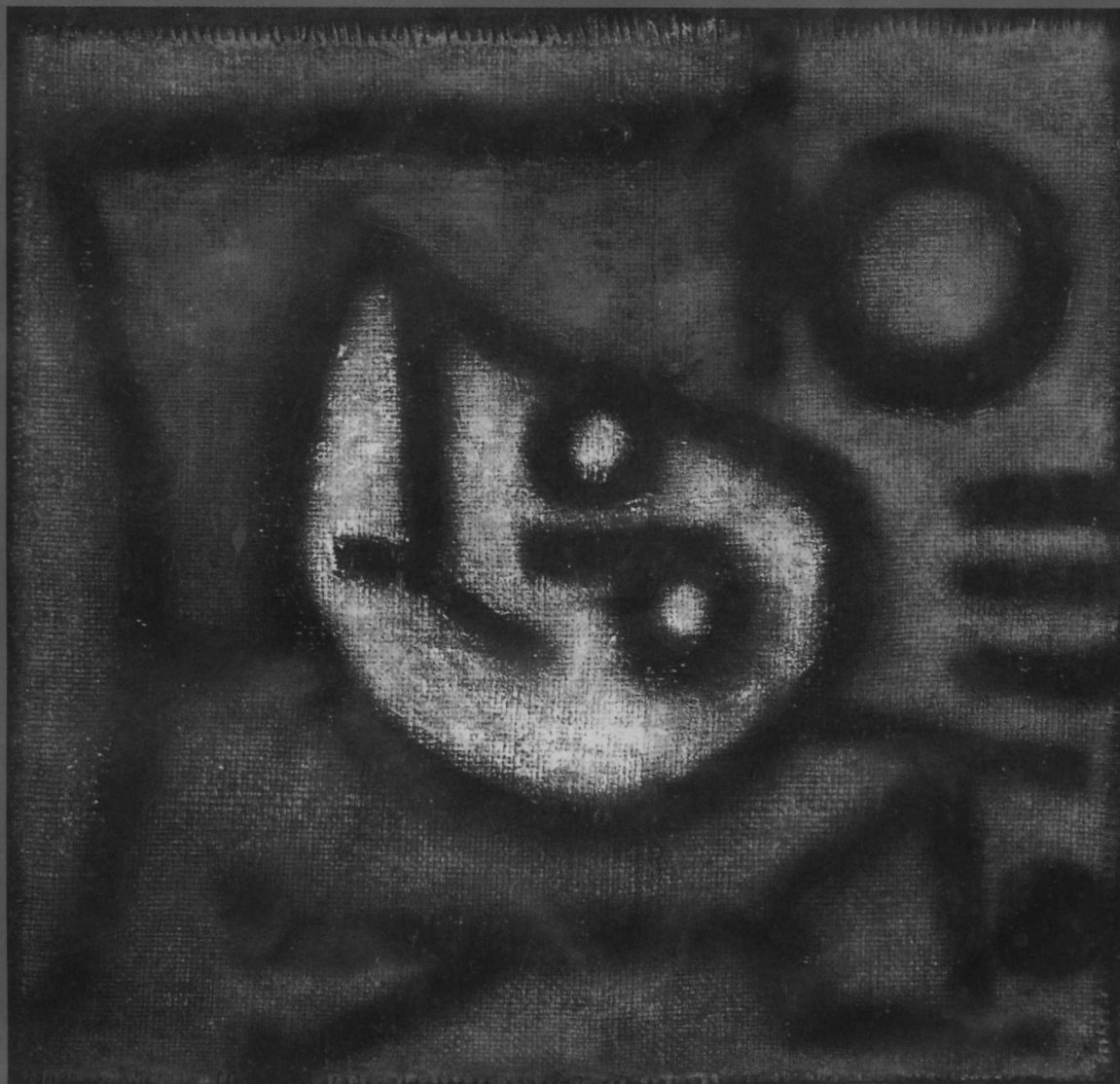


*HIV/AIDS:*

*Overcoming religious barriers to prevention*

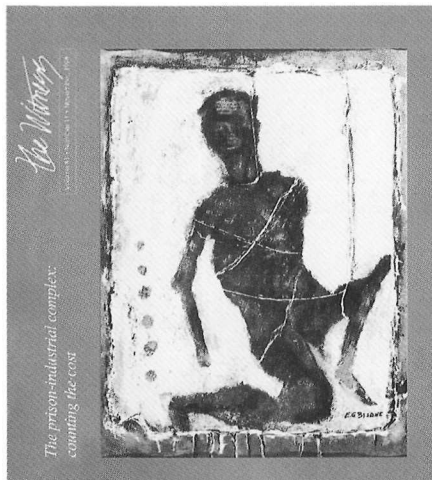


Volume 82 • Number 3 • March 1999

*The Witness*

## The prison-industrial complex

I AM WRITING to comment on the excellent series of articles about the prison-industrial complex in the November, 1998, issue of *The Witness*. I am an Episcopal seminary graduate student at the Church Divinity School of the Pacific in Berkeley, Calif. I have also been an inmate in a California state prison for over 13 years, since I was 17 years old. I have lived through the explosive growth of the prison system, with the corresponding decline of meaningful rehabilitative programs. My experience has given me an intimate perspective



on the substantial topics raised in your last issue.

The fiduciary incentives for building prisons is clearly a problem in California, where corrections is big business. Over the last 15

years, the number of California prisons has increased fourfold and the inmate population has outpaced that growth, rapidly approaching 200 percent capacity. In the same period of time, California has moved from first place to last among states ranked for public school quality. The California Correctional Peace Officers' Association (CCPOA), representing the prison guards, is the most powerful union in our state. Their backing has made a significant difference for the last five elected governors. The CCPOA has also successfully supported numerous "tough-on-crime" bills, like the three-strikes initiative, which disproportionately target minorities. You could not find a clearer example of a political force ensuring its future viability. Corrections is one of the largest industries in this state and it has a vested interest in recidivism.

While your series of articles clearly, and eloquently, defines many of the problems with the current system, I believe the tone of the proposed solutions hinders the movement for change. Yes, most inmates do come from disadvantaged backgrounds. Broken homes, poverty, substandard education, crime-ridden neighborhoods and substance abuse are common denominators among the prison population. Yet, casting criminals as victims of society undercuts the responsibility they must take for their actions.

Excusing and mitigating criminal behavior, because of a person's background, is nearly as dehumanizing, in a subtle way, as the current conditions within our prisons. It sends the message, "You are incapable of rising above your background. We don't expect more from you." Alternatively, the system sends the message, "You don't want to change. We expect the worst from you." The first sounds patronizing, the second sounds harsh. Both extremes deny the dignity of accountability and remove the possibility of transformation. To have both justice and mercy, responsibility and reconciliation, we must find a middle ground.

There certainly is a pressing need for compassion and thoughtful dialog to effect systemic change for crime victims and criminals. It is the strategy that I question. We seem to be caught between well-meaning, sympathetic liberals, who want to treat criminals rather than jail them, and right-wing, ultra conserva-

Letters

## Classifieds

### Order of Jonathan Daniels

The Order of Jonathan Daniels is an ecumenical religious order of persons of both genders, single, committed or married, living and working in the world, who are engaged in justice ministries. Write: OJD, P.O. Box 8374, Richmond, VA 23226 or <OrdJonDanl@aol.com>.

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### Beyond Inclusion

Be part of the advocacy for full inclusion of gays and lesbians within the church by attending "Beyond Inclusion: Making the Justice Connections," April 15-18, 1999 at St. Bartholomew's Church in New York. Presentations will be made by The Rt. Rev. Bennett J. Sims, "From Convention

to Conviction"; The Rev. Dr. Renee L. Hill, "Homophobia, Racism, Sexism: A Complex Design"; and Dr. Deirdre J. Good, "The Use of the Bible in Debates about Same-Sex Unions." There will also be a variety of workshops conducted by an exciting line-up of leaders of the church. For more information and materials, contact: Beyond Inclusion, 132 N. Euclid Ave., Pasadena, CA 91101; (626) 583-2740; or check our website at <[www.beyondinclusion.org](http://www.beyondinclusion.org)>.

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tives, who want to lock people up and throw away the key. These two minority camps do not speak the same language and will never truly communicate with each other. Presently, it is easier for the vast, silent majority in the middle to err on the side of caution, allowing politicians to continue warehousing people.

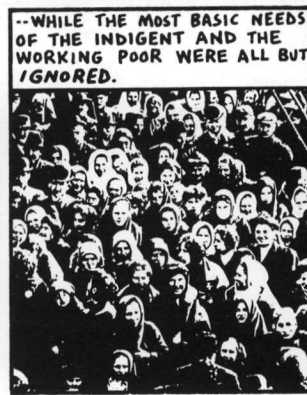
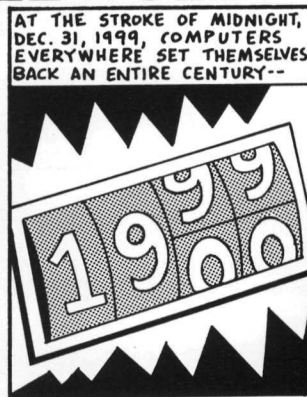
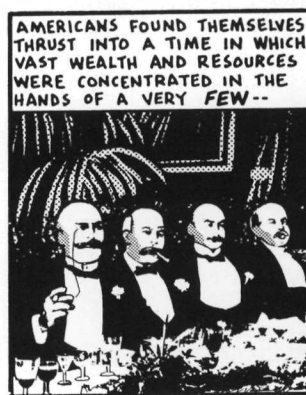
The majority of Americans do not care whether a criminal comes from a disadvantaged background and they do want criminals to be punished. Hardly a day passes when I am not horrified by gruesome images of violent crime on the evening news. Although I am aware that FBI statistics report violent crime at a 25-year low, the flood of sensationalized media makes it difficult to believe. The middle majority cares about their tax dollars and, currently, they are being manipulated into believing that they are getting the best return for their investment. The rational evidence proves this to be untrue, but that message is not getting across to the majority of voters. Convincing the middle that crime and recidivism can be reduced for less money is the only practical way to change the current system. Political rhetoric will follow the majority vote.

Conditions within state prisons are driven by the political sound bite. Conditions within private prisons are driven by the profit margin. Neither possess a central mission of rehabilitation and reconciliation. I propose a third alternative: private, nonprofit correctional facilities run by social service agencies, charitable organizations and/or churches. Non-profit organizations are guided by their mission statements. In this case, the primary missions would be accountability, rehabilitation, restitution, reconciliation and community healing. Like the private prisons, a non-profit facility can operate at a lower cost than state prisons, thus providing an incentive to taxpayers. But without the profit motive, considerable resources would be available for innovative programs to reduce recidivism.

Our Episcopal Church has a long tradition of standing in the bridge position, finding the middle ground where people can come together. In a nation polarized by the effects of crime, we are called to leadership in facilitating communication. This will require honest dialog, realistic solutions, and a willingness

## THIS MODERN WORLD

THIS MODERN WORLD -- WEEK OF 12-30-98



by TOM TOMORROW



to face many of our deepest fears and prejudices. Crime victims will not find healing without a measure of justice. Criminals will not find reconciliation without a measure of mercy. We must find the balance between the two.

**James R. Tramel**  
Vacaville, CA

WHEN *CHRISTIANITY & CRISIS* folded, I received *The Witness* instead. I wasn't going to subscribe — until I read the last issue on the prison system. Powerful! I'm afraid of what I'd miss!

**Carol L. Fitch**  
Bethesda, MD

MY BISHOP SENT ME A COPY of your November 1998 issue. Well done! As far as I can determine, the Episcopal Church has never condemned slavery, and no one at "815" or

the Washington, DC "lobby" seems at all interested in doing so.

**Bill Austin**  
Asheville, NC

IN THE NOVEMBER 1998 ISSUE of *The Witness*, Leah Samuel details the work/ministry of Joyce Dixon. A most fine and inspiring example of excellent reporting.

**Bradford D. Harmon**  
Torrington, CT

The earth's song

THANK YOU FOR THE OCTOBER ISSUE. I believe that the original basis of the significant elements of the Bible was environmental — i.e. the garden of Eden yarn

*letters continued on back page*



# The Witness

Volume 82 • Number 3 • March 1999

**Co-editors/publishers** Jeanie Wylie-Kellermann  
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## 8 Theology in a pandemic by Mary E. Hunt

*Feminist theologian Hunt calls for a new, bold theological agenda that moves beyond a sex-centered focus, and even beyond any commonsense notion of economic and geographic determinism, to grapple with the new reality of HIV/AIDS in these times.*

## 12 Prevention is achievable by Michael H. Merson

*No cure has been found for HIV/AIDS, making prevention of transmission a critical priority. Public health expert Merson says successful prevention can be achieved if there is the political/social will.*



## 14 HIV/AIDS: overcoming religious barriers

*A Jew, Muslim, Buddhist and Christian discuss elements of their religious traditions which inhibit HIV/AIDS prevention and care — while appealing to core values as the antidote.*

*The Witness* offers a fresh and sometimes irreverent view of our world, illuminated by faith, Scripture and experience. Since 1917, *The Witness* has been advocating for those denied systemic power as well as celebrating those people who have found ways to "live humanly in the midst of death." We push boundaries, err on the side of inclusion and enjoy bringing our views into tension with orthodox Christianity. *The Witness'* roots are Episcopalian, but our readership is ecumenical. For simplicity, we place news specific to Episcopalians in our Vital Signs section. *The Witness* is committed to brevity for the sake of readers who find little time to read, but can enjoy an idea, a poem or a piece of art.

Manuscripts: We welcome multiple submissions. Given our small staff, writers and artists receive a response only when we are able to publish. Manuscripts will not be returned.

The editor whose editorial appears on page 5 crafted this issue.

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*Cover: Death and Fire by Paul Klee, 1940, Kunstmuseum, Bern.*

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# Can we at least agree on the need to save lives?

by Julie A. Worman

As we were completing this issue on HIV/AIDS, word spread through our rural peninsula of a tragic accident: Two workers from a local construction firm were drowned when their skiff capsized on the short trip across Port Clyde harbor from a job site on Hupper Island. Two companions survived.

We could hear the Coast Guard helicopters and watch the procession of emergency vehicles from our house. We wondered, sick at heart, if we might know the men who died.

Local conversation is now focussing on what happened and why. Was the small boat overloaded? Was it foolish to attempt the crossing, however small the distance, on a day when winds and sea prevented fishing boats from leaving their moorings? Were they going too fast in their haste to put the work day behind?

None of the answers to these questions will likely lead anyone to believe that the two dead men got what they deserved. The community will enfold their families with love and care and the local clergy (mostly different persuasions of Baptist) will acknowledge the incomprehensibility of such tragedy and console the grieving with a vision of God's unfailing love.

Unless, of course, it turns out that the two who drowned had been drinking on the job. Or, alternatively, if the two who drowned were hardworking and devoted family men, while the two who survived had a history of incurring bad debts or beating their children or becoming involved

in brawls or frequenting gay bars. I can think of a dozen scenarios that would easily muddy the theological and moral waters, each suggesting a different sort of God and thereby calling the community to a different set of responses.

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*Prevention would require an enormous shift of focus — from accepting death to insisting on life.*

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The theological disarray among both churchgoers and the unchurched in our small coastal community is nothing out of the ordinary — I've experienced it in every community where I've lived, from New York to Washington, D.C., from Ann Arbor, Mich. to Topeka, Kan. As much of our public policy and private actions testify, the powers and principalities of this world thrive on such widespread muddlement, costing lives at every turn. But with HIV/AIDS the particular consequence is death-dealing in a way that seems especially diabolical. In full knowledge that a cure will not be discovered any time remotely soon, we allow our confused theologies to block the one sure-fire way to save lives: a single-minded, comprehensive and vigorous nationwide prevention program.

As public health expert Michael Merson points out in this issue (p. 12), preventing the spread of HIV/AIDS is possible! But it would require an enormous shift of focus — from accepting death to insisting on life. Instead of telling our young people that we'd rather have them dead than sexually

active, a message we convey everytime we deny them the opportunity to learn about sexually transmitted diseases, we could entrust them with enough information to keep them alive for the badly needed conversations about just what constitutes "good sex" anyway. And we could use clean syringes to offer a sign of respect to those addicted to injection drugs, rather than insisting that we hate their habit more than we value their lives.

Such an agreement will not be easy, but I saw signs of the possibility at last November's AIDS & Religion in America conference sponsored by the Washington, D.C.-based AIDS National Interfaith Network, in which the National Episcopal AIDS Coalition actively participates (see <[www.ANIN.org](http://www.ANIN.org)> for more on ANIN and the conference). Those assembled represented an extraordinarily vast range of faith perspectives, including a wide spectrum within Christianity. Some presenters offered views that made participants squirm with discomfort or seethe with disagreement, but in the face of such a stunning array of difference there was only one possibility: a focus on flesh-and-blood essentials. Like what it takes to save lives while praying for a cure. In such an atmosphere, it was impossible to imagine ever again finding acceptable the sort of infighting and theological hairsplitting that year after year drown so many denominational gatherings in a sea of paper, restraining forward movement on critical life-and-death issues to a geologic creep.

If we don't find a way to get our hands on some life preservers soon, whatever our confusion about God, vast numbers of lives will be tragically lost.

TW

*editor's note*

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Julie A. Wortman is co-editor/publisher of The Witness, <[julie@thewitness.org](mailto:julie@thewitness.org)>.

# A simple, overwhelming problem

On January 1, 2000, many computer programs and microchips will turn from "99" to "00," which they will read as 1900, not 2000. The result of this will be varied, according to Larry Shook, an investigative reporter and coeditor of *Awakening: The Up Side of Y2K*, which explores the Year 2000 (Y2K) problem, or what some folks are calling the "millennial bug."

"Some computers will stop working," Shook says. "Some will make big mistakes that, while they might be messy, will at least be noticeable. Others will commit sinister little errors that could slowly befuddle the nervous system of the global economy. Food, water, electricity, fuels, telecommunications, financial services, transportation, health care, world trade of every kind — the list of critical systems that could be impacted is endless."

This is a technically fixable problem, and many utilities and corporations depending on these embedded microchips have been working on replacing them. But it is also a huge problem: While only around 5 percent of the estimated 20-70 billion computer chips in use worldwide contain the year problem, experts do not know *where* those 5 percent are located.

Jim Lord, a retired U.S. Navy officer

and electronics specialist who has become a leading advocate of preparedness for the Y2K problem explains that it is a "big simple problem."

"If I gave you a shoebox full of marbles on Wednesday with a cloth and a can of polish and asked you to polish all the marbles by Saturday, you wouldn't have any difficulty," Lord says. "Now imagine the same assignment, but instead of a shoebox, imagine the Grand Canyon filled

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*"If I gave you a shoebox full of marbles on Wednesday with a cloth and a can of polish and asked you to polish all the marbles by Saturday, you wouldn't have any difficulty. Now imagine the same assignment, but instead of a shoebox, imagine the Grand Canyon filled to the brim with marbles.*

*That's Y2K."* — Jim Lord

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to the brim with marbles. That's Y2K. It's a simple problem of overwhelming magnitude."

This simple problem may well trip up all of us, not just those who use computers. Estimates are that the average American is in contact with 70 microprocessors before noon each day, from those in cars to those in medical equipment. And here is where the magnitude of the problem reveals itself: Failures in just a few of these chips will threaten the functioning of health care, utilities, governments,

transportation, food supplies, public safety, finance, telecommunications, defense.

No one knows for certain what the disruption will be on January 1, 2000, but it is clear that since we are interconnected through technology, a computer failure in one location can have a chain-reaction sort of effect. Thus, if one of an oil rig's 10,000 embedded microchips fails, this could not only affect oil production, but also transportation and food and medical supplies. This raises the question of how prepared we are for a nationwide, worldwide shutdown if the systems on which we depend fail.

Some are preparing themselves for Y2K by adopting survivalist techniques, evidenced by newspaper headlines such as this one from the September 6, 1998 edition of the *Dallas Morning News*, "A Cave in Arkansas, Will Y2K Usher in TEOTWAWKI? [The End Of The World As We Know It]." On October 15, 1998, *The New York Times* reported that "10 percent of the nation's top executives are stockpiling canned goods, buying generators and even purchasing hand guns" because they are concerned that "the nation's computer infrastructure will go on the fritz."

On the other hand, *The Utne Reader* has issued a supplement to the magazine, a *Y2K Citizen's Action Guide*, encouraging preparation for the year 2000 by focussing on neighborhood preparedness, public citizenship, and developing communities geared for mutual support. Shaunti Feldhahn, in her book, *Y2K/The Millennium Bug — A Balanced Christian Perspective*, also encourages neighborliness, drawing on the Christian mandate to "love our neighbors," along with preparedness along the lines of Joseph who prepared for famine in Egypt by stockpiling food.

— Witness staff

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*Utne Reader's Y2K Citizen's Action Guide* can be purchased for \$4.95 at bookstores nationally. It is also available on-line at <[www.utne.com/y2k](http://www.utne.com/y2k)>. A daily feed of stories from a special reporting team along with wire reports can be seen at <[www.Y2Ktoday.com](http://www.Y2Ktoday.com)> and a national clearinghouse for personal and community Y2K preparedness efforts is provided through The Cassandra Project, <<http://millennia-bcs.com/casframe.htm>>. [Ed. note: For those interested in such things, Cassandra's curse was to always speak the truth and never be believed.]

## **Wild Geese**

by Mary Oliver

You do not have to be good.  
You do not have to walk on your knees  
for a hundred miles through the desert, repenting.  
You only have to let the soft animal of your body  
love what it loves.  
Tell me about despair, yours, and I will tell you mine.  
Meanwhile the world goes on.  
Meanwhile the sun and the clear pebbles of the rain  
are moving across the landscapes,  
over the prairies and the deep trees,  
the mountains and the rivers.  
Meanwhile the wild geese, high in the clean blue air,  
are heading home again.  
Whoever you are, no matter how lonely,  
the world offers itself to your imagination,  
calls to you like the wild geese, harsh and exciting —  
over and over announcing your place  
in the family of things.

— from *Dream Work* by Mary Oliver, copyright © 1986  
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Monthly Press.

The logo for Poetry magazine, featuring the word "Poetry" in a white, cursive script font. A thick, black vertical line extends from the bottom of the letter "y" down to the bottom edge of the black rectangular background.



# Theology in a pandemic

by Mary E. Hunt

**G**ugu Dlamini, a 36-year-old South African woman, died on December 22, 1998, after revealing on December 1, World AIDS Day, that she was HIV positive. On December 21 a man attacked her, saying that she should keep quiet about her HIV status. He insisted that she behave like most of the other adults in her area, 30 percent of whom are said to live with the virus, and refrain from speaking about it.

She asked the local police for help, but was reportedly ignored. That night, some of her neighbors in Kwamashu, on the outskirts of Durban, beat her with sticks and stones and ripped down her house. The alleged reason for such brutality was the shame they thought she brought on their community. Gugu Dlamini, mother of one son and a volunteer for the National Association of People Living with HIV/AIDS, died the next day.

Theologies, all the lofty definitions to the contrary notwithstanding, are, finally, kind and just responses to human suffering and injustice, or they are blasphemy.

Last November, participants in the AIDS National Interfaith Network (ANIN) Conference, "AIDS and Religion in America," held at the Carter Center in Atlanta, Ga., learned from the Centers for Disease Control experts that what we had become accustomed to thinking of as a white, gay, male disease in its first 15 years is now in fact a global pandemic. Poor people, espe-

cially poor women of color in Sub-Saharan Africa, are among the fastest growing cohort of those infected. We learned that 89 percent of the people infected live in countries that together account for less than 10 percent of the global Gross National Product. Devastating as it has been in gay male and African American communities in the U.S., among intravenous drug users, and indeed throughout the developing world, we have only seen the tip of the HIV/AIDS iceberg. If projections are correct, when the huge populations of India and China are hit with full force, the number of people in-

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*Theologies are, finally, kind  
and just responses to human  
suffering and injustice,  
or they are blasphemy.*

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fectured will grow astronomically. The disease now mirrors the spread of poverty and discrimination in an increasingly globalized world. This is the new reality of HIV/AIDS on which theology is based.

## Pooling moral energy

I engage in theological work enthusiastically because I believe, with moral theologian Daniel C. Maguire, that we must bring to bear "the renewable moral energy of religion" on the growing HIV/AIDS pandemic. No longer is it my religion or yours that will answer the unanswerable, but our religions together — better, us as religious people struggling to live with integrity in the face of a powerful disease. Religious people struggle to pool our moral energy at a time when so much of it is depleted. But this kind of "ecological" approach to religious ethics — recycling what is useful

in our traditions, conserving what is valuable, and sharing what is abundant — holds enormous promise. In a global pandemic, nothing less will be adequate.

I begin at home, with the literature and efforts of various Christians during the first stage of the HIV/AIDS pandemic. I pass over the hideous anti-gay, anti-drug user diatribes by so-called Christian bigots as simply hate speech or theological pornography. But when I survey the rest, there is a mixed bag. The best Christian responses have not been on paper but in person — hands on and loving — whether in the provision of medical services or meals, in celebratory funerals or pastoral counseling for people who have been infected.

Now that some people with economic access to combination therapies are living much longer and much better, such efforts will need to be augmented, indeed refocused on life-affirming rather than death-accepting attitudes. But the vast majority of people around the world who live with HIV/AIDS will not live long enough for such medical advances to be made economically accessible to them. This scandal foreshadows the theological agenda ahead — namely, one that is focused squarely, though not exclusively, on economic, racial and gender equality, and one that includes a healthy dose of humility as we live as generations before us have lived with forces we cannot finally control.

## Exaggerated emphasis on things sexual and drug-related

The theological work as such has been less solid. Some reflection has been clear and strong — disease is disease and Christian love calls for action. But there is also a great deal of equivocating and tentativeness, as if this disease were different somehow from every other disease. It is as if it had its innocent and its guilty victims, as if it were a sexual rather than a medical matter. Indeed there has been an exaggerated emphasis on things sexual and drug-related, as if single, albeit re-

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Feminist theologian **Mary E. Hunt** is co-founder and co-director of WATER, the Women's Alliance for Theology, Ethics and Ritual, based in Silver Spring, Md., <mhunt@hers.com>. Artist **Joe Bussell** developed his *Apartment Series* in response to his work with S.A.V.E. House, a Kansas City AIDS hospice.

peated, acts, especially unprotected anal intercourse and needle sharing, were the problems. Such timid, uninformed views poison the best theological efforts.

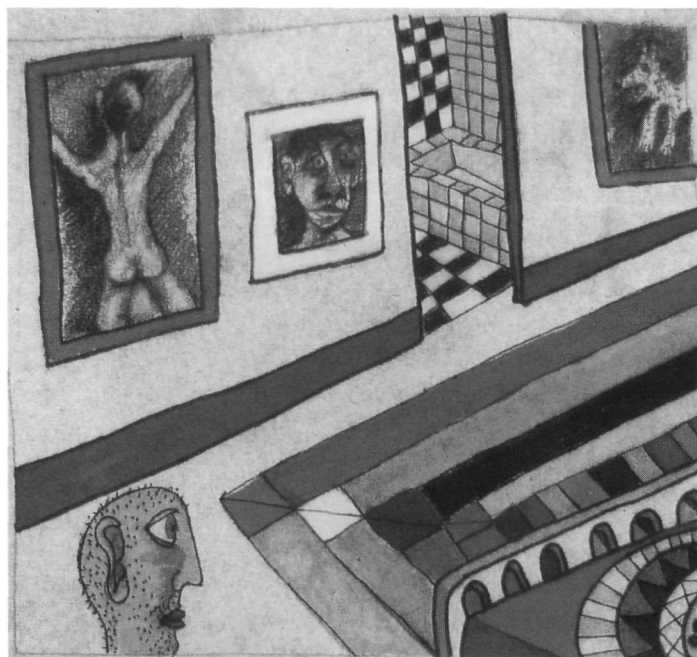
The theological case has been further weakened by many Christian teachings against homosexuality, against same-sex marriage, indeed in some cases such as Catholicism, against the use of condoms for the prevention of sexually transmitted diseases. This approach has taken the place of a clear condemnation of the socio-economic and theo-political conditions that undergird the pandemic. There is little self-reflective work that lays the blame for some of the spread of this disease on such teachings, with the accompanying setting straight of the theological record. That is ahead of us, but only after a more constructive agenda is accomplished.

### Social myopia

Generalizations are dangerous, but I think it is safe to say that Christian responses to the first wave of the HIV/AIDS pandemic, some noble and notable exceptions to the contrary, mirrored general U.S. social attitudes. In this view, HIV/AIDS is a disease of those people who act badly, who put themselves and their children at risk. Therefore, the reasoning goes, they do not deserve the same measure of compassion and active assistance rendered to others. Who or what God is in all of this is not clear. But what is clear is that HIV/AIDS is something that people want to go away, and the sooner the better. While such theology does not cause a pandemic, it is not helpful and causes harm of its own. Only the most myopic view can see the powerful, growing global force of HIV/AIDS "as if" it were something unique to certain relatively few and al-

ready discriminated against people.

Sadly, history will have its way, theology notwithstanding. HIV/AIDS will be a shaping global force in the new millennium. It



*The Apartment Series* by Joe Bussell, 1985

is rapidly becoming a factor in how the world looks — 16,000 people are infected every day, 11 million people die a year (1997) and 8 million children are the orphaned offspring of those who have died of HIV-related illnesses. These numbers hide the faces — Gugu Dlamini and her orphaned son, John Boswell and Marlon Riggs, your friends and mine. But they lay out the parameters of a pandemic that our children and theirs will inherit. We owe them condoms. But we also owe them the resources that come from our various faith traditions to help them make sense of and assign meaning to this horrendous problem. More to the point, we owe them our best faith-filled reflections to help to solve it.

### Making sense of complexity

It is a complex scene. Despite the general trends of racism, poverty and gender discrimination, there are no easy explana-

tions of who is infected and who is spared. For example, increased education does not always correlate to low rates of infection. The very people with more education in some developing countries are the same ones who are most at risk. For instance, educated, newly prosperous men may use their disposable income to hire prostitutes (male and female), thus adding to their risk despite their social status. Women in the same contexts may be at greater risk because their social mobility is curtailed. They may be less savvy about sexual relations and thus in harm's way, given the options of their men. The UNAIDS/WHO Report on the Global HIV/AIDS Epidemic, June 1998 concludes: "The more we learn about the way HIV moves through communities, the more we understand that

the relationship between HIV and other social and economic phenomena is rarely simple." Even my liberationist approach that relies heavily on socio-economic data is inadequate. This pandemic defies all. Prayer can't hurt.

### Four areas of theological concern

The new reality of HIV/AIDS calls for a new, bold theological agenda, a big move beyond the sex-centered focus that has characterized the first wave, and even beyond any commonsense notion of economic and geographic determinism. I see four important areas of concern for theological reflection and religiously informed action.

First, the very way in which we do theology needs to shift from micro to macro approaches.

Globalization is an economic, political and medical reality. Religious pluralism is a given. Correspondingly, theology must

be done in much wider conversations than those to which Christians are accustomed. Tired, empty ecumenical exercises are not what I have in mind. Rather, I imagine and have begun to engage in vigorous interreligious work that is focused not on ideological issues of belief, but on practical matters of action. One such project involved a dozen women from eight countries and five faith traditions. This can be tried in communities where people of many faiths, and, just as importantly, of no faith whatsoever, get together to cope with the concrete needs of HIV/AIDS prevention and care for those who live with the disease. It is the theological wave of the future.

Globalization causes as many problems as it solves, cashing out to fewer people making more decisions for everyone else. So this new theological approach needs to find antidotes to elitism, ways to include more and more voices in the theological conversation even when we do not understand one another fully. The Atlanta ANIN conference was strong on this dynamic, with participants literally stretching in their seats to understand and respond to one another. It is an image I carry — people with necks craned, eyes and ears wide open; the usually loquacious listening for a change; the timid speaking their words perhaps for the first time. This theology is done with hearts and minds, books and bells, bows and promises.

How rich and fruitful this approach can be. How different it is from the now boring rehearsals of the same old arguments in denominational meetings, how antithetical to the notion of voting on truth. The theological paradigm has shifted from single denominational wranglings to interreligious conversations. One proof is that the former do not work well anymore and the latter are energizing. What the Divine seems to require of us is that we simply try to understand the big picture, impossible as that may turn out to be. This legacy of the HIV/

AIDS pandemic to theology is welcome.

### Asking the right questions

Second, theology is the art of asking the right questions so that a range of useful answers might emerge.

The late Dr. Jonathan Mann, World Health Organization AIDS pioneer and Harvard University professor who reflected on AIDS in the 1994 Harvard Divinity School Ingersoll Lecture on Immortality School Ingersoll Lecture on Immortality entitled “Health, Society and Human Rights,” observed, “The history of our confrontation with AIDS illustrates that how we define a problem determines what we do about it.” Now, more than ever, his insight rings true. HIV/AIDS has become, if not a survivable disease for most people who are infected, at least a preventable one.

Religious people are shapers of questions. We are sensitive to image and symbol, to nuance and interpretation. We puzzle over priorities and wonder about why things happen as they do. While some of us love things in neat boxes and others can live with ragged edges, we are religious; that is, we are linked to one another, in that we seek to ask questions that make a difference.

Theology is an exploration that helps us learn to live comfortably without “right answers,” to live in global community despite differences. It begins with concrete data like the above analysis of how the pandemic is taking shape so as to locate questions of ultimate meaning and value in the reality of people’s lives. Part of the learning curve is facing facts and rejecting stereotypes, honoring people ahead of philosophical and religious categories. It means changes both in what we think and how we think theologically so that new questions, and, of course, some tried and true old ones, can guide the way.

Given what we know about HIV/AIDS, it is morally and theologically embarrassing, intellectually shoddy to be debating endlessly the pros and cons of same-sex relationships. Clean water, sterilized needles, good nutrition, the end of homo-

hatred/heterosexism, and access to jobs are all factors that are at least as likely as sexual practices to have an impact on HIV/AIDS spread. I await the day when these matters fire up the debates at religious gatherings, when they make headlines because religious people have made assuring them for all a matter of their faith.

Let’s practice getting at the right questions. The heinous impact of HIV/AIDS on women means that discrimination against women and girls is no longer a matter only of opinion, but of deadly consequences. This ups the theological ante on feminist/womanist/*mujerista* work in religious groups that persist in beliefs and behaviors that put women and their dependent children at risk. For example, prohibiting women from having access to condoms, indeed restricting women’s social role so that they cannot survive economically and socially without depending on men, puts them in an impossible situation when it comes to responding to men’s sexual advances. This is not a sexual matter or a theological proclivity. It is a matter of social justice, indeed in the face of this pandemic, a matter of life and death. Women’s well-being is now central to, not tacked onto, HIV/AIDS work as we move from burying to preventing. So too must it become normative not nominal in theology.

### Shift from judgment to prevention

Third, given the trajectory of HIV/AIDS, the theo-ethical gaze must shift from judgment to a concerted effort at prevention.

Lacking a cure or a vaccine, prevention is the best hope. The primary theo-ethical question at hand is how to prevent its spread — how, on the basis of deeply held convictions can we bring values to bear that will alter the course of a pandemic. This requires honest, widespread talk about difficult topics. It calls for serious changes of attitudes, especially in communities where people die from the stigma of the disease because they are shunned or be-



cause they cannot ask for help without losing their insurance, their job, their children or their dignity.

The good news on the HIV/AIDS front is that prevention works. The UNAIDS/WHO Report sums this up: "The best prevention campaigns work simultaneously on many levels — increasing knowledge of HIV and how to avoid it; creating an environment where safer sex or drug-taking behaviors can be discussed and acted upon; providing services such as HIV testing, treatment for other sexually transmitted diseases (which if left untreated greatly magnify the risk of HIV transmission) and access to cheap condoms and clean injection equipment; and helping people to acquire the skills they need to protect themselves and their partners. Structural changes can help, too, by empowering people and reducing their vulnerability." This clear articulation of how to move toward preventing the spread of HIV/AIDS offers a theological preamble for the next decade. If religious people were to put as much energy into this agenda as we now have to put into services we would see measurable results.

Prevention may not make glitzy theology. But it is good public health, and good public health is, it seems to me, part of divine goodness. Moreover, couching matters of condom use and economic justice, of equality for women and access to affordable health care in the framework of HIV/AIDS prevention, begins the theo-political discussions where people live and die. For example, in Roman Catholic circles where I hang my faith hat, condom use is still, unbelievably, a matter of debate. To think of condoms as necessary barriers to disease and not optional forms of birth control may help move the matter along.

Likewise, to put universal health care and needle exchange in the U.S. back on the table seems to me a theological imperative, a matter of ultimate meaning and value. The deep problems of whether to

advise HIV-infected mothers in developing countries to breast-feed or not to breast-feed are theological in their reach. Such women face age-old dilemmas of how to act in the best interest of their children and of themselves when resources are scarce and their choices are dismal. Breast milk can kill or it can cure. If there is no money or clean water for formula what choice do they have?

These are the theological conundrums that keep me up nights. They are questions about what really matters, a change of pace for those accustomed to the drone of safe and predictable theological debates. God deliver me from such wastes of time while

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these women and their children suffer.

#### **Truth-telling and hope**

Fourth, the most important theological question is not what the Divine thinks about HIV/AIDS, but how human beings can act in loving and just ways during and after the pandemic.


Many people, especially Christians, have become used to asking what the Divine thinks about such massive evils as HIV/AIDS. I have wondered so myself in passing. But frankly, I do not trust anyone who claims to know because the magnitude of the suffering and devastation, the orphaned children and bereft lovers, surpasses my ability to imagine. What I can fathom is how human beings ought to act in loving and just ways now, and, may it be soon, when this pandemic is over.

Faith provides a two-pronged aid to the theo-political task: truth-telling and hope. Regardless of our religious flavor — Bud-

dhist, Christian, Hindu, Jewish, Muslim or what have you — faith claims are always about the deepest truths we know. Now that we have learned not to absolutize them but to socialize them, not to clutch them to ourselves but to hand them to others for consideration and respect, the religious practice of truth-telling is very helpful.

In the face of the HIV/AIDS pandemic truth-telling can save lives. It is what allows us to name ourselves publicly as HIV-positive and expect compassion. It is what allows us to admit fear and expect support. It is what compels us to ask hard questions and face issues others would postpone facing. It is what attracts people to build religious communities where "what you see is what you get." It is one of the few common names for the Divine that we pray. It is a start.

Hope is religions' other contribution to a world waking up to a pandemic. Again, it comes in many shapes and sizes depending on the religious group. But in the face of HIV/AIDS hope is not trivial. It is what allows us to imagine a future free of infection, a time when our children might enjoy the delights of creation without worry. When religious efforts to work on HIV/AIDS are evaluated it is astonishing to see that despite all the good works that religious people do — food programs, home visiting and even political action — what means most to people who suffer is that they receive hope from us.

Hope borders on the absurd in light of a vicious pandemic. Hope did not keep Gugu Dlamini from being killed. It did not make her son less an orphan. But hope gives me, and perhaps you, a way to believe that we can stem the tide. Indeed hope fuels the powerful notion that we can and must prevent suffering and bring about justice. For the foreseeable future, hope is the only guarantee we have that HIV/AIDS will not have the last word. To tell the truth, it may be enough to keep us working to end a pandemic. 

# Prevention is achievable

by Michael H. Merson

**E**stimates at the end of 1997 indicate that, since the start of the pandemic, approximately 42 million adults and children had been infected with HIV and 11.7 million of them had developed AIDS. Ninety percent of all infections have occurred in developing countries. Despite these daunting numbers and the well-known fact that it is difficult to change well-established behaviors, there is increasing evidence, worldwide, that AIDS prevention is possible.

The greatest challenge now facing HIV prevention has been the advent of new and improved anti-retroviral therapy. The new combination therapy has been shown to have the potential to greatly prolong the lives of HIV-infected persons and to markedly improve the quality of their lives. However, it is making HIV prevention more difficult, as it gives the impression that there is a "cure" for AIDS, thereby discouraging the need to practice safer sexual behavior. This situation is made even more dangerous by the increasing prevalence of HIV strains resistant to these drugs due to poor adherence or intolerance to the drug therapy. Because of these concerns, it is essential that health care providers emphasize the importance of prevention when adminis-

tering anti-retroviral drugs and that the media and pharmaceutical industry not exaggerate the benefits of this therapy.

## A classic STD

In planning prevention interventions, it must be borne in mind that HIV infection is a classic sexually transmitted disease (STD). Like other sexually transmitted diseases, HIV can be spread parenterally (through blood) and perinatally (from mother to child). While the percent of infections transmitted parenterally through injecting drug use worldwide is relatively small (around 10 percent), this route is responsible for half of all new HIV infections in the U.S. and has been the major means of introduction of HIV into all Asian countries that now have major epidemics, as well as some countries in South America. Most perinatal infections occur in Sub-Saharan Africa and other underserved areas where heterosexual transmission is common. While antiretroviral therapy is highly effective in reducing transmission from mother to child, there is little or no access to these drugs in many developing countries.

## Preventing sexual transmission

As the vast majority of HIV infections worldwide are sexually transmitted, international HIV prevention efforts have placed greatest emphasis on interrupting this means of transmission. In almost all settings, heterosexual transmission is the predominant mode of sexual spread. The main approach to prevention of sexual transmission has been the promotion of safer-sex messages through a wide variety of channels along with the provision of condoms. When properly manufactured, stored and used, condoms are virtually 100 percent effective in preventing HIV transmission, as

best evidenced in studies of discordant couples (when one member of a couple is positive). In many countries educational interventions have been successful in increasing safer-sex practices, including in high-risk populations, such as men who have sex with men, commercial sex workers and their clients, truck drivers, factory workers and the military. Many of these projects have been undertaken by community-based organizations who deliver safer-sex messages and provide condoms.

Because of the increasing rates of infections in youth and the declining age of first intercourse, prevention efforts have frequently been undertaken in schools. The most effective sex education programs in schools have emphasized abstinence from sex for those who have not been sexually active and prefer to remain so and use of condoms for those who are sexually active. Some schools make condoms available through health educators. Such programs have been successful in increasing condom use and reducing pregnancy rates and rates of new sexually transmitted diseases without increasing sexual activity.

Another type of effective prevention intervention has been condom social marketing programs. These programs use modern marketing techniques to promote and sell condoms at a low price to high-risk populations using multiple channels. They seek to make condoms popular and to decrease any inhibitions associated with their use. Condom sales in 37 developing countries, with social marketing assistance from U.S. organizations, increased from 20,000 sold in 1987 to 530 million sold in 1997. In Switzerland a national condom social marketing program directed at adolescents and young adults has been credited with slowing the epidemic there.

One other type of preventive intervention has been voluntary testing and counseling programs. These programs were

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originally used primarily to detect HIV-infected blood donors, but have become commonly used by those wishing to know if they are infected. They have been found to be effective in bringing about safer-sex practices, when counseling is done effectively and both partners of a couple are tested and counseled.

### Structural interventions

Beyond behavioral and STD treatment interventions directed toward individuals, interventions that change law, policies or administrative procedures (structural interventions) or alter living conditions, resources, opportunities or social preserves (environmental interventions), and thus are directed toward societal change, are also effective in preventing sexual transmission. One of the most effective of these has been the 100 percent condom use policy in brothels in Thailand. This intervention, which has brought about nearly universal condom use in brothels, has been responsible for the dramatic decline in HIV and STD infections in that country between 1990 and 1995. Other similar types of interventions include the removal of import taxes on condoms (to decrease their price) and the education of women so that they need not be sex workers to earn income.

### Injected drugs

Most of the experience in programs to reduce HIV transmission among injecting drug users (IDUs) has been in developed nations. The most effective programs are based on the principle of harm reduction, i.e., reducing the risk of HIV infection in those injecting drugs. Such programs also reduce the incidence of other parenterally transmitted infections, particularly hepatitis. One type has been community outreach programs, which involve the recruitment of outreach workers who seek out IDUs and provide them education on safe injection practices, bleach to disinfect injection equipment, and condoms, while offering

them access to counseling services and drug treatment. These programs have been particularly effective in providing services for hard-to-reach drug users.

A second type of program is syringe-exchange. These programs exchange dirty needles and syringes for clean ones and provide preventive messages and access to health care and drug treatment. Their effec-

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*HIV prevention is “counter-cultural” in that it requires that we discuss sexuality openly, admit that adolescents have sex, recognize sexual diversity and delink condom use to distrust of one’s partner.*

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tiveness in reducing HIV transmission without increasing drug use has been clearly demonstrated.

### Successful prevention

There are increasing numbers of countries that have mounted successful prevention efforts. Countries like Thailand, Uganda, Tanzania, Zambia, Senegal and Switzerland have implemented programs that have decreased sexual transmission. So have gay men in this country. Countries like Australia and New Zealand have illustrated the achievements possible through harm reduction programs in decreasing transmission through injection drug use.

One reason why these countries have been successful is that they have formulated prevention policies on the basis of sound science. This has enabled them to combat the many myths that have characterized this pandemic. These include the myth of complacency (“We won’t/don’t have the problem”), the myth that condoms

are not effective, that sex education in schools leads to youth having more sex, that syringe exchange programs increase drug use, that sexual behavior cannot be changed and that we need to wait for a vaccine before HIV will be prevented (a vaccine will help, but all experts agree that it is at least a decade away).

Overcoming some of these myths is often not easy, even in the presence of solid scientific data, because they are based on moral beliefs and teachings. Indeed, HIV prevention is “counter-cultural” in that it requires that we discuss sexuality openly, admit that adolescents have sex, recognize sexual diversity and delink condom use to distrust of one’s partner.

Successful prevention programs have also combated the discrimination and stigmatization often associated with HIV and AIDS. Such stigmatization and the resulting discrimination are particularly difficult for populations that are already stigmatized, such as gay men, drug users, commercial sex workers and, in this country, communities of color. Successful programs have also resisted efforts, often generated by discriminatory policies, to try and prevent HIV infection through mandatory testing and quarantine, which can never be effective in controlling this disease.

Countries that have achieved successful prevention have had strong political leadership from government, the private (business) sector, and leaders in other sectors of society (including sports, entertainment, academia and religion). They also have encouraged grass roots action by community-based groups, including persons infected and affected by HIV who often are the best carriers of prevention messages. **TW**



# HIV/AIDS: overcoming religious barriers

## Substituting Jewish values for moral etiology

by Leila Gal Berner

Until very recently, the world Jewish community has been slow to respond to the AIDS epidemic. This slowness of response is due to a confluence of factors, not insignificant among them Judaism's adherence to the idea of moral etiology. Along with the ancient belief that physical illness is a consequence of immorality, the Jewish community has indulged in intense denial that AIDS is a "Jewish" issue. Popular Jewish belief has been that there are few Jewish homosexuals, even fewer promiscuous Jews, even fewer Jewish substance abusers, and virtually no Jewish women whose behavior would put them at risk for AIDS.

As Andy Rose points out, "AIDS brings together some of the most difficult issues of our culture: sexuality, drug abuse, illness, disability and death." This confluence of moral judgment, taboo and stigmatization has caused the Jewish community to collectively turn its attention away from the challenge of AIDS.

### Moral etiology

With its origins in the Hebrew Scriptures, the notion of "moral etiology" may be defined as the belief that physical affliction and disease (such as AIDS) is straightforward divine punishment for sinful behavior, and that sinners do not merit the care of the larger, more morally righteous community. A prime example of the biblical link between sin and physical affliction may be seen in Numbers, chapter 12 in which Miriam challenges Moses' exclusive leadership of the Israelite people. "Has the Lord spoken only through Moses? Has he not spoken through us also?...?" For this extraordinary challenge to her brother's authority, Miriam is punished by God:

"When the cloud went away from over the tent, Miriam had become leprous, as white as snow..."

In Jewish tradition, Miriam's "sin" was to assume that she could prophesy along with her divinely selected brother. Her punishment was leprosy. In post-biblical, rabbinic Judaism, the word *metsora* (translated as leprosy) has even been interpreted as an synonym for "*motxi rah*" — to emit evil, suggesting that a leprous person or someone afflicted with a severe skin disease is literally "oozing evil" through his/her physical affliction. In contemporary terms, moral etiology is essentially "blaming the victim" for his/her illness. This blaming is, in my view, the real "dis-ease" in our culture: Predicated on the erroneous assumption that somehow ill people are greater sinners than the rest of us, it prevents humane, decent caring for the ill to take place, it isolates those most in need of community, it secludes those most in need of inclusion, it pushes away those most in need of embracing.

### Challenging divine control

Contemporary Jewish theology has come to challenge the basic assumption of moral etiology. Indeed, in Reconstructionism (the denomination to which I belong), the idea that God is the direct purveyor of punishment for sin has been significantly questioned. Rather than being viewed as a supernatural force working upon a passive creation in an old-style system of reward and punishment, God is seen as the creator of nature who then functions through nature, rather than outside it, within natural processes (including illness) rather than above these processes.

The implications of such a "trans-natu-

ral" theology are that while God may have created the natural world, in all its infinite complexity, even the Holy One cannot always control that world. Thus, the notion of moral etiology falls away: Human beings are not afflicted with disease because God wills it as punishment for sin. Rather, people become ill because the forces of nature, in their own mysterious and perhaps random way, take their own course. Thus, illness and disease become neutral realities, no longer laden with moral significance. This approach is summarized well in Rabbi Harold Kushner's well-known book, *When Bad Things Happen to Good People*: "Could it be that God does not cause the bad things that happen to us? Could it be that He doesn't decide which families shall give birth to a handicapped child ... but rather that He stands ready to help ... us cope with our tragedies if we could only get beyond the feelings of guilt and anger that separate us from Him? Could it be that 'How could God do this to me?' is really the wrong question for us to ask?"

In this approach, then, moral etiology becomes irrelevant. What is much more pertinent is that God is viewed as the ill person's companion, present to assist the afflicted as he/she struggles with illness. In this theology, God is not the Great Judge or Castigator, but rather the Friend, the Comforting One, the One to whom an ill person might turn for solace and embrace.

### Traditional Jewish values

From this way of thinking, an approach to people with AIDS emerges that rejects the notion of moral etiology and promotes a far more constant and solid notion in Judaism — that Jewish behavior must reflect not only the divine spark that resides in each human being, but must also be guided by Jewish values, taught by Judaism's sages to the people over millennia. Following is a brief summary of some of the Jewish

values that should, in my view, guide the religious Jewish community's response to the AIDS epidemic:

*Tzelem Elohim*: A central teaching of Judaism (derived from Genesis 1:26-27) is that each and every individual is made in the image of God and is therefore to be approached (as we approach God) with dignity and respect. Thus, people with AIDS should be treated with sensitivity and honor, as should all humans. The stigmatization to which people with AIDS have been subjected must cease, and they should be welcomed and embraced.

*Bikur cholim*: Visiting the sick. As Francine Klagsbrun points out, "The model for visiting sick people is God, whom the Book of Genesis tells us, visited Abraham when the patriarch was recuperating from his circumcision. To visit a person who is ill became a religious obligation, and in every Jewish community, down to our own day, special societies have been formed to visit poor or lonely patients who may not have others to depend on." Until recently, Jewish "*bikur cholim*" societies had not extended their services to people with AIDS, but increasingly the Jewish AIDS community is becoming included in this communal service. As Jewish values increasingly come to guide our communities, the umbrella of care has been expanded to include people with AIDS.

*Gemilut chasadim*: Deeds of loving kindness. As with *bikur cholim* (visiting the sick), the Jewish value of *gemilut chasadim* is derived from a mandate to emulate the Divine in all that we do. As Rabbi Joseph Telushkin points out, "The [ancient] rabbis considered God to be the original exemplar of acts of loving-kindness [and] the Torah itself commands people to walk in His ways [Deuteronomy 13:15]. Thus, because God clothed the naked — 'And the Lord God made garments of skin for Adam and his wife, and clothed them' [Genesis 3:21] — you too should clothe the naked. Because God visited the sick —



*The Fiddler* by Marc Chagall, 1912/13

National Gallery of Art, Washington, D.C.

'The Lord appeared to Abraham by the terebinths of Mamre' [Genesis 18:1] — you too should visit the sick. Because God buried the dead — 'He buried [Moses] in the valley of Moab' [Deuteronomy 34:6] — you too should bury the dead. Because God comforted mourners — 'And it came to pass after the death of Abraham that God blessed his son Isaac' [Genesis 25:11] — you too should comfort mourners (based on Babylonian Talmud, Tractate Sotah 14a)."

*Kol Yisra'el arayvim zeh la-zeh*: Communal responsibility. "All Jews are responsible one for another," the Babylonian Talmud (Babylonian Talmud, Tractate Shevuot, 39a) teaches. This dictum was intended to convey the message that when a Jewish person is in need (whether financially, emotionally or physically), it is always the responsibility of other Jews to assist him/her. Thus, in accordance with this central value, Jews should establish communal mechanisms and institutions to

address the needs of community members with AIDS. Such institutions should include medical, psychological and social service agencies, financially supported and sponsored by the Jewish community.

*Tzedakah*: Charity. The Jewish value of charity goes beyond the Christian notion of *caritas* in that it encompasses the notion that all charity is actually a religious obligation aimed at balancing the scales of social justice. The Hebrew word, *tzedakah*, itself derives from the noun, *tzedek*, which means "justice." Thus, the religious Jewish community's charitable response to the AIDS epidemic should extend far beyond the confines of financial support; it should

also enter into the arena of legislative and judicial advocacy on behalf of people with AIDS. In this way, the Jewish community would be fulfilling the biblical commandment, "Justice, justice you shall pursue" (Deuteronomy 16:20).

A final thought: As the Jewish community has distanced itself from those afflicted with AIDS, it might do well to consider that redemption for the Jewish people, and the world as a whole, might very well be found precisely in the afflicted corners of our society:

"Where," Rabbi Joshua asked, "shall I find the Messiah?"

"At the gate of the city," [the prophet]

Elijah replied.

"How shall I recognize him?"

"He sits among the lepers,"

"Among the lepers?" cried Rabbi Joshua. "What is he doing there?"

"He changes their bandages," Elijah answered. "He changes them one by one" (Babylonian Talmud, Tractate Sanhedrin, 98a).

[Rabbi Leila Gal Berner is Visiting Assistant Professor of Judaic Studies at Atlanta's Emory University, and founder of the Center for Jewish Ethics at Reconstructionist Rabbinical College in Wyncote, Penn. This piece is adapted from her presentation at the 1998 AIDS & Religion in America conference held in Atlanta, Ga.]

## African-American Muslims and AIDS: a paradigm of engagement

by Amir Al-Islam

Islam has been one of the most significant forces of reform in black America, transforming the lives of thousands of persons who had succumbed to subcultural lifestyles of crime and substance abuse. After becoming Muslims, however, these same individuals have transformed their lives and are now productive citizens who are leading the fight against crime and immorality.

The unique ability of Islam to function as a catalyst for the social transformation of African Americans is attributable to its strong emphasis on disciplined behavior and its contribution to the development of a positive sense of self. However, before conversion, many African Americans were engaged in behavior that is considered at-risk, particularly drug abuse, and as a result, we are now witnessing increased incidences of AIDS in the Muslim community. This is not to say that there are no Muslims who are engaging in at-risk behavior, but from all indications, the overwhelming majority of

Muslims that contract AIDS fall victim because of past behavior. Still, if you ask some of the Muslim leaders about AIDS in their community, they would say "Muslims don't have AIDS." In their attempt to put the best construction on the state of moral behavior within the Muslim community, Muslims oftentimes are in denial, and this does a disservice to those persons who are suffering from the disease, regardless of the cause.

### Background: Islam among African Americans

The most significant development of Islam among African Americans began during the early 1900s with what are called "proto" Islamic movements, such as the Moorish Science Temple. By the 1920s the Ahmadiyyah movement, which originated in India, began converting African Americans to their interpretation of Islam. However, the largest and most influential "proto" Islamic movement began a decade later with the advent of Elijah Muhammad and the Nation of Is-

lam. The Nation of Islam grew into one of the most powerful and influential social movements in African American history, second only to Marcus Garvey's Universal Negro Improvement Association.

Elijah Muhammad was responsible for attracting a large number of followers to the Nation of Islam during the early 1930s and 40s. However, it was Malcolm X, a new convert from prison, who attracted the majority of followers. Malcolm joined the Nation of Islam in prison in 1947, and during the 1950s was principally responsible for increasing its ranks. He quickly moved up in the organization from Minister to National Spokesman and close confidant of Elijah Muhammad. However, after finding out about Elijah Muhammad's infidelities, Malcolm lost confidence in his "divine leadership" and eventually left the Nation of Islam. In 1964 Malcolm made his famous Pilgrimage to Hakkah and converted to orthodox Islam, the form of the religion which originated in the 6th century in Arabia.

In 1965, Malcolm X, Al Hajj Malik Al Shabazz, was assassinated. Two members of the Nation of Islam were charged with his murder. A decade later, in 1975, Elijah Muhammad appointed his son,



Wallace D. Muhammad, to lead the organization. Wallace Muhammad had already rejected his father's teachings and, upon taking the reigns of leadership of the Nation, he quickly transformed it into the orbit of orthodoxy. This event was not without controversy. Minister Louis Farrakhan, an understudy of Malcolm X, after accepting Wallace's leadership, eventually left the organization and reverted to the teachings of Elijah Muhammad and re-established the Nation of Islam, which still continues today. Other African American Muslims who were not members of the Nation of Islam, however, continued embracing orthodox Islam.

Presently there are African American Islamic centers and schools throughout the U.S. While there is a large second generation of African American Muslims, the majority are converts to the faith.

### Teleological world view

The foundation of a Muslim's belief and worldview is teleological, seeing the world in terms of a divine will or plan, with a distinct purpose. Muslims see belief in God and obedience to God as an essential element of salvation and reward and this is achieved through prayers and righteous conduct. In addition, they see disbelief and disobedience as actions and behavior that earn God's wrath and punishment, in this world and the hereafter. Consequently, AIDS, viewed through the prism of "sin," is brought on by at-risk behavior that displeases and disobeys God, and therefore will result in punishment. A sinner contracting AIDS is a confirmation of God's promise that whoever disobeys Him will suffer his wrath. So many Muslims look at the disease as a sign of God's truth being manifest and a warning to believers to obey God's instructions. The Holy Quran emphasizes over and over again the importance of obedience to God.

Another critical point to understand is that Muslims are not only required to obey God individually and collectively, but they are required to enjoin others to engage in righteous conduct: "Let there arise out of you a band of people inviting all that is good and enjoining what is right and forbidding what is wrong, they are the ones to attain felicity" (Holy Quran, Yusuf Ali, 3.104).

In addition, the identity, position and status of a Muslim is determined by the performance of good deeds: "You are the best of people evolved for mankind, enjoining what is right, forbidding what is wrong and believing in Allah" (3.110).

### Three critical questions

So, in actuality, Muslims consider themselves among the best people, if they adhere to the dictates of God's instructions and conform their behavior in accordance with His divine instructions. And AIDS is often seen simultaneously as a confirmation of God's promise to punish those who disobey Him and an affirmation of one's faith that God keeps His promise. So, for Muslims, there are three critical questions which must be considered regarding AIDS: 1) Should Muslims separate the at-risk behavior associated with AIDS from the disease? 2) Should Muslims advocate safe-sex or other preventive measures which are often philosophically and theologically contradictory to their faith? 3) How do Muslims speak out, advocate and care for those who have been stricken "by God" for their sins?

This is truly problematic for many Muslims, and in order to attempt to mobilize the Islamic community to address the epidemic of AIDS, discursive networks must be created which deal with these critical issues. I maintain that there is a way out of this quagmire. I believe that we can establish a modality in which Muslims can engage in the struggle to rid the world of the scourge of AIDS, while

maintaining their religious and moral worldview, and not compromise their religious beliefs. This "paradigm of engagement," however, must be deeply ensconced in the traditions and ethical teachings of Islam and operate within the Islamic conceptual framework. So, it is within the Islamic framework that I propose the following:

First, Muslims should deal with the person with AIDS as a fellow human being who is ill and draw from the sources of the Holy Quran, which focuses on Allah's mercy and forgiveness:

"Say, O my servants who have transgressed against their souls; despair not of the mercy of Allah: for Allah forgives all sins: for He is oft-forgiving, most merciful."

Second, I propose that Muslims reflect on the essence of Allah's message, which commands them to help those that are less fortunate.

Third, Muslims should become advocates in support of more health care, medicines and education, particularly for African Americans who are witnessing an increase in HIV infections, remembering the famous words of their Prophet Muhammad who stated: "I heard the Messenger of Allah saying: 'He who amongst you sees something abominable should modify it with the help of his hand: and if he has not strength enough to do it, then he should do it with his tongue (speak out against it) and if he has not strength enough to do it, then he should hate it in his heart, and that is the weakest of faith'" (Hadith 365, reported by Abu Sa'id al-khudri).

Fourth, Muslims should become advocates for an increase in funds for HIV/AIDS research. This is supported by the teachings of Islam which state: "It was reported that the Prophet said: 'Verily, Allah has not let any malady occur without providing its remedy. Therefore seek medical treatment for your illnesses'"

(Hadith reported by Anas Ibn Mas'ud and documented by Ibn Majah).

Finally, Muslims should also provide education for the Muslim community about AIDS, so that in the event that non-Muslim members of their families are infected, they will know how to care for

them. In addition, Muslims should develop strategies to care for members of their congregations that are infected but may be too embarrassed to come forward, remembering what the Quran says about Prophet Muhammad and mercy: "We have sent you, O Muhammad, as a

mercy to the worlds."

[Amir Al-Islam is Secretary General of the World Conference on Religion and Peace, U.S.A. This piece is adapted from his presentation to the 1998 AIDS & Religion in America Conference held in Atlanta, Ga.]

## Buddhism and sexual ethics in the age of AIDS

by José Ignacio Cabezón

In terms of the number of adherents, Buddhism ranks as one of the major religious traditions in the U.S. today, and as the number of Western converts to Buddhism and of East and Southeast Asian immigrants to this country (and their offspring) increase, so too will Buddhism's importance. Increasingly, Buddhist voices will have to be included in any attempt to treat social issues like the HIV/AIDS pandemic in a way that is reflective of the religious diversity of North America.

Buddhists, of course, are as susceptible to HIV infection as anyone else, and given the linguistic and cultural obstacles that impede attempts to educate the immigrant Buddhist communities in the U.S., it is clear that many Buddhists are at far greater risk for infection than the population at large.

It is also important to remember that HIV/AIDS is not only a national problem but an international one. Indeed, the problem at the national level can be isolated from the international crisis only in theory. The proportion of the problem in Buddhist Asia, especially in Thailand, is by now well known. Hence, Buddhism, as the religion of a vast number of infected and at-risk individuals worldwide, must be considered in any discussion that would attempt to assess the systemic relationship of religion to AIDS, even if that conversation is ostensibly a national rather than a global one.

### Buddhist sexual ethics

Given that sex is one of the principal modes

of transmission of HIV, the work of Buddhist theologians like myself who are critically engaging the classical texts to formulate a sexual ethic that is at once Buddhist and relevant to men and women in this country, may have particular relevance.

Like most pre-modern traditions, the Buddhist doctrine of what constitutes sexual misconduct (*log par gyem pa*) for lay men and women seems anachronistic by contemporary standards. First, it presumes men as its sole audience. Women are considered only as potential objects for intercourse (*'jug par bya ba*), and not as independent subjects, making the doctrine androcentric to the extreme. The doctrine is also infused with an ethos of homophobia. For example, whereas female prostitutes paid for directly by a male "customer" are considered "suitable (*bkrod par bya ba*) objects," no man (*skyes pa*) or hermaphrodite (*ma ning*) is considered a suitable sexual partner for a man. Moreover, as regards the actual act of sexual intercourse, only the vagina is considered a suitable "point of entry." This implies that all forms of oral and anal intercourse, as well as masturbation, are proscribed. There are also prohibitions regarding place (e.g., not in public, not on rough ground, etc.) and time (e.g., not during certain auspicious days, not during daylight hours, no more than a certain number of times in an evening, etc.).

But I do not wish to imply that the Buddhist doctrine of sexual misconduct is

without its virtues. For example, the prohibitions against underage sex, against infidelity, and the attempts to create boundaries for sexual activity generally are certainly positive aspects of the doctrine. Equally noteworthy is what is not prohibited. (1) There are no restrictions against sexual relations between consenting unmarried adults; (2) there is no appeal to "nature" or "the natural" in attempts to formulate what constitutes a proper sexual act; and (3) there is no notion that procreation is the sole purpose of sex.

The first of these facts implies that from a Buddhist viewpoint premarital sex is permissible, the second that a theoretical construct — the natural — that has been so exploited to condemn alternative sexual practices and lifestyles in the West is never relied upon for similar purposes in the Buddhist sources, and the third, that sex simply for pleasure is recognized as ethically valid.

Now the purpose in bringing up the classical doctrine of sexual misconduct is not to rehearse the traditional line, but to point out that this is for Buddhists today the starting point for theological reflection. On June 11 of last year His Holiness the Dalai Lama met with a group of gay and lesbian Buddhist leaders to discuss Buddhist sexual morality and its implications for the gay community. At this meeting, the Dalai Lama brought up the portion of the text that sanctions prostitution as a way of making the point that a good deal of the classical doctrine may be specific to a certain place and time, and that it may therefore have to be reinterpreted so as to make it relevant to contemporary culture. After stating that

the purpose of the doctrine is to lessen attachment, he saw the absurdity in the tradition that claims that it is permissible for a man and a wife to have sexual intercourse up to five consecutive times in an evening, while prohibiting men and women to have sexual contact of any kind with a person of the same sex even once in their lifetime. The Dalai Lama stressed that he was not in a position to unilaterally reformulate the doctrine on his own — that in Buddhism this must be done through consensus. Nonetheless, he urged those of us present to work at the scientific, social and theological levels to bring about such change.

This meeting opened up for me the possibility of doing theology in a new key: one which is ever willing to confront, and in no instance to give way to, the evils of androcentrism and homophobia. There are, I believe, several key principles that must undergird a Buddhist sexual theology, and these are principles that have a direct impact on issues related to HIV and AIDS. These principles are more fundamental than the legalistic, rule-defined formulations found in the classical treatments of proper sexual conduct. More fundamental in that they constitute the very foundations for Buddhist ethics. While responsible Buddhist theologians cannot afford simply to dismiss the traditional textual material, neither can they fail to ask themselves whether, in our present context, the classical proscriptions are consistent with these more fundamental principles. In crafting a Buddhist sexual ethic that is relevant to today's world, it is these principles that must serve as the theologian's guide.

What are these, and what are their implications for HIV and AIDS?

### Confronting reality

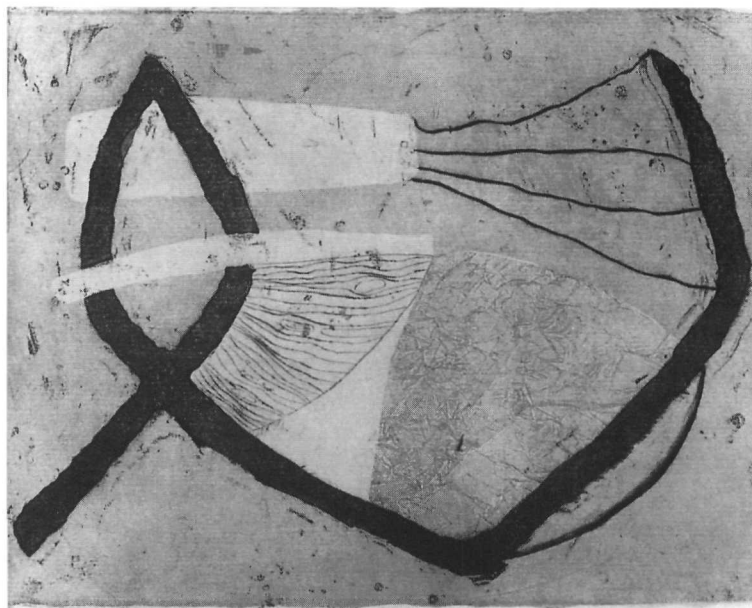
First is the general Buddhist commitment to confronting reality. A Buddhist sexual ethic must be constructed in response to actual human desires and behaviors, and it must take into account the actual state

of the world as the environment in which human action takes place. We live in a world where the vast majority of human beings are sexually active, where sexual desires and acts are as diverse as human beings themselves,

and where a virus that can be transmitted during sex can lead to illness and eventually to death. Buddhist sexual ethics must confront these facts. It cannot proceed as if we lived in a world where celibacy — or even heterosexual penile-vaginal intercourse — was the norm, nor can it proceed as if we lived in an AIDS-free world. For example, in this age of AIDS it is unconscionable for a contemporary Buddhist theologian to simply tout the traditional line that unprotected penile-vaginal intercourse with prostitutes is permissible. It represents a violation of the first fundamental principle: that we take the reality of human beings and their surrounds into account in ethical reflection. This is especially true when failure to take HIV and AIDS into account in moral decision-making could lead to an even greater evil: the infection of one's sexual partner.

### Eradication of suffering

Second, the primary goal of Buddhism is the eradication of suffering, not only for oneself, but for others as well, and the primary purpose of ethics is to minimize the amount of harm we do to ourselves



*Expressive* by John Ferren, 1935

and to others. Attachment or craving is considered one of the major sources of human suffering. Any pleasurable action breeds attachment, and sex is considered the most pleasurable action in which human beings can engage. Thus, one of the functions of Buddhist ethics is to limit human sexual activity so as to diminish the amount of sexual craving, and therefore the self — and other — harm that we do in the pursuit of such craving.

Some men and women, it is clear, are capable of strict vows of celibacy, and this is considered by most Buddhists the most effective means of curbing sexual desire, allowing monks and nuns an extraordinary foundation on which to make great spiritual progress. But even the Buddha, who was himself a celibate monk, was cognizant of the fact that not everyone would be called to a celibate life. How then can lay Buddhists, who, it is recognized, will not be celibate, diminish sexual attachment? This is clearly one of the chief concerns of lay Buddhist sexual ethics: to allow for sex while seeking to minimize it and the attachment that it breeds. How should this be accomplished? Clearly not by proscribing



homosexual relationships or by prohibiting certain non-harmful sexual acts. If a person finds sexual fulfillment only with a partner of his or her own sex, or is only sexually fulfilled by engaging in certain types of non-harming sexual acts (e.g., oral or anal intercourse or masturbation) with a consenting partner, then to prohibit such types of sexual expression is to de facto condemn such a person to involuntary celibacy, which, far from reducing sexual attachment, engenders a frustration that increases both sexual desire and sexual action itself. The negative implications of this to the spread of HIV and AIDS should be obvious.

The true Buddhist solution, then, is not the blanket condemnation of homosexuality or specific forms of sex, but the encouragement of relationships that have the capacity to keep sexuality within bounds, that diminish promiscuity, and that reduce attachment to a minimum. Relationships that, while satisfying sexual desire, help to control it by providing such boundaries, can serve as the basis for human spiritual flourish-

ing. As such, they must be supported, both at the theological and at the institutional level.

The Buddhist principle of *ahimsa*, or “non-harming,” must also be a cornerstone of its sexual ethic. In today’s world this requires that, in most cases, those of us who are sexually active make ourselves aware of whether or not we are HIV-positive, and that in all instances we exhibit a commitment to safer sexual practices.

### Helping others

Third, and finally, Mahayana Buddhists believe that they have a responsibility not only not to harm, but also to help others. The Mahayana commitment to love and compassion requires Buddhists to work to eradicate the suffering of others. This means, among other things, working to eliminate discrimination based on sexual orientation and on HIV status. The Mahayana commitment to love requires Buddhists to give others happiness, especially those who are sick and marginalized, e.g., due to AIDS. These

dual principles — compassion and love — I see as being the basis for the tremendously important hospice work that is being done by Buddhists chiefly, though not exclusively, in the San Francisco Bay Area. (One of the earliest AIDS hospices in the country is the Maitri Project, which is associated with the Hartford Street Zen Center. Another, now more extensive, undertaking started in the same year [1987] is the Zen Hospice Project, which was originally established as a project of the San Francisco Zen Center.)

It is my hope that at the very least this brief statement will give the reader a sense of the way Buddhists are dealing with the issues, and of the advantages of taking a more religiously and culturally inclusive approach to religion and AIDS in America.

[José Ignacio Cabezón is Associate Professor of Philosophy at the Iliff School of Theology in Denver, Colo. This piece is adapted from his presentation to the 1998 AIDS & Religion in America Conference held in Atlanta, Ga.]

## HIV/AIDS and ‘holy hatred’

by Randall C. Bailey

One of the major problems we face in dealing with AIDS is the theology of “otherness,” which characterizes missionary religions like Christianity. Such religions posit an in-group/out-group mentality, which is expressed in the dictum, “I’m OK, but you’re not. And the reason I know that I’m OK is that I’m not you!”

These religions which teach intolerance of people who practice another religion, depict followers of other religions as heathens, pagans, infidels, “kaffirs,” savages. These religions also malign the cult practitioners of these other religions by renaming them as sorcerers, witches, magicians, witch doctors and the like. These maligning reli-

gions have at their root a demonology of “otherness.” Once one is able to place another in this outsider category, oppression of them becomes not only normative, but theologically sanctioned. One is able to practice a “holy hatred” of them, steal their land, enslave them, exploit them in any form. This oppression is sanctioned, because the theology has allowed the dehumanization of the other and the idolatry of the self. Once one practices this dehumanization with those of another religion, one easily extends this “holy hatred” to the variables of race, gender, class, sexual orientation, nationality, and whatever variable becomes convenient. Since the other

is not understood to be like the self in humanity, one need not respect any of their life qualities with the “Blessed Assurance” that one is practicing the will of God. In this way the treatment of people with AIDS (PWAs) as non-humans is sanctioned religiously.

### Conquest theologies

This theological construct of “otherness” is closely bound to conquest theologies. Once I declare people “other,” I can steal their land. Thus, the invasions of one part of the globe by people from other parts is fed by this theology. Once one declares the local inhabitants “other,” one can do anything to them. And what better way to declare them “other” than to label them negatively with sexual innuendo?

This theology of conquest not only functioned for Israel in biblical times, but

also for Europeans who massacred native people in the Americas, Africa, Pacific Islands and Asia. This tendency guides the space exploration of this era with the depiction of life on other planets as “sub-human” and therefore, we may invade this space. In this way the interlocking oppressions of racism, sexism, classism, heterosexism and militarism keep mutually reinforcing each other, with the help of the oppressed, themselves. Just look at how David refers to the Philistines as “the uncircumcised ones,” (1 Sam. 17:6), thereby reducing them to the phallus and sanctioning the murder of Goliath by chopping off his head. We read it and are immune to the interlocking oppression and say, “Yeah, God!”

Closely akin to this theology is the desire to be more than conquerors and to be on the right side. The insidiousness of this tendency is that those who are declared to be “other” in one dimension, are willing to place their neighbor in the “other” category in respect to another variable. Thus, those who are oppressed on one variable, are willing to join with oppressors on a variable upon which they are not oppressed, but viewed to be normative. In other words, people oppressed on the variable of race are willing to oppress others on the variable of sexual orientation. Similarly, those oppressed on the variable of sexual orientation are willing to oppress others on the variable of nationality. Similarly those oppressed on the variable of nationality are willing to oppress others on the variable of gender. Thus in some communities, PWAs who get the disease from drug usage are viewed as more acceptable than those who are gay.

### **A theology of amelioration**

Somehow, we do not learn from our oppression not to be oppressors. Rather we learn how to be oppressors. We do not have a theology of liberation. Rather we have a

theology of our own amelioration. In essence we do not, or refuse to, understand that many of our privileges come from oppressive systems. Thus, we look for the privilege and nurture it, thereby being co-conspirators with oppressive forces.

A corollary ethic to this theology of otherness/self-amelioration is an ethic of dispensability. We declare that certain people are not needed. This ethic usually begins in the benign form of making objects dispensable and discardable. We move from things to people in rapid succession. This is hooked up with globalization and its destructive forces. We give pharmaceutical companies exclusive rights to drugs. We certify drugs as “orphan drugs.” We then allow exorbitant amounts of money to be charged for these drugs. We only allow certain people to have access to them. Thus, PWAs in South Africa and Uganda have a life expectancy of six months, because medications are impossible to secure in their contexts under these conditions. We patent drugs which will make a few rich, while exploiting the fears of others. We declare certain segments of the population, since they are not us, as expendable. Thus, since the first group of primary contractors of HIV were gay males, who were viewed as the “other,” and thereby expendable, there was nothing done. Once part of this group was willing and able to pay the price of medication, they were moved up on the “expendability ladder” and treated at a high price.

As long as we do not develop an ethic which values human life, which values life in all forms, we shall enforce the “ethic of expendability.” Insurance companies can cancel policies and no one says anything, because it is happening to the “expendable.” Landlords can evict people and there is no outcry, because these people are expendable. You see the

picture.

### **Needing an ethic of neighborliness**

There is no ethic of neighborliness. We do not engage the powers and principalities which are wreaking havoc in the lives of PWAs. Rather we close our eyes to them. We hold healing services but no accompanying demonstrations at the national headquarters of these companies. We do not recognize the healing power of such actions. We leave that to ACT UP. We do not want to jeopardize our own incomes. We’d rather say, we’ll pray for you in some ecumenical/interfaith way, but don’t ask us to be neighbor and stop the carnage on the Jericho Road. Isn’t it enough to bind you up and put you in a hotel somewhere?

We do not recognize that communal action against legislation which supports heterosexism is a healing event. We do not recognize that staging protests against the inundation of the black, brown and Asian communities with drugs is a healing action of neighborliness. Rather, we opt for the safe and respectable. There is no turning over of tables and chasing out the money changers of the biomedical conglomerates. There is no organizing against politicians who reduce funding for AIDS research, training, and education. That is not healing, we think. Let us rather once a year hold a service, not expecting God to say, “I hate, I despise your festivals. Remove from me these choirs. Let justice roll down. Get out there and do some social intervention of true neighborliness. That is the healing I desire.”

And then God adds, “If you do both, I’d even be able to enjoy the worship.”

[Randall Bailey is Associate Professor of Old Testament and Hebrew at Interdenominational Theological Center in Atlanta, Ga. This piece is adapted from his presentation to the AIDS & Religion in America Conference held last November in Atlanta, Ga.]

## Facing the truth

On March 30, 1999, PBS will air a special with Bill Moyers called *Facing the Truth*. The subject is the work of the Truth and Reconciliation Commission in South Africa. Chaired by Archbishop Desmond Tutu, the commission was established to investigate the human rights violations committed between 1960 and 1994 during the fight against apartheid. It was hailed worldwide as a model for healing the wounds of history. "We needed to acknowledge that we had a horrendous past," Tutu says. "We needed to look the beast in the eye, so that the past wouldn't hold us hostage anymore."

The commission has now published findings compiled from the testimony of more than 21,000 people, and the record is undeniable: Human beings did terrible things to one another, very often in the name of God, country and duty. In the face of that honest reckoning, reconciliation is proving difficult.

The story transcends South Africa's history and boundaries with profound questions about justice, oppression, evil and forgiveness. "This is a moral universe," Tutu says, "and you've got to take account of the fact that truth and lies and goodness and evil are things that matter."

Moyers notes that while filming *Facing the Truth*, he thought he was looking at a mirror image of the U.S. "We, too," he says, "are still wrestling with the legacy of our past. My hope is that by hearing these stunning stories — told by blacks and whites, victims and perpetrators, the unrepentant and the merciful — Americans will be stirred to look hard at the social and moral dilemmas of our own legacy."

## Interfaith Voices

Interfaith Voices of Peace and Justice is

a communications network and database for North American faith-based groups working for the betterment of society. The system provides a variety of ways representatives from these groups can interact with one another in the search for a common peace and justice agenda.

The network is building on a base of 560 authorized members and 449 authorized member organizations, and has over 600 subscribers to *Interfaith Voices*, their electronic newsletter.

This new project is developing many new features, including an array of special-purpose e-mail networks and a database/directory system for members and organizations. The network is also creating a polling system that will allow its diverse members to respond to detailed questions on critical issues, seeking for the "common factors" shared by all members.

The web site is <<http://origin.org/ivf.cfm>>. The address for print publications is PO Box 270214, St. Louis, MO 63127. Toll free: 888-454-8296. email at <[ivvoices@aol.com](mailto:ivvoices@aol.com)>.

## Hot peppers and parking lot peaches

The Community Food Security Coalition announces the release of its newest publication, *Hot Peppers and Parking Lot Peaches: Evaluating Farmers' Markets in Low Income Communities*. This report explores a breadth of issues associated with direct marketing in inner city communities. It presents case studies of nine farmers' markets in California and the East Coast, enumerating guidelines for successful market operation and development. It also includes a literature review of barriers associated with fruit and vegetable consumption, including cooking and shopping habits of low income individuals and their implications for farmers' markets. The report concludes with an analysis of policy barriers and opportunities at the federal and state (California) levels, as well as a series of policy recommendations.

The report (65 pp.) is available from

CFSC at PO Box 209, Venice, CA 90294. The cost is \$10 plus \$2 shipping. For more information contact CFSC at 310-822-5410 or check out the executive summary at <[www.foodsecurity.org](http://www.foodsecurity.org)>.

## 90 years of *The Progressive*

The January, 1999 issue of *The Progressive* magazine marks its ninetieth anniversary with a taste of both the history of the magazine as well as current writing. Archival pieces include a 1917 editorial from founder Robert LaFollette, Ernest L. Meyer's "Plunderers in Paradise" about the bombing of Hiroshima, and James Baldwin's "Letter to My Nephew." John Kenneth Galbraith, Nat Hentoff, Ralph Nader, Wendell Berry, Kate Clinton, Barbara Ehrenreich, Molly Ivins, June Jordan, John Nichols and Howard Zinn all contribute as well. To order, contact <[www.progressive.org](http://www.progressive.org)>.

## NAFTA at 5

A new study by Public Citizen's Global Trade Watch — *NAFTA at 5: A Citizen's Report card* — shows that the North American Free Trade Agreement's real-life outcomes fail the "do no harm" test.

NAFTA boosters promised it would create 200,000 new U.S. jobs annually, but hundreds of thousands of U.S. jobs have been lost. Why? Under NAFTA a U.S. trade surplus with Mexico crashed into \$13.2 billion deficit. Worse, 40 percent of so-called U.S. exports to Mexico under NAFTA are parts for assembly at low-wage, U.S.-corporation-owned plants, which quickly return finished products for sale in this country.

The real extent of U.S. job losses under NAFTA is hinted at in one narrow government program that has already certified 214,902 U.S. workers as NAFTA casualties. When we surveyed companies that made promises in 1993 to create NAFTA jobs, 89 percent admitted they had failed to do so. Many had relocated jobs to Mexico.

— Lori Wallach/Michelle Sforza,  
*The Nation*, 1/25/99

short takes



# Breaking silence in Harare

by Louie Crew

Last December, when the the World Council of Churches (WCC) met in Harare, Zimbabwe for its 50th anniversary and its 8th Assembly, the WCC properly reminded us of the Council's distinguished record of risk-taking. Long before it was popular to do so, the WCC funded resistance groups fighting colonialism and apartheid in Africa, often over the strong protests of its constituents in power in those countries. The WCC has also consistently funded humanitarian relief for refugees in countries ripped apart by strife.

As important as they still are, these commitments are now safely in the mainstream and require few new risks for the Council. Many at the Assembly wondered whether the WCC could muster the will and the nerve to take on new and unpopular social justice issues for the marginalized.

Those gathered for the WCC's 50th anniversary in 1998 looked remarkably different from those gathered in 1948, each difference the result of a slow but steady change over the Council's five decades: Few women were present in 1948; in 1998 they were nearly 40 percent of the delegates. Few people of color were present in 1948; in 1998 they outnumbered whites; the Orthodox were not present in 1948, but joined the Council many years ago. In 1998 we assembled in Africa, not in Europe or North America.

**Louie Crew** is the founder of Integrity, an organization of Episcopalians that advocates for the rights and concerns of lesbian/gay church members, <lcrew@newark.rutgers.edu>. See his full WCC diary at <<http://newark.rutgers.edu/~lcrew/wccdiary.html>>.

## Debt and human rights

Two of the biggest new "issues" before the 8th Assembly were the debt crisis affecting impoverished countries in the "two-thirds world" and details of a new statement on human rights.

Delegates easily rallied to support debt relief; let's hope that they will make just as forceful and cogent an effort to influence the World Bank and the International Monetary Fund through their own church members who participate in the decisions of those bodies.



U.S. delegates to the 8th WCC Assembly in Zimbabwe joined a human chain around the Assembly hall chanting, "Cancel the debt." ENS/Jim Solheim

With the new human rights statement, the Council exhibited embarrassing moral timidity: Several attempts to express concerns about the violation of human rights of lesbians and gays were blocked. The silence stares in the face horrendous abuses against the political and civil rights of lesbians and gays, such as those in the host country Zimbabwe and in many other parts of the world, where homosexuals are routinely fired from their jobs, cut off from benefits, jailed and otherwise persecuted. Zimbabwe's President Mugabe routinely refers to lesbians and gays as "lower than pigs and dogs."

## An escape from scapegoating

Homosexuals are useful as scapegoats. But at the WCC 8th Assembly we were not used as scapegoats in the same way we were used at the Lambeth Conference of Anglican bishops held in England last summer (see TW5-11/98). Why? No one knows for sure, but I offer some suggestions of my own.

First, Lambeth demonstrated a remarkable shift in power from bishops of the white north to bishops in the global south. The new majority agreed theologically and liturgically on few things, but most agreed in opposing homosexuality. Voting on the divisive issue became just too tempting to resist:

It was a clear and concrete way to demonstrate the new hegemony.

Second, resolutions of the WCC are even less binding on members than are those of the Lambeth Conference on the provinces and dioceses of the Anglican Communion. Why invite a fuss? After all, in an ecumenical body as huge and diverse as the WCC, there are already far more divisions than there are in any one communion: Those who choose to take the WCC seriously are far less willing than were the

bishops at Lambeth to push for a vote designed to have winners and losers.

Third, the most logical opponents to rally around an anti-lesbigay agenda are themselves at great odds with each other, namely the Orthodox and the Evangelicals.

*Vital Signs*

Repeatedly the 8th Assembly heard the Orthodox complain against the proselytizing of the Evangelicals, especially now that Evangelicals have easier access to Orthodox countries previously isolated by the Iron Curtain.

### **Zimbabwe's contribution to the gentler response**

Zimbabwe itself gave two gifts that helped to minimize the risk of gay bashing at Harare: First was President Mugabe himself. Mugabe is Zimbabwe's very own "Fred Phelps" (the Kansas-based homophobe who pickets Episcopal Church conventions, calling us the "Fag Church"). Even those who have no particular welcome for lesbians and gays want to disassociate themselves from Mugabe's patently self-serving and hateful rhetoric. Any attempt to mobilize against lesbians would have invited Mugabe to step into the leadership, and few wanted to give him that opportunity. [Before returning to speak to the Assembly on December 8th, Mugabe had spent only seven days in Zimbabwe in all of 1998. Meanwhile, during this same year, the Zimbabwe dollar fell 70 percent against the U.S. dollar.] Mugabe managed to toe the line and avoid mentioning lesbians when he addressed the Assembly, but after the meeting broke up, he could not resist and told a reporter that the WCC is the proper body to "purge homosexuals."

### **Padares**

The second gift of Zimbabwe was more positive: the Shona tradition of *Padare*. A "*padare*" is a meeting place for common deliberation. The WCC used *padares* as opportunities to explore differences. *Padares* are not tied to any legislative agenda. They are strictly for discussion. They encourage respectful listening. There were hundreds of *padares* on a full range of subjects throughout the Assembly. The 22 *padares* devoted explicitly to lesbian issues were among those best attended. In the second week many had to be turned away because of lack of space. These sessions had the irenic effect of the common worship tables and Bible study initiated at

the 1988 General Convention in Detroit. It's very hard for persons on either side of issues to demonize each other when we pray together and share our stories.

In addition, opposition to lesbians was largely forced underground at Harare. The Central Intelligence Organization (CIO) stalked us, albeit clumsily. Signs announcing our meetings were torn down. We replaced them so steadily that after a while the vandals gave up.

On only one occasion did homophobia turn truly nasty. Melinda Medew of Fiji showed me a nasty bruise on her arm and explained that she got it at a *padare* featuring

*Those who choose to take the WCC seriously are far less willing than were the bishops at Lambeth to push for a vote on homosexuality designed to have winners and losers.*

Cristl Ruth Vonholdt, a German psychologist whom the American Anglican Council had brought to the Lambeth Conference. At both meetings Evangelicals distributed hundreds of copies of a book in which Vonholdt claims to "heal" homosexuals.

"After 45 minutes of Vonholdt's hate speech," Medew told me, "I asked whether we would be allowed to respond to the false witness against us. We were told we could not reply, and some of the young African gays stormed out. I saw two of them crying. I wanted to stay in the *padare* rather than to give the presenters license to continue to harass us in our absence, but I also wanted to be available to my African brothers. As I stood in the doorway, one of Dr. Vonholdt's compatriots shoved the door to make me leave."

The WCC bureaucracy also forced some of the opposition to lesbians to go underground in the way that it opposed lesbian subjects from being named in the new WCC human rights resolution as much as many of us feel

that it should be.

### **Support without forcing a vote**

United Church of Christ moderator Paul Sherry made the most forceful support of lesbians at the Assembly, and he did so by specifically refusing to amend the human rights resolution in ways that would force a decision which supporters of lesbians would most certainly have lost. "I speak in support of the proposed policy statement on human rights," he began gently. "However, I am saddened that the statement does not more sharply specify those whose basic human rights are severely threatened, particularly gay and lesbian people. Therefore, though I do not intend to offer an amendment to the draft document, it is my urgent hope that we as the World Council of Churches, despite our differences in understanding regarding sexual orientation, will increasingly commit ourselves to protect the basic human rights of gay and lesbian people. I understand and respect the differing theological postures on the appropriateness of homosexual orientation. But that is not the issue here. Rather, the issue is the protection of basic human rights for all God's children, without exception. Otherwise, I fear our stated commitments will increasingly ring hollow. Every day gay and lesbian people face verbal abuse, physical harm, and even death. A year ago, Amnesty International documented scores of instances in countries all over the globe in which individuals are being targeted for imprisonment, torture and murder simply on the grounds of their sexual orientation. In my own country, but a few weeks ago, a young college student was brutally beaten and hung on a fence to die, simply because he was gay. The silence, in the midst of this ugliness, is deafening. I urge us all to break the silence."

### **GALZ**

One of the most moving experiences for me was the opportunity of getting to know and work with Gays and Lesbians of Zimbabwe (GALZ), a group of several hundred members.

GALZ is not primarily a secular group, as it has been portrayed by the press. Most

members are involved in faith communities. All but one of their major leaders are black. One woman is a Baptist minister. Her straight sister is a member of GALZ in support of her, and at great risk, since she is employed as a secretary to the Secretary of the Zimbabwe Council of Churches (ZCC), an organization which has been particularly perfidious in its treatment of GALZ. The parents of the sisters were murdered when they had political differences with the government.

Given the obsessive hostility towards homosexuality in this country, the WCC was hesitant in accepting the ZCC's invitation to have us meet here. To woo the Council, the ZCC made overtures to GALZ to meet with them and to educate themselves regarding lesbians and gays. In good faith, and with some surprise at the welcome, GALZ members at great risk came to meet with them and to share details of their lives. Many ZCC members expressed surprise that GALZ members were Christians and on a faith journey. The ZCC also engaged the considerable talents of GALZ members to help in the drafting of statements to celebrate the 50th anniversary of the UN's Declaration of Human Rights. [Once the WCC

issued the invitation, however, the ZCC immediately treated GALZ as anathema. Contact with them was dramatically reduced, and hostile statements regarding homosexuality poured forth from ZCC, especially from the Anglican Bishop of Zimbabwe, echoing the rabid statements of the country's president.]

Overall, the Assembly seems to me to have been a great success as a means for lesbians to educate the

church universal. Lesbians responded to that challenge with great dedication and care. More and more churches will come to the 9th WCC Assembly in 2005 eager to learn about their lesbian neighbors, and many more straights will come to report of their faith journeys with their lesbians.

Before we left Harare, over 75 lesbians present constituted ourselves as The International Lesbian and Gay Christian Network (ILGCN).



ENS/Max Hernandez

### Nuclear gambling

The Episcopal Peace Fellowship (EPF) is combining this year's annual conference with a pilgrimage to the Nevada Nuclear Test Site as part of the Healing Global Wounds Mother's Day Event, led by Corbin Harney of the Western Shoshone. The May 7-10 weekend will begin in Las Vegas with speakers who will address the effects of nuclear testing on the land and on the lives of the people who live near the test site. There will also be a chance to join a nonviolent civil disobedience action at the test site. For info.: <[www.nonviolence.org/epf](http://www.nonviolence.org/epf)>, or call EPF's Washington, D.C. office at 202-783-3380.

Aided by Phoebe Griswold (wife of the Episcopal Church's presiding bishop), the Bishop of Honduras, Leo Frade, and members of a local Anglican congregation, along with a youth brigade, distribute food and other supplies to local residents. The supplies were funded by the Presiding Bishop's Fund for World Relief.

With 90 percent of Honduras' banana crop wiped out, \$255 million in banana exports have been lost for two years at least. In Nicaragua, 30 percent of the banana crop was destroyed and across Central America thousands of acres of sugar cane, coffee, tobacco, pineapples, melons and vegetables are gone. The losses mean hundreds of thousands of people may be without income for months or longer. Crop losses mean job losses in these countries where per capita annual incomes average \$1,900 or less.

"The process of reconstruction must focus on the people, not just the infrastructure," says Noemi Espinoza, president of the Christian Commission for Development in Honduras. "Many of those who died or disappeared during the storm lived at the margins of society, on riverbeds around the edges of industrial areas or on steep hillsides in the country. They were the expendable ones about whom the government has never been concerned. As we begin to rebuild our country, they must be taken seriously. They must be taken into consideration." — Nan Cobbey [Cobbey is features editor for *Episcopal Life*, the national newspaper for Episcopalians, <[ncobbey@dfms.org](mailto:ncobbey@dfms.org)>. For information on how to make donations to the Presiding Bishop's Fund for World Relief call them at 1-800-334-7626.]



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# Homosexuality today: a sacramentalist perspective

by Virginia Ramey Mollenkott

*Love Undetectable: Notes on Friendship, Sex, and Survival*, by Andrew Sullivan, Alfred A. Knopf, 1998.

Andrew Sullivan is a contributing writer for the *New York Times Magazine*, senior editor for *The New Republic*, columnist for London's *Sunday Times*, and author of *Virtually Normal*, *Same Sex Marriage: Pro and Con*, and now *Love Undetectable*. A gay HIV-positive Roman Catholic, Sullivan is controversial in the lesbian/gay community for several reasons. Libertarian types dislike his rejection of what he calls "libidinal pathology" in favor of same-sex marriage that would "channel sex into love and commitment and responsibility." Unable thus far to find a suitable partner for himself, he nevertheless insists that opposition to gay marriage is not at all about marriage, but about the conviction that homosexual love is inferior to heterosexual love — a conviction that is held by many homosexuals as well as heterosexuals. About same-sex marriage I am with Sullivan 100 per-

cent, except that ideally I would prefer a complete disconnection between church and state.

A more complicated reason for Sullivan's controversial status within his own subculture is the fact that he sometimes lets cats out of bags, revealing to the world what some activists might prefer to hide from public awareness. For instance, Sullivan describes the huge drug-enhanced "circuit" dance parties that have become features of emergent post-AIDS gay male city life.

More important to Sullivan's controversial status is the fact that he sometimes generalizes in ways that could be useful to those who oppose gay-straight equality. For instance, in *Love Undetectable* he remarks that "There is little doubt that the ideology that human beings are mere social constructions and that sex is beyond good and evil facilitated a world in which gay men literally killed each other by the thousands." And that "narcissism and promiscuity will likely endure as intermittent elements of gay culture, just as camp and drag will. But we will measure our progress by the extent to which these ways of managing the pain recede." The problem is not that there is no truth in such statements, but rather that they provide sound bytes to be quoted by those who hate homosexuals.

I think of Toni Morrison, who will not allow white interviewers to steer her into saying anything that could be used against the black community. She plants her concerns about black behavior firmly within the parameters of her fiction, from which it is very difficult to retrieve anything quotable for the evening news. We who write

only non-fiction are more limited than Morrison, and certainly I agree with Sullivan that homosexual leaders should not continue to extoll everything and anything just because it is done by homosexuals. But there is a fine line between calling an oppressed group toward responsible behavior and providing assistance to the oppressors. Sullivan sometimes ventures mightily close to that line.

Another contributor to Sullivan's controversial status is his penchant for setting up oppositions and then locating his own position somewhere between them, a practice that may irritate those who are relegated to one of the "extremes." Liberals, Sullivan says, are "suspicious of particular loyalties and seek to embrace universal values and egalitarian politics," while conservatives prefer particulars to universals and therefore would prefer nationalism to internationalism, friendship to love. Sullivan then proceeds to lay out a moral middle way "to preserve the values of friendship while not denying the moral values of love."

Sullivan's middle way contrasts passionate love (*eros*) with friendship (*philia*) in a way reminiscent of C.S. Lewis' *The Four Loves*. If "love solves a need," friendship is "an act of radical choice"; love requires illusions and threatens humiliation, but in friendship, humiliation is impossible; love promises union and abandon, while friendship demands constancy and discipline. All of this sounds very patriarchal, and indeed Sullivan astonishes by claiming that Montaigne's was the first and last serious modern treatment of friendship. Had he read Mary Daly's *Pure Lust* (1984), or Janice Raymond's *A Passion for Friends* (1986), or especially Mary Hunt's *Fierce Tenderness: A Feminist Theology of Friendship* (1991), he would have known that his own best insights are those that come closest to the lesbian feminist consensus on the topic.

"Human friendship," Sullivan writes,

*Witness* contributing editor and lesbian activist **Virginia Ramey Mollenkott** is author of *Sensuous Spirituality: Out From Fundamentalism* and *Is the Homosexual My Neighbor? A Positive Christian Response* (with Letha Scanzoni).

review



"is *agape* plus intimacy ... the fullest realization of love." Good — but feminists would not have tried to split *eros* from *philia* and *agape* in the first place; and while we might agree with Sullivan that charity is "the universalization of friendship," we would not agree that it is "impossible on earth." Rather, feminists believe that friendship is plural, is constantly multiplying, is deeply political, and ideally culminates in global community.

During his finest moments, Sullivan is a shrewd analyst and master of a deftly beautiful style. His title *Love Undetectable* reverberates at many levels. I sense the title's relevance again and again — in Sullivan's description of the "undetectable virus" and the secret grief of Halloween crowds in San Francisco when new combination therapies appeared to promise the end of AIDS-as-plague; in the recognition that during the plague, people who had thought they didn't care for each other could achieve solidarity; and above all in the elusive shift Sullivan perceives in the significance of homosexuality itself: "From being an undetectable, unmentionable love, homosexuality has slowly become a symbol of the subversive and transformative frontier of love as a whole, a sign not of dysfunction or disease but of liberty and self-knowledge."

Sullivan is insistent about drawing distinctions some people might prefer to leave more open. For instance, he spotlights the obvious differences between homosexual and heterosexual love — gays do not encounter a radically different gender in love and sexuality, and have no intrinsic ability to create new life within the relationship — without acknowledging that these distinctions are valid only on the most literal level. I agree, however, with his description of the great divide between gay male culture ("almost a painting in testosterone") and lesbian culture, where "personal competition sometimes cedes to an almost stifling emphasis on consensus and conformity."

Sullivan provides an informative dis-

cussion of reparative therapy and its claim to be able to "cure" homosexuality. However, he relegates to a footnote one of the most ironic and telling details concerning reparative therapists. Their most outspoken practitioner, Charles Socarides, has a homosexual son who is the Clinton administration's chief political liaison to the gay and lesbian community. Because Socarides attributes homosexuality to "an over-controlling mother and a father who was disengaged," who had "forfeited his

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*As Sullivan asserts, the only ethic the church has offered to homosexuals is "an unethic, a statement that some people are effectively beneath even the project of an ethical teaching."*

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rightful duties as a father" and had "given his son no real role model," it is no surprise that in his book *Freedom Too Far* Socarides does not acknowledge his own son's homosexuality.

Sullivan's discussion of Freud is stimulating: "If one is to infer what is normal from what is embedded most deeply in human identity, then, for Freud, it is clear that bisexuality is the norm, and that both heterosexuality and homosexuality demand equally searching explanation." Now isn't that a paradigm that could enliven churchly discussions of human sexuality!

Sullivan is clear about the ethical vacuum created by clerical obsession with the letter rather than the spirit of the law: "I have never heard a homily that attempted to explain how a gay man should live, or how his sexuality should be expressed. I have heard nothing but a vast and endless and embarrassed silence, an awkward, unexpressed desire for the simple nonexistence of such people." That has been my experi-

ence also. And during my 44 years of college teaching, I found gay and non-gay students of every religion and no religion very willing to discuss sexual ethics — and almost pathetically eager to hear what I as an older woman had to say. Anything to break the vacuum!

As Sullivan asserts, the only ethic the church has offered to homosexuals is "an unethic, a statement that some people are effectively beneath even the project of an ethical teaching." Those who currently oppose gay marriage, including a majority of Anglican bishops worldwide, should ponder what Sullivan says about marriage: "It is the mark of ultimate human respect; and its automatic, unthinking, casual denial to gay men and women is the deepest psychological and political wound imaginable."

As for the currently fashionable claim that Christian people love homosexual sinners but hate their sin, Sullivan supplies a corrective: "When you begin to see homosexuality not as some bizarre and willful attempt to practice a specific sexual act, but a deep and complex part of a human person, a person who needs as much love and as much divine love as any other person, then it becomes clear how it is, in fact, impossible to hate the 'sin' and love the 'sinner.' Or how the very formulation is in fact a way of denigrating homosexual people, denying their humanity, erasing their integrity. It is as if we were to say that we loved Jews, so long as they never went to a synagogue." Exactly!

Sullivan's sacramental world view, implicit everywhere, is illustrated by his final paragraph. He describes going out on a boat with 12 others to empty into the ocean the ashes of his friend Pat, who has died of AIDS. The ashes overboard, he dives into the water "after Pat" amidst the "strange gray mist," and finally resurfaces into a pure sweet breeze. It is a ritual of dying into newness of life — a baptism in love undetectable.

**TW**

Few people have played as central a role in church life as Jimmy Allen. As president of the Southern Baptist Convention in 1978-79, Allen occupied the top leadership position in the nation's largest Protestant denomination. He has advised government leaders on religious freedom, founded a Christian television network and consulted with secular media on religious news coverage. Yet Allen's current prominence as an author and speaker on the church's response to AIDS comes not from his renown in Christian circles, but from the ordeal of finding his family cast out of them.

In 1985, Allen's daughter-in-law and two grandsons — one newborn, the other three years old — were found to have AIDS, contracted from a blood transfusion his daughter-in-law, Lydia Allen, had received during the birth of the first child. When his son Scott Allen — then minister of education at a Disciples church in Colorado Springs — informed his senior pastor of his family's illness, he was immediately fired from his job. The family was asked to remove their three-year-old son, Matt, from the church's day care center, and not to return to the church.

The family joined grandparents Jimmy and Wanda Allen in Fort Worth, and began to search for a church where Matt could attend Sunday school. Armed with a videotape of Matt playing with his pediatrician's children, Jimmy Allen approached friends who pastored congregations in the area. Over and over, he was turned down.

*"I have been deeply disturbed by the loss of focus of organized religion, and I think it's a virus of its own, with its own kind of death, moving in the body of believers."*



## Unburdening a secret

by Marianne Arbogast

"I never expected that the church I loved so much would become our greatest source of sorrow," Allen writes in his book, *Burden of a Secret* (Ballantine, 1995), an account of his family's experience with AIDS. "The rejection of the churches when we reached out for help was one of the most devastating aspects of our entire ordeal with AIDS."

When Allen's younger grandson, Bryan, died at nine months of age, a pastor friend who made a condolence visit to Wanda Allen practically flew from the house when he learned the baby had died of AIDS. Another friend, a mortician, agreed to supervise Scott and Lydia Allen in preparing their son for burial, but refused to so much as touch the infant's body himself.

In an effort to protect Matt from rejection and harassment, the Allens guarded their privacy for years, revealing the reason for Lydia and Matt's poor health only when they felt it necessary. Unwelcome at

churches and day care centers, Matt found playmates at a fast-food restaurant.

"McDonald's playground was the place we had to find the first socialization for him," Allen says. "You could go in and play and no one asked you for a health certificate. Of course, he was no threat to anybody — they were threats to him [because of his failing immune system]."

But when Lydia Allen died in 1992, the weight of secrecy became too heavy to bear.

"I could feel Scott's anger rising as he sat rigidly through the songs, eulogies, and prayers," Jimmy Allen writes. "After the service, Scott got up and left the church without a word to anyone. Before doing so, he said to me in a terse, quiet voice, 'Nobody said the word AIDS in the whole service.'"

"He was right. It was then that I saw how wrong we had been in trying to keep our secret, even if we had done it for the right,

*Witnesses,  
the quick and the dead*

Marianne Arbogast is assistant editor of *The Witness*, <marianne@thewitness.org>.

noble reason of trying to protect Matt.”

The Allens found “going public” easier than they had anticipated. Churches which had rejected Matt were challenged by reporters, and many eventually developed AIDS ministries. The provision of clear, direct information was helpful in allaying fears, and the family found support from many quarters. Shortly before Matt died at the age of 12, his elementary school held an outdoor “Circle of Life” ceremony for Matt to celebrate his life.

Jimmy Allen is still living with AIDS in his family. Another of his sons, Skip Allen, was diagnosed with AIDS in 1986. Although Allen is unable to accept his son’s gay lifestyle, he is clear about his love and respect for him. “He moves creatively and caringly among the dying, comforting and serving other victims of AIDS,” Allen wrote in his book. “He loves God.”

Today, due to the protease inhibitors and “cocktail” that Skip Allen has been receiving, the progression of his disease has been slowed.

“We just had his 45th birthday celebration,” Jimmy Allen says. “We didn’t think he’d be here. He’s lost so many people around him, he’s dealing with the survivor syndrome. But he is surviving.”

Allen’s son Scott, once a minister, has not returned to church. While his estrangement has pained Allen, it has also led him to new insight about God.

The type of rejection Scott experienced “has a damage far more than the immediate,” Allen says. “But it has driven him into searching for ways to express God in his life, outside of the ‘religion’ things. He and I have had vast discussions about that. It has stretched my own understanding of God but it has not eliminated the basic root systems that I believe are important. But I’ve discovered there’s an Abrahamic faith factor that many of us in the Christian movement have missed. Where the Bible says, ‘Abraham believed God, and it was reckoned unto him for righteousness,’

we’ve missed the fact that Abraham knew so little about God. And I think we’ve missed the fact that believing God and letting God communicate with us is much larger than any sect or any religious movement that has a name and a structure to it.”

Jimmy Allen is engaged in what he calls a “lovers’ quarrel” with the church.

“The churches have become places of misguided loyalties and purposes,” he contends. “I have been deeply disturbed by the loss of focus of organized religion, and I think it’s a virus of its own, with its own kind of death, moving in the body of believers. When we miss the heartbeat of God we miss the heartbeat of it all. And the heartbeat of God is not that people gather and sing praises to him, it’s that people

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*“We’ve missed the fact that believing God and letting God communicate with us is much larger than any sect or any religious movement.”*

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reflect him, that they experience him and become like him.”

Allen feels that a focus on numbers has driven out the basic mission of proclaiming the gospel to suffering people.

“I have pastored a megachurch myself, so I know the temptation, but the fact is, if we are not the salt and the light, if we are not the caring people of God, then we are not in touch with his basic heartbeat, and that’s where the life comes from. The renewal of love for the marginalized may be the source of spiritual energy for us in the future, if we get back in touch with God at that level.”

Since writing his book, Allen has been besieged by requests for help.

“There’s been an opening up of a whole phalanx of pain-filled people who have reached out as a result of the book,” he says. “We’ve had for the last four years pilgrimages up to this mountain where I live [at Big

Canoe, Georgia] from all over the nation, of people who are coming with their own pain about being shut away, not knowing how to deal with family, being ignored or rejected or shunned by their own congregations.”

In addressing AIDS prevention, Allen defends the church’s promotion of abstinence, but is also in favor of education on risk reduction.

“There’s been a restoration of emphasis on the quality of relationship in love — in such things as the ‘Love waits’ efforts of the churches — to help young people to commit themselves to higher idealism. A number of people in the AIDS community see that as negative or at least irrelevant. It is not irrelevant to help people understand what love means and what sexual commitment means.

“But the other side of it is that there are those that are falling through the cracks in great numbers, and we need to help them understand how to avoid dying from a disease. So I think that sex education needs to be encouraged, and a lot of our churches are finding it very difficult to do.

“I think the sexual mores of our society are in such flux that we need to re-establish some principles. At the same time, one of the principles is that to live is better than to die. We need to help people stay alive.

“Needle exchange programs raise the same issue. Do you encourage people to use drugs by giving them needles so that they won’t be killed by a disease? The answer, of course, is that they don’t take drugs in order to have a good needle.”

In caring for AIDS victims, Allen sees questions of guilt or innocence as immaterial.

“Of course there are people who are more responsible for what they have brought on themselves than others,” he says. “But the fact is, HIV/AIDS victims are dying. That’s the issue. The issue is that there are people made in the image of God for whom Christ died who are suffering and dying.”

**TW**



*continued from page 3*

was, I believe, referring to earth, and specifically, I suppose, Babylon, which I believe is now Iraq. It seems that this area was originally lush and forested: you know, with those huge, ancient, and (obviously) sacred groves. Now it is dust and rubble. This is what the ancients were talking about: and a vestige has remained in the Bible, in spite of the endless greed-driven editing and re-editing over the centuries.

Would it make sense that any God would create this paradise, then encourage the created to destroy? We do what we can by restoring vacant inner-city buildings. Every such structure brought back and occupied is at least one building that need not be built on what should be prairie or forest. We use train transportation whenever possible, the most environmentally sound ever conceived, other than walking or riding a bicycle.

Basically the framework of development must change — back to city and country; rather than the slather of sprawl over all. This is occurring; people are realizing that endless commuting is no pleasure; the cities are being restored. It's a long battle, of course, because there is so much money to be made consuming land and resources.

**Robert and Rebecca Venn**  
Kenosha, WI

### *Witness praise*

I KNOW WHY *BELOVED* didn't do well at the box office. It is strong medicine as is your magazine. It holds up a mirror we don't like or want to look into. As Joan Baez recently said: This country is in a state of denial.

What keeps us going: knowing there are others who care and haven't just succumbed to wealth, immorality and power and who have decided not to ask any more than that of our leaders and our country and ourselves.

**M. Knight**  
Monroe, NY

I REALLY LIKE *THE WITNESS*, as does my husband. The interesting thing about this is that he is an atheist who generally thinks Christians miss what should be their call to radical politics.

**Lana Galyean**  
Prunedale, CA

I LOVE THE MAGAZINE! Diversity of points of view on subjects that I would never receive from other religious publications which are well thought out.

**Vera Johnson**  
Roanoke, VA

EVERY ISSUE I'VE SEEN has contained numerous precious insights, many of which I've felt, but not been able to express. My whole community, a Catholic Worker house

of various persuasions, has enjoyed what you've covered and how.

**Jim Haber**  
San Francisco, CA

I AM ALWAYS CHALLENGED by the pressing justice that engages you and try to translate the themes to my world of inner urban ministry.

**Bill Lawton**  
Potts Point, NSW  
Australia

### *Witness praise - and prayers*

*THE WITNESS* HELPS TO KEEP ME SANE in a mad world! My prayers are with Jeanie as she faces this difficult time!

**Mary Lou Berry**  
Euclid, OH

[Ed. note: *Witness* co-editor Jeanie Wylie-Kellermann, her family and *The Witness*' staff want to acknowledge the many messages of encouragement, support and prayers which have come from readers as Jeanie receives treatment for the brain tumor which caused her collapse last Labor Day Weekend. As we go to press with this issue we are feeling cautiously optimistic about her progress in fighting the cancer. But prayers are still very much in order!]

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