Walking Towards a New Strategy

During the last twenty-five years, a great variety of books and articles have been written about HIV/AIDS. Interestingly, many of them were written by the direct witnesses of the epidemic: the sick or their loved ones, physicians and others health-care givers or pastoral agents. These works enabled us to understand better the reality of this new disease and to overcome stereotypes and prejudices. Meanwhile, they also indicated the medical, human, spiritual, and community resources not only to slow down the spreading of the epidemic but also to accompany the sick.


Later, theologians began to concentrate on specific issues about AIDS. Informed by the experience of the direct actors of the epidemic, they covered the theological urgencies to face AIDS. For instance, Kevin Kelly proposed a renewed sexual ethics,\(^5\) Donald Messer called for a new ecclesiology,\(^6\) Maria Cimperman promoted a theological anthropology in order to summon Christians and get them involved against the epidemic as people of God.\(^7\) Edwin Vásquez focused on antiretroviral treatment in Brazil and denounced double standards of care—treatment for the affluent, no treatment for the poor—as unacceptable on moral grounds.\(^8\) Lisa Cahill and James Keenan provided theological arguments to promote prophylactics, to sustain medical research, and to enhance health care access and treatment distribution.\(^9\) Theologians pointed to the “goods” that we needed to address the unprecedented ethical challenge of HIV/AIDS. They have rooted their argumentation in the social teaching of the Church, underlining human dignity, justice, common good, solidarity, and participation.

And yet, some still say that theology slows down the reaction of the churches to the AIDS crisis. This point was recently brought up just before the XVI International AIDS Conference

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at Toronto in August 2006. Religious leaders engaged in the reflection and action against AIDS contended that theologians did not do enough to sustain the efforts of the direct actors of the epidemic. Theological research would not reach sufficiently the lived experience of the sick and those who care for them. Coming usually from faith-based communities, they asked the following question: As far as “effective ministry is rooted in the presence and full integration of people living with AIDS and HIV,” does our theology allow us to reach out to the sick? In the context of AIDS, is the exigency of Christian conversion and the desire to stand up for our moral traditions really compatible with a “non judgmental acceptance” toward those who are directly affected by the disease? Today, we need to honestly examine if we do engage the most vulnerable in the pandemic, or if we are, on the contrary, “perpetuating stigma and discrimination.”

To reach out to the HIV infected, will Christians have to renounce their morality? Considering the usual modes of transmission of the disease, many Christians often feel uncomfortable. Because of certain lifestyles, they fear that an ethics reaching the most vulnerable to AIDS weakens an already challenged moral code.


11 This necessity to integrate people living with AIDS and the groups most at risk is underscored by Peter Piot, the executive director of UNAIDS: “Every country needs one strong national AIDS authority, with power to engage all sectors, with capacity for action and coordination, and with engagement of people living with HIV and civil society. I emphasize that people living with HIV and the groups most at risk have to be fully engaged if there are to be real results on the ground.” Peter Piot, “Facing the Challenge.” Keynote speech to the First Eastern European and Central Asian HIV/AIDS Conference, Moscow, 15 May 2006. http://data.unaids.org/pub/SpeechEXD/2006/20060515_sp_piot_moscow_en.pdf (accessed November 8, 2007).
Blessed Are the Vulnerable

One consideration that undoubtedly weighs with Christians is the fear of being misunderstood. If one is seen to be “on the same side” as people with AIDS, then one might be thought to approve of all sorts of things, from taking heroin to gay marriage. And one might, understandingly, feel that one has a pastoral responsibility to make it known that one does not approve. Yet we run the risk of a different kind of misunderstanding: that it will be thought that our statement about morality is only about approval and disapproval, instead of being about healing and leading human beings to the fullness of life. In facing the tragedy of AIDS, we experience our own vulnerability and powerlessness. And through this, we are called to a ‘radical conversion’ [...].

On the Protestant side, Donald Messer even launches this call: “During the first twenty-five years since the advent of HIV/AIDS on the global scene, Christian theology has been dominated by an exclusive, judgmental perspective, contradictory to the very character or essence of the Church of Jesus Christ. In response to this global emergency, Christians should instead move toward a new AIDS theology that emphasizes inclusion, not exclusion—compassion, not condemnation.”

Can Christians overcome stigmatization while sticking to the exigency of moral conversion? Faith-based communities insist that, in the context of HIV/AIDS, theological and moral messages must be in accordance with “public health realities.” Such a tension is not new in the history of AIDS. In 1987, one of the first books on the relationship between the Catholic Church and AIDS already read:

However well-intentioned, the desire to stand up for our moral tradition appears sometimes to qualify the compassion and make it less than credible. One way forward is for us to reflect upon

12 Vicky Cosstick and Timothy Radcliffe, O.P., “Introduction: Why a Book on the Church and AIDS?” in AIDS Meeting the Community Challenge, 7. [Emphasis is mine].

13 Donald Messer, Breaking the Conspiracy of Silence, 19.
what we intend by our statements about morality […] we can argue that our desire to be compassionate, to be in solidarity with the sick, cannot be diminished or fudged by our moral view about sexual behaviour, because they both spring from the same root, which is the perception of the goodness of the human body. This is not an abstract theological point, but a recognition of the need to speak clearly and convincingly.¹⁴

What does the Church have to do today, and for tomorrow? This book enters in an ongoing conversation that ranks the HIV/AIDS crisis as one of the most fascinating topics for contemporary theological ethics. I am convinced that our difficulty to bridge clearly and convincingly our moral tradition and our solidarity with the sick is a call to understand better the reality of persons living with HIV/AIDS. It is a call to enter into a new experience of vulnerability and hospitality. Today, we need to learn more from those who are already immersed in the disease, and we need to speak for those that our sound message and public statements against “sexual promiscuity, homosexual acts and drug abuse” did not prevent from getting sick. Ultimately, persons who live with the virus or care for people living with HIV/AIDS need also to hear about the “goodness” of their human life and their Christian vocation.

In that perspective, the sick are not only seen as “objects” of pastoral attention or theological teaching. They are the very actors of an ongoing epidemic that challenges their bodies, their faith, their personal development and social integration, and ultimately their survival. To sustain those who fight the disease, we need to heed their experience. To better accompany them in the complex challenges of the AIDS epidemic, we have to meet them on the ground and to trust them in the first place. Locally, they are the “experts,” the first-hand witnesses and the most direct actors of this epidemic. Globally, they make the history of the pandemic and express their real needs to us. In other words, the empower-

¹⁴ Cosstick, AIDS Meeting the Community Challenge, 6. [Emphasis is mine].
ment of the “subjects” of this health crisis deserves new attention in a time of HIV/AIDS.

Today, the epidemic has become a collective challenge that now transcends the limits of the so-called AIDS community. And those who accept to join the most vulnerable and to care for people living with AIDS, in the North or in the South, run the risk of being powerless and vulnerable. Through their hospitality to the most affected by HIV/AIDS, they assume in their turn the possibility of also becoming vulnerable. Still, they take this risk to become empowering and to address the personal and social causes of exposure to HIV/AIDS threats.

Physicians and scientists had lived such experience of vulnerability at the very beginning of the epidemic. At the beginning of the 1980s, AIDS marked the end of a certain ideal of medicine. A self-understanding of medicine, as ever victorious technology, ended when a new virus and a strange disease challenged the most recent progresses of medical science. William McNeill reminds us that, at the dawn of AIDS epidemic, “[…] many doctors believed that infectious diseases had lost their power to affect human lives seriously. Scientific medicine, they supposed, had finally won decisive victory over disease germs.”¹⁵ Before 1996 and the arrival of “cocktail therapies,” medicine discovered or rediscovered its own powerlessness. More positively, the medical establishment has also opened its eyes to the complexity of health issues on both the social and political levels. The medical community has begun to share its powerlessness with other interlocutors, beginning with the sick and their representative associations. Since no cure was in sight, they had to deal with an amazingly young and atypical generation of patients. They began to handle this health crisis differently and collaborate with those who supported them.

Despite the fact that vulnerability is not an easy thing to share, I suggest that this “shared vulnerability” is our first moral respon-

sibility in curbing the spreading of HIV/AIDS and mitigating its future ravages. Such openness to the other’s vulnerability allows us to overturn situations of social inequalities. The social teaching of the Church helps us to include and empower the most vulnerable in our ethical reflection and action against HIV/AIDS. Theological ethics possesses a rich tradition of addressing human fragility. Since the pandemic threatens the human dignity of millions and endangers the common good, Christians must take the risk of new solidarities with individuals and populations affected or infected by HIV/AIDS.

Thanks to the work of theologians interested in addressing the global challenges of the pandemic, we realize today with greater lucidity that Christians are called to stand on the side of people living with AIDS and change the conditions of their life. “Besides making people more responsible, ethics has the aim of putting forward a project of humanization in the dehumanized and dehumanizing situation of AIDS. As in all ethical discourse and all moral practice, what is being pursued in the ethics of AIDS is the recovery and raising of the integral well-being of those implicated.”

As a contribution to such a need—changing the conditions of the lives of groups and populations affected or infected by HIV/AIDS—I offer the notion of vulnerability as a theological metaphor to understand better the multifaceted realities of the AIDS epidemic. I suggest also the empowerment of the sick as the ethical norm for overturning the situation of the most endangered groups or populations or nations. From an ethical point of view, my strategy will be fundamental and practical at the same time. On the one hand, it is more fundamental. Indeed, to go from the experience of vulnerability to empowerment, I need a theological journey. I need to refer to the preaching of Jesus, to his praxis, and to rely on our liturgical practices, sacred or secular. Such an

approach is more radical and overcomes the usual patterns of applied ethics. On the other hand, this strategy is also more practical; it asks to practice new forms of hospitality toward the most vulnerable and to begin with their experience of the disease.

In the first chapter, the notion of vulnerability is used to describe the experience of the HIV/AIDS crisis and its ethical challenges. Vulnerability features groups and populations usually described as being “at risk” by epidemiologists, public health agents, or anthropologists. This also enables me to give a human face to the disease. Attentively read, research studies show that the most vulnerable to AIDS are both the beneficiaries and partners of prevention, recipients but also actors in the global action against the pandemic. This experience of vulnerability draws the bottom line to help us think anew our commitment against HIV/AIDS. The most vulnerable are not only part of the problem. If they were empowered enough by us, they would become the solution.

In the second chapter, the experience of vulnerability is placed on its scriptural foundations. In the context of AIDS, Christians are those who dare to hope for the coming of God’s kingdom. Enda McDonagh contends that “the Christian symbol most invoked for discerning the significance of a developing just society of mankind is that of God’s kingdom or reign or rule.” Therefore, I examine the experience of vulnerability in the light of the theology of God’s kingdom as it is announced in the Scriptures and also revealed by the very praxis of Christ Jesus himself.

In the third chapter, the experience of vulnerability is located in its Christological dimension. The AIDS crisis asks Christians to enter more radically into the mystery of salvation in Christ. I try to understand the meaning of vulnerability in the light of Jesus’ preaching of the kingdom of God and Jesus’ praxis of liberation. In the darkness and afflictions of AIDS, Christians are those who believe that Jesus is the *autobasileia*—the kingdom-in-person, as

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17 Enda McDonagh, *Social Ethics and the Christian* (Manchester: Manchester University Press, 1979), 76.
Origen said—and the only interpretation of the kingdom of God. They believe in Christ, a *Liberator* for humanity still wounded by injustice and social inequities.

Chapter four examines our ways of praying, celebrating, and ministering with people affected by AIDS. Informed by the promotion of social justice as a human response to the in-breaking of the kingdom of God and guided by the praxis of Jesus acting as a liberator toward the sick or the weakest, Christians find the ways to transform concrete situations of vulnerability into practices of solidarity and support. The chapter considers prayer, liturgical practices both sacred and secular as possible “praxis” of liberation and social transformations. Maria Cimperman expresses it well: “The community is a dynamic, Spirit-led body that seeks to respond to God’s gift of love through worship and service. As a lens through which we see God acting in our midst, community calls us to personal, communal, and societal transformation.”18 Transformed and transforming prayer challenges the will of the faithful to transform situations of vulnerability into new solidarities.

The fifth chapter sums up this relationship between vulnerability, hospitality, and empowerment of the most affected by the pandemic. I give concrete examples to identify the in-breaking of God’s kingdom in a world that still lives in the night of HIV/AIDS.

In this study, I pay special attention to the works of the Irish theologian, Enda McDonagh, theological ethicist, member of the *Caritas Internationalis Task Force on HIV/AIDS* from 1990 to 2003, and author of many books including *Vulnerable to the Holy*.19 To the service of this unprecedented health crisis, McDonagh applies the best of his theological research and sums up his theological approach to ethics.

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18 Maria Cimperman, *When God’s People*, 66.

19 Enda McDonagh, *Vulnerable to the Holy: In Faith, Morality and Art* (Dublin: Columba Press, 2004), 112; 118. In this book, McDonagh describes his position as an “ethical-theological member” of this board. This expertise in the AIDS crisis is to be understood in the light of a lifelong experience of teaching theological ethics.
Instead of asking Christian faith what it has to offer social ethics by way of confirmation or illumination or final significance, I shall begin at least by asking social ethics as outlined here what it has to offer in the development of faith, of the acceptance and understanding of the God of Jesus Christ in his saving activity.”

The theology of the kingdom applied to the vulnerability of AIDS opens us up to the divine grace working against sin and structural injustices. Indeed, God has created us to save us. In this experience of the pandemic, we are invited to recognize that our personal and collective fragilities are under the judgment of the inbreaking kingdom.

More deeply and paradoxically we recognize that our ambiguous personal and social structures are under the judgment of and challenge of the inbreaking kingdom and the disruption of its converting and transforming power. The extent of the provisionality of our situation at any time is only fully revealed in the light of the Christian understanding of God’s kingdom.

20 McDonagh, Social Ethics, 64.
21 Ibid., 82.