Weinriech and Benn 2004:98-104). The HIV & AIDS struggle became an ecclesiological and ecumenical moment as churches needed to think together and act together (WWC 1997).¹² The

¹¹ I am indebted to Ezra Chitando, *Living with Hope: African Churches and HIV/AIDS Vol 1*, (Geneva: WCC, 2007), for the inclusive and non-discrimination phrase, “those among us living with HIV & AIDS.”

¹² The very earliest response in a form of Consultative study group resulted in the book, WCC, *Facing AIDS: The Challenge, the Churches’ Response: A WCC Study Document* (Geneva, WCC, 1997); second milestone in the mobilisation of ecumenical movement resulted in the drafting of The Action Plan, and the formation of Ecumenical HIV/AIDS

questions such as, what does it mean to be a church in the HIV & AIDS era; what kind of church do we need to become; what kind of theology should support the church ministry to God's people in the HIV & AIDS era?, became crucial. The African church began to construct a different theology, possibly with different ethics.¹³ This is the theological framework of an HIV Positive Church.

Foundations, Characteristics and Ethics of the HIV Positive Church

Much theological work has already been done on presenting the church as an HIV positive body of Christ (Byamugisha et al 2012:128-146). This construction of the HIV positive church rose independently among different scholars and activists in different places (Gunner 2007:24-32). They were united by their confrontation with the HIV epidemic, stigmatisation and discrimination from the larger society, and drawing from images of Christ who identifies with the marginalised (Matt. 25:1-43) as well as the Pauline image of the church as the body of Christ that is united in pain and joy (1 Cor. 12:26). The HIV & AIDS positive church in Africa is also founded on the ethic of *Ubuntu* that teaches us the very best way to be human is to recognise, respect and welcome the Other (Murove 2009:61-110). In recent times, Ezra Chitando has built up on the framework of an HIV positive church by elaborating its multiple theological and ethical bases, but above all, underlining the accountabilities of an HIV positive church. He describes how the HIV positive church can and should become an HIV competent church, in terms of its capacity to respond adequately and effectively to the epidemic (Chitando 2007). An HIV & AIDS

Initiative (EHAIA) which was to facilitate the implementation of the Action plan amongst African churches and the global ecumenical family.

¹³ African HIV & AIDS theology was generated by various scholars at different places, but the bulk of it was generated through Ecumenical HIV & AIDS Initiative (EHAIA), where such productive names as Ezra Chitando, Nyambura Njoroge, Musa Dube, Sue Parry, Charles Klagba, Hendrew Lusey and Ayoko Bahun-Wilson were the leading facilitators on conversations around faith and HIV & AIDS. The Circle of Concerned Women Theologians that adopted HIV & AIDS research as its focal research for seven years (2002-2009), generating at least six volumes; was the second forum that generated continent wide conversations often in collaboration with EHAIA: The INERELA was also an important space for generating HIV+ theology, although their work tended to focus more on training and mobilising churches to be compassionate and healing communities.

competent church needs adequate theology and informed responsive action (Chitando 2007). Chitando has described the HIV competent church as an action-oriented body which is characterised by “quick feet,” “friendly feet,” “warm hearts” “anointed hands” and “sharp minds.” (Chitando 2007). According to Chitando, “African churches need friendly feet to journey with individuals and communities living with HIV/AIDS, warm hearts to demonstrate compassion, and anointed hands to effect healing” (Chitando 2007). This chapter builds on these ongoing theological developments to elaborate the character, theology and ethic of the HIV positive church.

As an HIV positive church, the African church chooses to identify with the Other, who is vulnerable, who is marginalised, stigmatised, discriminated and oppressed.

To be an HIV positive church is to center the Other, to hear the voice of the Other, for the prophetic voice of the church stands a much better chance by listening to the voice of the Other amongst us (Koblanck 2005; World Vision International 2009). The Other are those among us who live with HIV in their bodies, in their families, in their communities and nations. They are the least of those who constitute the face of Christ amongst us. The HIV positive church is the wounded bride of Christ. She lives with the deadly virus upon her body and bears the marks of its opportunistic infections. She has experienced stigma and discrimination in her own home and among her family members. She is a church that knows suffering, death, grief. She is an orphaned and caregiving grandmother, and a midwife for a positive life. She embodies the least of these (Matt. 25:1-43). Through life stories and voices of the Other, The HIV positive church is critically aware that most of our theology, ethics, structures and institutions have severe limitations in guiding the human dignity of all, especially our vulnerable members. The HIV positive African church is, therefore, a listening church. It is characterised by its commitment to ensuring that the Other is not subsumed under ethical systems that exclude their interests. The HIV positive church identifies with the marginalised, not so they can speak for the oppressed, but so they can make the church a space where the entire marginalised can be heard and listened to. It is a space where the stories of the oppressed can be told and be heard; a place where their dreams for liberation can be articulated and implemented.

The HIV positive church has read the apocalyptic text and understood that the capacity of the church to preach a liberating salvation is dependent on hearing the prophetic voice of the Other. According to Gideon Byamugisha, the stories of people living with HIV have shown the church that we need to dispense with SSDDIM, that is, Stigma, Shame, Denial, Discrimination, Inaction and Mis-action (Byamugisha et.al. 2012:130).

To be an HIV positive church is to live with the virus in your body. It is to understand and work through exposure. The exposure highlights your vulnerability. It is your identity as an immune deficient church that positions you¹⁴ to stand a better chance to be a church. According to Don Messer, “the starting point of this mission is admitting that ultimately we are all HIV-positive: As long as we deny our own vulnerability and risk ... then we best step aside (Messer 2004:27-38). Messer underlines that, “by accepting that we are all HIV positive, we affirm both the sovereignty of God and our solidarity with our brothers and sisters in Christ” (Messer 2004:32). To be an HIV positive church that lacks immunity is, therefore, to be that body that is equipped to bear and catch every infection that comes around, and to be in a constant fight against opportunistic infections. The exposure also takes down all your defenses as an HIV positive church, and forces you to be unsettled and unsettling. Constant rethinking, evaluation and monitoring become integral for your survival. To be an HIV positive church is to walk the Damascus road, where harsh light strikes your eyes, and you hear God calling “Church! Church! why are you persecuting me?” just when you thought you were laboring for God and defending the interests of God.” The irony! It is to be a church that acknowledges that sometimes, if not many times, you lose it. Harsh light falls on your eyes and you experience temporary blindness in order to regain new sights. To be an HIV positive church is to accept the light that has fallen upon your eyes in the HIV & AIDS era exposing you, showing that your structures and institutions, policies, theologies and ethics are founded on faulty and sinful foundations that betray the quality of life on God’s Earth. You thought you knew that every person is made in God’s image and how to love your neighbour; how to receive a stranger; you thought you had Ubuntu, you thought you had experienced grace; you thought you had and gave justice; you thought you were a strong protective man; you thought you had strong moral families that protect children and women. But, now you have been exposed.

¹⁴ The use of “you,” direct address in this paragraph is a deliberate rhetorical device.

Now, as an HIV positive church you know better. The light has come upon you striking you with temporary blindness so that you can see. The temporary blindness was meant to shock you out of your blindness and enable you to see what you need to see. You are humbled. You have been exposed to harsh light so that scales may fall off your eyes. Harsh light has brought you to a place of acknowledgement that you need to work for a holistic liberation. The apocalyptic text has revealed to you that social oppressions are interconnected, and that true liberation should handle all forms of oppressions, exclusions and marginalisations. Oppressions based on human creations such as anthropocentrism, poverty, patriarchy, racism, gender-based violence, heteronormativity, international economic injustice and oppression, youth and child disempowerment and marginalisation of people with disabilities. The revelations of the HIV & AIDS apocalyptic text has shown you that oppressions are interconnected. You have been shown that to proclaim the gospel of liberation, the salvation of the gospel of Christ, you must address all forms of oppressions, within the society and institutions. You need to seek and work for ethical structural and communities to enable individuals to exercise their moral agency. HIV/AIDS has underscored that African ecumenism should focus on the building of justice in the African continent. According to Byamugisha, an HIV positive church should seek to SAVE, that is, promote, “Safer practices; Access to treatment and Nutrition; Voluntary, routine dogma-free counseling and testing and Empowerment of children, youth, women, families, communities and nations living with, vulnerable to, at risk of and affected by HIV & AIDS (Byamugisha et.al., 2012:240).

An HIV positive church is a healing community.

The African church, and the global church as a whole, have received revelation that societies that do not give human dignity and empowerment to all its members are deadly societies. Healing is that capacity to see the image of God upon every member of our society and to work for the recognition all members of our world at all levels of the society. Such a healing church no longer discriminates against its members on the basis of gender, race, class, sexuality, ethnicity, age or disability. Such a church lives and works out its mission in God’s created community, celebrating the sacredness of all members. Healing is to ensure that every member of our society is given the space to flourish in this our divine Earthly home. An HIV positive church subscribes to the ethic of compassion as it seeks to

be in solidarity to bring about healing. The compassionate acts of the HIV positive church seek to midwife justice, and justice for all, it moves through transformative solidarity. Consequently, J. P Heath holds that, “God has allowed HIV to heal the Church, to force us to become Christian” (Heath 2005:31).

The HIV positive church is also a woman and children positive church.
(Chitando & Chirongoma 2013)

Such a church no longer co-habits with patriarchy, nor does it seek to forge ecumenism on the basis of sacrificing the humanity of women on the church altar. It is a church that recognises that the African church is a woman church in numbers and ethically. A woman and child positive church recognises that women are the church and the church is woman, the bride of Christ. It recognises that African women embody the face of the least of these. As Brigalia Bam points out:

the first challenge to mention here is that women bear the brunt of all crisis that African nations are faced with—HIV/AIDS, POVERTY, WAR, VIOLENCE, Genocide — HITS WOMEN hardest. In this sense, African women are the bearers of the cross alongside the crucified Lord. The first challenge facing churchwomen in Africa are all the challenges facing the continent put together. This is a mammoth challenge (Phiri & Nadar 2005:14).

As the face of the least of these, women in our churches are Christ among us. Accordingly, a woman and child positive church recognises that African women embody the performance of hospitality, healing and compassion among us. As Mercy Oduyoye points out, the ethics of an African mother are supreme and the mother is supreme. According to Oduyoye “women in Africa exercise motherhood against all odds, the quality of sense of duty and fulfillment and achievement that must go with determination to see another person become human, cannot be associated with poverty of understanding about the value of humanity” (Oduyoye 2002:58). Other organisations, such as UNICEF have recognised the centrality of the woman by adopting the slogan: “Educate a woman, educate a nation,” and the assumption that a child who has a mother is not an orphan even if she does not have a father. Oduyoye thus insists that African mothers are “co-creators with God and imitators of God’s management of creation (Oduyoye 2002:58).” Nyambura Njoroge exhorts us that “from here on, as we preach the good news in the whole world, we will do

better to remember HER story and to build on her legacy of compassionate deeds” (in Chitando & Chirongoma 2013:31).

The HIV Positive Church remembers those who died in the HIV & AIDS storm.

It remembers those who suffered long and died waiting for medication. It remembers those who died alone stigmatised and discriminated by family, friends and neighbours. It remembers those who could not even dare to tell their stories and those who dared to tell their stories. It remembers those who died feeling condemned for immorality. It remembers the children who were born with HIV and did not have access to medication and the stigma they faced and the love they received, or the love they did not receive. It remembers the efforts of volunteers, activists, planners and caregivers for standing in the gap. All their stories, told and untold, remain a testimony, calling for the creation of life-affirming structures, institutions, theologies and ethics in our communities and world. The HIV positive church ensures that those who died did not die in vain. It remembers. It is a church that wears the red ribbon, a church that celebrates World AIDS Day in all the days of its year. It ensures that their lives can continue to bring salvation for the living. The HIV positive church recognises that the dead are the living dead and that the living are the dead living. Together with Christ they intercede for us, praying that we should be into the ministry of creating healing relationships, communities and nations; we should be into the multiplication of compassion, justice, grace and love. These ethical commitments to build justice-loving communities through listening to the Other who has been marginalised among us should be the basis for being the church and for our ecumenical agenda in Africa.

Conclusion: Towards a New Heaven and Earth

The apocalyptic event of the HIV & AIDS epidemic has revealed ethical deficits at all levels of the society. The need to birth a new heaven and new earth is imperative. Like the elder and prophet John, we have seen the horrors of oppressive dragons and we need to see the New Earth, coming out of heaven and God coming to dwell with us. During the many years

of living with HIV & AIDS, numerous ecumenical conferences, workshops, seminars, and consultations were held to address our ethical deficits and the need to birth communities, structures, policies, theologies, economic and international relations that were welcoming, nurturing, healing and compassionate, where individuals will be empowered moral agents within their communities. The HIV & AIDS era was thus, an ecumenical moment that necessitated the imagination of the new church and new communities. A theological base was needed to midwife the birth of a welcoming, compassionate and healing church. On listening to the voices of those among us living with HIV & AIDS, we were led to see an HIV positive church coming out of heaven, coming down to dwell with us on Earth. By naming and recognising ourselves as the HIV positive church we seek to take the stigma amongst ourselves, to close ranks, to make no room between “us and them”, to welcome Christ among us.

To be an HIV positive church is, therefore, to remain positive, to live in hope and work for hope. It is to subscribe to positive living.

It is to bear the hope for life. It is to insist on the journey of birthing, co-creating with God and midwifing the process of birthing life with God. It is to subscribe to the ethic of resurrection. The ethic of resurrection calls for commitment to resisting all forces of death that negate life and reduce its quality. An HIV positive church is committed to working towards birthing qualitative life among its members, communities, nations and in the global village. The HIV positive church knows that to preach and bear the good news of the liberating salvation, the church cannot work in isolation, for the church remains in the world and it will not be taken out of the world (John 17: 15). It must work with other stakeholders in their particular locality, nation and within the global communion. As Nyambura Njoroge has kept reminding us, networking, collaboration and ecumenism are the hallmarks of an HIV positive church. The HIV positive church lives in the resurrection power, seeking to perform multiple resurrection acts against persisting opportunistic infection; against oppressive structures and theologies that emerge and mar life on God’s beautiful Earth. The resurrection power of Christ is the energising spirit that refreshes the HIV positive church to maintain its prophetic voice; to remain in search of healing and justice and in transformative solidarity with the Other. The HIV positive church stands with the elder John declaring that:

I saw a new heaven and a new earth. The former heaven and the former earth had passed away, and the sea was no more. 2 I also saw the holy city, a new Jerusalem, coming down out of heaven from God, prepared as a bride adorned for her husband. 3 I heard a loud voice from the throne, saying, "Behold, God's dwelling is with the human race. God will dwell with them, and they will be God's people, and Godself will always be with them [as their God]. 4 God will wipe every tear from their eyes, and there shall be no more death or mourning, wailing or pain, [for] the old order has passed away. 5 The one who sat on the throne said, "Behold, I make all things new." Then he said, "Write these words down, for they are trustworthy and true." 6 He said to me, "They are accomplished. I [am] the Alpha and the Omega, the beginning and the end. (Rev. 21: 1-5)

References

- Amanze, J. 1999. *A History of the Ecumenical Movement in Africa*. Gaborone: Pula Press.
- Antonio, E. P. Ed. 2006. *Inculturation and Postcolonial Discourse in African Theology*. New York: Peter Lang.
- Asamoah-Gyadu, J. K. 2007a. "On the "Mountain" of the Lord': Healing Pilgrimages in Ghanaian Christianity," *Exchange*, 36(1), 65–86.
- Asamoah-Gyadu, J. K. 2007b. "Pulling Down Strongholds: Evangelism, Principalities and Powers and the African Pentecostal Imagination," *International Review of Mission*, 96, 306-317.
- Bam, Brigilia. 2005. "Women and the Church in (South) Africa: Women are the Church in (South) Africa," In Isabel A. Phiri & Sarojini Nadar, eds., *On Being Church: African Women's Voices and Visions*. Geneva: WCC, 8-15.
- Botta, A. F., & Andiñach, P. R. 2009. *The Bible and the Hermeneutics of Liberation*. Atlanta: Society of Biblical Lit.
- Brown, C. G. 2011. *Global Pentecostal and Charismatic Healing*. Oxford: Oxford University Press.
- Browning, M. 2013. *Risky Marriage: HIV and Intimate Relationships in Tanzania*. New York: Lanham: Lexington Books.
- Byamugisha, G. B., Raja, J. J., & Chitando, E. 2012. Eds., *Is the Body of Christ HIV Positive: New Ecclesiological Christologies in the Context of HIV Positive Communities*. Dehli: ISPCK/SOCMS.

- Chilisa, B., Dube, S.M., Tsheko, N., & Mazile, B. 2005. *The Voices and Identities of Botswana School Children Gender HIV/AIDS and Life Skills in Education*. Nairobi: UNICEF.
- Chitando, E. 2007. *Acting in Hope: African Churches and HIV/AIDS Vol. 1*. Geneva: World Council of Churches Publications.
- Chitando, E. 2009. *Troubled but Not Destroyed*. Geneva: WWC
- Chitando, E., & Chirongoma, S. 2012. Eds., *Redemptive Masculinities: Men, HIV, and Religion*. Geneva: WcC
- Chitando, E., & Chirongoma, S. 2013. Eds., *Justice Not Silence: Churches Facing Sexual and Gender-Based Violence*. Stellenbosch: Sun Press.
- Chukwu, C. N. 2003. *Applied Ethics and HIV/AIDS in Africa: A Philosophical Discourse*. Eldoret: Zapf Chancery.
- Dachs, A. J. 1975. *Papers of John Mackenzie*. Johannesburg: Witwatersrand University Press for African Studies Institute.
- Dube, M. W. 2008. *The HIV and AIDS Bible, Selected Essays*. Scranton: University of Scranton Press.
- Dube, M. 2010. "Go tla Siama. O tla Fola: Doing Biblical Studies in an HIV and AIDS Context," *Black Theology*, 8(2), 212–241.
- Dube, M. W., Mbuvi, A. M., & Mbuwayesango, D. R. 2012. Eds., *Postcolonial Perspectives in African Biblical Interpretations*. Atlanta: Society of Biblical Literature.
- Gaie, J. B. R., & Mmolai, S. 2007. *The Concept of Botho and HIV/AIDS in Botswana*. Eldoret: Zapf Chancery.
- Gunner, G. 2009. *Vulnerability, Churches, and HIV*. Eugene Oregon: Wipf & Stock Publishers.
- Kalu, O. 2008a. *African Pentecostalism: An Introduction*. Oxford: New York: Oxford University Press.
- Klagba, C. & C.B. Peter. 2005. *Into the Sunshine: Integrating HIV/AIDS in Ethics Curriculum*, Eldoret: Zapf Chancery.
- Klagba, C., C. B. Peter, & Ecumenical HIV/AIDS Initiative in Africa. 2005. *Integrating HIV/AIDS into The Ethics Curriculum: Proceedings of the EHAIA-WCC 'HIV/AIDS and Ethics' Workshop held at Porto Novo, Benin, October 4-8, 2004*. Eldoret, Kenya: Zapf Chancery for Ecumenical HIV/AIDS Initiative in Africa, World Council of Churches.
- Koblanck, A. 2005. *A Few Days More--: The Story of a Young Woman Living with HIV in Botswana*. Avondale, Harare: Sida.
- Klinken, S.van. A. (2011). *'The Need for Circumcised Men': The Quest for Transformed Masculinities in African Christianity in The Context of the HIV Epidemic*. PhD Thesis Utrecht: Utrecht University.
- Longwe, M. 2019. *African Feminist Theology and Baptist Pastors' Wives in Malawi*. Mzuzu: Luviri Press.

- Messer, D. E. 2004. *Breaking the Conspiracy of Silence: Christian Churches and the Global AIDS Crisis*. Minneapolis: Fortress Press.
- Meyer, B. 1999. *Translating the Devil: Religion and Modernity Among the Ewe in Ghana*. Edinburgh: Edinburgh University Press for the International African Institute.
- Moffat, R. 1842. *Missionary Labours and Scenes in Southern Africa*. London: J. Snow.
- Mouton, E., Kapuma, G., Hansen, L., & Togom, T. Eds. 2015. *Living with Dignity: African perspectives on gender equality*. Stellenbosch: Sun Press.
- Murove, M. F. 2009. Ed. *African Ethics: An Anthology of Comparative and Applied Ethics*. Scottsville: University of KwaZulu-Natal Press.
- Ndati, N. 2011. *HIV and AIDS, Communication, and Secondary Education in Kenya*. Eldoret: Zapf Chancery.
- Nkomazana, F., & Kealotswe, O. N. Eds. 2007. *Christian Ethics and HIV/AIDS in Africa*. Gaborone: Bay Publishing.
- Oduyoye, M. A. 2004. *Beads and Strands: Reflections of an African Woman on Christianity in Africa*. New York: Orbis Press.
- Phiri, I. A. & Nadar, S. 2005. *On Being Church: African Women's Voices and Vision*. Geneva: World Council of Churches.
- Shomanah, M. W. D. 2008. *The HIV & AIDS Bible: Selected Essays*. University of Scranton Press.
- UNAIDS. 2005. *Report of a Theological Workshop Focusing on HIV and AIDS Related Stigma*. Geneva: UNAIDS.
- World Council of Churches. 1997. *Facing AIDS: The Challenge, the Churches' Response*. Geneva: WCC
- Weinreich, S., & Benn, C. 2004. *AIDS - Meeting the Challenge: Data, Facts, Background*. Geneva: World Council of Churches.
- Yorke, G. L. O. R., & Renju, P. M. 2004. *Bible Translation and African Languages*. Nairobi: Acton Publishers.