

THE PASSION TO HEAL: A THEOLOGICAL PASTORAL APPROACH TO HIV/AIDS

by Joseph A. Edelheit

Abstract. The global pandemic of HIV/AIDS is the most significant challenge of our time. The ongoing conversation between religion and science comes to a critical juncture in this pandemic. The global community has not yet found a vaccine or cure for this virulent virus, which will likely claim five million more lives in the coming year. The global statistics challenge even the most sophisticated imagination, with projections in the tens of millions of people dead, orphaned children, and many more living in various stages of incapacitation or diminished lives. There is a common prophetic religious imperative among Western faith communities that urgently requires both science and religion to respond. Both disciplines define their scope and purpose as universal, and the global pandemic provides a significant challenge to that universal claim. Regardless of the many differences among the nations and peoples challenged by this pandemic, there is a common moral foundation to which the Western religious and scientific traditions must respond. Religion and science cannot deny their respective social responsibilities by claiming the role of neutral bystander. There are several critical ethical choices to be made in response to the pandemic, and the disciplines of religion and science are critical in formulating those choices.

Keywords: biblical prophetic imperative; ethical challenges; global HIV/AIDS pandemic; Abraham J. Heschel; pastoral theological responses to global HIV/AIDS; prophetic responsibility; religion-science conversations.

If twenty years ago someone had been able to get our attention about the full impact of HIV/AIDS globally, would we have known how to understand? The answer, of course, is that colleagues like Jonathan Mann, of

Joseph A. Edelheit is Director of Jewish Studies at St. Cloud State University, 720 4th Ave S., St. Cloud, MN 56301-4498; e-mail jaedelheit@stcloudstate.edu. A version of this article was presented at the symposium "Toward a Theology of Disease" organized by the Zygon Center for Religion and Science, October 2002.

[*Zygon*, vol. 39, no. 2 (June 2004).]

© 2004 by the Joint Publication Board of Zygon. ISSN 0591-2385

blessed memory—at that time director of the World Health Organization HIV/AIDS division and later head of Harvard's HIV/AIDS program—did try to warn us, but our denial, shock, anger, and grief were so overwhelming that we heard words and statistics but did not know how to understand. Now, in the twenty-first century, the numbers and projections are so large that even twenty years of perspective makes us numb with disbelief. HIV/AIDS is a consistent priority only within certain communities of concern, while it remains on the border of civility among far too many people. Take the current White House, for instance; given the horrific distraction of September 11, 2001, and the war on terrorism, and then the preemptive war against Iraq, HIV/AIDS has totally fallen off the agenda. We can only wonder whether the Bush administration would otherwise have taken a different position about its importance. Such speculation, of course, is an intellectual and political mind game, something that AIDS activists have argued governments throughout the world have done for more than twenty years.

The present conference is of vital importance. HIV/AIDS needs a public stimulus, a reaffirmation that both the religious and scientific communities can share with integrity. Such a statement would have a significant impact, because religion and science often have been mischaracterized as polarized and fundamentally in conflict. The current malaise and continued denial about the urgency of this global pandemic requires that our disciplines model a concerted effort to forge a moral imperative that cannot be ignored. During this period of indifference, transmission of the virus continues to increase, infecting several new non-Western communities. The crisis requires that we articulate an imperative that illuminates our global interdependence, a shared discourse that emphasizes the universal scope of our responsibilities, and a vision that affirms a fundamental commitment to the plurality of truths that anchor both science and religion.

I suggest that we unpack the title of this conference, "Toward a Theology of Disease." If we use a pastoral theology with its practical application and a reality of urgency as its base, we will find a discourse out of which we can mold such an imperative. A pastoral theology expresses a common discourse that clergy and healthcare workers use in which those most directly impacted by HIV/AIDS, patients and their families or communities of concern, are the shared point of reference. A pastoral theology is radically relational, emphasizing the presence and possibility of healing from within the multiple relationships of patient, physicians/healthcare workers, clergy/chaplains, family/community, and God/the Holy. In every culture, regardless of how religion or spirituality is experienced, the pastoral expression of healing is rooted within these multidimensional relationships and, as such, illuminates the fundamental nature of life as radically relational. If we understand the relationship between religion and science as parallel to clergy and physicians, our dialogue can focus on the critical

need for any joint imperative to express that the fundamental human experience of life as radically relational has a particular claim on our attention within the global pandemic of HIV/AIDS. Such a claim is prophetic in every sense of the word.

Abraham Joshua Heschel, a rabbi, theologian, biblical scholar, literary master, and prophetic social critic, provides us with a valuable starting point. In "The Patient as a Person," a paper delivered in 1964 at an American Medical Association convention, he argued for medicine to acknowledge the prophetic role of the physician and the humanity of the patient:

Medicine is more than a profession. Medicine has a soul, and its calling involves not only the application of knowledge and the exercise of skill but also facing a human situation. It is not an occupation for those to whom career is more precious than humanity or for those who value comfort and serenity above service to others. The doctor's mission is prophetic. Humanity is an unfinished process, and so is religion. The law, the teaching, and the wisdom are here, yet without the outburst of prophetic men coming upon us again and again, religion may become fossilized. Nature has marvelous recuperative power, yet without the aid of the art of medicine the human species might degenerate. There is a prophetic ingredient in the calling of the doctor. His vocation is to prevent illness, to cure disease, to lessen pain, to avert death. The doctor is a prophet, a watchman, a messenger, an assayer, a tester. (Heschel 1966, 28)

I am drawn to Heschel's insights (despite his male-only references; gender, of course, does not define the role of the doctor). Heschel's analogy has not diminished in nearly forty years, although medicine has changed dramatically. The prophetic role is radically relational, urgently demanding that the community engage with the presence of the Transcendent, affirming a fundamental relationship. Medicine ideally assumes a similar relationship when, as humans, we experience illness and suffering and yearn for the presence of hope. That hope is made incarnate in the physician, who, as the technician of medical knowledge, is granted authority and an intimate role. Heschel argues, "In treating a patient he is morally involved . . . the doctor enters a covenant with the patient; he penetrates his life, affecting his mode of living, often deciding his fate" (1966, 31). The relationship between science and religion is fused by their common concern for healing, and that concern offers us the pool of moral insight to forge an imperative for today. Heschel could not have imagined a pandemic beyond biblical dimensions when he expressed the following to doctors in San Francisco, an initial epicenter of AIDS twenty years later:

The process of healing is war, and the first casualty when war comes is moral pretentiousness. Sickness ought to make us humble. In a world where recklessness and presumption are the style of living, and callousness dominates relationships between man and man, sickness is a reminder of our own neediness and extremity, an opportunity for the cynic to come upon the greatness of compassion. . . . [F]rom the perspective of the love of God, the work of healing and the work of religion are one . . . it is a grievous mistake to keep a wall of separation between medicine and

religion. There is a division of labor but a unity of spirit. The act of healing is the highest form of *imitatio Dei*. To minister to the sick is to minister to God. Religion is not the assistant of medicine but the secret of one's passion for medicine. (1966, 32–33)

That secret passion—the calling to serve, to heal, to share the suffering of others—fundamentally links science and religion through a pastoral theology and simultaneously offers us a common prophetic role in response to the HIV/AIDS pandemic. That shared context is, ironically, found in an eighth-century B.C.E. Israelite prophet, Amos. The biblical text provides a religious/moral imperative in international terms. Amos is the first biblical prophet to acknowledge that the world around ancient Israel and Judah was of no less concern to the God of all peoples. By establishing a universal moral standard, the prophet's imperative moves beyond a mere communal indictment to be inclusive of the way all should behave. Heschel writes that the prophet was responding to a divine pathos, an insight into God's concern for the plight of the community. "Justice is more than an idea or a norm. Justice is a divine concern. What obtains between God and His people is not only a covenant of mutual obligations, but also a relationship of mutual concern. The message of God is not an impersonal accusation, but the utterance of a Redeemer who is pained by the misdeeds, the thanklessness of those whom He has redeemed" (Heschel 1962, 32). Amos indicted the surrounding countries for international crimes, "although there was no law in existence governing international relations . . . here a conception of law was expressed which was binding for all men, though it was not formally proclaimed" (1962, 32).

The prophet brings the presence of such transcendent justice into the communal reality. Amos is the first to articulate the outrage as universal. "Are you not like the Ethiopians to Me, O people of Israel?" says the Eternal. "Did I not bring up Israel from the land of Egypt, and the Philistines from Caphtor and the Syrians from Kir?" (Amos 9:7 JPS) The prophet uses the nations surrounding Israel to put Israel's relationship with God into a universal context, emphasizing that the standard of justice is for all communities. Using Ethiopians, a people physically different in skin color and used in that age as slaves, and two historic enemies of Israel, Philistines and Syrians, Amos demands that all people be engaged on the same level of moral responsibility. "The God of Israel is the God of all nations, and all men's history is His concern" (Heschel 1962, 33).

Prophetic presence highlights "the plight of man . . . not the mysteries of heaven, the glories of eternity, but the blights of society, the affairs of the market place. . . . The predominant feature of the biblical pattern of unassuming, unheroic, inconspicuous piety, the sanctification of trifles, attentiveness to details . . ." (Brown 1985, 132). Heschel describes the passion of the prophets as "moral madness" which leads them to moral outrage stimulated by the times in which they live. The theologian was always a

rabbi who modeled his prophetic insights, participating in the civil rights and anti-Vietnam War movements. I can only imagine how he might today place himself among AIDS activists, and though the following is particular to thirty years ago, its prophetic tone of moral madness is the model I would seek for our imperative on global AIDS:

. . . the mire in which we flounder threatens us with an even greater danger. It is the dilemma of either losing face or losing our soul. To speak about God and remain silent on Vietnam is blasphemous. Has our conscience become a fossil? Is all mercy gone? O Lord, we confess our sins, we are ashamed of the inadequacy of our anguish, of how faint and slight is our mercy. We are a generation that has lost the capacity for outrage. (Heschel, quoted in Brown 1985, 136)

The current condition of HIV/AIDS as a global threat surely would have pushed the ancient prophets into ravings of moral madness, and their model is valuable as we attempt to push against the walls of denial and destructive indifference. In the following words from the Presidential Advisory Council on HIV/AIDS one can hear some muted prophetic rage.

At the dawn of the new millennium, there is no threat to the global community that demands more urgent leadership than HIV/AIDS. . . . Many leaders have used such terms as “state of emergency,” “national security risk,” and “global economic crisis” to describe this pandemic. Globally, the communities with the most significant increases in new infections are most often poor, and in many of Western/developed nations, these are also communities of color. Exacerbating and fueling the HIV/AIDS pandemic are the social viruses of racism, sexism, poverty, and homophobia. People around the world still face both individual and community barriers to honest and open discussions about sexual behavior, sexuality, and substance use/abuse. And we have neither a cure nor a vaccine to protect ourselves from the lethal mixture of disease and apathy. At this moment in history, the threat of HIV/AIDS challenges the entire human community and thus our global society. In an increasingly interconnected world, there are no safe havens. All peoples and communities, regardless of our many differences, are confronted by the same peril of physical and social devastation. No longer can each community or nation afford to respond in isolation. As a global community, we must accept the obligation to develop and implement a *shared global response and action* plan, acknowledging that the differences of race, sexual orientation, gender, culture, religion, and politics that so often divide us do not differentiate the universal human experiences of suffering and hope. (Presidential Advisory Council 2000, Preface)

This passionate declaration of universal urgency was quantified exponentially in Barcelona in the summer of 2000. Even more alarming, if that is possible, are the projections from the National Intelligence Council. This think tank of academic, private, and governmental analysts argued that by 2010, five nations with 40 percent of the world’s population will have more HIV infection than any other five nations in the world. Russia, Ethiopia, China, Nigeria, and India are projected to have an estimated 50 to 75 million infected people. The council provides security information for the CIA, arguing that the rapid infection rate will pose potential security threats to their regions and to the United States. “For instance, the

AIDS epidemic in Russia is likely to help shape how that country emerges in the post-Soviet era” (Annan 2002). If these projections hold, we will jump from a global society in which there are 14 to 23 million infected persons—an increase in eight years of more than three times the number of people coping with the virus. If this information is valid enough to share with the CIA, we must accept that these five nations will at minimum double their infection rate within the next ten years. Amos’s words ring with an immediate clarity, “To Me, O Israelites, you are just like the Ethiopians, declares the Lord” (Amos 9:7 JPS).

Given our many different distractions—terrorism, war, the economy, myriad domestic issues, and a political system that is prone to evaluating certain issues as either liberal or conservative—how will the issue of HIV/AIDS receive appropriate ranking? The answer is prophetic imperatives from coalitions of diverse persons from within as many countries as possible. AIDS activists will need to be jailed, as in China. They will need to insist again that AIDS is not a momentary crisis about gays or drug users or poor Africans. We must demand that, until AIDS as a global issue receives the policies, funds, and awareness proportionate to the number of infected and dead, we are morally derelict as a human community. Few of us at this conference may have any question about the absolute globalization of HIV/AIDS, yet it fails to register among many significant social observers of our time.

Thomas Friedman has become a noteworthy spokesperson of contemporary globalism. His award-winning books and columns in the *New York Times* have been instrumental in setting the discourse, both positively and negatively, about globalization. He writes in an updated introduction to *The Lexus and the Olive Tree*,

Globalization is not the only thing influencing events in the world today, but to the extent that there is a North Star and a worldwide shaping force, it is this system. What is new is the system; what is old is power politics, chaos, clashing civilizations and liberalism. And what is the drama of the post-Cold War world is the interaction between this new system and all these old passions and aspirations. It is a complex drama, with the final act still not written. (Friedman 2000, xxi)

There is not a single mention of HIV/AIDS in the entire book. I surely would have thought that a sophisticated observer of global events would have used the pandemic as a prime example of this paradigm shift.

HIV/AIDS continues to demand that we not become distracted by boundaries of any kind—racial, ideological, socioeconomic, or cultural. We already have faced several challenges in which our “global” perspective on medicine, treatment, and prevention has demanded that we look beyond local answers. The absence of HIV/AIDS in both Friedman’s original and updated texts is a significant example of either denial or indifference about the global reality of the pandemic. Following 9/11, Friedman wrote,

But maybe the most important reason why globalization is alive and well post-9/11 is that while pampered college students and academics in the West continue to debate about *whether* countries should globalize, the two biggest countries in the world, India and China—who represent one-third of humanity—have long moved beyond that question. They have decided that opening their economies to trade in goods and services is the best way to lift their people out of abject poverty and are now focused simply on *how* to globalize in the most stable manner. (Friedman 2002)

It amazes me that Friedman, who was so astute in 2002, has missed that India and China are two of those areas of new transmission and infection, and the projections of UNAIDS is that both of these countries are unprepared for the full impact of AIDS. How can we be so out of touch that a 2002 Pulitzer Prize winner for news commentary can assert that an economic process of globalization can move ahead even, as Kofi Annan said on 14 October 2002, as “China stands on the brink of an explosive AIDS epidemic, and has no time to lose if it is to head off vast social and economic costs from the disease”? United Nations officials have warned that 10 million Chinese could be infected by the end of the decade (Annan 2002). After years of denying that AIDS was a problem, China now admits that one million people are infected. How are we to understand Friedman’s insights into globalization after such dire projections by the UN?

The prophetic issues that face us go far beyond moral recognition of the suffering or another “state of emergency” regarding prevention. The prophets’ role was to push their communities about the fundamental ethics with which a civilized community must live to survive. How much longer will this community wait to determine the complex questions about any vaccine to be created? Here is a problem on which surely science-and-religion can and must take the lead. Given the most recent spate of corporate corruption, including a certain high-profile biomedical company, why are we not demanding that there be a public clearing house for the ethical debate over vaccine testing, ownership, and, most seriously, profit margin? Mann warned us fifteen years ago that the most pressing ethical questions of the twenty-first century would be raised by the AIDS pandemic. Here are the realities of multinational companies determining the economic and healthcare fates of literally millions of people. We already have had several conflicts with Africa and the need for drugs that move outside the rights of “intellectual property.” In 2000, a professor, Yale University, and Merck were all engaged in a struggle to determine the value of a discovery and the ethical imperative to help poor infected people.

These are among the most vexing issues raised in the concluding chapter of *AIDS in the Twenty-First Century: Disease and Globalization* (2002) by Tony Barnett and Alan Whiteside, scholars who have dealt with the African pandemic.

Nowhere more than . . . in the HIV/AIDS epidemic can we see the need to begin creating a “global civil society” and the inadequacies of our existing arrangements. . . . HIV/AIDS is a problem that is not handled easily by the mechanisms and methods of the nation state. It has drawn out from the world community a response that depends on fluidity rather than extreme bureaucracy. . . . This could go far beyond HIV/AIDS towards an engagement with global public health. (2002, 356–57)

Among the specific “systems” needed with the globalization of AIDS are “development of international agreements regulating prices of medications in different markets” and “recognition that management of health and well-being is a common human project and that the for-profit sector can only have limited incentives to meet those needs” (2002, 357). We require more than two African social scholars to challenge the global economic markets and say that AIDS is morally off limits for profits! When will science, the community from within which the discovery will eventually come, demand of itself an ethical standard that the global corporations will not demand? When will the religious community find the voice of moral outrage that it used during the quest for civil rights? Surely science and religion can model a coalition of people committed to a reasonable replacement of research and development funds that will not make this pandemic a boundless opportunity for corruption and unnecessary profits. Let science and religion go together to the governments, to the UN, and to the multinational pharmaceutical companies with an ethical standard. Let us be prophetic as leaders.

Barnett and Whiteside conclude with a prophetic imperative: “Human beings have rights. We began this book with an African woman pleading that ‘people are dying,’ *‘Abantu Abaafa’*; we end by taking her plea further: to recognize the importance of *‘ubuntu’*, an African idea, that we are only people because of other people. We are all human and the HIV/AIDS epidemic affects us all in the end” (2002, 365).

We cannot reaffirm often enough the absolute truth that “this pandemic reveals that everyone on this planet is interconnected—not always in ways that are clear or direct, but in ways that have medical and political consequences that inexorably unfold” (Patton 2002, xxvi). Cindy Patton, of Emory University, is someone who has charted AIDS from within the Centers for Disease Control and Prevention and the World Health Organization. She adds this affirmation of our interconnectedness:

The role of broad systems of medical thought in framing our understanding of our bodies and our places in the HIV pandemic is large. There is no “outside” to scientific thought. A brilliant series of cascading representations, science is made of the best thought of our day, even as it reshapes our vision of the physically possible. The way ahead is one that joins the work of science, in its many registers and modes, with the political sensibilities that have arisen from critical analyses of science, of politics, and of experience. For many of us, “AIDS” has long been and may always be the defining experience of our time. But the paradoxes, tragedies,

and frustrations that have marked our time and our place also connect us to many other world-epoch-defining experiences. (Patton 2002, 132)

Among the most critical connections with science is the dialogue with religion. That dialogue between science and religion is of particular importance as a bridge of knowledge and hope at this particular time. Once again we stand as a human community on a ledge of violence and war, even as poverty and disease threaten the infrastructures of our societies. Our disciplines embody centuries of different perspectives on “truth” as well as the experience of how to adapt knowledge during times of crisis. We cannot wait any longer, having conversations that do not lead to action. HIV is not merely an academic topic for intellectual consideration; it is a virus for which we have neither vaccine nor cure. If even the most conservative projections are applied, there will continue to be millions who suffer and die, while even greater numbers are orphaned and immeasurable stress is added to health care, poverty, and fragile democracies. How many millions will perish in this pandemic before we acknowledge that we have been too late with our response?

Heschel was particularly concerned with the human frailty of being too late. He relates the following tale of how he came to understand his own prophetic impulse when he was only seven years old while studying with a rabbi in Poland. They were studying the Akedah, Genesis 22 from Hebrew Scripture, the story of the sacrifice of Isaac. Heschel reconstructs the scene:

Isaac was on the way to Mount Moriah with his father; then he lay on the altar, bound, waiting to be sacrificed. My heart began to beat even faster; it actually sobbed with pity for Isaac. Behold, Abraham now lifted the knife. And now my heart froze within me with fright. Suddenly the voice of the angel was heard: “Abraham, lay not thine hand upon the lad, for now I know that thou fearest God.” And here I broke into tears and wept aloud. “Why are you crying?” asked the rabbi. “You know Isaac was not killed.” And I said to him, still weeping, “But rabbi, supposing the angel had come a second too late?” The rabbi comforted me, and calmed me by telling me that an angel cannot come late. Then Heschel would add to whomever he was speaking, “An angel cannot come late, my friends, but we, flesh and blood, we may come late.” (Brown 1985, 138–39)

So it is with HIV/AIDS. Will we realize that we came too late regardless of our stated concern? We must be willing to risk some “moral madness” and find out whether we are a generation still capable of expressing moral outrage. These conversations must reach beyond the safety of these rooms into the reality of a suffering world. Will the Western faiths of Christianity and Judaism have a blessing to give those who do not share our Scripture, our perceptions of God, or any of our rituals of healing and consolation? Are we too late in realizing that if we are not all to be blessed by and through each other’s humanness, then surely even the angels will be too late this time?

REFERENCES

- Annan, Kofi. 2002. *New York Times*, 14 October.
- Barnett, Tony, and Alan Whiteside, eds. 2002. *AIDS in the Twenty-First Century: Disease and Globalization*. London: Palgrave Macmillan.
- Brown, Robert McAfee. 1985. "Some Are Guilty, All Are Responsible: Heschel's Social Ethics." In *Abraham Joshua Heschel: Exploring His Life and Thought*, ed. John C. Merkle, 123–41. New York: Macmillan.
- Friedman, Thomas. 2000. *The Lexus and the Olive Tree*. New York: Anchor Books.
- . 2002. *New York Times*, 21 September.
- Heschel, Abraham Joshua. 1962. *The Prophets*. New York: Harper.
- . 1966. "The Patient as a Person." In *The Insecurity of Freedom*. New York: Farrar, Straus, Giroux.
- Patton, Cindy. 2002. *Globalizing AIDS*. Minneapolis: Univ. of Minnesota Press.
- Presidential Advisory Council on HIV/AIDS. 2000. "AIDS—No Time to Spare: The Final Report to the President of the United States." Washington, D.C.
- TANAKH, *A New Translation of The Holy Scriptures*. 1985. Philadelphia: Jewish Publication Society.