

The Conspiracy of Hope Yet Still We Rise!

Musa W. Dube



While studying at Vanderbilt University for my Ph.D. degree in the New Testament in the mid to late 1990s, I had to deal with grief: the passing on of friends, family members, classmates, church mates, neighbors and workmates. HIV and AIDS, I was repeatedly told, is the culprit. To encourage myself, I turned to writing

*Death has visited our country
Yet still we rise
Death has taken beloveds away
Yet still we rise*

songs. One of them appears above.

Singing hope means confronting all sources of suffering and taking on the mantle of cultivating liberation, where oppression reigns. So soon after my return home to Botswana, I found myself restlessly challenged and seeking to be part of the solution in the struggle against HIV and AIDS. Each one of us, in our work and families, in the private and public sphere, wherever we are and whatever we do, should take responsibility for addressing HIV and AIDS.

How am I addressing HIV and AIDS prevention, provision of quality care, breaking the silence and stigma through all my gifts in my work, in the community and at home? What can I do to be part of the solution? In short, the structure and pulse of hope in winning the struggle against HIV and AIDS exists within the capacity of all of us to own and to act: **first, sharing and knowing the pain of the suffering world; second, confronting the sources of hopelessness and causes of suffering; and third, actively seeking to be midwives of healing ourselves and our world.**

For me, therefore, disaster in the AIDS global crisis does not lie in the huge statistical numbers which inform us about the 40 million people who are living with HIV; the 22 million people who have died of AIDS; the 14 million children who have been orphaned, and the stigmatization of the infected and affected.

For me, disaster lies in the billions who have not responded—the billions who have not made it their business to be part of the solution in working for a healed and a healing world; namely, a world that takes full responsibility for HIV and AIDS prevention, provision of quality care, provision of affordable treatment, eradication of stigma, the reduction of the impact of HIV and AIDS and addressing social injustice that promotes the epidemic.

Disaster does not lie in the millions of people in Africa and other Two-Thirds World people who are living with, suffering from, or dying of HIV and AIDS. It is one of those moments that makes me better understand the statement of Jesus when he said, “Don’t cry for me, cry for yourselves.” Disaster towards HIV and AIDS is here in the North amongst the billions who are well and doing nothing. Disaster lies in the First world, the church of the North and other members of the earth community who allow hopelessness and the injustice of poverty to grow; those who have not made it their business to be part of healing the world of HIV and AIDS. Apathy towards HIV and AIDS, in short, is the worst epidemic that we are suffering from right now.

Reading the Bible

Millions of believers read the Bible for their spiritual guidance and for living out their lives. The obvious challenge facing us today is, “How can and how should we read the Bible in the HIV and AIDS context?” How can we read the Bible, in such a way that we break the conspiracy of silence and unveil the energizing power of hope in the age of HIV and AIDS? Such a question confronts us because some of the biblical interpretations on HIV and AIDS have unfortunately tended to enforce both stigma and silence. Among these has been the association of HIV and AIDS with sexual immorality and God’s punishment.

Many existing methods of reading the Bible can help us to break the silence and to read for hope—hope for a healed and healing world. Such methods as liberation, feminist, womanist, black, inculturation, queer, and postcolonial hermeneutics call for the respect of all people as made in God’s image, as well as to expose injustice and call for justice. There is no running away from injustice in the struggle against HIV and AIDS. Poverty, gender inequality, sexual discrimination, child abuse, and international trade injustice are social evils at the heart of the spread of HIV and AIDS. A significant part of unveiling hope, therefore, entails reading the Bible for justice.

Reading the Bible for hope and healing in the HIV and AIDS infected world, therefore entails ownership. We need to own the problem that HIV and AIDS is a global crisis. We need to own

up to the fact that its intertwinement with social injustice makes it far more than a “medical issue.” We need to own up the responsibility of being part of healing the globe, by educating ourselves thoroughly about all aspects of HIV and AIDS and making efforts to mainstream it in our preaching, teaching, and research—and by empowering a reading of the Bible that breaks the overly extended silence and instead allows us to be active harbingers of hope. We need perhaps, above all, to interrogate the basis of our silence and apathy.

Sowing a Mustard Seed

Some people find the statistics of HIV and AIDS overwhelming. Many find its impact too wide. Others find its liaison with social injustice of various types discouraging.

Others find its link with sexuality too embarrassing. “Where do we begin and what difference can we possibly make,” people say. “How can my efforts make a difference amongst the millions who need medicine, who are discriminated against, who are dying?” individuals wonder. The result is that many give up before they start—thus becoming subscribers to the “conspiracy of silence.”

I have found myself confronted by the same question, and the seemingly insignificant impact of my efforts compared to the size of the problem. There is, in the HIV and AIDS struggle the ever-increasing threat of hopelessness that threatens to silence us—emotionally, mentally, spiritually, economically, and physically. This must never be allowed. Rather, we must make it a point to ride the wheel of amazing hope. We must insist on seeing and singing hope. We must continue to rise in the face of vicious death and the depression that can threaten to keep us down and silent.

I have found Mark 4:1-32 parables, on sowing seeds quite encouraging. In this well-known parable, a sower sows seeds, they fall on different grounds: some die, some get eaten up, some germinate only to be suffocated by thorns. Some, however, fall in the good soil and yield a good harvest.

One of my most powerful texts is that of sowing a mustard seed. I cannot think of any better story for capturing the act of embodying and living out “the conspiracy of hope” in the struggle against HIV and AIDS. **The conspiracy of hope depends upon our refusal to be overwhelmed by the size of the problem.** The conspiracy of hope is the capacity to plant that little “mustard seed,” which while it looks too small to make any difference, will in fact become the greatest shrub in the field, giving room to many birds of the field. No doubt, we all have to plant our small mustard seeds to break the silence and nurture the healing energy of hope. The conspiracy of hope in the struggle against HIV and AIDS is the willingness to sing, “*Death has visited our country, yet still we rise!*”

Living the Healing Hope

Similarly, I have hope and faith in the church as a very important actor in the struggle against HIV and AIDS.

Coming from Africa, particularly Southern Africa and Botswana—the most affected place in the world—I could be frozen by the ever-growing numbers of infection, death, and orphans. I could easily feel alone in a world of still largely unaffordable and inaccessible HIV and AIDS treatment. Be that as it may, I also belong to the worldwide body of Christ—the church.

So I know, “*we are not alone*” in fighting against global economic structures that have condemned our regions to poverty; we are not alone in fighting and struggling for affordable and accessible treatment. We are not alone in carrying the burden of care for orphans and widows. Rather, we suffer together and struggle together in offering healing hope to a hurting world. We have, I believe in the ecclesiological image of the church as the body of Christ that shares in the suffering of one another—a powerful strategy of solidarity for sowing the seed of healing hope.

Be that as it may, I do not think the Western or Northern church has fully lived out its identity of being one body of Christ

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that feels the pain of its members, during this time. I do believe many churches of the West can play a more effective part in sharing in the suffering and seeking for healing. Many churches in the Northern World can pressure companies for affordable and accessible HIV and AIDS treatment for all who need it. Many can pressure their governments against economic policies that condemn many Two-thirds World countries to poverty hence exposing them to the high possibility of infection.

Many churches here can pressure their church decision making bodies to have HIV and AIDS policies and budgets. Many can facilitate, share, and

exchange with their partner churches in theological empowerment and counseling skills for HIV and AIDS ministry. These, and many other different strategies, can become powerful means of sowing the seed of healing hope in the world—but this will happen, if and only, the church realizes, owns, and lives up to the identity of being “*one body of Christ*”—a body that suffers when one member suffers and struggles when one member struggles—and shares in the search for healing hope.

Embodying the Healing Hope

The Christian church takes its identity from the person of Christ. An important part of dealing with HIV and AIDS therefore is linked with the question, “How would Christ deal with this epidemic if he were physically here?”

Christ’s ministry included following and healing the sick and taking sides with the poor and discriminated. In so doing, Christ made a statement that healing is God’s will for all. But perhaps this christological identity has been most powerfully and forcefully communicated to us in Matthew 25:31-46. The chapter

presents us with judgment day, with Christ judging those who are worthy to enter the kingdom of God and those who are rejected. Matthew depicts Jesus as judging the multitudes, not according to whether they went to church or not; or if they believed in Christ and confessed him as Lord; people are judged not according to how much they read the Bible nor how much time they spent praying, expounding theological orthodoxy, or defending church structures or policies. Rather Jesus says to the multitudes:

For I was hungry and you gave me food, I was thirsty and you gave me something to drink, I was a stranger and you welcomed me, I was naked and you gave me clothing, I was sick and you took care of me. I was in prison and you visited me...

The multitudes that are credited with serving Christ are startled. They ask, "Lord, when was it that we saw you hungry, thirsty, naked, in prison and did something for you?" Christ answers, "Truly I tell you, just as you did it to one of the least of these, you did it to me."

The question is, therefore, can we be the church without testifying to a Christ who is HIV positive? A Christ who is suffering from AIDS and who calls us to stand in the same situation? The answer is no. As long as millions are HIV positive, stigmatized, suffering and dying of HIV and AIDS, Christ stands and speaks to us saying, "Look at me, I am HIV positive. Look at my suffering, my isolation and stigmatization; look at my orphanhood, my widowhood, my dispossession."

In this teaching, we find the imperative of healing hope; namely, that Christ bids us to see him in the face of those who are suffering and to also bring the necessary change. Based on this christological identity, the church should proclaim, "Behold, Christ is HIV positive and suffering from AIDS. Behold, Christ is stigmatized and discriminated! Behold, Christ is suffering and dying without the necessary care and medication. Behold Christ is an orphan and widow in your backyard! Behold, Christ expects our response, today and now!"

Donald E. Messer, in *Breaking the Conspiracy of Silence: Christian Churches and the Global AIDS Crisis*, contends the church will become an effective healer if it breaks the "I and them" approach to HIV and AIDS. Jesus would make no such distinction between himself and those living with, suffering from and dying with HIV and AIDS. Hence Messer underlines that if we are really interested in becoming midwives of healing then:

"The starting point of this mission and ministry is admitting that ultimately we are all HIV-positive. As long as we deny our own vulnerability and risk, rebuff our own oneness with the suffering of the world and pretend we are separate from our infected and affected sisters and brothers, then perhaps we best step aside. Otherwise, we are likely to be of more harm than help in God's healing ministry in the world. Turn the page only if you can say honestly, "we are all HIV-positive" ¹

Let us all turn the page to a new chapter—and take our active role in the struggle against HIV and AIDS! Your role in planting and maintaining healing hope is indispensable.

1. Donald E. Messer, *Breaking the Conspiracy of Silence: Christian Churches and the Global AIDS Crisis*, (Augsburg Fortress, 2004), 38.

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FACING THE FACTS ABOUT HIV AND AIDS

A theology of life requires knowing and communicating the facts about HIV and AIDS. The good news is that HIV is a preventable disease; the bad news is that there is no cure or vaccine available or expected in the immediate future.

HIV and AIDS are widely used acronyms for human *immunodeficiency* virus and acquired immune deficiency syndrome. The virus destroys the human immune system and causes AIDS. Technically AIDS is not a single disease since AIDS patients usually have many diseases, each with their own signs and symptoms. When the body cannot produce a sufficient number of immune-specific cells, it becomes very vulnerable to infection, which may lead to terminal illness. From a scientific perspective, people do not die from AIDS but opportunistic infections, cancers, and organ failures prompted by an inadequate immune system.

Persons infected with HIV are said to be HIV-positive and those who are not are HIV-negative. It appears that perhaps 5 percent of those who are HIV-positive will not develop AIDS. Currently available antiretroviral drugs have made HIV and AIDS "manageable chronic diseases," for many people, but the side effects can be quite difficult.

Since HIV is a preventable disease, it is imperative that every person be aware of how to avoid getting infected. This means open, honest, frank communication, especially about human sexuality. There is no such activity as "safe" sex—all of life has an element of risk, but it is possible to have "safer" sex, thereby substantially reducing the likelihood of HIV infection.

You cannot get HIV by:

- Insect bites
- Causal contact through sneezing, coughing, toilet seats, eating utensils, telephone, hand shaking, dry kissing, touching, hugging, and massage.
- Masturbation or abstinence from sex.

You could get HIV by:

- Having unprotected vaginal, anal or oral sex (that is, without a latex condom) with a person who has the virus. (Condoms can break or tear, thereby eliminating protection.)
- Infected semen, urine, or blood in open skin wounds.
- Sharing injection needles with a person who has the virus.
- Getting blood or blood products that have the virus
- An infected mother passing the virus to her baby during pregnancy, during birth, or after birth through breast feeding.

This information is drawn from Donald E. Messer, *Breaking the Conspiracy of Silence: Christian Churches and the Global AIDS Crisis* (Fortress, 2004), pp. xix and 167-168.