
The Three Realities of AIDS

Advent Sunday

A Sermon preached in Duke University Chapel on December 2, 2007 by the Revd Dr Sam Wells

In 1982 the Centers for Disease Control based in Atlanta first coined the term Acquired Immune Deficiency Syndrome. The term described the collection of symptoms and infections resulting from the specific damage to the immune system caused by the human immunodeficiency virus (HIV). That was twenty-five years ago. Over the last quarter century twenty-five million people have died of the disease, making it one of the most destructive epidemics in recorded history. It's currently killing people, around one-sixth of them children, at a rate of three million a year. Without antiretroviral drugs the average length of time between contracting HIV and developing AIDS is about nine years, and the life expectancy after developing AIDS is around nine months. AIDS is never going to get blanket media attention because there's no dramatic moment to photograph. But it's the most deadly disease of our time.

In the early nineties one of my favorite TV programs was called the *Dinosaurs*. It was a bit like the *Simpsons*, in that it took topical social issues and parodied them in a domestic setting. One running joke was that the Dinosaur family would gather round their own television to watch their favorite show. The show was called *Way Too Complicated*. Whenever a dinosaur wandered into the sitting room and said "What are you all watching?" the answer would be "It's *Way Too Complicated*." And that's what I want to talk about this morning. What do we do with a global epidemic whose causes and dimensions and casualties feel just way too complicated? What difference does AIDS make to our faith, to our discipleship, to our lives?

For most of us, in the face of sickness, suffering, and a staggering level of global distress, there's a strong urge simply to turn away. We want to turn away because we want to protect ourselves from being overwhelmed. After all, our own lives are not so invulnerable, and we spend most (or all) of our days trying to make some order out of the chaotic world around us or the fragile world inside us. To turn and face an ocean of suffering is like allowing ourselves to be engulfed in a tidal wave of grief, and our instinct for self-preservation pulls us away from the danger of drowning. To see suffering is to recognize that this suffering involves me. We're not especially proud of turning away, and we may be generous in sending money to address the problems we fear to look at; but one way or another we know that seeing reality for what it is will be too much for us. So we look away.

There are subtle ways of looking away that don't just involve turning the head. While searching for cures in laboratories and research clinics is urgent and necessary, simply to concentrate on AIDS as a scientific issue can be to turn one's face away from the sheer human reality and dynamics of the disease. Perhaps a more common refuge is the resort to moralizing. Few other diseases have been subject to such a torrent of judgmental speculation and condemnation. I want to suggest that knee-jerk armchair moralizing is essentially another way of not seeing, of protecting ourselves by not facing and naming and focusing and sitting still in the presence of enormous suffering. If only we could say that people somehow *deserved* this illness, that they had caused their own downfall, then somehow we could shield ourselves from the horror of it all. But it's seldom as simple as that, and even if it were, when someone is hurting as badly as this we have to ask ourselves why our reaction is icy condemnation rather than loving compassion.

The reason is that compassion means seeing. And we fear that if we truly see we will be overwhelmed. Our carefully guarded cordon of safety will be invaded. So what can we do to stop ourselves looking away? There's a kind of seeing that asks God to give us strength to gaze at things that cause us pain and threaten to overwhelm us, things we would rather pretend were not there. The name for that kind of seeing is lament. We find a great deal of this lament in the Old Testament, particularly in those passages that mourn the loss of Jerusalem and the going into Exile – in the books of Lamentations, Jeremiah, and the Psalms. In poetry, singing, simple music and silence, taking refuge in one another, in the beauty and gentleness of God's purposes and the final destiny of his creation, we find the strength to see the truth about the world and dare to wonder at the truth about

God. If we are to live with AIDS, we have to learn to see the human cost of AIDS, and to see AIDS, we have to learn to lament.

But to see AIDS also means to see the world. And much of what causes AIDS and is wrong about the world was wrong well before AIDS came along. Our self-protection makes us call AIDS a sexual disease, a disease there would be less of if there were less casual sex. This is self-protection because it presupposes everyone in the world lives in a world of rational choices made from locations of significant personal independence. A world like our own world, in other words – or at least a world like our own world shorn of our visceral and sometimes destructive longings and desires. But that is not the world everyone lives in. The vast majority of people living with AIDS live in a very different world. This very different world is a world of poverty and gender inequality. (Not that our world is without poverty and gender inequality. But this is on a different scale.) Identifying at-risk behavior means a very different thing in social conditions where life is cheap and thus all behavior is at-risk behavior. Washing changes its meaning in a situation where the water is so contaminated that you don't know whether using it makes you cleaner or dirtier. Sex should always be about tenderness, about trust, about mutually expressing and embodying God's profound desire for one another; but in such circumstances of poverty and powerlessness, can anyone be surprised that sex becomes a means of oblivion or an instrument of domination? And of course the principal casualties of such conditions are women and children. I've seen documents that estimate that for at least 30% of young women in sub-Saharan Africa their first sexual experience is nonconsensual. In the face of such statistics, one has to *see*, to *face* the world disclosed through the lens of AIDS. Of course sexual assault is a reality in our own culture, perhaps even in our own lives. All the more reason then to be prepared see a very unjust world, and not turn our heads aside. Perhaps the real ways to address AIDS are to give villages access to clean water, to strengthen education, especially for women, and to strengthen economies in such a way as to make the sex trade comparatively less lucrative. In other words the best way to stop people dying of AIDS is simply to give them more to live for.

And when we *have* seen, when we have seen the reality of AIDS and the reality of those living with AIDS, and when we have seen the realities of the world that AIDS discloses, then we must see one further reality: the reality of God. AIDS is such a painful and demanding catastrophe that it forces us to search deep within the heart of God. And what I believe we find is Jesus himself. We find that in his incarnation, particularly in Bethlehem, Jesus identified with the homeless, the refugee, the child of uncertain parentage, the politically oppressed, and thus with the poor of the earth. There is no one who can fall so low in the degradation of their life and not at that very moment turn to one side and see Jesus lying in the gutter beside them. That is close to the essence of what the incarnation means. It means we are never alone, whether our pain and isolation is caused by others or by ourselves. And then in his ministry Jesus gathered around him those who lived lives of shame, disease and exile in the society of his day – especially those with culturally embarrassing ailments and those associated with sex in ways that were considered shameful. It was precisely because these were the people he called his companions, because these were the people he touched and embraced and ate with, that he was rejected by polite society. So already Jesus tells us a lot about AIDS. But there's more.

When Jesus died he was practically naked. He died the most shameful death his era had dreamt up. He died with disreputable people either side of him, and his friends couldn't deal with the fear, the shame, and the humiliation. But in his death Christians have seen an amazing exchange. His blood is somehow exchanged for our blood. He takes our diseased, distressed, failing blood into his own body, and in return he fills our body with his very lifeblood, blood which transforms, blood which supplies, blood which never runs out. You could call it a kind of divine blood transfusion. The very moment that causes most panic to those of us who believe AIDS cannot touch us, the blood transfusion, is in a sense a sacrament of the very transformation that Christ's death on the cross brings about for our salvation. In so many ways the imagery and metaphor of the AIDS epidemic takes us to the heart of God in the crucified Christ. This is our hope: that God in Christ takes our blood into himself, and gives us his own blood that we might ever live with him.

And then in Jesus' resurrection we see God's destiny for a world restored. We see that sin doesn't have the last word. We see that suffering, of ourselves and of others, doesn't have the last word. AIDS doesn't have the last word. The last word is Jesus' restored (but still scarred) body; the last word is our own bodies, scarred but

restored, as his companions for ever. That is our Advent hope: that the God who came among us in Christ, stood with us, took our sickness and death into his own body and transfused us with his lifeblood, will come again and make us his companions for ever.

These are the three realities of AIDS: the personal, human reality of fear and suffering; the global, social reality of poverty and gender inequality; the divine, incarnate reality of transfused passion. Only when we have seen all three of these realities, only *then* is it time to respond. Only then is it time to speak and act in the face of AIDS. Only when we have seen. Only when we have seen the human reality of AIDS, and lamented. Only when we have seen the global reality of AIDS, and named the issues of power and poverty at the heart of it. Only when we have seen the reality of God, and worshiped the transfusing Christ who has identified, taken into himself, suffered with and for us, and overcome. Only then is it time to respond.

And how *do* we respond? Our response has the same three dimensions as the shape of our seeing. We respond personally, preferably by befriending someone with HIV or at least by coming to know a person working regularly with these people and these issues. The best thing Princess Diana ever did was to touch a person with AIDS. Maybe the best thing we could do would be what she did. We respond structurally, by avoiding sentimentality and directing our energies and resources toward programs that genuinely address the poverty and powerlessness that make such fertile ground for this disease. If we don't want people to act in ways that put their lives at risk we have to give them more to live for. And we respond spiritually, by recognizing that an encounter with this disease is an encounter with God, and that our faithful engagement with it may change others but will certainly change ourselves. Personally, structurally, spiritually: this is how we respond. And we can't respond alone, or else we will certainly drown in despair. We respond together, through the personal, structural, spiritual body of people that we call the Church, the human, social and divine body of Christ.

You'll have realized that in most of what I've said I've not been talking just about HIV or AIDS. I've been talking about how we live as Christians and as the Church in the face of troubling issues and global problems – issues and problems that most of the time just seem way too complicated. What I'm commending to you is a spirituality and an ethic of seeing and responding. It's a spirituality and an ethic for Advent Sunday, because Advent Sunday is the day when we proclaim that we have seen God come in Christ, and will see him come again. It's about patiently seeing, not rushing to moralize or diagnose. It's about seeing a second time, seeing underlying causes and global realities. It's about seeing a third time, seeing the heart of God in the coming and passion and transfusion of Jesus. And only then is it about responding, personally, structurally, spiritually. This is what it means to live as the body of Christ – even when the body of Christ has AIDS.