Theology in the HIV&AIDS Era

Module 7

A Theology of Compassion in the HIV&AIDS Era

Accompanying the HIV and AIDS Curriculum for TEE Institutions in Africa

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Theology in the HIV&AIDS Era Series

Theological Education by Extension

Module 7: A Theology of Compassion in the HIV&AIDS Era

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A Note to Learners, Users and Readers

The overall goal of this module is to contribute towards building HIV&AIDS competent churches and theological institutions. This module is part of a series of ten modules on, *Theology in the HIV&AIDS Era*, which was developed for distance learners. The modules are accompanying the *HIV and AIDS Curriculum for TEE Institutions in Africa*.

The process of production began with an all Africa training of trainers’ workshop on mainstreaming HIV&AIDS in Theological Education by Extension (TEE), held in Limuru Kenya, July 1-7, 2004. The workshop called for the production of a distance learning Curriculum and accompanying ten modules to enable the mainstreaming of HIV&AIDS in TEE programs. Writers were thus identified, trained in writing for distance learners and given their writing assignments. In July 2-13, 2005, twelve writers gathered in the Centre for Continuing Education at the University of Botswana with their first drafts for a peer review and quality control workshop. The result of the process is this series on *Theology in the HIV&AIDS Era* and the accompanying curriculum for TEE. The whole process was kindly sponsored by the Ecumenical Initiative for HIV&AIDS in Africa (EHAIA).

Although the target audience for these modules is the distance learning community, it is hoped that the series will also stimulate new programs, such as diplomas, degrees, masters and doctoral studies in HIV&AIDS theological research and thinking in residential theological institutions. It is also hoped that the series will contribute towards breaking the silence and the stigma by stimulating HIV&AIDS theological reflections and discussions among various groups and occasions, such as in Sunday school, women’s meetings, youth and men’s fellowship, workshops, conferences and among teachers and preachers of religious faith.

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But who is my Neighbor?

Just then a lawyer stood up to test Jesus. "Teacher," he said, "What must I do to inherit eternal life?" He said to him, "What is written in the law? He answered, "You shall love the Lord your God with all your heart, and with all your soul, and with all your strength, and with all your mind; and your neighbor as yourself." And he said to him, "You have given the right answer. Do this and you will live." Wanting to justify himself, he asked Jesus, "But who is my neighbor?" Jesus replied, "A man was going down from Jerusalem to Jericho, and fell into the hands of robbers, who stripped him, beat him, and went away leaving him half dead. Now by a chance a priest was going down that road; and when he saw him, he passed on the other side. So likewise a Levite, when he came to the place and saw him, he passed on the other side. But a Samaritan while traveling came near him; and when he saw him, he was moved with compassion. He went to him and bandaged his wounds; having poured oil and wine on them. Then he put him on his own animal, brought him to an inn and took care of him. The next day he took out two denarii, gave them to the inn keeper, and said, "Take care of him and when I come back, I will repay whatever you spend." Which of these three do you think was a neighbor to the man who fell in the hands of robbers?" He said, "The one who showed mercy." Jesus said to him, "Go and do likewise" (Luke 10:25-37).

The starting point in this mission and ministry is admitting that ultimately we are all HIV-positive. As long as we deny our own vulnerability and risk, rebuff our own oneness with the suffering of the world, and pretend we are separate from our infected and affected sister and brothers, then perhaps we best step aside... **Turn the page only** if you can honestly say, we are all HIV-positive (Messer 2004: 38).
Module 7
A Theology of Compassion in the HIV&AIDS Era

When one looks at the experience of people living with HIV/AIDS, two things stand out. The first is the diversity of people with HIV/AIDS. The second is how often and in how many ways people with HIV/AIDS are stigmatized or discriminated against. Sometimes it appears as if the various people with HIV/AIDS have only two things in common: HIV infection and HIV-related stigma and discrimination (Canadian HIV/AIDS Legal Network 1999).

If we are going to counter stigma and deal with HIV and AIDS in a responsible manner theologically, the place to start is with lived experience…. Praxis must be done in the interest of those who experience stigma, it must be collaborative (Denise Ackerman quoted in UNAIDS 2005:51).

It’s not only people living with HIV who need healing, but also the church [and the world] (Heath 2005:31).

Module Overview
Hello and welcome to Module 7 on a theology of compassion in the HIV&AIDS era. The above opening quotes emphasize the magnitude of the problem of the HIV&AIDS stigma and discrimination facing People Living With HIV&AIDS (henceforth, PLWHA) and the importance of listening to their voices/lived experiences in order to articulate a theology of compassion. Our main goal in this module, therefore, is to counteract HIV&AIDS stigma and discrimination by developing a theology of compassion. The latter seeks to contribute towards creating an environment that is livable for PLWHA and the affected; to recognize PLWHA and the affected as agents for HIV&AIDS prevention, promotion of quality care, reduction of its impact, promotion of social justice and the eradication of stigma and discrimination.

The concept of PLWHA and the affected as agents is central to this module. The word agent is therefore used to emphasize the active participation or role of PLWHA and the affected in the struggle against HIV&AIDS and its stigma. Agency of PLWHA and the affected is vital to our articulation of a theology of compassion. That is, much as compassion refers to solidarity with the suffering and seeking change with them, the concept of agency of PLWHA and the affected emphasizes their centrality as active subjects in building and giving compassion. Their voices, stories and lived experience must be the foundation of a theology of compassion. Compassion, in other words, does not patronize, silence or replace PLWHA and the affected as active subjects in the struggle against HIV&AIDS and its stigma and discrimination. Compassion, rather, is empowering companionship. A theology of compassion is a theology of empowerment and liberation that fully recognizes the human dignity and initiative of the oppressed in working out their own salvation.

Module 7 is divided into two parts. The first part will cover Units 1-5. In these units our questions are as follows: What is compassion and why do we need compassion (Unit 1) and what is our theological foundation for compassion? The latter question is
broken into three questions covered in three units (Unit 2-4). In Unit 2 our question is: “Is God compassionate?” In Unit 3, our question is: “Is Christ compassionate?” In Unit 4, our question is: “How do African cultures encourage us to be compassionate communities?” Unit 5 asks the question of: “How can the church, its leadership and members become compassionate?” Unit 5, focusing on building a compassionate church, serves as a bridge between part one and two. Part one, therefore, focuses on defining concepts, frameworks and foundations for a theology of compassion.

Part two, consisting of Unit 6-10, focuses on turning our compassionate faith into action, by focusing on PLWA and the various affected groups. The Units thus focus on people with AIDS-related illnesses (Unit 6); caregivers (Unit 7), orphans (Unit 8), widows (Unit 9) and on compassion as good stewardship of God’s created world (Unit 10). Each unit seeks to make the voices of the PLWA/affected group/s heard; to expose the magnitude of the challenge, to highlight churches’ commitment and further explore basis and forms of compassionate acts that can be undertaken by the church and other stakeholders.

Module Methodology

In accordance with the above stated goal of this module, we shall begin most units by featuring the voices of the PLWA and the affected. This approach is very important, for a theology that seeks to resist HIV&AIDS stigma and discrimination should be founded on the lived experiences of PLWA and the affected. The voices of PLWA and the affected, in a form of stories, charters, quotes, speeches etc. shall be the foundation for a theology of compassion. The centrality of the voices of PLWA and the affected is an acknowledgement of their agency in building a compassionate theology and faith communities.

The agency of PLWA and the affected is central to the construction of a theology of compassion. Accordingly, you will note that from Unit 6-10, focusing on various groups, the title consistently says, “compassion with and to...” PLWA, orphans, caregivers, grandparents, widows and God’s created world. The word “with” (and not just “to”) underlines that PLWA and the affected are agents of their own lives and of the HIV&AIDS struggle in the society. PLWA and the affected are not just objects of compassion, but rather, they are also active makers and givers of compassion. Indeed, a theology that reduces any group to become objects than subjects of their own destiny cannot be liberating or empowering. Accordingly, the first three chapters were first developed in the context of Ecumenical HIV&AIDS Initiative in Africa (henceforth EHAIA) workshops on compassion, where each speaker was preceded by speeches of PLWA and where they were active participants of group discussions as we sought to formulate what constitutes a theology of compassion. This module, therefore, shall seek to challenge the learner and the church to hear and be guided by the voices of PLWA and the affected in our quest for a theology of compassion in the HIV&AIDS era.

Second, the voices of PLWA shall be consistently followed by remembering the vows, covenants, commitments, statements and policies that the HIV positive church has made in its journey towards becoming compassionate and healing community in the HIV&AIDS era. In particular, we shall use The Plan of Action, the All Africa
Conference of Churches (henceforth AACC) covenant document on HIV&AIDS and other statements of commitment adopted by various church communities.

Module Objectives

By the end of this module, you should be able to:

- **Expose** the occurrence of HIV&AIDS stigma and discrimination
- **Define** compassion, HIV&AIDS stigma and discrimination
- **Recognize** PLWHA as agents of change in fighting stigma and discrimination
- **Create** safer social spaces with and for PLWHA to live productively
- **Develop** a theology of compassion based on the experiences of PLWHA, the bible, African cultures and church traditions
- **Explore** and expose stigma and discrimination experienced by specific PLWHA and affected groups such as orphans, widows, care-givers
- **Build** a compassionate and prophetic church
- **Encourage** a church that collaborates with NGOs, government and PLWHA to fight the HIV&AIDS Stigma and discrimination.

Instructions

For our study through this module, please be sure that you have:

1. A complete copy of the Bible in the language of your choice
2. A hard cover notebook for your notes, activities, tests and examinations
3. Attempted all the activities and self-assessment tests in all the units.
Unit 1

Defining the Terms and the Problem

OVERVIEW
Hello and welcome to Unit 1 on defining the terms and the problem. We shall define our technical terms such as compassion, stigma, discrimination and social justice. Our first question is: what is compassion? With this question we shall seek to explore and understand the concept of compassion. Our second question is: why do we need compassion in the HIV&AIDS era? The latter question seeks to underline that the HIV&AIDS stigma and discrimination makes compassion necessary in the struggle against the epidemic. To answer both questions, we shall make attempts to listen and hear the voices of PLWHA and the affected in order to develop a relevant theology of compassion in the rest of the module.

OBJECTIVES
By the end of this Unit, you should be able to:
- Define the meaning of compassion, stigma & discrimination
- Describe how compassion is expressed
- Describe why we need compassion in the HIV&AIDS struggle
- Describe the churches commitments to compassion
- Analyze the link between HIV&AIDS and social injustice
- Suggest ways of implementing compassion.

TOPICS
Unit 1: Defining the Terms and Problem
- Introduction
- Listening to the voices of PLWHA
- Remembering the churches’ commitments
- What is Compassion?
- Compassion is an Active Word
- What is HIV&AIDS Stigma and Discrimination?
- The Link between Social Injustice and HIV&AIDS

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Unit 1
Defining the Terms and Problem

Introduction: Voices of PLWHA & a CLWHA
We shall start our journey into defining the terms and understanding the problem that calls for a theology of compassion by listening to the voices of PLWHA. We shall be listening to how PLWHA define the problem; what they suggest as solutions and how they are part of offering compassion in Box 1 and 2 and by doing activity 1 and 2. Since the church has been living with HIV&AIDS for twenty-four years now, the church is HIV&AIDS positive. The church is a Church Living with HIV&AIDS (henceforth CLWHA). We shall, therefore, also listen to the church’s response to the problem of stigma and discrimination and the commitments they have made as agents of compassion in the HIV&AIDS era. In the boxes that follow, let us begin this process.

Listening to the Voices of the PLWHA
In Box 1 and 2 we have voices of PLWHA. The activities that follow will assist you to understand how they describe stigma and discrimination and the solutions they offer for being building compassion in our faith communities and societies.

Box 1
If those of us with HIV and AIDS can obtain help and compassionate support from those around us we can live positively and constructively, and help our brothers and sisters to avoid our situation. If we face instead punishment, blame or discrimination, our lives will be more miserable, and we will hide the danger and experience that could save our lives and of others. Blame sustains denial, and denial fuels the spread of AIDS.

(Byamugisha 2000:30)

Activity 1
1. How does Byamugisha define the problem?
2. List the consequences of stigma and discrimination that he identifies.
3. What is the solution he suggests?
4. List the positive gains of offering compassion that he identifies.
5. What kind of agency does he say PLWHA can offer to the whole community if they have compassion? Please, write your answers down.
**Box 2**

AIDS & HIV Charter

In the light of existing discrimination against persons with AIDS or HIV and their partners, families and care-givers...This charter set out the basic rights which all citizens enjoy or should enjoy and which should not be denied to persons affected by HIV or AIDS, as well as certain duties

1. **Liberty, Autonomy, Security of the Person and Freedom of Movement**
   1.1 Persons with HIV or AIDS have the same rights to liberty and autonomy, security of the persons and to freedom of movement as the rest of the population.
   1.2 No restrictions should be placed on the free movement of persons within and between states on the ground of HIV or AIDS. 1.3 Segregation, isolation or quarantine of persons in prisons, schools, hospitals, or elsewhere merely on the ground of AIDS or HIV is unacceptable. 1.4 Persons with HIV or AIDS are entitled to autonomy in decisions regarding marriage and child-bearing although counseling about consequences of their decisions should be provided.

12. **Duties of Persons with HIV or AIDS**

12.1 Persons with HIV or AIDS have the duty to respect the rights, health and physical integrity of others, and to take appropriate steps to ensure this where necessary.

(The AIDS Consortium, 2001)

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**Activity 2**

1. How does the AIDS & HIV Charter define the problem for us?
2. List the solutions suggested by the AIDS & HIV Charter.
3. What kind of agency does the AIDS & HIV Charter offer to the whole community if PLWHA have rights?
4. Since the approach of the AIDS & HIV Charter is at citizen or national level, suggest national ways of expressing compassion.
5. Suggest international ways of expressing compassion in the HIV&AIDS Era.

Please, write your answers down.

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**Remembering the Commitments of the church**

Let us now turn our attention from PLWHA to a CLWHA. We want to find out how the church has responded to HIV&AIDS stigma and discrimination and what it proposes to build compassion. As a Church Living with HIV and AIDS (CLWHA) for the past twenty-four years, churches, denominationally and ecumenically, have made several commitments to the struggle against HIV&AIDS and to acts of compassion in fighting the epidemic and all its related issues. We shall briefly explore these in the light of the words of PLWHA and then move towards what should constitute compassion. Church commitments that we shall explore include action plans, statements, policies and covenants. However, we shall particularly use *The Plan of Action: The Ecumenical Response to HIV/AIDS in Africa* (henceforth Plan of Action) developed in November 2001, Nairobi, at the Global Consultation on the Ecumenical Response to the challenge of HIV&AIDS. The consultation was attended
by representatives of churches, National Council of Churches of Africa, faith communions, Health coordinating Agencies in Africa, Northern Agencies, Ecumenical organizations and UNAIDS.

*The Covenant Document on HIV&AIDS* was adopted at the All Africa Conference of Churches 8th Assembly, 22-27, November, 2003, shall be one of our key resources. The 8th AACC assembly was attended by a total number of 1000 church delegates, ecumenical movements, development agency and the African Union president. In short, our module on a theology of compassion in the HIV&AIDS era is an elaboration of voices of PLWHA and a CLWHA, which has already pledged its commitment to fighting HIV & AIDS stigma and discrimination with PLWHA. Let us begin with a quote from The Plan of Action in Box 3 and its assessment through activity 3.

**Box 3**

**Vision**
With this Plan of Action, the ecumenical family envisions a transformed and life-giving church, embodying and thus proclaiming the abundant life to which we are called, and capable of meeting the many challenges presented by the epidemic. **For churches, the most powerful contribution we can make to combating HIV transmission is the eradication of stigma and discrimination:** a key that will, we believe, open the door for all those who dream of a viable and achievable way of living with HIV/AIDS and preventing the spread of the virus.

**Commitments**

**Theology and Ethics**
1. We will condemn discrimination and stigmatization of people living with HIV/AIDS as sin and as contrary to the will of God.
2. We will urge our member churches to recognize and act on the urgent need to transform ourselves if we are to play a transforming role in the response to HIV/AIDS.
3. We will launch a global effort to stimulate theological and ethical reflection, dialogue, and exchange on issues related to HIV/AIDS. Issues will include:
   * Sin and sinner, stigma and stigmatized
   * Sexuality
   * Gender
   * Love, dignity and compassion
   * Confession and repentance

**People Living With HIV/AIDS**
1. We will ensure that people living with HIV/AIDS are supported so that they may be actively involved in all activities of the churches, as an essential resource: especially in areas of work which relate to education, training, prevention, advocacy, theological reflection and program development

*(Plan of Action 2001:6-7)*
Activity 3

Please, re-read the above quote from the ecumenical Plan of Action and answer the following questions:

1. In the Vision of the Plan of Action, what is identified as the most powerful contribution of the churches towards fighting the epidemic?
2. Explain why the eradication of stigma and discrimination defined as “a key” approach.
3. Please, re-read the words of Byamugisha above and compare them with Plan of Action. What is the problem identified and what is the solution suggested by both?
4. List the commitments made by the churches in the Plan of Action
5. The word compassion appears in Byamugisha and the Plan of Action, what is the meaning of compassion?

So far, we have been listening to the voices of PLWHA and a CLWHA concerning the problem of stigma and the solutions they suggest. I believe it is now clear to you that HIV&AIDS stigma and discrimination are identified as a major hindrance to the eradication of HIV&AIDS and to creating socially livable and productive space for PLWHA. The AIDS & HIV Charter defined the solution in terms of rights. Their definition is important since; first, it extends fighting stigma and discrimination to national and international levels, thus challenging governments and worldwide community to responsibility and collaboration. Second, the charter put stigma and discrimination within the arena of justice issues. Byamugisha and the Plan of Action suggested compassion as a solution. However, the ecumenical Plan of Action, under its commitment to advocacy, embraces the language of rights by stating that “we declare HIV/AIDS a human rights crisis. We will promote understanding and advocacy for the rights of all who are affected by the HIV/AIDS pandemic” (2001: 11). Since compassion is the theological theme of our module, let us now begin to explore its meaning and manifestation.

What is Compassion?

“The word compassion is derived from Latin words pati and cum, which together mean ‘to suffer with’” (Nouwen etl. 1982:4). In their book, Compassion: A Reflection on the Christian Life, Henri J. M. Nouwen, Donald P. Mc Neill and Douglas A. Morrison hold that:
Compassion asks us to go where it hurts, to enter into places of pain, to share in brokenness, fear, confusion, and anguish. Compassion challenges us to cry out with those in misery, to mourn with those who are lonely, to weep with those in tears. Compassion requires us to be weak with the weak, vulnerable with the vulnerable, and powerless with the powerless. Compassion means full immersion in the condition of being human (4).

I also find Sally Purvis’ definition of compassion a useful addition to the above. Purvis underlines that compassion is

not only the capacity to be moved by pain… of another; compassion also denotes an important source of energy we need to respond---to right a wrong when we can; to protest when we are impotent to effect change; and to support the conditions for flourishing that we observe. Compassion, in this view, is a robust concept that includes not only motivation but movement (1996: 52)

### Activity 4

1. State the word for compassion in your language. Write down its meaning.

What are the significant points in the above definitions of compassion that we need to understand in our struggle against HIV&AIDS? I think is essential for us to understand that compassion means:

- To suffer with
- To go where it hurts
- To enter places of pain
- To share in brokenness, fear, confusion and anguish
- The capacity to be moved by the pain of another
- An important source of energy we need to respond
• To right a wrong when we can; to protest when we are impotent
• a motivation and a movement

In the HIV&AIDS epidemic where people—individually, in families and in communities—suffer, endure pain, brokenness; where people live in fear, confusion, anguish; where people, hurt physically, spiritually and mentally—it cannot be overemphasized that we need to be compassionate. We need the capacity to “suffer with,” to go to places where people hurt, to enter the places of pain; we need ‘to be moved by the pain of another.’ We need compassion as the vision and energy that enables us to respond to right the wrongs that cause pain and suffering in people—and when we cannot right the wrongs, we need the compassionate energy and vision to openly protest against human suffering and call upon those who have power to do something.

**Compassion is an Active Word**

Nouwen and Purvis’s definitions indicate that compassion is an active verb. Compassion is not disengaged, distant, neutral or disinterested. Rather, compassion denotes engagement, involvement and activity. Compassion is not passive. Compassion must move us to do something. If compassion means to suffer with, to enter into places of pain, to go where it hurts, to share in brokenness, fear, confusion and anguish—then in the HIV&AIDS era, where we are ever so tempted to isolate the PLWHA, compassion is the energy and the strength we need to be in solidarity with PLWHA and the affected. Compassion should empower us in the HIV&AIDS context not to have an attitude of ‘us and them,’ but rather to ‘suffer with’--- to enter the homes and hearts of pain, to go where it hurts, to share in brokenness and own up to HIV&AIDS epidemic as our pain; our problem.

Indeed as the Christian church, compassion should be a central aspect of our faith and identity. 1Corinthians 12:26 points out the church is one body of Christ and “when one member suffers, we all suffer.” Compassion is, therefore, central to the identity of being a church. A church cannot help but be compassionate if it is a church of Christ. As a compassionate church in the HIV&AIDS era, we, therefore, need to break the silence and openly declare our compassion by identifying ourselves as a
CLWHA, that is, a church living with HIV&AIDS; an HIV positive church. Compassion, in other words, begins with the capacity to be able to identify with the other; to be in solidarity with the suffering and work with them for change.

But even more importantly, compassion should not only bring us to just sit, watch and cry in pain for the suffering and the hurting of one another. Rather, it must always move us to actively seek change, to end the pain, the suffering, and the hurting with those who are most affected. Compassion is, therefore, not charity, it is revolution. That compassion is revolutionary means that compassion is justice seeking—it aims at tackling the root causes of suffering than just addressing the symptoms of suffering. In the words of Purvis, compassion should be “an important source of the energy we need to respond—to right the wrongs” (52). Compassion, in other words, should always involve activism and liberation from all forms of oppression. If we look back to The AIDS & HIV Charter, which use the language of rights of citizens and the fact that compassion seeks “to right the wrongs,” then we realize that there is no difference. Compassion, like the language of rights is a search for social justice with and for the oppressed.

Activity 6

1. Describe a time when you needed compassion most.
2. Name the people and groups that showed you compassion.

When we are a compassionate church and leaders in the HIV&AIDS era, then we are a body that fully participates and knows the suffering and the hurt that this epidemic brings; and we are a body that actively seeks to right the wrongs that encourage the spread of this disease and the lack of quality care for those who are suffering. To be compassionate, therefore, involves an earnest search for healing—doing away with source of pain and suffering. Compassion is an integral part of healing, for it means support, encouragement and seeking healing.
What is HIV&AIDS Stigma & Discrimination?

But perhaps so far we have discussed HIV&AIDS stigma and discrimination without defining what it means. I am sure you have heard about HIV&AIDS stigma and discrimination before. Stigma refers to the isolation, rejection and labeling of PLWHA and their families and friends. Stigma is fueled by many factors. Sometimes it is spurred by fears of infection; misunderstanding on how infection occurs, the misleading association of HIV with immorality and the fear of death, which becomes associated with the infected, once more, because of the mistaken assumption that infection equals death. In their booklet, *A Conceptual Framework and Basis for Action: HIV&AIDS Stigma and Discrimination*, UNIADS gives the following definition of stigma:

Stigma has ancient roots. It has been described as a quality that ‘significantly discredits’ an individual in the eyes of others. It also has important consequences for the way in which individuals come to see themselves. Importantly stigmatization is a process. … Within a culture or setting, certain attributes are seized upon and defined by others as discreditable or unworthy. Stigmatization therefore describes a process of devaluation rather than a thing. Much HIV/AIDS-related stigma builds upon and reinforces earlier negative thoughts. People with HIV/AIDS are often believed to have deserved what has happened by doing something wrong. Often these ‘wrongdoings’ are linked to sex or to illegal and socially frowned-upon activities, such as injecting drug use. Men who become infected may be seen as homosexual, bisexual or as having had sex with prostitutes. Women with HIV&AIDS are viewed as having been promiscuous, or having been sex workers. The family and community often perpetuate stigma and discrimination, partly through fear, partly through ignorance, and partly because it is convenient to blame those that have been affected first (2002:8).

Activity 7

1. Have you ever been discriminated for anything—be it your race, ethnicity, color, age, class or health status? In two paragraphs describe how you felt.

2. Do you think your church has gone beyond stigmatizing PLWHA? Give reasons for your answer.
HIV&AIDS discrimination describes the application of stigma. For example, discrimination occurs when PLWHA and the affected are thrown out family, work, denied medical attention, denied insurance cover and, in some extreme instances, stoned to death. As the voices of PLWHA and a CLWHA noted, stigma and discrimination frustrate efforts to prevent the spread of HIV&AIDS and the offer of quality care to PLWHA and the affected. Given the magnitude of the epidemic and the fact that we are all affected, what we need most is compassion towards one another than stigma.

Activity 8

1. What are some forms of stigmatization and discrimination experienced by PLWHA in your country?
2. Write down one of the stories that you have heard or read from newspapers on HIV&AIDS stigma and discrimination.

The Link Between Social Injustice and HIV&AIDS

You have probably heard the statements that “HIV&AIDS can and does happen to anyone.” This is true. The rich and poor, young and old, black and white, men and women, abled and disabled, and people of various sexual orientations—all of us can get infected by HIV and suffer from AIDS. Nevertheless, HIV&AIDS tends to link itself to poverty and social inequalities such as gender, sexual, ethnic, race and age-related discriminations. It attacks those who are subjected to violence, be it national war or intimate partner violence or children subjected to oppression and sexual exploitation. Consequently, the most discriminated, marginalized and powerless members of our world such as the poor, women, children, youth, blacks, men who sleep with men, sex workers, the disabled, injecting drug users, survivors of war and the sexually abused are the most likely to get infected. And once the powerless are infected, they are likely to die faster due to lack of quality care (for example, good eating and access to affordable drugs). And worse, groups that have already been subject to social injustice are further subjected to HIV&AIDS stigma and discrimination. Due to the epidemic’s link to social injustice, 90% of the infected are
in developing countries. HIV&AIDS’ link with social injustice also makes it a complex and morally demanding story. That is, we cannot, and we should not, easily allow ourselves to think that those who have HIV&AIDS are morally deficient and that those who are not HIV infected are morally upright. The world regions that are less infected are by no means more ethical than the most affected ones. Mostly, PLHWA are already socially disempowered groups, who became exposed due to their powerlessness—a fact that emphasizes that we need to be compassionate with and to PLWHA and the affected in order to fight the epidemic.

Theologically, the biblical God is presented as a God who identifies with the poor and oppressed. The HIV&AIDS Covenant Document of the AACC had thus grounded the churches’ obligation to be compassionate on the basis of recognizing a God of justice and working for justice as part our Christian worship. Please, read the covenant 10 below.

**Covenant 10: Justice and HIV/AIDS**

We shall remember, proclaim and act on the fact that the Lord our God, sees, hears and knows the suffering of people and comes down to liberate them (Ex. 3:1-12; Luke 4:16-22). We shall therefore, declare the jubilee and we shall proclaim liberty throughout the land and to all the inhabitants (Lev. 25: 10), for unless and until justice is served to all people in the world, until justice rolls down like waters and righteousness like an ever-flowing stream, HIV/AIDS cannot be uprooted.

In fact the next unit will focus on the creator God and the God of justice as the compassionate God. For now, let us summarize what you have learnt in Unit 1.

**SUMMARY**

This unit was about defining the terms and the problem. To do this, we began by listening to the voices of PLWHA and a CLWHA. In both cases stigma and discrimination were identified as a problem that makes the lives of PLWHA miserable; which hinders their agency; hinders the prevention of HIV&AIDS and frustrates the promotion of quality care. Fighting the HIV/AIDS stigma and discrimination is therefore a key approach to fighting the epidemic. We further
identified the problem as the HIV&AIDS link with social injustice, for it makes the poorest and marginalized members of our communities further marginalized. Both PLWHA and the CLWHA proposed the solution of the eradication HIV&AIDS through compassion and guarding the rights of PLWHA.

The second part of our unit thus focused on exploring the meaning of compassion. Compassion was defined as an act that requires solidarity with the suffering and an active attempt to change the situation that causes their suffering—with them. A theology of compassion can only take root if the church identifies with the PLWHA and owns up the epidemic as a Church living with HIV&AIDS (CLWHA). In a compassionate move, identification and solidarity is the first step followed by action to change the course of the suffering—and, the latter should be with a full participation of the suffering groups, in this case PLWHA and the affected. We thus underlined that compassion is not charity or sympathy; rather compassion is justice-seeking empathy. A theology of compassion is, therefore, a justice seeking theology, that is, a liberation theology.

SELF-ASSESSMENT ACTIVITY

Now that you have finished reading Unit 1, please use your notebook to answer the following questions:

Questions
1. Write the full meaning of PLWHA and CLWHA.
2. State why we need to listen to voices of PLWHA in order to construct a theology of compassion.
3. Explain (from the voices of PLWHA stated in Box 1 & 2) why HIV&AIDS stigma and discrimination unhelpful.
4. Explain why the church should be defined as a CLWHA.
5. Define two central features of compassion.
6. Define stigma and discrimination.
7. Write to your pastor and inform him/her about how your church can use compassion to overcome stigma and discrimination in your community and neighborhood.

FURTHER READING


Unit 2
Serving the Compassionate God

OVERVIEW
Hello and welcome to Unit 2. Our main question in this unit is: what is the basis for believers and faith communities to be compassionate? Is God compassionate? The latter question will be addressed by examining the attributes of God as the creator (Genesis 1), liberator (Exodus 3:1-12); Father/parent (Luke 6:36) and God With us/Christ’s sender (Matt. 1:23). Our aim in this unit is to explore the compassion of God as the basis for believers and faith communities to be compassionate in the era of HIV&AIDS.

OBJECTIVES
By the end of this Unit, you should be able to:
- Explain the theological basis for God’s Compassion
- Discuss the creator God as a compassionate God
- Describe the liberator God as a compassionate God
- Discuss the coming of Christ to earth as God’s compassion to humankind
- Inspire your faith community to assume compassionate programs

TOPICS
Unit 2: Serving the Compassionate God
- Introduction: Listening to the Voices of PLWHA
- Remembering the Commitments of the Church
- The Creator God as a God of Compassion—Genesis 1
- The Liberating God as a God of Compassion—Exodus 3:1-12
- Imitating the Compassionate Father God—Luke 6:36
- Christ’s Coming as God’s Compassion to Humanity—Matt. 1:23

Summary
Self-Assessment Activity
Further Reading
Unit 2
Serving the Compassionate God

Introduction: Listening to Voices of PLWHA
Let us start this unit by listening to the voices of PLWHA in Box 1. Thereafter, we will analyze how they experience and define the HIV&AIDS stigma and discrimination in activity 1. We will also attentively explore the solutions that they propose and how they can assist our quest for a theology of compassion.

Box 1
They took my blood for an HIV test without my consent. After I delivered, they tested the child too. Then the doctor just told me that they had taken our blood and the results for both of us were positive. When I broke the news to my husband, he left me that very same night, after calling me names …. I confided my HIV status to my sister, a nurse. Because of stigmatization and discrimination, she told me not to tell anyone else. I kept quiet but felt as if everybody knew that I was HIV positive (SAFAIDS & WHO 1995:24).

I am totally against secrecy. This is not good because spiritually a person can’t cope. I find lots of people keep it a secret and do not get help they need….they keep denying it. Many are just dying inside in silence (Nohlanhla Mbokazi 1998:55).

It is now common knowledge that in HIV/AIDS, it is not the condition itself that hurts most (because many other disease and conditions lead to serious suffering and death), but the stigma and the possibility of rejection and discrimination, misunderstanding and loss of trust that HIV positive people have to deal with (Rev. G. Byamugisha quoted in Plan of Action 2001:3)

Activity 1
Read the stories in Box 1 again and answer the following questions:
1. List the different types of stigmatization experienced by PLHWA.
2. List the different groups that are subjected PLWHA to stigma and discrimination.
3. Identify the negative impact on the health of the stigmatized.
4. List the suggestions given to counteract HIV&AIDS stigma and discrimination.

Remembering Commitments of the Church
As we said earlier, the church is HIV&AIDS positive. The church has thus moved in response to the HIV&AIDS epidemic. Below, in Box 2 and activity 2, let us identify what the church has committed itself to.
Box 2
The truth is that we are all made in the image of God. This means that discrimination is a sin, and stigmatizing any person is contrary to the will of God (Plan of Action 2001: 6).

Preamble
The Lord God is the creator of heaven and earth; the creator of all life forms in the earth community. God created all life and everything good. In this HIV/AIDS era, God sees the misery of people who are infected and affected by this disease. God has heard their cry on the account of this epidemic. God knows their sufferings and God has come down to deliver them from HIV/AIDS. So God calls to send us to the infected and affected; to bring God’s people, God’s creation, out of the HIV/AIDS epidemic. Now therefore this Assembly recognizes God’s call to us and hence makes this covenant with God today.

(AACC 2003)

Activity 2
Re-read the above commitments of the church and answer the following:
1. Explain (according to the Plan of Action) why stigmatizing is unacceptable.
2. Explain if your church operates under the same principle stated in the Plan of Action.
3. Describe how God is characterized in the above preamble.
4. In a paragraph, list how the above church commitments address the concerns of PLWHA stated in Box 1. Write your answers.

Is God Compassionate?
Let us now continue our quest; namely, what would be our theological base for being compassionate believers? In this unit, we will explore this question by focusing on the question: “Is God compassionate?” Together we shall explore four passages on creation, liberation, fatherhood/parenthood and the coming of Christ to earth as God’s compassion towards humanity. That is Christ became ‘Emmanuel, God with us.’

The Compassionate God
1. The Creator God as a Compassionate God: Genesis 1:1-31
Please take your Bible and read out loud the whole chapter of Genesis 1. It is a beautiful story of creation, told poetically in praise of God’s artistic hand in the whole of creation. One thing that stands out is how the story underlines that at every stage of creation God looked at God’s own creation: “And God saw that it was Good” (vv. 4, 10, 12, 18, 21, 25, & 31). This is repeated thus underlining the signature of God’s
creative care in and on all life. When you look at all creation, try to hear the creator saying again, “And it was good.” Genesis 1 closes by emphasizing the same point, saying, “And God saw everything that God had made, and indeed, it was very good,” v.31. You and me, everyone and everything that we have in creation were created by the Creator God, “very good.” All creation and life is therefore beloved and sacred by virtue of its origin. This theme of creator God as a compassionate God is further developed in Unit 10 of this module.

**Activity 3**

1. Pause and take a look at yourself and everyone around and say, to yourself “God made everything very good.”
2. Briefly explain what it means that all life was created “very good.”

While all life was created very good, the Creator God made a special signature on the creation of human beings. Let us read the following verses together:

Then God said, ‘Let us make humankind in our image, according to our likeness; and let them have dominion over the fish of the sea, and over the birds of the air, and over the cattle and over all the wild animals of the earth, and over every creeping thing that creeps upon the earth.’ So God created humankind in God’s image, in the image of God, created them male and female he created them. God blessed them, and said to them, “Be fruitful and multiply, and fill the earth and subdue it… God said, “See I have given you every plant yielding seed that is upon the face of all the earth and every tree with seed in its fruit; you shall have them for food… And God saw everything that God had made, and indeed it was very good (Gen. 1:26-31).

From this verse, we note that the God of creation expressed compassion with human beings by creating them in God’s own image, in God’s own likeness and giving them some of powers that other members of creation did not have; namely, the power of leadership. This ‘dominion over’, combined with being made in God’s own image, is
the awesome responsibility given to human beings to keep all life ‘very good’ just as the Creator created it. It is not a right to exploit and abuse the earth. Rather, stewardship (management) of God’s earth is a sacred responsibly of keeping all life forms in the earth community as the Creator meant it to be—that is, very good. Human beings were also blessed and they were given resources of the earth for food. “See I have given you every plant yielding seed that is upon the face of all the earth and every tree with seed in its fruit; you shall have them for food.”

Activity 4

Write the creation story from your culture. State what you like best about it.

From the biblical story of creation, a number of issues are notable and crucial for the HIV&AIDS struggle. The very fact that all human beings were created in God’s own image is an imperative against stigma and discrimination. As the above quote from The Action Plan states, we need to remember: “That we are all made in the image of God. This means that discrimination is a sin, and stigmatizing any person is contrary to the will of God” (Plan of Action 2001:6). If every person bears God’s image to discriminate anyone amounts to discriminating the Creator God. If all life was made “very good,” to discriminate is not consistent with keeping all creation very good. This factor encompasses a whole range of stigmatizations and discrimination. It is equally unacceptable to discriminate people on the basis of gender, race, age, class, health status, sexuality or ethnicity, since all of us were created in God’s image. All of us were blessed; all of us were given leadership powers and all were given access to resources of God’s earth. Clearly going by the attributes of the creator of God, God is a God of justice who created all and everything good. God’s good creation is not a home for stigmatization and discrimination; it is not a home for any social injustice against any people or person. The compassion of God in creation was shown to us when God created all life good; when God created human beings in God’s own image and likeness; when God empowered all human beings with leadership and access to earth resources. Respecting the creator God in and through all human beings, in fact through all that we see, would mean when we see another person, we see the hand of
the creator, the image of God, the likeness of the Creator God. Respecting the Creator God who empowered all would mean we have no tolerance for any discrimination---including the deadly HIV&AIDS stigma, discrimination and poverty. Worshipping and serving the Creator God would or should mean that we have no tolerance for poverty, since it violates God’s will.

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**Activity 5**

*Explain how we can use the Genesis 1 creation story to maintain and perpetuate the goodness of all life against all the discriminations that mars its beauty.*

I am sure that you may be saying, “Well it is good to know that God created all life in compassion, but does God identify with creation or human beings when life becomes ugly?” Does God identify with us when we suffer? It is a good question. Our reading of Exodus 3:1-12 will help us address your question.

**2. The Liberator God as a Compassionate God--Exodus 3:1-12**

God’s compassion is also evident in God as a liberator, a justice lover. Turn your Bible to Exodus 3:1-12 and read the whole passage aloud. Please re-read some aspects of it again in what follows:

> Then the Lord said, “I have seen the misery of my people who are in Egypt. I have heard their cry on account of their masters. Indeed, I know their suffering and I have come down to deliver them from the Egyptians and to bring them out of that land to a good and broad land, a land flowing with milk and honey….I have also seen how the Egyptians oppress them. So come I will send you to Pharaoh to bring my people, the Israelites, out of Egypt (3:7-12).

In these verses we have a perfect example of the liberator God as a compassionate God. The passage best illustrates compassion. God sees, hears and knows the misery and suffering of Israelites. This is the first stage of compassion -- the capacity to identify with the oppressed and suffering. Second, the liberator God is moved by
compassion to do something, “I have come down to deliver them,” to a good and broad land. Lastly, since compassion as liberation works through empowering the oppressed to become the agents of their own liberation, thus instead of God taking over and doing everything God involves Moses, saying, “So come, will send you.” Most probably you have read the whole story of Exodus. Indeed God works with Moses and the rest of Israelites for their liberation from Egyptian slavery.

Activity 6

1. Explain how you see, hear and know the suffering of PLWHA.
2. Rewrite the above quote from Exodus, using the context of HIV&AIDS stigma.

Imitating the Compassionate Father God—Luke 6:36

In Luke 6:36, Jesus said, “Be compassionate, just as your Father is compassionate.” Indeed, the creation story said we have been made in God’s image and likeness; the Exodus story emphatically demonstrated to us that God is compassionate towards the suffering. It thus follows that we should be compassionate just as our Creator is compassionate.

Let us note a number of issues in Luke 6:36. First, the verse appears in a literary context of the sermon on the mount/plain (Luke 6:17-49//Matt. 5:1--7:49) where Jesus was speaking to his disciples—his followers. In other words, these words remain relevant to his followers even today; namely, the church. Second, if we understand language, then we will realize that this is an injunction—it is a command. “Be compassionate.” It is not suggested that you may be compassionate, when you wish or feel like. Rather, it is a must. It is a command. Be compassionate. That is, we must suffer with those who suffer and actively work with them to take measures to right the wrongs that institute their suffering. Third, it is notable that this verse is preceded by the beatitudes—where Jesus said blessed are those who are poor, for theirs is God’s kingdom, blessed are the hungry for they will be fed, blessed are those who weep for they will be comforted, and blessed are those who are hated, excluded, insulted and rejected for they shall be comforted. In short, the command to be
compassionate appears within a literary context in which Jesus stood in solidarity with those who suffer from poverty, hunger, grief and hate—where he said their suffering must and will be eliminated. Beatitudes, in other ways, are a call to be compassionate. They are a call to identify with the suffering and to seek to work with them to change the causes of their suffering. Fourth, it is notable that the command to be compassionate is given a theological base—namely, ‘Be compassionate because God is compassionate.’ As worshippers of God, as people who are made in God’s image and likeness—we must manifest the image of God by being compassionate.

Activity 7

1. Explain how you express your compassion within your family and community.
2. Using Luke 6:36 write to your church leaders and make a proposal on how your congregation can express its compassion nationally towards the poor and marginalized.

The Coming of Christ as God’s Compassion to Humanity—Matt. 1:23

In their book Compassion: A Reflection on the Christian Life, the authors elaborate that “God is a compassionate God. This means, first of all, that God is God who has chosen to be God-with-us….” (Neuwen 1982:15). One who is in solidarity with us and who comes with us to all the places that hurt and seeks to end the sources of our hurt. The authors continue to explain that,

The God-with-us is a close God, a God whom we call our refuge, our stronghold, our wisdom, and even, more intimately, our helper, our shepherd, our love. We will never really know God as a compassionate God if we do not understand with our hearts and minds that he lived among us” (15).

In this last phrase; namely, that the compassion of God is attested by the fact that “God lived among us,” is a point that underlines Christology as God’s compassion. In other words, Christology in itself— the fact that God sent Jesus to come to earth, to live among us, to take the human form, to know human suffering, to hang on the cross
and to die—is the very heart of God’s compassion. Jesus was “Emmanuel, God with us” (Matt.1:23). Consequently, when Jesus ascended, when he commissioned his disciples unto the world, he still assured them of God’s compassion, saying to them, “Remember, I am with you always, to the end of age” (Matt. 28:20). Christ, the founder of the church, the one whom we worship and from whom we derive our identity—is the embodiment of God’s compassion. On this basis, Christ commanded the believers, to be compassionate just as the Father God is compassionate.

SUMMARY
We opened Unit 2 by listening to the voices of PLWHA and CLWHA. PLWHA underlined for us that stigma and discrimination has become more deadly than the HI virus itself. In their own voices, PLWHA underline that discrimination that silences and forces people to hide their identity is quite deadly. As a church that is living with HIV and AIDS (CLWHA), our Plan of Action identifies stigma and discrimination as a sin that contradicts the will of God for creation. The CLWHA used Exodus 3:1-12, the scene of God as a compassionate liberator, to pledge their commitment to the HIV&AIDS struggle.

In this unit we wanted to know if God is a compassionate God. We found that by creating life good, by creating human beings in God’s own image, by giving leadership/stewardship and resources to all human beings, God created the whole of life in compassion. Second we explored God’s intervention for the oppressed. The story of Exodus defined God as a God who fully identifies with the suffering and who moves to work with the oppressed to change the social circumstances. The liberator God is a compassionate God, who has no tolerance for injustice. In Luke 6:36, we realized that the Father God is a compassionate God. But as children of a compassionate Father God, we are expected to manifest the same attributes. Lastly, God the creator still made efforts to identify with the rest of creation through giving Christ, for God became for humanity, “Emmanuel, God with us.” Christ coming to earth to dwell with humankind is in itself a testimony of God’s compassion. It is clear that if Christians are serving the compassionate God, then they must be compassionate. In the next unit we shall take our journey further by asking the question: Is Christ compassionate?
SELF-ASSESSMENT ACTIVITY

Now that you finished Unit 2, please attempt the following questions before you turn Unit 3.

Questions
1. Explain how the voices PLWHA in Box 1 identify the problem and the solutions they suggest.
2. Discuss the commitments of the CLWHA towards eradicating stigma and discrimination described in Box 2.
3. Briefly elaborate on the following statements:
   “The creator God is a compassionate God”
   “The liberator God is a compassionate God”
   “The Father God is a compassionate God”
   “The coming of Christ is God’s compassion to humanity”
4. State how these theological perspectives can assist us to fight HIV&AIDS stigma and discrimination.

FURTHER READING


Unit 3
Serving the Compassionate Christ in the HIV&AIDS Era

OVERVIEW
Hello and welcome to Unit 3! In Unit 2 we explored the subject of a compassionate God as the basis for being compassionate believers and faith communities. In this unit, we shall continue with the question of what is our theological foundation for being compassionate. In this Unit, we shall explore the question by focusing on Christ. Our question is: Was Christ compassionate? We shall read two passages from the New Testament: Mark 1:40-42 and Matt. 25:31-46. The first passage will explore the healing of Christ as acts of compassion, while second passage will assist us to explore Christ solidarity with the marginalized as basis for compassion. Our exploration will be preceded by listening to the voices of PLWHA and a CLWHA.

OBJECTIVES
By the end of this Unit, you should be able to:
- Identify the voices of PLWHA & a CLWHA
- Describe PLWHA as active participants (agents) in the HIV&AIDS struggle
- Discuss Christ’s healing of the sick as acts of compassion
- Analyze Christ’s teaching on solidarity as central to compassion
- Identify ways of challenging your faith community to undertake compassionate acts of healing and solidarity.

TOPICS
Unit 3: Serving the Compassionate Christ in the HIV&AIDS Era
- Introduction
- Listening to the Voices of PLWHA
- Remembering the Commitments of the Church
- The Healing of Christ as Acts of Compassion-- Mark 1:40-42
- The Compassionate Teaching of Christ in Matt. 25:31-46

Summary
Self-Assessment Activity
Further Reading
Serving the Compassionate Christ in the HIV&AIDS Era

Introduction
Paul Isaack holds that “compassion is being a channel of God’s grace and coming to the side of the one who is hurting. We suspend judgment and focus on the needs of others” (2005:135). Let us continue with our quest for a theology of compassion by listening to the voices of PLWHA and CLWHA below. We shall, as Isaak tells us, attempt to come to the side of those who are hurting and to identify the needs of PLWHA as a CLWHA. Our aim is ultimately to become channels of God’s grace by coming to the side of those who are suffering. We shall begin by listening to the voices of PLWHA in Box 1 and how they identify the problem of HIV&AIDS stigma and the solutions they propose using activity 1. In Box 2 and Activity 2, we shall assess the response of a CLWHA.

Listening to the Voices of PLWHA

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<th>Box 1</th>
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<td>Hearing negative comments about people with HIV really eats at me. For example, I have heard them say that people with AIDS should be put on a desert island. That makes me feel I should say something like you are talking about me. I am one of those people. But I always end up holding back my comments (Canadian HIV/AIDS Legal Network, March 1999).</td>
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<tr>
<td>All of us</td>
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<tr>
<td>All of us are human beings,</td>
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<tr>
<td>All of us can become HIV positive</td>
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<td>Let the world fight HIV</td>
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The stories of PLWHA in Box 1 speak from the pain of rejection and isolation. The first story enables us to imagine how it feels like to hear people stigmatizing PLWHA if you are a PLWHA. The writer admits it often succeeds in making her keep quite and go underground with her status. Billy Mosedame, who lived publicly with his
HIV status until he passed on, poetically calls us away from HIV&AIDS stigma and discrimination. His first verse, “all of us,” is a call to identify with the problem, a call to be in solidarity and to be moved to bring a change. Mosedame challenges people not to fight the PLWHA, but the epidemic. He also states that even PLWHA, like the rest of us, have “rights and responsibilities.”

Activity 1

1. List the needs articulated in Box 1.
2. Read the quotes again and list the solutions suggested by PLWHA.
3. Suggest ways in which you as an individual and your church can work with PLWHA to meet some of these needs.

Remembering the Church Commitments

Box 2

Covenant 4: Compassion, HIV/AIDS Stigma & Discrimination

We shall remember, proclaim and act on the fact that the Lord our God is a compassionate God, who calls us to be compassionate, to suffer with those who suffer, to enter their places and hearts of pain and to seek lasting change of their suffering (Luke 6:36; Matt. 25:31-46). We shall, therefore, have zero tolerance for HIV/AIDS stigma and discrimination and do all that is necessary to eliminate the isolation, rejection, fear and oppression of the infected and affected in our communities. We shall declare HIV/AIDS stigma and discrimination an unacceptable sin before God and all believers and in all your communities. (AACC 2003)

Activity 2

1. List the first three things that the church pleads to do.
2. State the theological reasons given for a compassionate church in covenant 4.
3. Please, write down the pledge given by the churches concerning stigma and discrimination.
4. Explain how this pledge can help your church to address the needs articulated by PLWHA in Box 1.

Gladly, the above church commitment, much like the Plan of Action of 2001, indicates commitment to compassion. It states that “we shall, therefore have zero tolerance for HIV&AIDS stigma and discrimination and do all that is necessary to eliminate the isolation, rejection, fear and oppression of the infected and affected in our communities.” How does the church come to this commitment? What is its theological foundation? Let us explore these questions by focusing on the compassion of Christ.
Is Christ Compassionate?
Let us continue with our journey, seeking to understand the foundation of our compassion as the Christian believers and church. Remember, our question this time is: ‘Was/is Christ compassionate?’ But why is this question important? As the Christian church, our identity revolves around the person of Christ. Although we are also influenced by our church constitutions, church theologies, policies and our various cultures, the gospels—the deeds, words and identity of Christ, are/should be at the end of the day, the most significant authoritative canon of Christian faith. As long as we regard ourselves as the church of Jesus Christ, then we should constantly go back to check if we are still faithful to his words and deeds. So let us take this time to examine the gospels on the question of “how was Christ compassionate? Was/is Christ compassionate?” We shall explore this question by focusing on Mark 1:40-42 and Matt. 25:31-46. Remember, our purpose in exploring this question is that we should know what it means to worship and serve a compassionate Christ.

Christ’s Healing as Acts of Compassion: The Case of Mark 1:40-42
We know that for the better part of his earthly ministry Christ was healing the sick in addition to teaching. How were the healing acts of Christ his expression of compassion? Pick your Bible and read the Mark 1:40-42. The story reads as follows:

“A leper came to him begging him, and kneeling he said to him, “If you choose, you can make me clean.” Moved by compassion, Jesus stretched out his hand and touched him and said to him, “I do choose. Be made clean! Immediately the leprosy left him and he was made clean.”

What is significant to our quest for combating HIV& AIDS stigma and discrimination is that the story features a leper. Leprosy in the ancient biblical times was regarded as an infectious ritual impurity (Lev.13:1-17). A leper did not only suffer physically, but also socially and emotionally from the exclusion associated with the disease.

Yet how does Jesus respond to the leper’s quest? The story tells us that Jesus:
1. Was moved by compassion
2. Stretched out his hand and touched him
3. Said, ‘I do choose, be made clean’
4. Instructed him to go and show himself to the priest.

The story tells us that on hearing and seeing the leper’s suffering; and knowing the social exclusion that he confronts, Jesus was “moved by compassion.” In other words Jesus identified with the suffering that a leper endured due to his physical suffering and social exclusion. This compassion moves Jesus to touch him, speak to him and send him to a priest for official recognition of his clean state and reintegration into the society. Apart from this story, the gospels attest to Jesus moving from one city to another, one village to another, teaching and healing the sick, who were suffering physically, emotionally and sometimes socially. Healing them involved compassion since Jesus understood their suffering and used his power to meet their search for healing.

Activity 3

Read Matt. 20:29-34 below and answer the questions that follow.

There were two blind men sitting by the roadside. When they heard that Jesus was passing by, they shouted, “Lord, have mercy on us, Son of David!” The crowd sternly ordered them to be quite; but they shouted even loudly, “Have mercy on us Lord, Son of David!” Jesus stood still and called them saying, “What do you want me to do for you?” They said to him, “Lord let our eyes be opened.” Moved with compassion, Jesus touched their eyes. Immediately they regained their sight and followed him.

1. Explain why it was important for Jesus to stand still, listen to them and ask them what they want.
2. Explain the meaning of the phrase, “Have mercy on us.”
3. Describe what it means that Jesus was “Moved with compassion.”
4. Explain how this story helps you to regard Jesus’ acts of healing as acts of compassion.
The Compassionate Teaching of Christ in Matt. 25: 31-46

In the above commitment of the church (Box 2) Matthew 25:31-46 was referred to. It is a passage about the last day, judgment day. It gives us a window on what will happen on the last day. Let us begin by reading the passage together:

When the Son of Man comes in glory with all the angels, then he will sit on his throne in heavenly glory. All the nations will be gathered before him, and he will separate the people from one another as a shepherd separates sheep from the goats… the king will say to those on his right: ‘Come, you who are blessed by my Father; take your inheritance, the kingdom prepared for you since the creation of the world. For:

I was hungry and you gave me something to eat
I was thirsty and you gave me something to drink
I was a stranger and you invited me in
I needed clothes and you clothed me
I was sick and you looked after me
I was in prison and you came to visit me’

Then the righteous will answer him:
‘Lord when was it that we saw you hungry and gave you food
Or thirsty and gave you something to drink?
And when was it that we saw you a stranger and welcomed you
Or naked and gave you clothing?
And when was it that we saw you sick or in prison and visited you?’

And the king will answer them, ‘truly I tell you, just as you did it to one
Of the least of these, who are members of my family, you did it to me.’

Then he will say to those on his left hand, ‘You that accursed, depart from me into the eternal fire prepared for the devil and his angels; for

I was hungry and you gave me no food
I was thirsty and you gave me nothing to drink
I was a stranger and you did not welcome me
Naked and you did not give me clothing
Sick and in prison and you did not visit me’

Then they also will answer, ‘Lord
When was it that we saw you hungry or thirsty?
or a stranger or naked or sick or in prison, and did not take care of you?’

Then he will answer them, ‘Truly I tell you, just as you did not do it to one of
the least of these, you did not do it to me.’ And these will go away into eternal
punishment, but the righteous into eternal life.

Four major points are notable in Matthew 25:31-46 concerning the centrality of
compassion to the identity of Christ and the church. **First, we note that the passage
discusses the end times**—judgment day, where Christ is the judge of all nations.
Nations are judged and divided into two camps—the righteous, who must enjoy
eternal life and inherit the kingdom of God and the unrighteous, who are thrown into
the eternal fire prepared for the devil and his angels. What is the criteria use for
judgment of the last day?

**The Criteria of Compassion**

**Second**, we note that according to Matthew 25:31-46, the criterion that will be used is
compassion! As a church and as Christian leaders, we have spent so much time and
money trying to convert people from their own religions to our own faith, holding that
our religion is ‘the only religion.’ For example:

- If you are a charismatic you confidently tell people to repent and believe in
  Jesus, to be filled with the Holy Spirit and to read the Bible, so that they may
  enter the kingdom of God.

- If you come from the mainline churches, you have probably spent much time
  on church theology, church policy and rituals.
• If you are a bishop you have spent much time on administration of the churches and if you are a pastor or general church minister, you have become so concerned about keeping your congregates and church buildings. Your energy is directed at church maintenance and keeping your members.

• If you are an evangelist or missionary, you have spent much time telling people of other faiths to turn and believe in Jesus Christ.

Indeed, in many congregations and denominations, churches have become a club of fundraisers, who seek to build their churches and to take care of one another. Is this the standard that shall be employed on judgment day to measure if we lived out our Christian faith? Does the standard of Matthew 25:31-46 agree with any of the above activities that tend to occupy our time? The answer is no.

Activity 4

1. Which of the above described preoccupations is the focus of your church?
2. As a believer, which of the above described activities preoccupies you?

What then is the criterion that shall be employed on judgment day? According to Matthew 25:31-46, the criteria, the standard of living out Christian faith shall be compassion. Serving Christ requires compassionate acts. We will be found worthy to enter God’s kingdom on the basis of whether we have been able to suffer and to stand with the poor, the sick, the naked, the imprisoned and the homeless strangers. The criteria of compassion will demand to know if our Christian life, faith and leadership, was articulated by standing in solidarity with the least privileged; whether we took responsibility to right the wrongs that cause their suffering by giving water to the thirsty, giving food to the hungry, visiting the sick and hosting homeless strangers. Eugene Boring’s comment on this Matthean passage is in order;
To the reader’s surprise (ancient and modern), the criterion of judgment is not confession of faith in Christ. Nothing is said of grace, justification, or forgiveness of sins. What counts is whether one has acted with loving care for the needy people. Such deeds are not a matter of extra credit, but constitute the decisive judgment presupposed in all vv. 23-25, the weightier matters of the law” of 23:23 (1995:455).

In short, the Matthean passage underlines with no uncertain terms the centrality of compassion to our Christian communities and leadership. Compassion is not an extra activity of the church; it is the very center of our faith in Christ. As Christian believers and leaders, we should be asking ourselves how our leadership, in deeds and activity, encourages our congregations and denominations to lead a vibrant ministry of compassion in society. What programs have we put up to provide food for the hungry, water for the poor, clothes for the naked, homes for the homeless, visits to the sick and imprisoned? What programs have we put up to examine and eliminate all the social causes of this suffering? This is how we should measure our Christian faith and leadership—putting compassion at the center of our Christian work.

### Activity 5

1. *From the immediate paragraph above, which of the suggested acts preoccupies your church?*
2. *Explain which of them can be undertaken by your church.*

Undoubtedly, a compassionate Christian faith would assist us to address HIV&AIDS much better. For example:

- By providing food to the hungry and water to the thirsty, we would enable the sick to fight opportunistic infections better; we would help those who are HIV positive to live longer and quality lives; we would take care of orphans and the grandparents who are left with a high load of care. We would take care of poor and dispossessed HIV positive widows.
• By welcoming strangers in our homes or providing homes to them, we would crush the HIV&AIDS stigmatization and discrimination of PLWHA and the affected; we would take care of homeless orphans and widows.

• By providing clothes to the naked, once more, we would fight HIV&AIDS effects that have impoverished people, through either being dismissed from work, or being physically unable to work or caring for sick members of the family. We would be clothing PLWHA, orphans, widows and all other affected people.

• By visiting the sick and taking care of them, suffering with them, entering their places of pain, hurt, confusion and brokenness, we would fight HIV&AIDS stigma and discrimination, support those who are suffering from HIV&AIDS opportunistic infections; we would support their families and friends by coming to visit the sick, talking to the sick, washing and feeding the sick, by giving the sick spiritual, physical and psychological support and healing.

• By visiting the imprisoned we could come to realize how many other prisons have been created by HIV&AIDS. Many people are hidden away, closed up, rejected and isolated because they are now sick. Many live in the prison of fear. Realizing the multiplicity of prisons around us and taking up prison ministry can help us to fight against the pandemic of fear, hopelessness and desperation and to offer quality care to PLWHA and the affected.

Activity 6

1. Write to your church leader and suggest how you can implement some of the above bulleted points.

2. List NGOs, FBOs and CBOs that can collaborate with your church in the above tabulated acts of compassion.
Compassion to All

The third point that Matthew 25:31-46 highlights is that our works of compassion must be extended to all. Christian believers and leaders must feed the hungry, give water to the thirsty, welcome and host homeless strangers, visit the sick and imprisoned—regardless of the identity of their faith. The very fact that they are human makes them God’s children—made in God’s own likeness. As a church we often fall into two shortcomings: the feeling that we must be compassionate only to the members of our congregations or denominations and the feeling that if we are compassionate to none believers then we must convert them. Consequently, we visit the sick members of our churches. If we visit non-Christians, or give them food, homes etc. we often feel that we must convert them to our faith: ‘Repent and believe in Jesus.’ “Turn or burn.” “Confess your sins.” “You have AIDS because you sinned!” As a result of these judgmental statements, some AIDS patients in the home-based care reportedly refuse to receive church visitors for they tend to preach, try to convert and many times they are also judgmental. This passage in Matthew 25:31-46, does not at all suggest that our compassion should be exclusive to fellow Christians or conditional. Our compassion must be extended to all who are suffering—we must enter their homes and hearts of suffering and be one with them, not judgmental. Judgment must be left to God. Serving the compassionate Christ demands unconditional compassion to all who need it.

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Activity 7

1. Explain how your church collaborates with PLWHA.
2. If your church still maintains judgmental perspectives towards PLWHA, list some of the judgmental statements you have heard from preachers/the church.

Socially Revolutionary Compassion

As we consider the compassion of Christ, let us keep in mind the transformative aspect of compassion. Compassion seeks change. Our compassion, in other words, should not run the danger of only being charitable, by neglecting the healing component of compassion. As Purvis underlines, in Unit 1, compassion should be the
energy we need to “right the wrongs” that cause whatever forms of suffering that befalls people. In short, a revolutionary compassion must deal with the causes of suffering, not just symptoms. We must seek to understand and deal with the structural causes of hunger, thirst, homelessness, sickness and imprisonment. A revolutionary compassionate approach seeks to address the root causes of suffering, not just symptoms. Compassion must work hand in hand with liberation from social and structural evils. Compassion, in other words, should be and must be revolutionary. It must ask what causes people to be naked, thirsty, hungry, homeless and imprisoned. In the HIV&AIDS era, our revolutionary compassionate Christian leadership and faith should, therefore, address the social causes of HIV&AIDS by:

- Addressing the social evils that sponsor HIV&AIDS such as poverty, gender inequality, cultural practices that are not helpful, illiteracy, civil wars that divert funds from economic stability and health status, violence against women and children, racism, globalization and international injustice that produces and perpetuates poverty as well as propounds laws that make HIV&AIDS drugs unaffordable and inaccessible.

- Condemning national and international corrupt and violent governments and midwifing reconciliation, contesting laws that do not protect children and women as well as promoting peace to enable funds to be invested in the well-being of people instead of war.

Prophetic Role is Central to Revolutionary Compassion

Our compassion should also be manifested in undertaking a prophetic role. Prophecy is paying attention to social evils and calling for justice for and to all. As Purvis points out in Unit 1, there will be situations that we cannot change as the church or as individual believers. In such situations, where we cannot right these wrongs that cause suffering, when it is outside our power, “we must protest.” That is, a compassionate church leadership should not forget its prophetic role of speaking out and up against social evils that bring suffering to people. God created the world through the word, so let us speak out openly and our words will contribute towards creating a better and just society and world.
Activity 8

1. Pick one of the social evils listed in the above paragraph, which your faith community cannot change, and write to your church leader suggesting ways of public protest about it.

Solidarity With the Marginalized

But why should we be compassionate Christian leaders, believers and church? This brings the fourth and last point in Matthew 25:31-46; namely, that Christ embodies compassion by identifying himself with the suffering. Hence according to this passage on judgment day people will be startled and they will ask, ‘Lord, when did we see you hungry, thirsty, naked, homeless, sick and imprison and we ministered to you?’ The answer is “just as you did it to one of the least of these who are members of my family, you did it to me” (v.40) or “just as you did not do it to one of the least of these, you did not do it to me” (v.45). This answer underlines Christ as a compassionate Christ. He is one with those who suffer—the poor, the hungry, the thirsty, the sick, and the imprisoned. They are members of his family. “Ideally” a family is a space where one is accepted, loved and belongs. In a family you do not get stigmatized and discriminated. If we want to embody Christ, then we must see those who are suffering as members of our family. Similarly, if we want to see the face of Christ, then we must see it in the face of the suffering. If we love Christ, then we must love those who are suffering and do all that is in our power to work with them to eradicate the causes of their suffering. In the HIV&AIDS era, the compassionate Christ bids us to see his face in PLWHA, orphans, widows, the thirsty and hungry kids, grandmothers, the homeless orphans and widows, the imprisoned and isolated PLWHA and the affected people. In the HIV&AIDS era, the compassionate Christ, bids us to see him crucified with all who are suffering from this disease, but also seek to experience his resurrection in this context by bringing the necessary change to the epidemic.
**Activity 9**

1. Explain how you identify yourself with the poor and marginalized members of your community.

**SUMMARY**

We began this unit by listening to the voices of PLWHA and CLWHA. PLWHA clearly presented to us how they feel when they hear discriminatory remarks. Mosedame’s poem called us to identify, underlining that “all of us” can become infected and all of us have rights and responsibilities, thus challenging us to refocus our fight towards the epidemic and not PLWHA. Fortunately, the voices of CLWHA pledged to have zero tolerance for HIV&AIDS stigma and discrimination—as well as to proclaim and act on this position.

We then explored the question of Christ and compassion. Our question was: Was Christ compassionate? We examined two passages from the New Testament: Mark 1:40-42 and Matthew 25:31-46. The first passage explored the healing of Christ as acts of compassionate, while second passage assisted us to explore Christ solidarity with the marginalized as basis for compassion. In Matthew 25:31-46 teaching of Christ, we realize that being compassionate to the suffering and marginalized is serving Christ.

**SELF-ASSESSMENT ACTIVITY**

**Questions**

1. Write down Paul Isaak’s definition of compassion.
2. Explain how the voices of PLWHA in Box 1 inform your understanding of compassion.
3. State what the CLWHA has pledged to fight stigma and discrimination in Box 2.
4. Describe how the healing ministry of Christ was an act of compassion.
5. In two paragraphs, discuss why the teaching of Christ in Matthew 25:31-46 gives compelling grounds for the church to be compassionate towards PLWHA.
6. Briefly discuss how your church can work with PLWHA to eradicate the HIV&AIDS stigma and discrimination.

7. Explain why compassion must be revolutionary and prophetic.

FURTHER READING


Unit 4
On Being Compassionate African Communities

OVERVIEW
Hello and Welcome to Unit 4! We shall continue with the question of “what is our theological basis for being compassionate communities” by exploring African culture/s. We shall explore African perspectives on compassion by analyzing: 1. Words; 2. Sayings and proverbs; 3. Worldview; 4. Concepts of God; 5. Human rights cultures. Our questions in this unit shall be concerned with the five issues as follows: 1. What are the words that define compassion in African cultures? 2. How is compassion presented in African proverbs and sayings? 3. How can the understanding of African worldviews such as humanity and community assist us in breaking the stigma and building compassionate communities and African churches? 4. How is the compassion of God presented in African thinking? 5. How can the African Charter & People’s rights contribute towards building compassionate African communities? Following our method of developing a theology of compassion with PLWHA, we shall begin this unit by listening to their stories.

OBJECTIVES
By the end of Unit 4, you should be able to:
- Learn about compassion from PLWHA
- Define compassion using African words, sayings and proverbs
- Discuss compassion using African worldviews on humanity and community
- Discuss African indigenous views of God that encourage compassion
- Analyze how African Human rights cultures can inspire compassionate communities.

TOPICS
Unit 4: On Being Compassionate African Communities
- Learning From the Past: Sankofa, Go Back and Get it!
- Listening to the Voices of PLWHA
- Some Indigenous African Definitions of Compassion
- Some Indigenous African Proverbs and Sayings About Compassion
- Indigenous African Worldviews and Compassion: Humanity & Community
- On God’s Compassion in Indigenous African Cultures
- Current Cultures: African Charter & People’s Rights

Summary
Self-Assessment Activity
Further Reading
Learning from the Past: *Sankofa*—“Go back and get it!”

The Ghanaians have a collection of concept symbols called Adinkra. Amongst the collection, there is a symbol called “*sankofa*.” It is often symbolized by a cock stretching its neck back to reach its tail. *Sankofa* thus means “you go back and get it.” It emphasizes the importance of learning from the past. According to Adolph H. Agbo, the symbol signifies the importance of returning in time to bring to the present useful past cultural values, which are needed today. It is believed that progress is based on the right use of the positive contributions of the past (1999:3).

Accordingly in this module, we will not only listen to the stories of PLHWA and dig from the biblical stories (as we have been doing in previous units); we shall be engaged in a critical *sankofa* to build compassion. That is, we shall also look into our indigenous African traditions for ideas, concepts and practices of compassion. We shall look at words, sayings, proverbs, worldviews, and beliefs about God from African cultures about compassion and current human rights cultures that inspire the same. Let us begin by listening to two stories of PLHWA from Botswana and then assess how their compassion is linked with their indigenous cultures.

**Listening to the voices of PLHWA**

**Story 1.**

Hi. My name is Cynthia Tuelo Leshomo, and I am 29 years. I found out about my HIV status on October 10th, 2000. When the results came out positive, I could not believe my ears. “Why me?” I lived in denial until September 2001 when I joined COCEPWA. I felt reborn and able to live with HIV.

In order to progress in this struggle, we have to create awareness programmes and people must be mobilized and that’s what we are doing in COCEPWA. I am a public speaker as well as a Buddy. COCEPWA trainings have enabled me to “walk.” Before I was a crawling baby, now I am able to help all other women and men to walk as I do now. I have become stronger through COCEPWA trainings and support.

I am so grateful to COCEPWA for supporting me and other members. Fellow HIV positive people, fear of talking about your HIV status keeps you in darkness whereas openness bring you in the light. You will be able to see your destination. I will stand and fight HIV/AIDS to the last day of my life through my openness and by educating people.

No discrimination. No stigmatization. Live and let live” (Mhone & Visser 2002:1).

**Story 2**
I am Elisabeth Makole. I am 33 years of age and a mother of one. I am single. I was first diagnosed HIV positive 1995 after I gave birth to a baby girl…. My family has accepted me as I have done. They didn’t stigmatize against me. So I am living a positive life. In 2002, I came to join COCEPWA as a volunteer and a member. I met other people living with PLWHA, so I really cope well (12).

*COCEPWA stands for “The Coping Centre for People Living with HIV/AIDS”

Activity 1

Please re-read story one and two answer the following questions:

1. Explain why Cynthia Leshomo felt “reborn” and “able to live with HIV” after she joined COPEPWA.
2. List the advantages of overcoming fear inspired by stigma stated in her story.
3. In story two, explain what enables Elisabeth Makole to live a positive life.
4. Compare COCEPWA with a similar organization in your country.

In the above stories, we encounter two PLWHA who have been empowered by the compassion of two institutions. In both stories, COCEPWA, The Coping Centre for People Living with HIV/AIDS in Botswana, is identified as a place of support and empowerment. Both women acknowledge being uplifted and enabled to cope with living with an incurable virus. Ms Leshomo gives a beautiful image of an infant who has been nurtured and groomed to stand and walk. Yet with this image, she manages to put across to us that the HIV positive status had such a crushing impact on her that she was so disoriented so much so that she moved from being an adult to an infant status. Like a baby, she did not know how to walk on her own. Like a baby she needed parenting and guidance again. COCEPWA became this loving and nurturing parent. As she underlines, in COCEPWA she “felt reborn and able to live with HIV.” COCEPWA as a centre of support enables PLWHA to recapture their humanity and to live their lives.

It is also notable that COCEPWA trains PLWHA to be speakers and buddies, that is, those who are able to give support to other PLWHA who are still struggling to accept themselves and to resist stigma and discrimination. As an empowered PLWHA, Ms Leshomo is now an agent who offers us a vision in the struggle against HIV&AIDS. She holds that, “in order to progress in this struggle, we have to create awareness programs and people must be mobilized and that’s what we are doing in COCEPWA” (1999:1). Her agency (active role) is underlined by her determination: “I will stand
and fight HIV/AIDS to the last day of my life through my openness and by educating people. No discrimination. No stigmatization. Live and let live” (1). What Ms Leshomo testifies to is the healing power of compassion in the COC EPWA—the organization that stood in solidarity with her, and together they empowered her into a revolutionary agent.

Activity 2

1. Identify an institution, organization or club that empowers you in your life. Explain their objectives.
2. Explain how the church can also play an affirmative role to PLWHA and the affected.

Ms Makole testifies to both COC EPWA and family as compassionate spaces. For her, the family was the first space that offered her compassion. As she says, “My family has accepted me as I have done. They didn’t stigmatize against me. So I am living a positive life” (2002:12).

Activity 3

Write down the views of your family towards PLWHA.

Yet an important factor in the journey of Makole also includes her own response. She has also accepted herself. Some PLWHA suffer from what is called “self-stigmatization.” Please, note that the latter is connected to the public stigma and discrimination, for PLHWA thus respond with a self-imposed stigma in expectation of public stigmatization. In anticipation of being stigmatized, one begins to assume that one’s friends and relatives would stigmatize her/him without first giving them the benefit of doubt. The problem with self-stigmatization, like the public stigma, is that it hinders compassion since it closes any possibility of giving and receiving compassion from friends and family. In this way, self-stigmatization hinders quality care and
prevention of HIV & AIDS. The following story best illustrates an example of self-stigmatization:

In 1989, while working for an insurance company, I was tested prior to getting a policy. After about four days, the doctor called and said, “Nat your policy came back HIV positive….I could not eat and I wanted to end my life. Killing myself would make people suspicious. So I decided to put myself at risk to be killed by other people. I lived that life for six years. Once I was even shot several times but I survived. Then I was involved in a car accident and stayed in a coma for six months. After that I said to myself, ‘I am still alive after being positive for six years.’ It was then that I decided to tell my mum. I was afraid of rejection. Finally, I broke the news and told her why I been dismissed. Amazingly, she gave me a big hug and later took me for proper counseling…. Since counseling I have also started being involved in the HIV/AIDS struggle. I have done a counseling course and I am trying to help people live positively with HIV (UNDP South Africa 1998:91).

Our task in this chapter is to investigate the African cultural perspectives that enable families, friends and communities to offer compassion to their relatives and friends. We are in an act of sankofa that is, recapturing the useful past perspectives of our cultures in the struggle against HIV & AIDS. We will start with some African definitions of compassion and then we shall look at some proverbs and sayings, followed by world views, attributes of God and current cultural views.

**Some African Definitions of Compassion**

In Setswana we use the compound word *kutwelobotlhoko* for compassion. The word can be divided into *kutwelo* and *bothoko*. *Kutwelo* means feeling for another and *botholo* means pain. The compound word thus means, feeling the pain of the other. In Kalanga they use *wilozogwadza* (feeling the pain of the other). In Ndebele, my mother tongue, we sometimes use *ukuzwelaubuhlungu* or *isegao*. As we said earlier, the words underline the capacity to close the gap by entering into the suffering of the other, feeling their pain as if it is your pain. Since we all do not like pain, to enter someone’s pain would result in working with the suffering person to change the causes of pain.
The following are words used for compassion in some West African languages:

Dormetrortror, (Ewe Language in Ghana) means “literarily means the turning of bowels, that is, parts of the stomach such as intestines, liver, heart etc. The Ewe use this word to describe the force that comes out of the stomach for compassion and empathy.” “Manuma yei” (Mende language in Sierra Leone) “compassion is the intimate feeling you have for someone in problems.” “Nye yei” (Kissi—Liberia) means to feel sorry for someone.

**Activity 4**

1. Write down the words used for compassion in your national cultures/languages and define their meaning.
2. Explain how the words in your cultures can assist in the struggle against stigma and discrimination.

**Some African Proverbs and Sayings about Compassion**

1. “Can you cry my cry?” This Liberian saying means that compassion is when your heart is touched and you feel how I feel and your cry and my cry are connected.” 2. *Iri tha ni iri iria* (The Compassionate one has milk) and *Kiunuku gitiagwo* (meanness cannot be eaten). The Gikuyu, who associate good things with edible things, speak of compassion and lack of it in terms of what can be eaten or what is not edible. Compassion, like milk, is edible and nurturing. A person who is compassionate is thus the bearer of milk, which definitely builds another person and makes them strong. The mean, that is, those people who lack compassion; those who are unnecessarily cruel, or cannot imagine themselves crying the cry of those who are crying are regarded as bearers of inedible gifts—“meanness cannot be eaten,” for it is poisonous; it does not nurture life or people. If we name HIV&AIDS stigma and discrimination as meanness on the side of those who are not infected, it is obvious that it is a poisonous plant that should not be eaten and by insisting on serving it to the PLWHA, we are actively involved in acts of killing lives. The Gikuyu also hold that, *Ngai ari*
tha (God/Ngai is merciful/compassionate). God/Ngai is thus a bearer of life-giving gifts, milk that nurtures life.

For the Dagara (Ghana ethnic group) compassion must be given as soon as we hear the need for it. They insist that, “one does not make light of a hollering from the jungle” (*BE be laar wie kye lnyyei*). The Dagara saying underlines “we are not to be judgmental in responding to a request made of us in times of emergency. All that is required of us at those moments is to give the possible help we can give. How the neighbor got to be in that predicament is immaterial” (Bangnikon 1999:160). I am sure you will agree with me that the context of HIV&AIDS is an emergency—it is a crisis. I believe you will also agree when I say, what often hinders our compassion, is judgment. I once heard a pastor refusing to appear in a TV show with a PLWHA, holding that “I do not know how he got HIV positive.” We had organized the show for breaking both the silence and the stigma, which frustrates both prevention and promotion of quality care. This pastor was unable to respond compassionately because he assumed a position of “holier than thou,” a position of judging. This Dagara proverb counsels us to remain committed to compassion. It underlines that there are times when you have to hear the cry of those who are in danger or oppressed and respond to their cries without judgment. Such a response is emphasized, since it the life of the one who is crying out for help at stake, which is much more important than establishing how they found themselves in danger. In the HIV&AIDS era, we are at that moment in history that all judgment must be put aside as we focus on responding in compassion to PLWHA and the affected than to stigmatize and discriminate.

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**Activity 5**

*Write down the sayings and proverbs used to encourage compassion in your language and culture/s. Explain their meaning and how they can be applied to the HIV&AIDS contexts.*

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Theological Education, which was held in Legon, Ghana 12-17 June, 2005.

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**African Worldviews and Compassion: Humanity & Community**

African worldview is a self explanatory term. Worldview means how African view (see) the world or life. In this section we will discuss two aspects of worldview in relation to compassion; namely, humanity and community. I am sure that you will agree with me that HIV&AIDS is an attack on human life and its quality. Its stigma ushers the question of “what is a human being and what does it mean to be human? Does one cease to be human when they become HIV positive? If we unleash stigma on PLWHA, we demonstrate that as communities we are unable to live compassionately with our family members, our neighbors, our friends, our church mates and our workmate who are positive. In short, HIV&AIDS stigma and discrimination bring to a critical focus what it means to be human and to live in community. Let us therefore do a *sankofa* exercise, that is, “the wisdom [of] learning from the past, which helps in building the future.” What can we learn from our cultural understanding of humanity and community that can help us to become compassionate people in the HIV&AIDS era? Let us outline some of the proverbs and sayings that can assist us towards this end:

1. I am because we are, we are because I am.
2. *Motho ke motho ka batho/Umuntu ngu muntu nga Bantu*, meaning “a person is a person only through other people—or a person is human through the community; lives in community.” (Bantu saying in Setswana and Ndebele languages)
3. *A a lcbr u nifaa bere?* Meaning, “Who is he who will throw away his bad relative?” (Dagara, a Ghanaian language)

The first saying has been widely popularized by John Mbiti in his articulation of African understanding of being human in a community. The saying with the individual “I am,” emphasizes that one’s humanity is only realized in the context where “we are,” that is, in a communal setting. The second part of the saying focuses on community, that is, “we are.” The latter only becomes a community where the individuals’ humanity is fully recognized and respected—“we are because I am.” In this world view both the individual and the community are equally important. The southern Africa Bantu saying, *“Motho ke motho ka batho/Umuntu ngu muntu nga*
Bantu” more or less articulates the same understanding, by pointing out that “a person is only human through the community.” I must say in this saying there is much depth about what “Bantu people” believe about “motha/umuntu” (a human being) and the act of being a human (botho/ubunto) and living according to the ethic of being human (setho/isintu) than I can fully elaborate in this unit (See Mmualefe 2004; Mnyanka & Motlhhabi 215-237: 2005).

It suffices to say, when we assess HIV&AIDS stigma and discrimination through these worldviews, a number of issues become evident:

1. By stigmatizing PLWHA we have dehumanized them, since their humanity is fully realized when it is recognized in community.
2. By stigmatizing PLWHA we have dehumanized the whole community since our communal being is dependent on the humanity of every individual (“I am”) being fully recognized.
3. Your/our dehumanization of the other is the dehumanization of all of us.

In short, while HIV&AIDS stigma and discrimination affects PLWHA more, it goes without saying that in the African world view, such dehumanization of the other is equally the self-dehumanization of all of us, since without respecting its members the community cannot be. As long as the HIV&AIDS stigma and discrimination exists and persists, we need to reflect on the depth of how we have all (the infected and affected) lost our humanity. HIV&AIDS stigma and discrimination, in other words, are symptoms of our compromised humanity. We will do well, therefore, to remember that by dehumanizing PLWHA, we inevitably dehumanize ourselves—we make statements about ourselves. In his biography, A Long Walk to Freedom, Nelson Mandela, who spent twenty-seven years imprisoned for his anti-apartheid struggle, wrote to the then white-only government, that “My freedom and yours cannot be separated.” Indeed, the South African white-only government came to realize that the dehumanization of black South Africans is also the dehumanization of white South Africans, who wielded the power of applying apartheid laws of separation. While Mandela’s statement was articulated in the anti-apartheid context, it equally applies today in the HIV&AIDS struggle. The freedom of PLWHA from HIV&AIDS stigma and discrimination and all that accompanies this epidemic cannot be separated from
our general freedom as a people and a world. The humanity of PLWHA cannot be separated from the humanity of all of us. Their dehumanization can only attest to our inhumanity.

Activity 6
Write down sayings, proverbs and beliefs in your culture about community. Explain how they can encourage compassion.

The African worldviews on humanity and community are thus equally important in energizing and maintaining our compassion. If, in other words, we realize that we cannot separate, isolate, reject and stigmatize our PLWHA without doing it to our own human and communal identity, then, perhaps we would be challenged to own up and see HIV & AIDS as the enemy that we need to fight, but not to fight our sisters and brothers who are living with the virus. We will, or rather, we should be moved by compassion to eradicate the HIV&AIDS epidemic and its bigger twin—the stigma and discrimination.

One of the reasons that have sparked stigma and discrimination is that of judgment. Some people have argued that some PLHWA got what they deserve due to their sinful lives. What and how do African worldviews address such a perspective? In the above Dagara saying, it is clear that “Your relative is your relative, whether s/he is loveable or despicable, popular, generous, or mean, kind or cruel, democratic or tyrannical” (1999:13). Bangnikon continues to underline that what this proverb is saying is that, “No matter what, the ‘blacksheep’ of the family must be loved and not disowned” (13). If we follow this proverb, there can never be any sufficient reason to justify HIV&AIDS stigma and discrimination on any person.

Activity 7
On God’s Compassion in African Indigenous Cultures


1. *Memeeme te ngo bue mi* (The salty taste never ceases in a salt pot) God’s mercy towards humankind never ceases, for loving kindness is of the very essence of God (Dangme proverb).
2. *Ke Nyonmo tere bo jatsu le, ehaa bo tako* (When God/Nyonmo gives you a load, God/Nyonmo also gives you a soft pad to carry it) Ga proverb.
3. When God picks up God’s stone, God does not throw it at once (The compassionate God does not hurriedly punish, but God’s justice will surely come (Akan). (Saayman 1996:160)

In the above proverbs, compassion is described as central to God’s identity. God is like a salty pot that can only remain salty—(a compassionate God who can only produce acts of compassion). The proverb emphasizes that God’s compassion is always given to human beings—it never ceases. The second proverb acknowledges that along the route of life one is likely to find herself/himself burdened by one problem or another, one pain or another, just as we are now afflicted by HIV&AIDS. Since many times we do not understand the source of our suffering and often say God has sent this and that disaster to us. The above Ga proverb still emphasizes that if at all this is the case it does not compromise God’s compassion, “When God/Nyonmo gives you a load, God/Nyonmo also gives you a soft pad to carry it!” The compassion of God/Nyonmo remains. Where there is lack of compassion, there is no God/Nyonmo, for where God/Nyonmo is, there is always compassion. This has serious implications to all of us when we stigmatize and discriminate. What it indicates is that we have lost our godliness, for God/Nyonmo is always compassionate.
The last proverb is also instructive to those of us who like saying PLWHA are being punished by God, for their sins (Russell-Coon 1990:39). Some have been heard to say that AIDS is God’s judgment; that God is cursing PLWHA for their supposedly immoral lives (Heath 2005:30). Many others have expressed stigma and discrimination through silence and indifference. Such perspectives breed punishing and indifferent individuals and communities, who then see it as their God given right to punish PLWHA by isolating, rejecting, stigmatizing and discriminating against them. If, however, we regard God as compassionate (a salty pot) then we will regard compassion as a central aspect of our faith. The third proverb is quite instructive as it tells us that we should not be too fast to judge and punish. While God is a God of justice, who will bring all of us to book someday, God nonetheless is not quick to mete judgment. Rather God is more compassionate: “The compassionate God does not hurriedly punish.” We are all counseled to hold on to our stones, rather than to quickly throw stones to PLWHA. I would go further to say, we should put down our stones and forget about any intention of throwing them at anyone, for none of us is sinless enough to start throwing stones towards PLWHA or anyone (John 8:1-12).

Grace and compassion should be the stones that we throw eagerly at one another.

Activity 8

1. Write down sayings, proverbs and beliefs in your culture about God and compassion.
2. Explain how they can assist us to fight the HIV&AIDS stigma and discrimination.

Current Cultures: Human Rights

Apart from our African cultural views, we are now part of the international community. Over the past fifty years, we have been increasingly learning to live together as people of different nations and cultures. Consequently, a number of charters and conventions have been created and adopted by the international community and our governments. All of them have been instruments of building a culture of respecting the human rights of all people. Stigma and discrimination is undoubtedly an issue of violating the rights of PLWHA. It is therefore important that
our quest for building compassionate communities should include respecting the human rights of all people including PLWHA.

Activity 9

Read the following act from the African Charter & Peoples’ Rights and explain how it can assist us to fight HIV&AIDS stigma and discrimination:

Article 2
“Every individual shall be entitled to the enjoyment of the rights and freedoms recognized and guaranteed in the present charter without distinction of any kind such as race, ethnic group, color, sex, language, religion, political or any other opinion, national or social origin, fortune, birth or other status.

Article 3
“1. Every individual shall be equal before the law.
2. Every individual shall be entitled to equal protection of the law.”

Article 4
“Human beings are inviolable. Every human being shall be entitled to respect for his [her] life and the integrity of his[her] person. No one may be arbitrarily deprived of this right.”

SUMMARY
We began this unit by listening to the stories of PLWHA and how they have been uplifted by COCEPWA and family. Second, we examined several African words that define compassion. We realized that it involves movement to identify with the suffering of the other. Third, we examined several proverbs and sayings about compassion. We came across such sayings such as “can you cry my cry?” (Liberia). “The compassionate one has milk” and “meanness is not edible” (Kenya). The sayings underlined that compassion is the capacity to feel the pain of the other. They emphasized that compassion, like milk, is nurturing, while meanness, in this case
HIV&AIDS stigma and discrimination, is not edible—if you like, it is poisonous and deadly! The nurturing aspect of compassion is the active part, one that identifies with the suffering in order to search for positive change. Fourth, we examined some African worldviews for ideas and perspectives on compassion. We came across the saying, “I am because we are and we are and because I am,” a perspective that underlines the full humanity of each individual within the community and that the community only becomes a community, where each and every individual is a fully respected human being—motha/umuntu. Given that the humanity of each community is dependent on the humanity of each member of the community, we realized that HIV stigmatization of the other can only turn up to be the dehumanization of those who stigmatize given that our humanity cannot be separated from those whom we stigmatize. Fifth, we examined God and compassion, we discovered that the Giguyu hold that, “Ngai/God is merciful,” while the Ghanaians hold that when it comes to compassion, God/Nyonmo is like a salty pot that can never lose its saltiness. Compassion is the very essence of God’s being. We ended the unit by pointing out that human rights charters and other UN conventions are our new international cultures that seek to fully respect the humanity of all and to allow for contexts that support the flourishing of all individuals, indeed, of life as a whole. Within such perspectives, the HIV&AIDS stigma and discrimination is an enemy to and for all of us—it speaks of our lost humanity and our separation from godliness, for God, like a salty pot, is always compassionate. We do well to repent and cease from all forms of HIV&AIDS stigma and discrimination in our world.

**SELF-ASSESSEMNET ACTIVITY**

**Questions**
1. Explain why COCEPWA exemplifies compassion in action.
2. Define self-stigmatization and explain why it is problematic.
3. List and define some African words on compassion.
4. Give two African proverbs or sayings that encourage compassion. Explain their meaning.
5. Explain why the African indigenous world view of community and humanity do not tolerate stigma and discrimination.
6. Explain how the indigenous African understanding of God can assist us to build compassionate stories.
7. State why Human Rights charters and conventions are important to fighting HIV&AIDS stigma and discrimination.

**FURTHER READING**


Unit 5
On Being a Compassionate Church

OVERVIEW
Hello and welcome to Unit 5! So far, from unit1-4, we have been focusing on foundations, concepts, worldviews, stories, theories and theological frameworks about compassion. From this unit, we shall begin to take our journey to the practical and implementation level. We shall begin this journey of putting faith into action by exploring what constitutes a compassionate church. We shall explore three aspects: listening to the voices of PLWHA and remembering the journey of the churches, by examining church commitments at ecumenical, denominational and congregational levels. Lastly, we will explore the importance of HIV&AIDS sensitive liturgy in building up compassionate churches.

OBJECTIVES
By the end of this Unit, you should be able to:

- Discuss the agency of PLWHA in building a compassionate church
- Discuss examples of compassionate churches at various levels
- Design HIV&AIDS sensitive worship services
- Challenge your church to intensify its acts of compassion

TOPICS
Unit 5: On Being a Compassionate Church
“We Have AIDS”: Listening to the voices of PLWHA
Remembering the journey and the vows of the churches
- Ecumenical Levels: The Plan of Action
- The Covenant Document on HIV/AIDS of the AACC
- Denominational Levels
- Congregational Levels
Liturgical Approach to Building Compassionate Churches
Summary
Self-Assessment Activity
Further Reading
We Have AIDS: Listening to the Voices of PLWHA
Let us begin this unit by listening to the voices of PLWHA in Box 1 and Activity 1 on what should constitute a compassionate church. We shall also pay attention to what makes the church fail to be compassionate.

Box 1: “We Have AIDS.”
The reality is we have AIDS. There are still some who preach from the vantage point of the righteous “we,” and look at those of us who have AIDS and say, “They are getting what they deserve. This is God’s wrath.” I have spent long hours of soul-searching and theological reflection along my journey. The images that arise in my mind are of the women and children and all persons I have known who have AIDS. I want to arise up before those who would preach that word and say, ‘How dare you! How dare you call those people ‘them’ and ‘other’---how dare you drive them from God who loves them?’… I tell you tonight that my experience with God and my understanding of the gospel is that with God there are no disposable human beings. With God there is no ‘other.’ God welcomes all. Each person is precious in God’s sight. Every child of God is of infinite worth, whether that person is diseased or healthy (Ron Russell-Coons 1990:39).

Let the world fight HIV
Let the world conquer AIDS
Let it not conquer us
Do not fight us
People with HIV,
People with AIDS
(Billy Mosedame, 2000)

I am sure you will agree with me that, while the words of Ron Russell-Coons were spoken more than a decade and half ago, they remain true today. His first sentence appeals to compassion: “We have AIDS.” The statement “we have AIDS” is the road sign that should lead us to compassion. It is a statement of identifying with PLWHA than distancing ourselves. “We have AIDS” as the church and as the world. Yes, we are a church living with HIV&AIDS (CLWHA). We are indeed a world living with HIV&AIDS (henceforth WLWHA). In this self-identification, in this space of owning up, we cultivate compassion through solidarity. And since “united we stand, divided we fall” our solidarity is the power of change and healing that we are bound to give each other and our world. Needless to say, if there was ever a time that we needed to say that “We have AIDS” then it is now when our world hosts 40million
people living with HIV; it is now that we have lost at least 22m people to AIDS; it is now that we have at least 15 million orphaned children due to the epidemic; it is now, when we lose 3 million a year to AIDS; when 8500 people get infected a day and 5 million get infected a year. What church and what corner of the world can say that it does not live with HIV& AIDS? “We have AIDS.” Russell-Coons’ words, remind us of the ghastly truth, displayed before us; namely, that ‘we have AIDS,’ as a church and as a world. Let those who have ears hear and those who have eyes see the obvious—an HIV positive church and world. And, let those who have hearts be moved with compassion for our WLWHA, seeking healing.

**Activity 1**

Explain if your church reached that stage where it says, “We have AIDS.”

**‘Othering’ PLWHA**

Unfortunately, as Russell-Coons reminds us, then and now, we are a church and world that is yet to fully see, hear, feel, know and say that, “We have AIDS.” Rather, we are still distancing ourselves by “othering” PLWHA. ‘**Othering**’ is when you name someone or some groups as ‘other’ and you make an effort to differentiate yourself by creating a division of “us and them.” In ‘othering,’ you distance yourself from the ‘other’ mostly by characterizing them negatively. Thus Russell-Coons explains that in the HIV&AIDS era this ‘othering’ is evident in the words of preachers who hold that PLWHA “are getting what they deserve. This is God’s wrath.” ‘Othering’ is not a perspective of building a compassionate church and world. A compassionate church does not involve itself in “othering.” Rather, compassion involves itself in the pains of the suffering, in this case PLWHA and the affected, by closing the space of us and them in order to come to that space of cooperate ownership: “We have AIDS.” It is the cooperate ownership of solidarity that generates the space of compassion and healing.

**Activity 2**
‘Othering’ is Theologically Unacceptable
Russell-Coons underlines that ‘othering’ is theologically unacceptable, for **before God, every person is precious and no person is disposable.** Othering also drives people from God, who loves them. In deed, in the past four chapters we have examined the compassion of God from biblical and African cultural perspectives. In Exodus we realized that the biblical God is the God who hears the cries of the oppressed, who sees and knows their misery and who comes down to deliver them. The liberator God is a compassionate God, who fully involves Godself in the pains of those who are suffering. God does not ‘other’. We have also examined the compassionate character of Christ who, instead of ‘othering’ says, “You saw me sick…for in as much as you did it to the least of these the members of my family, you did it to me” (Matt. 25:40). If both God and Christ identifies with the suffering, then the church should be, as Luke 6:36 tells us, compassionate just as the Father God is compassionate.

Language Shapes our Theology
A crucial point that Russell-Coons puts across to us is our use of language. He challenges us to think about the language we use and the theology it implies. He challenges us to move from the language of ‘othering’ to the language of solidarity. Indeed the Matthew 25:31-46 passage demonstrates to us most vividly how Christ sought to speak a language of solidarity and compassion, “you saw me sick…I was in prison, I was naked… I was homeless.” Christ makes no separation between himself and the marginalized and the vulnerable. If Christ was not ashamed to identify himself with the suffering and marginalized, regardless of their situation, why should the church of Christ hesitate from saying, “We have AIDS; we are a church that is living with HIV&AIDS?” The servant is not greater than the master (John 13:15-16). Often I hear church people praying saying, “we pray for these people…” While we have sufficient scriptures that should discipline us to say, “We have AIDS,” we are yet to discipline our tongues to this much needed theology of solidarity and compassion.
Compassion requires that we put aside any judgment. Many times the church focuses on the question of: “how did you get this sickness; what got you in prison; why are you naked and homeless,” a question that is often asked with the assumption that the concerned persons are responsible for their situation, hence they got what they deserve. Responsible or not, compassion, first and foremost, requires us to identify with the marginalized and the vulnerable. Second, compassion requires us to work in solidarity with the suffering to change the oppressive situation. As Russell-Coon emphasizes, “Every child of God is of infinite worth, whether that person is diseased or healthy.” It is the similar perspective underlined by the African saying, “one does not make light of a hollering from the jungle” (BE be laar wie kye lnyyei). The Saying underlines “we are not to be judgmental in responding to a request made of us in times of emergency. All that is required of us at those moments is to give the possible help we can give. How the neighbor got to be in that predicament is immaterial”(Bangnikon 1999:160). Similarly, the United Nations General Secretary, Mr Kofi Annan has warned us that “Let no one imagine that we can protect ourselves by building barriers between “us” and “them.” In the ruthless world of AIDS, there is no us and them.”

Activity 3

1. Recall and write down some of the statements used in your church about PLWHA. Analyze these statements. Is it a language of ‘othering’ or solidarity?
2. Rewrite the statements, if ‘othering,’ to a compassionate perspective.

Billy Mosedame’s poetry in Box 1 is instructive for us. He cautions us not to fight PLWHA, rather to fight the virus itself. We are to think carefully how our language may actually be misdirected, that is, ‘othering’ PLWHA. Our struggle against HIV&AIDS as church should bring us to the healing and compassionate space of “we have AIDS;” we are a “church living with HIV&AIDS.” Let us now turn to trace some of the vows, covenants, statements and plan of actions undertaken by the church towards being a compassionate church of Christ.
Remembering the Journey and the Vows of the Churches
The journey of the church in the HIV&AIDS struggle, like that of all other sectors and institutions, has been that of learning through several mistakes. HIV&AIDS has been such a new phenomenon, with such vast impact, within such a short space of time such that just about every other department has been challenged to “intensive education and research.” The church is not exception. As Russell-Coons testifies above, the church’s first response to HIV&AIDS has sometimes been unhelpful. In some cases, there was just silence. Unfortunately, we cannot speak with certainty that the age of condemnation, silence and ‘othering’ is over. If it was over, by now the church would be a formidable force in the struggle against HIV&AIDS. It would be a stigma-free space and publicly recognized advocate for anti-stigmatization and discrimination. The church would be running effective program with and for PLWHA and the affected. In short, the church would be a clear example of an HIV&AIDS active and competent institution. Be that as it may, there are some major signs of hope in some ecumenical, denominational and congregational levels. The church has been moving towards that space where it can say, “We have AIDS.” Let us now examine some examples of these in the following order: Ecumenical; denominational and congregational levels.

Ecumenical Levels: The Plan of Action
I want to start by introducing you to the history of the Plan of Action. In the year 2001, churches of east, central, west and southern Africa held consultations in their regions to identify the challenges arising from HIV&AIDS and how to respond. The consultations were under the leadership of Health and Healing personnel, Dr Kurian Manoj of WCC. The regional consultations served as some form of a situational analysis exercise, since national Christian councils, churches and other ecumenical bodies met to share the HIV&AIDS challenges in their countries and what needs to be done to address the concerns. The second stage was a continental meeting, held in Nairobi, November 2001. At this meeting, other international ecumenical organizations and development agencies also attended. The meeting brought together the ideas gathered from the regions into what constituted The Plan of Action: Ecumenical Response to HIV&AIDS in Africa.
Activity 4

Find out if your church or national council participated in the ecumenical consultation in 2001. If yes, please explain what your church has been doing to implement the Plan of Action.

In its vision, The Plan of Action underlines that “for the churches, the most powerful contribution we can make to combating HIV transmission is the eradication of stigma and discrimination” (2001:6). The commitments of the Plan of Action consist of thirteen items:

- Theology and ethics
- PLWHA
- Education
- Training
- Prevention
- Care giving and counseling
- Support;
- Treatment
- Advocacy
- Gender
- Culture
- Liturgy
- Resources

Each of these items has sub-outlines on the most burning concerns that need to be addressed. Of course, the implementing agents of the Plan of Action are the churches and the ecumenical bodies that drafted it as well as those who are concerned about HIV&AIDS.

Activity 5

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In addition, the WCC put up EHAIA (Ecumenical HIV/AIDS Initiative in Africa) team consisting of four regional coordinators, a continental theological consultant and a manager. EHAIA’s main task is to assist the churches in capacity building so that they can respond adequately and effectively. To this end, EHAIA has held numerous workshops for theological educators and church leaders. It has also produced books towards the same end, which have been widely distributed and used. The Plan of Action, therefore, is an ecumenical pledge of the churches to commit themselves to the struggle against HIV&AIDS, with a special focus on eradicating stigma and discrimination. The second item in its thirteen commitments is on PLWHA. It states that:

We will ensure that people living with HIV/AIDS are supported so that they may be actively involved in all activities of the churches, as an essential resource: especially in areas of work which relate to education, training, prevention, advocacy, theological reflection and program development (2001:7).

The Action Plan continues to say:

We will condemn discrimination and stigmatization of people living with HIV/AIDS as sin and as contrary to the will of God. We will urge member churches to recognize and act on the urgent need to transform ourselves if we are to play a transforming role in the response to HIV&AIDS (7).

This is the ecumenical pledge of the church to be compassionate. The Plan of Action is, therefore, best seen as the road sign pointing us to that place where the church can say, ‘we have AIDS.’ That is, the church has begun to journey to that compassionate place, where to quote The Covenant Document on HIV/AIDS “we shall have zero tolerance for HIV&AIDS stigma and discrimination” and shall be an HIV&AIDS
competent church. It would be helpful and informative to evaluate how much has been done and achieved since 2001, when this ecumenical Plan of Action was drawn.

The Covenant Document on HIV&AIDS: All Africa Conference of Churches

In November 2003, the All Africa Conference of Churches (henceforth AACC) held its eighth assembly in Yaoundé, Cameroon with about a 1000 attendants, who were church delegates, church councils, ecumenical bodies and organizations from the continent and beyond. Its theme was “Come Let us rebuild,” focusing on economical justice, HIV&AIDS and violence. In preparation for the assembly, the AACC drafted “The Covenant Document on HIV&AIDS” for its member churches and delegates. A covenant is an agreement or a contract that is entered by two or more parties. The Covenant Document on HIV/AIDS was therefore an agreement or contract that churches made with God, concerning the struggle against HIV&AIDS. The covenant had ten items, each of them being a major HIV&AIDS concern and what the church commits itself to do. The ten items consisted of:

1. Life and HIV/AIDS Prevention
2. Love and HIV/AIDS care
3. Treatment and HIV/AIDS drugs
4. Compassion, HIV&AIDS stigma and discrimination;
5. Poverty and HIV/AIDS
6. Gender Inequalities and HIV/AIDS
7. Children and HIV/AIDS
8. Church, PLWA and HIV/AIDS
9. Human Sexuality and HIV/AIDS
10. Justice and HIV/AIDS.

In AACC assembly program, the assembly set aside a full day to focus on HIV&AIDS, which ended with the whole assembly standing up to recite The Covenant Document on HIV&AIDS. The process of covenanting (entering an agreement with God concerning the struggle against HIV&AIDS) was led by ANERELA+ (African Network of Religious Leaders Living with or personally
affected by HIV or AIDS). ANERELA+ read the Preamble of the document and stood with the whole assembly as the churches committed themselves to fighting HIV&AIDS and all its related social epidemics. Each delegate was given the copy of the covenant to take back to their home churches and organizations. The Secretary General of the AACC, Mvume Dandala, further encouraged the translation of the document to indigenous languages.

Activity 6

Define the word covenant. Give an example of a covenant from the Bible.

In the previous units, we have used a number of quotes from the AACC Covenant document on HIV&AIDS to remember the commitments of the churches to the struggle against HIV&AIDS. Below, please read the commitment concerning the church and the call to compassion.

Covenant 8: Church, PLWHAs and HIV&AIDS

We shall remember, proclaim and act on the fact that we are one body of Christ and if one member suffers, we all suffer together with it; that the Lord our God identifies with the suffering and marginalized and heals the sick (1Cor. 12:26; Matt 25:31-46). We shall, therefore, become a community of compassion and healing, a safe place for all PLWHA to live openly and productively with their status. (AACC 2003)

1Corinthian 12, focusing on the church as a body with many parts, is sited as foundational to compassion. If one member suffers, we all suffer together with it. If one member of the church is infected, the church cannot separate itself. If one member is suffering from AIDS, the church cannot separate from his/her suffering. If some children are orphaned; if some women are widowed; if some grandparents are burdened from a load of care—the church cannot separate itself from their situation. As the body of Christ, it must, like its founder, identify with those who are suffering (Matthew 25:31-46). The church, in other words, should not shy away from saying, “We have AIDS.” The church as the body of Christ can and should be a compassionate church that openly says the church is HIV+. The church should not be involved in ‘othering,’ for when “one member suffers, we all suffer” (1Cor. 12:26).
More and more churches are challenged to live out a theology of compassion in the struggle against HIV&AIDS.

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**Activity 7**

*Design a poster that depicts the church as an HIV positive institution.*

### Denominational Levels

Let us now turn to denominational responses. Some churches have made tremendous steps to systematically respond to HIV&AIDS at a denominational level. Some of the churches that have moved at this level include Anglican, Lutheran and Catholic churches. For example, in August 2001 the Anglican Communion met in Johannesburg, RSA, to draw its HIV&AIDS policies and plan of action as a church. It was an all Africa meeting, with full participation PLWHA as trainers on mainstreaming (planning for the impact of) HIV&AIDS stigma in projects and programs. International donor agents and ecumenical movements also attended. In 2002, the Lutheran Communion held its own meeting in Nairobi, where it drew its denominational wide policy and statements towards the HIV&AIDS struggle. The Roman Catholic Church, on the other hand, is doing a major job on HIV&AIDS through its health department, Caritas International.

From such meetings, denominations adopt policy statements that enable member churches to draw their own plan of action/programme on responding to HIV&AIDS. It gives a green light, clears the air and empowers church workers to have a framework of reference in their response to HIV&AIDS. It also informs them about the official stand of their denomination, rather than leaving the response to individual congregational initiative. Churches that have drafted denominational policies, statements, commitments and action plans concerning HIV&AIDS have clearly enabled their member churches to move ahead in the struggle against HIV&AIDS. Both Anglicans and Lutherans have put up impressive programs to fight HIV&AIDS, which make efforts to address in depth all the key issues.
Activity 8

Find out if your denomination has a policy and action plan/programme on responding to HIV&AIDS. If not, write a letter to your church leader and advise accordingly.

Congregational Level

At a congregational level, many churches have undertaken various projects. Most of the time, however, these projects occur when the church has a guiding policy and programme that underlines to its members that responding to HIV&AIDS is central to the identity of the church. Indeed, the congregations are vital to the struggle against HIV&AIDS since they are situated within the communities, hence in touch with patients in home-based care, orphans, widows, the dying, those who need to be buried and those who need counseling. Most congregations’ unavoidable participation is through countless funerals, especially in the most affected zones. Here acts of compassion are central.

Activity 9

At a congregational level, what is your church doing to address the impact of HIV&AIDS? If nothing, please write down your suggestion to your church leaders.

Liturgical Approach to Building Compassionate Churches

Why is liturgical approach central to building a compassionate church? Since HIV&AIDS is such a new phenomenon that has challenged all departments to rethink their philosophies and to search for new answers, the church and its members are also called to new learning. Liturgy (prayers, songs, sermons & church rituals) is one aspect that can be used to build constructive understanding and response to HIV&AIDS. To build compassionate churches our sermons, prayers and songs should bring our churches to that point of saying, “We have AIDS;” we are a church living with HIV&AIDS. Fortunately, resource books have now been developed to
assist preachers, Sunday school teachers, Youth leaders and Mothers’ Union to be a church that understands its role in the fight against HIV&AIDS. We all need to revisit our liturgies and preaching calendars to mainstream (evenly add) HIV&AIDS in a helpful manner. Meanwhile it is gratifying to note that resource books have now been developed and made available both in hard and electronic forms on HIV&AIDS sensitive preaching and liturgy. Examples here include: *AfricaPraying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy*. Geneva: WCC, 2003 and *God Breaks the Silence: Preaching in Times of AIDS*. Wuppertal: UEM, 2005. If used constructively, HIV&AIDS sensitive sermons and liturgy are one of our major sources of building compassionate congregations. We can, in other words, also train our members on HIV&AIDS sensitive theology that enables them to be compassionate churches through liturgy. With the words of our sermons and liturgy, we can publicly make it known that we are an HIV+ positive church that identifies, welcomes and works with all PLWHA.

### Activity 10

*Write a short prayer about breaking the HIV&AIDS stigma and discrimination.*

One way of building compassionate churches and congregations is to closely collaborate with PLWHA. Rev. Dr Spiwo Xapile of JL Zwane Memorial Church, Uniting Presbyterian Church in Southern Africa, shared with us, at the UNAIDS theological workshop focusing on HIV and AIDS Related Stigma, that in his church he has adopted a policy of no preaching before a PLWHA speaks (2005:60). While he admittedly says it is hard to preach a better sermon thereafter, he also points out that on hearing the PLWHA, his church members are moved to compassionate acts, and he does not need to even remind them. All these are creative ways of responding at a congregational level.

Church leaders should not only talk about HIV&AIDS, they should speak about it helpful or edifying manner. The example given by Russell-Coon, in the opening quote of this unit, is one of the most counter-productive ways of talking about
HIV&AIDS. It is stigmatizing. Sermons that condemn, judge and ‘others’ do not help us in building a compassionate and healing church. Such sermons, in fact, sicken the soul, mind, body and social health. Any preacher who delivers judgmental sermons must be mindful that they are trampling on the body of Christ. It is thus important for all preachers and teachers to embody the love and grace of Christ who welcomes all.

Activity 11

Write a letter to your church board recommending a review of your liturgy and the adoption of the above mentioned available books.

SUMMARY

We began this unit by listening to the voices of PLWHA. I hope that it became clear to you that HIV&AIDS stigma and discrimination is unacceptable and cannot be justified. Instead of ‘othering,’ PLWHA, Russell-Coon challenges the church to say, “We have AIDS.” The latter, we said, is solidarity-- it is a statement of compassion. Billy Mosedame’s poem underlined that we should fight HIV&AIDS, but we should not fight people living with HIV or AIDS. Second, we examined the vows and commitments of the churches at ecumenical, denominational, congregational and liturgical levels. The point that we made was that as the body of Christ we cannot deny that when one member suffers we all suffer (1Cor. 12:26). Compassion is the very essence of being the Church of Christ. We underlined that denominational policies, statements and commitments are central to building HIV active and competent churches. The latter make it explicit the official standpoint of each denomination to all its churches and workers, thus enabling active response to begin. The impact of official policies, statements and commitments are evident amongst some denominations, where such leadership has been provided. Lastly, we focused on the role of liturgy, pointing out that it is a vital source for creating compassionate spaces in the church.
SELF-ASSESSMENT ACTIVITY

Questions
1. Write the full meaning of WLWHA.
2. Define the word ‘othering.’
3. Explain why it is important for the church to say, “We have AIDS.”
4. Discuss one example of an ecumenical response to HIV&AIDS.
5. Explain the importance of denominational policies and commitments on HIV&AIDS.
6. Discuss the importance of denominational response to HIV&AIDS.
7. In a paragraph, explain the role of liturgy in breaking the HIV&AIDS stigma.

FURTHER READING


ASSIGNMENT: UNITS 1-5

INSTRUCTIONS
1. Attempt all the questions.
2. Please write your answers in your notebook.
3. If you cannot answer any question, please feel free to return to the relevant unit and re-read.

QUESTIONS
1. In a paragraph, define compassion and its main characteristics.

2. State the reasons that make compassion important in the HIV&AIDS era.

3. Explain, in two paragraphs, why the voices of PLWHA are central to developing a theology of compassion.

4. ‘God is a compassionate God.’ Elaborate this statement and give scriptural examples to support your answer.

5. ‘Jesus is a compassionate Christ.’ Explain this statement in two paragraph’s and give scriptural examples to support your answer.

6. Write to your pastor and explain suggest practical ways in which the church can become a centre of compassion in the HIV&AIDS era.

7. Discuss some documents that indicate that the church has already committed itself to be a compassionate and healing community.

8. Discuss some African perspectives that challenge communities to be ‘compassionate societies,’ in the era of HIV&AIDS.

9. Using Unit 1-5, design a preaching plan that will assist your church to have an established theology of compassion.
10. Write to your friend and explain what was most striking and compelling when you read Unit 1-5.

Unit 6
Compassion with and to PLWA

OVERVIEW
Hello and welcome! In this unit, we will be asking ourselves how we can become compassionate with and to People Living with AIDS (henceforth PLWA) that is, those suffering from AIDS-related illnesses. We will be focusing specifically on those who have moved from the stage of being HIV+ to being AIDS patients; those who need to be on Antiretrovirals (henceforth ARVs). First, we shall seek to hear the voices of those suffering from AIDS-related illnesses and to identify the magnitude of the challenge. Second, we shall remind ourselves of the commitments that the church made towards those suffering from AIDS-related illnesses. Lastly, we shall explore theological perspectives, from the Bible and African cultures, which underline the need for the availability of ARVs to all who need them.

OBJECTIVES
By the end of this Unit, you should be able to:
- Describe the situation and agency of PLWH/A
- Describe the magnitude of AIDS-related illnesses and death
- Discuss African and biblical theological base for access to medicine
- Propose collaborative projects with other stakeholders.

Topics
Unit 6: Compassion with and to AIDS Patients
- In their Own Voices: Stories of PLWH/A
- What do we know? The Magnitude of the Challenge
- Remembering the Vows of the Churches
- Biblical Perspectives for Provision of Medical Care
- Some African Theological Perspectives on Access to Treatment

Summary
Self-Assessment Activity
Further Reading
In their Own Voices: Stories of the PLWHA

Let us begin by reading the stories of PLWHA to discern their agency and how they define the challenge of managing AIDS related illnesses and their proposed solutions. Remember that we defined agency as the active participation and role of the suffering in fighting stigma and discrimination and offering compassion.

Story 1
I share my home with another pastor who is HIV positive, Paul Mokgethi. Paul’s family knew that both of us were HIV-positive. Paul’s brother came to us and asked us whether we could help a friend of his who was dying of AIDS-related illnesses. This was the beginning of a ministry for me. Over the next year we took various people into the home and nursed them back to health, got them on treatment where it was necessary, and sent them home (Heath 2005: 28).

Story 2
In 1995 I had my third child who was very sick…two years later my child died… I didn’t want to but they convinced me to have a test. I was HIV positive…By February 2002 I became very seriously ill and that was when I started ARV therapy. With the care of my grandmother, aunt and uncle who looked after me, I am getting much stronger (Tiny Mmotlana 2002:16-17).

Activity 1
1. From story 1, describe the agency and compassion of PLWHA in ensuring the recovery of those who are suffering from AIDS-related illness.
2. From story 2, what could have been done to save the child from infection and AIDS-related death?
3. What saved Tiny Mmotlana from an AIDS related death?

The above stories testify that people who are suffering from AIDS-related illness need not die, if we are moved by compassion into meeting their needs through care and provision of medical care, particularly antiretroviral drugs. At the same time, the above stories attest that some die (story 2). How big is the problem of death due to AIDS-related illness? How many people have access to ARVs when they need them? What can we do as a church to express our compassion? As Rev. J. P. Heath and Paul Mokgethi demonstrate to us, how can we ensure that ARVs are available to those who need them? Let us now begin to explore and understand these questions below.
What Do We Know? The Magnitude of AIDS Illnesses & Death
If we look at the 2004 update on the AIDS epidemic, we learn that “Since the appearance of the first HIV cases in 1981, more than 60 million people have been infected with the virus, around 20 million of whom have died. In the year 2003, throughout the world around 40 million people were living with HIV; 5 million people were newly infected; 3 million died of AIDS. More than 90 per cent of persons live in developing countries” (Weinreich & Benn 2004:5). Since our focus is on AIDS-related suffering and death. It is notable that our world has already lost at least twenty million people since the outbreak in 1981. In the year 2003, we lost 3 million people worldwide to AIDS in 2003. The question we can ask is how many people need ARVs and how many people have access to them?

Activity 2
Find out how many people in your country need ARVs and how many have access to them.

According to Weinreich and Benn, ARVs have been available since 1996 and since “the introduction of combination ARV therapy, death rates from AIDS have fallen by as much as 70 per cent in rich countries (79). Moreover, “of the 800,000 people globally who take ARV drugs, around 500,000 live in industrialized countries” (80).

The following table from Weinreich and Benn (80) gives the actual number of people on ARVs and the estimated need for ARV therapy in developing countries:

<table>
<thead>
<tr>
<th>Region</th>
<th>No of people on ARV therapy</th>
<th>Estimated need</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Saharan Africa</td>
<td>50,000</td>
<td>4,100,000</td>
<td>1%</td>
</tr>
<tr>
<td>Asia</td>
<td>43,000</td>
<td>1,000,000</td>
<td>4%</td>
</tr>
<tr>
<td>North Africa &amp; Middle East</td>
<td>3,000</td>
<td>7,000</td>
<td>29%</td>
</tr>
<tr>
<td>Eastern Europe &amp; Central Asia</td>
<td>7,000</td>
<td>80,000</td>
<td>9%</td>
</tr>
<tr>
<td>Latin America &amp; Caribbean</td>
<td>196,000</td>
<td>370,000</td>
<td>53%</td>
</tr>
</tbody>
</table>
I believe you know that ARVs do not cure HIV. However, they reverse its impact, allowing individuals to live normal lives again. In total, only 5% people, worldwide, who need ARVs have access to them. The rest suffer long and die in millions—deaths that could be avoided. The majority of those who die of AIDS-related illness are in the so called Third World countries. The question that confronts you and me is why can we not have ARVs affordable and available to all those who need them? What could be more important than the lives of fellow human beings? What could possibly justify allowing 3 million people to die while we sit and watch? What happened to our compassion, our community identity, our neighborliness and our godlyliness? According to Weinrich and Benn, “initially, access to ARV for poor countries was often not regarded as a realistic option…However, in recent years the demand to increase access to ARV, for PLWHAs in developing countries has been raised ever more loudly by AIDS activists, scientists and civil society…Since then, a change has taken place” (80). Thank God for the agency and advocacy of these groups. The impact of these groups should challenge us to be a justice-seeking church. While these changes have occurred, clearly, much work remains to be done, given that only 5% of those who need ARVs receive them. As Rev. Canon Gideon Byamugisha is fond of reminding us, “AIDS death is avoidable and postpone able.” Our world does not need to lose three million people to AIDS related-illness while ARVs are reserved for the select few. What is the response of the church towards access to affordable ARV treatment? What are the theological perspectives that should empower the church to speak out with and for those who need treatment? Let us now begin to explore these questions in the commitments of the churches below.

**Remembering the Vows of the Churches**

<table>
<thead>
<tr>
<th>Total</th>
<th>300,000</th>
<th>5,500,000</th>
<th>5%</th>
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</table>

We will advocate for access to health care, and drugs to treat opportunistic infections, relieve pain and distress through palliative care and prevention of mother to child transmission. We support the efforts of those who are campaigning for access to anti-retroviral drugs…(Plan of Action 2001:9-10).

**Covenant 3: Treatment and HIV/AIDS Drugs**

We shall remember, proclaim and act on the fact that the earth and everything in it belongs to Lord and that the Lord has given it over to all human beings for custodianship (Psa. 24:1 & Gen.1:29). We shall, therefore, openly and persistently undertake a prophetic and advocacy role for all the infected who are denied access to affordable HIV/AIDS drugs until anti-retroviral are available to all who need them.

(AACC 2003)
If you recall in Unit 1, we said “compassion also denotes an important source of energy we need to respond—to right a wrong when we can; to protest when we are impotent to effect change” (Purvis 1996:52). My dear learner, try for a moment to put yourself in the shoes of PLWA, who need ARVs, but cannot have access to them due to un-affordability. Try for a moment to imagine what it means to live day in and day out with endless opportunistic infections and long and intense suffering. I am sure that we cannot fully imagine how it feels. However, we do fully understand that it is unacceptable for anyone to suffer when it is avoidable, especially if there are drugs that can dramatically improve their health to normal functionary status. Since, ARVs belong to the realm of medicine and their high prices demand commitment of governments and international communities to provide drugs for all citizens who need them, they make a good case for protest, advocacy and prophecy in our compassionate quests. Accordingly, the ecumenical Plan of Action identified lobbying “for access to health and drugs to treat opportunistic infections,” as commitment of the churches of Christ, who must be compassionate just as God and Christ are compassionate. The Plan of Action further says, as HIV active churches, “We support the efforts of those who are campaigning for access to anti-retroviral drugs.” The church as an international body could make tremendous impact here if it organizes and mobilizes its members for world wide persistent protests and advocacy.

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<tbody>
<tr>
<td><strong>Activity 3</strong></td>
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<tr>
<td>Explain what your church is doing to ensure that people suffering from AIDS-related illnesses have access to ARVs. If nothing, suggest ways of working in solidarity with AIDS Campaign groups in your community.</td>
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</table>

Following closely in the steps of the Plan of Action, The Covenant Document on of HIV/AIDS makes a similar commitment. In the above quote, the AACC and its member churches made a covenant with and to God that, “We shall, therefore, openly and persistently undertake a prophetic and advocacy role for all the infected who are denied access to affordable HIV/AIDS drugs until anti-retrovirals are available to all who need them.” How do the AACC and its member churches justify this standpoint theologically? Let us turn our attention to this question below by exploring biblical and African perspectives on access to treatment.
Biblical Perspectives for Provision of Medical Care

The Covenant Document on HIV/AIDS provides two scriptures to support the availability of ARVs to those who need them: the creation story in Genesis 1 and Psalm 24:1. Genesis underlines that God is the Creator of the earth and all that is in it. Further, the story depicts God blessing people and giving them access to the resources of the earth. As we said earlier, any situation, where some people have been denied access to the earth resources, or forced to live in poverty, then God’s will is vastly violated. The rights of the impoverished are denied. Psalm 24:1 re-iterates the creation story, holding that, “the earth is the Lord’s and all that is in it, the world and those who live in it.”

These two scriptures are instructive for making ARVs available to all. Namely, no human being should claim any ownership to the extent that millions are sent to death while we withhold access to affordable ARVs. The researchers and creators of ARVs do not own them—they have been collected from God’s earth. If God gave all of us resources of the earth, why should any of us be denied access to affordable ARVs? Indeed if the Creator God gave all of us access to the earth resources why are some members of the earth community poor? God is not the author of poverty. Rather, in God’s compassion the Creator God gave all of us access to the resources of the earth. The fact that Third World countries have had to watch, and still continue to watch millions of their people die of AIDS-related illnesses, an avoidable and postpone-able death, is theologically problematic. The church will do well not to just have the above commitments but to find ways of acting on them systematically until “anti-retrovirals are available to all who need them.” These commitments of the churches must be translated into action if the church is to pass as a compassionate and healing community.

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**Activity 4**

1. State the percentage of your country people, who live under the poverty datum line.
2. List names of HIV&AIDS activists in your country. How can your church collaborate with them in advocating the availability of “ARVs to all who need them?”
Access to Treatment: Some African Indigenous Perspectives
What is the perspective of African theological thinking concerning access to treatment and the right to be well? Please, read the Akan (Ghanaian) sayings below:

1. “If God gives you sickness, God gives you a cure.”
2. *Nkwa tenten nti na Odomankoma boo oyare no, oboo aduru nso kaa ho* (It is because the creator wished long life for us that when the Creator created diseases, he/she also created medicine to cure the disease. (Saayman 1996:155-160)

In both proverbs, the origin of illness is attributed to God, but it is also emphasized that the Creator God does not foresee any disease that is incurable or a situation where one has no access to medical care. The Creator God is the author of all medicine that we have, for there is nothing that we use that does not come from God’s creation. The Creator God thus regards access to medicine as a right to all who are struck by illness. While AIDS has cut too many young lives short, these proverbs assert that God’s will for people is to have “a long life” and that access to medicine for preserving human life is in the divine agenda and provision. Any situation that denies the sick access to medicine they need, is thus a gross violation of the rights of the sick and God’s will for them. God, in short, is a compassionate God to the sick.

Activity 5
1. List two proverbs or sayings from your culture/s about disease and medicine.
2. Write down their meanings and how they encourage compassion.

SUMMARY
In this unit we focused on PLWA, AIDS-related illness and access to ARVs and treatment as necessary acts of compassion. We began by listening to the voices of PLWHA, who demonstrated agency in ensuring that those who suffer from AIDS-related illnesses in their care have access to ARVs. Second, we sought to understand the magnitude of the problem. Our assessment indicated that 3million people died of AIDS 2003, while ARVs have been available since 1996. We realized that only 5% of those who need ARVs have access to them. The majority of PLWA in Third World countries tend to suffer endless and avoidable pain and die of avoidable and postpone-able death. Third, we assessed the churches’ commitment and realized that
on paper, through the Plan of Action: The Ecumenical Response to HIV/AIDS Response to HIV/AIDS in Africa and The Covenant Document for HIV&AIDS, they stand in solidarity for the “campaigns for access to affordable ARVs.” Fourth, we assessed the biblical basis for the churches standpoint and discovered that it was centered on creation theology. The latter recognizes that the earth and everything in it belongs to God. Lastly, we examined some African perspectives on access to medicines. Once more the African theological argument was creation-based; namely that God created medicine so that all who are ill may be made well and live long. As we saw in Unit 2, the creator God is a compassionate God.

**SELF-ASSESSMENT ACTIVITY**

**Questions**
1. How do the stories of Heath and Mokgethi demonstrate agency of PLWHA in the struggle for access to ARVs?
2. From Ms Motlana’s story, what do we learn about the impact of ARVs?
3. How many people died of AIDS-related illnesses in 2003? And why are these deaths avoidable and postpone-able?
4. Explain why only 5% of people who need ARVs have access to them.
5. The churches have committed themselves to support advocacy groups for ARVs availability, what is their theological basis?
6. Discuss some African theological arguments for access to medicine.
7. Suggest ways in which the church worldwide can make an international campaign for the availability of ARVs to all who need them.

**FURTHER READING**


Unit 7
Compassion With & to Caregivers in the HIV&AIDS Contexts

OVERVIEW
Hello, my dear learner, and welcome to Unit 7. In the last unit we focused on people with AIDS-related illnesses. We underlined that our compassion in action should pressurize governments and medical companies for the availability of affordable ARVs to all who need them. In this unit, we continue with the journey of putting compassionate faith into action by exploring the magnitude, demands and impact of care-giving on caregivers. Basically, we are saying while we are looking forward to the day when ARVs should be available to all people who need them, meanwhile millions of people with AIDS-related illness have to be cared for. Our questions are: Why caregivers? What does care-giving entail? Who are the caregivers in our families? How can the church become compassionate to the caregivers? For the latter question, we will look at biblical story of the Good Samaritan (Luke 10:25-37) and African theological perspectives on care-giving and caregivers. Lastly, we shall look at two church projects in Botswana that exemplify compassion to caregivers. We shall conclude this unit by asking what the church can do to travel with (accompany) caregivers.

OBJECTIVES
By the end of this Unit, you should be able to:
- Explain the demands of care-giving in HIV&AIDS context
- Describe the tasks facing caregivers
- Discuss biblical and African theological perspectives on care-giving
- Discuss the church commitments to care-giving
- Describe examples of church care-giving projects
- Propose congregational activities of being in compassion with and to caregivers

TOPICS
Unit 7 Compassion With & to Caregivers
- Introductions: Why Caregivers in the HIV&AIDS Era?
- What does Care-giving Involve?
- Who are the Caregivers in the family?
- Some African Theological Perspectives on Care-giving
- Remembering the Vows of the Churches & What the Church Can Do
- On Being a Care-giving Church: Two Cases from Botswana
- Compassionate with and to Caregivers: A Congregational Approach
Introductions: Why Caregivers in the HIV&AIDS Era?

Please, read the poem below. It will paint a vivid picture for you about the caregivers, their tasks, their identity and the impact of the demands of care-giving on them. The poem highlights the needs of caregivers; namely, stress, burnout, the need for self-care and poverty.

She became the mother again
To her daughter of 47—
Changing nappies;
Washing her,
Force-feeding her…
And, Lord, she sighed a lot
On that sleeping mat!
She became the mother ….

She became the mother again to her grandson of 23
Changing nappies; washing him, force-feeding him…
And, Lord, she cried a lot on that sleeping mat!
She became the mother again

She loved them all
Yet they left her alone
With the cause of their deaths—and without a mother
This woman of 1920                                                                                          (Angifi P. Dladla, 2004:8)

I am sure that within your community or church you have heard of caregivers, who have chronically and terminally sick people in their families. In the HIV&AIDS struggle, caregivers are important actors, since, by and large, HIV&AIDS remains incurable. Further, we have seen in the previous unit that only 5% of people with AIDS-related illnesses worldwide have access to ARVs, while three million people die each year. It is correct to assume that the majority of the three million, who die, having had no ARVs, underwent a period of care from families and friends. I think the figure of three million people dying in a year paints a vivid picture, not only of their suffering, but also of the demands of care incurred by their caregivers. While in the last unit we focused on the needs of the sick (assess to treatment), in this chapter, we want to focus on compassion with and to caregivers. Let us begin by trying to understand why home-based-care became a central strategy and then we will examine what it entails.
Activity 1

Have you ever heard or assisted a caregiver, who is caring for a terminally or permanently bed-ridden patient? Describe what it involves.

The concept of Home-Based Care became a central strategy to the HIV&AIDS struggle in the mid 1990s when more and more people began to move from HIV+ status to the stage of AIDS. That is, many people who had been living with HIV virus were beginning to get ill since their immunity had been gradually depleted over the years. Hospitals, doctors and nurses became increasingly stretched and in some cases 60% of beds in the hospitals were occupied by people with AIDS-related illnesses. It became clear that care-giving could not be left to the hospitals, especially since without access to ARVs most patients were unlikely to get significantly better, rather more likely to get worse with time. Home-based care (henceforth HBC) was thus designed as a program to meet the needs of the terminally ill. In preparation to launch their Home-based care program in Botswana, a Baseline Study for the Community Home Based Care Programme, held that:

Rapid increase in the incidence of AIDS and HIV clearly has implications for the National Health System’s ability to cope with the provision of medical care to both HIV/AIDS and non HIV/AIDS patients. HIV/AIDS related admissions are beginning to dominate patient admissions at the hospitals. Indeed, AIDS related admission at Nyangabgwe hospital in Francistown have increased by five fold in three years, with AIDS now being the most common diagnosis for the medical ward admissions, and accounts for 40% of the total death in the ward. If Botswana medical system is to maintain or, for that matter, improve the quality of medical care, there is a clear need to address this new stress that is being brought by AIDS. As with most countries in the world, this solution has been found to lie with Home Based Care (HBC) programme. Botswana is suited for this programme for a number of reasons. First, the family in Botswana is traditionally the caring unit in the society and therefore the programme that builds on it will most likely be successful and effective. Secondly, studies elsewhere have found that terminally ill patients prefer to die at home (AIDS/STD Unit 1996:1).

Activity 2

Describe the HBC program in your country.
The above quote gives us the challenges that led to home-based care in the mid-1990s. You will note that in justifying HBC, the study holds that “the family in Botswana is traditionally the caring unit.” While this is true, I am sure that you will agree with me in saying that with HIV&AIDS epidemic the family, just like the hospitals, is overstretched in the demands of care-giving. Thus it has become evident that “Family caregivers and members of the CHBC team frequently experience burnout. Burnout is the result of excessive emotional and physical strain without necessary care to support the caregiver” (WHO 2002:43). We must emphasize that twenty-four years into the HIV&AIDS epidemic, caregiving has been extended to include orphans, whom we shall consider in the next unit. Compassion with and to caregivers is therefore necessary. Is the church called to care? How can the church become compassionate with and to caregivers? Before we explore this question let us look into two other issues: the tasks of care-giving for the terminally ill and the identity of caregivers in the family.

What does Care-giving Involve?

Most probably you have been a caregiver to a friend or family member at one point or another in your life, even if it may not have been for a terminally ill person. If so, you have an idea about care-giving and caregivers. You may have received care from friends or family. In such times, caregivers become your hands and feet, standing in for your poor health. In their study, *Community Home-Based Care in Resource Limited Setting: A Framework for Action*, WHO outlines four departments in care-giving: basic physical care; palliative care; psychosocial support and counseling and care of the affected and infected children. In physical and palliative care:

Basic nursing care includes positioning and mobility, bathing, wound cleansing, skin care, oral hygiene, adequate ventilation and guidance and support for adequate nutrition. Symptom management depends on the ill person’s condition. However, basic symptom management includes: reducing fever, relieving pain, treating diarrhea, vomiting and cough; skin, mouth, throat and genital problems and general tiredness and weakness and treating neurophysical symptoms…Palliative care is the combination of active and compassionate long-term therapies intended to comfort and support individuals and families with life-threatening illness (WHO 2002:35-36).
Given that most AIDS patients on home-based care program are in fact terminally ill, the demands on caregivers are constant. Some caregivers can no longer go to work. But since AIDS care-giving is also medically and nutritionally demanding, when the caregiver and the patients are both out of work, the circle of poverty is only bound to thrive, for the concerned family, especially because most AIDS patients are bread winners. Compassion to the caregiver to avoid burnout and the circle of poverty is thus central.

**Who are the Caregivers in the Family?**

Do we know our caregivers in the HIV&AIDS struggle? In the above quote from the Botswana study, they mention that “the family in Botswana is traditionally the caring unit in the society.” We need to probe further and ask: who are the caregivers in the family? Try to remember a time when you were sick in your family or when someone was sick, who was your care provider? If you answered “my mother, grandmothers, sister or aunt,” you are closer to the answer than wrong. To get a full picture, let us study the following graph from *The Rapid Situation of Orphans in Botswana: carried out in 1998.*

<table>
<thead>
<tr>
<th>Study Site</th>
<th>Father</th>
<th>Mother</th>
<th>Grand Mother</th>
<th>Grand Father</th>
<th>Orphan</th>
<th>Relatives</th>
<th>Community</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mahalapye</td>
<td>647</td>
<td>7</td>
<td>44</td>
<td>110</td>
<td>3</td>
<td>0</td>
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<td>Serowe</td>
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<td>6</td>
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<td>Moleps</td>
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<td>38</td>
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<td>715</td>
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Okay, what do you see in the above graph?

### Activity 3

1. Study the above graph again and note the major caregivers in the family.
2. Explain why certain groups of people are the major caregivers.
Grandmothers carry the heaviest load as caregivers—a total of 715 are taking care of orphans. They are followed by mothers--367 are taking care of orphans and then a total of 119 fathers and lastly 79 grandfathers as caregivers. Undoubtedly, in the family the burden of care is mainly in the hands of women, mothers and particularly grandmothers. What we must remember is that most grandmothers are retired hence, most likely to have:

- Low financially supplies
- Poor physical strength and health
- Less time, to live long enough to see the orphans grow into adults.

A grandmother with young growing orphans is thus facing a daunting task of providing for their school expenses, food, shelter and guidance, while she has less or no financial power, energy and time.

This Botswana study is confirmed by various other research and documentation from various studies. In their book, *AIDS: Meeting the Challenge*, Weinreich and Benn write that “Caring for and visiting the sick are an important part of most traditional societies. Caring for the sick was and still is largely performed by female family members. Women also form the majority in home care groups” (2004:75). In his book, *Breaking the Conspiracy of Silence: Christian Churches and the AIDS Crisis*, Messer recalls a scenario from an Indian AIDS hospital, that tells us that women are not only the major caregivers, when they are sick with AIDS-related illness no one is there for them. Here is how he describes the story:

We walked from ward to ward individually presenting gifts. Outside men’s wards, women (mothers and wives of the sick) looked through the bar-like windows at what we were doing. Once we stepped outside, they greeted us with smiles and gestures of appreciation for the gifts. But outside the women’s wards, no one looked through the windows. Those inside were terribly alone. I was told that husbands and families visit, but we certainly didn’t see any (2004: xv).
Indeed the above observation is confirmed by the *UNAIDS Fact Sheets: Global Crisis Global Action*, which points out that:

Women also find themselves discriminated against when trying to access care and support when they are HIV positive...Family resources are more likely to be devoted to buying medication and arranging care for ill males than females. All the while, the burden of caring for ill family members is made to rest mainly with women and girls. As the impact of the AIDS epidemic grows, girls tend to drop out of school in order to cope with tasks of caring for siblings and ill parents (2001: 22).

The above quote also brings into view the plight of children and orphans as caregivers (see also graph). We will discuss this issue in unit 8, when we focus on orphans.

**Activity 4**

*Explain how your church participates in your national Home-based care program.*

The quote from Weinrich and Benn, like the graph, points us beyond family caregivers to community participation. HBC is so huge and so demanding so much so that family members cannot do it alone. HBC was thus designed to be a program that involves a network of various professionals, such as:

- Medical team for medical references
- Social workers for welfare and psychological health;
- Religious leaders for spiritual health;
- Volunteer caregivers to relieve the main caregiver/s.

These services are provided by different departments, NGOs, CBOs and FBOs. Yet in the above quote, from Weinreich and Benn, we realize that even the volunteer and CBO caregivers are still women. Since the voluntary care-giving for both orphans
and the sick is a twenty-four hour work that can stretch from January to December, the HIV&AIDS devastated world is dependent on women’s continuous unpaid labor. Both the fulltime and volunteer caregivers are totally occupied. Angifì P Dladla’s poem at the beginning of the unit, “She become mother again,” paints a vivid picture on the demands placed on women caring for chronically ill people in the family. Please re-read the poem and attempt the following questions:

**Activity 5**

1. What does the poem suggest about the age of the caregiver when it says she had a daughter of 47, grandchild of 23 and she was born in 1920?
2. State why the caregiver “sighed a lot and cried a lot?”
3. Describe what the author seeks to communicate by saying, “she became mother again?”
4. Suggest ways in which churches, at congregational level, could be compassionate with and to such women caregivers.

The negative side of this noble task is that more women are getting poorer since they cannot go to their farms, run their informal business or go to formal work. Women, girls and grandmothers as caregivers need our compassionate support. Given that the above graph, on distribution of caregivers, indicates that community participation is still low, the churches at congregational levels can organize themselves to become compassionate with and to caregivers. But does the church have a mandate to care? What is the theological base? Let us explore this question by examining a biblical passage and some African views of care.

**Some Biblical Perspective on Care-Giving: A Case of Luke 10:25-37**

Is the church called to the ministry of care-giving? According to Gideon Byamugisha, yes, “The Church with its members is called to the ministry of caring. This means promoting the acceptance of people with HIV/AIDS, fighting against their discrimination and involving them in developing programmes which address the needs of the people…” (2000:31). I am sure you know the famed story of the Good Samaritan. Let us read the story below:
**The Good Samaritan**

Just then a lawyer stood up to test Jesus. “Teacher,” he said, “What must I do to inherit eternal life?” He said to him, “What is written in the law? He answered, “You shall love the Lord your God with all your heart, and with all your soul, and with all your strength, and with your entire mind; and your neighbor as yourself.” He said to him, “You have given the right answer. Do this and you will live.” But wanting to justify himself, he asked Jesus, “**But who is my neighbor?**” Jesus replied, “A man was going down from Jerusalem to Jericho, and fell into the hands of robbers, who stripped him, beat him, and went away leaving him half dead. Now by a chance a priest was going down that road; and when he saw him, he passed on the other side. So likewise a Levite, when he came to the place and saw him, he passed on the other side. But a Samaritan while traveling came near him; and when he saw him, he was moved with compassion. He went to him and bandaged his wounds; having poured oil and wine on them. Then he put him on his own animal, brought him an inn and took care of him. The next day he took out two denari and gave them to the inn keeper, and said, “Take care of him and when I come back, I will repay whatever you spend.” Which of these three do you think, was a neighbor to the man who fell in the hands of robbers?” He said, “The one who showed mercy.” Jesus said to him, “Go and do likewise.”

This story was given to answer the question of “**who is my neighbor?**” Jesus’ answer underlines that:

- A neighbor in one who is “**moved with compassion**” to enter your situation and to give care as long as you need it.

- A neighbor is one who does not spare himself/herself in giving care: the man uses his hands, oil, animal, money and time to give care to this almost half dead man.
Some people refused to be neighborly. They looked on the other side and walked away. They refused to enter the situation of a man who was left for half dead. They refused to be moved by compassion.

Those who looked away were both religious leaders: a priest and a Levite. Why were they not moved by compassion to remember that the law says, “You shall love the Lord your God with all your heart, and with all your soul, and with all your strength, and with your entire mind; and your neighbor as yourself”? Perhaps the moral of the story is to warn all of us who are believers that our faith has lost character when it lacks compassion (Matthew 25:31-46). But perhaps it was not that. Perhaps Jesus wants to underline that “no matter what social class you hold in your society and faith community, you should not ever think giving compassion to the sick through care-giving is optional for you” (John 13:12-16).

Clearly, Jesus is saying neighborliness shall be measured by our compassion to another. Jesus says the sick and hurting must be given care, medicine and nursed back to wellness. Jesus is saying, “Where there is no compassion there is no neighborliness and where there is compassion there is neighborliness.”

Activity 6

Using the story of the Good Samaritan, outline the characteristics of a good neighbor.

Lastly, I think it is notable that Jesus featured men in a story that illustrate neighborliness through care-giving. As we have already seen in the above graph of caregivers, men are not so involved in care-giving. Consequently, women (grandmothers, mothers and the orphaned girl-child) are burdened by care and driven to poverty. The fact that Jesus featured a man as a caregiver is thus instructive. Many scholars have noted that it is instructive that he featured a Samaritan as “the good neighbor as compared with a Jewish priest and Levite.” Samaritans were despised by Jews (John 4:9). I think the story is intentionally challenging at ethnic/race, gender and class level. It underlines that even men can give care: they can bind wounds,
wash the sick, feed them, change them etc. Indeed, in Unit 6 Rev. Heath and Mokgethi set a similar example, for all of us.

**Activity 7**

*Using the story of the Good Samaritan, write a short project proposal to your church leader on how to mobilize men to be caregivers in the HIV&AIDS context.*

Let us now turn to explore African perspectives on care-giving.

**Some African Theological Perspectives on Care-giving**

For the African church and communities, how is care-giving perceived? Read the boxed saying and proverb below from the Akan of Ghana.

1. *Aboa a onni dua, Onyame na oprna ne ho* (It is God/Onyame who drives away the flies for the tailless animal—God therefore is the help of the afflicted).
2. ‘It is God who pounds *fufuu* for the one-armed person’—the proverb suggests that it is God who helps him or her to pound *fufuu*. God, therefore, is the help of the afflicted or handicapped.  
   
   (Saayman 1996:158)

From the above Akan proverbs, God/Onyame is presented as a caregiver to the afflicted and handicapped. God/Onyame is a caregiver. The first saying presents a God/Onyame who is busy tendering a “tailless animal,” that is, helping those who are in situations where they can no longer clean, feed, wash and dress themselves. The proverb used the disability image. Disability theology is one of newest arising framework of theological thinking. One of the perspectives they highlight is that disability is something that can and usually happens to all of us through the course of life. We injure our knees, backs, hands, ankle, necks and we lose our sight. As we age, things become worse and we realize we are no longer able to perform many tasks. Certainly, HIV disables the body from protecting itself from infections. AIDS-related illnesses are symptoms of a body that has been disabled from its immunity, hence endless opportunistic infections and the need for constant care. In the above Akan proverb, “It is God who pounds *fufuu* for the one-armed person,” meaning “God is the help of the afflicted or handicapped.” In the HIV&AIDS struggle we are better
of remembering that none us is above God/Onyame. If God/Onyame is a caregiver then we ought to be caregivers as well.

Activity 8

1. List some proverbs and sayings from your culture/s about care-giving and caregivers.
2. Explain how they can help us to become care-giving African communities

Remembering the Vows of the Churches & What the Church Can Do

The church has indeed begun to move in the right direction towards being compassionate with and to caregivers. The issue however is that we need to do much more and give much more compassion with and to caregivers, since about three million people die a year having passed through a long stage of care-giving. We need more men to be involved and more volunteers to be involved and more organizations to be involved. Let us close this unit by reminding ourselves, below, of the commitments of the church from the Plan of Action: The Ecumenical Response to HIV/AIDS in Africa and The Covenant Document on HIV/AIDS, designed by the All Africa Conference of Churches (AACC).

We will become caring, safe and supportive communities for people living with HIV/AIDS…

We will recognize the heroic work done by caregivers and volunteers, and find ways of supporting them and honoring their ministry (Plan of Action 2001:9).

Covenant 2: Love and HIV/AIDS Care

We shall remember, proclaim and act on the fact that love is from God and everyone who loves is born of God and knows God. Those who say, ‘I love God,’ and hate their sisters and brothers are liars, for unless you love your sisters and brothers whom you see, you cannot love God whom you have never seen (1John 4:7-21). We shall, therefore, do all that is necessary and within our power to encourage both men and women to love, care, support and heal all those who are infected and affected by HIV/AIDS in our communities, countries and continent.

(AACC 2003)

Activity 9

1. Re-read the Plan of Action’s commitment and state what the church pledged to do in care-giving.
2. State the ‘covenant/contract’ the AACC and its member churches made with God in the area of care.

3. Explain why it is important for the covenant of care to emphasize three issues: remembering, proclaiming and acting.

We realize that the churches have already pledged to give care and to support caregivers. It is notable that the covenant on care is based on loving the neighbor just as we have seen in the story of the Good Samaritan. The text taken from 1 John is quite emphatic—we cannot say we love God whom we have never seen if we cannot love our brothers and sisters that we see. The documents of commitment are the proclamations of the church, but are they acted upon, for true compassion must move us to do something. Do we have examples of church projects that are giving compassion with and to caregivers? Let us explore two examples from Botswana.

**Activity 10**

Describe a church project you know that is giving compassion with and to caregivers.

**On Being a Care-giving Church: Two Cases from Botswana**

In Botswana I can think of two projects: One is run by Catholic nuns and another one is run by the Anglican Church. The Catholic nuns in Mogoditshane are running a day care centre for orphans, which include home-based care for PLWA. They have identified homes with sick people, especially those with working caregivers. During the day, while the family caregiver has gone to work, they come in to talk to the sick, give them food and water, turn and change them. The Anglicans also run a day care centre called Holy Cross Hospice for working caregivers in the family. Families with sick people and working caregivers are identified and the arrangements are made. In the morning their mini van goes to pick the sick and brings them to the centre. They spend the day at the centre being cared for, fed, given some skills, and counseled about their future and whatever help they need especially what they want for their children. At the centre, they also mingle with others who are having similar concerns and conditions, thus enabling them to become a support group to one another. By the end of the day they are driven back to their homes and reunited with their families. Needless to say, these two projects exemplify giving compassion with and to caregivers. They relieve the caregiver from exhaustion and allow them to continue
working. This saves the caregiver from burnout, dropping out of work and then getting locked in a vicious circle of poverty.

**Compassionate with and to Caregivers: A Congregational Approach**

Our quest in this unit was: how can we be compassionate with and to caregivers? We underlined that this question is central given that with 3 million people a year die due to AIDS-related illness after long suffering, which is often chronic and terminal, caregivers need compassionate supporters. Above, we have two examples of the churches becoming compassionate with and to caregivers. Suppose you and your church leaders want to begin such a project in your congregation, here are some suggestions of where and how to start:

1. Give a factual talk about the huge tasks of caregivers and challenge the church theologically to the ministry of care-giving through involving itself in voluntary care-giving.
2. Find out how many people in your church have chronically or terminally ill people in their care and organize some voluntary caregivers who will assist the affected families.
3. Organize Mothers Union or Youth to research in the neighborhood and find out how many families have very sick people in their care.
4. Organize a project on “Man Give Care” which will mobilize other men in the congregation and the community to be involved in caring for the sick.
5. Find out where your village/city/town home-based care program is located and express interest to have a training workshop on skills of care-giving to chronically ill people for your church.
6. Find out from government programs, NGOs, CBOs and other FBOs what they are doing to support caregivers and how your church can collaborate with them.

I believe you are best positioned to assess which of the above ideas is best suited to your congregation. Any of them, will be a good beginning to get your church to be compassionate with and to caregivers.

**SUMMARY**

In this unit, we continued with the journey of putting compassionate faith into action by exploring the magnitude, demands and impact of care-giving on caregivers. Basically, we are saying that while we are looking forward to the day when ARVs should be available to all people who need them, meanwhile millions of people with AIDS-related illness have to be cared for. Our questions were: Why caregivers? What does care-giving entail? Who are the caregivers in the family? How can the church become compassionate with and to the caregivers? What is the theological foundation
for being a compassionate church and communities? For the last question, we looked at biblical passage (Luke 10:25-37) and African theological perspectives on care-giving and caregivers. We looked at the commitment of the church to care-giving and caregivers and two church projects in Botswana that exemplify compassion to caregivers. Lastly, we outlined possible ways of giving compassion with and to caregivers at a congregational level.

### SELF-ASSESSMENT ACTIVITY

**Questions**
1. Explain why care-giving became central to the HIV&AIDS struggle.
2. State the major caregivers in the family.
3. Describe what care-giving for the terminally ill PLWA entails.
4. Explain why the caregivers need our compassion.
5. Briefly discuss theological basis for being compassionate to caregivers.
6. Describe the commitments of the church to care-giving and caregivers.
7. Write to your pastor and suggest ways of identifying all caregivers in your church and finding ways of journeying with them.
8. Explain why we need more men in care-giving.

### FURTHER READING


Unit 8
Compassion With and to Orphans

OVERVIEW
Hello and welcome to Unit 8 on compassion with and to orphans. We are moving on with our journey on our search for putting Christian faith into action by being compassionate believers in the age of HIV&AIDS. In Unit 8, we shall explore this question by focusing on orphans. We shall explore how HIV&AIDS creates and impacts orphans. We shall ask who cares for orphans and how the church can express its compassionate faith by becoming a parenting church in the HIV&AIDS era.

OBJECTIVES
By the end of Unit 8, you should be able to:
- Describe the magnitude of orphans in the HIV&AIDS era
- Describe the situation and needs of orphans
- Discuss theological basis for compassionate acts with and for orphans
- Discuss the commitments of the churches towards orphans
- Propose ways of being an orphan care-giving (parenting) church.

TOPICS
Unit 8: Compassion With and to Orphans
Introductions: Orphans in the Age of HIV&AIDS
The Magnitude and Challenge of Orphans: A Statistical Picture
Theological Basis for Compassionate Acts with and to Orphans
- Some Hebrew Bible Perspectives
- Some Indigenous African Perspectives on Orphans
- Some New Testament Perspectives on Children and Orphans
Remembering the Commitments of the Church to Orphans
Faith in Action: A Case Study from Botswana
Getting into Action: What You Can do at a Congregational Level
Summary
Self-Assessment Activity
Further Reading
Introductions: Orphans in the Age of HIV&AIDS

Box 1
A caregiver was reported to have suffocated a nine-year orphan to death after learning of her HIV status. A man was reported to have driven her sister’s children more than 100 kilometers away and abandoned them by the roadside. He feared that the children could be infected and was not ready to nurse them when they got terminally sick. Some Good Samaritan found them and brought them back to their grandmother who takes care of them now (ASU 1998: 15).

AIDS has exposed orphans to severe social, psychological and economic stress. In most cases before death, children serve as caregivers to their parents. After death they also end up providing care to their grandparents who were initially their caregivers. With the death of their parents, orphans lose their economic base, parental guidance and care….The assessment identified several orphans who are emotionally stressed as they get into the second and third generation of orphanhood, having lost their biological parents, followed by the second and third caregivers. After they loose all potential caregivers they have no other options but to look after themselves. Many of them are worried about death, the future or the welfare of their younger siblings in case they also die (21).

While the above is a quote from a Botswana case study, UNAIDS worldwide research and documentation confirm that:

Children in households with HIV-positive member suffer the trauma of caring for ill family members. Seeing their parents or caregivers become ill and die can lead to psychosocial stress, which is aggravated by the stigma so often associated with HIV&AIDS. Many children are struggling to survive on their own in child-headed households. Others have been forced to fend for themselves on the streets. Consequently, there is an increasing number of unprotected, poorly socialized and under-educated young people (2001:29-22).

These quotes give us a window into the situation of orphans in the HIV&AIDS context. Those who lost their parents and guardians to AIDS do not only suffer multiple grief; they are also confronted by HIV&AIDS stigma and discrimination. From the stories in Box 1, we realize that some orphans were murdered while others were driven away and disposed in the middle of nowhere, for fear that they may be infected by HIV. Orphaned children suffer stigmatization not only from neighbors, friends, school mates and teachers but also from family members, as the above story indicates. This often leads to school drop outs, child labour, sexual exploitation and
sex work, making their chances of contracting HIV even higher. The orphaned girl child is particular prone to abuse and heavier burdens of care. The Rapid Assessment on the Situation of Orphans in Botswana of 1998 found that:

The lives of the orphans, especially young girls have been transformed from childhood. They become not only care givers but in some instances the heads of household. They are barely mature to understand what it means or have acquired the basic skills needed...The team interviewed girls who were sexually harassed by clients. They could not discuss the issues freely as they feared losing care they received from their caregivers. Some had been denied the opportunity to go to school. These conditions force them into early marriages and opportunistic commercial sex (1998:21 &23).

The opening stories, in Box 1, divide orphans’ needs into three groups: social, psychosocial and economic. Even more importantly, perhaps, we should note that orphan problems are long standing and they need long term solutions. That is, even if we were to discover an HIV vaccine today, we will still need to offer compassion with and to orphans for at least a quarter of a century for them to grow up as fully empowered members of our societies and world. The opening quote from the Botswana study and the UNAIDS one indicate that orphans are actively involved in dealing with their situations—offering compassion to their parents, grandparents and siblings. Our compassion with and to orphans is therefore a must. Our interventions should thus begin by listening to the orphans and building on their efforts.

Activity 1

1. Write a story that you heard about orphans in your country.
2. List organizations and departments that care for orphans in your country. Explain what they do for orphans.
3. Describe what your church does to show compassion with and to orphans.

The Magnitude and the Challenge of Orphans: A Statistical Picture

I expect that you are asking: “But how big is the orphan challenge?” Statistics will give us a picture. UNAIDS research and documentation of 2002 held that, “AIDS has orphaned at least 10.4 million children currently under 15 (that is, they have lost their mother or both parents to the epidemic). The total number of children orphaned by the epidemic since it began—13.2million—is forecast to more than double by 2010” (2001:27). In their 2004 book, AIDS: Meeting the Challenge, Weinreich and Benn
give us one of the latest pictures, pointing out that, “more than 14 million children below the age of 15 have lost one or both parents due to AIDS” (32). These numbers tell us the magnitude and the challenge of orphans as a consequence of the epidemic. The challenge is that we have millions of growing children, who have lost one or both of their parents due to the epidemic. These children have economic, social, psychological and spiritual needs. If they are to grow up as socially empowered generations, their needs must be addressed. Orphans are not only children of today, they are the adults, the workers, the leaders and the parents of our future world. Securing their future is securing the future of our world. How can the church become compassionate with and to orphans? What should guide the church? What are the theological perspectives that should inform the church’s acts of compassion with and to orphans? We will explore these questions, soon after you finish the activity below.

Activity 2
1. State the number of orphans in your country.
2. Describe any church project in your community focusing on orphans.

Theological Basis for Compassion with and to Orphans
For our theological basis, for compassion with and to orphans, we will examine both biblical and African resources. Remember that in this module we use the phrase “compassion with and to orphans” to underline that orphans are not helpless groups, awaiting our compassion. Rather, they have clear ideas about what they need for their lives; they are taking care of one another and sometimes heading their own households. Orphans are compassion givers. Our compassion, therefore, must include careful listening to their interests and accompanying them accordingly. An approach that ignores the voices of the oppressed runs the risk of patronizing, hence failing to empower or liberate the concerned group. Let us begin to assess some Hebrew Bible and African theological perspectives on orphans and how they can inform our quest for being compassionate with and to orphans in the HIV&AIDS context.

Some Hebrew Bible Perspectives
Did orphans exist in the Bible? What did the Hebrew Bible say about orphans? I hope these are your questions at this moment. Please, read the quotes in box 2 below to get a glimpse of the biblical view of orphans:
Box 2
You shall not abuse any widow or orphan. If you do abuse them, when they cry out to me, I will surely heed their cry; my wrath will burn, and I will kill you with the sword and your wives shall become widows and your children orphans (Exodus 22: 22-24).

“For the Lord your God is God of gods and the Lord of Lords, the great God, mighty and awesome…who executes justice for the orphan and widow, and who loves strangers providing them food and clothing. You shall also love the stranger, for you were strangers in the land of Egypt” (Deut. 10: 17-19).

“You shall not deprive a resident alien or an orphan of justice; you shall not take a widow’s garment in pledge. Remember that you were a slave in Egypt and the Lord redeemed you from there. Therefore, I command you to do this” (Deut. 24:17).

“If you do not oppress the alien, the orphan, and the widow, or shed innocent blood in this place, and if you do not go after other gods to your own hut, then I will dwell with you in this place, in the land that I gave of old to your ancestors forever and ever” (Jer. 7: 6).

What is consistent in the above quotes? You are right if you answered “the orphan, widow and stranger/alien are persistently placed together. Why? All of them represent some of the most vulnerable members our communities. But why are the orphan and the widow regarded as vulnerable? What is common to both is that they have lost a man, who was their legal guardian: the orphan lost a father and the widow a husband. Since most societies of ancient, and contemporary times, were patriarchal (male centred) both the orphan and widow would have lost their legal guardian. In such societies, women and children were thus minors, hence did not have legal property rights. They could not inherit property of their father/husband unless there is another close male relative who is willing to step in or an adult son. At the death of a husband/father a widow/orphan automatically faced the status of poverty. The story of Ruth, in the Bible, exemplifies this situation. These social circumstances made the orphan and the widow some one of the most vulnerable groups hence in need of special protection. The Hebrew Bible approach is to put both the orphan and the widow under God’s care.

Activity 3
Please, re-read the verses in Box 2. Identify a perspective from the biblical passages that should inform and provoke our compassion.

What is important for us is to identify a theological angle that is provided by the verses to protect orphans (and widows, who shall be considered closely in the next unit) from random exploitation and abuse. The first three quotes are notably in literary contexts of the law, thus making it a legal protection of orphans as well. Second, we note that in the first verse, God is presented as the protector of orphans and widows; hence, any abuse will be heeded by God who will respond swiftly and vengefully: “I will kill you with the sword and your wives shall become widows and your children orphans” (Exodus 22:22-24). What is clear in this verse is that God is presented as a man talking to other men—God will thus respond by inflicting orphanhood and widowhood on their (men’s) families. The saying is meant to challenge each man/husband to imagine their very own children and wife orphaned, widowed and subjected to random abuse. The challenge presupposes that no man/husband would want his children to be orphaned and his wife to be widowed and be subjected to random exploitation and oppression. The verse thus underlines that God is the unequivocal protector of these vulnerable members of the society. One, who tramples on orphans and widows, tramples on God—at their own risk! Since no one can match God’s power, what is underlined is that we dare not, all of us, everywhere, oppress orphans and widows. Orphans (and widows) become God’s children and are under God’s watchful eye. But above all, it is assumed that if we are God fearing worshippers of God, like God our Parent, we will be compassionate to orphans (Luke 6:36).

Third, it is notable that the above verses recall the Exodus story—that is, the story of God as a compassionate liberator God, who was moved by compassion to come down and set the Israelites from the oppression of Pharaoh. Remember, we discussed the story of liberator God as a compassionate God in Unit 2. Because God was compassionate to the Israelites by seeing their suffering, knowing their pain and coming down to liberate them from slavery, God is still the compassionate God who takes the side of the oppressed. Since Israelites were recipients of God’s compassion
at a time of their suffering, they are expected to be also givers of compassion to other groups that are marginalized—in this case orphans, widows and aliens.

Fourth, please, note that God as the protector of orphans is a perspective with implications for everyone in the society. It does not mean that we should all neglect the needs of orphans (aliens and widows) holding that God is taking care of them. Rather, it has implications for everyone in the society. The first implication is that if God protects orphans who dares do anything to the contrary? Thus the act of remembering the Exodus story suggests that just as the Israelites enjoyed the compassion of God, who set them free from oppression, they should give compassion by avoiding acts of abuse on the vulnerable and powerless. In Unit 2, we also said God’s compassion was also demonstrated through sending “Emmanuel,” the God With us (Matt. 1:23) to be fully immersed in the human condition of suffering and survival. This same God thus calls, not only the Israelites, to be compassionate, but also the Christians. Christians are challenged to remember that Christ is the embodiment of God’s compassion to humanity. Now that the Spirit allows the Christians to cry, “Abba Father… “bearing witness… that we are children of God” (Romans 8:15) the gospel of Luke reminds the believers that acknowledging God’s Fatherhood in one’s life has implications; namely, we have “to be compassionate just as [y]our Father is compassionate” (6:36). In fact, if you re-read Deut. 24:17, in Box 2, you will realize that the God who cares for orphans says, “Therefore, I command 

Activity 4
Use one of the verses in Box 2 to design a poster to help your church to begin a project on orphans.

Some African Perspectives on Orphans
The Sotho-Tswana wisdom also acknowledges that orphans often face hardship. The following three sayings and proverbs are good examples. First, the Sotho say that an orphan “Ke namane ea kanyesetsa,” that is, “it is a calf getting milk from other cows,” meaning “an orphan without parents.” Then they go on to say that, “Namane ea kanyesetsa ha e hole,” that is, “a calf that depends on another cow’s milk does not grow,” meaning, “life for an orphan is normally difficult.” Lastly, they explain that “Khoho ha e tlohelisoa mahe, a bola,” that is, “if a hen is made to abandon its eggs, they will rot,” meaning “the absence of a parent brings hardship to children” (Mokitimi 1997:47, 50, 55). What is different here is that orphanhood and parenthood are seemingly discussed in the female images of nurturing: cow & hen. One can say that in the Hebrew Bible God plays the role of the mothering cow or hen to the orphans.

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<th>Activity 5</th>
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| 1. Outline the cultural aspects that make orphans vulnerable in your society.  
2. List some sayings and proverbs about orphans/orphanhood in your culture. Explain what they tell us what was known about orphans. |

In Box 3, below, we have two Akan proverbs about God. Please, read them carefully and answer the activity question that follows.

<table>
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<th>Box 3</th>
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| 1. If you cheat the crab, God sees your buttocks (Nothing is hidden from God; all cheating and unkindness that people do to each other are seen by God, who brings them to book).  
2. If God gives you a calabash full of palm wine and a living man kicks it over God fills it up again (When God blesses a person and an evil-minded person or neighbor attempts to thwart it, God continues to bless that person). |

<table>
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<th>Activity 6</th>
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| 1. Explain how the above proverbs can assist us to build a theology that empowers orphans.  
2. Compare these proverbs with the Hebrew Bible verses, in Box 2, and how God is portrayed towards the vulnerable. |
Some New Testament Perspectives on Children and Orphans
Did Jesus ever say anything about orphans? In the gospels Jesus did not speak specifically about orphans, but he spoke about children. It is important that we should consider what Jesus said, since the situation of orphans is linked to their status as minors who have no legal status in most societies, hence when their legal parents and guardians die, then they are open to random abuse and exploitation from the society. Let us therefore consider if Jesus sought to empower children by reading Mark 10:13-16 in Box 4, below.

Box 4
“People were bringing little children to Jesus in order that he might touch them; and the disciples spoke sternly to them. But when Jesus saw this, he was indignant and said to them, “Let the little children come to me; do not hinder them;” for the kingdom of God belongs to them. I tell you, whoever does not receive the kingdom of God as a little child, will never enter it. And Jesus took them up in his arms, laid his hands on them and blessed them.”

It is notable, from the above story, that children of ancient times were disempowered just like children of today. This is clear when the disciples, the followers of Christ, did not think that children had the right to come to Jesus. Hindering children from coming to Jesus, or God, includes letting children suffer from HIV&AIDS stigma, hunger, sexual abuse, child labor, lack of legal protection, lack of guidance and love.

Activity 7
1. Explain if your church is like the disciples—hindering children from coming to Jesus.
2. Suggest how your church can empower and protect children.

The major question to ask is: what is the difference that Jesus brings to the social status of children through the above story? I think we can note that Jesus says:

- Children should not be hindered from coming to him
- The kingdom of God belongs to them
- They are the model of acceptable faith
- And, lastly, that Jesus, who was a man, takes them in his arms and blesses them.
In these acts and sayings Jesus has moved children from powerless members of the world to powerful and respectable people. God’s very kingdom belongs to them. Adults who aspire to enter God’s kingdom; to know and do God’s will, they have children to look up to. In other words, children are empowered in the ethics of God’s kingdom, both through having a space/place and having a voice. Moreover, Jesus sets an example to men—that men should hold and care for children; and that they can actually bless children, instead of hurting or sexually abusing them. Jesus’ teaching on children offers a theological position that challenges the church to protect and empower children especially in this day of HIV&AIDS. This perspective should help Christian believers to look closely into their theological resources for the empowerment of children in order to build communities and churches that respect and honor children’s rights.

In addition to Jesus’ child-empowering perspectives, among Botswana thinking, the following wisdom sayings are useable. Setswana wisdom holds that “Susu a ielele suswana gore suswana atle a moilele,” meaning that the elders must respect children so that children will respect them. In other words, children have full human rights just like elders. They also hold that, “bothale jwa phala bo tswa phalaneng” that is, “the wisdom of the elders comes from the young ones,” meaning, “children should be listened to, they should not be dismissed on the basis of age, in fact they are cradles of wisdom.” Ngwana yo o sa leleng o swela tharing (a child who does not express himself/herself can die in its mothers back) meaning that “a child must articulate her/his needs to be heeded.” We need to recover and emphasize these perspectives that assist our communities and churches to listen and travel with children, especially orphans in the HIV&AIDS era.

**Activity 8**

1. Write down some sayings and proverbs from your culture/s about children. Explain if they empower or make children powerless in the society.
2. Write down a folktale that features an orphan. Explain how it can assist us to understand the plight of orphans and to empower all children, especially orphans.

But does the New Testament say anything about orphaned children in particular? The answer is yes. James 1:27 holds that, “Religion that is pure and undefiled before God the Father is this: to care for orphans and widows in their distress.” Clearly, in the ancient times, it was known that orphans and widows, who have lost their legal guardians, were likely to experience distress just as the opening quotes in, Box 1, have demonstrated to us, orphans are often subjected to terrible distress. James 1:27, in many ways, resonates with Matthew 25:31-46 (which we studied in Unit 3), by strongly linking faith with compassion, so much so that faith/religion without compassion is not faith at all. It is these perspectives that should move all believers to be compassionate faith communities towards orphans in the age of HIV&AIDS epidemic.

Remembering the Commitments of the Churches to Orphans
We have now seen that there is a strong and clear theological basis for being compassionate with and to orphans. Let us now turn our attention to the church and explore how this theological basis has informed and moved them to respond to orphans in the HIV&AIDS era. Our question here is: has the church made any vows, commitments or covenant with God concerning orphans? Gladly, the church has publicly declared its compassion with and to orphans. Please, read the quotes in Box 5, below, for details.

Box 5
We will support local congregations in caring for child-headed families and all vulnerable children, especially orphans…We will encourage our churches to initiate or collaborate with income generating programs for people living with and affected by HIV/AIDS, especially families caring for orphaned children (The Plan of Action 2001:10).

Covenant 7: Children and HIV/AIDS
We shall remember, proclaim and act on the fact that, the Lord our God welcomes children. God has given his kingdom to them and God is the father of all orphans (Mark 9:33-37; 10:13-16; Psa.68:5 & Psa.146:9). We shall, therefore, work to empower and protect all children and denounce all the national and international structures, cultures, policies, laws and practices that expose children to sexual abuse and exploitation, HIV/AIDS stigma and discrimination, dispossession and poverty thus exposing them to HIV/AIDS infection and lack of quality care. (AACC 2003)

From Box 5, we realize the church has pledged to:
1. Support local congregation in caring for child-headed families and all vulnerable children, especially orphans
2. Encourage churches to initiate or collaborate with income generating projects for PLWHA families caring for orphaned children
3. Remember, proclaim and act on the fact that the Lord God welcomes children and that God is the father of all orphans
4. Work to empower and protect all children
5. Denounce all national and international structures that expose children to sexual abuse, exploitation, stigmatization, dispossession and poverty.

Activity 9

From the above listed commitments of the church towards children and orphans, describe the activity that is undertaken by your church, or one that can be taken up by your congregation.

Faith in Action: A Case Study from Botswana

Let us now examine one example of a church in compassion with and to orphans in Botswana, a country with about 80 000 orphaned children. The government is doing all it can to ensure that orphan needs are met, but the challenge needs many other actors to contribute, including the church. BOCAIP, Botswana Christian AIDS Intervention Program, has an orphan project called Bana Ba Keletso, meaning children of our dreams. It is a day care project for non-school going orphans. It is located in Molepolole Village, about 40km from Gaborone. It hosts about 300 orphans assisted by volunteer mothers, who come to spend the day with children.

Bana Ba Keletso project collects orphaned children from their homes in a mini bus in the morning and brings them to the centre to spend the day. During the day, they are washed, fed and taught games, songs, drawing, self-assertive and reading skills. They play with others. Children with special needs such as those who display depression, symptoms of abuse or AIDS symptoms are identified and given further attention. For example, those that need medical or social welfare services are referred accordingly. In the evening, the children are delivered back to their homes for sleeping. The program thus seeks to meet material, psychosocial and social needs of orphans without separating them from their relatives or their siblings. It relieves overly burdened grandmothers; protects children from child labor, stigmatization, verbal and physical abuse—at least during the day. Children spend their time where they are
loved, counseled, cared for and guided and yet care is taken to keep a link with their surviving relatives and siblings.

Activity 10

Describe an orphan care project in your community, country or church.

Getting into Action: What You Can do at a Congregational Level

Our quest in this unit was: how can we become compassionate with and to orphans? How can the church become a parenting church, where parents are not available due to the deadly epidemic? We underlined that this question is central given that 15million children are already orphaned and the number is set to double by 2010 CE. We further underlined that orphans will be with us for the next twenty five years even if we were to discover HIV vaccine today. We pointed out the orphans are children of today and the adults of the future, who shall shape and lead our world. It is, therefore, important that they should be given all that every child needs in order to become fully functional individuals in the society. We opened the unit by putting across the needs of orphans, which can be categorized as material, mental, social and spiritual. We explored one example of the church becoming compassionate with and to orphans.

Suppose you and your church leaders want to begin such a project in your congregation, here are some suggestions of where and how to start:

1. Give a factual talk on the challenges faced by orphans and challenge the church theologically to undertake a ministry of orphan care-giving through voluntary service.
2. Find out what other churches are doing and how your church can work with them.
3. Find out how many people in your church have orphaned children in their care and organize some voluntary caregivers who will assist the affected families.
4. Find out where your village/city/town orphan social welfare programme is located and express interest to have a training workshop on needs of orphans.
and skills of orphan care-giving, for men, youth, women of the church.

Thereafter, either:

a. Organize the Mothers’ Union or Youth to research in the neighborhood and find out how many families have orphaned children in their care.
b. Organize the youth to work with social workers to identify abused orphans; child-headed household; school drop outs; HIV positive children and find ways of compassionately empowering them.
c. Organize a project on “Men do Give Care” which will mobilize other men in the congregation and the community to be trained to be involved in a campaign against intergenerational sex and sexual abuse of the girl-child.
d. Find out from NGOs, CBOs and other FBOs what they are doing to support orphans and how your church can collaborate with them.
e. Organize a children’s Sunday service that features orphans in the program of worship
f. Lobby your church to budget for orphan care.

I believe you are best positioned to assess which of the above ideas is best suited to your congregation. You do not have to do all of them. Any of them, will be a good beginning to get your church to be a compassionate, parenting church with orphans.

SUMMARY

In this unit we examined:

- The needs and magnitude of orphans in the HIV&AIDS epidemic
- Theological basis (both biblical and African) for compassion with and to orphans
- The written commitments made by the churches to travel with orphans
- One church orphan care project as an example of putting faith in action
- Various possibilities of getting your faith community to start an orphan care project to express its compassion with and to orphans.

SELF-ASSESSMENT ACTIVITY

Questions

1. State the current estimated number of orphans in the world.
2. Describe the needs of orphans in your country.
3. Discuss two biblical perspectives on orphan care.

4. Discuss some African perspectives on orphan needs and plight.

5. State three items that the church committed itself to do for orphans.

6. List three possibilities of starting an orphan care project in your church or community.

FURTHER READING


Unit 9
Compassion With and to Widows in the HIV&AIDS Context

OVERVIEW
Welcome to Unit 9. We shall be journeying further in our quest for putting our compassionate faith into action. In Unit 9, we shall focus on widows in the HIV&AIDS context. We shall explore the magnitude of the problem and the situation of widows in the HIV&AIDS context. We shall look at the cultural and biblical basis for being compassionate towards widows and some ways of collaborating with the government and NGOs for empowering widows.

OBJECTIVES
By the end of this unit, you should be able to:
- Describe the situation of widows in the HIV&AIDS era
- Expound a biblical base for compassionate care with and to widows
- Discuss the commitments of the churches towards widows
- Suggest practical ways of empowering widows
- Design a church project for collaborating with NGOs and governments to empower widows

TOPICS
Unit 9: Compassion With and to Widows in the HIV&AIDS Context
Introduction: Listening to the Voices of Widows
Moving with Compassion: Theological Perspectives on Widows
- Hebrew Bible on Widows
- New Testament on Widows
Remembering the Commitments of the Church
Faith in Action: Compassion with and to Widows in the HIV&AIDS Era
Summary
Self-Assessment Activity
Further Reading
Introduction: Listening to the Voices of Widows
In the last unit, we realized that the social standing of orphans and widows is somehow linked due to patriarchal cultures, that is, male centered cultures that render both women and children powerless in such societies. Gender construction, that is, the social roles given to men and women, in patriarchal societies are constructed from male (patriarchal) perspectives. These often assign women the status of minors and associate them with evil. For example, in Genesis 2-3, Eve was not only created from Adam and for Adam, she led the whole humanity to fall into sin by listening to the serpent. Remember that in Unit 1, in our definition of stigma, we said HIV&AIDS stigma and discrimination is often linked to pre-existing stigma. For women and widows, HIV&AIDS stigma and discrimination is linked to preexisting social constructions that associate women with evil, illness, powerlessness and care-giving. Widows thus come to carry the burden of care for their sick husbands and children; get accused of witchcraft when their husbands die; face grueling death cleansing rituals; get subjected to levirate marriages and sometime get dispossessed of their properties.

Activity 1
1. Explain if the origin of evil is linked with women in your culture.
2. Explain how the preexisting constructions of women in your culture expose them to further stigmatization in widowhood.

Statistically, it is rather hard to find information that specifies for us how many women get widowed a year, due to HIV&AIDS. I guess one would have to analyze how many married men die, leaving behind their wives a year. It is also hard to find projects that specifically seek to meet the needs of widows. Information about widows tends to be mentioned in relation to HIV&AIDS prevention, especially when the rituals of death are assessed for their role in aiding the epidemic. The silent and silenced voices of widows suggest two things: first, it is an area that still needs further research. Second, compassion with and to widows is vital. It is, therefore, important
for us to listen to the voices of widows in the HIV&AIDS era. In Box 1, we have two stories that give us a window into the lives of widows in HIV&AIDS contexts.

**Box 1**

My husband passed away from AIDS when he was 35; he was ill for six months. He used to work as a general laborer in a big firm and only came home at weekends. We had eight children, but the last two both died. This leaves me with six children to feed. It is very hard. The eldest have had to leave school to try and earn money, but I am trying to keep the youngest four in school. In the early stages of my husband’s illness we could cope. It became difficult, when he lost his job. We had to spend a lot of his savings on special food for him and he lost his medical cover. I grow maize and try to make money selling crochet work, but it is not sufficient...If I die, the oldest children will have to take care of the young ones (SAFAIDS & WHO 1995:22).

Deborah in Uganda lost her husband to AIDS and is herself very sick. Her brother-in-law tried from the beginning to inherit her, but she categorically refused so as not to infect him and his wife. He repeatedly told her he does not care that she has AIDS and is willing to take the risk of becoming infected. He harassed her for almost a year; when she held firm and refused, he cut off all financial support to her and her four children. Once she refused him, she was ostracized by the entire family and cannot rely on them for anything, even moral support. Now he is trying to claim the land that his brother left jointly to them (SAFAIDS & WHO 1995:20).

Let us first begin by assessing the *agency* of these widows. By agency we mean that widows are not just helpless people awaiting our compassion. Rather, *widows are active decision makers, who are fully confronting their situations and making efforts to find solutions to their problems*. They are makers and givers of compassion even when their situations are very unfavorable. It is important to acknowledge their agency, for it is only then that we would seek to give “compassion with” active widows than regard them as helpless widows. In the first story, we meet a woman who has been a caregiver to her husband for six months prior to his death; then a caregiver to two of her children who died. She is now a provider for six children. She grows maize and does crochet to raise money to feed her children and keep them in school. Her efforts are not enough, so she has been forced to drop the eldest children from school and send them to work. Given that her husband died of AIDS, she anticipates that she may die and her plan is that “the oldest children will have to take care of young ones.”

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**Activity 2**
State two ways that can be used by the church to show compassion with and to this widow.

Let us examine the second story, of Deborah in Box 1. She is a widow who is already sick. Nevertheless, she demonstrates agency in the struggle against the spread of HIV through determined refusal to accept her brother-in-law insistence to inherit her. Deborah knows that this would spread HIV to him and his wife. She has suffered greatly for her honorable decision of ensuring that she does not pass the virus to another person. Like the woman in the former story, she is a mother of four children and her material inheritance is being taken from her for refusing to enter a levirate marriage. In both cases, we know that the widows may be dying soon, but what about their young children? And who cares for widows? Perhaps now it is clearly demonstrated to you why widows and orphans are closely linked in the Hebrew Bible.

Activity 3
Imagine that you are Deborah's pastor, what acts of compassion would you show with and to her?

Moving with Compassion: Theological Perspectives on Widows
The above stories in Box 1 have helped us to hear the voices of widows as voices of compassion, yet in need of compassion as well. They help us to see the situation of widows, as sick mothers, trying to provide for themselves and their children and confronting unfriendly cultural perspectives. They helped us to see that widows are not helpless, rather they are agents of their own lives, working hard to prevent the spread of HIV and to raise their children. They also highlighted that the widow’s efforts need support from Faith Based Organization and Community-Based Organization. In this section, we want to look into the scriptures to establish biblical perspectives on compassion with and to widows. We will start by examining perspectives from the Hebrew Bible and then will examine the New Testament as well.

Hebrew Bible on Widows

Box 2
“Do not oppress the widow, the orphan, the alien, or the poor; and do not devise evil in your hearts against one another” (Zech. 7:10).
“Learn to do good; seek justice, rescue the oppressed, defend the orphan, plead for the widow” (Isaiah 1:17).

“Father of orphans and protector of widows is God in his holy habitation” (Psalm 68:5).

In these three verses, as we have seen in the previous unit, widows appear together with the orphan and the alien, as some of the most vulnerable members of the society. The first verse is notably a “command: “Do not oppress the widow” Zech. 7:10. The second verse encourages believers to “seek justice” and to “plead for the widow.” In the last verse, God becomes the “protector of widows.” Since we have already explored this theological perspective in the previous unit, we shall not dwell further on it. It suffices to emphasize that the fact that God is depicted as the protector of widows has ethical implications for us. First, it means that no one, here on earth dare to exploit widows for God is watching. Second, it means that all the godly people and organizations should ensure that widow’s rights and needs are fully met. Let us now turn to the New Testament and explore its perspectives on widows.

Activity 4
Use Isaiah 1:17, in Box 2, to design a slogan that mobilizes the church to campaign for widows’ rights.

New Testament on Widows
In the New Testament, the Gospel of Luke, and its second volume, Acts, feature a number of widows. At the very beginning of Luke’s gospel, Prophet Anna the widow is featured as a praying woman who welcomes the arrival of Jesus (2:36-38). In the rest of the gospel Jesus raises a widow’s son back to life (7:11-17); tells the parable of the widow and the unjust judge (18:1-8) and comments on the widow’s offering (21:1-4). In Acts, widows’ needs lead to changes in leadership (Acts 6:1-7) and Thabita/Dorcas is featured as devoted to the care of widows (Acts 9:32-43). Let us now look closely at Luke 18:1-18, the parable of a widow and the unjust judge.

Box 3
Then Jesus told them a parable about the need to pray always and not to loose heart. He said, “In a certain city there was a judge who neither feared God nor had respect for people. In that city there was a widow who kept on coming to him and saying,
The story features two human beings: a widow and a judge. One is powerful (the judge) and another is powerless (the widow). The widow comes to the judge to plead with him to use his power for her situation—namely, seeking justice. The widow’s quest from the judge is: “grant me justice from my opponent.” The story does not tell us exactly what her grievance was. Perhaps a relative had taken all property from her without securing her position. Whatever it was, she was desperate, for the story tells us that she was “continuously coming” with the same request. The unjust judge finally decides to grant her request. But the judge did it, not because he believed that she deserved justice. Rather, the judge did not want the widow to wear him out, or to be bothered.

"Grant me justice against my opponent.” For a while he refused; but later he said to himself, “Though I have no fear of God and no respect for anyone, yet because this widow keeps bothering me, I will grant her justice, so that she may not wear me out by continuously coming.” And the Lord said, “Listen to what the unjust judge says. And will not God grant justice to God’s chosen ones who cry to God day and night? Will God delay long in helping them? I tell you, God will quickly grant justice to them.”

Activity 5

Using Psalms 68:5, in Box 2, explain why the judge is characterized as one who did not fear God.

How does Jesus respond to the judge’s careless handling of the widow’s needs? First, it is notable that the unjust judge is described as one “who neither feared God nor had respect for people.” It is not surprising that he did not pay attention to a widow. He displayed no respect of the fact that “God is the protector of widows” and that we are encouraged to “Learn to do good; seek justice, rescue the oppressed, defend the orphan, plead for the widow” (Isaiah 1:17). This should not be surprising for us, since the judge did not fear God. Jesus thus compares the unjust judge with God as a just judge. He asks: “And will not God grant justice to God’s chosen ones who cry to God day and night? Will God delay long in helping them?” Note that Jesus characterizes the widow among “the chosen ones who cry to him day and night.” These are the oppressed, the aliens, the widows—the most powerless members
of societies. God has chosen to keep an eye on them. The question now is: does God ignore the widows’ requests like the unjust judge? Jesus is quite emphatic about his answer; namely, “I tell you, God will quickly grant justice to them.” As said earlier, the perspective of a God who watches over and takes care of the most oppressed members of our societies, challenges all members of the society to have the same attitude. In this story, the unjust judge delays to serve justice to the widow. God, on the other hand, is portrayed as a just judge, who makes sure that justice is quickly served to the widow, for justice delayed is justice denied. Such is the requirements from faith communities as they seek to be compassionate with and to widows in the HIV&AIDS era.

Activity 6

List ways in which your church can become a protector of widows’ justice.

Remembering the Commitments of the Church

Let us examine the vows made by the church towards widows in Box 5, below. Please, read the church’s commitments carefully and answer the questions that follow in activity 7.

Box 5

We will also help widows, widowers and caregivers who have responsibility for children especially those elderly people who are caring for grandchildren, or left destitute by the death or sickness of adult children (Plan of Action 2001:10).

Covenant 6: Gender Inequalities and HIV/AIDS

We shall remember, proclaim and act on the fact that the Lord our God, created humankind in his [her] image. In his [her] image, he [she] created them male and female, he [she] blessed them both and gave both of them leadership and resources in the earth; he [she] made them one in Christ (Gen. 1:27-29; Gal. 3:28-29). We shall, therefore, denounce gender inequalities that lead men to risky behavior, domination and violence; that deny women leadership, decision making powers and property ownership thus exposing them to violence, witchcraft accusation, widow dispossession, survival sex and fueling HIV/AIDS infection and lack of quality care and treatment (AACC 2003).

Activity 7
Faith in Action: Compassion With and to Widows

Church commitments, vows, plans of action and covenant documents are all statements of intent. They describe what the church needs and plans to do. It is the members of faith communities, you and me, who must put these statements of intent into action in our congregations. Consequently, one of major aim of this module is to contribute towards building “an HIV&AIDS competent church.” Our question in this section, therefore, is: “what can you and your faith communities do to be compassionate with and to widows in the HIV&AIDS era?” Below these are some of the ideas that you can undertake:

1. Give an informative talk to the church about the situations of widows in your country.
2. Give a sermon about God and widows and challenge the church to pay heed to the needs of widows.
3. Use AfricaPraying: A Handbook on HIV Sensitive Sermon Guidelines and Liturgy, page 196-200 to lead a Bible study for Mother’s Union or women’s meeting on widows in the Bible and now.
4. Bring a speaker from an NGO that focuses on women’s issues to speak to the church about the needs of widows in your country.
5. Bring a widow to your church to come and tell her story of struggle and survival in the church.
6. Work with your church leader to establish a department of widows and orphans in the church.
7. Work with Mother’s Union to identify widows and their needs in your church and the neighborhood.
8. Work with youth to assist sick widows who have school going children with homework.
9. Work with lawyers in your church to assist sick widows with children to write their wills to protect their children from dispossession and to assist dispossessed widows to get justice and to lobby the government to put in place legal protection of widows and orphans.
10. Work with social workers in the church to assist widows who need social welfare services to get access to them.

These are just ten ideas, but there should be many more things that you and your church can do to show compassion with and to widows. You do not have to attempt to do all of them. Choose one or two, which seems appropriate for your context, of them and get your church active.

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<td><strong>Activity 8</strong></td>
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<tr>
<td>1. Write down one item, from the above list, which interests you most.</td>
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<tr>
<td>2. Explain how you intend to get your church involved with your chosen item.</td>
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**SUMMARY**

In this unit, we began by listening to the voices of widows in the HIV&AIDS era. We sought to understand their situation and needs. We analyzed the HIV&AIDS stigma confronting widows as a reflection of patriarchal cultures that characterizes women as weak minors, without legal and property rights, and associates them with evil. We realized that widows in the HIV&AIDS era are normally women who have given care to their late husbands; who are taking care of their children; they are women who are likely to be HIV positive and they are women who, more often than not, are facing dispossession and poverty. We realized that they are not helpless, but actively confronting their situation: they are givers of compassion to their family members. Nonetheless, we underlined that they need compassion to affirm their efforts. Second, we explored the Hebrew Bible and the New Testament for theological perspectives on widows. We realized that God is depicted as the protector of widows, who insists that justice should be served to widows in our societies. Third, we explored the commitment of the church towards widows and found them encouraging. Lastly, we outlined ten possible activities that one can do at a congregational level to be compassionate with and to widows.
SELF-ASSESSMENT ACTIVITY

Questions
1. List some of the challenges facing widows in the HIV&AIDS era, as stated in the voices of widows.
2. What are patriarchal cultures and why do they make widows powerless in most societies?
3. Discuss the Hebrew Bible theological perspective towards widows.
5. Describe the church commitments towards widows in the HIV&AIDS era.
6. List six activities that can be done to show compassion with and to widows at your church.

FURTHER READING


Unit 10
Compassion as Stewardship in God’s Creation

OVERVIEW
Welcome to the last unit! We are now taking the last part of our journey on exploring how to practically express our compassionate faith. In this unit we shall focus upon God’s created world and human beings as stewards of creation. We shall define stewardship as the responsibility of managing God’s creation to the intended standard of the Creator. Compassion shall therefore be seen as part of good stewardship, that is, the art of constantly working to keep all creation to God’s standard and will for all people. Compassion will be seen as partnership with God in fighting all forms of discriminations, injustice, poverty and human rights violations. We shall thus read and interpret Genesis 1 in the light of compassion as good stewardship. Our aim in reading Genesis 1 is to explore how life was created and to grasp God’s intended quality of life to and with the whole created world. Our assumption is that when we understand God’s standard for creation then we stand a good chance to be compassionate stewards.

OBJECTIVES
By the end of this Unit, you should be able to:
- Define stewardship
- Explain the link between stewardship and compassion
- Discuss biblical basis for human stewardship over creation
- Analyze Genesis 1 for compassionate stewardship
- Discuss the commitments of the church as acts of compassionate stewardship

TOPICS
Unit 10: Compassion as Stewardship in God’s Creation
Introduction: Defining Stewardship
Compassion as Good Stewardship with/to/of God’s Creation
Listening to the Creator God in the Created World (Genesis 1)
Interpretation of Genesis 1 for Compassion as Good Stewardship
- Creation of Human Beings
- Verses 28-31: Stewardship and the Right to Resources
Sacredness of Life, Stewardship in Creation & Compassion
- Sacredness of all created life
- Why do we need compassion?
- Compassion as Stewardship with/to/of God’s created world
Remembering the Churches’ Commitments
Summary
Self-Assessment Activity
Further Reading
Introduction: Defining Stewardship
Let us begin by defining the words steward and stewardship. According to Emmanuel Asante, a “steward is a person entrusted with management of another’s property….the Steward is a servant, not in the sense of one who simply takes orders and does the bidding of another. Rather, the steward decides, gives orders and takes charge” (1999:20). Stewardship thus means “the function of delegated responsibility. The steward owes one’s authority to the Master, who delegated to him [her] the responsibility of household administration or management” (21-22). Good examples in the Bible include the role of Joseph in the king’s house (Gen. 39:4-6).

Activity 1
1. Define the word steward.
2. Define the word stewardship.

You may be wondering why we have to link stewardship with compassion. This is primarily because all human beings have been given the role of stewardship in God’s creation. This was expressed in the story of creation, when God said, “Be fruitful and multiply, and fill the earth and subdue it; and have dominion over the fish of the sea and over the birds of the air and over every living thing that moves upon the earth. God said, “See, I have given you every plant yielding seed that is upon the face of all the earth, and every tree with seed in its fruit; you shall have them for food” (1:29). In Psalm 24:1-2 we are reminded that “The earth is the Lord’s and all that is in it, the world, and those who live in it; for he founded it on the seas and established it on the sea.” In short, as human beings we live in God’s created earth. All that is in the earth still belongs to the creator, God. However, we have been given the responsibility of “stewardship” as managers (dominion over) of God’s created world.
Compassion as Good Stewardship to God’s Creation

Compassion, the art of standing in solidarity with those who suffer and working with them to change their situation, is the art of respecting God’s creation. Compassion is part of good stewardship, for it acknowledges that:

1. God created life to be good
2. God created all human beings in God’s own image
3. God blessed all human beings and gave them dominion over the earth
4. God gave them access to earth resources
5. That the earth and everything in it, however, still belongs to the Lord.

As you remember, we said that in the HIV&AIDS era, we need a theology of compassion because life is not good for millions of PLWHA, who are subjected to stigma and discrimination and denied access to medicine; life is not good for caregivers, widows and orphans who are suffering from poverty, dispossession and discrimination. Life is not good for the affected families, friends, communities and countries, for they face the threat of hopelessness about the future. Compassion is thus stewardship since it seeks to remind us that God created the earth good; God created all people in God’s image and gave all human beings access to resources (thus poverty, lack of access to medicine and dispossession is failure of human beings to manage God’s created world in such a way that no one suffers). Good management of God’s creation is good stewardship that ensures that all of us remain under the blessings and generosity of the creator God. This is God’s will for all life and people. Believers ought to express their good stewardship of God’s created world by insisting on compassion with and to all whose lives are denied their sacred rights. Compassion in the HIV&AIDS era is, therefore, partnership with God in serving justice with and to all members of God’s creation. Compassion is the struggle to keep the whole creation sacred. Compassion is the struggle for a healed world and healed relationships by fully assuming the responsibility of good stewardship in and with creation as a whole.
Activity 3
State four reasons why compassion is part of good stewardship.

For us to fully understand compassion as the art of good stewardship (dominion over the earth), we need to understand how the owner of creation created life. Let us therefore begin from the beginning and read Genesis 1. This reading will enable us to see, hear and feel and know how the owner of creation created it and how the owner wants the earth to be managed.

Activity 4
Explain the link between compassion and good stewardship.

Listening to the Creator God in Creation
Let us revisit how and why life was created and what it was meant to be. We will do this by reading Genesis 1, the story of creation, poetically. If you have some people with you, please, assign them different parts for reading. If you are alone, please read all sections aloud.

Reader 1
In the beginning when God created the heavens and the earth
   The earth was formless and void...
   Then God said, "Let there be light."
   And there was light…
   **ALL:** And God saw that the light was good

Reader 2
And God said, "Let there be a dome in the midst of waters…"
"Let the waters under the sky be gathered together in one place,
   And let the dry land appear"
   And it was so
   **ALL:** And God saw that it was good

Reader 3
Then God said, "let the earth put forth vegetation
Plants yielding seed and fruit trees of every kind on earth"
And it was so

**ALL:** And God saw that it was good

**Reader 4**
And God said, "Let there be lights in the dome of the sky…
Let them be for signs and for seasons and for days and years…"
And it was so…

**ALL:** And God saw that it was good

**Reader 5**
And God said, "Let the waters bring forth swarms of living creatures
Let the birds fly above the earth across the dome of the sky…"
So God created….

**ALL:** And God saw that it was good

And God said, "Let the earth bring forth living creatures of every kind…"
And it was so

**ALL:** And God saw that it was good.

**Reader 6**
Then God said, "Let us make humankind
In our image, according to our likeness…”
So God created humankind in God's own image
In the Image of God, God created them
Male and female God created them…

**ALL:** God blessed them…

**Reader 7**
And God said, ‘Be fruitful and multiply
And fill the earth and subdue it
And have dominion over the fish of the sea
And over the birds of the air
And over every living thing that moves upon the earth
God said ‘See, I have given you
Every plant yielding seed that is upon the face of the earth
And every tree with seed in its fruit
You shall have them for food…
And it was so

**ALL:** God saw everything that God had made
And indeed it was VERY good.

**Activity 4**
*Explain why it is repeatedly said that “God saw that it was good.”*
Interpretation of Genesis 1 for Compassion as Good Stewardship

Note that the earth was formless and covered by darkness. God begins to bring order to it. We also note that in Genesis 1 all life was created by God and it was created good. God is depicted as creator of both heavens and the earth. Second, God creates through God’s word. The word is powerful, so powerful that its very utterance is realized in a concrete event or object, for this is confirmed by the phrase ‘and it was so.’ In verses 20-23 God begins to create animal life and this closes with the same evaluation, “And God saw that it was good…” This repetition is emphatic on God’s intention, care, love and artistic vigor that accompanied the whole creation. Nothing was of less value. The quality of life is a must for the whole creation.

Activity 5

Explain how we can let God’s creative and powerful word continue to light the earth and to recreate the formlessness and darkness that hovers over our earth in the HIV&AIDS era.

Creation of Human Beings

In verses 26-27, God begins to create human life—as the very last form of life to be created. God says, “let us make humankind in our image.” Two points are notable here: First, the phrase, ‘in our image’ is significant. While the Bible discourages any physical representation of God, human beings are said to be created in God’s image; in God’s ‘likeness.’ What does this mean? How are we created in God’s image? What are the implications? The emphasis here is that humankind as a whole, all people, were created in God’s image and likeness, regardless of their race, ethnicity, gender, ability/disability, culture, class, age, sexual orientation etc. The fact that we are all created in God’s image and likeness guarantees each person equality, human rights and dignity. Discrimination on the basis of any form of human difference or identity violates the Creator God, who saw it fit that all people should be created in God’s own image and likeness.
When one becomes HIV positive it does not change the fact that they are made in God’s image and likeness. This verse allows us to support the human rights of all and to fight all forms of oppression, including HIV&AIDS stigma and discrimination as part of our stewardship of God’s creation.

Activity 6

*Activity 6*

*Explain why it is important that human beings were made in God’s image and likeness.*

Verse 27 underlines that biological sexes, men and women, were both created in God’s image and likeness. Given that gender, which we defined as the cultural construction of men and women into particular roles, has been used to authorize the discrimination of women—this verse needs to be recaptured and underlined. In particular, given that gender inequalities are a major driving force behind the spread of HIV&AIDS, it is important to underline that men and women were created equal and that our families, churches and communities must embrace and promote the empowerment of both sexes.

**Stewardship and the Right to Resources: Verses 28-31**

Verse 28, is also significant. Human beings are blessed and given the power to multiply and fill the earth. This is the mandate to reproduce. The verse authorizes the right to live and have children. In the HIV&AIDS context, where the epidemic plunders life, this blessings needs to be recaptured. We need to realize that the spread of the deadly virus itself and its termination of lives before their full realization contradict God’s intension for the multiplication of life. However, this verse must not be used to promote unprotected sex, or to discourage abstinence, where married women are forced to have children with positive husbands. The quality of life (life was created good) remains important in multiplication. This verse should be used to promote prevention and access to ARVs for all those who need them.
“Fill the earth and **subdue it and have dominion over it,**” verse 28 continues to say. **Verse 28 is notable for assigning stewardship to human beings.** Remember, we said stewardship is the role of managing property for someone else. Due to their being made in God’s image, human beings are given a unique responsibility in “God’s created world.” Human beings are given the role of managing the earth for God. They are custodians and stewards of God’s earth, charged with the role of keeping the earth good. This is a leadership position of responsibility in the earth community. Both men and women, indeed all people of all races, ethnic groups and nations are given the role of stewardship over God’s good earth. The latter point needs to be underlined given that vulnerability to HIV&AIDS is higher amongst those groups who are denied leadership and decision-making roles, such as women, despised ethnic groups and races, disabled/physically challenged people, people of different sexual orientation, children and PLWHA. This verse underlines that it is God’s will for all people to have both leadership role, management of resources and decision-making power in God’s created world and over their own lives. Stewardship is God’s right for all. It is the affirmation of all human beings as creatures of God’s likeness and image.

**Activity 7**

*Give a proverb or saying from your culture that promotes the leadership of all people.*

In verse 29, “God said, see I have given you every plant… for food.” Access to God’s resources is extended to all. *No one should be poor.* Our stewardship should underline that poverty is a violation of God’s will for all people. We should constantly ask: Why are some people poor? Who and what hinders them from their God given right to have access to God’s resources? Whatever answer that we give, let us **fight poverty for it is not God’s will for anyone.** As you know, in the HIV&AIDS era it is poverty that ranks as the number one sponsor of the epidemic. It hinders both prevention and provision of quality care. The church must, therefore, fight and condemn poverty.
Activity 8

Describe a tradition in your culture that helps the community to fight poverty.

In verses 30-31, God’s creation ends with a final and emphatic/overall evaluation: “God saw everything that God had made, and indeed, it was very good.” In our stewardship, we need to underline that the latter calls us all, the members of the earth community, to keep God’s creation balanced, good, interdependent and blessed, according to the blessings that were given to all members of the earth community. The right that we all have is the right to life, quality life. Life must be good to and for all of us for God meant it to be very good!

Sacredness of Life, Stewardship in Creation and Compassion

We began by defining stewardship as management of property that has been put in your trust. We underlined that since God has entrusted us with God’s own created world (Gen.1:28-31 & Psa. 24:1-2), we are God’s stewards. We do not own the earth and all that is in it, God owns it. Compassion is the art of continually managing God’s created world to the level of God’s will and intention. We read Genesis and highlighted a number of points which underline that compassion is part of good stewardship. Below, let us bullet some of the major points of the creation story and link them with both stewardship and compassion.

Sacredness of All Created Life: From the Creation Story, it is evident that:

- All life is sacred
- All things were created good, in diversity and interconnection
- Both men and women were created in God’s image,
- Both men and women were blessed and given the right to multiply
- Both men and women were given leadership/stewardship role on earth
- Both men and women were given access to the resources of the earth
- Animal and environmental rights have a place in our biblical theology.

Why do we need compassion? Because:

- We have not kept the earth, the whole creation good
- We have not always seen diversity as God’s creative hand
- We have not always affirmed that all people were created in God’s image
- Many people are denied leadership and decision making roles
Many millions have no access to the resources of the earth, they live in poverty.

In the HIV&AIDS era, PLWHA are subjected to stigma and discrimination; caregivers, widows and orphans are subjected to burnout, poverty, dispossession and discrimination.

We need compassion to be good stewards who continually seek to keep God’s created world to God’s standard of creation.

**Compassion as Stewardship with/to/of God’s Created World**

- Our role as God’s stewards is to keep the earth and everything in it good.
- Good stewardship means, no one should be subjected to HIV&AIDS stigma and discrimination for such is a violation of God’s image and likeness.
- Good stewardship means no person should be poor, for God gave the earth resources to all of us.
- Good stewardship means that no one should be denied leadership and decision making power, for God gave all of us custodianship over the earth resources, including HIV/AIDS drugs.
- Good stewardship means that no person should be denied their human rights and dignity in life, since God created all of us in God’s own image and likeness.

**Remembering the Churches’ Commitments**

It now about twenty four years since HIV&AIDS was scientifically discovered in our world. Ever since then, we have come to understand that HIV&AIDS is more than just a virus eating at our biological bodies. Rather, we have come to understand that HIV&AIDS is an epidemic within other social epidemics, that is, it is sponsored by injustice. Injustice is a reflection of bad management/stewardship of God’s world. Where there is bad stewardship there is discrimination of people, on the basis of gender, race, ethnicity, class, age, sexual identity and HIV&AIDS health status. Such stewardship does not honor the fact that all people were made in God’s image and likeness. Where there is bad stewardship over God’s earth resources there is uneven distribution of wealth characterized by the accumulation of wealth in the hands of few while billions live in stark poverty. Such stewardship does not honor the fact that God gave all human beings access to the resources of the earth. Bad stewardship is evident in violence, human rights violations, children’s rights abuse and corruption of national and international structures. Bad stewardship means bad relationships between people, the environment and God. HIV&AIDS has revealed to us that where there is bad stewardship there will and there is ill health. How has the church responded to some of these revelations? Please, read below and attempt the subsequent activity.
The gravity of the HIV/AIDS epidemic has helped to expose the systemic issues that foster social injustice and inequality, multiply the loss of life to AIDS: violence and conflict; poverty; debt; gender inequality (Plan of Action 2001:6).

**Covenant 5: Poverty and HIV/AIDS**

We shall remember, proclaim and act on the fact that the Lord God our God, who created all the resources of the earth, blessed both women and men and gave them the resources of the earth for their sustenance (Gen.1:28-29). We shall, therefore, work to empower the poor and denounce all the cultural, national and international structures, laws and policies that have condemned billions to poverty, thus denying them their God given rights and, in the HIV/AIDS era, exposing them to infection and denying them quality care and treatment. (AACC 2003)

### Activity 9

1. According to the Plan of Action, what are the ‘systematic issues’ that have been exposed, which multiply AIDS? List them.
2. In covenant 5, the church has promised to “work” towards a number of things. Please list them.

**SUMMARY**

In this module we focused on compassion. We defined compassion as the capacity to be in solidarity with those who are suffering and to work with them to bring changes to their situations (Unit 1). We explored our theological foundation for compassion by underlining that God the creator, liberator and parent/father is a compassionate God (Unit 2). We underlined that the coming of Christ into the world is itself an expression of God’s compassion to the world. We further highlighted that Christ himself was compassionate (Unit 3). We explored African cultures for their perspectives on compassion (Unit 4). We explored ways of being a compassionate church (Unit 5). We explored compassion with and to PLWA (Unit 6), caregivers (Unit 7), orphans (Unit 8) and widows (Unit 9).

In this last unit, we returned to the creation story and underlined that compassion is about being good stewards of God’s created world. It is the responsibility of taking care of the whole earth. We underlined that God created the world and everything in it good; God blessed all human beings and gave them stewardship over the earth and access to the resources of the earth. We thus underlined that compassion is part of good stewardship. As stewards of God’s earth, compassion allows us to constantly check if we are keeping all life sacred, good, interconnected and respected.
Since HIV&AIDS is an epidemic within other social epidemics of poverty, gender inequalities, stigma and discrimination, national corruption, and discrimination on the basis of race, ethnicity, age, sexuality, ability/disability and international injustice that promotes economic depravation and hinders access to HIV&AIDS drugs, we need to recapture our role as stewards of God’s creation. These social evils hinder qualitative life for millions of people. In fact, these social evils attest to our bad stewardship in managing God’s earth—we have not kept all life good; we have not respected the dignity of all people; we have not given all people access to leadership/stewardship and resources as the Creator intended. Our commitment to compassion is at the end of the day commitment to good stewardship and to justice—that is, ensuring that God’s creation as a whole remains sacred and good. The story of creation should spur the church to undertake compassionate stewardship through prophetic acts of calling for a just world, a good and godly world, where no one is discriminated or lives in poverty or in lack of life-saving medicine. This is God’s will for all life and people. Believers ought to express their good stewardship of God’s created world by insisting on compassion with and to all whose lives are denied their sacred quality. Justice with and for all, is health for all. On these grounds, let us close this unit and module by reminding ourselves of the closing words of The Covenant Document on HIV&AIDS; namely,

Covenant 10: Justice and HIV/AIDS
We shall remember, proclaim and act on the fact that the Lord our God sees, hears, knows the suffering of his/her people and comes down to liberate them (Ex. 3:1-12; Luke 4:16-22). We shall, therefore, declare the jubilee and we shall proclaim liberty throughout the land and to all its inhabitants (Lev. 25:10), for unless and until justice is served to all people in the world, until justice rolls down like waters and righteousness like an ever-flowing stream, HIV/AIDS cannot be uprooted. (AACC 2003)

SELF-ASSESSMENT ACTIVITY

Questions
1. Define the words steward and stewardship.
2. Define compassion (go back to unit 1).
3. What verse in Genesis underlines our role as stewards of God’s creation?
4. Discuss why poverty, gender inequality, HIV&AIDS stigma and discrimination are examples of lack of good stewardship.
5. Explain why compassion with and to the discriminated is part of good stewardship towards God’s created world.
6. Outline and discuss the commitment of the church towards poverty eradication and justice.

FURTHER READING


TEST: Unit 6-10

TIME: 1 HOUR

INSTRUCTIONS
1. Attempt all the questions.
2. Please write your answers in your notebook.
3. If you cannot answer any question, please feel free to return to the relevant unit and re-read.

QUESTIONS
1. List the number or percentage of people living with HIV&AIDS in your country and globally.

2. Write to your church board and explain why advocacy/prophecy for the availability of affordable ARVs to all who need them is a crucial act of compassion.

3. Using the example of grandmothers, elaborate how and why care-giving has become an immensely demanding task for women.

4. “Jesus was a caregiver.” In two paragraphs, use scriptural evidence to illustrate the statement.

5. Explain how your church is: a) involved in home-based care or b) how it can get involved.

6. List the number of orphaned children in your country and globally.

7. “God is the Father of orphans and widows.” Explain how this scriptural perspective can assist the church to defend the needs and rights of the mentioned groups.

8. Explain how your church is: a) involved in orphan care or b). How it can get involved.

9. Define the word stewardship.

10. Explain why good stewardship is an important part of building compassionate communities and world.
EXAMINATION

Time: 3hrs

Instructions
1. Answer FOUR questions, ONE from each section.
2. Your answers must be in an essay form.
3. Each answer must be 1-2 pages in length.
4. Write all your answers in your notebook.

Questions

Section 1: Attempt ONE question only
Either
1. “The Liberating God is the compassionate God.” Discuss
Or
2. “Christology is God’s Compassion to humanity.” Discuss

Section 2: Attempt ONE question only
Either
1. Write a letter to your bishop or church leader and explain that, “In the HIV&AIDS era the church of Christ must show the face of Christ through compassionate acts”
Or
2. Write a letter to your public newspaper on the topic of “The African Worldview challenges us to be compassionate communities and nations to PLWHA.”

Section 3: Attempt ONE question only
Either
1. Write a project proposal on home-based care for your church.
Or
Write a project proposal on orphan care for your youth group in the church.
Or
Prepare a sermon on “Caring for Widows is a divine call for all the God-fearers.”

Section 4: Attempt ONE Question only
Either
1. “International justice is an important part of building compassionate communities.” Discuss.
Or
2. “Justice for all is Health for All.” Discuss.


**USEFUL INTERNET RESOURCES**

- UNAIDS ([www.UNAIDS.org](http://www.UNAIDS.org)) is a joint United Nations Program on HIV/AIDS, offering worldwide information on the epidemic.
- AIDS Org ([www.aids.org](http://www.aids.org)) provides updated information, especially treatment news.
- Bill and Melinda Gates Foundation ([www.gatesfoundation.org](http://www.gatesfoundation.org))
- AIDS Map ([www.aidsmap.com](http://www.aidsmap.com)) offers worldwide information and articles.
- [www.lutheranworld.org](http://www.lutheranworld.org) – Lutheran World Federation
- United Methodist HIV/AIDS Ministries Network ([www.gbgm.umc.org/health/aids](http://www.gbgm.umc.org/health/aids))
- [www.wcc-coe.org/english.html](http://www.wcc-coe.org/english.html) (then click on Ecumenical HIV/AIDS Initiative in Africa (EHAIA))

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*Blessed are those who struggle against the HIV and AIDS stigma and discrimination for they are breaking the stigma and discrimination against Jesus Christ himself (Mt 25:31-46).*

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