

## **HIV/AIDS COMMITMENT**

In just a short time, despite efforts aimed at controlling it, the Acquired Immunodeficiency Syndrome (AIDS) pandemic has changed large parts of the world like no other disease. More people have died from the Human Immunodeficiency Virus (HIV) and its consequence, AIDS, over the past two decades after its outbreak, than from any other disease in human history. It is not just the scale of the AIDS pandemic that presents a fundamental challenge to the world, but also its duration. Since HIV/AIDS represents one of the greatest challenges to prospects of social and economic development and global security, long-term commitments and sustainable approaches are necessary to control this disease.

Of the 40 million people living with HIV/AIDS in 2005, 20 to 25 million were baptised Christians. We recognize that the AIDS crisis is also the church's crisis. Since the "churches are living with HIV/AIDS", all of us are affected by the pandemic and its impact!

While Sub-Saharan African churches have been faced with a dramatic increase of HIV-infections in the past years, other churches are not yet confronted with the same infection rates. Nevertheless, growth rates show that in Asia (incl. Sibiria), Eastern Europe and the Caribbean the struggle is yet to begin. In Germany where infection rates were kept low and stable for quite a long time, a new carelessness seems to have crept in recently. In addition, also with the expansion of the European Union, AIDS challenges us more directly again.

The ELM is highly concerned about the devastating effects of the HIV/AIDS pandemic, recognizing that, e. g. about 95 % of people living with HIV/AIDS are living in the so-called 2/3-world, in which most of our partner churches are operating.

On behalf of the carrier churches of the ELM, the Ev.-Luth. Church of Hanover, the Ev.-Luth. Church of Brunswick and the Ev.-Luth. Church of Schaumburg-Lippe we make the following commitment as a Christian organisation in response to the gospel of God's love in Jesus Christ and His call to respond to this most critical health challenge to individual human lives as well as to the social and economic development of whole countries.

As part of a long term approach this HIV/AIDS commitment has a twofold purpose: It is meant to be a framework in which the ELM can deal with and react to HIV/AIDS in its operational work (e. g. in the secondment/exchange of personnel). Furthermore it is meant to strengthen networking and communication between the above-mentioned carrier and partner churches of the ELM as well as among the partner churches themselves with the aim to learn from each others' experiences thus enabling each side to respond to the challenges of HIV/AIDS more effectively.

Churches have special strengths regarding the potential to bring about change: they enjoy credibility and they are grounded in communities! Therefore we encourage all churches, church organizations including ourselves, initiatives etc. to use their strengths and potentials to take up the challenge and to make a difference in responding to the HIV/AIDS pandemic in an effective and sustainable way and from a Christian point of view.

In particular, we value the involvement of people living with HIV/AIDS in the respective ministries of the churches and decision making processes. We do not speak of "them" and "us" or "victims" in terms that diminish the courage, dignity and gifts of people living with HIV/AIDS, but appreciate people living with HIV/AIDS as an essential resource.

In order to address the challenges of the pandemic effectively we encourage working together with all people of goodwill.

## I. THEOLOGICAL REFLECTIONS & ETHICAL CONSEQUENCES

For many years, churches and church organizations did not pay due attention to HIV/AIDS. Since the spreading of the virus was linked to sexuality and in some countries especially to homosexuality, many avoided taking a clear stand. AIDS was often seen as a personal problem and a punishment from God for sinful behavior. This situation has changed. Most churches now accept the challenges put to their faith and theology by the pandemic. For the ELM the following theological reflections and ethical consequences are the leading motives for its commitment:

### **GOD'S CREATION IS GOOD**

God has called our world into being and all acts of creation are completed with the affirmative words "and God saw all that he had made, and it was very good" (Gen. 1,31).

From the very beginning, God has placed His creatures into relationships: Human beings are created in the "image" and after the "likeness" of God (Gen. 1, 26-27), and in relationship towards one another, when God declares, "it is not good for the man to be alone..." (Gen. 2,18). Likewise, God creates human beings to be an integral part of all of creation by putting them "in the Garden of Eden to work it and take care of it" (Gen. 2,15). Therefore, human existence in its fullness is only possible in relationship with God, with fellow human beings, as well as with all of creation.

God, however, does not force life and good relationships upon His creatures, but rather offers them as a gift. Thus, it is possible to live and to act against God's good will and it is part of our individual, the world's and the churches' reality. The Bible calls the broken relationship to God and to each other sin. In our lives and in human history we experience many examples where men and women, as well as entire nations, have decided to pursue egoistic relationships for themselves rather than open relationships with God, their fellow human beings, and all of creation.

Yet, despite the existence of sin in creation, God extends His protection and sustaining power to the whole creation reaffirming in Gen. 8,22 that "as long as the earth endures, seedtime and harvest...will never cease".

From the biblical narrative of creation we may conclude that being created in the image of God and God's unfailing faithfulness towards His creation bestow a value and dignity on each human being that can never perish!

### **"WE WAIT EAGERLY FOR... THE REDEMPTION OF OUR BODIES" (ROM. 8,23)**

Disease existing in many different forms has always been part of life on earth. At all times, this has led people to seek the cause for individual suffering and to search for a justification of disease or disaster. Especially AIDS with its strong link to sexuality has often been regarded as a direct punishment from God for individual (sexual) wrongdoings thus leading to stigmatisation of those affected.

The Bible reflects such reasoning e. g. in the book of Job. Job's conversations with his friends, however, indicate clearly that all attempts to find answers to the question why one person suffers while another remains healthy are made to no avail. Other biblical texts, too, such as John 9, 3 ("...neither this man nor his parents sinned") state that a disease as such is not a sign for insufficient faith or a direct consequence of social dysfunction. In the worldwide context where sickness is often looked at in this way or interpreted as punishment from God(s), such biblical statements bear specific significance.

Therefore, we do not understand HIV as a sin. HIV is a virus and as such part of the unredeemed creation which eagerly "waits for the redemption" (Rom 8,23). It is an expression of the "not yet" of life on this earth which will only finally be overcome by God Himself. The coming kingdom of God, however, in which all tears will be wiped away and all mourning and crying and pain will cease (Rev. 21,4) we understand as an appeal to the church to set signs of this healing and reconciling work of God already today in this world.

### **THE CHURCH AS A HEALING COMMUNITY**

Jesus Christ, through His death and resurrection, has reconciled and liberated us towards a new communion with God and our fellow human beings. Jesus has always shown solidarity especially with the marginalized and the suffering. He has healed many and has preached and practiced the restoration of relationships.

We recognize that churches and congregations are called to a ministry of healing overcoming stigmatisation and discrimination and accepting all people as human beings created in the image of God. Healing in its holistic sense goes beyond physical recovery and is experienced on different levels, e. g. when a person feels spiritually, socially, or psychologically restored and reintegrated, and when a person comes to terms with his or her sickness.

In the scriptures of the prophets of the Old Testament we see that God's "Schalom" includes caring for the sick and marginalized as individuals as well as becoming the "voice of the voiceless" by raising the prophetic voice opposing all forms of exclusion and exploitation, maintaining the dignity of each human being and working, e. g. for social justice.

(E. g. Is. 58: 7: "...to share your food with the hungry and to provide the poor wanderer with shelter..." as well as Jer. 22, 16: "He defended the course of the poor and needy... Is that not what it means to know me? Declares the Lord").

Therefore, we commit ourselves to maintaining this vision of a healing community striving to make it a reality in our congregations as a consequence of the reconciling ministry of Jesus Christ and as a sign of the coming kingdom of God.

### **SEXUALITY**

In the biblical narrative of creation, God introduces women and men to each other in a very special relationship of love. Sexuality is one way to express this love. Sexuality is God's good gift and a central part of creation. At the same time in sexuality men and women are very vulnerable.

Churches have always stressed marriage as a proper place for sexuality. In some contemporary cultures, however, this understanding is declining. In any case, however, we emphasize that sexual relationships are the most intimate kind of relationships, which require love, reciprocity, trust, respect and faithfulness for each other.

Like each good gift of God sexuality can also be abused. Abuse can have cultural, ideological or even religious reasons. Abuse takes place where people exploit each other, where one dominates the other especially when linked to violence thus denying the right of self-determination of the other partner.

Self-determination includes the right to refuse a sexual encounter as well as the right to have access to both information about protection and protective means themselves.

In this regard, e. g. we support the use of condoms without encouraging promiscuity recognizing the reality of human sexual relationships and practice and the existence of HIV/AIDS. Scientific evidence has demonstrated that education on positive measures of prevention and the provision and use of condoms helped to prevent the transmission of the virus and the consequent suffering and death for many of those infected.

Within the Churches we have often found it difficult to speak appropriately about sexuality as a gift from God, but have rather kept silent or related it to sin. Due to the prevailing silence, we have often failed to clearly name and renounce the different forms of sexual violence (within and outside of marriage) that exist around us. This has left many victims alone and has reinforced the atmosphere of taboo and silence.

We recognize that the fear to talk about the gift of human sexuality and the fear to address sexual abuse, violence, exploitation, and harmful traditions have contributed to the spread of HIV.

We are committed to strive for a new (or better:) the original Christian understanding of sexuality, in order to overcome taboos and to search in the church for more open and responsible ways to communicate about sexuality.

### **STIGMATIZATION AND DISCRIMINATION**

Because of God's unfailing love towards His creation and because of the example of Jesus Christ, one of the most powerful contributions of Churches in combating HIV transmission lies in overcoming stigma and discrimination.

Stigmatization of people living with HIV/AIDS frequently leads to discrimination, which often means that people living with HIV/AIDS are disadvantaged and treated in an unjust way.

Especially people belonging to marginalized groups (e. g. commercial sex workers, homosexuals, transgender, in some cultures: special clans, widows) are often doubly stigmatised if they have a positive HIV status.

Discrimination of people living with HIV/AIDS is a new form of racism and casteism, as we learned from Indian theologians. For mainstream society, people living with HIV/AIDS may constitute a community of "untouchables and outcasts". In many countries, people experience exclusion from their own families. Consequently, they do not receive the necessary acceptance and care they need. They lose their living space and are often physically violated. Prejudices about the disease often nurture already existing fears and reinforce the experience of individual suffering.

Stigma hinders open discussions about HIV/AIDS, making the fight against the disease even more difficult. The taboo regarding HIV/AIDS results in the repression of the subject and thus people avoid dealing with it. This, of course, leads to an increase in the infection rate.

Therefore resistance to stigmatization and discrimination against people affected by HIV/AIDS need to become a special focus within our ministries. Justice demands that people are treated equally and that they receive the acceptance and care they need. On the basis of God's unfailing love and faithfulness towards His creation, it is impossible to discriminate against people living with HIV/AIDS. Miroslav Volf<sup>1</sup> may be quoted in this regard: "Sin is not so much a defilement but a certain form of purity: the exclusion of the other from one's heart and one's world".

### **HUMAN DIGNITY AND HUMAN RIGHTS**

We have already seen that each human being is created in the image of God (Gen. 1, 26-27) and is thus presented with an eternal value and dignity. Jesus as well has called us to strive for dignity for all human beings stating: "...whatever you did for one of the least of these brothers and sisters of mine, you did for me" (Mt. 25,40).

The most basic human right is the right to live, including the right to have access to medical treatment. This right is denied, e. g. where people are stigmatised and excluded from the community. The right to live and human dignity are violated when medical care and antiretroviral drugs are provided only in some countries, while access to basic medical treatment is not available or is insufficient or too costly in the vast majority of other countries – or when in countries health care is not treated as a priority for the majority of citizens. Wherever human rights are violated in this respect HIV spreads easily.

The dignity and rights of people living with HIV/AIDS are often violated, because of their presumed or known HIV status; it causes them to suffer both the burden of the disease and the consequential loss of their rights of security, freedom of association, freedom of movement,

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adequate health care and it often affects their employment status. Due to the isolation of people living with HIV/AIDS illness and death is often experienced in loneliness and abandonment.

Human rights are disregarded when women are marginalized and denied equal rights; when children are violated; when people are exploited; when violence and poverty become almost a way of life and in many cases result in civil and international wars.

Therefore we are committed to maintain our prophetic voice and the ministry of advocacy wherever human dignity and human rights are questioned.

Realizing the dignity of each human being created in the image of God, we emphasize that taking up the challenge of HIV/AIDS should not root in an attitude of mercy or sympathy, but solidarity!

### **GENDER EQUALITY**

Women are more vulnerable to HIV/AIDS than men. The spread of HIV/AIDS is to a large extent based on gender inequality. Gender discrimination, traditional power relations and subordinated roles, sexual violence, poverty and economic dependency, little access to education and information, etc. contribute to the special vulnerability of women.

Experience shows that even marriage and other long-term monogamous relationships do not protect women from HIV, because women are often infected with HIV through their husbands. Not marriage itself protects, but faithfulness! Furthermore, women's traditional role as caregivers within their families and communities, exposes them to the burden of HIV/AIDS. Because of their nurturing role, women are usually last to seek medical assistance. Often they do not have time or the necessary financial resources to go for medical care. Even biologically, women are more vulnerable during unprotected sexual encounters than men.

Because men and women are created in the image and likeness of God and both are in the same way near to Him (Gen. 1; Gal. 3,28) we want to overcome all forms of gender inequality and traditional dependency roles. We want to work for an environment where women and men are equally welcomed, where the life experience of women can be heard without fear of judgment, where their perspective on issues like HIV/AIDS is valued in an atmosphere of mutual appreciation and respect. As a consequence, the empowerment and capacity building of women will require special attention within the different ministries of the church and men's role in spreading HIV/AIDS needs to be critically addressed.

### **ORPHANS AND VULNERABLE CHILDREN**

Another specific challenge is the increasing number of Aids orphans and vulnerable children. Orphans and vulnerable children often have no voice. In most cases decisions are made for them and they are not in a position to express themselves.

The increasing number of AIDS orphans challenges all of us to respond appropriately. Inadequate socialisation can lead to an increase of crime, prostitution, child-headed families and, in the long run, to a shortage of skilled workers. Children often lack money to pay school fees and become street children or face sexual exploitation, which forces them into the groups with risky behavior.

Children have physical, material, emotional, psychological, and intellectual needs. Children affected by HIV/AIDS are particularly vulnerable in all these areas especially when taking over household, parenting and caring responsibilities. These children are often traumatized and suffer from lack of supervision and care, poverty, educational failure, inadequate health care, psychological problems, exploitation and discrimination. Extended families taking over responsibility for orphans are endangered to collapse financially.

Especially younger women or girls in adolescence are more vulnerable because in some countries there is the tendency that girls from the age of 12 years have forced sexual encounters, e.

g. with so called “sugar daddies” to get financial support or other favours in return. Condoms are rarely used in these relations and the girls are therefore more at risk of an HIV-infection.

We see the need to create a safe and supportive environment for these children. Unconditional acceptance and support are most needed. These children also need a place within their congregation to talk openly and without fear about their feelings about HIV/AIDS, sexuality, death and other issues. Their voices should be taken into consideration as much as possible before passing decisions upon them.

### **POVERTY AND ECONOMIC JUSTICE**

Without denying individual responsibility, we recognize the impact of poverty in the spread of HIV. Poverty can be both: cause and consequence of HIV/AIDS. HIV/AIDS disproportionately affects people living in economically poorer countries and the poorer population groups within the industrialized world. Social and economical injustice obviously contributes to the spread of HIV/AIDS.

In times of economical and cultural globalization, where globalization itself becomes a channel that contributes to the spread of the disease (e.g. tourism), dealing with economic and social justice issues is indispensable in any ethical discourse on HIV/AIDS. Unemployment, external debts, lack of education, marginalization, disempowerment, subordination and discrimination against women, lack of political will, lack of access to anti-retroviral medication/therapy etc. contribute to an environment that intensifies vulnerability to HIV/AIDS.

The need for treating the root causes and not only the symptoms becomes clear e. g. from the parable of Luke 10, 25-37: The Good Samaritan! To care for the one who was robbed and injured by thieves on the way to Jericho is necessary and good; nevertheless another action has to follow: it is to make the way to Jericho safer.

Therefore we see the need that all prevention and care programs need to be accompanied by addressing the root causes of poverty incl. economic, cultural, social, and gender justice issues.

## **II. ELM’S COMMITMENT IN GERMANY**

The above mentioned theological reflections on the pandemic and its ethical consequences on the background of the devastating effects of HIV/AIDS on individual lives as well as on whole societies led the ELM to identify HIV/AIDS as a priority issue. The HIV pandemic requires that it is not treated as one subject or program among others but as a cross-cutting issue. Therefore we commit ourselves to “mainstreaming” HIV/AIDS as much as possible in all departments with their different ministries, projects and programs in Germany as well as abroad in encouraging and supporting our partner churches in combating the pandemic effectively. Mainstreaming HIV/AIDS shall take place in Germany, e.g. within the following areas:

### **PERSONNEL**

We commit ourselves to raise more awareness among all staff-members in Germany by providing information and education on HIV/AIDS.

We include special workshops on HIV/AIDS in the curriculum of the *Mission Seminary Hermannsburg* in order to ensure the necessary competence among the students as present and future key-persons. Special emphasis shall be laid on cultural aspects and their impact on the spread or reduction of HIV/AIDS and on sensitization on gender issues.

Before seconding co-workers to serve in partner churches they will receive adequate information and education on the pandemic in order to mainstream HIV/AIDS in their theological or developmental ministries and serve as effective key-persons to reduce the spread of HIV.

(Ecumenical co-workers may be used as special resource persons in regard to the situation in their home countries).

Volunteers as well as members of the reverse program will receive special consideration in providing education on the pandemic.

Personnel of ELM shall get regular updates with data, new developments, as well as new approaches on how to combat HIV/AIDS effectively. The overall aim is that all staff-members acquire more competence to contribute their share in containing the spread of HIV.

#### **TESTING**

For all co-workers voluntary testing is encouraged - playing a vital part, e. g. in offering constructive advice on life-protecting behavior. A positive HIV test shall be no exclusion criteria for service.

#### **NETWORKING**

Since HIV/AIDS is a worldwide growing challenge the ELM commits itself to strengthen cooperation and networking between its above-mentioned carrier churches, church organizations, initiatives, etc. and the partner churches as well as other mission partners in order to learn with each other and from each other to combat HIV/AIDS effectively.

#### **PARTNERSHIP AND CHURCH GROUPS IN GERMANY**

In order to empower various church groups to address HIV/AIDS within their own congregations and during visits to/from their partner congregations/districts/circuits etc., the ELM may provide information, e. g. by facilitating workshops on HIV/AIDS issues or placing it regularly on the agenda of partnership group meetings.

#### **ADVOCACY AND LOBBYING**

The ELM is a member of the German "Action against AIDS" (Aktionsbündnis gegen AIDS). "Action against AIDS" is a network of churches, church related and secular organisations which aims to lobby the German government to increase their spending on the global fight against HIV/AIDS and to raise awareness on HIV/AIDS in the public both church and non-church related. Furthermore Action against AIDS aims to lobby the pharmaceutical industries to provide anti-retroviral medication/therapy at affordable prices for those in need in economically marginalized countries.

In addition to supporting "Action against AIDS", co-workers of the ELM will raise more awareness among congregations, partnership, and other interested groups by providing updated information and special training courses. The public relations department of the ELM will regularly publish articles etc. on the pandemic to address a wider public.

As much as possible, participation of people living with HIV/AIDS shall be encouraged as an essential resource. Co-workers of the ELM serving in partner churches are requested to share in awareness raising programs, e. g. during their visits in Germany. In the same way ecumenical co-workers from partner churches serving in Germany are requested to take part in this ministry, too.

### **III. ELM'S COMMITMENT IN RELATION TO ITS PARTNER CHURCHES**

The ELM is committed to encourage and support the various ministries of its partner churches - of whom some have already developed their own contextualized HIV/AIDS policies - with the aim of learning with each other and from each other to maximize mutual benefits and to combat HIV/AIDS successfully. Special emphasis shall be laid on sharing information on developments, new approaches and experiences to deal with HIV/AIDS appropriately and effectively.

The ELM is committed to encourage and support – according to its human and financial resources - its partner churches to take up the challenge of the pandemic e.g. within the following areas:

## **THEOLOGY AND ETHICS**

Stimulating theological and ethical reflexion, e. g. on

- sexuality
- marriage (incl. gender roles and communication)
- gender
- discrimination/stigmatization – human dignity
- confession and forgiveness; healing (in its wholistic sense).

## **EDUCATION AND TRAINING**

- promoting accurate information and training courses on HIV/AIDS at all levels of the church as well as for surrounding (secular) societies and developing systems for ensuring that the information is widely available
- including special workshops on HIV/AIDS in the curricula of church schools and theological training institutions, projects etc. equipping a new generation of church leaders to engage the churches on issues related to HIV/AIDS.

## **PREVENTION**

- promoting different activities to raise awareness that saves life like the “A-B-C-D-E-Approach” (abstinence; being faithful; condoms; disclosure; empowerment). We support the churches’ historic commitment to faithfulness and abstinence, while recognizing that life may present us with contexts in which these ideals are difficult to maintain
- promoting voluntary testing and counselling - playing a vital part e. g. in offering constructive advices on life-protecting behavior
- establishing clubs like Anti-Aids-Clubs (with a sound theological/ethical basis).

## **CARE AND COUNSELLING**

- developing appropriate care and counselling structures and building a movement of solidarity and care that originates from communities (congregations as centres of healing and caring)
- supporting local congregations in their holistic healing ministry caring for vulnerable groups, especially children, orphans, widow(er)s and caregivers without creating new forms of dependency
- encouraging congregations to make buildings and property available for the support, training and care for people living with HIV/AIDS.

## **SUPPORT**

- initiating income generating programs for people living with or affected by HIV/AIDS, especially families caring for orphaned children in order to reduce dependency and to strengthen them in their potentials
- encouraging and supporting networks of HIV positive clergy.

## **GENDER**

- empowering women and girls and challenging men by addressing traditional gender roles and power relations including gender roles and power relations within families which are contributing to the spread of HIV/AIDS
- combating all forms of sexual violence within and outside of marriage
- empowering women and girls and educating men to become aware of negative traditional gender roles in order to overcome discrimination thus taking over responsibility for containing the spread of HIV.

## **CULTURE**

- reflecting on positive and negative aspects of culture, identifying harmful practices and working to overcome them
- addressing taboo issues and breaking the silence.

**LITURGY**

- Developing appropriate liturgical materials addressing HIV/AIDS appropriately and using a gender inclusive and non-stigmatizing language.

**ADVOCACY & LOBBYING**

- Advocating, e. g. for appropriate access to health-care, anti-retroviral medication/therapy at affordable prices, and prevention of mother to child transmission respectively parent to child transmission
- supporting and backing up the partner churches in working for human rights, social and economic justice etc. thus becoming the prophetic “voice of the voiceless”.

**NETWORKING**

- strengthening cooperation and networking between the carrier churches of the ELM and the other partner churches of the ELM in order to learn with each other and from each other to obtain mutual benefits.

**THE VISION**

With this commitment the ELM and the above-mentioned carrier churches of the ELM envisage a transformed and life-giving, healing and caring church in which each human being is welcomed and accepted, embodying and thus proclaiming the abundant life to which each human being is called by God who has revealed himself as creator, redeemer and sanctifier of all life. In order to make this vision a reality all churches, church organisations, and initiatives need to join hands, encourage each other, and work together.

Since the course of the HIV/AIDS pandemic may change dramatically over the next years, this commitment describes an ongoing process and will require regular revision and updating.

This HIV/AIDS Commitment is resolved by ELM's Executive Committee on March 14<sup>th</sup>, 2006.