Bertram L. Melbourne*

END THE SILENCE: LISTEN, LEARN, LIBERATE!

Introduction

Ministry to the sick and suffering has been a timeless tradition among religious peoples: Moses, Elijah, Elisha, Isaiah, among others in the OT and Peter, Paul, John, Philip and others in the NT. Jesus—the founder of the Christian Church—took this ministry to a new level while he tabernacled with us. In fact, Jesus' ministry was characterized by **empathetic listening** and **compassionate acting**. The preferred word the Gospel writers used to describe his feelings implies "the gut, viscera, the bowels, the inward parts, the entrails.\(^1\) This is what went out from him in pity, sympathy, or compassion to suffering humanity (Matt. 9:36, Luke 9:22, Mark 1:41). The English translators often render the noun, "bowels of compassion." Jesus has thus left a high standard for us to emulate.

Christians, who are people who imitate Jesus and are his representatives on earth, should do no less for suffering humanity. Compassionate ministry is not just an undeniable task; it is a Christian imperative that should be indiscriminately practiced. Unfortunately, it is not evident in all of Christendom. Certain diseases in every age have been dreaded and their vic-

*Bertram L. Melbourne, is professor, New Testament Language and Literature, Howard University School of Divinity, Washington, DC.

The Analytical Greek Lexicon: An Alphabetical Arrangement of Every Occurring Inflexion of Every Word Contained in the Greek New Testament Scripture (London: Samuel Bagster and Sons Limited), [1977]), 373; also William F. Arndt and F. Wilbur Gingrich, A Greek-English Lexicon of the New Testament and Other Early Christian Literature (Chicago: The University of Chicago Press, 1957), 770.

tims despised. In pre- and post-monarchy Israel and in the first century, it was leprosy. During the Middle Ages, it was the plague. In our day, it is AIDS. The latest statistics on the world epidemic of HIV/AIDS were published by UNAIDS/WHO in November 2006 and refer to the end of 2006. They indicate that there were 39.5 million people living with HIV/AIDS in 2006. Of these, 37.2 million were adults, 17.7 million were women, and 2.3 million were children, 4.3 million were newly infected in 2006 and there were 2.9 million deaths in 2006 alone.²

After twenty-five years of its existence, more than 25,000,000 men, women, and children have died and an expanding 40,000,000 are suffering its ravages. Africa has 12 million AIDS orphans. At the end of 2006, women accounted for 48 percent of all adults living with HIV worldwide and for 59 percent in Sub-Saharan Africa. Young people (under twenty-five years old) account for half of all new HIV infections worldwide—around 6,000 become infected with HIV every day. In developing and transitional countries, 6.8 million people are in immediate need of life-saving AIDS drugs; of these, only 1.65 million are receiving the drugs.³

Between 2001-2005, the number of Black men diagnosed with HIV was 44 percent with Black women at 67 percent.⁴ From 2004-2005, 46 percent of Black gay and bisexual men tested in five cities are HIV positive.⁵ Families, friends, church members, and other victims have suffered immeasurable pain

²UNAIDS [Joint United Nations Programme on HIV/AIDS], "UNAIDS/WHO 2006 Report on the Global AIDS Epidemic," http://www.unaids.org/en/knowledgecentre/HIVdata/globalreport (accessed January 9, 2007.

⁴Gail Berkenblit, Joseph Cofrancesco, Valerie Stone, et al, "HIV Testing, Prevention, and the New CDC Guidelines: Are You Ready to Optin?" [HIV Counseling and Testing Issues in African Americans] http://www.sgim.org/amo7/handouts/wcob.pdf (accessed January 9, 2007. ⁵Ibid.

in silence and trepidation for fear lest their space is intruded, their anonymity revealed, their dark secret divulged; and they become disgraced, lose their friends and livelihood, be disowned by family, and/or removed from fellowship by their faith communities. Is this the just, moral, and ethical response? How should faith communities respond? How are we called by the example of Jesus to respond to this dilemma faced by some among us? What are we called to learn? How can we act to liberate and help others live as faith demands? Who can better respond to these questions than we in the faith community?

Role of Faith Communities

Faith communities cannot afford to play priest and Levite on this issue. We cannot afford to pass by on the other side. Like the Good Samaritan, we must get involved and act neighborly. The church is called to be a community, but even a divisive issue as AIDS should not be allowed to disrupt this unity. If the church is a community, then it is as great as its weakest and lowest member. If the church is a family, a great family does not discard or betray its weak members. It surrounds them to help, protect, and strengthen them to ensure they have a sense of belonging. To ensure this, a responsible, well-thought-out answer is required, especially since:

- 1. Caring is a historic part of our tradition as Christians, Jews, and Muslims.
- 2. The mission that the Lord gave the church involves the task of seeing to the needs of the hurting and despised ones (Matt. 25).
- We have an "in" since religious institutions, according to the CDC, are potentially an acceptable source of AIDS information for street drug users.

4. We claim to be a caring community and folks are watching and evaluating our claim by the way we respond to unpopular, complex, and pressing issues like this one. Furthermore, it is also true that one single response can radically change all previous actions and patterns of behavior, however moral, upright, or just.

How then should we respond? A response representative of the entire body of Christianity or of all faith traditions is difficult, especially since views on the issue differ widely. One thing is certain: we cannot afford to continue to spread panic, be judgmental, be part of misinformation, view AIDS as the judgment of God, and reek down fire and brimstone on the heads of sufferers. If indeed AIDS is God's curse on our generation for certain practices, as some advocate, then, was leprosy the curse of God on peoples in Biblical times? Is a ministry to AIDS victims tantamount to condoning sin? If the answer is yes, then, was Christ's ministry to the lepers of his day sanctioning sin, given the views of his contemporaries? Emmanuel Dreuilhe understands this when he says: "I might even pardon the Pharisees who turn away from those already laid low, when they're not actually at them with their crooks, good shepherds that they are."6

Among African Americans, the church has played a major role in significant issues for the community. The Civil Rights Movement had its genesis in and gained impetus from the church. This intervention of the Black Church is again necessary before this epidemic reaches pandemic proportions. In fact, Ronald Weatherford and Carole Weatherford, in *Somebody's Knocking at Your Door*, suggest that the African-American Church is uniquely suited to address the AIDS

⁶Emmanuel Dreuilhe, *Mortal Embrace: Living with AIDS* (New York: Hill and Wang, 1988), 46.

issue in the African-American community.7 Pernessa Seele, founder of The Balm in Gilead, concurs: "It is essential for the [B]lack [C]hurch to be involved in our community, because in our community we mobilize around the pulpit."8 This means that for meaningful progress to occur in battling this disease the church must be involved.

This involvement is indispensable for African Americans when, according to Kai Wright, "Nationally, AIDS is the number one cause of death for African Americans between 25 and 44 years old."9 And when, "One in 50 black men and one in 160 black women are HIV positive—compared to one in 250 and one in 3000 white men and women. The U.S. Centers for Disease Control and Prevention in Atlanta estimates that almost 60 percent of all new HIV infections are occurring among blacks."10

Since the 1989 national conference called AIDS a Moral Imperative, it appears that faith communities have an ethical necessity to respond positively. Our attitude should be dictated by the response Christ would have made were he here in the flesh. How would he react?

His response would be consistent with those who were hurting in his day: compassion for the ten lepers and forgiving of the woman caught in the act of adultery. Though leprosy was highly contagious and its victims excluded from fellowship, he willingly and lovingly touched them—even eating at their houses. Mark 1:41 says the leper touched him and said, "If you will, you can make me clean." This means he entered

⁷Ronald Jeffrey Weatherford and Carole Boston Weatherford, Somebody's Knocking at Your Door: AIDS and the African American Church (New York: The Haworth Pastoral Press, 1992), 2.

*Kai Wright, "How AIDS Is Hurting Black Communities: Emergency

Call - Part I," The Village Voice, June 13, 2000.

⁹Ibid. 10 Ibid.

their space, not just risking contamination but exclusion from community fellowship. Faith communities should do no less. In fact, the name Christian implies an imitator of Christ. Thus, we must follow his lead to be honest and authentic to our claimed status. If Jesus were to give the parable of the Good

Samaritan today, it might go something like this:

A man was traveling from Howard University to the mall. On his way, he met a hooded gunman who shot him in the arm and leg and left him bleeding by the wayside. As he lay bleeding to death, the president of a well-known religious denomination came by. He saw the wounded man but was unsure if the attackers were still around, so he drove away. A certain Rabbi came along, saw the wounded man but he was late for an important appointment on Capitol Hill, so he too passed by on the other side. An HIV positive woman came along. Though late for an appointment with her primary-care physician, she had compassion on a fellow sufferer. She got on her cell phone and called 911. While waiting for the medics to arrive, she made the man comfortable and applied tourniquets to stop the bleeding. When the ambulance came, she handed him to the paramedics and went to her appointment. Tell me, who was a true member of the faith community?

Response of Faith Communities

The faith community is responding¹¹ and should respond in the following specific ways:

¹¹See AIDS: The Moral Imperative (New York: New Conversations,1990); J. Gordon Melton, The Churches Speak on AIDS: Official Statements from Religious Bodies and Ecumenical Organizations (Chicago: Gale Group, 1989); Seventh-day Adventist Theological Seminary, "A Christian's Response to AIDS, [Recordings of the Swallen Lecturship] (Berring Springs, MI: Andrews University, May 20-23, 1994); Weatherford, Somebody's Knocking at Your Door; "Churches Urged to Lead the Way," Christianity Today 32 (June 17, 1988): 58; and http://www.balmingilead.org.

Institute a comprehensive education program for members, children and teens, adults, and the public. This is essential in light of the position taken by the UNAIDS/WHO 2005 statement: "Gaining the upper hand against the AIDS epidemic around the world will require rapid and sustained expansion in HIV prevention." This comprehensive education program should include a standardized curriculum, training manuals, and home-care kits. The curriculum should include:

- The nature and character of HIV/AIDS
- Modes of transmittal of HIV
 - Myths regarding transmittal: mosquito bites, sneezing, touching
 - State the truth
- · Manifestations, causes, and cure of homophobia
- Dispelling the myth that AIDS is a disease only of the gay and drug communities and educating about its increase in the heterosexual community
- Compassionate Christian responses to the epidemic
- How to reduce HIV risk behavior
- Designed cultural responses
- HIV prevention, intervention, and treatment
- · How to build a community of care and hope
- Teaching Christians
 - To care rather than fear
 - To forgive rather than judge
 - To find solutions rather than cast blame
 - To show grace rather than disgrace

¹²UNAIDS [Joint United Programme on HIV/AIDS], "UNAIDS/WHO AIDS Epidemic Update 2005 Report," http://www.unaids.org/epi/2005/doc/report_pdf.asp (accessed January 9, 2007.

- Sponsor risk reduction programs (sex and health education for children and teens)
 - · gay men
 - · bi-sexual men
 - women
 - · IDU
- Programs for drug abusers
- · How to develop and sustain support groups
- · Modes of education: seminars, workshops, etc.
- Improve channels of communication between victims, the church, and agencies

Become a perceived and a real-caring community through developing:

- Home-care programs both for visitation purposes as well as pastoral care
- Mental and emotional care + health and wellness programs
- Ways to meet social and spiritual needs
- Loving grandmothers and grandfathers for diagnosed children and teens
- Advocacy groups for HIV positive individuals
- Studies to obtain better understanding of the role of cultural socio-economic factors in the transmittal and process of the disease as well as how to access care
- Programs to meet needs of families with persons living with AIDS (PLWAs) and self-help groups
- Develop support groups for members of the church or their family members who are diagnosed with AIDS as well as children born with AIDS
- Develop a "volunteer corps" to assist PLWAs
- Make love visible through development of a library of

AIDS resources

Design projects to enable and empower others, e.g., "the four-gets" program:

- Get informed: Knowledge is power. What you don't know can kill you.
- Get tested: The vast majority of Blacks with AIDS are unaware.
- Get treated: 70 percent of HIV positive African Americans are not in proper treatment and care
- Get involved: AIDS is spreading—not enough of us involved

There are many ways to fight:

- Volunteer
- Write letters to people who can help provide funding for research and treatment
- · Join a board
- · Talk to family, friends, and neighbors about HIV

Develop AIDS Ministries to facilitate:

- Intercessory prayer groups
- · Spiritual nurture
- Grief recovery
- Preparing meals, running errands, offering friendship
- Transportation groups
- Join in and help spread the annual Black Church Week of Prayer for the Healing of AIDS
- Join Balm in Gilead and other such organizations to ensure the success of their comprehensive HIV testing campaign to identify those infected with the disease and teach them responsible living practices.

- Conduct seminars/workshops to teach responsible sexual behaviors so that transmission to and infection by the heterosexual community through bisexual relations and other similar infecting practices can be addressed and/or halted.
- Establishing testing centers and encouraging people to get tested

Facilitating counseling clinics/groups for:

- PLAWs
- Persons recently diagnosed with AIDS
- Family members of persons diagnosed with and/or living with AIDS

We might be negatively labeled in the process of fulfilling these tasks to obey the commandment to love one another, and we must ever be aware of what Jesus said, "Those who are well have no need of a physician, but those who are sick. Go and learn what it means, 'I desire mercy, and not sacrifice,' for I came not to call the righteous but sinners. . . "(Matt. 9:12-13).

The alternative to not following Christ is to become a social club that recruits only people like themselves. But that denies Christ and disowns his avowed ministry: "The Spirit of the Lord is upon me, because he has anointed me to preach good news to the poor. He has sent me to proclaim release to the captives and recovering of sight to the blind, to set at liberty those who are oppressed, to proclaim the acceptable year of the Lord" (Luke 4:18-19). Those choosing such a path would thereby cease to be a church and to be Christian.

Can we do otherwise than follow a compassionate path of assistance? To do so would not only be denying the Lord but a disavowal of his cause and mission. Jesus was not found among

plush-carpeted surroundings or padded pews. He was on the streets and the hillsides with the people. Can we do any less?

Conclusion

Since faith communities are called to love one another by relieving suffering and inspiring hope, and since according to Ronald and Carole Weatherford, "AIDS is one of the most serious threats facing descendants of Africa since the slave trade," let us be up and doing, for Christ said, "In as much as [you] have done it unto one of the least of these my brethren, [you] have done it unto me" (Matthew 25:40). It is still true that whatever good I can do to the soul of man or beast, let me do it now, for I will not pass this way again.

¹³R. Weatherford and C. Weatherford, *Somebody's Knocking at Your Door*, 8.