

The Contribution of Christian Congregations to the Battle with HIV/AIDS at the Community Level

Conclusions, Reflections and Recommendations

(Chapter 4 in the full report, pp. 51-57)

4.1 What Christians and secular groups have learned about prevention

The experience of Christian churches and the secular groups in fighting HIV/AIDS is causing them to lose confidence in a basic assumption each had made about behavior change. Many Christians assumed that preaching and moralizing about HIV/AIDS by church authorities would solve the problem. Many secular groups assumed that better information about HIV/AIDS would do the job. Millions are now dying of AIDS because of these theories, and the theories are dying a slow death with them.

Philosophically both of those wrong assumptions rested on Enlightenment optimism, i.e., 1) society's ills can be diagnosed by scholars, such as theologians, and solutions can be imposed by institutions, such as churches, that hold power over their members, and 2) since human beings are basically rational beings, they will do what is reasonable if they have adequate information. Without venturing too far out toward the cynical end of post-modern thought, we may say, on the basis of HIV/AIDS statistics and trends, that the powers of institutional control and human rationality have been over-rated. Churches and secular bodies need to replace their demonstrably flawed assumptions in these areas with some more reliable ones.

This is not to say we should abandon all preaching and all AIDS awareness campaigns, but only that we all get over our assumptions about any quick fix or single-factor solution. What is needed is a multi-frontal attack on HIV/AIDS globally, the kind of attack that is typical of the few examples we have of success at a national level, such as Uganda, Senegal and Jamaica. We are not aware of any examples of success, in or beyond our survey, where the government and the religious bodies did not collaborate. Let neither side go it alone, taking potshots at the flawed assumption of the other without recognizing the flaws in its own assumption, as explained above. The two sides need each other like blades of a scissors or wings of a bird. If they refuse to coordinate their effort, a lot of it will be wasted.

Therefore Christian congregations must more effectively provide what they are specially or even uniquely positioned to contribute, and they must also cultivate better connections with groups Christian and secular that work at national or international levels. In what follows, we will describe those two tasks as complementary. Success on either one makes success easier on the other.

4.2 The church contribution vis-à-vis the secular one

As we have noted in Table 6, there is very considerable overlap between Christian and secular goals and also significant ways in which Christian approaches go beyond the secular ones. Congregations are often picking up where the secular programs leave off. For example:

- a) Secular agencies can and do promote communal acceptance of PLHA, which is excellent, but they have to do it without mentioning the cross of Christ and the presence of the Holy Spirit. This severely handicaps their best efforts to confront deeply embedded cultural patterns such as how shame is generated and handled.
- b) Secular agencies can communicate that there is life after AIDS, that various techniques of living with the disease can greatly enhance and extend life. Thank God for every new breakthrough they discover and teach. But they cannot supplement this with any clear equivalent to Christian participation in God's mission during this life or any hope to hold out for the afterlife.
- c) The secular activists are at a distinct disadvantage when it comes to mobilizing and motivating volunteers. In a world that assumes economic and national self-interest to be everyone's guiding light, altruism is difficult to nurture. There are occasional (and in my view, ghastly) attempts to make the non-altruistic argument that the North should take an interest in HIV/AIDS in the South because the depopulation of Africa would be bad for business. But is anyone listening?

Some may note that the response to the tsunami in south Asia seems to indicate that people can still be moved by altruism and compassion to alleviate suffering, but this only proves that these forces can work as knee-jerk reactions. Our point is that there is no comparable reaction when the disaster unfolds over twenty years instead of twenty seconds. A twenty-year response requires an intellectual and moral base, neither an emotional one nor one constantly propped up by televised news. Our claim is that the churches have that base, found in their central mission of representing the Messiah to the community.

- d) Secular agencies can move some Northerners toward compassion for HIV/AIDS sufferers—and thank God for every one they do—but churches are much better positioned to move Northerners toward identification with the Southern Christian volunteers serving those who suffer. For example, churches in the North are sending tens of thousands of volunteers overseas every year on short-term “mission trips” of one to two weeks. The direct contribution of these to the HIV crisis may be a drop in the bucket, but the face-to-face connections with local Christians, such as those fostering AIDS orphans, can lead to long-term international connections that bear fruit over a lifetime.

In the above examples we have been pointing out various aspects of what appears to us to be Christian supplements that make up for secular deficiencies. Nevertheless we do not wish to imply that the churches have all the answers and the world has everything wrong. Far from it. The enemy is HIV/AIDS, not secularists. The problem Christians have with secular (and many traditional) ideas is often that they simply do not go far enough in the right direction they are headed; they do not provide what it takes to reach their desired goals. Christianity provides the missing power in the person of the Holy Spirit, who connects people to the life-giving power of the Messiah today.

We hasten to add that we are not given the power so that we can lord it over anyone else. We are sent out as servants, carrying the message that the power is available to anyone else who wants to have it on Jesus' terms. And whether people accept that message or not, the life-giving Spirit still guides us to work with any and all who are in the business of promoting life.

We therefore believe there is a very promising future in closer partnerships between congregations, other FBOs, and secular organizations along the lines outlined above. Forging those partnerships becomes easier as all sides become more aware of each other's perspectives, even when those perspectives are not held in common.

4.3 Expanding the contribution of congregations

In chapter 3 we reviewed two internal and two external challenges of the local congregations. Of the internal challenges, we believe the fundamental one is that of radical discipleship, turning superficial Christians into deep, genuine Christians. As we have noted, many Christians—even many of those who participate actively in worship and congregational life—are superficial. They are hanging around in the vicinity of the power of the Holy Spirit but not actually plugged into it and transformed by it.

If they really were connected with the living Messiah, Jesus, through the Spirit, they would be well into the process of becoming deep Christians, and they would be deeply interested in the battle with HIV/AIDS. They would be discovering how much overlap there is between secular goals and Christian ones in the HIV/AIDS battle. They would be learning from the valid criticisms of secular groups and loving them in spite of their invalid ones. They would be demonstrating the effectiveness of God's power to motivate and unite, and they would see the tide of battle turn against HIV/AIDS.

The two external challenges to congregational capacity are relating to other Christian groups and to secular ones. We noted happily that congregations are generally open to closer cooperation with both kinds of groups and *vice versa*. Congregations already have a considerable array of connections with other groups, but they also have some doubts, particularly about the large secular donors and government offices. We considered some ways of overcoming three problem areas—conflicting strategies, mismatched structures and differing beliefs. We believe that many more resources from FBOs and large secular agencies could be effectively brought to bear in the community's struggle with HIV/AIDS if they were channeled through the congregations.

4.4 Implications for discussion

Table 10: Observations and questions

Research observations	Implication and practical question ⁵¹
1. The gap between AIDS-related needs and the global total resources of all donor-based projects continues to grow.	1. No matter what happens with the UN and the big international charities, vast numbers of local volunteers will be needed. The church may be the best-placed network to recruit, deploy and sustain them. How will this process unfold, and how may it be promoted?
2. Churches have some real success stories to tell in HIV/AIDS care ministry. This is true even of some Pentecostals, though historically their tradition has been weak on social ministries.	2. Many of the best practices in congregationally based HIV/AIDS ministry involve the intangibles, such as love, hope, loyalty and perseverance. What would persuade secular groups to value these weapons that deal with the human side of the HIV/AIDS struggle?
3. Church-based AIDS care ministry is frequently interwoven with evangelism, but rarely in a manipulative way.	3. The AIDS crisis creates a major opportunity for the churches to be good news while they tell the good news. How can these two be naturally combined?
4. Churches in different countries vary widely in the extent of their HIV/AIDS care and prevention ministries, depending on how prevalent HIV is.	4. Much is to be gained by sharing the ministry experience of churches in severely affected countries with churches in countries in earlier stages of the pandemic. What are the prospects for South-South exchange in this area?
5. Church-based AIDS ministry tends to be more based on compassion and oriented to care and mitigation than it is based on strategic thinking and oriented to prevention.	5. Churches simply must step up sooner and more directly to the challenge of AIDS prevention, even if it means they must violate some cultural norms (traditional and/or modern) in the process. How can churches in low HIV+ societies be brought into the HIV/AIDS battle earlier than their societies in general?
6. No one in AIDS care and prevention ministry feels adequately resourced. Even programs that are working well are not attracting the funding they think they could reasonably expect.	6. All the well-known challenges of putting Northern financial resources to constructive use in Southern settings apply to the funding of AIDS ministries. How can donors avoid the traps of creating dependence or being scammed?

⁵¹ Some of these hypotheses overlap with those in “Discussion Questions” sprinkled through the report. Before seeing this list of hypotheses, each field researcher was invited to propose one “Discussion Question” for the Mission Briefing. Some context for the questions can be gained from the country reports in Appendix 3.

<p>7. The key people in creating and leading church volunteer programs are often professional people such as doctors, teachers or social workers who have expertise and connections via their workplaces.</p>	<p>7. Preventing the burnout of key people who connect the church and the wider campaign against AIDS is a top priority issue for the church. What can be done theologically, pastorally and organizationally for people at risk of burnout?</p>
<p>8. Disagreement about promotion of condom use is probably the most seriously divisive issue between the church and secular organizations.</p>	<p>8. How adequate is the following analogy: Condoms against HIV are like a Band-Aid on a wound that requires stitches. The Band-Aid helps a bit as a stopgap but not enough for real healing. The churches should not rip off Band-Aids any faster than they can put in stitches.</p>
<p>9. The North tends to see AIDS care and prevention ministry in terms of projects, budgets, paid staff, statistics, categorizations and reports. The churches in the South tend to see AIDS ministry as an aspect of various other ministries of the church, such as youth ministry, adult Bible education, and pastoral care.</p>	<p>9. Western donors tend to support only what makes sense from a Western perspective. Meanwhile what makes sense from a local perspective in the South may be more effective though less fundable. How can the communication gap be bridged?</p>
<p>10. Pastors generally do not see their potential for advocacy and community influence on HIV/AIDS issues.</p>	<p>10. We need to find ways to connect service to an immediate HIV/AIDS need with advocacy about long-term needs. When pastors are in perpetual crisis mode, how can they be persuaded to take on advocacy as a new dimension of their ministry?</p>

4.5 Recommendations for further research

The complexity of the challenges of HIV/AIDS makes it an urgent field for research, especially by and with the people who are involved in the front line of the churches' battle. The possibilities are endless. We hope some of them will be taken up by the research centers that participated in the current project and that many others will join them. Our report has only scratched the surface, revealing issues such as:

Prevention issues

- The dynamics of HIV/AIDS stigma in culture X and Christian efforts to counteract it
- Christian PLHA, their decisions to go public, their methods of doing it, and the responses they encountered
- Teenage peer counselors based in congregational youth groups: what are they learning from experience about influencing the behavior of other youth?
- Western, African (or Asian, etc.) and biblical perspectives on the sexual dimension of human life

- The prevailing definition of a woman's place in society X, and how local theologians and pastors believe it should be affected by a Christian perspective on life
- An experiment—in low HIV countries, a study of the impact of an HIV/AIDS presentation in a congregation or small cluster of congregations by a visiting church leader from a high HIV country

Care/treatment issues

- An experiment in VCT with the required participation of every student and spouse at XYZ seminary (or every pastor, evangelist and spouse in a given diocese or district, or every bishop in one denomination in one country or region)
- Burnout among volunteers in HIV/AIDS programs of churches
- The impact of the prayers of GRVs as perceived by the infected who are prayed for
- Advocacy by local congregational leaders on behalf of the infected and affected

Mitigation issues

- A “school fees” study—in city or village X, by what steps and from what source(s) might a foster parent get access to subsidy for the school fees of an adopted AIDS orphan, and how could a local congregation help the parent overcome the obstacles involved.
- A “trickle down” study, showing how much of the money for HIV/AIDS mitigation project X is reaching the affected in the form of goods, how much as services, and how much is being used at other points along the way
- A study of ways that foster parents are trained, encouraged and resourced by congregations

Issues cutting across the categories of prevention, care and mitigation

- The relationship between prevention and care, between both of these and mitigation in the HIV/AIDS ministry in Church X.
- An impact analysis of local church HIV/AIDS ministries
- An evaluation of the impact that caring for PLHA has on the sexual behavior of members of a church youth group

Capacity building issues

- Studies by or within congregations on the local HIV/AIDS situation and the effectiveness of their current programs
- Zimbabwe identified a large number of existing congregational programs thought to be “easy” or “very easy” to replicate in other congregations; what promotes and what inhibits their actual replication?
- The suitability of the SPILL model from Kenya or the ECR model from Zambia for country X; how would either model need to be adapted?

- The attitudes of FBOs⁵² and secular organizations toward partnering with congregations, with special attention to how this attitude is changing.
- Congregations in our study tended not to have written policies about their HIV/AIDS ministry; what is the optimal amount of policy formation for a congregation in order to relate to a “middleman” agency or a secular one?
- An experiment in recruiting GRVs—develop and test three or four methods
- An experiment—a grant writers’ workshop for congregational and FBO leaders that includes coaching by representatives of secular organizations and governments; subsequent development of a short manual for Christians on how to present HIV/AIDS grant requests to secular groups
- What do large HIV/AIDS donors and projects wish that congregations understood better about them, and *vice versa*
- Successes and failures of international donors to HIV/AIDS ministry by churches

Theological and discipleship issues

- Methods of turning superficial Christians into genuine Christians
- Experiment: a fact-finding seminar with local pastors and evangelists, focusing on what they preach about AIDS and why they preach it in the way they do
- Evangelization and HIV/AIDS ministry: what is the connection and what should it be?
- Local evangelical, ecumenical and Catholic leaders, their relative levels of concern and involvement in HIV/AIDS ministry and the theology which affects the levels
- What biblical texts and themes are churches using as foundations for their involvement in HIV/AIDS campaigns and ministry?

Very unfortunately, churches (especially evangelical ones) lack a strong tradition of field research generally, and their activist approach to HIV/AIDS is a typical indicator of this. Our Zimbabwe report (CR, p. 1) reviewed 63 local church programs, concluding that 62% dealt with care of the infected and affected, 31% with prevention, 7% with treatment and 0% with research. Local congregations are not and never will be primarily research centers, of course, but they can become centers of primary research. Doing research on their ministry opportunities and effectiveness and helping them do their own small-scale studies is a key service that research centers and theological training centers should be providing.

4.6 Reflection

HIV/AIDS is the toll road to humanity’s future. Since we cannot afford the devastating toll it takes, let us find the nearest exit and get off this road.

In the HIV/AIDS pandemic, as in any other wretched circumstances we humans have got ourselves into, the Church is God’s servant, sent to bring his healing and hope into the

⁵² A brief survey of FBO attitudes was projected as part of our study but proved impossible within project resources.

desperate situation. May it not be said of our generation and especially not of any Christian readers of this report, “Who is blind but my servant, and deaf like the messenger I send? . . . You have seen many things, but have paid no attention; your ears are open, but you hear nothing” (Is. 42:19-20).

“The best time for the Church to have started dealing with the HIV/AIDS crisis was twenty years ago but the next best time is now.”⁵³ This is the time to draw on resources the Church has and the world does not. This is the time that “prayer and fasting need to be the engines that drive the church in order to discover the plans that God has for the church and the community” (Honduras, CR, p. 4).

A church focused on discovering the plans of God will find that in our time those plans include serious Spirit-driven involvement in HIV/AIDS prevention, care and mitigation. As we follow the plans, the world around us, especially the PLHA, will “see our good works and glorify our Father in heaven” (Mt. 5:16). “The crisis affords the church the opportunity to demonstrate Christ’s concern for the suffering. How we respond will be the church’s defining issue for the next 50 years.”⁵⁴ Let’s build a glorious reputation for God, making the world really glad that we have the Father God we do—the Real God who really cares, the One who sends us out as rescuers in the name of the supreme Anointed Rescuer, Jesus the Messiah.

This is what an army of Christians in high HIV+ countries is already doing. God bless them all. May the churches globally support them with matching gifts of blood, sweat and tears.

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⁵³ Informational booklet produced by Baptist AIDS Awareness; quoted in Nigeria, CR, p. 12.

⁵⁴ Doug Priest, “Avenues of Involvement for the Church,” in Tetsunao Yamamori, et al. eds., *The Hope Factor: Engaging the Church in the HIV/AIDS Crisis* (Waynesboro, GA: Authentic Media, 2003), p. 303.