

Sharing the pain: response of the churches in Papua New Guinea to the AIDS pandemic

MATTHEW BOUTEN¹

National Catholic Health Services, Wewak, Papua New Guinea

This presentation will be focused on the very specific challenges which the AIDS pandemic places on those of us who form the community of faith, on those of us who struggle to follow and fulfil Christ's commandment of selfless love. I invite you to reflect on what your position is in relation to some of these challenges.

Global overview of HIV infection and AIDS

It was estimated by the World Health Organization (WHO) that as of mid-1995 more than 18 million HIV infections had occurred since the beginning of the pandemic in the late 1970s. Over 17 million of these were adults and over 1 million were children. Some 4 million cumulative AIDS cases occurred in some 190 countries in that same period. The majority of these cases were in developing countries. Over 6000 people become infected daily, more and more of them in Asia. One of the most worrying aspects of the AIDS pandemic is the alarming number of children who are being left orphaned.

The situation in Papua New Guinea

By January 1995, recorded AIDS cases numbered 91, HIV-infected cases 247. These figures of diagnosed cases did not convince many people that we had a problem in PNG. The WHO estimates that we have in reality over 9000 HIV-infected cases. What is more alarming is the unusually high number of patients with STD in this country. In fact we can declare that STD and tuberculosis, another important disease in relation to AIDS, will be out of control if we cannot stop the fast advancing of HIV. That is the reason why we should always include in our AIDS awareness campaigns a clear explanation of the important STDs.

In some African countries badly affected by AIDS I have seen bishops wearing a badge with the title: *The church has AIDS*.

The pandemic indeed **challenges the churches** with the same brutal force and with the same fundamental questions with which it challenges the world at large.

In particular AIDS has challenged and has evoked a response from the churches in areas that are central to their mission of teaching, serving, advocacy and pastoral caring. The challenge is to love as God loves us, without distinction and without limit, for God loves those of us who are sick, those who are suffering.

The church as teacher

We firmly believe and teach, and try to act accordingly, that the life of every person is sacred with a dignity that needs to be respected. Therefore prejudicial discrimination against persons who have AIDS, or their families, violates dignity.

AIDS sufferers should not be avoided. Neither are they to be condemned or rejected, even if their illness seems to be a result of their own fault. None of us is without sin or entitled to throw stones (John 9, 1-11). There are some misguided individuals who have declared AIDS to be a punishment from God. Deep in the Judaeo-Christian tradition, however, is the knowledge that our God does not punish with diseases. God's love is unconditional, enduring and freely given to each person.

What should we teach then in HIV/AIDS awareness education?

Guidelines for those involved in the HIV/AIDS awareness campaign:

¹ Br Matthew Bouten, National Catholic Health Secretary, PO Box 107, Wewak, ESP 531, Papua New Guinea

- a) Firstly explain the meaning of human sexuality in the context of marriage and religious teaching.
- b) Discuss the values of premarital abstinence and marital chastity.
- c) Clearly present the medical facts about AIDS.
- d) Acknowledge that many people would not share these values about sexuality and marriage or do share these values but are as yet not able or not willing to follow them.
- e) For those who disagree with church teaching on sexual behaviour, inform them that according to medical science condoms are recommended as a protection against AIDS. Note: This is information about condoms; it is not a recommendation for or promotion of condoms.
- f) We should make sure that the first two points are adequately covered in religion classes or in lessons for both the young and adults. We should stress the need for discipline and responsibility in sexual behaviour and also respect for the other.

But of course the epidemic does bring up the ethics of sexual behaviour too. The current epidemic is an occasion for all to examine their behaviour. Our society has too easily accepted and even encouraged superficial encounters and the exercise of sexuality disassociated from any conjugal and parental commitment or responsibility.

We would fail in our mission if we were to remain silent before the spread of sexual conduct which distorts the very meaning of sexuality and multiplies the risk of the epidemic, if we were not to recall the dignity of human love lived in marriage and fidelity, and if we were not to call all to chastity, to respect their own body and the body of another, whether that person's state is married or single.

There is a necessity for an adequate education in all aspects of human sexual relationships.

The threats of STD and especially HIV/AIDS are so serious for the future of our

society that all churches and the government should combine their efforts to prevent the spread of these diseases. Both the government and churches must take up their responsibility, which is not exactly the same for each party but complementary.

As church leaders our ministry is the Gospel, which is both demanding and compassionate. Christ said: "Be perfect as your Father is perfect", but he said also: "Do not judge and you will not be judged" and "Father, forgive me".

Both the government and churches must play an active role in the prevention of AIDS since this is the only means to fight against the spread of the disease and so far there is no cure for it. They must give honest and complete information to everybody, because everybody has the right to know what HIV/AIDS is, what are the ways of transmission of the virus and what are all the possible means of protection.

Government and non-government task forces should not limit their actions to the demonstration of the use of the condom. Above all they should always promote essential human values such as a global vision of sexuality not disconnected from love, faithfulness to one partner and a happy and sound family life.

The churches should challenge the youth in this country in their faithfulness with specific Christian values such as respect for each other, a spirit of sacrifice and discipline, and responsible sexual behaviour.

Although these diseases are essentially personal and public health problems they are related also to many other issues: psychological, moral, social, economic and spiritual. Therefore they call also for theological and pastoral responses besides medical responses.

The churches have a prophetic role: they must constantly show the ideals and recall God's will for the human family. At the same time they must acknowledge the concrete human situations, take the people at the level they are and through counselling help them to make responsible decisions for their lives.

With their long tradition of reaching out to people in good and bad times the churches should commit themselves even more intensively to care for and support the HIV carriers and AIDS patients, defend them against any form of discrimination, provide company to them in their isolation and share with them their Christian hope and prayer.

The church in an advocating role

The churches are also called upon to influence public policy and opinion in order to advocate a comprehensive and non-discriminating response to HIV/AIDS patients.

In its role as advocate of universal principles and values the church must reach beyond sexual ethics to decry the unjust conditions of poverty and underdevelopment which also contribute substantially to the spread of HIV throughout the world. AIDS has affected the poor most widely and deeply. We are told that poverty is the single most important co-factor contributing to the spread of HIV/AIDS. HIV-infected persons are already subject to various illnesses and infections which weaken their defense systems. They are usually undernourished. They cannot afford appropriate health care. They are frequently forced to sell their bodies and their human dignity in order to survive, or so that their children can have food. The churches have often defended the rights of the poor to an equal share of the world's goods. Today in the area of HIV/AIDS we are challenged to continue this role of advocacy work.

The church as servant

The churches have a long and valued tradition of service for the sick, the marginalized, the poor and the outcast. The church leaders should make an urgent appeal to all the faithful, particularly those engaged in medicine and hospital services, to inform themselves more about all aspects of HIV/AIDS and deal with AIDS patients not only in the most professionally competent way possible, but also with the greatest amount of human and Christian compassion.

I have personally visited Catholic and Anglican hospitals in and around Kampala in Uganda where 70% of all patients on the

medical male wards are suffering from HIV-related illnesses and where there is no room to walk around the beds and stretchers. The female patients are in no way exempt from the disease; in some hospitals more than 40% of all women seeking prenatal care are HIV positive and thus it can be assumed that between one-third and one-half of their children will also be infected with the virus. In addition to illnesses directly attributed to HIV, we must also recognize the added burden which is presented by related epidemics such as tuberculosis, malaria and sexually transmitted diseases, all three of which are out of control in PNG.

In response to these conditions of overcrowding and burnout a number of church-related hospitals in some African countries have developed mobile home care programs which dispatch staff and trained volunteers to assist families to care for their AIDS-sick members in their own homes. Perhaps it is time now for us to look at some of those programs which could in the future help the extended families in PNG to look after their relatives or friends.

In addition to programs with a direct medical focus, church-related organizations have provided and will be called upon further to provide psychological, social and economic support and counselling services.

As a humble servant community, the church has indeed courageously and selflessly answered the challenge of AIDS all over the world. What about us in PNG, are we ready or will we be caught sleeping?

As we reflect upon our Christian call to serve those affected by this pandemic, let us recall quite clearly the teaching of our Lord Jesus who linked eternal reward or punishment with our willingness to serve the sick ones among us.

The church in caring and spiritual accompaniment

Perhaps the greatest challenge which the pandemic poses for the churches is in relation to pastoral care and spiritual accompaniment. Fear and ignorance still abound and put barriers in the way of our involvement. From many parts of the world we hear the same

message. It is so difficult to get the pastors involved. Some pastors have denied people with HIV/AIDS access to the healing rituals of the church, refusing to have anything to do with them, denying them eucharist, the sacrament of the sick and even a Christian funeral. This attitude has caused much pain and suffering for the patients and relatives. Some patients in an angry mood have asked the question: "Why does the church wait to tell us that they love us until they bless our coffin and body at our graveside?"

Some pastors hesitate to become involved because they feel they do not have the skills, they do not know what to say. Very few priests have received training in relation to human sexuality as part of their priestly formation and so are ill-equipped to deal with the sensitive issues around sexuality which people with HIV/AIDS may bring up. Clearly this is an area which we need to address, getting the priests and pastors on board and meeting their training needs.

Persons offering pastoral care manifest solidarity with suffering patients by empathizing with them, understanding the wounds of their lives and comforting them by pointing beyond their human pain to a glimpse of strength and hope.

Not to be forgotten is the power of direct prayer in responding to the pandemic. Thus Pope John Paul II reminded those attending the 1989 Vatican Conference on AIDS:

"I invite all the faithful to offer their prayer to the Lord of life, to help humanity to gain something also from this new, threatening calamity. May God wish to enlighten believers as to the true and ultimate reason for existence in such a way that always and everywhere they might be messengers of undying hope. And still today, facing the impending plague of AIDS, while searching for remedies, we trust that, with the help of God, life will triumph over death and joy over suffering."

What has been the response of the church to the HIV/AIDS pandemic so far?

Except for the efforts of a few individuals and some work of the Family Life Apostolate,

the response was poor in the first years of the epidemic in PNG including the response from the leaders of the church. This has changed significantly since the bishops produced a pastoral letter in 1995 about HIV/AIDS. In that letter the bishops appealed to all Catholics to inform themselves about HIV/AIDS and pass that knowledge on to others. To help them with that the bishops came up with a plan of action and established a National Catholic AIDS Committee. Since that time over two thousand people nationwide have been trained as teachers in sex education and AIDS awareness. The Christian Counselling Institute and Family Life Apostolate have been training hundreds of HIV/AIDS counsellors. Care programs have been established, especially by Sr Mary Rose Bernard in the highlands. The Communication Institute has been producing material for newspapers, radio and TV. There are many sex education and AIDS awareness materials available at the Family Life Apostolate office in Goroka. The education department of the church has been slow in reacting but is moving fast now to become more involved. Several people have been lobbying with success for the establishment of a National AIDS Council. What is needed now is to spread out the network of trained people for the above-mentioned tasks and to have a better coordination between the different dioceses and the National Catholic AIDS Committee.

This pandemic forcefully reveals the crying need of the church to develop a positive sexual ethic which upholds and maintains the value of fidelity to one sexual partner within the context of a marital relationship and which yet recognizes the countless other developmental milestones of life. Most of all, the church should strive to follow the example of its founder. He taught through his actions, he reached out to sinners and called them to discipleship with him, he shared meals with them, he defended them against the pharisees and he challenged those guilty of any less inclusive approach. Time is running out. Volunteers are needed who inform others about the facts of AIDS in all its aspects. Then we can avoid a neighbouring parish priest having to be asked to look pastorally after somebody because of the refusal of another. Then we can prevent the inhuman handling of bodies of AIDS patients by nurses.

All unnecessary fear must disappear. Otherwise we will get in PNG situations similar to what is happening on a large scale in Thailand, where many AIDS patients are rejected by family, community, hospitals and parishes.

In conclusion I believe that the tragedy of the HIV/AIDS epidemic touches the life of each of us. We all have the duty to clean up the polluted moral atmosphere in which we live, by a personal effort of conversion. We must also feel challenged in our attitude towards the sick of AIDS. They are people who suffer much in their body, mind and soul; perhaps God has never been closer to them ever before.

They are God's children and our brothers and sisters.

For further reading the following may be found useful:

- The Challenge of HIV/AIDS to the Church. Fr Robert J. Vitillo, Caritas Internationalis, Vatican.

- HIV/AIDS Prevention Education, the Church Response. Sr Maura O'Donohue, Medical Mission Sisters, Cafod, London-Kenia.

For persons who would like to use the materials I have been using now for many years, you need the following items:

1. Seven posters about HIV/AIDS with Pidgin text (Uganda type, printed by Wirui Press).
2. Teachers' Guide on how to use the above posters for the AIDS awareness lessons.
3. Video tape in Pidgin (Br Matthew), 50 minutes: AIDS awareness lessons including a clear explanation of gonorrhoea, syphilis and donovanosis.
4. Video tape the same as 3 above but in English, 60 minutes.

All the above items are available from the National Catholic Family Life Office, PO Box 592, Goroka, EHP 441, phone 7321356.