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A RESPONSE TO "END THE SILENCE: LISTEN, LEARN, LIBERATE!"

Introduction

The president of ITC, Michael A. Battle, in his invitation to participate in "Breaking the Silence: Church Conversations about HIV/AIDS," stressed the important of moving the community—both churched and non-churched—beyond the ineffectual state of silence into dialogue that engenders a compassionate response from caregivers, inspires trust among those infected with HIV/AIDS, and offers information to positively affect our total society. This is the tone of Dr. Bertram Melbourne's essay, which addresses the crisis in a heartfelt manner, drawing from Christ's ministry.

Listening

The first way to "End the Silence" is listening with the main component—paying attention. Christ's ministry was characterized by empathetic listening and compassionate acting, as seen in various New Testament references (Matt. 9:36, Luke 9:22, Mark 1:41). We are urged to follow Christ's standards and always look at suffering people with "bowels of compassion." Additionally, we should feel intense compassion in our innermost being for those who suffer, paying attention to their

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**Editor's note:* Documentation for quoted material from Bertram Melbourne's "End the Silence: Listen, Learn, and Liberate" is not repeated in this "Response," only new citations.

needs. Because compassionate ministry is an imperative given to Christians, it should be indiscriminately practiced. Dr. Melbourne ventures into the historical eras and points out how people have responded to diseases such as leprosy, plagues, and in our modern age, AIDS. It is important for Christians to pay attention to these trends and work at not repeating them. Christ did not shy away from these people but showed compassion and healed them.

Dr. Melbourne also points out some outstanding statistics from the December 2006 UNAIDS/WHO AIDS epidemic update. These statistics clearly indicate that HIV/AIDS is more prevalent among Africans and African Americans. Sub-Sahara Africa alone has 63 percent of its total population living with HIV/AIDS. North America has 1.4 million with 44 percent being African American. Another interesting statistic is that young people (under twenty-five) account for half of all new HIV infections worldwide. Other observations can be made from these statistics such as homosexual effects on HIV/AIDS, how the different genders are affected, and the importance of intervention. We cannot separate ourselves from the suffering, but we need to look for an action plan that will accommodate these results.

Learning

This brings us to the second way to "End the Silence," which is learning. Dr. Melbourne explains this as working with the strengths and advantages we have and using these to impact suffering. He pointed out five reasons why we should be involved in helping the suffering. They include our traditions as Christians, the imperative given to us by Christ (Matt. 25), and our claims as a caring community based on our religion.

Two other points were forcefully expounded. Dr. Melbourne

discussed that religious communities have a unique role in the AIDS epidemic—persons want to know our feelings about this disease and what constitutes a faithful response. If this statement is true, it is unfathomable what impact we can have on the community with the right response—just as Jesus did. The other statement is an implication by the CDC that we are an acceptable source for AIDS information for street and drug users. This seems to show that as churches and other faith organizations, we have easy access to the people who are "at risk." This is a powerful insight, demanding action from us.

Liberation

Liberation, the third way to "End the Silence," could be one of the most important factors affecting our response. This is the act of freeing the victims of the injustices of judgment and criticisms by the Christian community and turning our actions into compassion. Dr. Melbourne clearly indicates that a response, representative of all faith traditions, would be difficult but at the same time agrees we cannot continue being a part of the problem by judging the sufferers. One thing we often fail to see is that HIV/AIDS does not only affect the infected but their families and communities as well. It is also important to make a distinction between persons and sin. Jesus' ministry to lepers was not sanctioning the sin but a compassionate ministry to the suffering and rejected. Note that Emmanuel Dreuihle, in his *Mortal Embrace,* understands this: "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 as they are."

Since HIV/AIDS is more prevalent among the African-American Community, he acknowledges that the intervention

of the Black Church is necessary before the epidemic reaches pandemic proportions. This is because the Black Church is mandated to address AIDS in the African-American Community: The number one cause of death for African Americans between ages of twenty-five and forty-four nationally is AIDS. Jesus' responses were consistent, as he willingly and lovingly touched lepers, risking contamination, and exclusion from community fellowship.

Practical Applications

What are some practical things that we can do? Dr. Melbourne gives a comprehensive list of twelve actions steps, which Christian community leaders can use to curb this epidemic. These are summarized into six, noting the essential facts of each.

Instituting comprehensive programs for church members is one of the most important points, and, could well be the most important step in prevention—reducing the spread of the disease. The more people are aware, the more likely they are to think of the consequences before engaging in risky behaviors. Education is the essential step in the fight against AIDS. Uganda was one of the countries with the highest prevalence of AIDS, but infections have reduced significantly since more effort has gone toward educating the people.

> The HIV prevalence in pregnant women in urban areas has been steadily declining for eight years in a row, from a high of 29.5% in 1992 to 11.5% in 2000. Uganda's prevention strategy focuses on a multi-pro- longed effort to provide information, education, and communication through decentralized community oriented programs.[1]

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[1]Kenneth H. Mayer and Hank Pizer, *The Aids Pandemic: Impact on Science and Society* (Boston: Elsevier Academic Press, 2005), 362.

There is not enough emphasis placed on the need for a comprehensive program on prevention through education. This focus should be the importance of testing and awareness of the risk factors that cause the disease.

Other factors are identified to help reduce the rapid spread of HIV/AIDS: emotional support for the infected and their families, physical support for essential medical and other required resources, and working together with other organizations to promote HIV/AIDS awareness.

There are also two additional strategies mentioned: design projects in which all church members can participate and empower others. The "four-gets program" is specifically mentioned: get informed, get tested, get treated, and get involved. These can be effective tools to the community through church members coming into contact with people, who, otherwise, would not set foot in any religious setting. We are sharing the love of Christ.

Another valuable strategy is the development of AIDS ministries in the church that specifically address the spiritual matters of the infected and affected through prayer, grief recovery, etc. In all of this, is the need to nurture people's spiritual needs but also to relate holistically. The potential impact of this is almost unthinkable. Once we break through the barriers of judgment, the infected and affected are more open to spiritual matters since they realize that Christians as Christ's representatives do really care for ALL their needs.

So how then do we approach their spiritual needs? Individuals approach this differently, but there is a model used by Robert Kelleman that works effectively with suffering people. In his book, *Soul Physicians,* he approaches the process by emphasizing four points: sustaining, healing (soul care), reconciling, and guiding (spiritual direction).

Sustaining deals with empathizing and embracing persons and what they are going through: *"It is normal to hurt."* Healing entails stretching them to God's story of hope: "*It is possible to hope."* Reconciling strips them of their enslaving story of death: "*It is horrible to sin but wonderful to be forgiven."* Guiding strengthens them with Christ's empowering story of life: "*It is supernatural to mature."*[2]

Conclusion

We need to pay more attention to how Christ related to hurting persons, learn how to utilize the resources available to Christians, and use them to impact suffering. We must pay the price to free our people from this pain; for if we do not, it will cost us so much more—our loved ones. So let us listen, learn, liberate!

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[2]Robert W. Kelleman, *Soul Physicians: A Theology of Soul Care and Spiritual Direction* (Winona Lake, IN: BMH Books, 2007), 23.