

# The Kingdom of God in the Time of AIDS

*An Interview with Michael Czerny*

BY [JIM MCDERMOTT](#) SJ | OCTOBER 15, 2007



***You have argued that we need to look beyond medicine in dealing with HIV in Africa. Can you flesh out your position?***

We learn as we go along that AIDS is very complex. HIV is a virus that reduces and destroys the immune system. But it's also a cultural, familial, communal and spiritual reality. The fight against AIDS has to be carried forward on all those fronts.

The people who specialize in medicine, especially the pharmaceutical companies and the big funders, don't see this breadth. They see the pills; they want to see them distributed, taken and effective. And they're quite right in their own terms. If you can distribute this medicine and get people to take it, it will help to prolong life, improve the quality of life and reduce the stigma. But it's very important to see the other side of the thing.

***Could you give some examples of these other dimensions?***

Insofar as nutrition is a serious problem throughout Africa, it's a problem for HIV and AIDS. You can't take the medication on an empty stomach, and if you're undernourished or malnourished you are also much more likely to become infected and to succumb to other infections.

With AIDS, when somebody starts to get sick, they are shut away by the family in a back room. Often the husband will lock up the wife. Or if the 14- or 16-year-old daughter comes home and turns out to be HIV positive, the father will throw her out. Now, if the effect of becoming HIV positive is that you are thrown out of your family, excluded from your community, you lose your job and are no longer welcome at church, then you're going to die.

If you're brought in, you're going to live. If an HIV positive mother can actually earn her living and take care of her child, she's much more likely to stay alive than if she is treated like a pariah and cannot make ends meet anymore and can't send her children to school.

We in the church, who are so close to people, are in a very good position to deal with these things, by inclusion, by support groups, by home visits, by preaching and spiritual

accompaniment, and just by including AIDS in a nonjudgmental way in the life of our community.

Very, very few of the funders see this. They see with a kind of a numerical logic: they see the CD4 count (high or low), the number of medications they can distribute, the number of people who come. Those actions are all valid, but they aren't the whole story.

***What challenges would you put to the West?***

My articulation of Africa's position is, Give us justice, and we'll take care of AIDS ourselves. Keep your medicines. Keep your handouts. AIDS is part and parcel of a whole syndrome of injustices. Let Africa find its rightful place in the world economy, and AIDS will go away. Make international agricultural policy favourable to Africa, for example, and Africa will blossom. AIDS will fade away because people will be able to earn their living and feed themselves properly. If you don't want to help so much, send us more medicine. Now, that's very radical, but you were asking me to speak up, so that's what I would say.

***You're suggesting that AIDS is a disease of poverty.***

A disease of poverty and of hopelessness, of conflict, of suffering, of all the things that happen because we are countries that cannot produce, cannot export, cannot run ourselves well, are often at war and full of refugees, full of corruption. Africa's woes are complicating factors when it comes to AIDS.

The second thing I'd say to the West is: Listen, listen, listen. It is so hard for Africa to get a word in edgewise. If there are 10 people in a room and two or three are from Europe, the United States or India, the Africans won't speak. One reason they won't speak is that the whites and the Indians will take up all the air space and airtime. As soon as there's a silence, somebody's going to fill it.

We in the West are also tolerant only of our own repertoire of responses. If an African echoes what we already know and think, fine, that's a suitable remark. But when Africans question our assumptions, the blocking and the nonhearing kick in, and the Westerners start talking louder. Project that onto the world stage, and you find that Africa is not on the agenda. Or if it is on the agenda, other people are going to talk and decide. For Africa I say, Could we please be on the agenda? Could we please speak?

I find it painful when people in the West pontificate: 'those people' have no respect for life, or life is cheap in Africa. In the United States, to have a child if the child is going to die is read as the height of irresponsibility: How could you have that child if you knew that child was going to die? But in Africa, the irresponsibility is not to have the child, not to give him a chance, not to let him pass on. Having more children is better than a few and certainly much better than none. Physical death is not the end; there's a continuum of life understood between the not born, the ones that we call the living, and the living dead. It's one community, and we're all in transition. The not-yet-born are anxious to be born, and those who have gone ahead of us care for us and are waiting for us, and life is greater than us.

***How do you respond to those who see condoms as a main means of HIV prevention?***

Westerners feel very strongly that the condom is the minimal responsible thing to do. But this is to make sexuality into a very individual choice: the exercise of sexuality is not embedded in marriage, much less in the larger cultural context. It comes instead from the idea that I am the sovereign of my behaviour and I can do what I want, with whom I want, when I want, as long as I don't involve children or use violence. Within that range of choices, which is practically infinite, I am also responsible for using a condom.

If you have one dollar as disposable income per day, how much would you set aside for condoms? If you're a woman, what are you going to do - buy them with the hope that the guy will use them? It just doesn't start at all from African reality.

In Africa, sexual expression is rarely consensual and often coerced. Also - this is very important and why I feel the condom is not the answer - much of the propagation of HIV is older men giving it to younger girls. It's not boys and girls who 'can't keep their pants on,' though today people like to project that image. It's rather what we call sugar daddies, and to a certain extent sugar mommies, adults who are 'buying' sex with younger people and spreading HIV. When you're a very poor girl and an older man is horny, and he'll give you a blouse or credits for your cellphone, which you desperately need, what are you going to do?

***How would you contrast Western and African approaches to illness?***

I might be oversimplifying, but if you hear of a sickness in the West, basically you look for a biomedical reason. Something has gotten into the person, some kind of a bug, or some mechanical or hydraulic or electronic part has gone wrong - it's a 'man as machine' approach, which is all very logical and makes perfectly good sense.

In Africa they're more likely to wonder, Who could wish evil on this person? Or, How has this person destroyed or damaged the relationships within which he or she exists? What kind of violence has he or she harboured against parents or relatives? The something that's wrong is relational rather than microbiological.

Jesus himself said that the evil thoughts we harbour are the real sources of adultery, murder and so on. Today we in the West read that in a very psychological way; we cannot see such things relationally. But when we harbour evil thoughts about somebody, is there no effect? Jealousies, anger, desire for vengeance - clearly they make us and others unhappy. They're powerful. We've turned them into abstractions, but they are very, very real.

***What does the kingdom of God look like in this setting?***

If you accept the distinction between curing and healing, then the kingdom is all about healing.

The curing model, if I may use it this way, is to remedy the biochemical, electronic or mechanical problem: stop the cells from multiplying or stop the gland from overproducing. To me the paradigm for healing is Jesus touching the leper. First he said, Of course I want to heal

you; then he reached out and touched him. For me, that is God in the time of AIDS. He really wants to heal and reaches out to touch. Healing is to be touched, therefore to be treated humanly, to be included and able to feel that you're okay. We are God's way of reaching and touching. He can't do it without us.

One thing that never gets told are the thousands of miracle stories that have happened since AIDS began, the thousands of times that God has acted through people, and people have healed and helped people. I'll tell you the most extraordinary story. This guy had worked somewhere in the city and came back to his village and raped this girl and gave her HIV. Soon enough the disease started to act on him. He got sick, and the people all turned on him. The only one who would care for him was that girl, and she cared for him until he died. There are many stories like that of healing and forgiveness and reconciliation.

***That view of the kingdom brings us back to your initial point.***

For a mother who is very sick with AIDS, pills are not going to make her happy. They might cure some illnesses for a while, but they won't cure AIDS and they certainly won't heal her. What she most needs to know is that her kids are going to be taken care of; then she will die in peace. That's healing. What do we have to do to bring healing to that mother? We have to deal with her children's schooling, with what they're going to eat and drink, with who's going to take them in. Those are tough things to guarantee. Healing is tougher than handing out pills.

Some theologians are saying in a gingerly way that AIDS is also *kairos*, a moment of truth that involves judgment and grace and opportunity: 'The time has come. A moment of truth has arrived.' In a very mysterious way, the pandemic gives a chance to live the Gospel and to be church in ways that otherwise maybe we wouldn't have.

I've been working in Africa for nearly five years now. One of the things that I've learned is, the AIDS mission of the church is a mission of 100 years. We're in the first years of a situation that's going to take a century to deal with. It's not like a tsunami, a sudden disaster that has to be met immediately. In terms of deaths in Africa, we have a tsunami every six weeks, and the economic damage I don't know how to reckon. But if this really is a 100-year mission, then it's a *kairos*, a providential chance for the church to learn what it means to be church, and for us to learn what Christ left us to do here.

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