Part Two

PASTORAL RESPONSE OF THE CHURCH

Chapter 4

AIDS AWARENESS

INTRODUCTION

We live in the harsh realities of the ongoing HIV/AIDS pandemic. AIDS is a worldwide crisis that challenges people of faith everywhere. It challenges vigorously to elicit, re-kindled and sustain loving relationships in the home, in the community and in the Church. We have to strive at weaving homes and communities. We can gauge the enormity of this pandemic by the following authentic information supplied by the UNAIDS information center on AIDS.\textsuperscript{106}

\textsuperscript{106} LAMAPANG, Asia’s Time Bomb, in \textit{Time}, September 30, 2002, Mumbai, p.59-63
There are at present (2001) about 40 million people living with HIV/AIDS worldwide. Out of these 19.6 million are men with the age group being 15-49 years. There were 17.6 million women in the same category. The saddest part of it is that under the age of 15 years there are 2.8 million children! In 2001 alone about 3 million, men, women and children died due to AIDS.

Asia risks great danger following in Africa’s footsteps, unless urgent action is taken to curb the explosion of HIV/AIDS. More than 7 million people in Asia have the virus; there are 2,658 new cases reported daily. In Asia India has the highest number of adults living with HIV/AIDS. Worldwide India is second to sub-Saharan Africa. In India the victims are commonly prostitutes and drug users. Now housewives and children are getting infected. The epidemic’s trend is increasing.\textsuperscript{107}

This second part of the research work has been divided into 2 chapters; the fourth chapter according to the order of the thesis consists of AIDS Awareness. It is said that awareness is the best prevention. Hence the awareness programs on HIV/AIDS are the need of the hour. The fifth chapter deals with AIDS Ministry. It gives guidelines for Christians on HIV/AIDS. The Church is well aware of the deadly disease

\textsuperscript{107} Ibid
and realizes the failure of campaign only on material dimension against HIV/AIDS. The AIDS ministry will focus on the theology of suffering and bring a ray of hope to the struggling millions of HIV/AIDS and deal with the spiritual perspectives that are involved.

4.1 Planning Awareness Programs

The HIV/AIDS disease has penetrated the developing world in general and India in particular. The Church has been organizing conferences, seminars, workshops and study sessions to educate the youth for an adequate responsible maturity to the challenge. Pope John Paul II in the address given at the Fourth International Conference for Pastoral Assistance to Health Care Workers, has this to say: ‘...to be worthy of the human person and at the same time truly be effective, must propose true objectives—to inform adequately and to educate for responsible maturity. The information, diffused in so many different ways and in so many centers, must above all be correct and complete beyond unfounded fears as also beyond false hopes...’

The gravity of AIDS situation should not frighten us. Awareness programs are to be planned at a larger scale. The WHO is in the limelight of this program. In India, the Indian

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108 DOLENTIUM HOMINUM, Church and Health in the World, Fourth International Conference Organized at the Vatican City Synod Hall, November 13-15, 1989, p.7
Health Organization (IHO) and the National AIDS Control Organization (NACO) with the help of numerous NGO’s have been conducting awareness education on HIV/AIDS at school / College and village levels. NACO is a Government of India undertaking and it has been spearheading the campaign against HIV/AIDS since 1987. It has been allotted millions of rupees both by the government and the WHO. It has successfully implemented many programs in awareness.

According to Dr. Margaret White, ‘to be effective in combating the spread of HIV/AIDS, there must be public campaigns and awareness programs of moral education. The governments in the West and to some extent in India have shirked the issue because they have feared being called moralistic. This is absurd, because both the teachings of the Bible and the Church were based on inspired consideration of experience’.109

‘The local Church which has accepted the call to the fuller communion, and avails itself of the healing process for people living with HIV/AIDS, will by so doing initiate a process in awareness programs to the benefit of the people…’110

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110 ERLINDA C SENTHURIAN, in a talk to Christian Medical Commission, World Council of Churches, Geneva 1998
4.2 Voluntary Support Organizations

It is unfortunate that the doctors, nurses and the other health professionals treating AIDS patients do not find time to provide as much support as needed. They have to guide the patient in finding a good support structure outside the hospital or clinical environment. Apart from family and friends a considerable degree of support is available through voluntary organizations.\(^\text{111}\)

*Positive Women’s Network* (PWN) of Bangalore is an instant help line for social support for women suffering from HIV/AIDS. Voluntary support Organization’s immediate importance is to extend support to other positive women, who have not yet come to terms with their ailment. There is also another organization, called ‘*Indian Network of People living with HIV/AIDS* (INP+). These organizations support each other to help overcome the trauma of HIV/AIDS.

Mother Theresa’s missionaries of charity have opened a number of hospices for these people. Lately the Camillion religious order has opened information and counseling centers in Bangalore, Mysore, Mangalore and other places to cater to the needs of these people. In Mysore there is a non-

governmental organization called ‘Sumana’ which has been creating awareness of AIDS.

4.3 AWARENESS THROUGH EDUCATION

Awareness through education is one of the means to spread information on HIV/AIDS. Now the government, the Church and non-governmental and voluntary organizations have awakened to the gravity of the situation. ‘The Indian government has become alert at last and has launched a $100 million AIDS control program of which $ 85.5 million is a WHO grant. It has set up a National AIDS control organization and the committee on AIDS prevention expects to set aside around $ 33 million for awareness programs alone, including health education. It further plans to distribute about 40% of the grant to voluntary organizations, which are involved in the eradication and prevention of AIDS programs’.\(^{112}\)

This was about 10 years ago. The US government has pledged to India a whopping $120 million for AIDS prevention in India. Bill Gates of the US arrived in India on November 10, 2002 with a mission to lend a helping hand against AIDS. The Bill and Melinda Gates Foundation has pledged another $ 100 million to tackle the AIDS menace in India. Both these donations could play a major role in checking the further spread

\(^{112}\) SHANTHA KINGSTON, Question of Survival: AIDS, Turning Point, Chennai, 1993, p.31
of AIDS in India. Now there are more funds for this purpose. Creating awareness by education among the public, the youth, students and preventing the spread of the disease is the principal means to tackle this problem. The audio-visual media is the best means to create such awareness. Most of the people in the villages have not even heard the names, such as ‘AIDS’ ‘HIV’ etc. Hence puppet shows such as skits, dramas, dance and songs could carry AIDS awareness message to them. The voluntary agencies with the support of government and Churches / Temples / Mosques can contribute a great deal towards this.\textsuperscript{113}

The Church in India seems to have been rather slow in recognizing the enormity of the problem. The Church leaders including the laity, bishops, priests and the religious in India have been slow in creating awareness about AIDS among the general public. However, better late than never. With more effective pastoral ministry, extensive religious education, strong moral values and family background, we should be in a position to withstand the challenges before us. With prayer and commitment to the tasks assigned to us, we should be able to reduce anxiety surrounding the havoc being caused to humanity by HIV infection.

\textsuperscript{113} Ibid, p.32
4.3.1 RELEVANCE OF AIDS EDUCATION

We need to learn about HIV/AIDS primarily to protect our families, children and ourselves. In order to halt the spread of HIV, we need to understand how this virus is spread. Once we educate ourselves about the epidemic, we will learn to protect ourselves from getting infected; our fears and misconceptions about HIV/AIDS will disappear and we will develop a kind of sympathetic attitude to those infected with HIV. There is an urgent need of education not only to the infected, but also to the uninfected. The HIV and AIDS infected people need our care and our treatment. They also need counseling services, emotional and spiritual support. Since the scientific Community has not invented a vaccine to prevent us from getting infected or a drug to cure us, we need to help people to take all precaution.

4.3.2 RELEVANCE OF CHRISTIAN TEACHINGS

We know that the whole medical and scientific world is fighting a losing battle against the HIV/AIDS virus. The policy makers, bureaucrats, academics, social and welfare agencies and the educationists have evolved strategies for the prevention of this deadly virus through massive awareness programs and training workshops across the globe. So far the scientific fraternity has spent billions of dollars to contain the spread of HIV/AIDS. Their efforts have not yielded the desired results.
Very often the methods of preventing the spread of HIV infections suggested by these bodies look like stopgap measures, lacking foolproof effectiveness. Here is an example: instead of teaching how to limit sexual relations within marriage, they try to instruct people how to get away without HIV infection through promiscuous sexual contacts! This is a moral aberration, which the Church cannot accept. There are many more examples, such as use of condoms etc. We Christians have to take the lead in educating people and giving them the conviction that it is the wedding ring and all that it implies is a proper way to avoid HIV infection, rather than the use of condoms. Unfortunately few of the AIDS awareness or other educational programs initiated by these bodies urge people to say 'no' to sex outside marriage. On the other hand these misguided social bodies have prompted some of the programs developers to suggest activities of immoral nature as safer sexual activities, such as: talking, writing or reading about sex; watching sexy films and live shows; individual masturbation, mutual masturbation, sex with under cloths on, sex with other parts of the body and penetrative oral, vaginal and anal sex using condoms. Such principles and policies give the impression that what these organizations are building up with one hand, are being pulled down and destroyed with the other.

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* Orientation to HIV/AIDS counseling, WHO, New Delhi, 1994, p. 78

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The Church has a moral duty as the followers of Christ to learn and teach our people to guard against these misguided forces, which attempt to undermine the teaching of the Church and its relevance. The world tends to be pragmatic rather than genuinely honest. Could it be that through this dreaded epidemic nature wishes to teach the people of God to follow the way of the Gospel?

4.4 EDUCATION AND INFORMATION

We are living in an age of heightened science and technology. Education and information in schools is very important. It is just not enough to give a lecture to students about HIV/AIDS, but it is to be explained with facts and figures. A major international AIDS initiative was launched in the UK in June 1988, called ACET (AIDS Care Education and Training). ACET is a Christian agency and has since grown to become the largest independent provider of practical care to those ill with HIV/AIDS at home in the UK, and is also the UK’s largest provider of AIDS lessons in the schools. Over 600,000 pupils have received ACET’s color booklets on AIDS. Hence education with information will go a long way in providing proper knowledge to students.\(^{115}\)

4.5 ROLE OF CHRISTIAN INSTITUTIONS AND EDUCATORS

Sometimes we hear some Churchmen saying that ‘Charity was more important than Chastity’. We never go for grading sin on a scale of social culpability, but they might be right too. But in any case, it is the duty of every Christian to strive for both. There has been an attitude, in the society that sexual sins don’t exist any more now. The amount of misery brought on by AIDS – which is frequently associated with unchastity – may help Christians realize how much charity could be wrapped up unseen and enveloped in the practice of chastity. Some years ago the ‘UNIVERSE’ publishers launched a campaign against AIDS by printing 100,000 copies of a leaflet that promises ‘real immunity from AIDS’. The publishers of this leaflet distributed them to some 500 parishes. The leaflet exhorts the youth to ‘rule out sex before marriage’, ‘be faithful in marriage’ and ‘choose a life-long marriage partner who shares your moral convictions’. This is the model way to our institutions and educators to emulate and exhort the youth under their care to do likewise.\textsuperscript{116} ACET is also working oversees in partnership with Churches along with governmental and non-governmental organizations, such as UNICEF and the World Health Organization.\textsuperscript{117} In India we have the Indian

Health Organization that is in the forefront of these battling against the disease.

4.6 ROLE OF EVERY CHRISTIAN

Many researchers have been warning us that there will be no quick technological fix for the global epidemic of AIDS. Moreover, we are just at the beginning. The end results still lie beyond our horizon. Every Christian has a role to play in creating awareness and motivating others to take preventive measures. One has to demonstrate the love of God and teach people how to live healthy lives. Christians in general will be benefited and may benefit others by getting to know the real nature of the causes that lead to this incurable and deadly sickness and getting to understand the sufferings — physical, psychological, social, moral — of those who contract it.

4.7 CAUTION ON BLOOD BANKS

From the times the HIV took the world by storm in 1981, it was crystal clear that blood and blood products were the most frequent medium of its transmission. According to the National AIDS Control Organization the HIV infection through blood and organ transplants was about 17.37% in 1991 itself. 118 The main suppliers of blood to the banks are the paid donors. The

118 HARINHDER BAWEJA & ARUN KATIYAR, The Indian Face of AIDS, in India Today, Living Media, Bombay, November 30, 1992, p.94.
blood supply system was always vulnerable to contamination and could transmit the virus rapidly across the country. Testing of every bottle of blood for HIV carriers was made mandatory by the central government way back in 1989, March 1. But this statutory requirement was not adhered to for many years.

According to rules blood banks should have good storage facilities, qualified personal to draw blood and store it and a qualified doctor should head the whole process. The banks are required to discourage professional donors and follow all the safety methods prescribed. Very few banks follow these safeguards. Out of the 1018 blood collection centers in the country in 1992, the government was controlling only 600 banks.

Today the situation has greatly improved with more government controlled centers and strict rules have been formed for all the collecting centers. ‘Supervisory responsibility rests not with the government but with blood banks’, said P.R. Dasgupta, project director of National AIDS control organization. There was also the problem of demand and supply. Of the 50 million units required countrywide per annum only 1.9 million units were available. Hence a proper awareness and educative program on blood, blood products and

\[119\] ibid

\[120\] ibid

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blood banks will help both the donors and the recipients to a very large extent.

4.7.1 ADVICE FOR HEMOPHILIACS

A few years ago, Rohit Oberoi of New Delhi, then 31 years of age said, ‘Like all men, I too thought that I would get married and have a family’. Rohit Oberoi and his brother Vineet Oberoi were infected with HIV due to infected blood transfusion! They both were battling for life in 1989 itself. We do not know whether they are still alive. Rohit and Vineet got the infection through the blood manufactured by the Serum Institute of India in Pune. Subsequent tests conducted on the institute’s blood samples confirmed the presence of the virus. The institute was later shut down, but for Rohit, Vineet and others, the damage had already been done.

4.7.2 HOPE FOR HEMOPHILIACS

Though for ordinary eyes these men look normal, there are close to 300 men within Bangalore, the capital of Karnataka, alone who are suffering from serious and painful internal bleeding. This type of disease is called ‘Hemophilia’. It is a genetic disorder caused by the inactivity or deficiency of the clotting factor in the body known as Factor VII or Factor IX of the blood of the affected patients. ‘Patients suffering from this life long disorder, which is quite common, have suffered
due to wrong diagnosis, inadequate treatment and lack of availability of medicines’, says Ranjana Ramachander, General Secretary of the Hemophilia Society, Bangalore.  

In order to spread awareness of this disorder, the Hemophilia society organized a seminar in the city of Bangalore in the last week of November 2002. Ranjana Ramachander further states that, ‘although there are effective controls, there is no cure for Hemophilia. A child born with it has to live with it’. Internal bleeding can be controlled through the intake of Anti- Hemophiliac Factor available at prices from Rupees 1,200 to 5,000 at a time. A patient may require taking it at least about two to three times a week. Poor patients are not able to afford to buy such costly medicines. Leave alone the cost, one has to be extremely cautious and careful to make sure that while buying this serum, it is not contaminated with HIV.

4.8 HEALTH MAINTENANCE FOR HIV POSITIVES

Speaking about health maintenance for HIV patients appears to be paradoxical. What we mean is that it is possible with due care to keep some optimum of physical well being between the onset of the disease and full-blown AIDS. A

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121 KAVYA CHRISTOPHER, There is Hope for Hemophiliacs, in Times of India, Bangalore, November 23, 2002, p.5
122 Ibid
person should not consider that everything is lost once he/she is diagnosed as HIV positive. It is the duty of the family members, the society, the Church and health care workers to support such persons to lead a normal healthy life. The pastoral responsibility of the Church is greater in this aspect. Eating properly and keeping fit offer the same health benefits to people who have HIV infection as they do to anyone. ‘Good nutrition, plenty of rest, reducing stress and exercising increases the ability of the body to protect against and recover from illness’.123

It is also important for HIV positive people not to smoke cigarettes and avoid drinking alcohol. Both these evils will have adverse effects on the body’s immune system and it lowers resistance against diseases. In addition, smoking interferes with the healing process of the lungs, which are particularly important when a person develops pneumonia. Drinking alcohol can interact with medications and interfere with their effects. HIV infected people should drink boiled tap water or drink-bottled water. This is the best way for them to avoid water born diseases. The HIV infected people can build up a healthy immune system by improving their general health conditions.

Community based AIDS service organizations, especially Church based pastoral care centers are often the lifelines for

123 SETH C.KALICHMAN, Answering your Questions about AIDS, A.I.T.B.S. Publishers & Distributors, Delhi, 1997, p.182
people living with HIV infection and AIDS. Serving as a center point for AIDS care, such organizations should offer a wide range of support that often includes transportation, legal service, case management, counseling, family support, financial assistance, meals and social programs.124

4.9 COUNTERING THE STIGMA

A person with HIV/AIDS is stigmatized. When we speak about stigma, we refer to the disapproving labels and taboo with which society brands certain classes of people or certain modes of conduct. In classical Hellenic Greek, the word 'stigma' meant an actual physical mark, cut or burned into a person's skin. This designated an individual's particular status. By this bodily sign, the rest of the society could recognize the identity of the disgraced, infamous or flawed person and avoid contact with such undesirable people. In the Christian era, the term stigma acquired a level of religious meaning. Some of the saints had bodily eruptions that were interpreted as a divine sign of their special holiness. The stigmata or the lesions on the hands and feet of Francis of Assisi were interpreted as indications of God's favor. In other persons, physical abnormalities or diseases were interpreted as signs of God's disfavor. The favorable, unfavorable religious meanings

124 Ibid, p.185
attributed to these various signs demonstrate the cultural relativity accruing to stigmata.\textsuperscript{125}

In practice everywhere today, a person who is stigmatized is perceived as abnormal and deviant; and in some cases he is dehumanized. A person who is stigmatized in our society is marginalized, set apart from others. The person is not considered a fit member of the society. The impact of stigma extends beyond the people so marked. It affects a person family, friends, and business associates. Today people with AIDS are looked down upon. Although AIDS is a syndrome of diseases, the acronym has become a new stigmatizing label. People with AIDS are legitimately afraid that others will learn of their ailment and such knowledge will further stigmatize them and ostracize them.\textsuperscript{126}

‘Live and let live’ was the slogan of the World AIDS Campaign for 2002-2003, which has been focusing on eliminating stigma and discrimination. As we are aware, stigma and discrimination are the major obstacles to effective HIV/AIDS prevention and care. Fear of discrimination may prevent people from seeking treatment for AIDS or from acknowledging their HIV status publicly. People with, or suspected of having HIV, may be turned away from health care

\textsuperscript{125} SMITH, WALTER, AIDS: Living and Dying with Hope, Pauline Press, New Delhi, p.97-98  
\textsuperscript{126} Ibid, p.98
services, denied housing and employment, shunned by their friends and colleagues, turned down for insurance coverage or refused entry into foreign countries. In some cases they may be evicted from home by their families, divorced by their spouses, and suffer physical violence or even murder.

The stigma attached to HIV/AIDS may extend into the next generation, placing an emotional burden on children who may also be trying to cope with the death of their parents from AIDS. With its focus on stigma and discrimination, the campaign will encourage people to break the silence and the barriers to effective HIV/AIDS prevention and care. Only by confronting the stigma and discrimination, will the fight against HIV/AIDS be won.

Hence it is the duty of the society in general and the Church in particular to create awareness against such trends about people with HIV/AIDS. A pastor should recognize the emotional effect of stigma. A person with AIDS often feels dejected, despicable and unworthy. Pastoral care must encompass the family and friends whose lives are also affected by the stigma of AIDS. Stigma can be reduced by education and counseling. As trusted leaders within our local communities, pastors can do much in creating awareness against the stigma and at the same time confront the injustice associated with the growing stigmatization of persons with AIDS and their families. It is not prudent nor proper on the part
of the pastors to remain silent when the people affected with HIV/AIDS have been suffering and are isolated due to this malady.

4.10 SEX EDUCATION IN SCHOOLS/COLLEGES

While HIV infection raises many issues, so does prevention, most of all among young people in schools. What can be an appropriate message? What is the right age for such education? Should pupils be allowed to opt out of such education? Young people clearly need to know about the facts of HIV/AIDS, and also need to know about sex and to think through for themselves how they are going to respond.

In the U.K. the Christian based AIDS organization ACET has been very successful in developing a national schools programs, presenting the facts in a context, encouraging pupils to see sex in terms of health, relationship, choices and their long term future. The U.S. Vice-President some years back had said; 'when eight graders (In India-high school students) are squandering the gift of youthful innocence in premarital sex, the solution is not to give them condoms, the solution is to give them a value-based education.'

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In New York city, the Board of Education insisted that all new teachers agree to, ‘stress that abstinence, is the most appropriate’ premarital protection against AIDS’, and, ‘to devote substantially more time and attention to abstinence than to other methods of protection’. With half a million New Yorkers HIV infected, a third of boys and a fifth of girls sexually active by the age of fifteen, there was unease about just giving out condoms for the last few years.

4.10.1 AGE OF SEXUAL CONSENT

There is one traditional way to discourage sexual activity in the young through a legal ‘minimum age of consent’. Below this age any sexual activity becomes a crime! Legal age of consent varies widely from country to country and also from one kind of sexual activity to another. Most of the countries in Europe have enacted laws fixing the age of sexual consent at certain years of age. Here below is the table showing the age of consent in some countries.

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129 In Nature, 359,3 September 1992, p.2
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4.10.2 Situation in India

In India we do not have such laws thanks to the awareness of the immorality of sex without marriage. The legal age for marriage in India is 21 for men and 18 for women. Both the civil and the canon law respect this age for marriage and validity of marital consent. The Western society has been
facing a lot of moral dilemmas for introducing such a low age for sexual consent and for making gay and lesbian sexual activities legal. With the introduction of sex education in schools and colleges, it is sure that the youth would have a right perspective and understanding towards sex. In India homosexuality has not been legalized. In January 2003, the Delhi high court admitted a writ petition concerning homosexuality, and finding there was no legislation either legalizing or prohibiting homosexuality, submitted a notification to the central government in this regard so that it might prepare and submit a detailed affidavit. \textsuperscript{131}

Here in India both the government and the private schools/colleges have been shying away from imparting sex education to the students. The reasons are various and obvious too. There is a stigma attached to sex education in India. Both the parents and school authorities feel that sex is a private and personal matter and that it is not to be discussed in a classroom. Because of this mental attitude and lack of proper perspective on the part of the parents and school authorities, pupils are not educated adequately about the proper and responsible use of sex. The results may be catastrophic!

Recently The Week –IN SOFRES MODE conducted a survey on 516 unmarried men and women in Bangalore,

\textsuperscript{131} In \textit{The New Indian Express}, January 16, 2003.
Chennai, Delhi, Hyderabad, Kolkota and Mumbai to find out their attitudes and practices in pre-marital sex. The age group was 18-30 years. The survey threw up some startling home truths. It revealed that 53% of them had premarital sex. About 72% had their first experience during their teens, and 45% reached orgasm the first time. Most of the youth wished that Indian society were more free and open about sex. The explosion of television in the early 1990’s followed by the Internet in the mid 1990’s and now mobile telephony ushered in irreversible social changes. This has allowed greater interaction between the sexes allowing them freedom to shed traditional inhibitions. According to this survey some learnt about love making as early as when they were 11 years old! These are about 9%. About 40% learnt about love making when they were 14-16 years old. About 13% were of 20-23 years old when they learnt about lovemaking. About 28% had sexual contact at the age of 20+ years. About 11% had sex at the tender age of 12!  

There is another shocking incident. A medical camp conducted in a school has revealed that seven students, all in the age group of 14 to 18 have tested HIV positive. In the medical fraternity in Madurai of Tamil Nadu state, this report has created panic in the academic community and discreet

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133 Ibid, p.44
134 HIV among the students, in *The New Indian Express*, Bangalore, Feb 1, 2003, p. 10
inquiries have begun. The conduct of these children is being monitored. The information has not been disclosed either to the victims or to their parents. However the school management has been briefed. The same sources said that, in a college near Madurai, at least 16 students tested HIV positive. "Many students are indulging in premarital sex. Sex education should be a part of the curriculum", says one gynecologist. The great fallout of premarital sex is not only unwanted pregnancies, which are conquerable, but also the spread of sex-related diseases. In fact this group is aware of the sexually transmitted diseases and AIDS. Dr. Sudha Marwah of Mumbai says, 'More important for one is the stark possibility of ignorant youngsters getting infected by hepatitis B, AIDS, gonorrhea and herpes, which can leave permanent scars or might even prove fatal.' 135

4.10.3 AVOID PREMARITAL SEX

It is an accepted norm that all children have a right to know as to how their bodies work as soon as they are mature enough to accept this knowledge. In order to protect the adolescents from falling to the danger of HIV/AIDS, it is good to give them rules by which to live. We teach our children to clean their teeth, to cross the road with care, and to solve mathematical problems. Yet some parents and educationists seem to believe it is anathema to teach children specific rules

135 Ibid, p.46
about sexual behavior, although this omission may be motivated by emotional reasons and incompetence. Some of them even think that children from the age of ten or eleven have the right to know all about sex, in all its different versions and perversions!\(^{136}\) By giving a child rules about sexual behavior, one helps to prevent physical and emotional damage to that person’s adolescent life.

While in the East, the youth are venturing into premarital sexual relationships, the Western youth is now learning to say a firm ‘NO’ to such adventures! Virginity is the new trend in Britain and America. The youngsters have been flocking to join the new revolution. According to the latest statistics in U.S.A, about 54\% of the youth are reluctant to part with their Virginity. The youth see chastity before marriage as being healthy, spiritually cleansing, politically sound and, yes, hip!\(^{137}\) Youth organizations and web sites have been promoting the value of virginity. The U.S. Chastity Cult ‘True Love Waits’, has well over 500,000 members. These members have pledged to abstain from sex until the ring is firmly on their finger.\(^{138}\) There is another organization in U.K called ‘Pure Love Alliance’. The members of this alliance have been

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\(^{138}\) *Ibid*
demonstrating outside the prime minister’s residence, demanding that Tony Blair promote chastity.

Here there are lessons that Churchgoers and social workers should emulate. Apparently chastity does not need promoting. A student debating society from the University of New Castle, U.K., gave premarital sex a resounding thumbs-down recently. Two-thirds of the members present at the seminar voted ‘No to sex’ before marriage. ‘Premarital sex will lead to the complete decay of society’, said student Jonathan Clarke, ‘Just because everybody does something, that does not make it right. People’s values may have changed, God’s values have not’.  

There has been a consorted effort to wean away the youth from promiscuity that leads to all sorts of evil. A flood of grown-up books has hit the market, heralding the joy of not having sex. Titles such as: ‘A return to Modesty: Discovering the lost Virtue and Sensual Celibacy’ are now popular bedtime reading in the U.K.! The chastity movement has also addressed some very serious health concerns. Teenage pregnancy, cervical cancer, HIV and other sexually transmitted diseases are very prevalent in the West, thanks to promiscuity among the young. Terri McLaughlin, of the Education group, ‘Life Decisions’, of the U.S.A says, the ‘safe -sex message is not

\[139 \textit{Ibid}\]
enough, it has to be, ‘no-sex’. She further says, ‘For years safe-sex proponents have been touting the condom as an answer to preventing teen pregnancy and STD’s, but if the safe-sex message is so accurate and effective, why are STD’s spreading at epidemic rates?’ she asks. Mc Laughlin has been traveling to schools around the U.S. promoting an ‘abstinence only’ message. Most of the youngsters who listen to this message are willing to defer gratification for a greater reward of good health free from all the evils that go with promiscuity.\(^{140}\)

In particular, the Church in India should create awareness among the youth about the dangers of promiscuity and start a movement to make them conscious about the evils of premarital sex. It should make use of Sunday Catechism and sex education at schools and colleges under its management. Thus it could reach a wider audience.

4.10.4 School Programs

As the dreadful AIDS has been extending its tentacles far and wide, the society at large and the various Churches in particular have taken keen interest to create awareness about this evil. Teaching in Church youth groups will reach only a few. What about schools and colleges? There can be few lessons, which are more controversial. As soon as we think

\(^{140}\) *Ibid*
about education on sex or on AIDS/HIV in schools, we find ourselves caught up in polarized debate. For the last few years more attention has been focused on this vital area.\footnote{British Medical Journal, 305, July 11, 1992, p.70-71, Editorial Calling for focus on HIV health campaigns to shift to Schools.} In the U.S a survey done on 30,000 high school pupils showed that an increasing number were being taught about AIDS and were discussing about related topics with their parents too! \footnote{Morbidity and Mortality, Weekly Report: 41, 1992, 46, 866-868} At the same time in the U.K, ACET developed an educational program with a simple, practical, low-risk approach, which has been immensely popular with teachers. Nearly 60\% of the secondary schools made use of the materials supplied by the ACET. Although this method may not be regarded as a blueprint for success, there are general lessons to be learned, a number of which can be adapted to the situation in different countries.\footnote{PATRICK DIXON, The Truth about AIDS, Kingsway Publications, Eastbourne, London, 1994, p.292}

As a first decisive step towards creating awareness about HIV/AIDS to pupils, the U.K. government made changes in the national curriculum by including HIV/AIDS as a compulsory subject as part of science and then moving it to be part of sex education. At first this caused a great stir from the public. Up to then sex education had been an optional extra from which parents might withdraw their children. Gradually opposition to
such education stopped and today the students there have very informative education on HIV/AIDS and also on sex.\textsuperscript{144}

4.10.5 RESPONSE OF THE PARENTS

For children home is the first school. It is the duty of the parents to bring up their children in sound Christian doctrine. Mumbai-based Sudha Marwah, a gynecologist proposes 8 points to parents to follow towards their wards. These are very useful and worth emulating.\textsuperscript{145}

1. Keep communication lines open. Know your children’s friends, particularly those of the opposite sex. Find out which one is study and get to know the person.

2. Treating your son/daughter as your friend does not help. They don’t need you as friends!

3. It is difficult to make out if a girl has had a secret abortion. Abortions are virtually painless affairs and the effect of anesthesia wears off within an hour. The girl may say she had been to a movie and nobody will be the wiser.

4. Sexual urges are natural, just like hunger and cannot be suppressed just like that. Ensure that the son/daughter does not go astray.

\textsuperscript{144} Ibid, p.298-299
\textsuperscript{145} What Parents Can Do, in The week, Dec 7, 2002, p.48
5. Talk to him/her about HIV/AIDS and sexually transmitted diseases and emphasize the dignity of the self and body.

6. Act as strong role models.

7. The strength of the relationship between husband and wife should be strong. This creates a comfort zone.

8. Wean children away from vices, correct and forgive them, completely support them so that they do not repeat it. If your child has had sex, help him/her cope with the mistake and get on with life. It will help heal scars and as maturity sets in they will become better human beings.

4.10.6 **ROLE OF THE INDIAN CHURCH IN HIV/AIDS EDUCATION**

As the epidemic has been spreading ominously bringing death and destruction to many millions worldwide, the Churches have become a beacon to other organizations to educate the public on the dreadful disease. AIDS has become a worsening crisis challenging society and religion as we have seen. AIDS is our disease, a disease of the human family. AIDS also challenges the Churches to respond to complex ethical and social issues and to profound personal needs. This response has been mixed. Representatives of some religions have described AIDS as God’s punishment for sexual sins. Many others have stressed the need to commit people and resources to compassionate care for all people with AIDS. The
Catholic Bishops of the United States have addressed the AIDS epidemic in two major statements; ‘The Many Faces of AIDS: A Gospel Response’, from the U.S. Catholic Bishop’s Conferences’ Administrative Board in 1987, and ‘Called to compassion and Responsibility: A Response to HIV/AIDS crisis’, from the National Conference of Catholic bishops in 1989. These statements of course, do not solve the crisis or respond to the entire complex ethical and other question, but they do provide some of the basic building blocks of an authentically Christian response. Like the Church in the U.S.A, other Churches throughout the world have taken cognizance of the enormity of the problem and have guided their flocks towards a proper response to the crisis, by way of education, pastoral care and medical service.

In spite of the rapid spread of HIV/AIDS in India too, the Church in India has been very slow to organize an adequate confrontation with the AIDS crisis. We have about 150 dioceses in India. As far as we know, none of the dioceses have begun a campaign against AIDS earnestly! At the national episcopal level there is no separate Commission for HIV/AIDS for a better coordination effort for education etc. The Catholic Bishop’s Conference in India has established a Commission for Health very recently. It is this commission that looks after the

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campaign against AIDS through education and awareness programs. At present this commission has been called, 'Commission for Health Care Apostolate'. The Most Reverend Bishop Thumma Bala, the bishop of Warangal Diocese is the Chairman of this Commission. Dr. Alex Vadakumthala is the Executive secretary.

4.10.6.1 A TEXT BOOK FOR SCHOOLS

'More than any time before, educational institutions are now aware of the devastating consequences of the onslaught of AIDS pandemic... the situation in India, over 5 million people estimated to be infected with HIV, is extremely alarming. In the absence of a drug for cure and a vaccine for prevention, education for prevention is the only effective option available with us to contain the further spread of HIV'.

These are the words from the preface of the textbook for the schools. The CBCI Commission for Health has published this book. 'Prevention of HIV/AIDS: A School Text Book' provides factual information on several questions being asked. Dr. Gracious Thomas has meticulously prepared this book. It has twelve chapters beginning with the basic informative on the human Body’s defense system, to the issues concerning

\[147\] GRACIOUS THOMAS, A Text Book for Schools: Prevention of HIV/AIDS, CBCI Commission for Health Care Apostolate, CBCI Center, 1Ashok Place, New Delhi, 1999, p.1

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prevention, counseling and care to be given to the HIV infected people. There are also five exercises given at the end of each chapter. In this way a learner will be able to acquire sufficient information on the what, why and how of the problems associated with HIV/AIDS. There is most useful information and a suitable glossary. This book, it is hoped will provide a good starter of health education on HIV/AIDS. So far no other institution has thought of having a good textbook in line with the Church teaching. Gone are the days when teaching on topics such as sex, family planning and AIDS was taboo. This textbook has been hailed and used widely in India by the English Medium schools.

The Table of Contents has this order:

1. Basic information of Body’s defense system.
2. Basic information on HIV/AIDS disease.
3. HIV/AIDS Testing and Treatment options.
4. History of HIV/AIDS.
5. HIV Transmission
6. How HIV is not spread.
7. Basic information on sexually transmitted diseases.
8. Alcohol, Drugs and AIDS.
9. Global and National situation of HIV/AIDS.
10. HIV high risk groups in India.
12. HIV/AIDS Counseling and care.
In addition to the above table of contents the textbook gives information on HIV surveillance centers in various parts of India and also information is available on the Zonal blood testing Centers in India. Glossary on HIV/AIDS is a source of further information for students in this field. It is hoped that the various diocesan schools will follow this textbook for awareness on the dreaded disease, so that the youth, most vulnerable to the disease can take adequate precaution!

4.11 ACTION PLAN FOR THE GOVERNMENT

There should be no more ignorance for anybody on AIDS and HIV for now and for the days to come! The government, the Non-governmental organizations and the Church have a responsible role to play in educating and caring for the people struck with AIDS. ‘Prevention is better than cure’. The personal and social tragedy caused by the epidemic touches virtually everyone. Both the state and central governments have been now utilizing a lot of funds through various agencies to create awareness of this dreadful disease, give health care and target risky groups. In the field of health care, the government has a particular responsibility. ‘It is the duty of the government to provide health care as per the Directive Principles of the constitution. The Governmental health care
efforts are, by far, the largest..."\(^{148}\) It is therefore necessary for us to be aware of India’s Health policy. If the health care policies of the Church are to bear greater fruit, the Church in India also must fall in line with the government’s policy, wherever that is good and possible.\(^{149}\)

4.11.1 TAKING STOCK

We have to get this right: the governments need to spend enormous amounts of money to fight against the menace of AIDS. Hence no government can afford to squander resources and money on such problems. There are vested interests that increase or exaggerate their own budgets. The governments and other organizations should undertake regular inspection and evaluate their programs. For example, has education reduced heterosexual spread but not affected drug addicts? Are new HIV cases spreading in different ways? The government should know and determine the extent of the problem. \textit{We may have possibly five to fifteen years to plan one's terminal care, but only today to prevent death}.\(^{150}\) Knowing the extent of the AIDS problem is a must for any government.

\(^{148}\) "Health Policy of the Church in India", CBCI Commission for Health Care Apostolate, CBCI Center, 1 Ashok Place, New Delhi, p.3
\(^{149}\) \textit{Ibid.}, p.3

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**4:11.2 TARGET PEOPLE WITH RISKS**

Our practical knowledge has taught us that education is most effective when targeted at those most at risk. A prolonged and aggressive campaign needs to be aimed at the drug-addict populations of major cities. In India the North Eastern states have high concentration of drug users. Those who use drugs are the prime targets for HIV diffusion in the near future unless a vigorous campaign changes their attitudes. In addition a further hard-hitting campaign needs to be aimed at all men who have had sex with other men in the past or may do so in the future—not just at the so-called gay community.\(^\text{151}\)

Young people also are a risk group and should be targeted before they begin taking risks. It is easier to prevent risky behavior before it becomes a second nature; or else it will be too late. Travelers and tourists also need surveillance. In some countries travelers may be several hundred times more likely to become infected from a casual sexual encounter than in a country like the United Kingdom.\(^\text{152}\)

Mere government campaigns and publicity will be insufficient without continued high profile publicity for a prolonged period towards high-risk groups in particular and in general to the other groups. Changing behavior is extremely

\(^{151}\) *Ibid*, p.354

\(^{152}\) *The Times*, 1 April 1935, p.5
difficult. Smoking kills several hundreds and thousands each year,\textsuperscript{153} numbers, which dwarf the current AIDS problem, yet public health campaigns have taken years to produce change. Sexual drives are stronger than the power of nicotine or the needle. Only 14\% of New York drug users have changed sexual behavior, for example, while 59\% are using clean needles.\textsuperscript{153}

4.11.3 PREPARE HEALTH EDUCATORS

The relentless spread of HIV/AIDS in the recent past has unfolded its grave consequences on the health and behavior pattern of people from every walk of life. The situation in India is growing worse day by day. What is extremely alarming is that India has crossed 5 million mark infected with HIV and AIDS. In this grave situation the Church in India has to face more challenges. She has to do much more than what she has been doing already. Her limited resources in money, material and personnel have to be more judiciously utilized by avoiding all possible waste, unnecessary duplication of facilities and services, and dissipation of resources.

The Health and Healing ministry of the Catholic Church in India has been growing in variety and magnitude over the years. Many are the institutions and services being operated by

\textsuperscript{153} \textit{The Times}, 21 March, 1987
the generous persons who have dedicated themselves to this area of Christian service. The Church has responded to the health care needs of the country to a remarkable degree. Large number of dedicated peoples, whether religious, priests or laypersons are involved in this humane endeavor. We have about 3,000 such health care facilities, mostly small and rural. About a million-health care workers cater to the needy throughout India.\textsuperscript{154}

Along with health care personal of the Church, the government should prepare an army of health educators on the road. The economics of health education are simple in many industrialized nations; hospital costs for caring for one AIDS patient alone are so high that a health educator only has to prevent one person a year from developing AIDS to save the government or the health insurance companies his entire salary.\textsuperscript{155} If a health care educator succeeds in preventing one person a month from becoming infected, the government or other agencies can save hundreds and thousands of rupees. The argument in favor of teaching prevention is overwhelming. An effective communicator can save hundreds of lives a year. The biggest asset an educator needs to have is the credibility that comes from personal experience. If only one would be able to

\textsuperscript{154} "Guidelines", \textit{Health Policy of the Church in India}, Catholic Bishops’ Conference of India, Commission for Health Care Apostolate, CBCI Center, 1 Ashok Place, New Delhi, 1992, p.1

\textsuperscript{155} In \textit{Science USA}, 239, 5 February 1988, pp. 604 -610

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say he or she visited an AIDS ward would be a tremendous help in earning the attention of students.

Already a lot has been done in this area, but it is not enough. An army of health educators needs to speak to all school children over the age of eleven or twelve years.\textsuperscript{156} There should be no more delay. It needs to happen urgently. This army of health educators needs to go into high schools, colleges, universities, factories, working bars, clubs, leisure centers, Churches, youth groups, housing projects, cinema halls, community centers and anywhere people congregate. They could even go with a short message, 'I want to tell you about three friends of mine who have just died of AIDS. I'm telling you because the person you are sitting next to right now may well be positive and all of you here in ten to fifteen years' time may have been to an AIDS funeral unless something changes very drastically.' \textsuperscript{157}

4:11.4 NATIONAL HEALTH PROGRAMS NEEDED TO HEALTH CARE WORKERS

Never has there been a disease that has spread so quickly. Let us consider cancer: cancer has been around for centuries. There have been acute training problems to keep pace with the

\begin{footnotesize}
\textsuperscript{156} Pediatrics, 82:2, 1988, pp 278-280(American Academy of Pediatrics Committee on School Health)
\end{footnotesize}
new hospices that are opening each year. There is explosion of AIDS in many countries. And at the same time we see the rapid change in the appearance of the disease. Hence most of the knowledge, which the medical fraternity has at present, would be obsolete in a year or two! This calls for vast crash-training programs on the part of the government and the Church. If every week terrorists flew up from civilian aircraft on domestic flights killing 1000 US citizens, a national state of emergency would be declared. In the same way when there is an earthquake that kills more than 500 citizens of India, here too a national state of emergency would be declared and all the resources at the government would be utilized on a war footing! Now the question is why shouldn’t these governments treat the AIDS epidemic with the same seriousness? After all, possibly the same number are doomed every two or three days in the countries through new HIV infection alone.

The need of the hour is to organize National Health Programs for the benefit of the health care workers. In the United States, AIDS day courses for family doctors based on Voluntary attendance have had appallingly low attendance!\(^{158}\) Those who attend such conferences were usually those most qualified, and most recently informed, perhaps least needing the training. Where is the silent majority? An hour or half a day is totally inadequate for such trainings. A full day’s training

\(^{158}\) The Times, April 24, 1987; this has always been so for courses, on other subjects too before AIDS. Only ten attended A Bradford Conference for family doctors on AIDS!
should be the absolute minimum for doctors and nurses, particularly in high incidence areas. In England, ACET has shown the value of ‘train-the-trainer’ programs with health care professionals in a country like Romania.\(^{159}\)

4.11.5 **Need for Specialist Advisory Teams**

In the face of the dreaded disease, Governments should fund without delay full-fledged multi-disciplinary teams to advise and support health care workers in the community and the hospitals. They should be extra active in the high incidence areas. They should be able and more than willing to give around the clock advice to families and friends. Today specialized teams are a must. One of the aims of such teams would be to channel the latest information and techniques on treatment from research centers to those in the field.\(^{160}\)

As for the composition of the team, it could comprise one full-time doctor, two specialist nurses, a full-time social worker and an administrator. Such workers can have a remit to cover other illnesses as well, particularly in poor nations. The central government of India and the state governments have taken necessary initiatives to constitute the specialist advisory teams. All the different governments have health ministries and special

\(^{160}\) Ibid
courses have been taken to have enough personnel at district head quarters from where their services would be required for the whole of the district. The state government of Karnataka, under the ministry of health has formed in each District Hospital a special team that looks after the HIV/AIDS department.

4.11.6 TEAMWORK AND PARTNERSHIP

The Church is the largest non-governmental organization in most nations. The Church has many and varied branches and other facilities. It represents an untapped fountainhead. In most developing countries the Church has a long history of health care ministry. Since the Church has the necessary infrastructure and is able to mobilize resources and personnel, the governments should actively seek partnership programs. The Church as such not only represents an effective resource organization, but also has a powerful influence for social change. The essential task of the government should be to provide over-all leadership, strategy and co-ordination. We all need to work together. The problem of the AIDS epidemic is too great in many countries for governments or secular agencies alone to solve on their own.\textsuperscript{161}

\textsuperscript{161} Ibid, p.358
The Church in India has large numbers and categories of personnel in health care, whether it is in hospitals, health centers, parishes or communities. But there is always shortage of dedicated, competent, qualified and experienced personnel. The health policy of the Church in India is to, 'encourage more and more committed persons to participate in health care so that the health care institutions and services will have adequate numbers of personnel of the different categories, with proper qualification, competence and compassion'.

4.11.7 RESEARCH INTO A VACCINE/CURE

In addition to the points given above, the governments and international agencies need to go for further research for remedies. The fact no remedies have been discovered to date is no indicator that no remedy will be found eventually. Incentives need to be provided to encourage drug companies to direct their vast research operations towards a medical solution. Meanwhile a comprehensive study of marriage is the need of the hour. Questions such as, what makes a happy marriage, how to choose the right partner, how to prevent marriage breakdowns-etc should be part of sex education and marriage counseling.

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162 Health Policy of the Church in India, Guidelines, CBCI, Commission for Health Care Apostolate, CBCI Center, Ashok Place, New Delhi, 1992, p.8
4.12 CARE AND PREVENTION ARE NOT ENOUGH

In this chapter we have seen how the Church can create awareness about the disease. But for us Christians mere care and prevention are not enough! Jesus had said that he was the light of the world.\textsuperscript{163} John's Gospel tells us that the light shines in the darkness and the darkness has never overcome it.\textsuperscript{164} Jesus has further told us that our light should shine so that people could see the good works and give glory to God our Father in heaven.\textsuperscript{165} Hence we Christians should understand that in the face of the epidemic, being light means about explaining, and about proclaiming, about being light would imply an effective playing out of our role as prophetic of the kingdom. Through our pastoral response to this crisis we are to take every opportunity to explain and show what God is doing so that people give honor and glory to Him.

4.12.2 A GLOBAL RESPONSE

We have looked at how governments can and should respond to the crisis of AIDS. We now need to return to our overall Christian vision for responding to AIDS. There is more needed than just prevention and cure! Should not the Church do something more? The Church's programs should not be

\textsuperscript{163} Holy Bible, Jn 8:12, Theological Publications in India, Bangalore, 1999  
\textsuperscript{164} Ibid, Jn 1:5, Theological Publications in India, Bangalore, 1999  
\textsuperscript{165} Ibid, Mt 5:16, Theological Publications in India, Bangalore, 1999
identical in every way to governmental ones. We should not lose our overall vision and perspectives.

AIDS has become a global epidemic. Hence a global response is needed. We need to see the Church’s response to AIDS in the context of rapid Church’s growth. Today in almost every continent of the world the Church is growing rapidly. It is no coincidence that both the HIV and faith are spreading so fast; in different ways both are temperature gauges of sick societies that have lost their way. The HIV spread is an indicator of the loss of traditional values that have held societies for centuries. Amidst the pandemonium of the AIDS epidemic we are all called to pray that ‘God’s kingdom will come and His will be done’. We believe the Church needs to take hold of God’s answer to AIDS with confidence. We are to tell people about the God who invented the wonderful gift of sex and who loves it when we love and are faithful to each other. It is the time now to proclaim a clear message based on facts and God’s purpose for us. It is also time for us to reach out and care for those who until now we hardly realized were there!166

How are we Christians going to respond? What is your Church going to do about this? God needs a global response from His people. Are we going to close our eyes to the agony of

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the suffering millions or are we going to respond to what we believe God is calling us to? Perhaps for thousands, Clergy and the Religious included, around the globe, this is a call to move out of the secure comfort of our Churches, convents, monasteries and into the problems and pains of the city, a world stricken and dying with AIDS.\textsuperscript{167} One is either part of the problem, or one can be a part of the answer!

It is heartening to note that the Church in India has awakened to the horrors of AIDS and it has been doing its best in creating awareness and preparing a hosts of health care workers against AIDS. As a first step towards achieving this goal the Commission for Health care opened a certificate course in HIV & Family education at the \textit{Indira Gandhi National open University} (IGNOU) at New Delhi, in June 2001. A Memorandum of Understanding was signed between the Catholic Bishop’s Conference of India (CBCI) and the Indira Gandhi National Open University on February 29, 2000 and established a Chair for studies on topics related to Health and Social welfare. The first certificate course was offered from the year 2001, was on “HIV and Family Education”.\textsuperscript{168} It is hoped that this certificate course will prepare a lot of health care personnel to educate the people about the evils of AIDS.

\textsuperscript{167} \textit{Ibid}, p. 368
\textsuperscript{168} \textit{Information Brochure}; A certificate course in HIV and Family Education at IGNOU, Commission for Health Care, Catholic Bishop’s Conference in India, New Delhi, June, 2001, p.1
The Church in India should respond to the crisis of AIDS with the utmost urgency. Individuals too can help the Church through various ways. Here below are enumerated a few guidelines which would be useful for spreading awareness and also care for the victims of AIDS. Here are some suggestions:

1. The Commission for Health Care Apostolate of the Catholic Bishop’s Conference in India seems to lack efficiency in this area. A separate Health Care Commission for HIV/AIDS would go a long way in offering better care to these victims.

2. Volunteers should become link-persons between their Church/Organization and the Commission for Health Care Apostolate in India and persons in need of assistance. The Commission would be sending a special information pack, literature, prayer requests and news about AIDS and also the Christian response from around the world to anyone who requests for it.

3. Religious/lay leaders/ Volunteers in Health Care Apostolate could enroll themselves for a distant education at the IGNOU on HIV/AIDS. This is a very useful course.

4. It is useful to invite someone from the Commission or a similar Christian Organization involved in AIDS care and prevention, to speak during a Sunday service.

5. It is good to form prayer groups such as ‘Small Christian Communities’ (SCC) and pray for the welfare of
AIDS victims. Such groups could also pray for the work of the Health Commission and other Church groups.

6. One could also support Christian AIDS initiatives financially on a regular basis and encourage the Church to do so. One could also remember Christian AIDS Organizations while making out their wills or last testaments. That will probably be the most valuable gifting that one will ever be able to make and also reduce the tax liability on one’s property.

7. Volunteers could help promote AIDS prevention in schools/colleges and make these institutions aware of the information resources available. In the U.K. students can use ACET schools materials, available in bulk, free of charge some years ago. In India the Health Commission could do likewise.

8. One could also write to people involved in service to the AIDS Centers in one’s area and could also become a volunteer in a Christian Organization.

9. It is good to encourage the Church elders to include teaching about sex and AIDS as part of the program for adults and youth catechesis in the Church.

10. Volunteers could consider helping those dying with AIDS in their areas, as they have no one to care for them.

11. One could also organize a fund-raising event for HIV/AIDS people; it will educate people and help the cause.

12. It is noteworthy to distribute leaflets/books/articles on HIV/AIDS to one’s friends or Church leaders. This will help create awareness about the disease and help people to take preventive measures against it.
CONCLUSION

In the second part of the thesis entitled ‘A Pastoral response of the Church’, the fourth chapter has dealt with details on AIDS Awareness. It is important that one is made aware of the disease so that one could take adequate precaution. As AIDS is a worldwide crisis that challenges people of every faith everywhere, we have to sustain loving relationships, in the home and in the community. We have to strive at weaving homes and communities.

In the fourth chapter AIDS awareness has twelve sub­titles. Each sub­title deals with awareness in a distinct perspective. Keeping in mind the dictum, that education is the only key to prevention of AIDS, this chapter has dealt with the need of educating the society at all levels, students, youth and the married couples. The action list given at the end of the chapter throws much light for the active participation of the public at large in creating awareness about the dreaded disease.
Chapter 5

AIDS Ministry

INTRODUCTION

Extensive worldwide proliferation of HIV/AIDS started in the 1980s. In less than three decades during the first of which it was unknown and unsuspected, HIV became the first modern epidemic. Today, there are signs that the pandemic of HIV/AIDS may soon go out of control. We have noticed that HIV/AIDS has been spreading quite rapidly into areas and communities previously spared by the pandemic. And now within each affected community, the epidemic evolves and has been once more complicated with time. As the twenty first century has begun, AIDS has tightened its unyielding grip on Africa. About three million deaths due to AIDS have already occurred in Africa. At present, India has about 3.86 million HIV positive people and about 10,000 full-blown AIDS cases. According to the UNAIDS, by the year 2005 India will have 25 million HIV positive people and of these 6,000 will die, 3,000 will be widowed, and 12,000 will be orphaned daily! This is a
very grim situation. It appears that HIV and AIDS will be a part of the world’s vocabulary and a crisis of varying magnitude into the twenty first century!  

In this chapter we deal with the pastoral approach of the Church towards the people affected by HIV/AIDS and highlight the ministry of the Church. AIDS patients belong to any religion or culture. In Christian compassion there is space for all the affected. When we meet them, we meet Jesus Himself.  

'The Church needs to respond to the pandemic in collaboration with all peoples of good will and in her ministry to draw upon her rich human, spiritual and sacramental resources. In India the Church should be prepared to follow this challenge in the healing ministry with liberated attitudes of faith and humanity.  

5.1 INITIAL BIASED RESPONSE OF THE LAITY TO HIV/AIDS

Prevention of the spread of HIV infection is a major task for all health care workers and agencies. At the same time we cannot neglect the care of AIDS patients. 'The quality of care should not be vitiated by judgmental attitudes about the personal causes of the infection. It needs to be filled with

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170 Holy Bible, Mt 25:31-46, Theological Publications in India, Bangalore, 1999
171 In Vidyajyothi, a Journal of Theological Reflection, vol. 65, No. 8, August 2001, p. 564
humanity and compassion. That the HIV infection is a judgment of God is a facile pseudo-theology that has no place in the care and ministry of AIDS patients...". Our response to the sufferings of the AIDS victims should not be biased and conditional. Our response should be rather in line with Jesus' unconditional compassion for the sick, the suffering and the poor. Some people are normally biased against those who suffer bodily ailments. In America, in the 18th century Cholera was viewed as a consequence of sin, an inevitable and inescapable judgment of God upon people who violated God’s laws. Cholera was not seen as a public health problem; it was an indication of God’s displeasure with the people who contracted the disease.173

In the same way in America, it was understood that sexually transmitted diseases were divine punishment upon persons who willfully broke the code of sexual relationship.174 Here God is perceived not as a Father, but as a harsh dispenser of justice through punishment! AIDS was initially described as ‘gay disease’. Some even considered it appropriate punishment for men who violated natural law. Thus AIDS, perhaps the ultimate

172 Ibid, p. 563
174 EARL E. SHELP & RONALD H. SUNDERLAND, AIDS and the Church- the Second Decade, John Knox Press, Louisville, Kentucky, 1992, p.18
venereal disease, is portrayed as a disease of sinners, an indication of moral decay.\textsuperscript{175}

\textbf{5.1.1 OPINIONS OF SOME LEADERS}

The NBC science correspondent J. Robert Bazell said that AIDS was a story that could not be told when it first appeared, because, it was seen as a gay story.\textsuperscript{176} Public disregard for gay men took the form of indifference to a major emerging threat to public health. The fear of the epidemic was so enormous, that people with AIDS were fired from their jobs, evicted from their apartments, denied medical insurance payments, deserted by friends and abandoned by family members. Even funeral directors refused to handle the bodies of the AIDS victims. Louie Welch, a former mayor of Houston, Texas announced a four-point plan to control AIDS, one of which was to ‘shoot the queers’! \textsuperscript{177} Jerry Falwell speculated that AIDS could be God’s judgment on homosexual persons and society. His disbanded political organization, \textit{Moral Majority}, opposed government-funded research to find a cure for what it considered a ‘gay problem’.\textsuperscript{178}

\textsuperscript{175} \textit{Ibid}, p.19
\textsuperscript{177} In, \textit{U.S. News and World Report 99}, November 4, 1985, p.9

158
There have been also condemning as well as compassionate religious views. Eileen Flynn called Catholics to stand united with solidarity, and care for people with AIDS. Bishop William E. Swing, Episcopal Diocese of California, has commented that God the Father has compassion upon His, people. Rather than hurling wrath when, dealing with an adulteress, Jesus said, ‘whoever is without sin, cast the first stone....’ Thus he opines that Jesus does not become displeased, nor shows his anger.

Similarly Archbishop John R. Quinn, Roman Catholic Archdiocese of San Francisco and Cardinal John J. O. Connor, Roman Catholic Archdiocese of New York have called upon the faithful, ‘to do their best to minister to every person who is ill, of whatever disorder, because our commitment to the belief that every person is made in the Image and Likeness of God’. This call has well been welcomed by the faithful of these dioceses and there has been a fury of activity in this regard.

5.2 AIDS AND THE WRATH OF GOD

Is AIDS the wrath of God? This is a difficult question to answer. The Church has been consistent with the historic

179 EILEEN P. FLYNN, AIDS: A Catholic Call for Compassion, Sheed and Ward, Kansas City, 1985, quoted in AIDS and the Church, p. 24
181 Ibid, p.25
teachings over sexual behavior for over 2000 Years. The question before us now is how a traditional Christian view on morality can be equated with God’s call to love. Many clergymen declared in the mid nineties that AIDS was God’s plague on homosexuals-obviously as it only appeared to affect them.  

Some years ago, a Catholic professor of philosophy in the US said at an International Conference that, ‘The gay community was the originator of AIDS troubles in America’. He further said that gay men should accept AIDS as ‘just punishment for their disgusting sins’. Such type of attitude is not confined only to the Western nations. In Uganda it was reported on state radio that a goat speaking in a loud voice, had prophesized that the AIDS epidemic was a divine punishment for mankind’s wickedness in not obeying the Ten Commandments, and predicted a terrible famine. It terrified the local villagers and died shortly afterwards.

Such attitudes may be fuelled by a distorted perception of sexual sin; this distortion may be part of our culture, rather than derived from the teachings of Jesus. The Catholic Church in keeping with the mind of Jesus Christ has been encouraging compassionate, unconditional care, with self-control, chastity

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182 Holy Bible, Rom 1:26-27, there are those who quote this to argue that certain sexual sins are particularly abhorrent to God, Theological Publications in India, Bangalore, 1999
183 In Ottawa Citizen, May 3, 1992, p. A9
184 In Daily Telegraph, June 3, 1992, p.12
and faithfulness. The Pope himself has restated the official Catholic position on AIDS.\textsuperscript{185} In fact many are still dismayed at Vatican suggestions that even married couples, where one is infected should not be allowed to use condoms. In the incident of the women caught in Adultery, Jesus showed the unconditional compassionate love. In this incident men had caught a man and a woman making love. One of them was married to someone else. They let off the man and judged the woman! They displayed double standards: their own they excused, the other they condemned. As far as they were concerned, they were expressing the natural wrath and displeasure of God, but Jesus rejected their whole attitude. He stood for forgiveness, compassion and love. The Church should work with this attitude to alleviate the sufferings of AIDS victims.

\section*{5.3 Response of Christian denominations}

As the epidemic of AIDS started to take its toll, various Christian denominations adopted resolutions and issued statements with regard to the Church’s witness in the face of the AIDS crisis. It was not a time to ponder over whether AIDS was God’s wrath and punishment to the sexual sinners, but a time to all the christens to come together and evolve ways and means to fight the epidemic tooth and nail! Here below are

\begin{footnote}
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enumerated the pastoral responses of various denominations to the AIDS problem. This shows the interest of Christians to minister to the victims of AIDS.

5.3.1 RESPONSE OF THE UNITED CHURCH OF CHRIST

It was in June 1983 the United Church of Christ adopted the first resolution in its Fourteenth General Synod. The resolution took into account the slow and meager response of the government towards the epidemic. The resolution said that AIDS, 'constitutes a threat to the health of all Americans and to the entire human population worldwide. Through this resolution, the United Church of Christ further declared, in part, 'its compassionate concern and support for all who are victims of AIDS and the ‘opportunistic diseases’ it facilitates infecting their lovers, spouses, families and friends. Finally the resolution called upon various agencies of government to increase their efforts in combating AIDS’ devastating effects.'

5.3.2 RESPONSE OF THE EPISCOPAL CHURCH

The Episcopal Church had set up a Commission for Human Affairs and Health in the beginning of 1988. At the end

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of the year the 69th General Convention received a report on AIDS from this Commission. On the receipt of this report the Episcopal Church at its convention adopted numerous resolutions calling for AIDS educational programs in every congregation and establishing an annual day of prayer and healing. Bishop William E. Serving of the Episcopal congregation and bishop of California has commented in these words: 'Jesus Christ, rather than hurling wrath when dealing with an adulteress, said, 'Whoever is without sin, cast the first stone...' Thus I do not believe in the God Who becomes displeased and decides to show his anger by murdering large numbers of people...'

5.3.3 RESPONSE OF THE UNITED METHODIST CHURCH

The General Conference of the United Methodist Church too adopted a comprehensive statement on HIV/AIDS in May 1988. The General Conference declared, 'It is not helpful to speak of diseases in inflammatory terms like 'wrath of God', or 'punishment for sin'. The Church accepted its tardy response to the epidemic and exhorted the existing AIDS ministries, such as care and education. It resolved that congregations should be open to and caring of people touched by HIV/AIDS, work for people with HIV/AIDS and develop specialized AIDS

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187 J. GORDON MELTON, Episcopal Church, Additional Resolutions on AIDS, 1988, p.79
188 Quoted in, AIDS and the Church - the Second Decade, John Knox Press, Louisville, Kentucky, 1992, p.24
ministries, advocate the civil rights of adults and children with HIV infection and encourage global cooperation in battling the epidemic.

5.3.4 **RESPONSE OF THE PRESBYTERIAN CHURCH**

The Presbyterian Church of the USA had its General Assembly sitting in 1986. The General Assembly passed a resolution acknowledging that, 'certain leaders of the Christian Denominations and groups' and 'certain persons seeking or holding political office or public position', were exploiting public fear and private suffering for individual advantage. This 198th General Assembly declared that AIDS, 'Is not punishment for behavior deemed immoral,' and called on Congregations to nonjudgmental ministry, urged increased funding for research and asked for legislation protecting civil rights of infected people. The General Assembly also called for, 'accurate, current AIDS information to diffuse the unfounded fears created by ignorance or false public information'.\(^{189}\)

5.3.5 **RESPONSE OF THE SOUTHERN BAPTIST CHURCH**

The resolution adopted by the Southern Baptist Convention differed in many important ways from the statements by other large protestant denominations. The

\(^{189}\) MELTON, 'Presbyterian Church (USA): Resolution on Acquired Immune Deficiency Syndrome', 1986, pp.122-125
General Assembly took place in 1987. The resolution urges medical, legal, educational and public officials to give greater attentions to biblical standards of decency and morality. About HIV/AIDS, the resolution states that 'safe sex' education that promotes the use of condoms, 'seems to accept infidelity and adultery, as well as perversion, as an accepted fact of our American way of life. The convention further called for 'Christ like compassion in dealing with the hurting victims of AIDS and their families'.

5.3.6 RESPONSE OF THE GREEK ORTHODOX ARCHDIOCESE OF NORTH AND SOUTH AMERICA

The Archdiocese published a pamphlet in 1988 titled, 'AIDS and You'. It echoed the prevention approach favored by the southern Baptist Convention (1987). The documents state that the Church has proclaimed her message loud and clear: abstention and monogamous relationships should be the motto promoted by both the medical community and the government. Young people...should be taught that abstention from pre-marital sex is the only way to combat the disease'. The document opposes the use of condoms to reduce the risk of HIV infection and says that this is a 'band-aid approach'. The promotion of contraceptives distorts the values of mutual

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190 MELTON, 'Southern Baptist Convention On AIDS', 1987, pp129-130
respect, of wanting what is best for someone else, by camouflaging as love what is often really exploitation’.\textsuperscript{191}

5.3.7 \textbf{RESPONSE OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA}

The Church Council of this Congregation approved a statement in 1988 and spoke about HIV/AIDS crisis in general terms, steering away from a single focus on sexual routes of transmission. The statement notes in response to disease, Church members are called to remember their common humanity and are summoned to, ‘compassion for, acceptance of and service with people affected by AIDS both within and outside our congregation’. Further the Lutherans are urged to be educated and anticipate in the complex public policy debates surrounding the disease.\textsuperscript{192}

These are some of the important views and official statements issued by the various Christian denominations. In all the statements and resolutions we see some common points: they stress on love and service and they are nonjudgmental about the HIV/AIDS people. In the following pages we shall study the Catholic answers and response to the dreaded

\textsuperscript{191} MELTON, ‘Greek Orthodox Archdiocese of North and South America’: \textit{AIDS and You}, 1988, pp 87-88
\textsuperscript{192} MELTON, Evangelical Lutheran Church in America: \textit{AIDS and the Church’s Ministry of Caring}, 1988, pp 86-87
epidemic and the way to minister to the AIDS victims. Of course there may not be clear-cut answers to all the problems the society faces. But we can make a try. Isn’t it?

5.4 HIV/AIDS CONSCIOUSNESS IN THE CHURCH

Patricia Hoffmann in her book, ‘AIDS and the sleeping Church, says, ‘... for the most part the Church has been caught sleeping while Christ has returned in the guise of a person with AIDS. The Church has resisted praying with them in their personal Gethsemanes, to visit them during their illnesses.’

This view however should not be hastily over generalized.

‘Keep awake therefore, for you do not know on what day your Lord is coming’, thus Jesus had warned His Apostles. Jesus wanted His disciples not to be caught unaware by His return. Thus Jesus enjoined on His disciples while he suffered agony in the garden of Gethsemane that they should keep awake. It is the opinion of Patricia Hoffmann that the Church was not doing enough to care for the people of HIV/AIDS. Overcoming a phobia about leprosy, St. Francis of Assisi hugged a leper and later realized it was Christ Himself in disguise!’

Mother Theresa has recognized a leper as “Christ

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194 Holy Bible, Mt 24:42, Theological Publications in India, Bangalore, 1999
in a distressing disguise”. Hoffman feels that people with AIDS were treated as the lepers of our time: unvisited, unrecognized and unhugged by many Christians. The disciples of Christ must be alert to human needs, refusing to abandon those agonizing to themselves. Each must help his sister or brother to discern God's will in their respective life situations. In this way we shall discern God's will for our own lives too.196

Patricia Hoffmann has tried throughout her life to awaken the sleeping Church to all kinds of human need. The Church needs to be alert to the need of serving individuals and families with AIDS and ensuring personal fulfillment. Providing pastoral care to the HIV/AIDS patients and especially to the terminally ill people with AIDS is a unique ministry. Pastoral care should not end with words of love, compassion, encouragement and sympathy. Words must turn into deeds that assist through all the possible means at all possible levels.

5.4.1 RESPONSE OF THE CATHOLIC CHURCH

The epidemic AIDS has reached its climax. It has been inflicting untold sufferings on its victims. In such a situation the Catholic Church has been responding to this grim situation in a very responsible way. The pastoral response cannot be

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196 Ibid
divorced from the medical, sexual and other aspects of the problem. At the same time the brutal and unexpected appearance of the disease and its dramatic character has inflicted a terrible social and cultural blow. With this background there have been notions like scourge of God, wrath of God, chastisement, punishment etc, from God to the patients of AIDS. But it is a way of escaping from panic.

5.4.1.1 CHURCH TEACHING ON AIDS

The Catholic Church has addressed the problem of AIDS on two levels, namely the universal level and on the level of the Catholic bishops of a particular country. In Catholic theological terms, the universal levels is known as papal magisterium or teaching of the Pope as the head of the universal Church; and the Episcopal level of a particular country is known as the Episcopal Magisterium or teaching of the bishops.

5.4.2 PAPAL STATEMENTS

There are a few important papal statements addressing this subject. During his pastoral visit to the United States of America on the evening of September 17, 1987, Pope John Paul Second addressed a congregation of people with HIV/ AIDS. The Victim’s families, friends and those who cared for them too were present. Archbishop John R. Quinn of San Francisco was
also present at this gathering. The Pope addressed at the Mission Dolores Basilica of the USA. The Pope said:

"God loves you all, without distinction, without limit. He loves those of you who are elderly, who feel the burden of the years. He loves those of you who are sick, those who are suffering from AIDS and from AIDS related complex. He loves the relatives and friends of the sick and those who care for them. He loves us all with an unconditional and everlasting love".  

The Holy Father showed the meaning of what he spoke by embracing a young boy with AIDS at the Mission Dolores Basilica. This way the Pope was showing that in each case of on HIV/ AIDS patient, there was a human face and a unique personal history. Once again on Christmas day of 1988, the Pope in his 'urbi et orbī' blessing repeated the same message: ‘I think of them all, and to all of them I say, ‘ do not lose hope’. Then in Lusaka, on May 4, 1989, His Holiness made a reference to the AIDS patients when he stated that the Church, ‘proclaims a message of hope to those of you who suffer… to the sick and dying, especially those with AIDS and those who lack medical care.’

197 Quoted in, HIV and Pastoral Care, CBCI Commission for Health, CBCI Center, 1 Ashok Place, Goldakkanna New Delhi, 1999, p.120
198 Ibid, p.120
Then from November 13 to 15, 1989 the Pontifical Council for Pastoral Assistance to Health Care Workers organized the Fourth International Conference at the Vatican City Synod Hall. On this occasion the Pope addressed the participants of this conference. His appeal was urgent and full of pleading: ‘to our brothers in the priesthood and to our brothers, and sisters consecrated in religious life… First of all to those of you who are specifically dedicated to pastoral health care, my most fervent call that you be heralds of the Gospel of suffering in this contemporary world. The Church’s history in health care abounds in heroic personages, priests, religious brothers and sisters who in their compassionate assistance to the suffering have exalted the doctrine and the reality of love’.  

Later on the Pope met with the bishops of Burundi during his trip to some of the African courtiers and shared with them this problem though his statement was short, he made a reference to the victims of AIDS and how it was the duty of one and all, specially the Church to minister to the people suffering from HIV/AIDS.

Pope John Paul the second has been constantly reminding us about the need for the Church and its people to be a sign of love for all specially those who are marginalized. Whenever a

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199 Dolentium Hominum, No 13, Fifth year, No 1, 1990, Church and Health in the World, Vatican city, p.9
200 In, L'Osservatore Romano, Vatican Press, Rome, September 10, 1990, pp 1-15
chance arose, he spoke on social concerns. He called upon the ministers of the Church ‘to relive the misery of the suffering, work for them and reach out to them not only, out of her ‘abundance’ but also out of her ‘necessities’.

5.4.3 CALL OF THE HOLY SEE AT THE UN CONFERENCE ON AIDS

In June 2001, the UNO had organized a special session of the General Assembly on AIDS at New York and the response of the world Community to this health catastrophe was most positive. The New York meeting itself was a sign of the challenge the global spread of the HIV infection presented to the world. At the UN Conference on AIDS, the delegates of the Holy See made the following recommendations.

1. An increase in the number of treatment centers
2. Better information and education about HIV/AIDS
3. Fuller participation by civil society in the fight against HIV/AIDS
4. Greater involvement of people of good will in combating the disease.

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201 Quoted in, HIV and Pastoral Care, CBCI commission for Health, CBCI Center, 1, Ashok Place, Goldakkanna, New Delhi, p.121
The Holy See also appealed to the industrialized countries to assist the needy countries in this campaign. While avoiding any semblance of colonialism, eliminating sexual exploitation, a maximum reduction in the price of antiretroviral medication for HIV/AIDS was urged. Intensification of campaigns to prevent the transmission of the disease from mother to child was recommended. At the same time the delegates of the Holy See discouraged use of condoms as a means to prevent HIV infection and exhorted the people on the contrary to the need to abstain from sex before marriage, fidelity in marriage and commitment to a life-long partner.

5.4.3.1 VATICAN BOOSTS FIGHT AGAINST AIDS IN UGANDA

On October 24, 2003 the Vatican contributed to the struggle against AIDS in Uganda with a 500,000 Euro donation and other initiatives. This shows the Church’s concern for the victims of AIDS. This important news was published in a statement of the Pontifical Council ‘Cor Unum’ the Vatican Organization presided over by archbishop Paul Cordes, which promotes and coordinates the Church’s charitable works in the world. This donation was made at the Ugandan Catholic nongovernmental organizations and of the Missionaries of Charity. During his visit to Uganda, Archbishop Cordes paid special attention to the situation of children there. The Pontifical Council ‘Cor Unum’ said that it had established five priorities in Uganda:
1. To give orphans a family
2. To foster education through the construction and support of schools
3. To offer health education to prevent AIDS
4. To offer professional training, especially for boys who leave juvenile centers
5. To establish a home, run by the Missionaries of Charity for children terminally ill with AIDS.

This is one example where the Church has shown that it was interested in the well being of the people suffering with AIDS.

5.4.4 RESPONSE OF THE CATHOLIC ARCHDIOCESE OF SAN FRANCISCO

On June 28, 1986 Archbishop John R. Quinn of the Archdiocese of San Francisco wrote an article entitled, 'The Crisis of AIDS: A Pastoral Response. Among other things he said that Christians, and the Church must not contribute to the breaking of the spirit of the sick and weakening their faith by harshness...The presence of the Church must be a presence of hope and grace, of healing and reconciliation, of love and perseverance to the end...AIDS is a human disease...As disciples of Jesus who healed the sick and is Himself the compassion of God among us, we too, must show our
compassion to our brothers and sisters who are suffering’. Thus the Archdiocese of San Francisco clearly sees its mission in the face of AIDS that it was to minister in various ways to the AIDS victims.

5.4.5 RESPONSE OF THE CATHOLIC ARCHDIOCESE OF NEW YORK

The conservative Roman Catholic Cardinal the late John J.O’ Connor, the Archbishop of New York was forthwith with his commitment to minister to the AIDS victims. He committed the archdiocese, ‘to do its best to minister to every person who is ill, of whatever disorder because of our commitment to the belief that every person is made in the Image and Likeness of God...’

5.4.6 RESPONSE OF THE CATHOLIC BISHOPS’ CONFERENCE OF USA

At the fag end of 1988, the bishops in the USA issued a joint official statement on this subject. The statement is entitled ‘Many Faces of AIDS: A Gospel Response’. It was an 8000-word statement giving detailed guidelines for the prevention of

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the disease as well as for the pastoral assistance to the victims of AIDS.\textsuperscript{205}

It is the firm belief of the Church, that people with HIV/AIDS should be encouraged as far as possible to lead productive lives in their community and work places. The landlords and the employers are not justified in denying them decent housing and living. Further it is the mind of Church, that ‘priests and ministers should be the heralds of the Gospel of suffering, just as heroic personages in the history of the Church have set an example, persons like St. John of the cross, St. Camillus of Lillie.’\textsuperscript{206}

5.4.7 RESPONSE OF CATHOLIC BISHOPS’ CONFERENCE OF INDIA

‘Walking in the footsteps of her Divine Master, the Catholic Church in India has been rendering yeomen service to the people of India in the field of health through her dedicated people, the Catholic hospitals, Health Centers, dispensaries and mobile units reaching out to the remote rural areas.’\textsuperscript{207} These are the words of the Chairman Catholic Bishop’s Conference of India at the inauguration of the commission for health in 1990. The main objectives were to inspire, coordinate, strengthen and

\textsuperscript{206} In, L’Osservatore Romano, Vatican Press, December 4, 1989, pp 8-15
\textsuperscript{207} Most Rev. Bishop Thumma Bala, Chairman, CBHI Commission for Health, in his forward in the book, School Health, 1 February, 1996, p.iii
promote more and more dimensions of ‘Health Ministry’ in a systematic and effective way on behalf of the Church in India.

5.4.7.1 CBCI’S CALL FOR PREVENTION & CONTROL OF HIV/AIDS

The CBCI Commission for Health Care Apostolate has addressed a circular to the Catholics of the country exhorting them to be aware of the epidemic of AIDS and be prepared to prevent the spread of HIV/AIDS. The circular points out that this killer disease has been spreading with unprecedented rapidity and has now emerged as a highly disrupting social, economic, religious, ethical and public health malady. The Commission further states in the circular that, while offering curative care to AIDS patients, the cure seems to be a distant reality in the absence of a Vaccine, attempts must be made at evolving various strategies to prevent and control the unabated spread of this disease. For this, an immediate and effective response is required from the Catholic Community in our country in general and its education and health care in particular.

The circular further states that every region in India is experiencing a snowballing increase in the transmission of HIV.

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208 CBCI’s call for Prevention and Control of HIV/AIDS, a National Circular, published by the Secretary, CBCI Commission for Health Care Apostolate, CBCI Center, 1 Ashok Place, Goldakkhana, New Delhi, 1992, p.1
209 Ibid
According to UNAIDS, India has the largest number of people living with HIV/AIDS – about 5 million. It is estimated that according to the current rate, about one million new adult infections take place in India per year and 1,40,000 deaths occur annually due to AIDS.²¹⁰

5.4.7.2 Health and Healing Sunday

The CBCI Commission for Health care Apostolate declared February 6 of the Jubilee year 2000 as Health and Healing Sunday. This liturgical celebration was to continue in the subsequent years on February 6. The Catholic Health Association of India, based at Secundarabad prepared a beautiful liturgy for the occasion. The orations and the preface reflected the themes of health and well-being. The liturgy of the world highlighted God’s gracious love towards all His people irrespective of all castes and creeds and that the homily called upon everyone to care, minister and serve all the sick people in general and the AIDS patients in particular. The CBCI has exhorted the Catholic Community in India to celebrate this day meaningfully and encourage individuals and non-governmental organizations to minister to the sick people.

²¹⁰ Ibid, p.2
5.4.7.3 HEALTH POLICY OF THE CHURCH IN INDIA

Under the aegis of the Catholic bishop’s conference of India, the commission for Health Care Apostolate framed the Health Policy of the Church in India. It published the guidelines in the form of a document in 1992. The purpose of this document is self-explanatory. In the preamble the document states that, ‘...the health situation of the people is unacceptable and calls for quantitative and qualitative changes. The objective of the Healing Ministry of the Church has to be to respond to all those who are in need of healing and wholeness. We have to go beyond the confines of our institutions, if we are to help the total person and the community in attaining and monitoring health...’\(^{211}\)

The document further opines that Health Care is an area, which has many legal, socio-economic, political, moral and religious implications. Hence there is definitely need of some policy guidelines from both the state and the Church. As for the state, the government of India has already brought out its Health Policy Document. The Catholic Church being the largest sector in the nation’s health care system next only to the government, health policy document of her own to augment the

\(^{211}\) Health Policy of the Church in India – Guidelines, Catholic Bishop’s Conference of India, Commission for Health Care Apostolate, CBCI Center, 1 Ashok Place, New Delhi, 1992, p.vi
Government’s Health Policy has been a step in the right direction.\textsuperscript{212}

5.4.7.4 **Clause on AIDS**

The document has a forward, a preamble, and 31 articles. Each article has other sub-titles. The clause on AIDS speaks about our institutions as those giving loving care and compassionate service to all patients with AIDS. Prevention is the only way against AIDS at present. The document calls for correction of permissive habits and sexual promiscuity and prevention of the spread through blood and needles and attention to high-risk groups. The document suggests the following strategy:

1. **Create an awareness of the problem and educate people about AIDS.**

2. **Welcome patients with AIDS; at the same time precautions will be taken so that the disease does not spread inadvertently among other patients or public or health care personnel.**

3. **Orient people towards orderly sexual behavior.**

4. **Promote voluntary blood donation by healthy donors, after testing for the HIV and discourage professional donors.**

\textsuperscript{212} *Ibid*, p. vi
5. Use sterile needles and syringes and disposable ones to the extent necessary and possible.

6. Keep close check on all blood products for statutory HIV test certificates.

7. Collaborate in the national programs against AIDS.

5.5 CATHOLIC ANSWERS TO AIDS

The pastoral response of the Church should have anthropological and moral underpinnings. The Catholic Church has a particular understanding of the human person, his dignity, value of life, meaning of suffering, meaning of death, the meaning and role of human sexuality etc. Hence the pastoral responses must express these values. In the case of AIDS, the pastoral response takes the form of preventing the disease through appropriate educational measures and concrete assistance, care, medical, social and moral concerns, which are offered to the AIDS patients and their families.

5.5.1 AIDS AND USE OF CONDOMS

John Fuller and James Keenan share their views regarding the use of condoms and needle exchange. It is their opinion that the effective response to the need for immediate prevention of AIDS could be through use of condoms. They
feel that this need not threaten Catholic orthodoxy.\textsuperscript{213} They further feel that \textit{Casti Connubii} and \textit{Humane Vitae} are directed against contraceptive acts, not against condoms or birth control pills as such. Just as birth control pills can licitly be used by a woman to control irregular menstrual cycles or dysfunctional uterine bleeding, so too condoms can be used for purposes other than contraceptive.\textsuperscript{214}

This type of insight is extremely important in allowing condoms to be recommended to married couples when one spouse is infected with HIV. Many of the bishops and bishops' conferences have invoked the principle of the \textit{lesser evil}, and they have argued that such illicit sexual activity is required because otherwise the wrongdoer would be violating not only chastity, but also justice by the possible transmission of a deadly virus.\textsuperscript{215} But how far can the Catholics take this type of an opinion?

5.5.1.1 OPINION OF THEOLOGIANS

We are aware of the Church’s official teaching against the use of all artificial methods against contraceptives. In the background of the deadly virus HIV and the havoc it has

\textsuperscript{213} JOHN FULLER & JAMES KEENAN, Catholic Answers to AIDS, in \textit{The Tablet}, June 30, 2001, p.942
\textsuperscript{214} \textit{ibid}
\textsuperscript{215} \textit{ibid}
wrought on humanity, the Church has to look at the problem of condom use in the backdrop of the ministry to HIV positive people. For the last few years’ theologians have given their opinion that condom use could be permitted in certain cases, but not as a policy.\textsuperscript{216}

The delicate discussion as to whether the Catholic Church should tolerate the use of condoms as a ‘lesser evil’ in fighting the spread of AIDS gained credence at the Vatican in late September, 2000. Some of the theologians closest to the Vatican, while emphasizing that contraceptives should never be accepted, admitted the possibility of condom use in specific, extreme circumstances. In 1996, the French bishops released a document that said, that using condoms may be necessary, but insufficient means to battling AIDS. Vatican theologians were among those who agreed that condom use, while not morally licit, might be tolerable in certain circumstances.\textsuperscript{217} But there has been no official Church teaching to this effect.

5.5.2 Growing rate of AIDS among priests

Concern within the Roman Catholic Church about the number of its priests who have died of AIDS – related illnesses has grown for the last few years. In January 2000, \textit{The Kansas

\textsuperscript{216} JOHN NORTON, Theologians say condom use OK in certain cases, not a policy, in Catholic News Service/US Catholic Conference, September 22, 2000, pp. 1-4
\textsuperscript{217} Ibid, p.4
*City Star* reported that hundreds of Catholic priests had died of AIDS and that hundreds more were living with the HIV. Since then the *Kansas City Star* has documented more than 300 AIDS-related priests’ deaths nationwide through death certificates and interviews with family members and religious colleagues. As death records are closed in nearly two-thirds of the states, experts say that the exact AIDS death toll among U.S. Priests will never be known.\(^{218}\)

AIDS affects people of every race, religion, age and cultures. It does not distinguish between the religious and the laity! The *Star* found that one of the priests who died served as an AIDS consultant for the Vatican. Another was a rector of a Midwestern Seminary. Two were seminary vocation directors. Three were college chaplains. Others included the Spiritual Director at a Catholic Seminary, Catholic Prep. School Principal and a former employee of the National Catholic AIDS Network, which works with the conference of bishops.\(^{219}\)

Such being the case dozens of priests, AIDS experts, doctors, rectors of seminaries, psychologists and educators agreed that more education and dialogue was vital in efforts to stem the tragedy of priests dying of AIDS. The Church needs to face up to the truth.

\(^{218}\) JUDY L THOMAS, Concern grows over AIDS rate among Priests, in *The Kansas City Star*, USA, Jan, p. 1, also in April, June 2000

\(^{219}\) Ibid

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In addition to the Church's efforts in creating awareness among the masses about the deadly disease AIDS, the Catholic Church in every country in the World should realize that AIDS is everywhere, including in the life of its clergy and take up appropriate ministry to serve the AIDS Victims.\textsuperscript{220}

\textbf{5.5.2.1 Counseling & Celibacy Courses to Seminarians}

In order to be open to the problem of AIDS among the Clergy, the Church has started the ministry of Counseling and Celibacy courses to Seminarians. There is talk of HIV test for the Seminarians before ordination. Rev. Jim Walsh, executive director of the seminary department of the National Catholic Educational Association is of the opinion that the prospective priests (seminarians) should be given chances to talk freely and openly about sexuality in seminaries and formation houses.\textsuperscript{221}

The diocesan seminary in Kansas City, Kansas has special courses for seminarians in counseling and celibacy. Rev. Benedict Neenan the seminary's rector and president say that the seminarians are provided extensive sexuality training. He says that the first thing they do was teaching the seminarians to pray. The preparation for celibacy was first of all a good prayer.

\textsuperscript{220} \textit{Ibid}
\textsuperscript{221} \textit{Ibid}, p. 8

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life and community prayer life, that they become part of, and that they genuinely enter into and come to appreciate.\textsuperscript{222}

\textbf{5.6 PASTORAL MINISTRY v/S DISCRIMINATION}

Suffering, inequality and discrimination are age-old problems. When confronted by epidemics, natural calamities and other painful experiences, the victims are at a loss to find an answer. Chitra Soman was one among such problems: In April 1992, Chitra Soman a HIV positive women of the village of Kokakunnur in Kerala gave birth to Priyanka, her first child. Chitra was ordered out of her own household and later by the village itself because she was HIV positive. She had to face utter poverty and had nothing to eat or drink for two days until somebody took courage and fed her and the child.\textsuperscript{223} This is only one case that is highlighted. There are many more cases of this type.

There is another similar case: Naresh was discovered to be HIV positive and there is lot of discrimination against him. He tells us that his family took care of him, but they treat him as an untouchable. Later even his mother stopped taking care of him.\textsuperscript{224}

\textsuperscript{222} \textit{Ibid}, p. 9
\textsuperscript{223} JJEEMON, Here falls the Rain of Sorrows, in \textit{Deepica}, July 22, 1992, p.4
\textsuperscript{224} MARIA ABRAHAM, AIDS: Agony and Shame, in \textit{The Week}, June 15, 1995, p. 29

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5.6.1 Discrimination in the Workplace

There is the fear of losing one's job if one is discovered to be HIV positive. 28 years old Lakshmi told that she was tested positive, but did not reveal to anyone, lest she lose her job. Here is another case of discrimination: Arulakam was sent away from the job when the management came to know that he was HIV positive.

5.6.2 Discrimination at Educational Institutions

There have been many instances of Child Victims of HIV who are discriminated against. For example, a 12-year-old boy was expelled from a reputed school in Bandra, Mumbai, when he tested positive and his neighbors in the posh apartment block would not allow even his family to use the elevator. There are many other instances of school and college-going students who have been discriminated against due to HIV.

5.6.3 Discriminations Against HIV Patients in Hospitals

Hospitals are supposed to be the only succor to patients, more so to the victims of HIV/AIDS. But some hospitals

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225 RASHMI SAXENA, Shadows of the Dead, in The Week, Dec. 10, 2000, p.17
become nightmarish to many AIDS patients. Doctors and medical staff act against the code of medical ethics. Even the countries premier medical institutes discriminate against HIV patients. A thirty-year-old Sunil from Aligarh was tested positive for HIV. The All India Institute of Medical Sciences discriminated against him on many counts. In addition to discrimination, there are human rights violations committed against the people with AIDS. There is a charter of human rights by the UNO. The rights and duties of Indian Citizens are well formulated in our Constitution. Even then there are blatant violations of human rights especially of the people suffering with AIDS.

The existing information suggests that virtually all human rights and fundamental freedom are violated with regard to people with HIV/AIDS. Violations have been at their worst for people who are least able to assert and protect their rights. It is here that the Church should step in with courage and stand by these helpless people through awareness and education. The Church should be able to alleviate the sufferings of these patients.

5.7 PASTORAL DIMENSION

The Church, when engaging itself in service to HIV/AIDS people, it must carefully differentiate between the person

\(^{228}\) Ibid, p. 33
himself and his/her conduct. We should avoid judgment upon such people. 'Ministries of compassion are not necessarily indicative of one's moral opinion of a person or lifestyle, but such ministries are moral statements about the value of each person to God and to the community of faith. In this sense AIDS ministries represent moral and theological understandings of duty and the value of persons.'²²⁹ We have to offer pastoral care irrespective of a person’s moral imputability or guilt. Our focus in this ministry is on the welfare of the concerned person. Jesus invites us to an unqualified and unconditional attitude towards the vulnerable, weak and despised people. The HIV/AIDS people fall into this category.

5.7.1 CARING FOR HIV/AIDS PATIENTS

HIV/AIDS terminal cases need constant care and support. Both at home and at hospices one should feel happy and proud to serve the AIDS patients. One should not be afraid of getting infected by caring for a HIV/AIDS patient. Cohabitation involves no risks.

5.7.1.1 DIGNITY IN SERVING THE HIV/AIDS PATIENTS

We are speaking about our brothers and sisters in the Lord Jesus. During his short span of mission on Earth, Jesus set

²²⁹ GRACIOUS THOMAS & GEORGE PEREIRA, HIV and Pastoral Care, CBCI Center, 1 Ashok Place, New Delhi, 1999, p.119
many examples of care and service to the sick people. There is
dignity in serving the sick and the needy. Hence service done to
the AIDS patients is service done to Jesus Himself. It is a great
opportunity to show God’s love and Christian values. The
AIDS patients can be helped to seek God’s love and blessings
and prepare themselves to face the last day and die a peaceful
death in God’s hands.

5.7.1.2 ANXIETIES OF AN AIDS PATIENT

When HIV/AIDS patients are diagnosed for this dreadful
disease, he/she will have lots of anxieties and worries. They feel
concerned about their spouse, children, their future and status in
society, financial stability etc. These are terrible moments in
their lives. The pastoral counselor should help them with
appropriate advise, support and encouragement. They should
also instill faith and trust in the infinite mercy of God. God is a
merciful Father and ever ready to forgive those who wish to be
reconciled with Him. Evidence of this is Jesus Himself whose
wounds have healed all of us.

5.7.2 COUNSELING

A counselor should be equipped with the relevant
information about the disease and understanding about the
thoughts and sentiments of those struck by AIDS. The
counselor should take holistic approach towards the patients,
while taking account also of the cultural, socio-economic and moral aspects involved in the illness. Counseling should also encompass the patient, his/her family, friends, relatives and neighbours.

5.7.3 **Spiritual Transformation**

People with AIDS normally think that they are to blame themselves for their pathetic, pitiable and miserable condition. Personal spirituality may be set in motion in an AIDS patient. John Fortunato in order to articulate what spirituality means writes in his book, *The Spiritual Dilemma*, ‘By spiritual I allude to the journey of the soul not to religion itself but to the drive in human kind that gives rise to religion in the first place. By spiritual I mean, the human striving toward meaning, the search for a sense of belonging.’ \(^{230}\)

The spiritual needs of an AIDS patient during the course of one’s terminal illness undergoes vacillation. One might experience the closeness and the distance of God. The patient might even perceive that his/her illness to be a punishment from God. One might feel divine love and forgiveness and at the same time fears of God’s abandonment and condemnation. It is here that those providing pastoral care, very tactfully convert this inordinate sentiment of guilt to a sense of sin. There is a

\(^{230}\) Quoted in, *AIDS: Living and Dying with Hope*, p.110
clear difference between sin and guilt. Guilt feeling is unhealthy, whereas sense of sin is redemptive. Guilt neurosis is a self-centered response to some moral violation. Sense of sin on the other hand is other-centered worry about some moral violation. Sense of sin leads only to reconciliation with the people one has offended.231 This type of feeling and understanding is very much in conformity with Jesus understanding of reconciliation. God is all merciful Father and He forgives the contrite.

5.7.3.1 ROLE OF PASTORS/HEALTH CARE WORKERS

i) Patients should not be allowed to have self-destructive feelings. Hence it is the duty of a good Pastor/Health Care Worker to take care that the patients do not feel unwanted, rejected, despised and discriminated against. Sentiments, if persist for long time, the patient may feel like committing suicide. Let the Pastor/Health Care Worker help the patient to see God in others. Often these people cannot see beyond themselves. They are prone to cause injury to others even unawares.

ii) The Pastor/Health Care Worker has a sacred duty to implant a proper image of God among the patients of

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231 GRACIOUS THOMAS, GEORGE PERIERA, HIV and Pastoral Care, CBCI Commission for Health, CBCI Center, 1, Ashok Place, Goldakhana, New Delhi, 1999, p.122
AIDS. Through the Pastor the patient should see God as a merciful Father. The patient should realize that God is not revengeful or a punishing God; but rather ‘He is a Merciful and Forgiving Father.’

iv. Pastoral companionship would help the patients a lot. Providing pastoral companionship to the patient is very important. This will help the terminally ill patient to cope with the realities of the situation arising out of one’s disease. The pastoral companionship involves a human experience between the patient and the pastor. In India with limited hospital facilities very few priests, religious and Christian health care providers, it is difficult to provide a constant pastoral companionship. The privilege of ministering to persons with AIDS and to their family and friends awakens one to life. Pastors are formed by their experiences and achieve growth through their very experiences. Through the pastors, God’s healing power reaches both the healer as well as the afflicted. St. Paul in his letter to the Romans, says, ‘Now we know that for those who love God all things work together unto good.’

222 Holy Bible, Jn: 8:3-11, Theological Publications in India, Bangalore, 1999
232 GRACIOUS THOMAS, GEORGE PERIERA, HIV and Pastoral Care, CBCI Commission for Health, CBCI Center, 1, Ashok Place, Goldakhanna, New Delhi, 1999, p.124
234 Holy Bible, Rom: 8:28, Theological Publications in India, Bangalore, 1999
v. Prayer groups help a lot to soothe and console patients. Hence pastoral care should aim at helping patients come together in prayer groups. Jesus Himself had said, 'Where two or three are gathered in my name, I am there among them.' With this deep faith the patients could be helped during group meetings to pray and share their anxieties. So far with no drugs for cure and certain of meeting an untimely death, the only solace one can get is from prayer.

5.8 CONDOLING WITH THE FAMILY

The Pastors and the health care providers should also focus their attention on the relatives of the bereaved. For a person dying with AIDS, this type of care brings the greatest degree of comfort and support. Once the person has died, the pastors or the care providers have reported that they get considerable consolation in the knowledge that they did whatever they could to assist the dying person. Bereaved family members and friends have special needs to which pastoral care can respond.

Bereavement can affect the physical and emotional health of survivors. Clergy are often among those individuals to whom the bereaved turn for guidance. An AIDS related death may

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235 Holy Bible, Mt: 18-20, Theological Publications in India, Bangalore, 1999
introduce changes in family structures to such an extent that families can be torn apart. Pastors and Health Care providers can be helpful liaisons in bridging the distance that separates a bereaved family from others in the community and among friends and relatives.\textsuperscript{236}

5.9 **HEALTH CARE: A UNIQUE MINISTRY**

We have seen in history the natural and spontaneous generosity and help people give to their brothers and sisters when faced with natural calamities, such as earthquakes, famines, epidemics and floods. It is then that the best in us comes out. People show courage, love, compassion, magnanimity and a spirit of sacrifice. This is also true when facing the latest epidemic- AIDS. The Church in times past was the first one to come forward and render help during times of plagues, tragedies and terminal illness. People dying of HIV/AIDS have a unique claim on our love, compassion and ministry. The health care workers and the pastors might experience the redemptive work of Jesus, when one looks at a patient lying on his/her deathbed in a similar situation as that of the suffering and rejected person of Jesus Christ at the garden of Gethsemane.

"We as Christians and Pastors of the Church recognize the redemptive value of the sufferings of Jesus Himself. Through our pastoral care, we know that we will be brought face to face with the sufferings of Jesus."\(^{237}\) God our loving Father urges us to care especially for those of our human families who suffer in any way as a result of the HIV/AIDS epidemic.

5.10 WORLD COUNCIL OF CHURCHES STUDY DOCUMENT

In a World Council of Churches (WCC) study document the AIDS pandemic was viewed in connection with other factors. Representatives of various Church denominations participated in the formulation of this study document. It highlighted the need of special pastoral ministries to the AIDS victims. After an evaluative study, the Churches arrived at a consensus regarding various issues. The document provided an excellent plan of action for the Churches and members.\(^{238}\) The action plan prepared by the WCC has many insights and guidelines that would fit in very well also with the pastoral ministry of the Catholic Church.

\(^{237}\) GRACIOUS THOMAS, GEORGE PEREIRA, *HIV and Pastoral Care*, CBCI Commission for Health, CBCI Center, 1, Ashok Place, Goldakhanna, New Delhi, 1999, p.127  
\(^{238}\) Ibid, p.93
5.10.1 ISSUES AFFECTING AIDS PATIENTS

AIDS has been testing the Church on the theological level, on the level of faith, as well as on the level of pastoral and congregational responses. To illustrate this, Rev. Manoharan, member of Lutheran World Federation (LWF) and one of the consultants at the WCC study seminar says that one of the pastors who participated in the consultation narrated his experience. He was questioned by one of his colleagues as to how he could baptize a person with AIDS! This is to show however in the clerical level, moral and ethical response is ambiguous. Rev. Manoharan highlights the following issues that affect the patients with AIDS and their families and suggests that pastors and health care workers have to be aware of such issues in order to perform effective pastoral ministry.239

5.10.2 QUESTION OF FEAR AND GUILT

The report of the Lutheran World Federation consultation on pastoral work in relation to AIDS, held in Germany in March from 21-25, 1988, has this to say: 'The world-wide epidemic of AIDS has given birth to a world wide sense of fear which needs to be analyzed and to which we must respond. There is not only the fear of the disease as such, but also the fear of stigma and uncleanness. AIDS brings with it the fear of

239 R.H. THANGARAJ, Medico-Pastoral Response to AIDS, National Lutheran Health and Medical Board, Chennai (Madras) 1991, pp. 44-45
dying, physical pain, rejection, isolation and shame. On the spiritual level the person with AIDS struggles with the issue of damnation or salvation. It is here that the Church with its pastors and health care workers can come to the rescue of these people engulfed in fear and guilt.  

5.10.3 QUESTION OF DEATH AND DYING

Dying and death cannot be separated. It is a bodily as well as a social experience, which has to be faced by every human being. The dying person may need emotional and spiritual support that the pastors to a great extent can provide. The Christian community through the ages has faced death not only with mourning and fear but also with hope and expectation of the resurrection. It is the responsibility of the Church’s ministers to convey hope to these people who are on their last leg of earthly journey.  

The LWF consultation report further says that, ‘AIDS challenges the Church not only to develop a more profound understanding of dying and death, but also to develop relationship with people who are dying and with those who have been and will be bereaved.

240 Ibid, p.49
241 Ibid, p.47
5.10.4 THE CHURCH: A CARING COMMUNITY

'A standard dictionary of Biblical words says that the basic meaning of 'KOINONIA' is to be shared with someone in something' Christians are called to have fellowship with the divine nature. 'His divine power has given us everything needed for life and godliness, through the knowledge of Him who called us by His own glory and goodness.' Christians have fellowship with their friends who are in need; they also share their best with Him. They do this because they have a share in the Gospel and because they share (Koinonia) with each other in the Holy Communion.

Being a member of the Church means loving one another and learning to hang on to one another. This attitude is needed for mental forgiveness and strength to be more like our Lord Jesus Christ. Thus the Church is called through the AIDS crisis to break down barriers that divide and build bridges between the victims of AIDS and those who are still relatively healthy.

5.10.5 CHURCH INVOLVEMENT OF PEOPLE LIVING WITH AIDS

AIDS is a serious health crisis in India as well as all over the world. It affects the whole of humanity in many diverse

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242 Ibid, p.48
243 Holy Bible, 2 Pet 1:4, Theological Publications in India, Bangalore, 1999
244 Holy Bible, Rom 12:13, Theological Publications in India, Bangalore, 1999
245 Holy Bible, Phil 4:15, Theological Publications in India, Bangalore, 1999
ways. In addition to health care issues, AIDS affects people in a more serious way in their family lives. No wonder that the AIDS crisis often leads to faith crisis and also to a crisis in faithfulness and fidelity. Human value and dignity are being undermined from many angles these days.

The Church is the community of those who have placed their faith in Jesus Christ. The Church is a people in this world, just as Jesus was a man in this world, a man who walked and lived among the people. The role of the Church is to bring about a peaceful world, a world where all of humanity shares equally in the reign of God without the discrimination between rich and poor, old and young, literate and illiterate and so on.

5.10.6 The Prevailing Attitude of the Church

The spread of AIDS in India is continuing unabated. This dreadful disease has affected actually more than 3.5 million Indians. Both the government and NGOs have allotted an immense budget for addressing AIDS-related issues at various levels. In contrast, the Church in India has been particularly sluggish and slow to respond. It has been also slow to become aroused to the enormity of human suffering and rapidity of its spread in the families and communities of this country.
Is it not necessary then to ask, why this is so? Why has the Church’s response to the suffering of patients with AIDS in our own hand has been so slow and meagre? Answers to this query can be found by examining the Church’s attitude regarding the following issues.\textsuperscript{246} Very often the Church fails to realize the seriousness of AIDS and to take suitable precautionary measures to educate the faithful properly.

5.10.6.1 AIDS AFFECTS ONLY NON-CHRISTIANS

The general notion of some of the Churchmen was that AIDS was a problem of the World, not a problem with which the Church needs to be involved. This was the prevailing attitude of many Churchmen up to the mid 1990s. Even now one could hear a Christian remark that AIDS would not affect the Church, and that if one were a true Christian, one would not contract HIV!

Such remarks are made out of ignorance. By making such statements these Churchmen are making undue separation between the Church and the World. Further this kind of thinking may appear somewhat hypocritical in those who, while making a distinction between the world and Christians, follow the value system of the world rather than of the gospel.

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\textsuperscript{246} ERLINDA C. SENTURIAS, ‘Weaving Homes and Communities,’ a talk at the Christian Medical Commission, World Council of Churches, Geneva, 1996
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5.10.6.2 AIDS: A MORAL PROBLEM

Most of the Church members, both at the hierarchical and at the commoners level considered AIDS a problem exclusively sexual morality. This kind of a narrow perspective would provide no real guidance today for addressing the problem of AIDS in our families and communities. Of course, the general temptation is to see AIDS as linked to a failure with sexual morality. But the gospel teaching as well as the facts as we know them today, militate against such an assumption. Workers in the field soon come to realize that the link between failures in sexual morality and HIV, are not as universal as they were at all time presumed to be. Dietrich Bonhoeffer expressed powerfully the significance of Jesus' teaching regarding the danger of judgment to love: 'Christian love sees the fellow man under the cross and therefore sees with clarity. If when we judged others, our real motive was to destroy evil, we should look for evil where it is to be found, and that is our own hearts. But if we are on the look out for evil in others, our real motive is obviously to justify ourselves, for we are seeking to escape punishment for our own sins by passing judgment on others, and are assuming by implication that the Word of God applies to ourselves in one way, and to others in another.'

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5.10.7 **Church’s Call to Mission in the Context of AIDS**

Recalling that Christians are called to ‘weep with those who weep’, pastoral concern invites ministers, social workers, volunteers in the field not only to sympathize, but also to empathize with victims of AIDS, whether or not these victims are to blame. The pain and suffering of AIDS patients is the pain and suffering of the people of God. Unless and until Christians feel the truth of this statement, the Church will never give itself whole heartedly to the ministry among people living with AIDS. The Church should endeavor then to motivate local congregations, parishes, and institutions to take up AIDS ministries before it is too late!

5.10.7.1 **The Church: A Friend of Life**

The basis of the Church’s ministry with people living with AIDS is Christ’s compassion and sacrificial love. The people who participate in this ministry declare themselves to be on the side of life. Ours must be a Church without walls, whose love is expressed without condition. The Church should stand as a faithful friend to the one who is in pain and grief, serving everyone willingly and lovingly after the manner of Jesus Christ who, ‘came not to be served, but to serve.’
5.10.7.2 CHURCH: SERVANT OF GENERAL WELL-BEING

A good Christian counselor, whether he be pastor, an elder of the Church, or a doctor is supposed to understand all about HIV/AIDS and its implications. A Christian integrates the Word of God to provide hope for the unfortunates who are gripped with fear, guilt and uncertainty. God even wants to restore the wasted years of one's life. He wants to make up for the loss. 'I will repay you for the years that the swarming locusts has eaten.... the hopper, the destroyer, and the cutter, my great army, which I sent against you. You shall eat in plenty...'.248 In this background the Pastoral Christian ministry in the context of the present AIDS crisis demands manifold response. No one organization, not even the Church can presume to go it alone. Accordingly the Church in this ministry will have to seek allies and partners in this special mission, in such seemingly unlikely places as public agencies, NGOs and philanthropic agencies. For, when the Church gives itself sincerely and with sacrifice to such a ministry, then the life and love of Christ is revealed clearly to all with whom they share the burden.

248 Holy Bible, Joel 3:25-26, Theological Publications in India, Bangalore, 1999
5.10.7.3 CHURCH AND PUBLIC WELFARE

Pastoral ministries and care primarily focus on the welfare of the people in need. This notion is grounded in a sense of Christian mission and discipleship. Pastoral care is a spiritually motivated activity leading that person's freedom to decide what is good for him. This has to be done with an attitude of humility and confidence. There is also a tendency among Christians to focus on their denominational differences. Their AIDS ministry will be affected adversely and rendered ineffectual by such emphasis on differences. The mercy that a believer experiences from God should be generously expressed toward all others without question.\(^{249}\)

Thus care provided to people in need, especially to the abandoned, rejected, the outcasts of the society, the victims of AIDS, is also an example for others to follow. The emphasis in pastoral care should be on being a moral agent, obeying the love command freely and without any conditions. By this pastors and other health care workers can commit themselves to the welfare and well being of others. Hence pastoral care is a gift of self on the one hand and sustenance for others on the other. It is a witness of faith in God. It is an act of obedience to

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serve others especially those who suffer due to various diseases, in our case the victim's of AIDS.\(^{250}\)

**CONCLUSION**

This chapter on AIDS ministry has 10 main divisions with many sub-divisions. In the first few divisions we studied the response of various Church denominations and leaders to the epidemic of AIDS. We also studied the stand and response of the Catholic Church to this deadly disease. The exhortation and the call of the Pope to the World to contain the spread of HIV/AIDS by all means at the disposal of the Church and the World community, is praiseworthy. It shows how deeply the Church is seized of the matter.

To His friends and the curious crowds Jesus had presented the case for a quality of love that supercedes mere keeping of technical rules. The standard for relationship Jesus sets for His disciples is the example of God: ‘There must be no limit to your goodness, as your heavenly Father's goodness knows no bounds’.\(^{251}\) Keeping this commandment of the love of Jesus, the Church has been doing its best with its vast resources and personnel to alleviate the pain and sufferings of the HIV/AIDS patients and their orphan children.


\(^{251}\) *Holy Bible*, Mt. 5:48, Theological Publications in India, Bangalore, 1999