

Behind the statistics on AIDS in Africa there are unspeakable sufferings. The HIV-virus takes on a particular power when it tends to spread the stain of shame and stigma, leading many to deny its impact on their lives. The result is a damaging segregation: the pure from the unclean. The Church does not face the AIDS pandemic simply as “a problem to solve,” but listens instead to the Lord who says: “I have come so that they may have life, and have it to the full.” This involves affirming people’s dignity and forming their morality, so as to have the courage to say “No” to oneself for the sake of “Yes” to life.

***AIDS: Africa’s greatest threat
since the slave trade***

Michael F. Czerny, S.J.*

Health in its fullest sense, according to Pope John Paul II, means “the harmony of human beings with themselves and with the surrounding world. It is exactly this vision that Africa richly expresses in its cultural tradition, testified to by many art forms, both civil and religious, that are bursting with joy, rhythm and musicality. Unfortunately, however, today this harmony is deeply disturbed. Numerous diseases wreak havoc on the Continent, including in particular the scourge of AIDS, ‘which is sowing suffering and death in many parts of Africa.’”¹

The late Holy Father brings together in a clear and surprising way the harsh reality of a medical crisis and a profound respect for African culture. Indeed, his vision of health is clearly far higher an aspiration than our usual western notion of individual bodily well-being in the sense of absence of illness. Health is, rather, a shared social good – for which another term might be justice. In this article I will try to show how three dimensions of culture² are needed, together, in the Church’s fight against AIDS and for health.

First, some dramatic but all too real statistics to compose the scene. The population of sub-Saharan Africa is 862 million. In 2003, 1.9 million children (0-14) were living with HIV or AIDS, and there were 12.1 million AIDS orphans (0-17). In 2003, 24.9 million adults and children were living with HIV or AIDS, two years later they were approximately 25.8

* With gratitude to Damian Howard, S.J., for many good ideas and much editorial help. Michael F. Czerny, S.J., is the director of the African Jesuit AIDS Network (AJAN), founded in 2002. AJAN’s mission is to encourage and help Jesuits in Africa and their colleagues to respond to HIV and AIDS effectively and evangelically, in nearly thirty Sub-Saharan countries where the Society of Jesus is present, and internationally as well. AJAN publishes a free monthly e-bulletin, *AJANews* in English, French and Portuguese, available by writing to <ajanews@jesuits.ca>, and operates a website: <http://www.jesuitaids.net>. The mailing-address is African Jesuit AIDS Network, Box 571, 00606 Nairobi, KENYA.

¹ John Paul II, Message for the World Day of the Sick (WDS), 11 February 2005, § 2, quoting the Post-Synodal Apostolic Exhortation *Ecclesia in Africa*, 1995, n. 116.

² “Culture” means the way in which a group of people live, think, feel, organize themselves, celebrate and share life. In every culture, there are underlying systems of values, meanings and views of the world, which are expressed, visibly, in language, gestures, symbols, rituals and styles (Society of Jesus, General Congregation 34 (1995), Decree 4, n° 1).

million. In 2003, the number of women (15-49) with HIV or AIDS was 13.1 million, and in 2005 they were 13.5 million. In 2003, 2.1 million adults and children died of AIDS; in 2005, 2.4 million died.

A rate of infection above 1 percent is, by definition, an epidemic. Nearly all the countries of the sub-Saharan region have a rate well above 1 percent. The overall rate of infection for adults (15-49) was 7.3 percent in 2003, 7.2 percent in 2005.³ Despite many programmes of prevention and treatment, the statistics show that unfortunately the epidemic continues to spread. Between the years 2000 and 2020, about 55 million Africans will die because of AIDS. In a nutshell, the pandemic is the greatest threat to Africa since the slave trade.

Hidden behind the figures are stories of both untold suffering and innumerable triumphs of the human spirit: care, courage, fidelity, self-sacrifice. AIDS is a sickness not just of individuals but of the people. John Paul II often stressed that it is also symptomatic of “a pathology of the spirit.”⁴ The pandemic in its depth and dimensions, in other words, is not just an illness of the person but somehow inarticulately expresses the deep distress of Africa. Seeing AIDS in its cultural complexity will help us appreciate how the Church comes to grips with the real forces driving the pandemic.

I. The damaging myths of stigma and discrimination

Disease and shame frequently go together. In many African societies, certain diseases, leprosy being a prime example, are traditionally considered shameful and unclean. Relatives tend to hide the fact that someone dear to them has contracted such a disease, often until it is too late.⁵

HIV and AIDS, being both incurable and sexually transmitted, are particularly potent when it comes to propagating shame and stigma. Although the number of HIV+ people is appalling, the shame and the pillorying associated with AIDS lead the infected to deny its impact on their lives and to ignore the necessity of changing their behaviour. We know people who have tried to kill themselves before the disease does away with them. They suffer more from shame than from the sickness; they are more afraid of shame than of death; quite simply, they die of shame rather than of AIDS itself.⁶ A few vignettes illustrate the suffering, isolation and rejection that are involved.⁷

In Abidjan, Jacques who lives with his four wives became sick with fever, coughing and loss of weight. He went to the hospital with his youngest wife. The tests showed that he had TB and was also HIV-positive. He was counselled about his HIV positive status and encouraged to tell his other wives. Not only has he not done so, but also continues to have sex with them.

³ Population is from *New People*, n° 91, July-August 2004. Data are from UNAIDS, *Report on the global HIV/AIDS epidemic*, June 2004, and from *AIDS epidemic update*, December 2005.

⁴ WDS, § 3.

⁵ Peter Sarpong, “The Cultural Practices Influencing the Spread of HIV/AIDS,” in Michael F. Czerny, S.J., ed., *AIDS and the Church in Africa: To Shepherd the Church, Family of God in Africa, in the Age of AIDS*, Paulines Publications Africa, Nairobi 2005, p. 44. The author is Archbishop of Kumasi, Ghana.

⁶ Ghislain Tshikendwa Matadi SJ, *De l'absurdité de la souffrance à l'espérance: Une lecture du livre de Job en temps du VIH/SIDA*, MédiasPaul, Kinshasa 2005, p. 7

⁷ All the stories are from Helen Jackson, *AIDS Africa: Continent in Crisis*, Zimbabwe: SAFAIDS, 2002, p. 347.

An HIV+ tells his support group in Accra: “The nurses discriminate and there is no respect for HIV-positive patients. To them, if somebody is HIV-positive, then the person is no longer a human being.” He goes on to explain why he does not want to go public about his status, saying that he would be evicted from his rented house and prevented from travelling on public transport.

In Nairobi, a Religious Sister who told her community that she was HIV-positive was given her own cup, plates, glass and cutlery. In Swaziland, Prince Tfohlongwane commented in favour of segregating those with HIV or AIDS: “One should not keep rotten potatoes in the same bag with good ones because they will all get spoilt in the end.” In Nigeria, a military administrator was said to have ordered the arrest and confinement of all AIDS patients in his State, saying that this would help prevent the spread of HIV. In South Africa, Gugu Dhlamini’s own community killed her merely because she went public about her infection with HIV. The people were afraid that her living among them would stigmatize the whole community.

Stigma and discrimination result in a harmful and destructive setting apart: the clean from the unclean, the normal from the abnormal and, always, the *us* from the *them*. Once people have been separated from what we consider familiar and acceptable, we then give ourselves licence to treat them according to a different set of rules, which invariably means badly, cruelly, inhumanely. We say that they have brought it upon themselves, as all the while they really serve as screens onto which we project our own fears and unresolved hang-ups. We punish *them* for what we cannot abide in *us*, and scapegoating them brings us an illusory peace and security.

Jesus reveals his own sensitivity to this powerful cultural subterfuge in his encounter with the woman taken in adultery. A stigmatised character *par excellence*, she also embodies the whole nation which bears the marks of religious infidelity to the Covenant. “Let whoever is without sin cast the first stone” (Jn 8:7). What is this *first stone*? It is the judgment which generates stigma, discrimination, exclusion or persecution of another, or groups of others. It is a mark, a sign, a label. It refers to negatively perceived characteristics which set individuals or groups apart from the normal social order. 8 Some affix stigma on others and discriminate against them; they, in turn, accept the stigma for themselves and behave accordingly ... a vicious circle! If someone near us or known to us were to become HIV+, would we tend ‘for good reasons’ to discriminate, exclude and stigmatize? Stigma is part of that common fabric of classifications and rules which we call culture, and because it is interpersonal and unspoken, it commands huge power.

The Bishops of Africa have pledged to “work tirelessly to eradicate stigma and discrimination and to challenge any social, religious, cultural and political norms and practices which perpetuate such stigma and discrimination.”⁹ It is not easy to identify these destructive norms and practices, nor to distinguish between what is authentically traditional and what is abusive of human dignity, nor to change the stigmatizing elements without unnecessarily destroying traditional culture. Initiation rites and widow inheritance (the levirate) would be two examples. The Bishops of Eastern Africa “call upon all Christians and people of good will to respect the full dignity and equal rights of all people living with

8 Frank Nubuasah, SVD, “Stigma and Discrimination,” in *AIDS and the Church in Africa*, p. 35. The author is Bishop of Francistown, Botswana.

9 Symposium of Episcopal Conferences of Africa and Madagascar (SECAM), “The Church in Africa in Face of the HIV/AIDS Pandemic,” 2003, Action Plan III, 2.

HIV/AIDS. We also call for affirmative action and empowering policies from governments in dealing with people living with HIV/AIDS. We call upon the Catholic faithful to serve as shining examples in respecting the human dignity of, and offering special care to, people who are living with HIV/AIDS.”¹⁰

Everyone who stigmatizes and discriminates needs to be saved, and the false cultural values which sustain stigma and discrimination need to be transformed. Personally, therefore, to face one’s own hidden feelings and fears, one’s own complicity which lead one to label others, takes considerable honesty as well as God’s grace. Socially, to fight the discriminatory patterns requires deep faith, courage and community support. And the fight is best fought, as we shall see, not head on but tangentially.

II. Taming the fire

A factor which cannot be ignored in the Church’s battle against HIV and AIDS is the clash of cultures which is evident in the way that Africans and westerners think about key issues. In Europe and America, for example, the main reasons for stigma are fear of suffering and intolerance of death. By contrast, African culture (and here it is closer to Christian faith) accepts suffering as part of human life, not so afraid of illness, misfortune, dying and death, and is extremely supportive of those who suffer. Stigma proceeds, rather, from confusion, ignorance and shame regarding sexuality.

For westerners, it is the sexual revolution which burst out in the 1960s which is largely responsible for defining the dominant discourse about sexuality, and for shaping attitudes and values which are now being exported to all parts of the world under the impetus of globalisation. It is a paradigm which centres on the individual and his/her autonomy. In a positive way, western attitudes have enabled women to play a greater role outside the home and in society, helping free them from the repression of patriarchal structures which disregard their experiences and deny them a voice. Greater sexual openness has also helped many (but not all) men to appreciate the complementarity of sexuality and to go beyond the macho ideal. It is now easier to discuss sexual practice, though much of this remains a taboo in both modern and traditional societies. There is no doubt that many Church efforts in combating AIDS are directed towards helping women to counteract the abuse to which they are often subjected – being forced into prostitution, being raped, having to meet the sexual demands of an unfaithful husband and possibly becoming infected.

But it cannot be denied that western attitudes toward sexuality have a shadow side, and the Church is continually engaged in trying to alleviate that. According to this dominant, globalised culture, people find their value not in who they *are* but in what they *have* and *consume*: possessions, power, pleasure and prestige. Happiness or success is equated with conspicuous consumption. The dominant myth of this globalising culture is that sex is just another nice thing ‘to have.’ Sex is each one’s own business, a matter of each one’s individual preference and private behaviour. “The Western sexual revolution [teaches] that people ... have the right to express their sexuality however they wish, as long as the

¹⁰ Association of Member Episcopal Conferences of Eastern Africa (AMECEA), “Called to be a good Samaritan,” 2005, n° 5.

participants are consenting adults and no one is hurt.”¹¹ It is morally equivalent to eating and drinking, a response to appetite and geared to pleasure.

The consumer mentality is typified by the phenomenon of pornography, the blatant commodification of the sexual act which diminishes everyone involved. “We are deeply alarmed by the promotion of pornography in all forms through all types of media, which corrupt children and the youth and contribute to the further spread of HIV. We further deplore the liberalisation and commercialisation of sex for all, which is contrary to human and religious values of sex and sexuality and contributes to the promotion of unchristian sexual tendencies and the destruction of the family institution as it has been known since time immemorial.”¹²

So much for western attitudes. The African experience has been very different. “There are taboos which encourage mastery in sexual matters. Certain traditions reject sexual relations during pregnancy and breast feeding, and adultery. In several ethnic groups, virginity before marriage is compulsory. Instead of considering these behaviours as old fashioned, as understood in the west, one should buckle down and study the way of encouraging these practices by giving value to these positive elements of the African culture.”¹³ In traditional societies, various practices helped to promote good behaviour, and to maintain faithfulness and integrity in marriage: girls and young women to protect their virginity; young men to control their sexual desires.¹⁴

In Africa, fecundity is a primary value because it generates life, and chastity is important because it protects life and the quality of life. Life is the seamless continuum binding us with the ancestors, the living with the living dead. Sexuality is regarded as morally neutral, in itself neither good nor bad. It is often compared with fire in the home. Fire can be tamed and used to prepare the meals but, untamed, it can burn the roof, the whole house.¹⁵ The image of fire is a telling one and suggests why traditional cultures, rooted as they are in the ethos of the local habitat, maintain norms for sexual behaviour. “AIDS has shown us that we actually know very little of how people behave sexually with one another, and why they take the kinds of risks they take despite knowledge and information of the potential dangers. In addition, we are witnessing extremely high rates of rape and sexual abuse in our country, of children as well as of adults. We do know that many people are infected unwittingly and in circumstances of forced sex, but not all people are ignorant.”¹⁶

The Christian ideal of sexuality is a dynamic blend of freedom and responsibility integrated into the personality at each stage of life. It is based on faith in God, respect for oneself, respect for the other, and hope for the future. Striving for the ideal of total self-giving, Catholic sexual morality would guide each one to receive as a gift the sexuality with which one has been created, to embrace it in a straightforward way, both personally and socially,

11 Ed. C. Green, “AIDS in Africa -- a Betrayal: The one success story is now threatened by U.S. aid bureaucrats,” *The Weekly Standard* 31/1/2005, Volume 10, Issue 19.

12 AMECEA 2005, n° 14.

13 Bénézet Bujo, “What morality for the problem of AIDS in Africa?” in *AIDS and the Church in Africa*, p. 59.

14 Theresa Helena Muzeta, RSC, *Consecrated Celibacy in the Twenty-First Century: An African Perspective*, Dublin, Milltown Institute of Theology and Philosophy, 2003, p. 12.

15 Muzeta, pp. 9-10.

16 Alison Munro, O.P., “In conversation with the Catholic Church: a response to AIDS,” paper delivered at the Conference “Broken Bodies” of the schools of theology of the Universities of KwaZulu Natal and Oslo, October 2005.

recognising the responsibility which goes with one's sexual potential, and to integrate this sexuality holistically at all stages of life.

This lived acceptance and integration may be called authentic, integral or responsible sexuality, but its traditional name is chastity: the lived inner unity of a bodily and spiritual being. Chastity means to shape and order one's sexual powers in the service of relationships and partnership, love and friendship. The aim of chastity is to enable each one to love in the personal way that is specific to each sex and to prepare each one to be rightly capable of marriage, of vowed celibacy or of the single state. Chastity represents an eminently personal and lifelong task, but the significance of sex goes so much further than the isolated individual, that chastity also involves a cultural effort: there is "interdependence between personal betterment and the improvement of society."¹⁷ According to an African theologian, "the true solution, the only one that can be lasting and satisfying, resides in the change of interior behaviour in relationship to sexuality, without trusting ourselves in a naive and magical way to technical solutions. This change does not concern only individuals as moral subjects, but it is important that the whole community commit itself to it."¹⁸

From rich countries has come vehement criticism of the Church in Africa for not handing out condoms as a solution to the crisis. A short answer to these critics would be that Catholic morality is actually more faithful to the values of African culture which do not condone free sex or treat it as a consumer item. Condom promotion looks like an external cultural imposition and, in such a stand-off, the Church would always hope to side with the poor. But of course matters are infinitely more complex than this, and it has to be admitted that the Church finds herself pushed to the very limits of her ability to speak coherently yet appropriately to people in the most divergent of situations. Our secular colleagues take a pragmatic approach, the best practices of the day, based on considerations of public health. Unlike them, the Church is obliged to offer a moral and spiritual ideal to her hearers rather than a merely pragmatic approach, and there are many people who have decided in advance, for whatever reason, to ignore that message. If someone has turned their back on the life-giving ideal of personal responsibility, is it likely that they would need or value the Church's advice on how to minimise the death-dealing consequences of their actions? Such an appeal to common decency is most unlikely to be heeded, and the risk of apparently giving succour to promiscuous, abusive and destructive behaviour is just too great for the Church to countenance.

III. Called to justice and the fullness of life

The Church does not approach the AIDS pandemic as a problem to be solved. Rather she hears the voice of the Lord saying to us: "I have come that they may have life, and have life to the full" (Jn 10:10). As Jesus always does, the Church calls his followers to selfless love and service, and thus to abundant life for everyone. How then does culture -- stigma and discrimination on the surface, sexuality in the depth, and injustice in society -- challenge African Catholics in the age of AIDS? And how does culture challenge Catholics elsewhere to show well-informed and well-directed solidarity with them?

To touch the stigmatised and excluded When parents, relatives, friends and acquaintances discover that a child has been born with serious mental and physical handicaps, are they not

¹⁷ *Gaudium et Spes* 25 § 1.

¹⁸ Bujo, p. 57.

sorely tempted to reject, stigmatize and exclude the child? And from the earliest moments, is the child not in danger of being made to feel the full brunt of everyone's disappointment and shame, most terribly that of the parents? And have we not heard heart-rending stories of discrimination against a handicapped child, adolescent or grown-up, ostracised and treated as less-than-fully human? Insofar as this is true, maybe it helps us to understand a bit how HIV and AIDS work culturally. And if we resist such an inevitable curse, it is mostly thanks to Jean Vanier who, for forty years, has helped the Church to discover that people with handicaps not only belong in the heart of community but that they have a truly ecclesial and social mission.¹⁹

Vanier wrought this transformation, not by denouncing the stigmatization of the handicapped, but by embracing them and loving them and placing them at the centre of community. Let us learn, then, that to extricate ourselves from the mechanisms of AIDS stigma, it is not enough to change the thoughts and words of others. In Africa, when politicians or sports heroes or music stars or religious leaders denounce stigma or even declare themselves to be HIV-positive, it is not enough. For being important, rich and powerful, they look to be beyond danger of discrimination, while ordinary people are too poor and too vulnerable to enjoy such immunity.

Fighting stigma is to reach out, to touch, to do. "Just as Christ identified himself with the suffering, we Christians are now called upon to identify ourselves with the vulnerable and the suffering in the face of this great menace of HIV/AIDS. Loving and caring solidarity will take away all forms of stigmatisation."²⁰ It is how the Church typically works, humanly, materially and spiritually, to bring consolation to orphans, widowers and widows, grandparents and whole families as well as to many vulnerable children and women whose lives have been wrecked as a result of the disease. To include the excluded, in other words, and to embrace and touch the stigmatized.

Saying a radical yes to human sexuality To affirm people's dignity includes forming their morality, encouraging them towards life and freedom. This means having the courage to say *no* to oneself and to teach *no* to others, for the sake of *yes* to life. Not all needs are legitimate, not all choices are wise, upright and life-giving. So-called behaviour change is the laudable attempt to inculcate ethical responsibility without invoking God or conveying moral judgment. The Church promotes the maintenance of upright behaviour as well as the change of what needs changing, but everyone is a sinner and she calls everyone to conversion, repentance, resolution. Catholic morality talks about sexuality to people of different ages in a way which does justice to this great gift and mystery. This is why speaking of morality is at the core of the Church's fight against AIDS, of forming followers of Christ, and of serving people in need. The African Bishops: "The morality we teach in God's name seeks to respect and affirm human life which gets its value and dignity from the fact that it is the inviolable gift from our Father who creates every human being and calls everyone to the fullness of life."²¹

Effective and clear teaching often calls forth a generous response. In Durban in 2005, seventy-two young delegates from eleven African countries publicly committed themselves "to live lifestyles that promote healthy and moral behaviour" as their way to ward off HIV.

¹⁹ Jean Vanier is the founder of L'Arche, communities of persons with and without handicap living together, and of Faith-and-Light, a movement in support of families with a handicapped member.

²⁰ AMECEA, n° 5.

²¹ SECAM, § II.

“We are aware that lifestyles and societies have changed and can change for the better through our efforts. Therefore, with renewed energy and commitment, we resolve to promote life by renewing our society in the area of behaviour as Africans responding to Africa, beginning with ourselves.”²² There are many in the West who would regard this aspiration as unrealistic, if not absurdly archaic. Seen from the frontline, though, such a courageous analysis and such determined resolve call for our admiration and wholehearted support.

There is more of a critique, in the present article, of globalized western sexuality because that is the dominant trend, while the shortcomings of African cultures and practices have been passed over here, for example, the vulnerability of children and adolescents to abuse, the situation of women, the sexual status of men. To criticize such deficiencies is primarily the task of Africans in Africa. Christian sexual morality has probably always been countercultural – now it is countercultural in a new way, in the age of AIDS, and it challenges the global myths of sexuality. It also, when necessary, challenges Africans and their cultures.

Regarding distributive justice and generous solidarity Many in the West are quick to ask, why is AIDS so bad in Africa? Why are the statistics dramatically worse than anywhere else in the world? To this persistent question there is a one-word answer: poverty. It is not an answer which westerners are keen to take on board. Yet the poor and marginalized members of African society lack access to basic education, information about HIV and AIDS, healthcare, employment, treatment, and support. Such inequitable access makes more people more vulnerable to the threat of HIV and the tragic consequences of AIDS than if they enjoyed a standard of living a bit closer to the western one. When in the year 2000 the South African President, Thabo Mbeki, said that poverty more than HIV is the real cause of AIDS, he was widely criticised.²³ But there is much truth in his controversial statement, and the African Bishops have identified and articulated what is valid in his intuition: “Poverty goes hand in hand with HIV and AIDS. It concerns us that our already fragile economies should be further weakened with much of the trained labour force lost to HIV and AIDS. Poverty facilitates the transmission of HIV, makes adequate treatment unaffordable, accelerates death from HIV-related illness and multiplies the social impact of the epidemic.”²⁴

In the language of Catholic social teaching, structural sin -- grinding poverty in its multiple ramifications -- provides the enabling environment in which individual sin can and does flourish. The Church’s AIDS ministries need close links with every effort to eradicate poverty, fight disease and sustain human development: a) Making sure that every man, woman and child can meet their essential nutritional requirements; b) Providing adequate primary health care, proper infrastructure, truly accessible; c) Staffing clinics and health centres and stocking them adequately with essential drugs; d) Offering quality basic education for every child and every adolescent; e) Assuring safe water and hygienic sanitation for all; f) Expanding employment.²⁵

22 3rd Inter-Africa Youth Alive Conference, Saints Hospitality Centre, Durban, 16-21 January 2005. Cfr. CISA (Catholic Information Service for Africa), Nairobi, 396.

23 Raymond Downing, MD, *As They See It: The Development of the African AIDS Discourse*, London: Adonis & Abbey Publishers, 2005.

24 SECAM, § IV.

25 Michael J. Kelly, S.J., “Why is there so much AIDS in Zambia?” *Jesuit Centre for Theological Reflection Bulletin*, Lusaka, July 2001.

To fight AIDS responsibly, we must teach respect for the sacred value of life and the correct approach to sexuality. But to do so without addressing the often extremely difficult conditions in which people live in Africa, would be to harp on good intentions and will power alone, and neglect very real forces and structures which, literally, oppress the poor. This would be moralising, and do no good at all. So, whether you call it poverty reduction, sustainable development, the Millennium Goals, or fighting AIDS, these objectives are fundamentally the same. Can the Church in the West join the Church in Africa in striving for justice and overcoming AIDS?

CONCLUSION

Many Africans suffer from HIV or AIDS, and each one is a heavy burden of suffering, a cross for the individual and family to bear. When someone is sick, it is sometimes just a bodily illness; but other times (often?), the illness also expresses the deeper distress of the individual's heart, mind, relationships and soul. It is in the latter sense that, addressing the Church of Africa, the late Holy Father interpreted AIDS as symptomatic of "a pathology of the spirit."²⁶ The pandemic lays bare much of what is deeply wrong in Africa or with Africa.

Stigma and discrimination are a reaction of ignorance, fear, insecurity. It is a reaction little different from how people elsewhere would react if threatened by HIV, or how they do react when faced with other deeply-upsetting human deficiencies. Stigma and discrimination must be understood, not just condemned, and real cultural change is needed.

Sexuality is always and everywhere mysteriously important, and the way that Africans appropriate their sexuality should be heard and valued, as the Church tries to do. The threat of HIV does not change the Church's morality, based on Holy Scripture and two millennia of tradition, but HIV does make it more urgent for the Church to impart and convey her morality to the faithful -- especially the young -- and others who explicitly or implicitly share these Christian values. Resistance to globalised culture and promotion of African values are urgently needed, and Catholic morality should be appreciated as an important way of doing both.

Service and social justice are integral to the Church's response to AIDS. This is why the Church quite instinctively combines pastoral ministry, medical care, the practice of compassion and advocacy, personal morality, social ethics and education for prevention. Offering compassion while overlooking the sinful structures, or preaching morality and prevention without fighting poverty, flies in the face of the Church's tradition and negates her mission to proclaim the Kingdom of God in which sin and death are defeated for ever.

"Despite many difficulties, disappointments and challenges, we Catholic Bishops of Africa share a deep optimism with all our fellow citizens: Africa shall survive. *'Christ our Hope is alive: we shall live.'*²⁷ And future generations shall also live. The pandemic of HIV and AIDS shall be defeated. This strong optimism comes from our Christian hope and conviction, as expressed by St. Paul in his letter to the Romans: "Who shall separate us from the love of Christ? Shall tribulation, or distress, or persecution, or famine, or nakedness, or peril, or sword" or HIV and AIDS? (Rm 8:35). No! God loves Africa and its people, and we shall not be afraid. The people of Africa have rich inner energies and noble values, courage and

²⁶ WDS, § 3.

²⁷ Pope John Paul II, *Ecclesia in Africa*, n. 13.

determination to defeat the pandemic. That is why we call upon all peoples of Africa to undertake a courageous struggle against HIV and AIDS, and we welcome the solidarity of all people of good will.”²⁸

Originally version available in Italian at <http://www.laciviltacattolica.it/>

This English version available at www.jesuitaids.net/go.aspx?t=1:16

For some discussion see <http://www.chiesa.espressonline.it/dettaglio.jsp?id=58722>

²⁸ John Onaiyekan, *Message for World AIDS Day*, 1 December 2005, based upon the Message of the 15th Plenary Assembly of AMECEA, 2005, n° 17 and 18. The author is Archbishop of Abuja, Nigeria, and President of SECAM.