

HIV/Aids, healthcare and healing

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A globalized economy that marginalizes and excludes huge swathes of humanity, and an idolatry that substitutes for the compassionate God of scripture the blind god of profit and its profit-generating mechanisms (for even hospitals and healthcare have to generate profit!). These are today's robbers on the road to Jericho. Many impoverished people have no access to healthcare, not even primary healthcare. Faced with so pervasive and structural an evil, it would be a joke in poor taste to respond with the gesture of the Samaritan (Luke 10). Our churches can no longer limit themselves to charitable actions. Such actions neither challenge nor embarrass a sinful world. On the contrary, charity gives a good conscience to the generous donors! It is easily accommodated within a system that is responsible for the vulnerability and death of so many.

Today, HIV/Aids threatens the whole world. Those affected are mostly located in poor countries of the south, where the disease spreads rapidly. HIV/Aids attacks the workforce of those countries and thus destroys their economy. Most people in these countries cannot afford even basic medical care. One can easily guess what happens then when it is a question of high-cost medical care! Our churches must spearhead awareness-raising and prevention, as well as nursing the victims of the pandemic. Our attitude towards people struck by the disease will be one of comprehension and love. Any evasion in the face of this terrifying disease, whether by moralizing or by stigmatizing the victims, calls into question our humanity and, even worse, our claim to be Christian. It reminds us of the disciples rehearsing their catechism (John 9.2) in front of a man deprived of eyesight and thus disabled!

Let's look now at those acts of healing that we often consider with embarrassment: healing by prayer or imposing of hands, whether of a physical disease or what we sometimes call the paranormal. Excesses and deviations, which can hardly be avoided, have too often led our churches to cut themselves off from this essential dimension of their ministry. Unfortunately, this leaves the field open to greedy charlatans, who seize the healing ministry, discrediting it and making a fool of desperate people. It is important for our churches to reconsider the ministry of healing through intercession, especially at a time when medical science itself turns its back on scientific blindness and when psychology and psychoanalysis no longer claim to have an answer to every phenomenon linked to the "irrational"!

Sickness and disease challenge believers and put their faithfulness at stake. The Christian attitude is one of confrontation when facing disease, whatever form it may take.

Healing in the gospels

Healing was an essential part of our Lord's ministry, and is therefore constitutive of the being of the church. May we say that Jesus was an itinerant healer? He did not make people pay for his services. One may also allude to his custom of attributing the healing to the *patient*: "Your faith has saved you!"

The Lord's healing ministry has its significance within his global mission to proclaim the kingdom of God, the core concern of which is the affirmation and promotion of life. Jesus' actions are life-promoting and life-defending for the sake of the kingdom. Jesus opposes misfortune and suffering because they are contrary to God's will. Healing confronts evil and tends to eradicate it (Jn 5.34 or 9.4). In each case it is the yes to life that is at stake, an attitude translated concretely in ways of behaviour that promote life. Correlatively, it means a no to every shackle on life, to all that diminishes, degrades or suppresses life.

In John 9, Jesus abstains from any dissertation on misfortune, even on the basis of ancestral religious traditions. In Luke 10, the purpose of the story of the Samaritan is obviously not to present an ideal good man and hence open the possibility of not being good! What is at stake here is humanity itself, under the aspect of vocation. It is when we respond to the call to confront misfortune that we are faithful to God! The sending out of the disciples, earlier in Luke 10, makes the same point. The seventy are sent to proclaim the kingdom of God, a kingdom that is to be experienced. When they cure the sick, they are to say, "The kingdom of God has come near to you" (Lk 10.9). Here as elsewhere the kingdom is an absolute, calling imperatively for transformation. Illness is contrary to God's will for life in fullness, and illness is to be fought!

Healing in our churches is rooted in the gospel, so it has to be like our Lord's ministry: "As the Father has sent me, so I send you" (Jn 20.21). Caring for people with disease is part of the church's being. It is in this way that churches obey God's will and respond to the calling to proclaim the kingdom.

Our task is not to explain misfortune or to justify it (as a judgement, for example). Every time we face suffering, our duty is to confront it. Believers in Christ must obey his command, just as he obeyed God. It is not a question of whether our churches should engage with illness, nor to what extent. It is not our task to evaluate our forces and judge whether we are able to eradicate illness. The fight against evil is God's fight and we simply join it. He himself is able to tie up the strong man and then plunder his house (Mt 12.29-30). The appropriate questions when churches confront disease are those of obedience and faithfulness and, subsequently, those of coherent strategies and effective actions based on clear and just analyses. Any other attitude is mere escapism or lack of confidence. To confront sickness and disease as Christians and as churches calls for nothing less than conversion.

In the gospels, people experience illness in a variety of ways, and the witnesses to the kingdom fight it accordingly. An impairment of physical

integrity is a threat to life. So is the phenomenon of possession. Both physical and psychological realms are concerned.

All acts of healing point healer and healed to the God of compassion. The specific ministry in our churches of healing through intercession shows openly what is true of all our healing work. We are participating in a struggle that is really God's. We therefore confide in him and expect his intervention. To intercede for people who are victims of evil is a sign of a living solidarity, where people bear one another's burdens. Moreover, the ministry of healing through prayer with laying on of hands reveals that our churches are conscious of their weakness and put their trust in God's mercy and love.

Whether we address health or other aspects of life, it is our faith that is at stake whenever life is threatened. Everything turns on our readiness to accept the will of the God, to follow Christ, and to be carried by his Spirit: "...my food is to do the will of him who sent me." (Jn 4.34).

Questions

1. How are *a)* your congregation and *b)* your church involved in healing ministry?
2. How do you think churches should organize themselves and act in order to share God's compassion and love with those who are ill?
3. Compare the attitudes in your church and your community in the face of illness, especially the HIV/Aids pandemic, with Christ's ministry as revealed in the gospels. Based on Christ's example, what changes would you propose?

HIV/Aids in Africa

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The Aids pandemic affects almost 30 million people in Africa. In the countries of southern Africa, an average of 25% of the adult population is affected and it is changing the nature of famine. It is reducing agricultural productivity, decimating the productive generation and undermining people's ability to recover from food shortages.

HIV/Aids kills some of the most productive members of society. More teachers die each year in Zambia than graduate from teacher training colleges. The pandemic has also left women, children and the elderly heading households which are acutely vulnerable to food shortages as they have fewer opportunities to earn an income or grow crops.

Impoverished families are forced to bear the costs of ill health and often liquidate household assets to pay for medical expenses and funeral costs. Children leave school to care for their dying parents, or to look for work. In doing so, they lose any access they might have had to HIV/Aids education.

Keeping children, and particularly girls, in school is vital for their future. It is also key in reducing their vulnerability to violence, sexual exploitation and HIV. Yet in their role as main breadwinners, many are forced to turn to alternative work including prostitution, which exposes them to a high risk of HIV infection.

The combination of Aids and famine, exacerbated by poor healthcare and educational systems, a lack of sanitation and weak economies is making life in southern Africa unsustainable. Entire communities are collapsing, and while the developed world fails to properly address the Aids pandemic, the prospect of a recovery from the combined threats is bleak.