The Bray Lecture 2011
Communities Confronting Aids: Is Missio Dei the missing paradigm to end HIV- and AIDS-related stigma?

By the Revd Canon Dr Gideon B Byamugisha
(Executive Director, FOCAGIFO Hope Institute for Transformational Leadership and Development, Uganda; Goodwill Ambassador on HIV and AIDS (Christian Aid); Convener, Global Working Group on Faith, SSDDIM and HIV; Scholar-In-Residence, Queens Foundation for Ecumenical Theological Education, Birmingham, UK)

‘Fulfilling the UNAIDS vision of zero new HIV infections will require a hard look at the societal structures, beliefs and value systems that present obstacles to effective HIV prevention efforts.’ (UNAIDS 2010 Global Report on HIV and AIDS, page 12)

Introduction to the Thomas Bray Lectures 2011
The word ‘mission’ evokes a variety of feelings and meanings to different people in different contexts. Some people, actually, do not want to hear the word used any more in ‘Church and Society’ and ‘Faith and Community’ discourses.

Yet for individuals, their families and communities as well as whole nations who live with, are affected by, and vulnerable to HIV- and AIDS-related infections, illnesses and deaths, there is no better word that evokes urgency, importance and relevance than ‘Mission’ in general and ‘Mission of God’ in particular.

Generations of Missionary discourse have, particularly in the West, produced a mass of literature dealing with various aspects of Mission. Meanwhile, Mission agencies, training colleges, churches and practitioners have developed various Theologies of Mission with specific focus: Ecumenical, Evangelical, Fundamentalist, Religious Right, Left, Centre, Liberationist, Feminist etc.

With the exception of literature from ‘The Circle for Concerned Women Theologians’ of the Global South, the World Council of Churches and from other agencies and individuals, most of this literature on ‘Mission’ has one thing in common: the absence of deep engagement with AIDS-related stigma and all its life-threatening, life-reducing, life-negating, life-taking and life-wasting aspects at every level of society, the individual, family, local community, national, continental and global level.

In a context where AIDS related stigma has conspired with policies, strategic plans, practical programs, messages, sermons, research projects, national budgets and community prayers to produce and sustain shame, denial, discrimination, inaction and mis-action around a largely preventable and controllable epidemic.

It is my conviction that ‘Mission of God-led’ stigma reduction efforts, questions, lectures, dialogue sessions, liturgies, sermons, bible studies, research, theology and mission placements can help end HIV and AIDS related stigma and contribute to bringing about a world without AIDS.

That the global church constitutes a community capable of halting, reversing and overcoming the fatal stigma among communities confronting AIDS is in no doubt. What attracts a hermeneutic of suspicion is why the victory is taking us so long! Could it be that behind the visible AIDS crisis there remains a permanent stigma because we have not allowed Missio Dei to bear on the HIV and AIDS problem, preferring to treat it as either a medical or self-inflicted problem? How are ‘Churches-In-Mission’ and ‘Mission-Shaped Churches’ conducting daily, weekly and Sunday business among persons, families, communities and nations living with, affected by, and at risk of this AIDS-related stigma?

What theologies of mission undergird ecclesiastical praxis? What areas need deconstruction and reconstruction? Could Missio Dei as a mission principle give communities confronting AIDS the much mission urgency, leadership and commitment against AIDS related stigma?

What else (beyond what is being said and done now by churches, faith agencies and communities) needs to be said and done in Mission by, with, for and in communities confronting AIDS to ensure that stigma is neutralised to paralyse the AIDS epidemic before it triumphantly and devastatingly celebrates its 50th anniversary in 2031 at our expense?
If, within and beyond these lectures, our interaction contributes towards increased reflection, dialogue, funding and mission zeal towards containing and overcoming this ‘preventable and controllable death- causing reality’ among God’s people, communities and nations, then the 2011 Thomas Bray Lecture will have addressed one more gap (and provided the much needed extra-dimension of effort) in our race to bring about a world with zero new HIV infections, zero discrimination and zero new AIDS related deaths in accordance with our faith values, convictions, aspirations and hopes.

‘Since my people are crushed, I am crushed;
I mourn, and horror grips me.
Is there no balm in Gilead?
Is there no physician there?
Why then is there no healing for the wound of my people?’
(Jeremiah 8: 21-22)

Abstract
After giving ‘mission’ and Missio Dei a context; this lecture briefly reviews the AIDS stigma situation in Africa and beyond, identifies the crisis in mission (in the context of that stigma), reflects missiologically on what that crisis means and gives suggestions as to how such a crisis could be overcome to bring healing to families, communities and nations.

Specifically the lecture advocates that in line with Missio Dei that is multi-sectoral, multi-level and multi-dimensional, churches move beyond the ‘ABC’ (Abstain, Be faithful or ‘Condomise’) HIV prevention paradigm in their AIDS-related mission and ministry to embrace a more comprehensive, integrated and non-stigmatising approach that effectively:

1. Reduces Stigma, Shame, Denial, Discrimination, Inaction and Mis-action (SSDDIM) that still hamper effective HIV and AIDS prevention and;

2. Multiplies (SAVE):
   - Safe practices (A+B+C+PMTCT+ Safe blood, Safe injections, Safe circumcision, Safe microbicides and vaccines research);
   - Access to treatment and nutrition;
   - Voluntary, routine and stigma-free counseling and testing;
   - Empowerment of children, youths, women, families, communities and nations affected by, living with, vulnerable to and at-risk of HIV and AIDS.

Mission in Context
Mission means different things to different people. ¹

In this lecture it is used to mean ‘a multi-faceted ministry in respect to love, witness, service, justice, healing, reconciliation, liberation, peace, evangelism, fellowship, church planting, discipling, contextualisation and much more…the totality of what it means to be Church and Christian’. ²

Mission and AIDS Stigma Crisis
Missio Dei ³ is a concept that is generally understood and referred to as the mission of the Triune God. Its different usages granted; there is general agreement around four elements in the term, ie the original impetus of mission comes from God, the mission impulse stems from and reflects God’s intrinsic nature; this nature is triune and each element of the Trinity is missional. Other agents such as the Church, individuals, organisations and mission agencies may have the privilege of participating in the Missio Dei, but they are participants and not initiators. ⁴

In this Lecture, I take Missio Dei to mean God’s interest in the restoration of humanity and the integrity of human personhood and the ‘giving of life to all in all its fullness’. ⁵ This Life, God gave and gives right now. It is multi-sectoral, multi-level and multi-dimensional. It is eternal, yet it begins immediately. It is lived on a higher moral, ethical and political plane because of its overflowing forgiveness, love, mercy, justice and fairness to all for safer, healthier, more peaceful and more fulfilling living.

If Missio Dei is understood and appreciated as such; then the reality of preventable and controllable pain, suffering and early death wrought (and made worse) by HIV and AIDS in general and AIDS related
stigma in particular is a negation of God’s will, promises and plans for humankind that invites mission-inspired and mission-led churches, communities and individuals to reflect anew on what it means to do God’s mission today in a world with AIDS.

AIDS-related stigma is not a term that lends itself to a common definition but in this lecture/context; I am using to mean ‘A societal condition and manifestation generated by fear, ignorance and an accompanying urge to find scapegoats for a disaster that leads to finger pointing, dis-crediting, shaming, condemning, abusing, marginalising and discriminating against those persons, families, communities and whole nations known or believed to be living with, vulnerable to and at risk of HIV’.  

The lecture will also take the position that ‘societal stigma’ leads to ‘self-stigma’ - a condition in which the stigmatised ‘suffer self-condemnation, self-rejection, self-hate, guilt, loss of self-esteem, despair and loss of interest in and respect for life’.  

The Global Working Group on Faith, Stigma and HIV has set itself with an ambitious but achievable mission of contributing to the prevention of 90 per cent of new HIV and AIDS related infections, illnesses and deaths by 2031 through practical action, training, advocacy and prayers. A mission that will see rates in 20 targeted countries of Eastern, Central and Southern Africa (ECSA) drop to no more than 3% and new incidences of HIV infection drop to one-tenth of their 2010 totals.

ADULT HIV PREVALENCE AND HIV INCIDENCE FOR ECSA COUNTRIES

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<th>Country</th>
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<tr>
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<tr>
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One big problem stands in this Campaign’s way: AIDS related stigma.

The definitions, propagating contexts, sustaining factors and effects of AIDS-related stigma in the world (in general) and Africa (in particular) have been sufficiently researched, documented and published in various statements, documents, books and journals with people known, believed or suspected to be HIV-positive being subjected to verbal abuse; physical harassment, assault and murder; denial of employment, marriage and health care services; isolation and exclusion from family members and at places of worship, residence, education and work; involuntary disclosure and other violations of human rights and dignities.

A March 2008 review of the most current literature on AIDS related stigma and discrimination in Uganda and at regional and global level and a March 2009 study revealed key factors sustaining the AIDS stigma crisis as:

- Low levels of comprehensive knowledge on HIV and AIDS (including how it is transmitted),
- Low knowledge of HIV status of individuals and couples due non-HIV testing and non-disclosure, if tested,
• Fears of contagion and popular misconceptions that equate HIV infection with quick death and associate an HIV positive status and vulnerability to infection with immoral, sinful and deviant behaviour.

The reports also reveal various ways in which HIV stigma (and consequent discrimination) is manifested at individual, family and community levels as well as at an institutional level and discuss how national laws and policies serve either to promote or reduce stigma associated with HIV.  

Last year (2010), Kelly published *HIV and AIDS: A Social Justice Perspective* a book that not only agrees with these findings but also goes on to point out that, apart from individuals; families, whole communities and the nations of Africa and black people of Africa origin have also borne the blunted AIDS related stigma in international media, messaging, communication, funding and general AIDS policy.  

The continuing reality of AIDS related stigma (despite the enormous breakthroughs in prevention and treatment knowledge) is a mission challenge for churches and mission agencies. This is because the negative impacts of stigma on individual, family, community and national health, relationships, peace, spirituality and well being and on HIV and AIDS prevention, care and treatment are devastating.

In 1997, a World Council of Churches (WCC) Study made the following observation: ‘In a situation of stigmatisation, prejudice and gossip both groups (the stigmatisers and the stigmatised) are less likely to accept the presence of HIV in the community and to cooperate in the prevention of factors which lead to increased vulnerability to HIV...’  

In November 2001 during the Ecumenical Consultation on HIV and AIDs convened by WCC in Nairobi, I noted how stigmatisation challenges church mission: ‘...it is now common knowledge that in HIV and AIDS; it is not the condition itself that hurts most (because many other diseases and conditions lead to suffering and death) but the stigma and the possibility of rejection and discrimination, mis-understanding and loss of trust that HIV positive people have to deal with.’

In 2003, a UNAIDS sponsored workshop of Christian theologians in Windhoek, Namibia, reflected further on the challenge this stigma imposes on community efforts against AIDS and concluded that ‘... The most powerful obstacle to effective prevention, treatment and care is proving to be the stigmatisation of people living with HIV and AIDS. Christian theology has, sometimes unintentionally, operated in such a way as to reinforce the stigma, and to increase the likelihood of discrimination...’

A 2004 Christian Aid study on ‘Theology and the HIV/AIDS Epidemic’ notes: ‘Silence is the most dangerous effect of stigmatising people with HIV. Fear of stigma makes people afraid to reveal their positive status by changing their behaviour. This means that men and women continue to have unprotected sex, intravenous drug users continue to share needles, and HIV spreads faster... A second consequence of stigmatisation is that people who are not part of the stigmatised groups consider their way of life to be risk-free... Thirdly stigmatising leads to rejection. Wrong theology is mirrored in secular terms by wrong information...’

A WCC/EAA (Ecumenical Advocacy Alliance) study titled ‘AIDS Related Stigma: Thinking Outside the Box-The Theological Challenge’ quotes Archbishop Emeritus Tutu saying: ‘Silence kills, stigma kills...’

The study notes: ‘stigma exacerbates existing inequalities. It is members of the ‘out groups’ who tend to get the blame for disease or other calamity.’

Kelly (2010) observes that it is not unusual for an AIDS related stigma crisis to lead to suicide: ‘The injustices of stigma and discrimination bring untold suffering and unhappiness into the lives of people living with HIV or AIDS... The stigma severs all that ties them to humanity – and for some the outcome is suicide.’

It is such mission challenges that led to the formation of the Global Working Group on Faith, SSDDIM and HIV to spearhead the 2031 Campaign to SAVE ECSA families, communities and nations from HIV and AIDS.

Similar, but wider, advocacy efforts are being supported by WCC/EAA following the March 2010 Netherlands Summit for High Level Religious Leaders on stigma and discrimination.

Negative impacts on health, relationships and well-being notwithstanding, the stigma challenge is also pointing to a crisis in mission as churches recognise that they have to respond with compassion, that Christians themselves and their clergy are not immune from HIV infection and vulnerability, and a realisation that churches themselves have contributed to the spread of virus and deaths by ‘their judgemental and moralistic attitudes, by there approach to sex and sexuality and by the non-inclusive character of many Christian communities’.  

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[14] The 2000s saw an explosion of anti-gay legislation, contributing to the spread of HIV/AIDS.

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How then, informed by such recognition; should mission be, lived, taught and practiced in the context and reality of a malignant and death-facilitating stigma?

The delegates of the All Africa Anglican Bishops Conference (AABC II) who convened in Uganda in August 2010 noted in their Statement that: ‘The Anglican Churches in Africa have continued to witness growth so that the centre of gravity of Christianity today appears to be shifting to the continent’. On the other hand, the delegates (in the same sentence) make a confession: ‘Nonetheless, the church’s relevance and impact on global mission and to social, economic and political transformation of the continent remains a challenge’.  

Mwaura (2010) makes the same point in her article ‘Mission As Service of Justice and Peace in The Church in Africa’. She writes: ‘Africa is a context that tells or depicts two stories that are diametrically opposed. One is a story of frustration and cry of children, women and men … The other story is one of vibrant Christianity, a rich spirituality that engenders hope and sustains her in the midst of this apparent chaos. There is joy in community life and the African values of solidarity, mutual caring, reverence for God, and a dynamic engagement with spiritual forces is experienced and shared. Nevertheless, the Church is so fragmented that there is not much sustained ecumenical cooperation. It is as if night and day exist simultaneously in modern Africa.

Even in the HIV and AIDS context, a loving, caring and supportive Church is juxtaposed with and lives side by side with a stigmatising, dehumanising and discriminating Church.

Part of the mission crisis that has led to the situation the Bishops and Mwaura are describing above is revealed by the statement of the AABC II quoted above in which the Bishops do not regard social, economic and political transformation as ‘mission’.

If they did regard these issues as belonging to the area of church mission, then one hopes that their statement would have read: ‘Nonetheless, the church’s relevance and impact on global mission in the areas of social, economic and political transformation of the continent remains a challenge’.

The AABCII statement, part of which was quoted above, reveals a crisis in the area of theological formation and empowerment too.

The Bishops write: ‘The Church has a crucial role to play to develop a theology for the total transformation of African communities. The existing inherited model of theological formation and education has been identified as inadequate in addressing the emerging socio-cultural realities of the African Church. To this end, the church will develop theological curricula that will empower her leaders to be more relevant to the practical and spiritual needs of contemporary society.’

Great statement! But which Church leaders will be given the task of developing this curriculum? There are those, among the Bishops themselves, who argue that: ‘Stigma plays a useful role in reinforcing moral and cultural norms. Thus, religious institutions should, with a clear conscience, stigmatise and exclude members who are discovered, known and confirmed to have sinned...In doing so the fear of exclusion will make other would-be offenders behave well and comply to the ethical, moral, ecclesiastical and cultural expectations of their community. It would also preserve the institutional identity of the church and the moral fibre and welfare of the majority... what does the church community exist for, if it is not for certain moral standards.

(NB: This was part of a conversation I had with a bishop at last year’s CAPA conference who was concerned that I was arguing for leadership against an AIDS-related stigma instead of asking for a leadership which reinforces it to scare people away from sin: a negative rather than a positive position).

But the concept of ‘moral standards’ attracts another question: Which moral standards? For in the same church (and within the same House of Bishops); there are those who argue that: ‘The stigmatisation of individuals is sin against the Creator God, in whose image all human beings are made. To stigmatise an individual is to reject the image of God in the other, and to deny him or her life in its fullness. This is not just sin against neighbour but also sin against God.’

They argue that the highest moral standard Jesus Christ expects from people who carry his name is to follow his example of extending love, kindness, compassion, acceptance and full inclusion at the fellowship table all the excluded, the stigmatised, the rejected, the misunderstood and at the margins.

These leaders, and many others like them, argue that ‘The most powerful contribution we can make to combating HIV transmission is the eradication of stigma and discrimination...Given the extreme urgency of the situation, and the conviction that the Churches do have a distinctive role to play in the response to the epidemic, what is needed is a rethinking of our mission, and the transformation of our structures and ways of working.’
A Need for Rethinking and Reconstructing Mission in Light of the AIDS Stigma
Challenge/Crisis?
‘Theology of mission’ Andrew Kirk writes, ‘is a disciplined study which deals with questions that arise when people of faith seek to understand and fulfill God’s purposes in the world, as these are demonstrated in the ministry of Jesus Christ. It is a critical reflection on attitudes and actions adopted by Christians in pursuit of the missionary mandate. Its task is to validate, correct and establish on better foundations the entire practice of mission’. 34

God’s mission then is the most logical place to begin that critical reflection in the context of AIDS in general and stigma in particular.

Some theologians, like Johannes Verkuyl, describe God’s mission as ‘God being actively engaged in the re-establishment of His liberating dominion over the cosmos and all human kind’. 35

Others, like Emilio Castro, say it is ‘to gather the whole creation under the Lordship of Jesus Christ in, whom, by the power of the Holy Spirit, all are brought into communion with God’ 36

On the other hand, Wilbert Shenk, in his book The Mission Dynamic contends that Missio Dei ‘is the redemptive power of God guided by a particular strategy in order to bring the divine purpose to completion by delivering the creation from the powers of decay and death’. 37

Could the concept of Missio Dei itself be in a crisis as some people interpret it from ‘above’ (choosing to place a great emphasis on salvation through the Lordship of Jesus Christ alone, personal conversion and ethics) and others from ‘below’ (choosing to place a great emphasis on socio-political involvement and social ethics as part of missionary presence)? 38

Even in applying the Trinitarian model to mission some theologians prefer the Pneumatological approaches that emphasise God’s redemptive and reconciling work of the Holy Spirit within and beyond the Church while others prefer the Christological approach that sees the centrality of Jesus Christ in God’s redemptive and salvific work.39 It seems to me that there is need to embrace and propagate a Missio Dei paradigm that holds all these strands of interpretation in creative tension if we are to be effective in our ministry against HIV and AIDS related stigma.

The Bible too, one of the key reference guides to God’s revelation and mission that could have militated against the stigma challenge, has not been immune to ‘reading and interpretation contestations’ that are unable to generate consensus for effective stigma prevention and healing. 40 Its significance (and application) is understood differently by as many people as those who read it. It has been used to exclude and include, liberate and exploit, bring life and cause death, give space and deny it, bring consensus and create polarisation depending on who is doing the reading and the interpretation. 41 Even the reading and interpretation of Jesus Christ, his life, his ministry and his messages is not immune to polarisation between those who feel stigmatised, devalued and excluded and those who feel that what is being interpreted as ‘stigmatising’ is a moral duty they are carrying out with a right and clear conscience to reject the ‘any-thing goes’ morality and protect the moral values, principles and values the church has always taught and defended as the ‘ten commandments’. 42

So the concept of ‘sin’ and what is sinful is also understood, interpreted and applied differently in the HIV and AIDS stigma context 43. The same is true for the concept of ‘salvation’ in theology and in mission. 44

So when the John 8:1-11 story of a woman that was caught in adultery is being read; some people hear ‘I do not condemn you either’ while others hear, ‘go and sin no more’. Where some read ‘Liberation’ others read ‘Salvation’. When prophetic voices are shouting ‘Injustice’ 45, some of the preachers quote Deuteronomy 28 46 and conclude their sermon with ‘The Wages of Sin is Death’. 47

Where some take Luke 4:16-20 (Jesus in the synagogue claiming that this day the passage from Isaiah had been fulfilled and that the Spirit of the Lord was upon him) as the key definitive text for mission; others take Matthew 28:16-20 (the dominical commission to his disciples to go, make disciples of all nations) and yet others John 10:10. (‘I have come that they have life in all its fullness’) Some have ‘love of law’ as their morality base while, for others, the ‘law of love’ takes precedence. Some work for deliverance and redemption from all that is oppressive in the now, others think these are doctrines for the after-life, beyond the grave. Some think work against AIDS is proper church mission; others think ‘AIDS work’ is social science, medicine and politics that one may do after church but not within.

While some people are so angry at the amount of suffering and death wrought and made by worse by AIDS; others are praising God for vindicating his name through the deaths by showing his disapproval
against immorality, disobedience and sin. In the meantime, others are caught in-between, resigned to the deaths with ‘The Lord gives and the Lord has taken away’ chant and prayer at the funeral service for their children, youths and young adults.

In that context, everything related to Missio Dei, AIDS and stigma is open to so many interpretations and applications depending on whether the one in mission is on the religious ‘right’, ‘left’ or ‘centre’, affected by HIV or just hearing about it, feeling vulnerable and at-risk or feeling very secure, immune and impregnable. Mission against AIDS stigma is in ‘negative tension’ and the voice of Mwaura can be heard lamenting: ‘The Church is so fragmented... It is as if night and day exist simultaneously in modern Africa’.

Given that context of fragmentation... It is as if night and day exist simultaneously in modern Africa. Given that context of fragmentation (in which many talk but few listen or agree), what would be the most effective mission paradigm against AIDS related stigma?

How shall the Church build on her previous commitment to respond to HIV and AIDS realities ‘by reducing stigma, shame, denial, discrimination, inaction and mis-action’ as pledged by the delegates in AABCII?

First, this lecture takes the position that paradigms of mission that deconstruct theology, power, counter systemic injustices and open themselves to constant reconstruction and renewal in the light of new understandings of what God is doing in the world (and to his new self-revelation) would be the most effective in this task.

Second, effective action in the AIDS-related stigma context would demand that theologies of mission takes seriously the virtue of listening to each other’s life stories in bold, loud and sincere humility that admits human vulnerability, accepting dialogue and conversation (as authentic methods in constructing a sound theology for mission) and treasuring human solidarity and mutuality as mission.

As methodological categories; both ‘conversation’ and ‘dialogue’ enable us to create space for and include ‘the other’ in formulating and articulating effective theologies of mission.

As epistemological categories; conversations and dialogue do not only include others in the search for life, meaning and authentic spirituality; they also are sources of transformative knowledge, learning, experience and wisdom. The inherent value in dialogue is not necessarily because it produces consensus around divisive issues in mission. Rather, it is because it helps bring out a clearer understanding and appreciation of the differences in emphasis, experience, world view, spirituality and interpretation of Missio Dei.

If stigma related mission is taken to mean restoring human dignity, serving God and healing wounded hearts, souls and bodies damaged by AIDS among people of all faiths and none, it would seem that good conversations and dialogues on stigma would do better to start from a perspective that takes being human seriously (Missio humanitatis). Such conversations would handle issues like:

- What does it really mean to be ‘human’ and ‘humans’ in the context of AIDS and AIDS related stigma?
- How should we relate and respond to ourselves, others around us and to the wider context of human existence?
- What is sin in the context of AIDS related stigma? Can there be life, creativity and growth in absence of genuine solidarity against stigma?
- Is it possible that one could be the ‘stigmatiser’ and ‘stigmatised’, ‘oppressor’ and ‘oppressed’, ‘sinner’ and ‘sinned against’, ‘insider’ and ‘outsider’ at the same time?
- What obligations do we have to one another and to the world that we all share in the context of AIDS related stigma?
- What do we learn from Jesus for our relationships as humans in the AIDS stigma context? Reconstructing new paradigms of mission is necessary ‘not only to correct mistakes of the past but also to make the Gospel relevant and effective to new situations and new generations facing new challenges’.

In the context of AIDS related stigma; there is need to reconstruct mission so as to create within our communities of worship, residence, education, work, business and travel ‘common spaces of peace and justice’ for people living with, affected by, and at-risk of HIV and AIDS.

Reconstruction is necessary to let people know that defeating AIDS related stigma in particular and AIDS related infections, illnesses and deaths in general are achievable goals in light of the Good News of love, life and justice proclaimed by Jesus and preached about by apostles; and to let churches know that they have unique resources and partnerships to make AIDS related stigma (and AIDS itself) history.
Reconstruction is needed to let people know and appreciate that behind the observable risky behavior they see are risky and facilitating environments in economics, culture, gender relations, politics and religiosity that make safe behaviors and practices difficult to adopt, unpopular and rare while making unsafe ones easy to adopt popular and almost routine.\(^6\)

Reconstruction has to be made in theology and in mission to let people know that the greatest sin one could ever commit, in Jesus’ view, is denying, withholding or undermining love of God and neighbour\(^6\)

Reconstruction has to be made to develop HIV positive theologies in mission that have the capacity to suffer with those who suffer and to actively seek change\(^7\) that leads to restoring broken relationships, pursuing justice, building inclusive communities, extending God’s reign and realising fullness of life for all.

Reconstruction has to be made in soteriology to let people know that the context of effective evangelisation in Africa requires an understanding of the notion of salvation that implies ‘liberation from all that oppresses and dehumanises people: social, cultural, economic, political, spiritual or personal\(^7\)

including self-stigma and societal stigma so that anti-stigma responses are fully integrated in church mission and liturgy.

Summing It Up: Called to Serve

In summary, reconstructing theologies of mission to effectively confront issues of preventable and controllable suffering and deaths (wrought or made worse by HIV and AIDS related stigma) is, in light of Missio Dei and Missio Humanitatis, urgently needed to provide the balm to heal the malignant and death causing stigma associated with AIDS.\(^2\)

For theistic traditions that take ‘life-protection’ against preventable and controllable deaths as an important mission imperative supported by Isaiah 65:7-25; Micah 6:8; Matthew 25: 31-40; Luke 4:18-19; John 10:10 and other Scriptures in and beyond the Bible; recognition of the mission of God and God’s reign leads to the appreciation and embrace of practical action, training, advocacy and prayer ministries that reduce SSDDIM and multiply SAVE to halt, reverse and significantly overcome new HIV and AIDS related infections, illnesses and deaths. (See appendix 1 for a detailed justification for this approach).

It is that appreciation and embrace that will lead into loving, healing and transformative relationships (at all levels and within all sectors and dimensions of life) with people regardless of age, gender, religious creed, political affiliation, cultural inheritance, language, caste, geographical location, colour of skin, sexuality, HIV status or any other human identity defining and differentiating characteristic.

Respect for life, health, peace, humanity and God demands that no human being be despised, rejected, abandoned or humiliated by nurture of stigma or discrimination on any basis.

15.2.11


\(^3\) Latin for ‘The Mission of God’- An umbrella term within Missiology whose development and significance resulted into regarding ‘Mission’ as the initiative of the Triune God rather than His Church. See Bosch (1991) pages 370-393

\(^4\) See Article by Christopher Ducker (September 2008), titled Explain the thinking behind mission as missio Dei. Bosch says that in the light of this understanding, ‘The mission of the Church needs constantly to be renewed and reconceived’ (1991,519) What new thinking is therefore necessary in order to do mission in the 21\(^{st}\) century? Unpublished. Page 2

\(^5\) John 10:10

\(^6\) This definition borrows heavily from the insights derived from the paper by Gillian Paterson. AIDS Related Stigma-Thinking Outside the Box: A Theological Challenge. Geneva: Ecumenical Advocacy Alliance and The World Council Of Churches, 2005. (Pages 3-4) and adds on perspectives gained from the Global Race to SAVE Lives from HIV and AIDS Conference Handbook: Kampala, FOCAGIFO, 25-29 August 2009 (page 9)

\(^7\) Global Race to SAVE Lives from HIV and AIDS Conference Handbook, 2009 (page 9)

\(^8\) SSDDIM is an acronym for Stigma, Shame, Denial, Discrimination, Inaction and Mis-action.
9 From The 2031 Campaign to SAVE ECSA Families, Communities and Nations from HIV and AIDS Leadership Pledge Form produced by The FOCAGIFO Hope Institute for Transformational Leadership and Development, Kampala, Uganda. The Institute is the Secretariat of The Global Working Group on Faith, SSDDIM and HIV. Website <www.focagifo.org>

10 A leader in this area is the International Centre for Research on Women (ICRW) See their publications at http://www.icrw.org/publications


13 Aggrey Mukasa (2008) pages 22-23


20 Gillian Paterson (2005) page 1

21 Gillian Paterson (2005) page 5

22 Michael J Kelly (2010) page 135

23 This Summit was convened by Ecumenical Advocacy Alliance, INERELA+ and Cordaid.

24 Gillian Paterson (2005) page 2


30 Face to Face Conversation with one of the Bishop Delegates in the All Anglican Bishops Conference (AABCII). Kampala: CAPA, 25-29 August 2010 The Bishop delegate was concerned that I had presented a paper in the Conference that was asking for leadership against AIDS related stigma instead of asking for leadership that reinforces it to scare away people from ‘sin’


32 Robin Gill (Ed) (2007) page 29

33 Gillian Paterson (2005) Front Page (Unnumbered)


35 Quoted in J.Andrew Kirk (1999) page 26-27

36 Quoted in J.Andrew Kirk (1999) page 27


38 J.Andrew Kirk (1999) pages 229-230

39 David J Bosch (1991) page391


41 The Contrasting Reported and Documented Experiences of People Living With HIV and AIDS (Some reporting love, care and support by and from their faith communities and others reporting discrimination, rejection and abandonment in theirs) is a telling example of how the Bible has been used differently by different communities to include or exclude. Read also Glen Williams (ed) Positive Voices: Religious Leaders Living With or Personally Affected by HIV and AIDS. Oxford: Strategies for Hope, 2005. <http://www.stratshope.org/b-cc-01-positive.htm>

George Wachope, Sumithra N Fernando eds. 

Jeremiah 8: 21

Philemona Njeri Mwaura. 


Micaiah 6:8

This Chapter is mainly about the blessings of obedience and curses for disobedience.

Romans 6:23

This was one of the preacher’s sermon in an evangelical open air crusade in Jinja Town Football Stadium, Uganda in the mid 1990’s

Job 1:21


Robin Gill (Ed) (2007) page 23


Christopher Ducker ( article Sept 2008) pages 8-12


M.Thomas Thangaraj (1999) page 32

M.Thomas Thangaraj (1999) page 47-60

Fredrick J. Heymans. Stigma and Suffering: A Theological Reflection Within the HIV/AIDS Pandemic from The Perspective of A Theologa Resurrectionis. Pretoria: Master’s Thesis, Stellenbosch University, December, 2008 Heymans argues that De-stigmatization approaches have been mostly ineffective because they lack a systems approach.

Raja, Val Ogden, George Wachope, Sumithra N Fernando eds. ( 2010) page 23

Raja, Val Ogden, George Wachope, Sumithra N Fernando eds.( 2010) pages 23-32

John 10:10

Romans 8:18-37


Gideon B Byamugisha (2010) page 28

Robin Gill (Ed) (2007) page 29


Jeremiah 8: 21-22