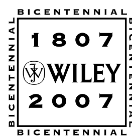
James Cantelon

When God Stood Up

A Christian Response to AIDS in Africa

James Cantelon



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Chapter 2

HIV/AIDS: Killing the Young

In this chapter I'm going to "bear witness." It's not a happy story, but I feel compelled by what I've seen to share it with as many people as possible. Before I do, however, I need to tell you how I became a witness in the first place.

It started in Jerusalem. Kathy and I had been invited by Israeli government officials (from the ministries of Tourism, Religion, and Foreign Affairs) to start a nondenominational church in 1981. This was an offer we couldn't refuse. (The story of how all that came about is a book in itself.) We established the church (now known as the King of Kings Assembly, with offices and auditorium in the Clal Center at Davidka Square), and soon people from all over the world began dropping in. One Sunday night, in 1984, a pastor from South Africa attended our service. Afterwards he introduced himself and asked if I would be interested in speaking at a major pastors' conference the following year in his country. Of course I said yes.

Thus began a long-term relationship with South Africa and hundreds of South African pastors. In fact, one of those pastors came to Jerusalem and worked on our staff for three years before returning to Durban to establish a church. Years later he would play a key role in our story.

After seven years in Jerusalem I had cultivated a leadership team that was more capable than I. Indeed, I had worked myself out of a job. I was pleased to hand over the church to this terrific team and move back to North America. For eight years Kathy and I were involved in national television work. Then we took a hiatus from television and moved to Vancouver to pastor a church. It was while we were there that our pastor friend from Durban called. He wanted us to come to South Africa and spend a few weeks with him, his church, and his leaders. So, in August 1999 we flew to Durban.

One night Kathy and I were watching the South African television news. The news reader, as calmly as if she were reading the weather forecast, read this: "The South African government have just released a report indicating that life expectancy in our nation has gone down ten years because of HIV/AIDS." I was shocked. I checked with Kathy to see if I had heard the report accurately. "That's what I heard," she said. I felt like I'd been kicked in the stomach. I hardly slept that night.

The next morning I "crashed" a small meeting of church leaders in Durban. I got right to the point. "Fellas," I said to somewhat startled preachers around the table, "what are you doing about HIV/AIDS?"

There was silence. Then one of them said, "Nothing, Jim." He shrugged. "We know we should be doing something. But we're not…" He looked away.

What I said next I had never said, thought, or read before. It came out of left field, as they say. It blind-sided me.

"Pastors, every church in South Africa has got to become a Mother Teresa. If that little Albanian nun could impact the whole world by ministering to the dying in the streets of Calcutta, what could the thousands of churches in South Africa do with this death culture that's descending on your nation? What's more, there's four things you've got to emphasize. First, you've got to have a major HIV/AIDS awareness campaign so that your people turn from denial and face the reality of HIV/AIDS as a church issue. Second, you're going to need a comprehensive HIV/AIDS educational approach, especially for the children in your churches who are twelve years of age and younger. Third, you must develop a vast care and housing infrastructure for children orphaned by AIDS. And last, you need to create an army of thousands of volunteers providing home-based palliative care to those dying of AIDS."

No one spoke. I myself had nothing further to say. It was as if I'd fired all the shells in my gun and what remained was a whisper of smoke and ringing in my ears. I was surprised at what I had just said, even embarrassed, for I was aware that I had intruded upon their space. I'd come unannounced and uninvited. Who did I think I was?

I smiled weakly, mumbling something about flying back to North America that evening, said goodbye, and left. Thirty-six hours later

we were in Atlanta. South Africa seemed another place in the solar system. And, as we landed in Vancouver, it was as if my harangue to the preachers hadn't happened. I quickly became absorbed in my work.

Two months later an e-mail arrived. "We can't get away from the vision you've cast," it said. "We've called a broader meeting for South African pastors in January 2000. We meet in Johannesburg. Can you attend and restate your vision?" I quickly responded, "I'm there." Over the next two months I resigned from the church, and Kathy and I founded a federal charity that would enable us to operate internationally in social justice work. January 9, 2000, was our last Sunday in Vancouver. Two weeks later I was in Johannesburg.

All of this, of course, was not as easy as it sounds. The resignation from the church precipitated a "dark night of the soul" in my life. Here I was, pastoring a large church with 2,500 people on the rolls, only two and a half years into it, and now I was resigning? Leaving a fixed income, a fixed address, and the "status" of pastoring one of Vancouver's largest churches, for what? An idea? A vision? How to pay the bills? Where to live? Was I prepared to live indefinitely with no fixed address and no fixed income? What about the people? Wasn't I letting them down? What about Kathy? What about HIV/AIDS? I was no medical expert, nor was the church here or there interested in hearing about something associated with dubious sexual practices. One of my very best friends, upon hearing what I was proposing to do, looked at me in disbelief and said, "Jimmy, nobody cares about HIV/AIDS. No one will listen. No one will support you. I think you need to rethink." And besides, I didn't know I'd "cast a vision" anyway. I'd just opened my mouth and those words came out. Maybe this road less traveled was nothing but a quixotic goose chase. And yet…

My life had been predicated on heaven's word to me now, present tense, relevant, current, the "Shepherd's voice," if you will, telling me which way to go. I've always had a high view of scripture (as you can undoubtedly tell), but that high view saw more than history, integrity, and revelation; it saw a God, not limited by space and time, everlastingly present, eternally current, speaking to his people today with as much power and compelling love as yesterday.

I felt in the grip of an irresistible call to live on the keen knife-edge of what would become the greatest threat to mankind in history. At the heart of it was God's heart for the orphan and widow. What would come of it only God knew. But somehow I had heard the "voice" and my response echoed the words of God-fearing souls throughout the ages who, upon encountering the brooding, intimidating, and compelling presence, found themselves without prior notice or conscious preparation saying, "Here am I. Send me."

One of the South African pastors met me at the airport and we drove to Pretoria where I was booked to stay at a severe, barracks-style hostel. A few other foreign pastors were already booked in. I threw my bag onto the empty cot, said hello to the ubiquitous gecko on the wall, and opened the window onto the adjacent Pretoria zoo whose perimeter was a mere 10 feet from where I stood. I was jetlagged, dislocated, and felt so out of place. I could hear the other pastors out in the hall, one on his cellphone, another click-clacking his way over the keyboard of a laptop, friendly conversation and laughter filling the air, and I thought, "All those guys have jobs. Income. Offices. Secretaries. Homes. I've lost all that. I'm adrift." And I felt tremors of panic deep down in my chest. "Get a grip, Jim. Get a grip. You'll be okay. Don't bolt now. Keep going." It took forever to get to sleep. When I did it was to the soothing sounds of lions aspirating 30 feet away, their deep-chested rumblings resonating with the throbbing of my troubled heart.

The next morning we drove to a church in Johannesburg where the meeting was to take place. The men were nice enough as we exchanged pleasantries over coffee, but it seemed to me that they were all nonverbally saying, "And why are we here? And what do you, a White North American, have to say to us?" I felt like a doctoral student about to face his inquisitors at the oral defense of his thesis. The meeting was called to order, and the chairman, after some preliminary remarks about the scourge of AIDS and comments about our ad hoc meeting in Durban, said, "So now, Jim, will you please restate your vision about how our churches can address the issue?"

The first time in Durban I had blurted this "vision" out, without forethought. This time I'd had months to get ready. I've spoken publicly over 4,000 times in my life and can't say I've ever really been nervous,

but now I felt fear and trepidation like I'd never known. It took all I had to restate the vision in a level voice. When I finished, a young pastor of two churches in Soweto leaped to his feet and shouted, "Yes! Yes! This is the vision for our nation!" Then everyone started talking at once. Finally the chairman called for silence and said, "Jim, it appears that we want to adopt your vision. And we will, if you will show us the way." I was speechless. What did I know? I had no more idea of "the way" than I had of the best route to the South Pole. I felt like Frodo in *The Lord of the Rings*, when the elders of Rivendell were all talking at once, agitated and confused as to what to do with the ring of power. In the midst of the bedlam, he lifted his little voice and said, "I will take the ring, though I do not know the way." I'd already taken several leaps in the dark. Why not another? So, drawing a deep breath, I said quietly, "God helping me, I'll do my best." As they gathered around to pray for me, I gulped back the tears and silently prayed, "Father, show me the way." But I knew from past experience that the Lord had never shown me the way. He had simply been the way. His words were his actions. And all I had to do was act on his word and walk in his shadow.

Within days I was getting e-mails and phone calls from Zambia, Zimbabwe, Malawi, Mozambique, and Tanzania. "Please, Jim, come and do with us what you're doing in South Africa." Kindly, but directly, I e-mailed back: "But I'm not doing anything. Yet. Give me time. Right now all I've got is an idea." And what was that idea? That vision? "Every church a Mother Teresa." I saw a huge delivery mechanism in the massive network of local churches in Africa. A delivery system that, if mobilized, could be the most sustainable and potent enemy of AIDS on the planet. We simply had to engage it. One church at a time.

When we started in 2000, the estimate of deaths due to AIDS each day was approximately 6,000. And, every day, 12,000 young people were newly infected. Every day. By 2002 the UN estimated that about 3 million people had died from AIDS and 5 million had been newly infected. It was about that time that the estimate worldwide for HIV infections topped the 40 million mark—with 30 million of those in sub-Saharan Africa. The growth is exponential. By the year 2020, it is possible that as many as 100 million people will have lost their lives to AIDS. And some experts predict that if current rates of infection

continue unchecked, there will be 1 billion people HIV positive by the year 2050. At the time of writing, over 9,000 people a day are dying of AIDS. It's as though twenty-three fully loaded Boeing 747s were to crash. Every day. We've never seen anything like this in history. A whole generation of young people is being wiped out. We're being sucked into the vortex of a demographic black hole. The world, our fragile craft, is slowly but surely being swamped in an unsettled sea of sorrow.

So, the meeting is over. I've committed myself to "carrying the ring." What now? Where do I go from here? The first job was to deal with my ignorance about HIV/AIDS. In the process I needed a crash course in African culture. That's why Kathy and I decided to start in Kwazulu Natal.

Before getting into the story, however, I need to say something about statistics. The main source for HIV/AIDS statistics in Africa is data gathered at neonatal clinics. There are studies done, of course, that go beyond pregnant mothers, but in the main the neonatal statistics provide the backbone of most information that you can glean from magazine articles, newspapers, television reports, and the Internet. This means that the overview we get from such sources is limited and conservative. Kathy and I quickly discovered on our flight from ignorance that there was a great gulf between the "official" statistics and the "anecdotal" estimates we heard from doctors, nurses, clergy, social workers, and various nongovernmental organizations (NGOs). I'm not suggesting that one source is better than the other. I'm simply reporting that it is difficult to get an "accurate" overview. There is one thing certain about HIV/AIDS statistics—they are out of date. The exponential growth of the pandemic is always way ahead of those studying its impact. So, take any statistical description in this book or anywhere else as yesterday's news.

Kwazulu Natal is a province in South Africa located in the so-called coastal strip between Swaziland in the north and East London in the south. Durban is its main urban center. And, according to both official and unofficial sources, it has the highest per-capita rate of HIV infection in the nation. The official sources say South Africa's HIV rate is approximately 21 percent; Kwazulu Natal's is in the 30 percent range.

Several medical professionals in Durban have told us that 40 percent to 60 percent of the patients in their hospitals are there due to HIV-related afflictions. At least a third of the victims are young women between the ages of fifteen and thirty. In many ways, Kwazulu Natal is a microcosm both of South Africa and the rest of sub-Saharan Africa.

Kathy and I started in Durban by participating in a consultation with various experts concerned about the rampant spread of HIV in Kwazulu Natal. We were the only foreigners in the group. They had invited us not because of any expertise we had, but because they had heard of our vision for a massive delivery mechanism of mobilized local churches throughout their land. They wanted to hear our ideas on this, and then let us know what we were up against. So, we did what they asked of us, but we mainly kept our mouths shut and our ears open. In the group were a few doctors, a couple of university professors, some nurses, and several NGO leaders, all of whom were involved directly with the pandemic. They were rich in experience and full of compassion. They both knew and felt what they were talking about.

They told us that the HIV virus was a relative newcomer to South Africa. They had known of its existence since the early 1980s. Now, in early 2000, they had only about fifteen years of data to work with, and were still in the initial stages of trying to understand the rapid spread of the virus. They had, however, some very insightful thoughts and observations.

First of all, on the macro level, they observed that HIV made its entrance on the national stage just as apartheid was in its death throes. The national consciousness was focused on the mounting international pressure on the South African government to end apartheid and release Nelson Mandela from prison. In the latter half of the eighties, South Africa was beginning to convulse with major social and political change. There was talk of open riots in the streets, of an out-of-control revolution, of blood flowing freely as the various political groups fought to fill the impending political vacuum left behind by the old order. Then, to everyone's surprise (and relief), President F.W. de Klerk released Mandela in 1990 and began the final stages of dismantling apartheid. By 1991 a new constitution was in the works, and

a few years later Nelson Mandela was South Africa's first Black president. And it all took place peacefully.

The next several years saw South Africa reinventing itself. National attention was focused on peaceful transition and social reconstruction. South Africans basked in newfound international acceptance. Nelson Mandela toured the world with rock-star status. South African athletes were invited back to international matches. Tourism exploded. All was well, and the future was oh so bright—or so it seemed.

Lost in the excitement and glamor of the new era, a new virus relentlessly replicated itself. Transmitted sexually it found a fecund petrie dish in a culture that had been fractured and fragmented by over forty years of apartheid. An entire generation had grown up not knowing their migrant fathers. Separate "homelands" had forced men to work hundreds of miles from home in the mines or on the vast sugar farms of the well-to-do. For months at a time these men lived apart from their wives and children, their sexual needs met by sex workers. Some of them had two families—the one back home and another close to their work. Others simply slept around. There were always willing women, poverty driving them to sell themselves and/or their daughters for money. They didn't see themselves as sex workers; rather, they were merely transacting for bread money. They called it "transactional sex." HIV, being no respecter of nomenclature, simply thrived. Sex is sex, and HIV prospers when sex partners are many and inhibitions few. You might say HIV planted its roots deep in the rich gold mines of South Africa. Even as the gleaming precious metal was brought from the depths, a silent assassin slowly but inexorably emerged from the shadows. A death culture was about to undermine the wealthiest country on the continent.

At the time of our meeting (March 2000) the critical mass of the world's HIV victims was already in South Africa—4.2 million infected (by 2003 that number had grown to 4.3 million, or 21.5 percent of South Africa's 44 million people). They told us that other African countries such as Swaziland, Botswana, and Zimbabwe had higher prevalence rates, but their populations were not large enough to compete with the volume of infected people in South Africa. They acknowledged, however, with a somber tone, that the spread of HIV in these countries

to the north had a lot to do with South Africa's truckers, transporting goods and having sex along the way. Indeed, they referred to new studies demonstrating that the dissemination of HIV could be tracked by tracing the highways leading from South Africa to other nations. These roads were like arteries carrying infected blood. It was (and is) a common sight to see women, sometimes with their daughters, flagging truckers down along the highways, or flocking around at petrol stations and truck stops. I myself, a few months after this meeting, was approached at a petrol station in Zambia by a thin little girl in a tattered flower-print dress, "Sex, meester? Sex?" Turning kindly away I saw her haggard mother watching us furtively from the shadows of a roadside kiosk. It tore my heart.

The highway system in South Africa is world class. The quality of the paving, the width of the roads, the maintenance, the accessibility to any point in the nation, are better than many Western nations can boast. But, ironically, these highways are a problem. Mobility is of the highest order, making for a highly mobile population. Not everyone can afford cars, but everyone can afford public transportation. Thus, South Africans move about the nation with alacrity. And, so does HIV. It goes where the people go, which means everywhere.

Cities, of course, are totally accessible, with more and more of South Africa's youth migrating to them. There they become the urban poor, living in irregular settlements (the politically correct term for squatter camps) on the outskirts of the cities. These settlements can be massive. Comprised of shacks constructed from whatever material can be found, fetid with open sewers, maze-like with alleyways and corridors of mud brick, thick with the sounds and smells of compressed humanity, they can stretch for miles and miles around a city.

Khayalitsa comes to mind. Here you have a seemingly unending swath of poverty wrapping itself around much of Cape Town. It gapes like a putrefied wound between this gloriously beautiful city and the pristine Old World elegance of Stellenbosch to the north. Even as the well-heeled residents of these cities enjoy the pleasures of the best of Africa, the urban poor silently, facelessly, passively live their days supported by domestic work, or day-laborer wages several hours' walk another world away. But they're quick to tell you they would rather

live this way than dwell in the country. At least they have hope of a job. Make some money. Meet some people. Live a little.

When you fly over these cities you see these irregular settlements in a different light. From 20,000 or 30,000 feet up, they look like rings around a bathtub, or concentric deposits of minerals surrounding a lake that is drying up. I've sometimes wondered if what I'm seeing is a microcosm of our world. Privilege and entitlement stubbornly persist, but increasingly are encircled by billions of impoverished people living on less than a dollar a day. Or, to put it another way, concentrated power at the center dissipates in the concentric detritus of the disempowered. This is not just South Africa's reality, it's our reality. We're all implicated. Rather than look at the mote in their eye, we'd do well to look at the log in our own.

Migration, multiple sex partners, mobility, and urbanization were just some of the markers our friends in Durban underscored as they tried to help us understand the rampant spread of HIV in their country. There were more markers to come. None would be more telling than poverty.

Over coffee, one of the participants told me about something that had just happened in the impoverished Limpopo province. A seventeen-year-old youth had slit his brother's throat to spare him the suffering of starvation and then had plunged the knife into his own chest. They had been living for months with a dying mother who, in despair, had left them, trying to locate her neglectful husband in the mines. It had been weeks since she'd left. They didn't know if she was alive or dead. They were out of food. No one would help them. Desperate, the young man took drastic measures. His brother died. He lived. And now he had been charged with murder. Why? Because his brain and judgment had been clouded by starvation. His heart was broken for his brother. He obviously was depressed, with nowhere to turn, so he took up the knife. As relentless as the force of gravity, poverty claimed another victim.

Poverty is a powerful predator. Think of what it can do. You're a young mother of thirteen years of age. From the day you were able to carry a load on your head, you've been working. You're illiterate, unskilled, and both your parents have died of AIDS. You try to care for

your little brother and sister, but it's so hard buying food with the few cents a day your Grannie gives you from her meager pension. Three of your "uncles" expect you to "service" them whenever they show up, drunken and violent. If you're having your period, they beat you.

Last year, at age twelve, you had a baby. He's sick most of the time. Now he has malaria and he's so hot. Nothing will console him. You have no medicine. Your stomach hurts from hunger. One of your uncles just brought a "friend," who raped you. You're bleeding. Your baby is moaning. You just want to die. You wish he would die because at least then he would stop his moaning. Your Grannie is yelling at you to go to the well and get some water—it's a two-hour walk, and the pail is heavy. Last week some boys knocked it over, spilling all the water, and then they raped you, all four of them. Your baby is yelling with pain. You pick up the pail, you strap the baby on your back, you begin the long walk, and then you remember the smelly "long-drop" toilet on the way. You return home several hours later with water, but without a son. He lies dying at the bottom of a filthy hole.

He didn't die, however. Someone heard his cry and rescued him. A local charity was notified and he was brought to a humble, underfunded hospice. He's very sick. In fact he has just had a stroke. His left arm is curled up to his chest and the left side of his face is lifeless. The nurse suspects he has lost his hearing as well, "They often do, you know," she tells me. "Sometimes they go blind too."

"From a stroke?" I ask dumbly.

"Yes, pastor, from a stroke."

I hold his little body in my arms and am overwhelmed. The next day he breathes his last and leaves this too cruel world. We never knew his name.

Poverty pushes you into the ground. It compresses you. It reduces you to something subhuman. It makes you powerless, then mocks your powerlessness by "subletting" your victimhood. Disease gets you. Predatory males exploit you. Neighbors steal from you. Dirt, dust, rats, and malarial mosquitoes afflict you. But worst of all, hope for a future dies a lingering death. Your eyes glaze, and you look like the walking dead. And in so many ways you are. It's not as if this thing is going to pass. It's not like the flu, or a phase in your life that will eventually give

way. No. This is how you live. This is how you are. This is how it will be for the rest of your life. It's a blessing to die young.

Yes, this is the reality for millions of Africans, especially the women. Another participant in the Durban meeting told us about her organization's work with widows.

"Apart from the well-educated and wealthy women, who are few," she said, "life for most women is terrible. Widows have it even worse."

"How so?" asked Kathy.

"Let me tell you about a widow we're working with just outside of Pietermaritzburg," she replied.

"She has four children, the oldest ten, the youngest two, and she's four months pregnant."

"How old is she?" I asked.

"Twenty-four. Her husband died two months ago from AIDS. Right after the funeral her husband's family swooped in and took everything, then kicked her out on the street."

"Took everything?"

"Yes. Her house, her furniture, her kitchen utensils, even her sewing machine. She made a living sewing, you know."

"How could they do that? Didn't she have documents showing ownership of her home at least?"

"No, she didn't. There was a document, but it was in her husband's name. Thus, her in-laws claimed ownership because he belonged to them."

"And she doesn't?"

"No. As far as they're concerned, she died when her husband died. She's garbage."

"What about the kids? What about her pregnancy?"

"They don't care. Takes too much money to raise four kids."

"So what are her options?" Kathy asked. "Can she remarry? Is there any social assistance available? Can the church help her?"

"Only sometimes. And, how I wish. How I wish. This is why we're so excited about your vision."

"Why can't she remarry?"

"Well, technically she could. But who would want her? She's got four kids. One on the way. And she may have HIV. Besides, sex is everywhere for men. So who needs the hassle, the baggage?"

"What about social assistance?"

"There is a little. The government does have some modest, very modest, programs in effect, but generally a widow like her falls through the cracks. She even has little chance of accessing public health care. She's a non-person, with no one to fight for her."

"And the Church?"

"First of all, you need to know that when it comes to HIV, the Church is in denial. They see it as evidence of sexual sin and feel no responsibility for those who are merely reaping what they've sown."

"But surely, HIV is not the issue in her case? It was her husband, not she, who was infected."

"True, but, the Church, like the society, tends to blame the woman for HIV, not the man. And then there's the issue of her pregnancy. Her husband died two months ago. She's four months' pregnant. He was too sick, obviously, to have fathered this one, so she must have been sleeping with someone else."

"But everyone knows most African women can't say no to sex. Any neighbor, brother-in-law, father-in-law, even grandfather could have impregnated her."

"True. But the Church won't acknowledge these possibilities. As far as they're concerned, she's damaged goods. Needs to be avoided, even shunned."

"In Jesus' name, of course," I muttered.

"Sometimes," she continued, "the husband's family will take the widow in, but it's a horrible life."

"Why?"

"She's treated like a slave. Gets all the menial work. Is subject to sexual abuse, and the verbal abuse of a tyrannical mother-in-law. Her life is hell."

"All because she's a woman," Kathy said darkly.

"All because she's a woman."

We were to personally witness over the next few years the gut-wrenching truth of what this woman told us. The status of women is

a major subset of the HIV/AIDS pandemic. It's the women who are bearing the brunt. Why, even the pandemic itself seems to discriminate against them—fully two-thirds of the thousands of new infections every day are among young women and girls. Culture and biology conspire against them. Physically, women have far more surface area exposed to the virus in the act of sex than men do. If there is any violence or sexually transmitted infection (STI) creating tears or lesions, the transfer of the virus, I'm told, is pretty much immediate. Studies on men are ongoing, but it is suspected that the portal of entry for HIV is the underside of the foreskin. Circumcised men seem to be much less likely to become infected unless there is an STI present. But, when they are infected, they become death on the prowl for any unfortunate girl who happens to cross their path at the wrong moment. Violent sex is sure to tear the delicate tissues of the female victim. "Dry sex" does it every time. "Dry sex?" you ask. Yes, it has become popular with men in some areas to insist that their women use a powder to dry their natural vaginal fluids to create more sensation. So the men have their "dry" fun, and the women are taken one step closer to the grave.

Culture can be a killer. Our Africa regional coordinator in our office in Lilongwe, Malawi, reported on a "Church and Culture" conference he attended in 2005. Several city and country churches were represented at this event in Lilongwe. I was shocked to hear his report.

Among other unspeakable practices, I learned that it's quite common in rural communities to have a designated older man sexually initiate young women after their first menstrual period. Then each period thereafter requires another "specialist" who "cleanses" the girl through intercourse. If you have a handful of men "serving" several girls in a community, and if one or two or all of these men are HIV infected, well, you do the math. Even more troubling for me was hearing that the Church has no mitigating influence on these cultural practices. In fact, it tacitly endorses these sins against women by their silence. What's more, they have a few "cultural" practices of their own, like the provision of "Phoebes" for visiting preachers. The Apostle Paul in the book of Romans (16:1) refers to a personal assistant named Phoebe. Apparently Church culture in the countryside of Malawi has taken "personal assistant" to mean, "I prepare your food, I wash and mend

your clothes, and if you wish, I sleep with you." To its credit, the conference roundly condemned all these practices and called the Church to account. "It's time to stop hiding behind culture," one speaker said. "Our 'culture' is destroying us."

The Holy Grail for politically correct Western anthropologists, aid workers, and activists is "culture." "Don't mess with culture," they warn, a look of suspicion in their eye. They're especially nervous about "church" people intruding on the noble tradition and practices of ancient peoples. We're obviously blunt instruments with a triumphalist, spiritually colonizing agenda. We don't have the smarts or the sensitivity to blend in. We're simply looking for converts, regardless of any cultural "collateral damage."

Well, the fact is that HIV is messing with culture. Two of my staff had a most interesting meeting with an anthropologist in Nairobi in 2005.

"Have you seen this?" she asked, passing a two-page folder across the desk.

"What is it?" they asked.

"It's a Masai encyclical, for want of a better word," she smiled.

"See the pictures on the front and back? Each of those is the picture of a famous, revered Masai warrior. Their faces on the tract give it authority."

"What's it about?"

"It's a call to the Masai to change their centuries-old sexual culture. This, of course, is because of HIV/AIDS."

They were amazed at what it said. It decreed that Masai warriors were required to carry two condoms with them at all times, and to use them consistently whenever they had sex. They were not allowed to have penetrative sex with anyone but their wives. They were no longer required to offer their wives or daughters to visiting warriors. Boys, when going through their initiation ritual at age thirteen, were required to bring their own knives for their circumcision. Any noncompliance with these and many other new "rules" in the tract would culminate in punishments with varying degrees of severity. HIV/AIDS has

radically changed the culture of one of the oldest tribes in Africa. Why? Because the Masai want to live.

"What about condoms?" I asked our meeting in Durban. "How effective are they?"

A doctor answered, "About as effective for HIV as they are for preventing pregnancy, about 85 percent to 95 percent effective."

"So you have a 5 to 10 percent chance of HIV infection if you use a condom?"

"That's about right with this caveat: you've got to use them every time, not just some of the time."

He went on to say that we Westerners, with our all-out promotion of condoms, had forgotten or neglected a few salient factors.

"First of all, you do a study with targeted groups of homosexuals in San Francisco on the effectiveness of condoms, and then project the findings to a general population on the other side of the ocean. Don't you see that general population dynamics are completely different from those of a specific, much smaller population of sexual lifestyles? Don't you understand that Africa is not America? That projecting from one culture to another, regardless of the good intentions, is an intrusion? Don't you see that most Africans see condoms as a foreign invention, something completely dissonant with their world?

"Why, some Africans see condoms as an American plot to reduce both their pleasure and their population! What's more, we can't afford condoms. And common sense will tell you that condoms must be used regularly, not irregularly. There has got to be buy-in on the part of the people, a consistent and constant supply, money to purchase them, and then consistent and constant use, otherwise condoms are a crock." "So why don't you tell us how you really feel," I thought.

At the time of this meeting, condoms were a sacred product—at least in terms of the West. And "experts" sneered at the Church with its wholesale rejection of safe sex via latex. A few years later even these skeptical experts had changed their tune. Now the buzzword is "safer sex." Even if the condom is effective 95 percent of the time with consistent use, what about the other 5 percent? Who wants to play Russian roulette with one's life?

The doctor was on a roll. Raising his voice with prophetic fervor, he lectured: "Really we're faced with two choices: risk avoidance or risk reduction. If you want to avoid HIV, you abstain from sex before marriage, and then you commit to faithfulness to your partner after marriage. In other words, no sex before or outside of marriage. Ever. If, on the other hand, you simply want to reduce risk, you use a condom. Consistent, and may I emphasize it again, consistent, use of condoms will certainly reduce risk, but it won't completely wipe it out. There's always that 5 percent lurking in the shadows."

He then went on to say that some of the preliminary study they were doing in Kwazulu Natal was suggesting that partner reduction was proving to be more effective than inconsistent condom use. "But bottom line," he asserted, "is behavior change." Apologizing for sounding like a preacher he said, "Kwazulu Natal and all of South Africa need a reintroduction to a biblical view of marriage." Then, looking at Kathy and me, he said, "That's why I think you're on the right track. But good luck. Most of the churches I know won't touch HIV/AIDS with a 10-foot pole."

An educator spoke next. "I agree," she said, "with the need for behavior change. But, before behavior can change, people need to know why they should change. I mean, we can see it, we know that pre- and extramarital sex is killing people. But many, many South Africans don't see it. They say, 'Why sex? We've been doing it for centuries. Why is sex the problem?' Many truly believe that America has poisoned them, or let loose some mad scientist's foul, avenging virus that will see us subjugated and dominated by the West. They need to be educated about HIV. We must get to the children twelve years of age and younger because twelve years is the average age of those becoming sexually active. They need to know what HIV is, how AIDS happens, how it can be avoided, and, in the process, perhaps most important of all, children need to be taught to accept personal sexual responsibility. If we succeed with this, we'll be well on our way to sustainable prevention."

After a pause, she continued: "We must not forget that most Africans are rural, religious, and traditional in their culture and world view. Even the educated city folk insist on being buried in their rural home

community when they die. If we can build an educational platform that respects and reflects the essential goodness and God-fearing nature of Africa, I think we can go a long way in fighting this virus. With respect, we don't need or want an American solution. We want a 'made in Africa' solution. And," she said, looking at us, "that's why I think the local churches in Africa may be the key. They have more influence over children than any other entity in Africa today."

So there it was. Our job was cut out for us. We needed to be a Johnny Appleseed scattering seeds of HIV/AIDS awareness among the churches of southern Africa. Some seed, no doubt, would never germinate. Other seed would sprout quickly and die. Some would be stolen or defiled by political interference. But some would put down roots and thrive. I saw a day when Africa would be covered with "apple trees," local churches proactively engaged with the HIV/AIDS pandemic, providing sustainable shelter for orphans, widows, and all victims of the "avenging virus."

Thanks to the Durban consultation, we were now more than mere "do-gooders" breathing rarified air and sweeping into Africa with unimpeachable answers to their problems. We were now aware that there were multifaceted factors playing into any purported "solutions." Factors such as a migrating workforce, multiple sex partners, urbanization, poverty, the status of women, a silent Church, cultural practices, condoms, risk avoidance, risk reduction, education, and international dissonance. We realized that we were just at the beginning of a very steep learning curve. Two things mitigated our intimidation at the prospect: one, we had a sense of calling to this issue; and two, we weren't alone—everyone was a rookie when it came to HIV/AIDS.

As I sit here at my desk at home in Canada, writing these words, I look across the street to our neighbor's house. The woman who lives there is an invalid because of advanced multiple sclerosis. A young woman has just driven into the driveway and unloaded buckets, cleaning utensils, and a vacuum cleaner. She's going into the home to do the housework. She's a volunteer who comes faithfully every week. I

silently bless her each time I see her. She's truly a servant and represents what is needed in the AIDS-inflicted areas of the world. Africa requires people with a servant's heart—people who aren't looking to aggrandize or find themselves. People who simply see that there's a job to do and do it for the sake of love. People who pick up the basin and the towel and humbly wash the feet of the suffering.

I've got to admit that this spirit of humble servanthood was a stretch for me. Sure, I had served the Lord and his people as a pastor and church planter. I had visited and prayed for the sick, comforted the grieving, rejoiced with the joyful, spent countless hours listening to the troubled, and all the other stuff associated with professional ministry. But I had never faced such a black hole as that presented by this horrific pandemic, a reality with a specific gravity that could suck the life out of you, obliterating your touch, your presence, your impact, your recognition by your peers for good work, a giant so huge and overwhelming that the only credit accruing to you for engaging it was survival. A tidal wave was not only threatening to swamp southern Africa, but it was also sure to drown all ego, hubris, arrogance, and self-confidence in billowing seas of destroyed lives. In other words, even though I was a reluctant servant, our voluntary entry into this horror forced us to lose ourselves for the sake of the lost. The only way to survive was by saving. The "pat-answer people" either perished in the first wave, or fled to the higher ground of conferences, seminars, and position papers. The irony was, and is, that the only way to live was to die.

And we've died a thousand deaths with more to come I'm sure. Let me give you a few examples.

Kathy and I are visiting a hospice in Johannesburg that cares for dying children. We enter the two-years-of-age-and-under ward. Kathy goes one way, I go the other. I look across the room and she is already holding an infant in her arms, cooing soft words, rocking from side to side. I turn to a crib in the corner.

A frail little girl sits there, looking up at me with large, empty eyes. A garish pair of red, heart-shaped sunglasses straddles her head. A feeding tube in one nostril is taped to her cheek. An intravenous drip is attached to her left arm and, dangling from each ear is a bright purple plastic earring.

“Hello, sweetheart,” I say, bending down to look into her face. “Not feeling too well, huh?” I take her hand, and she slowly grips mine.

“Her name is Martha,” a sister coming up behind me says (nurses in South Africa are “sisters”). Martha’s grip tightens.

“Oh, what a lovely name.” I turn to the sister, Martha now permanently latched to my hand.

“Yes, we named her. When she came here a year ago she had no name.”

“Is she HIV positive?”

“Yes. Full-blown AIDS now. She has only a few weeks to live.”

“How’d she get here?” I ask.

“A pastor brought her. Said he found her in a box beside her mother’s grave.”

“What!”

“Yes. He had finished performing another funeral, and discovered Martha on a fresh grave as he walked back to the cemetery entrance. He said he would have passed her by, but the box moved slightly as he glanced at it. He thinks some extended family member charged with the responsibility of caring for Martha decided to dump the baby, and abandoned her to die beside her mother. She was terribly dehydrated when she got here. We almost lost her the first day.”

“But she rebounded?”

“Yes. Very well. For a time. But now her immune system is completely shot, and as I said, it’s only a matter of time…” Her voice trailed away.

“Sister, before you go, does Martha have family or anyone who visits her?”

“No one. I’m sure she has relatives, but they don’t know or don’t care that they have her. She’s a lost little soul and no one but us cares if she lives or dies.”

I turn back to Martha. She still grips my hand. She looks at me, her eyes a little clearer now. I try to pray for her. I can’t. There are no words, just a constricted throat and stinging tears. Her little hand is hot and dry. She is holding my finger tight, crying out to me: “Pick me up. Take me away. Hold me. Love me. I want to belong. I want to live.”

I stand by her crib for several more minutes, holding her hand and unable to talk. We've connected, but I feel eclipsed by her suffering, staggered by her life experience, humbled by her dignity. I squeeze her hand, my grip saying, "Let me journey with you, let me carry you, you're so close, and I'm so far away." It took all my strength to gently, but firmly remove her hand from mine. I walked away, her heart gripping my heart, my thoughts dark, my soul sprained. If I could have died for her, I would have. I couldn't look back. Of all the thousands of suffering faces I have seen over these past few years in Africa, it is her face that stands out from the rest. And it's her grip that slays me still.

One day in Lilongwe, Malawi, we went to see the city cemetery. Our Africa regional coordinator took us there. On the way we drove down one street that was about half a mile long, and, within that distance we counted fourteen coffin-making establishments.

"Funerals are a growth industry," our host said. "Many pastors are burying two to three people a week."

I knew this was true. Just a few weeks previous an undertaker whom I happened to meet in a cemetery in East London, South Africa, told me that gravesites were becoming hard to find.

"We're trying to convince them to allow us to bury people vertically. It would make more space, and they would still be buried. But, they won't have it," he said, a touch of disgust in his voice.

"What about cremation?" I asked naively.

"Not a chance. No way. Would upset the ancestors."

We got to the old, central cemetery. To our shock and amazement, new graves had been dug between the graves of the past. On either side, and sometimes on the ends of the former graves lay new burial mounds covered with dry flowers and bric-a-brac from the departed's possessions. A gravedigger, working on another new one, stopped in his work to tell us that they had, in some cases, buried new caskets on top of old ones.

"Not exactly legal," he said, "but what can you do?"

As he resumed his work, we stood watching silently. All we could hear was his spade hitting the earth and the dirt being thrown up

and out onto the old grave beside. Listening to this mournful sound I remembered the countless funeral processions we had seen throughout South Africa, Zambia, Zimbabwe, and Malawi. Somber groups of people, wearing their best clothes, singing hymns, walking slowly behind a casket to an open grave waiting in a field, or under a tree, and sometimes right beside the road. On occasion we had respectfully joined the mourners at the gravesite, in sympathy with the wailing and flailing, or struck dumb by the sight of the little children clustered around their mother's remains, feeling the pain, weeping not for loss but for sorrow, a little bit of ourselves dying. Then we walked past all the other new graves with their hand-painted memorials: "Alice, age 22, died November 3, 2002, in heavenly places"; "Jerome, 18 years, with God"; "Ezekiel, age 4, our angel." And on these mounds a plastic flower, an old dish rack, a toy bicycle, a wooden cross made out of sticks and wire. I'll never forget what rested on the grave of a little girl who had died at age four—a naked rubber doll with small twigs carefully attached to the head for hair. And, on its chest, a child, in crayon, had drawn a broken heart.

But it's not just the death and dying that kills you, it's the living death that you see everywhere—people living with relentless deprivation, food insecurity, grinding poverty, the burden of simply surviving driving them into the ground. How often have we seen little girls, six, seven, ten years of age with their infant siblings strapped to their backs? Sometimes they also have pails of water, or sticks of wood, or some other load balanced on their heads. The bone-thin, weary widows. The hovels they call home. The skin diseases. The distended bellies. The dust. The dirt. The sewage.

You can walk away from it—and you do because, unlike them, you can. But you can't forget. And you must come back. Again and again. You long for answers. Some way to stem the tide. You look across the heads of dusty children who have clustered around you and you see the humble little church building. There in the midst of the need is a candle flickering in the darkness. If we could fan that flame. If we could fuel it indefinitely. If the people who meet beneath its leaky roof could band together and let their light shine.

You see the church waiting to be reignited and hope suddenly stirs in your soul. Let God arise and let the Church rise with him.