

Reverend Canon Gideon Byamugisha

2. Combatting aids: does religion help, or does it hinder?

When I saw this question I was tempted to say "Why did they give me 20 minutes?" The question is simple - the answer would have been "It depends!". And then I finish my presentation and go home. Like that religious leader who was preaching, I am told, to his congregation, and he was going to make a sermon, and after he said "Let's pray!" They closed their eyes, and when they closed their eyes he hid in the pulpit. You know how we have these big pulpits? So he hid there, and when they opened their eyes, the preacher was nowhere to be seen. So they were saying "Has he gone to heaven? What has happened?" And to stop them wondering for very long, he came up from the pulpit and said "You see? If you don't come to God, he will hide from you like I have done!"

Those of you who have worked with faith communities know very well that religion is a double-edged sword. It can produce miracles and wonders. But also it is capable of producing the worst frustrations you can ever imagine. Those of you who know the history of the slave trade; those of you who know the history of apartheid; those of you who know the history of colonialism; those of you who know of many of the genocides that are taking place in many areas of the world; you cannot but point an accusing finger at religion. But we also know that religion is capable of producing the best in humankind. It is not a surprise that the most compassionate, caring programmes in the world are either faith-run or faith-inspired. Even those organisations which call themselves secular, like Glen claims to say, they are inspired, or motivated, by the faith motives that drive their world views. So faith and religion are very, very important.

It's on record that most stigmatising, most shaming, most discriminatory responses to AIDS, have come from the faith communities. I ask many people - they say we don't want to be tested, because we don't want to be ashamed. When our church knows, when our mosque knows, we would be at a very big disadvantage. For a long time, born again Christians in South Africa were not treating patients who were positive. Reason - that they did not want to interfere with God's punishment, lest he turned his anger on the nurses themselves. So they would be left to die even when the doctors have prescribed treatment. As I speak know, I know a born again professor in Nigeria, who is keeping his daughter in a chicken house. Reason - that she is not fit to stay with the family - she should stay in the chicken house and pay for her sins, because the wages of sin is death. There are many examples, but the testimony of Canon Gideon standing in front of you, shows you that there are churches, there are faiths, there are religious leaders, who can stand by people who are positive, encourage them, take their hand, and let them grow. Without my church I wouldn't be making this acceptance speech today. They did a good job; they put me on ARVs, they cared for me, they gave me leadership, and recently they even made me a canon of a church, which is not a small honour in the faith which I serve.

We have the reach, we have the presence, we have the mandate, and the tradition of care and compassion. When we decide to put those into practice, we produce good results. We have the permanency and the sustainability in many communities who were there long before Christian Aid arrived, and will be there long after Christian Aid has left. We'll be there when Strategies for Hope comes, and we will be there when you pack your bags to come back home. So when you partner with faith communities, you really have many dividends. No wonder, in Christian Aid, we have made it our strategic focus - that Rachel Baggaley and her team focusses on how to inspire and multiply the faith response in reducing SSDDIM and multiplying SAVE, which Dr Daleep has already explained to you. In Uganda, we lost ten vital years against the epidemic. In 1981 they told us that only 17 cases have been identified. I wish the faith communities would have acted then. But when we were told that there were 17 cases, we begun reasoning - "Oh, now, this is a punishment from God! Oh, this is God

now punishing the homosexuals! And Oh, now..." And you see, people reasoned that the bad people were going to die, and that the good people would remain. And around 1991, then years later, when the faith communities began saying "Wait a minute! It seems we are wrong." And when they put their act together, within a space of less than ten years, Uganda changed a two-digit prevalence rate into a one-digit figure. From 15% to 6.5%. So you can see what a change in attitude; a change in a belief system; a change in values can bring to the faith community and people of faith. Hence, the quality and quantity of what one believes, contributes a lot on whether religion hinders or helps in HIV prevention. I don't claim to know all the religions in the world. My experience is limited mostly to monotheistic religions, and it is through this experience that I am going to share four points on where I think that religion can hinder or help.

I have come across people who say that they don't believe in God, because there is no God - and that in itself is a religion. Don't say it's not a religion. It's a religion of not believing in God. But in this category of people, there are two types of responses you can get, from people who say they don't believe in God. One is that, since they now know that there is no protector above them, then they will take all chances to make sure that they maximise their living. If you no longer know that there is an arbiter for you, then you are your own arbiter. If you believe that life happens by chance, then you will be motivated to maximise your chances of survival. On the other hand, if you believe that everything happens at random, you may adopt a fatalistic attitude; a nihilistic attitude which says that there is no point in defending myself against AIDS, or in protecting my neighbour against death. So you are likely to have these two attitudes influencing what happens on the ground - some participating in prevention and care, while others let infections happen, and death happen, because after all, it's pointless.

I have also met people who say that there is a powerful God. Not only is he powerful - he is omniscient. And not only is he omniscient, he is also omnipotent. He's as strong as you can imagine. And, they say, if this God is willing, I will survive HIV. So they surrender all their reasoning faculties, all their possible actions, to God, and they say "Inshallah! If God helps me, I will escape. If He doesn't help me, too bad!" Now these people, as you can see, if you are unlucky enough to have them in your AIDS programme - their fatalistic attitude, their resignation attitude, to things they can't change - there are actually people who also believe in what they call pre-destination, that there is no way, there is nothing that you can do to add on your life. If God has fixed that you will die at 30, that is it. If God has said you will die at 70, that is it - so they don't do much in protecting themselves against infection, because they know that their protection is in the hands of someone who is very powerful and very omnipotent.

There is another group which says "Yes, we know there is a powerful God. But, this God does not protect just anyone. This God is very selective. He only protects those who love him, those who accept his commandments. So the more you love him and obey his commands, the more the dividends. It's like a profit investment fund. That the more capital you put in, the more profits you get. So these people spend their time making sure that they obey well, and so on and so forth. And in their belief, they say if you obey God, then you are rewarded with long life, many children, a good job, and so forth. And so, in their reasoning, AIDS cannot attack someone who obeys God. That's why, probably (those of you who have read Job's story) the friends of Job were not really convinced that Job was as righteous as he was claiming, because in their religious attitude, they had never seen someone who was suffering the misfortunes which Job was going through. So they came to him and said, "Are you really sincere, or are there things that you are not telling us? We've never seen someone righteous suffer the diseases and misfortunes that you are suffering." And Job was swearing and saying "Look at me! I wish you can look inside me." But this attitude did not end with Job. It even persisted in Jesus' time. And they were asking Jesus "This boy who is blind, is he the one who sinned, or his parents?" And it has not ended. It is still with us.

When people look at us who are positive, and then they say "There must have been something you committed, that's why you are positive." When I give my testimony in some forums, and I say, now you can ask questions, I get a question, and then people say "Excuse me. You say you are positive. Have you repented about it?" And you are really confused - how do you repent of having malaria, or having measles, or having ... you know, it's so confusing. But in their mindset, you are sick for the sins you have committed. I was in Nigeria, and they had this poster in church, and it had big words - it was saying "Jesus forgives sins. Even AIDS". And I said, why did they have to emphasise that? But in their mindset, they know that once you behave well, you are free from HIV; once you misbehave, you are punished with a death-causing disease. No wonder that there is so much stigma and shame and discrimination that goes on still among the people who have such an attitude.

There is another group I have met, which says "You cannot fathom God. You cannot prescribe in details what he does or doesn't do. True, he may invite us to participate in his kingdom of health, wellbeing and justice, but you cannot link the absence of justice, or the presence of health, or the absence of health, to the behaviour of an individual. Maybe the problem is at a family level. Maybe the problem is at a community level. Maybe the problem is at a national level. Maybe the problem is at the global level." And these people do everything they can to use their reasoning, their brains, their partnerships, the resources at their disposal, to make sure that they research so much about the cause of illness, the cause of ill-health, and what they can do to fight ill-health. They blame less, and they support more. They look for information and give it, like Strategies for Hope does. They try to change people's attitudes. They try to build communication skills. They try to give people negotiation skills also - how to negotiate abstinence, how to negotiate safe sex, how to give yourself self-care in a reasonable way, and so forth. How to move away from a potentially unhealthy situation without feeling embarrassed. That's their job. They give people the confidence, and the competence to look after their lives. They don't do that only. They also speak truth to power. They advocate among parliaments, among presidents, among local leaders, among council leaders, and so forth, to say "If we create a supportive environment, then we will create a situation where safer behaviours and safer actions are known, are made easier to adopt, are made popular, and they are almost as automatic as they are routine. If we don't, then we create environments where unsafe behaviours are common, are easy to adopt, are popular and almost routine - so that it doesn't surprise you that people are drinking unboiled water; or that they are sleeping in beds without mosquito nets if they are in tropical climates; or that they are having sex without putting on condoms when they have not tested themselves for HIV. Because the environment - the economic environment, the social and cultural environment, the spiritual environment - is such that it allows unsafe behaviours to become common, to be routine, to be popular among the people who are practicing them."

So in the final analysis, therefore, I have not exhausted everything, but you find that you can tell me what you believe, and I can tell you what response you are likely to adopt on HIV. Tell me what you believe and I can say "Ah, he is likely to prevent, or he is likely to hinder." So it is an either/or, and what we should know also is that these demarcations are not just from one person to the other. One person can carry the same attitudes at the same time, or at different times, at different places, depending on what happens. May we recognise therefore that if we give the religious leaders and the religious communities the tools they need, the information they need, the communication skills they need, they can turn their liabilities into assets of change and of transformation. There was a time when religious leaders were ridiculed. Every forum I would go to, there would be fingers pointing at us, until I was invited to the UNAIDS Assembly, and I said "Look, you people, you should not be blaming religious leaders and institutions for doing it badly. Let me ask you a question: Do you think religious leaders and religious communities are refusing to do good things, or are they failing to do good things?" And they said "What do you mean?" And I said "When someone is refusing, it means he has the information, he has the skills, he has the competence, he has the services, he has the money and the budget to do the things. But if someone is failing, it

means there are very good reasons why he is not doing it right. So instead of blaming the person, you look into those reasons, and come to their support."

I am so happy that these days, instead of people just pointing fingers at faith communities, they are entering their hearts and minds and trying to penetrate them with support, with information, with skills, and with accompaniment. May God bless you.