



Theology and HIV & AIDS in Latin America

A collection of essays by Master's students
from four Latin American academic institutions

Valburga Schmiedt Streck
Editor



**Theology and HIV & AIDS
in Latin America**

Valburga Schmiedt Streck
Editor

Theology and HIV & AIDS in Latin America

2ª edição
(E-book)



2013

© Swedish International Development Agency (SIDA) – 2013
Church of Sweden – Uppsala, Sweden

Copydesk: Oikos

Cover: Juliana Nascimento

Cover painting: Flávio Scholles. Ref.: 051 – “Mulheres analíticas”.
www.fscholles.net – JR Fotografias

Translation: Hedy Hofmann and Marie Krahn

Proofreading: Luís M. Sander

Typesetting: Jair de Oliveira Carlos

Printed by: Rotermond S. A.

Editorial Committee (Editora Oikos):

Antonio Sidekum (Ed. Nova Harmonia)

Arthur Blasio Rambo (UNISINOS)

Avelino da Rosa Oliveira (UFPEL)

Danilo Streck (UNISINOS)

Elcio Cecchetti (UFSC e UNOCHAPECÓ)

Ivoni R. Reimer (PUC Goiás)

Luís H. Dreher (UFJF)

Marluzá Harres (UNISINOS)

Martin N. Dreher (IHSL – MHVSL)

Oneide Bobsin (Faculdades EST)

Raul Fornet-Betancourt (Uni-Bremen e Uni-Aachen/Alemanha)

Rosileny A. dos Santos Schwantes (UNINOVE)



This material is financed by the Swedish International Development Agency (SIDA). SIDA does not necessarily share the opinions stated in this material. The authors are exclusively responsible for its contents.

Editora Oikos Ltda.

Rua Paraná, 240 – B. Scharlau

Caixa Postal 1081

93121-970 São Leopoldo/RS

Tel.: (51) 3568.2848 / Fax: 3568.7965

contato@oikoseditora.com.br

www.oikoseditora.com.br

T391 Theology and HIV & AIDS in Latin America. / Valburga Schmiedt Streck
(Editor). [2. ed.] – São Leopoldo: Oikos, 2013.

144 p.; 16 x 23 cm.

E-book, PDF.

ISBN 978-85-7843-367-3

1. Theology. 2. Human dignity. 3. AIDS – Latin America. 4.
Relationship – Community – Church. I. Streck, Valburga Schmiedt.

CDU 261.625

Catálogo na Publicação: Bibliotecária Eliete Mari Doncato Brasil – CRB 10/1184

Contents

Acknowledgments	7
Preface	9
<i>Rev. Dr. Olle Kristenson</i>	
Foreword	13
<i>Rev. Dr. Gunilla Hallonsten</i>	
Introduction	15
<i>Prof. Dr. Valburga Schmiedt Streck</i>	
The AIDS pandemic and the vulnerability of God	19
<i>Wanda Deifelt</i>	
A reading of the Latin American theological reflections on HIV	27
<i>Guillermo Hansen</i>	
Damage Reduction and theology – being a protagonist in new ways of seeing life and care in the light of the HIV/AIDS epidemic	37
<i>Claudio Roberto König</i>	
Care in pastoral assistance to HIV/AIDS patients	47
<i>Walter Hoppe</i>	
Jonah, negative! and very exclusive!	57
<i>Sergio A. López</i>	
A vulnerable woman made visible by Jesus	71
<i>María Lis Rivoira</i>	
The “Western God” and the legitimation and reproduction of stigma and discrimination associated with HIV and AIDS	77
<i>Andrés Alba</i>	

Grace as the form of the church on the basis of Saint Thomas Aquinas' thought. An ecclesiology for contexts of stigma, stigmatization and discrimination involving HIV and AIDS	95
<i>Vicente Valenzuela Osorio</i>	
God's liberating political affection and the complex world of AIDS	107
<i>Víctor Manuel Mendoza</i>	
The theological touch of Jesus and the woman with the flow of blood ..	117
<i>Rosa María López Pérez</i>	
Empowerment of women and ecclesial action: approach to a response to HIV and AIDS in the Colombian context	127
<i>Fabián Wilches García</i>	
I keep on fighting, full of rebelliousness and life	139
<i>Sergio Ugalde Miranda</i>	
Notes on the authors	143

Acknowledgments

The organizer is grateful to:

The Swedish International Development Agency (SIDA) for the funding given to the Church of Sweden which, in turn, supported the present project from 2010 to 2012 under the guidance of Olle Kristenson and Adriana Castellu. Without this support it would have been difficult to study the topic of HIV/AIDS at a graduate level, at four Latin American Higher Schools of Theology, and the students who participated in the project would not have had the opportunity to learn more about it. I also thank Gunilla Hallonsten for her support and contribution to theological reflection.

The four centers of education that hosted the project in their graduate programs. A very special acknowledgment to the local coordinators whose cooperation and dedication so greatly contributed to the project's success: Libardo Hoyos (Universidad Javeriana), Jerónimo Granados (ISEDET), Sara Baltodano (UBL) and Valburga Schmiedt Streck (Faculdades EST).

The Master's students at the four centers of education, who, during these two years, felt challenged, dedicated themselves to their research and wrote the texts so that this book could be published in a timely manner.

Iglesia Evangélica Luterana Unida – IELU – for the initiative of creating the project. Thanks to Lisandro Orlov of the SIDA Pastoral for teaching seminars on the topic at the centers of education. I thank Gustavo Driau, who participated in its implementation and administration.

ANHERTHA (African Network of Higher Education and Research in Religion, Theology, HIV and AIDS), especially the Director, Edwina Ward, for the exchange of experience and guidance.

INERELA (International network of religious leaders – lay and ordained, women and men – living with, or personally affected, by HIV), which has provided consultancy through its Director, J. P. Mokgethi-Heath.

Wanda Deifelt and Guillermo Hansen, who read all the students' texts and wrote a reflection based on them.

Flávio Scholles for letting us use the painting “Mulheres analíticas” (Analytic women) for the book cover.

Preface

When I was appointed director for the Church of Sweden's Master's project on theology and HIV in Africa in 2005, I was in the beginning of my PhD research on the theology of Gustavo Gutiérrez. Many people, including myself initially, considered this to be two completely incompatible tasks. However, I soon realised that this was not the case. Instead, the theological question that Gutiérrez formulated was the same as the question that needed to be responded by a church committed to people living with HIV in Africa. Gutiérrez put it like this: "How are we to talk about a God who is revealed as love in a situation characterised by poverty and oppression?" Or more specifically, due to the political violence in Peru: "How are we to do theology *while Ayacucho lasts?*" The corresponding question in Southern Africa would be: "How are we to do theology *while the HIV pandemic lasts?*"

Two questions, differently formulated due to their specific contexts, but basically the same. Realising this, I found the methodology from liberation theology relevant for a theology on HIV in Africa and my two tasks could benefit from each other. "Doing theology", whether or not this expression was invented in Latin America does not matter. Latin American theologians have developed it since the 1960s, with Gutiérrez as one of its most important exponents. And "doing theology" implies realising, as he wrote already in his *Teología de la Liberación* in 1971, that theology is a "critical reflection on the historical praxis in the light of the Word".

The African MTh project on theology and HIV rested on the presumption that solidarity with people living in the margins in general for the Church is above all a theological question, which also must be true as the Church in Africa starts to reflect on how to respond to the HIV pandemic. This was not without saying as the Church often neglects the theological reflection in its support to the social welfare sector or when it is about to voice its opinion in the public debate. Therefore, much emphasis was put on the role of theology as a critical reflection on praxis in the African MTh

project on theology and HIV. We hoped to reach church leaders to widen their perspectives through the students' research with the aim to make it possible for them to respond meaningfully to the HIV pandemic and to create opportunities for the Church to become what we called an "HIV competent church".

As the project progressed we realised that the Church's commitment to people living with HIV is related to fundamental aspects of theology: what it means to be church (ecclesiology), the image of God, a Christian view of humanity etc. It is not only a question of commitment and being in solidarity with the HIV positive people. It is also a question about realizing that this commitment results in new Christian practices that give new insights to these fundamental aspects of theology; in short: of doing theology. This means that a theological reflection necessary for expressing this solidarity at the same time constitutes a contribution to the general and universal theological reflection.

When the proposal came from the United Lutheran Church in Argentina and Uruguay (IELU) to do something similar in Latin America, it was well received by us in the central office of the Church of Sweden and I was privileged to lead also this project. It was in a way letting the methodology inspired by liberation theology come back to Latin America. It is true that the HIV prevalence in Latin America is far from being as alarming as it is in Africa, but still issues like the stigmatisation are essential to deal with also in the Latin American context.

Together with people from the IELU we designed the project and soon we included Dr Valburga Schmiedt from EST in Brazil as the study director for the project. In April 2009 we met with the local coordinators from each university to discuss the project and soon after that the project was presented to the Church of Sweden and, after being approved by the Swedish governmental development agency, Sida by the end of 2010, the project could start in January 2011. We also established contact with the African experience through visits to South Africa and Ethiopia in 2011 and by inviting people from Africa to both the big symposium with all the students in Lima in December 2011 and to the closing symposium in San José in April 2013.

One would perhaps hesitate to bring together two such different contexts as the African and the Latin American regarding the HIV situation. My conviction is that the distinctive experiences from each context will provide new insights for both of them as they exchange their experiences. Therefore, I hope that this exchange of experiences will be continued.

It has been a long process from the first discussions between people from the IELU and the Church of Sweden in 2006, our first meeting to design the project in Buenos Aires in February 2008 and visits to the different schools of theology the same year to the closing symposium in San José in April 2013 and the publication of this book. It has not always been easy and we have encountered difficult situations, but due to a strong dedication we were able to overcome this, which finally brought the project to a successful end. I had to leave the project by the end of 2011 due to a new job position at the Christian Council of Sweden, but I am confident that my former colleagues will be able to continue the project into what we have called Phase 2. But this is, as we say in Sweden, “another story”.

Through the two MTh projects on HIV and theology in Africa and Latin America, we have learnt not only that the response by the Church to any societal phenomenon to start with must always be theological. We have proven that a theological response gives new dimensions to any situation and to this situation in particular. But we have also learnt that theological reflection on HIV in Latin America as well as in Africa will provide the theological reflection in general with new insights and thus deepen the theology of the worldwide Church. A theology on HIV is thus not only an instrument for the Church to respond to the HIV pandemic, it constitutes also a contribution to the universal Church for its theological reflection and praxis.

Rev. Dr. Olle Kristenson
Christian Council of Sweden

Foreword

A meeting beyond the bounds of possibility; dynamic, viable, with great openness, curiosity and desire for theological challenges. That is how the starting point, which is not the actual starting point, can be described: the Symposium on HIV and Theology, in Lima, in December 2011. It was the meeting point for the students and coordinators from the four universities in Latin America, representatives from the Master's programme on HIV and Theology in Africa and the Church of Sweden.

This book is equally a result of efforts made by many people, and it is with much joy and satisfaction that we are able to present it to you!

In this foreword, I would like to point out three aspects of what have become important results of the Master's programme, aspects which you may find evident in the articles in the book.

The first aspect is about the acknowledgement that whatever is meaningful to humanity is meaningful to Christianity. It means for example that human existence and co-existence, and a deeper theological reflection on HIV as a sign of the times, opens up for a wider scope of issues regarding conditions for human life and living in church and society.

Gustavo Gutiérrez talks about conditions of insignificance and how HIV should be understood as one of these conditions. Conditions of insignificance which in themselves create vulnerability are categories created by humans and are also results of human existential life conditions. They relate to power relations in a specific situation. The equivalent concept is called intersectionality in feminist sociology.

The theological reflection on HIV reveals also potential needs and opportunities for transformation of two main areas: gender and human sexuality. These categories can be understood as constructed by humans, e.g. gender and male superiority, and therefore possible to transform.

The cornerstone of the contextual methodology is to deconstruct, construct and reconstruct in every new time and context, and it has been with great interest that the Church of Sweden has followed the process of discussions and writings related in different ways to the question: How do we relate HIV to ourselves as fellow human beings and Christians in our own local context?

The second aspect is about how the Master's programme has inspired ecumenism, networking and the crossing of boundaries. Ecumenism in the sense that on an individual level students have met from various denominations and churches to be encouraged and challenged by one another's experiences and understandings related to denominational belonging. At the Costa Rica seminar church leaders from different denominations were invited and they shared the appreciation for the opportunity to meet and share theological reflections on HIV and pastoral praxis. Another interesting outcome is the ecumenical networking among students on pastoral practical work on HIV as well as advocacy. Boundaries have also been crossed in Latin America when students of different nationalities have met, and even globally through interaction with partners from the African Master's programme on HIV and Theology.

The third aspect is a theology of practice. How – again – a praxis-oriented approach has allowed academic theology to involve itself with one of the main human challenges of our life-time: HIV and its related issues of justice, Human Rights, human sexuality and gender equality. The pastoral praxis has become a result of the theological programme and the reflection, both with regard to the students' research and to the desire among many students and teachers to work practically with issues relating to HIV, the historical commitment. The pastoral praxis demands a compassionate language, solidarity and the recognition of Human Rights, with the purpose of acknowledging human beings and human value.

Students, teachers and researchers as well as coordinators have been pioneers in this venture, breaking new ground for theological interpretation not only of HIV, but also what comes as a result of a deeper understanding of HIV, namely our theological conceptions of humans – women and men – God, the world and the scripture. The Master's programme on HIV and Theology will in this sense pave the way for future pioneering on human and contextual issues that require encounters with theological reflection.

Lastly, I would like to say thank you to Professor Valburga Schmiedt-Streck and to Mr Gustavo Driau for all the work you have put into this programme and for the focused and respectful way in which you have strived to make it possible for the students to succeed with their studies.

Rev. Dr. Gunilla Hallonsten
Policy Director, Church of Sweden

Introduction

HIV/AIDS not only affects a person's entire life, it concerns all of society. According to Gustavo Gutiérrez, it may be considered a sign of the times, which leads us to reflect on what happens in history and challenges us to seek new insights. The idea of sin as related to sex and HIV/AIDS is still there and creates marginalization in churches and in society. This is why a liberating theology cannot forget this cause of human suffering and needs to include the topic in its reflections. The study project Theology and HIV/AIDS in Latin America was elaborated from this perspective.

The higher learning institutions of theology that participated in this project were: Escola Superior de Teologia, São Leopoldo, Brazil; Instituto Universitario ISEDET, Buenos Aires, Argentina; Pontificia Universidad Javeriana, Bogotá, Colombia; Universidad Bíblica Latinoamericana, San José, Costa Rica. The centers of education, during the two years of the master's degree program, focused on the topic of Theology and HIV/AIDS, maintaining their curricula in theology in the various areas and other specialties. This innovative experience, for the first time in Latin America, enabled institutions of theological studies to engage in a same topic with a possibility of exchanging knowledge.

The candidates to a master's degree came from several countries in Latin America and the Caribbean, such as Colombia, Venezuela, Costa Rica, Dominican Republic, Honduras, Brazil, Peru, Bolivia, Cuba, Costa Rica and Argentina, and they represent different religious confessions, including the Roman Catholic Apostolic Church, Lutheran, Methodist, Waldensian and Pentecostal churches. Many of these master's students were already directly involved in the topic and gave important contributions from their praxis to the reflection of the centers of education. It was also very important that theological thinking and the interdisciplinary dialogue on HIV/AIDS were furthered and elaborated. Now that the course has ended, we perceive that it is such a large project that it cannot simply stop. It needs to go on

supporting and enabling studies in further detail. This is a task for the churches and for the teaching institutions.

Two meetings were held during the project. An international symposium in Lima, Peru, in 2009, where all project participants presented and discussed their research projects. This was a special moment to establish networks and dialogues within the Latin American sphere, and also to hold an academic discussion on the topic. Theologian Gustavo Gutiérrez participated in this meeting and based on theology of liberation he helped take a sharper look at human suffering such as social marginalization. A second event was the international seminar in Costa Rica, where eight students – two from each center of education – presented their theses. At this event two students from the ANERTHA project also presented their research and it was an opportunity to further the South-South dialogue on the topic of Theology and HIV and AIDS.

The research studies performed in the project Theology and HIV/AIDS took on various approaches and ways of focusing on the topic. Considering that theology is the reflection on daily life, the various realities of those who experience and live with HIV were approached. This variety is a challenge to traditional academic thinking, as it touches on taboo topics such as sexuality, gender issues, social exclusion, stigma and others.

The texts of the participants in the Proyecto Estudio e Investigación en Teología y VIH y SIDA are presented in two books: the book *Teología y VIH y Sida en América Latina* (Teología e HIV/AIDS na América Latina) in Portuguese/Spanish gathers the texts of the 28 graduating master's students who studied at four theological education centers; the book *Theology and HIV & AIDS in Latin America* presents ten selected texts of the master's students. The theme presents different points of emphasis, which reveals the diversity of contexts and traditions in theological education in Latin America.

The research topics penetrate social sectors where the virus is located and question the churches and civil society. In their research studies the master's degree students have dedicated themselves to studying HIV from the angle of pastoral and social practices in which they became involved during the study or had already been involved in; to studying issues about gender and generational groups; to discussing ecclesiology and social

exclusion with a strong concern about what it means to be a church in a liberating sense. Bible texts were used as the point of departure of one group to reflect about HIV. At the end a testimony by one of the master's students who has HIV and AIDS was inserted. As a living human document he taught us, in these years, to understand what it means to live the everyday life of suffering, stigma, exclusion, hope and to love the one who suffers. In the English language version only nine texts and one testimony are published.

Thinking to offer an introductory reading to the collection of texts by the project students, we chose to add the texts of Wanda Deifelt and Guillermo Hansen right at the beginning of the book. As academics who are not connected to any of the centers of education that participated in the project, they were invited to read the texts and evaluate them. The results were two texts that lead one to a dialogue with the authors of the present book around a theology of HIV/AIDS in Latin America.

The study project on Theology and HIV/AIDS had the financial support of SIDA – Swedish International Development Agency – of the Swedish government. Through the Church of Sweden it was possible to carry out this master's project. The concept of the project was an initiative of the SIDA Ministry of the United Evangelical Lutheran Church of Argentina and Uruguay.

I hope that reading this book will encourage and inspire new reflections and research on the topic. Let us hope that this initiative has not been an isolated moment in Latin American theology and that new approaches will arise, encouraging and stimulating actions in the different Latin American ecclesial and social contexts from which our Masters came.

Address of the four contributing institutions:

Facultad de Teología Pontificia Universidad Javeriana. Carrera 5 no 39-00 – Piso 3 – Edificio Pedro Arrupe, S.J. 3208320 ext 5630-5624-5616. Pontificia Universidad Javeriana – Bogotá D.C. – Colombia. <http://www.puj-portal.javeriana.edu.co>

Faculdades EST (EST). Rua Amadeo Rossi, 467 – Morro do Espelho – São Leopoldo/RS – Brazil – CEP: 93.030-220 – Telephone: (51) 2111-1400 – Fax: (51) 2111-1411 – E-mail: est@est.edu.br

Universidad Bíblica Latinoamericana. Apartado 901-1000 – San José – Costa Rica – Telephone: (506) 2283-8848 – Fax: (506) 2283-6826 – www.unibiblica.net

Instituto Universitario ISEDET, Camacúá 282 – DOF1406C – Buenos Aires – Argentina – Telephone: (+54 11) 4632-5030 / 5039 – Fax: (+54 11) 4633 2825 – E-mail: info@isedet.edu.ar

Prof. Dr. Valburga Schmiedt Streck
Director of Studies of Proyecto Estudio
e Investigación en Teología y VIH y Sida
en América Latina

The AIDS pandemic and the vulnerability of God

Wanda Deifelt

In the last few decades, the face of AIDS in the world has gradually become more feminine and younger, but always poor and mostly black. Data from UNAIDS inform us that HIV is still infecting and affecting thousands of human beings worldwide. While some have access to medical care and therapy that ensure, if not a cure of the disease, at least quality survival, thousands are deprived of medicines, medical care or family support. The AIDS crisis revealed humankind in all of its contradictions: on the one hand, compassion for other people's suffering and, on the other, blame and almost complete lack of interest in the multitude of people afflicted by the disease.

The project of creating a theology that reflects on the reality of HIV and AIDS in Latin America begins with a question about God's revelation amidst the human condition. How can one produce theological knowledge from pain? How can one identify hope when facing the stigmatization suffered by HIV positive people? One of the characteristics of early Christianity was the attraction that Jesus' movement exerted among people who suffered, who were despoiled and destituted from power. Currently there is a comparison or identification between the people marginalized in Jesus' time and humankind that is discriminated against today, due to the color of their skin, their social class, their sex or sexual identity, their age, their capacity for physical mobility or because they carry the HIV virus.

There is a vast contribution from contextual and contemporary theologies that connect human vulnerability to the liberating power of the message of Jesus. The liberation, feminist, queer, black, womanist, post-colonial, mujerista, dalit and minjung theologies (among others) say that there is a connection between the liberating movement of Jesus and the current social or political movements. These theologies give us important instruments

to contextualize Jesus' message in dealing with the HIV and AIDS pandemic, because they identify a transforming power, through the Gospel, in which human beings affirm and struggle for their dignity based on their experience of life and faith.

What was the attraction that led women, slaves, the poor, ill and hungry not only to follow Jesus during his lifetime, but also after his death? What does Christianity have to say to the multitudes who now suffer social exclusion, including the 34 million people in the world who live with HIV? What is the role the communities of faith (churches) and their faithful have to play considering the reality of suffering, when the reality of pain comes from inside one? If the church is the body of Christ – and this body lives with HIV – how can this pain be ressignified considering the compassion and care instilled by the message of Jesus?

In this context the proposal of a Latin American theology arises that will reflect about and from HIV and AIDS. The founding theological framework is the reality of pain caused, ranging from the time of an HIV positive diagnosis to social exclusion due to the stigma caused by AIDS, passing through crises of identity, faith, values and community. Some topics are very important in developing this theology that takes AIDS as a *locus theologicus*: a return to the liberating message of Jesus, the deconstruction of patriarchal Bible texts and emphasis on a hermeneutics that affirms justice and parity, the concern for the well-being of the whole person, the call to the community of faith (church) to be a welcoming body, the development of a creative theological language that considers the HIV positive experience as founding, the question about the role of Christian men and women in the transformation of society, including the creation of public policies that will ensure access to health, the prophetic role in denouncing discrimination and stigmatization still caused by AIDS and in announcing a reality of abundant life for all of Creation.

The pain of other people as one's own pain

There is something irreverent and unconditional in the loving practice of Jesus who challenges the human logic of consumption and retribution of hate with hate. Both in his life and in his death, we find in Jesus a greater commandment, which is that of love of God, one's neighbor and oneself.

This loving triple dimension establishes a network of relationships that overcomes individualism, segregation, stigmatization, anxiety and the lack of hope imposed by reality.

With the cross of Jesus there is a divine identification with human suffering and, on the other hand, a human motivation to also suffer as a result of the discipleship that often goes against the logic of the world. Based on the ministry of Jesus, which ultimately led to death (and death on the cross), there is an upheaval in the paradigms of power. As demonstrated by the Christological Hymn of Philippians 2:6-11, Jesus emptied himself, taking on the shape of a servant, becoming similar to us, human beings (Phil. 2:7). The cross received various interpretations. It rendered visible the violence suffered by the Christian community, through the symbol of the cross, where the horrors suffered by Jesus are considered equal to the suffering of common human beings. In this way, the pains of the world are also the pains of God. On the other hand, the cross also showed God as impotent vis-à-vis the reality of violence, where there is no other recourse but to suffer with (as Mary Magdalene crying at Jesus' tomb). Thus, the pains of God are also the pains of this world.

During the last two millenia, there have been many attempts to explain the cross and escape its scandal. Even if death on the cross culminates in the resurrection, the community of the faithful often attributed the negation of death – resurrection – to an eschatological expectation. Besides, in other contexts (as the Latin American one), the death of Jesus led to passivity and resignation. This happens especially when suffering and death are considered an expiatory sacrifice, according to divine will, to placate the anger of a God whose justice requires each person to pay for their sins. What appears to be inoffensive and inconsequent, like saying that each person carry their own cross, ends up imposing a sentence: suffering is the will of God, the consequence of deviant attitudes, the result of sin.

Unfortunately this has been the predominant discourse and practice in the way the Christian churches have dealt with HIV positive people. The logic according to which each pays for their sins implies a jurisprudence based on law and not on the gospel. It is true that acts have consequences, but the judgment of these acts according to human merits or demerits is not in agreement with the proposal of Jesus and the novelty of the gospel.

Currently, two equally dangerous tendencies can be noticed regarding suffering and AIDS. First of all, the idealization of suffering (in contrast with the ministry of Jesus, who promulgated a full and superlative, abundant life) leading to passivity, resignation and maintaining asymmetrical or authoritarian power relations. “Bearing the cross” has become an ideal that justifies the reality of pain and exclusion in which people find themselves. When they suffer, human beings participate in the expiatory sacrifice of Christ not as recipients of the grace of God, but because suffering redeems them from the sin that they supposedly committed when they contracted the HIV virus.

Another danger comes from the theology of prosperity (or of glory), where suffering is seen as an anticipatory stage, preparing for the revelation of the salvific power of God. Under the slogan “Stop suffering”, thousands of people are attracted to healing worship services, because suffering is an evil imposed by the devil, and it is diametrically opposed to the abundance, prosperity and health that God promises God’s faithful. There is a cure for everything, from financial problems to diseases said to be incurable (cancer, paralysis and AIDS).

Both the obsession for suffering on the cross and evading it make the cross inert, so that it loses its transforming potential. It is no longer seen as an instrument of torture, which should make us indignant and drive us to acts of solidarity, but becomes an object of adoration or a springboard to reach the glory of God through resurrection. The cross is the opportunity to identify the pain of another as one’s own pain and to share personal pain with the body of Christ.

The citizenship of people who live with HIV

The emphasis on one-dimensional language, the doctrine of the absolute truths and the sinful arrogance that a particular religious experience or practice could encapsulate and transmit the totality of the divine, led many religions – and particularly Christianity – to become involved in practices that deny the foundations of their original message and their own *ethos*. In the Christian religion, the plurality of religious expressions and spiritualities present in the early Christian movement (described by Paul in 1 Corinthians

12 when he uses the image of the human body) is slowly replaced by a centralizing and excluding religious system.

When a movement becomes an institution it may lose its prophetic power, adopting models of organization and language that serve the interests of the powers of this world. It forgets and denies the prophetic voice and the transforming praxis that are at its inception. When this happens it is time to bring back the principles of inclusion and community construction instilled by the Christian message, fostering a model of citizenship with responsibility and full participation.

The image of the community as a body brings us to the here and now, and requires that we take better care of the present. Using the body as a metaphor, as a parable to talk both about the community and the divine, requires that theology concern itself not only with saving the soul, but with the well-being of bodies. The human body as a parable for God leads us to affirm a theology of creation, where God creates us in God's image and gives us dignity. Within the Christian tradition it also makes us bring back the theology of incarnation, where the Good News from God who chooses the vulnerability of bodies is celebrated.

As a good creation, the body also requires care, especially when it is in a frail condition. In the case of AIDS, so much more care and attention are necessary, ranging from preventative measures to continuous treatment. It is regrettable that this dimension of care of the bodies has been lost in some segments of Christianity. Health agents and medical professionals complain about religious leaders who prevent or discourage their faithful from complying with treatment. Public health practices such as distributing syringes or supplying condoms, for instance, are interpreted by certain religious leaders as encouraging promiscuity and drug use.

AIDS activists often face religious prejudice because they work with homosexuals, sex professionals and chemical dependents – stigmatized social groups.¹

The citizenship of HIV positive people occurs through the social and political participation that comes from the awareness of being part of a larger

¹ SEFFNER, Fernando; MÚSCARI, Marcello. Presença religiosa nas políticas públicas de enfrentamento à Aids no Brasil. *Estudos Teológicos*, v. 52, n. 2, p. 386, jul./dez. 2012.

movement that seeks transformation. This citizenship also applies to the church. Today, people who live with HIV and AIDS have citizenship in their societies, but often their ecclesial citizenship is denied due to stigmas and prejudices. The reality of AIDS is both a challenge and an opportunity for the churches. When excluding the people who live with HIV, the faith communities move away from their founding matrix (such as the loving practice of Jesus) and are no longer a prophetic voice to the world.

A ministry based on people who live with HIV

A Latin American theology that takes the experience of living with HIV and AIDS as a *locus theologicus* is characterized by compassion and justice. Compassion, because it is guided by the ecclesial practice of fellowship and care. Christian spirituality offers openness toward those who are different; it practices hospitality and is inclusive. Justice because it affirms that dignity is not a privilege, but a characteristic of what makes us human. Lack of dignity causes indignation because it openly exposes injustice, imposed suffering, the stigma that still devastates HIV positive people.

As human beings we are caregivers responsible for our home, our *oikos*. This home (*oikos*) is our body, house, community and world. If one part is sick, the entire body is sick. If one part is happy, the entire body is happy. As creatures we bear testimony to the justice and love of God. As creatures we live from the gift of creation, which is life itself, and we enjoy this present with thanksgiving and appreciation.

Thinking about the personal, social and community dimension of our home, the interdependence of bodies is a gift and a challenge. The collective body that forms us also needs to be placed under scrutiny and questioning when it restricts potentials and inhibits creativity. The body is the language used by God to communicate. It is a vehicle and place of revelation. Through grace we receive the invitation to live our faith fully in the present and to extend the same gift to those who surround us.

People who are HIV positive are also recipients of the grace of God and bear testimony of this grace even amidst the uncertainties and anxieties of life. They are also part of the body of Christ. In this way, an HIV ministry is not only a ministry that serves people who have HIV through diaconal

initiatives or specific activities for this group. It is also the service and vocation of the HIV positive people themselves who perform a ministry turned both inward to the church and to society in general.

Within the community of faith, the ministry of HIV positive people includes the constant call to awareness building and commitment. Their presence as members of the body of Christ shows that the church is a space of inclusion and mutual acceptance, where the entire community is invited to convert, to take on the pain of another as their own and to be a sign of the love of God. A ministry of people living with HIV is a testimony that HIV is not a death sentence and that God wishes an abundant life to all of God's creatures.

In the public sphere, the ministry of people who live with HIV establishes networks of partnership and dialogue and is inserted in the discussion of public policies for health. This ministry engages AIDS activists, non-governmental organizations (NGOs) and civil society. Thus the church takes up its prophetic role in the world, providing an opportunity for people who live with HIV to be empowered and trained to be not only recipients of care, but also to be agents of transformation.

Emphasis on vulnerability

The HIV/AIDS pandemic leads us to a confrontation with vulnerability. Christianity has concerned itself excessively with salvation and life after death. It excels in working for the salvation of the soul and has found a thousand manners to avoid love of another in the form of diakonia and service. The HIV/AIDS pandemic reminds us precisely of human vulnerability, which is also the vulnerability of God. Suffering is not an imposed evil, but rather an opportunity for service and testimony, a challenge of exercising discipleship and a constant questioning of our being-in-the-world. AIDS questions us because the bodies of people who live with the virus challenge us to think about God precisely based on vulnerability.

Our Western culture is not a culture of hospitality. It lauds an individual who survives on their own, who achieves success at the cost of others, and creates a legal system that privileges one person at the expense of others. When the language of God speaks of mercy, compassion, grace and the divine

embrace, it subverts the dominant logic and translates, at least partly, what is the novelty of the Gospel. We should assume that this language has an impact on the way we see ourselves in the world, how we act. That we have been made in the image of God means that we share this divine creativity, that we can, with the help of God, make small signs of hope and life flourish. But it also means that we are only image – and as such it places us in a position of vulnerability.

Recognizing the interdependence between human beings, of human beings with all of creation and of the divine with humankind is also to recognize that the divine does not exist as an absolute outside creation. We exist because the divine exists. But the divine exists because we exist. We can only talk about this divine because we are in relationships of mutuality and interdependence. Continuing the metaphor presented in Exodus 3.14 – and here including our need to live in a community – we might say “I am who you are / I am because you are”. The language about the divine needs mediation. This mediation occurs through existence, experience, context and culture. The creator lets Himself be known through creation and His creatures. The divinity can only come to us and inhabit among us using forms that we understand and to which we can relate.

The language that we understand is the language of care, of justice, of well-being, of promoting peace, of affirming dignity and love. When we say “I am who you are”, there is a commitment, an acknowledgment that we are interconnected, an affirmation of the otherness that is not outside, but that inhabits within us. Therein lies one of the great challenges of AIDS to the communities of faith (churches): that the stigma caused by the religious discourse towards HIV positive people is a sign of illness and requires cure. The great step for the churches is to stop judging and to affirm all excluded people: “I am who you are!” If your body is sick, my body is also sick. There is no cure for me as long as there is no cure for you. And therefore we travel together on this path!

A reading of the Latin American theological reflections on HIV

Guillermo Hansen

I

The master's degree papers presented cover multiple terrains that have shed much light on my own theological thinking, above all because they situate the word *of* God and *about* God based on an encounter with people who are HIV positive.

I appreciate that most of them did not fall into a simple analysis of the 'diaconal' work of the churches in the area – although I do not deny the importance and relevance this has for the Christian witness and service. On the contrary, the works reflect the fact that the encounter with the people who are HIV positive has displaced the theological and ecclesiological board which opens into a new thinking about faith, which in turn creates new disruptions of the systems of theological thinking and the way in which we practice and embody 'church'. This opening of the Christian code to cracks and discontinuities is a mark of Latin American theology (the 'spiral' rather than the hermeneutical circle of Juan Luis Segundo)¹ and is in complete consonance with the Lutheran theology of the cross – not as a theological object, but as a style of Christian existence, thinking and practice.²

The studies explore the profound transformation signified by encounters, what some of the authors call 'epiphanies' – and that I prefer to call 'apocalypse' (a transition to a different plane marked by the 'trauma'

¹ See SEGUNDO, Juan Luis. *Liberación de la Teología*. Buenos Aires: Lohlé, 1975. p. 14.

² See LUTERO, Martin. La Disputación de Heidelberg. In: WITTHAUS, Carlos (ed.). *Obras de Martín Lutero*. Buenos Aires: Paidós, 1967. vol. 1, pp. 40-46.

and conversion based on an encounter).³ Although it is certain that the limits of the language denote the limits of our world (Wittgenstein), it is also true that the encounter with new ‘worlds’ expands the frontiers of language. People who live with HIV unveil a world where a bouquet of variables comes to the surface, such as sexuality, gender, marginality, the role of the State, the intermediary organizations and civil society, family, shaping identities, spirituality and subjectivity, to name just a few.

From the encounter with these worlds new processes of ‘learning to learn’ arise, perspectives with profound repercussions for our churches and civil societies. That is why the master’s papers propose a new form of symbolizing reality, a new imagination that leads to restructuring what we perceive, how we perceive, how we move in the world, and how we relate to the ‘stigmatized’ person, who appears as another “monster”⁴ that initially appears in our continuous symbolizations as a threat or “stain” that must be avoided.

I would like to suggest the hypothesis that Christianity is precisely the encounter with the “monster”, an inhabiting of what is stigmatized that profoundly questions the ideologies and theologies that always try to cover up what is scandalous, render it normal and thus deactivate it.⁵ In the theology of the Apostle Paul and of Luther, this inhabiting occurs amid the dynamics of a God whose Word is received both as a demand (Law) and as a promise (Gospel), namely, an approach that deconstructs the stratagems that deny the dignity and integrity of people, and in the same movement opens up a new space to become creatures that are truly accepted and ‘given grace’.

I will mention telegraphically some of these new symbolizations and incursions into the apocalyptic which I found in the papers, and can only approach from my own subjectivity and interest derived from my practice as a person dedicated to theological education and training. If I can be allowed this analogy, my work as a theologian is, basically, to be an agent of ‘viral

³ See DUNN, James. *The Theology of Paul the Apostle*. Grand Rapids: Eerdmans, 1998. pp. 179s. También WESTHELLE, Vitor. *The Scandalous God: The Use and Abuse of the Cross*. Minneapolis: Fortress Press, 2006. p. 22.

⁴ See ZIZEK, Slavoj. *How to Read Lacan*. New York: Norton, 2006. pp. 43s.

⁵ I consider ideology the social generation and sustainment of ideas and symbols with which human beings understand and constitute their world. See BALKIN, J. M. *Cultural Software: A Theory of Ideology*. New Haven: Yale, 1998. chap. 1.

transmission’, to be a ‘bearer’ of a number of anomalies that will invite to think, question, announce and act amid the evolutionary history that is not dominated only by genes, but also by “memes”.⁶ Memes are units of cultural transmission (ideas, sentences, dresses, fashions, melodies, practices) that are transmitted from one ‘mind’ to the other (mind not in the biological sense, but as a virtual, symbolic construct). Memes function as viruses or parasites that initially appear as something strange, monstrous, but that also have a capacity to reveal and open new facets of reality when they restructure the tissue itself of what we call subjectivity and culture. In the case of Christianity, this ‘virus’ is the experience and announcement of the unconditional love of God in Jesus Christ – a traumatic event both for God and for human beings.

I present the following points as a sampling of the type of ‘infection’ that is spreading through the mind and practice of the church, and that feeds – and sometimes spills into – sectors of civil society. In this trajectory I establish an analog relationship between the practice with and among people who live with a virus and the way in which encountering them arouses and transmits, in church and in society, a process that pushes us to learn as a community what it means to live by pure grace through faith.

This virus which comes to us at these encounters is called unconditional grace and I dare say that in the human encounter, that is often contradictory, non-structured, with people who are HIV positive and suffer stigmatization and neglect, we are ‘infected’ by these presences that challenge our human and Christian vocation apocalyptically. In other words, these encounters open us to new spaces of grace.

EST – Church

In the works done at this center of education, I was impressed by the exploration of praxis and the unconditional care that marks the practice of being church. The profound pastoral approach is unveiled in that the church is not simply the safe haven of the perfect, saved or sanctified. Rather it is

⁶ See DAWKINS, Richard *The Selfish Gene* (Kindle Edition), location 3594, 3607.

interpellated by those who suffer and finds itself as a community formed by a promise in the midst of our cracks. This cements the view that human dignity is not a conquest, but rather a gift that one embraces and experiences unconditionally. The example of the Casa Fonte Colombo, in Porto Alegre, with its ministry of presence, assistance, social reinsertion and political incidence, clearly shows a church that seeks to be church based on this challenge of grace in the midst of the cross.

ISEDET – Hermeneutics

The papers grouped here explore different biblical themes that are reread from the encounter and experience of exclusion and stigmatization. The analysis of how stigmatization and illness serve to ideologically symbolize excluded sectors, as such rendering visible what culture and religion tend to hide, practices a biblical reading starting from the ‘indecent’ trajectories that are pushed aside, but become the place and center of divine revelation. This is the case of the Hebrew people in Egypt, the hemorrhaging women or blind men in the times of Jesus, or the grace of God towards the inhabitants of Nineveh which so upset Jonah: all these are examples of biblical interpellations that can never be understood outside the challenge that we are presented with nowadays by the people and communities that live with HIV. All these are examples of how to read the Scriptures from the ‘scandalous’ reverse side of history.

Universidad Javeriana – God

A theme that pervades these essays is how the new sexual identities, people with HIV, the lamentations and silences that we encounter in our practices, or the experience of HIV not as a calamity, but as a mode of existence, raise new questions about God, a re-thinking about God and the church. I have perceived in these papers a sincere, profound search for a new *logos* on a *Theos* that often appears more hidden or silent than splendid and vociferating. Possibly it is necessary to find in these papers – and above all in the experiences they reflect – a truth that has already been expressed in Gregory of Nazianzus, in Luther, Hegel, Tillich, or the liberation

and feminist theologians, namely, that this God of whom we seek to talk is the God who already speaks in our own questions and experiences. This is the price to be paid when one confesses a God who is not metaphysically defined, but incarnationally committed.

UBL – The touch of grace

In several of the papers of this center of education one detects the concern that arises from the retributive theology present in many Evangelical and Pentecostal sectors that tend to identify physical evil with the reality of sin or the demonic. In this way, the discourse of the church and its pastoral strategies are full of a symbolic order that assumes a judgment and condemnation instead of welcome and acceptance. With a greater tendency to offer individual solutions to profound systemic problems, or to regulate intimate life and deregulate the public and social responsibility, many churches refuse the epiphanic encounter mediated by the ‘street’ and the corners. This theological framework is contrasted with the way in which in Scriptures God ‘touches’ us as a friend, companion, lover, who in turn determines the Christian ‘touch’ (treatment) regarding the other person. Thus the political and liberating tenderness of God, pure life, is highlighted.

II

What do we learn in all these encounters, in these apocalypses/ revelations? I wish to propose a few vectors or directions for thought. They are partly suggested by the papers; partly they are the results of a few personal concerns..

1. The first topic which stands out from the encounter with HIV is the meaning of the body and sexuality in the Christian tradition. What is the body? What does sexuality express? In my opinion it was the Brazilian theologian Rubem Alves who gave us the most certain clues about it,⁷ which have already been further studied in Latin America by feminist theologians.

As we all know, Christianity carries with it a dualist legacy which is

⁷ See ALVES, Rubem. *La teología como juego*. Buenos Aires: La Aurora, 1982. chapters 2 and 3.

still difficult to overcome. Both in Catholicism and in Protestantism, the body has been seen rather as a problem that must be domesticated. Along this line, spiritual health (faith, grace, salvation, etc.) not only precedes the bodily, but the body and its needs occupy a lower plane disarticulated from the spiritual reality. Even further, all religious significance was attached to this dimension, which made it practically impossible to see the body (and its social reality) as a sphere or event of grace.

However, we also find another emphasis in the tradition which I discover, for instance, in Luther, where the body appears as a space for vocation, a call to interweave the activities of our bodies in mutual care and respect. The body becomes, thus, not only a space which must be maintained, but that must be economically, socially and politically interwoven. The vocation of the body is social, it is an availability. This is just as holy a space as is interiority, or subjectivity.⁸ And for this reason, the wellbeing of another is directly linked to the wellbeing and health of oneself, or of one's closest circle of social relations.

The growing privatization of health in our societies is a reflection of the idolatry of meritocratic societies where each person receives insofar as they can exchange a virtual sign for something that they lack or imagine that they lack. What happens with those who cannot exchange anything, not even the symbolic value of their presences and even ailments? Here is where the Christian approach unveils its relevance. The unconditional character of grace is precisely this, unconditional. There is no stigma, illness, poverty that is not 'touched' by God made flesh.

I think that deep down this is the topic that appears in John chapter 20, with the so called doubt of Thomas. More than a doubt about faith or existential doubt, what we find here is Thomas' faithfulness to the stigmatized Jesus that he knew – completely antagonic to the symbolic order, both Judeo-Saducean and Roman, that condemns the 'transgression' of Jesus towards what is impure, thus radicalizing the heart of the law, love. This body with its imperial marks and stigmata is God's own body, which, in the church of

⁸ I have in mind Luther's view of the 'orders' of reation which indicate the spheres which allow community life. See *Confesión acerca de la Santa Cena de Cristo*. In: WITTHAUS, Carlos (ed.). *Obras de Martín Lutero*. Buenos Aires: Paidós, 1971. vol. 5, p. 531.

the first few centuries, was formalized under the expression “what is not assumed is not saved”. Here it is important to note how Christianity identifies the full presence of God with a body that is torn, hanged and nailed, not in search of an exaltation of suffering, but as a confession of the presence of God among what has been rejected by the symbolic and social order. The resurrection stories always allude to this body, which in turn determines the symbolic template with which we ask ourselves, who is next?

2. The second topic is how bodies are symbolically structured in a society, which brings us close to the topic of how power is exercised – both ideological and biopolitical.⁹ For instance, in Jesus’ times, the codes of pure/impure, honor and shame, licit and illicit¹⁰ clearly delineated a social structure where the sinner was structurally connected to the righteous. In order to have righteous people, it is necessary to have sinners! Cataloguing the sinners, thus, was not only a religious demarcation, but a social, economic and political one of exclusion. This is what Dietrich Bonhoeffer calls pharisaic piety, where the other is not someone who questions me, but the occasion to show my pureness, my intelligence, my holiness.¹¹

Although the domination of bodies in our post-modern information technology world is more indirect than direct – differently from what it was in old times in the slave-owning, feudal or industrial societies – also today we have codes of pureness and impureness that function according to different coordinates. Our symbolic order rewards a narcissism that implicitly ranks human relations based on a duel of appearances that cover the ‘anomalies’ of poverty, disgrace, misery and marginality as sporadic events – not as the result of the very symbolic order that requires these realities to legitimate itself. We live in a Pharisaic time where disgrace is identified, for instance, with ‘perverse’ sexual orientations that are needed to regulate the social tissue.

That is why the stigmatization of people with HIV in our societies is symptomatic of a trauma, the trauma of not being able to accept that life

⁹ The French philosopher Michel Foucault pioneered this type of analysis.

¹⁰ See Patterson, Stephen J. *Dirt, Shame, and Sin in the Expendable Company of Jesus*. In: Hoover, R. (ed.). *Profiles of Jesus*. Polebridge Press, 2002. p. 205.

¹¹ See Bonhoeffer, Dietrich. *Etica*. Barcelona: Estela, 1968. pp. 16s.

develops amid frailty, ambiguities and openings that involve all of us. But there is also a trauma that touches on the concrete existence of a person (and their immediate surroundings) which carries a guilt that basically reproduces the symbolic order of the culture or of the churches. The pastoral aspect here not only implies a work of welcome, damage reduction or service, but also the same deconstruction of the symbolic order in which people with HIV are also trapped. The service is not enough, what is even more necessary is the liberating inclusion of the gospel that is expressed in concrete gestures and in profound rituals of healing.

The evangelical healing has its rites and symbols – the terrain proper to theological doing. Here too we recall Luther, especially his concept of the sacraments and more particularly of the Last Supper. Somehow the Eucharist is the most complete healing, most thorough; it is the place where we exchange our worthlessness for the value that is conferred on us by the new existence based on Christ. It is, so to say, an intersection where a virus is symbolically taken up (and ressignified) by another: we constitute ourselves as true persons in so far as we receive a new identity in and through Christ.

This event of the Last Supper speaks of the community that is created when openly sharing the event of commensality, meaning that all we are and possess comes into the field of an exchange that empowers us, as creatures sustained in a network of dynamic and affective relations. Finally, it also speaks of the object of this grace, our whole persons. Words and elements, information and nature, all flow together to integrate bodies, minds and lives with other human beings and with our surroundings. There is God.

3. Finally, I would like to suggest rereading one of the central statements of the Christian faith, which in my case involves the Pauline-Lutheran concept of justification by grace through faith.

The Lutheran tradition proposes seeing culture and society from the irruption contained by the action of God in the person of Jesus, the Christ. This event is what suspends the “Great Other” as a judge that measures everything, a disarticulation of an oppressive symbolic order through a call to be persons where no one can raise themselves as the absolute, most perfect possessor of the blessing of God. It is as though the dominion of God were to express itself among those who have no ‘rights’ and that one cannot resist when it is offered. Actually, this message tells us that we are all always

implicated in a process of healing that only begins when we are able to acknowledge and confess our situation of estrangement, alienation, sin. Grace does not improve our natures; it forms a crust in the wound, in the cracks that mark our existence.

It has been the merit of feminist theology,¹² anticipated in part in the works of Latin American theologians such as Juan Luis Segundo and Gustavo Gutiérrez, to help us see the reality of sin and justification not in a moralizing tone, but from a relational perspective: justice as the sphere of relations that sustain the true human vocation. The sin that alienates us is not a stain on our individual character, but it is manifested in the structuring of our relations whence we extract dignity and (symbolic and material) energies of life at the cost of others (the poor, women, people with HIV, nature, etc.).

This implies that the question about justification is a question about the meaning of being persons amid relational fields that, by their nature, are profoundly asymmetric. It is not fortuitous that another of the intuitions of Luther is that the message of justification is only intelligible from the cross, from the depth of the flesh. What does this mean today? What can this come to mean for those who live with HIV? It means to allow oneself to be questioned, to receive the one who suffers, not only in their pain, but in their dignity; not only for what they are, but for what they have been called to be; not for what they did or did not do, but for what God does. Therefore life is holy – especially in its limits.

For this reason the message and the doctrine of justification articulate an essential aspect of the purposes of the very foundation of reality. God Himself is particularly present there where creation hurts the most, where the black holes of desperation open. Thus the justification-healing is placed on a new and different plane. Actually the healing that we ask, the healing that we need, the healing that makes everything that exists worthwhile, is a community healing, a systemic and holistic healing, a rescue of our persons, who are never separable from their relations, either intimate and social, economic and political.

¹² See, for instance, Jones, Serene. *Feminist Theory and Christian Theology: Cartographies of Grace*. Minneapolis: Fortress, 2000. chap. 3.

Finally, the perspective of justification places the topic of healing as a realization of *koinonía*, a fellowship between all human beings and their surroundings. If we confess that Christ is the foundation and savior of the world, its Alpha and Omega, justification can never become something that one possesses, a cure that has been achieved, a possession that one shows. Actually it is something that one ‘has’ insofar as it flows towards others, connecting us with the social and natural surroundings where we have been called to live to the full.

Damage Reduction and theology
– being a protagonist in new ways of seeing
life and care in the light
of the HIV/AIDS epidemic

Claudio Roberto König

Damage Reduction

The proposal of Damage Reduction arose at a time in Brazil when the issue of psychoactive substances, especially the drugs considered illicit, was considered the construction of a complex social problem. In the field of medicine drug users were normatized as sick people, security defined them as criminals, and the Church often concluded that they were simply sinners. Thus, besides drug use being related to phenomena such as violence and crime¹, the AIDS epidemic joined the configuration that held psychoactive substances to be a social problem.

Dênis Petuco helps us understand the context of drug users and HIV-positive people who propelled the rise of the first Damage Reduction programs in Brazil. According to him, “The world is becoming aware that injectable drug users were a population group that was extremely vulnerable to becoming infected by HIV. In those days the concept of ‘risk group’ was

¹ Milton Severiano da Silva points out that “up to the 30s, marijuana was known in the United States only by its medicinal name *cannabis sativa*. The North American press, using the ‘hate of Mexican and Spanish immigrants’, popularized the name *marijuana*, giving the impression that the herb was an evil coming from another country, thus being able to demonize it.” Silva, Myltainho Severiano da; Modesto, Luiz Sergio; Molinari, David. *Se liga! O livro das drogas*. Rio de Janeiro: Editora Record, 1997.

still used², holding groups responsible for the dissemination of the AIDS virus” (Petuco, 2006, p. 13).

In the 90s there was a significant increase of AIDS cases among male injectable drug users and consequently among their partners/wives. This, in addition to the process of AIDS pauperization, led to the beginning of Damage Reduction Programs in Brazil.

Author Bia Labate presents a very good summary of the essence of these programs. She affirms “Damage Reduction as a possibility of significant progress in the reduction of HIV infection and viral hepatitis; as adopting strategies for prevention, care and self-care, which are committed to people as citizens; as the possibility of a dignified and respectful treatment that takes people and their independence into account” (Labate, 2007, no page).

In Brazil, in 1989, an attempt was made in Santos (state of São Paulo) to implement the first Damage Reduction Program, along the lines practiced in England and Holland³. But it was only during the 90s, with the action of civil organizations, that Damage Reduction was affirmed, gradually, as a government policy. In 1992, the first syringe exchange program was implemented by the Center of Studies and Treatment of Drug Abuse (CETAD – Centro de Estudo e de Tratamento de Abuso de Drogas) at the Medical School of the Federal University of Bahia.

In 1998, with Brazil already better organized, after hosting the 9th International Conference for Damage Reduction, several institutions were founded. Outstanding among them is the Brazilian Association of Damage Reducers (ABORDA – Associação Brasileira de Redutores de Danos), formed by former drug users and by people who were still using drugs. Throughout Brazil many Damage Reduction programs appeared which, contemporaneously, began to be considered public policies to deal with drugs and AIDS (Ministério da Justiça do Brasil, 2007).

² “Risk groups” characterized in an extremely stigmatizing way the male homosexuals, hemophiliacs and users of injectable drugs, considered by many as those responsible for disseminating the HIV virus. Petuco, Denis. *Drogas e cidadania: uma análise comparada da implementação das políticas de Redução de Danos nas cidades de Porto Alegre e Santos*. Porto Alegre: Universidade Federal do Rio Grande do Sul, 2006.

³ But it is only as of the 80s, especially in England and Holland, that a program with the status of an active and disseminated public health policy was implemented. During this period, Damage Reduction was a response to contain the dissemination of the Hepatitis B virus, and later of the AIDS virus, among users of injectable drugs (UIDs). In this case, it consisted of making syringes and needles available for users (Manual of Damage Reduction, 2001).

Damage Reduction and pastoral practice based on the experience of IECLB church workers

In the same way as I found in the Damage Reduction programs the path and the prospect for “a life in all its fullness” (John 10:10) for drug users and people who live with HIV/AIDS, I believe in the importance of organizing the experiences of church workers who also experienced the practice of Damage Reduction and today use this experience in religious communities belonging to the IECLB.

In order to collect the experiences of IECLB church workers in the DR⁴ program and to perceive how these experiences impacted their current action in the church, four interviews were held with male and female church workers in the beginning of 2012. The interviews were held in four cities in the South of Brazil, at the places where these interviewees work. Three male pastors and a woman pastor were interviewed: Gabrielly Ramlow, from the Parish of Rolante – RS (State of Rio Grande do Sul), Marcos Augusto Armange, from the Parish of Paverama – RS, Marcos Aurélio de Oliveira, from the Parish of Joinvillee – SC (State of Santa Catarina), and Fernando Henn, from the Parish of Cascavel – PR (State of Paraná). Thus, they answered six open questions⁵.

Reflecting on *the significance of strategy in Damage Reduction*, it was the work in the program itself that showed each church worker the reality and the human beings who were there, behind the drugs, and whom often society does not see and/or does not perceive, because it does not know this reality. In the reports it became clear that the Damage Reduction proposal helped understand that we must not concern ourselves only with the drugs, but rather with the human beings who use them and who often find in these substances the momentary support to flee from everyday problems.

In the context of the AIDS epidemic, thinking about dignity and human rights also means to discuss the ways in which they are violated. Part of this process is linked to the imaginary created around the epidemic and the way

⁴ DR: abbreviation of Damage Reduction.

⁵ The complete interviews are presented in König, Cláudio Roberto. *Redução de Danos e teologia – protagonizando novas compreensões de vida e cuidado a partir da epidemia de HIV/Aids*. Programa de Mestrado Profissional em Teologia. Linha de Pesquisa: HIV/AIDS e Teologia. 113 pp., 2012.

in which the people who live with it are marked socially by this stigma⁶. Pastor Fernando Henn successfully summarizes what the other church workers said by stating that Damage Reduction manages to perceive that “the status as a citizen is prior to the status as a drug addict. Therefore, no matter what they do in the future, they do not lose the status of a human being, of a citizen, of a person. So they must be treated as such” (Interview Henn, p. 2).

The church workers interviewed call attention to a major aspect in building the Church in the service of Jesus: the challenge of providing equality to those who have become different, in the face of interpretations of hygienist and sexist science⁷ (homosexuals, prostitutes, people who are in a situation of reclusion, drug users and people who live with HIV/AIDS). The interview begs for attention to this topic in the pastoral practice since, in a way, these people are part of our ecclesial communities.

According to the interviewees, what these people need is to feel at ease within the ecclesial communities, in order to be able to share their afflictions and anxieties with the spiritual leader of the Church of which they are part. Pastor Marcos Aurélio believes that “we, in the parishes, have people involved, families involved in the matter of drug use, people who are affected by HIV/AIDS also, therefore to work from the perspective of drug use and HIV prevention is also a possibility, it depends on the town or how you perceive the people who interact with you” (Interview Oliveira, p. 3).

About the pastoral practice developed by the church workers interviewed, it can be noted that the Damage Reduction perspective is very present in it, ranging from listening and a critical look at the different realities, to the capacity of providing correct, objective information about the different transversal topics, of proposing protagonism in the environment in which they live and, especially, to show care towards one’s neighbor.

⁶ “In the same way that in ancient Greece slaves, criminals and traitors were marked on their bodies (stigmas) as a way of being discriminated against in public places, humanity, as of the decade of the 80s and still contemporaneously, produces stigmas/marks on HIV positive people – who thus become discriminated against, socially dead and invisible.” Rebouças, Fernando. *Estigma e identidade social*, 2008. Accessible at: <<http://www.infoescola.com/sociologia/estigma-e-identidade-social/>>. Access on: 30/12/2012.

⁷ “The hygienist/sexist model reinforced the idea of sexuality tied to moral aspects.” Toniette, Marcelo Augusto. Accessible at: <www.sexoemocoos.com.br/index.php/home/41-artigos-rapidos/97-um-breve-olhar-historico-sobre-a-homossexualidade>. Access on: 30/12/2012.

Thinking about Damage Reduction as one of the alternatives of care in the Church, it can be noticed in the utterances of the church workers who worked on the proposal for Damage Reduction that there is great hope when the topic one intends to discuss is care. Having and being able to offer a “look”, and to “listen” with unconditional love is reflected in being able to propose, based on the perspective and reality of the person reached, a reflection about care of oneself and of those who live with them. “Damage Reduction showed that we must give people care based on what is possible, what is real – and not offer ‘care’ based on the pastor’s ideal” (Interview with Henn, pp. 6-7).

As a perspective of care for the pastors, based on Damage Reduction, the action of “reaching out to” and permitting “being reached out to” became evident. The biblical texts of John 10:10 – “I came so that you may have abundant life” – and Matthew 11:29 – “Come to me all who are tired and overburdened” – are texts that express commitment and an approach of God to people, regardless of who they are and the situation in which they find themselves.

The text of the Good Samaritan is also evidenced in the interviews and compared to the practice of Damage Reduction. The Samaritan’s approach and his willingness to take care of the other person, regardless of whether they were Jewish or Samaritan, characterize Jesus Christ’s praxis. A praxis of unconditional love. A practice of DR.

And, finally, the similarity between Damage Reduction and pastoral activity was evidenced, a similarity that is mirrored in “Jesus’ transgressions”, since Jesus in his time was crucified because he was inclusive, because he challenged a society that was legitimized in laws that propagated exclusion – Jesus cured on the Sabbath (Luke 4:33). Likewise Damage Reduction, when it made syringes available⁸, was considered a transgressor of morals and of hygienistic science.

⁸ “The experience of exchanging syringes in Brazil has been in practice already around 10 years and in this period it managed to reduce in half the cases of those infected with AIDS and Hepatitis C among users of injectable drugs”, said the national coordinator of Mental Health of the Health Ministry, Pedro Gabriel Delgado. Edição *Jornal Pequeno*, Rio de Janeiro, 8 de julho de 2005. Accessible at: <<http://www.jornalpequeno.com.br/2005/7/8/Pagina17446.htm>>. Access on: 30/12/2012.

Church, HIV/AIDS and human dignity

One of the greatest challenges in this study is to instigate the Churches regarding the topic of human dignity and to perceive how they are taking care of people who live with AIDS in their communities. Damage Reduction, together with theology, wishes to propose challenges that take the Church out of a possible “comfort zone” related to the subject of AIDS. Thus, one of the instigating topics for the contemporary churches are the table fellowships. There we can have a space of faith that will ensure the human dignity of people, and also a “space of faith” that will legitimate social death, perhaps instituted in the proposal of Jesus Christ.

Rodolfo Gaede identifies the table fellowship as one of the main topics of Jesus Christ’s Gospel. According to him:

Jesus considers the table fellowship as a possibility of the end of the injustices that he denounced. Because at the table fellowships we have the moment of sharing, of union, of the community, of the fraternity, of equality, of forgiveness and especially of inclusion in the experience of faith. This is the main evidence of the ministry of Jesus Christ, an inclusive Kingdom (Gaede, 2010, p. 307).

In January 2001, in the city of São Leopoldo, Rio Grande do Sul, through the Reduction Project,⁹ I had the opportunity of talking with Josias. Josias was an HIV positive person who had become infected in the circles that used injectable drugs without protection. On the occasion I visited him, when he opened the door he greeted us, and his first reaction after shaking my hand was to invite me in, fill a glass with sweet rosé wine, and offer me the same glass from which he had drunk, waiting for my reaction. I perceived his astonishment and, at the same time, his peace, when, unhesitatingly, I took the glass from his hand and drank the wine. The action of Josias, a young man who already had HIV/AIDS for approximately 20 years, appeared to me a “challenge” to participate in the table fellowship with him.

Damage Reduction seeks dialogue based on the “table fellowship” proposed by Josias. In this proposal, he questions and challenges the many contemporary table fellowships, which, in practice, distort Jesus’ inclusion.

⁹ Damage Reduction had/has as its main pillar “looking” and “listening” without judging. In this sense, the HIV positive people many times find in the DR proposal, besides a moment of being able to accept their situation as HIV positive, solidarity, love and care. See the complete report in König, 2012.

Jesus' tables are "an open place, a place for human relations, that welcomes all people without demanding prior conditions, to sate the hunger for bread and the thirst for communion" (Gaede, 2010, p. 30).

Josias, like so many people with the HIV virus, daily feels the difficulty of relating in the environment where he lives and/or interacts, whether it is in the condominium meetings, on the streets, in the neighborhood associations and even in the Church that he and his mother have always attended. Because, after coming out as HIV positive, he was ignorantly stigmatized.

According to the thesis of Rodolfo Gaede (2010, pp. 306-318) the "Table of Jesus" does not, or at least should not, exclude. In this sense the testimony of pastor Marcos Armange¹⁰ may cause great discomfort. He says, "Here in my congregation, this member who was very active, when he found that he had HIV/AIDS, removed himself from the company of others. Why? If one imagines a person like this coming, if it is public knowledge, to share in the Holy Communion, for instance, it would be a very difficult issue for all people in the congregation."

No matter how well Pastor Armange knows this problem in his congregation, and no matter how well he can deal with this specific case, it is important to ask how many pastors and/or priests deal with this topic and attempt to bring these people back to the congregation, without more damage being caused to them than by the disease itself.

Damage Reduction as a theological and pastoral perspective in the sphere of the HIV/AIDS epidemic

Given the HIV/AIDS epidemic and the different strategies and perspectives used to deal with it, one can think about theological and pastoral issues based on the proposal for Damage Reduction. This, in turn, through the experience made with Josias, calls for theologies, churches and pastoral activities for the care and promotion of life and the inclusion of people with HIV/AIDS.

¹⁰ Pastor of the IECLB in the city of Paverama, a small municipality of Rio Grande do Sul. Armange, Marcos Augusto. *Experiências de obreiros/as da IECLB com a prática de Redução de Danos*, 2012.

In this sense the Eucharist has a very important aspect for all people who profess their faith. In the Eucharist we see the most visible moment for the gift of cure. Since the Church has a vocation to be a protagonist in this cure in all of its dimensions, one cannot accept the fact that HIV positive people who seek this moment of cure in the Eucharist of churches leave it even more ill than they were. When Josias admitted that he is HIV positive, he felt excluded from the interaction of faith in his original Christian congregation. He felt excluded and stigmatized by the very Church that baptized him, that “taught” him the Gospel, that showed him the meaning of the Kingdom of God.

Rodolfo Gaede suggests “tables of reconciliation/inclusive tables” with the goal of opening table fellowships to all without exclusion. There one would eliminate all abysses that exist in human relations, both in the social and in the religious sphere. “In his practice of commensality, Jesus deconstructs the barriers that divide people. He reconstructs broken down relationships. He reconciles the divided parties. He recomposes the unity of the people of God. That is why the diakonia that wishes to have Jesus as its foundation learns from this service of Jesus” (Gaede, 2010, p. 317).

On the other hand, Leonardo Boff says that, for a planetary ethos¹¹ to be just and worthy, one should begin with the poor/excluded. “Based on them one can make an ethical-critical judgment about all dominant systems of power. The excluded cry out. Their cry denounces that the social and ethical system is flawed, it is unjust, and it must be changed. This poor person cries out: ‘help’; he holds out his hand and implores: “I am hungry, give me to eat” (Boff, 2010, p. 4).

Sven-Erik Brodd states that “through Baptism we are all the body of Christ/the Church. If one of its members is ill with AIDS, the entire body of Christ/the Church is ill” (Brodd, 2010, p. 94).

The three authors manage to glimpse that the “excluded” are the possibility for the churches to become a Church in the service of Jesus: This cry, this denunciation by Leonardo Boff about the excluded – “I am hungry,

¹¹ The word “ethos” comes from Greek and means values, ethics, habits and harmony. It refers to “the set of habits and actions aiming at the well-being of a particular community”. In: Wikipédia, A Enciclopédia Livre. Accessible at: <<http://pt.wikipedia.org/wiki/Ethos>>. Access on: 30/12/2012.

give me to eat”, Rodolfo Gaede’s proposal expressed in the idea that the churches should propose “tables of reconciliation”, and Sven-Erik Brodd’s proposition when he says that “we are all the body of Christ/Church”, resemble the manifestos expressed by Damage Reduction, when it suggests care, inclusion of all as a premise.

And it is in this comprehension, in the churches’ co-responsibility of keeping the Body of Christ healthy, of keeping the Eucharist as a moment of cure, of life, that Damage Reduction proposes perspectives of care for the people who live with HIV/AIDS. And it suggests that likewise this should be the role of the church: to be with people where they are and, based on their realities, to seek to construct with them alternatives for their lives.

Together with AIDS, difficulties arise that denounce some frailties of the contemporary churches when dealing with this topic and other topics that permeate the discussion on AIDS. For this purpose, Damage Reduction suggests a few alternatives/possibilities of practical care, used by it as an inclusive public policy in the field of the AIDS epidemic.

In this sense, some possibilities are: creating academic curricula that cover the topic of AIDS would help take away the vulnerability of church workers regarding the topic of AIDS and other transversal topics that permeate the disease; the promotion of permanent education on human sexuality in the churches, since the taboo is the explicit consequence of mistaken information; the church worker needs to develop a critical, caring look at a society that often oppresses and excludes.

Other care to be proposed would be unconditional care, being able to offer care based on a welcoming look and listening, without questioning people as to why and how they became contaminated with HIV. And, finally, care based on the proposal of “already now and not yet”, where the church can construct the Kingdom of God based on people’s reality (what they can offer at the time they are approached) and not only based on the ideal of the Church.

Thus, the proposal for Damage Reduction arises as a possibility of pointing to the injustices and inequalities within society. It arises as a denunciation of failing to meet human rights. It emerges from the cry of people who are stigmatized daily in our religious communities, and intends to invite the Church to become the Church based on the service of Jesus.

References

Armange, Marcos Augusto. *Experiências de obreiros/as da IECLB com a prática de Redução de Danos*. Paverama-RS, Casa Paroquial da IECLB de Paverama, 2012. Registro gravado para pesquisa do Programa de Pós-Graduação das Faculdades EST. Entrevista concedida a Claudio Roberto König.

Boff, Leonardo. O cuidado essencial. In: *Informativo PACS: Publicação Trimestral do PACS – Instituto de Políticas Alternativas para o Cone Sul*, n. 2, dezembro 2002 / fevereiro 2003.

Gaede Neto, Rodolfo. Banquetes de vida: a diaconia nas comunhões de mesa de Jesus. *Estudos Teológicos*, v. 50, pp. 306-318, 2010.

Henn, Fernando. *Experiências de obreiros/as da IECLB com a prática de Redução de Danos*. Cascavel-PR, Casa Paroquial da IECLB de Cascavel, 2012. Registro gravado para pesquisa do Programa de Pós-Graduação das Faculdades EST. Entrevista concedida a Claudio Roberto König.

Labate, Beatriz Caiuby. *Manifesto em defesa da Redução de Danos*. 2007. Accessible at: <<http://www.bialabate.net/news/manifesto-em-defesa-da-reducao-de-danos>>. Access on: 30/12/2012.

Ministério da Justiça do Brasil. *Programas de Redução de Danos no Brasil*. OBID – Observatório Brasileiro de Informações sobre Drogas, 2007.

Oliveira, Marcos Aurélio. *Experiências de obreiros/as da IECLB com a prática de Redução de Danos*. Joinville-SC, Casa Paroquial da IECLB, Apóstolo Paulo, 2012. Registro gravado para pesquisa do Programa de Pós-Graduação das Faculdades EST. Entrevista concedida a Claudio Roberto König.

Petuco, Denis. *Drogas e cidadania: uma análise comparada da implementação das políticas de Redução de Danos nas cidades de Porto Alegre e Santos*. Porto Alegre: Universidade Federal do Rio Grande do Sul, 2006.

Care in pastoral assistance to HIV/AIDS patients

Walter Hoppe

Introduction

The present article is the result of research developed within the Study Project Theology and HIV/AIDS in Latin America and it discusses the care to be given in the pastoral assistance to HIV/AIDS patients. The purpose of this study is to discuss care in the pastoral practice developed by Churches when dealing with people who have HIV/AIDS and thus it is meant to enrich and help this practice through the reading of articles and positions that discuss and reflect on this care.

An interdisciplinary approach was sought in the study. Beginning with the pastoral assistance to patients, the reflection focuses on the HIV/AIDS patient. It recalls that the first cases of HIV/AIDS were diagnosed beginning in the eighties of the last century. The disease is the result of a retroviral infection, the Human Immunodeficiency Virus (HIV). This infection is progressive and generally divided into three stages: asymptomatic, complex-symptomatic related to AIDS and full-blown AIDS. Patients with an HIV positive test, even if they do not present symptoms, experience great emotional anguish, guilt and anger, and must be understood and treated empathetically and in a welcoming manner¹. Most HIV patients, according to Amanda Baker and Julie Dixon, show a high level of knowledge regarding HIV and its transmission routes. It is necessary to work with the family and

¹ Flaherty, Joseph A.; Channon, Robert A.; Davis, John M. *Psiquiatria: diagnóstico e tratamento*. Porto Alegre: Artes Médicas, 1990, pp. 313-316; Miller, William R.; Rollnick, Stephen. *Entrevista motivacional*. Porto Alegre: Artes Médicas, 2001, p. 253.

with the infected patient. This, however, can be rendered difficult by these tensions². The family, in the situation which is imposed on them, risks falling apart³. The infection makes no differentiation:

And, like the one that took the stigmatizing place in society, came prejudice. Besides the rapid mortality, the main form of contagion – sex – all taboos of society were put to the test. First, because it was characterized as a disease of homosexuals, then sex professionals. It was only later that the virus spread to the population at large, and today we can no longer describe a population with full risk, i.e. a population at risk.⁴

So far, despite research, scientific advances and knowledge about the disease, there is no cure for HIV/AIDS.

In the approach to the issue of secrecy and suffering, silence and guilt are often experienced by the HIV/AIDS patient and their family. A person with HIV/AIDS experiences fear, anxiety, fear of death and of being disfigured. Anxiety is connected to fear of contagion, uncertainty, stigmatization, of being abandoned, fear of sexuality and of death. “And the fear of contracting some disease, of contaminating others, of losing work and home. Greater than the fear of death is the fear of great suffering.”⁵ The secrecy and suffering call the caregiver to exercise compassion in the pastoral assistance. They are called to make themselves available to the other, supporting them in their anxieties, doubts and fears, seeking to create spaces where there can be sharing – sites of healing of life, spaces that welcome and experience compassion.⁶

The Churches and HIV/AIDS

When the epidemic began, the churches kept their distance, as though it was not their problem, but of other people⁷. The position of the Church

² Flaherty, 1990, p. 314; Louw, Daniel. *Cura Vitae: illness and the healing of life*. Wellington, South Africa: Lux Verbi, 2008, p. 445.

³ Imber-Black, Evan (e colaboradores). *Os segredos na família e na terapia familiar*. Porto Alegre: Artes Médicas, 2001, p. 150.

⁴ Kahhale, Edna Peters. *HIV/Aids: enfrentando o sofrimento psíquico*. São Paulo: Cortez, 2010, p. 28.

⁵ Schneider-Harpprecht, Christoph. *Como acompanhar doentes*. São Leopoldo (RS): Sinodal, 1994, p. 81; Louw, 2008, p. 445.

⁶ Louw, 2008, pp. 443-446.

⁷ Für ein Leben in Würde. Herausgegeben vom Kirchenamt der Evangelischen Kirche in Deutschland (EKD), Hannover, 2007.

and of Christians in dealing with the AIDS epidemic, despite a few rare documents⁸ that speak from the point of view of the disease and the patient, continues to be an attitude similar to that described by Albert Camus in his book “The Plague”, in the character of Father Paneloux, who in his first sermon speaks of the others, of the sin of others as being the cause of evil, the reason for the plague:

If today the plague looks at you, it is because the time has come to think. The just cannot fear it, but the evil have reason to fear. In the huge farm of the Universe, the implacable flail will beat the human wheat until the chaff is separated from the wheat. There will be more chaff than wheat, more called than chosen, and this misfortune was not desired by God. For a long time this world made a pact with evil, it rested on divine mercy⁹.

As Christians and as the Church, it is necessary to look at Paneloux’s second sermon, in which the priest talks about our guilt and begins speaking about our disease, our need for healing as Church and as Christians: “Even more curiously, [Paneloux] at this point said we, instead of using the second person plural.”¹⁰

The AIDS epidemic has been an invitation to the Church to rediscover its place and its mission, exposing the disease of the Church itself, which finds it difficult to welcome, to go out of itself and commit to the other, the patient. According to Sven-Erick Brodd: “The pandemic itself arouses questions about the nature and mission of the church, and ‘is forcing us to once again clarify the vision of our Church’”¹¹ In dealing with the epidemic, it is necessary to heal the Church.

The church gives its contribution by providing assistance to people affected by the pandemic, that the church is affected by the HIV/AIDS pandemic, or even that the church is infected by AIDS.¹²

The healing of the disease requires the healing of society which, although limited, sees itself and lives as though it had no limits. The healing

⁸ The documents of the Lutheran Churches in Latin America were collected by Lisandro Orlov in the book: Krüger, René; Orlov, Lisandro (eds.). *Para que puedan vivir: la comunión luterana escucha e responde en el VIH y SIDA*. Buenos Aires: Instituto Universitario ISEDET, 2006.

⁹ Camus, Albert. *A peste*. 3. ed. Rio de Janeiro: Record, 1978. pp. 69-71.

¹⁰ *Ibid.*, pp. 154-155.

¹¹ Brodd, Sven-Erick. Elementos eclesiológicos para entender “igreja” na pandemia de HIV/AIDS. *Estudos Teológicos*, São Leopoldo, v. 50, n. 1, p. 84, 2010.

¹² *Ibid.*, p. 86.

of the disease is related to the healing of life, to understanding life with its limitations and knowing how to live it with dignity and depth. It is related to the healing of society in the sense of rediscovering its dependence, of knowing how to live within this dependence, mutual dependence, dependence on God¹³.

The caregiver and the disease

The task of the caregiver and assisting pastor in helping the patient implies the need to know the disease. The assisting pastor must place him/herself at the side of the patient, because each patient experiences their disease in a different manner, each disease and patient are unique.¹⁴ Healing occurs in listening and welcoming; placing the anguish, guilt, fears and anger before the Lord is to share it with the One who can act and do what is impossible for human beings: the healing of life¹⁵.

The caregiver must understand the patient's life and his/her own life from the perspective of God, not from his/her own perspective or from the disease, or from the limitation of humans. In pastoral assistance, he/she needs to go with the patient on the path to understanding the disease and to self-care¹⁶. Healing does not need to mean victory over the physical illness, the disease and pathology. But accepting it, living with it and the limitations that it imposes, may make one a witness to the love and care of God (2Co 12:9).

Care in pastoral assistance must work to restore paths. It must concern itself with reestablishing relationships, relationships with family and friends that have often broken down because of the patient's life choices and the disease.¹⁷ The caregiver must be conscious of his/her own limitations and thus must seek help from the psychologist, physician and other professionals, making it possible for the patient to receive interdisciplinary care.

¹³ Louw, 2008, pp. 436-437.

¹⁴ Winkler, Eberhard. *Seelsorge an Kranke, Sterbende und Trauernde*. In: *Handbuch der Seelsorge*. Berlin: Evangelische Verlagsanstalt, 1983. p. 406.

¹⁵ Friedel, Erich. *Handlanger auf Gottes Bauplatz*. Berlin: Evangelische Verlagsanstalt, 1964. p. 297.

¹⁶ Miller and Rollnick, 2001, p. 253.

¹⁷ Schneider-Harpprecht, 1994, p. 18.

Pastoral Care at Centenário Hospital

Hospital work is unconceivable without pastoral care, since from the beginning patient care was connected to religion. In the Christian faith, God himself wants to be encountered through caring for the ill (Matthew 25). It has become common in Brazilian society that terminal patients be handed to institutions providing professional care, the hospitals.¹⁸

Centenário Hospital in São Leopoldo, Brazil, was handed to the administration of the Franciscan Sisters of Penitence and Charity, who were then removed in 1980, based on the perspective that the hospital was only a place to cure the body, not being nor having place for religion, much less spirituality.¹⁹ With the rediscovery of spirituality, with the new arrangement of public health in Brazil through SUS (Single Health System)²⁰, one began to seek humanization and improvement of care and procedures at hospitals. In this process, the hospital board called a meeting of the religious workers for these to think and concern themselves with religious and spiritual assistance to the ill. The result of this meeting was the installation of a working committee to organize the visiting service and the establishment of by-laws to regulate this service.

Training to perform spiritual visits to the ill is offered at seminars held every six months. They begin with an introduction to the history of hospitals and assistance to the ill, then there is a biblical-theological approach to the disease and the sick person. They discuss pastoral care in dealing with the disease and the patient, psychological aspects of the sick person and care of the family members.²¹

Nowadays there is an ecumenical group of visitors, and ministers have free access to the sick, when the latter request it. The main purpose of the visitors' service is to place themselves at the side of the patient, alleviate

¹⁸ Gottwald, Bruno. O papel do assistente espiritual no ambiente hospitalar. In: *Palestras e Cursos – II Congresso Brasileiro Ecumênico de Assistência Espiritual*. Curitiba – 01 a 03 de outubro de 2001. Associação Cristã de Assistentes Espirituais Hospitalares de Curitiba. Província Camiliana Brasileira. Pontifícia Universidade Católica do Paraná. p. 30.

¹⁹ *Jornal Centenário*. *Jornal de Circulação Interna*, n. 17. Fundação Hospitalar Centenário e Conselho Geral dos Servidores do Hospital Centenário. São Leopoldo, fevereiro de 2011.

²⁰ Política Nacional de Humanização. *Humaniza SUS*. Brasília: Ministério da Saúde, Secretaria Executiva, Núcleo Técnico da Política Nacional de Humanização. Accessible at: <www.saude.gov.br/humanizassus>. Access on: August 2012.

²¹ *Jornal Centenário*, op. cit.

their suffering and hear their doubts and fears, anxieties and frustrations, in their crisis and hope for healing. Today, differently from the past, there is a spirit of mutual care among visitors, ministers, hospital workers and professionals toward the ill. The committee of ministers and hospital workers has gathered regularly to evaluate, perform adjustments, make the visitors' and ministers' work easier and organize celebrations and meetings for further training. There have been advances in the interpersonal relationships at the hospital: between the professionals and visitors, and also the professionals and visitors towards the patient. The great challenge has been the relationship between the patients and their family and community, especially patients with AIDS; both need support. Therefore, the spiritual visitor's work should extend beyond the hospital, a topic that has returned to the table for discussion by the committee of ministers and hospital workers.

HIV/AIDS as a challenge to the Church

Even 30 years after the onset of the epidemic, and after it became a pandemic, it is still a challenge to the Churches as places of welcome and care, as a body that denounces injustice and fights for the dignity of human beings. Faith in God the creator, maintainer, savior and reconciler guides the Church at all times, in all situations and places.²²

AIDS is not a problem of outsiders, it is not a problem of "the sinful world"²³. It is a problem common to the Christian Church worldwide, because, as Gustavo Gutiérrez appropriately said: "The Church is the world itself that lives in history and is oriented to the future promised by the Lord."²⁴ AIDS and HIV positive people are like all other sick people, a permanent challenge to the Church. They are a call to the conversion of the Church. The latter needs to "ask the forgiveness of all people who live with AIDS for the silence that certainly contributed to the exclusion and prejudice and increased their suffering and that of their family."²⁵

²² Für ein Leben in Würde, 2007, p. 7.

²³ Igreja e AIDS: presença e resposta. Porto Alegre: Pastoral de DST/AIDS – CNBB, 2004. p. 105.

²⁴ Sardinha, Edson Cortasio. *Ecumenismo, diálogo inter-religioso e luta contra a Aids*, cit. ap. *ibid.*, p. 105.

²⁵ Krüger and Orloff, 2006, p. 93.

The Church needs to free the sick from the stigma of sin, freeing them from guilt. It has a source of life for the struggle against AIDS, which is the Holy Gospel.²⁶ Daniel Louw alerts the Church discoursing about a theology of glory, showing that the latter does not reflect on human suffering; he thus refers back to a theology of the resurrection that has in its heart the theology of the cross. Low invites the Churches to a theological rediscovery of the strength, hope and life which come from the Gospel.

Human beings have dignity and responsibility; they have a capacity for solidarity and communion. Christians do not live for themselves. They know that they are sent for the encounter with the other (Job 17:18), with the ill. Solidarity with the ill is not an option for the Church, for Christians, but rather part of their being (Mt 25) and of their calling. This implies and invites, according to the “Letter to the Congregations”, from the National Seminar on HIV/AIDS, 2004, of the Evangelical Church of Lutheran Confession in Brazil, to “bring back Christian ethical values such as faithfulness, solidarity, hope and love to human relationships”²⁷.

The congregation is the place par excellence of welcome and help. Therefore it is necessary to educate the members of the congregation regarding the importance of the work of welcoming and helping people who live with HIV/AIDS and to form support groups for such situations and also for the terminal cases. It is necessary to “break the silence and take a major step to restore human dignity”.²⁸ It is necessary to rediscover the congregation as a place for fraternal support, a place where I can let go, let myself go and seek new strength, a place where the commandment of Christ is lived, love (Gal 6:2).

The congregation can become a place to rebuild the sick person’s losses and those of their family. It must help them to reinsert and reintegrate in society and, thus, “make God visible and present where many think that God is absent. We believe that our divine mission can only be put into practice when the Churches are prepared to walk among human beings, when their

²⁶ Clifford, Paula. *La teología cristiana y la epidemia VIH/SIDA*. Buenos Aires: Epifanía, 2005. pp. 5-6.

²⁷ Krüger and Orloff, 2006, p. 94.

²⁸ *Ibid.*, p. 95.

participants can say: ‘We heard the cry of our people’.²⁹ The community is a place for welcome and help, it is the place of care and hope.

Conclusion

The question that motivated this study was: why does the Church, why do Christians find it difficult to reach out to, to take position at the side, to welcome and care for sick people, they who know that their Lord did not come to gather in the healthy, but rather the sick (Mt 9:12)?

“Because God loved the world so much that He gave his only Son so that all who believe in Him will not die but have eternal life.”³⁰ “So Jesus came, remained among them, and said: – May peace be with you! Then he showed his hands and his side (the stigmata). And they were very happy to see the Lord. So Jesus said again: – May peace be with you! As the Father sent me, so I also send you.”³¹

Concluding, it is crazy to see that little or nothing has been learned from history, that things are still like in Antiquity, in the Middle Ages, that the lepers, mad people, tubercular people still exist, that HIV/AIDS continues, like the plague in the past, to separate and stigmatize and, thus, condemn thousands of people and population groups to the margins of life and society. That prejudice still speaks louder than rights. That death still defeats life.

References

- Bíblia. Nova Tradução na Linguagem de Hoje. Barueri (SP): Sociedade Bíblica do Brasil, 2000.
- Brodd, Sven-Erick. Elementos eclesiológicos para entender “igreja” na pandemia de HIV/AIDS. *Estudos Teológicos*, São Leopoldo, v. 50, n. 1, pp. 82-101, 2010.
- Camus, Albert. *A peste*. 3. ed. Rio de Janeiro: Record, 1978.

²⁹ Quintino, Milton; Cardoso, Ernesto B.; Leal, Cecilia (orgs.). *Igrejas e AIDS (2): perspectivas bíblicas e pastorais*. Rio de Janeiro: ARCA e ISER, 1990. pp. 87-88.

³⁰ Bíblia. Nova Tradução na Linguagem de Hoje. Barueri (SP): Sociedade Bíblica do Brasil, 2000. John 3:16.

³¹ John 20:19-23.

Clifford, Paula. *La teología cristiana y la epidemia VIH/SIDA*. Adaptado por Lisandro Orlov. Buenos Aires: Epifanía, 2005.

Friedel, Erich. *Handlanger auf Gottes Bauplatz*. Berlin: Evangelische Verlagsanstalt, 1965.

Flaherty, Joseph A.; Channon, Robert A.; Davis, John M. *Psiquiatria: diagnóstico e tratamento*. Porto Alegre: Artes Médicas, 1990.

Für ein Leben in Würde. Herausgegeben vom Kirchenamt der Evangelischen Kirche in Deutschland (EKD). Hannover, 2007. (EKD Texte, 91).

Igreja e AIDS: presença e resposta. Porto Alegre: Pastoral de DST/AIDS – CNBB, 2004.

Imber-Black, Evan et al. *Os segredos na família e na terapia familiar*. Porto Alegre: Artes Médicas, 1994.

Jornal Centenário. Jornal de Circulação Interna. Fundação Hospital Centenário e Conselho Geral dos Servidores do Hospital Centenário, São Leopoldo, n. 17, fev. 2011.

Kahhale, Edna Peters et al. *HIV/Aids: enfrentando o sofrimento psíquico*. São Paulo: Cortez, 2010.

Krüger, René; Orlov, Lisandro (Ed.). *Para que puedan vivir: la comunión luterana escucha e responde en el VIH y Sida*. Buenos Aires: Instituto Universitario ISEDET, 2006.

Louw, Daniel. *Cura Vitae: illness and the healing of life*. Wellington, South Africa: Lux Verbi, 2008.

Miller, William R.; Rollnick, Stephen. *Entrevista motivacional*. Porto Alegre: Artes Médicas, 2001.

Política Nacional de Humanização. Humaniza SUS. Ministério da Saúde, Secretaria Executiva, Núcleo Técnico da Política Nacional de Humanização. Brasília (DF). Accessible at: <www.saude.gov.br/humanizasus>. Access on: August 2012.

Quintino, Milton; Cardoso, Ernesto B.; Leal, Cecília (Org.). *Igrejas e Aids (2): perspectivas bíblicas e pastorais. Apoio Religioso contra a AIDS*. Rio de Janeiro: ARCA e ISER, 1990.

Schneider-Harpprecht, Christoph. *Como acompanhar doentes*. São Leopoldo (RS): Sinodal, 1994.

Winkler, Eberhard. Seelsorge an Kranke, Sterbende und Trauernde. In: *Handbuch der Seelsorge*. Berlin: Evangelische Verlagsanstalt, 1983. pp. 405-421.

Jonah, negative! and very exclusive!¹

Sergio A. López

Jonah, you must go East!

The biblical story of the prophet Jonah swallowed by a giant fish may be one of the best known stories to all kinds of people. The events that occurred before or after are unlikely to be precisely remembered. The Book of Jonah is the story of a man called Jonah whom God made prophet and asked to take a message from Him to a city called Nineveh. Against every forecast that he would fulfill the task given to him by God, Jonah disobeyed and tried to do the contrary. Finally, it was God who educated his prophet to carry out the task.

Most of the commentaries (González, 2000, p. 12; Winter, 1991, p. 43; Kilpp, 1994, pp. 16-20) are of the opinion that the name Jonah does not necessarily coincide with the author of the book of Jonah. It is known from 2 K 14:25 that there was a Jonah son of Amittai in the times of Jeroboam II, but we cannot connect this Jonah to the character who is being analyzed, because it is never said that he was the author of this book or a contemporary of its date.

Jonah's mission consisted in proclaiming against Nineveh, because its evil had risen to the presence of God (Jon 1:2). Nineveh was not just any city. It was the capital of the Assyrian Empire around 722 b. C. What makes it a special city in the story? Why didn't Jonah want to go there? For the people of Israel it represents the memory of the most painful time in their history, when they were submitted and subjugated. It recalls the suffering of the times of cruelty, violence and hostility against the people, and, therefore,

¹ This article is a summary of the content of our MSc thesis which will be titled: *¡Dios inclusivo! Jonás, ¡no! (God inclusive! Jonah not!)*. The thesis advisor is Dr. Pablo Andiñach.

it is a geographic place against which there are feelings of anger, hatred and aversion.

From the moment of the order “Preach against it” in Jon 1:2 until Jonah proclaims the destruction of Nineveh in Jon 3:4, there are certainly many possibilities or alternatives of what can be announced. However, we must assume that a message that proclaims the destruction of Nineveh would be an opportunity of a certain personal satisfaction, an expressed desire to see Nineveh destroyed and God doing justice in the way Jonah expected. Finally God will do justice! Yet, the prophet Jonah flees in the opposite direction. He is deaf to the task given to him by God. Nothing explains this reaction in Jonah, until the justification appears at the end of the book.

He prayed to the Lord² and said: Now, Oh Lord, is that not what I said when I was still in my land? That is why I hurried to flee to Tarshish, because I know that you are a clement and pious God, slow to anger, and very merciful, and that you repent from evil. (Jon 4:2).

The people of Nineveh repent and believe in God. It is very ironical that the prophet who is least diligent in carrying out his task achieves the greatest success!

The underlying provocation in the Book of Jonah, with all of its ironical content, flows into a grand theme, that of God’s initiative in choosing a people among other peoples, and this choice falls on the people of Israel. The theology of the exclusive choice and the promises that were reserved for the people are the leitmotif of the Pentateuch and the root cause of a mistaken reading of this choice, which leads to the exclusion of the rest of the peoples on earth, a theology that is highly criticized by the message of some prophets.³ This theological paradigm, this way of seeing the choice of

² Although the version we used when we quote the text uses the term *Jehovah*, new versions no longer have it. Therefore, in this quotation we chose to change the name *Jehovah* for *Lord*.

³ There is an oracle in the book of the Prophet Amos which relativizes the choice and attributes to other nations the privilege of an exodus comparable to the one that fell to Israel in drawing lots (Am 9:7). Other oracles (Am 6:8; Am 6:13-14) declare that the consequence of the choice is greater strictness by God. Yet, the prophet Amos still holds to the idea that the Lord has chosen Israel in a special, unique way. The idea that God knows his people has a more profound and more intimate meaning than the simple acknowledgment of the fact that they exist as a People. It expresses a close personal relationship, rather than a mere intellectual operation. Now, because it is the people of God, Israel must live as the people of God. For Amos it was clear that choice means *responsibility* rather than *privilege*. Remembering this, the prophet dissipated the illusion in which the chosen People believed that they had special rights over God.

God explains a few realities and experiences of the chosen people and is ultimately a theological straightjacket for the same people.

With the book of Jonah we can interpret the action of God differently. It encourages us to surpass our mental limits when we think that there are places or situations where God is not present and does not act. Places which are “so indecent” that we would not find God’s epiphanies. However, God surprises us when, in those unthought-of places, or which are beyond our hermeneutic frontiers, he chooses them again as the appropriate terrain to show his love. That is where he is present, where he stays, so much so that if Jonah flees Nineveh, he is definitely fleeing from God. The book of Jonah obliges the deconstruction of a closed theology of God, to open oneself up to other possibilities. It risks rendering the scheme of “exclusive choice” unfeasible.

The book is part of the list of prophetic writings, namely the so-called minor ones, but it is almost completely different from the canons typical of this genre. However, it has a prophetic spirit. It widely projects a divine tolerance and propagates a love without limits that even reaches the Ninevites. It is a clear sign of warning against any religious narrowing and schematizing (Vijver, 1988, p. 11).

What we can state, in fact, following the reasoning of René Krüger (1984, p. 5), is that the ironic and satirical elements give meaning to the use of legendary material, such as the name of the prophet, but they are also an essential condiment of the work that questions the particularity and exclusiveness of Israel. The book is a didactic composition, since some of the topics it discusses: punishment versus repentance, universalism versus particularism, the role of the prophet between the carrying out and the fulfillment of the prophecy, etc. (The JPS Commentary Jonah, 1999, p. 10) could have been said just as we mentioned them; however, the author uses a parable form to develop an idea. The book is not addressed to someone specific, which reinforces the universalistic dimension, a characteristic that we really wish to recover.

The inhabitants of Nineveh, the hated and depreciated people, are the object of God’s love, and also the addressees of the message received by the prophet Jonah. The reader of the book of Jonah is not able to discover this message except toward the end of the work since from the beginning it

sustains the idea that, finally, God will react against so much violence; the reader expects that upon the calling by God in Jon 1:1-2 two things will happen: the first is that Jonah will get up and go, and the second that Nineveh will be destroyed. However, a descending movement of concatenated actions begins. Jonah gets up to flee to Tarshish, far from the presence of God, and for this reason he goes down to Joppa, and even further, he goes down into the hold of the boat that will take him in the opposite direction of his destination, which is the city of Nineveh. In this text we find this insistence upon Jonah's estrangement.

Jonah does not fulfill his wish to reach Tarshish. A storm surprises him; the reader is also surprised at the attitude of the sailors who were pagan, since each of them prayed to his own God, and one is also surprised at the attitude of Jonah, who sleeps deeply. When there is nothing left for him to do but to admit that he is responsible for the crisis that the ship's crew is undergoing, he goes even further down; he is thrown overboard and swallowed by a giant fish. If, to the story of this scene, we were to add the possible feelings of Jonah, we might also talk about a depression and a loss of meaning of going on living, which takes him down even more deeply, and consequently about a downward movement of the story. All of the movement which, so far, had been downward (going down to Joppa, going down to the ship, going down into the ship's hold, and finally the belly of the fish) becomes upward (Jonah gets out of the fish onto the beach, is called again by God to carry out the mission, and goes Eastward to Nineveh). The prophet goes to Nineveh, he preaches, the Ninevites convert, and God forgives them.

How short a time this rise will last in the story, since after his successful preaching, there is an enumeration of actions of the prophet in free fall (he leaves Nineveh after one day of preaching to see its destruction and goes Eastwards from Nineveh like a capricious boy who now exaggerates God's mandate, he wishes to die when he sees that a castor oil plant that gave him shade dried, and he cannot accept the idea that God ultimately accepts and loves the inhabitants of Nineveh and believes in them). This new descent, marked by Jonah's anger, the plea to die and the spelling out of why he had escaped to Tarshish while he could, are the shout of *it is over* by the prophet, who cannot take so much of God's inclusion.

The story shows a God who wishes to make the prophet Jonah come to his senses, making him see that his sovereignty over the world is not performed through an inflexible justice, where things are either black or white without any intermediate shades; on the contrary, it will be through patience, mercy, love and ultimately pardon. The presentation of the text is so radical that it chooses the worst of the undesirable enemies of Israel to question the people about how far the inclusive love of God goes, reaches and embraces, both for Israel and for those who are not his people. It will ultimately be the reader who must respond to the last question of God, since the text leaves an infinity of open questions! (Ska, 2011, p. 2).

In the blocks mentioned (chap. 1-2 and 3-4), it is always God who takes the initiative and who finishes it, and this leads us to think that really the main protagonist of the work is God, not Jonah. This insight allows us to state that God's sovereignty covers all spaces and spheres: Israel, Jonah, land, sea, the weather, pagan sailors, Nineveh and Ninevites, animals and plants, etc. This sovereignty is what allows us to grasp the hermeneutic key of the universal message of the God of Israel (Krüger, 1984, p. 11).

Beginning with Jon 1:1, God worries about the inhabitants of Nineveh – who would not deserve to be taken into account – so that his voice will also reach them; he turns Jonah into his prophet and thus it is reaffirmed that God is the Lord of all without exception. Nineveh is the prototype, a figure of the most undesirable and lost.

The contradictions appear from the beginning in the book of Jonah. The prophet flees. He thinks that he will get away from God, while actually he knows that God is the Lord of heaven and earth, as he acknowledges in Jon 1:9. He then flees from the Oriental pagans (the inhabitants of Nineveh) and goes to Tarshish in a boat with pagan sailors, this time Western, but ultimately pagan sailors. Certainly his denial and resistance are very active and with concrete facts.

Jonah, as part of the people of Israel, in his own words, “Hebrew”⁴ and, as such, the addressee of God's promises, will go through many problems to accept God's sovereignty, while, in turn, the pagans (sailors and Ninevites) acknowledge God as the only God. It is these pagans – in the case of the

⁴ In clear opposition to the rest of the other peoples.

sailors – who will even intercede to God, after making their last attempts to save themselves by wanting to row to the coast –, who leave a teaching on the value of life, even that of Jonah, since their last choice was to throw him into the sea.

Is it not the same attitude of Jonah toward the Ninevites in Jon 4:5? While up to this point God wanted to reproach Nineveh for their conduct, now it is Jonah his prophet who concerns him most and deserves a change. It is to be supposed that, if God is good to his prophet and gives him a second chance, how much more can he do for the Ninevites who are doing penitence, both men and animals⁵. This opposition, this contrast, this attitude of the Ninevites vs Jonah is so strong, that even in the times of the New Testament Jesus himself used this example to refer to the Jews who did not want to accept his message (see Matthew 12:41; Luke 11:32).

Thus, God's sovereignty is affirmed and sustained until the end of the book of Jonah, since God can change and does change! Not even He subjects himself to a few parameters that oblige him to remain closed in, a prisoner of his word or of his wrath. Certainly, it is the nationalist egoism of Israel, personified in Jonah⁶, that cannot accept a God of mercy and universal love, although repeatedly and in different ways the people of Israel experienced the merciful action of God towards them and professed their faith in this particularity of God.

[...] I knew that you are a clement and merciful God, slow to anger and rich in love, who repents from evil. Now, therefore, I beg you to take my life, since death will be better for me than life. (Jon 4:2).

Finally, it is the reader who must answer the questions that arose, or else persist in the “Jonasic intolerance”.

Universal and inclusive love or “exclusive choice”

God chooses Israel since ancient times, according to the testimony of the Holy Scriptures; he makes them his people among the other peoples.

⁵ Is the mention of animals also intentional to tell the closed and hardened Israelites that, if they continue to take this attitude, they are inferior even to the animals?

⁶ It is important to mention the book of the prophet Nahum as a testimony of a theology in Israel that erroneously saw the choice of Israel by God as an exclusive gesture by God towards the Hebrew people, and that in turn excluded all other peoples (Nh 1:15). The entire text of Nahum is an accusation against Nineveh and what God will do to avenge the honor of His people.

“Israel is called by God from slavery in Egypt to be a people living according to the Torah, to be the witness of the great things that the Great God keeps for all people who want to enter this relationship, before as now” (García Bachmann, 2001, p. 251).

Mercedes García Bachmann clearly says that the choosing brings with it a commitment, a task: that of being witnesses to the other peoples of what God intends for humankind. This choice should not be interpreted as exclusive for Israel, yet it is one of the ways in which God’s predilection was interpreted.

Because you are a holy people for the Lord, your God; the Lord your God has chosen you to be a special people, more than all peoples who are on earth. Not because you are more than all other peoples, God wanted you and chose you, since you were the most insignificant of all peoples. (Dt 7:6-7).

The expression “Holy People” separates them from everything that is profane and, on the other hand, links them to the service of God in a very specific situation compared to other peoples. This way of reading and understanding the predilection of God reaches the extreme of turning God into an exclusive property of Israel, and Israel the property of God.

The other theology present in the prophets (Is 49:6-7) is the unique mission of the people of Israel as a witness to the other peoples and nations about the God of the Alliance, who wishes that all people live under this sovereignty of God without ruling out the fact that God chose Israel not as a privilege but for a mission.

If these two views and the reactions to them are so vehemently presented in constant tension in many passages of the Bible, it is certainly because it was a complex topic which divided opinions⁷. Two theologies in conflict in the Hebrew Bible that we will now apply to the context of HIV-AIDS.

Jonah is the man who knows about the love of God but does not want to share it. He cannot consider important that what is at stake is the loss of people (and of animals) above any theological rationale or construction.

The presence of Nineveh challenges an exclusive view of the love of God. We realize that it is not possible to apply the image of Nineveh symmetrically as an element of imperialist power to the situation of

⁷ In order not to multiply Bible quotations, we propose as an example texts quoted from Isaiah, Nahum and Amos that are in the text.

stigmatization of HIV-AIDS and locate both in spaces of exclusion. However, based on the didactic characteristics of the text, that presents the inhabitants of Nineveh as clearly marginalized people, hated within the world view of Israel, this makes any preaching of love, any intention of inclusion that begins in Israel and reaches the Ninevites as addressees unthinkable. It is unthinkable that this kind of people, coming from this concrete place, are the recipients of the love of God.

The parameters of hatred and marginalization can be applied in any case and beyond the historical circumstances, because the motive is the same. The dynamics of discrimination connects both the reality of the people of Nineveh and the numerous realities of marginalization and discrimination under new stigmata. For Jonah, the ethnic-religious provenance, the historical circumstances and the painful memories of Assyrian domination provide enough material to relegate them and consider them damned. Then the parabolic (ironical-cynical) style of the book of Jonah as a whole allows discovering elements that are certainly common and that the analysis of the theological paradigm applied to Nineveh (as the prototype of the one that certainly cannot be saved and that would indefectibly merit judgment and punishment) is the same that we can apply to the scheme of “iron” theology through which those stigmatized by the HIV-AIDS virus continue to be excluded from salvation by God.

Nowadays, the reality of marginalization in the context of HIV is determined by sexual orientation or gender identity (UNAIDS, on the web [Consulted: 11.30.2012]).⁸ HIV has the face of a human being with a history, who constructs their identity and who, considering their HIV positive situation, bears a social stigma. Therefore we can relate the mechanisms of stigmatization of the inhabitants of Nineveh to the mechanisms that are still being used to discriminate people, who are stigmatized because they are HIV positive. Mostly, seropositive people are perceived as guilty for what is happening to them, i.e., a quick connection is made between promiscuity,

⁸ According to the statistics presented by UNAIDS, of 130,000 people with HIV, 50% do not know that they have the virus, and, taking a percentage of the people infected, these statistics appear: It is estimated that 4 out of 1,000 adults are infected with the virus. The proportion varies and increases if vulnerable subpopulations are considered, reaching 12% among men who have sex with other men, 7% among injectable drug users, 5.41% among sex workers, and 34% among transsexuals.

drug consumption, prostitution and HIV-AIDS. This connection between HIV and “indecent behaviors” exposes people to public judgment and disapproval of their way of life. The next step is condemnation and social exclusion.

Jonah’s idea about the inhabitants of Nineveh whom he considers guilty of being considered as damned and deserving of punishment works with the same mechanism of thinking by which certain life styles are also despised and judged or stigmatized as guilty. The mere mention of Nineveh might produce the most profound feelings of aversion and rejection in Jonah. In the same way, HIV-AIDS evidences many people’s prejudices. Thus, for instance, the sexual practices of men who have sex with men generate the judgment that connects this practice to promiscuity and, since through the sexual approach many factors and practices associated with the spread of the virus are found, it is the first idea that generates the judgment.

Different degrees of marginalization can be determined according to the degree of social condemnation of the action or life style. Thus, for instance, a baby whose mother gave it the virus is socially pitied, while if the person was infected by drug consumption or by sexual practices, they are marginalized and considered as deserving of everything that happens to them. Hatred and rejection experienced by people with a different sexual orientation and those persons who belong to the trans social collective, as well as drug users, are in the first ranks of those considered damned, new Ninevites undeserving of love. The challenge begins when we must internalize a new paradigm that will admit that those whom we would see as “executioners”, as undesirable, as damned, to God are the *vulnerable*, weak and needy of love, and when we should welcome them with open arms, so that they will be included again.

For this reason, the reality of HIV-AIDS is one of the new situations that challenges us to be inclusive churches. AIDS challenges the churches to open up their own heart, repent from their rigid morals and inactivity. It challenges our fears and our excluding theological interpretations. The community of the saved is to be saved through forgiveness and conversion.

Thinking about the interpretation we have to weigh the consequences of the use we have made of our Holy Scriptures. We cannot erase nor change the historical texts, but we have to decide how to use them and become responsible for this (Fykse Tveit, 2010 [Consultation: 30.11.2012]).

The reality of HIV-AIDS bothers us, as much as Nineveh bothers Jonah. It brings to light the many constrictions in theological reflection. The virus is added to the most vulnerable aspects of those who have it. One continues to flee from these persons. One makes scant efforts to reach out to them, and the little we do does not place them at the center of our action. They are still people with a virus, others, strangers, foreigners. The stigma and the marginalization of people who have HIV are the denial of their dignity as human beings.

The stigmatization and discrimination regarding HIV-AIDS thus becomes a *matter of human rights*. Discrimination occurs at several levels; the most obvious is the one that identifies as a target the people who are infected or affected by HIV-AIDS. However, the lack of preventative information is a violation of their social rights as is the refusal to treat. Likewise, the evasive, mistaken information about the virus creates fear among people. (Orlov, 2007 [Consultation: 30.11.2012]).

Classifying the reality of HIV as a matter of Human Rights enables treating the issue differently, going beyond the issue of health. Advocacy of Human Rights is enriched by the problems of HIV-AIDS, which broaden the horizons, oblige one to look at realities that were still outside the borders that persisted in the collective imaginary (Message of the Ecumenical Ministry on HIV and AIDS for the World Day of AIDS 2009 [Consultation: 30.11.2012]).

It is always possible to go a step further towards the East.⁹ The Ninevehs make the borders extend always a bit further and make inclusion continue to be a bothersome challenge. When talking about Human Rights, we re-establish the relationship that connects us with people and with their stories; that is why we say that it enriches the approach and reflection. Encapsulating the HIV-AIDS virus only within the sphere of medicine is part of the mentality that assumes that with the appropriate medication the problem no longer exists. It is only another facet of the Jonahs' attitude of not becoming involved.

⁹ Mentioning "one step further east" I wish to exacerbate the comment found in Jonah. In Jon 4:5 the author of the book says that after preaching in Nineveh the prophet goes eastwards, that is to the east of the city to wait for its destruction. I interpret the prophet's attitude as a provocation to God and His efforts to send him eastwards when Jonah was fleeing to Tarshish in the West. A childish, capricious provocation that in today's terms we might express by saying, "Since you are sending me eastwards, I'll overdo it a bit and go even further east".

According to the data provided to us by UNAIDS, in Latin America the epidemic is still highly focused on people with a homosexual orientation.¹⁰ These people have been and are the subject of discriminatory messages and attitudes.

Raising awareness that these people have the same human dignity as heterosexual people, and therefore the right of being accepted without any discrimination in society and in the Christian community in particular, does not happen without a long sensitization and learning process. (Schäfer, 2011, p. 2).

Our communities of faith are opinion formers; even so this is only a part of our mission. The aim is that we become sanctuaries for unconditional inclusion; that is why we accept the challenges in the action to achieve this. The Augsburg Confession establishes for the Lutheran Church a clear view of what is its *raison d'être* as a Church when it states that it is the community of all believers amongst whom the Gospel is taught clearly and where the Sacraments are ministered according to the Gospel (La Confesión de Augsburgo, 1971).

Therefore, belonging to it is not based on any previous requirement, be it of an ethnic nature, sexual condition, etc. Faith in God who gives his life out of love to redeem humankind is the foundation to be incorporated in the ecclesial community.

The correct preaching of the Gospel is the foundation of what constitutes the church. The Church is "*creatura verbi*", the work of the Word and the Spirit of God, who creates the faith uniting all believers by a common acceptance of the message of the free grace of God, addressed to all peoples and nations. This characterizes it as a plural community 'of forgiven sinners' that lives from the love of God and is called to make of this same love the tie that unites its members among themselves and the testimony it owes the world. Therefore there is no human work or quality that by itself defines belonging to the Church, nor in the terrain of sexual orientation. The church must be open to all those who respond with faith to their baptism and to the message of the Gospel of Jesus Christ. Because through faith one establishes a new identity that relativizes all previous

¹⁰ The HIV epidemic in Latin America has changed very little in the last few years. The overall number of people who live with HIV has continued to increase up to an estimated 1.4 million in 2009, from 1.1 million in 2001, mainly due to the availability of antiretroviral treatment. It is estimated that in 2009 92,000 new HIV infections occurred in the region. Most of the HIV epidemic in the region is concentrated in networks of men who have sex with men. However, the social stigma has kept hidden and unacknowledged many of the epidemics among men who have sexual relations with men. There is also a high amount of infection among injectable drug consumers and among prostitutes and their customers (<http://www.unaids.org/es/regionscountries/regions/latina-america/#5> [Consultation: 30.11.2012]).

identities, whether they be ethnic, social, sexual or of any type: “[...] through the faith in Christ Jesus, all of you are the children of God, since joining Christ in the baptism you have remained clothed in Christ. It no longer matters whether Jew or Greek, slave or freedman, man or woman; because united with Jesus Christ all of you are one” (Gal 3:26-28). Thus, whoever makes sexual orientation a condition upon which to decide or condition the belonging to the church makes a serious mistake (Fe cristiana y diversidad sexual, 2011, p. 5).

It is clear that the inclusion in and belonging to the Church of Jesus Christ, of all people for whatever reason, is not based on their condition, nor on a philanthropic feeling, but rather on a biblical-theological re-examination that allows reading the biblical texts from an inclusive perspective, far from any excluding interpretation. That is, the reality of people who are HIV positive and their surroundings should not remain outside our biblical hermeneutics, a hermeneutics which can approach the message of God in favor of the vulnerable, the marginalized. The author of the book of Jonah gave life to a figure to embody the narrow-mindedness of thinking and of faith, placed in the personage of a prophet the result of a theology for a few people, understood under the hermeneutics of the very exclusive choice by God.

Jonah’s literary work continues open ended. It is a good way of ending the work, since God’s question fills us with hope. A question that is full of challenges that are “so positive” that we are enthused by total inclusion and greater radicalness. Jonas was left with the feeling that he was “0”, or very little positive, when God asks: “And should I not have mercy on Nineveh, that great city where there are more than one hundred and twenty thousand people who cannot discern between their right hand and their left hand, and many animals?” (Jon 4:11).

References

- Boros, Ladislaus. *Dios cercano*. Salamanca: Sígueme, 1974.
- Fykse Tveit, Olav. *Liderazgo religioso en respuesta al VIH*. Cumbre de Líderes Religiosos de Alto Nivel, Amsterdam, 22 y 23 de marzo de 2010. Accessible at: <http://www.cinu.org.mx/temas/vih_sida/copatrocinadores/dh.htm>.
- García Bachmann, Mercedes. Reflexiones sobre la misión de la iglesia. *Cuadernos de Teología*, Buenos Aires, XX, p. 247-257, 2001.
- González, Justo. *Jonás*. Buenos Aires: Kairós, 2000. (Comentario Bíblico Iberoamericano).

- Kilpp, Nelson. *Jonas*. Petrópolis; São Leopoldo: Vozes; Sinodal, 1994.
- Krüger, René. *Análisis semiótico del libro de Jonás*. Buenos Aires: Facultad de Teología, ISEDET, 1984. (Unprinted text).
- La Confesión de Augsburgo. Translation by Roberto T. Hoferkamp. Buenos Aires: El Escudo, 1971.
- Mora, Vicente. *Jonás*. Estella: Verbo Divino, 1981. (Cuadernos Bíblicos, 36).
- Schäfer, Federico H. Introducción. In: Comisión sobre Diversidad Sexual. *Fe cristiana y diversidad sexual: algunas orientaciones teológicas y exegéticas*. Buenos Aires: Iglesia Evangélica del Río de la Plata, 2011.
- Ska, Jean Louis, SJ. *Jonás o la conversión en alta mar*. Summary of conference by Dr. Ska Jean Louis SJ. (Photocopy). Buenos Aires, 2011.
- Steffen, Uwe. *Jona und der Fisch: Der Mythos von Tod und Wiedergeburt*. Berlin: Symbole, 1982.
- The JPS Commentary Jonah. The Traditional Hebrew Text with the New JPS Translation. Commentary by Uriel Simon. Philadelphia: Jewish Publication Society, 1999.
- Vijver, Enrique. *Jonás: ¿profeta o payaso?* Buenos Aires: La Aurora, 1988.
- Winter, Alicia. Jonás y la liberación de Nínive. *RIBLA*, Quito, 8, pp. 43-56, 1991.

ONUSIDA

Accessible at: <[http://www.onusida-latina.org/images/2012/mayo/ce_AR_Narrative_Report\[1\].pdf](http://www.onusida-latina.org/images/2012/mayo/ce_AR_Narrative_Report[1].pdf)>. Access on: 30.11.2012.

Accessible at: <<http://www.unaids.org>> Access on: 30.11.2012.

Accessible at: <<http://www.oikoumene.org>>. Access on: 30.11.2012.

Accessible at: <<http://www.pastoralsida.com.ar>>. Access on: 30.11.2012.

Accessible at: <<http://www.elistas.net/lista/pastoralvihsida/archivo/indice/441/msg/797/>>. Access on: 30.11.2012.

Accessible at: <http://www.pastoralsida.com.ar/paginas_internas/documentos/mensaje2009.html>. Access on: 30.11.2012.

A vulnerable woman made visible by Jesus

María Lis Rivoira

Introduction

The text discussed in this analysis is Luke 8:43-48, which is about the woman who had a hemorrhage and touched the cloak of Jesus. The parallels to this text are found in Matthew 9:20-22 and in Mark 5:25-34. All three Gospels use the sentence “Your faith has cured you” to end the story.

Although the title of this presentation might have been the other way round, *Jesus makes a vulnerable woman visible*, the purpose of this work is to give the woman the same visibility that Jesus gave her in that story, highlighting that she touches the hem of the cloak behind Jesus. Women were always to occupy a secondary position in those contexts. That is why I try to make her visible, as Jesus wanted.

In a more profound and dedicated analysis, we may say that

A woman with the force of healing that her body required, stimulated Jesus as healer, so that at the time he was touched he felt an inner strength that he only experienced with her, and not with the multitudes that were also touching him. (García Bachmann, 2012).

Here we are speaking of a reciprocal relationship, of mutual needs, of joint actions. Both felt the power and strength of the healing, without seeing their faces at that precise moment.

The literature on HIV shows us attempts at reading the Bible in a different way. The woman who is hemorrhaging is liturgically impure; no one could touch her in that state. Yet she risks touching, in public, the garments of a man who is Jesus. She follows him with a multitude, in which many people press against him, but only one touches him, and He praises her.

The woman felt shame and this is because her illness made her impure (Leviticus 15:19-33). The blood flow was the reason why she was to separate herself from social life, she could not approach anyone because any person might be “infected” by her impurity. For this reason, besides carrying the burden of that moment of being a woman, she did not come to Jesus from the front, but preferred to hide among the multitude. We do not know anything about this woman,

whether she had a family, whether she was a young or old adult, religious or not. What we know is that she tried everything, that she had heard of Jesus, that she dares seek her cure going behind him, that being afraid she confessed what she had done and that she receives from Jesus the announcement: “Daughter, your faith has healed you. Go in peace and remain cured of your disease”.

When ... we look at this healing, beyond the dogmatic christological issue, we discover behind it an entire world of healings between women and Jesus, part of a world of popular medicine, miracles and exchanges of knowledge and relationships. (García Bachmann, 2012).

Let’s talk about HIV/AIDS

HIV/AIDS has a high social cost because stigma, guilt and discrimination are always present. Therefore, out of fear or shame, many people do not visit the doctor to inform themselves about doubts concerning the illness. It is therefore very important to work from a gender perspective with tools that help empower women and recognize them as subjects of rights. When we speak about gender, we refer to the social representation of feminine and masculine. This representation of feminine tends to reduce the sexuality of women to their reproductive function, ignoring pleasure, a privilege that appears to belong only to men.

The stigma and discrimination that exist concerning HIV/AIDS mark the difference from other chronic diseases such as diabetes, hypertension and others. Likewise, this disease mobilizes all the way from small organizations and social movements to a permanent assembly of the United Nations.

People who have HIV/AIDS feel handled, stigmatized, discriminated, but when they encounter a health care professional who really thinks about them in their context and as subjects of rights, they feel touched differently. In the Bible story, the woman had spent fortunes on physicians, but nothing

had worked, until she touched the cloak of Jesus, and her hemorrhage stopped immediately. Jesus makes her visible, includes her, praises her in a context where women had to stay at home, and their function was limited to serving and reproducing themselves. Pregnancy, childbirth and care of the children were their primary functions. In this context it was almost unthinkable that a woman would decide not to have children, not be a mother by choice.

It is important to be able to problematize the situation of vulnerable women when faced with being infected with HIV/AIDS. According to a recent investigation which I carried out for my undergraduate thesis in Social Communication, HIV is increasingly younger, poorer and more feminine. In the same study I was able to find that women are currently one of the groups most affected by the epidemic, both because of biological and of socio-cultural reasons, and women are increasingly victims of discrimination, stigmatization and gender violence because they have contracted the virus.

According to the latest UNAIDS report, the HIV epidemic increasingly affects the female population. It is estimated that in Argentina approximately 32 thousand women over the age of 15 years have the virus and more and more women are being infected in unprotected heterosexual relations.

Why are increasingly more women being detected? One of the possible medical answers is that it is a disease that is transmitted from mucosa to mucosa, and that women have the greatest amount of exposed mucosa. However, on the other hand, more cases are detected among the female population because it is mandatory, by law, to offer the HIV test to pregnant women.

In the biblical text that is being studied, the woman with the hemorrhage is considered a transgressor, mainly because she is a woman and impure, and “dares” to touch Jesus. It can be seen in the text how she becomes empowered, takes an initiative that leads her to show herself, to *say Here I am*, and to perform such an act, to which she was led since she was struggling because of her health, her suffering, her pain.

Concerning rights, it is clear that she seeks a right that she does not possess, her right to health, her struggle for dignity. And if we talk about rights, it should be pointed out that it was only in 1948, through the Universal Declaration of the Rights of Man, that rights were formulated in a relevant and binding way, the seeds of which can be seen in the action of Jesus, but

that at that time nobody could see so clearly. The rereading of the Bible texts from the perspective of human rights – primordial, indispensable for integrity, survival, growth and dignity related to the physical, spiritual and social dimensions of each person, considered as instruments to restore the dignity and elevate people's quality of life – allows connecting those stories to current situations.

Where is the good news?

In this article I propose to begin to free the Scriptures from patriarchal and heterosexist readings from an HIV approach.

The good news is that, after twelve years of suffering from the illness, tired of so many physicians, doctors' visits, rejections, fears and uncertainties, the woman was encouraged to show her face and take on responsibility, and Jesus made her visible, acknowledged and praised her.

Many women currently live under conditions of inferiority towards men, be it in the sphere of political participation, decision-making, education, family, sexuality, and others. Their role rarely has been more than as a mother and housewife. And many allow themselves to be defeated by the pressures of shame, fear and pain. A pain that is physical, but that is also manifested by other aspects since there is a subject who suffers.

Returning to the biblical context in which the action of the woman is carried out, it is Jesus who asks her to make herself visible amidst the multitude that pressed in on him. Jesus felt that he was emitting power; he felt that someone had touched him. But it is interesting that, besides approaching from behind – so as not to become visible –, she touches the hem of Jesus' cloak. This is not a minor piece of information, it is Jesus' edge.

And then she joins a great multitude of the common people, who see Jesus pass, appropriates his power of healing, touches the hem of his cloak and, perhaps against all belief, manages to achieve what she wished. And then she immediately knows that he knows, although he does not yet know who had taken away this power from him – or does Jesus know who did it? (García Bachmann, 2012).

When Jesus tells her that her faith has healed her, it is like that empowerment that must exist in patients mentioned by physicians who work in the field of infectious diseases and treat people with HIV/AIDS. Medicine

provides the treatments, but without a will, without constancy and self-care, these treatments would not be effective. It must not be just the doctor who fights against the virus with the body of each patient as a battlefield, but each person has to consider themselves the main protagonist of their story. Medicine provides the weapons, but it is the work of each patient to control the virus. This is very important and refers to a process which must be the responsibility of each person, the awareness that beyond medical science, they, the patients must make themselves responsible for the situation they are going through, forgive themselves, love themselves, take care of themselves. And this is not a minor item, since with self-care one is automatically taking care of the people who surround us.

Passing on to a social dimension, it should be pointed out that health should be a collective construction, not only using the medical look because in this way one is restricting the process of the disease.

The concept of health refers to many processes undergone by women. All people's quality of life involves a psychosocial balance that is often difficult to find.

In this text we see more than the characters, we find situations of tension, as for instance when Jesus asks "Who has touched me?" and Peter and the other people who were there made her completely invisible trying to draw away Jesus' attention. This tension becomes greater when Jesus looks for the person who touched him, surprising those who were around him. When she answers Jesus' question, acknowledging that she had touched him, it seems as though the other people who were there become invisible, and only Jesus and the woman are left on scene. So we can say that a vulnerable woman has been acknowledged and rendered visible by Jesus.

One can also talk of

the active role of the woman herself, taking care for a long time so as not to contaminate anyone (at least in public) and, finally, taking the opposite route, touching the cloak of Jesus, weighing the risks of a daring and transgressive attitude. Her own need, the extreme situation of suffering and isolation, plus the possibility that the miracle worker who was passing there could help her, demonstrated (possibly generated) her freedom to question a religious and social system that restricted her sexual and reproductive possibilities to the utmost. (García Bachmann, 2012).

References

Barclay, William. *Evangelio según San Lucas*. Barcelona: CLIE, 2006. (Comentario al Nuevo Testamento, tomo 4).

Enfrentando el Sida. Document available at <www.oikoumene.org>.

García Bachmann, Mercedes. El derecho a la libertad de pensamiento en cuestiones relativas a la sexualidad y la reproducción: primeras reflexiones sobre un tema complejo. In: Publicaciones Isedet, 2012. Accesible at: <<http://publicaciones.isedet.edu.ar/ojs/index.php/ct/article/view/498/507>>. Access on: 21/11/2012.

George, Agustín. *El Evangelio según San Lucas*. Estela: Verbo Divino, 1987.

Krüger, René; Croatto, Severino; Míguez, Néstor. *Métodos exegéticos*. Buenos Aires: ISEDET, Publicaciones EDUCAB, 2006.

Paterson, Guillian. *El amor en los tiempos del Sida: la mujer, la salud y el desafío del VIH*. Presencia Social, Editorial Sal Terrae, 1997.

Thatcher, Adrián. Cómo el hecho de vivir con el VIH ayuda a la Iglesia a interpretar la Biblia. In: Paterson, Guillian. *Prevención del VIH: una conversación teológica global*. Ginebra: Acción Mundial, 2009.

Yves, Saoût. *Evangelio de Jesucristo según san Lucas*. Estela: Verbo Divino, 2007.

The “Western God” and the legitimation and reproduction of stigma and discrimination associated with HIV and AIDS

Andrés Alba

Introduction

Currently, the state of the discussion about God, which is discerned in relation to HIV and AIDS, has led to the need to deconstruct models of God that *legitimize and reproduce* (van Dijk, 2000, pp. 287-294, 318-327) the stigma and discrimination against those who have the virus (Paterson, 2005). Thus, our problem question is this: What model of God legitimizes and allows reproducing the stigma and discrimination towards those who have and live with the virus?

Specifically, in this article our theological reading will focus on questioning an agglutinating and dense model of God and, this is our working hypothesis, a model that has *legitimized* and allowed reproducing more strongly relations of stigmatization and discrimination of every kind, particularly those associated with HIV and AIDS: we refer to the “Western God”.

The analysis will be performed from the standpoint of hermeneutic circularity. Our theological reading is based on the fact that “the circular character of said interpretation lies in that each new reality obliges one to interpret the revelation of God anew, to change the reality with it and, thus, to interpret it again [...] and so successively” (Segundo, 1975, p. 12). In our case, the *new reality* that obliges us to re-interpret the revelation¹ of God is

¹ Martin Luther (1483-1546) distinguishes between *Verbum Dei*, word of God, and *Deus ipse*, God himself, in person; he proceeds similarly between God and God’s Scriptures, and distinguishes

the phenomenon of HIV and AIDS. Due to the importance of a theological hermeneutics able to *read* the phenomenon of HIV and AIDS *theologically*, we will explicitly show a few characteristics of our method. The hermeneutic circle contains two basic conditions. The first consists of suspecting the *ideas and judgments of value* (van Dijk, 2000, pp. 31-39) that we have about our conceptions of life and the world in general, formulating new questions considering the said conceptions; the second is based on a change in the biblical and theological interpretation, developing new answers to the questions asked (Segundo, 1975, p. 13). In the words of Segundo, the two conditions that must be present in the hermeneutic circle are “the wealth and depth of our questions and suspicions about reality, and the wealth and depth of a new interpretation of the Bible” (ibidem). These two conditions imply four mutually interwoven levels: (1) to begin with, our way of experiencing reality, which leads us to ideological suspicion, and (2) applying ideological suspicion both to the ideological superstructure of reality and to theology in particular (theological suspicion). These two levels (3) generate a new way of experiencing the theological reality which leads us to exegetic suspicion, producing a new hermeneutics. This is a (4) hermeneutics of suspicion, rendered operational through the Critical Analysis of Discourse (CAD) which renews our ideas and judgment of values about reality (in particular about the phenomenon of HIV and AIDS, in this study) and transforms our interpretation of the Bible, thus generating new conceptions, practices and models of God (Segundo, 1975, p. 14). The new hermeneutics should help us, particularly in this study, to advance in achieving a liberation from stigmatization and discrimination associated with HIV and AIDS.

The point of departure: the *community* which experiences and lives with HIV

This article originated in listening to experiences and testimonies of the lives of people who express the great impact felt in all aspects of their

between the hidden God (*Deus absconditus*) and the incarnate God (*Deus revelatus*). This contrast configures our theological approach and marks our concept of revelation: God is hidden and also manifest. See: Lutero, 1967, pp. 159-173.

existence when they were diagnosed as HIV positive. In general, the question about the meaning of life arises *more strongly* in extreme situations and, from this experience and a new social place, questions and lamentations to God and *about* God arise from groups of believers. A positive diagnosis for HIV in our culture is an extreme situation, and accepting a certain serological condition leads to questions and new views of the image of God conceived and practiced. In this sense, talking about HIV and AIDS is not only a medical problem: among its different dimensions (psychological, social, etc.) it also implies a *challenge* for theological hermeneutics.

Theological hermeneutics and HIV

For this challenge we must take two dimensions into account. On the one hand, talking about God is, among other things, to talk of models, namely (social) *representations*, concepts and images that we human beings have of the divine, the transcendental or the completely Other. On the other hand, these representations regulate the behavior of people in their living in the world (van Dijk, 2000, p. 65). Now, about HIV and AIDS, in the last 30 years of the epidemic, the dominant ecclesial models have insisted on interpreting it as a *punishment from God*, or as *a sign of warning from God* (Sanders, 2007, pp. 61-74; Paterson, 2005; 2009; Onusida, 2005), and these models in turn have been assimilated into the common sense of believers and non-believers. Thus, *if God punishes* “inappropriate behaviors”, easily HIV is a punishment from God and God uses HIV to punish those who behave “inappropriately”². Given this state of things, there is a possibility

² Sontag indicates that it is “nonsense” to say “inappropriate behaviors”: The author gives an example: “Cotton Mather called syphilis a punishment ‘that the Just Judgment of God reserved for the end of our Times’. If one recalls this and *other nonsense* that has been said about syphilis from the end of the 15th century to the beginning of the 20th, one can only be surprised that so many wanted to see metaphorically in AIDS – as in the Plague – a moral judgment of society” (Sontag, 2003, p. 71. Our italics). Our point of view will sustain that it is *an ideologeme in a theological form*, which allows *legitimizing* and *reproducing* stigma and discrimination. It is something common in the ecclesial environment, which refers what is inappropriate to a certain type of relations such as pre- or extra matrimonial. It is not our interest to evaluate or judge this type of relations: we mention this because we play with this “inappropriate” in order to explain and judge, stigmatize and discriminate, the medical condition of the person with HIV. About this see: Banco Mundial, 2006, p. 12; Onusida, 2010.

of stigma and discrimination against those who live with HIV and also the practice of power and domination mechanisms upon them fostered by a certain type of *representations* about God and theological *models* that, as we shall see, contain an *ideology* (van Dijk, 2000, pp. 13-28)³.

Models of God and stigma and discrimination

The models of God consist in metaphoric constructions peculiar to theological language (McFague, 1994, pp. 67 and 74). An illustration of this: a monarchical model in theology has created and strengthened the image of God as King and Almighty Lord; but we also have ancient theological traditions that mythologized their own experience of God through the images of God as Father, God as Mother (Isaiah 42) or God as unconditional love (Gospel of John, 1st Letter of John). The category *models of God* allows us then to track different models referring to God in the various biblical traditions, in the various lines of the history of theology and in current human situations⁴. The unfathomable character of God’s revelation warns, it should be said, that no model of God should be taken as holy, normative, authorized or precise; it has a few possibilities when facing a given phenomenon, but doubtlessly also a few limits.

Now, how do stigma and discrimination *associated with HIV* relate to the models of God and, in particular, with the model of the “Western God”? In order to further an analytical deployment, we will briefly indicate what we consider to be stigma and discrimination, beginning with the fundamental

³ The notion of *ideology* that we take up in our work is based on the interconnection existing between the *social structure* and the *social cognition*. Thus we consider ideology to be “the base of the social representations shared by the members of a group” (Van Dijk, 2000, p. 21). We add: all ideology is implemented in the *attitudes*, understanding that this notion – attitude – refers to “the socially shared beliefs” (p. 405, note 12). Furthermore, all ideology is legitimized and reproduced through discourse and social practices.

⁴ The old theological traditions mentioned are based on a *Semitic epistemology* rather than on the Western one. One should here indicate that the “West” is a complex, polemical concept. But that its geographic meaning, which contraposes Western and oriental peoples, here is understood as a *notion* that allows focusing on a hegemonic thinking that has determined the texture of history and, thus, the existence of different peoples until today. West refers to a view of human being, of nature and of God or the divine focused on the instrumental reasoning that is inherited from the Greek-Roman thought. As a category of analysis it denotes a predominant way of feeling, thinking and acting characterized by Eurocentrism.

premise that these concepts–values are interwoven not only with the phenomenon of HIV and AIDS: they are related to conditions of class, race-ethnic group, gender and generational aspects and, especially corresponding to our analysis, to the sexual orientations of specific *human groups*.

Stigma is basically a *relational process* that occurs in any context, where there are established identity norms. It does not have an ontological character: it is a collective and social experience, a systemic reality and not only individual, and therefore it can be transformed historically (Paterson, 2003, pp. 36-37). In this sense, we see stigmatization as a *systemic phenomenon*, a relational reality that touches the whole of society, and not only certain set (marked), stereotyped or identified groups or individuals. Besides being systemic, stigma is also *instrumental* and *symbolic*. The instrumental aspect indicates *affirmative actions* that seek to level the conditions of inequality or lack of opportunity that different groups or people have had historically. Actions based on preferential treatment in the access or distribution of certain resources or services, besides access to given goods aiming to improve the quality of life of disfavored groups. This is a social compensation for the prejudices and discriminations to which these groups and persons were submitted⁵. In its turn, the symbolic stigma is relational: it is based on fear and ignorance, and it is strongly configured by the role religion plays in the different cultures, due to the concepts of holy and pure that these exert on the collective subconscious (Douglas, 2007). The symbolic stigma depends rather on the *political, economic and social power* that certain *social groups* have over others (Paterson, 2003, p. 40). The latter leads us to define that systemic stigmatization is what leads to discrimination and, even worse, to economic-social exclusion.

Discrimination is different from stigmatization (Ministerio de la Protección Social, 2011; Voces Positivas, 2011; Onusida, 2011) as it is the effect or result of stigma: it consists in actions, *attitudes* or practices exerted over a stigmatized group or person (Aggleton, Parker and Maluwa, 2002). Unaid says: “Discrimination refers to any form of *arbitrary* distinction, exclusion or restriction that affects a person; normally, although not always,

⁵I owe the explanations about instrumental stigma and *affirmative actions* to Ricardo Luque, HIV advisor to the Ministry of Social Protection of Colombia.

it is motivated by a particular characteristic of a person or by the person’s belonging to a given group (in the case of AIDS, the confirmation or suspicion of the HIV positive serological status) regardless of whether such measures *are justified or not*” (2011, p. 13; our italics). However, we must indicate that no *arbitrary* attitude is justified, even less those that are based on a model of God in particular: all discrimination is negative.

Given this brief conceptualization about stigma and discrimination, a latent question remains: How do stigma and discrimination *associated with HIV* relate to the models of God and, in particular, to the model of the “Western God”? A possible answer leads to the indication that *stigma and discrimination occur amidst human relations configured by religion and the power that characterizes every society and culture*. Seen thus, these categories allow unveiling models of God that legitimize practices and relations that are both stigmatizing and discriminating (external level), as well as self-stigmatizing and self-discriminating (internal level), exercised in the name of God or of images and representations-concepts of God. In turn, relating stigma and discrimination associated with HIV and AIDS to the model of the Western God allows going forward in the construction of a model of God that encourages the reconfiguration of more just and worthy attitudes, practices and human relations.

With the previous analytic instruments, now one can question the model of the Western God and, specifically, how it *legitimizes and reproduces* relationships of stigma and discrimination against those who live with HIV.

The Western God

The model of the “Western God” is a broad, dense theological problem. It is based on the Aristotelian-Thomistic model which has characterized most of Western thinking and, thus, the cultural configurations that it produced. Hellen Buss Mitchell says (2006, p. 177): “The God of Western religion and philosophy has been traditionally described as eternal, omnipotent, omniscient, good, a source of truth and of moral law.” The “traditional descriptions” to which the author refers are actually *attributes*. It is not possible, here, to analyze every attribute. We only wish to point out the following: *every attribute* of God is *attributed* by a human being or *collectivity*

with the power to attribute and configure different ways of feeling, thinking and acting. Thus, this Western God can be criticized as *an ideological representation* of a given *social group* (van Dijk, 2000, p. 22). Juan Luis Segundo related this model of God to the model of Western society as follows:

The society that structures human interaction on the planet most decisively and profoundly is certainly what we now call Western society. And as it is in fact the same area from which the Christian message spread, we might say that our God is made partly in the image and similarity of this social reality designated by the junction of adjectives that are so frequently and politically applied to our civilization: Western and Christian (1968, p. 14).

Western society *is* Judeo-Christian⁶. This Christian society is that which definitively and decisively structures the particular field in which relations of stigma and discrimination are reproduced: *human interaction*. The theological matter is rooted in the idea that this Christian society, which we call Western, has built – or has made a social representation shared by a group – a model of God precisely to *legitimize* its forms of interaction. More comprehensively: what has just been said means that the model of God, here called the “Western God”, *determined*, not only conditioned, ways of feeling, thinking and acting of different peoples and cultures. Specifically as regards our theological question, we presuppose that this model of God *legitimized* and allowed the *regulation* of human behavior, bodies and sexuality. Let us recall Segundo again:

When we deform God we protect our selfishness; our counterfeited and non-authentic ways of dealing with our brethren make an alliance with our narrow falsifications of the idea of God. Our unjust society and our deformed idea of God form a terrible and intricate pact (1968, p. 13).

The question of God, then, has implications in the way in which we relate as society. In the quotation from Segundo we identify our notion of *ideology* through the relationship between the social structure and social cognition: the Western God is a deformation (social cognition) that has generated a Western society (social structure) which corresponds to that *representation*: unjust and non-authentic relations.

⁶ This does not exclude that *Islamism* is also in the complex weave of “the Western”. This leads one to think that the problem underlying the models of God, paradoxically, falls on the phenomenon of monotheism. More precisely, *Western society* intends to build itself up as monotheistic.

Two conclusions peculiar to Anglo-Saxon feminist theology provide an even greater foundation of the implications for human interaction of the *representation* of the “Western God” *communicated* from the pulpits of churches, at conferences on HIV and AIDS by medical specialists (Luque, 2001, p. 143), in TV commercials, in movies and at schools of theology, to mention just a few social fields. In *La búsqueda del Dios Vivo*, Elizabeth Johnson concluded:

The symbol of God works and has profound consequences for the *communal identity* and for the *personal life* of those who believe. Consequently, this book has also tried to show the *consequences* of these new perceptions *for ethics and spirituality* (2000, p. 292; our italics).

Long before Johnson, McFague deconstructed the Model of the Western God through other theological metaphors – God as mother, God as lover and God as friend – which led her to insist on the ethical character indicated by each model. This is not a minor issue, since the author concludes that each model of God remits to ethics: *justice, healing and companionship* are the values that carry out the models proposed by the author (1994, pp. 197-207, 243-258, 290-298).

We insist that our intention is not to go deeper into the traits that characterize the model of the Western God, or into the theological epistemology that allows its criticism (Pimentel, 2008, p. 81-145). The theological question that has been developed has shown the need to render explicit how the model of the Western God allows the *legitimization and reproduction* of relationships of stigma and discrimination towards those who live with HIV. Therefore, before becoming trapped in a conceptualization of the Western God of the philosophical type which fights the metaphysical one (Pannenberg, 1999), we will analyze *three theological discourses* that reproduce theological ideologies and, in turn, criticize others, related to this model of God. One *discourse* comes from music, another from literature, and the third consists in the narrative of a woman living with HIV. We believe that this treatment, despite being short, will allow us to further question the model of the Western God and its necessary deconstruction. One more note: we will proceed thus because these *discourses* can be analyzed (van Dijk, 2000, p. 253) as cultural productions of the West.

First discourse: The song “If God were black” is by Rubén Blades. The chorus of the song is the following: “Si Dios fuera negro -mi compay- todo cambiaría. Fuera nuestra raza -mi compay- la que mandaría”. (*If God were black – my compay – everything would change. It would be our race – my compay – that would give the orders*). The chorus interweaves the contents of the verses; they are:

Negro el presidente y el gobernador
 Negro el abogado y negro el doctor compay
*(Black president and governor
 Black lawyer and black doctor compay)*

Negra la azucena *lilly
 Y negra la tiza *chalk
 Negra Blanca Nieve *snow white
 Negra Mona Lisa
*(Black the white lilly
 And black the chalk
 Black Snow White
 Black Mona Lisa)*

Negro fuera el día
 Negro fuera el sol
 Negra la mañana
 Negro el algodón – *cotton
*(The day would be black
 The sun would be black
 Black the morning
 Black the cotton)*

Negro fuera el Papa *pope
 Y negro el ministro
 Los angeles negros
 Negro Jesus Cristo – compay –
*(The Pope would be black
 and Black the Minister
 The angels black
 Black Jesus Christ – compay)*

The song is a lament, *if God were*, but it is also a search for identity: *being black* amidst a Christian society dominated by the whites. It is, among other things, a social projection: If God were black *everything would change*. The institutional and the cosmic order, the social roles, and even the exercise of power among the brethren of the same religion, but of a different color (racist theology!). The song criticizes the racist theo-ideology that underlies the model of the Western God: The Western God is a White God who has legitimized stigmatization and discrimination against the black people. The stigmatization and discrimination suffered by the black people and its relationship with the theological discourses were very well expressed by James Cone (1973, p. 86): “A God without color does not fit into the black theology, in a society where men suffer precisely due to their color.” We can already paraphrase Cone: a God without sexuality does not fit into a society where people suffer precisely from a stigma and discrimination mainly because of their sexual practices and, more specifically, because of their sexual orientations or identities.

Before analyzing the second discourse, it is essential to briefly look at where the representation of a White, Rich, Male, Old God comes from. In *El Dios de la Edad Media*, Le Goff said:

It is God the Father who best accomplishes the function of domination in a monarchic style. We must not forget – continues Le Goff – that the God of the Christians took part of his features from the Roman Empire. And the emperor was basically the earthly model of God [...] The character that best embodies power in the Middle Ages – a *holy* power – is the king (1999, p. 48).

The stigma and discrimination, as we pointed out earlier, basically involves the *use of power* in human relationships (interaction). Le Goff invites us to think⁷ that God the Father of Jesus was converted (act of idolatry) by the Western culture into an authoritarian, despotic king who acts as a holy

⁷ “Obviously the image of God in a society depends on the nature and place of those who imagine this God. There is a God of the clergy and a God of the lay people; a God of the monks and a God of the secular people; a God of the powerful and a God of the humble; a God of the rich and a God of the poor. We have tried to fix these different models of ‘God’ around some essential data: the God of the Church, God of the official religion; God of the practices, which in the Middle Ages are essentially religious, before profane aspects appear “ (Le Goff, 2004, p. 10). The main thesis of the book is that the images of God have changed over time. The God of the Middle Ages is basically the Dominus Deus, the Lord God (pp. 46 and 47).

power dominating the bodies and sexualities of his subjects. The Westernization of God (the construction of the discourse or of the model) was developed through the imperialization of Christianity (Hinkelammert, 1998, pp. 147-190), configuring a stigmatizing religion that discriminates against all identities that did not adjust to the model of the Western God: namely, peasant women, witches, moors, barbarians (indigenous), blacks, “deviants or abnormal people”, those without (this) image and likeness of God.

Second discourse: In *The Brothers Karamazov*, Fedor Dostoevsky transforms the dialogues between the different characters into a complex system of *theological discourses*. Only two allusions, one a lot better known than the other: Ivan Karamazov says: “If God does not exist, everything is allowed” (Dostoevski, 2000, p. 941). The sentence makes of *God the base or foundation of moral precepts*⁸. In another context, Mitra says: “I want my fatherland, Alexei; although I am a scoundrel, I love the Russian God” (p. 475). Here Russian Orthodoxy is associated with Russian patriotism, all of which is founded on a God who has a clear identity: being Russian, not American.

In its turn, Ivan’s sentence is characterized by the faith-atheism antithesis. However, if this sentence is seen from the Latin American and Caribbean theological reflection, that is, from the faith-idolatry antithesis (Richard, 1989; Gutiérrez, 1989), we can say that actually the history of the West shows, evidently, that the problem is that there are different gods (idols) on whom human beings have based and justified their social practices and relations. Constructing and believing in a White, Rich, Male and Old God has *legitimized* and *reproduced* social relations that have generated massive impoverishment, dehumanization processes, relations of stigma and discrimination, because people are not like *this God* or obedient to *this God* and, even more, processes and logics of power of domination over bodies and sexualities.

But the God of the West, as a model or theological construct, is not only White, Rich, Male and Old, He is also Heterosexual. Because one

⁸ It should be recalled that ideology is *the base of the shared social representations*, in this case, shared by the members of the group called “Western culture”.

believes that this Western God exists – as an essence or *causa sui* – everything is allowed: real and symbolic murder of *queers, whores, transvestites, drug addicts*⁹ or *any person* who does not fit the parameters of hegemonic sexual identities based on this model of God.

Third discourse: the narrative of a woman living with HIV. “When I heard the diagnosis, I began to question, and see and say why is this happening, why this in my life, why have I gone through so much pain, why if there is a generous God, a good God, a God of Love (right), I do not believe in this perverse God that allows so much pain... (right), so, where is God, yes, or is there no God? I began to ask myself in this manner, but... but God has always been there, possibly I had become distant from Him, right, and because of God and of Him I am here, and I am very well, yes,... because first of all He is this light that shines in my life at every moment, at every instant, but this relationship has improved very much, and these questions, and these whys and wherefores that occurred at that time... over time He himself has shown me why this is happening, why this has happened in my life, and has been so generous that he placed the people and the means (right) so that I will come out ahead, so that I will learn to live in a worthy manner” (Asivida, 2009).

The woman who tells her *life story* is someone who has developed a hermeneutic circularity. Her experience on being diagnosed led her to apply an ideological suspicion (the profound questions about the reality that she is experiencing) which has become an exegetic suspicion (“Generous God, Good God, God of love ...”) and a theological one (“where is God, yes, or is there no God?”). The circle is closed when a new hermeneutics occurs: “I do not believe in this perverse God that allows so much pain”; “but God has always been there”. The narrator has overcome the idol represented by the model of the Western God. The God discovered by the narrator, a God who *is sought after and interrogated*, is a God who is there, who happens, who is present *through* and *in* the others: “he placed the people and the means”.

⁹ I consciously use these terms because of the violent (stigmatizing and discriminating) content against these other non-hegemonic identities.

The interpretation of this new reality, guided by a hermeneutics of suspicion, led the narrator to acknowledge what is the goal of this God whom she is discovering: how to “live in a worthy manner”.

Up to here the brief analysis of the discourses that, we believe, have allowed advancement in showing how stigma and discrimination associated with HIV are related with the model of the Western God. Now, the effort to liberate theology from discourses that *legitimize and reproduce* the stigma and discrimination and, even worse, the social exclusion due to living with HIV, includes proposing a new language, new images and new representations-concepts of God. In this sense, we must *imagine* another God in times of HIV and AIDS.

Towards an Indecent God: the proposal of the indecent Marcella Althaus-Reid

So far we have advanced in an approach to the question: What model of God legitimizes and allows reproducing the stigma and the discrimination towards those who live with the virus? The hypothesis that the model of the Western God was the ideology that legitimized and reproduced this type of relations, led us to show how this model is related to stigma and discrimination. Before signalling a few ideas to go on theologizing, we want to present the contribution of Marcella Althaus-Reid about a model of God that could begin to respond to the experience of stigma and discrimination experienced by persons with HIV.

In our land, Latin America and the Caribbean, the epidemic is still highly concentrated in men who have sexual relations with men, drug users, and people with transgender identity. Basically for this reason, and because of the identities that are at stake, it is important for us to imagine the Indecent God, following the proposals by Althaus-Reid.

The Latin American theologian, best known for her contributions to Queer Theology, in her two most important works (2003, 2005), advanced in the deconstruction of models of God that invalidate the experience of people whose sexual orientation is outside the frameworks of heterosexuality. The author speaks of “Modelos Indecentes de Dios: pervertir las

interpretaciones” (Indecent models of God: perverting the interpretations) (2005, pp. 130-144). In this section she sketches five models of God: the God of solidarity, the one of imperial sexual acts, the lenient God or not as explicit pornographically, the one of the Colony, and finally the God/Jesus Christ. This is a sexual deconstruction of hegemonic models of God which are closely related to the current model of society.

In this sense, Althaus-Reid insists that every theological discourse intends to represent God defining sexual behaviors (2000, p. 205). Now there is a change of ideology operated by another social group that intends to express itself and reproduce its social interaction through another discourse on God (van Dijk, 2000, p. 243). Thus, “the indecent theologians can then decide: ‘Queer God’; Fairy God; lesbian God; God heterosexual woman who does not accept the constructions of ideal heterosexuality; ambivalent God difficult to classify sexually.” These are other metaphors, of a countermodel of the Western God that seeks to liberate God from the prisons of the discourses that convert him into an idol: “The Queer God creates a concept of holiness that overcomes sexual and colonial prejudices and shows how Queer Theology is ultimately the search for God’s own deliverance.”¹⁰ In this sense, the indecent theologian advanced in the special importance of a liberating theological discourse at the “level in which ideological production and reproduction are really achieved by social actors in social situations” (van Dijk, 2000, p. 243).

Finally, it should be pointed out that the concentration of the epidemic requires a theology that will be honest with the life experience of those who live with HIV and that will allow us to overcome the stigma and discrimination that neutralize and block all efforts at prevention and care.

The indecent theologians should speak clearly to those who like things clear. To say “Queer God”, is to proclaim not only a sexuality that has been marginalized and ridiculed, but a different epistemology and also the challenge of appropriating positively a voice that has been used to depreciate and humiliate others (Althaus-Reid, 2005, p. 138).

That God be God, and continue to be so ceaselessly amidst the human relations which pass through the skin, will depend on the consistency and

¹⁰ Althaus-Reid, 2003, back cover.

authenticity of the theologian, of their commitment against idolatry. That no sexual orientation be humiliated or depreciated and that no person living with HIV be negated the presence of the Authentic God that communicates in the present will depend on the epistemological indecency of the theologian.

Conclusion

It is necessary to discern the models of God, first of all, to liberate God himself from the sexist and xenophobic theological rationality. This is a theological act, so to say a prophetic one, that consists of freeing God to liberate our social relations from stigma and discrimination of all kinds and in particular from those related to HIV and AIDS. The Western God was constructed under the ideologies of racism, sexism and xenophobia, legitimizing and reproducing the relations of stigma and discrimination that stem from them. Ideologically, the economic-social exclusion of most of humankind and racism are social relations based on the representation of a White, Rich God. And *machismo*, sexism and xenophobia are based on the representation of a Heterosexualized Male God. We declare ourselves atheists vis-à-vis this God (Idol). Finally, our atheism – antiidolatric commitment – leads us to the emphatic statement: The Western God is not the God of Jesus Christ. This is not a minor question, since two critical theological tasks result from what was previously said: 1. Dewesternizing our idea of God to advance in the liberation from stigma and discrimination associated with HIV and AIDS, and 2. Contrasting the model of the Western god with the God of Jesus to remythologize and symbolize a model of God centered on the body and sexual diversity: the God of Diversity.

References

Aggleton, Peter; Parker, Richard; Maluwa, Miriam. Estigma y discriminación por VIH y SIDA: un marco conceptual e implicaciones para la Acción *Ciudadanía Sexual*. 2002. Accessible at: <<http://www.ciudadaniasexual.org/boletin/b1/Discriminaci%F3n%20por%20VIH.pdf>>. Access on: July 2012.

Althaus-Reid, Marcella. Indecent exposures: excessive sex and the crisis of theological representation. In: Isherwood, Lisa (Ed.). *The Good News of the Body*:

Sexual Theology and Feminism. Sheffield: Sheffield Academic Press, 2000. pp. 205-232.

Althaus-Reid, Marcella. *The Queer God*. London: Routledge, 2003.

Althaus-Reid, Marcella. *La teología indecente: perversiones teológicas en sexo, género y política*. Barcelona: Edicions Bellaterra, 2005.

Asivida. 2009. Audiovisual Material.

Buss Mitchell, Hellen. *Raíces de la sabiduría*. 4. ed. Translated by Rosa Erika Hernández Martínez. México: Thomson, 2005.

Cone, James. *Teología negra de la liberación*. Buenos Aires: Carlos Lohlé, 1973.

Dostoievski, Fédor Mikhailovitch. *Los hermanos Karamázov*. 9. ed. Madrid, España: Ediciones Cátedra, 2006.

Grondin, Jean. *¿Qué es la hermenéutica?* Translated by Antonio Martínez Riu. Barcelona: Herder, 2008.

Gutiérrez, Gustavo. *Dios o el oro en las Indias: siglo XVI*. Lima: Instituto Bartolomé de las Casas, 1989.

Gutiérrez, Gustavo. *El Dios de la vida*. Lima: Instituto Bartolomé de Las Casas, 1989.

Hinkelammert, Franz. *El grito del sujeto: del teatro-mundo del evangelio de Juan al perro-mundo de la globalización*. 2. ed. San José, Costa Rica: DEI, 1998.

Johnson, Elizabeth. *La búsqueda del Dios vivo: trazar las fronteras de la teología de Dios*. Translated by Milagros Amado Mier. Santander, España: Editorial Sal Terrae, 2008.

Le Goff, Jacques. *El Dios de la Edad Media: conversaciones con Jean-Luc Pouthier*. Madrid, España: Trotta, 2004.

Luque, Ricardo. *El Sida en primera persona: información y claves para el logro de acuerdos preventivos*. Bogotá: Panamericana Editorial, 2001.

Lutero, Martin. *Obras*: Vol. 4. Spanish version by Erich Sexauer. Buenos Aires: Editorial Paidós, 1967.

McFague, Sallie. *Modelos de Dios: teología para una era ecológica y nuclear*. Translated by López Agustín y Tabuyo María. Madrid: Sal Terrae, 1994.

Ministerio de la Protección Social. Fondo de Población de las Naciones Unidas – UNFPA. *Guía de Prevención VIH/SIDA*. Bogotá, 2011.

Onusida. Orientaciones terminológicas de Onusida. Unaid. 2011. Accessible at: <<http://www.unaids.org/en/media/unaids/contentassets/documents/>

unaidspublication/2011/JC2118_terminology-guidelines_es.pdf>. Access on: 07.07.2012.

Onusida. Protocolo para la identificación de discriminación contra las personas que viven con el VIH. Un aids. 2001. Accessible at: <http://www.unaids.org/en/media/unaids/contentassets/dataimport/publications/irc-pub01/jc295-protocol_es.pdf>. Access on: 07.07.2012.

Orlov, Lisandro. Pastoral Ecu m é n i c a VIH/SIDA. Pastoral Ecu m é n i c a. Accessible at: <<http://www.pastoralsida.com.ar/docum.html>>. Access on: 06.03.2012.

Pannenberg, Wolfahrt. *Metafísica e idea de Dios*. Translated by Manuel Abella. Madrid: Caparros Editores, 1999.

Paterson, Gilian (Ed.). *Prevención del VIH: una conversación teológica global*. Ginebra: Alianza Ecu m é n i c a de Acción Mundial, 2009.

Paterson, Gilian. VIH y SIDA: el reto y el context: conceptualización del estigma. In: Onusida. *Informe de un seminario teológico enfocado al estigma relacionado con el VIH y el SIDA*. Namibia: Windhoek, 2003. p. 33-41.

Paterson, Gilian. *El estigma relacionado con el SIDA: pensar sin encasillamientos: el desafío teológico*. Ginebra: Alianza Ecu m é n i c a de Acción Mundial; Consejo Mundial de Iglesias, 2005.

Pimentel Chacón, Jonathan. *Modelos de Dios en las teologías latinoamericanas: estudio en Juan Luis Segundo e Ivone Gebara*. Heredia, Costa Rica: Universidad Nacional, Escuela Ecu m é n i c a de Ciencias de Religión, 2008.

Richard, Pablo (Ed.). *La lucha de los dioses: los idólos de la opresión y la búsqueda del Dios liberador*. 3. ed. San José, Costa Rica: Departamento Ecu m é n i c o de Investigaciones, 1989.

Sanders, Frank. El Sida: ¿castigo de Dios? Sobre la sobrecarga metafísica de un fenómeno biológico, *Concilium*, 321, pp. 61-74, 2007.

Segundo, Juan Luis. *Teología abierta para el laico adulto: v. 3: nuestra idea de Dios*. Buenos Aires: Carlos Lohlé, 1968.

Segundo, Juan Luis. *Liberación de la teología*. Buenos Aires: Ediciones Carlos Lohlé, 1975.

Van Dijk, Teun A. El análisis crítico del discurso. *Anthropos*, 186, pp. 23-36, 1999.

Van Dijk, Teun A. *Ideología: un enfoque multidisciplinario*. Translated by Berrone de Blanco. Barcelona: Editorial Gedisa, 2000.

Grace as the form of the church on the basis of Saint Thomas Aquinas' thought

An ecclesiology for contexts of stigma, stigmatization and discrimination involving HIV and AIDS

Vicente Valenzuela Osorio

Prior conditions

In order to achieve clarity in an article, it is useful to present the steps needed for its development. The program below is the following: first it is necessary to discuss the categories of the method in general; secondly, it is necessary to deal with the possibility of a theological discourse; thirdly, the text of the grace of the Holy Spirit as the form of the church (the grace of the Holy Spirit); fourth, the context of stigma, stigmatization and discrimination involving HIV and AIDS and fifth, the interpretation of the text from the context (with the theological implications as conclusions and introductions of this article).

Some general characteristics of the method

The human person is a question (K. Rahner, 1953, p. 73), i.e. an existentially theological question. It is not just a matter of asking about something or someone. It means to be a problem in oneself, an irreducible and unsolved one (K. Rahner, 1953, p. 75); “man exists as the question about being” (K. Rahner, 1953, p. 75); being in a wide range of modes, but especially in the reference and in meaning. Human being's existence is happening vis-à-vis the challenge of reality and vis-à-vis the challenge of the meaning of life. And this happening is precisely its own rupture. The

human subject is always a question and is always an answer. But they are never a satisfied answer; they are always seeking; they go after desire (Lacan, 1980). Therefore, although they weave subtleties to respond to their problems, they always return to their source: to the irreducible question. What is most curious is that the splitting itself occurs as openness and as possibility. A person who lives with HIV or a person who lives with AIDS is a question before God; the same occurs with those who research in theology; they problematize God in a sensitively human context.

Now, the assumption and the irreducible problem of this article is: What does the Triune God of the Catholic Tradition(s) say vis-à-vis the phenomenon of stigma, stigmatization and discrimination involving HIV and AIDS? This article focusses on the Tradition according to which the grace of the Holy Spirit is the form of the church. At this point it proved to be convenient to choose the theology of Saint Thomas Aquinas. For this author, grace creates community. Grace is concrete, it is visible. It is so evident that the very history of Christianity makes it possible to recognize that grace has created contextual communities according to the time and the needs. It has formed ecclesial communities embodied in reality and with an existential meaning. This makes it possible to formulate the basic question of this article: What does it mean to say that “grace is the form of the church” based on Saint Thomas of Aquinas’ thought and from the context of stigma, stigmatization, and discrimination involving HIV and AIDS?

On the possibility of theological discourse

The present text is a theological discourse, and every discourse is metaphoric, and “the metaphor is said metaphorically” (Ricoeur, 1980, p. 389). For the same reason “There is no non-metaphoric place from which one can perceive the order and the boundaries of the metaphoric field” (Ricoeur, 1980, p. 389). Thomas of Aquinas approaches these positions. He claims that, in the case of the Holy Spirit, speaking of It means doing it through circumlocutions (S. Th. q. 37. a. 1). These propositions totally affect this writing. However, by stating that human beings exist as a question, one not only recognizes their openness, but also that the discourse itself has an external reference. “The discourse refers to the world” (Ricoeur, 1980, p. 293). This means that, besides creating its own intralinguistic reality, it is

open to another reality: “the intention of the discourse tends to an extralinguistic reality that is its referent” (Ricoeur, 1980, p. 293). This does not mean that the words touch things, but that they open up for the latter. And such is the uncertainty of theology: although it speaks metaphorically of God, its discourse remains open to the encounter with the living and absolutely free God (Rahner, 1967, p. 140). This means that the theological language is, in itself, a living openness with meaning that expects to be found. Thus, if the theological discourse is possible, one can already proceed to its thematic development.

Grace as the form of the church in Saint Thomas Aquinas’ thought

The main cause, the efficient cause of grace is God (Aquino, 1990, III. q. 62. a. 1). God is also the creator of the world. Thus, God is the cause of grace and author of creation. Through the former, He takes human beings to union with Himself; through the latter, He brings them to life. Thus, human beings are absolutely dependent on God and also free. The fact that God encounters human beings and human beings respond is called union of love, *coniunctio ad Deum*. God is the one who causes the union. Human beings respond to this call: they do it moved by the testimony of the Holy Scriptures and through the natural route of the *desiderium naturale* (desire), which longs for the first cause of its being and existing. For Saint Thomas, the Church is born *ab Abel*, that is, with the one who responds to the divine calling (Ponce, 1979, pp. 51-55). What will be of Cain? For now the question must be left hanging.

The grace of the Holy Spirit

The Holy Spirit acts as the form (circumlocutions!). In another citation, and following the tradition of the church, Saint Thomas Aquinas says that the Holy Spirit is like the soul of the church. (More metaphors). The Spirit is the soul not in terms of a substantial union like the one between soul and body, hilemorphism, but as the Spirit who is the one who animates, moves, vivifies the Church (Congar, 1959, p. 150). In this way one leaves Aristotle’s

model. Thus one can say that the Spirit is the form of the church in the sense that the Spirit animates the church.

“All grace comes from God and the Holy Spirit by appropriation, as its first cause” (Congar, 1959, p. 75). There are two distinctions: a) God in himself, *ad intra*; b) The Trinity and its missions, *ad extra*. Grace is one because God is one. Thus one realizes that the gift is at the same time the giver (Rahner, 1979, p. 152). But this amorous and free giving takes place in different ways.

Saint Thomas proposes the unity of grace, as it springs from the intimate mystery of God. God communicates His life to human beings, and He does this as the active and effective cause. However, He does it *in persona* of the incarnate Word (Congar, 1959, p. 70). Thus, through Jesus (Thomas calls him Christ), human beings enjoy the life of God. It is not a full identification with the life of God, but an identification by likeness (Congar, 1959, p. 65). Human society receives the virtues of faith, hope and love to move towards God. In other words, the object of human life is God. What is, according to Thomas, the role of the Holy Spirit?

The Holy Spirit’s task is to assimilate everyone into God (Congar, 1959, p. 74). The Spirit causes human beings to unfold the supernatural life of God in their lives (Congar, 1959, p. 66). The Spirit effects the *motus* and *reditus in Deum* (Aquino, 2001, I. q. 2). The Spirit moves human beings to seek God, guides them in their path toward Him. But all of this takes place *in Christo*, because of His truly human and divine person. Thus, through Jesus (Christ) human beings return to God moved by the Holy Spirit. Jesus (Christ) becomes the true cause of God’s grace, the way toward God and at the same time the Father’s instrument for the communication of His grace. The role of the Holy Spirit highlighted here is called appropriation (Congar, 1959, p. 75). This means that the role of the Holy Spirit is to be the soul, the movement, the impulse of the work of Jesus (Christ); it seems that as far as grace is concerned the Spirit does not add anything new to it.

“The work of the Holy Spirit and the work of Christ are homogeneous in terms of purpose and content, because they have a certain common origin” (Congar, 1959, p. 127). This is the unity of the one God, the unity that is enjoyed by the Trinity’s fellowship. For this reason, if grace is one, the Holy Spirit in terms of the economy of grace is restricted to the mission of Jesus

(Christ). The Catholic dogma stresses that through this unity one can interpret the Holy Spirit as the Spirit of God (Congar, 1959, p. 127). Thus, the Holy Spirit is present in the mission of Jesus. It seems that this is where the Spirit's mission ends. There is homogeneity in the purpose of their missions and the content they convey. The purpose and the content are twofold: a) to make God incarnate in the world and b) to effect the *reditus, processus* of the world in God.

However, although in terms of the economy of grace the Spirit carries out the work of Jesus and does not add anything different from the grace that is imparted *in persona Christi*, one must recognize that in some respect the Holy Spirit as person must have a certain difference that makes it appropriate to call the Spirit a person.

The context of stigma, stigmatization and discrimination involving HIV and AIDS

In semantics, the context can be analyzed in two ways in relation to an enunciation: as the environment of a word in a sentence or as the extralinguistic reality that accompanies the act of enunciation of a sentence. On the other hand, the context, according to the word's etymology, is a broken, split reality. This is demonstrated by an analysis of the particle "con", "context". The "con" suggests a reality or presence that accompanies the text; something or someone. If it is a presence, the very Indo-European verbal root *per*, through, by means of, already suggests a rupture, which is seen in the relation of *per* with *esence*. The very word *per-esence* already suggests that being is mediated by something; it is a mediated, a crossed being. Therefore, that presence causes the context to be split in advance. But the same presence means the happening in the becoming of the present time. That is, the context is constituted as a rupture in the making of the present.

Stigma, stigmatization and discrimination. In making themselves, human beings are barred, crossed from the very moment in which they formed the fictitious image of their "I" at the stage of mirroring, between 6 and 18 months of age (Lacan, 1980, pp. 12-18). This stage functions as making oneself in the present as it is manifested as an *ontological structure of the human world* (Lacan, 1980, pp. 11-12). The subject itself is trapped in the

mirrorism of the object of desire (Lacan, 1980, p. 284). Thus, every human being is a stigma that is realized on the basis of the object of desire, and, for the same reason, the issue of stigma is an issue of the human community. But the category of *ontological structure of the human world* reveals more than a barred subject who constituted itself at the mirror stage; it actually shows that the human subject spreads its own stigma in the world. Here this extending or projecting of one's own stigma will be called stigmatization. Thus, these are two different moments: stigma is the human splitting, stigmatization is the act of projecting a broken reality and, particularly in relation to the phenomenon of HIV and AIDS, it is the act of hurting the others. Human stigma produces the abominable stigmatization, and stigmatization provokes discrimination and exclusion².

A double categorical imperative stands out: if stigma is your condition, then do not hurt your neighbor ("neighbor" even as far as the stigma is concerned). Say no to stigmatization. If stigma is your condition, then realize this and avoid reaching the excess of stigmatization that provokes discrimination and exclusion – and this is the relationship between stigma, stigmatization and discrimination. On the other hand, the problem is so profound that even love itself comes under suspicion. There is a primary imbalance in the human being, a resistance to the world, a primitive jealousy (Lacan, 1980, pp. 14-15) that seasons human relationships. This is the stigma which in the act appears as stigmatization. Love itself seems to be a mask of the projection of human stigma; love as stigmatization, as hatred.

Now, as far as HIV and AIDS are concerned, this phenomenon may be defined as a presence that alerts, i.e. it alerts the TCD4 cells in the blood and alerts human society. The first instance denotes its development in people's bodies; the latter one refers to the social process. In both instances HIV and AIDS, as a presence that alerts, promotes even more the projection of the human split or stigmatization. This means that the issue is not simple: in becoming, human being is stigma, stigmatization and discrimination. All of this is weaved in a complex network that is sustained in the fiction built by

¹ The theologian José Edgar Alarcón created the distinction between stigma and stigmatization. He did it during conversations. The theologian Andrés Alba suggests that discrimination must be distinguished from exclusion.

the object of desire. From the point of view of the object of desire, both reality and the human subject in society and the presence of HIV and AIDS are manifested as the triple breaking that is sustained in the lie: holy, holy, holy.

**The reading of the text “grace as the form of the church”
from the context of stigma, stigmatization and
discrimination due to HIV and AIDS**

A text is everything that can be interpreted. The theological text does not necessarily talk about theology. It is theological, first and foremost, because it is read and lived from a perspective of faith. Thus, any human reality is a theological text. This is no demerit to the other sciences. It seeks to complement them and to be complemented on the basis of other assumptions. In this article, the theological text that talks about theology is grace as the form of the church in Thomas Aquinas’ thought. But this text must be read from a human context characterized by a triple rupture and suffering. Furthermore, there is a text that does not seem to be a theological one, but which, as claimed above, can be read from the perspective of faith. This is the context of stigma and discrimination explained from Lacan’s point of view. The context lends itself to reading a text when the context itself becomes a text. This is a very Lacanian interpretation, and it seeks to read a theological text and at the same time to be read from the assumptions of faith. In this way a dialogue is made possible.

The fundamental question is: what does “grace as the form of the church” mean on the basis of Thomas Aquinas’ thought and from the context of stigma, stigmatization and discrimination due to HIV and AIDS?

First of all, the triple condition of rupture in the case of people who live with HIV or AIDS reveals that there is a profound problem in the human community. The human community is fractured and the primitive hatred that is aged in its cellars alters personal and social relationships. Reality itself is vitiated. Both reality and the human subject and, even more so, those living with HIV and AIDS are a mirror broken into thousands of pieces. This mirror wishes to damage other mirrors in the act of stigmatization and discrimination. On the other hand, however, Thomas Aquinas’ theology talks about health, unity, love and grace. How should one understand this?

It is necessary to find a link that makes union possible. The following quotation may help to answer the question asked above:

The work of the Holy Spirit and the work of Christ are homogeneous in terms of purpose and content because they have a certain community of origin. This is not a community in all respects, of immediate principle, since the Holy Spirit is a person different from the (incarnate) Word and each one of them fulfills their own mission. Certainly it is the three persons that fulfill the operations that exist outside of God, since their divine essence, wisdom and power are strictly common. Nonetheless, they do have something of their own, however little, without which the word “appropriation” would make no sense. In the effects of grace common to the three persons there is something that mysteriously corresponds to those effects that belong properly and respectively to the incarnate Word and the Holy Spirit (Congar, 1959, p. 127).

According to Thomas Aquinas, the Holy Spirit acts due to the appropriation of grace, and it might seem that It adds nothing new to it. However, Father Congar’s quotation suggests that it is necessary to recognize the Holy Spirit’s own contribution. There must be something proper to Its person and mission that makes it convenient to speak of persons and missions of the Trinity. There must be a plus that adds something new and characteristic to the person of the Holy Spirit, a plus that springs from a certain autonomy of the person and the mission. This is an autonomy that is always manifested as absolute novelty. For this very reason, this plus does not fear being the form of a new community that is built upon the autonomy of the Holy Spirit and even without apostolic mediation.

If one assumes the need for this *proprium*, this plus, the attitude towards the context of stigma, stigmatization and discrimination changes. First of all, the person living with HIV becomes the example of the Holy Spirit’s plus. What is the reason for this theology of plus in such a person? Because in them the excess of life is manifested, the plus that springs from whom feels their existence being threatened and wishes to live it to the full. This is like a soldier who finds himself in a situation of death on the battlefield. He will have to find a way out and defend his wish to live at the cost of not being afraid of death and of fighting (Zizek, 2005, p. 136). This is the plus or excess that he tells the rest of the world: “Live to the utmost, as someone who is not afraid to die.” Experiencing the rupture of desire means experiencing the openness of grace. This is a challenge for contemporary Christianity. It is not an invitation to infection, but a call by the Holy Spirit

to the possibility in rupture. Desire is not evil, but a passion which, experienced as the plus of grace, is possibility of salvation. The problem is the object of desire. The latter suspends the subject in fiction. But even this object of desire can be a possibility of salvation as far as, when it is unmasked, it functions as a voice in the desert, a motive of change.

Secondly, love, which seemed to be concealed hatred, becomes a possibility. “Is not love, the dazzling experience of falling in love, a break par excellence, the mother of all ruptures, the opening to the possibility of new possibilities?” (Zizek, 2005, p. 102). But does love have unity or is it just openings? The hope of being a possibility of possibilities is its unity. And this is the PLUS of the Holy Spirit that springs from the cry of stigma due to HIV and AIDS: one abyss calls to another one, *abyssus invocat abyssum*: renewing the world and, in the case of Colombia, renewing the country. In the case of people living with HIV and AIDS, love is manifested as breaking. Nonetheless, it is right there that it occurs as a new possibility. This is what it means to say that grace is the form of the community: that the wounded community is the condition of a new world, it is the condition for rethinking collectivity. The broken mirror is a possibility.

Theological implications as conclusions and introductions of this article

For Lacan, “the Holy Spirit is the entrance of the signifier into the world” (Zizek, 2005, p. 48). With the Plus of grace, this quotation may be interpreted as follows: the experience of the stigmatized Mary of Nazareth. She is a girl who gets pregnant. The entrance of the signifier into the world or the words “The Holy Spirit will come upon you” (Luke 1:35) in the Gospel of Luke mean that Mary was able to interpret her unexpected and questioned pregnancy as a work of God Himself. Although she knew she was in danger because of her pregnancy and although everything was against her, she was able to see in this painful situation the possibility of the world’s salvation. That is why she can utter “*Ecce ancilla Domini*” (1:38), Behold His slave, may God’s word be fulfilled in me. This process of openness is the entrance of the signifier or the presence of the Holy Spirit in the world. This is the new community of Nazareth that the Holy Spirit inspires in the present with

respect to the presence of HIV and AIDS in Colombia and the world. This is in relation with the broken mirror because, as claimed above, rupture is opening. The Holy Spirit enters the world through the world's splitting; the signifier is a possibility.

On the other hand, the Holy Spirit's plus makes it possible to re-signify religious experience and beatific vision. Another word by which Thomas Aquinas calls grace is *sublimitas* (Ponce, 1979, pp. 89-90). With the plus of the Holy Spirit's autonomy, it may be understood as sub-limit. The race of Abel remains true to its calling, and the race of Cain climbs up to heaven, dethrones God and throws Him like a pilgrim over the world. And one more time we the children of Cain may say that we are the cause of the love due to which God wished to be incarnate in Jesus. This consideration also maintains the idea that rupture is a possibility of possibilities: The glory of God, His sublimity, is that the broken mirror may have life in abundance.

The *mysterium tremendum* (Otto, 1980, pp. 23-67) becomes the Mystery of the broken mirror; the trembling and terror before God's presence become the existential nausea (Sartre), which generates the contemplation of death and misery. The supernatural becomes a metaphor. The experience of God as majesty becomes an experience of the vulnerable and ill God. The feeling of domination and rapture vis-à-vis the divine being becomes a feeling of powerlessness vis-à-vis injustice in the world. God as the absolute Other becomes here the fragile and close other that constitutes me. The beatific experience leads the person to a profound silence; in the case of the sub-limit, the experience becomes a prophetic voice that cries out in the full light and desperately. Ultimately, the sublime becomes sub-limit, becomes experience of God in the world and in the flesh. And this is where the experience of living with HIV and AIDS has the possibility of becoming an authentic experience of God in the sub-limit of history. This is an experience that cries out and calls for a new world, new human relationships, a new community that is able to live out desire and what that involves. The form of the community is the gratuitousness and desire as possibility.

Grace is the form of the community, but this grace must be lived out as openness in the rupture. This is how the prelude of the community emerging from the phenomenon of HIV and AIDS is constituted. The task of rethinking

collectivity (Zizek, 2005), the community, requires a structural principle: “The community is not a stone in the building, but the building’s architectural law” (Grabmann, 1903, p. 10). The law or principle of the structure is the community. But also grace is the formal principle of the community. Thus, the principle for the rethinking of human relationships with respect to the context of stigma and discrimination due to HIV and AIDS is the community of grace that lives out desire on the basis of gratuitousness.

Finally, that plus redefines the Eucharistic banquet. The new community is a banquet already started by Jesus. The Master carries out with those who are His own a prophetic *ot*, a sign of the times: “Jesus lives out the kingdom of God; he does not only announce it with his preaching, but makes it present with his actions and attitudes” (Martínez, 2003, p. 84). He heals but he also eats with the sick and the sinners. “These meals are prophetic actions through which Jesus makes present the kingdom of God” (Martínez, 2003, p. 85). The food may mean that God gives Himself like a crop of fruits, like an abundant and lavish meal. In this case, the food is related to God’s grace. The new community is rich in gifts from God; it manages and distributes the goods with equity and justice according to the structural law of the kingdom of God: the community of grace.

References

- Aquino, Tomás de. *Suma Teológica III*. Madrid: Biblioteca de Autores Cristianos, 1990.
- Aquino, Tomás de. *Suma Teológica I*. Madrid: Biblioteca de Autores Cristianos, 2001.
- Congar, Yves. *Ensayos sobre el misterio de la Iglesia*. Barcelona: Editorial Estella, 1959.
- Grabmann, M. *Die Lehre des heiligen Thomas von Aquin von der Kirche als Gotteswerk*. Regensburg. 1903. Accessible at: <http://www.4shared.com/document/xnjF4J61/GRABMANN_Martin_Die_Lehre_des_.htm&showComments=true>. Access on: 20 August 2012.
- Lacan, Jacques. *Escritos I*. México: Siglo XXI, 1980.
- Martínez, M. Víctor, S.J. *Sentido social de la eucaristía: III: acontecimiento de justicia*. Bogotá: Pontificia Universidad Javeriana, 2003. (Colección teología hoy, 25).

- Otto, Rudolf. *Lo santo, lo racional y lo irracional en la idea de Dios*. Madrid: Alianza, 1980.
- Parra, Alberto, S.J. *Textos, contextos y pretextos*. Bogotá: Universidad Pontificia Javeriana, 2005.
- Ponce Cuéllar, Miguel. *La naturaleza de la Iglesia según santo Tomás*. Pamplona: Universidad de Navarra, 1979.
- Rahner, Karl. *Oyente de la Palabra*. Barcelona: Editorial Herder, 1967.
- Rahner, Karl. *Curso fundamental sobre la fe: introducción al concepto de cristianismo*. Barcelona: Editorial Herder, 1979.
- Rahner, Karl. *Espíritu en el mundo: metafísica del conocimiento finito según santo Tomás de Aquino*. Barcelona: Herder, 1963.
- Ricoeur, Paul. *La metáfora viva*. Madrid: Editorial Cristiandad, 2001.
- Zizek, Slavoj. *El títere y el enano: el núcleo perverso del cristianismo*. Buenos Aires: Paidós, 2005.

God's liberating political affection and the complex world of AIDS

Víctor Manuel Mendoza

Ideotheological foundation

How can one tell people with HIV that God loves them? (Campana, 2012). How can one communicate this good news amidst a world context that is economically and ideologically constructed for the suffering of the majorities? (Horkheimer, 1974, pp. 154-158). The vital, central, fundamental events acquire from faith a coloring that is only comparable with the experience and concept of revelation (Ukpong, 2003, p. 268). According to the traditional doctrine, God reveals himself in the missions of the Son and the Spirit. The second person of the divine *communion*, the *Logos* made flesh in a small village of artisans and Roman colony, due to the fact of his incarnation in one of the poor strata of Jewish society, decided the *locus theologicus* of this same revelation in a definitive way (Álvarez Calderón, 1990, p. 23). Consequently, the present study finds its textual location in the so-called Third World Theologies, in the theological reflection that arose from “the pain and humiliation caused by poverty”, from “the desire for dignity of the peoples”, from their “resistance to oppression”, and “as an effort to achieve justice and liberation” (Rayan, 1988, pp. 313 and 314), a place in which the liberating gift of the kingdom of God is experienced as grace (Segundo, 1969, p. 10), in other words, a free, gratifying experience, of a healing encounter with the person of Jesus of Nazareth, The Messiah, to walk the “long road to freedom” (Rayan, 1988, p. 316). He went out to meet the dispossessed, the uprooted, those broken by the weight of illness and the socio-theological condemnation that this implied. He did not eliminate illnesses or death, what he did was rather to propose the kingdom of God as a call to form a new family (Chardin, 1967, p. 356), which, in practice, was

manifested as affection, healing, commensality and overcoming the impoverishing social system from inside, that is from an ideological-political praxis (Zea, 1974, pp. 20-27).

The category of *liberating political affection of God* aims at expressing an inductive method of theologizing. Affection is one of the fundamental human experiences for knowing and acting in society. The concept is better understood as the capacity for affection, the early experience of which induces our way of knowing and being in the world. We would say that in the experience of humanizing affection between and with people with HIV, the meaning of fullness is put forth as a search, feeling and vocation, thus revealing the communication of the Spirit of Jesus of Nazareth, the Messiah, involving all of us in a “total amorization”, in a “*sola caritas*” (Chardin, 2002, pp. 9-56).

Also, following Aristotle, who defined human being as *zoon politikon* (Aristóteles, 1974, p. 23), we understand political praxis as a constitutive element of social life, in an idea that sees theological reflection as criticism about the dominant thinking on how society functions, emphasizing the aspect of what that society functions for, “where love turns to the great human themes: hunger, poverty, domination” (Segundo, 1983, p. 276). Consequently, in the liberating theological tradition, the concept of God no longer fulfills an ideological-legitimizing role of the dominant groups. Instead it is reinterpreted as the liberating God (Segundo, 1970, p. 197) seen in a semantic-pragmatic correlation with the concept of the option for the poor, thus recovering a fundamental biblical significance (Pixley, 1991, p. 19). Hence, we understand the concept “option for the poor” as an epistemological assumption about the necessary interpretation of the Gospel to prevent that its letter kill (Segundo, 2012), and also as a “preferential option for the poor”, where love helps give identity to others (Gutiérrez, 1995, pp. 274-275).

On the other hand, as to the relevance of the social actor with regard to the problems of HIV as a world epidemic, we know that the World Bank, after the fall of the world socialist block, played “an important political and ideological role in social control” (Biagini, 2009, p. 48), putting forth its claimed humanitarian help to countries with impoverished majorities, through the so-called social assistance programs, having as its main actors the so-called Non-Governmental Organizations (NGOs). Thus, how can we forget

Michel Camdessus and the three-hand strategy: the invisible hand of the market, that of the State, which is to organize the rules of the game, and that of charity, which would work with those who are irretrievably excluded? Precisely when most of the neoliberal program had already been implemented, the World Bank prioritized the funding of social programs according to the concepts of participation and transparency, re-appropriating the discourses that were critical of its own way of operating. The non-governmental organizations were the privileged executors of its assistentialist and focused projects (Biagini, 2009, pp. 51-58). The entire socioeconomic and theological structure of the response to the AIDS epidemic developed under this geopolitical strategy, depoliticizing and medicalizing its discursive arguments (Biagini, 2009, pp. 313-316). Thus, it is symptomatic that “the very expensive treatment of AIDS has given great profits to the pharmaceutical industry, and because of them research is developed that promises even greater benefits for the future. AIDS has generated international events that, in some cases, are almost touristic-mediatic and it continues to receive funds that are not available for other issues of greater morbidity and mortality, such as malaria, malnutrition or diseases of poor children and elderly” (Biagini, 2009, pp. 316-317). Taking into account that the main objective of the churches is to proclaim the good news, what should the fundamental characteristic of this good news be? Will it join the proposals of the international agencies? Will it take up theologically the agenda of the civil society groups? (Balthasar, 1967, p. 21).

HIV does not appear from an immunized laboratory. It emerges inside a world, the capitalist globalized world. Thus, “society in general makes it more likely that the *disease* will attack this but not the other individual or class; and when the disease strikes, the responses of the patient, the family ... society ... greatly affect the way in which the *illness* advances” (Crossan, 2002, p. 295). All of this is present inside a socio-ideological-symbolic imaginary integrated into a comprehensive unity of meaning of a free market, liberal democracy and capitalist culture, presented as a novelty for the consumption of the worldwide cybernetic population. Capitalism has reached “a stage in which it presents itself as an integrated whole: market, liberal democracy and capitalist culture. It is in its character as an integrated whole that it proposes itself to the world as a global solution. It no longer accepts

alternative systems and it is not prepared to make concessions” (Assmann, 1995, p. 96).

Experience of political affection

The complex world of AIDS is a social fact, but at the same time it is a hologram with multiple meanings. It is a social fact because it is a worldwide epidemic, and it is a hologram with multiple meanings because its multidimensional background (various elements) is enabled by the “physical” image of people with HIV (connective element) (Morin, Ciurana and Motta, 2002, p. 38). Several and varied interpretations flow towards and from them. About this, we ask: When a person becomes HIV positive, does their pain only of the illness begin there, or only their pain of meaning? Here we have four major considerations to think about:

- Finding out about the “positive” diagnosis of the clinical test about HIV in itself is terrible. It sinks a person into a profound existential crisis.

- The pain upon getting the bad news deepens and amplifies the social rootlessness that the person who receives this information generally already suffered before acquiring HIV (economic precariousness, few affective relationships, family and social stigma, insufficient professional competitiveness, unawareness or ignorance about the dehumanizing ideological resources, sexual identity not heterosexual), which can be conceptualized as socio-cultural alienation or, in a more precise sense, “false consciousness” (Gabel, 1973, p. 20). In general, acquiring HIV makes things very difficult for a person as to their conditions of survival and discrimination, or leads them very fast into this dimension.

- The poor sanitary reality for an adequate treatment of HIV positive people creates awareness of the sociopolitical fact of neglect and lack of attention by the poor States regarding these people. The national and international economic policy, whose world economic policy already has impoverished millions, now prefers to turn them into an object of charity (Comisso, 2007, pp. 58-76).

- The AIDS epidemic has concentrated in what we have called the Third World. Apparently, as long as transmission and propagation of the virus had not reached the wealthy society of the First World, perhaps the

latter had not needed to deal with the same readiness and efficacy with which the epidemiological centers of those countries responded to the red alert of their sanitary control centers.

Actually, “HIV disseminates faster among those who live in more difficult conditions. Being born in a ‘wrong’ country is a clear health risk. Despite the high number of deaths in Africa, no funds were assigned for research to identify the virus until, at the beginning of the eighties, AIDS began to affect North American and European citizens. HIV is a social, economic and cultural factor that has repercussions on living conditions and tends to hit those who are already in a situation of vulnerability” (Iglesia Sueca, 2007, p. 11).

In this context we ask ourselves, “What is the fundamental experience that will allow us to elaborate a theological-pastoral proposal about grace, seen as God’s liberating political affection in dealing with the complex world of AIDS? We answer based on the experience of tenderness between and with people with HIV. This is something that occurs daily in the lobbies or corridors of the centers of public health, the residences or even in the spaces of family interaction, ignoring the noise of the press or the media, but which reveals the humanly radical magnitude that is at stake in this scenario with all the signifying force of a “sign of times” (Segundo, 1992, p. 458): *the presence of the liberating grace of God in the complex world of AIDS*. In what we can call, from a more precise conceptual view point, *the capacity for affection*:

After mass we performed a few activities with the children, mainly playing with them. On arrival we found them with their faces glued to the doors, waiting anxiously, and these were transformed into smiles and shouts when they saw us. We did not do anything extraordinary with them, except play, give and receive affection. Our group, as we say today, did not have any social or political consciousness [...] I find it difficult to explain that gratifying experience. It was the only thing that made me get up early, especially on Sundays. Years later I was able to explain this experience as the experience of grace that is born from the encounter with the other, in the “face to face” relationship (Sung, 2001, pp. 372-373).

The story of Odir. The physician who treated him tried to strengthen his self-esteem guiding him to a path of commitment to other people like himself. But Odir had not yet reached this point of awareness, and, because of his serious conditions, it was difficult for him to be there: “I was in a terminal

stage ... For me, the only thing that remained was to wait for the moment of death. The physician saw in me a fighting person and really began to insist, saying: 'Wouldn't you like to fight for medications in this country for all people who need them?' And I said no to him. But he insisted on the subject every time I went to see him" (Visión Mundial Internacional, 2004, p. 21).

As things were, the physician decided to intervene with a treatment combining two antiretroviral medications. He was trying to make Odir "get up and walk". This cannot be achieved without a minimum capacity for affection between people, and in this particular case it had the desired result: "Once he told me that he had a treatment called 'bitherapy' (a combination of two antiretroviral medications). Thank God the physician recommended that I take them. I remember when he told me: 'Let's ask God. If he wants you to get better and start this struggle, He will allow you out of the state in which you are.' We said a small prayer in the office, then he handed me the medications and I began to take them, as he had told me to" (Visión Mundial Internacional, 2004, p. 21). After some time I had good news, a gospel. "After three months – Incredibly – I returned for a visit and he was surprised at seeing that I had recovered, and he was very emotional. He hugged me and cried with me, and told me: 'How can this be? ... I am looking at you and I cannot believe it.' Since then I began this struggle, at the end of 1998 ... I saw that there were institutions that worked on prevention, but did not bother much about the people who lived with HIV. I told myself: 'We are human beings, and who is doing something for us?'" (Visión Mundial Internacional, 2004, p. 21). The experience of capacity for affection between these two people was decisive for compliance and a path of commitment, namely, healing. Odir felt called to "do something more", i.e., the capacity of affection becomes political action. Actually "There is no real solidarity with a poor person if there is no friendship with them." (Gutiérrez, 1995, p. 272). This is decisive.

Theological-pastoral proposal

The pastoral methods of the Churches do not change as fast as the social processes, and therefore their efficacy diminishes. With the emergence of HIV, there was a rupture in one of the last reserves of their traditional

strength: sex, human sexuality. In a consumer society it is no longer possible to perform a massive evangelization of society as a whole. On the other hand, Jesus also did not call all the people to “follow him”. Following means an unlimited communion of destiny and of service to the kingdom practiced and proclaimed by Jesus of Nazareth, the Messiah. The ministry must and has to occur through personal conviction (Segundo, 1972, pp. 28-34). “Throughout the history of the Church the message of Jesus has not been very important. It has always been lived and transmitted by small minorities. However, Jesus did not come to found a new religion, although a new religion was born after him, through disciples who did not understand him.” (Comblin, 2006, p. 62). Thus, in a “free consumption” context, Christianity cannot be transmitted without this personal conviction. However, at the same time, it cannot accept the irreversible process of the consumer society that is to privatize the profound values of the faith with respect to their bearing on social transformation, because no ministry can claim to fully keep up with the cultural changes if it does not take an interest in their *social community significance in the sense of the Kingdom of God* (Segundo, 1972, p. 56). In this sense, it would be wrong to want to massively evangelize people who are HIV positive.

Actually, for a long time the churches have become used to talking from a situation in which there are “forced listeners”. The church must accept that people with HIV, mostly Christians by tradition, are little or not at all interested in becoming Christians by conviction. Whom should it address? Fostering the freedom of listening and at the same time accepting these people’s freedom to decide can be particularly focused on those that have already gotten past the shock of diagnosis and have arrived at a stage of trying to begin taking the “road of freedom” again in their lives (Segundo, 1972, pp. 61-77). In this sense, “The Kingdom of God is a new people that gathers participants from all peoples, those who have become aware of their call to freedom. Freedom is not innate. Human beings are not born free, they are born with fear and they are born to submit themselves, to not take risks, to not take on responsibilities. Freedom is born when the call of the prophets appears” (Comblin, 2006, p. 63). Why not to those who are bedridden? “Why can a sister of charity speak of Christianity at a hospital, and cannot do the same on the street or in a factory? It is not difficult to find the answer: the

patient cannot leave freely, if he does not like what the sister says; he cannot offend her because many of the hospital services that he receives depend directly or indirectly on her, and ultimately, if he has a serious illness, he is afraid” (Segundo, 1972, p. 71).

Conclusion

The “spiritual experience” of grace and the capacity for affection has been shaped through the journey of people with HIV. Slowly, from the first years of the AIDS epidemic in Latin America and the Caribbean, these people have broken open paths, elaborated some “theological certainties”, a “spirituality”, a way of dealing with adversity that we might call *vita gratiae* (Matamoros Sánchez, 2009, pp. 117-119), which “makes us able to feel and reveal ourselves when faced with injustices, poverty and the suffering of others” (Matamoros Sánchez, 2009, p. 119). In other words, to develop a capacity of political affection particular to this journey of people with HIV, opening up to the *oikoumene* of a spirituality born in the heat of this context, “both for HIVP and non HIVP” (Matamoros Sánchez, 2009, p. 117). The ministry conceived in this way will help recreate in the pastoral agents, people with or without HIV, a way of being a pastoral agent working in sanitary aspects, and whose central axis would constitute the “return to Galilee”, in other words, converting us to the “faith of Jesus”, to the values to which he committed to the end. There where we experience love, affection, tenderness, closeness, understanding and a call to begin a political-prophetic action starting from the dispossessed of history, among whom are the large majorities of people with HIV. This way of understanding and living faith and grace implies, in turn, three elements: including these people in the community prayers, concern about their states of health, and developing the struggle to acquire medications and respect for their sanitary rights, with freedom vis-à-vis the institutionalism of worldwide charitable help. In this small point of the heart of grace which erupted historically as *the capacity of affection among and with people with HIV* we might already understand and experience that “God is truly among us” (see 1 Cor 14,25). From there we might perceive, as of now already, the eschatological promise of the kingdom of God, that is, “the [definitive] overcoming of our loneliness” (Chardin, 1967, p. 361).

References

- Álvarez Calderón, Jorge. Nazaret: su significado para Jesús y para la Iglesia. *Páginas*, 105, pp. 15-31, 1990.
- Aristóteles. *La política*. Madrid: Espasa-Calpe, 1974.
- Assmann, Hugo. Teología de la liberación: mirando hacia el frente. *Revista Latinoamericana de Teología*, v. 34, pp. 93-111, 1995.
- Balthasar, Hans Urs von. *¿Quién es un cristiano?* Madrid: Guadarrama, 1967.
- Biagini, Graciela. *Sociedad civil: ¿De la acción colectiva a la fragmentación de intereses?*. Buenos Aires: Paidós, 2009.
- Campana, Oscar. *Reportaje a Gustavo Gutiérrez: “¿Cómo decirle al pobre que Dios lo ama?”* Accessible at: <<http://www.san-pablo.com.ar/vidapastoral/index.php?seccion=articulos&id=4>>. Access on: 20 July 2012.
- Comblin, José. ¿Crisis de la religión en América Latina? In: Universidad Nacional Costa Rica. *Sociedades de Conocimiento: Crisis de la Religión y Retos a la Teología*: Seminario de teólogos y teólogas 4-6 de abril del 2005. San José Costa Rica: UNA, Escuela Ecueménica de Ciencias de la Religión, 2006. pp. 59-63.
- Commisso, María de los Ángeles. *Mujeres viviendo con VIH-SIDA: análisis e intervención del trabajo social*. Buenos Aires: Espacio, 2007.
- Crossan, John Dominic. *El nacimiento del cristianismo: qué sucedió en los años inmediatamente posteriores a la ejecución de Jesús*. Santander: Sal Terrae, 2002.
- Chardin, Pierre Teilhard de. *El corazón de la materia*. Santander: Sal Terrae, 2002.
- Chardin, Pierre Teilhard de. *El fenómeno humano*. Madrid: Taurus, 1967.
- Gabel, Joseph. *Sociología de la alienación*. Buenos Aires: Amorrortu, 1973.
- Gutiérrez, Gustavo. Renovar la “opción por los pobres”. *Revista Latinoamericana de Teología*, v. 36, pp. 269-280, 1995.
- Horkheimer, Max. *Teoría crítica*. Buenos Aires: Amorrortu, 1974.
- Iglesia Sueca. *Carta de los obispos de Suecia sobre el VIH en una perspectiva global*. Uppsala, Suecia: Consejo Episcopal, 2007.
- Matamoros Sánchez, Antonio. *Mis vicisitudes con el VIH y SIDA: una experiencia personal viviendo con el VIH y SIDA*. San José, Costa Rica: M. Sánchez, 2009.
- Morin, Edgar; Ciurana, Emilio Roger; Motta, Raúl Domingo. *Educación en la era planetaria*. Barcelona: Editorial Gedisa, 2002.
- Pixley, Jorge. Opción por los pobres y Dios de los pobres. In: Vigil, José María (ed.). *La opción por los pobres*. Santander: Sal Terrae, 1991. pp. 19-31.

Rayan, Samuel. Teología del Tercer Mundo: ¿hacia dónde nos dirigimos a partir de ahora?. *Concilium*, 219, pp. 313-331, 1988.

Segundo, Juan Luis. *Acción pastoral latinoamericana: sus motivos ocultos*. Buenos Aires: Búsqueda, 1972.

Segundo, Juan Luis. La opción de los pobres como clave hermenéutica para entender el Evangelio. Accessible at: <<http://www.servicioskoinonia.org/relat/118.htm>>. Access on: 4 June 2012.

Segundo, Juan Luis. Revelación, fe, signos de los tiempos. In: Ellacuría, Ignacio; Sobrino, Jon. *Mysterium Liberationis: conceptos fundamentales de la teología de la liberación I*. San Salvador: Universidad Centroamericana, 1992. pp. 443-466.

Segundo, Juan Luis. *Teología abierta para el laico adulto: nuestra idea de Dios*. Buenos Aires: Carlos Lohlé, 1970.

Segundo, Juan Luis. *Teología abierta II: Dios. Sacramentos. Culpa*. Madrid: Cristiandad, 1983.

Sung, Jung Mo. La teología y la vida de los pobres. In: Tamayo, Juan-José; Bosch, Juan (eds.). *Panorama de la teología latinoamericana*. Estella (Navarra): Verbo Divino, 2001. pp. 371-378.

Ukpong, Justin S. Revelación. In: Fabella, Virginia; Sugirtharajah, R. S. *Diccionario de teologías del Tercer Mundo*. Estella (Navarra): Verbo Divino, 2003.

Visión Mundial Internacional. *Acercándonos: el VIH en América Latina y El Caribe: mitos, realidades, respuestas*. San José, Costa Rica: Visión Mundial Internacional, Oficina Regional para América Latina y el Caribe, 2004.

Zea, Leopoldo. *Dependencia y liberación en la cultura latinoamericana*. México: Joaquín Mortiz, 1974.

The theological touch of Jesus and the woman with the flow of blood

Rosa María López Pérez

The intention of the article is to provoke an analysis of the life of women with HIV or AIDS in a stable relationship, taking into account the behaviors and approaches that caused these women to become infected with HIV. The touches they received were and are given by a hierarchical system that dominates and controls women's bodies. These behaviors are accepted by both women and men because they sustain secondary gains, but they are of greater detriment to women.

In human relationships there are physical, psychological, spiritual and social contacts; however, the way in which they are performed has led to serious consequences for women, such as HIV infection. Therefore, it can be inferred that all touches/contacts are taught by systems that maintain power, and people learn them, convey them and appropriate them, because they need affection for a full quality of life, as proposed by Jesus, but the culture teaches aggressive approaches that deteriorate life. That is why it is useful to compare both approaches to seek a way to reconstruct deteriorated lives, as signs of hope, of the good news of salvation.

Introduction

This article performs a critical reflection on the attitudes and behaviors that so far have occurred regarding forms of contact between persons. Since we wish to provoke and motivate changes that will create healthy relationships, we have dedicated the investigation to women infected in a stable relationship. To achieve this, we will try to show the situation in which the women with HIV or AIDS live and how the hegemonic power can be harmful to them. We were able to do this thanks to five women infected with

HIV/AIDS. We became acquainted with their life styles before and during infection. Each of them will be given the name of a flower (Geranium, Violet, Carnation, Gladiola, Orchid).

We will analyze different forms of contact of women with HIV or AIDS and how this has affected them. For this purpose it is necessary to take into account the function of the kyriarchy, the roles that it establishes and the type of care it promotes, in order to work for their full recovery.

As a proposal for change, we will propose the “touching ministry”. For this we will focus on the rereading of the Bible text on the woman with the flow of blood and the type of approach between her and Jesus. We hope to find hopeful elements for a ministry of “touch” which will be effective and bring back the touches of responsibility toward, care for and solidarity with women who have HIV or AIDS, touches that give strength, confidence and security, touches that magnify life.

Women touched¹

By their partner, HIV in a kyriocentric order

In the theological sphere kyriarchy is described as a “gradual pyramidal system of domination, derived from the Greek word *kyrios* and from the Latin *dominus* – the master, the slave owner, father, husband, wealthy freeborn man to whom all members of the house are subordinated and by whom they are controlled” (Schüssler Fiorenza, 2012, p. 8). In this definition we find pertinent and valid elements for a discussion that will show the problems of HIV and AIDS in women, since this kyriarchical system or order connotes “the multiple relations of government that include the way in which gender relations are articulated with the economy, the states and the markets [and religions]” (Schüssler Fiorenza, 2012, p. 8), particularly affecting women, because: “Gender oppression has created a hierarchy for some and put them in a position of superiority and domination over the others, captives in this relationship” (Lagarde, 2003, p. 200), an unequal relationship that takes away meaning from these women and their lives.

¹ We use the word “touched” to mean women’s relationships, and also the affectations and manifestations regarding life experiences since they have been infected with HIV.

Therefore, the little importance that has been given to HIV infection in women shows a set of problems that should cause concern in state and religious institutions, because this situation is “closely related to gender inequality, intrafamily violence and the lack of acknowledgement of their rights and identity” (Orlov, 2009, p. 4). This gender inequality that regrettably is promoted in churches worsens the situation of women, exposing them to the impressive increase of HIV infections.

These HIV infections have been transmitted by disrespectful types of contacts that have affected women in multiple ways and that afflict and disturb them, not only in their physical body, but touching on other aspects such as emotional, sentimental, relational and spiritual aspects, because “women and girls with HIV face the stigma, discrimination and violence that [in addition] affect their access to sexual health and reproductive health services, and, consequently, to information, treatment and care” (Orlov, 2009, p. 4) that they should have, above all when they have HIV or AIDS.

Therefore we analyze this situation where different systems operate, including the religious one; this is the one represented in our churches and that we are responsible for analyzing, since we must commit to solidarity and denunciation as good news of salvation, based on love, affection, solidarity and the search for solutions that will enable complete well-being for women who live with HIV or AIDS.

For the reasons mentioned, we analyze the text on the woman with the flow of blood, in Luke 8:40-48, because it provides pertinent biblical-theological elements for the “touch ministry”, based on new forms of contacts that seek alternative human relationships to the hegemonic ones, and develop “touches” for effective assistance, as taught and shown by the teacher, Jesus.

The illness of the woman with the flow of blood was considered an impurity, like everything that was related to female fluids. The woman in the text shows daring, disobedience, defiance and bravery, because in her condition she was to be outside the community, marginalized, “separated from all social life and human contact” (Gómez, 2008, p. 240), as occurs today with women who have HIV or AIDS. The woman needs health, which is why she does not hesitate to touch Jesus and receive the magnifying healing that she desired.

Through the joyful contact of the body and hands, the woman's body heals, and the flow of blood stops, and she becomes entirely healthy, since she can return to interacting with all people. Health reaches the entire community present, including Jesus because he perceives his "*dynamis* (= 'strength', 'power': see Luke 8:46) being completely exercised; a *dynamis* that must be the 'strength of the Spirit', according to Luke 4:14, or 'the force of the Lord', that was in him so that 'he could perform healing' (Luke 5:17)" (Fitzmyer, 1986, p. 41). With the woman's touch he was able to demonstrate his *dynamis*. He insisted: "Somebody touched me. I know that power has gone out of me." (Luke 8:46).

The kyriocentric system was implanted in societies, cultures, traditions and in all kinds of education and training, even the religious one. And, as Schüssler Fiorenza points out, it influences the way people relate according to gender, creating exclusions that discriminate, stigmatize and oppress people, especially women and their bodies, since the body "is the point of reference both for those who depreciate it and for those who exalt it, for those who oppress it and those who respect it" (Gebara, 1995, p. 78), affirming or questioning the behavior established by the predominant system.

All women, particularly those with HIV or AIDS, have been submitted to a "subjection, ... discipline of their body, their subjectivity and their entire being, [the] vital experiences that [women] experience in their body [and that] are so extraordinary that they go beyond the destination of the sinful anesthesia" (Gebara, 1995, p. 201), and that have been harmful because they triggered consequences in them that damaged their life and compromised their overall health due to HIV infection through their stable partner.

The problems of increased infection of women, or feminization of HIV, as mentioned in some statistics, are the result of the learning with which they have been formed or deformed. For this reason we wish to retrieve the good news in Jesus' praxis.

Today it is necessary for us to take up the way of relating, communicating, interacting to supply, mutually and cooperatively, the basic material and non-material needs. For this purpose, in Jesus we find a paradigm of this approach, which not only conveys his loving and tender self-giving, but also irradiates a healing energy. A touch that heals, that cures people completely, this is the authentic human passion, which we find in Jesus.

That is what one must retrieve, mainly in the faith based communities, so that the stigmas generated by discriminations and exclusions against women, and more emphatically women who have HIV or AIDS, be forever removed from the hearts of the men and women who profess to be followers of the teacher, Jesus.

The teacher, with his example, taught and also took up the ways of relating to do away with the insensitive behaviors that produce estrangement, disease and death. Because these insensitive touches are closely related to “gender inequity, intrafamily violence and the lack of acknowledgment of their rights and their identity” (Orlov, 2009, p. 4).

The ecclesial communities need to promote loving, respectful and affectionate approaches that restore unity, sensitivity, trust and mutual solidarity, which, like Jesus, surrender themselves with passion at every encounter, so that they can feel the magnifying healing touch and thus recover the strength and enchantment for life. As evidence of what was described above, we will briefly show different types of touches that women experience, particularly those who live with HIV or AIDS:

Ontological touch

Touching is a caress that we need in order to live

We human beings need physical contact to satisfy the physiological and relational needs that Bowlby calls attachment behavior. He explains that both are manifested since our birth to fulfill basic needs such as food and warmth. This action leads to an encounter with equals – humans –. He also says that these physical and social needs are fulfilled by a “maternal figure”² (Bowlby, 1976, p. 203) and, when they are met, they generate gratification and affection.

² Bowlby explains that this maternal figure is not necessarily the mother.

Colonizing touch

Touching and letting ourselves be touched

Human beings experience and perceive feelings that arise in the body. They may be agreeable and produce pleasure or disagreeable and generate violence. For women it is imperative to allow and retrieve the delectable touches, without regret nor shame because, although “Women’s bodies [have been] a subjugated body” (Lagarde, 1993, p. 200), obliged to be a “body-for others” (ibid., p. 224), women can and should stop the institutionalized violence that governs them and transgresses their bodies.

Emotional touch

Stigma, discrimination, exclusion

The emotional touches are not received directly on the body, but directly affect it, since the blows received disturb it in many ways, psychosomatically, affecting the different dimensions of their being. These impressions have repercussions on some part of the physical body, because “Women pay the consequences of these impacts within their own bodies [...]” (Ress, 2012, p. 100).

Physical or tactile touch

Affectionate, curative, violent

When we talk about physical touch, we refer to the different approaches to people when they touch and are touched on any part of their body. There are a variety of contacts, and also forms and qualities in them. That is why the following are mentioned:

Affectionate: hugs, rubbings, massages, relational contact, to deliver or receive food, money or any object; kisses on any part of the body, as expressed by the Sulamite in Songs 2:4: “My beloved took me to the banquet hall and there covered me with kisses.”

Curative: rubs, massages, different therapies, hugs in consolation, and in solidarity, touches to administer a medicine or health like Jesus, who touches for healing purposes (Luke 8:52-56).

Violent: violations, sexual abuses, blows, jerking, pinching, kicking, hitting, pulling hair and ears, irresponsible coital touches, unfaithfulness of the couple – about this Geranium said that she felt “hatred, betrayal and others”, when she heard about her partner’s unfaithfulness (Interview with Geranium, 2012) – all those touches that are undesired, that molest or cause indignation because they are carried out under “violent domination of women” (Lagarde, 2003, p. 230).

Sexual touch

Pleasure or duty?

“Female sexuality has two vital spaces: one is of procreation and the other is eroticism. These spheres of sexuality are the base of the sociocultural specialization of women” (Lagarde, 1993, p. 202). They learned that their need for caresses must be delayed because they have accepted that the woman is a being for the others and “she is objectified as a maternal or sexual object, self-discriminates herself, devalues herself and blames herself for not adequately complying with her gender duties” (Lagarde, 2003, p. 230).

Relational touch

Mistrust, insecurity, conformity

This type of touch can be classified as emotional, however we separate these touches because they will be emphasized in blows that make the affective ties and bonds deteriorate. We can name family separations for different reasons, including going away to study, to work or some other reason. Also due to death, divorce, etc. This type of touch/blow generates “pain, torn families, desperation and suffering” (Baltodano, 2007, p. 120). This is how one of the women who collaborated in this study expressed it, on hearing that she had been infected with HIV by her partner: “My first reaction, honestly, was to make him disappear or to disappear myself...” (Interview with Violet, 2012).

Women infected with HIV by their partner in a stable relationship

Touches that infect and deteriorate

Women who have HIV, infected by their partner in a stable relationship, collaborated in the interviews, and they said firmly that, before this happened, they had a life that they considered “normal.” In other words, within a framework of trust in which they maintained sexual relations with their partners without protection, and this is how they put it:

[...] really I believed that he loved me, that in truth he was going to be my husband, my true husband but, well, at this time I was alone, and never, never had this and him telling me that we had formed a home and I was happy and told him yes and, well, I always believed in him, I always trusted him and never wanted to protect myself with a condom, well, I was very surprised that it was he who infected me (Interview, Carnation, 2012).

In this statement, Carnation shows different touches that she received from her partner; it also reflects how women behave based on the dominant system. Gladiola, on being asked how she learned that she had the virus, said:

Well, eh, I learned it when my daughter’s daddy fell ill and I had to go to ... I was told that I had to have blood tests to see whether we were compatible for a blood transfusion, and arrived at Cristo Rey, where the AIDS clinic was, and that was where I realized it all ... (Interview, Gladiola, 2012).

Gladiola finds it difficult to tell how she learned that she had HIV; by gestures she expresses and shows pain and shame. She goes on: “I felt betrayed, and I didn’t have anything to hold on to, I did not know what to do, I didn’t think of myself but of my children, nothing else, and eh, what would happen to me” (Interview, Gladiola, 2012). These forms of relations and touches occur unconsciously and correspond to religious imageries of colonizing learning.

Spiritual or theological touch

Bringing back the curative touch

Spiritual touches are contacts with a concrete intention, full of love, affection and a sublime surrender, such as that of Jesus who transcends the being; where faith, hope and peace promote quality in relationships, which originate indescribable feelings and emotions. In these spiritual touches we find sublime, transcendental, holistic touches... produced by love, as Paul

says in 1 Corinthians 13:13 and the woman with the flow of blood who touches Jesus (Luke 8:43-47).

One must reflect on each moment and dream that the Creator, as an ocean of possibilities, gives us hope to break the monotony and the dark silences. He will warm us with the flame of his love and we will no longer suffer the cold moments. He will unite us to each other to overcome the division of death by individualism. One must see ourselves as brethren, people surrounded by the large human family, with arms open to give solidarity, understanding, care so that each person has the dream of a fulfilled life. If we look for good, our Creator will help us find the best (Otzoy, 2012, p. 2).

Conclusion

Human beings live in a system that dictates to them and directs their actions and forms of behavior in life; this directing has been harmful to women because it fosters unequal, harmful relationships. The different forms of touching show behaviors that affect women as a whole, generating insensitivity and invisibility, and they are submitted and obliged to behave against themselves and in favor of others. The touch of the woman with the flow of blood and the dynamic passion of Jesus are an example for women to dare to seek healing for their pains. The theological touch of Jesus is a challenge with its liberating praxis, encouraging his followers to leave the stigmas, the exclusions and rejections that the hierarchical system has instituted, alienating women and attacking life.

In addition, it is necessary for ecclesial communities to recover their purpose in the world, and feel encouraged to be better and give strength to those who need it. Therefore, there is an urgent need for a “touch ministry” that takes up the teachings of Jesus based on love, respect and human dignity, so that we can recognize ourselves as creatures of the Universe, and that the touches that produce our human relations may be sublime, transcendental, holistic, full of grace and affection, and where we will feel our heart burn with the joyful fire of the eternal teacher’s *dynamis*.

References

- Ajo, Clara Luz; De La Paz, Marianela. *Teología y género: selección de textos*. La Habana: Caminos, 2003.
- Baltodano, Sara. *Nutriendo familias: Cuaderno n° 2*. San José: UBL, 2007.

Bowlby, John. *El vínculo afectivo*. Translation by Inés Pardal. Buenos Aires: Paidós, 1976.

Fitzmyer, Joseph. *El evangelio según Lucas: Volumen III*. Madrid: Cristiandad, 1986.

Gebara, Ivone. *Teología siglo XXI: teología a ritmo de mujer*. Madrid: San Pablo, 1995.

Gómez, Acebo Isabel. *Lucas*. Navarra: Verbo Divino, 2008. (Guías de lectura del Nuevo Testamento, 3).

Lagarde, Marcela. *Los cautiverios de las mujeres: madresposas, monjas, putas, presas y locas*. 2. ed. México: Universidad Nacional Autónoma, 1993.

Lagarde, Marcela. Mujeres y hombres, feminidades y masculinidades al final del milenio. In: *Teología y género*. La Habana: Caminos, 2003. p. 197-252.

Mathes, Patricia. *Sanación y transformación: despertando un nuevo corazón con prácticas de Cuerpo-Mente-Espíritu*. Managua: CAV (Centro Ecueménico Antonio Valdivieso), 2004.

Orlov, Lisandro. *Acceso universal y Derechos Humanos: mensaje de la Pastoral Ecueménica VIH y SIDA para el Día Mundial del Sida 2009*. Buenos Aires: Epifanía, 2009.

Otzo, Antonio. 2012, 2, unpublished (in print).

Ress, Mary. *Sin visiones, no podemos: reflexiones sobre teología ecofeminista latinoamericana*. Translated by Maruja González Torre. Santiago: Con-spirando, 2012.

Santa Biblia. Reina-Valera. Revisión de 1995, Edición de Estudio. Traducción bajo la dirección de Sociedades Bíblicas Unidas. Santa Fe de Bogotá: Sociedades Bíblicas Unidas, 1995.

Schüssler Fiorenza, Elisabeth. Poder, diversidad y religión. *Vida y Pensamiento*, edición especial, vol. 32, n. 2. San José: Sebila, 2012.

Interviews

Carnation. Interviewed by Rosa María López. 20 May. San José. Recording.

Gladiola. Interviewed by Rosa María López. 20 May 2012. San José. Recording.

Geranium. Interviewed by Rosa María López. 10 May 2012. San José. Recording.

Empowerment of women and ecclesial action: approach to a response to HIV and AIDS in the Colombian context¹

Fabián Wilches García

Introduction

The present article arises from the question about the situation of inequality in gender relations that make women more vulnerable². This inequality is expressed particularly in situations of violence against women, which are exacerbated in contexts of sociopolitical violence³. Thus, this leads to the question: Why violence against women and how does this relate to HIV?

One of the factors why violence against women occurs is that there is a generalized patriarchal and androcentric practice in all societies; in Latin America and in the Caribbean it is known as *machismo* (also known as male chauvinism). One aspect that may legitimize this inequality in gender relations are certain interpretations of Bible texts about the role of women in the church and in society. Several interpretations of biblical passages have

¹ This article is the result of the research work titled *Empoderamiento de las mujeres en el ministerio de Jesús: relectura de las narrativas lucanas (la mujer con flujo de sangre y la viuda persistente) como aproximación a una respuesta a la situación del VIH y el Sida en Colombia* (advisor: Dr. Socorro Vivas), for a Master's Degree in Theology at the Pontificia Universidad Javeriana in Bogotá.

² Vulnerability is considered as: The different degrees and natures of the susceptibility of individuals and collectivities to infection, illness or death from HIV, which depend on their situation in relation to the integrated ensemble of social, programmatic and individual aspects that place them in relation to the problem and to the resources to deal with it, in response to socioeconomic, cultural, religious, gender, political and personal circumstances (Ministerio de la Protección Social, UNFPA & Universidad Nacional).

³ Political violence is that used as a means for political-social fighting, be it to maintain, modify, replace or destruct a model of State or society, or also in order to destruct or repress a human group with identity within society due to its social, political, associative, ethnic, racial, religious, cultural or ideological affinity, whether it be organized or not (CINEP, Marco conceptual, 2008).

provided the foundation for the situation of submission and oppression of women.

In this sense, denouncing the oppressing structures, seeking justice in gender relations, as well as a new reading of the Bible based on the liberating ministry of Jesus of Nazareth, through the feminist critical hermeneutics and the Latin American method, make it possible first to acknowledge the current situation of women as regards the violence against them, and then to specify what happens with women in the context of political violence in Colombia, and finally to perform a new reading of some passages in the narrative of Luke in which women's empowerment process to free themselves from the structures that oppress them is recognized, resulting in a praxis to transform those situations that produce or legitimize situations of vulnerability for women with regard to HIV.

Dominion over women

Inequality in gender relations occurred, among other aspects, due to the supposed superiority of male over female. For Françoise Héritier (2007, p. 114), "The man/woman relationship is built on the same model as the parents/children, older/younger relationship, and generally as the prior/later relationship, where prior is equivalent to superiority." In this sense, we can recall the story of Genesis in which man is created first and woman after him (Gn 2:18,20-23)⁴, a story in which it is also shown that the female comes along as a "suitable help" to collaborate with the male in his existential development, leaving woman as a marginal being.

In an androcentric reading of the Bible, the negative power of the Eve-symbol derives from the biblical story of The Fall (Gn 3:1-13), in which Eve becomes the temptress, receptive to the serpent's flattery, and then involves Adam, who is upright, in her seductive traps (Paterson, 1997, pp. 130-131). Thus, the image of woman's moral, volitional, rational or spiritual inferiority, on the one hand, and the superiority of the male, on the other,

⁴ The biblical quotations in this article are taken from the Reina-Valera 1960 revised edition of the Bible.

appears also supported as divine will, or as natural, according to some of the Judeo-Christian interpretations of the biblical text.

We also have the image of Mary, Mother of God, who becomes the model of a chaste, pure, virgin woman and at the same time of a dedicated mother, further reinforcing the maternal character of Mary, ascribing primacy to the value of women insofar as they carry out functions that are socially determined for maternity. This also reinforces the stereotype of women as the primary caregiver, this to the extent that there is a cultural demand that determines that it is women who must renounce their life project and perform sacrifices, for instance, taking care of people who need special attention. This mostly reduces women's possibilities of access to a worthy job or to education.

As becomes clear from the previous description, the gender stereotypes generally degrade women, since they ascribe servile roles to them in society, devaluing their attributes and characteristics, ensuring that unequal power relations between sexes will be maintained. Despite what was previously said, the gender stereotypes can be transformed since they are a cultural construct. It is possible to proceed to critical action to eradicate them, as one identifies gender stereotypes, names them, and raises awareness of the damage they cause (Cook & Cusack, 2010, pp. 1-3).

Sexual violence and HIV in contexts of political violence

The conditions of violence and instability worsen the impact of the HIV and AIDS epidemic on the population (Mateos, Urgell & Villellas, 2004, p. 15). In these contexts, the negative impacts of gender stereotypes on women tend to become stronger. These gender roles in wartime are almost universal, because domination of women by males is almost universal (Goldstein, 2001, p. 332).

Advocates of Human Rights in Middle America (2010, p. 12) denounce the increase of femicide and its connection with organized crime, physical and sexual violence in the family environment, abuse by the military, violence and forced prostitution, in sociopolitical contexts that are permeated by democratic weakness, real power, social and economic inequalities.

In the case of Colombia, among the most significant structuring processes that contribute to shape the behavior of the HIV and AIDS epidemic are the situation of poverty, unemployment, armed conflict and forced displacement (Onusida & Ministerio de Protección Social, 2006, p. 15). In the context of the armed conflict between the years of 2001 and 2009, annually an average of 54,410 women were direct victims of some kind of sexual violence, i.e., 149 per day and 6 per hour (Casa de la Mujer, 2011, pp. 7-8).

On her visit to Colombia, Margot Wallström, special representative of the Secretary General of the United Nations on sexual violence in conflicts said that sexual violence in the context of the internal armed conflict is the “dark side of Colombia” (ONU, 2012). The Constitutional Court of Colombia (2008) showed evidence that among the sequels in women who were victims of the internal armed conflict are “physical lesions and contagion of sexually transmitted diseases – including HIV/AIDS – ...”.

During the demobilization process of the Autodefensas Unidas de Colombia (AUC, United Self-Defense of Colombia, a paramilitary organization) at Santa Fe de Ralito, the demand for prostitutes grew, with female sex workers arriving from different places in the country, including virgin girls requested by the paramilitary. The World Health Organization reported an increase of STDs, including HIV, in that region when agreements were made between the paramilitary troops and the National Government (Törnqvist, 2008, p. 25).

Luke’s narrative and liberation

In Luke’s narrative, Jesus’ ministry shows a transgression of social norms to approach the people who were excluded from the religious system. Through his actions, Jesus personifies what was announced by his preaching of the Kingdom of God, the experience of a new community in which there is mainly good news for impoverished people who were marginalized and did not have access to the fellowship with God nor society. Jesus’ action shows that the Kingdom of God is a present experience; it is among us (Lk 17:21) and is creating profound changes in the community relations.

The announcement of the arrival of the Kingdom of God and salvation are synonymous or are closely related in the narrative experience of Luke

(Lk 8:1; 9:2; 10:9; 24:18-30). The community of believers trusts in the Kingdom of God as a hope for resurrection to a new life, especially for those who suffer oppression, but the Kingdom of God currently expresses itself through actions that tend to put an end to the situations and structures that produce oppression. From this comes the theology of hope, which is simply the other side of the theology of the cross. Christianity in its integrity is eschatology, is hope, look and orientation forward, and it is also, for this very reason, opening and transformation of the present (Moltmann, 1975, p. 364).

This experience of salvation is not limited to the community of believers, it is open to any person. For Luke, all people have a possibility of conversion so that the proposal of the Kingdom of God not only intends transformations to occur within the community of believers, but also in the society of which the latter are part (Hb 1:8).

The participation of women in this new experience of the Kingdom of God is also shown in the Lukan narrative, when considering their following of Jesus as disciples (Lk 8:1-3) and as witnesses of the hope of resurrection and the new life for the community (Lk 24:1-10, 22-24). These images give us signs of the inclusive ministry of Jesus, of the discipleship of equals (Schüssler Fiorenza, 1989), through which women are participants and shown as an example for the transformation of the community.

Empowerment and liberating praxis of women in the ministry of Jesus

The first message of Jesus was addressed to the marginalized, the poor, the disinherited, those who carried little weight in society, who suffered injustice and violence, or the insignificant, as they are called by Gustavo Gutiérrez⁵; among these were the women. In this sense, Aubert points out that

... Jesus took Jewish (and non-Jewish) women seriously. Society in those days marginalized them from all social or public religious life. For this reason it was not surprising to see many women who also challenged the legal prohibitions to follow Jesus (Aubert, 1976, pp. 23-24).

In the beginning of the gospel of Luke one sees Mary, mother of God, carrying out prophetic work through the *Magnificat* (Lk 1:46-55), as a

⁵ Category expressed in the framework of the conference of the International Symposium on Theology and HIV and AIDS in Latin America, Lima, Peru, December 13-15, 2011.

precursor of what Jesus' mission is to be during his ministry, giving good news to the poor, healing the sick, giving freedom to the oppressed (Lk 4:16-19).

Magnificat is the clamor of a woman who refuses to let situations of oppression go on in a context of social exclusion, in which economic burdens and also burdens determined by religious law were imposed on people. A new path is announced that transforms social relations and is favorable to the people who have been oppressed. Mary dares tell her truth and proclaim what God is doing, threatening the religious and political power: "... he has scattered the proud in the imagination of their hearts. He has put down the mighty from their seats, and exalted them of low degree. He has filled the hungry with good things and the rich he sent away empty" (Lk 1:51-53). An example of how liberating and transforming these words of Mary can be is the fact that the government of Guatemala, in the Eighties, forbade the *Magnificat* from being recited publicly (Reid, 2009, p. 180)⁶.

Another woman who is a reference for the exercise of prophetic work in denouncing oppressive political and religious structures is the widow who persists in clamoring for justice before an unjust judge (Lk 18:1-8). In this parable, we are told about a widow who insistently went before a judge to ask him to do her justice from her adversary. The judge refused for some time, but, tired of the woman's persistence, in the end did her justice.

Through this widow, Jesus shows us that what is essential for him and his message of the Kingdom of God is seeking justice. Thus, through the figure of a woman in a vulnerable situation⁷, Jesus teaches his disciples, also the church and society of today, the importance of empowering women through their participation in the public space and the need to keep on

⁶ Guatemala was, for 36 years, the scene of political violence represented in the internal armed conflict in which the political power, the insurgency and the State were set in opposition. This internal armed conflict originated in social, economic and political exclusion. The conflict was most intense in the period between 1978 and 1984. During this period there were massive violations of human rights, massacres and more than 460 villages were razed (Hernández Delgado, 2000, p. 31).

⁷ Let us recall that a widow only had a place in society through a male relative, her brother-in-law, according to the Levirate laws (Dt 25:5-9), or if she had enough money to obtain justice (a situation that is also known in Latin America); it seems that the widow in the parable had neither one nor the other. Widows are also a group that is especially considered by God and the people of Israel because of their situation of vulnerability (Ps 146:9; Is 1:17; Lk 20:47).

demanding justice when faced with situations that generate contexts of vulnerability for women.

Jesus teaches us that women have dared to name that which keeps them in situations of oppression, require justice and act to transform these situations. As a church it is necessary for us to follow the example of these women and the action of Jesus, acknowledging and being solidary with the women who, today, in the context of HIV and AIDS, have decided to transform the situations that make them very vulnerable to the epidemic, especially in contexts of political violence as in Colombia. In this sense, the theology of the cross and the proposal to recover the meaning of the church as a space for public participation may help achieve this.

Theology of the cross, HIV and justice

On the basis of the theology of the cross, in the context of HIV and AIDS, one of the main elements that should be contained in the action in response to the epidemic, in the following Jesus and his message, is the identification and solidarity with the people who daily see their rights rendered vulnerable and are excluded. God reveals Himself in concrete actions of solidarity, of demanding justice, of listening to and restoring the most vulnerable people (Orlov, 2006, pp. 113, 115), it is God Himself who “does justice and right to all those who suffer violence” (Ps 103:6). If the praxis of the church is to be consistent with the message of the gospel, necessarily there must be a historical commitment to those people who have decided to transform the situations that brought them to the cross. Performing the theology of the cross means to go beyond criticism of the church to become criticism of society (Moltmann, 1975, p. 13).

Insofar as actions critical of the structures that have kept women in situations of vulnerability are performed, in this case that make them more vulnerable to HIV and AIDS, and actions to transform them are performed, the Kingdom of God will become manifest. If, on the contrary, the church remains silent in such situations, or continues to legitimize them through oppressing interpretations of the Scriptures, denying the active participation of women in ecclesial or social contexts, limiting the autonomy of women over their body and the decisions that affect them, the only thing it will

achieve is to maintain injustice in gender relations and situations of greater vulnerability for women in the context of HIV and AIDS.

Therefore, on the basis of the theology of the cross, a first moment that characterizes the attitude of the church is repentance for those attitudes that have given rise to injustice in gender relations; on the other hand, the cross is a denunciation of the structures that keep certain sectors of society (the majorities) oppressed, and the cross gives way to resurrection, the hope for the power of transformation that will lead us to experience a new community.

Ekklesia and HIV as an opportunity to transform social relations

The experience of HIV and AIDS has to do with social relations. The epidemic showed the social rupture between people living with the virus and those who do not have it. Breaks have also been generated by the divisions made among different social groups that regularly are stigmatized and discriminated for their sexual or gender identity. Some of the positions of the churches, on the other hand, regularly also make divisions between those who are pure or impure, between those who are saints and those who are not, or those who are in the church and those who are out of it. Gender relations are not the exception to these social ruptures which, traditionally, are characterized by being asymmetric power relations that maintain the hegemony of the male, white, owner and heterosexual.

The experience of HIV and AIDS is thus an opportunity for us to examine ourselves as a society and to transform the situations that maintain a distance between people, the hegemony of a part of society over the other and the structural inequalities. Jesus, through his ministry, opens up a new path in which he invites to restore the relationships that have been broken by the systems of political and religious exclusion, and incorporates the people rejected or ignored by the system into the community. This inclusion occurs as Jesus himself shares with the excluded people, transforms himself into one more excluded person, joins their clamor for justice, and makes himself a participant in their destiny, the cross. This is the way in which God reveals himself. In the words of Luther (1518):

... it is not sufficient nor useful for anyone to know God in his glory and majesty, if one does not know him also in his humility and in the shame of the cross. ...

Consequently, in the crucified Christ is the true theology and knowledge of God.

Following Jesus, taking up the cross, necessarily has to make us maintain the daily commitment to justice, especially in solidarity with the people who have been the victims of any oppressing power. Thus, the practice of Jesus has to be the practice of the church. And what does being the church (*ekklesia*) mean?

The term used for church in the New Testament, *ekklesia*, is not so much a religious concept as a civil and political concept. It designates the assembly of free citizens who gather to decide on their spiritual and political issues (Schüssler Fiorenza, 1989, p. 402). The fact that the followers of Jesus call themselves a church has implications on a social and political level; it is not simply a community that deals with matters concerning the interior life of faith, rather it occupies itself with political matters of society in general, or better, the experience of faith must be reflected on from the perspective of the social and political reality that surrounds them, in order to act on this reality and transform it according to what was announced and experienced by Jesus as the Kingdom of God.

This dream will only come true in the people of God, and in society in general, when male idolatry and its demonic structures are rejected in the confession of the structural and personal sin of sexism, and when the fullness of the *ekklesia* becomes possible in the genuine conversion of individual persons and ecclesial structures (Schüssler Fiorenza, 1989, p. 406).

For Schüssler Fiorenza, from the point of view of feminist critical theology, rather than identify the patriarchy as a male-female binary domination system, it is necessary to understand it as a complex political pyramidal system of dominance and submission, stratified by gender, race, class, religion and cultural taxonomy, besides other forms of historical domination (Schüssler Fiorenza, 2008). Theology adds women to the *ekklesia*, creating the term “*ekklesia* of women”).

Here, *ekklesia* is really intended to be the democratic assembly in which all people have a voice and real participation in the decisions that affect them, and that they are able to decide their fate for themselves, not leaving it in the hands of a few. The intention of the *ekklesia* of women is also to connect the struggle of women in the biblical religion of long ago to the religious and political movements of today, as the advocates of women’s

human rights in Latin America, for equality and freedom. Thus, feminist liberation theology is not located in the politics of identity, but in a politics of struggle, on the horizon of the *basileia*, or an alternative world of God of wellbeing and salvation of all without exception (Schüssler Fiorenza, 2008).

This is particularly important in the Colombian context, since, as mentioned previously, the situations of economic, social, political inequality, as well as the patriarchal (male chauvinist) structure, the stigma, discrimination and violence, particularly against women, all of which is exacerbated in the context of the internal armed conflict, are dehumanizing factors that structure the HIV and provide an opportunity to struggle for a new society.

Thus, justice in gender relations, as well as the transformation of ecclesial and political-social structures are necessary if one really wants to respond effectively to HIV and AIDS. Therefore, we can say, as Bonhoeffer (1935) did: “The fact is that there are things to which it is worthwhile committing without reservations. And it appears to me that peace and social justice, or Christ himself, are some of them”.

Conclusions

Since the emergence of the theology of the cross and the feminist critical liberation theology, it has been necessary to perform a continuous rereading of the Bible to be able to unmask the patriarchal and androcentric texts, as well as their interpretations which intend to submit women and limit their participation in public and private life.

The theology of the cross will lead to repenting of the situations of oppression tolerated or produced by the social and ecclesial practices that produce contexts of women’s vulnerability to HIV and AIDS, but it also drives us to maintain an attitude of permanent denunciation of patriarchal structures.

Likewise, the ministry of Jesus shows us that the participation of women in public contexts is essential to transform the gender stereotypes, violence against women and social inequalities, which would reduce the number affected by HIV and AIDS leading to greater participation of women in free, independent decisions.

The experience of HIV and AIDS is an opportunity to examine ourselves as a society and transform relationships which have been replaced by gender stereotypes, stigma, discrimination and various forms of oppression.

The theology of the cross, from the perspective of Latin American liberation and feminist critical theology, helps understand that the Christian commitment in response to HIV and AIDS cannot be estranged from reality, but must be an embodied commitment responding to the structural deep causes of social, political and armed conflict in Colombia, so that there will be an alternative praxis through the empowerment of women, a culture of peace and experience of justice.

References

Aubert, Jean Marie. *La mujer: antifeminismo y cristianismo*. Barcelona: Editorial Herder, 1976.

Bonhoeffer, Dietrich. A Karl-Friedrich Bonhoeffer, Londres, 14 de enero 1935. In: *Redimidos para lo humano: cartas y diarios (1924-1942)*. Ed. José J. Alemany. Salamanca: Sígueme, 1979. pp. 92-93.

Casa de la Mujer. *Primera encuesta de prevalencia de violencia sexual en contra de las mujeres en el contexto del conflicto armado colombiano 2001-2009: resumen ejecutivo*. Campaña – Violaciones y otras violencias: saquen mi cuerpo de la guerra. Bogotá, enero 2011.

CINEP. *Marco conceptual del Banco de Datos de Derechos Humanos y Violencia Política*. Bogotá D.C.: Noche y Niebla, octubre 2008.

Cook, Rebecca J.; Cusack, Simone. *Estereotipos de género: perspectivas legales transnacionales*. Trad. Andrea Parra. Bogotá: Profamilia, 2010.

Corte Constitucional de Colombia. Sala Segunda de Revisión. Providencia del 14 de abril de 2008. Magistrado Ponente: Manuel José Cepeda Espinosa. Providencia A.092 de 2008. Accessible at: <<http://www.corteconstitucional.gov.co/relatoria/autos/2008/A092-08.htm>>. Access on: 4 July 2012.

Defensoras de Derechos Humanos de Mesoamérica. *Violencia contra defensoras de derechos humanos en Mesoamérica: un diagnóstico en construcción*. Julio, 2010.

Goldstein, Joshua S. *Conquests: sex, rape, and exploitation in wartime*. In: *War and Gender: How Gender Shapes the War System and Vice Versa*. United Kingdom: Cambridge University Press, 2001.

Héritier, Françoise. *Masculino/Femenino II: disolver la jerarquía*. Buenos Aires: Fondo de Cultura Económica, 2007.

Hernández Delgado, Esperanza. *Superación de la impunidad, reparación, reconstrucción y reconciliación*. Memorias Seminario Taller Internacional 4-6 Octubre 1999. Cuadernillo pedagógico. Bogotá, 2000.

Lutero, Martín. La Disputación de Heidelberg: conclusiones (1518). In: *Obras de Martín Lutero*. Versión castellana Carlos Witthaus. Buenos Aires: Editorial Paidós, 1967. v. 1, tomo 1, pp. 41-42 (conclusiones 20 y 21).

Mateos Martín, Oscar; Urgell García, Jordi; Vilellas Ariño, María. *La relación entre VIH/SIDA, conflictos armados y crisis humanitarias: ¿el huevo o la gallina?* Unidad de Alerta. Bellaterra, ES: Escola de Cultura de Pau, agosto 2004.

Ministerio de la Protección Social de Colombia; UNFPA; Universidad Nacional. Factores de vulnerabilidad a la infección por VIH en mujeres. UNFPA.

ONU. Radio ONU, noticias y medios de comunicación. Conferencia de prensa Margot Wallström en Colombia. Accessible at: <<http://www.unmultimedia.org/radio/spanish/2012/05/conferencia-de-prensa-margot-wallstrom-en-colombia/>>. Access on: 25 May 2012.

Onusida; Ministerio de la Protección Social República de Colombia. *Infección por VIH y SIDA en Colombia: estado del arte 2000-2005*. Bogotá D.C., mayo 2006.

Orlov, Lisandro. La teología de la cruz y la epidemia del VIH y SIDA. In: Krüger, René; Orlov, Lisandro. *Para que puedan vivir: la comunión luterana escucha y responde en el VIH y Sida*. Buenos Aires: Federación Luterana Mundial & ISEDET, 2006.

Paterson, Gillian. *El amor en los tiempos del SIDA: la mujer, la salud y el desafío del VIH*. Cantabria: Sal Terrae, 1997.

Reid, Bárbara E. *Reconsiderar la cruz: interpretación latinoamericana y feminista del Nuevo Testamento*. Navarra: Verbo Divino, 2009.

Schüssler Fiorenza, Elisabeth. *En memoria de ella: una reconstrucción teológico-feminista de los orígenes del cristianismo*. Bilbao: Desclée de Brouwer, 1989.

Schüssler Fiorenza, Elisabeth. D**s obra entre nosotros: de una política de identidad a una política de lucha. *Caminos: Revista Cubana de Pensamiento Socioteológico, Poder y Género*, n. 50, pp. 2-12, 2008. Accessible at: <<http://revista.ecaminos.org/articulos/article/ds-obra-entre-nosotros-de-una-politica-de-identida/>>. Access on: 27 October 2012.

Törnqvist, Caroline. *Linking HIV/AIDS, Conflict and National Security: A Colombian Case Study*. Bogotá, diciembre 2008. (Documentos de CERAC, n. 10).

I keep on fighting, full of rebelliousness and life

Sergio Ugalde Miranda

There is a refrain in the popular culture of Costa Rica: “to put yourself in the other person’s shoes”. In my interpretation, it means to try to give another man or woman an experience as though it were mine.

However, life and everyday living have taught me that it is not possible to assimilate the experiences of others. What we can do is to interpret those experiences. We can use common sense in the interpretations, i.e., we can perform a reading similar to the experience. But it is not the experience as such.

Every experience generates a transformation in the cognitive, representative and symbolic structures in our bodies. These representations are in the individual imaginary, to some extent interrelated with the collective imagination. This cannot mean that we could communicate the wholeness of the experience, but that we can only communicate the experience as an interpretation of the phenomenon of experience.

I wanted to begin with this rationale because I believe that it is the heart of any education-learning process. In all these processes we should begin with our bodies so that the processes will be significant, because most of the time one begins with highly idealistic abstractions. That is why there is no creativity of new knowledge, new knowledge as processes of constant productivity. On the contrary, knowledge is seen as static finished products that are applicable to all in all contexts in all spaces. The latter cannot produce a liberating and creative theological praxis.

I write this reflection in order to argue about my experiences as gay and living with my condition of HIV and AIDS at the Latin American Biblical University in the Master’s Program of Pastoral Theology, majoring in Theology and HIV and AIDS. In these paragraphs I will narrate critically the experience I have had at that university in the said program.

A Swedish pastor, Katharina, from the Swedish Lutheran Church, came and told me that a Master's Program in pastoral theology was being prepared for people living with HIV. Without thinking about it, I said yes. Days and months went by. The subject was not mentioned again. Until a Sunday, during a mass, she mentioned that they had solved the issue of the Master's Program at the Latin American Biblical University. I rang up the UBL (Universidad Bíblica Latinoamericana) (henceforth UBL will be used instead of Universidad Bíblica Latinoamericana).

I was called to a meeting. There I met Valburga Schmiedt, a professor at the Escola Superior de Teologia in São Leopoldo, Brazil, and the continental coordinator of the Master's Program; Sara Baltodano, a professor at UBL and local coordinator; and Víctor Manuel Mendoza and Rosa María López, who were to study in the Master's Program. At this meeting we were informed that we were students in the program and we were given some general information about it.

That is when I began to realize the commitment I was taking on. However, I should mention that, because of my creative rebelliousness, I have been able to deal with processes like this in a less structured or static way; rather, I have transformed them into structuring or flexible processes. This has allowed me to go on living throughout my life.

I must continue. I fell in love with the entire space of the campus, its infrastructure, and the gardens. But I must mention that in one way or another things are becoming humanized. The buildings and gardens are things that can inspire us with beauty, but human beings give a great contribution to humanize the things, which then stop being objectified to become humanized.

The same day we negotiated that, although I was Costa Rican, it was best that I take up residence at the UBL facilities; moreover, the scholarship included these possibilities. The negotiation was carried out with Sara Baltodano. I knew that it was convenient because of the distance between the place where I lived and the UBL, also for administrative scheduling issues. It was best to stay on the UBL campus.

I took the decision. I came by bus, suffering greatly. This made me very nostalgic, because I had to leave my companions at the Casa Hogar Nuestra Señora del Carmen (Our Lady of Carmen Residential Home). There we lived, people with HIV and AIDS, under critical socioeconomic conditions

and at critical levels to continue belonging to our Costa Rican social system. I mentioned my situation, with the opportunity to get a master's degree, in an assembly at the Home. All gave me their support. And, further, to celebrate the fact that I was leaving, we ate *queque* (Costa Rican pound cake), soft drinks, and other foods. We shared a warm moment in the community.

Finally, I packed my clothes in cardboard boxes and, taking them, left the Residential Home, kisses and tears. I arrived one night at the UBL campus, very happy and anxious. That was a Sunday evening. On Monday we had the first class with Professor Sara Baltodano, and on Tuesday there were classes with Roy May in the morning, and with a European woman teacher (whose name I cannot remember) in the afternoon.

These were experiences that gave me a lot of academic knowledge, but I always felt a bit dissatisfied because on some occasions I did not share with my male and female teachers. I believe that in these experiences I learned to respect other world views. I understood that my world view cannot be imposed, because we are relational beings. In one way or another I learned to live in relationships.

In the beginning everything was lovely. Then a few processes changed. The friendships with my companions. These were very painful experiences and, ultimately, it was very difficult for me to see these experiences as education-learning processes for my life. For the first time I revealed secrets from my past, to use the power of my subjectivity. Furthermore, when I was hospitalized in Hospital México (a hospital in San José, Costa Rica), I allowed myself to fight for people who have the same health and socioeconomic conditions as I have. Not go back to lowering my head to others because of my condition. I understood that it was best to fight for my ideals and the ideals of others.

But one thing I learned is that one should not allow nor negotiate violence. Human beings who negotiate this would be losing all their dignity. That is why I can say out loud that "love cannot generate the loss of dignity as a human being". This can call me to not forgive when I may lose my essence as a human being: dignity.

I wish to reflect on this topic based on several experiences with a few male classmates and a female classmate in the Master's Program. Are these the people who will work with my brothers and sisters who have AIDS?

I recall that I and my best friend in the Master's Program were always together; in the end we had great conflicts of all kinds. I do not want to go into great details... But yes, this made me think about what theology we do in class, we remain only in abstract discourses.

I recall that these classmates ridiculed my dignity as a human being living with HIV and AIDS. Lying, inventing a few fantastic stories, sometimes, these stories to a certain extent involved the secrets that I had revealed and other stories had nothing to do with them. I am structuring these memories rigorously, making them flow in my memory. I will always try to learn from the experiences. I repeat again why I should not negotiate violence but, instead, learn from it: without bowing my head, because if I bow my head I cannot see the others. With my head held high, I will fight to the end as I said in my bed at Hospital México.

These experiences taught me that fear is our worst enemy. A very difficult enemy, but it must be defeated, to continue fighting against everything that wants to eliminate life.

What I must say is that I never lost hope. A historical hope, not in the beyond, but "in the kingdom of this world" (Alejo Carpentier's words). To achieve hope one must not remain silent, one must provoke as much scandal as possible to provoke chaos, as a creative space that is constructive for conflicts full of hope. Therefore, hope is only possible in the creative struggles to provoke chaos, as a space for the germination of hope. Everything was optimism even though the wounds of the past were opened, in spite of the lies of abuse and violence.

At such moments I recalled the loving, rebellious death of Jesus on a cross to transform History. Jesus, a human hero, called me to resuscitate among many deaths provoked by others who took me by the hand to continue living.

Today what is left for me is to reveal that from my loneliness, full of rebelliousness and life, I continue struggling from amidst the others who do not belong to the dominant humankind, which can only generate death. However, from death one must resuscitate to continue fighting for all human beings to generate a liberating, creative theology, but starting from the subversive bodies.

I write these words with great, chaotic nostalgia, which invites me to fight to change the story. My eyes are full of tears, not of defeat but of fighting, but in other trenches.

Notes on the authors

Wanda Deifelt: PhD in theology from Joint Garrett-Evangelical Theological Seminary and Northwestern University Doctoral Program, Evanston, IL. Honoris causa doctorate from the University of Oslo, 2005. Professor of Christian theology at Luther College, Decorah, IA, USA.
E-mail: deifwa01@luther.edu

Guillermo Hansen: PhD in theology from the Lutheran School of Theology at Chicago, USA. Ordained pastor of the United Evangelical Lutheran Church of Uruguay and Argentina. Professor of systematic theology at Luther Seminary in Saint Paul, USA.
E-mail: ghansen001@luthersem.edu

Claudio König: Teacher and Social Educator. Master's degree in Practical Theology from Faculdades EST, São Leopoldo, RS, Brazil.
E-mail: xuxa12@hotmail.com

Walter Hoppe: Bachelor's degree in Theology from Faculdades EST. Master's degree in Theology from Faculdades EST. Pastor of the Evangelical Church of the Lutheran Confession in Brazil, in São Leopoldo, RS, Brazil.
E-mail: wamafebe@gmail.com

Sergio López: Pastor of the Evangelical Church of the River Plate (Iglesia Evangélica del Río de la Plata) (IERP). Studying for a master's degree in Holy Scriptures at Instituto Universitario ISEDET. Coordinator of the Committee on Sexual Diversity of IERP.
E-mail: asergiolopez@yahoo.com.ar

María Lis Rivoira: Graduated in Social Communication from UNLP. Waldensian Church of the River Plate. Studying for a master's degree in Holy Scriptures at ISEDET. Coordinator of the space for learning and school support at a Community Canteen in La Plata.
E-mail: mlis_r@hotmail.com

Andrés Alba Urrego: Lay theologian, graduated from the Universidad Bíblica Latinoamericana in Costa Rica (UBL). Master's degree in Theology from the Pontificia Universidad Javeriana, Bogotá, Colombia.

E-mail: andreas_073@hotmail.com

Vicente Valenzuela Osorio: Graduated in Religious Studies and master's degree in Theology from the Pontificia Universidad Javeriana de Bogotá D.C. Professor of moral theology at Universidad de San Buenaventura in Bogotá.

E-mail: vvalenzuela@javeriana.edu.co

Víctor Manuel Mendoza Gutiérrez: Master's degree in Theology from the Universidad Bíblica Latinoamericana, San José de Costa Rica. Adviser on Health Pastoral Care for HIV-AIDS. Anglican Church, Diocese of Peru. Member of the Coordinating Team of the Interconfessional Network to Fight AIDS (Peru).

E-mail: llanerosolitarioperu@gmail.com

Rose Mary López Pérez: Studying for a master's degree in Theology at the Universidad Bíblica Latinoamericana, San José de Costa Rica. Pastor of the Wesleyan Methodist Church. Teaches courses on Pastoral Training at the Instituto Bíblico Pastoral (IBP), a UBL program.

E-mail: rosemarylopez@costarricense.cr

Fabián Wilches García: Lawyer, graduated from Universidad la Gran Colombia de Bogotá. Master's degree in Theology from the Pontificia Universidad Javeriana de Bogotá. Volunteer at Asivida, IELCO. Human Rights advocate at the José Alvear Restrepo Lawyers' Collective, an NGO for Human Rights.

E-mail: fabian.wilches@yahoo.com

Sergio Ugalde Miranda: Costa Rican, Bachelor's degree in Theology from Universidad Nacional in San José, Costa Rica. Student of Theological Sciences at Universidad Bíblica Latinoamericana, San José, Costa Rica.

E-mail: seger62@gmail.com

Through the two MTh projects on HIV and theology in Africa and Latin America, we have learnt not only that the response by the Church to any societal phenomenon to start with must always be theological. We have proven that a theological response gives new dimensions to any situation and to this situation in particular.

Olle Kristenson

Within the faith community, the ministry of HIV-positive people includes a constant call to awareness raising and involvement. Their presence as members of the body of Christ shows that the church is a space for inclusion and mutual acceptance, where the entire community is invited to convert, to take on the pain of their neighbor as their own, and to be a sign of the love of God. A ministry of people living with HIV is a testimony that HIV is not a death sentence, and that God wishes a plentiful life for all His creatures.

Wanda Deifelt

New processes of 'learning to learn', prospects with profound repercussions for our churches and civil societies arise from the meeting with these worlds. Therefore, the Master's degree works propose a new way to symbolize reality, a new imagination that leads to restructuring what we perceive, how we perceive it, how we move in the world, and how we relate to the 'stigmatized', which appears as a 'monstrous' other that initially appears in our common symbolizations as a threat or 'stain' that must be avoided.

Guillermo Hansen

actalianza

La Iglesia Sueca 

