
The Church's Response to HIV/AIDS

Beth Good

In the early 1980s public health professionals were beginning to look more closely at specific and rare illnesses emerging within certain populations. For instance, pneumocystis carinii pneumonia (PCP) and Kaposi's sarcoma (KS), typically occurring in people who had weakened immune systems, were also associated with a host of other opportunistic infections among gay/bisexual men, infants and children of sex workers, and people using IV drugs. As the public health community searched for answers to these illnesses, the church faced an apparent dilemma: How should they respond to an emerging HIV/AIDS pandemic in light of perceived moral implications for assisting those most impacted by this disease? As Isabel Apawa Phiri put it, how was the church to both care for those who were suffering and, at the same time, discern if HIV/AIDS was a judgment from God?¹

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¹ Isabel Apawo Phiri, "HIV/AIDS: An African Theological Response in Mission," *The Ecumenical Review* 56, no. 4 (October 2004): 422–31. See also National Research Council (US) Panel on Monitoring the Social Impact of the AIDS Epidemic, "Religion and Religious Groups," *The Social Impact of AIDS in the United States*, eds. A. R. Jonsen and J. Stryker (Washington, DC: National Academies Press, 1993), <https://www.ncbi.nlm.nih.gov/books/NBK234566/>.

These seemingly conflicting aspects of the question at hand led to a lack of response by many churches and faith-based organizations regarding the needs of those affected by HIV/AIDS. As the pandemic continued to spread, however, it was clear that any hope of stopping the spread and meeting the needs of those affected depended on using all resources from all possible avenues, including the church and its resources.

One of the ways faith-based organizations decided it was *safe* to address these exponentially growing needs was to respond to the growing crisis of widows, orphans, and vulnerable children. The success of these programs, as with many global health crises, was in supporting local organizations and congregations to work within their communities. Anabaptist churches in many countries embraced a call to care for those who were affected by the HIV pandemic; they focused on the needs of widows and orphans, planned educational events to inform their communities about risks of infection and methods of prevention, and partnered with local clinics and hospitals to provide visitation and care for the sick. Many of these churches and communities continue to offer relief to individuals and families today.

The Church in Action: A Sampling

The three following vignettes provide a very small illustration of the positive outcomes resulting from Anabaptist congregations responding to the needs of hurting people in their communities in spite of perceived theological complexities accompanying those responses.

Kenya

In 2006 during a trip to Kenya, I visited a widow and her children whom the local church had been helping to support since the death of her husband. When we saw Miriam's² home, it was obvious that no one had been able to provide upkeep in some time. The children shyly observed our group as Miriam slowly made her way from her bed to a stool to talk with us. Her smile was warm and welcoming, but her long limbs were thin and weak. Alarmed by Miriam's frail body, I wanted to make sure we did not tire her needlessly. First she spoke of her initial loneliness and despair. Then she described the day a church worker visited her home. With deep gratitude, she exclaimed, "Now, I have hope!"

Years later when I visited the same village, I saw a woman leading one of the HIV/AIDS support groups. Standing tall and strong, the woman clearly held the respect of the group as she shared her story and offered the hope she had found in her own journey. Then she smiled, and I stood there, amazed by a sudden memory of that same smile. Could this possibly be Miriam?

² Miriam is not her real name.

When the class was over, we talked and hugged as I learned that this was indeed the same woman I had met years before. With the help of the church group, she had been able to connect with a clinic and get the treatment she needed. In addition, her children had completed school and were doing well. Miriam is now a leader in the church and very involved in HIV/AIDS ministry.

South East Asia

During a visit to a country in South East Asia, we traveled to a local hospital that had asked a congregation to partner with them. The hospital lacked the personnel to make home visits to the large number of patients living at home with HIV, so instead they provided training to volunteers from the church about good nutrition and how patients' medications should be taken. One day, on a home visit with one of the patient-care teams, we met a man lying under a blanket. Although weak, he sat up immediately and smiled when he recognized the volunteers. Then he expressed how grateful he was to welcome them and how much he looked forward to their visits. Clearly the volunteers were making a difference for the families they were visiting.

United States

In the United States, on more than one occasion after an HIV training in a church, individuals would discretely talk about someone in their family who was affected by HIV. Their hushed tones indicated that it was still difficult to deal with the stigma of HIV, but people were eager to learn and receive tools to provide support and comfort for their loved ones.

The Church's Message: Promote Life in All Its Fullness

The (justified) focus on COVID for the past two and a half years has led to the neglect of other global health concerns, and public health systems across the world are stretched beyond their limits. In the midst of this reality, it is even more critical for churches to participate in a global (and local) response to existing health crises. In this article, I've focused on just one such crises—HIV/AIDS, which is nowhere close to being eradicated. By the end of 2021, HIV/AIDS had claimed the lives of 40.1 million people and left another 38.4 million

people living with HIV.³ In 2020, there were approximately 16.5 million children who had lost one or both parents to HIV/AIDS.⁴

UNAIDS Strategic Framework for Partnership with Faith-Based Organizations is calling for churches to be advocates for awareness and education to break down the stigma and silence around HIV/AIDS.⁵ Such public health organizations have long understood that faith-based communities are uniquely positioned to take an active role in education, prevention, and support of people living with, or at risk of, HIV infection. The place of faith-based organizations in addressing HIV/AIDS in the global context is clear. “While HIV/AIDS brings fear and desperate actions, the message of the church should continue to promote life in all its fullness.”⁶

3 World Health Organization, Global HIV Programme, *Key Facts and Latest Estimates on the Global HIV Epidemic*, 2021, accessed August 26, 2022, https://cdn.who.int/media/docs/default-source/hq-hiv-hepatitis-and-stis-library/key-facts-hiv-2021-26july2022.pdf?sfvrsn=8f4e7c93_5.

4 UNAIDS, *PEPFAR 2021 Annual Report to Congress*, accessed August 26, 2022, <https://www.state.gov/wp-content/uploads/2021/02/PEPFAR2021AnnualReporttoCongress.pdf>.

5 UNAIDS, *Partnership with Faith-based Organizations UNAIDS Strategic Framework*, December 2009, https://www.unaids.org/sites/default/files/media_asset/20100326_jc1786_partnership_fbo_en_0.pdf.

6 Phiri, “HIV/AIDS,” 430.