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Toward a Theology of HIV/AIDS

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The Global Picture

In the twenty years since the Human Immunodeficiency Virus (HIV) was first isolated, the medical syndrome caused by HIV has resulted worldwide in the deaths of over twenty million people and the orphaning of at least fourteen million children, with the consequent disintegration of families, communities and whole societies. Every day fourteen thousand new HIV infections occur, the vast majority in the two-thirds world, with half of these in adolescents and young adults. Every day eight thousand people die from AIDS causes.¹

AIDS (Acquired Immune Deficiency Syndrome) is now a household word for most of us. At least two-thirds of those infected and affected are in sub-Saharan Africa. Life expectancy has significantly declined in such countries as Botswana, Zimbabwe, Zambia, Namibia, Kenya and Cote d'Ivoire. 'In Botswana, where about one in three adults is already HIV infected—the highest prevalence in the world—it is estimated that two-thirds of 15 year old boys will die prematurely of AIDS.'²

Says South African statesman Nelson Mandela bluntly: 'AIDS is a war against humanity'.³ Yet this is a war largely silent and invisible. Conflicts in Iraq and Afghanistan, along with the 'war on terror', consume the world's

1 The best source for current information on HIV/AIDS is the UNAIDS (Joint United Nations Programme on HIV/AIDS) 'Report on the Global AIDS Epidemic, published in every even year and available online at <www.unaids.org/html/pub/global-reports/bangkok/unaidsglobalreport2004_en_html.htm>.

2 Tony Barnett and Alan Whiteside, *AIDS in the Twenty-First Century: Disease and globalization* (Houndmills, UK: Palgrave Macmillan, 2002), p. 22.

3 Nelson Mandela, 'Care, Support and Destigmatization' in *The aWAKE Project: Uniting against the African AIDS Crisis*, ed. Jenny Eaton and Kate Etue (Nashville: W. Publishing, 2002), p.19.

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attention and resources, allowing HIV to rapidly advance, particularly in Africa, Central America, parts of Asia, and Eastern Europe. 'The global HIV epidemic is the greatest threat to health, family life and economic survival that the world has ever known.'⁴

From a biomedical perspective the virus spreads when someone comes into contact with the bodily fluids of an infected person, such as occurs with intercourse, breast milk, blood transfusions, and contaminated needles and syringes. It causes a progressive breakdown of the body's immune system, allowing other diseases such as tuberculosis to attack the body until death results. When the body is showing the signs of this weakened immune state, people are said to be suffering from AIDS.

The Human Immunodeficiency Virus is not highly contagious; in theory the AIDS epidemic could be stopped by good public health practices and universal access to antiretroviral medicines (ARVs), hence the vocal calls internationally for more funding, cheaper ARVs, and greater political will. However, we are dealing with a very clever enemy here, one that ruthlessly exploits human weakness. Commonly held beliefs around the world such as the autonomy of the individual, our rights to sexual 'freedom' without consequences, male dominance, behaviour change through increased knowledge, condoms as the answer to HIV spread, that all who are

HIV positive are 'sinners', the impossibility of sexual abstinence among youth, the curing of AIDS through 'sleeping with a virgin', limited funding as the major obstacle, and a vaccine and/or universal access to ARVs as our only hope, all allow HIV to continue advancing. To put matters bluntly, in this 'war on HIV', humanity is losing. Of particular concern is the growth of HIV in China and India, by virtue of their enormous populations.

The rapid spread of HIV/AIDS around the world and its threat to humanity is complex and can be understood only from a multidisciplinary perspective. The causes and implications of this global epidemic are medical, sociological, political, economic, educational and spiritual. Useful resources to explain the complex interaction of the virus with humanity are readily available.⁵ AIDS has been

4 Andrew Tomkins, *Present and Future Challenges: The scale, impact and need for new approaches in the global HIV epidemic*, available online at <www.viva.org/tellme/events/cuttingedge/resources/2002/aids.htm>, 2002.

5 Useful resources include Patrick Dixon, *The Truth About AIDS*, and *AIDS and You*, 3rd ed. (both ACET International Alliance/Kingsway, 2002—full texts also available online at www.globalchange.com/ttaa/contents.htm); C. Jean Garland, *AIDS is Real and It's in Our Church*, 2nd ed. (Bukuru, Nigeria: Africa Christian Textbooks, 2004—also available electronically from <acts@hisen.org>); Barnett and Whiteside, *AIDS in the Twenty-First Century* (Houndmills, UK: Palgrave Macmillan, 2002); W. Meredith Long, *Health, Healing and God's Kingdom: New pathways to Christian health ministry in Africa* (Irvine, CA: Regnum, 2000); Edward C. Green, *Rethinking AIDS Prevention: Learning from successes in developing countries* (Westport, CT: Praeger, 2003); Ezekiel Kalipeni, Susan Craddock, Joseph R. Oppong and Jayati Ghosh, *HIV and AIDS in Africa: Beyond epidemiology* (Malden, MA: Blackwell Scientific, 2004).

called 'a disease of broken relationships' because it spreads when God's plan for humanity is flouted—in sexual immorality, in stigma and discrimination against those infected and affected, in the oppression of the weak in society, in lack of access to knowledge and resources, and in humanity's stubborn refusal to acknowledge God. Sadly God's people have often been part of the problem rather than working with God to bring about compassionate care and transformation.

In the non-Western world, the spread of HIV is largely a heterosexual issue. The majority of HIV-positive women are infected by their husbands. People in dangerous occupations and jobs where husbands and wives are separated tend to be especially at risk of HIV infection. These include military and police, miners, long distance truck drivers, teachers, seasonal workers and health workers. Commercial sex workers are at high risk.

Despite the global implications of HIV/AIDS, the West, including the Western church, has directed minimal attention to this major tragedy in the two-thirds world. HIV/AIDS is simply a low priority on the political and ecclesiastical agenda. Ironically, in many of the countries where HIV is currently decimating the population, the problem is likewise ignored by government, community and church. This can be attributed to such factors as a strong sense of shame, weak social infrastructures, a reticence to discuss the issues of sex, suffering and death, and a perception that 'solutions' offered by outside governments and organizations such as the UN are being imposed.

Catherine Campbell writes of a min-

ing community in South Africa in such a state of denial:

At one level it seems bizarre that a community with such high levels of youth HIV is locked into such a conspiracy of silence around the risks to young people. Young people and their parents persistently cling to attitudes and norms that will lead to high levels of suffering and death. In many ways this is a community trapped in high levels of passivity, denial and fatalism about a problem that is likely to kill off half its young people.⁶

Dr Andrew Tomkins of the Institute of Child Health, University College, London, writes with particular reference to sub-Saharan Africa:

HIV has a major impact on economic production, agriculture, education, parenting and social development. This results in a dramatic shortening of adult life span, throwing a burden on the elderly who are themselves frail and in need of care. The repeated illness of economically important adults reduces family income and household food security. The viability of whole industries is threatened. Major changes in the type and quality of food production occur, as adults are too weak to cultivate certain crops. Health services are compromised as increasing numbers of staff are infected—leading

6 Catherine Campbell, *Letting Them Die: Why HIV/AIDS Intervention Programmes Fail* (African Issues series, International African Institute) (Oxford: James Currey, 2003), p. 131.

to absence from work. There are considerable demands on the time of pastors and members to care for the dying and dead as well as to respond to great expectations for caring for families affected by HIV/AIDS.⁷

In many communities, volunteers with minimal or no training and few resources are caring for the infected and affected, as well as talking about prevention. Their story is told elsewhere.⁸ An issue common to so much of our world is the enormity of the AIDS epidemic and the scarcity and weariness of caregivers. The multiplied millions of affected adults and children easily overwhelm the grassroots human response and engender a 'compassion fatigue' among those who are doing something. This is a unique opportunity for the global church of Jesus Christ to unite to 'bind up the broken hearted'.

In this time of crisis, theological reflection should provide us with a light to our path. We need to shift our

focus from the stark human need to the God who commissions us. Our reflection should provide us with a theology that can help the pregnant woman in Nigeria who goes for antenatal testing and learns that she is HIV-positive, the pastor in Ethiopia preaching at yet another funeral for a young person who has apparently died of tuberculosis or the 'wasting disease', and the grandmother in Malawi watching her children die and knowing that she alone is the safety net protecting her grandchildren from a future on the streets.

The God concerned for the widow and the orphan (Deut. 10:18; Jas. 1:27), who tells us to 'hold back those staggering to slaughter' (Prov. 24:11), calls us to ask the question, 'When the foundations are being destroyed, what can the righteous do?' (Ps. 11:3). In these circumstances, theological reflection is not a luxury for the uninvolved but a call for the righteous to respond (Mt. 25:40).

In November 2003, evangelical theologians from across Africa and beyond met in Pietermaritzburg, South Africa, to examine the theme: 'Theological Education in Context: Addressing the AIDS Reality'.⁹ One of the

7 Tomkins, *Present and Future Challenges*.

8 See for example Phyllis Kilbourn (ed), *Children Affected by HIV/AIDS: Compassionate care* (Monrovia: MARC, 2002); Jenny Eaton and Kate Etue (eds), *The aWAKE Project: Uniting against the African AIDS Crisis* (Nashville: W. Publishing, 2002); Jeremy Liebowitz, *The Impact of Faith-based Organizations on HIV/AIDS prevention and mitigation in Africa*, available online at <www.und.ac.za/und/heard/publications/FBOs%20paper_Dec02.pdf>, 2002; Gideon Byamugisha, Lucy Y. Steinitz, Glen Williams, and Phumzile Zondi, *Journeys of Faith: Church-based responses to HIV and AIDS in three southern African countries* (Strategies for Hope series, No 16) (UK: ActionAid, 2002).

9 The conference was co-sponsored by the ACTEA Southern Africa Region and the Evangelical Seminary of Southern Africa. Following the conference, the modified text of this document was incorporated into the dissertation by Phillip Marshall, *Breaking the Silence: The development and implementation by SIM International of a strategy to address the HIV/AIDS pandemic in Africa*, (unpublished D.Min. major project) (Deerfield, IL: Trinity Evangelical Divinity School, 2004). Copies available on CD from <pdmarshall@primus.com.au>.

papers discussed was entitled: 'Toward a Theology of HIV/AIDS'. The text of this paper as modified by the various contributions of conference participants appears below. It needs to be emphasized that this is a working document with the purpose of acting as a catalyst for deeper discussion by those around the world who see the present and future affects and implications of HIV/AIDS.

1. God

The God who responds to HIV/AIDS is seen supremely in Jesus of Nazareth, the incarnate Word of God and the Lord of creation and history, who trod the dusty roads of Palestine. He is the One who responds to the plea of a leper, 'If you are willing, you can make me clean.' 'Filled with compassion', Jesus reached out his hand and touched this man who is cut off from God and his people, and says, 'I am willing, be clean!' He is the One who breaks into Zacchaeus' life with transforming love. He is the One who says to a woman caught in adultery, 'Neither do I condemn you, go and leave your life of sin', and to a sinful woman, 'Your sins are forgiven.... You faith has saved you; go in peace' (Mk. 1:40-42; Lk. 7:48-50, 19:1-10; Jn. 1:1, 14, 8:1-11; Philp. 2:9-11).

The God who responds to HIV/AIDS is the One who welcomes little children and restores those who have disowned him. He touches the sick, the lame, the blind, and the hurting. He has compassion on the hungry and the worried, the lost and wandering, the demonized, and the alienated, knowing that we are all like sheep without a shepherd. This is who God is (Mt. 4:23-25, 9:35-36,

11:5; Mk. 1:29-34; Lk. 18:15-17; Jn. 10:10, 21:15-19).

The God who responds to HIV/AIDS is the One who weeps at the grave of Lazarus, where illness, death, and emptiness have come to a family. He is the One who laments over Jerusalem with all its ritual and religious fervour, his loving heart broken by those who have forsaken his ways, spurned his Word, and rejected him. He is the One who grieves over his people, and who yearns to gather them to himself in reconciling mercy. He is the One who says, 'My soul is overwhelmed with sorrow to the point of death.... If it is possible, may this cup be taken from me. Yet not as I will, but as you will.' This is who God is (Mt. 21:12-13, 23:37, 26:38-39; Jn. 11:35).

Who is God? God is the creator and sustainer of all things, who created men and women in his own image. He is the One who gave the gift of joyful intimate love between a man and a woman. God is the One who creates a hope for his people—a hope that gives purpose and meaning in this life, and a hope that carries assurance of joy and renewal in the life to come. He gives the Holy Spirit to his people to live lives that are honouring to him. This is who God is (Gen. 1:27, 31, 2:20-25; Rom. 8:24-25; Eph. 5:25-33; Tit. 2:11-14; Heb. 1:2-3).

This God is none other than Jesus Christ. It is not simply that Jesus reveals God; it is that Jesus is God. Jesus, who fled to Africa as a child refugee, who lived and ministered in an occupied country at the crossroads of Asia, Africa, and Europe, and who died the shameful death of a criminal on the cross of a foreign power, is the One whom we worship, follow, and trust.

By the example of his compassionate response to the many who came to him for help and healing, Jesus demonstrates his willingness today to receive and restore those infected and affected by HIV/AIDS, and to incorporate these sons and daughters in his kingdom both now and for eternity (Col. 1:19-20, 2:9; Heb. 1:3).

2. Humanity

As creatures united by a common humanity, we derive our identity and significance as societies, communities, families, and individuals from our Creator (Gen. 1:26-27, Acts 17:28-29; Eph. 3:15). God has made us to dwell in communion with him and with one another for all eternity (Jn. 14:2, 3; Rom. 12:10, 16; 1 Cor. 15:48-54; 1 Jn. 4:11-12). We are to reflect his glory and nature in lives that are dependent upon him, lived according to his ways in the strength that he provides (Deut. 4:5-8; Mt. 5:13-16, 6:31-34; 1 Pet. 2:9-12). The fear (awe) of God, not of the spirits, is the beginning of wisdom (Ps. 111:9-10; Prov. 1:7).

God's word, contained in the Old and New Testaments, is our starting point and final authority for understanding the universe and our role in it as stewards, accountable to him for how we live (Ps. 119:97-104; Mt. 25:14-30; 2 Tim. 3:16-17). Through it we learn that our existence in this world is valuable, significant, and meaningful, and that our decisions and actions here have both present and eternal consequences (Deut. 32:46-47; Mt. 12:35-37, 25:1-13; Heb. 12:1-3). We are to love God with all our heart, mind, soul, and strength, and love our neighbour as ourselves (Mk. 12:30-

31). Jesus' Parable of the Good Samaritan, in response to the question, 'Who is my neighbour?' reinforces the duty of care we have to those in need, regardless of race or other distinctives (Is. 1:16-17; Mt. 25:37-40, 44-46; Lk. 10:29-37; Jas. 1:27).

Focus on HIV/AIDS

At the community level HIV exploits weakness and sin in human behaviour, relationships, and cultures, destroying the core of humanity with its hope of future generations. At the individual level, the virus causing AIDS infects our bodies, attacking the very immune system designed by God to protect us. The numbers of orphans and HIV positive people increase daily, despite large scale responses to address the problem, involving billions of dollars, conferences, declarations, and massive human effort.

Christians can point to God's revealed norms for human behaviour—strong communities, faithful marriages, loving families, sexual integrity—as a way to reverse the increase of HIV in our world. However, we must avoid simplistic approaches to complex human nature, especially in the areas of human behaviour which lead to HIV infection, stigmatization, and care of those infected and affected. Christians have a unique opportunity in our time to be salt and light in a world ravaged by HIV/AIDS, as we live according to God's standards and follow in the footsteps of the true Good Samaritan.

3. Evil, Sin, and Judgement

Because of the sin of our first parents, Adam and Eve, in choosing to go

against God, we are all sinners by nature, sharing in the fallenness of God's present creation and the ongoing rebellion of humanity against God (Gen. 3:1-8; Mt. 24:4-14; Rom. 1:18-2:1, 5:12; 2 Tim. 3:1-5). God hates evil and as judge will punish all who are disobedient to his revealed glory and commandments and who bring dishonour to his name (Acts 17:31; Rom. 1:18; Heb. 10:26-27; 1 Pet. 4:17).

All human beings are implicated in a cosmic battle led by Satan and his forces against God (Job 1:7-11; Lk. 22:31-32; Lk. 10:17-20; Rev. 13:5-8). Satan's power is usurped, not absolute; he is the father of lies and deception, a roaring lion seeking to devour, who encourages sinful humanity in our rebellion (Gen. 3:4-5; Jn. 8:42-45; 1 Pet. 5:8-9). Sin destroys fullness of life, relationships, and community. All human beings, with the exception of Jesus Christ, are sinners, such that we are equally under God's judgement and needing his mercy (Is. 53:6; Acts 2:38-40; Rom. 3:23-24, 6:23; Heb. 4:15-16).

Broken relationships, disease, suffering, violence, and death remind us constantly of the pervasiveness of evil in our world (Gen. 3:12; Is. 59:9-15; Jn. 11:35; 1 Jn. 5:18-19). When King Jesus ushers in his kingdom in its fullness, he will come as judge over sinners, Satan, and death itself, demonstrating his righteousness and the rightness of God's ways (1 Cor. 15:20-28; 2 Thes. 1:7-10; Heb. 9:28).

Focus on HIV/AIDS

HIV/AIDS exists as a consequence of the Fall. It is spreading because of sinful individual and communal behav-

iour, cultures and societies which condone and promote such behaviour, and political, social, and economic structures which oppose God's rule over his creation. Inappropriate sexual activity, drug abuse, using unsterile syringes and other medical equipment, the transfusing of HIV contaminated blood, and the lack of anti-retroviral therapy in much of our world, result from human sin at many levels.

The ongoing unwillingness of humanity to recognize God's right to define human behaviour limits our ability to deal effectively with what is essentially a preventable disease. At the same time we must not attribute sinful behaviour to the person with HIV. The stigmatization and discrimination which accompany HIV/AIDS are sinful in that they usurp God's role of Judge. In dealing with HIV/AIDS as a crisis of public health we may sometimes choose the 'lesser evil' in recognition of the sinfulness of human beings and the fallen world in which we live, especially as we reach out to high risk groups in society.

4. Redemption and Grace

In the sustaining actions of God for his world, and in the incarnation, death, and resurrection of Jesus Christ that make it possible for human beings to find fullness of life both now and for eternity, God demonstrates his grace toward rebellious humanity (Gen. 3:9; Is. 65:1-2; Lk. 15:11-24; Rom. 5:8-11, 10:15). The grace of God in Christ distinguishes Christianity from other religions and ideologies (Ex. 34:6; Lk. 10:25-37; Jn. 10:10).

God calls on us individually and collectively to recognize that our sin and

sinfulness have made us his enemies, to turn from our sin toward him, and to place our confidence in the cross of Jesus Christ (Is. 53:4-6; Eph. 2:1-8, 13; Col. 1:21-22). He gives those who so turn the assurance of forgiveness and reconciliation with him, and the Holy Spirit who enables us to follow Christ and to exchange our old nature for a new one empowered by the Spirit to live according to kingdom values (Ezek. 36:25-27; Rom. 8:9-11; 1 Cor. 6:9-11).

Holiness and sexual integrity, compassion for the lost and needy, and a hatred for evil and its manifestations are marks of true conversion (Ps. 119:9-16; Gal. 5:16-26; Jas. 1:27). In the word of God we see God's blueprint for living: biblically based beliefs, values, attitudes, and behaviour, including sexual behaviour (Deut. 6:5-9; Eph. 5:3-5; Tit. 2:11-14; 1 Pet. 1:13-16). In the redemption he provides, we are reconciled to him and have hope now and for eternity (Job 19:25-27; Jn. 11:23-26; 2 Thes. 2:16-17).

Focus on HIV/AIDS

We recognize that a contributing factor to the spread of HIV/AIDS has been the unwillingness of Christians around the world to demonstrate God's grace. We confess our lack of Christlikeness and our reticence to address issues related to sexuality. We have frequently stigmatized those infected and affected by HIV/AIDS instead of demonstrating God's compassion. Like the priest and the Levite, we have chosen to pass by a fellow human being in need of God's grace; like the older brother, we have not truly known the gracious heart of the Father for the prodigal son. We have been quick to condemn, and slow

to care, to forgive, and to promote reconciliation.

At the same time millions of Christians at the grassroots are mobilizing in their communities to make a difference, mostly with few resources. Though largely unrecognized by society and governments, they are sacrificially reaching out with God's love and compassion. We sense a new day when Christians will walk in the power of the Spirit, demonstrating the kingdom of God in the context of AIDS. We believe that we will see millions in heaven who died of AIDS yet heard the gospel of grace through the words and deeds of God's people.

5. Sexuality

Adam and Eve were created by God as sexual beings. Sexuality is part of God's design for us. Although creation was called 'good', God's creation of humanity was incomplete until he made Eve (Gen. 1:27, 2:18-24, 5:1-2; Mt. 19:4). Human beings are characterized by sexuality (primarily a biological phenomenon) and gender (primarily a social phenomenon). 'Sexuality' is not the same as 'gender' or 'sex' (in the familiar sense of 'sexual behaviour'), although these words are often used interchangeably and with confused meanings. According to God's design, society is composed of men and women, married and single, of equal dignity and value yet distinct (Gen. 2:18-23, 3:15; 1 Cor. 11:11-12; Gal. 3:28; Eph. 5:21-33).

Gender and sexual behaviour have developed diverse expressions in different cultures. As with all other aspects of humanity, these are tainted by the Fall (Gen. 4:19, 38:1-26; 1 Thes.

4:3-7; Rev. 2:15, 20). Equality (in God's eyes) should not be confused with sameness, or headship with domination. The complementarity of the sexes has in some cultures become competitiveness, especially when male gender roles are ascribed greater value than female roles. Headship as a widely accepted view of the divine ordering of male-female relationships has commonly been corrupted into male domination over women, resulting in female subservience and abuse in diverse forms (2 Sam. 11, 13:1-17; Mt. 19:3; Lk. 7:39).

Where sexuality and gender are equated with sexual behaviour, inappropriate sexual activity distorts our sexual identity as men and women. Casual sex, fornication (sex by unmarried people), adultery, rape, pornography, prostitution, and so on are sinful expressions of our God-given sexuality (1 Cor. 6:9-10; 2 Cor. 12:21; Gal. 5:19). Homosexual and lesbian tendencies (orientations) should be directed to devotion to God and celibacy, not same-sex marriages; when given sexual expression they are contrary to God's will (Rom. 1:26-27).

Jesus emphasized that adultery (and fornication) are firstly sins of the mind (Mt. 5:28). To the woman 'caught in the act of adultery,' whose male partner was conspicuously absent, Jesus said, 'Has no one condemned you? Then neither do I condemn you. Go now and leave your life of sin' (Jn. 8:3-11). He accepts the sinner while rejecting the sin.

Focus on HIV/AIDS

The increase of sexually transmitted diseases, HIV, and AIDS in parts of our

world is evidence of humanity's misuse of God-given sexuality. The equating of sexual activity with sexuality, and the separation of sexual activity from marriage in popular thinking and mass media, have contributed to the spread of HIV. This rebellion against God's norms for behaviour permeates all societies, including wealthier nations with the structural capacity to limit the spread of HIV.

Two decades of attempts to deal with HIV by countering 'unsafe sex' and 'gender inequality' have largely failed, in part because of lack of understanding of the complexity of human sexuality and the pervasiveness of sin. The unwillingness of Christians living in the context of HIV/AIDS to even discuss sexuality, gender, and sex is one manifestation of our lack of spiritual renewal. The practice in some churches of insisting that people getting married be tested for HIV, while church leaders are not, indicates our ongoing inability to take ownership of the problem.

6. Singleness and Marriage

We are sexual beings on the basis of our humanity, not our marital status. The expression of our sexuality, gender roles, and sexual behaviour must be defined in the light of God's word, taking into account the culture in which we live. Self-control in how we express ourselves sexually is necessary for all of us: male and female, single and married (Mt. 5:27; 1 Cor. 6:13-19, 7:2-9; 2 Tim. 2:22; Heb. 13:4). Marriage was instituted by God in Eden and restated in the New Testament as the proper expression of sexual desire: monogamous, life-long, serving one

another 'as Christ loved the church' (Gen. 2:22-24; Mt. 5:32, 19:4-6; Eph. 5:22-33). Sexual relationships without long-term commitment are contrary to God's purposes.

Within marriage provision is made for children where possible, who are entrusted by God to husband and wife within the wider family and community. Barrenness in marriage is not the result of a curse or an excuse for divorce or taking another wife. Singleness through never marrying or death of a spouse is honourable and gives greater opportunity to devote wholehearted attention of God's work (Mt. 19:12; 1 Cor. 7:1, 7, 32-35). The apostle Paul recommends marriage over singleness when sexual passions cannot be controlled (1 Cor. 7:8, 9; 1 Tim. 5:11, 14).

'Behaviour change' in our sexual expression needs careful definition. Clearly God emphasizes the necessity of changing our behaviour to conform to his standards. Change occurs in the power of his Spirit, the light of his word, and the communion of his people. Behaviour change, including sexual, is implicit in our sanctification and adoption of the new nature in Christ (Rom. 6:11-18; Gal. 5:19, 22-25; 1 Pet. 1:13-16). This is very different from the common use of the term today, which is pragmatic rather than moral. Popular usage means the taking of appropriate measures to minimize risk, that is, 'harm reduction'.

Focus on HIV/AIDS

Sexual faithfulness within marriage and abstinence outside of marriage are the most effective means to counter HIV, acting as a 'social vaccine'

against HIV. Uganda has demonstrated that even moderate moves toward 'zero grazing' (sexual relationships only within marriage) and rises in the age of sexual debut result in significant declines in the spread of HIV.

The Christian setting is the natural context for teaching on sexuality, gender, and sexual relationships, as well as to give accurate knowledge and counter widespread myths regarding these topics. Biblical, demonstrable behaviour change gives the worldwide church the privilege of presenting to humanity a realistic goal of sexual abstinence and faithfulness, a goal widely considered in secular circles to be unrealistic. To be effective, behaviour change communication needs to be educationally sound and must go beyond the lectern to training in life skills.

Sadly many will continue to be involved in risky sexual behaviour outside of marriage. Sexual activity in teenagers is the common practice in most cultures. This is true of non-Christians and of Christians alike. Half of new HIV infections occur in the 15-24 age group. Teenage girls are both more vulnerable biologically to HIV infection than boys, and also more likely to be targeted by older, often married, men.

At the same time delaying marriage for cultural or economic reasons contributes to the spread of HIV. Marital fidelity is protective, but only where it is mutual—the majority of married women who contract HIV get it from their partners. The quality of marriage relationships is highly relevant in the discussion of HIV/AIDS, as is the common practice in some cultures of separation of spouses for economic and

social reasons, which contributes to unfaithfulness.

With increasing HIV testing anticipated, especially in higher prevalence countries, the sensitive issue of discordant couples (one spouse positive and the other negative) will become more demanding. While moderate condom use is largely ineffective in preventing HIV transmission, in the case of discordant couples who want to continue in sexual relations strict condom use is clearly recommended. Even so, many partners will convert to HIV positive status and eventually leave double orphans requiring care.

7. Harm Reduction

The almighty God is the source and giver of all life (Gen. 1:27, 31, 2:7, 22; Ps. 139:13-16; Job 1:21, 12:10; Ezek. 37:1-6; Rom. 4:17; Phil. 4:3; 1 Tim. 6:13). Life is sacred and human beings are held accountable by God for the lives and needs of others (Gen. 4:8-15; 9:4-7; Deut. 24:10-21; Is. 58:6-7; Prov. 24:11; Jas. 1:27, 2:15-16). So precious is human life that God became flesh to make salvation and fullness of life possible for each of us (Jn. 10:10, 14:6; 1 Tim. 2:4-5; Tit. 2:14). God calls us to choose life over death within the cycle of sin, judgement, and grace (Deut. 30:19; Jer. 29:13-14; Rom. 2:4; 2 Pet. 3:9).

None of us is righteous, hence none is to judge; judgement is left to God (Mt. 7:1-5; Jn. 12:47; Jas. 4:12). Instead, God's people are to be channels of God's grace on this earth (2 Cor. 4:15; 1 Pet. 4:10-11; Col. 4:6). By our words and deeds we live to see others experience the life and fullness of Christ through God's transforming

power (Rom. 15:16-17; 1 Cor. 6:9-11; 1 Pet. 2:12; Col. 1:28).

Focus on HIV/AIDS

Behaviour change is commonly a long incremental journey rather than sudden transformation, and in every population some people are unable or unwilling to change behaviour that is causing harm to themselves, to those around them, and to society at large. This enslavement may be due to a complexity of one or more spiritual, physical, psychological, social, and economic factors. Harmful behaviour that transmits body fluids puts the individual and society at risk of HIV/AIDS; harm minimization that reduces the risk to the individual also benefits society by lowered HIV transmission rates.

Proven strategies include needle exchange, the use of condoms, anti-retroviral therapy, and the treatment of sexually transmitted infections. These do not guarantee protection nor cure to the individual; however, by reducing the overall impact of HIV/AIDS, incidence and prevalence rates will be less than if they are not used, particularly if integrated with audience-specific media campaigns, information and skills building programs, and similar public health measures aimed at lasting behaviour change.

Effective utilization of harm reduction measures extends the lives of those at risk, allowing further opportunities for the grace of God to work in individuals, families, and communities. For example, the use of condoms in discordant couples lowers the risk of virus transmission to the non-infected partner; anti-retroviral therapy for an HIV positive mother will give extra

time to her children before they become orphans. Christians involved in providing these measures are not condoning sin; rather they are demonstrating in deed and word the meaning of Paul's words about 'God our Saviour, who wants all men to be saved and to come to a knowledge of the truth' (1 Tim. 2:3-4).

8. Suffering

Sickness and disease, injury and death, pain and sorrow come to us all (Gen. 3:15-19). All of us, Christians and non-Christians, experience suffering in our own lives and the lives of those around us. Suffering is complex: we see the wicked prospering and the righteous struggling to survive (Psalm 73). Suffering may be the consequence of actions of the sufferer, of the family and community to which that person belongs, of the society and wider world of the sufferer, of principalities and powers, or due to the fallen environment in which we live (Lk. 13:1-5; Jas. 1:2-4, 12; 1 Pet. 2:19-21, 3:17).

The book of Job demonstrates the dangers of ascribing cause, fault, and blame on the basis of imperfect understanding (Job 15:4-6, 22:4-11, 34:34-37). By so doing we may worsen rather than alleviate the anguish (Job 16:2-4, 19:2-3, 26:2-4). When confronted with those suffering, Jesus responded with grace and compassion and calls us to do likewise (Mk. 1:40-41, 5:25-34; Lk. 10:30-37). Suffering may be a barrier to the gospel, and Christian compassion may overcome that barrier. Suffering may be used by God to bring people to himself, to challenge Christians to respond, to awaken people to consequences of wrong thinking and behav-

iour, and to call for trust and hope in him who suffered for us (Gen. 50:19-20; Ps. 119:67; Jn. 5:14, 9:1-41; Rom. 5:3).

In the midst of suffering, Christians are called to work for the alleviation of its causes and effects, and to point to Christ as the ultimate hope, to his righteous judgment as overcoming all injustice, and to eternal life as the blessing beyond the pain of this life (Is. 1:17; Mt. 6:33; Rom. 8:18-21; 12:19; Phil. 3:10-11).

Focus on HIV/AIDS

Those affected by HIV and AIDS suffer emotionally, physically, relationally, and spiritually. They may be condemned as sinners or sexual deviants deserving their suffering; identified by the community as cursed or suffering because of a previous life; derided as being under the judgment of God, the spirits, or the ancestors; and exposed to stigma, discrimination, and ostracism. Their suffering is tremendous, and often their greatest need is a loving touch or word. Jesus was 'filled with compassion' as he reached out his hand to touch the man with leprosy—a human being stigmatized, discriminated against, and ostracized from society as many with AIDS are today—who came to Jesus on his knees begging to be made clean (Mk. 1:40-42).

Much of the suffering of people living with AIDS can be ameliorated by simple, relatively inexpensive attention to pain relief, treatment of opportunistic infections, and home based care by family and friends. The anguish of parents knowing their children are soon to become orphans, and the child watching its parents die, are very real

forms of suffering that Christians can together address.

While many people confronted by HIV/AIDS look for the 'cause' of their illness in witchcraft or something evil, Christians can point confidently to Jesus Christ as the one who accepted suffering and still fulfilled God's will for his life. Instead of asking, 'Why me?' or 'God, where are you?' he said, 'Your will be done.'

9. Church and Healing

Christianity has a long tradition of sacrificial caring for those rejected by the world, modelled largely on the ministry of Jesus. When challenged by the religious leaders of his day for associating with the marginalized and 'sinners', Jesus responded, 'It is not the healthy who need a doctor, but the sick' (Lk. 5:29-32, 7:36-50, 16:19-25, 19:5-10). Concern for those in need was a key characteristic of Jesus' claim to be 'the One' (Mt. 11:2-6; Lk. 4:18-21).

We understand that we follow in Jesus' footsteps and that spiritual, physical, emotional and relational healing is part of the ministry of God's renewed community (Mt. 9:2-7; Jn. 4:14-26, 17:18, 20:21; Acts 3:16). This may involve confession, forgiveness, restoration, restitution, and a new sense of identity and meaning. In many cases this results in the person in need rejecting bitterness and despair, and embracing salvation and hope. Only Christ can deal effectively with sickness and healing at the spiritual level: issues of shame, guilt, sin and forgiveness, demonisation and exorcism, defilement and cleansing, restoring shalom (Ps. 32:1-5; Mt. 6:14-15; Jas. 5:13-16).

Focus on HIV/AIDS

Times of plague in past centuries have seen tremendous sacrifice by Christians and growth in the church. The HIV/AIDS pandemic presents the church with an unparalleled opportunity in our day—it is a call to the church to be the church, the renewed community under God. The important secular concept of positive living for those HIV positive takes on a deeper meaning when biblical values are included.

Opportunities for Christian organizations to be involved in healing always include care of the sick and needy, and may extend to anti-retroviral drug therapy, treatment of sexually transmitted diseases and opportunistic infections, needle exchange, and condoms for discordant couples and those who persist in sex outside of marriage. Care and harm minimization are important expressions of love and justice, and such measures offer proven benefit to those infected and affected as well as offering a degree of protection to society at large.

As the Christian community engaging in these activities, we recognize that our role from God is to care for those in need, that these responses are dealing with the results and not the causes of the problem of AIDS, and that we live in a fallen world. Non-Christians likewise contribute to battling HIV/AIDS in this world through care, counselling, research, finance, orphan care, and so on, and Christians should be encouraged to network as far as possible with all who similarly oppose evil and suffering.

Healing of the individual extends to incorporation into the body of Christ—

HIV positive yet totally accepted, an immune system decaying yet the assurance of eternal life, a sinner saved by grace and perfectly accepted by God irrespective of the cause of HIV infection. Sadly many of those suffering from HIV have experienced rejection by Christians and Christian leaders, because we have not acted as Jesus would.

Healing for the HIV positive person may involve physical, emotional, relational, and spiritual issues. God equips his church for this role, and blesses his people when the church is acting as Christ's agent of healing and hope.

10. Ultimate Hope

Christ the King will one day return suddenly to bring in his kingdom in its fullness (Is. 65:17-25; Mt. 24:30-31; 1 Thes. 4:14-17; Rev. 21:1-5). Until that time he has given to humanity a social mandate to populate the earth, to live by the values of the kingdom, to care for the earth and all it contains as stewards, and to actively oppose manifestations of evil (Gen. 1:28, 2:15, 19-20, 4:9-10; Ps. 50:10-12; Mt. 6:26-30). Because humanity includes those who do not recognize him as king, he has given an evangelistic mandate to make disciples of all peoples (Gen. 12:2-3; 1 Kgs. 8:41-43; Mt. 28:18-20, 24:14; Acts 1:8).

Those who serve Jesus now are committed to the task of seeing his name glorified by human beings turning their backs on wilful independence of God and submitting to Christ's lordship (Acts 17:30-31; Rom. 1:13-16; Eph. 2:1-5; Rev. 7:9-10, 14:6). As servants of the King, we are engaged in the affairs of his kingdom, using the

talents he has given us, which include opposing disease, poverty, suffering, injustice, corruption, oppression and all else that is contrary to the values of the kingdom (Amos 5:10-15; Is. 1:17; Mt. 6:10, 33, 9:35-10:1, 25:34-40). Christ came to destroy the devil's work (Eph. 6:10-20; 1 Jn. 3:8).

As part of a creation 'groaning as in the pains of childbirth right up to the present time' (Rom. 8:22-23), we are motivated by the sure hope of Christ's return to restore all creation to a glorious state in the fullness of the kingdom. We recognize that we cannot eliminate evil and its manifestations in this age, and eagerly await his coming to put right that which has been corrupted by sin (Mt. 26:11; Acts 3:21; 2 Pet. 3:11-13).

This future, eschatological sense of hope must be balanced by our present reality (Rom. 5:3-5). When we pray, 'Your kingdom come, your will be done on earth,' we are confessing that only God can do away with our present order such that there may be 'no more death or mourning or crying or pain'. We are also calling upon him for strength and wisdom to speak and act as his representatives as we are now confronted by the present reality of that death, mourning, crying, and pain which calls us to practical support of those needing hope (Ps. 60:1-4; 2 Chr. 7:14; Mt. 6:10; Rev. 21:4).

The death, resurrection, and coming again of Christ provide us with a hope that transcends the present reality of sin, fear, sickness, and death (Jn. 11:23-27, 14:3; 1 Cor. 15:50-55). For the Christian, hope is intimately connected with faith and love (1 Cor. 13:13).

Focus on HIV/AIDS

HIV and its consequences are clearly linked to the evils of our fallen world such as sin, poverty, inequity, war and violence, exploitation, and degradation of women. Like these evils, HIV/AIDS is limited to this age. While the person with AIDS who is rejected, alone, and in pain, can die in peace with the assurance of eternity with Christ and those likewise redeemed by grace, he or she needs to experience that hope in practical ways in the midst of suffering.

Jesus Christ is the basis of hope for the HIV positive person. The proclamation of the gospel, care for the infected and affected, prayer in accordance with God's will, freedom from fear, men and women moving toward a more biblical worldview and lifestyle, the worldwide church sharing its human and other resources, and God's people working in Christ's name to change unjust social structures, are all foretastes of God's kingdom coming in its fullness. In so doing we are fulfilling Christ's command to 'seek first his kingdom and his righteousness' (Mt. 6:33). Above all, God's new community is characterized by people with an unshakeable faith in God's promises who are committed to living out this hope in the world around them.

11. Evangelistic Mandate

The AIDS pandemic has added a new urgency to the mandate from Christ to be his witnesses to the ends of the earth. There is something worse than dying with AIDS, as terrible as that is—and that is dying without Christ. Christ gives life and hope to those in fear of HIV and AIDS, and all Christians should take the opportunity to

share this good news of salvation through Christ alone.

Many people who fear being tested, many who learn that they are HIV positive, many who manifest the symptoms of AIDS, and many who are in need because of HIV/AIDS are open to the gospel communicated in word and deed. Christians who are living positively with HIV/AIDS should be available as powerful witnesses to unbelievers of God's power to save and give hope. So also should Christians who genuinely change their sexual behaviour in the fullness of the Holy Spirit. This witness is achieved through the indwelling power of the Holy Spirit who enables them to live and speak according to God's word.

Church leaders, missionaries, theological educators, youth leaders, and evangelists should use their special roles to encourage all Christians to evangelize and to teach the truth about HIV/AIDS. Voluntary testing should be undertaken by all Christians, and especially by leaders, to send the message that Christ has overcome death and freed us from fear. Awareness programs, HIV support groups, home based care, orphan care programs, and other forms of practical help motivated by God's love should be used to break the silence, thereby opening doors to people's hearts for them to find hope in this life and the life to come.

12. Discipleship Mandate

We recognize that the AIDS pandemic has revealed the lack of Christlike living among Christians, and that high rates of HIV infection occur in many so-called 'Christian' nations. Stigmatizing, condemnation, immoral behaviour,

and lack of care for those who are infected and affected by HIV/AIDS evidence a lack of discipleship.

When the world sees that the lifestyle of Christians is different from that of non-Christians, we will be the kind of 'salt and light' that Jesus mentioned. Much effort has been expended by missions and churches to promote conversion, with insufficient emphasis on life 'in Christ'. Just as conversion to Christ is based on God's grace and total dependence on God, so living 'in Christ' is based on grace and dependence. True discipleship requires that Christians walk together in humility, honesty, accountability, confession, and forgiveness.

Christian organizations at all levels need to focus on the developing of disciples of Jesus Christ. Leaders should set the example in Christlikeness, yet be willing to confess their failures and sins. Issues of sexuality, marriage and singleness, gender, sexual behaviour, and stigma and discrimination should be purposefully addressed by national churches in the light of God's word and the guidance of the Holy Spirit, based on a biblical theology and informed by other relevant disciplines. This may include socio-cultural practices and beliefs such as marriage partners living apart, bride price and dowry, initiation, sexual taboos, levirate marriage, witchcraft, curses, and the role of ancestors.

Christian organizations should go beyond preaching and traditional teaching methods to engage in life skills education that is sensitive to the needs of new and older Christians, young people and adults, men and women, and those HIV positive and negative. In this process youth, as the

age group most affected by HIV, need to be involved in decision making and peer education. We should practise prayerful dependence on the Holy Spirit, and study Jesus' model of training his disciples for insights into appropriate forms of discipling in the context of HIV/AIDS.

13. Social Mandate

In order to begin to understand and effectively respond to the HIV/AIDS pandemic, a transdisciplinary and multisectoral approach is needed. Insights from theology, medicine and health, education, sociology, anthropology, politics, and economics are essential. Because HIV engages society in ways that are complex and only partly understood, all sectors of society need to respond in a spirit of cooperation rather than competition.

Instead of polarizing around the value or otherwise of the condom or needle exchange, Christian and non-Christian groups should act according to their 'comparative advantage'. In the case of Christian organizations, their advantages lie in their compassion for and experience in caring for the marginalized, sick, suffering, dying, bereaved, and orphaned; their understanding of spirituality, suffering, sin, evil, confession, forgiveness, reconciliation, peace, and holistic healing; their capacity to mobilize committed care givers at the grassroots; their ability to bring a moral and ethical perspective to a situation and to influence human behaviour, including sexual behaviour; and their human and other resources. (To this list we might add prayer, spiritual warfare, the power of the Holy Spirit, and so on.)

We should not only deal with sin at the individual level, but also address social and structural evil. Christians should be advocates for orphans, widows, the elderly, children denied access to schooling, and the poor, in the context of HIV/AIDS. Issues for advocacy include access to care for those infected and affected by HIV, anti-retroviral drugs and treatment to prevent mother-to-child transmission and opportunistic infections, access to voluntary counselling and testing, opposition to laws and practices promoting stigma and discrimination such as the dismissal of HIV positive employees, and repealing laws and customs which discriminate against women and the poor.

This outworking of God's social mandate may be appropriate at the local town or village level, regional and national level, or even internationally. In many countries, Christians can have a powerful voice when they speak together, in advocacy or as part of the political process.

14. Caring Mandate

The Declaration of The All Africa Church and AIDS Consultation (Kampala, Uganda, April 1994) concluded with the following challenge:

We are watchmen standing in the gap and stewards of the hope of God offered in Christ. The pain and alienation of AIDS compel us to show and offer the fullness and wholeness that is found in Him alone. In this, our time of weakness, may the rule of Christ's love

in us bring healing to the nations.¹⁰

Our role as God's people is to care for those infected and affected by HIV/AIDS, showing the same love and acceptance that Christ demonstrated, and leaving judgment to God. This is not to condone the sin that might have led to becoming HIV positive; rather through our deeds and words we should encourage the person to look to Christ for healing. The Christian community should be a refuge for those in need.

Establishing a pastoral care committee to pray, visit, and channel resources will facilitate the local church's response. Needs in the wider community should be identified, especially those who are sick. Orphans and vulnerable children should also be identified, preferably before their parents die, and attention given to life skills, memory books (or boxes), and wills, as well as food, clothing, psychosocial support, and schooling needs. Care should also be provided for the care givers, including older people, with frequent training provided, and recognition made of this role.

15. Global Mandate

The HIV/AIDS pandemic is more than a challenge to individual Christians and individual congregations—it is a wake-up call to the worldwide church. Christian organizations in affected countries should strategize and network with likeminded organizations,

¹⁰ Found in Debbie Dortzbach (ed), *AIDS in Africa: The Church's opportunity* (Nairobi: MAP International, 1996).

with ministries of health, and with government organizations, national and international. National, regional, and local church leaders should speak out on HIV/AIDS, set the example of voluntary testing, and call on governments to act vigorously.

Churches and Christian organizations in the wealthier countries should partner with involved groups in affected areas trying to respond but lacking the resources to do so, recognizing the need for capacity building at all levels of the Christian community, contributing their own resources and pushing their governments to respond. Examples of good practice (or 'best practice') should be shared around the world. Our goal should be to enable responses that are effective, relevant, theologically sound, kingdom promoting, and examples of good stewardship.

A Closing Thought

Dr Elizabeth Corwin Marum, Technical Advisor in HIV/AIDS, Centers for Disease Control, writes of the AIDS pandemic with particular reference to Africa, 'Just as history judges nations for their response to the slave trade or the extermination of Jews in WWII, our generation will be judged for how we respond to this catastrophe, this present day holocaust in Africa.'¹¹ Unfortunately her words may be prophetic not just for Africa but for the whole world.

¹¹ Katherine Halberstadt Anderson, 'AIDS: Our Samaritan Call' in *Wheaton* Vol 6, No 2 (Spring 2003), p. 6.

Joseph Wise and Otherwise: The Intersection of Covenant and Wisdom in Genesis 37-50

Paternoster Biblical Monographs: Lindsay Wilson

This book offers a careful literary reading of Genesis 37–50 that argues that the Joseph story contains both strong covenant themes and many wisdom-like elements. The author examines how these 'wisdom-like elements' relate to the story as a whole. Chapter 37 establishes that God will cause Joseph to rise to prominence. The intriguing story of Tamar in chapter 38 is seen as a kind of microcosm of the entire Joseph story, with Tamar securing life, justice and reconciliation through her wise initiatives, leading ultimately to the preservation of the line of promise. Joseph's public use of wisdom is considered in chapters 39–41, where he uses power successfully and with discernment. Joseph's private use of wisdom occupies chapters 42–45, as Joseph brings about change in his brothers and extends forgiveness to them. Chapters 46–50 complete the story by weaving the concerns of the previous chapters into the fabric of God's purposes for his covenant people.

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