

HIV/AIDS and Catholic Social Thought

Good Shepherd Retreat and Conference Centre – Hartebeespoort

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The great corpus of social thought in the modern Catholic tradition can easily be seen as a prophetic response to the heinous myth that some people, and the group differs in every age, are dispensable and insignificant and unworthy of even basic respect.

For Leo XIII and Benedict XV it was the exploited workers of Europe, for Pius XII it was the haunting conflicts of the continent that he loved, for John XXIII and Paul VI it was the peoples of the developing world under the yoke of colonialism, exploited and oppressed, marginalised in every way; it was the spectre of the cold war and the arms race and elusiveness of world peace. For John Paul II it was poverty, the environment and the lack of respect for life especially the lives of the unborn, the aged and the terminally ill, gender issues and violence.....and the litany is virtually endless. But the point to bear in mind is that always, very consistently, the social teachings were there as beacons of *hope* for those bowed down under the harrow of injustice, as reminders that those areas of structural sin could and should be *resisted* and *reversed* and that *justice, freedom and participation* are the core values of our life together, that the *respect* for and *enhancement* of human dignity is absolutely non negotiable and that *needless suffering* is not a part of Gods plan for society. In recent years this teaching has manifested itself also as a *fundamental option for the poor* and for those who *suffer*.

From John XXIII on, all the popes were insistent that we allow the signs of the times to shape and hallow our ministries, those memorable words ‘that to serve the world as Christ did, the Church has always the duty to scrutinise the signs of the times and to interpret them in the light of the Gospel’¹ are still imperative and inspiring.

In our times the overarching *signs of the time* are indeed the scourge of poverty, the rampant pandemic of HIV/Aids, the extreme vulnerability of women and children in situations of domestic violence and the scandalous disregard for human life. Into these situations which describe the lives of millions: as before, so now even more urgently must the Church witness to the possibility of thinking differently, of pondering/reflecting and strategising out of the box, about these key signs of our times, of developing a moral imagination which can re describe our world and transform our environments so that a human flourishing can take place.

The following statistics bears out this prioritising of HIV/Aids as a primary sign of the time.

Almost one third of South Africans (30%) now cite Aids as one of the three most important problems facing the country that the government ought to address, virtually the same 31% who cite issues of crime and security. Only job creation and unemployment out distance these two issues, selected by 77%. Public focus on Aids

¹ Flannery, A. The Documents of Vatican II. Gaudium et Spes. #4.

as a public problem has increased substantially over the past few years, moving from less than 1% in 1999 to 13% in 2000 to 26% in 2002 and 30% in 2004/5.²

This is also doubly interesting when one considers the following:

‘If there is anything positive to take from these figures, it might be that the popular constituency calling for increased levels of government commitment of resources to fighting HIV/Aids is growing. Since 2002 there has been a sharp jump in the proportions of South Africans willing to divert government resources from other key development areas, like housing and education, to fight HIV/Aids. 56% of all South Africans now support this position, compared to 40% in 2002.’³

The scale of the epidemic is even more graphic when we consider the following:

- An estimated 930,000-1.1 million adults and children died Aids related illnesses in Southern Africa in 2005, 1/3 of all Aids related deaths globally.
- SA’s Aids epidemic-one of the most intense in the world- shows no evidence of decline, statistics suggest an estimated 5.5m people were living with HIV/Aids in 2005. An estimated 18.8% of adults (15-49 years) were living with Aids in 2005.⁴

These two statistics are so devastating in their impact that they obviously call for drastic action; it challenges us to raise the theological category of *resistance* as the appropriate response to this untold suffering.

² AfroBarometer. ‘Briefing Paper: Aids & Public Opinion in SA.’ 10th March, 2005.

³ *ibid.* p.4.

⁴ A Faith-Based Response to HIV/Aids in Southern Africa: The Choose to Care Initiative. UNAids October 2006. p.7.

‘For many theologians, resistance is the appropriate response to suffering. Schillebeeckx names such resistance to suffering as ‘negative contrast experiences,’ experiences of negativity on both a personal and social level which cause human beings to be critical of human suffering and to act against that suffering, in anticipation of a better future. Metz also advocates a resistance to suffering and describes this resistance theologically. Using a phrase from Peter Rottlander he writes that the sole content of Christianity’s universal responsibility is *‘that there is no suffering in the world that does not concern us.’*⁵

We must *‘acknowledge, resist and remove suffering’* is clearly the core of Metz’s teaching and is also the emergent values in the ongoing reflections on the HIV/Aids pandemic. It is also congruent with the prophetic values of the social teachings of the Church in its engagement with sites of suffering.

HIV/aids then, is not only a category of real physical suffering but with that is the truth of the pandemic being exacerbated by the suffering also in the socio economic domain.

In the Catholic social tradition, resistance is also the trigger for resurrection, for the release of new life and the fulfilling of hope. Thus to foreground this social category of resistance is indeed to bring to the HIV/Aids debate a measure of hope and positivity which is not necessarily present in other discourses. Daniel Louw says, in this regard:

‘In this regard one can view the resurrection of Christ as the final critique of God on death, suffering and stigmatising. Resurrection hope is about the death of death, about the fact that every form of rejection, stigmatisation and isolation has been finally deleted by God. People suffering from HIV virus should therefore be

⁵ Cimperman, M. ‘When Gods People have HIV/Aids.’ Orbis Publications. New York. 2005. p.20.

empowered to start to live life despite the reality of the virus. The pastoral question then is how to live your positive status in terms of realistic hope.⁶

So once again in this pandemic, this crises of unbelievable proportion the social teachings of the Church is able to leverage hope in a dark situation and offer a positive reading of the human condition in the midst of untold suffering.

Catholic social thought is also instructive in terms of its dynamic/its methodology, a dynamic which calls for an expanding of ones vision of history and society.

What does expanding ones vision of history require of us, or put differently how in social teachings talk do we journey to the place of solidarity with those who suffer and at the same time resist suffering.

Three responses are historically part of that journey.

- The first requirement is a stance of openness as we become aware of the historical and social realities that render people vulnerable to injustice, suffering, exploitation and in this case HIV/Aids.
- The second requirement is to name our locus for structural transformation. Her we are seeing with our eyes open, allowing this reality to permeate and critically and creatively engage our faith.
- The third requirement is active engagement in the process of transformation.⁷

Lisa Sowle Cahill in her contribution to James Keene's book brings the historical and social realities of the pandemic and its structural agents of transmission into conversation with the resources of Catholic social thought.

⁶ Louw, D. 'The HIV Pandemic from the perspective of *Theologia Resurrectionis*.' Journal of Theology for Southern Africa. v. 126. November 2000. p.104.

⁷ *ibid.* p.28.

She focuses on the common good as an avenue for dynamic engagement with local and global signs of the times. Cahill acknowledges that the individual behaviours upon which HIV infection depends, particularly sexual contact and IV drug use must be addressed. However she believes that more attention must be focussed on the social conditions that influence behaviours as well as the social circumstances which can promote change in behaviour patterns. She writes poignantly about ‘survival strategies’ which people living in poverty are often forced to adopt, which expose them to health risks such as HIV/Aids. In addition to gender and economic issues she also discusses the justice lacking in the ‘interlocking local and global economic systems that disrupt traditional societies, displace economic and educational infrastructures and cut off access to the kind of prevention and treatment of diseases whose efficacy in Europe and USA is well established.’⁸

The social teachings of the Church has always had as its focus the structures of society that hinder people from living a fully human life.

Cahill’s remarks are similar to R.G. Parker secretary general of the Brazilian Interdisciplinary AIDS association, who said:

‘To more fully comprehend the consequences of HIV/Aids infection, of the sexual stigma and discrimination so often faced by gay men and sex workers, of the gender power relations and gender oppression so often faced by women or the social and economic marginalisation faced by the poor.’⁹

⁸ Keenen, J. (ed.) ‘Catholic Ethicists on HIV/Aids Prevention.’ Continuum Publications. New York. 2000. pp. 76-84

⁹ *ibid.* p.12.

It is clear that poverty, unjust economic systems, unemployment and a host of unfair social arrangements exacerbate the pandemic enormously especially because survival strategies are often predicated on sexual favours; but poverty also renders it impossible for those living with the virus to take advantage of the exorbitantly priced drugs and thus are deprived of treatment in a time when HIV/Aids is increasingly treatable. This is clearly an injustice of monumental proportions and contrary to the key principle of the social teachings of the Church, namely, the fundamental option for the poor.

This principle is indeed ‘a many and splendoured thing.’ Its core lies in the primacy/ privilege it accords the poor in making certain that the poor have access to the resources that lead to ‘human flourishing.’ This directs things as basic as choices for public expenditure for example in the realm of treatment. But it has also become associated with the poor challenging injustices, it is about ‘the victimised people themselves being allowed and empowered to speak out and act on their own behalf, It is the only way they can overcome the sense of helplessness and dependency that is a fundamental part of their situation.’¹⁰

Edwin Cameron sees this dynamic present in the formation and then the challenges mounted by TAC. He recognises the dynamic in the stories of making anti retrovirals more available to the poor, in claiming space for generic brands of medicines and in contesting the law of patents; all of which gradually opened the space for access for the poor. He sees it also in the courageous stories of ordinary people who took on pharmaceutical companies. He remembers and celebrates the courage of Hazel Tau, Christopher Moroka

¹⁰ Dorr, D. ‘Poor: Preferential Option.’ in Dwyer, J. ‘The New Dictionary of Catholic Social Thought.’ The Liturgical Press. 1994. p.755.

and Nontsikelelo Zwedala in their litigation against the giants of the industry such as GlaxoSmithKline and Boehringer Ingelheim.¹¹

Church support and pastoral accompaniment for these initiatives and indeed for the litigants are clearly expressions of the fundamental option for the poor and creative ways of extending this accompaniment should be encouraged.

Alison Munro points to the initiatives in Southern Africa, around care and support for the most vulnerable, especially children and orphans as examples of the application of this principle as indeed are the sterling efforts at advocacy around social grants for vulnerable children.¹²

To try to reverse the pandemic without also resisting and reversing the appalling landscape of social inequality and poverty is an exercise in denialism and futility. This synergy is captured powerfully in the Millennium Development Goals which arose out of the Millennium Summit in 2000.

The summit declared a commitment to stop and begin to reverse the spread of HIV/Aids by 2015 but it further linked inextricably to the other fundamental goals of ‘halving poverty, ensuring primary school education for all, promoting gender equality and empowering women and reducing child mortality while improving maternal health. The 2001 Declaration is a response to unequal socioeconomic development opportunities, economic deprivation and gender inequality in many parts of the world. It concludes that (in this age of Aids) ‘many of the worlds more marginalised countries also need long term

¹¹ Cameron, E. ‘Witness to Aids.’ Tafelberg Publishers. 2005. pp. 157-184.

¹² Munro, A. ‘Catholic Social Teaching Guides the Church’s Response to Aids.’ Pretoria. November 2006. p.1.

international solidarity, co operation and financial support. More equitable investment and trade flows can help ensure that global economic progress also profits the worlds poor.¹³

In the discussion around HIV/Aids, the dynamic of the social teachings of the Church would hold out that Aids does indeed have environmental triggers, that poor healthcare, poverty, malnutrition and adverse living conditions hasten and prolong the onset of all diseases including Aids and that most of Africa's pathologies are rooted in poverty. A social teachings approach would conclude that broad, social, political and communal responses to the causes and management of all Africa's pathologies is the correct way forward together with medicine and science, in partnership, in new synergies.

Closely linked to this key principle are the principles of the common good and justice which we are also challenged to apply to the world of HIV/Aids.

About 6million people in the developing world live with HIV/Aids and need access to treatment now. Of these less than 8% (1/2 million) currently have access to medication. Within the developing world this varies from as high as 84% across Latin America to little more than 2% across Africa. Since more than two thirds of those living with HIV/Aids live in Africa this means that more than six million poor people are dying of Aids unnecessarily given that the medicine that can manage the disease is available.¹⁴

The possibility of managing the disease is virtually nil for many of those six million purely on the grounds of accessibility, sustainability and affordability.

¹³ UNAIDS. 'Report on the Global HIV/Aids Epidemic.' New York. 2002. p.61.

¹⁴ Cameron, supra. P.174.

For us believers though it is useful to keep in mind Lisa Sowle Cahill's earlier reminder.

'The common good is inherently connected to another key tenet of the Catholic tradition-justice-which is the association of persons in community according to relationships and structures that serve the common good of all. The principle asserts that every member of society has a right of participation in the common good, claiming rights and fulfilling duties; the ultimate purpose of the common good is to enhance the well being of every single member of society as well as society as a whole. The common good includes both the material and the social aspects of human flourishing.'¹⁵

Pope Benedict XVI has two important insights into the virtue of justice in the public domain.

'In applying its social doctrine the Church does not seek to make this teaching prevail in political life. Rather the Church wishes to help form consciences in political life and to stimulate greater insights into the authentic requirements of justice and a readiness to act accordingly.....'

'The Church must not seek to replace the state yet at the same time she cannot and must not remain on the sidelines in the fight for justice.'¹⁶

To set store by the virtue of justice is also a way of taking sides in competing claims. Writing in the spirit of the social teachings of the Church, Karen

¹⁵ Quoted in Cimperman supra p.32.

¹⁶ Benedict XVI. Deus Caritas Est. #28a.

Lebacqz says that justice has to do with fulfilling the demands of relationships.’

Jeffrey Weeks says that justice demands not only the avoidance of unnecessary pain, but fostering care and responsibility for the other.’¹⁷

Catholic social thought has increasingly used need as a basic criterion for justice. In the light of these insights, justice is a critical criterion for determining the appropriate place for Christians to take their stand on difficult questions such as the arguments around government spending on HIV/Aids.

Edwin Cameron points to the debates and political battles around the widening of access to treatment in resource poor areas. Strong voices have suggested that life saving anti retrovirals and treatment on a mass scale was not feasible. There are suggestions that a strong argument could be made for short courses to prevent mother to child transmission but anything more than that would end up increasing the budget by R15b. Calls instead have been made to improve hospice care (and death) rather than treatment and recovery. The prevention rather treatment campaign has found a steady following. Another argument has been that this large expenditure on treatment would threaten to undermine the country’s sound economic fundamentals. Others have raised the triage approach.

He writes that a ‘further truth is that the scepticism espoused sometimes seems to be compounded by the unexpressed reluctance some of its proponents feel in endorsing treatment options for those who have Aids. The unspoken

¹⁷ Quoted in Cimperman supra p. 53

assumption is that their plight is their own fault and that they therefore do not deserve treatment.’¹⁸

All of these expediencies are for one reason or the other tempting and often exonerate us from engagement and from committing ourselves to the long haul that is the terrain of the social teachings. It is expedient and ideological to take and at other times not to: but the imperatives force us to take prophetic stances in keeping with our traditions.

Using some of the insights of the category of justice, in the face of these deeply fiscal arguments, Paul Farmer explains how we use cost effectiveness as a rationale to cut back health benefits to the poor. ‘Yet the poor are more likely to be sick than the non poor. In this way we miss our chance to heal. In this setting we are told of scarce resources, we imperil the health safety net. In the name of expedience we miss our chance to be humane and compassionate.’¹⁹

The ‘law of graduality’ considers justice a growth process. Actions can evolve from just preventing wrong to doing good for the good of all. Cimperman quotes Burgraves as holding that the minimum for sexual ethics is the no harm principle. For a sex worker justice minimally requires clients to use condoms so as to prevent HIV and to protect her as she earns money to provide for herself and her family. Justice on a larger scale seeks out

¹⁸ Cameron supra p.196.

¹⁹ Ibid p.197

alternative sources of income for women so that their human dignity need not be compromised by the sale of their bodies.²⁰

Cimperman considers this and in talking about the virtues in a time HIV/Aids, points to four markers with regard to justice that help to ground our thinking practically.

- A critical knowledge of global structures and issues. For example large chunks of the debates in this sector have been around profits and patents in the great pharmaceutical companies.
- Attentiveness to the needs of the person on the margins, we have heard so often of the need for listening, for accompaniment, for reflection and for support.
- Interior discipline and the business of caring for ourselves
- Active creative engagement.²¹

In the final analysis justice must open up and deepen our own opportunities to be humane and compassionate. I am often struck by the frequency with which we use the word remember, especially at the Eucharist. It is the opposite not only of forgetfulness, but also of dismember, to pull apart, to destroy. To remember is to put back together again, to make things whole. The quest for justice accentuates this challenge.

²⁰ Cimperman. *supra* pp.56-57

²¹ *Ibid.*

In our times and on our continent both understandings of remembering needs to be actualised, yes to put together in ways that serve the cause of justice, but also not to forget, because the experiences of people are meaningful. It is little wonder then that Edwin Cameron uses the quote from Primo Levi.

‘For the survivors remembering is a duty. They do not want to forget and they do not want the world to forget, because they understand that their experiences were not meaningless.’²²

A few weeks ago I was in Rwanda with its traumatic recent history still everywhere in evidence and in making the pilgrimage through the poignant Genocide Memorial/Museum I was struck again by the fact that one of the ways in which we remain open to the Gospel and open to the signs of the time and how we do social teachings, is indeed to look at what we remember, what narratives we tell and how we respond in solidarity. Johan Baptist Metz spoke of dangerous memories, memories which continually disrupt the smooth processes of reason, and in so disrupting, save it from a catastrophic self absorption. The understanding of memory that shaped Metz’s theology was based on two pivotal experiences in his own life, namely experiencing his company of soldiers wiped out during a fierce battle in World War II and learning theology which never faced the haunting memory of the Holocaust. Metz said very famously that we must not lose sight of the truth of history as we seek to see the God of history at work in history. In other words, an attentiveness to the victims, to the underside of history, allows us in the spirit of the social teachings to also make room for a resurfacing of alternate

²² *ibid.* dedication page.

discourses, of fresh creative approaches, of as I said in the introduction to this paper, new ways of re describing and of remembering, ways of being held accountable to, and honouring, the dead and the martyred, to the victims of war and genocide, to the victims of HIV/Aids and those who died needlessly while we argued about the causal link between the virus and Aids.

Dr. Mamphela Ramphele described the official sanction given to the scepticism about the cause of Aids as ‘irresponsibility that borders on criminality.’ She went on to say: ‘If this aberrant and distressing interlude has delayed the implementation of life saving measures to halt the spread of HIV and to curtail its effects, then history will not judge this comment excessive.’

The social teachings of the Church allows for creative discourses to emerge, it creates the space for the truth to be told (in love) and for creating prophetic action which brings healing and hope to the downtrodden.

Again I return to Edwin Cameron’s book. He says in his closing paragraph. ‘Africa needs healing. That healing lies within the power of our own actions. In inviting us to deal with the losses it has already inflicted, and, more importantly, in enjoining us to avoid future losses that our own capacity to action make unnecessary, Aids beckons us to the fullness and power of our own humanity. It is not an invitation that we should avoid or should refuse.

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