



Global Ministries Council of Theological Students Newsletter

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A.I.D.S. in Africa

The purpose of the Global Ministries Council of Theological Students (CTS) is to equip diverse groups of ministerial students with the knowledge and skills necessary to be effective ministers in a global community by providing opportunities to:

*Reflect theologically on global mission

*Engage in an ecumenical model of partnership between the Christian Church (Disciples of Christ) (DOC) and the United Church of Christ (UCC)

*Serve as a link between the Common Global Ministries Board and participating seminaries

*Learn about and advocate for global social justice concerns

*Network with other ministerial students and regional Ministries and Mission Interpreters (MMIs) and learn how to engage in mission interpretation on issues that impact the global church

*Engage in praxis-oriented education

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Global Ministries Responses to the A.I.D.S. Crisis in Africa

By: Geoffrey Brewster, Phillips Theological Seminary, Tulsa, Oklahoma

It is epidemic. The spread of A.I.D.S. across the African continent is wiping out an entire generation and is threatening the survival of the next.

The purpose of this newsletter is to provide for its readership an opportunity to become more aware of the scope of the

A.I.D.S. Crisis in Africa, and then to provide information on how Global Ministries is working to be a critical presence in the face of this epidemic, helping to bring hope into a world filled with fear and death by partnering with communities and individuals to attempt to meet

them at the point of deepest need.

We hope that this newsletter is interesting, passion filled, and inspiring as we are able to see the church in action.

Peace,

Geoff, Sage, and Evan

The Body of Christ has AIDS

By: Shanya Luther, A Global Ministry Intern

I recently traveled to a hospital in a famous 'section' of Johannesburg called Soweto. I have heard it is the largest hospital in the world, although I haven't confirmed that claim, and I have also heard they are renowned experts and leaders in the field of treating burn victims. To me, the most interesting thing about their story wasn't that they are said to be the largest hospital in the world, or even that they are acknowledged experts in a specialized field. The point I found most compelling was the explanation for why they are leaders in treating burns.

During the years when blacks were not allowed to live in Johannesburg, Soweto began as

a 'squatter's camp' for black workers outside the city. The politically correct term now is 'informal settlement' – but the conditions are the same; no running water, no sewage system, and no electricity. The fact that there is no electricity means that in order to keep warm in the freezing winter months, boil water so it is safe to drink, or cook daily meals, people must make fires. Unfortunately, open fires often lead to peoples' small shacks igniting – and once one catches fire, an entire section of the settlement can burn before it can be put out. Also, boiling pots of water are commonly tipped over by small children

who ended up with significant portions of their bodies severely burned. The other factor leading to burns in informal settlements is violence. Many people are victims of another's rage and fire is a weapon.

It is for all of these reasons the Chris Hani Baragwanath Hospital in Soweto found itself serving high numbers of burn victims. As it was explained to me, it was purely out of necessity that they became experts in treating burn victims; because in order to save lives and respond to the needs of the community, they had to. And as the hospital grew into this reality, they learned new techniques

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Poverty and the Dissolution of the Family Structure in South African Communities as the Root Cause of Transmission

By: Sage Crary, Hartford Seminary, Hartford, Connecticut

In Africa today more than 90% of HIV infections among adults are a result of sexual transmissions between men and women. Sexually transmitted diseases have always existed, but never before to the magnitude of HIV/AIDS.

Then how is it then that we as a global community can work to decrease the transmission rate in this already densely infected country? Send condoms? Create media attention? Or work to satisfy the root factor affecting the rate of transmission...poverty and the subsequent decline in family structure.

An important factor in decreasing transmission is to reduce the number of sexual partners each individual has over a lifetime. Of all the factors, which influence the number of sexual partners in a given population, the most influential is that of the socio-economic environment. In South Africa, it is the system of migrant labor, going back more than four generations in some regions, which explains why men and women continually move from partner to partner. Married couples living together are no longer the rule but the exception to it in many parts of South Africa. It is estimated that as many as 60% of children have no regular contact with their father. For many

communities the migrant labor system is not only threatening marriage and family structure but has all together forced it to cease to exist. Men that were continually forced to search for work, migrating from area to area, poor and unable to pay the price of taking a bride in the traditional African custom started to engage more and more frequently in multiple short term relationships. This has left many children to be cared for in poverty by their mothers and grandmothers and has all but silenced the traditional family structure, a structure which was once the most sacred institutions in African culture.

Another factor in the rampant spread of the virus, particularly in South Africa, is sexual violence. A violent sexual encounter damages the organs which aids enormously to the risk of infection. Women are more vulnerable than men and South Africa boasts some of the highest rape statistics in the world.

Rape plays an everyday part in the lives of South African women. According to a recent epidemiological study nearly 60% of adolescents have been victims of sexual attacks. In contemporary poor, urban migrant labor communities men have rights over women. If the woman resists he has the right to punish her by forcing sexual relations on her. Rape has become a way of life and a product of South Africa's migrant labor community.

How do we help to decrease the spread of HIV/AIDS in South Africa? Condoms? The decision to use or not to use condoms is left up to the male in any sexual relationship. This leaves the women, who are the 'principle victims of the epidemic' with no means to protect themselves. While condoms still serve as the primary defense against HIV/AIDS they should not and cannot be our sole weapon against the transmission of the virus.

Then what is the answer? I maintain that the answer comes not in the form of costly media campaigns but rather by a fundamental change in the socio economic conditions. One of the most sacred institutions in traditional African communities is that of the family. I do not believe that this desire for close kinship could possibly have ceased after merely three or four generations of migrant labor. Rather, migrant labor system has made this desire less and less of a reality. Working together as a global community to change the economic conditions and bring about the reality of a family unit, I believe is the key, to reducing the transmission of HIV/AIDS.

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"Christian and Traditional African Attitudes Towards HIV/AIDS" Chepkwony, Adam (AFER, March 2004, 56-66)

"4.3 million people were infected with HIV in 2006, the highest ever in one year"



The Crisis in Malawi

By: Evan Dolive, Lexington Theological Seminary, Lexington, Kentucky

In June 2007, I was blessed with the opportunity to travel to the country of Malawi, Africa. The Republic of Malawi is a landlocked country located in the Southeastern region of Africa. In comparison to the United States of America, Malawi is about the size of the state of Pennsylvania (118,480 square kilometers).¹

One of the biggest problems in Malawi is the extremely high prevalence of HIV/AIDS. The United Nations AIDS program, a joint effort of ten UN programs, estimates that about one million people in Malawi are infected with HIV/AIDS.² That is one million out of a population of 13 million; Conversely, the United States has about one million people infected with HIV/AIDS out of a population of 300 million.

It is estimated that 84,000 deaths occur each year due to complications of AIDS. This epidemic has led to the median age, age structure and life expectancy to decrease dramatically. The largest percentage of the population are those ages 15-64 (51.2%), followed by 0-14 (46.1%). Less than three percent of the population is over the age of 65.³

UNAIDS estimates that 550,000 children under the age of seventeen are orphaned due to AIDS. Infant mortality rate per 1,000 live births in Malawi is 92.14, compared to the United States which has a mortality rate of 6.78⁵. Another problem plaguing the country is the prevalence of Malaria. In the past, the transmission of Malaria was only high during the rainy season and in areas near Lake Malawi. Now, the occurrence of Malaria has reached a point to where the possibility of contraction is nearly year around. In some parts of the country, Malaria-related infections are the number one killer; this is due to the immune-suppression related with HIV/AIDS. Since Malaria is transmitted by the bites of mosquitoes, Malawians are encouraged to sleep under mosquito nets for added protection. Malawi's Ministry of Health has begun to purchase and distribute nets to mothers with children under the age of five and to the elderly, the people most affected by the disease.⁶ Nets are still available for purchase; however, the government purchased most of the cheaper nets. The nets that are readily available cost 750 Kwacha or five US Dollars. This

may seem a small amount, but the average Malawian makes \$160 per year making it one of the ten poorest countries in the world.⁷

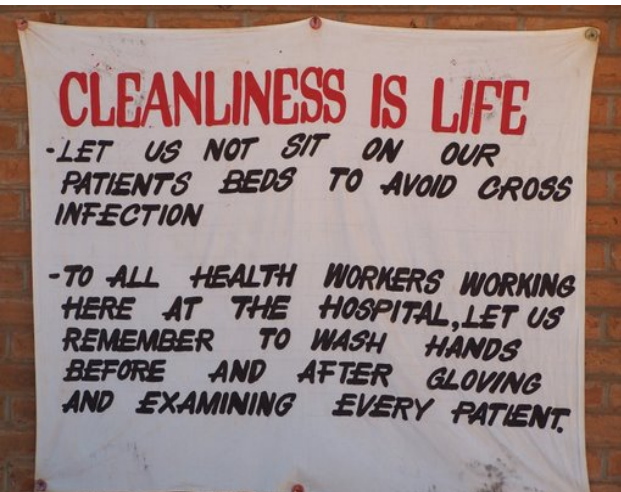
The Government of Malawi is working diligently to try to combat this devastating disease. The Government has received outside funds to purchase medications that help fight HIV/AIDS. However, some villages are so remote that traveling to areas where the medication is being distributed



Graffiti on side of building in Malawi

would be cost prohibitive. To assist in this matter, some churches have begun to provide assistance. During my travel, I went to a mobile clinic that was supported by a church and a hospital. This particular day was just for mothers who were pregnant or mother with children under the age of five. Before being seen by a doctor the mothers were told about the importance of getting themselves and the baby clean and were encouraged to take their maize to mills that would fortify it with nutrient power. After the talk, the women went to the doctors and nurses. All the babies were given immunizations and medications (if needed) for free. If the mother was known to have HIV/AIDS and she was pregnant she was given a special medication. This medicine was to be taken on the first onset of labor. I was told that the medicine (which was purchased with outside funds) weakened the HIV/AIDS virus enough that it did not pass from mother to child in the birth canal, when the baby is most susceptible.

During my visit, I saw true ministry taking place. The churches stepped in where the patients or government could not and did not ask for anything in return. The churches feel like this is their mission field, sharing the love of Christ to all, no matter what.



¹ Central Intelligence Agency (USA), June 19, 2007, "CIA-the World Factbook--Malawi," <https://www.cia.gov/library/publications/the-world-factbook/geos/mi.html>. (accessed July 15, 2007).

² UNAIDS- *Uniting The World Against Aids*, 2007, "UNAIDS- Malawi," <http://www.unaids.org/en/Regions/Countries/Countries/malawi.asp/> (accessed July 17, 2007).

³ CIA, "CIA-The World Factbook--Malawi,"

⁴ *ibid*.

⁵ National Center For Health Statistics, May 2, 2007, "Overall Infant Mortality Rate In U.S. Largely Unchanged," <http://www.cdc.gov/nchs/pressroom/07newsreleases/infantmortality.htm>. (accessed July 17, 2007).

⁶ Victor Chinyama, "UK Members Of Parliament And Chaka Chaka Witness Malaria Control Efforts," *UNICEF*, November 3, 2006, http://www.unicef.org/infobycountry/index_36451.html. (accessed September 15, 2007).

⁷ Analytical Services Division of the Government of Scotland, "Malawi Economic Brief," June 09, 2005, <http://www.scotland.gov.uk/Publications/2005/06/09132146/21474/> (accessed September 29, 2007).

¹ Global Ministries, January 12, 2008, http://globalministries.org/index.php?option=com_content&task=view&id=678&Itemid=380.

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on how to care for burns; they sought advice from others who were knowledgeable, and they began education and prevention campaigns to try to lower the number of adults and children burned every year.

They still see too many victims coming in, but they are far better equipped to care for those victims and they continue to prevent even more people from suffering the same fate.

As I think about the hospital's response growing out of a very real need, I am acutely aware of the alarming situation facing southern African churches with regard to HIV and AIDS. Despite local and international work to fight this disease, understanding of HIV and AIDS is very low among the general population and infection rates are still increasing. Most people agree one major reason for the misunderstandings and lack of accurate information regarding this disease is that those with AIDS suffer such enormous discrimination they don't discuss their

Condemnation vs. Caring?

By: Sage Crary, Hartford Seminary, Hartford, Connecticut

Since the outbreak of HIV/AIDS in the early 80's there have been a variety of "Christian" responses to the pandemic. Of the multitudes of responses there are two that are particularly noteworthy. HIV/AIDS was first discovered among homosexuals in Los Angeles, therefore, HIV/AIDS has been interpreted as 'a punishment from God towards homosexuals'. This implies however, that all HIV/AIDS sufferers are homosexuals and all homosexuals are afflicted with HIV/AIDS, which we know is simply not true. The second is that HIV/AIDS is a punishment from God for immoral and promiscuous activities. This conclusion was reached when it was discovered that HIV/AIDS could be transmitted through intravenous drugs and heterosexual relationships. The implications of such a response are obvious; that is, all HIV/AIDS sufferers are sinners. If this were the case, then Christianity has a task to explain why our

disease with others, and in many areas it is still culturally taboo to discuss sex at all.

Some key reasons infection rates are still increasing are that women do not have the power to determine the circumstances of their sexual encounters, patriarchal norms lead to high rates of infidelity among men, and children are often forced into prostitution to make enough money to eat. Poverty, sexual and physical violence, lack of basic resources, overburdened health care and educational systems, and corrupt and ignorant governments, all combine to create an environment where HIV and AIDS are able to flourish. As a direct result of these problems the churches are faced with how to combat irresponsible and violent sexual practices, oppression of people living with this disease, and a loss of lives, which is unimaginable.

Thinking back to my visit to the hospital in Soweto, it seems to me we are on the verge of churches in southern Africa becoming experts in HIV and AIDS education, prevention, support, and pastoral

good and loving God, who punishes sinners with HIV/AIDS, would indiscriminately punish upright men and women and innocent children? This point can best be illustrated by the innocents who contract the condition through no fault of their own via blood transfusions, contaminated syringes, rape, or even the innocent children who are infected with HIV through their HIV positive mothers.

The fact that some Christians believe that AIDS is a punishment is a very dangerous thing. The danger lies in the fact that such interpretations create negative responses that are contrary to the medical and Christian ethics of human acts. Those who believe that HIV/AIDS is a punishment for sinners forces the believer to adopt a negative judgmental attitude to those afflicted with the disease. The subsequent interpretation is that HIV/AIDS sufferers have brought the disease upon themselves for sinning and since God is punishing them

care. I believe it will be out of pure necessity that they become 'specialists in this field because in order to save lives and respond to the needs of the community, they will have to. The church – the body of Christ - is the people, and the people are dying of AIDS. As the church grows into this reality, I hope it, too, will learn new techniques for how to care for those dealing with HIV and AIDS, that it will seek advice from others who are knowledgeable regarding the disease, and it will begin its own education and prevention campaigns to lower the number of adults and children infected every year. Like the hospital, I pray with God's help the church will become far better equipped to care for the infected and affected, and will be able to prevent even more people from suffering the same fate.

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there is nothing we as humans can do. In many cases this causes deep despair and depression to those afflicted and has been shown to actually hasten the progression of the disease and ultimately the patients' death.

The other danger imposed by such views of HIV/AIDS is that it portrays a picture of an irrational God. Here, God is represented as a cruel unforgiving master who is anxious to punish sinners even to the point inadvertently killing innocents in the process. This is oppositional to the New Testament Biblical teachings of the Merciful Father and Begotten Son in whom the salvation of the world is based. This sends a message to believers that God is unloving and unjust in God's actions and no believer is safe from God's wrath.

By adopting a condemning attitude towards those afflicted with HIV/AIDS we as Christians are standing in opposition to the (Continued on pg. 5)

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teachings of Jesus. We have been instructed to love one another, and when one member of our community is suffering we are to reach out to them and care for them as if we would want to be cared for. The concept of working together in unity as a Christian community is central to our faith as Christians for "the body is not made up of one member...But, if one member suffers, all suffer as one." (1 Corinthians 12: 14)

Therefore, let us as a Christian community bond together in unity. This should not be the unity in support of condemnation but rather unity in support of caring and healing to all our fellow Christians, both here in the United States and abroad as members of our global family.

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Global Ministries Gives Us Opportunities to Respond

By: Geoffrey Brewster, Phillips Theological Seminary, Tulsa, OK

It is said, "Global Ministries is our best kept secret," and the more informed one becomes with the work that this manifestation of our church is doing in the world, the more one begins to believe the truth found in this statement. One of the greatest resources Global Ministries has for the greater church is its website: www.globalministries.org. At the top of the page, there are several tabs that lead a person to different drop down menus. The "Resources" and "Get Involved" tabs both have information on how an individual and or a church can get involved in the mission and ministry in response to the A.I.D.S. crisis.

Under the "Resources" tab, Global Ministries has provided extensive resources on ways churches can participate in World A.I.D.S. Day. World AIDS Day is the international day of action on HIV and AIDS which takes place every year on December 1. World AIDS Day is about reminding us all that HIV is an issue for everyone. Hundreds of thousands of new cases of HIV are being diagnosed around the world and the only way we can stop it spreading is by creating a more AIDS Aware society in which everyone takes action. Global Ministries is committed to HIV/AIDS education around the world. This website has been created with several resources that will empower your congregation to take part in the education of HIV/AIDS around the world.

Just as education is the most important part of combating the crisis in Africa, so too is it the most important step we can take to help bring justice to those who are suffering. The more we educate people about the needs that are in the world, the more opportunities we provide for others to respond and find their passion for justice. It is impossible for any of us as individuals to meet the overwhelming needs that are calling for our care, but we can inspire others to respond by resourcing them with the information and tools they need in order to be an advocate for change in the world.

Take some time and become familiar with the Global Ministries website. It will become a valuable tool in your ministry as you help others to find their ministry in this world.

www.globalministries.org

Global Ministries Council of Theological Students Roster – 2007-8

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