



# *Conversations*

Breaking the Silence:  
Church Conversations  
about HIV/AIDS

# III



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Breaking the Silence  
Church Organizations  
About HIV/AIDS



James E. Perkinson\*

BREAKING THE SILENCE, BEARING THE  
STIGMA: THE PASTORAL AND PROPHETIC  
RESPONSIBILITIES OF THE CHURCH  
IN THE POLITICAL ECONOMY  
OF HIV/AIDS

AIDS is now the leading cause of death among African-American women between the ages of twenty-five and thirty-four in the United States.<sup>1</sup>

In the year 2004, poverty and inequality now play an even bigger role than ever in determining who lives and who dies with HIV. . . . AIDS—like most of the world's infectious killers—is a disease of inequality.<sup>2</sup>

In contrast, the U.S. political-economic response to the AIDS crisis is marked by an intersection of state (federal and local), corporate (insurance companies and health care industry) interests which seek the greatest profit while simultaneously shifting blame and financial responsibility for the illness into stigmatized individuals least capable of shouldering the ordeal.<sup>3</sup>

Late capitalism's relationship to PWAs is one that reproduces shunning of its victims at the same time that great profit is extracted from their conditions.<sup>4</sup>

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<sup>1</sup>UNAIDS, "North America, Western and Central Europe: HIV and AIDS Statistics and Features in 2003 and 2005," [http://www.unaids.org/epi/2005/doc/EPUpdate\\_2005\\_html\\_en/epi05\\_10\\_en.htm](http://www.unaids.org/epi/2005/doc/EPUpdate_2005_html_en/epi05_10_en.htm) (accessed March 1, 2006).

<sup>2</sup>Jennifer Furin, David Walton, and Paul Farmer, "The Ever-changing Face of AIDS: Implications for Patient Care," in *The AIDS Pandemic: Impact on Science and Society*, ed. K. H. Mayer and H. F. Pizer (Boston: Elsevier Academic Press, 2005), 302-303.

<sup>3</sup>Anthony J. Lemelle and Charlene Harrington, "The Political Economy of Caregiving for People with HIV/AIDS," in *The Political Economy of AIDS*, ed. Merrill Singer (Amityville, NY: Baywood Publishing Company, 1998), 149.

<sup>4</sup>*Ibid.*, 151.

The divorce of research and analysis from pragmatic efforts to remediate inequalities of access is a tactical and moral error—it may be an error that constitutes, in and of itself, a human rights abuse.<sup>5</sup>

### Introduction

This essay addresses the great ecclesial silence of a 500-year-long-Christian complicity with the powers of white supremacy and Western hegemony. This silence in question hosts great nuance, hides much genocide and slavery, and leverages odious plunder as its unspoken privilege. Not least of that privilege on the well-to-do side of the ledger in the USA of today is a presumed entitlement to state-of-the-art healthcare even when such access is organized at the expense of myriad poor populations of color here and abroad (and indeed, increasing segments of the lower middle class who are being “dis-insured” in the face of the exorbitant inefficiencies of the privatized healthcare system in this country). The single refrain of my word at this conference is the questioning of such a globalized structure of differential access—too often underwritten by a formalized discourse of human rights that actually only masks the deepest issues of who lives and who dies in our contemporary political economy of neo-colonial warfare and neoliberal domination.<sup>6</sup> Transnational corporate privatization of everything from oil to water, diamonds to didgeridoos, AZT cocktails and the grains and vegetables necessary to enable an immune system to resist infectious invasion (whether by HIV or any other communicable malady, remains the great juggernaut of the age)—compelling in its coercion precisely because of its comprehensiveness and seeming irresistibility.

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<sup>5</sup>Paul Farmer, *The Pathologies of Power: Health, Human Rights, and the New War on the Poor* (Berkeley: University of California Press, 2005), 22.

<sup>6</sup>Ibid.

My concern for the church in the face of such is one of indeed “breaking the silence”—but a silence that for too much of Christianity today is one that is theologically ramified. But for the church to become capable of ministering to those living with HIV/AIDS, it must first look long in the mirror of its own captivities and “infections.” And of course, these are specific to culture and social position, class demographic, and racial history. The Episcopal Church in the white suburbs of Detroit, is exercised by a different demonic temptation than the typical A.M.E. Church south of Eight Mile. Though my entire adult life has been lived in the context of the latter, I can only speak with insistence to the former. But the language of “possession” needs to be invoked.

There is deep concern for the number of levels of power that engulf every local action or intention in our globalized world today: Our spiritual discernments have yet caught up with the reality we live. We are indeed “possessed”—even, and probably especially, “we” who are “Christian” and First World and middle class (and especially those of us who are “white”). We are infested by ideological assumptions, by corporate visions, by commoditized fascinations, by mediated expectations, by popular archetypes, by theological wish-dreams, that cause us profoundly to misperceive and misunderstand the vast suffering and ruthless violence visited on the world’s poor by globalized structures of racialized inequity that determine who is at risk for infection, for rape, for torture, for incarceration, for bombing. . . *and who—wittingly and unwittingly—benefits from such.* Pastoral care today cannot any longer abstain from prophetic confrontation. We are intermeshed in global structures of interdependence that link our life-chances concretely, if also very inchoately and differentially. No one is any longer innocent of anyone else’s life circumstance on the planet.

## A Case History: Acéphie

Here is an example from beyond the USA, narrated by anthropologist-physician Paul Farmer, author of *Pathologies of Power: Health, Human Rights, and the New War on the Poor*. Farmer works six months of each year in rural Haiti and the remainder of the time at a Boston hospital, providing direct health-care services and doing research and advocacy work for those sick and living in poverty. Much of his research effort has been to demonstrate the link between structural violence and compromised health.

One case study he offers tracks the early death of a Haitian woman named Acéphie, whose family was displaced by the 1956 damming of the river Artibonite, whose plans were conceived while the country was occupied by the U.S. military from 1915-1934, signed in Washington, DC, in the mid-50s, and whose project loans and building yielded profits for American banks and engineering firms—and all of this on top of its longer modern history as a “ripe plum” of a colony yielding European prosperity (until its slave revolt of 1791) or its later leveraging of markets for American products under the rapacious Duvaliers. The rising waters forced the un-consulted peasant farmers up out of the valley to rocky hillsides, there to eke out livings in growing conditions of poverty and hunger, forcing families to send daughters to Port-au-Prince to work for pennies as cooks in middle-class kitchens, seeking a *moun prensipal*—a “main man”—to secure their futures in exchange for one form or another of sexual liaison.

Thus, Acéphie’s descent into dire straits from the age of nineteen to her death by AIDS in her mid-twenties—a seemingly local tragedy resulting from what might appear as compromised morality (with a local soldier whose captain’s pay promised some measure of relief for her family), but in reality

a demise inside ever-tightening constraints on her agency, a multi-stranded noose whose first coil was knotted in the Washington, DC, decision on the dam before she was born, and whose subsequent twists implicate layers of imperial, transnational, national, urban, and rural structure—corporate, political, military and educational—linking her shrinking horizon of possibilities to various forms of benefit for elite interests in Haiti and the USA.

While Acéphie's history exhibits the connection between the flow of microbes and money abroad, the interlinkage between economic impoverishment, racial discrimination, religio-cultural stigmatization, social marginalization and HIV infection has its own peculiar virulence inside the USA as well. It is complicated for the African-American community especially by historic discriminations and coercive forces of unemployment and incarceration pushing Black males toward "hyper-masculine compensatory behavior involving sexual conquests" and mainstream mythologies of the family and household as sanctuaries of relief from the world of work that too often trap Black women in unsafe sex in the name of trust and intimacy.<sup>7</sup> While not always as brutally economic as the constraints faced by Third-World Acéphies (since even impoverished women often figure out how to forge a measure of economic independence from men in the African-American community), patriarchal and racist ideologies of heterosexual relations, not unrelated to the goals of industrial capitalism, mediate the impact of political and economic forces in subtle ways "inside" women's otherwise "freely taken" sexual decisions.<sup>8</sup>

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<sup>7</sup>E. J. Sobó, "Love, Jealousy, and Unsafe Sex among Inner-city Women," in *The Political Economy of AIDS*, 77, 80-81, 97.

<sup>8</sup>*Ibid.*, 97.

## New Face of Global AIDS and the Church

This is the new face of global AIDS peering out from an epidemic already apocalyptic in Africa, emerging like a health-care tsunami in Asia, troubling eastern Europe and Russia, sneaking up from cities of Latin America. Poor women of color are coerced into early deaths yielding profits in other quarters, while the “expert” explanations elaborated for such catastrophes continually charge “individual irresponsibility” and “backward cultural belief”—one more time damming the victims for being dammed to impossible circumstances in the first place. In fact, global HIV infection does not correlate at all with higher rates of early initiation into sexuality, premarital intercourse, or multi-partnered sex liaisons, but rather with poverty, malnutrition, parasite infection, war, economic disruption, and rapid urbanization.<sup>9</sup> This ideology of HIV susceptibility merely supplies rationale for the growing “medical-industrial complex”—complimentary to the “military-industrial complex” of Eisenhower fame, and the more recent “prison-industrial complex” managing the so-called “war on drugs,” each reinforcing the other in ramifying a global reality of systemic “overcare” and surfeit for the rich at the expense of “undercare” and triage for the poor.<sup>10</sup> Farmer’s entire career has been a long active “polemic” against such ideological manipulations of violent inequity—clarifying the ways even AIDS research in Third-World contexts creates benefit for First-World elites and even medical ethics and professional standards of practice themselves constitute “ethical abuse” in active-

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<sup>9</sup>Eileen Stillwaggon, *AIDS and the Ecology of Poverty* (New York: Oxford University Press, 2006), 12-14, 151, 154.

<sup>10</sup>Farmer, *Pathologies of Power*, 203; R. Relman, “The Health Care Industry: Where It Is Taking Us?” in *The Nation’s Health*, ed. P. R. Lee and C. L. Estes (Boston: Jones and Barlett, 1994), 67; Lemelle, *Political Economy of AIDS*, 150-151.



ly silencing any emergent question of social justice that might trouble their deliberations.<sup>11</sup>

Just here emerges my own concern for the role of the church inside this global cacophony of silence. Social theorists Lemelle and Harrington put it this way:

What the new medical-industrial complex means for HIV/AIDS is the creation of a new sector of profiteering that works in conjunction with the cultural anxieties associated with risk groups. In this way the moral, religious, and political codes of the society intersect to produce overdetermined images of both the normality and the deviance. Through the state ideological apparatuses that include churches, the educational system, television, and the publishing medium, persons with HIV/AIDS are reproduced as stigmatized groups. Simultaneously, they are increasingly relegated to out-of-sight positions by the organization of the ambulatory care technologies of the new medical-industrial complex. Late capitalism's relationship to PWAs is one that reproduces shunning of its victims at the same time that great profit is extracted from their conditions.<sup>12</sup>

Churches wedded to prosperity images of the gospel and theologies of upward mobility are insidiously warped into service of a systemic exploitation. Purity codes have long been the source of sacral hubris—"bombs" of theological toxin thrown among sufferers of disease and denigration, reinforcing their pain and ramifying their exclusion from the social body of salvation. Leprosy in Jesus' day (Mark. 1:40-45), or the

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<sup>11</sup>Farmer, *Pathologies of Power*, 200-205.

<sup>12</sup>Lemelle, *Political Economy of AIDS*, 150-151.

bent back of a synagogue-attending daughter of Abraham in Luke's gospel (Luke 13:10-17), or simply being one of the "rabble"—poor, disenfranchised, underfed, and clamorous for relief—in John's gospel (John 7:49) was enough to draw down a scribal certification as "accursed." (Luke 6:17-26 offers a pointed example of Jesus' inversion of this theological order of blessedness and cursedness). The role of the church in producing and policing stigma is profound. Not only explicit words, but silent glances, dress codes and zip codes, gleam of chrome on one's ride, and level of bling on the woman or man at one's side are made to signify both entitlement and judgment. Perhaps today it is ecclesial quiescence itself, throbbing with heavy manners, that is most in need of a "biblical exegesis." Effectively "breaking silence"—as the conference here calls for—demands first of all hearing what is *being silenced*. Inside the quiet is a cry; under the stone face, a moan. And, as has ever been the case, the weight of constraint is not innocent of an economy of benefit. There are dollar signs on the self-righteous side of the exclusions.

### Lazarus and Dives

The parable of Lazarus and Dives today offers trenchant witness (Luke 16:19-31). Between the table of sumptuous feasting and Gucci flashing, noted by the gospel-writer in chapter 16 of Luke, and the beggar body lying supine at the wealthy gate is a wall of fate. It is a wall full of silence and surprises. No word is spoken between the Torah-keeping suburbanite and the sore-weeping, foul-breathing sufferer at the stoop. Lazarus perishes without even a grave to mark his passing. The rich one is buried with flourish and a song in a marble cairn. There is no morality invoked, no reason given to

suspect either of righteousness or a failure. There is only social positioning and the structure that always interlinks wealth and poverty in a dissembling silence. Contrary to American ideologies of individual merit and entitlement, a fat bank account is never innocent of the social kleptocracy necessary to accumulate a great horde, or the early deaths that usually attend the hard labor that creates the surplus in the first place.

Here Lazarus, as any Palestinian peasant listening to Jesus would instantly have understood, was likely the younger son of a share-cropping family, rendered unemployed in the take-over of the family plot by a loan-sharking landlord—as typical in his time as any credit-hawking company today—who converts the alienated land to cash-cropping for Roman export and reduces the former small farmers to mere tenants on their own turf. Younger sons all over Palestine were being reduced to day laboring and begging as a consequence of the draconian debt-system leveraging wealth for the elite and early deaths for the disenfranchised. Lazarus is simply true to the type, dying early, like so many others, from malnutrition and disease. But shockingly, it is he who ends up in the position of guest-of-honor at Abraham's table, leaning his head on the host's chest in intimate concourse at the messianic banquet-to-come, with a chasm intervening between his postmortem condition and that of the upright-seeming, prosperity-gospel-loving Dives, who writhes in Hades.

Amazingly, tragically, comically, however—even there the stigma remains stereotypic in the latter's head; he is still seeking to order Lazarus to attend his needs like a “boy” sent from the hand of an Abraham imaged as model “fat-cat” of the ages, seeming guarantor of the right to wealth in the community of faith, claimed patron of all Palestinian privilege and power, historic owner of slaves and banisher of a dark woman to a

desert solitude when her claim to inheritance got too uppity. But in the parable, this elite Abraham points away from his own authority to downwardly-mobile Moses in company with the prophets and the poor, and verifies that the chasm has become fixed. Dives' wall is solid. The exclusion he had erected around his lifestyle has indeed become hard and fast, walling him out and Lazarus in—a wall of impenetrable silence and certainty during life become agonizingly clear and ironically inverted in what comes after. Today, I would submit, Lazarus is a Black woman, coughing with TB, crippled with HIV, perishing in silent slow-motion under the sobriquets and scoffing of all of us well-manicured, well-intentioned, well-dressed believers in a Jesus of delicate manners and just deserts. And indeed, we had best hope Jesus is *not* one who gives according to what we deserve.

In any case, the bite of the parabolic barb is in the name of the discarded: "Lazarus" means "God's help." The question is for whom that help is offered. The implication is typical of the offense Jesus laid at the feet of the arrogant. Dives' only way into eternity is through community with the sick one at his gate. Remarkably, Lazarus is his help back into integrity. To the degree he rejects Lazarus, he rejects God. And this, for me, is the crux of the question: How can the church care for those suffering with HIV? The answer has to do, not only with ministry, but community—or at least intimacy-of-exchange as the basis for remedy-of-the-pain—daring to share the stigma by preaching against the exclusion prophetically while embracing the infected ones socially (like Jesus touching the leper in Mark.1:41) and accompanying them, day in and day out, pastorally. Down inside the silence needing breaking is a blindness needing shaking. It is not just that the church has a gift and the diseased a need. But also the inverse! We

may well discover, under the dark skin, and the emaciated limb, spiritual kin who bear witness and teach. What such agonizers in the night might teach can only be discovered in a compassion that begins to suspect who it really is that has AIDS. At the very least—it is we.

### The Church's Pastoral Vocation and HIV/AIDS

The pastoral vocation of the church must find root in a prophetic vision of the planet. The HIV sufferers are canaries in the coal mine—signs of a demise that stalks an entire globe. We face an apocalypse not primarily of AIDS, but of inequity. We who are well off die with these dark women, spiritually killed by their pain, a psychic bullet relegating us to the trivialities of fear and denial inside our gated shrines of upward mobility and blind certainty that we are the chosen, haunting those of us who increasingly exist as mere consumers in a global machine of investment, mere digits in the demonic uprising of a late capitalist monstrosity—a cancerous growth, nowhere caring for organic bodies, eating everything through the market including the health of the poor, looming larger and larger, privatizing more and more of our common habitat and good, inhabiting bigger and bigger bombs, ravenous . . .

We are as surely compromised in our moral immunities as the most gaunt, TB-wracked, blood-spitting, skin-itching, parasite-consumed HIV-sufferers are in their physicality—we, now, rendered parasites on their perishing, living like maggots on the rotting flesh of our sisters, full-bellied, whitened with necrotic fat. We, who live relatively well-to-do, on Dives' side of the wall, are rendered the HIV of the biosphere. Either we treat everyone's infection or we perish together—their dying flesh the infallible sign of our deadened spirits. As they die, we

cease to be human. We cannot have it both ways. Lazarus *is* in the bosom of Abraham! Where are we?

But it gets even deeper. If we dare really peer into the face of our suffering sisters, we may discover the actual AIDS victim today is not just us, but a hidden Christ, an African messiah, become incarnate in the compromised flesh of our planet, like an *nganga* of old, like the Servant of Isaiah, taking the disease into his own body. Do we really dare let Jesus die again?

### Conclusion

There was an HIV sufferer lying at the gate of a full-bellied man named Jim . . .