

Donald E. Messer

# SAVING Grace

## AIDS IN AFRICA

*Walk the streets of Lilongwe, Malawi, and you may meet Grace Matnanga, age 31, selling shoes. A vibrant woman, her beauty hides the pain she has suffered as she watched first her husband and then her three-year old daughter die from AIDS. Without modern anti-retroviral drugs and other medicines, there was no hope.*

Since Grace is also HIV-positive, and faced the same downward dance to death at an early age, I told her story in my book, *Breaking The Conspiracy of Silence: Christian Churches and the Global AIDS Crisis* (Fortress, 2004). She epitomizes for me the incredible moral challenge Christians face as we confront the global AIDS pandemic.

When Christians speak or sing of God's "saving grace," in Jesus Christ, let us think of Grace Matnanga, and how we might be God's saving grace for her—and the many Graces of the Two-Thirds World. Her story is the story of every person struggling to live with HIV/AIDS and yearning for health and hope.

Too long the church and world have stood on the sidelines, while Africa has

experienced a contemporary holocaust of unspeakable proportion. Of the more than 40 million people currently infected with HIV/AIDS, some 30 million are in sub-Saharan. Some 60% are women, and the number of AIDS-related orphans in sub-Saharan Africa is projected to be 50

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million in 2010.

In the world nine out of 10 children living with HIV/AIDS is African, as are eight of every 10 children who have lost parents to AIDS. The infection rates continue to climb, death tolls escalate, and life expectancy rates plummet throughout Africa.

#### A New United Methodist Global AIDS Fund

United Methodist pastors and congregations have an unprecedented opportunity to make a difference through the new United Methodist Global AIDS Fund

established by 2004 General Conference. Via an Advanced Special (No. 9823454-7), gifts can be given to the denominational effort to raise \$8 million in the next four years. These monies will be used to offer programs of prevention, education, care, and treatment to persons like Grace in Africa, Asia, and throughout the world.

To achieve these goals, AIDS education has to begin at the level of every local congregation. Caring and creative pastors must find ways to inform their congregations

through sermons, study groups, mission task forces, Sunday School, and youth groups. Ask most bishops or pastors to share copies from the past ten years of two of their best sermons mentioning or focusing on global AIDS. Do not be surprised if they come up empty-handed! The prevailing silence in the church must be broken if persons are to understand and to respond to the worst health crisis facing the world in 700 years.

Practically every biblical text used in preaching and/or teaching provides an opportunity for discussing the AIDS pandemic. Besides obvious biblical references to caring for "the widow and the orphan"

and Jesus' disclosure that how we treat "the least of my brethren" is how we will be judged by God, almost every text offers possibilities for sharing the story of how God is calling the church to a new mission of healing and hope.

### **HIV/AIDS In Contemporary Africa**

Preaching and teaching from such a global perspective requires some understanding of how it is impacting people and countries around the world. Since Africa is especially threatened by the pandemic, let me share some basic information that reflects the depth of the human crisis on the African continent and the urgent need for our immediate and continuing response.

Statistically, the rate of infection is almost beyond belief in many African countries. For example, in Botswana 40% of the adults are estimated to be infected. In South Africa one out of five, in Kenya one of four, and Zimbabwe one out of three.

The disease got out of control because political and church leaders were in denial, and international agencies were slow to react. Racism and poverty contribute to the disease, as the poorest of the poor are most likely to be infected. With the exception of Uganda, most countries were very slow to publicly address the issue openly and efforts at education and prevention were very slow.

Even now many African churches find it hard to openly discuss sexual issues and to address the stigmatization and discrimination often associated with HIV/AIDS. Though people are dying every day, many Christians refuse to educate about the ABCs (abstinence, being faithful, and condoms) of prevention.

In South Africa I met pastors who told me they were conducting 15 to 20 funerals a week. In July, 2004, the *New York Times* reported that in Durban the cemeteries are so full that gravediggers are reopening existing graves and interring fresh bones atop the old ones. This "recycling" is necessary because of 600 funerals a week in 2004 compared to 120 a few years ago. The high cost of funerals is causing families to go bankrupt.<sup>1</sup>

Life expectancy rates in Africa have been plunging since 1990. An infant born in Zimbabwe has a life expectancy of only 33.9 years, in Swaziland 35.7, in Zambia 32.7, in the Central African Republic

## **Complexity of Health Care**

Various factors can be cited for complicating the delivery of health care in Africa. **First**, is the reluctance of the United States government to approve the breaking of drug patents and the use of generic drugs. Until prices are dramatically lowered, there is little hope for the people of Africa.

**Second**, the lack of doctors and health professionals to administer the drugs and care for the patients makes health care delivery problematic. Absenteeism is rampant due to HIV-related personal illness, taking care of sick family members, attending funerals, and staff burnout.

**Third**, people cannot tolerate powerful medicines without an adequate and consistent food supply. Hunger and starvation threaten Africa. Worldwide, 95% of persons infected and/or affected with HIV, are malnourished.<sup>4</sup>

Women in Africa grow 80% of the continent's food, but discriminatory laws mean they own only 1% of the land in sub-Saharan Africa. When a husband dies, the property passes to his adult brothers or sons, often leaving the widow homeless and destitute. Lack of human rights for women contributes to the declining food resources and the AIDS pandemic.

39.8, and in Mozambique 38.5. Sub-Saharan Africa is getting poorer and hungrier as the AIDS crisis worsens, with the prospect that "rising numbers of Africans will subsist on less than \$1 a day in the years to come."<sup>2</sup>

### **Orphans: AIDS Cruellest Legacy**

The United Nations Children's Fund has declared "the orphan crisis is arguably the cruelest legacy of the AIDS pandemic." Four out of five children who have lost parents to AIDS live in Africa. Not only do they suffer the emotionally shattering loss of parents, but also they often experience prejudice and stigmatization, as well as extreme poverty.

The 2004 General Conference passed many pages of excellent resolutions regarding global AIDS, and orphans in particular. But as Carol Bellamy, the executive secretary of the UN Children's Fund, has said, "Children need more than inspiring words. They need leadership that touches their lives directly."<sup>3</sup> United Methodists must transform our resolutions into dollars, our words into actions.

### **Women An "Endangered Species"**

Teenaged girls and married women in Africa are now considered "endangered species" in the battle against AIDS. Biologically and culturally women are more vulnerable to HIV infection. Impoverished, women struggle to survive

and feed their children. Extremely vulnerable in a patriarchal culture, they lack autonomy and are often subject to violence and mistreatment. Myths exist that having sex with young virgins will "cure" the disease, so cross-generational sex has flourished. Desperate for even a minimal education, many very young women are forced to engage in transactional sex in order to pay school fees.

Men often have multiple sexual partners, thereby putting at risk their wives and partners. Therefore, it is not safe for women simply to be faithful; they must as United Methodist theologian, Musa W. Dube of Botswana, says "condomize" whenever they have sex. The church must speak out for responsible sexual behavior.

### **Africa's New Apartheid**

"HIV/AIDS is the new apartheid of discrimination and stigmatization," says Bishop Ivan M. Abrahams, who leads the Methodist Church of Southern Africa. "Previously apartheid meant lack of access to opportunities and institutions; now it means lack of access to the life-sustaining anti-retroviral medicines."

Over 93% of the people of Africa, who need this treatment, are not getting it. The best hope is that the World Health Organization through its "3 x 5 plan" (namely, treating three million by 2005) and the Bush administration vision of treating two million will become a reality. But both approaches are behind schedule,

and Africans are still waiting to see if reality will really match the rhetoric. AIDS activists interrupted a recent international conference in Kenya protesting, "You talk, we die," and "Keep your promises."

In Nigeria three and half million are infected but only 15,000 are getting treatment. Only 1,500 of an estimated 500,000 persons needing anti-retroviral drugs receive them in South Africa. In Zimbabwe, where United Methodists have a major new university, and one out of four adults is infected, access to treatment is almost non-existent and the costs of drugs totally unaffordable.

### Generous People Can Make A Difference

This essay began with the story of Grace Matnanga of Malawi, who like her husband and child, faced imminent death from AIDS. But due to widespread publicity about her situation, and because generous people can make a difference, Grace has been spared. She is experiencing a new life, contributing to her com-

munity and reaching out to others.

A woman physician from the Netherlands heard of her situation, sought her out on the streets, and has paid for her life-saving anti-retroviral drugs. Additionally, this woman has started her own foundation and is providing help to others in circumstances similar to Grace.

Preaching, praying, and singing about God's "saving grace" needs to be more than pious pabulum. It must be the practical theology that guides United Methodists, as we prepare to raise and distribute \$8 million in the next four years for a new Global AIDS Fund.

Hopefully, we can mobilize within United Methodism a Peace Corps-like "AIDS Corps" that can tackle HIV/AIDS in Africa and elsewhere in the world.

Truly we can be engaged in saving lives around the world in the name of the Great Physician, Jesus the Christ. The question is: "will we?" □

<sup>1</sup> Michael Wines, "As AIDS Continues To Ravage, South Africa 'Recycles' Graves," *The New York Times*, July 29, 2004.

<sup>2</sup> Celia W. Dugger, "Devastated by AIDS, Africa Sees Life Expectancy Plunge," *The New York Times*, July 16, 2004, p. A3.

<sup>3</sup> Carol Bellamy, press statement when marking the launch of *Children on the Brink* 2004 at 15th International AIDS Conference, Bangkok, Thailand, July 13, 2004.

<sup>4</sup> Information from Uzodinma A. Adirieje, Afrihealth Information Projects, Lagos, Nigeria, July 27, 2004.

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