

UNIVERSITY OF KWAZULU-NATAL

The Catholic Response to HIV and Aids in South Africa with a Special
Reference to KwaZulu-Natal (1984 – 2005): A Historical-Critical Perspective

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The Catholic Response to HIV and Aids in South Africa with a Special
Reference to KwaZulu-Natal (1984 – 2005): A Historical-Critical
Perspective

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.....

Submitted: November 2010

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ABSTRACT

The present study is a critical history of the Catholic Church's response to HIV and Aids in South Africa, with a special emphasis on KwaZulu-Natal. It attempts to document and reflect on what the church said and did in responding to HIV and Aids between 1984 and 2005. It relies upon both oral and literary sources which were collected between 2006 and 2009. These comprise of oral testimonies of Catholic clerics, lay leaders, and administrators as well as archival sources in the form of correspondence letters, plenary session minutes, magazine articles, and project reports.

The study establishes that between 1984 and 1990 the Catholic Church saw Aids as a disease far removed from its sphere yet deserving certain visionary measures. To a larger extent, Aids was *ignored*. A moral perspective on the Aids disease prevailed throughout the period. However, isolated visionary leaders conducted awareness workshops. Between 1991 and 1999, however, Aids was seen as immediate, a problem closely related to the mission of the Catholic Church. Here Aids was *confronted*. The predominant theological response was 'missiological,' expressed through the new pastoral plan, Community Serving Humanity. As a result, the main Aids related activity by the church was the care of PLWHA. Through home-based care and institutionalised care, Catholic local initiatives in responding to the disease mushroomed in the country with the Archdiocese of Durban taking a leading role.

Between 2000 and 2005 Aids was seen as imminent in the church, a concept popularised as the 'Church has Aids'. As a result, the period witnessed a concerted effort by the Catholic Church to *integrate* Aids response into its mainstream activities. In this period, Aids was seen as a human rights issue. Consequently, the Catholic Church endeavoured to address rights to treatment, Aids related stigma, family violence and gender imbalances. 'Responsibility in a Time of Aids' became a predominant theological concept. The Catholic Church became a pacesetter in care and treatment after securing overseas funding. However, prevention became the church's Achilles heel following an

unrelenting condom controversy. The availability of large amounts of money and many financial donors led to the NGO-isation of the Catholic Church's Aids projects with regard to their identity, activities, and organization. By and large, HIV and Aids had a large impact on the Catholic Church at all levels, both theologically and organizationally.

Therefore, the study argues that for the Catholic Church responding to the Aids epidemic was a complex organizational dilemma. On the one hand, the church's teachings compelled it to care for the sick with a compassionate love and uphold a naturalist ethical position on sexuality. On the other hand, the Aids disease was associated with what was perceived to be sinful behaviours such as prostitution, homosexuality and heterosexual acts outside marriage. The infected, therefore, were not only 'sick' but 'sinners' at the same time. Moreover, the means of HIV prevention advocated by the government and the better part of the society, the use of condoms, was in sharp contrast with the church's official teachings. The hierarchy set itself to defend the teachings while majority of the lay leaders and the medical practitioners called for its revision. Generally speaking, the Catholic Church's response to the HIV and Aids epidemic in South Africa was entangled by organizational controversies. In spite of warnings by visionary leaders such as Father Ted Rogers and the exemplary leadership of Archbishop Denis Hurley during the mid 1980s, the Catholic organizational focus on HIV and Aids was delayed until 1990. A concern to respond to HIV and Aids in the church increased considerably in the 1990s as attention shifted from the cry for freedom and democracy to the escalating Aids crisis. However, it was during the 2000s that conditions favoured the much needed integrated Aids response. The Aids crisis had become too obvious to ignore given the acute mortality rate.

In conclusion the Catholic Church's response to HIV and Aids came relatively early with creative and visionary ideas but it was hindered by organizational and theological barriers. The Catholic Church's official HIV prevention policy was contradictory and ambiguous. The Catholic Church innovatively used two models, institutionalised care and

home-based care, in the treatment and care of PLWHA and Aids orphans, home based care and Aids hospices. The Catholic Church demonstrated an outstanding ability to raise and disburse large amounts of funds, successfully channelling these to service delivery in its response to HIV and Aids. The Catholic Church Aids projects became NGO-ised following the influx of large foreign funds in the years of the 2000s.

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DEDICATION

To my dear sons, Denis Mumo and Joshua Mwendwa

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LIST OF ABBREVIATIONS AND ACRONYMS

| | | |
|---------|---|--|
| AIDS | - | Acquired Immuno-Deficiency Syndromme |
| AJAN | - | African Jesuit Aids Network |
| ANC | - | Africa National Congress |
| ANERELA | - | Africa Network of Religious Leaders Affected by HIV and Aids |
| ARHAP | - | Africa Religious Health Asset Programme |
| ART | - | Antiretroviral Therapy |
| ARV | - | Antiretroviral |
| ATR | - | African Traditional Religion |
| BMS | - | Bristol-Myers Squibb Company |
| CADAC | - | Catholic Archdiocese of Durban Aids Commission |
| CAFOD | - | Catholic Association for Oversees Development |
| CAN | - | Catholic Aids Network |
| CAP | - | Churches Aids Programme |
| CATHCA | - | Catholic Health Care Association |
| CBO | - | Community Based Organizations |
| CBO | - | Community Based Organisation |
| CCMA | - | Commission for Conciliation, Mediation and Arbitration |
| CART | - | Collaboration of HIV and AIDS in Religion and Theology |
| CIE | - | Catholic Institute of Education |
| CMMB | - | Catholic Medical Mission Board |
| CNS | - | Catholic News Service |
| CORDAD | - | Catholic Organization for Relief and Development |
| COSATU | - | Congress of South Africa Trade Unions |
| CPSA | - | Church of the Province of Southern Africa |
| CRS | - | Catholic Relief Service |
| DWA | - | Development and Welfare Agency |
| EC | - | European Commission |
| FBO | - | Faith Based Organizations |
| HAART | - | Highly Active Antiretroviral Treatment |
| HEARD | - | Health Economics and HIV/Aids Research Division |
| HIV | - | Human Immuno-Deficiency Virus |
| IFP | - | Inkatha Freedom Party |
| IMBISA | - | Inter-regional Meeting of Bishops of Southern Africa |
| JAP | - | Jesuit Aids Project |
| KNCLG | - | KwaZulu-Natal Church Leaders Group |
| KZN | - | KwaZulu-Natal |
| MASA | - | Medical Association of South Africa |
| MSF | - | Medicins Sans Frantiers |
| NACOSA | - | National Aids Convention of South Africa |
| NACT | - | National Aids Children Task |

| | | |
|---------|---|---|
| NAPWA | - | National Association of People Living with Aids |
| NFP | - | Natural Family Planning |
| NGO | - | Non-Governmental Organisation |
| NRA | - | National Religious Association |
| OMI | - | Oblates of Mary Immaculate |
| OVC | - | Opharmed and Vulnerable Children |
| PEPFAR | - | President's Emergency Programme for Aids Relief |
| PHWAASA | - | Progressive Health Workers Aids Activism in South Africa |
| PLWA | - | People Living with Aids |
| PLWHA | - | People Living with HIV and Aids |
| PMTCT | - | Prevention of Mother to Child Transmission |
| PSG | - | Project Support Group |
| RAP | - | Religious Aids Programme |
| SACAP | - | Southern Africa Aids Programme |
| SACBC | - | Southern Africa Catholic Bishop's Conference |
| SACC | - | South Africa Council of Churches |
| SAIMIR | - | South African Institute of Medical Research |
| SANAC | - | South African National Aids Council |
| SECAM | - | Symposium of Episcopal Conferences of Africa and Madagascar |
| STD | - | Sexually Transmitted Disease |
| TAC | - | Theological Advisory Commission |
| TB | - | Tuberculosis |
| UDF | - | United Democratic Front |
| UKZN | - | University of KwaZulu-Natal |
| UN | - | University of Natal |
| UNISA | - | University of South Africa |
| USA | - | United States of America |
| USAID | - | United States Agency for International Development |
| USCC | - | United States Catholic Conference |
| USD | - | United States Dollars |
| WCC | - | World Council of Churches |

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1.1 The Background

This study is a historical-critical analysis of the Catholic Church's response to HIV and Aids between 1984 and 2005.

1.1.1 Outlining the Task

The study is based on a historical research conducted in South Africa between 2006 and 2008. The research focuses on the Catholic Church's response to HIV and Aids in South Africa, with a special reference to KwaZulu-Natal (KZN) province. It endeavoured to establish what the Catholic Church *said* and *did* in response to HIV and Aids between 1984 and 2005. The research sources consist of oral testimonies of Catholic clerics, lay leaders, and administrators as well as written and archival sources in the forms of correspondence letters, plenary session minutes, magazine articles, and project reports. Therefore, the study is a critical-historical analysis of the oral and written data that emanates from that research.

For the Catholic Church, responding to the epidemic was a complex organizational dilemma. The organisation theory,¹ therefore, became a valuable 'lens' through which the researcher perceived the institution of the Catholic Church. On the one hand, the 'charter of the organization', that is, the church's teachings, compelled it to care for the sick with a compassionate love and uphold a naturalist ethical position on sexuality. On the other hand, the Aids disease was associated with what some may call sinful behaviours such as prostitution, homosexuality and heterosexual acts outside marriage. The infected, therefore, were not only 'sick' but 'sinners' at the same time. Moreover, the means of HIV prevention advocated by the government and the better part of the society, the use of condoms, opposed the church's official charter. The hierarchy set itself to defend the charter whereas the lay and the medical practitioners continuously called for its revision. Generally speaking, the Catholic Church's response to the HIV and Aids epidemic in

¹ The organization theory is a philosophical framework that has in the past been used to study organizations in social sciences. See P. Abell, *Organization Theory: an Interdisciplinary Approach* (London: University of London Press, 2006), 10.

South Africa was slow to come by and when it finally did it was entangled by organizational controversies.

This study is not oblivious of the larger societal context in which the epidemic unfolded. The Catholic response to HIV and Aids was not in the least unaffected by the presence of other pressing social concerns. On 27 April, 1994 South Africans ended 46 years of apartheid regime by conducting the first democratic and racially inclusive general election. Events leading to the downfall of apartheid date far back into the 1980s. Indeed, the late 1980s and the early 1990s were very volatile times in the country and more so in the Kwa-Zulu and Natal regions due to the township revolts. The release of Nelson Mandela on 11 February 1990 as well as the willingness of the apartheid government to negotiate with freedom fighters ushered in a deep sense of political uncertainty and cautious optimism countrywide. Ironically, it was during this moment of enormous hope and imminent political transition in the country that the seeds of the worst epidemic were being sowed. The South African HIV and Aids emerging epidemic was often eclipsed by the struggles for freedom and the consequent development of a young democracy. The Catholic Church demonstrated willingness to respond to the two major issues simultaneously. In the 1980s, however, the struggle for freedom almost entirely consigned the Aids epidemic into neglect. In spite of warnings by visionary leaders such as Father Ted Rogers and the exemplary response to HIV and Aids of Archbishop Denis Hurley during the mid 1980s, the Catholic organizational focus on HIV and Aids was delayed until 1990. A concern to respond to HIV and Aids in the church increased considerably in the 1990s as attention shifted from the cry for freedom and democracy to the escalating Aids crisis. However, it was during the 2000s that conditions favoured the much needed integrated response to HIV and Aids. The Aids crisis had become too obvious to ignore given the acute mortality rate.

1.1.2 Organising the Story

From an epistemological point of view, it is important to indicate the subjective position from which the discourse emanates. It is therefore necessary that I note my own perspective in coming to this study. I am a Pentecostal cleric and scholar. Pentecostalism could be categorised as belonging to the evangelical tradition. Evangelicalism is

historically committed to the Christianization of the world by way of proclaiming the gospel message. Therefore, my perspective to Catholicism is that of a Protestant. However, prior to and during this research I have developed a deeper appreciation for the Catholic tradition.

At the beginning of this research, I set out to investigate the Catholic response to HIV and Aids between 1984 and 2005, a period of 22 years. I saw 1984 as the most relevant beginning point. This was due to the emergence of new evidence which indicated that Hurley drew his motivation from an Aids workshop conducted at the Inter-Regional Meeting of Bishops of Southern Africa (IMBISA) held in Harare, Zimbabwe in June 1984.² The year 2005 became significant for various reasons. First, it is the year that the church underwent a major leadership change. In April 2005 the Holy See transited from the leadership of Pope John Paul II to Pope Benedict XVI.³ Second, it was the year when the conflicting approach to Aids response that had existed between the Holy See and its international partners started easing up. The early statements of Pope Benedict XVI laid the stage for wider collaboration and networking.⁴ Alarmed by the statistics of the people affected by HIV and Aids in 2005, the Pope called the international community to a “renewed commitment in the work of prevention and to assistance in solidarity with those who have been stricken.”⁵ In a speech that could be taken as an indicator to the onset of a more inclusive dispensation in the Catholic Church’s response to Aids, he added: “I encourage, therefore, the numerous initiatives, in particular those promoted by ecclesial communities, to eradicate this sickness and I feel close to Aids patients and their families, invoking for them the Lord’s help and consolation.”⁶ This was the first time the Holy See indicated a willingness to break away from ‘traditional incentives’ on the subject of condoms.⁷

² Napier, Interview by author at his office in Durban, digital recording, 15 October 2007; SACBC, “IMBISA – First Plenary Session: Concern, Consultation, Cooperation,” *Internos* 2 (Sept./Oct. 1984), 3-9.

³ *Southern Cross*, “Vatican headed for a Leadership Change,” 5 January 2005.

⁴ *Southern Cross*, “Condoms and Vatican,” 28 November 2005.

⁵ *Southern Cross*, “Condoms and Vatican,” 28 November 2005.

⁶ *Southern Cross*, “Condoms and Vatican,” 28 November 2005.

⁷ While on his visit to West Africa in April 2009, Pope Benedict XVI caused media uproar by stating that condoms do not help in the prevention of HIV. This came after Vatican’s lengthy silence on the use of condom in HIV prevention. See the *Southern Cross*, “Vatican Still deciding on condoms and Aids,”

This is a historical study and not an impact assessment study. During the preliminary research I identified five popular themes in the response of the Catholic Church to HIV and Aids, namely: prevention, sex education, treatment, stigma and care. I then set out to investigate the oral testimonies and the archival materials in relation to the five themes across time and space. Therefore, the Catholic Church's response to HIV and Aids in this study is not compared to any other in terms of performance, a key element in impact assessment studies. Instead, these five themes are traced along a time frame to ascertain if there was any emphasis on one or a total absence of another.

The overarching objective in this research was *to critically investigate what the Catholic Church in KwaZulu-Natal said and did in response to HIV and Aids between 1984 and 2005*. This key objective was then broken down into five smaller objectives. Out of these 5 objectives, 10 key questions that the research attempted to answer were derived. Therefore, each question is either directly or indirectly related to, at least, one of the objectives as shown below:

- To establish what methods of HIV *prevention* the Catholic Church in KwaZulu-Natal advocated for between 1984 and 2005
 - a) What did the Catholic Church leaders in KwaZulu-Natal say about the use of condoms in HIV prevention between 1984 and 2005?
 - b) Were there areas of disharmony between the parishes' positions in KwaZulu-Natal and the Holy See's position on HIV prevention strategies between 1984 and 2005?

- To find out what Aids *treatment* action was employed and advocated by the Catholic Church in KwaZulu-Natal between 1984 and 2005
 - a) What was the Catholic Church's stance on the role of traditional herbs, ARVs, and Nutrition in Aids treatment between 1984 and 2005?

- b) What did the Catholic Church in KwaZulu-Natal do or say regarding Aids treatment between 1984 and 2005?
- c) How did the Catholic Church leaders respond to the government's hesitation to provide treatment (AZT, ARVs, and Navirapine) to Aids patients between 1984 and 2005?
- To find out what *sex education* policies and efforts were employed by the Catholic Church in KwaZulu-Natal between 1984 and 2005
 - a) What contents and programmes were employed by the Catholic Church on sex education in KwaZulu-Natal between 1984 and 2005?
 - b) What were the theological and ethical persuasions that informed Catholic leaders in educating its membership on sexuality and the Aids crisis in KwaZulu-Natal between 1984 and 2005?
 - To identify actions and statements by the Catholic Church in KwaZulu-Natal that might have had significant impact on Aids related *stigmatization*.
 - a) Were the Catholic Church leaders aware of the presence of AIDS related stigma between 1984 and 2005?
 - b) How did the Catholic Church leaders respond to cultural and racial myths attached to HIV and AIDS in KwaZulu-Natal between 1984 and 2005?
 - To establish how the Catholic Church in KwaZulu-Natal responded to the need to *care* for the AIDS patients, orphans, and widows between 1984 and 2005
 - a) When and how did the Catholic Church in KwaZulu-Natal start care giving among People Living with HIV and Aids (PLWHA) and Aids orphans?
 - b) What AIDS advocacy programmes did the Catholic Church in KwaZulu-Natal employ between 1984 and 2005?

My Masters dissertation⁸ focused on the ecumenical response to Aids in Natal during the early years of the epidemic. That research work motivated me to study the Catholic Church's response to the epidemic in a longer period of time. Therefore, the present work is a follow-up research on my Masters Thesis work. The greatest motivation for this research, however, emanated from the conviction that social history has a role to play in responding to the Aids crisis. I am convinced that writing a history of the Catholic Church's Aids experiences is a step forward in the response to the Aids crisis. A written account of the Catholic Church's response to HIV and Aids and a critical investigation of its activities and statements could contribute in facilitating a creative response to HIV and Aids. Conversely, particular perspectives of the church may contribute to a better knowledge of history. Arguably, one way of providing the lessons learned by the Catholic Church in responding to the Aids crisis to the rest of the Christian community and the world at large is by documenting carefully its response to the epidemic. This might contribute to a better understanding of the history of HIV and Aids.

1.1.3 Organisation Theory

In this study, the Catholic Church is seen as a religious organization. Although the organization theory was a starting point for this research, I cannot claim to have done an organizational analysis of the Catholic Church of South Africa in its response to HIV and Aids. Instead, I draw on the theory in discussing certain organizational features and dilemmas in the Catholic Church's response to the Aids crisis. I owe the idea of relating the organization theory to the Catholic Church to Mark Kowalewski who in 1994 used it to study the United States of America Catholic Church's response to HIV and Aids from a sociology of religion perspective.⁹ Until late into the 1980s, the study of organisations was predominantly done by sociologists and psychologists.¹⁰ Prior to this period, as P.

⁸ Stephen Joshua, *The History of AIDS in South Africa: A Natal Ecumenical Experience in 1987 – 1990*, Unpublished Thesis Dissertation, University of KwaZulu-Natal (UKZN), 2006.

⁹ Mark Kowalewski applied the theory in his Masters Thesis work where he studied the United States Catholic Church's response to HIV/AIDS from a sociological point of view. See Mark Kowalewski, *All things to all People: The Catholic Church Confronts the AIDS Crisis* (Albany: State University of New York Press, 1994), 4-6.

¹⁰ P. Abell, *Organization Theory: an Interdisciplinary Approach* (London: University of London Press, 2006), 10.

Abell argues, economists “evidenced little interest in ‘structure and functioning of organisations’”.¹¹ Profit maximising objective was viewed as “a consequence of competitive evolutionary forces”¹² and therefore had nothing to do with the internal control and coordination of the organisation. However, the study of organizations has recently become more and more multidisciplinary with economic and management specializations taking a major role. As D. Buchanan and A. Huczynski have demonstrated, we now have several economic approaches to organisations.¹³ Indeed, S. Douna and H. Schveuder in their *Economic Approaches to Organizations* have discussed these various approaches with a fine-tooth comb.¹⁴ Therefore, modern organization studies combine ideas from management, economics, sociology and psychology. Some other disciplines such as anthropology and operations research have had certain relevant things to say. Most certainly, I would add, the historian may as well benefit from the interpretive tools of organization studies.

There is hardly any consensus among scholars on the details of the organization theory. However, they are in agreement that the organization theory is concerned with describing and explaining the occurrence of different sorts of mechanisms for achieving control and co-ordination in organizations.¹⁵ Prior to 1950, the classical idea dominated the theory in that there was one best way to structure all organizations through a hierarchical, highly formalised arrangement in which organizational life was governed by detailed plans and systems laid down centrally.¹⁶ A decade later, an individualistic approach to the theory emerged which was influenced by the human relations movement in America. It advocated for a more individual-centred approach whereby participation of individuals was sought through communication and shared influence. A merger of the two bore what

¹¹ Abell, *Organization Theory*, 11.

¹² Abell, *Organization Theory*, 11.

¹³ D. Buchanan and A. Huczynski, *Organizational Behaviour: An introductory text* (London: Prentice Hall, 2004), ff.

¹⁴ S. Douna and H. Schveuder, *Economic Approaches to Organizations* (London: Prentice Hall, 2002) 3rd edition.

¹⁵ Abell, *Organization Theory*, 10.

¹⁶ Alex Donaldson, *American Anti-Management Theories of Structural Organization*, see http://books.google.co.za/books?id=lpj19gnqSsAC&dq=organisation+theories&pg=PP1&ots=UWsEgJAOVi&source=citation&sig=rQkRf0pmaSd3jIkZO1RWi43B73o&hl=en&prev=http://www.google.co.za/search?sourceid=navclient&ie=UTF8&rlz=1T4GFRB_enKE224ZA261&q=organisation+theories&sa=X&oi=print&ct=result&cd=2&cad=bottom-3results#PPP1,M1 accessed on 6 March 2008.

could be seen as the conventional and synthesised organization theory. This theory holds that organizations should be more centralised or more participatory depending with their contingent circumstances. As Alex Donaldson explains, the “degree of formalization and centralization is a function of the organization’s operational technology, rate of environment change, and size”.¹⁷ It follows, therefore, that there is a deliberate adaptation by organizations to the changing host environment. Organizations are rational and purposeful systems whose structures are instruments chosen to implement strategies accordingly.

The Catholic Church is a complex normative organization. Like other institutionalised religious organizations, it exists as an ‘open system’ in that it is an organization constantly responding to changes within its host environment.¹⁸ Different parts of the institutional church differ in regard to how it ought to respond to various issues. John Seidler and Katherine Meyer observe that organizational change within the church occurs as a “contested accommodation”.¹⁹ The church attempts rapprochement with the wider culture and at the same time seeks to maintain social distance. Mark Kowalewski rightly observes that while social forces pressure the church to change, other forces within the church resist accommodating to the host environment leading to a conflict that initiates reform and compromise.²⁰ The Vatican II Council is a typical example of such a reform and compromise. Seidler and Meyer note that the shift towards democratic structures within the church culminated in the Vatican II event as a result of which priests and laity gained a degree of organizational power through their participation in advisory groups such as priests’ senates and parish councils.²¹ However, “counter modernising forces in positions of power” have resisted change within the institutional church and thereby slowed such democratic shift in certain areas.²²

¹⁷ Donaldson, *American Anti-Management Theories of Structural Organization*, 5.

¹⁸ Kenneth Benson and James Dorsett, “Toward a theory of religious organizations,” *Journal for the Scientific Study of Religion* 10 (1971), 138-51.

¹⁹ John Seidler and Katherine Meyer, *Conflict and Change in the Catholic Church* (New Brunswick: Rutgers University Press, 1989), 214.

²⁰ Kowalewski, *All things to all People*, 4.

²¹ Seidler and Meyer, *Conflict and Change in the Catholic Church*, 215.

²² Kowaleski, *All things to all people*, 4.

A similar contestation was found in the South African Catholic Church's response to HIV and Aids. The SACBC has maintained a "no condom" message in HIV prevention. However, isolated bishops,²³ groups of sisters, as well as many priests and theologians²⁴ have exerted enormous pressure on the church to allow the use of condoms in the context of HIV and Aids. In 2001 the SACBC dashed hopes of changing this position in a much publicised plenary session. Instead, it released the controversial *Message of Hope*.²⁵ The SACBC, however, allowed the use of condoms to prevent HIV transmission in marriage situations where one partner is infected. The laity has maintained that this is not enough. Therefore, change in the Catholic Church organization as far as HIV and Aids is concerned has been a 'contested accommodation'. As Seidler and Meyer argue, while the inertia of the institution has favoured the status quo, the social environment, key events, and prophetic personalities have all clamoured for change in the official teachings of the church.²⁶ The church has seen the same kind of pressure in the case of other social issues such as birth control, abortion, homosexuality, and celibacy. Kowalewski notes three possible options that the hierarchy is left with in such cases.²⁷ In the context of HIV and Aids, the church leaders may see the suffering brought about by Aids and revise the entire morality code enshrined in the natural law ethics and thereby accept the use of condoms for all as a prevention method. Alternatively, the hierarchy may see the disease as a reinforcement of the natural law principle in that what it perceives as deviant and sinful sexual acts are the very reason that Aids suffering is there in the first place. This position would most certainly see more condemnation of condom use. Both of these positions have been advocated by different groups and individuals in the Catholic Church as I will show in the following chapters. The third option, which has chiefly characterised the response of the institutional church in South Africa, is to allow a limited accommodation in order to enhance organizational stability and somehow manage the

²³ Such bishops include Reginald Cawcutt of Cape Town and Kevin Dowling of Rustenburg. See *Southern Cross*, "Condoms and the bishops," 4 April 2000. See also *Southern Cross*, Interview of Bishop Dowling on the Occasion of his honorary doctorate," 2 May 2008.

²⁴ Such theologians and priests include Father Charles Ryan. See Charles Ryan, "AIDS and Responsibility: the Catholic Tradition," in Stuart Bate, ed., *Responsibility in a Time of AIDS: A Pastoral Response by Catholic Theologians and AIDS Activists in Southern Africa* (Pietermaritzburg: Cluster Publications, 2003), 2-18.

²⁵ *Southern Cross*, "What the Bishops discussed," 8 August 2001.

²⁶ Seidler and Meyer, *Conflict and Change in the Catholic Church*, 217.

²⁷ Kowalewski, *All things to all People*, 5.

‘public perception’ of the organization.²⁸ In this study, I argue in line with Kowalewski and Philip Selznick’s²⁹ thoughts on organizational theory that the Catholic Church in response to HIV and Aids assumed the third option whereby “organizations attempt to maintain internal stability and continuity in policy and leadership in the face of external social forces that might threaten the organization”.³⁰ The leaders of the organization therefore ensure its continuity and maintain social prestige by managing ‘multiple identities’ and conveying a coherent image to both constituents and the environment.³¹

Dean Pruitt and Leasel Smith expound further on the necessity of the organization’s leadership to remain firm when confronted with potential compromises by noting that it mitigates criticism from constituents who do not want organizational compromise and serves as a bargaining tool in negotiations with forces favouring accommodation.³² Hence the organization maintains a dual image so as to stand firm and in coherence with its charter and at the same time appear trustworthy by showing a willingness to collaborate with constituents seeking compromises. Pruitt and Smith elaborate further that in order to do this organizations use “segmentation of personnel”.³³ Higher level officials wear ‘black hats’ by maintaining a hard line on organizational doctrine whereas the lower level officials wear ‘white hats’ in that they act as “conciliatory intermediaries”.³⁴

In the case of the Catholic Church, the bishops and the cardinals form the higher level of leadership whereas the priests constitute the lower level. The SACBC pastoral letters on Aids have maintained a hard line coherent position on condoms. Yet, the oral witnesses depict a room for compromise depending on the counselling and medical situation as gauged by the lay persons. I argue that the Catholic Church in South Africa maintained a

²⁸ Erving Goffman, *The Presentation of Self in everyday life* (New York: Doubleday, 1959), 25.

²⁹ Philip Selznick, “Foundations of the Theory of Organization,” *American Sociological Review*, Vol. 13, No. 1. (Feb. 1966), 25-35.

³⁰ Kowalewski, *All things to all People*, 5.

³¹ George Cheney, *Rhetoric in an organizational society: Managing multiple identities* (Columbia: University of South Carolina, 1991), 21.

³² Dean Pruitt and Leasel Smith, “Impression Management in bargaining: Images of firmness and trustworthiness,” in James Tedeschi, ed., *Impression Management Theory and Social Psychological Research* (New York: Academic Press, 1981), 247-67.

³³ Pruitt and Smith, *Impression Management in bargaining*, 255.

³⁴ Pruitt and Smith, *Impression Management in bargaining*, 255-6.

dual image in its response to HIV and Aids. The official statements of the hierarchy show to the society at large that the doctrine of the church is not compromised whereas in practice the practitioners engage in a negotiation with the context. The Catholic Church manifested “multiple identities” The Aids debates in the institutional church manifested “multiple identities” which was intended to win back societal trustworthiness and still appear firm and coherent in its teachings.

1.2 The Methodology

In order to understand *what the Catholic Church in KwaZulu-Natal said and did in response to HIV and Aids between 1986 and 2005*, I conducted two studies: a literary study and an oral study.

1.2.1 A Literary Study

In this study, I focused on written documents. I collected data from the *Southern Cross*. This is a weekly Catholic newspaper which was begun in 1920. Following an agreement by Catholic leaders to establish a Catholic newspaper during a meeting held in Durban in September 1919, the *Southern Cross* was launched in Cape Town. It is currently published and printed from Tuin Plein in Cape Town.³⁵ At the time of the Vatican II Council (1962-1965) it had an estimated readership of between 40,000 and 50,000.³⁶ During the 1980s, the readership had dwindled down to 30,000. It is “a massive catechetical enterprise in the updating of Catholics on developments within the church”.³⁷ I read past newspapers of the *Southern Cross* in order to capture the activities and the statements that were going on around HIV and Aids in the Catholic Church.

There are normally four *Southern Cross* issues in a month, 48 in a year, and 1056 in 22 years (1984-2005). I skimmed through all these 1056 past newspapers and photocopied all articles and comments on HIV and Aids. These papers are available in the archives of the St. Joseph’s Theological Institute located at Cedara in the Natal Midlands. In the 1056 issues, 300 Aids articles were identified read and photocopied. Articles were identified on

³⁵ See *Southern Cross*: <http://www.scross.co.za/index.htm> accessed on 13th January 2008.

³⁶ Alan Henriques, “Vatican II in the Southern Cross,” *Bulletin for Contextual Theology in Southern Africa and Africa* vol. 4 no. 1 (January 1997), 31-39.

³⁷ Henriques, “Vatican in the Southern Cross”, 31.

the basis of their title. I looked for three words in the title, namely: HIV, Aids, and condom. All the 300 articles had at least one of the three words in their titles. Out of the 300 articles, 80 dealt extensively with the condom debate. Key themes in these articles were the prevention of HIV, awareness of the Aids disease, care of orphans and Aids patients, treatment and stigma. A major limitation of this method is that there could have been articles which dealt with the subject matter yet did not have any of the three words in their titles.

The research also drew a lot from other relevant archival documents found in the Cedara archive. However, the bulk of the archival materials were found in the SACBC archive in Khanya House, Pretoria. This is where the SACBC Aids office is based. I was granted access into essentially all documents of the office prior to 2005. Here I found printed correspondence, emails between office executives and various bishops and financial donors. I also found project and departmental reports on the office since its establishment in 1992. There were minutes of staff meetings as well as conference and workshop reports. Most importantly, I found complete collections of the SACBC plenary meetings' minutes since 1984. There are normally two SACBC meetings in a year. There were 44 minute reports from the 22 years under review. All these collections were photocopied and studied carefully.

The Archdiocese of Durban's archive was another great resource. This was the first diocese in the province to start an effort towards responding to the disease under the leadership of Archbishop Denis Hurley. I found brochures, advertisements and minutes on the Aids disease dating of as early as 1998. These documents were also photocopied and studied. Personal archives were also very beneficial to this research. I was granted the access to Philippe Denis' personal collections of documents on HIV and Aids. As a Dominican brother, a professor of history and the founder and director of the Sinomlando Centre for Oral History and Memory Work which is based at the of University of KwaZulu-Natal, Denis served in various HIV and Aids committees and positions within the Catholic Church, not withstanding his contributions in the founding of other Aids

related projects such as the Thandanani Children's Foundation. The personal collections of Cardinal Wilfred Napier were of great significance to this research too.

The Internet was by no means a lesser resource to this research. Most websites, including that of the SACBC, the *Southern Cross*, and the Catholic Health and Care Association (CATHCA) have internet-archived documents which were of great value to this research. For instance, the *Southern Cross* articles published between 2001 and 2005 are archived in electronic version in the magazine's website.³⁸ I also found contributions of individual Catholic administrators recorded in their curricula vitae. These were easily accessible from the Internet. A good case in point is the contribution of the Eshowe diocesan Aids coordinator, Father Gérard Tonque Lagleder.³⁹ There were also lots of books and articles published on line and relevant to my topic. These were downloaded and studied carefully as well.

1.2.2 An Oral Study

In this research, I also relied upon the technique of oral history. There are seven Catholic Church dioceses in KwaZulu-Natal province, namely: Durban, Eshowe, Ingwavuma, Kokstad, Mariannhill, Umzimkulu, and Dundee. Only three of the seven dioceses had bishops during the duration of my research. The rest were under administrators awaiting the appointment of new bishops. By the beginning of 2009, the bishops had been appointed already.⁴⁰ Therefore, I conducted interviews with three bishops and administrators. I also interviewed one priest in each diocese. Three directors of Catholic Aids projects in KwaZulu-Natal were also interviewed. These projects were the Sinosizo in Amazimtoti, Durban, iThemba clinic in Mariannhill, and Blessed Gerald Hospice in Eshowe. Only four dioceses had Aids coordinators. In total, I interviewed 5 bishops/diocesan chairmen, 7 priests, 4 diocesan Aids coordinators and 3 project coordinators. I also interviewed selected Catholic academics, professionals, as well as

³⁸ See *Southern Cross* – <http://www.scross.co.za/contact.htm> accessed on 13 January 2008.

³⁹ See Curriculum Vitae of Father Gerald and his other contributions in HIV and Aids ministry at the Eshowe diocese in <http://lagleder.net/gerard/cv.htm> accessed in 2 January 2008.

⁴⁰ During the course of the writing of this dissertation bishops have been appointed in the dioceses of Dundee, Umzimkulu, Eshowe and Ingwavuma.

other outspoken Catholic bishops in the country. These included three administrators at the SACBC Aids office. In total I interviewed 25 individuals.

The Catholic hierarchy and priesthood is an exclusively male domain. However, the care ministry of the church in South Africa is predominantly a female affair. Out of the 25 persons interviewed in this research, 7 were women serving either as project administrators or diocesan Aids coordinators. Two were retired nurses and another was a religious superior. Half of the interviewees were white (European origin), whereas the other half consisted of blacks (African, Asian and Coloureds).

In order to weigh the relative importance of the HIV and Aids related activities and statements of the institutional church, semi-formal interviews were conducted with ten members of a local Catholic congregation in Pietermaritzburg. These consisted of five women and five men. The questions presented to these interviewees were similar and they were directly related to pronouncements of clerics, bishops, and the Pope on matters such as gender inequality, the use of condoms in HIV prevention, and sex education, and treatment campaigns, and Aids related stigmatization.

Typology was used in presenting the discussions of the study, at least in a skeletal manner. Although typology is useful in categorising and summarising findings,⁴¹ one has to allow enough room for overlaps especially in relation to characteristics and time limits of each type and category. For instance, I found that awareness workshops were the dominant activity in the Catholic Church's response to HIV and Aids between 1984 and 1990 whereas care giving prevailed in the 1990s. Activism was the outstanding activity in the 2000s. Whilst these characterisations are well supported by the findings, there were numerous overlaps of these Aids related church activities in the three periods. Used as a methodological tool, this typology was based on a careful qualitative analysis of the data. These are summarised in Table 1.1 below.

⁴¹ The word 'typology' is broadly used here to refer to the systematic classification of types that have characteristics or traits in common. For a definition and usage of typology see Alexander Murray, "Modern Gothic," *Times Literary Supplement* (October 2008): 7-9.

Table 1.1 - A brief typology of the Catholic response to HIV and Aids⁴²

| Characteristic | 1984-1990 | 1991-1999 | 2000-2001 |
|-----------------------|---------------------|-------------------------|-----------------------|
| Response to Aids | Ignored | Confronted | Integrated |
| HIV/Aids perceptions | Moral Issue | Social Issue | Human Rights Issue |
| Condom Debates | Condom use is a sin | Condom use is an option | Condom use is a right |
| Bishop's Message | Warning | Pastoral | Hope |

1.2.3 Key Methodological Tenets

Five key methodological tenets underpinned this research and study. First, this research was *historical* in the sense that it focused on particular underlying themes within a period of time. Periodisation was a key factor in understanding and outlining the Catholic response to the epidemic. Catholic Aids activities and statements were studied and written with a keen interest on how their timely dispensations either influenced them or vice versa. The study therefore concerned itself with events such as prevention campaigns, care giving and utterances on the use of condoms as well as how these changed in the course of the 22 years under review.

Second, it was *critical* in the sense that it interrogated the sources. It attempted not to take any evidence at face value. Utterances and written statements were measured against internal and external historical evidence. The research took into consideration other factors that could influence a particular source of evidence. A parish priest's position on condoms, for instance, may be influenced by power dynamics within the institution at levels such as the Holy See, the SACBC, and the local parish as opposed to mere pragmatic concerns. Therefore, criticality was essential in investigating further the statements and the activities to find out whether a particular position was maintained as a result of ecclesiastical pressure, practical, ethical, or even cultural relevance.

⁴² Information in this table was gleaned from the following sources: Napier, Interview by author at his office in Durban, digital recording, 15 October 2007; SACBC, "IMBISA – First Plenary Session: Concern, Consultation, Cooperation," *Internos 2* (Sept./Oct. 1984), 3-9; SACBC, Minutes of the Plenary Session held at St Peter's Seminary in Pretoria, 23 – 30 July 2001, 3-6; *Southern Cross*, "Condoms and Vatican," 28 November 2005; *Southern Cross*, "Catholics in Geneva on Aids Collaboration," 27 January 2006.

Third, this research was *qualitative*. Contrary to the quantitative method, this research was a detailed analysis of a relatively small body of data by the use of a theory. Not only was what people said important but also how and why they said it. I used the ‘snowballing’ technique to identify those individuals with the information or background most suited to this research.

Fourth, this research was *flexible*. As a principle, the researcher was keen on indicators that would necessitate change in the focus of the research. The scope of the research and methods were constantly revised in order to accommodate the context of the study. Otherwise said, instead of coming to the field with ‘important’ questions to be answered, this research employed semi-structured interviews in order to enable the interviewees to determine the important issues in the response.

Lastly, this study was *limited*. It would be overly presumptuous for this research to pose as representing ‘the truth’ as far as the history of Catholic response to HIV and Aids is concerned. Indeed, there are numerous researcher-related challenges that this research was prone to. The fact that the researcher is neither a South African citizen nor a Catholic Church member means that he is an outsider in a big part of this research’s context. This could limit perceptions of certain issues pertinent to the research. However, there are benefits that emanate from the same as well. The fact that I am a non-Catholic and not anti-Catholic earned the research a certain degree of independence.

The research is also limited historically. It is almost impossible to establish the exact ‘activities and statements of the Catholic Church’. I am aware of the ongoing debate in the discipline of oral history on how to handle historical evidence. Whereas scholars such as Jan Vansina⁴³ give a great deal of attention to variations in oral testimonies with a concern to diminish what they perceive to be obstructions, others, most notably David

⁴³ Jan Vansina, *Oral Tradition as History* (London: James Currey, 1985), 3ff.

Cohen,⁴⁴ are instead interested in the various experiences and the reconstruction process. Paul Thompson discusses the matter in detail and it is well summarised by Philippe Denis.⁴⁵ In this research, however, there was a definite need to evaluate the evidence in an effort to acquire historically correct information on the Catholic statements and activities in responding to Aids during the period under review. Equally important in this research, however, was the sensitivity of the subject in question. Stories to do with HIV and Aids, whether one is infected or affected by the virus or not, especially in an area with a severe epidemic like KwaZulu-Natal, “have an intensity, a quality of emotion, a sense of tragedy which is rarely found in people who belong to the mainstream of social life”.⁴⁶ It was therefore vital for this research that the stories were constructed and reconstructed by the interviewees and the article writers into their own historical-social contexts. Although I sought historical accuracy in the events themselves, I viewed reconstructions of the stories as historical events in themselves and not hindrances to the study’s objective.

1.2.4 Methodological Issues

Although the methods discussed above were well suited for a research of this kind, there were various methodological issues that emerged in the outworking of this research, which I find worth highlighting for two main purposes. The first is to aid the reader by discussing the experience of the researcher during the data collection process. The second is to initiate a discussion on the findings which is carried on in the proceeding chapters. I have categorised these issues into three main groups, namely: managerial technicalities, chronological inconsistencies, and ethical considerations.

⁴⁴ See Elizabeth Tonkin, *Narrating Our Past: The Social Construction of Oral History* (Cambridge: Cambridge University Press, 1992), 83-96; Carolyne Hamilton, “‘Living by Fluidity’: Oral Histories, Materials Custodies and the Politics of Archiving,” in Carolyn Hamilton, ed., *Refiguring the Archive* (Cape Town: David Phillip, 2002) 2009-212. I

⁴⁵ For a detailed description of the schools of thought in oral history see Philippe Denis, “Oral History in a Wounded Country,” in J. Draper, ed., *Orality, Literacy and Colonialism in Southern Africa* (Pietermaritzburg: Cluster Publications, 2003), 205-216. See also Philippe Denis, “Introduction,” in Philippe Denis and Radikobo Ntsimane, eds., *Oral History in a Wounded Country: Interactive Interviewing in South Africa* (Pietermaritzburg: University of KwaZulu-Natal Press, 2008), 1-21.

⁴⁶ Denis, Introduction, 20.

1.2.4.1 Research Management Issues

KwaZulu-Natal is a vast province, geographically speaking. This posed various challenges in the management of the research itself. These challenges were managerial in the sense that they tended to undermine the compatibility of the methods adopted and the scope of the research. *First*, it was not easy to reconcile ecclesiastical boundaries with the national ones. The Catholic ecclesiastical province of Durban, which is also called the Metropolitan Diocese of Durban, consists of eight dioceses which are spread across two national provinces, KwaZulu-Natal and Eastern Cape. Two dioceses located in the Eastern Cape Province, namely Mtata and Kokstad, are part of the Metropolitan Diocese of Durban. Therefore, the ecclesiastical province of Durban consists of Durban, Mariannhill, Dundee, Eshowe, uMzimkulu, Ingwavuma, Kokstad, and Mtata dioceses. The uMtata diocese as a whole is located in the Eastern Cape Province. Both Dundee and Kokstad are spread across the two national provinces.

The fact that the provincial boundaries of KwaZulu-Natal changed within the period under review also presented difficulties. This was particularly the case in the Kokstad diocese. The boundary between KwaZulu-Natal and Eastern Cape provinces has been revised twice, in 1996 and in 2005, following constitutional amendments.⁴⁷ As a result, certain parishes of the diocese were at one time within the province of KwaZulu-Natal and at another time within the Eastern Province. Therefore, the structural difference between the church and the government posed certain methodological challenges. See ecclesiastical provinces in Figure 1.1 below.

⁴⁷ See <http://www.pmg.org.za/docs/2007/comreports/070913pcjustice.htm> accessed on 16 February 2008.

Figure 1.1 – Ecclesiastical provinces in KwaZulu-Natal⁴⁸



Earlier on I considered enlarging the scope of this study to include the entire ecclesiastical province.⁴⁹ In that case, I would be studying the province as an

⁴⁸ The map was compiled by the KwaZulu-Natal Department of Health in Pietermaritzburg on 11 September 2000.

ecclesiastical entity as opposed to a national one. As much as there are certain benefits in doing so, the disadvantages far outweigh them. First, the epidemiological records available correspond to the government province as opposed to the ecclesiastical one. There is now enough data that shows the development of the Aids disease in the KwaZulu-Natal province since early 1990s to the present day. On the contrary, there is hardly any epidemiological record of the disease on the ecclesiastical province. Second, there are various previous studies in the province, such as that of Liebowitz,⁵⁰ which studied the metropolitan province. Their findings were helpful for this research. This study would have missed the opportunity of benefiting from such parallel studies if it had focused on the ecclesiastical province. Third, the resources available for this research were limited and would not accommodate a larger scope. Moreover, there was enough motivation to study the government province because it had come to be known as the single region with the highest HIV prevalence in the country since the early years of the epidemic. Therefore, I settled for the national boundaries. The seven dioceses were seen as belonging to the province of KwaZulu-Natal even when a few parishes were located in areas not within the jurisdiction of the KwaZulu-Natal premiership. The differences in administrative structure between the government and the Catholic Church were taken into consideration in the discussions of the findings.

The *second* challenge was in the analysis of data. The nature of the data collected varied in function of the different methods used. Furthermore, the data was voluminous. It was not possible to acquire a single data-coding system. The oral evidence, the archival materials, and the newspaper collections belonged to different calibres of research materials. As a result, each calibre necessitated a separate system of coding and analysing. Although the process was lengthy and tedious, the results were satisfying.

⁴⁹ Fr Stuart Bate challenged me to consider changing my scope to the ecclesiastical province as opposed to the political province. This was during an interview with him. See Stuart Bate, digital recording, Interview conducted by author at his office in Congella, Durban, 9 July 2008.

⁵⁰ Jeremy Liebowitz, "The impact of faith-based organizations on HIV/AIDS prevention and mitigation in Africa," unpublished paper, HEARD, University of Natal, October 2002; Health Economics and HIV/AIDS Research Division, Faith-Based Organisations and HIV/AIDS in Uganda and KwaZulu-Natal: a final report (Durban: HEARD, 2004), 4-12.

1.2.4.2 Chronological Inconsistencies

Inconsistencies between various versions of information in both details and time sequence of certain events became a major methodological problem in this research. Both the oral and the written sources proved to be prone to error. It was not always easy to retrieve memories in the case of oral history. The failure of some interviewees to remember certain details and dates correctly led to chronological inconsistencies. Wilful re-interpretation of data in order to suit the presuppositions of the author in the case of written sources seemed to be the major cause of chronological inconsistencies. For instance, the *Southern Cross* sources had it that the Sinosizo project was begun in 1993⁵¹ whereas an interview with its manager, Sandy Roshini, indicated that it was begun in 1997.⁵² Still, another interview with the Durban Diocesan Aids Coordinator, Zibukele Mqadi, implied that Sinosizo was in existence prior to 1990.⁵³ A further interrogation of the sources however, which involved telephone calls as well as email correspondence with the Sinosizo office as well as an interview with its founding director, Liz Towel,⁵⁴ indicated that the organisation was begun in 1986. On the basis of this, a conclusion was reached. Apparently Mqadi could not distinguish the Durban Aids Committee from the organization that was born out of the Committee, the Sinosizo project. Besides, the interviewees as well as the *Southern Cross* articles seem to mix up the dates of the Committee's decision to form the project with that of the subsequent launching of the project. Apparently, the formalization of the project following the pouring in of donor funds in the mid 1990s was seen by some as the actual start of the project. Numerous other cases of inconsistencies were found during the data analysis. However, with the use of both external and internal evidence, as well as a critical interrogation of the sources, a more informed judgement was always reached.

This research followed a historical perspective. Therefore, time and events were key issues in its methodology. In order to periodize the response of the Catholic Church to HIV and Aids, the actual dates of the particular statements and actions became of

⁵¹ *Southern Cross*, "Durban Group Leads nation in home-based Aids care", 21 February 1999.

⁵² Sandy Roshini, Interview by author, digital recording, Amanzimtoti, Durban, 30 January 2008.

⁵³ Mqadi, Interview by author, 30 January 2008.

⁵⁴ Liz Towel, Interview by author, digital recording, interview conducted at her home in Amanzimtoti, 10 July 2008.

paramount importance. However, most interviewees could not remember when the events they described actually took place. Several interviewees, most notably Sister Jane Bois of Mariannhill and Sandy Roshini of Amanzimtoti, admitted that they could not remember clearly the dates of particular events. In response to the question, “Which year was that?” Bois said, “Oh gosh! I am terrible in years”.⁵⁵ Indeed, most interviewees knew their story so well yet they could not situate it within any specific calendar dates. In certain cases, the stories had been retold and reconstructed severally such that their timeliness had almost been entirely lost. This posed a major challenge in the analysis of the data. Nevertheless, in such cases, both internal and external evidences were used in order to locate the story to its most immediate historical context.

Variations in the interviews were not always a product of poor memory. In certain cases, they were part of the reconstruction of the story influenced by particular philosophical presuppositions. Zibukele Mqadi, for instance, is a black consciousness thinker who trained in community development after returning to South Africa from exile in 1992. Although he is also the Archdiocese of Durban Aids Coordinator, he uses the black consciousness philosophy to critique previous efforts by the church in the Aids prevention. Likewise, Sister Bene Def’s gender activist presuppositions are clearly relayed in the interview.⁵⁶ Therefore, the interviewee’s perspectives were highly influenced by the philosophical ideologies they adopted. The same could be said of the magazines as well. The *Southern Cross*, for instance, was found to be highly critical of the Catholic official position on the use of condoms in HIV prevention, a position maintained by Gunther Simmermacher, its managing editor.⁵⁷ Arguably, this is the reason as to why conservative writers such as, Bernard Flynn of Newcastle in KwaZulu-Natal complained of censorship by the editorial team. He wrote:

In your issue of May 9 you published on the front page the report “Dangers of censorship” in which the board of directors of the Catholic Press Association of the United States stated “official censorship damages not only the integrity of our publication but also integrity and credibility of the institutional church.” A recent letter of mine criticized the Southern African

⁵⁵ Jane Bois, digital recording, interview conducted by author, at Mariannhill, 20 January 2008.

⁵⁶ Bene Def, digital recording, interview conducted by author at Pretoria, 21 August 2007.

⁵⁷ *Southern Cross*, “Condoms and the bishops,” 23 April 2000.

Catholic Bishops' Conference pastoral statement on Aids on moral grounds. I proved our bishops condoned the use of condoms as an Aids preventative. Why was my letter not published? If my reasoning was incorrect, then some other reader or you yourselves could have pointed out my error. I speak objectively, of course. It is such censorships which damages the credibility of the church and the integrity of the *Southern Cross* as a Catholic newspaper.⁵⁸

Sister Alison Munro also complained that the *Southern Cross* did not represent the Catholic Church's point of view as it should. She was particularly unhappy with the manner in which the magazine reported on the Catholic Church's response to HIV and Aids.⁵⁹ These examples point to the fact that both the oral testimonies and the newspapers sources were philosophically located somewhere. Moreover, interviewees occasionally manifested contrasting positions in their response. At times they would convey the official position of the church or the organization that they represented as well as their personal conviction on the matter. The words of one particular interviewee attest to this:

Personally, I know abstinence is not working. Even the bishops know that. But it would be a tragedy for the church to change from its official position on the matter. If you asked me, apart from this office, I would have a different opinion.⁶⁰

Similarly, the head of a religious order offered to tell me more if I shut down the digital voice recorder.⁶¹ In another interview, a project director many a times asked me to put off the voice recorder so as to tell me some detailed personal information especially on condom use. Apparently these interviewees had another version on the matter which for some reasons they did not want to put on record. Arguably, they had an official position in regard to their office and they also had a personal conviction on the matter which differed with the official position. By and large, both the philosophical presuppositions and the dual opinions were in themselves subjects to a historical quest. The critical-historical aspect of the study allowed for a further interrogation of the sources.

⁵⁸ *Southern Cross*, "Use of Condoms: bishops are wrong," 24 June 1990.

⁵⁹ Alison Munro, digital recording, interview by author at her office in Khanya House, Pretoria, 23 October 2007.

⁶⁰ Anonymous, digital recording, interview conducted by author at Pietermaritzburg, 3 July 2008.

⁶¹ Bate, interview by author, 9 July 2008.

Underlying presuppositions were exposed and analysed. This applied to both the written and the oral sources.

1.2.4.3 Ethical Considerations

Oral history practitioners have the moral obligation to protect the wellbeing of research participants.⁶² In the new South Africa, the ethics of research is guarded by the constitution under the Act 61 of 2003, chapter 9, section 71.⁶³ Generally speaking, this research employed the ethical principles necessary in guiding oral history practitioners stipulated by the Oral History Association of South Africa (OHASA).⁶⁴ The four ethical principles discussed by Douglas Wassenaar, namely: the autonomy and respect for the dignity of persons, nonmaleficence, beneficence, and justice, were helpful.⁶⁵ Nonetheless, various ethical issues emerged during this research. These particularly posed a challenge to the quality of the interviews or the security of the interviewees. The first relates to the *autonomy of the interviewees*. Group interviews were not originally part of the methodology. However, in certain organizations interviewees demanded that they bring in particular personnel who were more informed on the history of the organisation or the programmes. In such cases, the interviews were conducted with two interviewees.

At times such interviews were complex. The senior interviewees would delegate questions that they felt their juniors were in a better position to answer. The quality of these interviews depended on the relationship between the two interviewees. In cases where there was a strict senior-junior relationship, the junior did not feel free to answer the questions. Consequently, one may not overrule the possibility of coerciveness. In principle, however, the researcher interviewed each person separately as much as that

⁶² D. Wassenaar, "Ethical issues in social science research," in Terreblanche, M., Durrheim, K. and Painter, D. eds., *Research in Practice. Applied methods for the social sciences*, 2nd revised edition (Cape Town: UCT Press, 2006), 66.

⁶³ See Philippe Denis, "The Ethics of Oral History", Denis and Ntsimane, eds., *Oral History in a Wounded Country*, 63-84.

⁶⁴ See Oral History Association of South Africa , <http://www.ohasa.org.za/codeofcontact> accessed on 20 September 2009.

⁶⁵ Douglas Wassenaar, "Ethical considerations in international research collaboration: The Bucharest early intervention project," *Infant Mental Health Journal* vol. 27 Issue 6 (Nov. 2006), 577- 580.

was applicable. Otherwise, follow-up interviews always came handy in ensuring that the interviewees were at ease to say their opinion. By and large, the principle of flexibility adopted in this research enhanced better results.

The second ethical consideration relates to the *content of the interviews*. Three interviewees in separate instances openly demanded that they should not be asked questions relating to condoms.⁶⁶ Their main reason for the request was a concern for the security of their jobs. One particular staff of the SACBC Aids Office was very vocal and precise on this matter before the commencement of the interview. He put it as follows:

I am set for the interview on condition that you do not ask me questions about the condom. I want to keep my job, you know. I have children and wife to take care of. Ok?⁶⁷

This close relation between ‘condoms’ and ‘loss of jobs’ among Catholic Aids workers was very real. It often created tension during the interview sessions. While the requests of the interviewees were always granted, that fear considerably limited the quality of the interviews. This is so because the condom controversy in the Catholic Church with regard to HIV prevention was one of the areas of special interest for this research. Although this request by the interviewees pointed to the gravity of the condom issue in the Catholic Church, it also posed a serious methodological challenge. It is highly likely that several other interviewees who did not make this request chose to censor particular information that would otherwise jeopardise their jobs.

Certain employees of the Catholic Church in South Africa had their job contracts terminated because of what they said on the use condom. Employees who did not have a good background in theology were not comfortable discussing the condom issue. In my experience, the religious leaders had less difficulty expressing their views on the condom issue as compared to the lay leaders. Apparently, the Catholic Church enforced its ethos in the operations of its affiliate organisations. The staffs were mandated to maintain and

⁶⁶ Two of the interviewees worked with the SACBC Aids Office whereas the other was a staff of the Sinosizo Aids project.

⁶⁷ A staff member of the SACBC, Interview by author, digital recording, Pretoria, 20 August 2007.

protect the official teachings of the Catholic Church. Failure to comply with this mandate could warrant termination of their employment contract. Indeed, part of the duties of the Durban arch-diocesan Aids coordinator is to “ensure that the projects that are within the Catholic Church are actually using its policies in their response to the HIV and Aids response”.⁶⁸

The third ethical consideration regards the *benefits of the research to the interviewees*. The research findings would most certainly benefit the Catholic Church. Moreover, the researcher took a keen interest in considering the interests of particular Catholic organisations and interviewees that participated. I am in agreement with Denis when he writes that “the people who agree to share their stories and their communities deserve, if the principle of justice is to be observed, some form of reward, be it in the form of material benefit to the community or simply the fact of being affirmed and recognised”.⁶⁹ Most of the projects studied in this research depend on donor funding. A critique of their programmes would therefore be financially detrimental, especially if it is published. Moreover, to some interviewees negative publicity might have meant that they had failed in executing their duties. As much as the researcher endeavoured to ensure that no undue expectations were raised in this respect, it became increasingly difficult to reconcile these interests with the undertaking of a critical-historical study. The best reward I could offer the interviewees was to honour their stories and demonstrate integrity in documenting it.⁷⁰ By releasing the information, therefore, the interviewees expected that it would be used to correct and teach other cases of response in the future. The interviewees were promised to be sent a copy of the final manuscripts before the project was brought to a closure. They were invited to make suggestions for corrections in the areas where they felt unduly cited. It is worth noting here that this pertained only to citation and not interpretation. This means that the researcher could critically analyse the findings as long as he cited the sources correctly.

⁶⁸ Mqadi, Interview by author, 30 January 2008.

⁶⁹ Denis, *The Ethics of Oral History*, 66-7.

⁷⁰ Denis, *The Ethics of Oral History*, 67.

The fourth ethical consideration concerns the *confidentiality of the interviews*. It relates to the manner in which research materials are handled. As elaborated by Denis,⁷¹ the option for oral history should not necessarily be confidentiality as is the case in psychology and sociology. The purpose and usage of interviews in social sciences and journalism categorically differ with that of oral history. For oral history practitioners, “the purpose of an interview is to collect oral information for future use. The identity of the informants is made public if they sign a release form to that effect. The preservation and dissemination of the interviews are an essential aspect of oral history”.⁷² However, the need for preservation must be weighed against the requests of the interviewees. In this research, therefore, the publicity of the interviewee’s views was upheld as long as consent was granted by the interviewees to that effect. Reasons for taking this approach were many and varied but two are noteworthy. In the case of prominent community members such as bishops and leaders of social organisation, as was the case in this research, seeking the interviewees’ consent to publicise their views is quite acceptable because those people are used to such publicity.⁷³ Giving publicity to the testimonies of historically silenced interviewees, on the other hand, can be seen as an act of justice. The views of the Catholic religious and the laity on HIV and Aids have often been silenced. The position maintained by the Holy See on condoms, for instance, was not always similar to that of individual clerics and Catholic nurses. In such a case, publicity became an act of justice. During this research, I noted that the interviewees were keen to have their testimonies published.⁷⁴ Therefore, the default option for oral history interviews in this research was not strict confidentiality. Interviewees were asked to sign an ethics release form which was always openly discussed in detail beforehand.⁷⁵ In this way, the principle of justice was balanced with that of non-maleficence.

The *religious affiliation of the researcher* often became an ethical concern as well. This research could be best characterised as belonging to the discipline of social history.

⁷¹ Denis, *The Ethics of Oral History*, 63-84.

⁷² Denis, *The Ethics of Oral History*, 66.

⁷³ Denis, *The Ethics of Oral History*, 66-7.

⁷⁴ Wilfred Napier, digital recording, interview by conducted by author at his office in Durban, 15 October 2007.

⁷⁵ See Appendix 1 for a sample of an ethics release form.

However, it was religious in the sense that it endeavoured to study the response of a religious organization to the HIV and Aids epidemic. It was not in any way a theological or an ethical study. Therefore, the religious affiliation of the researcher did not, in principle, matter at all. However, because the research involved a religious organization interviewees often demanded to know the religious affiliation of the researcher. More so, they tended to render theological answers to the interview questions. This thin line of differentiation between the theological and the historical aspects of the research was often not clear to the interviewees. This might have had either positive or negative results. Sometimes the interviewees enquired about the religious affiliation of the researcher simply because they wanted to draw support for a religious conviction they were expressing. At other times, they simply wanted to compare their denomination to that of the researcher. For example, in an interview Stuart Bate attempted to compare the manner in which the Catholic Church had responded to HIV and Aids to the way the Pentecostal Church in the country had dealt with the crisis. Although this was particularly helpful, one would not overrule the possibility that the religious affiliation of the researcher became a liability for the research. The fact that the researcher was not a member of the Catholic Church might therefore have had an influence on the findings. In many instances, the interviewees were more at ease in expressing themselves after realising that the researcher was not a Catholic. In other instances, the interviewees took extra effort to justify certain deeds from a Catholic ethical standpoint. In any case, the researcher was aware of both the limitations and benefits such a factor could have to the research. These were taken into account during the analysis of the data.

1.3 The Literature Review

There is an important volume of literature on the subject of HIV and Aids today. I categorised these literatures into three main groups, namely: the Catholic Church and HIV and Aids epidemic in Southern Africa, the history of HIV and Aids in Africa, and the theology of HIV and Aids in Southern Africa.

1.3.1 The Catholic Church and the HIV and Aids Epidemic in Southern Africa

When Stuart Bate edited the *Serving Humanity - A Sabbath reflection: the pastoral plan of Church in Southern Africa in Southern Africa after seven years* in 1996, Aids was far from being a major concern as there was not even a single article that focused on the epidemic in the Catholic press.⁷⁶ Indeed, the book was an appraisal of the new pastoral plan, Community Serving Humanity, following its seven years of existence in Southern Africa. Aids was mildly referred to as a *de facto* issue in the discussions. Similarly, when Joy Brain and Philippe Denis wrote *The Catholic Church in Contemporary Southern Africa* in 1999, they did not consider HIV and Aids as a significant subject for their book.⁷⁷ As a matter of fact, the term ‘HIV/AIDS’ only appears once in the entire 427 pages work. Since the book was about history and not HIV and Aids, they envisioned a historical investigation into the development of the Catholic Church in Southern Africa during the 50 years preceding its publication. They concerned themselves with the missionary expansion of the church as opposed to the social problems that envisaged the community. It is significant that although the two books were written at a time when the HIV and Aids epidemic was on the rise in the respective countries in Southern Africa the subject did not get any considerable attention. It is also significant that Susan Rakoczy did not find HIV and Aids as some of the issues that the Catholic theology in South Africa dealt with during the 1990s in her article, “Catholic Theology in South Africa: An Evolving Tapestry”.⁷⁸ The lack of HIV and Aids representation in the Catholic literature prior to 2000 is a pointer to the fact that Catholic scholars were slow in engaging the epidemic, especially in academic circles.⁷⁹

Anthropologists were probably the earliest and the most insightful to unravel the relationship between individual churches and the HIV and Aids epidemic in Southern

⁷⁶ Stuart Bate, ed., *Serving Humanity - A Sabbath reflection: the pastoral plan of Church in Southern Africa in Southern Africa after seven years* (Pietermaritzburg: Cluster Publications, 1996), v.

⁷⁷ Joy Brain and Philippe Denis, eds., *The Catholic Church in Contemporary Southern Africa* (Pietermaritzburg: Cluster Publications, 1999), ff.

⁷⁸ Susan Rakoczy, “Catholic Theology in South Africa: An Evolving Tapestry,” *Journal of Theology for Southern Africa* 122 (July 2005), 34-106.

⁷⁹ In Chapter Three of this study, a more detailed discussion on the Catholic Aids theological reflection in the 1990s depicts that an academic theological discourse on HIV and Aids was lacking.

Africa.⁸⁰ In 1997, Rob Garner, a British anthropologist “who later became a child activist,”⁸¹ conducted a study in Edendale, Pietermaritzburg, to establish whether membership to a sample of churches had any significance on the HIV sero-prevalence. On the basis of 334 household visits and 78 in-depth interviews conducted among the four church types present in the area he surveyed – Catholic, Pentecostal, Apostolic and Zionist – he concluded that the Pentecostal recorded the lowest degree of extra- and pre-marital sex. He went on to argue that the Pentecostal churches were more able to change the behaviour of their followers as compared to the other denominations. Simon Gregson and his colleagues had similar findings in their demographic survey of various churches in the Honde and Rusitu valleys in Manicaland, Zimbabwe in 1999.⁸² They concluded that members of Spirit-type churches were less likely to become infected by HIV because of their distinctive patterns of sexual behaviour. However, Jenny Trinitapoli and Mark D. Regnerus rated both Pentecostals and Catholics at par with the lowest number of extramarital affairs and STDs and no significant difference of risk of HIV transmission in the three rural districts they surveyed in Malawi between 1997 and 2000.⁸³ These works were, however, neither focused on the Catholic Church per se nor were they concerned with the churches responses.

The earliest work to focus on the response of the churches to the HIV and Aids epidemic was probably that of Jeremy Liebowitz, an anthropologist based at the Health Economics and HIV/AIDS Research Division (HEARD) of the University of Natal. In 2001, he compared the impact of Faith Based Organizations (FBOs) in KwaZulu-Natal and Uganda

⁸⁰ Philippe Denis’s survey of anthropological works on HIV and Aids in sub-Saharan Africa was particularly useful in this section. See Philippe Denis, “AIDS and Religion in sub-Saharan Africa in a Historical Perspective,” unpublished paper, Sinomlando Centre for Oral History and Memory Work, University of KwaZulu-Natal, May 2009.

⁸¹ See Philippe Denis, “AIDS and Religion in sub-Saharan Africa in a Historical Perspective,” unpublished paper, Sinomlando Centre for Oral History and Memory Work, University of KwaZulu-Natal, May 2009.

⁸² Simon Gregson, Tom Zhuwau, Roy M. Anderson and Stephen K. Chandiwana, “Apostles and Zionists: The influence of religion on demographic change in rural Zimbabwe”, *Population Studies* 53/2 (1999), 179-193.

⁸³ Jenny Trinitapoli and Mark D. Regnerus, “Religion and HIV risk behaviours among married men: Initial results from a study of rural Sub-Saharan Africa”, *Journal for the Scientific Study of Religion* 45/4 (2006), 505-528.

across different churches,⁸⁴ including the Catholic Church.⁸⁵ The study consisted of a total of 178 interviews and a survey of 108 FBOs. A total of 26 Catholic FBOs were studied, of which 16 were based in KwaZulu-Natal. The study focused on the messages and activities of these FBOs in relation to Aids prevention, treatment and care. Liebowitz concluded that although FBOs were a great resource, they possessed a limitation of capacity, resources and skills besides being faced with constraints based on their belief systems, leadership, and exclusiveness.

Liebowitz's work did not attempt to measure the degree of success of particular FBOs. It did not attempt to compare the churches in this respect. It however highlighted the role that FBOs could take in responding to HIV and Aids as well as the challenges that faced them. Various other studies have attempted to map-out religious responses to HIV and Aids in South Africa. Notably, the UNAIDS' *A Faith-Based Response to HIV in Southern Africa: the Choose to Care Initiative*⁸⁶ (2006) and the WCC's *Responses of the Churches to HIV and AIDS in South Africa: Report Prepared for the World Council of Churches*⁸⁷ (2005) have surveyed particular Catholic responses to the epidemic in South Africa. However, they were not interested in studying how the religious beliefs affected the performance of the respective FBOs. A study conducted by the African Religious Health Asset Programme (ARHAP) in 2006 did exactly that; it evaluated the impact of an FBO and assessed the 'value added' in its services due to its being faith based.⁸⁸ The study focused on a Moravian Church organization involved in the antiretroviral therapy (ART) work among PLWHA in the Eastern Cape Province in South Africa. It concluded that the "faith-based character clearly adds considerable value" to the organization's

⁸⁴ In KwaZulu-Natal, the FBOs surveyed belonged to the following churches: Shembe (7%), Methodist (22%), Anglican (1%), Catholic (16%), Muslim (1%), Hindu (3%), Pentecostals (11%), Apostolic (14%), Zionist (10%).

⁸⁵ Jeremy Liebowitz, "The impact of faith-based organizations on HIV/AIDS prevention and mitigation in Africa," unpublished paper, HEARD, University of Natal, October 2002; Health Economics and HIV/AIDS Research Division, Faith-Based Organisations and HIV/AIDS in Uganda and KwaZulu-Natal: a final report (Durban: HEARD, 2004).

⁸⁶ UNAIDS, *A Faith-Based Response to HIV in Southern Africa: the Choose to Care Initiative* (Geneva: UNAIDS, 2006), ff. The report was written by Robert Vitello.

⁸⁷ WCC, *Responses of the Churches to HIV and AIDS in South Africa: Report Prepared for the World Council of Churches* (Geneva: WCC, 2005), ff. The report was written by Sue Parry.

⁸⁸ ARHAP Research Report, "*Let us Embrace*" *The Role and Significance of a Faith-Based Initiative in HIV and AIDS Work - Massangane Case Study* (ARHP: 2006), 2. The research report was written by Liz Thomas, Barbara Schmid, Malibongwe Gwele, Rosemond Ngubo, and James R Cochrane.

effort to offer a Christian embrace to PLWHA.⁸⁹ A similar study in the Catholic Church is therefore lacking. The present study is an attempt to fill that gap. It is unique in the sense that it is not an impact assessment of particular FBOs at the community level but rather an analysis of the entire religious response encompassing the FBOs messages and activities as well as how these were influenced by the larger denominational context.

Also relevant to the present thesis is Tessa Marcus' 2004 publication, *To Live a Decent Life: Bridging the Gap*,⁹⁰ It is a study of SACBC programmes in support of orphans and vulnerable children in South Africa and Swaziland with collection of several stories covering what was happening in South Africa and Swaziland around orphans and vulnerable children just before 2003. It is an inward look at the context and needs that the SACBC Aids Office was faced with and how it responded to those challenges in the early years of its inception. Marcus' work is a helpful tool in understanding the care giving effort of the Catholic Church. However, the work has a relatively smaller scope. It has only two stories from KwaZulu-Natal. Contrary to this study, which covers a period of 22 years, Marcus' work only covered a span of two years; her stories depict 2001 and 2002 situations only. Whereas her work was a report of particular programs in relation to the SACBC Aids Office, the present study focuses on the entire Catholic Church in the region. Nevertheless, Tessa Marcus' work was helpful to this research in highlighting those circumstances that compelled the Catholic Church to respond to the HIV and Aids epidemic differently in 2000 as well as the grassroot issues that necessitated the re-launching of the SACBC Aids Office.

Probably, the most significant contribution to the present study in this category has been the work of Stuart Bate, a professor of Religious Education and Pastoral Ministry at the St Augustine College of South Africa and currently the Provincial Superior of the Oblates of Mary Immaculate (OMI) in Durban. Following a study that he and Philippe Denis, a Dominican brother based at the University of KwaZulu-Natal, conducted among over 60 Catholic Aids projects in Southern Africa in 2002, he published the *Catholic Pastoral*

⁸⁹ ARHAP, *Let us Embrace*, 4.

⁹⁰ Tessa Marcus, *To live a Decent Life: Bridging the Gaps* (Pretoria: SACBC, 2004), 1.

*Care as a Response to HIV/AIDS Pandemic in Southern Africa.*⁹¹ The methodology was largely dependent on questionnaires which were also availed to this thesis. Bate highlighted areas of weakness and strength in the Catholic responses to HIV and Aids in Southern Africa. Although his work was not historical, it set the stage for most of the debates contained in this study. His work was, however, more descriptive than analytical. Therefore, this thesis is unique in the sense that it attempts to critically analyse the response of a single religious entity, the Catholic Church, to the HIV and Aids epidemic by taking into consideration the role of the belief systems, the leadership structures, and the individual projects and programmes.

1.3.2 The History of HIV and Aids in Africa

Recent works on the history of Aids have tended to concentrate on the African continent. This is an expected trend given the explosive nature of the epidemic in sub-Saharan Africa. There is however not much done on the history of religious responses to the HIV and Aids epidemic in Africa. One of the latest publications on the history of HIV and Aids in Africa is the 2006 work of John Iliffe entitled *The African HIV/AIDS epidemic: A History*. Iliffe attempts to answer the intriguing question: why has Africa had the highest rate of sero-prevalence in the world?⁹² The former President of South Africa, Thabo Mbeki attempted to answer the same question by attributing the African HIV and Aids epidemic to poverty and exploitation.⁹³ Iliffe “stresses historical sequence: that Africa had the worst epidemic because it had the first epidemic established in the general population before anyone knew the disease existed”.⁹⁴ Iliffe attempts to demonstrate that the HI virus not only originated from Africa, but more importantly, spread in the continent for many years before it was actually diagnosed. Therefore, according to Iliffe, the African epidemic is more severe because of the pre-existing history of Aids. Iliffe’s major contribution is his mapping out on the paths of the African epidemic. He not only outlines the geographical distribution of the epidemic along a timeframe but also

⁹¹ Stuart Bate, “Catholic Pastoral Care as a Response to HIV/AIDS Pandemic in Southern Africa,” *Journal of Pastoral Care and Counselling* Vol. 57, 1 (Spring 2003), 197-209.

⁹² John Iliffe, *The African HIV/AIDS Epidemic: A History* (Athens: Ohio University Press, 2006), 1.

⁹³ Cited by Iliffe, President Mbeki’s letter to world leaders, 3 April 2000, <http://www.virusmyth.net/net/aids/news/lettermbeki.htm> accessed 7 March 2005.

⁹⁴ Iliffe, *The African HIV/AIDS epidemic*, 1.

anticipates the future course of the epidemic on the basis of its previous record. However, Iliffe does not answer all questions. Apart from raising the hypothesis that the Islamic social order may have limited the transmission of the disease in the savannah region (Mali, Niger, Chad), a zone of extremely low HIV prevalence, his work does not satisfactorily explain why Western Africa experienced a less severe epidemic as compared to other regions such as Eastern, Central and Southern Africa. He also does not explain his assertion that the ‘AIDS virus originated in Africa’.⁹⁵

Philippe Denis and Charles Becker made an argument similar to that of Iliffe in their co-edited volume published in French in 2006 under the title, *L'épidémie du sida en Afrique subsaharienne. Regards historiens*.⁹⁶ Their work was enriched by its multidisciplinary and multinational approach to Aids made possible by the wide range of specialties of its fifteen contributors. The book maintains a historical perspective. Apart from a brief section in Paul Kocheleff's chapter, there is no reference to religion. Indeed, its multidisciplinary approach fails to include theologians and ethicists. Arguably, it is this deficiency that led Denis into doing a survey of religious influence on the epidemic in Sub-Saharan Africa in a 2009 paper entitled *AIDS and Religion in sub-Saharan Africa in a Historical Perspective*.⁹⁷ He was convinced that out of the few authors who studied HIV and Aids as an historical phenomenon, only a few paid attention to the role of religion in the epidemic. Here, Denis not only raised serious objections to Iliffe's hypothesis that the Islamic social order had limited the transmission of the disease in Africa but also showcased how religion had influenced public discourses in the areas of prevention, treatment and care.

The voice of medical doctors has not been lacking in the writing of the history of HIV and Aids. It was highly represented in the 2007 work of Salim Karim and Abdool Karim

⁹⁵ Daniel Halperin et al., “Why is HIV prevalence so severe in southern Africa”, *Southern African Journal of HIV Medicine* (March 2007), 27-39; Iliffe, *The African HIV/AIDS epidemic*, 1.

⁹⁶ Philippe Denis and C. Becker, eds., *L'épidémie du sida en Afrique subsaharienne. Regards historiens* (Paris, Karthala, 2006), ff. It is also available in English on line under the title, *The HIV/AIDS epidemic in Sub-Saharan Africa: a Historical Perspective*. See Sinomlando Center for Oral History and Memory Work - www.sorat.ukzn.ac.za/sinomlando/publications.html accessed on March 30, 2007.

⁹⁷ Denis, *AIDS and Religion in sub-Saharan Africa*, 12.

entitled *HIV/AIDS in South Africa*.⁹⁸ This work could rightly be referred to as a South African medical Aids encyclopaedia in a historical perspective. With a fine-tooth comb the contributors to this volume have covered nearly “all aspects of HIV/AIDS in South Africa, from basic science to medicine, sociology, economics and politics”.⁹⁹ The authors covered the evolution and the direction of the epidemic in South Africa in the early years as well as the prevention strategies employed in the country. It also deals with new prevention strategies under development and investigation.¹⁰⁰ Chapter 21 is both insightful and relevant to this research because of the author’s personal and remarkably frank memoir of how she became infected and what it was like to live with the stigma of HIV as a middle-class woman in South Africa between 1996 and 2005.¹⁰¹ The book is, however, silent on the religious response to the disease. Although it speaks extensively about the fallibility of condoms in HIV prevention, it does not address the religious aspect of the condom controversy.

Arguably, the most resourceful medical history of HIV and Aids to this thesis is the work of Gerald Oppenheimer and Ronald Bayer. The two Americans conducted research in South Africa during four extended visits between 2003 and 2005. They interviewed medical doctors who had worked in HIV and Aids clinics. They published their findings in 2007 under the title *Shattered Dreams? An Oral History of the South African AIDS Epidemic*.¹⁰² Their work is important to this study for various reasons. First, it is a narrative based on interviews. The methodology of this work therefore very much related to mine. Second, and most important, it is the only work so far that accounts the early history of the disease in South Africa during the early years of the epidemic. Most works on the Aids disease ignore the 1980s altogether. Not so with Oppenheimer and Bayer’s

⁹⁸ Salim Karim and Abdool Karim, eds., *HIV/AIDS in South Africa* (Cambridge: Cambridge University Press, 2007), ff.

⁹⁹ Karim and Karim, *HIV/AIDS in South Africa*, back page.

¹⁰⁰ Salim S Abdool Karim and Cheryl Baxter, “New Prevention Strategies under Development and investigation,” in S. Abdool Karim and Q. Abdool Karim eds., *HIV/AIDS in South Africa* (Cambridge: Cambridge University Press, 2007), 226-42.

¹⁰¹ Lilian Benita Boyi, “Shattering the Silence – an Autobiographic, Reflective Narrative on Living with HIV/AIDS,” in S. Abdool Karim and Q. Abdool Karim eds., *HIV/AIDS in South Africa* (Cambridge: Cambridge University Press, 2007), 321-35.

¹⁰² Gerald Oppenheimer and Ronald Bayer, *Shattered Dreams? An Oral History of the South African AIDS Epidemic* (Oxford: Oxford University Press, 2007), ff.

work which goes into detail depicting the struggles of gay doctors in dealing with a ‘gay plague’ that was totally ignored by the apartheid government.¹⁰³ However, its focus is slightly different from that of the present study. It is largely a medical narrative and, apart from religion being depicted as a motivating factor for the doctors in their unrelenting care and treatment effort in an impoverished medical sector, the study had almost nothing to do with religion. Whereas Oppenheimer and Bayer relied exclusively on the oral history methodology, my work combined oral, literary, and archival methods, enabling a critical evaluation of the internal evidence and sources. Needless to say, Oppenheimer and Bayer’s work became an eye-opener in an understanding of the Catholic Church’s missed opportunities in responding to the early signs of the Aids epidemic.

By and large, my research differs from all of the above historical works in three main ways. First, it has a much smaller scope, a province in South Africa. This means that it has a better chance of being more detailed in its historical analysis. Second, it not only has a religious component, as does some of the history works discussed above, but more specifically it concerns itself with the religious response itself. Whilst maintaining a historical perspective, it attempts to write the history of the Catholic Church’s response to HIV and Aids. With the exception of Denis, whose work is a survey, there does not seem to be a single author who dedicated a specific historical study to this theme. Third, it is based on the views and experiences of African priests and religious, a voice rarely heard in the history of the epidemic. Therefore, my work benefits from that of Iliffe, Karim, Denis, Becker, Oppenheimer and Bayer and yet makes a very unique contribution to the history of HIV and Aids in Africa.

1.3.3 The Theology of HIV and Aids in Southern Africa

The earliest theological reflection on Aids in South Africa is probably the 1992 publication of Willem Saayman and Jacques Kriel, *AIDS: The Leprosy of our Time?*¹⁰⁴ In the same year *AIDS in South Africa: The Myth and the Reality* by Mary Crewe¹⁰⁵ was

¹⁰³ Oppenheimer and Bayer, *Shattered Dreams*, 13.

¹⁰⁴ Willem Saayman and Jacques Kriel, *AIDS: The Leprosy of our Time?* (Johannesburg: Orion, 1992), ff.

¹⁰⁵ Mary Crewe, *AIDS in South Africa: The Myth and the Reality* (Johannesburg: Penguin Books, 1992), ff.

published. Saayman was at the time of writing a professor of Missiology at the University of South Africa (Unisa) in Pretoria whereas Kriel was a professor of Medical Education at the University of the Witwatersrand in Johannesburg. Their work is thus a combination of religious and medical disciplines in an attempt to provide “a pragmatic approach to AIDS as a disease and awaken the Christian conscience to the reality of the killer disease”.¹⁰⁶ Mary Crewe was actively involved in Aids activism in the late 1980s. She visited the University of Natal’s Department of Religious Studies in October 1989 and offered a public lecture on Aids.¹⁰⁷ Her work was not specifically a theological reflection but rather an impetus to it. It dealt with myths and cultural practices that directly affected the spread of HIV. She probed these myths from a Christian perspective. By so doing, she exposed issues that a theological reflection on HIV and Aids in South Africa ought to tackle. These include virginity testing, Aids versus curses, and sexual violence.¹⁰⁸

These works have one thing in common besides being theological in their approach to Aids; they attempt to locate the HIV and Aids epidemic in the Christian worldview. Their reflections concern issues such as ‘Aids is not a punishment from God,’ ‘the origin of Aids’, and ‘the healing of Aids’. They expose this work to the theological questions that surrounded the Aids debate in the early years of the epidemic.

Arguably, the most prolific theological writer on the HIV and Aids subject in Southern Africa during the 1990s was Ronald Nicolson. Nicolson shaped the dominant thoughts on Christian response to HIV and Aids in the region during the mid and late 1990s. His two books, *AIDS: A Christian Response*¹⁰⁹ and *God in AIDS: A Theological Enquiry*,¹¹⁰ popularised the ‘body of Christ has Aids’ theological thinking. In his view, the church was slow in responding to the Aids pandemic simply because it lacked a theology that

¹⁰⁶ Saayman and Kriel,, *The Leprosy of our Time?* back page.

¹⁰⁷ Ronald Nicolson, digital recording, interview conducted by author in Pietermaritzburg, 11 October 2006.

¹⁰⁸ Crewe, *AIDS in South Africa*, 43-50.

¹⁰⁹ Ronald Nicolson, *AIDS: A Christian Response* (Pietermaritzburg: Cluster Publications, 1995).

¹¹⁰ Ronald Nicolson, *God in AIDS: A Theological Enquiry* (London: SCM Press, 1996).

would inform its response.¹¹¹ In his theological reflection on HIV and Aids, he saw the church as both the ‘healing community’ and the ‘prophetic voice’.¹¹²

Nicolson was a former professor of divinity at the former University of Natal (UN).¹¹³ He is also an Anglican priest. Nicolson hardly mentions the Catholic Church’s response to HIV and Aids epidemic. His reflection is not based on any prior research on any particular denomination. The present study, therefore, contrasts with Nicolson’s work in that it focuses on one particular denomination, the Catholic Church. It differs from all the above theological works in that instead of being theological it attempts to write a history of the theological reflections on HIV and Aids within the Catholic Church. Nevertheless, the above works are a great resource in doing a theological enquiry into HIV and Aids. The present study employed a historical methodology as opposed to a theological one. It did not engage in theological debates on the Catholic Church’s stance on Aids, sexuality, or even condoms. On the contrary, it takes note of the debates and attempts to locate them within their historical contexts. Particular themes, events, activities, statements, attitudes, and questions are investigated in the light of the HIV and Aids epidemic. As a working principle, the study is critically observatory as opposed to being merely descriptive.

As noted above, Catholic theologians in the region were rather late in engaging the HIV and Aids epidemic. Stuart Bate was among the earliest to show interest in this subject. His 2000 article, *Differences in Confessional Advice in South Africa*, was an insightful input. It was the only article from South Africa published in what has been rightly termed as a masterpiece on the subject, *Catholic Ethicists on HIV/AIDS prevention*.¹¹⁴ In this article, Bate outlined pastoral issues pertinent to the condom controversy in South Africa. He highlighted the challenges facing local priests in addressing HIV prevention within the Catholic belief system. It is, however, the work of the book’s two editors, James Keenan and John Fuller, that firmly argued for the use of condoms in HIV prevention

¹¹¹ Nicolson, *AIDS: A Christian Response*, 4-6.

¹¹² Nicolson, *God in AIDS*, 179, 193-5.

¹¹³ Currently known as the University of KwaZulu-Natal following the merger of the University of Natal (Pietermaritzburg) and the University of Westville (Durban) in 1998.

¹¹⁴ James Keenan, ed., *Catholic Ethicists on HIV/AIDS prevention* (New York: Continuum, 2000) 14.

using the Catholic moral tradition. The two American Jesuits argued that the Catholic moral tradition has never been monolithic and that it is resourceful in allaying the bishops' concerns over the moral justification of condom use in HIV prevention. Keenan and Fuller use the principle of 'double effect' to show that the use of condoms, which they prefer to call 'prophylactics,' is morally licit within the Catholic moral provisions.

Keenan and Fuller's work has been an enormous resource for the present study. It helped locate this research internationally by highlighting relevant research developments in other parts of the world. Their work looked back at essays that were written over 15 years prior to it on the role of Catholic moral theology in addressing the moral justification of important HIV prevention methods in general and condoms distribution and needle exchange in particular. The inclusion of Stuart Bate's article made this book even more helpful in introducing this research to the KwaZulu-Natal Catholic's position on most of these contested issues.¹¹⁵ Contrary to my research, however, the volume is simply a collection of articles that focus on the past without any systematic outline of the church's experiences and responses to Aids. Besides, its argument on HIV prevention focuses on the entire globe and thereby becomes very general and removed from particular regional conditions. On the contrary, in my research I was interested in the activities and statements, preventive and otherwise, which the Catholic Church has deployed over a period of 22 years in KwaZulu-Natal. Keenan's perspective is purely ethical and theoretical. Consequently, it does not take into account certain historical factors that could have influenced the Catholic Church's position in its response to the Aids crisis. For instance, factors necessitating the use of condoms in HIV prevention in the 1980s would certainly differ with those of the 1990s and 2000s. The KwaZulu and Natal regions experienced such political tension that the fear of being gunned down far outweighed that of contracting a deadly disease such as Aids. In this context, the church's theological position on condoms might have little significance to the people as opposed to living in a democratic and relatively stable political context. That practical and historical component to the Catholic response was precisely the concern of this research

¹¹⁵

Keenan, *Catholic Ethicists on HIV/AIDS prevention*, 15-16; 212-220.

work. It was interested in outlining both the activities and statements of the Catholic Church in the province in relation to their eventual contexts.

The year 2003 was a watershed as far as Catholic theological reflection on HIV and Aids in the region was concerned. After two Catholic conferences, one in 1998 in Pretoria and the other in 1999 in Durban, which were theologically not very fruitful,¹¹⁶ the third conference was held between 5 and 7 February at St Augustine College of South Africa in Johannesburg, bringing together 83 Catholic activists and theologians.¹¹⁷ The theme of the conference, which was co-hosted by the SACBC Aids Office, was ‘Responsibility in a Time of Aids’. The publication edited by Stuart Bate in 2003 under the title *Responsibility in a Time of AIDS: A Pastoral Response by Catholic Theologians and AIDS Activists in Southern Africa* is a collection of articles that proceeded from the conference. This volume is the single most popular account of theological opinions by Catholics in Southern Africa to HIV and Aids. Its purpose was “to develop a better Southern African Catholic theological response to the HIV/AIDS pandemic”.¹¹⁸ The conference was convened on the premise that the Catholic medical practitioners sensed a theological vacuum in informing their practice both ethically and religiously. The conference therefore became a vital theological forum in engaging the care practice that had significantly increased between 1999 and 2002.¹¹⁹ These articles probe into some “no-go” areas in the Catholic moral debates around HIV and Aids. They demonstrated that the Catholic tradition is rich in alternative responses to the epidemic. They were committed to the pastoral plan of the Catholic Church in Southern Africa which has as its theme: *Community Serving Humanity*.¹²⁰

¹¹⁶ The two conferences, one held at Bertoni Centre in Pretoria between 14 and 17 April 1998 and the other held at Durban between 5 and 7 December 1999, did not attract theologians and activists besides not having a theological focus per se. Instead, they focused on administrative and service delivery issues. They did not impact theological reflection as such. See Stuart C. Bate, “Introductory Words: Preface,” in Stuart Bate, ed., *Responsibility in a Time of AIDS: A Pastoral Response by Catholic Theologians and AIDS Activists in Southern Africa* (Pietermaritzburg: Cluster Publications, 2003), xi. See also <http://groups.yahoo.com/group/CaththeolHIVinSAnet/> accessed on 10 December 2008.

¹¹⁷ Bate, *Responsibility in a Time of AIDS*, back page.

¹¹⁸ Bate, *Responsibility in a Time of AIDS*, ix.

¹¹⁹ Bate, *Responsibility in a Time of AIDS*, xii.

¹²⁰ Bate, *Responsibility in a Time of AIDS*, ix.

For the purpose of the present study, two articles in this volume are worth highlighting: Charles Ryan's "AIDS and Responsibility: the Catholic tradition" and Alison Munro's "Responsibility: the Prevention of HIV/AIDS". Both Ryan and Munroe argued for the revision of the bishops' ban on the use of condoms stating that this is part of the responsibility of the Church. This volume not only set the scene for the church's theological debates in the 2000s but also demonstrated that there were alternative positions to that of the bishops in the condom debate in South Africa. Subjects such as the use of prophylactics and the overarching significance of moral responsibility in the social conscience are discussed at length. It set the pace for my research by introducing the themes already debated upon in the subject area. Bate's work is also a vivid demonstration of the relation between activities and statements in the South African Catholic response to HIV and Aids, especially in a South African context. The fact that the articles are attempting to respond to concerns raised by practical medical practitioners indicates how grass-root practice in the Catholic Church's response to HIV and Aids have continued to set the agenda for theological reflection on the subject. Nevertheless, the articles are neither retrospective nor historical in perspective.

Useful to this study in a rather different way is a Masters Dissertation by Mark R. Kowalewski at the State University of New York which was published in 1994 under the title *All Things to All People: The Catholic Church Confronts the AIDS Crisis*. Kowalewski examined the US Catholic Church's response to the Aids crisis from a critical sociological perspective using organizational theory.¹²¹ His research methodology and study subject are similar to that of this research. It however differs from mine in that it is a critical-sociological analysis whereas mine is a critical-historical one. Kowalewski's major emphasis is on how pastoral care at the local level can have the ironic effect of legitimating and sustaining power structures.¹²² He does not make any attempt to write a history of that response.

¹²¹ Mark Kowalewski, *All things to all People: The Catholic Church Confronts the AIDS Crisis* (Albany: State University of New York Press, 1994), 8.

¹²² Kowalewski, *All things to all People*, 9.

1.4 The Church

The present study is a historiographical survey of the activities and statements of a Christian church with regard to HIV and Aids. A brief survey of the relation between that Christian denomination and the broader Christian church in the context of the HIV and Aids epidemic in South Africa may guide the reader in understanding the discussions in the subsequent chapters. The word ‘church’ has had various meanings in the modern society. Its centrality in this study necessitates a brief overview.

1.4.1 The Church as a Concept

There is little contestation regarding the root usages of the word ‘church’ in the history of Christianity. On the contrary, a “major debate in ecclesiology has been between the church as ‘doing’ and the church as ‘being’.”¹²³ Neville Richardson rightly observes that “Catholic teaching has tended towards defining the church as an institution and therefore in terms of its being”.¹²⁴ Protestant thinking, by contrast, has tended to see the church as an event, classically as the proclamation of the gospel and the response of the hearers, thereby emphasizing the ‘being’ part of the church. These two positions become even more distinct when we begin to consider ‘the church’s response to HIV and Aids’. In a sense, however, both the church organisation, often manifested in the form of leadership, rules and regulations, and the faith practice represented by the acts of mercy and worship of each individual Catholic are closely interrelated. Indeed, as Richardson maintains, the separation of the ‘being’ from the ‘doing’ in relation to the church’s identity is rather superfluous in the context of HIV and Aids.¹²⁵ For this reason, the entire response of the Catholic Church as evidenced by the hierarchy, the religious, the lay, and the parishes was envisaged in this research. The *Southern Cross* articles contained Aids discourses by ordinary parishioners who reflected on the impact of HIV and Aids on faith practice at

¹²³ See Dietrich Bonhoeffer, *Act and Being* (London: Collins, 1962) and Avery Dulles, *Models of the Church* (Dublin: Gill and Macmillan, 1976).

¹²⁴ Neville Richardson, “A Call for Care: HIV/AIDS Challenges the Church,” *Journal of Theology for Southern Africa* 125 (July 2006), 38-50.

¹²⁵ Richardson, A Call for Care, 38-50.

the local parish level. The interviews of priests, leaders of religious congregations and bishops highlighted the organizational level of this dialogue.

However, the Catholic Church is a very complex and hierarchical religious organization. As this study will show, the activities of the Catholic Church's response to HIV and Aids covered a wide range of levels and forms. Similarly, the policies informing those activities were influenced by different organs of the church. Religious congregations such as the Oblates of Mary Immaculate (OMI), the Franciscans, the Dominicans and the Benedictines, had each an Aids policy slightly different from the other. The regional body (SACBC), the dioceses, and the parishes were key components in forming and influencing the Catholic response. Moreover, there were Catholic formal and informal organisations in the field of HIV and Aids which were managed by the SACBC Aids Office, a religious congregation, a diocese or a parish. Some were loosely affiliated to particular Catholic authorities without any legally binding commitment to the Catholic moral doctrine. These cannot be categorised as representing the Catholic Church's response to HIV and Aids.

Therefore, conceptualising what constitutes 'Catholicism' as a religious entity involved in the response to HIV and Aids was vital in this study. Previous attempts in this regard by anthropologists and historians were considered. I refer here to the works of Jeremy Liebowitz¹²⁶ and Philippe Denis.¹²⁷ These scholars have used the phrase, 'Faith Based Organisations' (FBO) in HIV and Aids related works. Denis rightly notes that the phrase was first used by the United Nations Aids programme (UNAIDS) in 1996 or 1997 to substitute the exclusive 'Church-Based Organisations' in describing the role of religion in development.¹²⁸ Liebowitz definition of FBOs is rather general and "include[s] both places of worship and their members as well as any organization affiliated with or controlled by these houses of worship". According to this definition, therefore, "both

¹²⁶ Liebowitz, The impact of faith-based organizations, 2; HEARD, Faith-Based Organisations and HIV/AIDS in Uganda and KwaZulu-Natal, 23.

¹²⁷ Denis, AIDS and Religion in sub-Saharan Africa, 1ff.

¹²⁸ The Information was kindly provided to Denis by Ted Karpf, Partnerships Officer at the World Health Organization Department of HIV/AIDS. See Denis, AIDS and Religion in sub-Saharan Africa, 3.

formal NGOs and informal groups within congregations may be active as organizations although the degree of religious influence may vary between formal non-profit and informal congregation-based groups”.¹²⁹ On the contrary, Denis specifically isolates three components of religious institutions which could be referred to as FBOs: (1) religious leadership structures, in this case, the SACBC, respective diocesan chanceries and their departments, (2) local congregations, and (3) Aids initiatives inspired by religious beliefs but not necessarily formally linked to religious denominations. Denis and Liebowitz agree that all religious formations are FBOs and that they significantly influence response to HIV and Aids. Steve de Gruchy,¹³⁰ Gary Gunderson, and James Cochrane¹³¹ instead prefer to use the phrase ‘Religious Health Assets’ in reference to the formal health initiatives that are inspired by religious beliefs. By and large, as is the case with words such as ‘church’ and ‘Catholic,’ the phrase ‘faith-based organisations’ is ambiguous.¹³² Depending on the immediate literal context of their usage, the meanings may oscillate between particular organised religious entities to vaguely anything.

The Catholic Church fits Denis’ description in the sense that the entire Catholic Church organization may be seen as an FBO, its individual congregations may be seen as FBOs, and its Aids projects may be referred to as FBOs too. In this study, the three levels are implied. The focus of this research has been on the manner in which the leadership structures of the Catholic Church influenced HIV and Aids public discourses and Aids related activities in matters such as the use of condoms, treatment and care, and HIV tests and disclosure. At the same time, it sought to establish whether individual religious communities and parishes had any significant influence on the mitigation of Aids related stigma, advocacy work, awareness and sex education. It also focused, as did Liebowitz’s work in KwaZulu-Natal and Uganda did it partly, on the messages delivered by both formal and informal organizations that were affiliated to any of the Catholic Church’s structures. Whereas ‘Catholic’ shall be used to denote the Roman Catholic Church,

¹²⁹ Liebowitz, The impact of faith-based organizations, 4.

¹³⁰ World Health Organization, *Appreciating Assets: The Contribution of Religion to Universal Access in Africa, Report for the World Health Organization*, Steve de Gruchy et.al (Cape Town: ARHAP, 2006), ff.

¹³¹ African Religious Health Assets Programme (ARHAP), International Case Study Colloquium: Background and Conceptual Framework for Contributors (Cape Town: ARHAP, 2005), ff.

¹³² Denis, AIDS and Religion in sub-Saharan Africa, 4ff.

‘catholic’ shall be used to refer to the universality of the church, unless otherwise indicated.

1.4.2 Leadership Structure

As Denis rightly observed, the “most durable effect of religion on the epidemic may lie less in what their members do (or omit to do) in response to HIV/AIDS than in the manner in which the beliefs and practices of this religion shape societal understanding of the disease”.¹³³ This is the responsibility of the leadership structures as they not only influence public discourse and attitudes by formulating policy and regulations but because they define moral norms by interpreting religious beliefs and practices. A pontifical statement such as the condemnation of the distribution of condoms by Pope Benedict XVI in April 2009¹³⁴ may result in less condom promotion, which in turn could lead into people at risk not using condoms, especially when this condemnation is reinstated by the local bishops and priests. However, caution needs to be made in gauging the influence of leadership on the congregation. Statements and policies made by religious leaders do not necessarily translate into behaviour change.¹³⁵ A condemnation of the use of condoms by the SACBC through a pastoral letter, for instance, does not necessarily mean that the Catholic membership in the region ceased to use condoms in HIV prevention. The same is true for stigma mitigation and behaviour change.

The role of the SACBC in responding to HIV and Aids as the regional hierarchy responsible for the promulgation of pastoral directives and the enhancement of faith, worship, and values of the Catholic community in Botswana, South Africa and Swaziland cannot be overemphasized.¹³⁶ However, a local bishop may in certain cases dissent from the policy directives of the regional body. He may not, however, contravene a directive of the Holy See. Similarly, a priest may not contravene a directive of the local bishop.

¹³³ Denis, AIDS and Religion in sub-Saharan Africa, 12-14.

¹³⁴ Pope, Condom Distribution won’t solve the Aids Problem, http://www.news24.com/News24/Africa/News/0,,2-11-1447_2487262,00.html accessed on 3 April 2009.

¹³⁵ Denis, AIDS and Religion in sub-Saharan Africa, 13-14.

¹³⁶ See http://www.sjm87.org/structure_of_the_catholic_church.htm accessed on 22 February 2008.

1.4.3 Catholic Expansion in South Africa

Catholic historians have successfully traced Catholic missionary activities in Southern Africa to as far back as 1805.¹³⁷ However, it was not until 1951 that the hierarchy of the church in South Africa was established.¹³⁸ Its mission in the second part of the 19th century has transformed in an attempt to adapt to the fast changing conditions of the mission field. Lately, the church has made conscious efforts to adapt to contextual issues. A good case in point is the internal institutional changes brought about by the Vatican II Council (1962-65). Bishop Louis Ndlovu rightly observed that “the church rapidly moved away from being a settler Church to being a mission Church; and more recently, as a result of the pastoral plan, to being a Church that saw itself as a community serving humanity”.¹³⁹ Bate agrees with Ndlovu’s description of the church’s developmental history noting that “in the fifty years since then we have seen major transformation in the ethos and consciousness of the Catholic Church”.¹⁴⁰

Until the 1960s, Catholicism in South Africa saw itself as “the only representative of the true church of Christ whose objective was to draw all non-Catholics into the bosom of the church”.¹⁴¹ After Vatican II and as a result of the Catholic leaders’ involvement in the struggle for freedom in the country, the church started to see the world in a new and more positive way, as a place to be involved in.¹⁴² On the eve of democracy, the church sought to move beyond an involvement from outside into participation as a bona fide member of the community. This is well evidenced in the pastoral plan it released in May 1989 under the title *Community Serving Humanity*.¹⁴³ Whereas the settler church focused on the pastoral concerns of the European population and the mission church on the planting of

¹³⁷ Joy Brain, “Church Growth and Structural Development,” in Joy Brain and Philippe Denis, eds., *The Catholic Church in Contemporary Southern Africa* (Pietermaritzburg: Cluster Publications, 1999), 39.

¹³⁸ Brain and Denis, *The Catholic Church in Contemporary Southern Africa*, 1.

¹³⁹ Brain and Denis, *The Catholic Church in Contemporary Southern Africa*, vii.

¹⁴⁰ Stuart Bate, “One Mission, Two Churches,” in Joy Brain and Philippe Denis, eds., *The Catholic Church in Contemporary Southern Africa* (Pietermaritzburg: Cluster Publications, 1999), 5 and 6.

¹⁴¹ Bate, *One Mission, Two Churches*, 6.

¹⁴² *Ad Gentes Divinitus*, Decree on the Church’s Missionary Activity (AG), 2.

¹⁴³ Southern Africa Catholic Bishop’s Conference, Minutes of the Plenary Session held at Pretoria, 14-20 May 1989.

the church among Africans, the post apartheid one has insisted on becoming a community serving humanity.¹⁴⁴

The historical development of Catholicism in KwaZulu-Natal is consistent with the pattern of expansion in the Southern Africa region. The first missionaries arrived in Natal in March 1852.¹⁴⁵ They were led by Jean-Francois Allard, a French-speaking Missionary Oblate of the Mary Immaculate.¹⁴⁶ The Trappists, who in 1909 became the Missionaries of Mariannahill, arrived later in 1882 and were given a vicariate separate from that of Natal in 1921.¹⁴⁷ The appointment of Archbishop Bernard Gijlswijk to the newly created office of an apostolic delegate for Southern Africa in December 1922 contributed to the escalation of missionary activities in the province. By 1935, nine new religious jurisdictions had been created in South Africa.¹⁴⁸ Eight religious congregations had entered the mission field within the same period. In Natal, vicariates such as Eshowe, with Bishop Thomas Spreiter in charge, were created at this time.¹⁴⁹ It was however under the leadership of Gijlswijk's successor, Archbishop Martin Lucas, that the Southern Africa Catholic Bishops' Conference (SACBC) was formed. Lucas assumed the position in June 1946 and the SACBC had its first meeting on 27 March 1947 with Bishop Denis Hurley of Durban sitting in its first administrative board.¹⁵⁰ On 11 January 1951, the Holy See issued a decree that established ecclesiastical hierarchy in South Africa.¹⁵¹ Following this announcement, leadership changes were enacted where the vicariates were reorganised into four ecclesiastical provinces, each with a metropolitan archbishop and a number of suffragan bishops. Durban was one of the four provinces with Eshowe, Kokstad, Mariannahill, Umtata, Umzimkulu (established in 1954), Dundee

¹⁴⁴ Bate, *One Mission, Two Churches*, 36.

¹⁴⁵ William E. Brown, *The Catholic Church in South Africa From its Origins to the Present Day* (London: Burns, 1960), 34.

¹⁴⁶ Brown, *The Catholic Church in South Africa*, 34.

¹⁴⁷ Brain, "Church Growth and Structural Development", 43.

¹⁴⁸ Stuart Bate, "From Missioned to Missioning: The emergence of the New churches in the 20th century," *Grace and Truth: a journal of catholic reflection* vol. 17, no 1(April 2000), 38-49.

¹⁴⁹ Bate, *From Missioned to Missioning*, 39.

¹⁵⁰ William E. Brown, *The Catholic Church in South Africa From its Origins to the Present Day* (London: Burns, 1960), 35.

¹⁵¹ Brain, "Church Growth and Structural Development", 49-50.

(1958), and Ingwavuma (1990) dioceses attached to it.¹⁵² Bloemfontein, Pretoria, and Cape Town were the other ecclesiastical provinces.

1.4.4 Catholic Sexual Ethics

It is almost impossible to speak of HIV and Aids without alluding to the ethics of sexuality, especially in the context of the Catholic Church. This is especially so because the predominant means of transmission of HIV in sub-Saharan Africa is sexual intercourse. The official Catholic teachings on sexuality are based on the natural law principle which affirms life as sacred in its natural form. It follows, therefore, that “God has wisely ordered laws of nature and the incidence of fertility in such a way that successive births are already naturally spaced through the inherent operation of these laws”.¹⁵³ On the basis of this law, the church “teaches that each and every marital act must of necessity retain its intrinsic relationship to the procreation of human life”.¹⁵⁴ In his contested encyclical *On the Regulation of Birth (Humanae Vitae)*, Pope Paul VI stated his opposition to all forms of artificial birth control and called upon the priests to expound the teaching of the Magisterium “without ambiguity”.¹⁵⁵ Pope John Paul II also insisted on the need to maintain that teaching as the ideal. In his encyclical *Familiaris Consortio (On the Family)*, he maintained that the position was not negotiable.¹⁵⁶ In John Paul II’s theology, as is the case in that of his predecessor, there is no room for deviation from the precept of natural law on sexuality. The two Catholic leaders are adamant that the married and the Catholic fraternity in general must adhere to the natural law as set forth in the official Magisterium of the church. Following this Aristotelian concept that found expression in scholastic theology, the Holy See has intransigently maintained its opposition to artificial contraceptives, homosexual acts, the use of condoms in HIV prevention, and abortion. Needless to say, certain aspects of the authorised Catholic doctrine on sexuality have been under constant challenge by various groups within the

¹⁵² Brain, “Church Growth and Structural Development, 50.

¹⁵³ Pope Paul VI, *Humanae Vitae* (New York: Paulist, 1968), 21.

¹⁵⁴ Pope Paul VI, *Humanae Vitae* (New York: Paulist, 1968), 21. See also Pope Pius XI, “Encyclical letter *Casti connubi*,” AAS 22 (1930), 560; Pope Pius XII, “Address to Midwives,” AAS 43 (1951), 843.

¹⁵⁵ Pope Paul VI, *Humanae Vitae* (New York: Paulist, 1968), 21.

¹⁵⁶ John Paul II, *Familiaris Consortio* (Washington: United States Catholic Conference, 1981), 32-33.

church, notwithstanding the unparalleled criticisms from without.¹⁵⁷ Individuals such as the former archbishop of Durban, Denis Hurley,¹⁵⁸ Jon Fuller and James Keenan,¹⁵⁹ Kari Elizabeth Borresen,¹⁶⁰ and certain members of the Roman Curia¹⁶¹ have argued for a wider concept of the Catholic sexual tradition. Their arguments are presented in detail in Chapters 2 and 3.

Indeed, the rise of democracy and pluralism as well as the increasing prestige of the natural and social sciences have exerted pressure on the sexual ethics of the Catholic Church¹⁶² William McSweeney has categorised that response into three stages.¹⁶³ The first stage lasted from the French Revolution to the death of Pius IX in 1878. In this period, the hierarchy called for detachment from the modern world. The church posed to be a safe haven protecting faith deposits from the attacks of the modern age. The Vatican assumed ‘a ghetto mentality’ whereby its mission was to stay uncontaminated by worldly dissent. The second stage began with the pontificate of Leo XIII in 1878 and ended with Vatican II Council in 1965. Pope Leo XIII advocated a policy of infiltration. Although it was still antagonistic to the world, Catholicism sought intellectual understanding of the secular society in order to enable its influence. Catholic intellectuals sought to make the church relevant to the secular world. The third stage, according to McSweeney, started with the Vatican II under the auspices of Pope John XXIII. The church, in principle, opened its windows to the world and began a process of *aggiornamento* (dialogue).

¹⁵⁷ Stephen Lyng and Lester Kurtz, “Bureaucratic Insurgency: The Vatican and the crisis of modernism,” *Social Forces* 63 (May 1985), 2-22.

¹⁵⁸ This debate is further expounded in Chapter 4. For a detailed position of Denis Hurley on the *Humanae Vitae* see Philippe Denis book, *Dominicans in Africa: A History of Dominican Friars in Southern Africa* (Leiden, Brill, 1998), 142. Here Denis shows that the Dominicans from the Stellenbosch priory distanced themselves from *Humanae Vitae* in 1968. See also Patrick Kearney’s recent book on the subject, Paddy Kearney, *Guardian of the Light: Denis Hurley: Renewing the Church, Opposing Apartheid* (Pietermaritzburg: UKZN Press, 2009), ff.

¹⁵⁹ Jon Fuller and James Keenan, “Tolerant Signals,” *America*, (September 2000), 23-40.

¹⁶⁰ Kari Elizabeth Borresen, “Religion Confronting Women’s Human Rights: The Case of Roman Catholicism,” in Tore Lindholm, ed., *Facilitating Freedom of Religion on Belief: A Desk Book* (Leiden: Berkerly, 2004) 545-59.

¹⁶¹ Karen DeYoung, “AIDS Challenges Religious Leaders,” *Washington Post* (August 2001), 23-33.

¹⁶² Stephen Lyng and Lester Kurtz, “Bureaucratic Insurgency: The Vatican and the crisis of modernism,” *Social Forces* 63 (May 1985), 2-22.

¹⁶³ William McSweeney, *Roman Catholicism: The search for relevance* (New York: St Martins, 1980), 55-60.

Ideally speaking, the post-conciliar church is meant to dialogue with the secular society in addressing social problems. Its theological enquiry is therefore meant to find a compromise between the natural theology and social sciences in pertinent issues. However, the official Catholic teaching on sexual morality, as reflected in SACBC's pastoral letters¹⁶⁴ as well as in the recent statements from the Holy See,¹⁶⁵ has certainly not seen any considerable change. Indeed, Vatican II was not unanimously received. Both Pope John Paul II and Pope Benedict XVI have interpreted the legacy of Vatican II so narrowly that in effect they almost oppose it.

Both the doctrine of the lesser evil, also known as the 'principle of the greater good,' and the doctrine of double effect have their historical roots in the thoughts of Thomas Aquinas (1225-1274).¹⁶⁶ Their popularity among Catholic moral theologians and, in the recent past, among a broad range of contemporary philosophers in the fields of ethical theory and applied ethics, has led to significant variations in general formulation and application.¹⁶⁷ Generally speaking, however, the principle of double effect holds that an object used for a function other than its original purpose assumes the nature for which it is being used.¹⁶⁸ For example, a pencil is ordinarily a writing instrument, but if used to stab others, it ceases to be a writing instrument, and becomes a weapon. Pope Paul VI applied the doctrine of double effect in his encyclical *Humanae Vitae* (1968), which banned artificial birth control, but authorised the use of the contraceptive pill when prescribed to manage irregular menstrual cycles.¹⁶⁹ In that case, the contraceptive pill had

¹⁶⁴ The SACBC has so far released two pastoral letters on HIV and Aids. These are: *The Pastoral Letter on Aids* (1990) and *The Message of Hope* (2001). These are discussed at length in Chapters 3 and 4 of this study.

¹⁶⁵ Pope, Condom Distribution won't solve the Aids Problem, http://www.news24.com/News24/Africa/News/0,,2-11-1447_2487262,00.html accessed on 3 April 2009.

¹⁶⁶ Bruce Douglass and David Hollenbach, eds., *Catholicism and Liberalism: Contributions to American Public Philosophy* (London, Oxford University Press, 2000), 45-50.

¹⁶⁷ On Condoms and the Double Effect principle- See <http://www.sfgate.com/cgi-bin/article.cgi?file=/chronicle/archive/2006/04/26/EDGNSGUCAB1.DTL> accessed on 10 May 2009. See also John Dalberg-Acton, *Essays in Religion, Politics, and Morality* (Indianapolis: Liberty Classics, 1988), 48-9.

¹⁶⁸ See <http://www.sfgate.com/cgi-bin/article.cgi?file=/chronicle/archive/2006/04/26/EDGNSGUCAB1.DTL> accessed on 10 May 2009.

¹⁶⁹ Jan Grootaers, "Humanae Vitae, encyclique de Paul VI," *Dictionnaire d'Histoire et de Geographie ecclesiastique* 25 (February: 1994), 328-34; See also *Humanae Vitae*,

a different effect, not of preventing conception but that of treating a health condition. The principle of the lesser evil presupposes the difficulty of having to choose between two bad ethical alternatives. In invoking this principle, the readers of the *Southern Cross* repeatedly asked the question, is the condom worse than death by Aids?¹⁷⁰ These principles as well as the debates they evoked are analysed in detail in Chapter 4. By and large, both the natural law and sexual ethics influenced Catholic public discourses on HIV and Aids to a great degree.

1.4.5 Religious Responses to HIV and Aids

Religion has had an important role in not only shaping responses to the HIV and Aids epidemic in Africa but also in the reconfiguration of the social understanding of the disease. With few exceptions, most religious people in South Africa were initially reluctant to engage directly with HIV and Aids.¹⁷¹ Since the year 2000, this trend has changed considerably. Religion has become a major service provider especially in the care and treatment of the PLWHA and orphans, often substituting incapacitated government programmes.¹⁷² Religious organizations such as missions have become valuable assets in introducing biomedicine, a traditionally integral part of most missionary agencies. However, religious movements such as Independent African Churches and African Traditional Religion have tended to oppose biomedical interventions. They prefer alternative medicine. Traditional healers mainly propose a variety of herbal or animal-based remedies and seek the cooperation of the ancestral spirits.¹⁷³ More recently, however, collaborations between religious and biomedical epistemologies have started to emerge.

http://www.vatican.va/holy_father/paul_vi/encyclicals/documents/hf_p-vi_enc_25071968_humanae-vitae_en.html accessed on 10 May 2009.

¹⁷⁰ *Southern Cross*, "Condoms and the Church," 10 December 2002.

¹⁷¹ Robert Garner, "Safe Sects? Dynamic Religion and AIDS in South Africa," *Journal of Modern African Studies*, 38 (2000), 41-69.

¹⁷² Hansjörg Dilger, "Religion, the Virtue-Ethics of Development and the Fragmentation of Health Politics in Tanzania in the Wake of Neoliberal Reform Processes and HIV/AIDS," *AfricaToday* 56, 1, (2009), 89-110. The paper was first presented in the Institute for Social and Cultural Anthropology, Free University of Berlin in April 2008.

¹⁷³ Oppenheimer and Bayer, *Shattered Dreams?*, 106.

The position of religions in prevention work has tended to vary from one denomination to another. The Catholic Church as well as certain Islamic¹⁷⁴ and Pentecostal leaders¹⁷⁵ have not only formally condemned the use of condoms but also described them as intrinsically evil. Almost all religions are vehemently opposed to the act of sex before and outside marriage on moral grounds. As a result, ‘abstinence’ sex education became a popular HIV prevention method among almost all religions. Membership of particular religious denominations seems to have had a significant role in the rate of HIV spread. The study conducted in Edendale, Pietermaritzburg, in 1997 by Rob Garner on the relation between sero-prevalence and membership to particular Christian denominations indicated that whereas the impact of mainline churches on sexual attitudes and behaviour was “slight but not completely insignificant,” the Pentecostals recorded the lowest degree of extra- and pre-marital sex because, according to him, the Pentecostals’ strength in the four categories of indoctrination, religious experience, exclusion and socialisation allowed them to change the behaviour of their followers.¹⁷⁶ Similarly, a groups of traditionalist Zulu and Xhosa women advocated for the renewal of sexual morality in the form of virginity testing as a way of preventing HIV spread.¹⁷⁷ In a similar trend to that of Christianity and Africa Traditional Religion, Islamic leaders in South Africa have in the past moralised HIV prevention discourse.¹⁷⁸ Although research targeting this religion in South Africa is relatively lacking, evidence in other parts of the continent such as Tanzania,¹⁷⁹ Kenya¹⁸⁰ and Nigeria¹⁸¹ attest to this. Denis is right in noting that the

¹⁷⁴ Malik Badri, *AIDS Prevention – Failure in the North and Catastrophe in the South: A Solution* (Durban: Islamic Medical Association of South Africa, 2000), 1-5; Pius Kamau, “Islam, Condoms and AIDS”, *The Huffington Post*, 30 August 2008. See http://www.huffingtonpost.com/pius-kamau/islam-condoms-and-aids_b_120418.html (accessed on 30 August 2008).

¹⁷⁵ Garner, *Safe Sects*, 50.

¹⁷⁶ Garner, *Safe Sects*, 41-69.

¹⁷⁷ Fiona Scorgie, “Virginity Testing and the Politics of Sexual Responsibility: Implications for AIDS Intervention”, *African Studies* 61/1 (2001), 55-76.

¹⁷⁸ Farid Esack and Sarah Chiddy eds., *Islam and AIDS: Between Scorn, Pity and Justice* (Oxford: Oneworld Publications, 2009), ff.

¹⁷⁹ Cate Harding, “Exploring the World Views, Spirituality, and Health Beliefs of Healthcare Professionals and Community Health Workers in Moshi, Tanzania,” unpublished paper, 2009, Duke University, USA.

¹⁸⁰ Pius Kamau, “Islam, Condoms and AIDS”, *The Huffington Post*, 30 August 2008. See http://www.huffingtonpost.com/pius-kamau/islam-condoms-and-aids_b_120418.html (accessed on 30 August 2008).

¹⁸¹ Amusa Saheed Balogun, “The Islamic Perception of HIV/Aids and Antiretroviral Treatment in Africa,” unpublished paper, 2009, Department of History, Obafemi Awolowo University Ile-Ife, Nigeria.

opposition of condom use by religions in HIV prevention has not always been out “of moral conservatism and insensitivity to the loss of human lives” but rather a conscious effort to stem the tide of the epidemic.¹⁸²

1.5 The Structure of this Study

Out of the 1056 *Southern Cross* papers skimmed, which cover 22 years (1984-2005), 286 articles were found to have at least one of the three key words in their titles, namely: ‘Aids,’ ‘condom,’ and ‘HIV’. Out of the 286 articles, 212 contained stories in South Africa or concerning South Africans. Generally speaking, the increase of the number of Aids related articles in each year was in direct proportion to the increase in the number of years. Otherwise said, each year witnessed either equal or an increase in the number of Aids related articles as compared to the previous year during the 22 years period as shown in Table 1.2 below. However, two years specifically witnessed an abnormal increase in Aids-related articles. These are 1990 and 2001, which recorded 21 and 58 articles respectively.

Table 1.2: The distribution of Aids related articles between 1984 and 2005

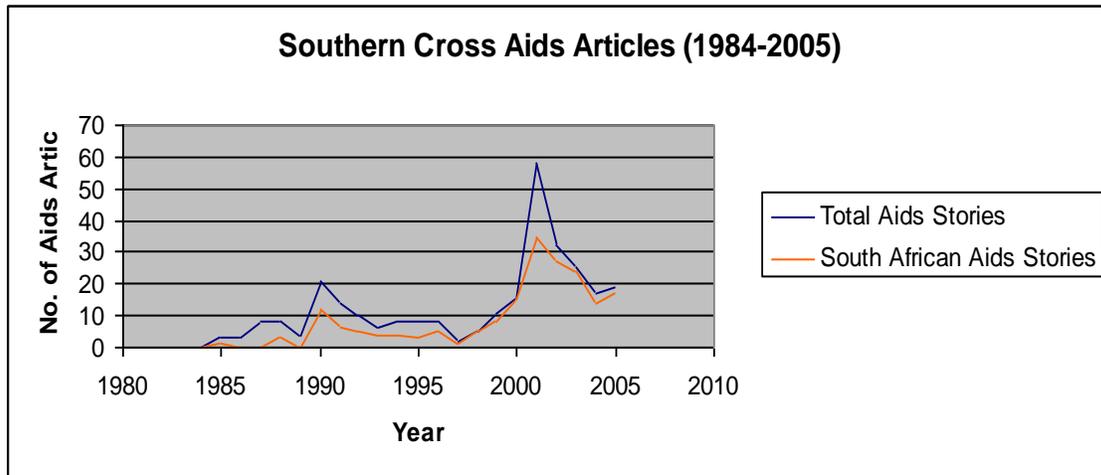
| year | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 00 | 01 | 02 | 03 | 04 | 05 |
|-------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Total | 0 | 3 | 3 | 8 | 8 | 4 | 21 | 14 | 10 | 6 | 8 | 8 | 8 | 2 | 5 | 11 | 16 | 58 | 32 | 25 | 17 | 19 |

The number of Aids articles can be seen as a pointer to the increase in the intensity of the Aids debate in a particular period. Indeed, such a sudden increase in Aids articles can be seen as an indicator of a major transition in the perceptions and responses to the disease. Of course, the method is imperfect in the sense that it leaves out important article which do not include any of the three key words. It is nevertheless useful to indicate trends. One can assume that the gaps will be the same in the three periods. Figure 1.2 below shows that there were two high peaks in that distribution. These were between 1990 - 91 and 2000 - 01.

¹⁸²

Denis, AIDS and religion in sub-Saharan Africa, 13.

Figure 1.2 - The 2-peaks in the distribution of Aids related articles



On the basis of these figures as well as other archival and oral evidences, as I shall indicate in the subsequent chapters, one can argue that Aids was given a renewed attention during the two particular years: 1990 and 2000. It follows, therefore, that the data collected in this research demarcates the period under review (1994-2005) into three periods (1994-90, 1991-99, 2000-05).

The above periodisation is also evidenced in the pastoral letters of the Catholic Church on HIV and Aids. Between 1984 and 2005, the SACBC released two pastoral letters on Aids: *A Pastoral Letter on Aids* (1990) and *A Message of Hope* (2001). These were preceded and followed by significant oral messages by the hierarchy. In June 1984, IMBISA released a verbal Visionary Message following an Aids workshop held in

Harare, Zimbabwe.¹⁸³ Six years later, in January 1990, the SACBC released A *Pastoral Letter on Aids* after lengthy deliberations on Aids in a plenary session held at Pretoria, South Africa.¹⁸⁴ Ten years later, on 30 July 2001, the SACBC published the much popularised *Message of Hope*.¹⁸⁵ Some four years later, on 28 November 2005, Pope Benedict XVI raised expectations of a total change in the Catholic Church's HIV prevention policy in his *Renewal Message*¹⁸⁶ in which he called for a renewed commitment and collaboration in HIV prevention work. This message was immediately followed by the first International Catholic's Aids Conference held in Geneva on 27 January 2006.¹⁸⁷ It turned out that there was not going to be much change in the Catholic official prevention policy with regard to the use of condoms, as the 2009 statement of Benedict XVI has clearly indicated.¹⁸⁸ Nevertheless, the 'two Aids letters' by the SACBC, which coincided with the 'two peak years' became key landmarks separating three major historical epochs in the Catholic's response to HIV and Aids in KwaZulu-Natal and in South Africa as a whole. Indeed, from the Catholic Church perspective, the Aids epidemic came to South Africa in three major waves (1984, 1990, and 2000) and in each case the church was awoken to the realization that it needed to respond to the Aids epidemic differently. In response to each awakening, the church employed a new focus and a new emphasis.

External sources seem to support this three-fold periodization. Indeed, the evidence is overwhelming that the two years (1990 and 2000) were outstanding in the history of Aids in South Africa. Following the first HIV surveillance tests in the country, whose results were published by the end of 1990,¹⁸⁹ the new epidemiological records were received

¹⁸³ See Inter-Regional Meeting of Bishops in Southern Africa (IMBISA) at <http://www.africaonline.co.zw/imbisa/index.html> accessed on 13 February 2008. See also Napier, interview by author, 15 October 2007.

¹⁸⁴ SACBC, Minutes of the Plenary Session held at Pretoria, 4 – 11 January 1990, 5-6.

¹⁸⁵ SACBC, Minutes of the Plenary Session held at St Peter's Seminary in Pretoria, 23 – 30 July 2001, 3-6.

¹⁸⁶ *Southern Cross*, "Condoms and Vatican," 28 November 2005.

¹⁸⁷ *Southern Cross*, "Catholics in Geneva on Aids Collaboration," 27 January 2006.

¹⁸⁸ Pope, Condom Distribution won't solve the Aids Problem, http://www.news24.com/News24/Africa/News/0,,2-11-1447_2487262,00.html accessed on 3 April 2009.

¹⁸⁹ South African Medical Council, "HIV Surveillance – What grounds for Optimism?" *South African Medical Journal*, 90(11) (November 1994), 1, 62-4.

with shock by South Africans.¹⁹⁰ The realization that the epidemic had made a shift from being predominantly ‘white’ and ‘gay’ into ‘black’ and ‘heterosexual’ posed new threats and opened up new debates. The startling new estimations on the spread of HI virus and the possibility that Aids had been a ‘hidden disease’ among the black population exacerbated racial animosity and political tensions.¹⁹¹ The fact that the release of Nelson Mandela, the government’s lift of the ban against ANC and the subsequent return of Umkhonto we Sizwe (MK) coincided with the release of new and surprisingly high Aids epidemiological figures in 1990 popularised the idea that the returning ANC cadres were responsible for the sudden rise in the epidemic as ‘carriers’ of the disease.¹⁹² Zibukele Mqadi, the Durban diocesan Aids coordinator who was himself one of the returnees in 1990, remembers that “the Catholic Church was in 1990 under immense pressure to act in response to Aids”.¹⁹³ It is no sheer coincidence therefore that by the end of the same year the SACBC released the famous *Pastoral Letter* after a lengthy deliberation in its plenary session in Pretoria.¹⁹⁴

The first Catholic Aids hospice in the country was opened in 1991.¹⁹⁵ As I shall indicate in Chapter three, the national Catholic care activity was mobilised for the first time in 1991. The period between 1990 and 1999 was predominantly characterised by care activity. Therefore, for both the Catholic Church and the entire nation, 1990 was a major turning point in perceiving and responding to the Aids disease.

Similarly, 2000 can be seen as a revolutionary year in South Africa in Aids matters. The Durban International Aids Conference of 9 July not only exposed President Thabo Mbeki’s denialism¹⁹⁶ but also brought the South African Aids epidemic under

¹⁹⁰ *Natal Witness*, “Aids statistics ‘not falsified,’” 12 April 1990.

¹⁹¹ Stephen Muoki Joshua, *The History of AIDS in South Africa: A Natal Ecumenical Experience in 1987 – 1990*. Unpublished Thesis Dissertation, University of KwaZulu-Natal (UKZN), 2006.

¹⁹² Zibukele Mqadi, Interview by author, Digital recording, Durban, 30 January 2008.

¹⁹³ Mqadi, interview by author, 30 January 2008.

¹⁹⁴ SACBC, Minutes of the Plenary Session held at Pietermaritzburg, 20-27 January 1990.

¹⁹⁵ *Southern Cross*, “Catholic home for Rand Aids victims,” 20 January 1991.

¹⁹⁶ The term ‘denialism’ is a neologism coined by AIDS activists in South Africa to describe the rejection by Mbeki and others of: the fact that HIV causes AIDS; the accuracy of HIV tests; and of the use of retrovirals as ‘safe’. It was first used by the Treatment Action Campaign (TAC) in 2000, around the time of the AIDS 2000 conference in Durban. See Treatment Action Campaign website at

international media spotlight. With the largest and fastest growing epidemic in the world and a denialist government, the South African situation became a classic recipe for Aids activism both internationally and locally. The year was also a watershed in the Catholic response to HIV and Aids for various reasons. First, it is the year when the SACBC received a \$5million (R31 million) grant to fight Aids in South Africa.¹⁹⁷ This was part of a US \$100 public-private partnership project by the US Catholic Medical Mission Board (CMMB) and a pharmaceutical giant, the Bristol-Myers Squibb company (BMS).¹⁹⁸ Second, it is the year when the SACBC decided to reconsider its position on the use of condoms in HIV prevention.¹⁹⁹ The proceedings of this debate were published in the *Message of Hope* document released on 30 July 2001. Indeed, it was in 2000 that the SACBC not only re-launched its Aids office but also the year when it delved into a new strategy altogether in its response to HIV and Aids.²⁰⁰

The structure of the present study, therefore, is based on this three-fold periodization. Besides Chapter Two, which is concerned with the context of the study, the work is divided into three periods: 1984-1990 (Aids Ignored), 1991-1999 (Aids Confronted), and 2000-2005 (Aids Integrated).

1.5.1 Aids Ignored (1984-1990)

In Chapter Three of this study, I shall argue that between 1984 and 1990 the Catholic Church saw Aids as a disease far removed from its sphere yet deserving certain visionary measures. To a larger extent, Aids was *ignored*. A judgemental moral perspective on the Aids disease prevailed throughout the period. However, isolated visionary leaders conducted awareness workshops.

<http://www.tac.org.za>, accessed on 12 December 2008; *Mail and Guardian Vol. 19, No 16*, "Top Judge Slate's govt's 'dead hand of denialism,'" 5 October 2001.

¹⁹⁷ *Southern Cross*, "\$5m to fight Aids", 13 February 2000.

¹⁹⁸ Catholic National Aids Office, Minutes of Management Committee meeting of 13 December 1999 held at Catholic Institute of Education (CIE) offices, Pretoria, South Africa.

¹⁹⁹ *Southern Cross*, "Aids now a Church priority," 27 February 2000.

²⁰⁰ *Southern Cross*, "Bishops New Aids view: office to centralize strategy, save money," 14 November 1999.

1.5.2 Aids Confronted (1991-1999)

In Chapter Four, I shall argue that between 1991 and 1999 Aids was seen as immediate, a problem closely related to the mission of the Catholic Church. Here Aids was *confronted*. The predominant theological response to HIV and Aids was missiological expressed through the new pastoral plan, Community Serving Humanity. As a result, the main Aids related activity by the church was the care of PLWHA. Through home-based care and institutionalised care, Catholic local initiatives in responding to the disease mushroomed in the country with the Archdiocese of Durban taking a leading role.

1.5.3 Aids Integrated (2000-2005)

In Chapter Five, I shall argue that between 2000 and 2005 Aids was seen as imminent in the church, a concept popularised as the ‘Church has Aids’. As a result, the period witnessed a concerted effort by the Catholic Church to *integrate* Aids response into its mainstream activities. In this period, Aids was seen as a human rights issue. Consequently, the Catholic Church endeavoured to address rights to treatment, Aids related stigma, family violence and gender imbalances. ‘Responsibility in a Time of Aids’ became a predominant theological concept. The Catholic Church became a pacesetter in care and treatment after securing overseas funding. However, prevention became the church’s Achilles heel following an unrelenting condom controversy. The presence of large amounts of money and many financial donors led to the NGO-isation of the Catholic Church with regard to its identity, activities, and organization. By and large, HIV and Aids had a large impact on the Catholic Church at all levels, both theologically and organizationally.

2.1 Introduction

The failure to see HIV and Aids in context has been rightly lamented.²⁰¹ As noted by Deborah James, a “comprehensive assessment of the contextual backdrop to this disease must seek to analyse not only its social determinants but also the effects (or lack of effects) of measures already taken to contain it”.²⁰² The assessment must especially pay attention to the social and institutional context within which such measures have been implemented. This chapter endeavours to place the present historical investigation within its socio-historical context. It attempts to bring into focus three main contextual issues pertaining to this study in a broader sense. First, it explores the history of the relationship between the Catholic Church and epidemics. Second, it investigates the historical development of sexuality and gender. Lastly, it explores the relevance of certain societal processes such as secularization, capitalism and labour migrations on the subject of the study.

2.2 Aids in the Context of Catholic responses to Epidemics and Diseases

There is a rich history on the developmental relationship between Christianity and diseases in human societies. Indeed, heroic narratives abound where Christianity aligned with health structures in the society in times of epidemics. Henry Whitehead, an Anglican priest who served in Soho, London in 1855, is well known for his epidemiological contribution during the Broad Street cholera outbreak.²⁰³ His painstaking inquiry, which not only confirmed Doctor John Snow's thesis that associated the cholera outbreak with the Broad Street water pump but most important provided the index case that started the

²⁰¹ Deborah James, “‘To Take the Information Down to the People’: Life Skills and HIV/AIDS Peer Educators in the Durban Area,” *African Studies* vol. 61 no. 1 (July 2002), 169-193.

²⁰² James, To Take the Information Down to the People, 170.

²⁰³ Paneth N. “The Great Stink of London: Sir Joseph Bazalgette and the Cleansing of the Victorian Metropolis,” *American Journal of Public Health* 88 (October, 1998), 1545-1553.

epidemic,²⁰⁴ has been narrated repeatedly as a success story in the alignment of faith and health in responding to epidemics.²⁰⁵ Such stories can be multiplied.

The Catholic Church in particular has for centuries been involved in matters of healthcare, especially in responding to epidemics. A genealogy of Catholic involvement in epidemics entails a brief journey through ancient, medieval, and modern periods.

Catholic involvement in epidemics during the ancient period, between the first and the fourth century, tended to focus on spiritual welfare and spiritual solutions to epidemics and diseases. The ancient Catholic tradition abounds in prayers for God's healing presence among communities and individuals facing epidemics and critical illnesses. Healthcare ministry consisted of spiritual activities that were based on the core belief in the power of God to heal the sick.²⁰⁶ However, the rise of a more scientific approach to illness in Greek society during the third century of the Common Era and the development of new practices of medicine affected Christian healthcare so that divine healing was blended with natural medicinal treatment.²⁰⁷ After the legalizing of Christianity in the late Roman Empire Christian physicians were practising in hospitals in a culture marked by the tendency to perceive the sacraments as sources of healing.²⁰⁸ Catholic medical historians such as Christopher Kauffman and Andrea Richardson are in agreement in that Roman Catholicism transformed society's attention for the sick and represented a “revolutionary and decisive change” because its faith was proclaimed as the religion of

²⁰⁴ According to the findings of Reverend Whitehead, the woman living at 40 Broad Street, Sarah Lewis, wife of police constable Thomas Lewis, lost both her five-month old child, Frances, and husband to cholera. Mrs. Lewis had soaked the diarrhoea-soiled diapers in pails of water. Thereafter she emptied the pails in the cesspool opening in front of her house, which was less than three feet away from the water pump. For a detailed account of the narrative see <http://www.ph.ucla.edu/epi/snow/indexcase.html>, accessed on 3 May 2010.

²⁰⁵ Steve De Gruchy, Where to from here? Personal notes on the closing remarks during African Religious Health Assets Programme (ARHAP) symposium held in August 2009 in Cape Town, South Africa. The theme of the symposium was: When Religion and Health Align: Mobilizing Religious Health Assets for Transformation. See <http://www.arhap.uct.ac.za/>, accessed on 21 May 2010.

²⁰⁶ Christopher Kauffman, *Ministry and Meaning: A Religious History of Catholic Health Care in the United States* (New York: Crossroad, 1995), 11.

²⁰⁷ Andrea Richardson, “Compassion and Cures: A historical Look at Catholicism and Medicine,” *The Journal of the American Medical Association* (December 1991), 3063.

²⁰⁸ Darrell Amundsen and Gary Ferngren, “The Early Christian Era,” in Ronald Numbers and Darrell Amundsen, eds., *Caring and Curing: Health and Medicine in the Western Religious Traditions* (New York: 1986), 49-62.

healing that urged the faithful to respond to the poor, the sick, and the alienated to whom was promised healing in spirit and body.²⁰⁹ Following the recognition of Christianity as a legal religion, institutions for the sick, the stranger, and the homeless were established. The earliest Christian hospitals were established by Basil the Great as early as 372 in Caesarea in his diocese of Cappadocia.²¹⁰ In the West, hospitals evolved at Benedictine monasteries where monks acquainted themselves with the work of Greek physicians and used herbs as medicine for various illnesses.²¹¹ By and large, ancient involvement with the sick was predominantly a religious affair which comprised of anointing with oil, incantations and prayers, as well as a promise of a heavenly well being. It was done exclusively by the religious leaders.

It was during the medieval period, however, that care of the sick emerged as a ministry independent of the clergy with a categorical emphasis on physical care. Medieval nursing evolved, almost exclusively, as a women religious affair. Although there were instances when nuns and monks nursed in the same institution, religious women were constantly responding to the sick poor on the fringes of society. A military nursing order popularly known as the Knights Hospitaller of St John (Knights of Malta) was established during the Crusades in the eleventh century and the Knights of St Lazarus started to care for victims of leprosy in the twelfth century.²¹² The earliest women community to be attached to the above orders was the Sisters of the Holy Ghost who in 1204 founded the city hospital in Rome and named it after their order, the Holy Ghost Hospital. Nearly one thousand other city hospitals were soon afterwards opened in Europe.

Meanwhile, Augustinian sisters, originally a lay society committed to poverty, chastity, obedience and the care of the sick, founded the *Hotel Dieu de Paris*. Natalie Boynel Kampen, a scholar of art and society who focused on nursing in painting and sculpture, emphasized the Christian theological vision of the French hospital noting that it was a

²⁰⁹ See Kauffman, *Ministry and Meaning*, 11 and Richardson, *Compassion and Cures*, 3064.

²¹⁰ Kauffman, *Ministry and Meaning*, 14.

²¹¹ See Joseph Chinnici, OFM, *Living Stones: The History and Structure of Catholic Spirituality in America* (New York: Davis, 1989), 24.

²¹² C.M Frank, "History of Nursing," in *The New Catholic Encyclopaedia* (New York: 1967), 10: 582.

place where “God's brides who cared for His family under His fatherly supervision ... created a synthesis from the nurse as kin and the nurse as a public worker”.²¹³ Similarly, Pierre Dubois traced the history of sisterhoods of nursing in the Orient and concluded that “maidens were instructed in medicine and surgery so that when desirable they may be given in matrimony to the higher princes, the clergy, and other wealthier men of the east whom they would convert to the Roman Catholic faith”.²¹⁴ He envisioned the proliferation of nursing among women during the medieval period as conditioned by an evangelistic strategy of the medical missionaries who used women of the Orient to gain foothold for the faith in the homes of pagan oriental families. Therefore, Catholic involvement in care of the sick during the medieval period developed further, adding to the spiritual care of the ancient period a physical concern for the welfare of the sick championed by women religious. These religious women were convinced that their care and nursing of the sick was a form of spiritual service to God.

The modern period's Catholic response to epidemics is voluminous and complex. However, a survey of three specific examples may suffice in showcasing the church's diverse forms of pastoral care of the sick. These are: the Alexian Brothers and their response to epidemics in Rhineland and the Low Countries; the Daughters of Charity in large hospitals in France; and the Sisters of Mercy in the urban poverty in Ireland.

The Alexian Brothers are a nursing order that founded institutions for the mentally ill in Germany, nursing homes in England, and Ireland, and general hospitals in the United States. The early Alexian Brothers consisted of Brot-Beghards in Cologne (1306) and Lollards in Antwerp (1345). These were participants in the lay piety with a characteristic dedication to the *Vita Apostolica*.²¹⁵ They were named after their patron, St Alexius. Their identity and fame, however, is closely associated with the catastrophic Black Death plague out of which they stood out as ministers to victims of pestilence. Their selfless

²¹³ Natalie Kampen, “Before Florence Nightingale: A Pre-history of Nursing in Painting and Sculpture,” in Anne H. Jones, ed., *Images of Nurses: Perspectives from History, Art, and Literature* (Philadelphia: 1988), 23.

²¹⁴ See Muriel Joy Hughes, *Women Healers in Medieval Life and Literature* (New York: pigeons, 1943), 120-23.

²¹⁵ Earnest McDonnell, “The Vita Apostolica: Diversity or Dissent,” *Church History* 24 (March 1955), 24-43.

ministry in nursing and burring plague victims at the height of the Black Death epidemic in 1345 accorded them many fond names: in Worms they were called 'soul brothers'; in England they were called the 'Cellite (humble) brothers'; and the Dutch called them Lollard “because these unlettered burial brothers stammered through the Latin funeral liturgy”.²¹⁶

Before the Black Death, the Alexian Brothers had houses in Cologne, Aachen, Liège, Antwerp, Louvain, and Tirlmont. However, their care ministry during the Black Death epidemics of 1357-62, 1370-76, and 1380-83 led to a massive expansion so that even before they were recognised officially as an order in 1472 there were 36 Cellite houses. Pope Eugene IV described their ministry as follows:

They take poor and wretched persons into their own places for the sake of hospitality, and take care of them in their illness; during the time of pestilence they bury the bodies of the faithful who have died with ecclesiastical burial.²¹⁷

Their services in caring for victims and burying the dead was so reliable that the city council of Antwerp entrusted all burial services to the brothers for a pay. The council instructed them to “always have a rather good number of brothers in order to serve the community easily, in times of pestilence as well as during all other contagious sicknesses whatever they are and however they may come, without fraud or guile”.²¹⁸

Many Cellites died in the course of their service. In 1628, the brother superior of the Antwerp Cellites noted that following the five-year period plague five brothers and four

²¹⁶ Dietrich von Kurze, “Die festlandischen Stadtkultur”, *Archiv fur Kulturgeschichte* 47 (1965), 76.

²¹⁷ “Bull of Pope Eugene IV,” 1431, English translation in the Alexian Brothers Archive, ELK Grove, IL.

²¹⁸ AFC Van Schevensteen, *Documents pour l'étude des maladies pestilentiennes dans le marquisat d'Anvers jusqu'à la chute de l'Ancien Regime*, ed. Lamertin (Brussels: Commission Royale d'Histoire, 1931), 1: 48.

novices had died.²¹⁹ In 1634, Etienne Binet noted that the Cellites “offer their services to those afflicted with the plague, and to all those who are seized by infectious diseases. Day by day, they are exposed to the danger of falling victims to the same diseases themselves; thus standing on the edge of their grave everyday”.²²⁰ Nevertheless, the brothers continued their services to the poor sick. By the seventeenth century they ministered to a variety of social outcasts such as convicted criminals on the eve of execution and the mentally ill.²²¹

During the 17th century, there emerged a “burst of feminine energy,” a sort of “anarchy of religious activism”²²² in France. Jean Delumeau interpreted this Counter Reformation dramatic rise in new orders and the revitalization of old religious communities within the context of the general rechristianization of society.²²³ Founded by St. Vincent de Paul and St. Louise de Marillac in 1633, the Daughters of Charity were committed to serving the poor, the sick and children, especially those abandoned. For fear of being constrained in their duties, they were not placed in the realm of a religious order but rather were founded as the “Confraternity of the Servants of Our Poor”.²²⁴ Their ministry in France was manifest in the widespread proliferation of charitable works for the poor, including hospitals and home-relief institutions. They were concerned with both the religious and social condition of the poor. They established the Hospital General, “which became both a workhouse for the poor and a hospital for the confinement of the sick and all those on the fringes of society – beggars, vagrants, prostitutes, the aged, abandoned children, and the infirm.”²²⁵ By 1700, a network of such Catholic institutions had developed which offered a holistic care to people of all sorts of needs.

²¹⁹AFC Van Schevensteen, *Documents pour l'étude des maladies pestilentielles dans le marquaot d'Anvers jusque la chute de L'Ancien Regime*, ed. Lamertin (Brussels: Commission Royale d'Histoire, 1931), 1: 48.

²²⁰Quoted in “an enthusiastic Eulogy of the Old Cellites or Alexian Brothers,” *St Alexius Almanac* (Aachen, 1934), 7: 9.

²²¹ Kauffmann, *Ministry and Meaning*, 18.

²²² Elizabeth Rapley, *The Devotes, Women and Church in Seventeen Century France* (Paris: Aachen, 1943), 19.

²²³ Jean Deumeau, *Catholicism between Luther and Voltaire: A New View of the Counter-Reformation* (Philadelphia: Orbis, 1977), 45-76.

²²⁴ Deumeau, *Catholicism between Luther and Voltaire*, 37.

²²⁵ Kauffman, *Ministry and Meaning*, 21.

The Daughters of Charity also had begun a ministry among ladies at lower class. Louise took widowed and divorced women into her home and mentored them in the works of charity. These women had an enormous impact in their ministry at the countryside where they attended the sick, educated the daughters of the poor, managed hospitals, and cared for injured soldiers. Colin Jones is right in observing that the motherhouse in Paris did not only provide spiritual formation but the adjacent area became a training ground for their vocation as servants of the poor.²²⁶ Jones described their working condition with a characteristic detail: “Famine, plague, contagious disease and wars both foreign and domestic punctuated the lives of the labouring poor at the hectic tempo. Even at the best of times, moreover, the homes of the poor were the perennial locus of the dirt and disease, fetidity and fevers ... worsened the lot of the Daughters of Charity”.²²⁷ Their commitment to responding to epidemics and the courage they had in serving the poor is evident in the fact that Marguerite Naseau, who became known as the first Daughter of Charity, died in 1633 as a result of an illness while she was nursing a plague victim.²²⁸

The Sisters of Mercy was founded by an Irish woman, Catherine McAuley (1778-1841) in December 1831.²²⁹ Its rule and constitution had two characteristic chapters dealing with two particular apostolates of the institute: “the visitation of the sick” and “the protection of women”.²³⁰ Motivated by mercy, the women community set out “to instruct and comfort the sick and dying poor”.²³¹ They established a hospital in Pittsburgh on 1 January 1847 and others in Ireland and England during the subsequent years. Their identity was however more defined by their mercy works in the Crimean War of 1854 where they continually nursed wounded soldiers.²³²

²²⁶ Colin Jones, *The Charitable Imperative: Hospitals and Nursing in Ancient Regime and Revolutionary France* (London: Oxford, 1989), 37-39).

²²⁷ Jones, *The Charitable Imperative*, 40.

²²⁸ Kauffman, *Ministry and Meaning*, 22.

²²⁹ M.B. Bauman, *A Way of Mercy: Catherine McCauley's Contribution to Nursing* (New York: Oxford, 1959), iv.

²³⁰ *The Rule and Constitutions of the Religious Called Sisters of Mercy* (Dublin, 1863), 5. This is an English translation of the documents approved by Pope Gregory XVI in June 1841.

²³¹ *The Rule and Constitutions of the Religious Called Sisters of Mercy* (Dublin, 1863), 5.

²³² Kauffman, *Ministry and Meaning*, 25.

Therefore, the modern period Catholic healthcare system was more advanced as compared to that of the ancient and medieval periods. It comprised of special ministries directed to crisis situations such as epidemics and wars. Characterised by female gendered proliferation of care religious organisations and motivated by the need to attend to the special needs of women, Orphans and Vulnerable Children (OVC), the prostitutes, the mentally ill, and the poor, the system attempted to decentralise the provision of healthcare by taking education, social alms and equipments to the grass roots of the society. If the medieval period healthcare was a breakaway from the confines of religious leaders, then the modern period healthcare system was a breakaway from the confines of the medical practitioner in the hospital set-up. One may see this as an initial step toward public health system.

In the modern period (19th, 20th and early 21st centuries), Catholic responses to epidemics has tended to integrate the three models of care: the spiritual emphasis of the ancient period, the physical care of the medieval period, and the public health approach of the modern period. In America, for instance, during the Yellow Fever epidemic of 1819-21 in Maryland, the Catholic Church established almshouses which acted as “private voluntary hospitals that could provide for attending physicians instructing resident staff and for their continuing clinical education”.²³³ They cared for the homeless, prostitutes, alcoholics, and the incurably and chronically sick. There was a strong component of research and training. Charles Rosenberg rightly notes that “the internal logic of almshouse allied it more closely to the hospice of the Middle Ages than to the twentieth-century hospital.”²³⁴ However, during the cholera epidemic which hit American cities severely in 1832, 1848-49, 1850-54, and 1866, there was a convergence of the popular attitudes and professional opinion that “cholera was a scourge not of mankind but of the sinner”.²³⁵ In a Pastoral Letter, dated 29 June 1832, Archbishop James Whitfield of Baltimore provided a Catholic response to the epidemic noting that the cholera epidemic was intended “to persuade men, guilty of mortal sin, to approach the sacraments”. “Who

²³³ John Carroll and Margaret Reher, *Catholic Intellectual Life in America* (New York: Crossroad, 1989), 1-29.

²³⁴ Charles Rosenberg, *The Cholera Years: The United States in 1832, 1849, and 1866* (Chicago: Crossroads, 1962), 40

²³⁵ Rosenberg, *The Cholera Years*, 40.

does not see in this plague the finger of God,” wrote the Archbishop, “Yes, it is the scourge of the Lord, whose wrath is enkindled against the nations of the earth”.²³⁶ In 1845, however, Archbishop Whitfield suffered from the cholera which also fatally struck the sister who nursed him. This led to the establishment of the Servants of the Immaculate Heart of Mary of Monroe, Michigan, which was dedicated to caring and educating the poor among the people of colour on cholera. Therefore, cholera, a scourge of the sinful to many Americans in 1832, including Catholic religious leaders, had, by 1866, become the consequence of remediable faults of sanitation.²³⁷

Therefore, the Catholic response to epidemics in the past has been characterised by a strong undercurrent of spirituality. That spirituality was either a direct focus where the sick were prayed for and sacraments were administered or a motivation for those involved in caring for the sick to see this service as an essential service unto God. It is this element of spirituality that has enabled certain members of religious congregations to sacrificially take up risky, vulnerable and sometimes even dangerous tasks in the care of the sick. Catholic response to epidemics has also been characterised by a tendency to mobilize communities towards taking action to help those afflicted. This has had to do with awareness creation as well as training of community health workers. The Daughters of Charity, for instance, responded to the American cholera epidemic by taking health education to the ordinary people as well as by equipping local people with tools that could capacitate them in improving their health status.²³⁸ The Catholic way of responding to epidemics has also been specifically targeted to the poor in the society. The Catholic responses to epidemics were almost exclusively interested in mitigating the impact of diseases among the poor, underprivileged, and those people with special needs in the society. They may also be described as having been collaborative with governments, instrumental in research work, and proactive in engaging communities at grass root level.

²³⁶ Whitfield’s Pastoral Letters, June 29, 1832, RG 26, Box 8, Sulpician Archives, Baltimore.

²³⁷ The same thought is cited by Charles Gusmer, “Anointing of the Sick,” in *New Dictionary of Theology*, ed. Joseph Komonchak, Mary COLLINGS, and Dermot Lane (Wilmington, DE, 1987), 23.

²³⁸ Jones, *The Charitable Imperative*, 37-39.

In view of the above, one would expect the church to have employed some of these competences in responding to the HIV and Aids epidemic in South Africa. Training and capacity building of individual members of the society, for instance, are valuable resources that the church could employ in responding to the Aids epidemic in South Africa. Like the cholera epidemics in Europe and America, the HIV and Aids epidemic in South Africa has tended to be more severe among the poor people. In view of its historical responses to cholera epidemics, one would expect the Catholic Church to have devoted a special attention to the poor people in the HIV and Aids epidemic in South Africa. Similarly, one would expect that response to have been community centred. This may consist of, as in the case of cholera epidemics in America, an aspect of community mobilization towards some form of action, household visits, and community based institutions of care.

2.3 Aids in the Context of the Historical Study of Sexuality and Gender

Given the nature of HIV and Aids epidemic, the interrelationship – often troublesome for the church – with matters of a sexual nature, as well as the moral and interventionist issues that are at stake, it is of necessity that this study be placed within the historical development of the study of sexuality. For the Catholic Church the matter is complex due to its traditional view of sex and marriage. In the church's tradition and teachings, marriage is a sacrament ordained by God.²³⁹ Sex is only acceptable in the context of marriage and is primarily aimed at procreation. Entering marriage with the intention of never having children is a grave wrong and more than likely ground for an annulment. As a result, contraception is not allowed.

Although the Catholic Church's position on sex and sexuality seems to have its roots in the medieval western culture, sexuality in the western society has continued to change over time. During the 16th century, the Catholic view of sexuality was dominant. As Michel Foucault argued, sexuality was not, as it is today, seen as a strong, obvious force, but as something treacherous, something only to be found by careful introspection.

²³⁹ "Catechism of the Catholic Church, Second Edition, Article Seven, Paragraph 1601". Vatican.va. <http://www.vatican.va/archive/catechism/p2s2c3a7.htm#I>. Accessed on 10 October 2010.

Therefore every detail had to be laid forth in confession; every trace of pleasure experienced had to be examined to find the traces of sin. However, making sexuality something sinful did not make it disappear.²⁴⁰

With the enlightenment of the 17th century, the view of sexuality as something sinful to be confessed mutated.²⁴¹ It was adapted to modern demands of rationality by turning itself into a science. Foucault identified five reoccurring themes in the enlightenment “science of sexuality”: the sodomite as a recidivist, the body of women which became sexualized because of its role as a child bearer, the sexuality of children and their protection from the dangers inherent in masturbation, the importance of sexuality for reproduction and population growth. The reaction of the Catholic Church to this sudden reconstruction of sex and sexuality in the western culture was obvious; the church saw sex as a problem. The dominance of male clergy in the church policy making allowed for a strong patriarchal position to develop.

The sex revolution of the 1970s became another major turning point in the history of sexuality. According to Foucault, the control and discipline essential to modern institutions caused internal repression of individual sexuality. This led to a major eruption in the 19th and 20th centuries in the form of secretive sexuality evidenced in the recognition of female sexuality and gay movement.²⁴² This is what Antony Giddens called “plastic sexuality,” a sexuality freed from its intrinsic relation to reproduction and brought about by the evolution of modern capitalist and democratic society.²⁴³ The Catholic Church remained firm but embarrassed by the whole new development. There was fixation in the church’s perspective on sex and sexuality in the sense that sex as an aspect of marriage did not offer space for broader understanding of sexuality within its socio-economic and cultural dimensions. Meanwhile, industrialization and advancements

²⁴⁰ Carolyne Dean, “The Productive Hypothesis: Foucault, Gender, and the History of Sexuality,” *History and Theory* 33 October, 1994), 271-296.

²⁴¹ Gusmer, “Anointing of the Sick,” 24.

²⁴² Stacy Coyne, *Sex and Social Order: The Transformation of Intimacy* by Antony Giddens, http://www.associatedcontent.com/article/31723/sex_and_social_order_the_transformation_pg2.html?cat=38 accessed on 10 June 2010.

²⁴³ Antony Giddens, *The Transformation of Intimacy: Sexuality, Love and Eroticism in Modern Societies* (London: Stanford University Press, 1992), 16.

in contraception radically altered interactions between men and women, whereas the rise of psychoanalysis reconstructed gender identities such that relationships that were once initiated due to financial need or the pull of procreation began to revolve around passion and courtship. Consequently, sexuality became “an open secret- regarded as unnatural and even perverse,” by the church but “obsessively discussed through a scientific or medical perspective” in the society.²⁴⁴

In Africa, the social construction of sex and sexuality has been influenced by stereotypes of both the westerner and the African. Signe Arnfred’s work has raised a strong critique on the discourse depicting African sexuality as savage, uncontrollable, exotic, irrational, and primitive, with women as victims of patriarchal control.²⁴⁵ According to her, this is African sexuality of Western imagination.²⁴⁶ Similarly, earlier African stereotypes emphasized procreation while downplaying pleasure and desire. They moralized sexuality and demonized female sexuality. These ideologies are part of the modern period paradigm predominant in the western societies and transferred to Africa through colonialism and immigration. They are now operative in Africa and reinforced by Africans.

Recent works on the subject have focused on liberating African sexuality from these stereotypes. Peter Delius and Clive Glaser rightly observed that the “desperate circumstances of the AIDS epidemic has not only forced the wider society to confront questions about the nature and impact of sexuality. It has also persuaded more historians that these are issues that need to be included in any serious consideration of the making of the modern ... Africa”.²⁴⁷ Similarly, *Re-thinking Sexualities in Africa*, a book edited by Arnfred, “explores the ways in which gender and sexuality in African contexts have been stereotyped and silenced” by examining these meanings from the perspectives of Africans.²⁴⁸ Most important, however, Arnfred’s work offers a valuable insight into

²⁴⁴ Coyne, *Sex and Social Order*, 2.

²⁴⁵ Michelle Johnson, “Re-thinking Sexualities in Africa (book review),” *Journal of the History of Sexuality* (January, 2006), 22-31.

²⁴⁶ Signe Arnfred, ed., *Re-thinking Sexualities in Africa* (Uppsala: Nordic African Institute, 2004), 276.

²⁴⁷ Peter Delius and Clive Glaser, “Sexual Socialisation in South Africa: a Historical Perspective,” *African Studies* Vol. 61 (July 2002), 27-54.

²⁴⁸ Signe Arnfred, ed., *Re-thinking Sexualities in Africa* (Uppsala: Nordic African Institute, 2004), ff.

understanding the relationship between patriarchy and masculinities, a key component in the study of African sexuality. Her contribution in this regard is the attempt to offer alternative constructions of gender relations in Africa beyond the phallogentric as well as ethnocentric biases of the modern period.²⁴⁹ The concept of sexuality in which man is posed as the subject and woman as ‘the other’ and development is perceived as an unilinear move from ‘tradition’ to ‘modernity’ with the Western world as the standard of measure which promises emancipation of women in the world is seen by Arnfred as not only a modern period paradigm inherent in contemporary studies of sexuality in Africa but also standing in sharp contrast to constructions of gender relations nuanced from African’s conceptualization of their own reality.²⁵⁰ Therefore, according to Arnfred, ‘otherness’ of the female sex is not a given; it is a construction.

The Catholic Church’s perspective on sexuality and early stereotypes on African sexuality have a lot in common. First, they have a common origin in the medieval and modern paradigms. Second, they see sex as exclusively belonging to marriage and primarily directed towards procreation. Third, they are gendered in the sense that they allow for excessive use of male power so that men tend to dominate women sexually by imposing a patriarchal will. This context is the key driver of the HIV and Aids epidemic in Africa. The epidemic not only reinforces the stereotype of an oversexualised and sexually careless African population but also exposes the abuses of male power over the female in both the African sexuality and in the Catholic Church. As a result, the church is happy to provide care to the sick but is embarrassed by a disease which is of a clear sexual nature. By focusing on the condom issue the Catholic Church conveniently ignores this reality of male domination. The church’s hierarchy which is male-dominated and is in charge of writing doctrinal documents fail to understand how Aids is a gender problem.

²⁴⁹ Signe Arnfred, “Simone de Beauvoir in Africa ‘Woman = the second sex?’ Issues of African Feminist Thought,” *Jenda, A Journal of Culture and African Women Studies* vol.2, 1 (2002), 1-20.

²⁵⁰ Signe Arnfred, “Simone de Beauvoir in Africa ‘Woman = the second sex?’ Issues of African Feminist Thought,” *Jenda, A Journal of Culture and African Women Studies* vol.2, 1 (2002), 1-20.

2.4 Aids in the Context of Global Social Changes

In Africa, and more particularly in South Africa, the Aids epidemic was shaped by socio-economic circumstances going back to the 19th century. As Philip Setel succinctly argued, “the newness of HIV is illusory” since many aspects of the Aids epidemic for developing countries in Africa and Asia can be summed up in the idea of “old crisis, new virus”.²⁵¹ Therefore, for one to understand the motive forces behind the epidemic, “one must begin by examining the constellation of forces that gave rise to conditions of risk and contagion in which HIV has so devastatingly thrived”.²⁵² Milton Lewis and Scott Bamber have listed ten factors that have had divergent manifestations in the African Aids epidemic: “colonialism (including the internal colonization of ethnic minorities); economic growth; urbanization; migration of labour; gender and economic inequality; religion and sexual morality; war; permeability of borders; nationalism and xenophobia; and economic and political barriers to effective health services”.²⁵³ In view of this, the appropriate starting point for an enquiry into the nature of the Aids epidemic in South Africa is not the date when the first case was diagnosed in the country, in this case 1982, but rather far back in the colonial era.

It is noteworthy that religion in Africa, and particularly Christianity, while being a liability in the response to HIV and Aids as one of the factors shaping the discourse on the epidemic in a negative way, has also been an asset through its ability to care for the sick and orphans.²⁵⁴ Although church organizations have a long history of providing social services in Sub-Saharan Africa, it was not until the early 1990s that they started to be recognised by social scientists as key players in development following their renewed focus in responding to the negative effects of structural-adjustment programs.²⁵⁵ A platform for constructive dialogue between religious organizations and the international

²⁵¹ Philip Setel, Comparative Histories of Sexually Transmitted Diseases and HIV/AIDS in Africa: An Introduction in Philip Setel, Milton Lewis and Maryinez Lyons, eds., *Histories of Sexually Transmitted Diseases and HIV/AIDS in Sub-Saharan Africa* (London: Greenwood Press, 1999), 1-17.

²⁵² Setel, Comparative Histories of STDs and HIV/AIDS in Africa: An Introduction, 6.

²⁵³ Milton Lewis and Scott Bamber, Introduction, in Milton Lewis, Scott Bamber, and Michael Waugh, *Sex Disease and Society: A Comparative History of Sexually Transmitted Diseases and HIV/AIDS in Asia and the Pacific* (Westport: Greenwood Press, 1997), 1-15.

²⁵⁴ Philippe Denis, “The Church’s Impact on HIV Prevention and Mitigation in South Africa. Reflections of a Historian,” *Journal of Theology for South Africa* 134 (July 2009), 66-81.

²⁵⁵ Gerald Clarke, “Faith Matters: Faith-Based Organizations, Civil Society, and International Development,” *Journal of International Development* 18 (October 2006), 835-848.

aid community was laid on the occasion of the launching of the World Faith Development Dialogue (WFDD) in 1998. Since 2000, WFDD has been involved in the preparation of the World Development Reports, the organization of workshops on poverty and development at Millenium World Peace Summit for Religious and Spiritual Leaders and the initiation of exploratory interfaith programs in Tanzania, Ethiopia, South Africa and Guatemala.²⁵⁶ Hansjorg Dilger has argued that this recent integration of religious initiatives into internationally driven development efforts in Africa has been embedded in the wider reconfiguration of the continent's "social welfare system from the early 1980s onward, shaped by the decline of the postcolonial welfare state, the growing privatization and NGOization of the health sector, and the rise of the HIV/AIDS epidemic".²⁵⁷ Using a Tanzanian case study of two urban Pentecostal churches, Dilger observed that HIV and AIDS are not the core concern of religious congregations that have become involved in the struggle against the epidemic. Instead, the churches' responses to HIV and Aids "are part of a wider social and moral project, which aims at the encompassing reconfiguration of their members' individual and collective life circumstances".²⁵⁸ Their central challenge in responding to the epidemic is not whether condoms should be allowed or not but rather how they can protect themselves from the lures and threats of an evil and harmful world. They therefore resort to morality and spirituality as a way of establishing a utopian world order shielded from the dangers brought about by social forces around them. In effect, these religious organisations are responding to the challenges brought about by capitalistic labour systems, colonialism, corruption, poverty, gender violence and sicknesses.

In South Africa, this project of moral reformation by religious organizations has had an individualizing effect on the discourse of the Aids epidemic as a result of relating the spread of the disease to "multiple instances of individual risky behaviour caused by lack

²⁵⁶ See Erica Bornstein, *The Spirit of Development: Protestant NGOs, Morality, and Economics in Zimbabwe* (Stanford: Stanford University Press, 2005); Stephen Ellis and Gerrie ter Haar, "Religion and Politics in Sub-Saharan Africa," *Journal of Modern African Studies* 36 no.2 (June 2006), 175-201.

²⁵⁷ Hansjorg Dilger, "Doing Better? Religion, the Virtue-ethics of Development, and the Fragmentation of Health Politics in Tanzania," *Africa Today* 56 (1) (August 2009), 89-110.

²⁵⁸ Dilger, *Doing Better?* 104.

of information and poor decision-making”.²⁵⁹ This approach ignores constellating factors such as gender violence, wars, labour migration, social inequality and poverty “which prevent individuals from exercising any real control over their sexual life”.²⁶⁰ This explains why there has been high prevalence rate of infection among migrant labourers in South Africa as compared to the general population. Therefore, religious responses to diseases and epidemics such as HIV and Aids are not only shaped by historical circumstances of the given region but in turn impact either positively or negatively on the manner in which the larger society responds to the epidemic.²⁶¹ Religious efforts such as the moralising of HIV and Aids debates by the Catholic Church in South Africa during the 1980s may be viewed as a blueprint of a societal and political order that is stark in a cause and effect circle.

These historical circumstances preceding the emergence of the Aids epidemic directly affected the organizations responding to the epidemic.²⁶² The Catholic Church’s response to HIV and Aids in South Africa was in effect a response to the social stimuli that were manifest in its immediate environment. The context of apartheid and colonial systems of governance, the encroachment of cash economies, population growth, labour movement, and urbanization, the rise of neo-liberal order, the processes of secularization as well as the emergence of new South African state, and the waning of its service-provisioning, in particular that of medical care, influenced the Catholic Church in South Africa to respond to the Aids epidemic in tripartite stages, moving from ignoring it in the 1980s to accommodating it during the 1990s and finally integrating it during the 2000s. During the 1980s, these socio-economic and political forces did not give the space for the church to think through the epidemic. It was easy for the church to dismiss the disease as a moral problem. In the case of the 1990s, as Setel²⁶³ and Dilger²⁶⁴ rightly observed, there was a renewed focus on the role of social forces in conceptualizing Aids such that the epidemic

²⁵⁹ Denis, The Church’s Impact on HIV Prevention and Mitigation in South Africa, 71.

²⁶⁰ Denis, The Church’s Impact on HIV Prevention and Mitigation in South Africa, 71.

²⁶¹ Dilger, Doing Better? 104.

²⁶² Philip Setel, Local Histories of Sexually Transmitted Diseases and AIDS in Western and Northern Tanzania, in Philip Setel, Milton Lewis and Maryinez Lyons, eds., *Histories of Sexually Transmitted Diseases and HIV/AIDS in Sub-Saharan Africa* (London: Greenwood Press, 1999), 119-141.

²⁶³ Setel, Comparative Histories of STDs and HIV/AIDS in Africa: An Introduction, 8.

²⁶⁴ Dilger, Doing Better? 92.

was seen to have “derived more from the social conditions on the estates than the natural moral behaviour of the African people”.²⁶⁵ In effect, the Church organization saw Aids as a social problem and attempted to confront it by starting to address the negative effects of structural-adjustment programs.²⁶⁶ However, as the successive chapters in this work will argue, it was not until the year 2000 that organizations involved in responding to the Aids epidemic in the region started to appreciate the multifaceted nature of the epidemic. New stimuli in the South African epidemic such as the International Aids Conference held in Durban in 2000, increased mortality rates, proliferation of Aids related stigma, gender violence, orphan crisis and treatment campaigns aided in the re-conceptualization of the disease such that it was no longer a mere social problem but a more complex one that necessitated an integrated response. This would encompass a coordinated interaction between donor agencies, government, religious organizations, civil rights groups as well as individual members of the society.

This South Africa Catholic Church’s tripartite response to Aids between 1984 and 2005 is well supported by the organization theory which posits rationality as a characteristic of formal organizations.²⁶⁷ Organizations are capable to adapt to changes of the environment through a process of conflict, negotiation, coercion, and compromise.²⁶⁸ This occurs in the context of power contestation as perspectives and interests of individual members begin to shift. In the next chapters of the present study, I shall argue that the Catholic Church in South Africa went through power contestation over the organization’s response to HIV and Aids during the period under review. I contest that the church went through the normal organizational stages involved in responding to a new environment: ignorance, confrontation, and integration.²⁶⁹ During the ignorance period, certain charismatic members may develop an interest in the new perspective but lack the power to convince the leadership. During the confrontation period, the leadership is on board but the politics in the organization hinder the intended mobility. During the integration

²⁶⁵ Setel, *Comparative Histories of STDs and HIV/AIDS in Africa: An Introduction*, 8.

²⁶⁶ Gerald Clarke, *Faith Matters*, 836; Dilger, *Doing Better?* 103.

²⁶⁷ Lex Donaldson, *In Defense of Organization Theory* (Cambridge: Cambridge University Press, 1985), 10.

²⁶⁸ Lee Bolman and Terrence Deal, *Reframing Organizations: Artistry, Choice, and Leadership* (San Francisco: Jossey-Bass Publishers, 1991), 14.

²⁶⁹ Bolman and Deal, *Reframing Organizations*, 14-50.

period, prevailing politics as well as environmental context merge to enable minimum organizational shift.²⁷⁰

A more fundamental question with regard to global social changes concerns the place of religion in the society in view of the secularizing effects of social forces such as the neo-liberal order, the emergence of capitalistic forms of production, imperialism, and the creation of new states in the West. Charles Taylor, a Roman Catholic who is also an emeritus professor of philosophy at McGill University, has devoted his work to the question: What does it mean to call our society secular?²⁷¹ Has religion come to an end with the age of modernity? His answer is a resounding no. “To see secularization as simply the separation of church and state, the alienation of truth from power, and the rise scepticism and worldliness,” he writes, “is to miss the deeper and more enduring residues of religion and the spiritual life, the true ‘bulwarks of belief’ that have hardly eroded”.²⁷² Taylor is opposed to ‘subtraction stories’ of modernity, in which religious belief and other ‘confining horizons’ are ‘sloughed off,’ leaving the mind without faith or piety. On the contrary, he contests that “Western modernity, including its secularity, is the fruit of new inventions, newly constructed self-understandings and related practices, and cannot be explained in terms of perennial features of human life”.²⁷³

A similar conclusion was arrived at by Talal Asad, an Egyptian Muslim scholar on law and secularism, who argued that a secular society is a “modern construct based on the legal distinction between public and private, on a political arrangement requiring ‘religion’ to be subjected by law to the private domain, on an ideology of moral individualism and a downgrading of the knowing subject, on a celebration of the physical body as well as a range of personal sensibilities, that all emerged in Western Europe

²⁷⁰ See Bolman and Deal, *Reframing Organizations*, 14-50 and Donaldson, *In Defense of Organization Theory*, 10-12.

²⁷¹ Charles Taylor, *Sources of the Self, the Making of the Modern Identity* (Cambridge: Harvard University Press, 1989).

²⁷² Charles Taylor, *A Secular Age* (Cambridge: Harvard University Press, 2004), 1-2. See also John Patrick Giddens, “The Godless Delusion,” a book review on *A Secular Age* by Charles Taylor at <http://www.nytimes.com/2007/12/16/books/review> accessed on 12 August 2010.

²⁷³ The Godless Delusion, <http://www.nytimes.com/2007/12/16/books/review> accessed on 12 August 2010.

together with the formation of the modern state”.²⁷⁴ Asad rightly observes that this development in the West is very relevant to Africa due to the interconnectedness of the histories of the two continents. Both Taylor and Asad agree that there has been a retreat of religion from the public space to the individual category, at least in Western society. This phenomenon, they contest, should not be confused with the absence of either faith or spirituality in the society.

In Africa, secularism has had a rather different societal impact. Faith and spirituality have continued to thrive as public domains of the society. Indeed, faith and spirituality have become powerful tools for coping with Aids epidemic, poverty, and sex violence.²⁷⁵ The success of Pentecostalism and African indigenous Christianity has shown that African society is not only becoming more deeply religious but also that religion develops in the context of social and moral crisis.²⁷⁶ As a result of secularism, however, religion has tended to become an individual or personal endeavour with formal religious structures such as Catholicism steadily losing control. As the next chapters will argue, the Catholic leadership has had less influence on morality. This is well illustrated in the condom debate where a large fraction of Catholic membership did not subscribe to statements of their leaders on the use of condoms. Sexuality, survival and spirituality became so intertwined such that a reconstruction of the three in the face of Aids epidemic emerged as of utmost importance.

2.1 Conclusion

Therefore, the manner in which the Catholic Church responded to HIV and Aids in South Africa was influenced by various contextual factors. The church drew from its rich history of responding to epidemics in the world. In that history, there are heroic stories of its involvement in providing spiritual, medical, and social-economic care. At the same

²⁷⁴ Talal Asad, *Thinking about Secularism and Law in Egypt* (Leiden: ISIM, 2001), 1-2.

²⁷⁵ Mark Hunter, “The Materiality of Everyday Sex: thinking beyond ‘prostitution,’” *African Studies* Vol. 61 (July 2002), 99-120. The same point is made by Denis. See Philippe Denis, “Prayers and Rituals to the Ancestors as Vehicles of Resilience: Coping with Political Violence in Nxamalala,” Pietermaritzburg (1987-1991),” *Journal of Theology for Southern Africa* 128 (July 2007) 37-52.

²⁷⁶ See Anthony Balcomb, *Third Way Theology – Reconciliation, Revolution, and Reform in the Church during the 1980’s* (Pietermaritzburg: Cluster Publications, 1993), 19-22. See also Anthony Giddens, *The Class Structure of the Advanced Societies*. London: Hutchinson, 1973), ff.

time, the church's response to the epidemic was influenced by various theories of sexuality, some that were already imbued within the church structures and policies. Moreover, that response to the epidemic was in effect a response to social-political and economic conditions in the contemporary South African context. A study of Catholic response to HIV and Aids in South Africa, therefore, must take into account this broader context of the epidemic in which the institutional church operated.

3.1 Introduction

In this chapter, HIV and Aids related statements and activities of the Catholic Church in South Africa and in Natal between 1984 and 1990 are analysed. Whereas a few leaders were visionary enough to call the church to respond to the Aids pandemic as early as 1984, organised institutional response was delayed until 1990. I shall argue in this chapter that moral, organizational, and contextual barriers contributed to this delay. I also argue that the church saw Aids as a moral problem. As a result, its Aids theology was premised on morality. A major shift was evidenced by the end of 1990 so that, as I shall argue in the next chapter, in the 1990s the church saw Aids as a social problem and thereby started to provide care. I shall argue that the main Aids related activity within the Catholic Church between 1984 and 1990 to lead a discussion in Aids committees and workshops. Meanwhile, Aids related statements tended to focus on the sinfulness of condom use. Indeed, from a Catholic Church perspective, the Aids disease affected the ‘sinful’ groupings within the society. Aids was not seen as a problem directly associated with its membership and programmes. As a result, Aids was not a priority to the church organization. This led to wilful ignorance on the part of the institutional church during the seven years.

3.2 Early Visionary Leadership in the Catholic Response

Strictly speaking, there was no Catholic response to HIV and Aids in South Africa during the early 1980s. This is so because there was no collective or even institutional focus on the disease. There were, however, exemplary Catholic individuals who responded to the disease. Since the efforts of the individuals in question culminated in a collective involvement of the institutional church, they are viewed as forming the genesis of the Catholic Church’s response. The works of two Catholic priests were essential in forming that genesis. These are Father Ted Rodgers and Archbishop Denis Hurley. This section investigates their understanding of the epidemic, their efforts, and the implications of that effort to the entire Catholic Church’s response to HIV and Aids in the region.

3.2.1 Father Ted Rogers – A man way ahead of his days

According to Cardinal Wilfred Napier, the archbishop of Durban, the Catholic's response to HIV and Aids in southern Africa has its roots in the work of Father Ted Rogers.²⁷⁷ He was a Jesuit priest serving in "Zimbabwe many years before 1994".²⁷⁸ He was also a social worker. It was probably the rare combination of priesthood and social work that gave him the much needed aptitude to focus on a disease perceived to be impacting on populations removed from his immediate surroundings.

Ted Rogers started missionary activities in Zimbabwe, the former Rhodesia, in the late 1950s in the Jesuit mission.²⁷⁹ In 1963 he founded the St Peter's High School in Kubatana, Harare.²⁸⁰ In 1964 he founded the School of Social Work after an investigation "on the need for social work training in the country".²⁸¹ He played a key role in the development of the school as its first principal. Under his leadership, the school became an associate college of the University of Rhodesia.²⁸² As a Jesuit educationist and a social worker, Ted Rogers had become a key advocate for the social welfare of the people of Zimbabwe by the early 1980s.²⁸³

Social work therefore became Roger's entry point into Aids ministry. His understanding of the social fabric of Southern Africa prompted him to act as the church's 'warning finger' of the impending Aids catastrophe. Although the Jesuit Aids Project (JAP) and the African Jesuit Aids Network (AJAN) were not formed until in the early 1990s²⁸⁴, both of which have allegiance to his work, Dr Rogers already had strong interests in HIV and Aids as early as 1983. During an interview conducted by Patrick Kearney in 2006,

²⁷⁷ Napier, interview by author, 15 October 2007.

²⁷⁸ Napier, Interview by author, 15 October 2007.

²⁷⁹ See <http://www.jesuitaids.net/go.aspx?t=1:1> accessed on 13 February 2008.

²⁸⁰ See <http://www.jesuitaids.net/go.aspx?t=1:1> accessed on 13 February 2008.

²⁸¹ See-

archive.lib.msu.edu/DMC/African%20Journals/pdfs/social%20development/vol4no2/jsda004002001.pdf accessed on 13 February 2008.

²⁸² Edwin Kaseke, Opening Speech, Silver Jubilee Celebrations for the School of Social Work (1964-1989), Harare, Zimbabwe, 29 June 1989. See also archive.lib.msu.edu/DMC/African%20Journals/pdfs/social%20development/vol4no2/jsda004002001.pdf.

²⁸³ Edwin Kaseke, "School of Social Work Silver Jubilee: 1964-1989," *Journal of Social Development in Africa* 1(June 1989), 12-16.

²⁸⁴ Ted Rodgers continued to be the director of the Zimbabwe Jesuit Aids Project until 2005. See <http://www.jesuitaids.co.zw>, accessed on 13 February 2008.

Rogers remembered that “even prior to that [his appointment to the IMBISA directorship] I did get an interest because I saw there were things happening as a social worker”.²⁸⁵ It was out of this growing concern and involvement in the HIV and Aids prognosis that he was invited by the bishops of Southern Africa²⁸⁶ to facilitate an Aids workshop during their IMBISA meeting held in Harare in June 1984.²⁸⁷

In reference to this workshop, Cardinal Wilfred Napier, who was present at the workshop, described Rodgers as “a man way ahead of his days!”²⁸⁸ After listening to him, Napier concluded that:

[Ted Rogers] was a very creative person, creative and in a sense prophetic because he would see way ahead of everyone else, a particular need and see a way of how to meet that need.²⁸⁹

He was not only informed of the latest Aids medical findings but more importantly was able to anticipate the course of the disease and the repercussions of its outbreak in the wider African society. Basing his arguments on Africa’s poor medical infrastructure, the breakdown of the social unit, and the endemic poverty that had characterised most African communities, he urged the bishops “to be ready to respond to the disease in their respective dioceses”.²⁹⁰ In his analysis, Aids was fast moving from Europe and North America into all the parts of the world.

Both Cardinal Napier and the Diocesan Aids Coordinator of the Archdiocese of Durban, Zibukele Mqadi, agree that it was after this workshop that the Archbishop of Durban,

²⁸⁵ Ted Rogers, tape recording, interview conducted by Patrick Kearney in Durban, 22 September 2006.

²⁸⁶ The bishops of Southern Africa had a conference in Harare in 1984 which brought together the five bishops councils in southern Africa. Nine countries are represented in the southern Africa bishops council. These include South Africa, Botswana, Swaziland, Angola, Namibia, Mozambique, Lesotho, Swaziland, and Sao Tome and Principe. See Inter-Regi <http://www.africaonline.co.zw/imbisa/index.html>l onal Meeting of Bishops in Southern Africa (IMBISA) at <http://www.africaonline.co.zw/imbisa/index.html> accessed on 13 February 2008.

²⁸⁷ SACBC, “IMBISA – First Plenary Session: Concern, Consultation, Cooperation,” *Internos 2* (Sept./Oct. 1984), 3-9; Napier, Interview by author, 15 October 2007.

²⁸⁸ Napier, Interview by author, 15 October 2007.

²⁸⁹ Napier, Interview by author, 15 October 2007.

²⁹⁰ Napier, Interview by author, 15 October 2007.

Denis Hurley, became motivated “to do something about the disease”.²⁹¹ Napier remembers the reaction of Hurley to Rogers’ workshop in 1984. He reported:

When Archbishop Denis Hurley, my predecessor here in Durban, heard Ted Rogers, he was very taken by this prediction and the idea about how to tackle Aids.²⁹²

What Hurley understood was that the disease was fast spreading southwards of the continent and that “the church had to put its hands together in order to have a response to Aids”²⁹³ as a matter of urgency. Apparently, the relations between Hurley and Rogers over the issue of Aids did not end with the Harare workshop. During an interview with Liz Towell, one of the earliest Catholic nurses in KwaZulu-Natal to become involved in Aids, the name of Rogers came up again. Her memory went as far back as 1987. She narrated as follows:

In 1987, I met with our Archbishop Denis Hurley, who was then the archbishop of Durban, and we decided that the church needed to have some response. And so that was right at the beginning when nobody was doing much. And Archbishop Hurley was at the front deciding what to do. We made contacts with a priest in Harare. He is Father Ted. And he came and we all listened to his talk and how the situation was like in Zimbabwe.²⁹⁴

According to Liz Towell, Ted Rogers came to Durban in 1987 and conducted another Aids workshop at the invitation of Hurley. Apparently, the contribution of Rogers in Durban in sensitising the community towards a response to Aids was popular and well spoken of. This comes out clearly in this interview:

Joshua: Tell me about this Zimbabwean Catholic Priest, Father Ted.

Towell: Father Ted Rogers?

Joshua: Yes. When did he first come to speak to you?

Towell: In 1987.

Joshua: In the Cathedral?

Towell: Yes, in Durban.

Joshua: In Durban. And he met the committee or what?

Towell: No he spoke to Archbishop Hurley. Archbishop organised it all and invited as many people as wanted to come. So it was an open meeting. And there was quite a turn out. And since then I have

²⁹¹ Mqadi, Interview by author, 30 January 2008.

²⁹² Napier, Interview by author, 15 October 2007.

²⁹³ Mqadi, Interview by author, 30 January 2008.

²⁹⁴ Towell, Interview by author, 9 July 2008.

been meeting this Father Ted Rogers almost after every other year.

Sabbath Mlambo, a Catholic nurse from Clermont in KwaZulu-Natal concurred with Liz Towell that Father Ted Rogers became a great motivation for them in responding to the Aids disease.²⁹⁵ She not only introduced Towell to Archbishop Hurley in 1987 but also assisted in bringing in more nurses to listen to Ted Rogers' lecture. The lecture helped in putting into perspective what they had started to do out of their own respective initiatives.²⁹⁶

The *Southern Cross* sources shed more light into the activities and statements of Rogers in response to Aids. In an article entitled *Zimbabwe churches join anti-Aids drive* that was published on the 2 August 1987, Rodgers was cited as having masterminded the formation of a "committee to recommend ways of limiting the spread of Aids" in Zimbabwe.²⁹⁷ His advisory voice in the *Southern Cross* on matters of Aids had become rather common. On 2 August 1987, the *Southern Cross* reported as follows:

Father Rogers, secretary of Harare diocese, said that while the committee's recommendations were being awaited, the public should consider the Church's traditional position on human sexuality as one of the effective measures of limiting the spread of Aids.²⁹⁸

Father Rogers' voice was heard again in the *Southern Cross* three years later. This time he was the main speaker in an Aids workshop in Lydenburg, South Africa. As the director of IMBISA and the founding member of the Aids Counselling Trust (ACT), he extended his Aids campaigns to the dioceses of Tzaneen, Pietersburg, and Witbank. The workshop was attended by 62 Catholic Church leaders from the three dioceses.²⁹⁹ The *Southern Cross* reported on the workshop as thus:

²⁹⁵ Mlambo, interview by author, on 10 July 2008.

²⁹⁶ Mlambo, interview by author, 10 July 2008.

²⁹⁷ *Southern Cross*, "Zimbabwe churches join anti-Aids drive," 2 August 1987.

²⁹⁸ *Southern Cross*, "Zimbabwe churches join anti-Aids drive," 2 August 1987.

²⁹⁹ *Southern Cross*, "Aids experts meet in Lydenburg," 16 September 1990.

[Ted Rogers] used facts and figures from the World Health Organisation, and from his own experience of Aids in Zimbabwe to illustrate the vast proportions of the disease, the lifestyle and the social structures which promote this pandemic.³⁰⁰

The *Southern Cross* and oral evidence show that Ted Rogers played an important role in the 1980s in sensitising the Catholic Church towards responding to the Aids disease. Beginning from Zimbabwe and affecting the entire Southern Africa, Rogers conducted so many HIV and Aids workshops that he could hardly remember them all. In 2006 he shared his memories of the late 1980s to Kearney as follows: “I remember the start of it but we were involved in so many of these activities because we had another in Johannesburg, we had one in Maputo and Swaziland, I think, then...”.³⁰¹ According to an article published in the *Internos* of September 1989, Rogers and his regular Zimbabwean colleague in the Aids campaigns, Sister N. Nollan, conducted a total of 25 public meetings throughout South Africa.³⁰² Therefore, Rogers toured Southern Africa urging the Catholic Church leadership to become vigilant in organising a response to the unfolding crisis. As far as South Africa is concerned, and Natal specifically, he must be credited for sounding the Aids alarm!

3.2.2 Archbishop Denis Hurley – Laying the foundations

There is no doubt that Archbishop Denis Hurley returned to Durban in 1984 with a new commitment to respond to Aids. However, he did not have a clear vision on what to do. According to Napier, “When Hurley got down from the meeting in Harare, he immediately started to put together a committee to start discussing the ideas about Aids”.³⁰³ The sources differ as to when exactly Hurley started the Aids Committee in Durban. According to an Archdiocese of Durban’s church bulletin, the Diocesan Aids committee was officially launched by Hurley in June 1986.³⁰⁴ Both Liz Towell³⁰⁵ and

³⁰⁰ *Southern Cross*, “Aids experts meet in Lydenburg,” 16 September 1990.

³⁰¹ Rogers, interview by Kearney, 22 September 2006.

³⁰² SACBC, “Aids Awareness for Catholics,” *Internos* 2 (September/October 1989), 13.

³⁰³ Napier, Interview by author, 15 October 2007.

³⁰⁴ Archdiocese of Durban Church Bulletin, 12 August 1990.

³⁰⁵ Towel, Interview by author, 9 July 2008.

Sabbath Mlambo³⁰⁶ insisted that the committee was started in 1987. Paddy Kearney³⁰⁷ and an article in the *Southern Cross*³⁰⁸ gave an even later date, July 1990. Although there are several possible explanations for the mix-up of dates, it is not impossible to reconcile the dates using internal evidence. According to both Mlambo and Towell, they became acquaintances and colleagues as a result of working together as Natal Health Department nurses. In 1986, Mlambo took Towell to the archdiocesan offices in Durban to do some photocopies. It was Mlambo who introduced Towell to Archbishop Hurley. After hearing of the Aids activities that the two ladies were involved in, Hurley suggested that they begin an Aids Committee.³⁰⁹ However, the actual committee only started sitting way into 1987. Napier and Mqadi are in agreement with that chronology of events. Kearney and the *Southern Cross* sources speak of a much later development of the committee. They refer to a time when it was re-launched as a more organised Aids ministry.³¹⁰ If this chronology is anything to go by, it follows that it took Hurley three years (1984-87) to set up the Aids committee.³¹¹

Apparently, Hurley's urgency to start the Aids committee was delayed by many other pressing concerns in his life and work. For instance, in 1984, Hurley was indicted for treason after having accused the South African army of atrocities in Namibia.³¹² On the day of trial in February 1985, the courtroom was filled with bishops who had come to show support for the archbishop. Indeed, in the 1980s Hurley was always campaigning for political change in South Africa. Besides leading several peace matches, he was a key negotiator for peace between the Inkatha Freedom Party (IFP) and the United Democratic Front (UDF) in the series of political wars that broke out in KwaZulu and Natal in the

³⁰⁶ Mlambo, interview by author, 10 July 2008.

³⁰⁷ Patrick Kearney, digital recording, interview by author at Pietermaritzburg, 20 August 2008.

³⁰⁸ *Southern Cross*, "Aids Care committee for Durban," 4 November 1990.

³⁰⁹ Mlambo, interview by author, 10 July 2008.

³¹⁰ I shall return to this issue later in this chapter where I will show the transition that the committee underwent in the late 1990.

³¹¹ Emmanuel Cathedral Small Christian Communities, *Break the Silence: Community Serving Humanity* (Pretoria, SACBC, 2001), 10.

³¹² See [links.jstor.org/sici?sici=0022-278X\(199103\)29%3A1%3C27%3ASAPCAT%3E2.0.CO%3B2-T](https://links.jstor.org/sici?sici=0022-278X(199103)29%3A1%3C27%3ASAPCAT%3E2.0.CO%3B2-T) accessed on 15 February 2008.

late 1980s and early 1990s killing approximately 20,000 people.³¹³ As a patron of Diakonia since 1981, Hurley was ‘a hands-on leader’ in matters pertaining to ecumenism and social life in KwaZulu and Natal.³¹⁴ Hurley chaired the SACBC between 1981 and 1987. It was however the pastoral plan known as ‘Community Serving Humanity’ that took most of Hurley’s passion and energy. As the chair of the SACBC’s Pastoral Plan Advisory Committee in 1987, he was determined to see to it that the Pastoral Plan became a reality. Out of this effort, the pastoral plan was nationally launched in every parish on the Pentecost Sunday of 14 May 1989. Meanwhile, in accordance with Canon Law, Hurley had to offer his resignation to the Pope at the age of 75. Hurley reached this age on 9 November 1990 and handed in his resignation to Pope John Paul II. It was effected on 23 June 1991. Kearney,³¹⁵ the director of Diakonia, who not only worked closely with the archbishop in the 1980s but also interviewed him severally, rightly observed that in the late 1980s, “Hurley was not just concerned about the political situation in South Africa. He knew he had only a few more years to ensure that he could hand over a lively and healthy diocese to his successor”.³¹⁶

Evidently, there were many pressing political, religious, and administrative issues that clamoured for Hurley’s attention between 1984 and 1990. With regard to Aids however, and to the amazement of Rogers, “he responded more or less instantly when he saw there was a big need for it. That helped me to understand more and more that he was a person who would see a problem and do something about it not just sort of wait and see what was going to happen next”.³¹⁷ There is no doubt, therefore, that Hurley’s decision to put up a committee in 1987 was a major milestone in the Catholic response. This move, however, was neither unique to the Catholic Church nor to the Southern Africa region. A similar pattern had been used by the government of South Africa when it established the Aids Advisory Committee in 1985.³¹⁸ The bishops’ conferences in the USA and Germany

³¹³ Kearney, interview by the author, 14 August 2008.

³¹⁴ Paddy Kearney, Interview by author, 14 August 2008.

³¹⁵ Patrick Kearney, who is known as ‘Paddy,’ was awarded an honorary doctoral degree by the University of KwaZulu-Natal on 17 April 2009.

³¹⁶ Patrick Kearney, “Archbishop Denis Hurley: Guardian of the Light, A life Against Apartheid,” unpublished book, 2008.

³¹⁷ Rogers, interview by Kearney, 22 September 2006.

³¹⁸ Oppenheimer and Bayer, *Shattered Dreams?* 30.

already had advisory Aids committees by the end of 1985.³¹⁹ Most likely, these examples influenced Hurley in setting up an advisory committee in Durban.

By that time, an increasing number of people, especially white gay men and Malawian mine workers, were struggling with the disease.³²⁰ Some Catholics were struggling with the disease too.³²¹ Glenda Gray, a medical practitioner in Natal during the mid 1980s, personally knew Catholic gay men who struggled with Aids and would not disclose. Speaking of her supervisor and mentor, a gay man who by 1986 had hopelessly fought the demons raised by HIV: degenerative illness, stigma, fear of disclosure, and death, she recounted his experience as follows:

He vacillated from being in complete denial to looking at alternative medicine; he started running to improve his health and took homeopathic remedies. He struggled because he was from a Catholic family, and even at his funeral, no one mentioned that he had died of AIDS.³²²

That in the 1980s Aids was an experiential reality for the Catholic Church and that both priests and doctors were ashamed of it is undisputable. The idea of a Diocesan Aids Committee, as was later branded, was therefore necessitated by the acute lack of knowledge about this disease even among medical professionals. Denis Hurley thought that a committee involving a few concerned persons would give him a direction. The committee, therefore, became an important point of reference. Its task was mainly information acquisition and dissemination. According to Napier, the committee was a significant focal point in the church's Aids ministry. He summarised its roles as follows:

That committee was the beginning of a Catholic Church's response to HIV and Aids here in KwaZulu-Natal, I would say, because they looked at first of all, the awareness and information about the disease? How do we get the information? Where do we get the accurate

³¹⁹ *Southern Cross*, "Total Care system for AIDS victims," 27 October 1985.

³²⁰ Oppenheimer and Bayer, *Shattered Dreams?* ff; Stephen Muoki Joshua, *The History of AIDS in South Africa: A Natal Ecumenical Experience in 1987 – 1990*. Unpublished Thesis Dissertation, University of KwaZulu-Natal (UKZN), 2006.

³²¹ Emmanuel Cathedral Small Christian Communities, *Break the Silence: Community Serving Humanity* (Pretoria, SACBC, 2001), 11.

³²² Oppenheimer and Bayer, *Shattered Dreams?* 33.

information from? How do we get out that information and how do we get that information out in a way that it is going to cause people to be aware that they need to change or need to act in a particular way?³²³

The committee comprised of ten members, namely: Archbishop Denis Hurley, Dr Peter Brain, Fr Derrick Butt, Mr Mid du Preez, Mrs Sabbath Mlambo, Mr Bekie Mbili, Dr Greg Munro, Mrs. Liz Towell, Miss Iris Pillay and Dr Hermann Schumann.³²⁴ Because Aids was perceived to be a domain belonging to the medical profession,³²⁵ Hurley's committee was predominantly comprised of such. Seven members of the committee were medical doctors and nurses. There were also some priests and one social worker. The committee was multiracial and gender balanced. Hurley had identified resourceful Catholic professionals who were either interested in the Aids disease or were already involved with the disease in their fields. Liz Towell, for instance, was a health practitioner working with the Department of Health long before she joined the Diocesan Aids Committee. She described her background in the following way:

I was a tutor at the health department. And I was teaching communicable diseases. So when Aids comes along, that's a communicable disease. So that was why I first of all got involved and understood and learned a little bit although it was not good information at the beginning. And then, whilst I was there, a post came up to open the first Aids, training and information centre for KwaZulu-Natal and so I got the job and so I opened the first centre for HIV and AIDS.³²⁶

Prior to 1986, she relied on the information from the Centres for Disease Control in Atlanta "to talk about this new disease that had come about".³²⁷ With her new appointment in the City Health Department, she became more resourceful in assisting Denis Hurley with framing a church response. She was eager to know more about the disease. She went on to describe her motivation as follows:

³²³ Napier, Interview by author, 15 October 2007.

³²⁴ *Southern Cross*, "Aids Care Committee for Durban", 4 November 1990.

³²⁵ Denis and Becker eds., *L'épidémie du sida en Afrique subsaharienne*, 9.

³²⁶ Towell, Interview by author, 9 July 2008.

³²⁷ Towell, Interview by author, 9 July 2008.

That was in 86. And it was really out of curiosity more than anything. I wanted to understand this new disease. I didn't think that there could possibly be a disease that affected only one category of people. At that time it was considered 'the gay plague' and that made no sense to me. So that is the reason why I got involved, you know.³²⁸

Towell differed with the Department of Health over its racially mitigated Aids programme and resigned to start her own Aids consultancy firm.³²⁹ Similarly, Sabbath Mlambo was a Catholic nurse working with the City Health Department. Following her early retirement in 1987, she enrolled for Aids Care and Counselling training programme under Towell. She in turn started training nurses in various clinics on primary health and Aids care. Therefore, the committee was made up of individual Catholics who had had a first hand experience with Aids patients one way or another. Liz Towell summarised its composition as follows:

Because with Archbishop Denis Hurley we formed a committee which was made up of myself, a psychologist, Mike, he is already dead now, in fact almost all of the committee members are dead now! But anyhow, Mike, he was a psychologist, and then the district surgeon, Herman Schumann, he is also dead now, Archbishop Denis is dead now. And so our committee was very small and was made up of people like a psychologist, a district surgeon, Archbishop Hurley and myself and then we invited two more nurses. And that was our first committee that we formed.³³⁰

The three nurses would eventually form the backbone of Catholic Aids care work in Natal. They were Liz Towell, Sabbath Mlambo, and Cathy Madams. Hurley laid the foundation for training and care in the church during the late 1980s by drawing in from resourceful and committed health care professionals. They spoke highly of Hurley's effort to motivate them and lead them towards responding to the disease. In their experience, the rest of the church leadership was not as supportive as Denis Hurley. Liz Towell described Hurley as follows:

It was very difficult to get the church on board. The church can be very strict to the point that it takes away the continuity of things and idolise the

³²⁸ Towell, Interview by author, 9 July 2008.

³²⁹ Mlambo, Interview by author, 10 July 2008.

³³⁰ Towell, Interview by author, 9 July 2008.

whole issue. However, if I have to say this, if it were not for Denis Hurley, he was so different. He understood the people and the community's dilemma. He understood the Catholic dilemma but he never interfered with how we worked. He only used to say, "Use your conscience".³³¹

According to Towell and Mlambo, Archbishop Denis Hurley did not impose Catholic moral teachings on health practitioners even when they contravened some of these teachings in the pursuit of a realistic communal response to HIV and Aids. On the contrary, he mobilised support and went out of his way to encourage any effort. Towell testified that during the 1980s even though gay people were highly stigmatised, Hurley did not shy off from showing compassion to them. He "used to come along and he embraced them no different to anyone". As a Catholic nurse heading the Department of Health Aids Centre in Natal, Towell counselled with many gay patients. Although the subject of homosexuality was taboo in the Catholic Church at the time, she worked in close association with the Gay Association of South Africa (GASA) and in collaboration with Archbishop Hurley who often visited her counselling classes. She remembers that because of the illegality of homosexuality in South Africa and the secrecy behind it "Aids was sometimes a lesser evil than being gay".³³² Even so, "Archbishop Hurley never let go, right up until he died". She further said: "When I say he never let go, he always solved the problems, he was always available, he was at touch with the community, he would meet with people with Aids, he would talk with the children, he was really into and part of the programme".³³³

On the basis of Towell and Mlambo's testimonies therefore, one can say that Denis Hurley laid the foundation for an institutional Catholic response to Aids in Natal by identifying and bringing together people who were already starting to respond to Aids in their own ways. He sourced training for those who were interested in Aids ministry. He provided a Christian rationale for a response and availed himself for moral support in the aid of any initiative.

³³¹ Towell, Interview by author, 9 July 2008.

³³² Towell, Interview by author, 9 July 2008.

³³³ Towell, Interview by author, 9 July 2008.

3.2.3 A Reflection on the role of Rogers and Hurley in Catholic Response to HIV and Aids

It is to be appreciated that these two priests, Rogers and Hurley, showed leadership in getting the church to respond to HIV and Aids. Rodgers was an executive director of IMBISA since 1988³³⁴ whereas Hurley was the president of SACBC (1981-1987).³³⁵ Both IMBISA and SACBC were strategically located to ensure that the Catholic Church in the region deals decisively with Aids. One would therefore, on the basis of the efforts of these two priests, argue that the hierarchy of the Catholic Church did not lack visionary leadership between 1984 and 1990 with regards to Aids.

The priests' efforts must be seen in the light of their timely and regional Aids context. During this period, Aids was barely known. Even though HIV had been diagnosed in the country in 1982,³³⁶ it was at the end of 1986 that people in South Africa became increasingly aware of its existence. Lieve Fransen rightly observes that although Aids was first recognised as a disease in 1981 and HIV as its cause in 1983, a systematic national and international response to the epidemic only took shape between 1986 and 1987.³³⁷ It is this period that witnessed the establishment of international Aids bodies such as the Global Programme on Aids (GPA) by the World Health Organization (WHO).³³⁸ Bilateral HIV prevention programmes in developing countries, such as those which were launched by the United States of America (USA) and the European Community (EC), started in 1986.³³⁹ In the same year, the World Council of Churches (WCC) published the article, *AIDS and the Church as a Healing Community*, in which it recommended ways in which member churches could become involved in responding to

³³⁴ *Southern Cross*, "Aids experts meet in Lydenburg", 16 September 1990. See also Rogers, interview by Kearney, 22 September 2006.

³³⁵ SACBC, Minutes of the Plenary Session held at St John's Vianney Seminary, Pretoria, 19-28 January 1988.

³³⁶ Alan Whiteside and Clem Sunter, *AIDS: The Challenge for Southern Africa* (Tafelberg: Human & Rousseau, 2000), 1.

³³⁷ Lieve Fransen in Alan Whiteside, ed., *Implications for AIDS for Demography and Policy in Southern Africa* (Pietermaritzburg: University of Natal Press, 1998), 6.

³³⁸ Whiteside, *Implications of AIDS*, 6-7.

³³⁹ Whiteside, *Implications of AIDS*, 6.

the Aids crisis.³⁴⁰ Whereas the Southern Africa epidemic was delayed as compared to that of Central Africa, John Iliffe observes that “the first serious alarm in South Africa emerged in 1986 when tests on African mineworkers found only 0.02 percent prevalence among South Africans but 3.76 percent among men from Malawi”.³⁴¹ By the end of 1986, a total of 16 white males had been reported by the media as having Aids.³⁴²

Gerald Oppenheimer and Ronald Bayer however propose a much earlier date for the Aids epidemic in South Africa. They argue that “although the official count rose slowly, by 1985 a severe gay epidemic was thriving in Cape Town, Johannesburg and slightly elsewhere”.³⁴³ In their view, the religious Afrikaner culture in which homosexuality was perceived to be illicit, illegal and sinful as well as the acceleration of the vast heterosexual epidemic in the early 1990s easily overshadowed the early 1980s gay epidemic.³⁴⁴ This is supported by reports published in the *South African Medical Journal*, the official publication of the South African Medical Association. Frank Spracklen, a pioneering Aids clinician in Cape Town, spoke about the epidemic. In 1985, he wrote in the *South African Medical Journal* that “[HIV] infection presents a growing and serious public health It has produced a rapidly mounting epidemic among homosexual men, primarily because of their promiscuity, propensity to infection and travel to countries such as the USA”.³⁴⁵ Indeed, the evidence in support of a full blown gay epidemic in South Africa prior to 1986 is overwhelming. An oral history study conducted by Oppenheimer and Bayer among medical doctors in South Africa unveiled detailed accounts of doctors overwhelmed by the gay Aids epidemic in the early 1980s and the government’s denial of the situation.³⁴⁶

³⁴⁰ World Council of Churches, *AIDS and the Church as a Healing Community* (Geneva: WCC Publications, 1986), 1-20.

³⁴¹ Iliffe, *The African Aids Epidemic*, 44.

³⁴² Joshua, *The History of AIDS in South Africa*, 54.

³⁴³ Oppenheimer and Bayer, *Shattered Dreams?* 22.

³⁴⁴ Oppenheimer and Bayer, *Shattered Dreams?* 23.

³⁴⁵ Frank Spracklen, “Aids and Public Health in a South African context,” *South African Medical Journal*, (June 1995), 14-21. See also a citation by Oppenheimer and Bayer, Oppenheimer and Bayer, *Shattered Dreams?* 23.

³⁴⁶ Oppenheimer and Bayer, *Shattered Dreams?* 21-27; 23.

Arguably, apartheid relegated the epidemic to the periphery until it was publicised by the media in 1986. So neglected was this epidemic that even the Aids Advisory Committee that was set up by the Department of National Health and Population Development in 1985 to monitor the increasing number of reported Aids cases in the country refused to give a hearing to doctors and nurses who were committed to treating and caring for Aids gay patients.³⁴⁷ The censorship of gay doctors was so prevalent that they would not receive ordinary government support nor be included in the Aids Advisory Committee. Dennis Sifris, a gay man who was privately treating Aids patients, believed he would have much to contribute to the Aids Advisory Committee. In response to his application he was told, “No, we can’t have you, because you represent one of the high-risk groups, and if we have a homosexual you’ve got to have a prostitute, and, God forbid, a Black person”!³⁴⁸ Steven Miller, another gay doctor who was himself HIV positive, expressed his frustration with his exclusion in the Aids Advisory Committee and described it as “a cabal of grey-suited men, who told the minister all that she wanted to hear”.³⁴⁹ Therefore, due to the secrecy about homosexuality in the country, its censorship by the government, and the apartheid inequalities of the 1980s, Aids information in the country was hardly shared across the board. Given the above context, the efforts of Rodgers and Hurley warrant some appraisal.

Not many churches in South Africa were involved in responding to the Aids disease during the 1980s. The Salvation Army was one of the earliest with its 1988 programmatic approach to training of its officers, the provision of care services in the ‘Oasis Drop-in Centre’ in Mayfair and the Fred Clarke Home in Soweto for abandoned children of parents with Aids.³⁵⁰ In August 1989, the Methodist Church’s Total Health Care Committee appointed a central coordinator, who was based in Johannesburg, and commissioned “two clerics in each district to devote two days per month to work in

³⁴⁷ Oppenheimer and Bayer, *Shattered Dreams?* 24-30.

³⁴⁸ Oppenheimer and Bayer, *Shattered Dreams?* 30.

³⁴⁹ Oppenheimer and Bayer, *Shattered Dreams?* 30

³⁵⁰ See Rev. D. Palos, Response of Churches to AIDS, unpublished paper delivered at the workshop of the Ministry of Health with Church Leaders, 29 May 1995, Civitas Building, Struben Street, Pretoria.

relation to HIV/Aids”.³⁵¹ The Anglican Church was, since 1987, involved in a protracted debate over the possibility of HIV infection during the administration of the Holy Communion elements. On 15 June 1987, the Church of the Province of Southern Africa (CPSA) in collaboration with the Church of England issued a three-page public statement on Aids as a rough guide for a Christian response in South Africa.³⁵² Apart from the 1989 formation of the CPSA Aids Task Force, which was meant to oversee the policy creation and implementation of CPSA’s response to AIDS, there was hardly any Anglican activity or programme involved in responding to the disease during the entire 1980s.³⁵³

There seems to have been very minimal deliberations on Aids in the Catholic Church hierarchy in the 1980s. The motivation to respond to the Aids disease as depicted in the works of Rogers and Hurley did not translate into Aids related programmes or even Aids department for the Catholic Church. It is not surprising therefore that there were only two occasions recorded in the SACBC minutes where the bishops talked about Aids prior to 1990. The first time Aids appears in the minutes is in a report on an Aids Conference held in London. The report is dated 19 January 1988 and reads as follows:

[Ms Pat McGregor] reported that Bishop H Slattery and Dr Newbury had attended a Conference in London on AIDS. Papers emanating from this Conference were distributed to the Bishops – and Ms McGregor said that the Commission would be following up this matter. The Church should be seen to be active in this area.³⁵⁴

According to *Southern Cross* sources, the conference that the two bishops attended was the first Worldwide-Governmental Conference on Aids held in London on 17 January 1988.³⁵⁵ The conference addressed the continued rivalry between churches, especially Catholic Bishop’s Conferences in North America and Europe, and their respective

³⁵¹ The Methodist Church of Southern Africa, *Imbali Ya: 75 Eminyaka Yamadodana Esithili Ikomani: 1930-2005* (Pretoria: MCSA Publications, 2006), 38.

³⁵² James Worthington, *The Anglican Church and AIDS: The Church of the Province of Southern Africa’s response to HIV and AIDS, 1987-1993*, unpublished paper, 2003.

³⁵³ James Worthington, *Lambeth Palace Library-Notes on Archives*, unpublished Aids research notes, 18-28 August 2003.

³⁵⁴ SACBC, *Minutes of the Plenary Session held at St. John Vianney Seminary, Pretoria, 20-26 January 1988*.

³⁵⁵ *Southern Cross*, “Safeguard ethics in dealing with Aids,” 28 February 1988.

governments over the “safe sex campaigns”. The same trend had started to replicate in Southern Africa, first in Zimbabwe in 1987³⁵⁶ and later in South Africa in 1988.³⁵⁷ Slattery did not take any action upon his return from the conference apart from reporting on its proceedings, at least not in the 1980s. There is no evidence that the SACBC did anything about the disease at that time. It was out of this concern that the reporters noted that the church needed to be seen doing something in this regard.

The second time that the bishops talked about Aids, according to the SACBC minutes, was in 1989 following a report presented by the Catholic Health Care Association (CATHCA).³⁵⁸ A controversy had ensued regarding the Church teachings in relationship to Aids and the work ethics of health professionals in Catholic health care institutions. As a result “research Aids questionnaires had been sent out to the Catholic hospitals”.³⁵⁹ The bishops were told that “the Ethics Committee of CATHCA was looking into Aids and the problems that arose in regard to Catholic nurses and doctors”.³⁶⁰ This report resuscitated an earlier concern for the bishops to take some action but again it fell short of securing drastic action or a statement from the bishops. The minutes read:

There ensued quite a discussion on AIDS and what the Church should be doing about this. An AIDS monitoring committee was to be set up by the conference this year. There was a suggestion that there be a symposium which would draw in other people. The entire issue of AIDS would be taken up later.³⁶¹

In both cases, January 1988 and January 1989, the bishops were actually responding to particular Aids related controversies – government’s safe sex campaign and the nurses and doctors ethics code. Apparently, the bishops’ discussions on Aids in both cases were

³⁵⁶ *Southern Cross*, “Zimbabwe Churches join anti-Aids drive,” 2 August 1987.

³⁵⁷ *Southern Cross*, “Aids Plan yes, but not condom Machines – bishops,” 7 February 1988.

³⁵⁸ SACBC Minutes of the Plenary Session held at St John Vianney Seminary, Pretoria, 06-13 January 1989.

³⁵⁹ SACBC Minutes of the Plenary Session held at St John Vianney Seminary, Pretoria, 06-13 January 1989.

³⁶⁰ SACBC Minutes of the Plenary Session held at St John Vianney Seminary, Pretoria, 06-13 January 1989.

³⁶¹ SACBC Minutes of the Plenary Session held at St John Vianney Seminary, Pretoria, 06-13 January 1989.

reactive as opposed to pro-active. The bishops were responding to the issue of Aids as it cropped-up instead of tackling it directly.

An obvious question would be why Hurley did not have more influence on the SACBC in Aids matters since he was the chairman of the bishops' conference since 1981. It is particularly striking that in spite of having a strong connection with its counterpart bodies in the USA and Europe in matters of HIV and Aids, the SACBC, under the chairmanship of Hurley, did not have any proactive response to Aids in the 1980s. Neither the 'gay plague,' so prevalent among white homosexual men since the early 1980s, nor the 'miners plague,' a fatal outbreak among Malawian mine workers in 1986, drew the attention of the conference. There is nothing in the SACBC minutes indicating that Hurley challenged the bishops to take action during the 1980s. There are two possible explanations for this. The first is the one already motivated above, that Hurley's 'hands' were already full. As the chair of the SACBC who was still involved with the directorship of Diakonia, a severe court case, the new pastoral plan, the KwaZulu-Natal peace negotiations and, most importantly, his imminent retirement as the archbishop of Durban, Hurley could hardly find time to take on HIV and Aids at the SACBC level. The second explanation is that Hurley saw the dioceses as the best starting point in responding to HIV and Aids. Aware that all the SACBC bishops were present at the 1984 IMBISA Aids workshop, he left it to other bishops to organise Aids related activities and programmes at their dioceses. One may not rule out the possibility that both explanations were at stake here given that Rogers credited Hurley's response as relatively quick and satisfactory.³⁶²

Generally speaking, however, "the Catholic Church's response to HIV and Aids got off to a slow start," influenced "by social-political realities, by ethical dilemmas, and by an inability on the part of the Catholic Church and community leadership to recognize signs of impending calamity".³⁶³ As noted by Alison Munro, the SACBC National Aids Coordinator since 2000, not only did the institution of the Catholic Church fail to recognise the catastrophic gay plague of the 1980s but it lacked the urgency and the

³⁶² Rogers, interview by Patrick Kearney, 22 September 2006.

³⁶³ Alison Munro, *Belated, but Powerful: The response of the Catholic Church to HIV/AIDS in Five Southern African Countries* (Pretoria: SACBC, 2001), 1.

decisiveness in responding to the Aids disease in the general population. The efforts of Rogers and Hurley in the 1980s can only be taken as exceptional cases. Besides, their campaigns did not translate into institutional responses in the 1980s. Rogers showed his disappointment with the bishops' lack of concern for Aids, both at the IMBISA and SACBC levels, when he said: "You know, in this area Zimbabwe had started and we were trying to sort of share our knowledge and understanding with the people of IMBISA and I did want to have a special ... eventually a special sort of office in IMBISA for Aids but we never got ... the bishops never approved that, they approved ... they were approving of Justice and Peace but they didn't get down to Aids in the sense that ... whether they thought it wasn't as important at that stage or not I don't know. But this was a general thing... it was a general problem".³⁶⁴ Therefore, apart from the exemplary intervention of Hurley in the Archdiocese of Durban and the persistent campaign of Rogers, the bishops and the institutional church in South Africa largely ignored the issue of Aids during the 1980s.

3.3 The Condom Debate – Condom use is sinful?

Until 1986, the idea of condom use as a method of HIV prevention had not emerged in Southern Africa Catholicism. 'Abstinence' of sexual intercourse was seen as the only, and in a way, the obvious method of HIV prevention.³⁶⁵ It is no surprise therefore that the 1984 IMBISA bishops' Aids workshop in Harare never discussed the use of condoms.³⁶⁶ Since Aids was perceived as a moral disease, a programme of moral regeneration was advocated by the church as the best prevention method as opposed to a purely technical or medical intervention. The church's message was loud and clear, Aids is caused by sinful acts such as homosexuality, prostitution, and intravenous drug abuse.³⁶⁷ Therefore, according to the church, Aids vindicated its traditional sexual teachings. Moral reform was seen to be inevitable in stemming the tide of the disease's spread.

³⁶⁴ Rogers, interview by Kearney, 22 September 2006.

³⁶⁵ Archdiocese of Durban Catholic Archive, Aids Collection, Durban 102, 10 November 1986.

³⁶⁶ Napier, Interview by author, 15 October 2007.

³⁶⁷ Mqadi, Interview by author, 30 January 2008.

By the beginning of 1987, however, statements by Catholic bishops abroad critiquing the condom prevention method had become popular in the pages of the *Southern Cross*. In February 1987, the German Bishops Conference added its voice to that of the Irish and English Bishop's conferences in criticising condom use.³⁶⁸ In the same year, the American bishops dashed hopes of fully sanctioning the use of condoms in their second letter on Aids entitled "Called to Compassion and Responsibility".³⁶⁹ A common denominator in these criticisms was that they were triggered by the government's launch of 'condom campaigns' in the respective countries. In response to the West Germany government's condom campaign which comprised of over 66 million advertisements in newspapers and magazines with the wordings "Trust is good; condoms are better," the Germany bishops indicated that "such a campaign should have recommended chastity and fidelity rather than the use of prophylactics in sexual relations with strangers or variable partners".³⁷⁰ The French Bishop's Conference was probably the earliest to clearly distance itself from the Holy See on the subject, saying of Aids in 1989, "Prophylactic measures exist."³⁷¹

The Catholic Church therefore reacted to government's condom campaigns almost instantaneously in several countries. This conflict was taken up further in international conferences. Speaking at the first Worldwide Governmental Conference on Aids held in London on 17 January 1988, Archbishop Fiorenzo Angelini, pro-president of the Pontifical Commission for Health Care Workers, said that efforts to stop the spreading disease had to be based on "the safeguarding of ethical principles which cannot be renounced".³⁷² He added that the Catholic Church recognised the need for urgent and united efforts to help Aids victims and stop the deadly ailment. He was however concerned that a policy that looks only at short-term prevention measures, outside of

³⁶⁸ German Bishops Conference, "Bevölkerungs-wachstum und Entwicklungsforderung (Population Policy and Development)," 1993; *Southern Cross*, "Germany anti-AIDS campaign faulted," 22 February 1987.

³⁶⁹ National Conference of Catholic Bishops (NCCB), "Called to Compassion and Responsibility: A Response to the HIV/AIDS Crisis," *Origins* 19.26 (1989), 421-34.

³⁷⁰ German Bishops Conference, "Bevölkerungs-wachstum und Entwicklungsforderung (Population Policy and Development)," 1993.

³⁷¹ French Bishops Council, "AIDS: Society in Question," 1989.

³⁷² *Southern Cross*, "Safeguard ethics in dealing with Aids," 28 February 1988.

ethical considerations, risks causing “a greater damage” than the disease itself.³⁷³ This conference was attended by two bishops from South Africa who upon return presented a report to the January 1989 SACBC plenary session.³⁷⁴

The same phenomenon was almost immediately replicated in Southern Africa. In August 1987, Zimbabwe bishops severely condemned their government’s Aids campaign describing it as licentious and immoral.³⁷⁵ On 19 January 1988, the South African government launched its “safe-sex campaign”.³⁷⁶ The SACBC’s response was immediate and unwavering. On 25th January, the bishops stated as follows:

The Bishops’ Conference regards equally abhorrent both the scourge of AIDS, so destructive of human life, and the response of the South African government making provision for so-called safe sex, however indiscriminate, by the use of condoms.³⁷⁷

An article in the *Southern Cross* attempted to justify the church’s position by stating that “through the ages, the church has considered human sexuality to be the most powerful and holy expression of human love, and that it should be faithful, exclusive and belonging within marriage”.³⁷⁸ What followed was a series of articles that zeroed in on the non-ethicality of condom use in HIV prevention. The official position of the Catholic Church as expounded by the Archbishop of Durban, Denis Hurley, was that the use of condoms is as wrong as it is sinful. His article in *The Mercury* dated 28 December 1987 begun as follows:

The Catholic Church would find it impossible to support a campaign for the use of condoms. She regards all physical sex outside marriage as gravely sinful and a condom campaign would be asserting by implication that such sex is inevitable and acceptable.³⁷⁹

³⁷³ *Southern Cross*, “Safeguard ethics in dealing with Aids,” 28 February 1988.
³⁷⁴ SACBC, Minutes of the Plenary Session held at St John Vianney Seminary, Pretoria, 20-26 January 1989.
³⁷⁵ *Southern Cross*, “Zimbabwe Churches join anti-Aids drive,” 2 August 1987.
³⁷⁶ *Southern Cross*, “Aids Plan yes, but not condom Machines – bishops,” 7 February 1988.
³⁷⁷ SACBC, Minutes of the Plenary Session held at St John Vianney Seminary, Pretoria, 20-26 January 1988.
³⁷⁸ *Southern Cross*, “Aids Plan yes, but not condom Machines – bishops,” 7 February 1988.
³⁷⁹ *The Mercury*, “Condoms: Catholic Position,” 28 December 1987.

Several parishioners from KwaZulu-Natal however did not think that the archbishop came out strong enough as he should have. A certain American bishop supported Hurley by publishing an article in the February 1988 issue of *The Southern Cross* under the title “Condom”. In it he condemned condoms use because “their use carries with it the implication that premarital and extramarital sex may be tolerated.”³⁸⁰ However, Bernard Flynn of Newcastle in Natal, pushed that argument even further by writing that “Condoms are immoral at all times”.³⁸¹ In his view, the Catholic leadership was not clear on this matter. He wrote:

There is an example of shoddy thinking on moral matters in the report “condoms” in the *Southern Cross* of February 21, in which an American bishop ... Archbishop Hurley gives the very same argument. But the use of condoms would be immoral even in marriage! The morality of an act is judged first and foremost by the nature of the act itself. The church has always taught that every marriage act must be, per se, open to the transmission of new life; the use of condoms is an abuse of this act.³⁸²

As criticism on the leadership position on the use condoms in HIV prevention continued to mount up, the SACBC promised to give the Aids issue a more focused response in a statement released on 9 May 1988. An article entitled *Bishops to Speak on Aids* reported as thus:

Remarking that the recent Medical Research Council conference on the disease Aids had drawn attention again to combat measures, the Catholic bishops’ conference has said in a statement that the conference hopes to issue a statement soon on pastoral implications of the disease.³⁸³

Apparently, the hierarchy faced criticism from two main fronts. On the one hand, there was ongoing dissatisfaction within the church ranks and membership that the South African Church leadership was condoning or contemplating the condoning of condom use. On the other hand, the government and international Aids lobby organizations critiqued the church for not allowing the use of condoms in HIV prevention. At the same

³⁸⁰ *Southern Cross*, “Condoms,” 21 February 1988.

³⁸¹ *Southern Cross*, “Condoms immoral at all times,” 6 March 1988.

³⁸² *Southern Cross*, “Condoms immoral at all times,” 6 March 1988.

³⁸³ *Southern Cross*, “Bishops to speak on Aids,” 22 May 1988.

time, the leadership felt that it did not have enough information on Aids to make an informed decision on prevention policy. The hierarchy was divided on this matter. Consequently, they avoided the debate, often opting to retreat to traditional ethical measures. “In the meantime we issue this brief statement reiterating the basic position of the Catholic Church”, said the bishops, “premarital chastity and marital fidelity are the best protection against Aids”.³⁸⁴ It is therefore no surprise that the promised statement took over two years to come by.³⁸⁵

Meanwhile, the same debate was thriving in America. In 1987, the United States Catholic Conference (USCC) Administrative Board included a case in its letter, “The Many Faces of AIDS,” in which a health care worker urged a person who tested positive for HIV “to live a chaste life”.³⁸⁶ The letter went ahead to qualify that “if it is obvious that a person will not act without bringing harm to others,” then a health care professional could recommend the use of prophylactics in order to minimize harm.³⁸⁷ Whereas this move was championed by some leaders, especially lay people, academics and a few bishops, many others condemned it as a categorical departure from the traditional teachings of the Catholic Church. This necessitated the release of the second letter in November 1989, “Called to Compassion and Responsibility: A Response to HIV/AIDS Crisis”.³⁸⁸ In this letter, the American bishops severely condemned “safe sex” dubbing it “one of those quick fixes which foster a false sense of security and actually lead to a greater spread of the disease”.³⁸⁹ The bishops dashed hopes of considering prophylactics as an option in HIV prevention and reiterated that “sexual intercourse is appropriate and moral only when ... in the context of heterosexual marriage and a celebration of faithful love and is

³⁸⁴ *Southern Cross*, “Bishops to speak on Aids,” 22 May 1988.

³⁸⁵ SACBC, Minutes of the Plenary Session held at Pietermaritzburg, 4 – 11 January 1990, 5-6.

³⁸⁶ USCC Administrative Board, “The Many Faces of AIDS: A Gospel Response,” *Origins* 17.28 (1987): 482-89. See also Jon Fuller and James Keenan, “Introduction: At the end of the first Generation of HIV Prevention,” in Keenan, *Catholic Ethicists on HIV Prevention*, 21-40.

³⁸⁷ USCC, *The Many Faces of AIDS*, 488.

³⁸⁸ United States Conference of Catholic Bishops, *Called to Compassion and Responsibility: A Response to HIV/AIDS Crisis* (Washington: National Conference of Catholic Bishops, 1989), ff.

³⁸⁹ United States Conference of Catholic Bishops, *Called to Compassion and Responsibility*, 20.

open to new life”.³⁹⁰ Undoubtedly, the bishops in South Africa were aware of the debate in the USA. One would not dismiss the possibility of influence of the USCC on the SACBC in this debate especially in consideration of the similarities found between their subsequent letters, the USCC’s “Called to Compassion and Responsibility: A Response to HIV/AIDS Crisis” of November 1989 and the SACBC’s “Pastoral Statement on AIDS” of January 1990. The two letters upheld the Catholic traditional teachings on sexuality - its naturalist fundamentals, procreative functionality, and an exclusive context of heterosexual love and marital faithfulness – and indicated that the use of condoms could in effect exacerbate the spread of HIV.³⁹¹ However, the fact that, for a short while, some American bishops considered the possibility of condoning condom use to minimise harm shows that Catholic theologians’ opinion never was monolithic. The same position would be adopted by Bishop Dowling in the 2000s.

The readership of the *Southern Cross* followed the debate in America quite closely. Indeed, the statements of many visiting speakers from North America and Europe, notwithstanding other parts of Africa such as East and Central Africa, attracted much discussion in the magazine. In 1989 readers were alerted that the bishops in London described the Leicester city councils’ plan to install slot machines for selling condoms on the streets as sheer “summer madness”.³⁹² In 1990, Cecilia Molontoa of the SACBC secretariat, Father Robert Vitello and Dr Maura O’Donoghue, a visiting nun from the Medical Missionaries of Mary in Britain, told a group of women in Winterveld – a giant squatter camp near Pretoria – that condom use was a controversial issue in the Catholic Church. A summary of this workshop presentation was published in the *Southern Cross* on 15 April 1990.³⁹³ Various readers, most notably Doctor Claude Newsbury, Sheilla Curror, and Bernard Flynn, disagreed by asserting that “the use of condoms is not a controversial issue in the Catholic Church; It is strictly forbidden”.³⁹⁴ Although some of the readers went as far as invoking statements by the papacy for their support, the

³⁹⁰ United States Conference of Catholic Bishops, *Called to Compassion and Responsibility*, 20.

³⁹¹ SACBC, Pastoral Statement on AIDS, 7-8.

³⁹² *Southern Cross*, “Condom Machines shock bishops,” 16 July 1989.

³⁹³ *Southern Cross*, “Squatter camp women learn about Aids,” 15 April 1990.

³⁹⁴ *Southern Cross*, “Condoms strictly forbidden,” 24 June 1990.

condom debates of the 1980s were superficial and aloof of the deeper theological issues pertinent to that debate. For instance, the separation between the use of condoms in HIV prevention and the use of condoms as a contraceptive, a different debate altogether, was never clearly made. Similarly, the possibility that the Catholic moral tradition is resourceful enough to support an argumentation in favour of the use of condoms in HIV prevention, which is precisely the point made by Keenan in his 2000 masterpiece,³⁹⁵ is totally lacking in this debate. The fact that the readership of the *Southern Cross* magazine was largely conservative partly contributed to this shallowness in the debate. A more nuanced debate was to be evidenced in the 1990s and even much more so in the 2000s.³⁹⁶

3.4 Theological Response – A Moral Theology

Certain theologians, most notably Ronald Nicolson³⁹⁷ and Donald Messer,³⁹⁸ have argued that the lack of a theology on Aids was a key reason for the church's delay in responding to the disease in its formative years given that the church is always guided by its theology in informing practice and confession. The earliest theological publication on Aids in the region was the 1992 reflections by a Dutch Reformed professor of missiology at the University of South Africa (UNISA), Willem Saayman, under the title - *AIDS: The Leprosy of our Time?*³⁹⁹ Indeed, there was hardly any theological publication on Aids in the region during the 1980s. However, that does not necessarily mean that there was a total absence of an operative theology or of a reflection on Aids. In spite of the fact that the churches staggered on the theology of Aids, there were theological premises operative in the churches' debates, most certainly in the Catholic Church. Most churches in South Africa, and in a certain sense the rest of Africa, were largely influenced by their counterparts in North America and Europe as far as Aids theology was concerned. Most evangelicals immediately earmarked Aids as a divine retribution on sinners and used the opportunity to condemn associated 'sinful acts' such as homosexuality, prostitution, and

³⁹⁵ James Keenan ed., *Catholic Ethicists on HIV/AIDS Prevention* (New York: Continuum, 2000), 213.
³⁹⁶ Condom debates are discussed further in Chapter Three (1991-99) and Four (2000-05) of this study.
³⁹⁷ Nicolson, *AIDS: A Christian Response*, 7.
³⁹⁸ Donald Messer, *Breaking the Conspiracy of Silence: Christian churches and the global AIDS crisis* (Minneapolis: Fortress Press, 2004), 34.
³⁹⁹ Saayman and Kriel, *AIDS: The Leprosy of our Time?* back page.

intravenous drug abuse.⁴⁰⁰ Gideon Byamugisha's study of South African churches' responses to HIV and Aids found that this theology was very prevalent among Pentecostals during the early years of the epidemic.⁴⁰¹ An article found in the *Natal Witness* of 7 December 1990 did not only indicate a high prevalence of this theological thinking among the churches in Natal but also attributed the source of this theological thought to a popular American Evangelical tele-evangelist. The author of the article, a Methodist minister by the name of Victor Bredenkamp, who was also the head of the Department of Religious Studies at the University of Natal, wrote that "Some people like the American evangelist Reverend Jerry Falwell regard Aids as a divine retribution on homosexuals, who can therefore be left to languish in their well-merited suffering".⁴⁰² Bredenkamp wrote this article to critique that theological thinking. "I prefer to believe in a God portrayed by Jesus of Nazareth who is loving, compassionate and forgiving and not one who is vengeful," he argued citing that, "Jesus never ceased to go down and reach the lowly outcast of his time".⁴⁰³ His words echoed those of Richard Holloway, an Anglican Archbishop of Edinburgh who in 1986 critiqued the so-called 'wrath of God' of the fundamentalists:

To argue that AIDS is God's punishment on homosexuals seems to me to be morally repugnant and illogical. Morally repugnant, because it creates a picture of God as an enraged terrorist who fashions and throws bombs at his enemies, no matter who gets injured. But it is also illogical because it is inconsistent. It differentiates between male and female homosexuals, and seems to put the God who inspires scientific research against the God who dreams up new diseases in his great laboratory in the sky. But if it is argued that God does not reward wickedness so specifically, why is he taking so long to lob something at rapists or child abusers, groups that are infinitely more malign in their effects than most gay men.⁴⁰⁴

⁴⁰⁰ *Natal Witness*, "Aids: Some Moral Dimensions," 8 December 1990.

⁴⁰¹ Gideon Byamugisha is a Ugandan Anglican Priest who has lived with HIV for over 20 years. For his study see Gideon Byamugisha, *Journeys of Faith – Church-based responses to HIV and AIDS in three Southern African Countries* (Pietermaritzburg: Cluster Publications, 2002), ff.

⁴⁰² *Natal Witness*, "Aids: Some Moral Dimensions," 8 December 1990.

⁴⁰³ *Natal Witness*, "Aids: Some Moral Dimensions," 8 December 1990.

⁴⁰⁴ Cited in K. Kearon, *Medical Ethics – An Introduction* (Dublin: Columba Press, 1999), 118; see also a citation by Charles Ryan in Charles Ryan, "AIDS and Responsibility: the Catholic Tradition," in Bate, *Responsibility in a Time of AIDS*, 2-18.

Although morally repugnant and illogical, this notion of a vindictive God was so popular in South Africa during the 1980s that various Catholic priests easily succumbed to it.⁴⁰⁵ According to Father Charles Ryan, a Catholic priest who was at that time serving in Edendale, Pietermaritzburg, the underlying and recurrent question was, who was responsible for Aids? He observed that the frequency of this questioning was “not because of its scientific usefulness but because of the desire of the immature human personality to apportion blame so as to escape from the need to accept personal or social responsibility”.⁴⁰⁶ This superficial logic culminated in blaming God for the Aids disease. Fuelled by the idea that Aids is caused by sexual promiscuity which was against Christian teachings, the punitive theology prevailed in the 1980s.

However, in the 1990 pastoral letter, the hierarchy of the Catholic Church clearly distanced itself from such theological thinking. Although acknowledging that the Aids “crisis has actually served as a revelation of the inadequacy of the moral and theological assumptions of very many Christians,” the bishops asserted that “the belief that AIDS is God’s punishment for sexual sin, and [that] those who contract the disease are treated as sinners who must be rejected and ostracised from the community ... was far more sinful in the eyes of God”.⁴⁰⁷ It is not surprising that this statement came only months after Pope’s visit to various Southern African states where he showed compassion to people suffering from Aids. Although he would not visit South Africa due to his stance against apartheid, his poignant message of 5 May 1989 from Zambia was well popularised in Natal. “The church proclaims a message of hope to those of you who suffer in Zambia today, whether physically or spiritually, to the sick and dying, especially the victims of Aids,” he said.⁴⁰⁸ The pope’s message, which drew much attention in the *Natal Witness* readership, added that Aids patients who were homosexuals and drug addicts should not be blamed but treated with love.⁴⁰⁹ Arguably, the pope’s statements of compassion in other parts of Africa precipitated the Southern Africa Bishop’s strong condemnation of the punitive theology.

⁴⁰⁵ *Southern Cross*, “Aids victims need our compassion,” 25 January 1990.

⁴⁰⁶ Ryan, *AIDS and Responsibility*, 2-3.

⁴⁰⁷ SACBC, *A Pastoral Letter on AIDS – January 1990* (Pretoria: SACBC, 1990), 2-3.

⁴⁰⁸ *Natal Witness*, “Pope comforts Aids Victims,” 5 May 1989.

⁴⁰⁹ *The Natal Witness*, “Pope comforts Aids Victims,” 5 May 1989.

The Catholic Church's Aids theology had one thing in common with that of the fundamentalists – it was a moralistic theological approach to Aids. Indeed, morality was the theological lens through which the church looked at Aids. The language of sin and sinfulness was so rampant in its Aids discussions that it is overly repeated in the January 1990 SACBC's Pastoral letter on Aids. In one section of the letter, the bishops wrote as follows:

The AIDS disease reveals not simply the existence of sexual sins but also... of morality. We must now face the sinfulness of remaining ignorant and the sinfulness of not doing everything in our power to prevent the spread of AIDS.⁴¹⁰

The Catholic Church in the 1980s was morally judgemental in its theology of Aids, not in the sense that God was punishing those who contracted the disease, as was the case with fundamentalists, but rather in the sense that every person who contracted Aids was personally responsible and circumstantially sinful. Aids was seen as a consequence of a societal moral sickness. This sort of reflection was supported by Cardinal Ratzinger's article in the *Southern Cross* entitled, "Aids as symbol of sick culture".⁴¹¹ The prevailing theological thinking among the Catholic bishops and the entire church leadership in South Africa was that Aids was affecting sinners and that it was far removed from the church's sphere of operations. Aids became this embarrassing disease belonging exclusively to sinners such as prostitutes, homosexuals, and intravenous drug users. Although God was not seen as directly punishing the sinners with Aids, the sinners themselves were seen as personally responsible for the sickness on account of their sinful sexual deeds. Indeed, as Kenneth Kearon observed, "the angry punishing God image was not the response of the main churches, whose statements, especially in the early stages often followed a similar pattern: an expression of genuine compassion, a call for adequate medical research resources to be available, and then there usually followed a re-affirmation of traditional Christian attitudes to sexual relationships and drug abuse and a warning that only by accepting Christian standards in these areas could the disease be

⁴¹⁰ SACBC, *A Pastoral Letter on AIDS*, 2-3.

⁴¹¹ *Southern Cross*, "Aids as symbol of sick culture," 4 January 1990.

avoided”.⁴¹² Catholics were however guilty of a more subtle version of the ‘wrath of God’ theory.⁴¹³ Their position was “implicitly saying ‘something bad will happen to you unless you follow Christian standards’”.⁴¹⁴ It follows therefore that the Catholic theology on Aids in the 1980s was not only morally judgemental but also driven by a separatist attitude. This is what theologians such as Musa Dube⁴¹⁵ and Denise Ackerman⁴¹⁶ have rightly dubbed “othering” - so pertinent in fuelling HIV and Aids related stigma.

Such judgemental attitudes in relation to Aids were not unique to the Catholic Church. In a country where apartheid legacies had separated people socially in terms of race, education, settlement and virtually every sphere of life, it became far too easy to conceptualise the new plague in similar segregational terms. Concomitantly, South African society treated the Aids disease as belonging to particular groups such as black immigrants, white gay men and prostitutes. That the theology of the day dubbed Aids ‘a disease of the sinners’ instead of correcting such judgemental ideals was a tragedy. Writing a decade later in what has come to be a masterpiece of Catholic theological reflection on HIV and AIDS, the Provincial of the Missionary Oblates of Mary Immaculate in KwaZulu-Natal, Stuart Bate, observed that “the church’s moral theology is sometimes unhelpful in this context since it is often based on western anthropological categories stressing the individual as the fundamental moral agent”.⁴¹⁷ He rightly emphasized that in the case of South Africa, “The moral issues affecting individuals have social and cultural components which must form part of the moral response”.⁴¹⁸ However, the social and cultural dimensions in the transmission of HIV had not yet become apparent during the 1980s.

⁴¹² Kearon, *Medical Ethics*, 117.

⁴¹³ Ryan, *AIDS and Responsibility*, 2-3.

⁴¹⁴ Ryan, *AIDS and Responsibility*, 4.

⁴¹⁵ Musa Dube, “Theological Challenges: Proclaiming the Fullness of Life in the HIV/AIDS and Global Economic Era,” *International Review of Mission* Vol XCI No 363, 2002a: 535-549.

⁴¹⁶ Denise Ackerman, “Engaging Stigma: An Embodied Theological Response to HIV and AIDS,” *Scriptura*, 2005: 2, 89, 385-395.

⁴¹⁷ Stuart Bate, “Differences in Confessional Advice in South Africa,” in Keenan, *Catholic Ethicists on HIV/AIDS Prevention*, 213.

⁴¹⁸ Stuart Bate, *Differences in Confessional Advice in South Africa*, 213.

The church's resort to a moralistic theology in the 1980s was however not only shaped by western anthropological categories but by its indebtedness to traditional teaching on sexuality. The key mode of HIV transmission in the 1980s, sexual intercourse, within what the church perceived to be sinful sexual behaviours such as prostitution and homosexuality, created a moral dilemma for the Catholic Church. The option for prophylactic protection as a preventative method was in direct contradiction to the church's naturalist principle that all sex must be open to procreation. This left no room for either the use of condoms or any other contraceptive. The traditional teaching of the church, therefore, became a liability in reflecting theologically on Aids. Although as Jon Fuller and James Keenan observes, "Roman Catholic moralists throughout the world have been at pains to inform their episcopal leadership that ... the tradition has many resources for addressing the AIDS pandemic," the institutional church has over the years been very divided on the issue of HIV prevention and the adherence to traditional sexual teachings. Pertinent to this debate is the question: what is authentic Catholic tradition? The term 'tradition' is conventionally used to refer to Catholic morality since the late Middle Ages. However, according to Keenan and his colleagues, as well the Nordic Catholic feminist historian, Kari Elizabeth Borresen,⁴¹⁹ a broader definition of this term encompasses earlier Catholic ideals which permit the use of condoms to save lives. This issue is discussed in more detail in Chapter Three.

In the case of South Africa, Catholic theological reflection on HIV and Aids started to be a divisive issue for the institutional church way back in the 1980s. According to the minutes of the January 1989 plenary session of the SACBC, in 1988 the Catholic Health Care Association (CATHCA) had difficulty in resolving a problem that had arisen among Catholic doctors and nurses over the issue of HIV and Aids. CATHCA reported to the bishops' conference that "The Ethics Committee of CATHCA was looking into Aids and the problems that arose in regard to Catholic nurses and doctors".⁴²⁰ A group of doctors and nurses had contravened the Catholic precepts by recommending, and in certain cases

⁴¹⁹ Kari E. Borresen, "Religion Confronting Women's Human Rights: The Case of Roman Catholicism," in Tore Lindholm, ed., *Facilitating Freedom of Religion on Belief: A Desk Book* (Leiden: Berkeley, 2004) 545-59.

⁴²⁰ SACBC, Minutes of the Plenary Session meeting held at St John's Vianney Seminary, Pretoria, 6-13 January 1989.

distributing, condoms even within the Catholic health institutions.⁴²¹ The SACBC minutes did not fail to capture the gravity of the matter: “There ensued quite a discussion on AIDS and what the Church should be doing about this”.⁴²² Clearly, the bishops did not agree on how the Catholic teachings on sexuality ought to have informed the medical practitioners in the prevention of HIV. These divisions within the hierarchy became public in 2000.⁴²³ In the late 1980s they were confined within the leadership ranks. Nevertheless, there was a growing dissatisfaction among many priests and lay leaders over the theological stance of their institution on HIV and Aids. This comes out in this article by Father Robert Mckay in the *Southern Cross*:

How different my reaction would have been if in the *Southern Cross* of February 4 I had read: “Aids: an opportunity to witness to the compassionate Christ” rather than “Aids as symbol of sick culture”! I felt enraged but rather saddened that such judgments issue from prelates who indulge in moral complacency. I counsel HIV-infected and Aids people. In helping them to experience healing relationships with others and God, judgments such as cardinal Ratzinger’s cause terrible damage. Thank God I believe the Gospel Jesus transcends institutional church. If Jesus were ministering today, Aids sufferers would surely be on his priority healing list. Are we clerics, religious and laity – the whole church – not supposed to be his hands, his lips, his touch, care and concern?⁴²⁴

Father Robert Mckay was one among many other priests, doctors, nurses, and bishops who felt that the institutional church not only was theologically misguided but also not doing enough as far as HIV and AIDS was concerned. Indeed, even the Zimbabwean priest, Father Ted Rogers, testified that he laboured hard to correct the South African hierarchy’s misconceived perceptions on Aids in the 1980s. In an interview with Kearney on 22 September 2006 in Durban, Rogers put it as follows:

⁴²¹ Wilfred Napier, digital recording, follow-up interview conducted by author in his office at the Chancery in Durban, 14 August 2008.

⁴²² SACBC, Minutes of the Plenary Session meeting held at St John’s Vianney Seminary, Pretoria, 6-13 January 1989.

⁴²³ I shall show in Chapter Four of the present study that one particular bishop, Bishop Dowling, publicly supported the use of condoms in 2000.

⁴²⁴ *Southern Cross*, “Aids victims need our compassion,” 25 January 1990.

You know, people...people thought I was crazy because what I was talking about was the sort of prognosis of the disease, how it would escalate and people didn't believe it. So I got the sort of nickname of Father Aids.⁴²⁵

By and large, the judgemental theology adopted by the Catholic Church in the 1980s was inefficient in the face of Aids related stigma. The church was busy protecting its image, ethos, and traditional teaching at the expense of fighting the false perceptions that exacerbated this stigma. The pastoral letter, which came far too late in the period, fell short of exposing the judgemental presuppositions that underpinned the church's response.

3.5 Aids Activities – Committees and Workshops

Prior to 1990, the institutional church in South Africa was largely at a 'committee and workshop stage' in terms of Aids activity. As indicated in an earlier section of this chapter, three main Aids Committees were begun between 1987 and 1989. These were the Durban Archdiocesan Aids Committee in 1987,⁴²⁶ the Zimbabwe Bishops Advisory Committee in 1987,⁴²⁷ and the SACBC Advisory Aids Committee in 1989.⁴²⁸ Similarly, Catholic Aids workshops were rather common in the 1980s. Beginning with the 1984 IMBISA Aids Conference in Harare, which was facilitated by Father Ted Rogers,⁴²⁹ followed by Durban (1987)⁴³⁰ and later Lydenburg (1990),⁴³¹ which combined the dioceses of Tzaneen, Pietersburg, and Witbank, Aids workshops became a significant feature in Catholic Aids activities during the 1980s.

The committees and the workshops had one common denominator: they were all about Aids awareness. A church bulletin found in the Durban archdiocese archive and dated 10 October 1990 summarised the duties of the newly formed Durban Diocesan Aids Committee as follows:

⁴²⁵ Rogers, interview by Kearney, 22 September 2006.
⁴²⁶ Towell, interview by author, 9 July 2008.
⁴²⁷ *Southern Cross*, "Zimbabwe Churches join anti-Aids drive," 2 August 1987.
⁴²⁸ SACBC Minutes of the Plenary Session held at St John Vianney Seminary, Pretoria, 06-13 January 1989.
⁴²⁹ Napier, interview by author, 15 October 2007.
⁴³⁰ Towell, interview by author, 9 July 2008.
⁴³¹ *Southern Cross*, "Aids experts meet in Lydenburg," 16 September 1990.

The committee intends holding information meetings, promoting the training of people in methods of dissemination of information about Aids and the training of clergy and laity in methods of counselling those infected. Intended also is a support system which will encompass the material, spiritual, and psychological needs.⁴³²

According to the bulletin, the committee was intending to do awareness programmes, training, counselling and full fledged care for the Aids patients.⁴³³ The *Southern Cross* published an article on 4 November 1990 under the title *Aids Care Committee for Durban*.⁴³⁴ This article was in agreement with the Church bulletin in stating ambitious duties for the committee – awareness, training, counselling and care.

On the contrary, Towell, a member of the 1980s committee and a former director of the Sinosizo Aids Project, gave a much simpler role of the committee during the 1980s. According to her “it [committee] was just really a meeting once a month to see how everybody was doing and what was happening with the disease and how it was spreading and so on”.⁴³⁵ Mlambo, another member of the committee since its inception in 1987, concurred with Towell in indicating that the 1980s committee simply monitored the development of the disease and became a focal point in exchanging ideas. Cardinal Napier, the successor of Archbishop Denis Hurley in Durban in 1992, supported Towell’s version by asserting that “in those early years, the committee was simply a discussion group”.⁴³⁶ In his view, the committee set upon itself to collect information on the disease and disseminate it accordingly.

Whereas the written sources speak of a 1990 scenario and the committee’s future plan, the interviewees, most of whom were active members of the committee prior to 1990, indicate that the committee went through a series of developments. Both Towell and Mlambo agree that the committee transformed quite tremendously in 1990, something

⁴³² Archdiocese of Durban Catholic Archive, Aids Collection, Durban 102, 10 October 1990.

⁴³³ Archdiocese of Durban Catholic Archive, Aids Collection, Durban 102, 10 October 1990.

⁴³⁴ *Southern Cross*, “Aids Care committee for Durban,” 4 November 1990.

⁴³⁵ Towell, interview by author, 9 July 2008.

⁴³⁶ Napier, interview by author, 15 October 2007.

that could be seen as ‘a new beginning’ for the committee. First, the name changed from ‘Diocesan Aids Committee’ to ‘Diocesan Aids Care Committee’ in order to embrace the new ‘care’ dimension that the committee wanted to delve into. Second, prior to 1990 the archdiocese did not have an Aids project of its own. After 1990 however, the three nurses abandoned their jobs and started to work full time for the church in areas of training, counselling and care. It follows therefore that, the duties of the committee changed in 1990. Speaking of the 1990 changes, Patrick Kearney wrote:

Towell was drawn into the committee’s work to such an extent that she soon gave up her job with the Health Department to work for the archdiocese. Because of Hurley’s extensive contacts, especially with Catholic funding agencies, he was able to mobilise resources with surprising speed: within two weeks of Towell’s explaining what she would need as a full-time Aids worker, he had organised a salary, equipment, and a vehicle.⁴³⁷

Kearney agrees that the role of the committee changed after 1990. He also agrees that prior to that the committee took it upon itself “to visit deaneries and in that way spread further the key points from Rogers’s presentation”.⁴³⁸ Therefore, awareness creation was the committee’s biggest concern prior to 1990. Towell had a vivid memory of this transition when she asserted that, “once we got funded, we had to form a constitution and we had to have a proper mission statement. Before that we didn’t. We just worked from a clear conscience perspective. So we became more formalised once we got the funding”.⁴³⁹

Third, apart from changing its name and becoming more organised, the Durban Aids programme had more members in its steering committee in 1990. The list of the committee members found in the written sources differed from that provided by the oral sources. A comparison of the two lists indicated that each list represented a different time of the committee’s lifespan. For instance, Towell was speaking of the 1986 situation when she indicated that the committee started with four members and then two more

⁴³⁷ Kearney, “Archbishop Denis Hurley: Guardian of the Light, ” 2008.

⁴³⁸ Kearney, “Archbishop Denis Hurley: Guardian of the Light, ” 2008.

⁴³⁹ Towel, interview by author, 9 July 2008.

nurses were invited not long after its inception.⁴⁴⁰ This makes a total of six committee members. On the contrary, a list found in the church bulletin and in the *Southern Cross* in late 1990 had a total of ten members. These were: Archbishop Denis Hurley, Dr Peter Brain, Fr Derrick Butt, Mr Mid du Preez, Mrs Sabbath Mlambo, Mr Bekie Mbili, Dr Greg Munro, Mrs. Liz Towell, Miss Iris Pillay and Dr Hermann Schumann.⁴⁴¹ Therefore, the committee changed considerably in 1990 in order to embrace care ministry and the new administrative task. In the 1980s, however, it comprised of a relatively smaller number of members with a simple action plan, a loosely organised leadership structure and no funding whatsoever. Its main activity was liaising and awareness creation.

The ‘Aids Awareness Workshops’, as they came to be popularly branded, were primarily involved with the dissemination of Aids related information. In one such workshop organised by the Christian Women’s Enrichment Programme, “over 500 members of the sodality of St Anne met at Baragwanath Hospital in Soweto on 22 April to discuss the problem of Aids”.⁴⁴² Cecilia Moloantoa, the secretary of the SACBC department of Health Care and Education and a key speaker in that workshop, said that “the purpose of the meeting was to give women enough knowledge and understanding to be able to use their reason to fight the spread of Aids”.⁴⁴³ Such workshops, conferences and symposiums, with the stated purpose of ‘breaking the silence about Aids,’ increased in 1990. In 1990 alone, the *Southern Cross* referred to 10 different such workshops that in one way or another involved the Catholic Church. These included that of 2 April in Johannesburg,⁴⁴⁴ of 10 April for Winterveld squatter camp women,⁴⁴⁵ of 22 April for St Anne members at Baragwanath,⁴⁴⁶ of 15 May Pretoria consultation,⁴⁴⁷ of 22 July Pretoria lunch meeting of the St Mathew’s Guild,⁴⁴⁸ of 9 September Pretoria Aids expert gathering,⁴⁴⁹ of 24-26 August Tzaneen, Pietersburg and Witbank dioceses workshop held

440 Towell, interview by author, 9 July 2008.

441 *Southern Cross*, “Aids Care Committee for Durban”, 4 November 1990.

442 *Southern Cross*, “500 women meet to talk about Aids,” 20 May 1990.

443 *Southern Cross*, “500 women meet to talk about Aids,” 20 May 1990.

444 *Southern Cross*, “Aids,” 8 April 1990;

445 *Southern Cross*, “Squatter camp women learn about Aids,” 15 April.

446 *Southern Cross*, “500 women meet to talk about Aids,” 20 May 1990.

447 *Southern Cross*, “Church must be involved in fight against Aids,” 20 May 1990.

448 *Southern Cross*, “Aids expert to talk in Pretoria next week,” 22 July 1990.

449 *Southern Cross*, “Aids expert says whole people may disappear,” 9 September 1990.

at Lydenburg,⁴⁵⁰ of 4 November Durban information and training meeting,⁴⁵¹ of the 4 December Cape Town networking workshop.⁴⁵²

In 1990 however, the care of the sick started to emerge as a necessary component of the Aids response besides awareness creation. This was preceded by the release of the first antenatal pregnancy HIV tests results in the same year.⁴⁵³ The *Natal Witness* indicated that the homosexual epidemic equalled that of heterosexuals in 1990 and that a swift turn of the epidemic presented new infection cases among women and children, prisoners, and most astonishing to the *Natal Witness* reporters, an escalated spread in the black community.⁴⁵⁴ Aids was affecting all sectors of the society - insurance, business, journalism, and education, just to name a few. An article found in the *Natal Witness* on the 1st March 1990 with the title, *Rapid Surge of Aids in City Alarms Authorities* said it all:

Health authorities are alarmed at the rapid rate at which Aids is spreading in Pietermaritzburg with six cases identified at Edendale Hospital alone in two months. This figure is believed to represent a tiny representation of both blacks and whites that are infected.⁴⁵⁵

The sudden rise in Aids figures was confirmed by preliminary reports from sentinel surveillance testing introduced in various parts of the country in January 1990.⁴⁵⁶ These were sentinel surveillance tests among pregnant women, blood donors, sexually transmitted diseases (STDs) and Tuberculosis (TB) patients. In March 1990 it was found that the male: female ratio of HIV infections among STD patients in Natal was 1.3:2.⁴⁵⁷ Prevalence rate in the country and among pregnant women in 1990 and 1991 was found to be 2 and 3.8 percent respectively.⁴⁵⁸ The figures for Aids cases quickly rose from a few 100s to staggering 1000s. The new minister for National Health and Population

450 *Southern Cross*, "Aids experts meet in Lydenburg," 16 September 1990.

451 *Southern Cross*, "Aids care committee for Durban," 4 November 1990.

452 *Southern Cross*, "Aids," 4 December 1990.

453 Joshua, *The History of AIDS in South Africa*, 50.

454 *Natal Witness*, "Aids: 1% of Natal/KwaZulu infected," 26 January 1990.

455 *Natal Witness*, "Aids: 1% of Natal/KwaZulu infected," 26 January 1990.

456 *Natal Witness*, "Rapid surge of Aids in city alarms authorities," 1 March 1990.

457 Department of Health, *Epidemiological Comments*, vol. 22, no. 5, May 1991.

458 Department of Health, *Epidemiological Comments*, vol. 22, no. 5, May 1991.

Development, Dr. Rina Venter, announced that “2396 people had tested HIV positive as at the end of October 1989, 956 whites, 907 blacks, 91 coloured, 10 Indian, and 432 had no specific race”.⁴⁵⁹ In less than a month, on the 14th of April, she released startling new figures indicating that there were 326 Aids patients in the hospitals, 3431 HIV positive cases, and 55,000 unconfirmed cases.⁴⁶⁰ Table 3.1 below shows the 1990’s Aids estimations and reported cases as well as those of the preceding three years.

Table 3.1 – Aids reports in South Africa gleaned from the Natal Witness⁴⁶¹

| year | Reported Aids cases | Reported Deaths | Reported Aids carriers | Estimated Aids Carriers |
|------|---------------------|-----------------|------------------------|-------------------------|
| 1987 | 60 | 34 | Nil | Nil |
| 1988 | Nil | Nil | Nil | Nil |
| 1989 | 209 | Nil | 2, 396 | 5, 000 |
| 1990 | 326 | Nil | 3 431 | 100, 000 |

It is not surprising, therefore, that Aids care activities in the South African Catholic Church started to emerge in 1991. The bishops alluded to the care component in responding to HIV and Aids when they asserted in their *Pastoral Statement on AIDS* that “The AIDS disease reveals not simply the existence of sexual sins but also, and much more significantly, the absence of love and care for people in their suffering”.⁴⁶² They insisted that the much needed pastoral response to Aids was to comprise care for the sick

⁴⁵⁹ *Natal Witness*, “2396 positive in 1989,” 3 March 1990.

⁴⁶⁰ *Natal Witness* “Aids statistics ‘not falsified,’” 12 April 1990.

⁴⁶¹ This information was gleaned from the following *Natal Witness* articles: Sapa, “Another Reef Man has Aids” 9 Feb. 1987; Denis Pudifin, “Another SSA Aids death” 17 Feb. 1987; Sapa, “80% SA women worried about Aids” 16 March 1987; Sapa, “Aids Spread equal” 29 July 1987; Sapa, “Aids sufferers will be repatriated” 31 Oct. 1987; Duncan Harris, “Govt department looks for Aids woman” 16 Jan. 1988; Sapa, “Aids: four new cases” 12 Feb. 1988; WR “5 million Aids carrier in Africa” 15 March 1989; Sapa, “Visiting Aids expert paints bleak picture” 15 March 1989; Sapa, “Aids: 1% of Natal/KwaZulu infected” 26 Jan. 1990; Fred Rckott, “Rapid surge of Aids in city alarms authority” 1 March 1990.

⁴⁶² SACBC, *Pastoral Letter on AIDS*, 3.

and the orphans as modelled by Jesus in the Bible. Consequently, the first Catholic hospice in the country for people with Aids was opened in Johannesburg on 20 January 1991.⁴⁶³ Care was to become the chief activity in the church's response to Aids during the 1990s.

Between 1984 and 1990 there were few, if any, Aids care activities in the other dioceses in Natal. With the exception of the archdiocese of Durban, Aids was not on the agenda. Stuart Bate, who was a parish priest at Inchanga in the 1980s, witnessed to this. He recounted his memory of the times as follows:

In the 1980s there was no response to HIV/Aids. HIV/Aids was not the real issue. The issue in the '80s was transformation of South Africa into a democratic country. So then we were concerned about apartheid ... the whole of 1980s until 1994 was about that. So HIV/Aids was not on the agenda, really.... In South Africa there was really one issue needed - and that was liberation. So that HIV/Aids, it may have been there but not in my world where I lived. For that was not the issue at Inchanga. The issue at Inchanga was those boys put in jail by the police and the action of the so called communists.⁴⁶⁴

Several interviewees such as Father Gérard Tonque of Eshowe⁴⁶⁵ and Jane Bois of Mariannhill⁴⁶⁶ are in agreement that their dioceses as well as those of Dundee and Kokstad “only started to do something about Aids in the mid and late 1990s when the disease became more visible in the society”.⁴⁶⁷ Ted Rogers also said that the Catholic Church in South Africa was hesitant to deal with Aids in the 1980s. He said that “there was very little happening in South Africa at that time and virtually nothing in the Church”.⁴⁶⁸ According to these oral testimonies, therefore, one can argue that there were very minimal HIV and Aids related activity in the Catholic Church in South Africa during the 1980s. The archdiocese of Durban was the exception rather than the norm in

⁴⁶³ *Southern Cross*, “Catholic home for Rand Aids victims,” 20 January 1991.

⁴⁶⁴ Bate, interview by author, 9 July 2008.

⁴⁶⁵ Gérard Tonque, online interview conducted by author on 10 November 2007.

⁴⁶⁶ Jane Bois, digital recording, interview conducted by author at her office in Mariannhill, 14 November 2007.

⁴⁶⁷ Bois, interview by author, 14 November 2007.

⁴⁶⁸ Rogers, interview by Kearney, 22 September 2006.

terms of Aids awareness campaigns as compared to the other dioceses in Natal and the country as a whole.

3.6 Conclusion

In this chapter, I have shown that prior to 1990 HIV and Aids were largely ignored by the Catholic Church at the institutional level. I have argued that in Natal, as elsewhere in the country, the disease was seen as a moral issue. Individual sexual behaviour was seen as central to the spread of the disease. Concomitantly, the church propagated a moral theology which vindicated its traditional teachings on sexuality and condemned 'sinful practices' such as homosexuality and prostitution. The use of condoms was not condoned; it was perceived to be a sin in itself.

I have also argued that despite the exemplary and visionary work of leaders such as Father Ted Rogers and Archbishop Denis Hurley, HIV and Aids were not on the South Africa Catholic Church's agenda during the 1980s. The SACBC procrastinated on the issue of Aids response, until late in 1990. This hesitancy on the part of the institutional church in responding to Aids could be associated with moral, theological, and organizational barriers in dealing with the disease. That the church was preoccupied with the quest for political freedom and that Aids was perceived to be far removed from the church's sphere also contributed in the delay of a response. Nevertheless, the period witnessed Aids related activities that could be seen as preparation towards a response: committees and workshops.

4.1 Introduction

The factors that caused a paradigm shift and a sense of urgency in the Catholic Church's response to HIV and Aids in South Africa in the early 1990s were many and varied. A few outstanding ones are however worth highlighting here. Firstly, the fall of apartheid, which was partly a victory for the church following its 15 years of involvement in the struggle for justice and freedom, had major implications for the church's response to HIV and Aids. The first signs of democracy in February 1990 – with, among other things, the release of Nelson Mandela, the lifting of the ban against major political parties such as the ANC, and the apartheid government's invitation to all political parties to come to the negotiating table – as well as the birth of a democratic state in 1994 called for a major organizational transition on the part of the Catholic Church in South Africa. Indeed, the 'Catholic *Indaba*'⁴⁶⁹ – a historic gathering of 120 bishops and religious superiors held between 9 and 13 July 1990 at the University of Natal in Pietermaritzburg⁴⁷⁰ – was dedicated to "re-envisioning the role of the Catholic Church in the New South Africa".⁴⁷¹ It was the first time in the history of the Catholic Church in Africa, arguably in the rest of the church, that such a meeting was held. It brought together male and female church leaders from South Africa, Namibia, Swaziland and Botswana with a sole purpose of "finding a new role in the new situation and reorganising herself [Catholic Church]".⁴⁷² One participant summarised it well: "the church is agonising about her role in a new South Africa".⁴⁷³ According to Father Paul Decock who attended the conference as a representative of the Theological Advisory Commission, there was a lengthy deliberation on the church's response to Aids as one of the major social ills facing the Southern Africa region.⁴⁷⁴ Therefore, the fall of apartheid not only created room for the church to focus on

⁴⁶⁹ *Indaba* is the Zulu word for 'a meeting'. It is often used in South Africa to denote a significant gathering.

⁴⁷⁰ David Sadie, "A Catholic Indaba: 120 bishops and religious superiors plan future role of church," *Internos* Vol 2, No 3 (July/August 1990), 6-7.

⁴⁷¹ David Sadie, "A Catholic Indaba: 120 bishops and religious superiors plan future role of church," *Internos* Vol 2, No 3 (July/August 1990), 6-7; *Southern Cross*, SACBC Press Release, August 1990.

⁴⁷² Sadie, A Catholic Indaba, 6.

⁴⁷³ Cited in David Sadie, see Sadie, A Catholic Indaba, 6.

⁴⁷⁴ Paul Decock, digital recording, interview conducted by author at Cedara, Pietermaritzburg on 10 July 2006.

other previously neglected issues in the society, HIV and Aids being top on that list, but also became a strong vindication and motivation for the Catholic Church's involvement in alleviating social ills given its role in the fight against institutional apartheid and oppression. This partly explains why HIV and Aids suddenly became the church's top priority in the early 1990s.

Secondly, the escalation of HIV spread in the country and the increase of Aids mortality in 1990, notwithstanding the popularization of HIV and Aids by the media in the same year, called for both urgency and a renewed focus in the church's response to HIV and Aids. The onset of the 1990s came with an unexpected dynamism in HIV spread. Not many in South Africa had foreseen that Aids would become predominant among heterosexuals, the black population, 'innocent' children, prisoners, household wives, haemophiliacs, and the youth. The cruelty of the virus in infecting professionals such as judges, healthcare professionals, teachers, and even priests as opposed to its 1980s association with the 'immoral groupings' such as prostitutes, homosexuals and drug abusers not only came as a shock to the greater population but more so as a challenge for the church's preconceived notions about Aids. Father Vitello, a prominent Catholic speaker who was at that time based at the United States Conference of Catholic Bishops, spoke of this shocking realization in a workshop held in South Africa. The *Southern Cross* of 8 April 1990 reported as follows:

Promiscuity alone could not be blamed for the spread of the [Aids] disease. For instance, nine percent of Aids sufferers were under five. No one was immune. He added: "Worst of all, it is a disease which affects not only individuals but the whole family. About 1.5 million people in sub-Saharan Africa are infected with Aids. Apart from the 250 000 children who will die of the disease in the region, another 750 000 will be orphaned as a result of Aids". The disease initially affected only homosexuals but the number of heterosexuals with it was increasing – as was the number of women. Father Vitello said the church had a vital role to play in the struggle against Aids. The needs of Aids sufferers had to be recognized.⁴⁷⁵

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Southern Cross "Aids," 8 April 1990.

As mentioned earlier in this study,⁴⁷⁶ 1990 became a watershed as far as HIV and Aids in South Africa and KwaZulu-Natal were concerned. Aids became too obvious for the church to ignore. Indeed, it was in the 1990s that Aids became increasingly visible to the general population as a disease. The 1990s were therefore characterized by the vivid realities of an Aids epidemic – an increase in the number of Aids orphans, an overwhelming number of sick people in hospitals and homes, and many burial services. Contrary to the 1980s where Aids was more or less mystified, Aids became much more tangible in the 1990s. The urgent need for the church to re-look at and respond to the Aids disease in the early 1990s was heightened by the increasingly overwhelming presence of Aids in the church's spheres of operation.

Thirdly, political changes in the country during the early 1990s opened up South Africa to the rest of the continent and to the world at large. This meant easy dialogue and exchange with other parts of the continent. Although the same factor has been used by some to argue for the increase in HIV transmission in the early 1990s,⁴⁷⁷ I shall demonstrate in this chapter that the Catholic Church took advantage of the opportunity to explore parallel responses to HIV and Aids in other parts of the globe. For instance, in 1992 and 1994 the Catholic Church in South Africa sent delegations to East Africa, where the Aids epidemic had advanced into catastrophic stages.⁴⁷⁸ Another delegation comprising of two SACBC bishops was sent to the USA in 1999.⁴⁷⁹ The aim of the missions was to learn how their counterparts in these regions had responded to the disease and thereafter do the same in South Africa.⁴⁸⁰ The example of Catholics in other

⁴⁷⁶ See Chapter Two – *Aids Ignored* for a further discussion on the changes in the public perceptions on HIV and Aids that came about in 1990. See also Joshua, *The History of AIDS in South Africa* ff.

⁴⁷⁷ Mandisa Mbali, *Progressive Health Worker AIDS Activism in South Africa (1982-1994)*, unpublished doctoral dissertation, Oxford University, 2009.

⁴⁷⁸ Centre for South-South Relations (CSSR), *AIDS and the Church: Report of visit to Uganda and Tanzania* (Athlone: CSSR, 1994), 7; See also an interview with Philippe Denis, a Dominican brother who visited Uganda and Kenya in 1994 to learn more about HIV and Aids in children, Philippe Denis, digital recording, interview conducted by author at his home in Scottsville, Pietermaritzburg, 12 October 2008.

⁴⁷⁹ SACBC, Minutes of the plenary session held at Mariannahill on 5-11 August 1999.

⁴⁸⁰ SACBC, AIDS Awareness Programme, Report to CAFOD 1993/94, prepared by Chrys Matubatuba, the interdiocesan Aids Coordinator.

parts of the world, most specifically Uganda and the United States of America, became a wake-up call for the South African Catholicism in responding to Aids in the early 1990s.

The Southern African Catholic Church's urgency to respond to Aids in the early 1990s was also born out of its new impetus to become a 'Community Serving Humanity'. In May 1989 the SACBC launched its ambitious programme, "to become a Community Serving Humanity", in which it endeavoured to become relevant to the plight of South Africa and become a more inclusive church. This comprised of an educational programme that was intended to follow the teaching of Vatican II and to respond to the contextual needs of the South African society. By the beginning of the 1990s, therefore, there was a conscious and internal effort by the Catholic Church to reform. HIV and Aids, therefore, became the "litmus test" for the programme. How could the church become a 'Community Serving Humanity' whilst ignoring an epidemic of catastrophic proportions? I will argue in this chapter that the organizational reforms initiated in the late 1980s and implemented in the 1990s by the Catholic Church necessitated a paradigm shift in its response to HIV and Aids.

Although the church's hierarchy had by 1991 resolved to respond to HIV and Aids, it neither had a clearly outlined plan of action nor a working policy on HIV and Aids.⁴⁸¹ Besides, there were no leadership structures through which to address the epidemic. Consequently, the entire period between 1991 and 1999 was characterized by random and experimental initiatives. This was manifest in the instability of the *Aids leadership structure*, the kind of *Aids care and treatment* administered, the substance of the *Aids discourses*, and the tardiness of *theological reflection on Aids*. Whereas many lessons were ultimately learned, with nevertheless some minimum progress, I shall demonstrate that the Catholic response to HIV and Aids struggled to get on its feet in the 1990s. During this period, the church *confronted* various aspects of the Aids challenge without prior planning, with very minimal financial resources, untrained staff, and a general lack of purpose and direction. The church's first move was to set up a structure and to build-

⁴⁸¹ Cecilia Moloantoa, "The Aids Pandemic: A Challenge to the Christian Community," *Internos Vol. 3* No.5 (September/October 1991), 12 and 13.

up personnel that would deal with the Aids crisis. The second was to organize and encourage care and treatment activities which had started to mushroom by 1991. The third was to raise funds to cater for the growing Aids ministry in the form of projects and church programmes. The fourth was to provide a theological rationale for a response to HIV and Aids. I shall show in this chapter that these four endeavours were not realised during the 1990s. Nevertheless, a spin-off of adoption by the hierarchy of a new pastoral plan, Community Serving Humanity, with the aim of re-establishing the mission of the church in Southern Africa became the impetus for the church's involvement in the care of the sick and the dying. That theological impetus for social care was coupled with a heated prevention debate that centred on 'the use of condom as an option' in HIV prevention. By the end of 1999, the Catholic Church on the one hand found pride in being the organization with the largest care and treatment programme in the country, besides the government, but, on the other hand it almost shuddered to a halt at the criticism levied against its stance on the use of condoms in HIV prevention.⁴⁸²

4.2 Structural Response

As indicated above, one of the ways in which the Catholic Church responded to HIV and Aids between 1991 and 1999 was by attempting to establish a leadership structure that would guarantee both quality and quantity in the church's Aids response. No sooner had the church resolved in 1990 to become actively involved in responding to HIV and Aids than it realised the acute lack of reliable leadership structures, trained personnel, and a budget to facilitate Aids work. Just before they released the Pastoral Letter on Aids in January 1990, the bishops unanimously agreed that "there was a grave duty on the part of organizations and individuals to prevent HIV spread".⁴⁸³ The bishops observed further that "this will require not only money, but even more importantly suitably trained and compassionate personnel".⁴⁸⁴ Therefore, the church immediately embarked on forming a structural response to HIV and Aids as a matter of urgency and continued to do so up until 1999. The Aids leadership structure that was formed by the conference took the forms of two bodies: the SACBC Aids Office and the diocesan Aids committees.

⁴⁸² *Southern Cross*, "The church is doing nothing about Aids? Think again!" 26 November 2000.

⁴⁸³ SACBC, Minutes of a plenary meeting held in Pietermaritzburg 4 January 1990.

⁴⁸⁴ SACBC, *A Pastoral Letter on Aids* (Pretoria: SACBC, 1990).

4.2.1 The SACBC Aids Office

Prior to 1990, Aids was administratively a 'minor issue' within the SACBC leadership structures. It was seen as a health issue and simply one among many other diseases that CATHCA addressed and reported on to the conference. However, between 14 and 16 March 1990, two months after the bishops' release of the Pastoral Letter on Aids, Cecilia Moloantoa, the secretary of the Health Care and Education Department of the SACBC, organised a national Catholic HIV/AIDS consultative conference.⁴⁸⁵ The consortium, which had been called upon by the bishops,⁴⁸⁶ was meant to "discuss the pandemic and to advise the SACBC on the course of action to be taken by the church".⁴⁸⁷ It constituted representatives from 20 dioceses with a mandate to establish the Catholic Aids Network (CAN), steered by the interdiocesan Aids committee.⁴⁸⁸ It recommended the following:⁴⁸⁹

- the establishment of a centre for inter-regional coordination of resources, efforts and services for the 30 dioceses;
- prevention of the spread of HIV/AIDS infection through educational programmes conducted in conjunction with organizations, solidarities, and other commissions within the Catholic Church and in the broader communities;
- development of educational programmes for target audiences particularly in schools and among youths groups;
- development of comprehensive, relevant and culture-sensitive educational materials for dissemination through appropriate communication channels;
- development of programmes for the training of trainers, that is, youth groups, leaders, priests, teachers, etc who will operate within specific groups, church organizations and communities;

⁴⁸⁵ SACBC, AIDS Awareness Programme, Report to CAFOD 1993/94, prepared by Chrys Matubatuba, the interdiocesan Aids Coordinator.

⁴⁸⁶ SACBC, Minutes of the plenary session held on 06-13 January 1989 in St John's Vianney Seminary, Pretoria.

⁴⁸⁷ SACBC, AIDS Awareness Programme, Report to CAFOD 1993/94, prepared by Chrys Matubatuba, the interdiocesan Aids Coordinator.

⁴⁸⁸ SACBC AIDS project, proposal for funding for the Catholic Aids Network project in Southern Africa, prepared by Mrs C.M Moloantoa, Coordinating Secretary, Department of Health Care and Education, SACBC, Khanya House, Pretoria, June 1991, 1.

⁴⁸⁹ SACBC AIDS project, proposal for funding for the Catholic Aids Network project in Southern Africa, prepared by Mrs C.M Moloantoa, Coordinating Secretary, Department of Health Care and Education, SACBC, Khanya House, Pretoria, June 1991, 1-2.

- the setting up of CAN structures and resources for HIV prevention through education and caring and support systems for HIV-infected people and their families; and
- development of care programmes for people with AIDS and their families.

It was also agreed that the committee should be elected annually by the annual interdiocesan conference on Aids. Doctor D. Sifris, an HIV and Aids consultant in a private clinic in Johannesburg who was both HIV positive and gay,⁴⁹⁰ was also appointed as a committee member.⁴⁹¹ The Associate General Secretary of the SACBC, Father Emil Blaser, was appointed as the chair of the committee. C. Moloantoa was appointed director of the CAN which was to be steered by the 12 member committee. According to a summary report that was tabled before the conference in January 1991 plenary session, the emphasis was on three areas, namely: education, care and counselling.⁴⁹²

The interdiocesan Aids committee met on June 1991 and received reports of the diocesan Aids activities. It was this meeting that suggested the appointment of an Aids coordinator and an administrative secretary as a matter of urgency. The committee heard that the Catholic Association for Overseas Development (CAFOD), a British Catholic donor agency, had invited funding proposals from the Aids programme with a running budget comprising of salaries, a vehicle and its maintenance costs.⁴⁹³ The National Department of Health and Population Development had also agreed to give a grant of R100,000 to the SACBC in order to facilitate a response to HIV and Aids. Since “AIDS is so much more a social/pastoral issue that broadly links with all the SACBC departments and personnel,”

⁴⁹⁰ Oppenheimer and Bayer, *An oral history of the South African Aids Epidemic*, 39-40.

⁴⁹¹ The members of CAN’s executive Committee included: Mrs. C. Moloantoa (coordinator), Fr E Blaser (executive member of the Justice and Peace Commission), Sr S M Waspe (secretary), Dr. R King (Catholic Doctors Guild), Dr. S Browde (Witwatersrand Hospice and NAMDA member), Dr. D Sifris (consultant on HIV/AIDS clinic in Johannesburg), Sr. P Mbambo (coordinator for the AIDS Project in Manzini Diocese, Swaziland), Mrs R Selema (representative for Gaborone Diocese), Mrs. S. Mlambo (representative for Durban Diocese and Catholic Nurses Guild), Mr. G Pugin (representative for Cape Town Diocese), Mr. P Battison (representative for People Living with Aids – Johannesburg), and Mrs. V Hanorich (Witwatersrand Hospice). See SACBC AIDS project, proposal for funding for the Catholic Aids Network project in Southern Africa, prepared by Mrs. C.M Moloantoa, Coordinating Secretary, Department of Health Care and Education, SACBC, Khanya House, Pretoria, June 1991, 1-2.

⁴⁹² SACBC, Minutes of the plenary session held on 6 January 1990, in Pretoria.

⁴⁹³ SACBC, Interdiocesan Aids Committee, Minutes of a meeting held on 14 June 1991 at Khanya House, Pretoria.

the committee recommended that “the AIDS Coordinator should not be specifically linked to any one department within SACBC but should liaise with all departments”.⁴⁹⁴ These recommendations were presented, discussed and passed by the conference. As a result, Chrys Matubatuba was hired as the first Interdiocesan Aids Coordinator in September 1992. His task was, among other things, to assist the dioceses in setting up and developing their diocesan HIV/Aids programmes and to facilitate networking and training for Catholic HIV/AIDS field workers. He was expected to become a resourceful person to the conference on matters of HIV and Aids, to produce Aids educational materials and to represent the conference in relevant meetings and gatherings. During the first four months following his appointment, Matubatuba attended an HIV and Aids training with the South African Institute for Medical Research (SAIMR) under the tutorship of a Dominican sister, Alison Munro.

Matubatuba had served as the SACBC Aids coordinator for nearly three years when he was dismissed on 9 May 1995. According to his reports to the SACBC and to the chief financial donor (CAFOD),⁴⁹⁵ he had managed to organise two annual interdiocesan Aids conferences, on 16-18 July 1993 and 22-25 July 1994. He had attended exposure tours in East Africa (Kenya, Uganda and Tanzania) and the USA. He had organised and facilitated educational workshops in dioceses such as Pretoria, Durban, Bethlehem and Kroonstad.⁴⁹⁶ He had organised awareness materials such as T-shirts, a pamphlet, and posters. He took his awareness campaigns to schools, parishes, conferences, and tertiary institutions. He also facilitated a ‘train the educator’ workshop in the diocese of Umtata. Although his efforts were rather thinly spread across many awareness activities, his success was contingent upon the structures and objectives laid down for him. Apparently, his main contribution was that of sensitising the dioceses towards a response and the creation of awareness.

⁴⁹⁴ SACBC, Interdiocesan Aids Committee, Minutes of a meeting held on 14 June 1991 at Khanya House, Pretoria.

⁴⁹⁵ SACBC, Aids Awareness Programme, Report to CAFOD 1993/94, progress, 2.

⁴⁹⁶ Dioceses of Bethlehem and Kroonstad are in the province of Orange Free State.

Matubatuba's efforts in his term of office did not impress the conference and hence his dismissal long before the expiration of his contract. The circumstances following his dismissal, which were pertinent to this research, attracted wide media coverage and put the Catholic Aids response, the SACBC's specifically, in the public spotlight. Among the many complains put forward against Chrys Matubatuba was the issue of administrative incompetence. The auxiliary bishop of Cape Town who was a member of the interdiocesan Aids Committee, Bishop Reginald Cawcutt, put his official complaint in writing: "My complaint about Chrys is his inefficiency which has resulted in an amazing waste of time and money in the establishment of our AIDS department".⁴⁹⁷ This statement was in response to a letter by Father Emil Blaser, the Assistant General Secretary, requesting bishops' guidelines regarding the Aids coordinator.⁴⁹⁸ The statement concluded that "Chrys is just not able to cope with the task given him". Bishop Cawcutt demanded that the Aids coordinator be replaced. However, the minutes of the plenary session immediately preceding this statement, the internal correspondence letters, as well as Matubatuba's own report to the conference on January 1995, notwithstanding the numerous media reports following his dismissal, are indicative that a lot more was at stake.

It all began at the January 1995 SACBC plenary session. Some bishops had overheard that the Aids coordinator was distributing condoms and that he not only encouraged the use of condoms but also 'demonstrated their use in one of the workshops using a plastic made penis'.⁴⁹⁹ During a discussion that ensued after his report to the conference, Matubatuba denied the allegations but conceded that he had once demonstrated the use of condoms.⁵⁰⁰ He indicated that there was no clear guideline on this matter and that he had repeatedly asked for a policy on the matter. The bishops concluded that "he lacked

⁴⁹⁷ Reginald Cawcutt, Statement on Mr Chrys Matubatuba, presented to the SACBC Secretary General, Bro Jude Pieterse on 27 March 1995.

⁴⁹⁸ SACBC, Letter written by the Secretary General to all conference members, Re: Mr Chrys Matubatuba – Aids Coordinator, 17 March 1995.

⁴⁹⁹ SACBC, Letter from Chrys Matubatuba, AIDS Programme Coordinator to Bro Jude Pieterse, Secretary General, Response to your two letters addressed to me and both dated 4 March 1995, 13 March 1995.

⁵⁰⁰ SACBC, Letter from Chrys Matubatuba, AIDS Programme Coordinator to Bro Jude Pieterse, Secretary General, Response to your two letters addressed to me and both dated 4 March 1995, 13 March 1995.

judgement” and that “his employment with the conference should be terminated at the earliest opportunity with due regard to labour regulations”.⁵⁰¹ The secretary general found this to be a “difficult decision to implement because no disciplinary action or warning had been taken” on this matter.⁵⁰² Although the bishops’ statement on the dismissal had no mention of condoms and the conference minutes remained silent on the cause for the dismissal,⁵⁰³ it was clear to both the *Star* newspaper and Matubatuba himself⁵⁰⁴ that he lost his job somewhat unfairly and on account of his use of condoms in HIV prevention, which was viewed by the hierarchy as unconventional.⁵⁰⁵ According to Emil Blaser⁵⁰⁶ and the *Star*⁵⁰⁷ newspaper, Matubatuba took the battle to the Commission for Conciliation, Mediation and Arbitration (CCMA) charging the conference with unfair labour practice in his dismissal.⁵⁰⁸ After his lawyer failed to show up in subsequent court hearing sessions the case was dismissed.

In any case, the events leading to and emanating from the dismissal of Matubatuba dealt a major blow to the establishment of Aids leadership structure in the church.⁵⁰⁹ Joe Masombuka, a member of the Catholic Church who had gone public on his HIV positive status, volunteered to coordinate the Aids work before a new coordinator could be hired. But the absence of a hired coordinator was also an opportunity for the conference to evaluate its performance on HIV and Aids matters. The creation of the Catholic Aids Network (CAN) committee was “one of the pre-emptive steps taken by the Catholic community in South Africa towards combating the many problems associated with

⁵⁰¹ SACBC, Letter written by the Secretary General to all conference members, Re: Chrys Matubatuba – Aids Coordinator, 17 March 1995.

⁵⁰² SACBC, Letter written by the Secretary General to all conference members, Re: Chrys Matubatuba – Aids Coordinator, 17 March 1995.

⁵⁰³ SACBC, Minutes of the plenary session held at St Peter’s Seminary, Pretoria on 17-24 January 1995.

⁵⁰⁴ Chrys Matubatuba, a telephonic interview conducted by the author on 10 July 2009.

⁵⁰⁵ *Star*, “Condom workshop irk bishops,” 15 June 1995.

⁵⁰⁶ Correspondence Letter, written by SACBC Associate Secretary General, Emil Blaser, ref.: EB/as625g, to Mr Lucas Coetsee, 29 March 1996.

⁵⁰⁷ *Star*, “Aids campaigner fights dismissal,” 26 March 1996.

⁵⁰⁸ SACBC, Minutes of the plenary session held at the St Peter’s Seminary, Pretoria on 16-23 January 1996.

⁵⁰⁹ *Catholic Diocesan Magazine* (Johannesburg), “Condoms not fitting, say bishops,” 20 June 1995.

AIDS”.⁵¹⁰ The SACBC Aids Awareness programme had facilitated a network in matters relating to the Aids disease between the 17 dioceses actively involved in responding to the epidemic. However, it had not made any significant impact on KwaZulu-Natal dioceses. As compared to the 1991 report where Durban was the only diocese in KwaZulu-Natal with an Aids programme, the 1994 report indicated that three dioceses from KwaZulu-Natal had an Aids programme. The 1991 report described the Durban Home-Based Care Programme as being “slow in getting off the ground”⁵¹¹ whereas the 1994 report included Durban, Eshowe and Mariannhill in its list of dioceses involved in the Aids response.⁵¹² Fourteen dioceses within the SACBC region,⁵¹³ including Kokstad, Dundee, and Umzimkulu of KwaZulu-Natal were not having any Aids programme. There is no evidence that directly links the initiation of Aids response in the three dioceses (Durban, Eshowe, and Mariannhill) to the work of the interdiocesan programme. The most that can be said is that the programme had only discovered what was already happening in the dioceses. It is no surprise that in 1996 Dr. Linda Maepa, the successor of Matubatuba, would observe the following after a thorough situational analysis:

The AIDS office of the SACBC has had a rather chequered history right from its establishment in 1992. The activities carried out by the office seem to have depended on the interest of whoever was at the helm. While in annual reports there is mention of projects and activities such as training workshops, there is no documentation that shows clearly the specific objectives of these, and the procedures for evaluating their impact. There is very little evidence on the ground of the work of the SACBC AIDS office.⁵¹⁴

Therefore, the SACBC Aids Awareness programme prior to 1995 had concentrated on incoherent awareness activities with little to show-off in terms of co-ordination, funding, and capacity building. One may assume, therefore, as does Maepa, that it is the realisation of this situation – that CAN was not achieving the intended objectives – and

⁵¹⁰ SACBC AIDS project, proposal for funding for the Catholic Aids Network project in Southern Africa, prepared by Mrs C.M Moloantoa, Coordinating Secretary, Department of Health Care and Education, SACBC, Khanya House, Pretoria, June 1991, 1-2.

⁵¹¹ Interdiocesan Aids committee, AIDS report presented by Cecilia Moloantoa to the August 1991 SACBC plenary session.

⁵¹² SACBC, Aids Awareness programme, report presented to the January 1995 plenary session by the coordinator, Mr Chrys Matubatuba.

⁵¹³ The SACBC region covers South Africa, Swaziland and Botswana. For a detailed analysis of the region see Chapter Two of this study.

⁵¹⁴ SACBC AIDS Office, Annual Report 1996, Prepared by Linda Maepa, 1.

the need to give the office some direction that the interdiocesan conference formally established the Southern African Aids Programme (SACAP) in 1995.⁵¹⁵ SACAP went ahead to appoint a new committee of which Liz Towell of Sinosizo, Durban became the executive chairperson.⁵¹⁶ Following these changes and the abeyance of the SACBC Aids programme for approximately a year (February 1995 –June 1996),⁵¹⁷ a new co-ordinator was appointed in June 1996.⁵¹⁸

Maepa’s first task was to gather information.⁵¹⁹ She was also asked “to analyse the situation and suggest the way forward in the Catholic Church’s response to the Aids situation”.⁵²⁰ Maepa indicated to me in an interview that she understood very well what was expected of her and that she worked hard to achieve the SACAP objectives within her job description.⁵²¹ The first item in her job description was “to study and propagate the teaching of the church with regard to issues related to HIV/AIDS and to seek clarification from the Catholic moral theologians, where needed”.⁵²² A more detailed responsibility of the co-ordinator was “to initiate education and training programmes within the local churches and the general community on HIV and Aids, home-based care and other related issues and empowerment skills training to ensure that they are equipped to educate others”.⁵²³ This was in line with the SACAP objective: “to provide training, resources, information and direction to diocesan AIDS departments and workers functioning in the area of the SACBC”.⁵²⁴ The proposal to CAFOD for funding of 27 September 1995 put it even more pragmatically as “to have home care teams in the 30

⁵¹⁵ SACBC AIDS Office, Annual Report 1996, Prepared by Linda Maepa, 1.

⁵¹⁶ SACBC, Minutes of the plenary session held at the St Peter’s Seminary, Pretoria on 16-23 January 1996.

⁵¹⁷ SACBC, Minutes of the plenary session held at the St Peter’s Seminary, Pretoria on 16-23 January 1996.

⁵¹⁸ SACBC, Minutes of the plenary session held at the St Peter’s Seminary, Pretoria on 15-23 January 1997.

⁵¹⁹ Linda Maepa, e-mail interview conducted by the author on 21 July 2009.

⁵²⁰ SACBC AIDS Office, Annual Report 1996, Prepared by Linda Maepa, 4.

⁵²¹ Linda Maepa, telephonic interview conducted by the author on 24 July 2009.

⁵²² SACBC AIDS Office, Annual Report 1996, Prepared by Linda Maepa, 3.

⁵²³ SACBC AIDS Office, Annual Report 1996, Prepared by Linda Maepa, 3.

⁵²⁴ SACBC, SACAP report presented to the conference by Liz Towell on August 7-14 August 1996 during its plenary session held at Mariannahill.

dioceses”.⁵²⁵ The emphasis of the SACBC leadership had shifted from Aids awareness to care and training.

Maepa was well equal to the task with regard to her training and experience. An educationist with long years of service at the University of Swaziland, she visited various dioceses and parishes and on the basis of “very few responses from the chanceries” went ahead to prepare a situational analysis.⁵²⁶ She recommended that the Catholic response to HIV and Aids should not primarily focus on establishing institutions of care but rather venture in educating the population on primary health care with regard to risky sexual behaviours. She later learned that this was not well received by most of the bishops who were interested in visible institutional responses such as hospices and orphanages. She told me that she faced a lot of opposition from the chanceries. According to her, most chanceries were not supportive and very few had interest in responding to the epidemic. A major shift in the CAFOD leadership in 1997 exacerbated the situation when the new leadership insisted on revising the financial budget. CAFOD withdrew its financial support in the area of salaries and administrative costs. This unforeseen move by CAFOD meant that there was no salary for Maepa and other junior staff in the SACBC Aids Office. The financial crisis that emanated out of this situation created certain tension in the administration and operation of the Aids ministry. Certain leaders such as Bishop Cawcutt insisted that the office had to operate under the health department of the SACBC. Father Emil Blazer on the other hand was of the view that alternative funding be sought. These factors made the work of Maepa difficult.

However, it was the condom controversy that exacerbated the working relations leading to an immediate loss of job for Maepa. According to her, she “asked the bishops difficult questions regarding condoms” during one of her reporting sessions.⁵²⁷ She demanded a Catholic policy on the use of condoms. She added her voice to that of Chrys

⁵²⁵ SACBC AIDS project, funding proposal to CAFOD on 27 September 1995.

⁵²⁶ Maepa, interview by author, 21 July 2009.

⁵²⁷ Maepa, interview by author, 21 July 2009.

Matubatuba,⁵²⁸ her predecessor, and that of Cecilia Moloantoa,⁵²⁹ a coordinator of the SACBC department of health and education, on this very controversial issue by way of highlighting certain pragmatic concerns.⁵³⁰ During his 17 January 1995 defence before the bishops' conference, over alleged 'lack of judgement' in handling of the condom issue, Matubatuba had lamented that while the bishops' Pastoral Letter on AIDS was admirable, he had often requested a ruling by the conference on condoms and this had never been forthcoming.⁵³¹ Indeed, Matubatuba's 1993 annual report had highlighted the use of condom as one of the greatest obstacles to the programme. He reported to the bishops as thus:

The lack of our church's policy on condom use is another obstacle. The Catholic Church is well known to be the strongest and consistent opponent of the condoms as a contraceptive. However, there is seemingly no clear stand on condoms with regard to the prevention of infection. There seems to be some difference of opinions even from highly placed authorities of the church. The subjectivity in dealing with the issue places one who is supposed to implement the programme in dilemma especially when faced with a question on the stand of the church.⁵³²

On 18 January 1994, Cecilia Moloantoa told the bishops that "certain health issues such as the legislation on abortion and the HIV/Aids epidemic were challenging the teaching of the Church on moral values".⁵³³ Maepa was aware of this history⁵³⁴ when she exclaimed: "All I am requesting here is that the bishops issue a pastoral letter on condoms that takes into account the various dimensions of contemporary Southern African life".⁵³⁵ Arguing that people were confused, especially Catholics and not the least their priests, Maepa pressed the issue further saying, "Here is a situation where one particular mode of contraception has assumed a universal and larger than life

⁵²⁸ SACBC, Minutes of the plenary session held at the St Peter's Seminary, Pretoria on 17-24 January 1995.

⁵²⁹ SACBC, Minutes of the plenary session held on at the St Peter's Seminary, Pretoria 18-25 January 1994.

⁵³⁰ SACBC AIDS Office, Annual Report 1996, Prepared by Linda Maepa, 22.

⁵³¹ SACBC, Minutes of the plenary session held at the St Peter's Seminary, Pretoria on 17-24 January 1995.

⁵³² SACBC, 1993 Annual Report – Aids Awareness Programme, prepared by Chrys Matubatuba.

⁵³³ SACBC, Minutes of the plenary session held at the St Peter's Seminary, Pretoria on 18-25 January 1994.

⁵³⁴ Maepa, interview by author, 21 July 2009.

⁵³⁵ SACBC AIDS Office, Annual Report 1996, Prepared by Linda Maepa, 22.

significance, not as a contraceptive, but a life saver”.⁵³⁶ According to Maepa, many bishops told her after the meeting that they admired her courage and that they were simply too shy to deal with the issue.

Maepa was aware of the bishops’ reluctance in addressing the condom issue. She did not, however, foresee that her persistence in requesting a ‘statement on condoms’ could, as in the case of her predecessor, cause her to lose her job. Her contract was suddenly terminated in 1997, just a few months after her insistence on a statement on the use of condoms. The ‘Aids desk,’ as it was popularly known by then, officially closed down. This came as a big surprise to both Maepa⁵³⁷ and the only financial sponsor, CAFOD.⁵³⁸ The January 2008 SACBC plenary minutes did not fail to capture this second demise of the AIDS office:

The AIDS Office had been closed and the co-ordinator had received a retrenchment package. However, the Administrative Board had dealt with correspondence received from the funders, CAFOD, as well as the coordinator who were dissatisfied with the decisions taken.⁵³⁹

As indicated above, the termination of Maepa’s contract was partly due to financial reasons. Although, CAFOD had just sent R 49 000 in support of the programme,⁵⁴⁰ the executive committee had felt that this money was not enough, in view of the fact that the South African government had turned down their application for funding of January 1996.⁵⁴¹ CAFOD was willing to extend its financial support for the programme except in the area of administrative costs.⁵⁴² However, there is no indication in the minutes of the executive meetings that the National Aids Programme had such a serious financial crisis to necessitate a closure of the programme. On the contrary, there was a balance of R 68

⁵³⁶ SACBC AIDS Office, Annual Report 1996, Prepared by Linda Maepa, 22.

⁵³⁷ Maepa, interview by author, 21 July 2009.

⁵³⁸ CAFOD is based in the Great Britain with headquarters in London.

⁵³⁹ SACBC, Minutes of the plenary session held at the St Peter’s Seminary, Pretoria on 20-27 January 1998.

⁵⁴⁰ Minutes of the AIDS Executive meeting, , Khanya House, Pretoria, 4 May 1996.

⁵⁴¹ Minutes of the AIDS Executive meeting, Kyanya House, Pretoria, 13 January 1996.

⁵⁴² A Letter send by Cathy Corcoran, Head of International Division, CAFOD, to Bishops Lois Ndlovu, Kevin Dowling, Johnnes Brenninkneijer, and Reginald Cawcutt (Copied to: Bishop Buti Tlhagale and Father Richard Menatsi) on 8 April 1998.

000 by August 1998 following the closure of the office and the subsequent payment of all outstanding bills.⁵⁴³ It is clear from CAFOD's correspondence with the Conference that, even though CAFOD was not happy with the bishop's decision to lay off Maepa, it hoped that the two parties would resolve their differences amicably without its intervention. On 8 April 1998, CAFOD wrote as follows:

Greetings from London! Please find enclosed a copy of a fax sent today to Father Buti Tlhagale which we hope explains CAFOD's position with regard to the current situation between the SACBC and Linda Maepa. Although CAFOD is the major funding source for the National AIDS Programme, we feel that the conciliation process is a private matter between the two parties.⁵⁴⁴

During an earlier visit by CAFOD executives, it was made clear that CAFOD had "no fixed viewpoint on what the programme should look like".⁵⁴⁵ The breakdown of relations between the two parties had something to do with the manner in which Maepa conducted the Aids programme. According to Maepa, both CAFOD and the SACBC secretariat were happy with her work in the office. The fact that her employment was terminated a few months after she had tabled her report in which she strongly demanded a statement on condoms suggests that her position on condoms had something to do with the bishops' decision. On 12 August 1998, the bishops were relieved to hear that "nothing further has been heard of the claim of unfair dismissal of Linda Maepa".⁵⁴⁶ Apparently, this was short lived as, according to Maepa, she took her grievances to the CCMA and won the protracted legal case of unfair labour practice. Five years later, she was fully compensated.

The relationship between the bishops' conference and CAFOD, especially in regard to funding and the running of the AIDS office, staggered on through 1998 and ultimately collapsed in 1999. In August 1998, the bishops were told that "CAFOD was concerned

⁵⁴³ SACBC, Minutes of the plenary session held at Mariannhill on 6-12 August 1998.

⁵⁴⁴ Letter send by Cathy Corcoran, Head of International Division, CAFOD, to Bishops Lois Ndlovu, Kevin Dowling, Johnnes Brenninkneijer, and Reginald Cawcutt (Copied to: Bishop Buti Tlhagale and Father Richard Menatsi) on 8 April 1998.

⁵⁴⁵ Reply letter by Father Richard Menatsi, SACBC Associate General Secretary to Cathy Corcoran, head of CAFOD-International Division, 15 April 1998.

⁵⁴⁶ SACBC, Minutes of the plenary session held at Mariannhill on 6-12 August 1998.

about a perceived lack of commitment for AIDS”.⁵⁴⁷ CAFOD was even hesitant to allow a transfer of the R 68 000 budgetary balance to CATHCA, the organization that had taken up the conference’s matters relating to Aids.⁵⁴⁸ The ‘push and shelve’ continued as bishops’ efforts to hire a new coordinator were adamantly opposed by CAFOD. Instead, CAFOD demanded an Aids workshop with the bishops during their January 1999 plenary session. CAFOD complicated the matter further by pegging their support on this request. The bishops were told that the “funding for CAFOD [seemed] contingent upon compliance with this request”.⁵⁴⁹ A turn of events is indicated in the report of 11 August 1999 that “things changed [for the worse] after contradictory messages had been received from CAFOD about the availability of funds”.⁵⁵⁰ The bishops’ response was not unexpected: “The bishops discussed the difficulties experienced with CAFOD and it was agreed that CAFOD should be kept informed about developments”.⁵⁵¹ The bishops had again underestimated the effects of a hurried termination of the coordinator’s contract. They found themselves starting all over again with neither a running office nor a willing financial sponsor.

Maepa’s two years at the SACBC ‘Aids desk’ were not entirely fruitless. Her term of office differed from that of Matubatuba in that it did not fall under the SACBC’s department of Health and Education but rather was an independent establishment belonging to the SACBC. It was not a department of the SACBC either since the coordinator did not report to the Secretary General as was the case with the other SACBC departments. The Southern Africa Aids Programme (SACAP) executive committee was responsible for the Aids programme during that period. SACAP in turn was owned by the SACBC.⁵⁵² SACAP did not live long; it collapsed with the closure of the Aids programme in 1997. However, Maepa had managed to tour the various dioceses and compile a database of all HIV and Aids projects in the region. Comprising of 30 active dioceses, the database was a build-up of Matubatuba’s 17 diocese database. Six out of the

⁵⁴⁷ SACBC, Minutes of the plenary session held at Mariannhill on 6-12 August 1998.

⁵⁴⁸ SACBC, Minutes of the plenary session held at Mariannhill on 6-12 August 1998.

⁵⁴⁹ SACBC, Minutes of the plenary session held at Mariannhill on 6-12 August 1998.

⁵⁵⁰ SACBC, Minutes of the plenary session held at Mariannhill on 5-11 August 1999.

⁵⁵¹ SACBC, Minutes of the plenary session held at Mariannhill on 5-11 August 1999.

⁵⁵² SACBC, Southern African Catholic Aids Programme (SACAP), Constitution, approved by SACBC administration board on 8 November 1995.

seven dioceses in KwaZulu-Natal, which constitute the special focus area of this study, were found to be either actively responding to HIV and Aids or at the stage of initiating a response to the epidemic.⁵⁵³ Moreover, the influence of Maepa and SACAP in KwaZulu-Natal facilitated the mushrooming of home-based care activities such as in Centocow Mission Station in the Umzimkulu diocese, Holy Cross Mission in the Eshowe diocese, and on a much smaller scale, the training and care in the Dundee diocese.⁵⁵⁴ Two personnel from Kokstad and one from Dundee were trained in home-based care and counselling at the Durban's Sinosizo project in Amanzimtoti.⁵⁵⁵ To her credit, an inter-diocesan consultative workshop was held in May 1997; three national workshops on home-based care were conducted in the course of 1997; and home-based care training materials were developed with a strong co-relation with the Zambian and Ugandan models.⁵⁵⁶ The SACAP Aids programme, therefore, introduced the home-based care programme and capacitated volunteers' training. By so doing, SACAP Aids ministry made a departure from that of CAN in the sense that "it acknowledged the need for a less random, more focused programme" with a relative degree of autonomy, a constitution, and an executive leadership body comprising of diocesan representatives.⁵⁵⁷

The two previous failures of the SACBC Aids programme⁵⁵⁸ did not deter the bishops from trying again. In 1999 they set up another initiative geared towards establishing an Aids leadership structure for the church's response to HIV and Aids – with outstanding success this time. It all began in a January 1999 Aids workshop that brought together various departments of the SACBC. In that workshop, Bishops Cawcutt and Dowling

⁵⁵³ SACBC, Report of SACAP Aids Desk to SACBC Administrative board, August 1997.

⁵⁵⁴ SACBC, Report of SACAP Aids Desk to SACBC Administrative board, August 1997.

⁵⁵⁵ Sister Immaculata Ndlovu, interview by author, digital recording, interview conducted at the bishop's offices in Dundee, on 15 September 2007.

⁵⁵⁶ Philippe Denis speaks of the late 1980s' Zambian and Ugandan cases of 'community care' and 'hospital-care' as the earliest examples of religious Aids care intervention in Africa. The Catholic Church in South Africa borrowed from those two examples heavily especially in regard to home-based care. For further reading see Denis, AIDS and religion in sub-Saharan Africa, ff.

⁵⁵⁷ SACBC, Southern African Catholic Aids Programme (SACAP), Constitution, approved by SACBC administration board on 8 November 1995.

⁵⁵⁸ As previously indicated in this chapter, the SACBC Aids Programme had been officially closed twice following the termination of coordinators. The first time was in May 1995 and the second was in August 1997.

“were appointed to take forward the work of the AIDS study day”.⁵⁵⁹ They appointed a committee that met twice, on 19 March and 30 July 1999.⁵⁶⁰ On 5 August 1999, Bishop Cawcutt reported to the plenary session of the SACBC in Mariannhill that “he and bishop Dowling had been involved with a committee reviewing a Catholic response to the issue of HIV/AIDS”.⁵⁶¹ The committee consisted of three bishops and representatives from three SACBC departments: the Catholic Development and Welfare Agency (DWA), the Catholic Health Care Association (CATHCA), and Catholic Institute of Education (CIE).⁵⁶² According to Bishop Cawcutt, its chairperson, the committee was in the process of drawing up a constitution. The committee proposed that a part-time clerical *cum* administrative person be appointed to run the office from Khanya House for an initial period of six months. The conference endorsed the proposal and indicated that the person’s work had to constitute of, among other things, fundraising – identifying funding organizations and preparing fundraising proposals.⁵⁶³ According to Bishop Cawcutt, during the six months period, “the Management Committee would meet quarterly to review progress”.⁵⁶⁴ Meanwhile, representatives from the CIE, CATHCA and DWA would meet monthly in order to monitor and supervise the work of the part-time employee. It was agreed that the primary task of the office would be “to act as a monitor of developments and an information conduit”.⁵⁶⁵ Information on the issue of HIV and Aids from the government and agencies working in the field would be passed on to the dioceses from this office. It was proposed that an amount of R60 000 be allocated from the Lenten Appeal to cover the costs of running the office for six months. Bishop Orsmond agreed to join the Management Committee.⁵⁶⁶

⁵⁵⁹ Catholic National Aids Office, Minutes of Management Committee meeting of 13 October 1999 at the CID offices in Pretoria.

⁵⁶⁰ SACBC Aids management committee, minutes of a meeting held on 30 July 1999 at Khanya House, Pretoria.

⁵⁶¹ SACBC, Minutes of a plenary session held at Mariannhill on 5-11 August 1999.

⁵⁶² SACBC, Minutes of a plenary session held at Mariannhill on 5-11 August 1999.

⁵⁶³ SACBC, Minutes of a plenary session held at Mariannhill on 5-11 August 1999.

⁵⁶⁴ SACBC, Minutes of a plenary session held at Mariannhill on 5-11 August 1999.

⁵⁶⁵ SACBC, Minutes of a plenary session held at Mariannhill on 5-11 August 1999.

⁵⁶⁶ The Management Committee included the following: Bishops Reginald Cawcutt of Cape Town (chairman), bishop Kevin Dowling of Rustenburg, bishop Orsmond (Johannesburg), bishop Brenninkemeijer, Father Richard Menatsi (SACBC-Pretoria), Mr. A Schwarer (CATHCA), Mr. John Perks (CATHCA), Ms E Walsh (DWA), Ms J. Nhlapo-Hlope (DWA), Ms Anne French (CIE), Ms Beauty Malete (CATHCA), Mr Henry (Social Communications Office). See the Minutes of the National AIDS Committee Meeting held in Pretoria on 13 October 1999.

Following the approval of the proposal by the bishops, the management committee moved speedily to implement. A new body was created with a new name: the SACBC Catholic National Aids Office, “to emphasize that it is a conference initiative”.⁵⁶⁷ The committee was expanded to include representatives from PLWA, the Youth Office and the Gender Desk of the Justice and Peace department. It was confirmed that although regarded as an office, the SACBC National Aids Office was not to be “typical of SACBC offices as it reports through this committee and not the Secretary-General”.⁵⁶⁸ Sister Alison Munro was appointed as the new coordinator. Her office was in Khanya House, Pretoria. She was on a six-month contract. She was to work under the watchful eye of two committees: the management committee, and the supervisory committee.⁵⁶⁹ The former consisted of representatives of the three SACBC departments (CATHCA, DWA, and CIE) whereas the latter was largely made of lay representatives of church groups operational at the parish level such as donor agencies, women, youth, PLWA,⁵⁷⁰ and health practitioners.⁵⁷¹ Figure 4.1 gives a timeline of the Catholic Aids leadership in the 1990s

⁵⁶⁷ See the Minutes of the National Aids Committee Meeting held in Pretoria on 13 October 1999.

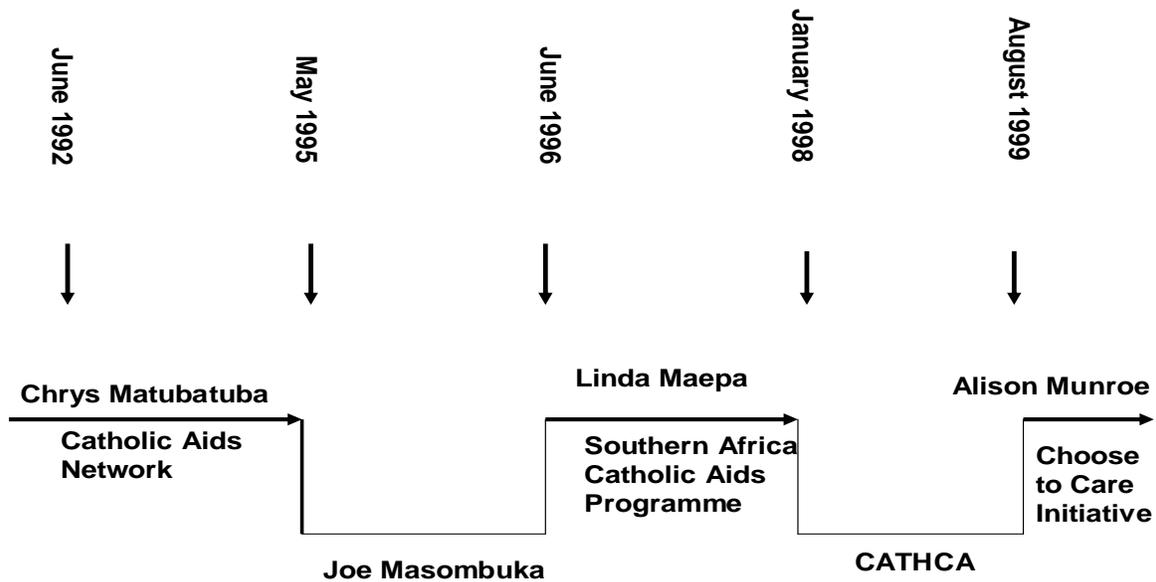
⁵⁶⁸ Minutes of the National AIDS Committee Meeting held in Pretoria on 13 October 1999.

⁵⁶⁹ Minutes of the SACBC Aids Management Committee, 25 April 2000, Khanya House, Pretoria.

⁵⁷⁰ The PLWAs consisted of, among others, Johan Viljoen, Shaun Mellors, Paulus Dladla, and Joe Masombuka. These Catholic PLWA were members of a national body of PLWAs which had a leadership committee by 1992. See Shaun Mellors, “Motivation for Funds for Aids Programme,” a letter written to ‘the Consortium’ and the SACBC, 10 November 1992.

⁵⁷¹ Minutes of the SACBC Aids Management Committee held at Khanya House, Pretoria on 25 April 2000.

Figure 4.1 – The Catholic Aids Structure in the 1990s



Meanwhile, the Catholic Medical Mission Board (CMMB) – a well established body in the United States of America, which sends medicines, medical supplies, volunteers and funding to developing countries with a view to providing quality health care to the world’s poorest – was looking for a partner organization in Africa for its HIV and Aids work.⁵⁷² The CMMB had strong links with many donor organizations including the Bristol Myers Squibb (BMS) which had just announced a five-year programme, the *Secure the Future Programme*. BMS was willing to spend \$ 100,000,000 in five Southern African countries for HIV and Aids community-based programmes, with a special emphasis on care and support of women and children. In October 1999, “CMMB approached the SACBC with a proposal to work in partnership with it to fight against

⁵⁷² SACBC Catholic National Aids Office Proposal to enter into a partnership and financial agreement with Catholic Medical Mission Board for projects to combat HIV/AIDS, Notice of meeting of Management Committee of the Catholic National Aids Office meeting held on 13 December 1999 at the offices of CIE, Nelson Road, Booyens, Johannesburg.

HIV/AIDS”.⁵⁷³ Subsequently, CMMB wrote to the SACBC National Aids Office on 10 November 1999 with a proposal that the SACBC sign a partnership in agreement in terms of which CMMB would provide financial support to HIV and Aids projects in the SACBC region (South Africa, Swaziland and Botswana) under the umbrella of the Bristol Myers Squibb’s *Secure the Future programme*, to the tune of US \$ 1,000,000 per annum for five years.⁵⁷⁴ The timing could not have been better. The next six months were spent laying the logistical groundwork for what would become by far the most important and successful Catholic Aids initiative in responding to HIV and Aids and that would change the Catholic’s response to HIV and Aids in South Africa, and indeed in the entire Southern African region, in an irreversible manner.⁵⁷⁵

There is no doubt that Bishop Kevin Dowling had the history of the Aids office in mind when in 7 September 2000 he recounted this:

A lot of time and effort has been invested in setting up this structure staffed at present by Sister Alison Munro and by Johan Viljoen, the Project Officer. It has already established personal links with all the care initiatives of the Church at grassroots level. It is known and recognized at all levels, from the communities to the bishops, as the structure which fulfils the Church’s mandate. The office can now co-ordinate projects and programmes, and can monitor and accompany initiatives on the ground thus ensuring accountability to our donors Our Aids Office is functioning efficiently, and we place it at the disposal of CRS and all of those who wish to serve the people of South Africa through the Catholic Church network.⁵⁷⁶

Bishop Cawcutt of Cape Town echoed similar sentiments in a speech reported in the *Southern Cross* under the title: *Bishops’ new Aids view: office to centralize strategy, save*

⁵⁷³ SACBC Catholic National Aids Office Proposal to enter into a partnership and financial agreement with Catholic Medical Mission Board for projects to combat HIV/AIDS, Notice of meeting of Management Committee of the Catholic National Aids Office meeting held on 13 December 1999 at the offices of CIE, Nelson Road, Booyens, Johannesburg.

⁵⁷⁴ Barbara Lynch, email correspondence between B. Lynch as the director of communications for CMMB (USA) with Eileen Walsh in the SACBC communications and media outreach (Pretoria, South Africa), 10 November 1999, anti-AIDS initiative.

⁵⁷⁵ I shall return to the developments in this ‘Aids initiative’ in the next chapter which looks at the years 2000 – 2005 under the title, *AIDS Integrated*.

⁵⁷⁶ Bishop Kevin Dowling, Address to the Catholic Relief Services (CRS) assessment team on 7 September 2000. See also Joint SACBC & CRS HIV/AIDS Assessment report, 7-19 September 2000, Durban, South Africa.

money.⁵⁷⁷ “Our failures have cost us a fortune” conceded Bishop Cawcutt, noting that the new office would have a coordinating role and would not set up projects or train people as had been the aim in the past. A new dispensation in the Catholic response to HIV and Aids had surely begun. The SACBC had given up attempts to set up new Aids projects around the country and would instead play a supportive role for projects that already exist through the new national office.⁵⁷⁸ The characteristics of the three Aids leadership dispensations discussed in this section are summarized in Table 4.1 below.

Table 4.1: A summary of the 3 Aids leadership dispensations between 1991 and 1999

| Period | 1991-1995 | 1996-1998 | 1999 |
|--|-----------------------|--------------------------------|---|
| Coordinator | Mr. Chrys Matubatuba | Dr. Linda Maepa | Sr. Alison Munro |
| Reference | Aids Awareness | Aids Desk | Aids Office |
| Mother Body | Catholic Aids Network | Southern African Catholic Aids | “Catholic National Aids Office” Choose to Care Initiative |
| Major Emphasis | Aids Awareness | Home-Based Care | Coordination and Fund Raising |
| Estimated Budget in South Africa Currency | ZAR 130 000 pa | ZAR 325 000 pa | ZAR 10,000,000 pa |

4.2.2 Diocesan Aids Committees

Closely related to the Aids Office was another arm of the Aids leadership structure, the diocesan committees. During the 14-16 March 1990 Aids consultative conference organised by the SACBC’s department of Health Care and Education, whose goal was “to set out policy and action guidelines regarding the handling of HIV and AIDS and related issues through the structures of the Catholic Church,” the 20 diocesan representatives recommended that Aids committees be established in each diocese in

⁵⁷⁷ *Southern Cross*, “Bishops’ New Aids view: office to centralize strategy, save money,” 14 November 1999.

⁵⁷⁸ *Southern Cross*, “Bishops New Aids view: office to centralize strategy, save money,” 14 November 1999.

order to coordinate work at grass-root levels and liaise with the recently formed CAN.⁵⁷⁹ As a result of a CAN initiative, the first Annual Interdiocesan Aids Conference was held between 16 and 18 July 1993 at Koinonia Retreat and Conference Centre, Johannesburg. At this conference the Interdiocesan Aids Committee was born.⁵⁸⁰ The main purpose of the conference, which was attended by 45 participants from 24 dioceses, was “to bring the diocesan Aids coordinators together in order to know one another, exchange ideas, establish links and form an effective Catholic network”.⁵⁸¹ The idea was to have diocesan committees coordinating Aids activities at the diocese level and link up these at the SACBC level as the interdiocesan committee in order to facilitate a coordinated national and regional response to HIV and Aids. It was agreed in the 1993 conference that such conferences would be held annually.⁵⁸²

In spite of these measures at the national level, only a few dioceses managed to form a committee. The dioceses were to raise funds and hire a full-time diocesan Aids coordinator to work with the committee. The challenges facing this initiative were many. Lack of funding, scarcity of information, denial and logistical difficulties were raised as the key ones in 1993.⁵⁸³ In fact, three quarters of the 45 diocesan representatives who had attended the 1993 interdiocesan conference were attending on a voluntary basis. Sister Ancilla Doran of the Tzaneen diocese had been working on Aids information at the diocese for a year with hardly any budget. Sister Philippa Mamba of the Manzini diocese had a committee of four with whom they had been actively doing Aids awareness

⁵⁷⁹ SACBC AIDS Project, Proposal for funding for the Catholic Aids Network project in Southern Africa, prepared by Mrs Celicia Moloantoa, coordinating secretary, department of Health Care and Education, Southern African Catholic Bishops Conference, Khanya House, Pretoria, June 1991.

⁵⁸⁰ The Interdiocesan Aids Committee members were: Bishop R. Cowcutt (SACBC), Ms. Sam Matthews (Cape Town), Mrs. Elizabeth Mokgoko (Pretoria), Mrs. Liz Towell (Durban), Sr. Alison Munro (Johannesburg), Ms. Phumla Huna (Port Elizabeth), Mr. J. Masombuka (Pretoria), Sr. Ancilla Doran (Tzaneen), Ms. Khosi Mtetwa (Swaziland), Ms. Charlotte Mtetwa (Witbank), and Ms. Norah Vilakazi (Pretoria). See the Report of the 1st annual interdiocesan Aids conference written by Chrys Matubatuba on 23 July 1993.

⁵⁸¹ SACBC, Department of Health Care and Education, Aids Awareness programme, 1993 annual report by Chrys Matubatuba, 2.

⁵⁸² SACBC, Department of Health Care and Education, Aids Awareness programme, 1993 annual report by Chrys Matubatuba, 2.

⁵⁸³ Report of the 1st annual interdiocesan Aids conference written by Chrys Matubatuba on 23 July 1993.

campaigns since her attendance of the March 1990 consultation. They were still in the process of applying for funds.

The archdiocese of Cape Town was more creative in organising its Aids leadership structure. Under the leadership of the late Father Jack Gillick of the St Mary's Cathedral and Sister Margaret Craig of the Nazareth House, the archdiocese established an Aids networking body parallel to the national one by the name Catholic Aids Network-Cape Town.⁵⁸⁴ According to Craig, the body, which is still operative today, "was a care support system that brought together all Catholic organizations involved in care and treatment of PLWHA in the metropolitan province of Cape Town".⁵⁸⁵

During the time of CAN (March 1990 – May 1995), only the archdiocese of Durban, out of the seven KwaZulu-Natal dioceses, had a full-time diocesan Aids coordinator and a committee.⁵⁸⁶ Although the Durban committee had been in existence since 1986, it was not until 1991 that Towell was appointed as the archdiocesan coordinator. In 1990, the committee intensified its efforts in care and Aids education under the name Durban Archdiocesan Aids Care Committee.⁵⁸⁷ In 2000, the committee acquired a new name – Catholic Archdiocese of Durban Aids Commission (CADAC).⁵⁸⁸ This was in order to accommodate the new changes in the leadership as well as the change in the church's response to HIV and Aids.⁵⁸⁹ The replacement of the word 'care' with 'commission' is significant in that care of the sick and the dying was no longer the chief task of the committee; a broader and multifaceted task was envisaged.⁵⁹⁰

⁵⁸⁴ Margaret Craig, telephonic interview by author, 26 June 2009. See also SACBC, Department of Health Care and Education, Aids Awareness programme, 1993 annual report by Chrys Matubatuba, 2.

⁵⁸⁵ Craig, interview by author, 26 June 2009.

⁵⁸⁶ Mlambo, interview by author, 10 July 2008.

⁵⁸⁷ *Southern Cross*, "Aids Care Committee for Durban," 4 November 1990.

⁵⁸⁸ *News and Bulletin of Catholic Archdiocese of Durban*, "Aids Care Committee," 330 (December 2000), 98; Mqadi, interview by author, 29 June 2008.

⁵⁸⁹ I shall return to this issue later on in Chapter Four, *Aids Integrated* (2000-05).

⁵⁹⁰ In Chapter Four I shall discuss this issue at length. I shall demonstrate that whilst the care and treatment of the sick continued to dominate the Catholic response to HIV and Aids in the new century, new concerns such as activism, gender imbalance, stigma, right to treatment, culture, and Aids politics were by no means inferior subjects.

The formation of SACAP in May 1995 and the consequent support for diocesan organization led to the formation of more committees. In Eshowe, Father Gérard Tonque (Clemens) Lagleder was appointed as the diocesan coordinator in March 1996⁵⁹¹ whereas in Mariannhill Sister Jennifer Boysen became the diocesan coordinator in November 1995.⁵⁹² Several dioceses in KwaZulu-Natal did not have a diocesan committee. By the time of this research, Kokstad, Ingwavuma, and Umzimkulu had neither Aids committees nor coordinators. Instead, they had Aids projects that by default were involved with coordinating Aids activities in the diocese. Nevertheless, coordinators and committees became valuable assets in facilitating networking, exchange and capacity building in the Catholic Church's response to HIV and Aids during the 1990s.

4.2.3 The Dynamics of Aids Leadership in a Complex Organization

There is no simple answer as to why the Aids leadership structure in the Catholic Church took so long to get on its feet. I found that several factors contributed to this failure. According to the auxiliary bishop of Cape Town, Reginald Cawcutt, the failure was due to administrative reasons. In November 1999, he told the *Southern Cross* magazine that “seven years ago the SACBC started a national response to the Aids pandemic in South Africa, but it failed because its projects were led by people who either lacked administrative skills or ‘were given no direction’”.⁵⁹³ Bishop Kevin Dowling of Rustenburg, an executive member of the new Aids Office steering committee, blamed the lack of financial resources. He said that he had “been trying for four years to get a community-based response to the Aids pandemic” in his diocese, where the disease was rampant among men working in the platinum mines, but financing was his biggest problem. He said that he hoped to have enough money to start a “comprehensive outreach in the villages around the mines” in his diocese in 2000, including a small hospice for those with no one to care for them.⁵⁹⁴ CAFOD strongly felt that there had not been

⁵⁹¹ Lagleder, interview by author, 10 October 2007.

⁵⁹² Boysen, interview by author, 23 November 2007.

⁵⁹³ *Southern Cross*, “Bishops’ New Aids view: office to centralize strategy, save money,” 14 November 1999.

⁵⁹⁴ *Southern Cross*, “Bishops’ New Aids view: office to centralize strategy, save money,” 14 November 1999.

enough commitment on the part of the bishop's conference towards an Aids response to HIV and Aids during the 1990s and that led to the failures.⁵⁹⁵ Matubatuba indicated to me in an interview that the biggest hindrance was poor personal relations within the SACBC secretariat, something that became manifest in the manner in which the conference handled the condom controversy.⁵⁹⁶ Maepa accused male chauvinism in the Catholic leadership that amounted to differences of opinion especially in the administration of the National Aids Office and in the use of condoms as an HIV prevention method.⁵⁹⁷ This list is by no means complete; various factors had their share, with some, such as the lack of finances and the condom controversy playing a greater role than the others.

Nevertheless, I found that organizational tensions within the Catholic Church were the fundamental cause for the delay in setting up Aids leadership structure. As indicated earlier in this study, there has been a tension between the lay practitioners and the hierarchy in the manner in which the church ought to respond to HIV and Aids since the 1980s.⁵⁹⁸ As an 'open system' the Catholic Church has been an organization constantly responding to the changes brought about by the presence of HIV and Aids. In line with Kowaleski's analysis, various elements within the church such as medical practitioners, social workers and bishops have differed with regard to Aids related statements and activities.⁵⁹⁹ In the words of Seidler, the Catholic response to HIV and Aids has developed as a 'contested accommodation'.⁶⁰⁰ While the spread of HIV, for instance, pressured the church to allow the use of condoms, other forces within the church such as its moral teachings led it to resist accommodating such a practice.

Similarly, change in the church's Aids related activities and discourses was negotiated within the organizational power structures. On the one hand, the hierarchy, represented

⁵⁹⁵ SACBC, Minutes of the plenary session held at Mariannhill on 6-12 August 1998.

⁵⁹⁶ Matubatuba, interview by the author, 10 July 2009.

⁵⁹⁷ Maepa, interview by author, 21 July 2009.

⁵⁹⁸ The conflict was discussed by the bishop's conference in 1989 following a report by CATHCA that Catholic nurses and doctors had continued to raise concerns over the Aids implications on the Catholic medical ethics. See SACBC, Minutes of the plenary session held at St John's Vianney Seminary, Pretoria between 6 and 13 January 1989.

⁵⁹⁹ Kowaleski, *All things to all people: The Catholic Church Confronts the AIDS Crisis*, 6.

⁶⁰⁰ Seidler, *Contested Accommodation: The Catholic Church as a special case of social change*, 74.

by the bishops, maintained a hard line position on the church's moral teachings and thereby opposed the use of condoms. Otherwise said, as the higher-level officials, the bishops defended the official charter of the organization. On the other hand, the laity, represented by nurses, counsellors, medical doctors, and care givers, was willing to compromise the church's official teachings on the individual level.⁶⁰¹ Meanwhile, the priests, as the lower-level officials acted as conciliatory intermediaries.

The entire Aids leadership, from the SACBC Aids coordinator down to the diocesan committees, notwithstanding the Aids project leadership, found itself confined between opposing ends in the church's response to HIV and Aids. Because the majority of leaders in the Aids ministry were lay persons, the bishops often felt disregarded and disobeyed. They therefore exercised their formal organizational power and in the end the entire Aids structure got frustrated. This partly explains why on two separate occasions the bishops relieved National Aids coordinators of their duties without prior warning.

Arguably, the failures of the SACBC Aids Office during the 1990s had something to do with the lack of representation of the lay leadership in policy making. In 1993, the Pastoral Forum⁶⁰² was created, in which lay delegates would have the possibility to deliberate key issues together with the bishops.⁶⁰³ Consultations for creating the Steering Committee for this forum were completed at the end of 1998 and the delegates from the SACBC provinces met with the relevant episcopal members to form the committee for the first time in March 1999. The creation of the Steering Committee of the Pastoral Forum as a new structure for the church in Southern Africa on 17 March 1999 meant that the laity could participate in decision making on pertinent issues such as HIV and Aids at the highest level. The creation of this structure was in the spirit of the *Lumen Gentium* of

⁶⁰¹ Sister Bikinia Neil and Dr Douglas Ross, digital recording, interview conducted by author at the St Mary's Hospital premises at Mariannhill on 15 October 2007.

⁶⁰² There was a debate over whether the Pastoral Forum should be named 'Lay Forum' since it constituted of lay representatives. The bishops won in the debate arguing that in such a case the organization would be seen to be two separate churches in one, the laity and the clergy. See *Catholic News Archdiocese of Durban*, "Lay Participation on the highest level- a new structure for the Church in Southern Africa," 356 (May 1999), 23.

⁶⁰³ *Catholic News Archdiocese of Durban*, "Lay Participation on the highest level- a new structure for the Church in Southern Africa," 356 (May 1999), 23.

the Vatican II Council in 1965 as well as the recommendations of the World Synod of Bishops in 1985, which categorically stated as thus: “Because the Church is a communion, there must be lay participation and co-responsibility at all of her levels”.⁶⁰⁴

It is significant that the successful establishment of SACBC Aids leadership structure coincided with the inclusion of the lay leadership in policy making matters. To argue that the reason why Aids leadership failed during the 1990s is solely due to a lack of representation of the lay people in policy making would be over simplifying a much more complicated matter. These are, however, not unrelated. The inclusion of lay people in top leadership might have eased power tensions in the organization. It is significant that in 1999, the National Aids office was for the first time supervised by two committees, one entirely consisting of lay representatives. It is also significant that around the same time the bishops agreed for the first time to re-look at their stance on the use of condoms in HIV prevention.⁶⁰⁵ Arguably, the inclusion of the lay leaders in the SACBC created a new attitude and unanticipated willingness to listen to the concerns of lay practitioners.

4.3 Theological Response

Some theologians have argued that the failure of the South African government to aptly respond to HIV and Aids was indirectly influenced by the theology of the churches.⁶⁰⁶ They see a negative influence of the church teachings, particularly that of the Catholic Church, upon the society. Susan Rakoczy, in her *Catholic Theology in South Africa: an evolving tapestry*, depicts Catholic theology as having historically engaged with pertinent issues of the society such as apartheid, racism, culture, and gender inequalities.⁶⁰⁷ She does not, however, show any connection between Catholic theology and HIV and Aids in South Africa. It is noteworthy that in her survey of Catholic theology in South Africa since Vatican II Council to 2005, as well as in her list of the issues that theology addressed in the 1980s and 1990s, HIV and Aids are absent. Arguably, the earliest

⁶⁰⁴ World Synod of Bishops, Final Relatio C. 6, Rome, 1985.

⁶⁰⁵ *Southern Cross*, “Bishops’ New Aids view: office to centralize strategy, save money,” 14 November 1999.

⁶⁰⁶ Ryan, Aids and Responsibility, 11; and Byamugisha, *Journeys of Faith*, 96.

⁶⁰⁷ Susan Rakoczy, “Catholic Theology in South Africa: An Evolving Tapestry,” *Journal of Theology for Southern Africa* 122 (July 2005), 34-106.

fruitful attempt by Catholic theologians to engage with the epidemic was the February 2003 conference held in the St Augustine College of South Africa under the theme: *Responsibility in a Time of AIDS*. As Munro admitted in her opening speech, theology and theological reflection had not kept pace with the fast unfolding epidemic;⁶⁰⁸ it had not kept up with the church's speedily mushrooming care and treatment activities either.

However, a different kind of theology was evident, not as taught in the seminaries and universities but as witnessed to by the actions of the church. More often than not, it was ordinary Christians responding to Aids, servants without any theological training, who asked the difficult questions and would not even receive encouragement or support for providing a Christian response to the suffering and death around them.⁶⁰⁹ It is this theology, brewed at the frontiers of communities in Christian service and hardly finding its way into academic journals and theology books, which informed the outburst of care activities in the entire country during the 1990s. Whereas we may call it *missiological* theology due to the expressed concern to establish the mission of the church in the South African society, the Catholic Church, however, called it *Community Serving Humanity*.

4.3.1 A Community Serving Humanity

The pastoral plan, 'Community Serving Humanity,' played a key role in the Catholic Church's response to HIV and Aids. It influenced both faith and practice in the mission field. A brief review of the pastoral plan will show how it became a key theological catalyst in the church's care activity. The plan was born out of two factors. *Firstly*, the appalling socio-economic conditions brought about by 45 years of oppression, segregation and injustice obliged the church to respond in some relevant manner. It is no sheer coincidence that the pastoral plan, and the pastoral letter on Aids were launched at the onset of the 1990s, a momentous time indeed when the much anticipated 'New South Africa' started to unfold in the country. The Catholic Church realised that the defeat of apartheid meant the enormous task of correcting the social imbalances and healing the socio-economic wounds created by the many years of oppression and injustice. The

⁶⁰⁸ See Sister Alison Munro's welcome speech in the proceedings of the conference, Alison Munro, "Welcome to the Conference from Coordinator of SACBC Aids Office," in Bate, *Responsibility in a Time of Aids*, xiii-xiv.

⁶⁰⁹ Alison, welcome speech, xiii.

Catholic Church therefore started seeing HIV and Aids within this broader context of social deprivation.⁶¹⁰ HIV and Aids were now seen as a social problem, a categorical departure from the 1980s' naïve and narrow-minded blame on Aids upon the 'sinful groups and individuals'. Two Catholic gatherings, both held in 1990, are indicative of the church's internal mobilization for a social response to HIV and Aids. The first was 'the Catholic Aids Consultation' held in Johannesburg between 14 and 16 March 1990. It was attended by ordinary church workers in the field of HIV and Aids. Over 30 dioceses within the SACBC region had been invited. The second was the historic Catholic *Indaba* held at the University of Natal in Pietemaritzburg in July 1990.

Secondly, and most important, the 'Community Serving Humanity' pastoral plan was an offshoot of the Vatican II Council meeting held between 1962 and 1965. Although the roots of the movement can be traced to the period preceding Vatican II Council,⁶¹¹ it was this council, and particularly its document on "The Church and the World Today, *Gaudium et Spes*," that provided the decisive impulse for the 'renewal' of religious communities.⁶¹² The bishops came back from the council more deeply aware than ever before that the church bore heavy responsibility not only for the spiritual life of people but also for their social condition.⁶¹³ According to Denis Hurley, these were simply communities of people coming together to pray, to listen to the word of God, to look at the situation in which they lived and worked or did not work, to ask themselves if this was God's will and, if it was not, what they, with his help, should do about it.⁶¹⁴

The practice grew and spread so fast that by the late 1970s Christian Base Communities had become the most successful and effective means of Catholic formation and education. It was adopted in Asia and Africa almost simultaneously. The dioceses of East

⁶¹⁰ Cecilia Moloantoa, "AIDS Consultation: 14-16 March 1990-Koinonia Catholic Centre, Johannesburg," *Internos Vol 2*, No 2 (May 1990), 22-23.

⁶¹¹ Gustavo Gutierrez, *The Power of the Poor in History* translated into English from Latin by Robert R. Barr (London: SCM Press, 1983), xii.

⁶¹² Adrian Hastings, "The Church and the World Today," in Adrian Hastings, ed., *Modern Catholicism: Vatican II and After* (London: SPCK, 1991), 141-50.

⁶¹³ Denis Hurley, "Pastoral Plan: Where to Now? The Archdiocese of Durban evaluates the Renew Process after two year period," *Internos Vol 3* No 2 (April/May 1991), 19-20.

⁶¹⁴ Hurley, Pastoral Plan: Where to Now? 20.

Africa, including Uganda, Tanzania, Kenya and Zambia were the first in Africa to adopt ‘Small Christian Communities,’ the term used for Christian Base Communities in Africa, with Zambia being particularly successful, especially the diocese of Ndola under Bishop Dennis De Jong.⁶¹⁵ These heavily relied on the teaching materials of a South African based SACBC institute by the name Lumko. Ironically, the South African church was a late comer in taking the plunge to adopt a community oriented pastoral policy. Therefore, when the SACBC finally launched the ‘Community Serving Humanity’ pastoral plan on the Pentecost Sunday of May 1989, it simply contextualised the ‘Small Christian Communities’ and in essence retained its methodology. As Stuart Bate observed during its Sabbath celebrations in 1996, the pastoral plan under the theme ‘Community Serving Humanity’ “emerged through a process of consultation, discussion, and discernment ranging over the fifteen years following the Worldwide Synod of Bishops in Rome in 1974”.⁶¹⁶

The pastoral plan recommended three possible ways of promoting the community idea: the creation of Small Christian Communities, the Renew Process⁶¹⁷ and the establishment of Task Groups.⁶¹⁸ By the time the pastoral plan was promulgated in 1989, the archdiocese of Durban had already started developing communities under the Renew process and the Task Groups.⁶¹⁹ After May 1989, many parishes in the SACBC region adopted either the Small Christian Communities or the Renew Process in an effort to transform their churches into ‘Communities of Communities’. A major evaluation of the entire plan was conducted in Durban in August 1992.⁶²⁰ It was done through questionnaires, and a participatory consultation with bishops, priests, religious and laity

⁶¹⁵ Hurley, Pastoral Plan: Where to Now? 20.

⁶¹⁶ Stuart Bate, ed., *Serving Humanity - A Sabbath reflection: the pastoral plan of Church in Southern Africa in Southern Africa after seven years* (Pietermaritzburg: Cluster Publications, 1996), v.

⁶¹⁷ Renew Process is a Christian education programme developed in America in 1972 by the Renew International, a Catholic Organization fostering spiritual renewal, evangelization, catechism and faith formation through Small Christian Communities. See Stephen B. Clark, *Building Christian Community - Strategy for Renewing the Church* (Notre Dame: Ave Maria Press, 1996), v; see also www.renewintl.org/ accessed on 23 December 2008.

⁶¹⁸ SACBC, *Community Serving Humanity: Pastoral Plan of the Catholic Church in Southern Africa, Vision Statement* (Pretoria: Southern Africa Bishops Conference, 1989), ff.

⁶¹⁹ Errol Burgess and Alan Moss, “Small Christian Communities in a Working Class Area,” Bate, *Serving Humanity*, 261-64.

⁶²⁰ SACBC, *Community Serving Humanity: An Evaluation Report*, 28 August 1992.

working together in diocesan teams. The proceeds of this consultative evaluation, which were written into a document entitled, *Community Serving Humanity: An Evaluation Report*, indicated that there were more than 5,000 Small Christian Communities, or faith-sharing groups, in South Africa. A 1996 publication under the title, *Serving Humanity - A Sabbath reflection: the pastoral plan of Church in Southern Africa after seven years*, and edited by Stuart Bate demonstrate how successful the pastoral plan was in mobilising small communities in the church for action in response to unemployment, lack of housing, business entrepreneurship, poor health systems and in combating illiteracy.⁶²¹

Arguably, the enormous growth of the Catholic Church's Aids care system in the 1990s owed its motivation in the 'Community Serving Humanity' pastoral plan. The plan sensitised the ordinary membership to the new opportunity to care for Aids patients, something that some have recently termed as a new *Kairos* in the new South Africa.⁶²² Juliana Ndlovu, for instance, indicated that it was out of coming together under small Christian communities in their St Theresa Mission at Inchanga and reflecting on the problem of HIV and Aids that they resorted to begin caring for the sick and creating awareness among the youths in their region.⁶²³ Nicholas King showed how 'Small Christian Communities' reflection of the Nehemiah Chapter 1 and 2 in the Bible had started to yield fruit after participants asked themselves two relevant questions: What is our equivalent of rebuilding the Temple and what is the one thing that we should do to show that we grasp the significance of what has happened to us in the last fifty years (apartheid), and in the last five years (democracy)?⁶²⁴ In his response in the light of the pastoral plan, he wrote: "The first would be a concerted multi-disciplinary attack on the problem of AIDS, in all its ramifications, which, especially here in KwaZulu-Natal, will soon be threatening any prospects of economic recovery from the damage wrought by

⁶²¹ Bate, *Serving Humanity*, ff.

⁶²² The word *Kairos* is used here to refer to a momentous time of truth and great opportunity. It is similarly used in the *Kairos* Document, see *Kairos Document* (Johannesburg: Skotaville, 1986), 1. See also similar usage by Beverly Haddad, "'We Pray but we Cannot Heal': Theological Challenges Posed by the HIV/AIDS Crisis," *Journal of Theology for Southern Africa* 125 (July 2006), 80-90.

⁶²³ Juliana Ndlovu, "Community Serving Humanity in a Peri-Urban Area," in Bate, *Serving Humanity*, 77-80.

⁶²⁴ Nicholas King, "A Biblical Approach to the New South Africa," in Bate, *Serving Humanity*, 33-45.

apartheid, and is not merely a medical problem, but one with sociological, moral, spiritual, cultural, theological, economic and political implications. A second ... might be the regular delivery of low-cost housing, in places where people have only shacks and worse to live in”.⁶²⁵ Similarly, Bernard Connor⁶²⁶ and Sally Fiore⁶²⁷ of Witbank diocese witnessed to how Article 21⁶²⁸ of the Pastoral Plan had motivated them into starting projects and caring for Aids orphans and patients. Probably, the most important product of the ‘Community Serving Humanity’ Pastoral Plan in relation to the care of patients was the pioneering work of the Catholic Caring Network in Cape Town.⁶²⁹ As Stephanie Shutte illustrated, “these small groups are the nuclei of the Network; they are setting up a community centre and have arranged a six-session course in home care for the sick and dying”.⁶³⁰ The method was simple: “we set up a group of carers in each parish and they meet regularly, sharing their own stories and anguish and reflecting together on ways in which they might have been able to ‘be there’ for others”.⁶³¹

Certainly, the pastoral plan influenced Catholic Aids care activities during the early 1990s. However, the church’s emphasis on the plan was short lived. Most dioceses did not implement it and even in the few that did the programme dwindled away slowly in the late 1990s. The Renew Programme, for instance, was hardly in existence by 1998. The efforts by the Archdiocese of Durban to revive it did not avail much.⁶³² Indeed, as Kearney concurs, the entire pastoral plan was faced by various multifaceted challenges.⁶³³ These included attention to the fact that the “serving humanity” dimension was not well understood or fully implemented; that an open dialogue was needed with

⁶²⁵ King, *A Biblical Approach to the New South Africa*, 44.

⁶²⁶ Bernard Connor, “Structures and Charisms in the Serving Humanity,” in Bate, *Serving Humanity*, 46-58.

⁶²⁷ Sally Fiore, “Witbank Development Diocesan Committee,” in Bate, *Serving*, 86-95.

⁶²⁸ Article 21 of the SACBC Pastoral Plan reads as follows: “An effective way of meeting needs is to help individuals and groups develop their own resources so that they can in freedom meet their own needs and in turn share generously with others”. See SACBC, *Pastoral Plan: Community Serving Humanity*, 12.

⁶²⁹ Stephanie Shutte, “The Catholic Caring Network,” in Bate, *Serving Humanity*, 2221-26.

⁶³⁰ Shutte, *The Catholic Caring Network*, 222.

⁶³¹ Shutte, *The Catholic Caring Network*, 222.

⁶³² *News and Bulletin of Catholic Archdiocese of Durban*, “The Renew Programme,” 330 (October 1998), 98.

⁶³³ Kearney, Archbishop Denis Hurley: Guardian of the Light, 50-62; see also Kearney, interview by author, 14 August 2008.

those who found it difficult to identify with the pastoral plan; that a special effort should have been made to reach out to priests who had not been involved in formulating the plan or in considering its implications; and to that seminarians were not fully prepared for their role in implementing it once they were ordained. Besides, the motivation to care for the sick was not exclusively influenced by the new pastoral plan. The optimism towards freedom and a better future that galvanised the country in the early and mid 1990s was also short lived. Arguably, both the Catholic theology and its care activities were also influenced by the political landscape of the 1990s. Moreover, the failure of the SACBC Aids Office and the entire hierarchy to rally behind the initiatives of the ordinary members involved in responding to the HIV and Aids epidemic, not to mention the internal controversies between the laity and clergy over prevention and disclosure, had a demotivating effect on the entire Catholic response to HIV and Aids.

4.3.2 A Community-Based Progressive Aids Activism

Apart from becoming a ‘community serving humanity,’ the Catholic Church of the 1990s was influenced by the missiological theology to become a community able to develop Aids awareness. Christian Base Communities have had a record, especially in Latin America, of amassing protest action against oppressive and unjust systems of governance. In South Africa, they produced a more subtle protest that became increasingly significant towards the end of the 1990s, before becoming explosive in the 2000s. Within the Small Christian Communities and beneath the care activities, there was an undercurrent of dissatisfaction with the *status quo*. The Small Christian Communities’ reflections depicted an ongoing critique of both the government and the Catholic hierarchy’s response to the Aids epidemic. Such were the words of Bernard Connor, a Dominican priest, now deceased, who, according to oral tradition, coined the phrase ‘Community Serving Humanity’.⁶³⁴ His words could be seen as prophetic in every sense of the word:

Serving humanity, however, will in time call for confrontation with the wider structures of society, particularly those that are unjust and inhuman.

⁶³⁴

Denis, interview by author, 20 April 2009.

All the above mentioned activities – the traditional spiritual and corporal works of mercy – are conducted within the overall arrangement of society. They are forms of service to individuals and households. Important as they are, they do not address the prevailing social arrangements, particularly those that cause unnecessary hardship and inflict injustice. At this point Church organizations need to take on some features of the social movements mentioned by Giddens.⁶³⁵

Similar sentiments were echoed by Jennifer Alt and Alison Munro.⁶³⁶ Their experiences with Small Christian Communities in their endeavour to do Aids ministry during the mid 1990s were full of episodes of confrontation with the church's teaching on sexuality. They saw a contrast between the reality according to which people lived and the Catholic Church's position on condoms. They argued that for people who choose to be sexually active, condoms were a means of protection from infection especially in the context of society's stigma towards people living with HIV and Aids and the continuing evils of the migrant labour system.⁶³⁷ However, sometimes criticism was directed against the hierarchy and other leadership structures within the Catholic institutional church. Given that both the Aids care ministry and the Small Christian Communities were largely dominated by lay people, it is not surprising that the hierarchy found itself on the firing line. A good example is the pressure exerted upon the SACBC by the lay people to reconsider its position on the use of condoms in HIV prevention between 1999 and 2000.⁶³⁸ A more famous example, which I shall discuss in detail in the next chapter (Chapter Six – Aids Integrated), is the 'flood' of negative reactions to the so called "A Message of Hope" released by the bishops in July 2001. Towell spoke of having been involved in numerous cases where lay persons involved in the response to HIV and Aids organised themselves and presented their complaints in writing to the bishops.⁶³⁹ In one such incidence, they took their complaint to the SACBC demanding that women who

⁶³⁵ Connor, *Structures and Charisms in the Serving Community*, 56. See also Anthony Giddens, *The Consequences of Modernity* (Stanford: Stanford University Press, 1990), 137.

⁶³⁶ Jennifer Alt and Alison Munro, "Catholic Psychological Services," Bate, *Serving Humanity*, 232-237.

⁶³⁷ Jennifer Alt and Alison Munro, "Catholic Psychological Services," Bate, *Serving Humanity*, 232-237.

⁶³⁸ Bishop Kevin Dowling, Address to the Catholic Relief Services (CRS) assessment team on 7 September 2000. See also Joint SACBC & CRS HIV/AIDS Assessment report, 7-19 September 2000, Durban, South Africa.

⁶³⁹ Towell, Interview by author, 9 July 2008.

were starting on antiretroviral drugs be allowed to use artificial family planning methods as necessitated by the medical procedure.⁶⁴⁰ The lay leaders lost miserably.⁶⁴¹ Speaking of a similar controversy in January 1998, Doctor Ross told the bishops' conference that Catholic nurses and doctors were not at ease with the ethical demands of the church in matters pertaining to the treatment of Aids patients.⁶⁴² He added that CATHCA was following the matter closely.⁶⁴³ Moreover, numerous articles by Catholics in the *Southern Cross* and the *Natal Witness* argued that both the government and the Catholic Church were not doing enough in responding to the Aids disease.⁶⁴⁴ By and large, there was an active and fast growing Aids watchdog movement within the Catholic Church during the entire 1990s. This was informed by the church's communal sense of a mission to champion the cause of the poor, the sick and the suffering.

By and large, the events of the 1990s set the stage for a wider Catholic HIV and Aids activism in the South African society. As viewed from the institutional level, however, Catholic Aids activism in the 1990s was mainly by way of representation. Arguably, the instability of the SACBC Aids Office contributed to the lack of enthusiasm and coordination in this regard. The dilemma of the hierarchy on the subject of HIV prevention, as well as in the area of HIV testing, played a significant role. Nevertheless, there is plenty of evidence in the SACBC archives that indicate the SACBC's participation, however periodical, in meetings of the National Association of People

⁶⁴⁰ The lay persons wanted to minimize the risk of mothers infecting their unborn babies. They also argued that ARV therapy on sexually active persons necessitated a sure way of avoiding pregnancy.

⁶⁴¹ Towell, Interview by author, 9 July 2008.

⁶⁴² SACBC, Minutes of the Plenary Session held at St Peters Seminary, Pretoria, 20-27 January 1998.

⁶⁴³ SACBC, Minutes of the Plenary Session held at St Peters Seminary, Pretoria, 20-27 January 1998.

⁶⁴⁴ Some of those articles are as follows: *Southern Cross*, "Use of Condoms: bishops are wrong," 24 June 1990; *Southern Cross*, "Our Bishops' Conference and AIDS," 2 August 1992; *Southern Cross*, "Bishop withdraws from leading AIDS march," 12 December 1993; *Southern Cross*, "AIDS is SA's biggest problem," 22 May 1994; *Southern Cross*, "Many AIDS programmes 'ineffective'," 26 February 1995; *Southern Cross*, "Churches must fight AIDS," 3 May 1998; *Southern Cross*, "Government and churches are promoting the wrong message in the war against Aids," 24 October 1999; *Southern Cross*, "Aids now a Church priority," 27 February 2000; *Natal Witness*, "Church and Govt. too slow," 1994; *Natal Witness*, "Catholics and Condoms don't mix," 12 November 1997.

Living with Aids (NAPWA)⁶⁴⁵, the NACOSA,⁶⁴⁶ the Aids Consortium (1992)⁶⁴⁷, and the South Africa National Aids Council (SANAC)⁶⁴⁸ These partnerships would form a stronger activist movement in the 2000s where the Catholic Church would by no means be a lesser partner.⁶⁴⁹

4.4 Discourses on HIV and Aids

This section addresses two issues: how the Catholic Church spoke about HIV and Aids and how that discourse influenced South African society during the 1990s. It is worth noting, however, that the Catholic voice on HIV and Aids was only one among several others religious discourses in the country. During the mid 1990s, the South African Council of Churches (SACC) convened several national and regional workshops to get churches to begin to work together in programmes on HIV/AIDS.⁶⁵⁰ The Salvation Army was probably the church with the most developed programme in the area of training and care with services such as the “Drop in Centre OASIS in Mayfair and the Fred Clarke Home in Soweto for abandoned children whose parents had Aids.”⁶⁵¹ The Scripture Union also had training materials which were used for youths in schools. Besides having a Total Health Care Committee in Johannesburg and a central coordinator for HIV and Aids ministry as indicated in Chapter Two, the Methodist Church was running an Aids Centre at Hillcrest in Natal which was opened in 1991 by Reverend Neil Oosthuizen.⁶⁵² The Rhema Church, the Baptist Church, and the International Fellowship of Christian Churches collaborated in a systematic programme of training trainers in HIV and Aids

⁶⁴⁵ SACBC, Report on the First Annual Interdiocesan Aids Conference held at Koinonia Retreat and Conference Centre, 16-18 July 1993.

⁶⁴⁶ National Aids Convention of South Africa, Steering Committee, Facsimile Transmission, Invitation to Act as a work group facilitator at the NACOSA 23 and 24 October 1992 NASREC, to Ms C. Moloantoa of SACBC, 16 September 1992.

⁶⁴⁷ *The Aids Consortium Project*, Centre for Applied Legal Studies University of the Witwatersrand, Group Fax transmission, Notice of AIDS Consortium Meeting, 3 July 1992.

⁶⁴⁸ SA National AIDS Council, Terms of Reference, a letter sent by Reverend Cedric Mayson, the link person with faith communities, to Father Richard Menatsi of the SACBC dated 14 November 1999. See also Report from SANAC, written by Cedric Mayson on behalf of the Chair, Deputy President Jacob Zuma, and faxed to Father Richard Menatsi of SACBC on 19 January 2000.

⁶⁴⁹ See Chapter Four – *Aids Integrated* for a more detailed discussion on this matter.

⁶⁵⁰ Doctor JHO Pretorius’ report in a workshop on AIDS held by Religious Bodies and the Department of Health on 29 May 1995 at Cavitas Building, Pretoria, South Africa.

⁶⁵¹ Report on a workshop on AIDS held by Religious Bodies and the Department of Health on 29 May 1995 at Cavitas Building, Pretoria, South Africa.

⁶⁵² See www.hillHIV/AIDS.org.za (accessed on 23 August 2008).

education and counselling under the auspices of the Churches Aids Programme (CAP).⁶⁵³ Therefore, the SACBC, CAP, and the SACC were familiar voices to South Africans and the government as far as churches' discourses on HIV and Aids were concerned.

4.4.1 Prevention Discourses - Condoms as an Option

During the 1990s, the condom debate continued unabated permeating all levels of the Catholic Church.⁶⁵⁴ The debate was about the use of condoms as an option in preventing the spread of HI virus. This posed a major threat to the church's long held doctrine against the use of contraceptives, a naturalistic view of the conjugal act. The church's official position remained unchanged in the 1990s. The Pastoral Letter released in January 1990 set the pace. It read as follows:

Certain medical authorities and governments advocate using the condom as a preventive against the spread of Aids. However, condoms are not always reliable, and if a person persists in sexual promiscuity, he or she will still be at great risk of contracting HIV/AIDS even when using a condom. Furthermore, if an attitude of accepting that sex is now safe prevails, then the condom message can increase rather than decrease the incidence of AIDS.⁶⁵⁵

In 1995, the Associate Secretary General of the SACBC, Fr Emil Blaser, explained that the Catholic Church was opposed to all usages of the condom. He made it clear to the *Sowetan* newspaper in writing:

Condoms are usually used as contraceptives and as a preventive measure to the possible passing on of AIDS. In both cases the Catholic Church is against the use of condoms. It teaches that sexual intercourse may take place only within marriage. Efforts should rather be made to encourage a change

⁶⁵³ Churches Aids Programme (CAP) is an organization that was officially formed in August 1991 when a group of 15 evangelical churches joined to explore cooperative response to HIV and Aids. After hiring Ms Corrine Hendry as the national coordinator, the organization set it out to address and equip the body of Christ to deal with the very real and serious epidemic and immediate problem of Aids by seeking to reach every Church member with a view to their becoming aware, educated and trained in HIV/Aids information and care. See Rev. D. Palos, Response of Churches to AIDS, unpublished paper delivered at the workshop of the Ministry of Health with Church Leaders, 29 May 1995, Civitas Building, Struben Street, Pretoria.

⁶⁵⁴ I have in mind here the three levels of the institutional church, namely: the hierarchy (SACBC, the bishops and parish priests), the religious (communities, convents, monks and nuns), and the lay (Catholic projects, commissions). For a detailed discussion see Chapter one of this study.

⁶⁵⁵ SACBC, *A Pastoral Letter on AIDS*, 4.

in lifestyle. The promotion of condoms encourages promiscuity and this heightens the risk of contracting AIDS.⁶⁵⁶

On 28 February 1999 the bishops reiterated the same position following a distribution of free condoms by the government in its 'safe sex campaign'.⁶⁵⁷ In spite of the heated public debate on this Catholic official position, there was a general reluctance on the side of the hierarchy, bishops and priests alike, to engage publicly on the issue of condoms. This mode of silence was a common denominator to all the churches especially in matters relating to sexuality. Reverend D. Palos of CAP told the Aids workshop that met in Pretoria on 29 May 1995 as a joint venture between the Department of Health and Church leaders that "certain Churches have avoided addressing directly issues such as sex education and prevention of pregnancy and, most notably, the Catholic Church's position on birth control represents only one element in a general resistance to proposals of limiting risk by the wide scale and free provision of condoms".⁶⁵⁸ This workshop was the second attempt by the government of South Africa, certainly the first by the democratically-elected government, to draw in religious organizations and formulate with them a concerted HIV and Aids response. An attempt by the Department of National Health and Population Development in 1991 to bring religious organizations and different faiths together under an umbrella programme called Religious Aids Programme (RAP) had faltered.⁶⁵⁹ Evidence is overwhelming that the condoms controversy became a central factor in the demise of the RAP.⁶⁶⁰ According to Reverend Palos, the RAP member churches categorically distanced themselves from the Catholic's position during the May 1995 workshop: "The specific problems, as alluded to before, regarding the promotion of safer sex through the use of condoms will have to be faced by this

⁶⁵⁶ SACBC correspondence, a letter written by Emil Blaser (Associate Secretary General) to Lulama Luki (Sowetan) on 13 February 1995.

⁶⁵⁷ SACBC *Statement on Condom*, 12 February 1999. See also *Southern Cross*, "Restraint not condoms will beat Aids: bishops," 28 February 1999.

⁶⁵⁸ Reverend D. Palos, Response of Churches to AIDS, unpublished paper delivered at the workshop of the Ministry of Health with Church Leaders, 29 May 1995, Civitas Building, Struben Street, Pretoria.

⁶⁵⁹ SACBC correspondence, a fax letter send by Emil Blaser (Associate Secretary General) to Sandile Swana (Hallmark) on 24 May 1996 under the subject, Interfaith Groups on Religious Aids Project (RAP).

⁶⁶⁰ SACBC correspondence, a fax letter send by Emil Blaser (Associate Secretary General) to Sandile Swana (Hallmark) on 24 May 1996 under the subject, Interfaith Groups on Religious Aids Project (RAP).

[Catholic] Church”.⁶⁶¹ Both mainline churches and the evangelical churches seemed to settle for a compromised position “whereby condoms could be seen as an option in HIV prevention”.⁶⁶² They went ahead to urge the Catholic Church in South Africa to consider an East African Catholic’s parallel position – “Probably the formula adopted by the Catholic Church in East Africa that ‘anything used to preserve life is legitimate; anything used to prevent life is not,’ will prevail”.⁶⁶³

The RAP had expected that the SACBC would consider a compromise position with regard to the use of condoms. Episcopal conferences around the world had taken different positions in this regard. Philippe Denis has described two positions adopted by Catholic bishops in Sub-Saharan Africa: hard line condemnation and tacit condoning.⁶⁶⁴ In view of the global spectrum, three distinct positions emerged. Firstly, various national bishops’ conferences such as those of Germany,⁶⁶⁵ Burundi⁶⁶⁶ Ireland and England⁶⁶⁷ aligned themselves with the Holy See⁶⁶⁸ in publicly *condemning* the use of condoms. Secondly, a few other conferences publicly *condoned* the use of condoms under what some have called ‘the principle of toleration’.⁶⁶⁹ For instance, the United States Catholic Conference (USCC) in 1987 tolerated the use of condoms in HIV prevention in its famous *The Many Faces of AIDS: a Gospel Response*.⁶⁷⁰ Cardinal Lustiger of Paris said openly in December 1988 that “one cannot ever pass on death and so anyone who cannot abstain from sex should use a condom”.⁶⁷¹ His view contrasted sharply with that of Carlo Caffara

⁶⁶¹ Report on a workshop on AIDS held by Religious Bodies and the Department of Health on 29 May 1995 at Cavitas Building, Pretoria, South Africa.

⁶⁶² Report on a workshop on AIDS held by Religious Bodies and the Department of Health on 29 May 1995 at Cavitas Building, Pretoria, South Africa.

⁶⁶³ Report on a workshop on AIDS held by Religious Bodies and the Department of Health on 29 May 1995 at Cavitas Building, Pretoria, South Africa.

⁶⁶⁴ Denis, AIDS and religion in sub-Saharan Africa, 4ff.

⁶⁶⁵ *Southern Cross*, “Germany anti-AIDS campaign faulted,” 22 February 1987.

⁶⁶⁶ Paul Kocheleff, “Le sida au Burundi et en Afrique du Sud: le vécu au quotidien”, in Denis and Becker, *L’épidémie du sida en Afrique subsaharienne*, 199. For an online English translation see www.refer.sn/rds/IMG/pdf/14KOCHELEFF.pdf accessed on 29 August 2008.

⁶⁶⁷ *Southern Cross*, “Germany anti-AIDS campaign faulted,” 22 February 1987.

⁶⁶⁸ *Natal Witness*, “Pope rejects condoms as Aids prevention,” 11 March 1988.

⁶⁶⁹ Jon D. Fuller and James F. Keenan, “Introduction: at the end of the first generation of HIV prevention”, in Keenan, *Catholic Ethicists on HIV Prevention*, 21-38.

⁶⁷⁰ USCC Administrative Board, “The Many Faces of AIDS: A Gospel Response,” *Origins* 17.28 (1987): 482-89.

⁶⁷¹ *Southern Cross*, “Aids: Church under fire,” 15 December 1988.

who spoke on '*AIDS: General Ethical Aspects*' at the Aids conference held at the Vatican in December 1989.⁶⁷² Father Michael Kelly of Zambia challenged the SACBC to consider this position during an Interdiocesan Aids Conference held at Johannesburg between 16 and 18 July 1993.⁶⁷³ Citing the Zambian model, he contested that "in fact the Church should teach that it is a greater evil to fornicate without a condom as one risks passing on HIV".⁶⁷⁴ He equated the church's fear of being seen to condone sex outside marriage to "the Pilate's awkward washing of hands" over the trial of Jesus! Arguing that "there is probably more sex taking place outside marriage than in marriage any one single night" and that the Church's teachings about conjugal love and its openness to new life cannot be applied to sexual intercourse outside marriage, he concluded that "to get people to use condoms in a context such as Lusaka where sero-prevalence rates of 36.8 percent have been found among pregnant women is surely a legitimate goal for the state and other NGO's concerned with the AIDS epidemic and the AIDS prevention".⁶⁷⁵

Lastly, certain conferences chose to remain utterly *silent* on the matter. A typical example is the Congolese bishops' *Message aux fidèles*, which in April 1996 outlined the church's position on Aids and conveniently avoided mentioning the word 'condom'.⁶⁷⁶ Therefore, although the official Catholic position was to condemn the use of condoms, there were variations in the bishops' utterances on condoms in HIV prevention.

If the SACBC hierarchy publicly opposed the use of condoms during the 1990s, other levels of the institutional church were more open to it as an alternative option to abstinence to prevent further HIV spread. Several Catholic nurses, for instance, supported

⁶⁷² Carlo Caffara, "AIDS: General Ethical Aspects," unpublished paper presented at the Aids conference held at the Vatican in December 1989.

⁶⁷³ Father Michael Kelly, *The Dilemma of the Church in Responding to HIV/AIDS Epidemic*, unpublished paper presented at the Interdiocesan Aids Conference held on the 16-18 July 1993 at Koinonia Conference, Johannesburg, South Africa.

⁶⁷⁴ Father Michael Kelly, *The Dilemma of the Church in Responding to HIV/AIDS Epidemic*, unpublished paper presented at the Interdiocesan Aids Conference held on the 16-18 July 1993 at Koinonia Conference, Johannesburg, South Africa.

⁶⁷⁵ Kelly, *The Dilemma of the Church in Responding to HIV/AIDS Epidemic*, 12 and 13.

⁶⁷⁶ Gruénais, "La religion préserve-t-elle du sida", 672 ; cited by Philippe Denis, *See Denis, AIDS and religion in sub-Saharan Africa*, 14.

the use of condoms in HIV prevention. Liz Towell⁶⁷⁷ and Sabbath Mlambo⁶⁷⁸ of Durban's Sinosizo project admitted to having recommended the use of condoms in the 1990s. In no uncertain terms, Towell indicated that they were not the only ones distributing condoms. She observed further that other Catholic nurses in Johannesburg were doing exactly the same. They knew that they were going against the official position of the SACBC. She narrated what follows:

Well, the condom was not accepted by the church, no matter what time it was. However, when you work in the field ... I used to distribute the condoms without any bother at all. Archbishop Hurley knew I did. He also understood why I did it. And so ... It became more difficult with Cardinal Napier. But yeah, we promoted that. All our staff used to have condoms. We would get them from the government and distribute them to the areas. And so that was the main prevention because there was no other prevention method that was available. They were not going to abstain. That was like asking too much. So yeah that was all we did. Rightly or wrongly, it was up to us. I could not have lived with my conscience knowing that I did not give some kind of protection to somebody to save a life. Because that is what it was all about.⁶⁷⁹

According to Towell, although Sinosizo was a Catholic project, it did nothing to promote the official Catholic position on HIV prevention, at least not during the chairmanship of Archbishop Hurley who, unlike his successor, Cardinal Napier, condoned the use and distribution of condoms⁶⁸⁰

Social workers in Mariannhill also did not follow the SACBC's 'zero tolerance' policy on condom use. Jennifer Boysen, a pioneering social worker in Aids care and treatment at Mariannhill was very candid on this: "I never felt I was held back by the church policies. I knew the policies were out there but when it came to saving lives we had options, the programmes were very real".⁶⁸¹ She maintained that although "the [Catholic] church was consistent in abstinence as a prevention method" and that "sometimes we used to invite a

⁶⁷⁷ Towell, interview by author, 9 July 2008.
⁶⁷⁸ Mlambo, interview by author, 10 July 2008.
⁶⁷⁹ Towell, interview by author, 9 July 2008.
⁶⁸⁰ Towell, interview by author, 9 July 2008.
⁶⁸¹ Boysen, interview by author, 23 November 2007.

priest to speak from his theological position,” “we knew there was access to these things [condoms]”.⁶⁸² A similar position was advocated by Dr Douglas Ross at St. Mary’s Hospital. Their position on prevention as a Catholic hospital has always been clear to patients: “Here is the Catholic preference; here are other options too”.⁶⁸³ According to Sister Bikina, although the key prevention message at the iThemba Clinic was “don’t sleep around,” they would often recommend the use of condoms.⁶⁸⁴

The interplay between the hierarchy and the lay leaders became clearer in the case of Eshowe diocese where the two church levels were equally involved in responding to the Aids disease. Father Gérard T. Lagleder had a lot to say on why in the 1990s he “urged AIDS patients to use a condom if they had no choice to abstain from sex” and why he as a Catholic priest still did not consider this to be a contradiction to the teaching of the Catholic Church.⁶⁸⁵ He observed that, “As a Catholic scholar and leader it is my position to fully and totally subscribe to the teaching of the Catholic Church”.⁶⁸⁶ Undoubtedly, Father Lagleder struggled with this prevention dilemma where, on the one hand, he was asked to obey his bishop and to follow the official position of the SACBC whereas, on the other hand, he felt compelled by the enormous realities to recommend the use of condoms.

By and large, there was a disconnection between ‘the ideal’ as expounded by the hierarchy and ‘the reality’ as experienced by the practitioners who were in most cases the lay leaders and, in some cases, the religious. That dilemma was most felt by the lay leaders who worked for the SACBC Aids Office. In May 1995, for instance, Matubatuba lamented – “They [bishops] said use your discretion: then they fired me!”⁶⁸⁷ A year later Maepa indicated in her annual report on the use of condoms that the “bothersome thing is that all questions eventually find their way to the SACBC AIDS co-ordinator”.⁶⁸⁸ She complained that queries about condoms “come even from priests who are themselves

⁶⁸² Boysen, interview by author, 23 November 2007.

⁶⁸³ Neil and Ross, interview by author, 15 October 2007.

⁶⁸⁴ Neil and Ross, interview by author, 15 October 2007.

⁶⁸⁵ Lagleder, interview by author, 10 October 2007.

⁶⁸⁶ Lagleder, interview by author, 10 October 2007.

⁶⁸⁷ *The Star*, “AIDS worker learns about Catholics and condoms,” 20 May 1995.

⁶⁸⁸ SACBC Aids Office, Annual Report 1996, prepared by Linda Maepa, 23.

bombarded with questions”.⁶⁸⁹ Similar sentiments were echoed by Cecilia Moloantoa, the secretary of the Health Care and Education Department of the SACBC,⁶⁹⁰ as well as Beauty Malete of CATHCA.⁶⁹¹ Evidently, a debate over the use of condoms as an alternative option in HIV prevention was thriving apart from the church hierarchy. Indeed, Catholic lay leaders such as nurses, doctors and social workers were silently defiant of the hierarchy’s position *vis-à-vis* condom use. Pressure was mounting from the lower levels of the church for the hierarchy to reconsider its position on the use of condoms. This would translate into a categorical and publicly stated departure from the SACBC’s position by certain bishops such as Kevin Dowling at the turn of the century. This would be followed by the controversial bishops’ *Message of Hope* which totally shattered the highly anticipated sanction of the use of condoms in HIV prevention. Nevertheless, by 1999 the bishops were succumbing to the demands from within and without the church and plans were underway towards the release of a new pastoral letter on HIV and Aids.⁶⁹²

4.4.2 Discourse on Testing and Disclosure

In South Africa, Aids has never been a notifiable disease.⁶⁹³ Therefore, both compulsory and secretive HIV tests have repeatedly been legally challenged.⁶⁹⁴ Although an HIV test was not a condition for acquiring a South African visa during the early years of the epidemic,⁶⁹⁵ as it was in certain countries such as the USA, the manner of testing and disclosing HIV status attracted much stigma and discrimination in the country. During the 1990s, prospective employers, especially in the mining sector, demanded a negative HIV test result as a prerequisite to the signing of an employment contract. Immigrant

⁶⁸⁹ SACBC Aids Office, Annual Report 1996, prepared by Linda Maepa, 23.

⁶⁹⁰ SACBC, AIDS Awareness Programme, Report to CAFOD 1993/94, prepared by Chrys Matubatuba, the interdiocesan Aids Coordinator.

⁶⁹¹ SACBC Minutes of the plenary meeting held at St Peter’s Seminary, Pretoria between 20 and 27 January 1999.

⁶⁹² SACBC, Minutes of the plenary session held between 19 and 26 January 2000 at St Peter’s Seminary, Pretoria.

⁶⁹³ Whiteside and Sunter, *AIDS: The Challenge for Southern Africa*, 30. See also Whiteside, *Implication of AIDS for Demography*, 16.

⁶⁹⁴ Alan Whiteside, *Implication of AIDS for Demography*, 16; See also Joshua, *The History of AIDS in South Africa*, ff.

⁶⁹⁵ The National Centre for Health Policy, “AIDS in South Africa: the Demographic and Economic implications,” Department of Community Health, Medical School, Johannesburg, September 1991.

labourers who were found to be HIV positive were not re-employed upon their return from end-year holidays.⁶⁹⁶ Insurance companies made HIV testing compulsory for all health and life covers and would not issue any in the event of an HIV positive test result. Compulsory testing continued to be the norm despite the fact that the South Africa Medical Defence Council had categorically stated that “one may not test for HIV unless the test has a direct bearing on any treatment to be given”.⁶⁹⁷ In November 1991, the Department of Health and Population Development agreed to a ‘clinical case’ definition for Aids.⁶⁹⁸ However, a replica of that provision among the health professionals was not instantaneous. Most doctors were reluctant to be involved with PLWHA. Hospital beds of PWA were labelled ‘biohazard’.⁶⁹⁹

The Catholic Church was opposed to such discrimination. The SACBC was, since 1992, a member of the Aids Consortium, a consultative body formed out of the National Aids Convention of South Africa (NACOSA) and hosted by the Centre for Applied Legal Studies of the University of the Witwatersrand.⁷⁰⁰ The Aids Consortium remained vocal and active in Aids activism during the entire 1990s. Its principle objective was “to address all human rights issues arising in relation to HIV/AIDS and to challenge all forms of unfair discrimination on the basis of HIV/AIDS”.⁷⁰¹ Its unrelenting voice was dominant in matters relating to test regulations and rights. For instance, in June 1995 it

⁶⁹⁶ Cheryl Carolus, the then Deputy Secretary General of the ANC, applied for life insurance in April 1995 and discovered how the insurance industry discriminated against PLWHA. She then wrote an article in the *Weekly Mail* of 9 June 1995 outlining her experiences as well as other discriminations against PLWA in South Africa. Among these was the loss of employability in the mining industry. See *The Weekly Mail*, “Unfair and irrational discrimination against People Living with Aids in South Africa,” 9 June 1995. See also the Consortium, Article by Cheryl Carolus on HIV testing for Insurance, letter to all affiliates, 14 June 1995.

⁶⁹⁷ Department of National Health and Population Development, “Background and Strategy for AIDS Prevention,” Aids Unit, South Africa, April 1991.

⁶⁹⁸ Alan Whiteside, “HIV Infection: The Nature of the Economic Impact – An Overview,” a paper presented at the Economic Impact of Aids in South Africa Workshop held between 22 and 23 July 1991 in Durban. Whiteside was at that time a Senior Research Fellow at the Economic Research Unit of the University of Natal.

⁶⁹⁹ Department of National Health and Population Development, “National Communication Strategy Aids Prevention,” Aids Unit, South Africa, May 1991.

⁷⁰⁰ National Aids Convention of South Africa, Facsimile Transmission from R. van Heerden (NACOSA) to Cecilia Moloantsoa of SACBC on 16 September 1992, Ref: Invitation to act as a work group facilitator at the National AIDS Convention of South Africa (NACOSA): 23 and 24 October 1992: NASREC

⁷⁰¹ The Aids Consortium, Interim Constitution, 14 May 1998, 1.

was invited by Cheryl Carolus, the Deputy Secretary General of the ANC, to participate in a meeting with the Life Offices' Association and Medical Association of South Africa (MASA) in order to produce draft guidelines on pre-test counselling.⁷⁰² Therefore, the Catholic Church was mildly active, at least by way of representation, in Aids activism in the 1990s. It was against Aids-related discrimination.

Ironically, a debate was raging in the ranks of the Catholic Church as to whether compulsory HIV testing should be included in the medical test-list of candidates for the priesthood. So serious was the issue that some bishops were afraid that unless some serious drastic measures were taken "by the year 2020 there would be no candidates for the priesthood".⁷⁰³ The matter was first brought to the awareness of the bishops in their August 1989 plenary session.⁷⁰⁴ It was during a Study Day on the Formation of Priests in the 'Circumstances of To-Day' in preparation for the Synod of Bishops that the question of testing seminarians for HIV was raised in various discussion groups. The question did not raise much discussion then. In March 1990, the Commission for Seminaries raised the issue in a report to the Consultation on Aids which had been organised by the Commission for Christian Service of the SACBC. A good deal of emphasis was laid on the implications of the topic of HIV testing for seminary training.⁷⁰⁵ It was felt that the topic had a bearing on the medical report required from candidates for the priesthood and religious life. In September 1990 when discussing the Memorandum on Admission Policy to the seminary the question was clearly asked – "should an HIV certificate be added to the list of documents required from candidates?"⁷⁰⁶ Participants decided to raise this issue with the bishops in the conference. Meanwhile, Father Hyacinth Ennis was asked to research further on the subject and present a paper in the conferences plenary

⁷⁰² The Aids Consortium, Centre for Applied Legal Studies, Witswatersrand University, Letter to all Affiliates, ref: Article by Cheryl Carolus on HIV Testing for Insurance, 14 June 1995; See also *Weekly Mail*, Article by Cheryl Carolus on HIV Testing for Insurance, 9 June 1995.

⁷⁰³ SACBC, Minutes of the plenary session held at the St Peter's Seminary, Garsfontein, Pretoria between 18 and 25 January 1994.

⁷⁰⁴ Report on the workshop 'A Mandatory Testing' for candidates for Seminaries and Religious Life with all its Implications held at Christ the New Man Centre-GA- Rankuwa, on 11 June 1991.

⁷⁰⁵ Report on the workshop 'A Mandatory Testing' for candidates for Seminaries and Religious Life with all its Implications held at Christ the New Man Centre-GA- Rankuwa, on 11 June 1991.

⁷⁰⁶ SACBC, Commission for Christian Education and Worship, Minutes of Meeting of Executive Committee of the Commission held at Khanya House, Pretoria on 26 October 1993.

session. By this time, the subject had become a key source of panic and controversy at seminaries and formation institutions, not the least in the church leadership structures.⁷⁰⁷

During a meeting for the Commission for Seminaries held on 22 November 1990, Father Hyacinth gave a brief summary of two papers on Mandatory HIV Testing for candidates to seminaries and religious life and its implications.⁷⁰⁸ In these, he addressed the rights of groups, individuals, and the Gospel values. A prolonged discussion followed which centred on the implications of adopting a mandatory testing. The commission finally decided that the Department of Health Care and Education of the Commission for Christian Service should be asked to draw up a recommendation about HIV testing to be tabled at the January 1992 conference's plenary session. According to the January 1991 Plenary Session minutes, the Department for Health care and Education recommended "that Mandatory HIV testing for seminaries and religious institutions and its implementations and implications be considered".⁷⁰⁹ The conference demanded more presentations on the matter and postponed deciding on the matter citing inadequate information.

During the successive plenary sessions, experts on the subject and experienced in various orientations were brought in. These included government health policy experts, representatives of international Catholic health agencies such as Caritas International and CAFOD, representatives from other bishops' conferences, superiors of various religious communities and seminaries. Doctor J. Carswell of the Department of Health and Population Development in Pretoria, for instance, drew from his 19 years experience as a surgeon in Kampala to reflect on the necessity of a one time HIV testing. Citing the example of the Catholic Mission Hospital in Kampala, Uganda, where compulsory testing for nursing candidates proved unfruitful as it did not prevent them from getting infected at a later stage, Carswell concluded as follows: "I think that the experience from

⁷⁰⁷ Report on the workshop 'A Mandatory Testing' for candidates for Seminaries and Religious Life with all its Implications held at Christ the New Man Centre-GA- Rankuwa, on 11 June 1991.

⁷⁰⁸ SACBC, minutes of a meeting of the Commission for Seminaries held on 22 November 1991

⁷⁰⁹ SACBC, Minutes of the plenary session held at St John's Vianney Seminary, Pretoria between 22 and 29 Jan 1991.

other African countries directs us towards more important issues than testing. How are we going to care for those affected by HIV, either directly (if they are themselves infected by HIV) or indirectly, when their families or colleagues are infected?”⁷¹⁰ Similarly, Sister Maura O’ Donohue of CAFOD and Reverend Robert Vitillo of Caritas International contested that “this whole discussion about testing could become quite irrelevant if all bishops and religious superiors would adopt the prophetic stand of the New Mexico bishops”⁷¹¹ who stated in June 1990 that “if properly disposed and qualifications are otherwise met, persons living with AIDS have the right to assume those ecclesiastical offices or liturgical functions for which they may be capable”.⁷¹² The reasons forwarded for a mandatory testing included: the high cost of care and medication which most seminaries and religious communities could not afford, the need for planning, the suitability for vocation life-style, and guarding against HIV infection among the religious communities.⁷¹³

In effect, the church could hardly agree upon the issue of HIV testing for the seminary candidates and the religious. In spite of all the seminars and workshops on the subject, the debate dragged on throughout the entire early 1990s. It broadened to include the testing of all the seminarians and the religious, pre-marital testing, and the testing of priests returning from leaves of absence. The bishops seemed to drift further apart after every discussion on the matter. A document drawn by the Theological Advisory Commission (TAC), which recommended compulsory testing for the religious with adequate support systems such as counselling and medical care, could not be agreed upon

⁷¹⁰ Doctor J. Carswell, “HIV testing of candidates for seminaries and the religious,” unpublished paper presented to the SACBC plenary session on 10 August 1992 at Mariannahill Conference Centre.

⁷¹¹ Maura O’Donohue and Robert Vitillo, “HIV-Antibody testing and candidates for seminaries and religious life,” unpublished paper presented to the SACBC plenary session on 10 August 1992 at Mariannahill Conference Centre.

⁷¹² New Mexico Bishops, *A Pastoral Statement on Aids and the Religious*, released on 18 June 1990.

⁷¹³ For a complete list and discussion of these reasons see the SACBC Archive, Canon 642 concerning Health for HIV testing, Catholic File 1; see also report on the workshop “A Mandatory testing for candidates for seminaries and religious life with implications,” held at Christ the New Man Centre on 11 June 1991.

by the bishops either.⁷¹⁴ Certain diocesan officials went ahead to enact a policy of mandatory HIV testing on all priests returning from a leave of absence from active ministry following reports “that three such returning priests have been diagnosed with AIDS, two of whom have already died,” and that the diocesan health insurance premiums had doubled because of the high cost of medical care that these priests required.⁷¹⁵ Religious communities dealt with the issue differently also. The Milwaukee-based Salvatorians had made HIV testing part of their routine admissions process since 1988.⁷¹⁶ Several other communities were in the early 1990s working on a similar hard-line policy for HIV testing. The Oblates of Mary Immaculate (OMI) had HIV testing as a condition before candidates could join St Joseph’s Scholasticate or any other form of religious formation since the early 1990s.⁷¹⁷ The Dominicans had a similar policy in the 1990s.⁷¹⁸ The Augustinians were more moderate in their policy which stated “that any brother with AIDS will be cared for in one of our local communities unless he wishes otherwise”.⁷¹⁹ To this effect, the policy expounded further that “HIV testing be not part of our admission procedures ... those candidates who identify themselves as having engaged in high risk behaviour be tested for HIV”. Therefore, as far as the Augustinian Brothers were concerned, the presence of HIV in a candidate was itself not a determinant of admission into initial religious formation. However, certain circumstances could necessitate compulsory testing. Therefore, various church groupings had irreconcilably drifted too far apart on the matter.

⁷¹⁴ SACBC, Minutes of the plenary session held between 4-11 August 1992 at Mariannahill Conference Centre, KwaZulu-Natal, South Africa.

⁷¹⁵ Robert Vitillo, “Ethics Considerations in Testing for HIV,” an address to the Caritas Internationals working group on AIDS meeting held at Kampala, Uganda, on September 1993.

⁷¹⁶ *Southern Cross*, “Aids test for religious,” 25 December 1988.

⁷¹⁷ Father Stuart Bate, interview by author, digital recording, interview conducted at his office at the Oblates of Mary Immaculate Provincial headquarters in Durban, South Africa on 10 July 2008.

⁷¹⁸ Father Albert Nolan, the Provincial Superior of the Dominicans, digital recording, interview conducted by author at Emaphetelweni Centre in Pietermaritzburg on 12 November 2008.

⁷¹⁹ *An AIDS Policy*, The Augustinian Friars of the Province of Saint Thomas of Villanova, the document is undated. However the events and citations it alludes to are of up to late 1980s. The document was most likely written in the early 1990s.

By 1994, the bishops were fatigued by the subject of HIV testing and yet there were no signs of an imminent consensus on the matter.⁷²⁰ Some requested more information and indicated their unpreparedness to vote on the matter. Yet many more felt that there had already been too many presentations and discussions on the subject and that the question should be taken more seriously and voted upon. They however unanimously agreed that the acceptance of HIV positive candidates would prove to be draining in every way. Whereas some bishops felt that counselling before and after testing should be emphasized, others felt that more than testing was required – accompanying and counselling a candidate over an extended period of time. The majority of religious congregations seemed to combine compulsory testing with counselling support. During the August 1994 plenary session, the conference agreed that every bishop should make his own decision regarding mandatory testing for seminary candidates in his diocese.⁷²¹ This was preceded by a talk on the subject by a staff member of St John Vianney seminary. Bishop Cawcutt later described the talk as extremely ‘biased’.⁷²² Bishop Cawcutt told an HIV and Aids workshop on 28 September 1994 that he “had a problem with that decision because he feels the bishops are ignorant about HIV/AIDS and know very little if anything”.⁷²³ It was decided at the workshop that the November 1994 Board meeting of the SACBC be asked to allocate enough time during the January 1995 plenary session. Bishop Cawcutt and Father Emil Blaser would invite a medical professional to give an informed input to the bishops before they can make a decision so that they might be made aware of the implications of their decisions on mandatory testing for seminary candidates. The members of the workshop regretted that the wrong message had already been sent out to the public through “the reaction and response to this particular challenge that has entered our whole life structures and systems”.⁷²⁴ Although the bishops actually

⁷²⁰ See SACBC, Minutes of the plenary session held at Mariannahill Conference Centre between 4 and 11 August 1992; and SACBC, minutes of the plenary session held Mariannahill Conference Centre between 3 and 11 August 1994.

⁷²¹ SACBC, a report of a Consultative workshop on HIV/AIDS held at Khanya House on 28 September 1994.

⁷²² SACBC, a report of a Consultative workshop on HIV/AIDS held at Khanya House on 28 September 1994.

⁷²³ SACBC, a report of a Consultative workshop on HIV/AIDS held at Khanya House on 28 September 1994.

⁷²⁴ SACBC, a report of a Consultative workshop on HIV/AIDS held at Khanya House on 28 September 1994.

allowed Doctor Dr Ezio Baraldi, a private medical practitioner in Pretoria, to address them during the January 1995 plenary session as organised by Bishop Cawcutt and Father Blaser,⁷²⁵ evidence is lacking that they revised their position on compulsory HIV testing. Apparently, the issue was never raised again at the conference level. In 2003, Johan Viljoen, a member of the SACBC Aids Office who is HIV positive, lamented that in an effort to keep the HIV positive persons outside its inner cycle, the Catholic Church in South Africa had refused HIV positive candidates from joining the training for priesthood and religious life.⁷²⁶ He added that the issue was so thorny that the debate died on account of the unwillingness of religious congregations to discuss it.⁷²⁷

Therefore, the manner in which the Catholic Church dealt with HIV testing and disclosure within its own ranks to a great deal exacerbated Aids related stigma and discrimination. Like the insurance and the mining companies, the church propagated a separatist ideology in its bid to remain 'HIV free' within its religious ranks. The failure of the SACBC bishops to unanimously uphold the rights of HIV positive priests and seminary candidates, the refusal by certain dioceses to allow HIV positive priests to resume duties following their leave of absence,⁷²⁸ and the inclusion of the HIV test as a condition for acceptance in religious formation by most religious congregations significantly impaired the church's response to HIV and Aids. How could the church become a watchdog over the government and business companies' abuse of Aids patients' rights, for instance, whereas it adopted similarly discriminative policies within its ranks? Its policies were in many ways juxtaposed to the values it wanted to be seen as representative of. The SACBC's representation to the Consortium in the fight against compulsory testing within the insurance industry is a classic example.

These juxtaposed positions became even clearer in KwaZulu-Natal. The newly appointed coordinator of the Catholic Archdiocese of Durban Aids Care Commission (CADACC),

⁷²⁵ SACBC, Minutes of the plenary session held between 17 and 24 January 1995 at St Peter's Seminary, Pretoria.

⁷²⁶ Johan Viljoen, "Responsibility and Caring for One Another: A Response to Paper by Sr. Patricia Fresen," in Bate *Responsibility in a Time of AIDS*, 70-78.

⁷²⁷ Viljoen, *Responsibility and Caring for One Another*, 71.

⁷²⁸ Robert Vitillo, "Ethical Considerations in Testing for HIV," an address to the Caritas Internationalis Working Group on Aids Meeting – Kampala, Uganda, September 1993.

Zibukele Mqadi, conducted a survey in 1999. Using a set of questions he interviewed 36 out of the 61 parish priests in the archdiocese. According to the findings, 78 percent of the priests interviewed indicated that there was stigma and discrimination against Persons Living with HIV and Aids (PLWHA) within their religious formations.⁷²⁹ The majority of the priests expressed concern that the hierarchy was neither supportive nor accommodative of those priests that struggled with Aids. They felt that the leadership rejected HIV positive priests and still expected all priests to minister compassionately to parishioners who suffered from Aids.⁷³⁰ This resonates well with the complaint of another HIV positive priest who was cited by Viljoen in 2003 saying that “the driver of an ambulance should be in the front – he shouldn’t be in the back with his patients”.⁷³¹ He was implying that the church could not afford to ignore HIV positive priests. Similar sentiments were expressed by Sister Hermenegild Makoro,⁷³² a long time religious superior in the Kokstad diocese who, at the time of this research, was working as the Secretary General of the SACBC at Khanya House in Pretoria. She said that stigma and discrimination within the church have always been hidden. She narrated an episode in 1999 where a young member of a convent in Kokstad died of Aids after hiding it for over three years. Although Sister Makoro was the superior, she was not told until few weeks before the death of that sister. Prior to her death, she told Sister Makoro that the reason she refused to disclose was because in the community, HIV and Aids was discussed in a stigmatising manner. The way her colleagues in the convent spoke about the disease in her presence without knowing that she was herself infected with the HI virus created more fear and self condemnation. They repeatedly accused those that suffered from the disease of being sexually promiscuous and thereby apportioning blame upon them for their self-made and well deserving suffering. The sick sister’s courage in disclosing to Makoro and insisting that her status be disclosed publicly in her obituary became the turning point for the convent and her family.

⁷²⁹ Zibukele Mqadi, CADAC survey among priests, unpublished report, September 1999; Mqadi, follow up interview by author, 4 July 2008.

⁷³⁰ Mqadi, follow up interview by author, 4 July 2008.

⁷³¹ Viljoen, *Responsibility and Caring for One Another*, 72.

⁷³² Hemenegild Makoro, digital recording, interview conducted by author at her SACBC offices in Khanya House, Pretoria, 19 October 2007.

Upon his assumption of priestly duties in January 1999 at the Esigodini Parish near Edendale, Father Charles Ryan succumbed to “the same judgemental and stigmatising attitude, so popular within the church cycles”.⁷³³ He had just relocated from Nigeria to South Africa when, in this remote and poor township near Pietermaritzburg, he met with the harsh realities of HIV and Aids. He narrated his experience as follows:

I tended to subscribe to the traditional Catholic view that that person died of Aids because of promiscuous sexual activity. And I tended, without thinking, to operate in that premise and tried to be compassionate as much as possible but nevertheless without resisting the popular assumption that we were dealing with sinful people and so I did not have any particular issue concerning stigmatization and it did not matter at that time.⁷³⁴

It was not until Ryan was invited to speak at a conference on HIV and Aids in Johannesburg that he was able to confront his own attitude towards PLWHA. In the 2000s Ryan would become a diligent campaigner against Aids related stigma and discrimination in his teaching at St Joseph’s Theological Institute and in conferences, not the least in his parish.⁷³⁵

Jennifer Boysen narrated in detail how the manner in which they spoke about HIV and Aids in Mariannahill during the 1990s ended up creating panic, fear and pandemonium among parishioners.⁷³⁶ “We went out there and said there is a new disease and it is fatal and if you get it you are going to die,” recounted Boysen.⁷³⁷ She added that although much later on they realised their mistakes and attempted to correct them, as a diocesan project eager to respond to a new disease with meagre information they made so many mistakes in the 1990s. She narrated what follows:

We scared people. Our messages created a lot of fear rather than a response. There was a lot of pandemonium, a lot of fear, a lot of speculation. Later on we would find cases where sick persons were left

⁷³³ Father Charles Ryan, digital recording, interview conducted by the author at his office in St Joseph’s Theological Institute, Cedara on 22 October 2007.

⁷³⁴ Ryan, interview by author, 22 October 1997.

⁷³⁵ Ryan, interview by author, 22 October 1997.

⁷³⁶ Boysen, interview by author, 23 November 2007.

⁷³⁷ Boysen, interview by author, 23 November 2007.

unattended because families were afraid that “If I touch him or her I die too”.⁷³⁸

Whereas scary messages were not unique to the Catholic Church, it is evident that the church’s statements on HIV and Aids during the 1990s did not do much good in exposing stigma and discrimination. The church did not create an atmosphere for disclosure and counselling. It is no surprise therefore that only 6 out of 36 Archdiocese of Durban parish priests had counselled an HIV positive person by 2000 regardless of the fact that they ministered in a region with the highest prevalence rate in the country.⁷³⁹ If the testimony of Father Charles Ryan is anything to go by, beneath the activity of care and compassion by the church and the many burial services, there was an undercurrent of pessimism, silence, denial, condemnation and rejection. These, according to Musa Dube, are the typical characteristics of stigma – “a disease of the affected imposed on the infected”.⁷⁴⁰ Neither the religious nor the ordinary parishioners found the church a safe place to disclose their HIV status largely due to the utterances and attitudes expressed within the communities *vis-à-vis* PLWHA. Indeed, as Stuart Bate meticulously demonstrated, most priests were ill equipped in counselling with PLWHA.⁷⁴¹ Therefore, the tendency of the Catholic Church in South Africa, as goes the confession of ecumenism in the region, “to exclude others, our interpretation of the scriptures and our theology of sin have all combined to promote the stigmatization, exclusion and suffering of people with HIV or AIDS. This has undermined the effectiveness of care, education, and prevention efforts and inflicted additional suffering on those already affected by the HIV”.⁷⁴²

It is noteworthy that few Catholic religious, if any at all, have gone public about their HIV positive status. Mqadi observed that even though there are HIV positive priests in

⁷³⁸ Boysen, interview by author, 23 November 2007.

⁷³⁹ Mqadi, CADAC survey among priests, 9; Mqadi, follow up interview by author, 4 July 2008.

⁷⁴⁰ Personal Notes on a talk presented by Musa Dube at Blue Waters Hotel in Durban during the Church of Sweden Aids Symposium on ‘the church and Aids,’ 12 April 2007.

⁷⁴¹ Bate, Differences in Confessional Advice in South Africa, 212-221.

⁷⁴² Preamble to: “Plan of Action: The Ecumenical Response to HIV/AIDS in Africa,” of the Global Consultation on the Ecumenical Response to the Challenge of HIV/AIDS in Africa, Nairobi, 25-28 November 2001.

the archdiocese of Durban as his study had indicated,⁷⁴³ none had taken the bold step of going public about their status. Consequently, the Catholic Church was almost entirely unrepresented in the African Network of Religious Leaders Affected by HIV and Aids (ANERELA). The clerics of other denominations living with the virus who went public about their status had to fight enormous stigma. Their efforts have however bore much fruit in ministering to other clerics in the same conditions. I have in mind the Anglican priest Gideon Bamugisha⁷⁴⁴ and the Dutch Reformed dominee Christo Greyling.⁷⁴⁵ According to both Mqadi and Viljoen, the Catholic Church's curtail against the religious living with HIV and Aids is the main reason for its absenteeism in public discourse among 'positively living' clerics.

However, the provincial superior of the Oblates of Mary Immaculate (OMI) in the diocesan province of Durban, Stuart Bate, had other reasons to explain why Catholic priests would not disclose their status publicly.⁷⁴⁶ First, he contested, "there may be nothing for the priests to disclose".⁷⁴⁷ He thus implied that there may be no Catholic priests living with the HIV. Second, he maintained that this phenomenon is imbedded in the tradition and the practice of the Catholic Church in regard to the sanctity of priesthood and marriage as sacraments. An HIV positive disclosure by a Catholic priest is highly indicative that he has broken the vow of chastity. This is tantamount to contravening the priestly call and may warrant severe disciplinary measures. Third, Bate maintained that Catholic priests have the particular structures within which to disclose. The spiritual director, who is a confidant, as opposed to the bishop, who is the authority, is the person to whom priests would disclose to within the Catholic Church. Therefore, the Catholic Church context is quite different from that of other denominations. Lastly, Bate challenged the thinking that public disclosure of priests may add certain value to the

⁷⁴³ Mqadi, CADAC survey among priests, 9; Mqadi, follow up interview by author, 4 July 2008.

⁷⁴⁴ Gideon Bamugisha is the founding director of ANERELLA. He was among the first priests to go public about living with HIV in Uganda.

⁷⁴⁵ Reverend Christo Greyling of Cape Town is the International Director of the World Vision Aids programme. He has lived for over 22 years with HI virus and brought much hope to many priests in the Aids ministry.

⁷⁴⁶ Bate, interview by author, 9 July 2008.

⁷⁴⁷ Bate, interview by author, 9 July 2008.

churches' response to HIV and Aids. He added that confidentiality is not synonymous to silence.

Arguably, Bate was defensive of either the Catholic Church or the Oblates congregation that he headed. Surely, the priests, as the rest of the Body of Christ, are not exempt from the afflictions that plague the society. To argue that there are no Catholic priests ever infected with the HI Virus in South Africa is an uphill task. Mqadi's survey left no room for doubt that there were priests in KwaZulu-Natal that were ailing and unaided in their struggle with Aids. Johan Viljoen personally knew what it is to live with HI virus as a Catholic when he told a group of Catholic theologians and activists in Johannesburg that although the church was an exemplary leader in caring for PLWHA, it however "does not extend this same care and compassion to those in its inner circle of priests and religious".⁷⁴⁸ He added that "the ministry of the Church to its own priests and religious who have AIDS could be its most powerful witness in the struggle against stigma and discrimination".⁷⁴⁹ Viljoen knew many priests in South Africa who lived with the virus like himself yet they would not disclose their status for fear of persecution by the church hierarchy. Bate is right in asserting that celibacy in priesthood, which is unique to the Catholic Church, might have had a direct influence on priestly public disclosure. However, there are no grounds to question the efficacy of a priest's public disclosure in confronting stigma and discrimination. Actually, the opposite is true. Silence in the name of confidentiality among the religious has often been selfishly used in the Catholic Church for the interest of particular religious organisations and formations. This is what Sister Alison Munro, the coordinator of the SACBC Aids Office, rightly called "the second wave of silence confronting the society".⁷⁵⁰ She did not mince words in her call for a Catholic representation in the public voice against Aids and related stigma: "The [Catholic] Church, like the country as a whole, needs leaders who are role models in the fight against AIDS".⁷⁵¹

⁷⁴⁸ Viljoen, *Responsibility and Caring for One Another*, 71.

⁷⁴⁹ Viljoen, *Responsibility and Caring for One Another*, 72.

⁷⁵⁰ Alison Munro, "Responsibility: the Prevention of HIV/AIDS," in Stuart Bate, *Responsibility in a Time of AIDS*, 32-51.

⁷⁵¹ Munro, *Responsibility: the Prevention of HIV/AIDS*, 45.

Moreover, the use of the Catholic moral tradition by certain leaders as an excuse to curtail relatively effective measures favoured by the Catholic health workers involved in the Aids pandemic is only one side of the debate. Keenan and Fuller argued that the Catholic moral tradition is rich with resources that foster the application of such measures.⁷⁵² Their premise was the belief that “our common Catholic moral tradition can help us to mediate constructively the apparent clash of values”.⁷⁵³ In a thinking akin to that of Keenan and Fuller, the Nordic Catholic feminist historian of theology, Kari Elizabeth Borresen, argued that “indispensable instruments for a feminist Reformation of Christianity are to be found in the Roman Catholic tradition”.⁷⁵⁴ She demonstrated that “the current doctrinal incoherence between outdated premises and preserved conclusions, which affects the main themes of theological sexology, is a new phenomenon in the history of Christianity, resulting from the recent collapse of androcentric or dualistic axioms”.⁷⁵⁵ What used to be taken axiomatically in the ancient and medieval times, such as the conflict between love of God and sexual love, for instance, is now upheld by the obligation of cultic celibacy, not axiomatically anymore. No longer able to control Catholics by condemning sexual activity as transmitting original sin, the pontifical castigation of so-called ‘hedonism’ condemns contraception and maintains a male priesthood which must keep away from women and femaleness. Borresen concludes that resources in the tradition, a dynamic interpretation of incarnate Scripture, that is historically shaped revelation, and an optimistic anthropology, in terms of Christ’s redemptive divinization of humanity, are essential means of arriving at this new inculturation, so vital for a viable Roman Catholicism.⁷⁵⁶

Keenan, Fuller, and Borresen, are in agreement that the Catholic tradition has been wrongly used to sanction certain moral positions, with devastating consequences. The

⁷⁵² Fuller and Keenan, *Catholic Ethicists on HIV/AIDS Prevention*, 21.

⁷⁵³ Fuller and Keenan, *Catholic Ethicists on HIV/AIDS Prevention*, 21.

⁷⁵⁴ Kari Elizabeth Borresen, “Religion Confronting Women’s Human Rights: The Case of Roman Catholicism,” in Tore Lindholm, ed., *Facilitating Freedom of Religion on Belief: A Desk Book* (Leiden: Berkerly, 2004) 545-59.

⁷⁵⁵ Borresen, Religion Confronting Women’s Human Rights: The Case of Roman Catholicism, 558.

⁷⁵⁶ Borresen, “Religion Confronting Women’s Human Rights: The Case of Roman Catholicism, 545-59.

same tradition is however helpful in correcting these. Bates reliance on the Catholic tradition in order to justify the lack of priestly public disclosure of HIV positive status, therefore, begs the question of whether the church is not just ‘hiding its head under the sand’ over the issue of Aids. His argument is a reminder that misconceived notions of the Catholic tradition as well as ethical presuppositions are yet the hardest hurdles for the Catholic Church to climb in responding to the Aids epidemic.

4.4.3 Sex Education

Several scholars have rightly observed that the Catholic Church has been influenced by HIV and Aids to a great deal even as it attempted to respond to the epidemic.⁷⁵⁷ This is especially so in the area of sexuality and sex education. It would appear that during the 1990s, HIV and Aids *confronted* the church’s official teachings more than it was actually confronted by the church. It is in this area, more than any other, that the Catholic Church felt most embarrassed, exposed and criticised. As indicated earlier in this study, Aids activists had accused the Catholic Church of being a hindrance in HIV prevention campaigns on account of its sex education policy. It makes sense therefore that the church’s statements on sex and sexuality during this period were openly *defensive*, often *ambivalent*, and characteristically very *passive*. Let us examine these statements more closely.

The *News and Bulletin of Catholic Archdiocese of Durban*⁷⁵⁸ is a monthly publication that is freely availed to parishioners within the Archdiocese of Durban parishes. It relays local messages and information relevant to the archdiocese within the one month period. The contents of its eight pages customarily include the archbishops keynote message for the month ahead, advertisements on various programmes, activities and employment vacancies. It is therefore a reliable communication channel between the leadership and the parishioners. It is a fair reflection of the state of the archdiocese in various

⁷⁵⁷ Most notably Charles Ryan, see Ryan, *AIDS and Responsibility: the Catholic Tradition*, 4 and 5; Alison Munro, see Alison Munro, “Stigma and Discrimination,” a paper written for an email forum ahead of the UNAIDS Consultation “Advocacy for Action on Stigma and HIV/AIDS in Africa,” Tanzania 2001; and Philippe Denis, personal notes out of his public lecture, “Faith Based Responses to HIV/AIDS in Africa,” University of KwaZulu-Natal, Pietermatitzburg, 4 October 2008.

⁷⁵⁸ In 1989, the magazine changed its name from the ‘Bulletin of the Archdiocese of Durban’ to the ‘News and Bulletin of Catholic Archdiocese of Durban’.

orientations such as devotions, catechism, and social activities as well as vocational and leadership training. Between 1990 and 1999, there were only five Aids-related notices or articles. These are summarised in Table 4.2 below:

Table 4.2 - *News and Bulletin of Catholic Archdiocese of Durban: Aids articles between 1991-99*⁷⁵⁹

| Date | Title | Summary |
|---------------|--|---|
| June 1992 | Catholic AIDS Care programme: Youth Trainers Programme | The Catholic Aids Care Committee of the Archdiocese of Durban, chaired by Archbishop Denis Hurley, has been actively developing a training programme aimed at preventing the spread of AIDS among youth. Objectives include bringing in representatives from the parishes and exploring various issues relating to HIV/AIDS within the context of the church's teaching in South Africa. The training covers topics such as Aids the disease, human sexuality and attitudes, Aids prevention, how to give this information back to the youth. |
| October 1992 | Aids Care Committee – Youth Programmes 1992 | The Aids Care Committee for the Archdiocese of Durban has put together a programme for 1992. This year we will be focusing on the youth. Rather than go around and provide repetitive programmes we have developed a training course for youth educators (i.e. all people in parish involved in some form of education,- catechism teachers, confirmation class teachers, etc.) This programme is being provided at Deanery level. |
| December 1996 | Aids Care Committee | The Aids Care Committee of the Archdiocese of Durban calls for applications for two nursing posts in its Home Care Programme. |
| August 1997 | Anti Aids Campaign | In the past few years the KwaZulu-Natal Church Leaders Group (KNCLG) has been networking with other concerned groups to address the alarmingly rapid and consistent spread of AIDS. Together with the leadership in the political, business and academic sectors, the KNCLG held a number of information gathering and sharing meetings on the situation of AIDS in the province. It held a Bosberaad at Mooi River from 25-27 June 1997. As a result of that conference, a report-back and forward planning meeting is scheduled at Musgrave Road Methodist Church on 3 rd Sept. 1997. Each church is to bring 15-20 representatives who are committed to tackling the Aids issue with determination. It was therefore a Godsend to have 'True Love Waits' organise a special action on Saturday 9 August at the City Hall. |

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The information on the table was gleaned from the following articles: *News and Bulletin of Catholic Archdiocese of Durban*, "Catholic AIDS Care programme: Youth Trainers Programme," 280 (June 1992), 48-49; *News and Bulletin of Catholic Archdiocese of Durban*, "Aids Care Committee – Youth Programmes 1992," 284 (October 1992), 86; *News and Bulletin of Catholic Archdiocese of Durban*, "Aids Care Committee," 330 (December 1996), 98; *News and Bulletin of Catholic Archdiocese of Durban*, "Anti Aids Campaign," 337 (August 1997), 45; *News and Bulletin of Catholic Archdiocese of Durban*, "Christmas, a time of hope," 352 (December 1998), 73.

| | | |
|---------------|---------------------------|---|
| December 1988 | Christmas, a time of hope | As the year draws to a close one cannot help noting that 1988 was not the best of years. Among other things the moral decay in public and social life, but particularly the HIV/AIDS crisis has brought down on us a cloud of disillusionment and hopelessness. So much so that many people are asking “what is there to celebrate at Christmas?” |
|---------------|---------------------------|---|

According to the *News and Bulletin of Catholic Archdiocese of Durban* articles, the archdiocese of Durban was actively training its leaders on the subject of HIV and Aids during the early 1990s. These leaders were expected to teach in the catechism and among the youth forums what they had learned. The trainings were done by members of the Aids Care Committee such as Liz Towell and Sabbath Mlambo upon invitation by the archbishop and the deaneries. The emphasis during the early years, similar to that of the SACBC, was on awareness. The trainings did not reach the parish level in the 1990s; there were efforts to train at diocese and deanery levels. These trainings flourished up until 1992⁷⁶⁰ and are unheard of during the rest of the 1990s.

Evidently, the Catholic Church collaborated with other faith-based organisations in the province to organize a concerted religious response in 1997. For instance, the KwaZulu-Natal Church Leaders Group (KNCLG) held “a number of information gathering and sharing meetings on the situation of AIDS in the province” in 1997.⁷⁶¹ It held a conference at Mooi River from 25 to 27 June 1997 and “a report-back and forward planning meeting” at Musgrave Road Methodist Church in Durban on 3 September 1997.⁷⁶² The Durban-based Diakonia Fellowship,⁷⁶³ of which Archbishop Hurley was an executive member, was also running some Aids exposure meetings in the late 1990s.⁷⁶⁴ These para-church initiatives did not translate into programmes during the 1990s; they however mushroomed into projects during the 2000s.

That only five of the 108 *News and Bulletin of Catholic Archdiocese of Durban* (1991-99) publications mentioned Aids is indicative of the archdiocese’s hesitation over the

⁷⁶⁰ *Southern Cross*, “Durban AIDS course enthusiasm,” 13 September 1992.

⁷⁶¹ *News and Bulletin of Catholic Archdiocese of Durban*, “Anti Aids Campaign ,” 337 (August 1997), 45.

⁷⁶² *News and Bulletin of Catholic Archdiocese of Durban*, “Anti Aids Campaign ,” 337 (August 1997), 45.

⁷⁶³ Diakonia Fellowship is a council of churches within the province of KwaZulu-Natal.

⁷⁶⁴ Kearney, Interview by author, 14 August 2008.

disease. Liz Towell testified to this hesitation too.⁷⁶⁵ She had memories of difficult experiences in her talks to priests about HIV and Aids. As the coordinator of the archdiocese's Aids programme, she was often invited by Archbishop Hurley to speak to groups of priests in Durban and at the deaneries. To her amazement, the priests were very hesitant to discuss, or even engage, with the subject. In one such workshop held in Durban in 1996, Hurley intervened and asked the priests to feel free and ask any kind of questions and comment on anything. Astonishingly, even then the priests remained numb and removed. According to Towell, the workshop was a failure. Apparently, the 1990 move by the top leadership of the church at the SACBC level to respond to HIV and Aids was not immediately reciprocated by the lower levels such as the deaneries and the parishes. The Aids debates that flourished in the 1990s among bishops, seminary principals, and religious superiors did not become popular among ordinary parish priests.

Catholic discourses on prevention characteristically targeted young people. There was the underlying assumption that the older persons were 'immune,' or even, safer than the youths. Marital relationship was seen to be a 'safe haven' where Aids would not easily penetrate. This explains why in the few times the church spoke about Aids it did so in the context of warning young people against sexual sinfulness. Catholic Aids programmes were exclusively targeted to the youths. This was well depicted in the True Love Waits programme. Supported by the SACBC, the programme spread through the dioceses with the primary aim of convincing the young people to abstain from sexual intercourse until they got married. There were no such programmes for married women and men. In the 2000s the pendulum would swing from overemphasis on youths to people in abusive relationships such as women and children.

Catholic prevention discourses in the 1990s continued to be morally judgemental. Religious leaders, bishops, priests, and catechists openly condemned technical interventions such as the use of condoms. They championed moral measures in HIV prevention. Meanwhile, Catholic doctors, nurses, and social workers discreetly promoted the use of condoms. In Mariannhill, the Catholic social workers running the Aids

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Towell, Interview by author, 9 July 2008.

programme for the department of Home and Family Life started using the analogy of ‘three boats and a drowning village’ in 1996.⁷⁶⁶ This analogy had become very popular in East Africa by 1995.⁷⁶⁷ It was part of the famous prevention campaign known as ABC – Abstain, Be faithful, and Condomise. The analogy was first used in 1994 by Bernard Joinet, a Catholic priest serving in Tanzania.⁷⁶⁸ In the analogy, individual members of the drowning village had to decide which of the three boats they would use in order to survive the catastrophe. According to Boysen, they insisted in their workshops that “people can change from one boat to another. There are times to cross from one boat condition to another, from abstinence to condom use, for instance”.⁷⁶⁹ Apparently, Boysen and her colleagues in the Mariannhill diocese had learned to live with the two extremes, the moral ideal advocated by the Catholic Church hierarchy and the technical intervention popularized by the government. The analogy helped them resolve this contradiction. “Sometimes we used a priest – to speak from his theological position”, Boysen explained, “however, as practitioners we knew there was access to these things [condoms]”.⁷⁷⁰

Similarly, Catholic nurses in Durban distributed and encouraged the use of condoms. Liz Towell and Sabbath Mlambo attested to this. It must have been an awkward position for the priests to be asked by their archbishop to engage in a workshop on sex with the nurses. The priests knew that the nurses had contravened the church’s official teachings. Archbishop Denis Hurley was asking them to “ask any question” to the nurses. It is in Durban, therefore, that this contradiction on the part of the church organs became most pronounced. The retirement of Hurley, who condoned the use of condoms, and the subsequent installation of Napier, who sternly condemned the use of condoms, led to

⁷⁶⁶ Boysen, Interview by author, 23 November 2007.

⁷⁶⁷ Caroline Baylies and Janet Bujra eds., *AIDS, Sexuality and Gender in Africa: Collective Strategies and Struggles in Tanzania and Zambia* (London and New York: Routledge, 2000), ff.

⁷⁶⁸ Marjorie Mbilinyi and Naomi Kaihula, “Sinners and outsiders: the drama of AIDS in Rungwe”, in Caroline Baylies and Janet Bujra eds., *AIDS, Sexuality and Gender in Africa. Collective Strategies and Struggles in Tanzania and Zambia* (London and New York: Routledge, 2000), 76-95. See also Bernard Joinet, *Survivre face au SIDA en Afrique* (Paris, Karthala, 1994). See also Philippe Denis, “AIDS and religion in sub-Saharan Africa in a historical perspective,” a paper delivered at an International Aids Symposium in Copenhagen on 21 April 2008.

⁷⁶⁹ Boysen, Interview by author, 23 November 2007.

⁷⁷⁰ Boysen, Interview by author, 23 November 2007.

major power and policy shifts in relation to Aids ministry within the diocese, especially in the late 1990s and early 2000s.

The discourse was somewhat different in the Eshowe diocese. Contrary to many other KwaZulu-Natal dioceses, in Eshowe the Aids ministry was spearheaded by religious and not lay persons. The Blessed Gérard Care Centre, the Franciscan Nardini Sisters and the Benedictine Sisters of Twasana were the key pioneers in Aids education. Father Gérard Lagleder, the president of the Blessed Gérard Care Centre and Hospice, married the two extremes - as a health practitioner, he openly advocated the use of condoms, and as a parish priest, he upheld the moral teachings of the Catholic Church. He not only urged his patients to use condoms in cases where they admitted that they could not abstain but also made them sign a treatment contract with a promise to do so.⁷⁷¹ Father Lagleder had found a theological motivation for juxtaposing the two extremes. Similar sentiments were expressed by Sister Priscilla Dlamini, the sister in-charge at the Benedictine Sisters' Holy Cross Aids Hospice.⁷⁷²

In Dundee, sex education discourses drew mixed reactions among parishioners. The conflicting messages between the church and the government position created much pandemonium and confusion. Sister Immaculata Ndlovu spoke of a lady who thought that the condom was a cure-all kind of an intervention which, like a magic bullet, could fix all her family sexual disorders. She stormed into the convent one evening with two young lads, her 12 year old son and her younger daughter, and exclaimed – “tell me where I can find the condom!” She went ahead to explain that the boy was sexually assaulting his younger sister in the absence of the mother. The mother wanted access to the condom so as to prevent the boy from doing so. According to Sister Immaculata,⁷⁷³ the government was to blame for the confusion this young mother found herself in. Arguably, the standoff between the government and the Catholic Church as far as HIV prevention methods are concerned may not be solely to blame for the conflicting messages on HIV prevention. The above story illustrates that the government's approach of 'all-condom' was not good

⁷⁷¹ Lagleder, interview by author, 10 October 2007.

⁷⁷² Priscilla Dlamini, telephone interview conducted by author on 10 December 2008.

⁷⁷³ Sister Immaculata, digital recording, interview conducted by author at the bishop's offices in Dundee, on 15 September 2007.

enough; a multi-level approach to HIV prevention might have been more fruitful. The government's revision of its position from safe sex campaign (condoms only) to the safer sex campaign (the ABC methods) in 1999 was a necessary step in this direction.⁷⁷⁴ The Catholic Church was, however, equally guilty in that it spoke with 'two different tongues' when it came to HIV prevention. On the one hand, the religious and the hierarchy condemned condoms and upheld abstinence as the only safe method of HIV prevention. On the other hand, the lay leaders, nurses, doctors and care givers, encouraged and even promoted the use of condoms. This *ambivalence* did more damage than good in the churches response to the epidemic.

Probably, much more harm, particularly on the public trust in the interests of the Catholic Church, resulted from the church's *defensive* statements. Most of the sex education statements made by Catholic clerics in the 1990s concerning HIV or Aids were not specifically aimed at checking the escalating spread of the epidemic but rather on exonerating the church from a perceived public attack. The church became more concerned with defending its teachings rather than in engaging the public in an open answer-searching dialogue. Charles Ryan has called this phenomenon the "we told you so attitude"⁷⁷⁵ whereas Kenneth Kearon described it as "a strong undercurrent of 'we warned you', 'we were right all along'".⁷⁷⁶

A good example is the attempt by the church to discredit the effectiveness of condom use in HIV prevention against a cloud of scientific witness. Its position could be summarised into three statements which were repeatedly made by clerics, not always in the exact words. The *first* was that the use of condoms promotes promiscuous behaviour. The SACBC's *Pastoral Statement on Aids* stated categorically that "the condom message can increase rather than decrease the incidence of AIDS".⁷⁷⁷ Zambian bishops candidly stated that "the condom is immoral and destructive of the dignity of a person".⁷⁷⁸ Vatican

⁷⁷⁴ *Southern Cross*, "Restraint not condoms will beat Aids: bishops," 28 February 1999.

⁷⁷⁵ Ryan, *AIDS and Responsibility: the Catholic Tradition*, 4 and 5.

⁷⁷⁶ Kearon, *Medical Ethics*, 117.

⁷⁷⁷ SACBC, *Pastoral Letter on Aids* (Pretoria: SACBC, 1990), 8.

⁷⁷⁸ Zambian Catholic Bishops, December 2002, posted by af aids@healthdev.net, 19

officials maintained “that condom-based ‘safe sex’ campaigns end up promoting sexual immorality without eliminating the risk”.⁷⁷⁹ Archbishop Buti Tlhagale of Bloemfontein contested that “the acceptance of condom use would simply turn the church’s traditional teaching on sexual ethics on its head”.⁷⁸⁰ In a 1999 pastoral letter, Archbishop Lawrence Henry of Cape Town said that condom use did not guarantee protection from Aids but was equivalent to entering into a deadly game of Russian roulette.⁷⁸¹ Meanwhile, Father Francois Dufour, the Johannesburg episcopal vicar for the youth, denounced the ‘safer sex’ message promoted by the government. In an article that appeared in the monthly diocesan youth newsletter, the *Catholic Y Link*, Dufour warned against the Department of Education’s decision to distribute condoms at schools saying that it amounted to funding sexual promiscuity.⁷⁸² In a brief SACBC statement released in February 1999, the bishops reiterated that providing more condoms would not prevent the spread of Aids as it would encourage promiscuity.⁷⁸³ The evidence is overwhelming that clerics continued to condemn the use of condoms, both as a contraceptive and as a prevention method, and regarded it as a sign of sexual promiscuity in the society.

Part of the problem for the church as far as sex education was concerned was that all too often artificial means of birth control and a means of preventing the spread of infection were talked about as if they were the same thing. Alison Munro, the coordinator of the SACBC Aids Office, concurs that a lot of emotion and negative energy was “so often expended by everyone trying to explain and justify a position, and instead proclaim positively our message”.⁷⁸⁴ She told Catholic theologians and Aids activists that “the AIDS public is often outraged when the church, or some people in it at least, appears to believe that condom use promotes promiscuous behaviour”.⁷⁸⁵ The church’s unabated

⁷⁷⁹ *Southern Cross*, “Just how safe is ‘safe sex?’” 26 October 1997.

⁷⁸⁰ Buti Tlhagale, *Condoms and the Church’s Moral Teachings*, personal notes, no dates, the citations referred to in the paper are up to 2000.

⁷⁸¹ *Southern Cross*, “AIDS support must grow,” 25 January 1998.

⁷⁸² Francois Dufour, “Condom strategy a failure,” *Catholic Y Link* no. 67 (September 1999), 4-7.

⁷⁸³ *Southern Cross*, “Restraint not condoms will beat Aids: bishops,” 28 February 1999.

⁷⁸⁴ Munro, *Responsibility: the Prevention of HIV/AIDS*, 22-51.

⁷⁸⁵ See Munro, *Responsibility: the Prevention of HIV/AIDS*, 38. The paper was first presented in the third Catholic Theological Conference on HIV/Aids held at St Augustine College between 5th and 7th February 2003.

condemnation of the use of condoms stirred confusion, anger, and guilt among the public. It blurred the obvious message that condoms had a place in the prevention of the spread of HIV infection, as opposed to contraception, especially in cases where people engaged in risky sexual practices.

The *second* statement was that condoms have holes bigger than the size of an HI virus and therefore do not offer the desired protection. In an effort to problematise the use of condoms, the church officials fantasised far too long with ‘the scientific myth’ that the latex had micropores large enough to let in the HI virus. It was not the scientific incorrectness of this claim that did much harm; it was rather the uncritical broadcast of it by the church in the name of sex education that dealt a deadly blow in its response to HIV and Aids. Scientific findings were often and very unhappily played off against values promoted by the church teachings.⁷⁸⁶ Indeed, Aids related articles that filled the pages of the *Southern Cross* during the 1990s are a vivid demonstration of how the church officials (bishops) tried to drag scientific evidence into supporting its moral disapproval of the condom use. A case in point is a 37 page article by Father Jacques Suaudeau, a medical doctor and a member of the Pontifical Council for the Family, which was first published in the Rome Catholic Journal, *Medicina e Morale*, in June 1997 and later in the *Southern Cross*.⁷⁸⁷ Titled ‘*Safe Sex*’ and the Condom, Faced with the Challenge Aids, it argued that in 10-15 percent of sexual acts, condoms do not prevent transmission of HIV. The priest’s article raised objections when it spoke about condoms ‘breaking easily’ and having ‘micropores’ which he said are big enough to allow passage of the HIV. Fernando Aiuti, an Italian immunologist, responded by asserting that “it is scientifically proven that pores present in condoms do not allow HIV to pass through”. Vittorio Agnoletto, president of the Italian Anti-Aids League, dismissed Father Suaudeau’s assertions as “scientific ignorance used for ideological and moralistic purposes”.⁷⁸⁸ Worse still, the sources used by Father Suaudeau in his argument publicly distanced themselves from his conclusions citing misrepresentation in the debate.

⁷⁸⁶ See Munro, *Responsibility: the Prevention of HIV/AIDS*, 38.

⁷⁸⁷ *Southern Cross*, “Just how safe is ‘safe sex’?” 26 October 1997.

⁷⁸⁸ *Southern Cross*, “Just how safe is ‘safe sex’?” 26 October 1997.

That the validity of condom use was more than 98 percent when used properly and that condoms had been useful in saving lives was not debatable. The irony in the debate was that the Catholic bishops capitalized on the insignificant failure rate of the condoms to make the point that only abstinence was 100 percent safe and thereby vindicate the church's teachings. As Jennifer Slater, a Catholic theologian, put it, the question is why moral theologians were so tardy in formulating a responsible response to HIV and Aids? Why did they keep on harping on the futile arguments around the use and non-use of condoms?⁷⁸⁹ This is not to say that the church should have abdicated its role in teaching and witnessing to an authentic ethic of human sexuality in accordance with mankind's dignity and God's vocation. However, as Ryan lamented, "the situation 'in the field,' to which any pastor will testify, dramatically illustrates the failure of the Church in South Africa in conveying to its members," much less to society at large, "a sexual morality that is both human and dignified".⁷⁹⁰ Ryan called upon the Catholic Church to correct its motivation for responding to HIV and Aids, to engage in an orchestrated, authentic, and sustained campaign of sex education that is born out of a realization of failures in the past.⁷⁹¹

The *third* statement was that the use of condoms is actually the key cause of the increased HIV spread. As early as 1992, articles in the *Southern Cross* by clerics were blaming the increase of the HIV spread on the government's distribution of condoms.⁷⁹² This continued throughout the 1990s. During my interview with him, Cardinal Napier credited the Ugandan success story in slowing the HIV spread to the country's consolidated 'Abstinence' message.⁷⁹³ In all SACBC statements on Aids, the bishops have associated the South Africa government's indiscriminate distribution of condoms to the escalation of the HIV and Aids epidemic.⁷⁹⁴

⁷⁸⁹ Jennifer Slater, "Aids and Responsibility: The Catholic Tradition, Response to Charles Ryan," in Bate, *Responsibility in a Time of AIDS*, 19-30.

⁷⁹⁰ Ryan, *Aids and Responsibility: the Catholic Tradition*, 14.

⁷⁹¹ Ryan, *Aids and Responsibility: the Catholic Tradition*, 14.

⁷⁹² *Southern Cross*, "AIDS fight methods seen as 'a lie,'" 9 August 1992.

⁷⁹³ Napier, follow-up interview by author, 14 August 2008.

⁷⁹⁴ I have in mind four SACBC pastoral statements and letters on Aids. These were released in 1988, 1990, 1999, and 2002. See the Chapter Four for a detailed discussion of these letters.

For the hierarchy to consistently say that the use of condoms was ‘part of the problem’ when multiple and credible evidence⁷⁹⁵ suggested that condom-use campaign had drastically reduced the rate of HIV infection in other African countries only tainted further the image of the church, let alone the negative consequences this had on the prevention campaign itself. It is this statement, most especially, that was used by critiques of the Catholic Church to argue that either the church is so unaware of the appalling conditions on the ground or it just does not care enough.⁷⁹⁶ Given the magnitude of the Aids crisis, especially in the late 1990s, it was possible for one to interpret such a statement in that all the church cared for was chastity and obedience to a set of moral directives and not the vulnerable multitude at the margins of the church who were, in one way or another, not in a position to live-out those directives.

However, as demonstrated above, it was not the entire church that kept the official position on the use of condoms. The lay leaders, especially, were tactfully deviant. By the end of 1999, there was an enormous amount of pressure for the bishops to reconsider the church’s official position on the use of condoms. Bishops such as Kevin Dowling and his retired cousin, Archbishop Hurley, as well as theologians such as Munro, Ryan, and Bate played a significant role in calling the church into some self searching expedition *vis-à-vis* sex education and HIV prevention.⁷⁹⁷ However, as I shall demonstrate in the later section of this chapter, the most significant pressure came from lay practitioners on ground. As far as the 1990s are concerned, however, the official church was simply too *defensive, ambivalent, and passive* in its sex education discourses.

4.4.4 Catholic Organization and Aids Public Perception Management

Throughout the 1990s, the Catholic Church in South Africa experienced organizational change on account of the Aids crisis. Seidler argued that whereas change in the church’s structure and teachings occurs at different times, the inertia of the organization favours

⁷⁹⁵ See Byamugisa, *Journeys of Faith*, 13. On statistics see Liz Clarke’s article, *Sunday Tribute*, “Aids: A new helping hand,” 1 December 1999.

⁷⁹⁶ See K. T. Kelly, *New Directions in Sexual Ethics – Moral Theology and the Challenge of AIDS* (London: Geoffrey Chapman, 1998), 10-23.

⁷⁹⁷ These are discussed in Chapter Four – *Aids Integrated*.

the *status quo*.⁷⁹⁸ However, the social environment, key events, or even prophetic personalities may turn the tide in bringing about institutional reform. He cites Vatican II Council as a vivid example of change brought about by a key event within the Catholic Church. He argues further that officials may allow a 'limited accommodation' in the change process in order to enhance organizational stability. In this regard, Philip Selznick noted that organizations attempt to maintain internal stability and continuity in policy and leadership in the face of external social forces that might threaten the organization. This behaviour is motivated by 'prestige-survival motif' whereby officials must not only try to survive in their social environments, but also save the face of the organization and maintain its social prestige.⁷⁹⁹ To do this, the organization must manage 'multiple identities' and convey a coherent image of the organization to both the constituents and its host environment. Otherwise said, it must manage how the public perceives it.

To apply this principle of public perception management to the Catholic Church in South Africa, the hierarchy, in which tends to lie the inertia of the organization, remained in favour of the *status quo*. In almost all the discourses discussed above, the bishops vehemently defended the traditional position of the church. Whereas they saw the challenge that Aids presented to the society and the need for reform in various doctrines and policies, they were hesitant to concede to the reform attempts for fear of negative publicity. Their ambivalence and passivity in matters relating to HIV and Aids was a 'prestige-survival motif' intended to accommodate critiques and at the same time create the necessary impression that the church was sensitive to the plight of those infected and affected by HIV and Aids in the society. The refusal to allow HIV positive candidates to join seminaries and religious formation as well as the failure to support priests that were living with HIV and Aids, for instance, were meant to 'protect the image of the church'. Charismatic persons in the church pressed for reform but the hierarchy would rather allow 'limited accommodation'⁸⁰⁰ so that they retained organizational harmony and still be seen to be responding to the epidemic.

⁷⁹⁸
change, 74.

Seidler, Contested Accommodation: The Catholic Church as a special case of social

⁷⁹⁹

Selznick, Foundations of the theory of organization, 23.

⁸⁰⁰

Selznick, Foundations of the theory of organization, 23.

Pruitt and Smith maintain that organizational leadership must often remain firm when confronted with potential compromises.⁸⁰¹ Firmness achieves two effects: it mitigates criticism from constituents who do not want organizational compromise; and it serves as a bargaining tool in negotiations with forces favouring accommodation, since firmness on the part of high level management to accept less of a compromise than they originally desired. To achieve this, the leaders must appear trustworthy and show a willingness to collaborate with constituents seeking compromises. In line with this principle, the bishops maintained a stern ‘No to Condoms’ message in all the statements they released during the 1990s. They however used this as a bargaining tool so that in 2001 they compromised slightly to allow ‘condoms only for the married couples where one partner is infected’.⁸⁰² The bishops, therefore, considered allowing condoms in their inner circles during the entire 1990s but they would not publicly acknowledge such a defeat as it would put the organization in crisis. Personal notes of bishops such as Buti Tlhagale⁸⁰³ of Bloemfontein and Fritz Lobinger⁸⁰⁴ of Aliwal as well as the plenary session minutes are ample testimonies to this. Indeed, evidence is overwhelming that ‘the first text’ of the so-called ‘Message of Hope,’ which was not favoured by the bishops’ vote, allowed the use of condoms in HIV prevention.⁸⁰⁵ By and large, the bishops made sure that the church organization was seen to be concerned about the Aids crisis regardless of internal leadership conflicts and contestations over the practicality of its prevention methods.

4.5 Care and Treatment Activities

Although the Catholic health institutions had started to treat and offer medical assistance to Aids patients by the late 1980s as part of their regular routine, it was in 1991 that specialized Catholic care started to emerge. During the first five years (1991-1995)

⁸⁰¹ Pruitt and Smith, *Impression Management in bargaining: Images of firmness and trustworthiness*, 247-67. See also Kowalewski, *The Catholic Church confronts the Aids crisis*, 6.

⁸⁰² SACBC, *A Message of Hope* (Pretoria: SACBC, 2001), ff.

⁸⁰³ Buti Tlhagale, *Condoms and the Church’s Moral Teachings*, personal notes, no dates, the citations referred to in the paper are up to 2000.

⁸⁰⁴ Fritz Lobinger, “Text Formulation on Aids,” email correspondence with Philippe Denis, on 25 June 2003.

⁸⁰⁵ Fritz Lobinger, “Text Formulation on Aids,” email correspondence with Philippe Denis, on 25 June 2003. This issue is addressed more deeply in Chapter Four: *Aids Integrated*.

institutional care in the form of hospices dominated the scene. In 1995, however, it became increasingly clear that the overwhelming numbers that needed care could not be possibly housed in institutions. This realisation led to the proliferation of home-based care. The first Catholic Aids hospice in the country was St Francis House in Boksburg West, Johannesburg.⁸⁰⁶ It was opened by Stan Brennan of St Anthony's Parish on 10 January 1991 "to house and care for the terminally ill Aids patients in the West Rand".⁸⁰⁷ The house was not affiliated to any religious community. It was entirely depended on the generosity of the parishioners who donated food and clothing substances. Medical aid was voluntarily offered by Catholic nurses. Merely a week after its inception, the house was full to its capacity of 10 beds. Soon afterwards, a similar house was opened in Cape Town by Fr O'Rourke and Pietro Battiston.⁸⁰⁸ This pattern was repeated in various dioceses within the country. In the Free State, for instance, Priscilla Magadla of the Catholic Nurses Guild in Thabong narrated her experiences of caring for the terminally ill Aids patients in a symposium on Aids held on 21 September 1991. Speaking to the 120 delegates from Orange Free State and in view of the just launched diocesan Aids care committee, Magadla appraised the holistic approach adopted by the Goldfields hospice in the Free State in caring for the physical, medical, social and spiritual needs of the patients.⁸⁰⁹

4.5.1 Archdiocese of Durban

Contrary to the situation in the Gauteng, the Western Cape, and the Free State dioceses, care activity in KwaZulu-Natal largely adopted the home-based approach. The archdiocese of Durban became a pacesetter for the region in championing care activity.⁸¹⁰ As mentioned in chapter four, an archdiocesan Aids committee had been operational in Durban since 1986. However, towards the end of 1990, and in keeping with the spirit of the new Pastoral Letter, it added care of the sick to its previous task of creating awareness. Indeed, caring for the Aids patients became its new primary focus. With the relentless support of Archbishop Denis Hurley as the chair of the Archdiocesan Aids

⁸⁰⁶ *Southern Cross*, "Catholic home for Rand Aids victims," 20 January 1991.

⁸⁰⁷ *Diocesan News*, "The first home for the AIDS patients," 15 January 1991.

⁸⁰⁸ *Southern Cross*, "Priest defends Aids house," 22 March 1992.

⁸⁰⁹ *Southern Cross*, "Godfields Aids Committee formed," 13 October 1991.

⁸¹⁰ *Southern Cross*, "Durban Group Leads nation in home-based Aids care," 21 February 1999.

Care Committee and a small budget to the tune of ZAR 70, 000 p.a. resourced solely from Caritas Germany, a team of three retired nurses did enormous work of care between 1991 and 1995.⁸¹¹ Liz Towell, Sabbath Mlambo and Cathy Madden drove into the communities offering care and treatment to terminally ill patients. They also trained relatives on how to take care of their ailing Aids patients. As Towell reported, the task was overwhelming:

And so the three of us would go round the homes to the people to show them how to look after the people with Aids who were dying and how to care for them and not feel frightened and so on. So we did a lot of that and ended up doing more than care and did not have the time to do the training because the programme was too much for the day.⁸¹²

Due to the large extent of the areas to be covered and the dire need in care, training and counselling services, in 1993 a household unit was added to the expanding home-based care and training programme. The programme was divided into three separate fronts such that Towell took charge of the Southern Coast (Umbumbulu, Port Shepstone, kwaMakhutha, Amanzimtoti, Umlazi, and Siedenburg), Madden the Northern Coast (Inanda and KwaMashu), and Mlambo the Western block (Clermont, KwaDabeka, and Duisburg). The Home-Based Aids Care Programme, as it was characteristically referred to by many, had trained many volunteers and assisted many Aids patients before it was renamed *Sinosizo* (Zulu word for ‘we care’) in 1995.⁸¹³ In the same year, Towell became the over-all coordinator and her place was taken by Sister Edne Bowles. The programme’s growth was so exponential that by 26 November 1998 it reported to the diocese as thus: “We have 86 working volunteers and a further 50 volunteers that come and go”.⁸¹⁴ Between 1996 and 1998 it was involved with Aids care, education, training and counselling in parishes, dioceses, schools and other community forums on a voluntary basis and under the financial sponsorship of the Caritas Germany and the

⁸¹¹ Towell, Interview by author, 9 July 2008.

⁸¹² Towell, Interview by author, 9 July 2008.

⁸¹³ See Mlambo, Interview by author, 10 July 2008; Towell, Interview by author, 9 July 2008.

⁸¹⁴ Minutes of meeting held at the Sinosizo HBC offices, Chatsworth on the 26 November 1998.

National Health Department.⁸¹⁵ In the light of the oral witness of Mlambo and Towell therefore, the 1998 minutes of the Sinosizo project found in the SACBC archive did by no means exaggerate the programme's profile when they reported as thus:

The AIDS Care Committee of the Archdiocese of Durban has been providing Home-Based Care under the name 'Sinosizo' to people with AIDS for the last 4 years. Until now, our referrals into the service have come from the formal health services. We are now in a position to take referrals from the community members in all the areas served by the project.⁸¹⁶

The Sinosizo Project had the most successful Home-Based Care programme in the country during the 1990s. In total, they trained well over a thousand volunteer care workers during the 1990s alone.⁸¹⁷ The trainers followed them to the communities and equipped them with facilities such as gloves and towels. The project was so successful that the government not only learned from it but also referred its patients to it.

4.5.2 Diocese of Mariannhill

The story of Catholic Aids care in Mariannhill begins with the work of Sister Tread Manuel in community healthcare. As early as 1980, she was involved with a Natural Family Planning (NFP) programme in the diocese.⁸¹⁸ In 1989 Sister Manuel attended an HIV and Aids workshop organized by Bishop Schmidt, the then Bishop of Mariannhill, and facilitated by Doctor Krumme on the basis of 10 years of experience in Uganda. Apparently, nothing was done in relation to HIV and Aids immediately after the workshop. A more pressing concern was that of the breakdown of family life in the community. Sister Tread Manuel and Judy Figland therefore started the Home and Family Life programme in 1990 so that NFP became part of the new programme.⁸¹⁹ It

⁸¹⁵ Minutes of meeting held at the Sinosizo HBC offices, Chatsworth on the 26 November 1998.

⁸¹⁶ Minutes of meeting held at the Sinosizo HBC offices, Chatsworth on the 26 November 1998.

⁸¹⁷ Towell, interview by author, 9 July 2008.

⁸¹⁸ Judy Figland, "Home and Family Life run two Workshops," *Internos Vol 3*, No 1 (Jan/Feb. 1991), 30-31.

⁸¹⁹ St Mary's Hospital's Report to HIV/AIDS Consultative meeting held between 13 and 14 December 1998 at Santa Sophia, Pretoria.

was a “diocesan programme intended to respond to the breakdown of family life”.⁸²⁰ Jennifer Boysen, who was hired by the project in 1994 and trained by the Sinosizo project of Durban, recalled: “our primary objective was to build strong family life. And we started out by dealing with what we thought at the time were serious issues affecting families such as violence in the family and substance abuse. We started marriage and parenting programmes”.⁸²¹ It was a programme involved with a general emphasis on the family unit as well as some developmental work with women in the mission stations.

It was out of this close communal interaction with the people that in 1994 HIV and Aids started to surface. “In my work with these women,” Boysen recalled, “HIV and Aids kept cropping up either in the form of somebody who was sick, someone who had died, women who were caring and obviously not coping since there was not enough information out there”.⁸²² Concomitantly, by the late 1995 the Home and Family Life committee decided that HIV and Aids was an area that needed to be developed further.

Meanwhile, there was a growing desire by the bishop’s office in collaboration with the SACBC Aids office to establish an Aids desk in the diocese. After attending several Aids workshops, Boysen was tasked with writing up proposals for fundraising. A Catholic funding organization in Germany by the name Misereor was willing to fund a pilot programme on the Catholic response to HIV/AIDS. Boysen was made the project coordinator and the work commenced in January 1996. The first response was an attempt to include HIV and Aids education into the ordinary ‘family messages’ taught at the mission stations. Workshops became routine in the awareness campaigns. At the same time, they “distributed a herbal concoction called Alison”.⁸²³ Between 1997 and 2000, “the face of HIV and Aids just became real and thereby our programmes changed from

⁸²⁰ Jennifer Boysen, Interview by author at Mariannahill on 23 November 2007, digital recording.

⁸²¹ Boysen, interview by author, 23 November 2007.

⁸²² Boysen, interview by author, 23 November 2007.

⁸²³ Alison was rich in garlic and was believed to have therapeutic effects on Aids patients; See Boysen, interview by author, 23 November 2007.

awareness to training people on how to offer home-based care, run workshops, and do counselling”.⁸²⁴

As evidenced in the December 1998 consultative meeting, there were various Aids care initiatives in Mariannhill’s four deaneries: a drop-in-centre where people could get information and counselling, an education programme for priests and religious groups, parish workshops done at weekends for local communities, information seminars carried out for pastoral councils in the mission stations, workshops done for youth peer counsellors and women groups.⁸²⁵ As no funding was available for patient’s care in the 1990s, Aids patients in the diocese were referred to the local clinics and hospitals.

By the end of 1998, hospitals in KwaZulu-Natal were increasingly overwhelmed by the large numbers of Aids patients that flooded their hospital beds. The headline of the *Natal Mercury* of 11 December 1998, “Aids flooding KwaZulu-Natal hospitals,” painted a worrisome picture. The article went on to report as thus: “The ‘silent’ disease is taking its toll on hospitals in KwaZulu-Natal which are battling to cope with the huge flood of people who have developed full-blown Aids”.⁸²⁶ Paediatricians Neil McKerrow of Grey’s Hospital and Dave McGlew of Edendale Hospital, as well as Professor Alan Smith, a virologist at the King Edward VIII Hospital attested to the report that over 60 percent of the hospitals’ capacity was occupied by AIDS related complications.⁸²⁷ The same phenomenon was witnessed by the chief executive of the St Mary’s Catholic Hospital in Mariannhill.⁸²⁸ Indeed, the role of this hospital in the care and treatment of Aids patients in KwaZulu-Natal and in the Mariannhill diocese cannot be overemphasized. Informed by the Catholic teaching and founded on an interdenominational functionality nicknamed ‘Healing for all,’ St Mary’s hospital has a history of Aids care and treatment that runs as far back as 1987 when “we started to inform people about Aids”.⁸²⁹ Between 1987 and

⁸²⁴ Boysen, interview by author, 23 November 2007.

⁸²⁵ Report on Catholic HIV/AIDS summit held on 13-14 December 1998 at Santa Sophia, Pretoria.

⁸²⁶ *Natal Mercury*, “Aids flooding KZN hospitals,” 11 December 1998.

⁸²⁷ *Natal Mercury*, “Aids flooding KZN hospitals,” 11 December 1998.

⁸²⁸ St Mary’s Hospital’s report to HIV/AIDS consultative meeting sponsored by CATHCA and held 13-14 December 1998 at Santa Sophia, Pretoria.

⁸²⁹ Neil and Ross, interview by author, 15 October 2007.

1990 and in conjunction with an NGO called Friends of Baragwanath, the hospital was running an Aids education programme where patients, especially pregnant women, were informed about basics of HIV transmission. Routine workshops on health prevention were conducted with pregnant women. Sister Bikinia Neil, who by the time of this research was in charge of the nursing unit at the Aids clinic, remembered well that the workshops attracted well over 300 examination-seeking pregnant women per session.⁸³⁰ They also tested and counselled the women in relation to pregnancy and HIV and Aids. According to Doctor Douglas Ross, who has worked in the hospital since 1994, the hospital has had four major trajectories in its treatment and care programmes. Prior to 1990 the hospital had “an educational track with a health compliment to it”.⁸³¹ During the first half of the 1990s, it focused on home-based health care with a preventative component where *sangomas*⁸³² and traditional midwives were trained on how to sterilize their cutting objects. The second half of the 1990s saw an emphasis on community empowerment in caring for the sick. From 2000 onwards, the hospital embarked on more advanced technical interventions such as mother-to-child prevention (2001), administration of the ARV therapy on its Aids patients (2003), and a medical outreach programme by the name *iThemba*⁸³³ clinic (2004).⁸³⁴

4.5.3 Diocese of Eshowe

Care and treatment in the diocese of Eshowe was even more creative and ingenious. Eshowe adopted a synthesis of institutional care, home-based care, and palliative care, an approach that improves the quality of life of patients and families facing life-threatening illnesses through the prevention and relief of suffering by means of early identification, impeccable assessment and treatment of pain and other associated physical, psychosocial and spiritual problems.⁸³⁵

⁸³⁰ Neil and Ross, interview by author, 15 October 2007.

⁸³¹ Neil and Ross, interview by author, 15 October 2007.

⁸³² *Sangoma* is the Zulu word for ‘diviner’ whereas ‘inyanga’ means traditional healer. In practice the two often overlap.

⁸³³ *iThemba* is the Zulu word for ‘hope’.

⁸³⁴ Neil and Ross, interview by author, 15 October 2007.

⁸³⁵ See <http://bbg.org.za/hospice/goto.htm> accessed on 22 October 2008.

The earliest organised Aids care initiative in the diocese of Eshowe, and by far the largest religious community Aids work in the province, was championed by three religious communities: the Blessed Gerald's Order of Malta, the Franciscan Nardini Sisters and the Benedictine Sisters of Twasana. According to Father Gérard Tonque (Clemens) Lagleder,⁸³⁶ the diocesan Aids coordinator, the former Franciscan mission hospital in iNkandla was taking care of Aids patients as early as 1990.⁸³⁷ "The Franciscan Nardini sisters, two of whom are medical practitioners and several others are nurses, were surely the first ones to be involved with looking after HIV/AIDS patients in the Eshowe diocese," recounted Father Lagleder.⁸³⁸ He added that since 1998 the Franciscans had been running a great outreach programme on Aids care at iNkandla.

In an interview with Sister Priscilla Dlamini, the sister in-charge at the Benedictine Sisters' Holy Cross Aids Hospice, I learned that she actually started caring for Aids patients in 1989.⁸³⁹ She did it on her own. As a trained nurse, she felt compelled to do something in response to the dire need in the Twasana community. She would visit them in their homes and provide daily care as the scared family members watched on. In 1990, however, she temporarily stopped her services following criticism from the municipality alleging that she was contravening public health ethics. She was accused of exposing the people living with the disease to the rest of the society. The municipality was also concerned that she did not have the training necessary for handling HIV patients. This, the municipality warned, was a potential danger to the community as she could transfer the virus from one person to another as a result of her physical contact with Aids patients.⁸⁴⁰ In 1994, she resumed her community care services and soon afterwards started the Holy Cross Aids Hospice. Christopher Neville, a Catholic priest based in

⁸³⁶ Although the names are somewhat similar, this father is not to be confused with the historic French Monk of the 12th Century A.D. Blessed Gérard Tonque (who died on September 3, 1120) was a French Benedictine monk who was the guest master of the Benedictine Monastery St Maria Latina in Jerusalem. The guest house of St Maria Latina was more a hospital than a hotel and it was in those days commonly known as the Hospital of Jerusalem. Apart from nursing the sick they used to accommodate abandoned children, feed the starving, clothe the needy and care for discharged prisoners. Blessed Gérard's hospital was a well organised charitable organisation. See <http://smom.org.za/omac.htm> accessed on 23 October 2008.

⁸³⁷ Lagleder, interview by author, 10 October 2007.

⁸³⁸ Lagleder, interview by author, 10 October 2007.

⁸³⁹ Priscilla Dlamini, Interview by author, 10 December 2008.

⁸⁴⁰ Priscilla Dlamini, Interview by author, 10 December 2008.

Eshowe in 1989, confirmed the narrative adding that “Sister Priscilla had such an outstanding and compassionate care for the Aids patients that made her stand out as the pioneer of Aids care in the diocese”.⁸⁴¹

On 28 October 1992 Father Lagleder founded the Brotherhood of Blessed Gérard in South Africa as a relief organisation of the Order of Malta in order to respond to the appalling conditions of care in Mandeni and Mangete. He described his motivation as thus:

When I was still a parish priest in Mandeni and Mangete, I was deeply moved by the fact that so many sick people died from neglect at home as there was no adequate system of care in place. Before my priestly ordination I had been in different leadership positions of Malteser Hilfsdienst (the German Relief Organisation of the Order of Malta) and was used to organise help. That influenced me to found the Brotherhood of Blessed Gérard as an instrument of the church to give an organised response to the needs of the people I felt responsible for.⁸⁴²

Although the Brotherhood of Blessed Gérard was at first interested in the general care, in 1994 it started to take a keen interest in HIV and Aids. Its initial response was via an HIV and Aids health education programme. A major milestone in Aids care was realised on 3 September 1996 with the opening the Blessed Gérard's Care Centre in Mandeni.⁸⁴³ With the objective of bridging the care gap between hospitals and homes and the support and blessings of the presiding bishop, the late Mansuet Dela Biyase, the centre grew into becoming “the largest hospice inpatient unit in South Africa.”⁸⁴⁴ Through its palliative care, the centre has since 1996 provided relief from pain and other distressing symptoms; integrated the psychological and spiritual aspects of patient care; affirmed life and assisted the dying as a normal process of living; offered support systems to patients enabling them to live as actively as possible until death; and assisted families to cope during the patient’s illness and in their own bereavement.⁸⁴⁵ By 1998, the centre was hosting a hospice for full-blown Aids patients, an 84 volunteer capacity home-based care,

⁸⁴¹ Christopher Neville, digital recording, Interview conducted by author at Emapetelweni Dominican Centre, Pietermaritzburg, 12 November 2008.

⁸⁴² Lagleder, Interview by author, 10 October 2007.

⁸⁴³ See <http://bbg.org.za/deutsch/hospiz.htm> accessed on 20 October 2008.

⁸⁴⁴ Lagleder, interview by author, 10 October 2007.

⁸⁴⁵ See <http://bbg.org.za.carecentre/index.htm> accessed on 20 October 2008.

40 orphans capacity day-care, drop-in centre for Aids patients with screening facility, 'love waits' programme for the youth, and a natural family planning programme.⁸⁴⁶

As a result of the palliative hospice concept in Eshowe, the primary nursing care was relocated to the patients' home by enabling and supporting the home-nursing-care through training and mobile home-nursing-teams. On the one hand, it provided an alternative care in circumstances where the overburdened hospitals had to discharge patients before they could really look after themselves. On the other, it assisted families that were often unable to cope with the care of their relatives because they lacked confidence, skills or facilities.⁸⁴⁷

4.5.4 Diocese of Dundee

As compared to other dioceses, Dundee was rather a latecomer in responding to the Aids crisis. A request for financial assistance directed to the SACBC by the Lusitania Development Committee and dated 8 April 1996⁸⁴⁸ was turned down by Emil Blaser, the Associate Secretary General in a letter dated 16 April 1996.⁸⁴⁹ According to Blaser, the SACBC did not have enough money to support the programme.⁸⁵⁰ The committee had hoped to care for Aids patients and capacitate the Ladysmith community towards an Aids response. Two years later, a Dominican sister by the name Catherine Thomas, who was representing the diocese of Dundee at an Aids consultative meeting of the Durban ecclesiastical province held at Sinosizo offices in Chatsworth on 26 November 1998, reported that "Dundee was at the investigation stage at present and is interested in doing home care".⁸⁵¹ She also reported that the only orphanage in the diocese had witnessed 3 Aids related deaths in 1998 alone and that it was busy writing out an Aids policy. A parish priest, Father Eunan, was involved with the provision of spiritual and HIV counselling twice a week at the Ladysmith Hospital. The first annual Aids awareness

⁸⁴⁶ Report on Catholic HIV/AIDS summit held on 13 and 14 December 1998 at Santa Sophia, Pretoria.

⁸⁴⁷ See <http://bbg.org.za/hospice/goto.htm> accessed on 20 October 2008.

⁸⁴⁸ A letter found in the SACBC archive written by Mr S.M. Nxumalo as the treasurer on behalf of the Lusitania Development Committee, Ladysmith on 8 April 96 and addressed to SACBC.

⁸⁴⁹ A response letter written by Emil Blaser, Associate Secretary General, SACBC on 16 April 1996 and addressed to S.W. Nxumalo, found in the SACBC archives.

⁸⁵⁰ Emil Blaser, email correspondence with the author, 23 July 2009.

⁸⁵¹ Minutes of Meeting held at the Sinosizo HBC offices, Chatsworth on the 26 November 1998.

took place in August 1998 in Ladysmith where youths had a weekend seminar on sexuality and HIV and Aids education.

Apparently, it was in the same year of 1998 that Sister Immaculata Ndlovu the Dundee diocesan Aids coordinator, arrived in the diocese.⁸⁵² According to Immaculata, when she arrived in the diocese in January 1988, “there was little happening in relation to HIV and Aids”.⁸⁵³ She had hoped to get a employment with the government to teach in a local primary school near the convent. When this was not forthcoming, her attention was drawn to the deteriorating health condition of parishioners due to Aids related complications. In the mid of 1998 she enrolled in an HIV course offered by ATTIC in Ladysmith. At the same time, she organised a programme of teaching youths about HIV and Aids called “youth out of school”. In the beginning of 1999, she took Aids awareness to schools around Ladysmith and used peer education. In the same year she and other sisters in the convent started an Aids hospice to take care of terminally ill Aids patients. The hospice could only accommodate 10 patients yet there was an influx of needy patients. It became clear that a home-based care was most appropriate. Consequently, she enrolled with Sinosizo and participated in a course facilitated by Bev Killian and a few others from the University of KwaZulu-Natal.⁸⁵⁴ Upon her return to the diocese, she started a volunteer home-based care and training that blossomed to a capacity of 120 active care givers.

Apparently, Sister Immaculata lost track of the specific dates and the chronology of the events leading to the start of the home-based care programme in Dundee. Philippe Denis differed with her by asserting that the course was offered in 2000 and not 1999 as indicated by Immaculata. In her memory, all activities of the initial Aids care in Dundee were congested into 1999. Nevertheless, 1999 seems to be the year when care and treatment activities started to get organised.

⁸⁵² Sister Immaculata, digital recording, interview conducted by author at the bishop’s offices in Dundee, on 15 September 2007.

⁸⁵³ Immaculata, interview by author, 15 September 2007.

⁸⁵⁴ Immaculata, interview by author, 15 September 2007.

4.5.5 Diocese of Ingwavuma

The diocese of Ingwavuma started to respond to HIV and Aids in 1995 when, at Bishop Michael O'Shea's request,⁸⁵⁵ an Aids committee was formed.⁸⁵⁶ The committee began an HIV and Aids awareness programme. In 1996, it launched two Aids information centres. This was made possible through a donation, by the British Consulate, of two containers and a prefabricated unit, which were used as venues, a donation by the National Health of R40 000, and a private donation of R10 000.⁸⁵⁷

Thuli Myeni, who represented the diocese in a 1995 Aids consultative meeting held at the SACBC offices in Khanya House, Pretoria, and in 1998 at another Aids meeting held at Sinosizo offices in Amanzimtoti, reported that "the Catholic Church was further involved in the Zisebenzele HIV and Aids project run in the Bethesda Hospital".⁸⁵⁸ She reported that "the church was also involved at community level with AIDS awareness and care; however, the distances between homesteads were vast and that made the task very difficult". The difficulty was further exacerbated by the fact that she was a full-time employee of Illovo Sugar Mills and thus only coordinated the programme during her off-work sessions.

4.5.6 Diocese of Umzimkulu

The earliest initiative towards responding to the Aids disease at the diocese of Umzimkulu was in Centocow. According to Father Stanislaus Dziuba⁸⁵⁹ of the Catholic Mission of Centocow, the presence of AIDS only became 'visible' in Centocow communities around the mid-1990s.⁸⁶⁰ Demographics of patient population at the hospital began to change, as younger patients, mostly female, began to be admitted to the wards

⁸⁵⁵ Bishop Michael O'shea was ordained as the bishop of Ingwavuma on 6 April 1991. See <http://www.sacbc.org.za> accessed on 31 October 2008.

⁸⁵⁶ Minutes of Meeting held at the Sinosizo HBC offices, Chatsworth on the 26 November 1998.

⁸⁵⁷ Minutes of Meeting held at the Sinosizo HBC offices, Chatsworth on the 26 November 1998.

⁸⁵⁸ Minutes of Meeting held at the Sinosizo HBC offices, Chatsworth on the 26 November 1998.

⁸⁵⁹ Father Stanislaus Dziuba is the new bishop of Umzinmukulu diocese.

⁸⁶⁰ Fr Stanislaus Dziuba, interview by author, digital recording, Pietermaritzburg, 28 September 2007.

with severe respiratory and gastro-intestinal illnesses. Father Dziuba and other parish priests in the region noticed “a sharp rise in the number of funerals they conducted each month”.⁸⁶¹ Their initial response was to devise a set of interventions to dispense information among the church members that would begin to counter what they saw as denial or disbelief that AIDS was an issue of concern in this area. Their focus was ‘the youth’, who were thought to be most at risk of infection. In 1996, they launched awareness and educational initiatives whereby printed pamphlets and posters were distributed at the mission and were also availed at the clinic waiting rooms, and – later on – they used ‘community theatre’ to impart messages in entertaining ways that young people especially would relate to.⁸⁶²

In the late 1990s, the mission started a home-based programme.⁸⁶³ Volunteers, who were mostly women, were trained as caregivers after which they made home visits monitoring and caring for the sick and training family members in basic HIV care and protection. The programme suffered many obstacles in the 1990s. Caregivers were often chased away from the homes they visited and there was extreme resistance from most of the local *iziNdunas*⁸⁶⁴ in the region.⁸⁶⁵

4.5.7 Diocese of Kokstad

According to Sister Pat Vumisile, the regional manager of the Sinosizo-Kokstad Aids programme, there was literally “no known response to HIV and Aids in the diocese prior to 2000”.⁸⁶⁶ She emphasized that the earliest Aids programme in the diocese was the home-based care of the Sinosizo-Kokstad, which was begun in 2000. With the initiatives of the presiding bishop, William Slattery (OFM), two women were sent for training with the Sinosizo-Durban in 1998. The two women in-turn began a similar programme which comprised of orphaned and vulnerable children (OVC) and home-based care and training programmes.

⁸⁶¹ Fiona Scorgie, “What religious leaders and communities are doing about HIV and AIDS: Reflections on the work of the Roman Catholic Mission of Centocow,” unpublished paper, 13 April 2005.

⁸⁶² Scorgie, Reflections on the work of the Roman Catholic Mission of Centocow, 2.

⁸⁶³ Dziuba, interview by author, 28 September 2007.

⁸⁶⁴ *iziNduna* is a Zulu word for chief.

⁸⁶⁵ I will return to this issue later in this chapter.

⁸⁶⁶ Pat Vumisile, telephonic interview conducted by author on 20 October 2008.

This oral witness is not in conflict with minutes found in the SACBC archives. According to those minutes, dated December 1998, Father Joseph of the diocese of Kokstad reported to the consultative meeting that “the subject of Aids had started being introduced in the diocese’s health desk, diocese newspaper, courses attended by youths, and seminars”.⁸⁶⁷ The brief report did not indicate that there was any special programme in the diocese dealing with prevention, care or even awareness. It is not surprising therefore that the diocese had never had a diocesan Aids coordinator during the period under review. Both the oral history and the archival sources are conclusive that the diocese had not seen any organised response to HIV and Aids between 1991 and 1999.

4.5.8 Reflections on Care and Treatment in KwaZulu-Natal

It is ironical that the much publicised programme, the Choose to Care initiative – a five years collaboration Aids programme between the SACBC, the Catholic Medical Mission Board, and the pharmaceutical giant company, Bristol-Myers Squibb – only kicked off in 2000, giving the wrong impression that Catholic Aids Care in the South Africa begun in 2000.⁸⁶⁸ On the contrary, and as demonstrated in the above discussions, during the 1990s the church intensively laboured to provide care and treatment to Aids patients and their families. In KwaZulu-Natal, the evidence in support of the church’s involvement with Aids care initiatives prior to 2000 is overwhelming. Whereas the care and treatment activities were unevenly distributed among the seven dioceses and found in scattered and uncoordinated pockets within the region, their impact on the given communities is unquestionable. According to the findings, the dioceses were on the extreme opposites in their aptitude to respond: Durban, Eshowe, and Mariannhill were actively caring for Aids patients by 1991 whereas Kokstad and Dundee were still preparing to respond by 1999. The dioceses of Ingwavuma, and uMzimkulu managed to organise some care programmes during the mid 1990s. For a time sketch on the dioceses involvement in care and treatment see Table 4.3 below:

⁸⁶⁷ Report on Catholic HIV/AIDS summit held on 13-14 December 1998 at Santa Sophia, Pretoria.

⁸⁶⁸ UNAIDS, *A Faith-Based Response to HIV in Southern Africa: the Choose to Care Initiative* (Geneva: UNAIDS, 2006), ff.

Table 4.3 – KwaZulu-Natal Diocesan initiatives in Aids Care and Treatment in the 1990s

| Mid 1990s | Early 1990s | Late 1990s |
|---------------------------------|-------------------------|--------------------|
| Durban, Eshowe and Mariannahill | Ingwavuma and Umzimkulu | Dundee and Kokstad |

Treatment and care activities in KwaZulu-Natal tended to be more localised in the homes with institutions offering the much needed support in form of volunteer community health workers, training, medical facilities, and occasionally, food and clothing. Care and treatment activities were inherently gendered; the number of men volunteering was negligible as compared to that of women. This gender imbalance was also reflected in the demographics of ‘workshops’ held for young people by peer-educators, ‘training seminars’ on basic care giving, and in the ‘home visits’. “Men are not willing to do work for no pay,” Father Dziuba explained.⁸⁶⁹ The perception that caring for the sick is traditionally and quintessentially a women’s task also might have had a bearing on the gender proportions. This might be the reason why there was an overwhelmingly large number of female volunteers and an absence of males.

Catholic care and treatment initiatives in KwaZulu-Natal during the 1990s suffered many challenges. The obvious one was the lack of resources such as funds, capacity, and trained personnel. HIV and Aids was a new crisis in South Africa and clearly not the focus of the donors as yet. Many organizations, such as the Lusitania Development Committee of Dundee mentioned above, ‘knocked on doors’ everywhere including at the SACBC and at the National Department of Health and Population Development. They were turned down. Indeed, even the Aids Office of the SACBC closed down in 1998 on account of, among other issues, the lack of a running budget.⁸⁷⁰ It is, however, because of these three resources (funding, capacity, and personnel) that the Archdiocese of Durban became a major influence and a pacesetter for the other six dioceses. Building upon the skills of three retired nurses and supported by a small running budget, the diocese became

⁸⁶⁹ Dziuba, interview by author, 28 September 2007.

⁸⁷⁰ SACBC, Minutes of the Plenary Session held at St Peters Seminary, Pretoria, 20-27 January 1998.

a key trainer in HIV and Aids care and treatment, not just for the diocese but for the entire province. More than five dioceses in KwaZulu-Natal were not only assisted by the Sinosizo Project in setting up parallel home-based projects but, more importantly, had their pioneering staff trained in Durban. It is no surprise, therefore, that Sinosizo-Kokstad settled for that name.⁸⁷¹

Another major challenge in KwaZulu-Natal Aids care and treatment during the 1990s was the difficulty in penetrating the communities due to three main factors. *Firstly*, the Aids related stigma was too severe. Caregivers were often chased away from the homes they visited. Indeed, the care givers themselves suffered a great deal of rejection and stigma as a result of their association with the Aids disease. More often than not they put their lives at great risk. It was in KwaZulu-Natal and in similar conditions that Gugu Dlamini was murdered by a mob much later in 1998 following her Aids education campaign and the disclosure of her HIV positive status over a local radio.⁸⁷²

Secondly, there were too many cultural odds to overcome. Sabbath Mlambo testified that they often put their lives at great danger especially when they confronted culturally held myths and attempted to offer a western medical interpretation to the disease.⁸⁷³ She observed that the fact that she travelled with Liz Towell, a white colleague, right into the core of black townships and suburbs made them even more easy targets of racially and culturally founded victimisation. They had to oppose many myths that were held dearly by community members. In one instance, during a home visit in KwaMashu in 1993, they were publicly heckled by a group of men who maintained that a black man, even if gay, would never suffer from Aids.⁸⁷⁴ She explained that “in those days [early 1990s] people were in such a denial, especially the black males”. On this particular day, she had been accompanied by a white homosexual man, a patient of Liz Towell who was HIV positive. When they told the men the importance of keeping to one sexual partner, they shouted

⁸⁷¹ Vumisile, Interview by author, 20 October 2008.

⁸⁷² Mrs. Gugu Dlamini became the first known Aids martyr in South Africa following her disclosure on a local radio in KwaZulu-Natal. She was a mother of 13 year old child, HIV positive and an Aids educator before she was beaten to death by her own community. See the story in Keenan, Keenan, *Catholic Ethicists on HIV/AIDS prevention*, 13.

⁸⁷³ Mlambo, interview by author, 10 July 2008.

⁸⁷⁴ Mlambo, interview by author, 10 July 2008.

back, “What? You people are lying. There used to be Esinyameni and there were lots of homosexuals and there used to be no Aids”.⁸⁷⁵ As a black woman in her 60s, she knew very well what the men meant. She explained as follows: “They just would not believe because, prior to the 1960s, there used to be a place called Esinyameni; it was a place for black homosexuals located near the present Chesterville”.⁸⁷⁶ Their plea as well as the testimony of the white homosexual man would not convince them. They insisted, “You brought this one [the white homosexual] to enhance a government lie; show us one black male homosexual who is suffering from Aids!”⁸⁷⁷ Their task was not only a daunting one but extremely dangerous as well. The recent work of Marc Epprecht⁸⁷⁸ has demonstrated that same sex affairs are traceable in many indigenous South African communities, even within the African Traditional Religion. However, there was a high level of secrecy surrounding same sex relationships in these communities to an extent that those who endeavoured to expose them risked severe rejection by community members.

Thirdly, KwaZulu-Natal was a politically volatile region during the late 1980s and the early 1990s. The civil war that rocked KwaZulu-Natal from 1986 through to the mid 1990s had such devastating and traumatizing effects on the region that it would not disappear immediately after.⁸⁷⁹ More than 20 000 people were brutally murdered and many more had their houses burned, not to mention the emotional wounds and the socio-economic devastation that came along with the war. The multifaceted cause of the war could be summarised as “the product of Buthelezi’s Inkatha Freedom Party (IFP) and the African National Congress Party (ANC) competition for political dominance”.⁸⁸⁰ This war had a catastrophic impact on the care and treatment of Aids patients in the region. In Centocow, for instance, care givers were suspected of being ‘war informants’. Scorgie explained that Centocow chiefs were IFP-aligned. They feared that the large numbers of

⁸⁷⁵ Mlambo, interview by author, 10 July 2008.

⁸⁷⁶ Mlambo, interview by author, 10 July 2008.

⁸⁷⁷ Mlambo, interview by author, 10 July 2008.

⁸⁷⁸ Marc Epprecht, *Heterosexual Africa? The History of an Idea from the Age of Exploration to the Age of AIDS* (Toronto: Swallows Press, 2009), ff.

⁸⁷⁹ Philippe Denis, “Prayers and Rituals to the Ancestors as Vehicles of Resilience: Coping with Political Violence in Nxamalala,” Pietermaritzburg (1987-1991),” *Journal of Theology for Southern Africa* 128 (July 2007) 37-52.

⁸⁸⁰ The Political History of KZN, http://about-southafrica.com/html/natal_history.html accessed on 22 July 2007.

volunteers responding to the Catholic Mission's call for help in these programmes, and who were mostly young and ANC-aligned, were going to establish a power base under the guise of an AIDS programme, with obvious political consequences.⁸⁸¹ As a result, the chiefs mobilized the community against the mission's activities and thereby hindered care effort. The chiefs felt threatened by the mission's autonomy and independence, especially its mobilization of masses around HIV and Aids related activities such as training, care giving, and fund raising. Father Dziuba observed that "When money entered the picture, the chiefs spread rumours that the priests had secured major grants from overseas for sinister motives such as 'organ harvesting' – then the situation became even more fraught".⁸⁸²

The widespread Catholic Aids care and treatment activities had major implications for the region's public health sector, most certainly, for the country too. Although there is of late an increasing interest among researchers in the role of religion in the Aids crisis, it is significant that this research has tended to concentrate on the post 2000 efforts. The role played by the Christian churches, especially the Catholic Church, in the area of care and treatment of Aids patients prior to 2000 has almost gone unnoticed by social scientists and historians, however obvious it might otherwise appear. Of course, as I shall demonstrate in the next chapter, this has drastically changed in the 2000s with the FBO-isation of HIV and Aids.⁸⁸³

In a more narrow and specific sense, however, the HIV and Aids care and treatment activities of the Catholic Church in South Africa have impacted society in two main ways. *Firstly*, the church became a pacesetter in showing compassion to people who were not only stigmatised but also rejected and ostracised by the society in general. Stories abound of heroic initiatives by ordinary Catholics who went out of their way, in a serving

⁸⁸¹ Scorgie, Reflections on the work of the Roman Catholic Mission of Centocow, 2.

⁸⁸² Dziuba, interview by author, 28 September 2007.

⁸⁸³ This issue is discussed in detail in Chapter Four – *Aids Integrated*. For related readings on the same See Philippe Denis, "AIDS and religion in a historical perspective," Conference: Religious engagements with AIDS in Africa, Copenhagen, 28 and 29 April 2008; and Alessandro Gussman, "HIV/AIDS and the 'FBOisation' of Pentecostal Churches in Uganda," Conference: Religious engagements with AIDS in Africa, Copenhagen, 28 and 29 April 2008.

humanity spirit, to care for Aids patients, often with neither the skills nor the facilities. When Priscilla Dlamini of Eshowe, for instance, started to visit dying Aids patients in the late 1989, she had no gloves, financial sponsors, or an ethical guideline.⁸⁸⁴ She did what family members were afraid of doing because they feared that they may contract the disease. She had to temporarily stop her services in 1991 following pressure by the municipality over ethical irregularities. The municipality claimed that her work exposed PLWHA without the consent of the family members. Similarly, when Stan Brennan of St Anthony's Parish opened the first Aids hospice ever in the country in January 1991, the residents of Boksburg West went to the streets in protest of the move.⁸⁸⁵ They felt that their 'clean estate' should not be associated with St Francis, a place "to house and care for the terminally ill Aids patients in the West Rand".⁸⁸⁶ Brennan stood his ground; the parishioners firmly supported him in their special but controversial ministry to the Aids patients.⁸⁸⁷ Therefore, by way of action, the Catholic Church confronted societal stigma levied against Aids patients and demonstrated that they deserved compassionate care.

The discussions above illustrate heroic care adventures by the Catholic Church into remote places where not many other organizations could easily access. The deeds of Mlambo and Towell, for instance, add much weight to Johan Viljoen remarks:

To see what the Catholic Church is doing, one needs to look beyond the rhetoric and political correctness that is generated in such large amounts by Aids in this country. One needs to look at the squatter settlements, the places where unemployed and starving people feed off rubbish dumps, where desperate and destitute people waste away from TB in cardboard shacks, unable to remember when they had their last meal. It is here where one will find the Catholic Church responding to AIDS: in the most marginalized and impoverished communities. Here the Catholic Church is doing more than most other institutions, responding where it really matters.⁸⁸⁸

⁸⁸⁴ Priscilla Dlamini, interview author, 15 December 2008.

⁸⁸⁵ *Southern Cross*, "Catholic home for Rand Aids victims," 20 January 1991.

⁸⁸⁶ *Diocesan News*, "The first home for the AIDS patients," 15 January 1991.

⁸⁸⁷ *Southern Cross*, "Priest defends Aids house in Boksburg," 22 March 1992.

⁸⁸⁸ *Southern Cross*, "The church is doing nothing about Aids? Think again!" 26 November 2000.

It needs to be acknowledged, therefore, that the Catholic Church gave the much needed care to considerably large numbers of Aids patients in very unlikely locations. Its many care institutions eased the pressure on the government's hospitals and stranded family members.

Secondly, Catholic care and treatment activities have had a significant impact on the country's public health policy. This can be seen at two levels: the reintroduction of Christian institutions as key players in the South Africa's primary health care system and the decentralization of medical care through the introduction of community based care system. As in most African states, the arrival of Christian missionaries to South Africa in the 19th century saw the mushrooming of missionary hospitals.⁸⁸⁹ As a result, the entire health sector came to be dominated by privately owned Christian organizations, staffed and funded directly from Europe and North America.⁸⁹⁰ Following the 1948 elections where D. F. Malan's National Party ascended to power, the apartheid government nationalised hospitals, forcefully removing religion from the ownership and the management of the hospitals.⁸⁹¹ Until the first democratic elections of 1994, the health sector was firmly under the control of the government. It is no surprise that the ambitious ANC *National Health Plan for South Africa* had no mention of the role of religion.⁸⁹² It did not take long, however, before the ANC government developed interest and appreciation of what was happening in religious cycles. It was out of the churches' outstanding work in HIV and Aids care and treatment, especially by the Catholic Church, that on 29 May 1995 the Department of Health and Welfare invited religious bodies to work together in the Aids crisis.⁸⁹³ The creation of the South African National Aids

⁸⁸⁹ James Cochrane, "Trustworthy Intermediaries: The role of religious agents in the boundaries of public health," a paper presented in Africa Religious Health Assets Programme (ARHAP) Conference in Cape Town on 14 July 2009.

⁸⁹⁰ See Philippe Denis, AIDS and religion in Sub-Saharan Africa in a Historical Perspective, paper read at the Collaboration of HIV and Aids in Religion and Theology (CHART) in 2008, http://muse.jhu.edu/login?uri=/journals/africa_today/v056/56.1.prince.html accessed on 8 November 2009.

⁸⁹¹ M. Susser, 'Foreword,' in S. Kark and E. Kark eds., *Promoting Community Health: From Pholela to*

Jerusalem (Johannesburg, 1999), 3.

⁸⁹² Africa National Congress, *A National Health Plan for South Africa* (Johannesburg: ANC, 1994), ff.

⁸⁹³ Doctor JHO Pretorius' report in a workshop on AIDS held by Religious Bodies and the Department of Health on 29 May 1995 at Cavitas Building, Pretoria, South Africa.

Council (SANAC) by the office of the Deputy President, Mr Jacob Zuma, was another attempt to incorporate religious organisations in the provision of care for Aids patients. The same concern led to the formation of the National Religious Association of Social Development (NRASD) in 1999. “We believe that the faith-based community has a special role to fulfil against HIV and AIDS,” wrote Cedric Mayson on behalf of the Deputy President’s Office in a letter addressed to the SACBC secretariat.⁸⁹⁴ Mayson, a minister of religion who at the time of this research was working for the South Africa Council of Churches (SACC), added that SANAC had discovered that “whilst some religious people are reluctant to approach the question of HIV/AIDS, a few others, such as the Catholic Church, have built up the skills, which needs to be shared”.⁸⁹⁵

The most important contribution of the Catholic Church’s Aids care and treatment activities was the introduction of community-based care. Traditionally, the practice of medicine as a discipline belonged exclusively to the doctors and nurses. It was confined to the institutions of care such as hospitals and dispensaries. The ‘home-based care programmes’ made that necessary departure. Ordinary volunteers in the community, with basic training, could visit homes and offer care and treatment to terminally ill patients. The Catholic Church, particularly the Archdiocese of Durban, was a leading practitioner of the home-based care programmes in the country. “The Durban Group Leads Nation in Home-Based Aids Care,” read the headline of the 21 February 1999 *Southern Cross* paper.⁸⁹⁶ As Walter Burnet⁸⁹⁷ and Cochrane argue, the Aids crisis and the religious responses to it in Southern Africa have demonstrated the need for a rethink on health policy in Southern Africa with a special emphasis on primary health care as opposed to public health.

⁸⁹⁴ Cedric Mayson, SANAC, “Report from SANAC,” Letter written to Father Richard Menatsi of SACBC, 19 October 2000.

⁸⁹⁵ Cedric Mayson, SANAC, “Report from SANAC,” Letter written to Father Richard Menatsi of SACBC, 19 October 2000.

⁸⁹⁶ *Southern Cross*, “Durban Group Leads nation in home-based Aids care,” 21 February 1999.

⁸⁹⁷ Walter Burnet, “Rethinking Populations in Public Health,” a paper presented at the ARHAP conference held in Cape Town between 13 and 16 July 2009.

The idea of community-based health care is not new in South Africa. Its roots could be traced in the 1939 work of two Union government officials: Dr E. H. Cluver, who was then the chief of the Health Department and his Deputy Dr H. S. Gear. They were interested in developing a better health care for the ‘Native Reserves’.⁸⁹⁸ They established three experimental health centres with the central aim of training and empowering the community to promote its own health. The programme’s emphasis was on the prevention and treatment of disease and health education as an alternative to the solely hospital-based and curative medicine. The first of these centres was the Durban based Pholela Health Unit.⁸⁹⁹ As part of this new approach, the programme trained community health assistants. This initiative died with the revision of health policy by the new National Party administration in 1948. Community-based health care never surfaced again in the country until 1989 as a major concern of the newly formed Progressive Health-Workers Network.⁹⁰⁰ It was, however, the April 1990 Maputo Conference on Health in Southern Africa that recommended the Cluver’s model of community-based health care “as the basis for the provision of health and welfare services in the post apartheid South Africa”.⁹⁰¹

The connection between community-health care and the Aids crisis was made much later in the first National HIV and Aids Convention of South Africa (NACOSA), which was co-organized by the Department of National Health and Population Development and the ANC and held in Port Elizabeth between 23 and 24 October 1992.⁹⁰² By that time, the archdiocese of Durban was already practicing it under the title, Home-based Programme. It is possible that the Catholic Church got the idea from the anti-apartheid members of the

⁸⁹⁸ S. Kark and E. Kark, *Promoting community health: From Pholela to Jerusalem* (Johannesburg, 1999).

⁸⁹⁹ Barbara Schmid, “The Contribution of Religious Leaders to Health Advocacy and the Promotion of Health in Southern Africa,” unpublished paper presented at a ARHAP Conference in Cape Town on 14 July 2009.

⁹⁰⁰ *Historical Papers*, University of the Witwatersrand, NPPHCN, Funding and Finances Box, Conferences and Meetings File, ‘Letter from Malcolm Steinberg to Prax dated March 25th 1989’, 1.

⁹⁰¹ *Historical Papers*, University of the Witwatersrand, NAMDA Collection, NEC Minutes Box 1986-1991

HIV/AIDS Issue File, ‘Declaration on Health in Southern Africa. Maputo, April 15, 1990’, 1.

⁹⁰² Centre for Health Policy Resource Room, University of the Witwatersrand, M. Steinberg, ‘NACOSA:

South Africa United Against AIDS’, *AIDS Bulletin*, Vol 1, 2, December 1992.

Progressive Health-Workers Network, given its representation in NACOSA meetings and the fact that its programme was run by retired nurses who were members of the network.⁹⁰³ Other sources, however, suggest that its community programme was a borrowed idea from Protestant churches in Zambia.⁹⁰⁴ Whereas NACOSA's effort in advancing community health care was centred in the academy and rather geared towards an activist-oriented rhetoric, the Catholic Church implemented the idea with much less publicity. The government centres opened in various cities, which were envisaged to facilitate community-based Aids care, remained empty and inactive during the better part of the 1990s.⁹⁰⁵ Regardless of where the Catholic Church got the idea from, it eventually offered the much needed 'litmus-test' and, in a way, became a pioneer of the programme in the New South Africa.

4.6 Conclusion

In this chapter, I have enumerated various measures undertaken by the Catholic Church in its endeavour to respond to the Aids crisis between 1991 and 1999. I have discussed these in their four main categories: leadership formation, theological motivation, discourses and care and treatment activities. The strong determination by the hierarchy to put up a 'responsible' Aids leadership was marred by internal conflicts over the use of condoms in HIV prevention. The lack of coordination in the Aids response not only frustrated willing donors, leading to financial inadequacies and regular closures of the Aids office, but, more so, delayed the much-needed support for creative responses by ordinary members at the grass-root level.

Care and treatment activities almost entirely replaced the 1980s awareness campaigns. Influenced by a 'theology of service' tagged as 'community serving humanity' and drawing from its rich tradition of care, the Catholic Church's response to Aids became

⁹⁰³ Centre for Health Policy Resource Room, University of the Witwatersrand, N. Schaay, "The AIDS Program of the National Progressive Primary Health Care Network", AIDS Bulletin, 1,2, December 1992, 1.

⁹⁰⁴ Kelly, *The Dilemma of the Church in Responding to HIV/AIDS Epidemic*, 8. See also Iliffe, *The African HIV/AIDS epidemic*, 45-50.

⁹⁰⁵ Report on a workshop on AIDS held by Religious Bodies and the Department of Health on 29 May 1995 at Cavitas Building, Pretoria, South Africa; Sandy Roshini, Sinosizo Project manager, interview by author, digital recording, interview conducted in her office at Amanzimtoti, South Africa, on 11 October 2007.

synonymous with taking care of the sick, the dying, and the orphans. The Pastoral Letter on Aids released by the SACBC at the onset of the period became a popular point of reference in the Church's motivation in care and treatment. However, the momentum to care emanated from the lay leaders beneath as opposed to the hierarchy above. By and large, the church was "united against Aids in its willingness to care for the sick". Not so in prevention.

It was what the church said and how it said it that created controversy, more than anything else. More often than not, the church did not know what to say about HIV and Aids, especially in regard to prevention and the role of condoms, sex and sex education, and testing and disclosure. The church seemed to speak with two juxtaposing voices. Whereas a debate was raging among the laity that considered 'condoms as an option' in HIV prevention, the clergy remained adamant on the church's official position that condemned the use of condoms both as a contraceptive measure and as a technical intervention in HIV prevention. A similar rift existed in matters relating to compulsory HIV testing for candidates of priesthood and religious formation. So strong was the schism that the conference left the matter at the liberty of each bishop to decide for his diocese. A cloud of ambiguity canvassed the entire subject of sex and sexuality. Apparently, the clergy was embarrassed to speak about sexuality. Whenever it did, it was unnecessarily *defensive*, sometimes *passive*, and generally *ambivalent*. This was depicted in the uneasiness of the clerics in engaging the laity on the subject of HIV prevention, their fruitless attempts to problematise the effectiveness of condoms in HIV prevention, and their deadening silence on the church's concern over the fate of the people, whether inside or outside the zone of church influence, who could neither abstain from sexual intercourse nor remain faithful to one partner.

The tensions that faced the Catholic Church in the 1990s as a result of the Aids crisis is clearer when viewed in the light of two organizational principles, namely: 'contested accommodation' and 'impression management'. The bishops as the official custodians of institutional power attempted to maintain the *status quo* in policy as well as organizational equilibrium in leadership by allowing a limited accommodation to the

controversial lay demands. Meanwhile, they managed the public perception of the church in relation to the Aids crisis by tactfully maintaining a hard line position whilst at the same time promising to be relevant to the host social environment. This explains why by the end of 1999, the bishops had started seeing the monster they had created by fighting condoms; to bless condoms, however, would mean an organizational crisis. The church had lost a great deal of public trust, especially with regard to its intrinsic interests in HIV prevention, whether a protection of a traditionally held ethical code or the saving of people's lives at risk on account of the Aids disease. In any case, the Catholic Church had to simultaneously juggle loyalty to its official teachings, its identity, and a contextual relevance in the face of HIV and Aids. It had to maintain organizational equilibrium or risk schism; it had to carefully navigate its post-conciliar⁹⁰⁶ identity in a post-apartheid context. By and large, the period under review depicted a Catholic Church more in *reaction* than in *response* to HIV and Aids.

As the next chapter will show, the Catholic Church learned from its previous mistakes and attempted to correct them whilst at the same time grappling with new Aids challenges of the 2000s.

⁹⁰⁶ By post-conciliar I mean the Catholic Church after the Vatican II Council resolutions (1965).

5.1 Introduction

At the dawn of the 21st century, approximately two decades since the first diagnosis in the country, the South African Aids epidemic had changed considerably. With a prevalence of 20.1 percent and a total of 5 000 000 infections in 2000, the country earned the negative publicity of being host to the largest Aids epidemic in the world.⁹⁰⁷ Approximately 40 percent of the deaths among adults in the year 2000 were conditioned in some way by HIV and Aids.⁹⁰⁸ This publicity was a chief determinant in the country's win of the bid to host the 11th International Aids Conference held in Durban between 9 and 14 July 2000.⁹⁰⁹ During the conference proceedings, certain important features of the South African epidemic emerged. First, the 'Mbeki controversy' which would take much of the attention during the next five years unravelling the denialist ideals of President Mbeki's administration, came into the lime light. Second, speeches such as that of Nkosi Johnson, 11 years old Aids orphan and activist, who was suffering from full-blown Aids, highlighted the *orphan crisis* and *stigma mitigation* as the 'would be' two most pressing concerns in the new century. Third, the tense atmosphere in the conference created by demonstrating masses outside the Durban International Conference Centre⁹¹⁰ demanding an immediate intervention in the cost of treatment set the scene for a new dimension in *Aids Activism* in the country. Fourth, it became increasingly evident that *faith formations* had become 'sleeping giants' as far as turning the tide of the HIV spread was concerned. The Catholic Church was singled out by critiques as a major hindrance to HIV prevention following its sustained anti-condom campaign.

Meanwhile, there was a renewed interest and focus in the church's response to the Aids crisis in South Africa. Whereas the renewal was by no means in isolation of the above

⁹⁰⁷ Sonja Weinreich and Christoph Benn, *AIDS – Meeting the Challenge: Data, Facts, Background* (Geneva: WCC Publications, 2004), 8.

⁹⁰⁸ South Africa Medical Research Council, *The impact of HIV/AIDS on adult mortality in South Africa*, 2001, <http://www.mrc.ac.ta/bod> accessed on 22 June 2006.

⁹⁰⁹ Debbie Bradshaw, Rob Dorrington, David Bourne, Ria Laubscher, Nadine Nannan, and Ian Timaeus, *Aids Mortality in South Africa*, Paper presented to the "AIDS in Context" Conference, Wits University, 4-7 April 2001.

⁹¹⁰ The Durban International Conference Centre (DICC) was the venue of the 13th International Aids Conference held in Durban, South Africa. More than 500 individuals shouting Aids slogans matched around the venue during the conference proceedings.

new trends in the field of HIV and Aids, it was born out of an organizational momentum towards reform in policy and public perception in regard to its response to HIV and Aids. This renewal was evidenced by the church's admission of guilt in regard to its role in the exacerbation of Aids related stigma, willingness to revise its prevention policy *vis-à-vis* the use of condoms, call to self searching 'theological reflection' on HIV and Aids,⁹¹¹ and a commitment towards stigma mitigation and the care of orphan.⁹¹² The new overall aim of the SACBC Aids Office was "an *integrated* gospel response to the Aids crisis, focusing specifically on the following areas: informed pastoral response, coordinated response, improved media profile, and capacity building at local level".⁹¹³ Driven by three relevant departments of the SACBC (the Catholic Institute of Education (CIE), the Catholic Health Care Association (CATHCA), and the Development and Welfare Agency (DWA), the new Aids office aimed at consolidating the three vital areas in Aids response: health, development, and education. In a rather sudden turn of events, key Aids representatives of the hierarchy such as Bishops Kevin Dowling, Reginald Cawcutt and Archbishop Buti Tlhagale raised concerns over the church's stance on the use of condoms in HIV prevention.⁹¹⁴ Surely, as captured by the 27 February 2000 *Southern Cross* headline, "Aids now a Church priority," the church had embarked on a new paradigm in its response to HIV and Aids.⁹¹⁵ What was happening, according to Alison Munro, was that "the Catholic faithful from the hierarchy to the grassroots were being challenged, and often in turn providing a challenge to one another to commit themselves to prevention, care and support programmes".⁹¹⁶ This chapter is a critical analysis of the Catholic Church's response to HIV and Aids at a time when the church exhibited a relatively more integrated response, between 2000 and 2005. Capitalising on the gains

⁹¹¹ SACBC, Minutes of the plenary session held at St Peter's Seminary, Pretoria between 23 and 31 January 2001.

⁹¹² Southern Africa Catholic Bishops' Conference, Aids Office, *Let's take care of the children disadvantaged by HIV/AIDS*, Media Statement, 7 November 2001; See also Father Mathiela Sebothoma, Press Release: Let's take care of the children disadvantaged by HIV/AIDS, declared Catholics, email correspondence, to Sister Alison Munro, 7 November 2003.

⁹¹³ Alison Munro, *Aids Office Funding Proposal*, sent to CRS, CAFOD, TROCAIRE, and CORDAID, September 2000.

⁹¹⁴ *Southern Cross*, "Aids now a Church priority," 27 February 2000.

⁹¹⁵ *Southern Cross*, "Aids now a Church priority," 27 February 2000.

⁹¹⁶ Alison Munro, Belated, but powerful: *The response of the Catholic Church to HIV/AIDS in five southern African countries*, (Pretoria: SACBC Publications, 2002), 2. The paper was first presented in the International Aids Conference at Barcelona in July 2002.

and the errors of the 1990s, the church attempted to forge a more coordinated, well funded, and by far wider response to the epidemic. Not without controversies, nonetheless.

The chapter commences by analysing organizational changes brought about by the new response of the church to HIV and Aids. In this section, I argue that the complex donor-driven emphasis on leadership, management, financial skills, monitoring and evaluation gradually replaced the simple community-driven programmes which were led in a more or less *laissez-faire* manner. The emphasis on projects almost entirely eclipsed communal initiatives. In the second section of the chapter I contest that during the period under review (2000-05) activism permeated the church's discourses and activities so much so that the right to protection from infection, the right to treatment, the right to equality regardless of one's HIV status, the empowerment of women and the girl child, and the right to access information became very significant during the period. Contrary to the 1980s where Aids was primarily seen as a *moral issue* and the 1990s where it was seen as a *social issue*, in the 2000s Aids was seen as a *human rights issue* in the sense that discourses tended to champion the rights of PLWHA in almost all spheres of the epidemic. Otherwise said, contrary to the perception that PLWHA were victims of individual immoral behaviour (1980s) or as those bearing the consequences of structural social evils such as colonialism and apartheid (1990s), in 2000s PLWHA were perceived as those deprived of basic human rights such as gender equality, treatment and care. The third section is partly an appraisal of the Catholic Church's pioneering role in the 'miracles' of Aids treatment therapies and at the same time a critique of its over emphasis on physical needs and western bio-medicine at the expense of faith and spiritual interventions such as Christian prayer and African traditional healing and rituals. Here I argue that although the Catholic Church became a pace setter for the government and the private sector in setting up treatment programmes such as the Prevention of Mother to Child Transmission (PMTCT) in 2001 and the antiretroviral therapy (ARV) in 2003, it failed to address spiritual and cultural concerns around the treatment of the Aids disease and instead imposed western bio-medical solutions. The fourth section is an analysis of the church's official position on the use of condoms during the period, which was

characterised by the ‘Dowling controversy’ and the bishops ‘Message of Hope’. In this section I argue that the Catholic Church bishops’ unrelenting condemnation of condom campaigns as well as their refusal to consider the arguments of moral theologians in the wake of a severe Aids epidemic is a form of sectarianism. The fact that they came short of publicly sanctioning the use of condoms in HIV prevention and that they acknowledged that this is morally permissible is rather hypocritical and ambivalent, a position that had dire consequences for the church’s response to HIV and Aids.

5.2 NGO-isation of the Catholic Church

At the beginning of 2000, the SACBC database had 61 projects and programmes involved in the treatment and care of Aids patients.⁹¹⁷ Less than 5 percent of these cared for Aids orphans. Most of them were home-based care programmes, hospices, and training programmes. They were poorly funded and heavily dependent on the gifts of parishioners as well as their voluntary labour. The SACBC Aids Office had one financial sponsor only. Five years later (2005), the situation had changed considerably. There were 200 care projects with majority targeting orphans and vulnerable children (OVC),⁹¹⁸ 40 home-based care programmes, 22 ARV roll-out centres attending to 3000 Aids patients, and about 30 different financial sponsors.⁹¹⁹ Not only did the entire way of responding to HIV and Aids change during the five year period (2000-2005) but, most importantly, that response to HIV and Aids had a huge impact on the Catholic Church as an organization. Catholic Aids projects became more structured. Their activities were more professionally conducted. The entire Catholic organization, including the parishes and the dioceses, was called to proper financial accounting, progress report writing, and the conducting of research. This phenomenon could, by way of neologism, be loosely referred to as the ‘NGO-isation’ of the Catholic Church. I am indebted to Alessandro Gusman who was one of the first to use the term in reference to Pentecostalism in Uganda.⁹²⁰ In the context of the Catholic Church’s response to HIV and Aids in South Africa, however, NGO-

⁹¹⁷ *Southern Cross*, “The Church is doing nothing about Aids? Think again!” 26 November 2000.

⁹¹⁸ *Southern Cross*, “Sustaining the Aids fight,” 14 December 2005.

⁹¹⁹ *Southern Cross*, “The Aids scenario in Southern Africa,” 23 November 2005.

⁹²⁰ Alessandro Gusman, “HIV/AIDS and the ‘FBOisation’ of Pentecostal Churches in Uganda,” Conference: Religious engagements with AIDS in Africa, Copenhagen, 28 and 29 April 2008.

isation could be seen as the influence of western donor organizations on the church as well as the resultant effect, the mushrooming of Catholic Aids projects in the country. NGO-isation in the Catholic Church's response to HIV and Aids in South Africa, a chief characteristic between 2000 and 2005, manifested itself in three main forms – as an *identity*, as an *activity*, and as an *organization*.

5.2.1 NGO-isation as an identity

Following the reestablishment of the SACBC Aids Office in 1999 and the signing of a five million USD cooperation deal between the Bristol Myers Squibb Pharmaceutical Company (BMS), the CMMB, and the SACBC in January 2000,⁹²¹ the ground was fertile for the 'growing' of Aids projects as well as the 'planting' of new relevant ones. During the signing of the deal – before which lengthy deliberations were held over the terms of the agreement – the bishops “resolved that the operation of the Aids office be extended and an additional administrative staff member be employed”.⁹²² As a result, Johan Viljoen was hired as an administrator to work with Alison Munro, the SACBC Aids Office coordinator.⁹²³

The terms of the agreement between the BMS, the CMMB, and the SACBC were simple and straight forward in theory but rather complex in implementation. Simply stated, the purpose was “to set up various projects to combat the HIV/AIDS epidemic in Southern Africa”.⁹²⁴ The SACBC region (South Africa, Botswana, and Swaziland) was originally the targeted area. In 2000, however, the target area was expanded to include Namibia and Lesotho.⁹²⁵ Out of its 100 million USD “Secure the Future Programme,” the BMS was to fund projects whose proposals had been passed by both the SACBC and the CMMB to

⁹²¹ SACBC, Minutes of the plenary session held at St Peter's Seminary, Pretoria between 19 and 26 January 2000.

⁹²² SACBC, Minutes of the plenary session held at St Peter's Seminary, Pretoria between 19 and 26 January 2000.

⁹²³ SACBC, Minutes of the plenary session held at Mariannhill between 1 and 8 August 2000.

⁹²⁴ Members of the Catholic National Aids Office Management Committee, “Proposal for an agreement between the SACBC and the Catholic Medical Mission Board (CMMB) for financing of HIV/Aids programmes in terms of the criteria of Bristol Myers Squib's Five year 'Secure the Future' programme for combating Aids in Southern Africa,” December 1999. See also SACBC, Minutes of the plenary session held at St Peter's Seminary, Pretoria between 19 and 26 January 2000.

⁹²⁵ SACBC, Minutes of the plenary session held at St Peter's Seminary, Pretoria between 19 and 26 January 2000.

the maximum of a million USD each year for five years (2000-05).⁹²⁶ Through the Aids Committee, the SACBC would identify projects it wished to partially or fully support with CMMB funds and then channel these through the BMS project review committee. The SACBC would oversee the projects but the CMMB would provide the staff. Funding for an ensuing year was to be released after satisfactory reporting.⁹²⁷ All CMMB funds were to be handed over to the SACBC which in turn would distribute them to the project holders in the five countries as determined by its committee and the BMS.⁹²⁸

Based on the above guidelines, the first instalment of funding was received by the SACBC Aids Office in February 2000.⁹²⁹ By the end of the year, the SACBC statutory funding had disbursed ZAR 1 273 000.⁹³⁰ The ‘BMS co-funding’ and the ‘CMMB funding-BMS approved’ had disbursed another ZAR 918 500 through the SACBC Aids Office. A total of 30 projects had benefited from the donations. Meanwhile, a similar but separate funding proposal was accepted by the Catholic Relief Services (CRS) in the same year to fund small Aids projects within the SACBC region. The agreement, which was signed in October 2000, comprised of a budget total of USD 1 275 479.⁹³¹ According to the SACBC Aids Office report of November 2000, 16 projects benefited from the CRF funding of ZAR 913 600.⁹³²

Funding for the SACBC Aids projects grew exponentially between 2001 and 2005 with new funding opportunities as well as new projects. For instance, in 2001 the CMMB

⁹²⁶ Members of the Catholic National Aids Office Management Committee, “Proposal for an agreement between the SACBC and the Catholic Medical Mission Board (CMMB) for financing of HIV/Aids programmes in terms of the criteria of Bristol Myers Squibb’s Five year ‘Secure the Future’ programme for combating Aids in Southern Africa,” December 1999.

⁹²⁷ Catholic Medical Mission Board, Grant Agreement between SACBC and CMMB on Aids Projects in 5 Southern African Countries, Clause 7, 19 January 2000, Pretoria.

⁹²⁸ Catholic Medical Mission Board, Grant Agreement between SACBC and CMMB on Aids Projects in 5 Southern African Countries, Clause 7, 19 January 2000, Pretoria.

⁹²⁹ SACBC, minutes of the plenary session held between 1 and 8 August 2000 at Mariannhill.

⁹³⁰ Alison Munro, Table of Expenses: CMMB Project Funding, report of SACBC Aids Office to the SACBC Administrative Board, November 2000.

⁹³¹ Grant Agreement: Project #686-0009, Southern Africa Catholic Bishop’s Conference Aids Office and Small Project Fund, October 2000. The money was to be paid in South African Rand 8, 928, 353 at the exchange rate of 7.00 Rand = US Dollar 1.00.

⁹³² Alison Munro, Table of Expenses: CMMB Project Funding, report of SACBC Aids Office to the SACBC Administrative Board, November 2000.

announced that it was offering an additional grant of USD 500 000 for the SACBC's implementation of the Prevention of Mother to Child Transmission (PMCT) using the Nevirapine drug.⁹³³ Even the disgruntled SACBC Aids donor, CAFOD, made a come-back in 2001 and offered a grant of 30 000 Pounds Sterling.⁹³⁴ The Japanese Missions started supporting SACBC Aids projects in October 2002 after an inspiring field visit by its representatives in 2001. Other bodies that funded the SACBC Aids projects since 2002 were the Catholic Organization for Relief and Development (CORDAID), TROCAIRE, Project Support Group (PSG), Caritas International, the Belgian Embassy to South Africa and CAFOD.⁹³⁵ In 2002 still, the BMS increased its direct funding through SACBC so as to cater for the burgeoning orphan crisis. In 2003, SACBC Aids projects benefited from the USD 335 million President's Emergency Fund for Aids Relief (PEPFAR) which was awarded to CRS in a consortium of its partners.⁹³⁶ The Ford Foundation started to fund SACBC Aids projects in 2004.⁹³⁷ Besides these main funding organizations, there were many more that funded SACBC Aids projects directly. Since 2003, PEPFAR became SACBC's largest financial sponsor which replaced the CMMB after the expiry of its contract in 2004. By and large, there were huge amounts of money that came from overseas donors via the SACBC Aids Office to the Aids projects during the period under review. The Aids Office had become the SACBC's busiest department with by far the largest staff (8 full time members of staff) and budget in just five years since its inception.

The influx of money and donors, however, came with strict conditions and influences. The largest donor organizations such as the American based BMS and PEPFAR, as well as the British one, the Ford Foundation, were neither Catholic nor religiously oriented. They were not conversant with the interests and the objectives of the Catholic Church.

⁹³³ SACBC Aids Office, Minutes of the Management Committee meeting held at Khanya House, Pretoria, 28 August 2001.

⁹³⁴ Report of the SACBC Aids Office to the Administrative Board of the SACBC, May 2001.

⁹³⁵ SACBC Aids Office, Minutes of the Management Committee meeting held at Khanya House, Pretoria on 14 November 2002.

⁹³⁶ Report of the SACBC Aids Office to the Administrative Board of the SACBC, May 2004.

⁹³⁷ Report of the SACBC Aids Office to the Administrative Board of the SACBC, May 2004.

Email correspondence documents attested to the fact that the BMS, for instance, did not know the structure of the Catholic Church in South Africa even after the signing of the partnership contract.⁹³⁸ Besides, Catholic organizations such as CMMB and CRS were contextually very removed from the immediate needs of particular communities in South Africa. Consequently, the interplay between the interests of the SACBC and those of the donor organizations abroad was not a smooth one. Voices of dissent from top SACBC leadership positions over certain donor demands in the church's response to HIV and Aids had become rather common between 2000 and 2005. Whereas each financial donor had particular interests and therefore stipulated slightly different demands on the potential beneficiaries of its monies, most of the funders incorporated a research component to their financial aid. Many did not want to spend their money on administrative costs. Almost all of them demanded that a registered organisation of the church, apart from the ecclesiastical structure, be responsible for the running of the programmes. PEPFAR, BMS, and CRS were very specific on this. A parish council, for instance, could not apply for Aids funding. The beneficiary had to be an NGO or an FBO affiliated to any level of the church structure but not any of the church organs. This meant that women's associations, youth ministries as well as individual parishes could not apply for the funds. These demands were contested by the church leadership. However, it was the donors' concern for prevention that caused major contestation within the Catholic leadership circles. Funders affiliated to the USAID, UNAIDS and the Global Fund promulgated a comprehensive sex education and condom distribution as part of their preventative approach. Even PEPFAR, which prior to the victory of the Democratic Party at the legislative elections of 2006 had a prevention ideology almost similar to that of the Catholic Church in promoting abstinence and faithfulness, explicitly emphasized risk elimination as its primary goal and supported risk reduction strategies such as the use of condoms or the reduction in number of sexual partners,⁹³⁹ something that the Catholic Church vehemently opposed. The Catholic Church had had charity work as its priority in the response. On the contrary, donors were hesitant in providing food and clothing

⁹³⁸ Barbara Lynch, BMS director for communications, "Anti-Aids Initiative," an email sent to Eileen Walsh, SACBC Communications and Media Outreach, on 10 November 2000.

⁹³⁹ Gerard Clarke, "Faith Matters: Faith-Based Organizations, Civil Society, and International Development," *Journal of International Development* 18 (2006):835-848.

substances. Instead, they demanded a clear policy and budget on prevention. As a result, many proposals submitted by the SACBC to funders such as the BMS were rejected. During the January 2002 bishops' conference, Alison Munro, the SACBC Aids Office coordinator, said that "problems have been caused by the attempts of some funders to impose programmes and unreal expectations on potential beneficiaries of funding".⁹⁴⁰ In September 2000, Bishop Kevin Dowling warned that "CRS should not approach the Aids situation in South Africa with preconceived ideas and solutions" noting that it should rather "listen with openness to what the people and the Church in South Africa have to share about their situation, their hopes, and how they believe their prioritized responses can be capacitated".⁹⁴¹ By then, the Catholic Church leadership was getting frustrated by the demands that the Aids funding organizations were pegging on their monies. In May 2000, all the project proposals that were passed by the SACBC for funding failed to meet the BMS standards and were turned down.⁹⁴² The SACBC Aids Office's administrative board was told that even after Johan Viljoen had reworked the proposals diligently they would not meet the BMS criteria.⁹⁴³ This slowed the process considerably. In view of this, Munro observed that "Aids has catapulted the [Catholic] Church into arenas it may not voluntarily otherwise have chosen, and hence some strange bedfellows have emerged as collaborators". She observed that, "donor funding brings its own dynamics and an array of people wanting to play their part and have their say". She spoke for many bishops and project heads when, out of disappointment, she posed the question: "How does the Church maintain its identity and take its stand on certain issues about which it feels passionate?"⁹⁴⁴ Therefore, a lot more was at stake, the very identity of the Catholic Church and its way of responding to diseases.

⁹⁴⁰ SACBC, Minutes of the plenary session held between 23 and 31 January 2002 at St Peter's Seminary, Pretoria.

⁹⁴¹ Kevin Dowling, Address to the CRS assessment team, a foreword to the Joint Southern African Catholic Bishops' Conference and Catholic Relief Services HIV/AIDS Assessment, September 7-19, 2000, Durban, South Africa.

⁹⁴² Report of the SACBC Aids Office to the Administrative Board of the SACBC, May 2001.

⁹⁴³ Report of the SACBC Aids Office to the Administrative Board of the SACBC, May 2001.

⁹⁴⁴ Alison Munro, *In conversation with the Catholic Church: a response to AIDS* (Pretoria: SACBC, 2003), 2.

In the light of the control that funding organizations imposed on the Catholic Church in its dealing with HIV and Aids in 2000, one wonders ‘who was calling the shots’ as far as the agenda in HIV and Aids matters was concerned. The sudden shift in the orientation of the response to HIV and Aids at the onset of international donors begs the question. There seems to have been a contestation between the church leadership and certain financial donors over the manner in which the Catholic Church responded to HIV and Aids. Two particular examples may illustrate this point. The *first* relates to the bishops new interest to promulgate a gendered response to HIV and Aids. As indicated by the minutes of the SACBC plenary sessions, it was in January 2000 that for the first time the bishops showed interest in women and children as being disproportionately affected by HIV and Aids.⁹⁴⁵ Conveniently, the USD 100 million worth ‘Secure the Future Programme’ of BMS from which the SACBC was to benefit had a year earlier indicated that its chief goal was “to establish centres of excellence that promote an integrated community-based approach to managing HIV/AIDS, focusing on the special needs of women and children”.⁹⁴⁶ Indeed, by the year 2000, the epidemic had moved to another phase; it now caused millions of orphans and made more visible the plight of women in the society. Whereas the evidence that the Catholic Church borrowed the concepts of ‘integration’ and ‘emphasis on women and children’ from the BMS is not conclusive, it is very likely that the SACBC used these words to suit the interests of the donor. It is clear, however, that the BMS influenced the SACBC in terms of priorities and interests so much so that the interests of the donor ultimately became the ideal for the church.

The *second* example has to do with HIV prevention, the use of condoms to be precise. One aspect of the Terms of Agreement signed between the SACBC, BMS and CMMB was that the money be spent as follows: 50 percent on prevention and the other 50 percent on care and treatment.⁹⁴⁷ This proved difficult to implement as the church had previously focused on care and almost entirely neglected prevention measures. As I shall

⁹⁴⁵ SACBC, Minutes of the plenary session held at St Peter’s Seminary, Pretoria between 19 and 26 January 2000.

⁹⁴⁶ Secure the Future: Care and Support for women and children with HIV/AIDS, Bristol-Myers Squibb Community Outreach and education Fund Grant Programme, October 1999.

⁹⁴⁷ Terms of Agreement between the Catholic Medical Mission Board (CMMB) based in New York, USA, and the Southern Africa Catholic Bishop’s Conference, SACBC, Para 17, revised edition, 11 January 2000.

demonstrate in a later section of this chapter, HIV prevention had become the Catholic Church's Achilles heel on account of the condom controversy. In order to meet the donor's requirements, however, the SACBC attempted to sponsor moral education programmes as a means of prevention. Apparently, the BMS had envisaged a more technical intervention in HIV prevention. This makes a lot of sense considering that just before the launch of the joint programme BMS had invited two SACBC bishops, Dowling and Tlhagale,⁹⁴⁸ and later on three SACBC representatives, Alison Munro, Bishop Dowling, and Johan Viljoen, to the USA for press media releases in which the two bishops expressed hopes that the Catholic Church in South Africa would endorse the use of condoms in HIV prevention.⁹⁴⁹ When these hopes were dashed by the bishops' conference following the release of the *Message of Hope* in July 2001, the relationship between BMS and the SACBC went sour. The situation was exacerbated by the turning down of all funding proposals submitted to BMS in the first round of selection. The management board of the SACBC Aids Office was told in a report that "the crisis created by the fact that none of the proposals submitted could make it through the BMS selection process caused widespread anger and frustration".⁹⁵⁰ The bishops had indicated in writing that "the SACBC would rather send the money back to BMS than continue in the present manner". The committee further heard that "the bishops were upset by the lack of support for their projects and felt let down by promises made during the signing of the CMMB/BMS contract – promises that failed to materialise".⁹⁵¹ The disappointment was so severe that Archbishop Tlhagale declined an invitation to a formal BMS dinner in September, citing the broken promises.⁹⁵² BMS, on the other hand, felt let down by the church's failure to prioritise HIV prevention work as promised during the press release in

⁹⁴⁸ SACBC, Minutes of the plenary session held between at St Peter's Seminary, Pretoria 19 and 26 January 2000.

⁹⁴⁹ SACBC Aids Office, Minutes of the Management Committee meeting held at Khanya House, 28 August 2001.

⁹⁵⁰ Minutes of the SACBC Aids Management Board Meeting held at Khanya House, Pretoria on 24 October 2001.

⁹⁵¹ Minutes of the SACBC Aids Management Board Meeting held at Khanya House, Pretoria on 24 October 2001.

⁹⁵² Minutes of the SACBC Aids Management Board Meeting held at Khanya House, Pretoria on 24 October 2001.

the USA.⁹⁵³ A 50 percent expenditure on prevention was high in BMS criteria of passing project proposals. Although the stalemate was temporarily resolved in a three days deliberation meeting between representatives of the three parties that was held in Cape Town,⁹⁵⁴ HIV prevention remained a controversial issue and continued to be an area where the church experienced enormous pressure by donors. A year later Munro told the bishops that “the Catholic Church is perceived by donor agencies to be sending out mixed messages in that it offers expert care for the dying but is constrained by ethical dimensions. In financial terms, the office is allocating some 70% of available money to care and only 30% to prevention programmes that are merely educational”.⁹⁵⁵

Therefore, the Catholic Church was forced to engage with donors with a different ideology. The hierarchy sought to defend the interests of the Catholic Church. It is in the light of this that Munro warned against taking up certain co-funding assignments with BMS saying that “the proposal in question violated the teachings of the Catholic Church”.⁹⁵⁶ However, this was a daunting task as some projects would not really make such financial sacrifices. Some Catholic projects independently signed funding contracts with donor organisations.⁹⁵⁷ As a result, the SACBC Aids Office did not have a control of all that the church did in responding to the epidemic. For instance, various Catholic projects distributed condoms against the official position of the SACBC. By and large, the Catholic Church attempted to navigate in a new territory without losing the opportunities to make a difference where it really mattered most, “among the most marginalized and impoverished communities”.⁹⁵⁸

⁹⁵³ Kevin Dowling, Address to the CRS assessment team, a foreword to the Joint Southern African Catholic Bishops’ Conference and Catholic Relief Services HIV/AIDS Assessment, September 7-19, 2000, Durban, South Africa.

⁹⁵⁴ SACBC Aids Office, Minutes of the Management Committee meeting held at Khanya House, 28 August 2001.

⁹⁵⁵ SACBC, Minutes of the plenary session held at St Peter’s Seminary, Pretoria between 23 and 31 January 2002.

⁹⁵⁶ Minutes of the SACBC Aids Management Board Meeting held at Khanya House, Pretoria on 24 October 2001.

⁹⁵⁷ Alison Munro, *In conversation with the Catholic Church: a response to AIDS* (Pretoria: SACBC, 2003), 4-7.

⁹⁵⁸ *Southern Cross*, “The church is doing nothing about Aids? Think again!” 26 November 2000.

5.2.2 NGO-isation as an activity

The gradual transformation of Aids projects into NGOs was also manifested in the activities with which Catholic projects came to be associated. Being the recipient of large sums of money, these projects were expected to manage, evaluate, report, and monitor their activities carefully and regularly. Therefore, the legitimate need for accounting had the unintended consequence of developing a bureaucratic culture in the Aids projects of the Catholic Church. This has to be seen against the backdrop of the 1990s' incapacitated, under funded, and under staffed Aids programmes which were run by ordinary parishioners.

The influence of donor funds on the nature of Aids projects' activities has not been a phenomenon unique to the Catholic Church. Hansjörg Dilger, a German anthropologist who studied religion, development and health politics in the context of HIV and Aids in Tanzania, has recently argued that the NGO-isation of the church develops in a context marked by neoliberalism.⁹⁵⁹ The churches fill a gap left by the collapse of welfare in developing countries as a result of the neoliberal policies of international organisations. He argues that the recent integration of faith-based initiatives into international development efforts in the developing countries is embedded in the wider reconfiguration of social welfare systems shaped by the decline of the postcolonial welfare state, the growing privatization and NGOization of the health sector, and the concurrent rise of the HIV and Aids. A similar trend was evidenced in South Africa where a massive influx of external funding into religious healthcare systems has been especially pervasive in the field of HIV and Aids since 2000. This has had a major impact on the kind of activities promulgated by the Catholic Church in responding to the HIV and Aids epidemic.

A key requirement of most funding organizations, including BMS and CRS, was that the projects should regularly provide detailed financial and narrative reports.⁹⁶⁰ Moreover,

⁹⁵⁹ Hansjörg Dilger, "Religion, the Virtue-Ethics of Development and the Fragmentation of Health Politics in Tanzania in the Wake of Neoliberal Reform Processes and HIV/AIDS," *AfricaToday* 56, 1, (2009), 89-110.

⁹⁶⁰ Terms of Agreement between the Catholic Medical Mission Board (CMMB) based in New York, USA, and the Southern Africa Catholic Bishop's Conference, SACBC, Para 17, revised edition, 11 January 2000.

projects' progress reports had to evidence the attainment of success "by the use of measurable indicators".⁹⁶¹ The primary focus of the Bristol-Myers Squibb Foundation Community Outreach Fund was to provide grants to projects that "identify best practices and develop strategies to replicate the most effective programmes". The key outcome expected from the 'Secure the Future Programme' was the "emergence of Non-Governmental Organizations (NGOs) that are capable of conducting meaningful assessment of community needs, designing effective and sustainable programmes, and collecting appropriate data to evaluate the impact of their programmes and to assess the potential for replicating successful programmes elsewhere".⁹⁶² Similarly, the CRS grant agreement required of each project a detailed and complex manner of record keeping and reporting. The CRS demanded that the records on file should include all contracts and agreements, bank statements, and documentation of all purchases and payments including original vendor invoices with dates, disbursement checks and vouchers, and employee timesheets.⁹⁶³ The agreement read as follows:

To provide narrative and financial Project Progress Reports (PPRs) in accordance with the progress report format approved by the CRS. The narrative should report against all objectives, targets, indicators as stipulated in Project #686-009 (attached). The financial report should indicate how project funds and interest accrued on project funds were utilised and provide all the information required by the approved PPR format to the GRANTOR until the completion of the project. These reports will be due in 4 months, proceeding from a start date of December 1, 2000.⁹⁶⁴

In order to meet the above expectations, both the CRS and BMS provided funds to cater for capacity building. The SACBC Aids Office was required to conduct training workshops with project staff on leadership, management, record keeping, reporting, monitoring and evaluation.

⁹⁶¹ Terms of Agreement between the Catholic Medical Mission Board (CMMB) based in New York, USA, and the Southern Africa Catholic Bishop's Conference, SACBC, Para 17, revised edition, 11 January 2000.

⁹⁶² Secure the Future: Care and Support for Women and Children with HIV/AIDS, BMS Community Outreach Programme, undated brochure.

⁹⁶³ Grant Agreement: Project #686-0009, South Africa Catholic Bishops' Conference Aids Office and CRS Small Projects Fund, November 2000.

⁹⁶⁴ Grant Agreement: Project #686-0009, South Africa Catholic Bishops' Conference Aids Office and CRS Small Projects Fund, November 2000.

Most project leaders found the above expectations difficult to meet. On 28 August 2001, Emmanuel Mudikwane, one of the two SACBC Aids project managers responsible for building capacity in projects, reported that almost all the 35 projects funded by CRS had “a dire lack of follow-up with people involved in their initial programmes”.⁹⁶⁵ He observed further that “there was an urgent need to improve the people’s skills in keeping adequate records e.g. in home based care programmes”.⁹⁶⁶ Bishop Dowling expressed discontentment with the “Western-advocated solutions which do not take account of the very particular context”.⁹⁶⁷ He observed that because the projects relied on voluntary labour in poor communities with high levels of illiteracy, training and capacity building were bound to meet serious odds. He explained further that “to ask women, for example, to go through a training course for counsellors and home-care workers and then in addition care for their own children, to give long hours of training ... is just not on.”⁹⁶⁸ He concluded that in such extreme conditions of poverty as the ones under which he served, in an informal squatter camp called Freedom Park in Rustenburg diocese, South Africa, any partnership with donor agency in terms of supporting home-care initiative should be realistically simple.

Nevertheless, the projects had to comply with the requirements of the donors in order to obtain their financial support. To do this, projects came up with tactics such as hiring expensive but highly competent personnel from outside the targeted communities as well as training their staff and members of the church in areas of management and finance. By 2005, the Catholic response to HIV and Aids had come to be associated with such high level of professionalism that projects were staffed with well paid experts and preoccupied with capacity-building activities. Munro was right when she told the 14th International

⁹⁶⁵ SACBC Aids Office, Minutes of the Management Committee meeting held at Khanya House, 28 August 2001.

⁹⁶⁶ SACBC Aids Office, Minutes of the Management Committee meeting held at Khanya House, 28 August 2001.

⁹⁶⁷ Kevin Dowling, Address to the CRS assessment team, a foreword to the Joint Southern African Catholic Bishops’ Conference and Catholic Relief Services HIV/AIDS Assessment, September 7-19, 2000, Durban, South Africa.

⁹⁶⁸ Kevin Dowling, Address to the CRS assessment team, a foreword to the Joint Southern African Catholic Bishops’ Conference and Catholic Relief Services HIV/AIDS Assessment, September 7-19, 2000, Durban, South Africa.

Aids Conference held in Barcelona, Spain, in July 2002 that “often in [the Catholic] Church projects, the most required skills are not directly related to AIDS. Instead what people struggle with, as is in the case of NGOs and CPOs, is leadership, management, and financial skills. When these are better in place, projects flourish with regard to other enterprises such as vegetable gardening, sewing projects, jam – and candle – making, and various other income-generating activities”.⁹⁶⁹ Therefore, the manner in which the Catholic Church responded to HIV and Aids between 2000 and 2005 was through activities that characterised ordinary NGOs such as support programmes, training and capacity building in the personnel’s ability to lead, manage, record, evaluate, monitor, and report succinctly.

5.2.3 NGO-isation as an organisation

That between 2000 and 2005 the Catholic Church in South Africa resorted to establishing projects as a way of responding to HIV and Aids is a key finding of this research. The church created and empowered smaller NGOs,⁹⁷⁰ which in turn formed the frontline of the response to HIV and Aids. As opposed to the 1990s where the *parish* was the Catholic Church’s front-face in responding to HIV and Aids, *projects* not only multiplied in 2000 but also became the centre of Aids activities with a great deal of autonomy. Projects suddenly had more money than parishes; they could employ more people and were offering free training. All the dioceses, parishes and even religious communities that developed an interest in HIV and Aids ended up starting an Aids project. This was largely because it was through projects only that the church could access donor funds. It is no surprise, therefore, that in 2001 Munro reported as a chief accomplishment the fact that “each diocese within the SACBC region now has, at least, one Aids project”.⁹⁷¹ As early as February 2000, Bishop Dowling announced his plans to start a project that would

⁹⁶⁹ Alison Munro, *Belated, but powerful: The response of the Catholic Church to HIV/AIDS in five southern African countries*, (Pretoria: SACBC Publications, 2002), 2. The paper was first presented in the 14th International Aids Conference at Barcelona in July 2002.

⁹⁷⁰ The terms ‘FBOs’ and ‘NGOs’ are used here to refer to the church owned projects as opposed to the more independent organizations such as the World Vision. For a further discussion on the use of the terms see Chapter Two of this study; see also Philippe Denis, *AIDS and Religion in Sub-Saharan Africa in a Historical Perspective*, 3.

⁹⁷¹ SACBC Aids Office, Minutes of the Management Committee meeting held at Khanya House, 28 August 2001.

train care givers and counsellors as well as give homes to Aids orphans and patients.⁹⁷² The SACBC Aids Office expanded so much that by 2005 it was channelling funds to non-Catholic NGOs as well.

In 2002 alone, the SACBC Aids Office organised five different national ‘care for carers’ retreats in South Africa with an average of 400 attendants.⁹⁷³ This was meant to be an incentive for the care givers who worked in the Catholic Aids projects. However, as Munro noted, soon after their training these care givers moved elsewhere, perhaps to formal employment or to a position in government where they may be remunerated for services they had been offering voluntarily before.⁹⁷⁴ What ensued was the famous ‘volunteers’ crisis’ where projects’ served to increase the employability of volunteers creating a scarcity of individuals willing to care for Aids orphans for no pay. The projects in turn had to purchase the services they once enjoyed freely. In August 2002, the SACBC Aids Office reported to the bishops’ conference that “in most provinces home based carers are being paid which means Church workers and members are idle”.⁹⁷⁵ This sharply contrasted with the 1990’s ‘community serving humanity’ mobilization of church members which had been born out of a spiritual awakening. The blossoming of Aids activities around Catholic Aids projects between 2000 and 2005 had a lot to do with the influx of foreign donors’ money which turned the entire field of HIV and Aids into a booming business sector. In view of this, one wonders whether Munro’s description of the Catholic’s motivation in responding to HIV and Aids does not leave out the gist of the matter. Commenting on the sudden increase in Catholic Aids projects between 2000 and 2002 she asserted: “What is emerging clearly in many areas throughout the region is that people are taking seriously the call of the gospel to love their neighbour in deed”.⁹⁷⁶ Whereas I perceive a multiple causal factor in the sudden increase of Catholic activity around HIV and Aids, I contest that HIV and Aids had become a very lucrative sector with money and career opportunities. Whereas the money was sought for the primary purpose of mitigating the suffering brought about by the Aids epidemic, it also brought

⁹⁷² *Southern Cross*, “Aids now a Church priority,” 27 February 2000.

⁹⁷³ Report of the SACBC Aids Office to the Plenary Session of the SACBC, August 2002.

⁹⁷⁴ Munro, *Belated, but powerful*, 4.

⁹⁷⁵ Report of the SACBC Aids Office to the Plenary Session of the SACBC, August 2002.

⁹⁷⁶ Munro, *Belated, but powerful*, 4.

with it the capacity to hire skilled labour and do business. Therefore, the rapid growth in HIV and Aids related activities was not solely brought about by the people's love for their neighbour.

As Catholic Aids projects flourished and multiplied, the SACBC Aids Office became akin to a mega NGO with multiple smaller organizations loosely attached to the dioceses, religious communities, and parishes. This became a fulfilment by default of the 1990s' expressed interest by the laity to operate independent of the clergy who were often perceived to be a hindrance in the work of HIV and Aids. As Munro observed "even when clergy are obstacles to various ventures, many of the laity found innovative ways to offer their own response".⁹⁷⁷ Arguably, this was partly the reason as to why Towell left Sinosizo in 2002 and registered an independent HIV and Aids project.⁹⁷⁸ Similarly, her colleague, Sabbath Mlambo, left Sinosizo and opened the St. Clement Aids Project located in New Germany, a suburb on the western side of Durban. This project is an independent organization although it shares the same facility as the St Emmanuel Cathedral. During my interview with her, Mlambo indicated that the members of the parish had often raised criticism over their disenfranchised position in matters relating to the running of the project. These two cases (Towell and Mlambo), to which we shall return in a later section, are typical examples of the church's departure from the 1990s parish-centred response to the 2000s project-centred response.

5.3 Catholicism and Aids Activism

Probably the most obvious sign of the Catholic Church's attempt to integrate HIV and Aids into its mainstream mission between 2000 and 2005 was its new emphasis on Aids activism. The church's involvement in Aids activism took two main forms. The first was an awareness creation whereby communities and individuals were conscientised on their rights and issues that could be done differently.⁹⁷⁹ The church trained "people at grassroots' level to lobby for their own group rights".⁹⁸⁰ The second was in policy and

⁹⁷⁷ Munro, *Belated, but powerful*, 4.

⁹⁷⁸ Towell, interview by author, 9 July 2008.

⁹⁷⁹ Munro, *Responsibility: the prevention of HIV/AIDS*, 36.

⁹⁸⁰ *Southern Cross*, "AIDS: What is the Church doing," 2 December 2003.

service delivery where the Catholic Church exerted pressure on the government and other leadership structures to reform and implement policies favourable to PLWHA. The church did this through lobby and partnership with other activist bodies such as the Treatment Action Campaign (TAC).⁹⁸¹ These two forms of activism were evident in the church's activities and statements regarding orphans, treatment, gender inequalities, and stigma mitigation.

5.3.1 The Orphan Crisis

The burgeoning Aids orphan crisis was first brought to the attention of the South African society by researchers who met in 1997 at Mooi River in KwaZulu-Natal.⁹⁸² However, it was during the 2000 Durban International Aids Conference that the crisis was popularised.⁹⁸³ The *Nelson Mandela/HSRC study of HIV/Aids*, a 2002 survey on the spread of HIV in South Africa, revealed the staggering numbers of the infected and orphaned children in the country.⁹⁸⁴ Epidemiologists indicated in 2000 that KwaZulu-Natal province had over 278 000 Aids orphans.⁹⁸⁵ Therefore, the South African government was aware of the steady increase in Aids orphans in the country since the year 2000.⁹⁸⁶

In the same year (2000), the Catholic Church included orphans in its priority list of HIV and Aids response. The Aids orphan crisis was one of the strategic themes targeted by the joint response between CRS and SACBC in September 2000.⁹⁸⁷ Approximately 90 percent of the SACBC Aids reports presented to the management board between 2000

⁹⁸¹ SACBC AIDS Office, Minutes of the management committee meeting held at Khanya House, Pretoria, on 28 August 2001.

⁹⁸² See Philippe Denis personal notes, Aids file no. 2, notes taken during an Aids Consortium held in July 1997 at Mooi River in KwaZulu-Natal.

⁹⁸³ SA Cannot Afford Anti-retrovirals now – Health Minister, <http://www.health-e.org.za/view.php3?id=20000911> accessed on 12 July 2007.

⁹⁸⁴ Nelson Mandela/HSRC Study of HIV/Aids, South African National HIV prevalence, Behavioral Risks and Mass Media, Household Survey 2002, Shisana O, Simayi L. A Collaborative effort of: HSRC, MRC, Centre for AIDS Development Research and Evaluation, Agence Nationale de Recherches sur le Sida (ANRS), Executive Summary, 7.

⁹⁸⁵ *The Southern Africa Journal of HIV Medicine*, “Epidemiology of HIV/AIDS in South Africa,” July 2000.

⁹⁸⁶ Ministry of Health, Government of South Africa, “HIV/AIDS and STDs, Strategic Plan for South Africa, 2000-2005”.

⁹⁸⁷ Joint SACBC and CRS HIV/AIDS Assessment, 7-19 September 2000, Durban, South Africa.

and 2005 included an update on the church's response to the Aids orphan crisis. Out of the 132 Aids articles published in the *Southern Cross* between 2000 and 2005, 29 (21.96 percent) addressed the issue of orphan crisis in South Africa. In a letter written by the SACBC's Development and Welfare Agency (DWA) to CAFOD and dated 5 March 2000, information dissemination and the availing of resources were noted as key factors "on the urgency of focusing on the needs of orphans as a church".⁹⁸⁸ As a result, CAFOD sponsored "a workshop of legal and technical experts which was held on 28 and 29 September 2000".⁹⁸⁹ Subsequently, Caritas Australia funded a National Orphan Conference which was held in November 2000.⁹⁹⁰ It had an attendance of 60 individuals from various parts of the country.⁹⁹¹ During this conference, which, according to the minutes of the SACBC Aids Office management committee, witnessed the "networking and galvanising of momentum around this issue in the church,"⁹⁹² a steering committee was appointed to look into how the church could spearhead a response to the needs of orphaned children. On 6 December 2000, Peter Templeton, a member of the Steering Committee, presented proposed guidelines and recommendations for the Catholic Church's support of orphans and vulnerable children to the SACBC AIDS Office management committee. These were:⁹⁹³

1. To appoint a dedicated person in the SACBC Aids Office to co-ordinate an AIDS orphan programme, primarily training, but also advocacy, fund-raising and networking
2. To sub-contract the organisation of the training of solidarities to DWA
3. To make use of SNT or related provincial funds for the management of the funds allocated to Aids orphans programme in conjunction with the Aids office
4. Next steps is seen as the Aids office appointing a co-ordinator and an advisory committee, and Aids office raising funds for the setting up of the infrastructure

⁹⁸⁸ DWA, *Aids Office Letter to CAFOD*, 5 March 2000.

⁹⁸⁹ Minutes of the SACBC HIV/AIDS Management Committee, Khanya House, Pretoria, 18 July 2000.

⁹⁹⁰ SACBC AIDS Office, Minutes of the management committee meeting held at Khanya House, Pretoria, on 28 August 2001.

⁹⁹¹ Minutes of the SACBC HIV/AIDS Management Committee, 18 July 2000, Khanya House, Pretoria.

⁹⁹² SACBC AIDS Office, Minutes of the management committee meeting held at Khanya House, Pretoria, on 28 August 2001.

⁹⁹³ *AIDS Office Report to SACBC Plenary Session*, January 2001.

Part of the recommendations was that a structure be established with an office in the SACBC and provincial offices connected to the parish committees.⁹⁹⁴ The bishops' conference approved the guidelines and recommendations in its January 2001 plenary session.⁹⁹⁵

On 28 August 2001, the SACBC Aids Office management committee heard that "there was a growing concentration on children in the advocacy work, especially raising issues relating to maintenance and foster grants for children".⁹⁹⁶ Tsakane Mangwane-Bok, the newly hired SACBC Aids Office Advocacy Officer, told the committee that the matter was being taken to the parliament. Moreover, several provincial workshops were held in 2001 which canvassed "the ideas and strategies on how best to approach the care of children".⁹⁹⁷ These envisaged the establishment of an orphan and vulnerable children programme by the name St. Kizito.⁹⁹⁸ The programme was to be national in scope run under the auspices of the DWA.⁹⁹⁹ Between 18 and 21 February 2002, a national workshop was held that sought to develop a programme of action informed by the St Kizito's orphan programme workshops.¹⁰⁰⁰

By the end of 2002, the input of the advocacy officer and the St Kizito programme had started to bear some good fruits in the OVC work. The advocacy officer represented the SACBC in the Aids Consortium and the TAC as an executive member. She assisted in advocating for changes in the law relating to the rights of orphans and vulnerable children as well as in pushing for the reflection of Aids orphans' needs in the government's budgetary reforms and public policy.¹⁰⁰¹ In January 2001, she told the bishops that "the

⁹⁹⁴ Minutes of the SACBC HIV/AIDS Management Committee, 18 July 2000, Khanya House, Pretoria.

⁹⁹⁵ *AIDS Office Report to SACBC Plenary Session*, January 2001.

⁹⁹⁶ SACBC Aids Office, Minutes of the Management Committee meeting held at Khanya House, Pretoria, 28 August 2001.

⁹⁹⁷ SACBC Aids Office, Minutes of the Management Committee meeting held at Khanya House, Pretoria, 28 August 2001.

⁹⁹⁸ The St Kizito Orphan programme was named after the youngest of the Ugandan Catholic Martyrs who was murdered in the historic assassinations conducted by King Kabaka Mwangi II.

⁹⁹⁹ SACBC Aids Office Annual Report, February 2002.

¹⁰⁰⁰ Minutes of the Aids Office Supervisory Committee, held in Khanya House, Pretoria, 12 March 2002.

¹⁰⁰¹ Report of SACBC Aids Office to the Plenary Session of the SACBC, August 2002.

Aids office is represented on the National Aids Children Task Team (NACCT) as part of the National Religious Association (NRA), an interfaith body which is working on issues related to existing laws, and attempting to fast-track the availability of state and provincial money and such processes as adoption”.¹⁰⁰² Most importantly, through advocacy workshops she assisted the parishes and projects in becoming more aware of the needs and rights of orphans. In August 2002, the bishop’s conference heard that “orphan care is beginning to emerge as an area in which the Catholic Church is focusing its energies at project level”.¹⁰⁰³ The SACBC Aids Office reported further that it “expects increasingly to see orphan care as a component of all care projects” noting that “in some provinces home based carers are being paid which means that the church workers and volunteers need to focus their energies on orphan and vulnerable children, not yet sufficiently taken care of by government structures”.¹⁰⁰⁴ The results of a study conducted in 2002 by the SACBC Aids Office illustrate the argument further. A total of 66 Catholic Aids projects that had benefited from the SACBC Aids Office funding were studied. Philippe Denis, a Dominican brother based at the University of KwaZulu-Natal, and Stuart Bate, an Oblates of Mary Immaculate father based at the St. Augustine College, coordinated the study. Out of the 66 projects studied, 14 were located within the province of KwaZulu-Natal. For this study, I consulted the 66 completed forms, one for each project, preserved in Denis’ personal archives. I then summarised the findings of the 14 KwaZulu-Natal projects as shown in table 5.1 below.

*Table 5.1: A survey of 14 SACBC funded Aids projects in KwaZulu-Natal in 2002*¹⁰⁰⁵

| Name of the Project | Starting Year | Diocese | Target Groups | Programmes | Staffing | Budget in SA Rand |
|----------------------------|----------------------|----------------|-------------------------|--|--------------------|--------------------------|
| St. Philomenas | 1999 | Durban | Youths, orphans, women, | Homecare, peer counselling & education | 38 employees 45 | 1,800,000 |

¹⁰⁰² SACBC, Minutes of the plenary session held between 23 and 31 January 2001 at St Peter’s Seminary, Pretoria.

¹⁰⁰³ Report of SACBC Aids Office to the Plenary Session of the SACBC, August 2002.

¹⁰⁰⁴ Report of SACBC Aids Office to the Plenary Session of the SACBC, August 2002.

¹⁰⁰⁵ The information in this form was gleaned from 14 different evaluation forms found in Philippe Denis’ personal archives. All the forms were completed between March and December 2002 at various parts of KwaZulu-Natal province in South Africa.

| | | | | | | |
|---|------|-------------|--|---|---|---------------|
| | | | church members | | volunteers | |
| Vuleka Trust Children's Aids Art Project | 2001 | Durban | Children, Orphans | Children's art | 2 employees 10 volunteers | 24, 000 |
| Unkulukulu Unathi Aids Project | 2001 | Ingwavuma | Women, orphans, | Homecare, training, advocacy | 6 part time employees 125 volunteers | 150,000 |
| Holy Cross Aids Hospice | 1992 | Eshowe | Women, orphan, families | Primary Health care clinic, child-headed households, family planning | 4 employees 20 volunteers | 100,000 |
| St Antony's Children Home | 1991 | Dundee | Orphans, abandoned children | Orphanage | 22 employees | 80,000 |
| Sinosizo-Durban | 1995 | Durban | Orphans, women, families | Training, Homecare, Memorybox | 11 employees 97 volunteers | 1,975000 |
| Izandla Zothando Centocow Project | 2000 | Umzimkulu | Youth, orphans, disabled | Homecare, orphan care, youth education & counselling | 5 employee 90 volunteers | 130,300 |
| Clermont Community Resource Centre | 2000 | Durban | Families, orphan, | HIV/Aids advocacy awareness, paralegal | 4 employee 2 volunteers | 70 000 |
| Sakhimpilo-aMakwasi Mission | 2000 | Dundee | Youth, chronic ill, elderly, orphans | Homecare, orphan care, youth education, peer counselling | 115 trained volunteers | 60,000 |
| Rosary Clinic | 1999 | Dundee | Women Youth | Homecare, self-help, sewing, food garden, youth education | 311 volunteers | 65,000 |
| Duduza Care Centre | 1999 | Dundee | Youth, terminally ill | Homecare, youth education | 10 employees 15 volunteers | Not disclosed |
| Philisa-Bethel | 1999 | Dundee | Chronic & terminally ill, orphans, youths | Homecare, education for life, Aids support group | 43 volunteers | 150,000 |
| Sinosizo-Kokstad | 1999 | Kokstad | Orphans, youth, carers, women | Peer counselling, youth ed. Orphan & homecare | 333 trained volunteers | 180,000 |
| Masikhulisane Lifeskills Development Agency | 2000 | Mariannhill | Youth, orphans, street kids, women, victims of abuse and disaster, | Peer ed. Homecare & training, orphan care, business development and skill training, | 10 employees, 83 volunteers | 390,000 |

| | | | | | | |
|--|--|--|-----------------------------|-------------------|--|--|
| | | | business entrepreneurs, men | justice and peace | | |
|--|--|--|-----------------------------|-------------------|--|--|

Out of the 14 Aids projects in KwaZulu-Natal, 12 (85.7 percent) had programmes with a focus on orphans. Whereas most of the projects offered care to the orphans, six projects (42.9 percent) had specific programmes for advocacy orphan and vulnerable children’s rights and needs. The Clermont Community Resource Centre of New Germany in the Durban archdiocese, for instance, indicated that it educated church members on HIV and Aids as well as on constitutional rights of children and orphans.¹⁰⁰⁶ It linked orphans and families with social workers. It sought to educate the church community on human rights, labour, social and family issues as well as general day-to-day problems encountered by the community as a result of HIV and Aids. It made interventions on behalf of clients, sent reminders and followed up on client queries and took legal action on their behalf. Sister Juliana Ndlovu of the Sakhimpilo-aMakhasi Project in Dundee diocese said that they “mobilise[d] the local community to help themselves”.¹⁰⁰⁷ Father Stanislaus Dziuba of Izandla Zothando Centecow Project in Eshowe diocese indicated that one of their key objectives is “to help orphans get certificates in order to apply for government grants and to help the needy get some skills through training”.¹⁰⁰⁸

With the exception of three projects, Sinosizo-Durban, the St Antony’s Children Home and the Holy Cross Aids Hospice, 11 projects (78.6 percent) were established between 1999 and 2001. It is noteworthy that all the seven dioceses in KwaZulu-Natal province had at least two Aids projects. Evidently, these were not the only Catholic projects in the province as the study targeted exclusively those that had benefited from the SACBC Aids Office financial aid. Nevertheless, the church had taken up the orphan crisis as a major component in its response to the Aids crisis. Moreover, activism around children’s rights

¹⁰⁰⁶ Clermont Community Resource Centre, SACBC Aids Office: evaluation report-back form, completed by Patience Nqoko after interviewing Mr. Nhlakanipho Gumede, the project coordinator, 21 June 2002.

¹⁰⁰⁷ Sakhimpilo-aMakhasi project, SACBC Aids Office: evaluation report-back form, completed by Eunice Sibiya after interviewing Sr. Juliana Ndlovu, the project coordinator, 11 July 2002.

¹⁰⁰⁸ Izandla Zothando Centecow project, SACBC Aids Office: evaluation report-back form, completed by Sr Immaculata Ndlovu after interviewing Fr Stanislaus Dzuiba, the project coordinator, 10 August 2002.

and the care of orphans was top on the church's agenda. This trend increased during the subsequent years so that in May 2004 the Aids Office would report that "training and capacity building are supported within individual projects and among projects working together. The need for ongoing skills building in the areas of ... psycho-social support for children and advocacy skills to address specific issues at local level remains key."¹⁰⁰⁹ Therefore, advocacy for children was being done both at the top leadership and media level as well as at the grass-root level through community sensitisation and mobilisation.

5.3.2 The Treatment Action Campaign

In December 1998, there emerged a highly politicised Aids activist movement in South Africa known as the Treatment Action Campaign (TAC).¹⁰¹⁰ Mandisa Mbali argued that the TAC was born out of the Progressive Primary Health Care Movement (PPHCM), prevalent during the last years of the apartheid regime.¹⁰¹¹ In a preceding chapter of this study (Chapter Five), I commented that the development of Aids activism in South Africa was multifaceted and not unrelated to religion. The unprecedented proliferation of the Aids activist movement between 1999 and 2005 was partly, but fundamentally, influenced by religious organizations, the Catholic Church being chief among them.

Chaired by Zackie Achmat, a former anti-apartheid and gay rights activist who tested positive for HIV in the early 1990s, the TAC was an amalgamation of activist societies whose main objective was to campaign for affordable ARV treatment for HIV-positive people in the country.¹⁰¹² These consisted of gay rights societies, labour movements under the umbrella of the Congress of South African Trade Unions (COSATU), religious organisations, NGOs and medical societies such as the PPHCM. The TAC advocacy was exhibited in two main fronts: confronting the South African government in its slow treatment response to the epidemic and taking on international pharmaceutical companies

¹⁰⁰⁹ Report of the SACBC Aids Office to the Administrative Board of the SACBC, May 2004.

¹⁰¹⁰ Steven Robins, *From Revolution to Rights in South Africa: Social Movements, NGOs and Popular Politics after Apartheid* (Pietermaritzburg: UKZN Press, 2009), ff.

¹⁰¹¹ Mbali, *Progressive Healthworker Aids Activism*, 64-71.

¹⁰¹² See the Treatment Action Campaign website at <http://www.tac.org.za>, accessed on 12 December 2008.

who charged high prices for antiretroviral drugs.¹⁰¹³ The TAC was successful in forcing the government to make PMTCT treatment available in the public sector through a high court ruling of 4 May 2001.¹⁰¹⁴ It also forced the government's hand into providing public sector antiretroviral treatment by leaking an internal government report which showed that treatment would be cost-effective as it would reduce public hospitalisation costs.¹⁰¹⁵ Using the media and public rallies, the TAC also managed to force the government to release the countries mortality rates which unveiled Aids as the leading killer and KwaZulu-Natal as a province experiencing a negative growth rate on account of the Aids epidemic.¹⁰¹⁶

The role played by the Catholic Church in the treatment campaign cannot be overemphasized. Not only was the church represented in the executive positions of advocacy bodies such as the TAC, the Consortium, and SANAC, where Sister Alison Munro served at the steering committee since August 2000,¹⁰¹⁷ but it became a major force of influence during the period under review. Since the year 2000, the Catholic Church became quite vocal in matters of Aids. This was out of a conscious decision taken by the bishop's conference as indicated in the minutes of the August plenary meeting: "A plea was made that the work of the Church in the area of Aids be given publicity, not merely for trumpet blowing, but rather to encourage others to act".¹⁰¹⁸ As a result, in September 2001, Bishop Reginald Cawcutt joined Zackie Achmat of the TAC, Njongonkulu Ndungane, the Anglican archbishop of Cape Town, and a representative from the Congress of South African Trade Unions (COSATU) in an Aids press conference held in Cape Town. They called for the immediate release of the South Africa Medical Council reports and made an appeal against the outdated mortality statistics.¹⁰¹⁹

¹⁰¹³ Treatment Action Campaign - <http://www.tac.org.za>, accessed on 12 December 2008.

¹⁰¹⁴ *Mail and Guardian Vol. 19, No 16*, "Top Judge Slates govt's 'dead hand of denialism,'" 5 October 2001.

¹⁰¹⁵ *Mail and Guardian Vol. 9, No 10*, "shocking Aids report leaked," 17-24 April 2003. *Sunday Independent*, "TAC - HIV drugs will save money as well as lives," 9 February 2003.

¹⁰¹⁶ *Sunday Independent*, "Laying down Aids gauntlet," 7 April 2002; *Southern Cross*, "Mbeki promotes outdated Aids Statistics," 26 September 2001.

¹⁰¹⁷ Minutes of the SANAC meeting held in Pretoria on 27 November 2000.

¹⁰¹⁸ SACBC, Minutes of the plenary session held between 1 and 8 August 2000 in Mariannhill.

¹⁰¹⁹ *Southern Cross*, "Mbeki promotes outdated Aids Statistics," 26 September 2001.

Bishop Cawcutt noted that president Mbeki's instructions to the Health Department to re-examine the South Africa's social policy in the light of the 1995 'cause of death' statistics, which did not cite Aids as the country's leading killer, was a way of suppressing the latest figures so that the public would not know just how serious the Aids crisis in the country had become.¹⁰²⁰ On a separate occasion, Johan Viljoen of the SACBC Aids Office criticised the South Africa government's *Code of Good Practice on Key Aspects of HIV/Aids and Employment* gazetted on 25 April 2000 noting that it was self contradicting and not legally enforceable.¹⁰²¹ Soon afterwards, the South African Catholic bishops blasted pharmaceutical companies responsible for the generic Aids treatment drugs in South Africa saying, "We cannot go on with business as usual when HIV/AIDS is wreaking havoc in our communities especially among the young".¹⁰²² On 8 February 2002, the Catholic bishops of KwaZulu-Natal released a *Statement on Nevirapine Issue* urging Premier Lionel Mtshali "to organise a meeting as soon as possible and work out how to overcome the difficulties outlined by Dr Mkhize, in the interest of saving thousands of babies as a matter of utmost urgency".¹⁰²³ On 10 April 2002, Cardinal Napier signed the South African bishops' *Statement on Prevention of Mother to Child Transmission* which commenced as follows:

It is with concern that the SACBC takes note of the continuing, protracted legal action and counter action between the state and civil society, with regard to the implementation of a Prevention of Mother to Child Transmission (PMTCT) in state health institutions. The present stalemate only serves to cause anger amongst those affected, to waste valuable time and to create the impression that the government is indifferent to the suffering of those that voted it into power.¹⁰²⁴

In conclusion, evidence abounds that the Catholic Church's voice was vigilant in advocacy around treatment all over the country.

¹⁰²⁰ *Southern Cross*, "Mbeki promotes outdated Aids Statistics," 26 September 2001.

¹⁰²¹ Johan Viljoen, "Comments on the government Gazette No 21089 of 25 April 2000," 1 November 2000.

¹⁰²² *Southern Cross*, "Bishops blast drug companies," 18 March 2001.

¹⁰²³ *Catholic News Archdiocese of Durban*, "Statement on Nevirapine Issue," 386 (January/February 2002), 3.

¹⁰²⁴ South African Catholic Bishop's Conference, *Statement on Prevention of Mother to Child Transmission*, 10 April 2002.

The relationship between the Catholic Church and the South African government has metamorphosed in the recent past. Between 1947, when the church's hierarchy in Southern Africa was established, and 1957, when the Catholic Church of South Africa declared the principle of apartheid 'intrinsically evil' in a widely-publicised statement,¹⁰²⁵ the Catholic Church was tolerated by the apartheid government as one of the *de facto* churches in the country. Indeed, the Catholic Church was seen by the government as constituting the *Roomse gevaar* (the Roman danger).¹⁰²⁶ As a result the Catholic Church was excluded from the political life of South Africa. In principle, the Catholic Church of that time did not openly oppose apartheid laws and opted to propagate its mission of establishing a parallel religious society. Between 1957 and 1994, the time of the first democratically elected government, the Catholic Church hierarchy opposed apartheid. After 1994, however, the Catholic Church maintained 'critical solidarity' with the government so that in principle it sided with the poor and only supported the government when it was seen to be mindful of the poor and the marginalised.¹⁰²⁷

During the period under review, however, the Catholic Church was not always on the offensive against the government in matters of treatment. For instance, it distanced itself from the TAC's threat to take legal action in demand that the Minister of Health be relieved of her duties.¹⁰²⁸ In 2004, it "recognised the steps the government had taken in the ARV roll out" and called for support asserting that "at some point too patients from the Church sites will become patients of the Department of Health".¹⁰²⁹ Arguably, the Catholic Church's high profile representation in collaborative advocacy as well as the credibility of its voice in matters relating to care and treatment stemmed from its involvement in communal care and support, treatment and educational programmes. As I

¹⁰²⁵ For the SACBC 'Statement on Apartheid' see SACBC, Minutes of the Plenary Session held in January 1957 at Pretoria.

¹⁰²⁶ John de Gruchy, "Catholics in a Calvinistic Country," in Andrew Prior, ed., *Catholics in Apartheid Society* (Cape Town: David Phillip, 1982), 84.

¹⁰²⁷ Sadie, "A Catholic Indaba, 6-7; *Southern Cross*, SACBC Press Release, August 1990.

¹⁰²⁸ Report of the SACBC Aids Office to the Administrative Board of the SACBC, May 2004.

¹⁰²⁹ Report of the SACBC Aids Office to the Administrative Board of the SACBC, May 2004.

shall demonstrate in the penultimate section of this chapter, the Catholic Church in South Africa became a leading service and information provider in Aids therapies, especially among the poverty stricken communities during the period under review. The church's credibility in the treatment campaign was however contradicted by its unpopular prevention policy.

5.3.3 The Empowerment of Women

There has been a long seated gender debate within the Catholic Church as demonstrated in Chapter Five of this study. It is mainly championed by women theologians in pursuit of gender equality in the policies and structures of the church. Key among them is the Norwegian Catholic feminist historian of theology, Kari Elizabeth Borresen, who has tenaciously argued for a feminist reformation of Catholicism.¹⁰³⁰ In South Africa, Catholic women theologians, most notably, the St Joseph's Theological Institute professor, Susan Rakoczy,¹⁰³¹ have been at pains to demonstrate that the structures of the Catholic Church in Southern Africa are far from being all gender inclusive. A spin-off of this debate has seen the case of HIV and Aids as a new agenda for women empowerment. During the April 2002 Women Theologians Aids Conference in Yale, USA, which probed connections between gender and HIV and Aids in Africa and around the world, Munro told the 50 delegates that "the story of the Catholic religious women in the fight against Aids in South Africa is part of the story of the [Catholic] Church in our time, a Church affected by globalization, poverty, unemployment, and inequities of every kind".¹⁰³² Similar sentiments were expressed in January 2003 by a group of Catholic women theologians from Johannesburg popularly known as the "Sisters for Justice".¹⁰³³

Although the SACBC had a 'gender desk' within the Catholic Institute of Education (CIE) since the early 1990s, HIV and Aids had never been part and parcel of its gender

¹⁰³⁰ Borresen, Religion Confronting Women's Human Rights: The Case of Roman Catholicism, 545-59.

¹⁰³¹ Rakoczy, Catholic Theology in South Africa: An Evolving Tapestry, 105.

¹⁰³² *Southern Cross*, "African Women set Aids agenda," 16 April 2002.

¹⁰³³ *Southern Cross*, "Taking up where we left off," 12 January 2003; *Sunday Times*, "Continuing the Conversation," 16 August 2001.

programmes.¹⁰³⁴ Things changed in 1999 when the CIE, DWA, and CATHCA were brought on board as equal partners responsible for the running of the SACBC Aids Office. As stated in an earlier section of this chapter, there is a certain degree of donor influence towards a gendered perspective in the Catholic's HIV and Aids response. Bishop Dowling, when speaking to the CRS representatives in September 2000, summarised the church's new integrated focus in a long and carefully worded sentence:

The focus: to develop attitudes and commitment which will promote personal responsibility for self and others in terms of behaviour choices, especially concerning sexual behaviour; the awareness of the irresponsibility, the danger and the social cost of having multiple sexual partners; the awareness of the factors such as the unequal power relationship between genders; and how behaviour choices can reinforce gender inequality and dehumanize both men and women instead of recognizing, promoting and enhancing their equal dignity; and how education/awareness and conscientisation programmes can address the issue of "silence" and "stigma", and deal with all the cultural issues/dimensions with sensitivity; and how such programmes can motivate people to build up enlightened and caring communities to respond to the need to care for orphans and those who are alienated because they are infected.¹⁰³⁵

It comes as no surprise, therefore, that the CRS sponsored the SACBC Aids Office's advocacy work on gender education to the tune of USD 300 000 per annum between 2000 and 2005.¹⁰³⁶ Out of the 14 projects in KwaZulu-Natal that benefited from this sponsorship, four indicated that they had programmes that aimed at empowering women economically and sexually. The Unkulunkulu Unathi Aids Project of the Ingwavuma diocese, for instance, held workshops on sexual abuse among women and children in the context of HIV and Aids. By 2002 it had visited 150 families educating them on sexual rights and HIV prevention.¹⁰³⁷ Through the Family Life Programme, the Holy Cross Aids

¹⁰³⁴ Catholic National Aids Office: Minutes of Management committee meeting of 13 December 1999 at CIE offices in Pretoria.

¹⁰³⁵ Kevin Dowling, Address to the CRS assessment team, a foreword to the Joint Southern African Catholic Bishops' Conference and Catholic Relief Services HIV/AIDS Assessment, September 7-19, 2000, Durban, South Africa.

¹⁰³⁶ Grant Agreement: Project #686-0009 SACBC Aids Office and CRS Small Project Fund, November 2000.

¹⁰³⁷ Unkulunkulu Unathi Aids Project, SACBC Aids Office: evaluation report-back form, completed by Sr. Patience Nqoko after interviewing Mr. Mathias Dlamini, the project coordinator, 28 August 2002.

Hospice in the Eshowe diocese attempted to incorporate Natural Family Planning with women empowerment in the prevention of HIV infection.¹⁰³⁸ The Durban based St Philomena's used small group interaction to "encourage healthy relationships, affirm dignity, hope and healthy identity, and encourage effective coping" among HIV positive women in the diocese.¹⁰³⁹

Probably the most successful Catholic programme on community based gender advocacy and education was the Right to Live Campaign, "which was instituted by Archbishop Napier with the support of all the bishops of KwaZulu-Natal" in April 2000.¹⁰⁴⁰ The programme, which was initially sponsored by the seven dioceses, ran two homes for women in a pregnancy crisis, or who had been through abusive relationships. These homes, Mater Vitae and Mater Dei respectively, became safe havens for women and provided counselling facilities, employment skills, thereby "empowering the woman with her baby or who is from an abused background to become self-supporting". The homes also ran a 24-hour telephonic help line which was meant to assist the community with a range of problems relating to life in general but gender inequalities and sexual abuse in particular. By 2005, the homes had opened branches in three dioceses.¹⁰⁴¹

However, advocacy on gender inequality is a rather recent development in the Catholic Church and in most South African societies it faced many culturally and religiously founded odds. Its intricate association with high levels of poverty and illiteracy made the task even harder. Acknowledging that theirs was a daunting task, Munro told the 14th Barcelona International Aids Conference in 2002 that "attempts to access child support grants, monitor primary school feeding schemes and insist on even basic education for OVC and gender equality are advocacy issues in instances where human cruelty and apathy denies even children even their basic rights under the constitution".¹⁰⁴² She

¹⁰³⁸ Holy Cross Aids Hospice, SACBC Aids Office: evaluation report-back form, completed by Sr. Patience Nqoko after interviewing St Priscilla Dlamini, the project coordinator, 10 August 2002.

¹⁰³⁹ St Philomena's, SACBC Aids Office: evaluation report-back form, completed by Rosemary Smuts after interviewing Patrick Vorster, the project coordinator, 10 October 2002.

¹⁰⁴⁰ *Catholic News Archdiocese of Durban*, "Right to Live Campaign," 369 (July 2000), 41.

¹⁰⁴¹ Bate, interview by author, 9 July 2008.

¹⁰⁴² Munro, *Belated, but Powerful: The response of the Catholic Church to HIV/Aids in five Southern African countries*, 2.

conceded that “gender imbalances, witchcraft, stigma and discrimination remain problems, but increasingly people [Catholics] are prepared to speak out on issues and be counted, and to engage with them in practical ways”.¹⁰⁴³

5.3.4 The Mitigation of Stigma

It is significant that immediately after the Vatican was denied an invitation to the 14th International Aids Conference which was held between 7 and 12 July 2002 in Barcelona, Spain,¹⁰⁴⁴ the SECAM bishops agreed to take part of the blame for the widespread stigma and discrimination directed against PLWHA.¹⁰⁴⁵ During an Aids symposium of episcopal conferences of Africa and Madagascar held in September 2002 at St Augustine University College, Johannesburg, the bishops acknowledged that denialism and undue silence over the disease by many priests had contributed to the discrimination of PLWHA. They resolved to get more directly involved in the African Catholic’s response to the epidemic. A year later the bishops reiterated their commitment towards Aids destigmatization. In a statement released on 16 November 2003 at the closure of the 13th session of SECAM held in Dakar, Senegal, 100 African bishops reasserted their pledge “to addressing stigma and discrimination, to education, care for the sick and orphaned, and advocacy on behalf of the marginalized”.¹⁰⁴⁶ Apparently, there was the will and the commitment from the hierarchy to address Aids related stigma and discrimination during the period under review.

It would be simplistic for one to imagine that the Catholic Church’s attitude towards PLWHA suddenly changed for the better between 2000 and 2005 on account of the bishops’ statements. There is evidence, however, that the church expressed willingness to accept and embrace PLWHA in the 2000s, also at the parish level. Moreover, there is evidence of community mobilisation against behaviours that segregate or undermine the dignity of PLWHA. Father Charles Ryan, as noted in Chapter Five of this study,

¹⁰⁴³ Munro, *Belated, but Powerful: The response of the Catholic Church to HIV/Aids in five Southern African countries*, 2.

¹⁰⁴⁴ See www.usc.edu/hsc/dental/library/e_resources/info/14thint.html accessed on 28 May 2009.

¹⁰⁴⁵ *Southern Cross*, “Bishops to get tough in fight against HIV/Aids,” 21 September 2002.

¹⁰⁴⁶ *Southern Cross*, “African Bishops discuss response to HIV/Aids,” 18 November 2003.

underwent an attitudinal conversion out of his pastoral experiences in a poor Pietermaritzburg suburb called Edendale.¹⁰⁴⁷ He changed from being a judgemental pastor to a campaigner against Aids related stigma and discrimination. He testified as follows:

In February 2001, I was invited to give an Aids lecture in Johannesburg. That lecture marked a turning point in my attitude to Aids because it was in preparation for that lecture that I realised that a priest, a Christian, or even the church in general, had no right to judge people. So from February 2003 I began to campaign more actively against the negative, judgmental and stigmatizing attitudes that had become comparative to routine ministry in the church.¹⁰⁴⁸

In that lecture, which was published as an article in a 2003 book edited by Bate, Ryan pleaded for a similar conversion among his colleagues saying: “Do we recognise that we have failed the more vulnerable sector of our membership (not to mention society at large) by simply pronouncing moral directives without demonstrating the credibility of our position in a society of powerful counter witness?”¹⁰⁴⁹

Several articles in the *Southern Cross* account for similar attitude conversions among priests and parishioners. Edward Buchanan felt that a written prayer could help turn away animosity against PLWHA. He testified:

During a talk in the parish of Rosebank on the Aids pandemic, parishioners were asked to state what they could do to help. One thing I and most people can do is to pray. So I got up in the early hours of a Sunday morning to write this prayer: “Father, creator of all that is good and pure, grant to thy faithful servants the will to overcome the viruses of abuse of helpless women and children, indifference and fear through ignorance, and the stigma attached to Aids sufferers”.¹⁰⁵⁰

Neither the statements of the bishops nor the attitude conversions of some could eradicate Aids stigma from the Catholic Church in South Africa. These should be seen as

¹⁰⁴⁷ Father Ryan, interview by author, 22 October 1997.

¹⁰⁴⁸ Father Ryan, interview by author, 22 October 1997.

¹⁰⁴⁹ Charles Ryan, “AIDS and Responsibility: the Catholic Tradition,” in Stuart Bate, *Responsibility in a Time of AIDS: A Pastoral Response by Catholic Theologians and AIDS Activists in Southern Africa* (Pietermaritzburg: Cluster Publications, 2003), 13.

¹⁰⁵⁰ *Southern Cross*, “Prayer to conquer Aids pandemic,” 1 October 2002.

indicators of a commencement of a transformation process. As Munro testified in November 2004, stigma and discrimination were as present in religious communities as they were in secular society. She observed that “they are often fuelled by ignorance, fear, cultural beliefs, and taboos and a narrow understanding of the Church’s teaching in the area of sexuality”.¹⁰⁵¹ A study by the name Siyam’kela Project, conducted in November 2004 with the aim of paving the way for stigma mitigation in the Catholic Church by developing well-researched indicators of HIV and Aids related stigma and discrimination, found that the church’s confidentiality policy had become a liability in mitigating stigma.¹⁰⁵² The study, which was a collaboration between the Policy Project and the Centre for the Study of Aids at the University of Pretoria, indicated that the Catholic Church had grossly underutilised its immense resources and structure in redressing Aids related stigma. Therefore, although there was an awakening to address Aids related stigma and discrimination in the Catholic Church’s hierarchy between 2000 and 2004, the reality on the ground was almost the exact opposite: denial, silence, rejection and moral judgmentalism stemming from ‘puritan’ sexual theology.

In an effort to promulgate an integrated response to HIV and Aids between 2000 and 2005, the Catholic Church mobilised Aids activism in the areas of orphans and vulnerable children (OVC), treatment and care, gender equality, and stigma mitigation. However, these ought to be seen as institutional initiatives which were not immediately emulated at all levels of the church. As stated above, however, Catholic discourses during this period focused on human rights concerns around these four HIV and Aids related issues (OVC, treatment and care, gender inequality, and stigma). Another issue took a centre stage in the Catholic Church’s Aids discourse, namely: the use of condoms in HIV prevention. This issue is discussed separately in a later section of the chapter.

5.4 Catholic ‘Miracles’ in Aids Treatment Therapies

As indicated in an earlier section of this chapter, at the beginning of 2000 the SACBC database consisted of 61 parish based programmes which were involved in the treatment

¹⁰⁵¹ *Southern Cross*, “My sister with Aids is still my sister,” 24 November 2004.

¹⁰⁵² *Southern Cross*, “Despised: Fighting the stigma of HIV/Aids,” 30 November 2004.

and care of Aids patients.¹⁰⁵³ By the end of 2005, there were over 300 care projects as well as 22 antiretroviral treatment centres in the country serving well over 11 000 patients.¹⁰⁵⁴ It is particularly significant that the Catholic Church established pilot treatment programmes in this period, taking an early advantage of bio-medical science provisions. These programmes became valuable yardsticks to other treatment agencies such as the government. Therefore, within a period of five years the church transformed itself from a ‘sleeping giant’ into the largest treatment and care provider in the country at that time. This did not, however, clear its name from being regarded as a liability in the HIV and Aids work by other stakeholders on account of its natural-law based HIV and Aids policy.

Monotherapy drugs, particularly the AZT, were available in the developed countries as early as 1987. In 1994, pharmaceutical companies reiterated their refusal to reduce the cost of these drugs citing intellectual property rights. In 2001, however, the World Trade Organization exerted pressure on developed countries to stop ARV monopoly by sharing the cost of Aids drugs with poor nations. It was not until 2004, however, that governments in sub-Saharan Africa started a roll-out of free ARVs in public hospitals. The Catholic Church, however, set a precedent in South Africa in the area of antiretroviral therapy, taking the lead after an exemplary case-study by the Médecins Sans Frontières (MSF) in Khayelitsha.¹⁰⁵⁵ A survey of two such programmes may serve to illustrate this point. These are: the Prevention of Mother to Child Transmission (PMTCT) and the Highly Active Antiretroviral Treatment (HAART).

¹⁰⁵³ *Southern Cross*, “The Church is doing nothing about Aids? Think again!” 26 November 2000.

¹⁰⁵⁴ *Southern Cross*, “Sustaining the Aids fight,” 14 December 2005.

¹⁰⁵⁵ See Médecins Sans Frontières – Infectious Disease Epidemic Unit, School of Public Health and Family Medicine, University of Cape Town, Activity Report 2003, www.msf.org.za/docs/khayelitsha_2003.pdf (accessed on 23 February 2009).

5.4.1 Prevention of Mother to Child Transmission

On 28 August 2001 the SACBC Aids Office in collaboration with the Catholic Medical Mission Board (CMMB) as a funding partner launched the ‘Born to Live’ programme.¹⁰⁵⁶ With a budget of over USD 500 000, the programme aimed at piloting the implementation of the PMTCT in four selected Catholic medical institutions. One dose of Nevirapine – a tablet given to the mother during labour and a teaspoon of syrup to the baby within the first 72 hours of birth – could cut down infection rates by up to 50 percent.¹⁰⁵⁷ The Matikwe Clinic and the St. Mary’s Hospital, both in KwaZulu-Natal, were part of the programme. The other two projects were located at Winterveld in Gauteng. From 2002, the programme benefited from the offer of the German Drug Company, Boehringer Ingelheim, to provide Nevirapine freely to developing countries.¹⁰⁵⁸ Meanwhile, the government was engaged in protracted legal actions with the TAC over PMTC. The Catholic bishops released a strongly worded statement indicating that, whereas the substantive reasons given by the state for its unwillingness to implement PMTCT programme were not unfounded, they are a pointer to the general failure of the nation’s health system. They urged the state to address those issues and follow their example. They stated:

The Catholic Church is at present successfully implementing PMTCT programs at four pilot sites countrywide, with expansion to a further two sites planned for the near future. These are holistic programmes that include counselling, nutritional support and treatment of opportunistic infections. The SACBC expresses the wish that these programmes can serve as an example to others wishing to join us in the battle against the spread of HIV, and we express our willingness to share our experiences with the state and any other institution working for the prevention of mother to child transmission.¹⁰⁵⁹

After much controversy, which ended with a high court ruling ordering the South African government to provide PMTCT, Nevirapine was made available in provincial hospitals in 2003. By that time the number of Catholic clinics offering PMTCT had increased to six.

¹⁰⁵⁶ SACBC Aids Office, Minutes of the Management Meeting held at Khanya House, 28 August 2001.

¹⁰⁵⁷ *Southern Cross*, “Aids drug ruling: Govt ‘foolish’ to appeal,” 2 January 2002.

¹⁰⁵⁸ *Southern Cross*, “Aids drug ruling: Govt ‘foolish’ to appeal,” 2 January 2002.

¹⁰⁵⁹ SACBC, Statement of Prevention of Mother to Child Transmission (PMTCT), January 2002.

Because the Catholic Aids Office intended to fill the gaps in treatment needs not met by the government, it stopped pursuing further implementation of Nevirapine in Catholic clinics in 2003. Patients at such clinics were instead referred to government provincial clinics.¹⁰⁶⁰

5.4.2 Highly Active Antiretroviral Treatment

A pattern similar to that of PMTCT was replicated in the country with the introduction of the antiretroviral therapy. The simultaneous use of three different antiretroviral drugs, otherwise known as Highly Active Antiretroviral Treatment (HAART), was introduced in the country by MSF in Khayelitsha, Western Cape Province, in the beginning of 2003.¹⁰⁶¹ However, it was the 2003 work of the Nazareth Children's Home, a Catholic Aids project, that demonstrated to the rest of the country that antiretroviral drugs worked 'miracles' in children suffering from Aids. Sister Ann Margaret Craig, the head of the institution, showcased the revolutionary changes in the children noting that the 'if I grow up' mindset had been replaced with 'when I grow up,' indicative of the new hope for survival.¹⁰⁶² Shortly after, the antiretroviral 'miracles' were replicated among adult patients by the Sinethemba Clinic of St Mary's Catholic Hospital in Mariannhill. It was not until late 2004 that, after much controversy and in a sluggish manner, the government finally agreed to organise a national antiretroviral drugs rollout. By that time, the Catholic Church had 22 fully operational antiretroviral centres serving approximately 3000 PLWHA.¹⁰⁶³ Five of these – the Blessed Gerald Care Centre and Hospice in Mandeni (Eshowe diocese), the Sinethemba Clinic at St Mary's Hospital (Mariannhill diocese), Sinosizo Home based Care Project in Amanzimtoti (Durban archdiocese), Hlabisa Hospital in Matubatuba (Ingwavuma diocese) and the Zanethemba clinic in Newcastle (Dundee diocese) – were located in KwaZulu-Natal province. These centres

¹⁰⁶⁰ Report of the SACBC Aids Office to the Plenary Session of the SACBC, August 2003.

¹⁰⁶¹ *Southern Cross*, "Anti-retrovirals give kids a fighting chance," 31 March 2004. See also Médecins Sans Frontières – Infectious Disease Epidemic Unit, School of Public Health and Family Medicine, University of Cape Town, Activity Report 2003. See www.msf.org.za/docs/khayelitsha_2003.pdf (accessed on 23 February 2009).

¹⁰⁶² *Southern Cross*, "Anti-retrovirals give kids a fighting chance," 31 March 2004.

¹⁰⁶³ *Southern Cross*, "The Aids pandemic: Preparing for the worst," 23 November 2005

were so successful that the government hospitals were not only learning from them but also supplying their medicine to them and referring patients to them.¹⁰⁶⁴

5.5 The Dowling Controversy and the ‘Message of Hope’

I have so far argued that the reestablishment of the Southern Africa Catholic Bishops’ Conference (SACBC)¹⁰⁶⁵ Aids Office in August 1999¹⁰⁶⁶ and the subsequent signing of a 5 Million USD partnership contract between the SACBC, the Catholic Medical Mission Board (CMMB) and the Bristol Myers Squibb Company (BMS)¹⁰⁶⁷ set the scene for a new chapter in the Catholic Church’s response to HIV and Aids in South Africa. Whereas it had been envisaged that the collaboration between the three bodies during the 5 years contract period would encompass various aspects of the Catholic Church’s response to the epidemic, the use of condoms in HIV prevention took the centre stage. The condom debate, which came immediately after the signing of this contract and continued unabated throughout the entire five years period, was largely doctrinal and not entirely unrelated to the contract. The historical events surrounding this debate could be summarised into two major episodes: the ‘Dowling controversy’ and the ‘Message of Hope’.

5.5.1 The Dowling Controversy

Kevin Dowling is the bishop of the Catholic diocese of Rustenburg in the North West Province. The auxiliary bishop of Cape Town, Reginald Cawcutt, and the archbishop of Bloemfontein, Buti Tlhagale, as well as Dowling were responsible for the SACBC’s new Aids office. It is in this capacity that both Tlhagale and Dowling were invited to the USA to participate in a media programme in New York at the launching of the

¹⁰⁶⁴ *Southern Cross*, “AIDS: What is the Church doing,” 2 December 2003.

¹⁰⁶⁵ The Southern Africa Catholic Bishops’ Conference (SACBC) consists of dioceses in South Africa, Botswana and Swaziland. Its offices are at Khanya House, Pretoria, South Africa.

¹⁰⁶⁶ SACBC, Minutes of the plenary session held at Mariannhill between 5 and 11 August 1999.

¹⁰⁶⁷ Terms of Agreement between the Catholic Medical Mission Board (CMMB) based in New York, USA, and the Southern Africa Catholic Bishop’s Conference, SACBC, Para 17, revised edition, 11 January 2000.

BMS/CMMB/SACBC Aids collaboration project in February 2000.¹⁰⁶⁸ During this visit, a journalist of the Catholic News Service (CNS) interviewed the two bishops specifically on the Southern African Catholic bishops' stance on the use of condoms in the region host to the world's largest and most severe Aids epidemic.¹⁰⁶⁹ The bishops' response – HIV and Aids was now the church's main priority – was not entirely unexpected.¹⁰⁷⁰ However, they added that the church's teachings against condoms were being reassessed. Bishop Dowling hoped for some fresh look at the church's policy and, presumably, the adoption of a draft pastoral letter that the bishops' Aids committee, chaired by Bishop Reginald Cawcutt, was preparing.¹⁰⁷¹ He indicated that the Church's position of condemning condoms needed a major review in the light of the pastoral realities faced by the church as a result of the epidemic. "I am not sure what I favour," said Bishop Tlhagale, expressing certainty that the Catholic Church was going to make a "more realistic presentation" than a mere abstinence message. "If a wife suspects her husband is infected and she wants to use condoms, what do you do?" he asked. "When children of 12 and 13 are becoming sexually active and dying of Aids, "you cannot just say, 'you can't use condoms,' or 'just abstain'"¹⁰⁷².

The comments of the two bishops attracted quite a significant number of comments in the *Southern Cross*, both in favour and against. Gunther Simmermacher, the managing editor of the *Southern Cross*, acknowledged this in this way:

The *Southern Cross* has received a number of letters in reaction to our February 27 report "Aids now a church priority." It contained quotes from remarks made by Archbishop Buti Tlhagale of Bloemfontein and Bishop Kevin Dowling of Rustenburg when they went to New York to sign the agreement.¹⁰⁷³

¹⁰⁶⁸ SACBC National Aids Office, report to the Administration Board and the Plenary, 19 January 2000.

¹⁰⁶⁹ *The Challenge*, "Catholics and Condoms," 29 August 2001.

¹⁰⁷⁰ *Southern Cross*, "Aids now a Church priority," 27 February 2000.

¹⁰⁷¹ *Southern Cross*, "Aids now a Church priority," 27 February 2000.

¹⁰⁷² *Southern Cross*, "Aids now a Church priority," 27 February 2000.

¹⁰⁷³ *Southern Cross*, "Condoms and the bishops," 23 April 2000.

Dowling and Tlhagale's comments, although not entirely uninfluenced by the American donor's demands, came at the wake of another similar debate in America. The American Jesuit academics, Jon Fuller and James Keenan, editors of the best book on the subject,¹⁰⁷⁴ had commented on an article in the Vatican newspaper *L'Osservatore Romano* by Mgr Jacques Sudreau of the Pontifical Council for the family. Fuller and Keenan interpreted the remarks of Sudreau to mean that the Vatican accepted that condoms were 'a lesser evil' if used to prevent the spread of HIV.¹⁰⁷⁵ The auxiliary bishop of Cape Town, Reginald Cawcutt, who was also the head of the SACBC Aids department, supported the American Jesuit scholars saying "no doubt now that the Church will allow the use of condoms as a last resort as a way of limiting the spread of Aids".¹⁰⁷⁶

A year later, the first week of July 2001 to be precise, Bishop Dowling visited the USA again.¹⁰⁷⁷ This time he was in the company of Sister Alison Munro, the SACBC Aids Office coordinator, and Johan Viljoen, a manager in the same office. The three were hosted by the CMMS and the Catholic Relief Services (CRS) in "an attempt to raise awareness about the realities of Aids in sub-Saharan Africa".¹⁰⁷⁸ They also attended the United Nations Special Assembly on HIV and Aids held in New York on 9 July 2001. It was during this second visit that over an interview, incidentally by the same CNS journalist, Bishop Dowling disclosed his personal views on the use of condoms ahead of the SACBC's winter plenary session which was envisaged "to devote a considerable period of time into reflecting, debating, and deciding on the matter".¹⁰⁷⁹ Bishop Dowling remarks attracted international media coverage and an unanticipated popularity in South Africa.

So, what did Bishop Dowling say exactly to warrant such worldwide media publicity? Albert Nolan, a Dominican priest in Pietermaritzburg, noted that the bishop spoke "from

¹⁰⁷⁴ Keenan, *Catholic Ethicists on HIV/AIDS Prevention*, ff.

¹⁰⁷⁵ *The Tablet*, "Catholics, Condoms and HIV prevention," 23 September 2000.

¹⁰⁷⁶ *The Tablet*, "The Church in the World," 30 September 2000.

¹⁰⁷⁷ SACBC AIDS Office, Minutes of the Management Meeting held at Khanya House, Pretoria, 28 August 2001.

¹⁰⁷⁸ *Southern Cross*, "SA Delegation discussed Aids in New York," 1 August 2001.

¹⁰⁷⁹ *Southern Cross*, "Bishops to debate Condoms next week," 18 July 2001.

the heart” with all honesty and sincerity as a pastor who had been working for seven years in an area where 50 percent of the people were infected by the HIV virus.¹⁰⁸⁰ Dowling told the American journalist that the South African bishops would be considering a statement about, among other things, the use of condoms at their 24 July plenary session. When pressed to give his personal view, he unequivocally stated that “the only complete safeguard against infection is abstinence from sex before marriage and faithfulness to one’s partner in marriage”.¹⁰⁸¹ “However,” Dowling explained further, “we live in a world where people choose not to live according to the values espoused by the Church ...in that context people living with HIV must be invited and challenged to use a condom in order to prevent the transmission of potential death to another. It is not only a matter of chastity but also a matter of justice. In my view this is taking the moral tradition of the Church about ‘the lesser of two evils’ or ‘the greater good’ and trying to apply it to a very complex situation”.

Upon his return, Bishop Dowling came home to a full scale public debate. The local media was in haste to interview him. But the bishop did not shy off nor mince his words. Emphasizing that this was his personal view, he told *The Tablet*, a British Catholic magazine, in an interview entitled ‘*The church has Aids*’ that “If we simply proclaim a message that condoms cannot be used under any circumstances, then I believe people will find it difficult to believe that we, as a church, are committed to a compassionate and caring response to those who are suffering, often in appalling living conditions. For me, the condom issue is not simply a matter of chastity but of justice”.¹⁰⁸² His was a plea to the Catholic Church, especially the hierarchy, to consider his views and sanction the use of condoms in HIV prevention. Informed by the “terrible experiences of people, particularly women and children, dying in appalling conditions in shacks,” the bishop called for a reality check in the Catholic Church’s response to HIV and Aids saying, “I believe we as [the Catholic] Church must struggle to discern answers to real questions, and above all face the real questions with humility”.

¹⁰⁸⁰ *The Challenge*, “Catholics and Condoms,” 29 August 2001.

¹⁰⁸¹ *The Tablet*, “A Catholic bishop supports condom use,” 17 July 2001.

¹⁰⁸² *The Tablet*, “The Church has Aids,” 10 July 2001.

Bishop Dowling's words attracted a veritable flood of articles in magazines, raising the expectations that the Catholic Church would sanction the use of condoms. There was an overwhelming favourable public response to his plea. Editorials, letters to the editor and press statements, even by non-Catholic religious leaders, gave him the support and urged the bishops' conference to take his point of view into consideration.¹⁰⁸³ On the other hand the archbishop of Durban, Wilfred Napier, cautioned that Dowling's position should be seen "as one of the positions the bishops will be debating".¹⁰⁸⁴

Dowling's argument had one foot on pragmatism and the other on a rich moral tradition which goes far back to the medieval period. This moral tradition, which is very popular among the Redemptorists,¹⁰⁸⁵ had by the year 2000 attracted an increasing number of Catholic ethicists, most notably, James Keenan and Jon Fuller, who applied it to the use of condoms in HIV prevention. Bishop Dowling, being a Redemptorist himself, was aware of the debate. In 2000, Keenan and Fuller noted that "several bishops around the world are turning to this work of the moral theologians to address HIV preventive measures".¹⁰⁸⁶ Key among the traditional moral principles used by these theologians, was that of double effect, which was used by Dowling to argue that the use of a condom for the sake of defending life is morally defensible. The principle is applied when terminally ill patients are in great pain and are given high doses of morphine. The primary objective is the relief of pain, even though the other effect is the possible shortening of the person's life. Similarly, Dowling argued, it would be morally right to resort to the use of a condom to prevent infection by HIV, even though the possible prevention of conception is the other effect of condom use. In an attempt to apply this principle into a pastoral situation relevant to his Aids stricken diocese, Dowling maintained that "if Jesus Christ came down the hills of Rustenburg, he would go handing out condoms" as it was a matter of life and death.¹⁰⁸⁷ "Every week I am with people dying of Aids in their huts and shacks," noted Bishop Dowling.¹⁰⁸⁸ Speaking from daily experiences of serving in an area with

¹⁰⁸³ *The Challenge*, "Catholics and Condoms," 29 August 2001.

¹⁰⁸⁴ *Southern Cross*, "Bishops to debate condoms next week," 18 July 2001.

¹⁰⁸⁵ Redemptorist here refers to a religious order in the Catholic Church.

¹⁰⁸⁶ Keenan and Fuller, Introduction, 28.

¹⁰⁸⁷ *Southern Cross*, "Jesus would not hand out condoms," 28 June 2005.

¹⁰⁸⁸ *Southern Cross*, "SA bishop: The Church has Aids," 10 December 2002.

sero-prevalence of 20%, one of the highest in the country at that time, the bishop felt that Aids was present in the Catholic Church. This for him meant that for the bishops to maintain a ‘no condom’ message was a denial of justice and a form of hypocrisy. According to him, the fact that Catholic activists had opted to distribute condoms regardless of the bishops’ stance “pointed to a credibility crisis that the Catholic Church was facing at a local level”.¹⁰⁸⁹ Convinced that HIV and Aids required a relevant Catholic pastoral response, he concluded that “The body of Christ has Aids. The Church has Aids. It is our people who are living, suffering and dying because of this virus”. In subsequent years, Bishop Dowling has maintained “that although condoms aren’t 100 percent effective, they’re very successful at preventing HIV transmission if you use them consistently, carefully, and correctly every time”.¹⁰⁹⁰ As a result of his concern for the plight of Aids victims as well as his courage in representing an unpopular view in the Catholic HIV prevention debate, the Jesuits’ University of San Francisco honoured him with an award on the 22 May 2009.¹⁰⁹¹

In view of the above discussion, however, it is worth noting that the double effect doctrine is more complex. Even those who use it to argue for the use of condoms in HIV prevention hit a logical snag. For instance, one may not, on the basis of this doctrine, argue that a morally evil act intended to do good is justifiable.¹⁰⁹² Similarly, proportionalism, a principle that holds that no thing is bad in itself except in proportion to others, has been found by certain Catholic ethicists to be insufficient in dealing with the use of condoms in HIV prevention.¹⁰⁹³ The problem is that proportionalism shifts the focus squarely on the consequences of an act and implies that there are no intrinsically

¹⁰⁸⁹ *The Tablet*, “The Church has Aids,” 10 July 2001.

¹⁰⁹⁰ See a 2008 Dowling’s interview with the U.S News and World Report entitled “Why Pope is Wrong on Condoms,” <http://www.usnews.com/articles/news/2008/04/10why-the-pope-is-wrong-about-condoms.html> accessed on 28 May 2009.

¹⁰⁹¹ See <http://cardinalnewmansociety.org/News/tabid/54/Default.aspx> accessed on 1 June 2009.

¹⁰⁹² James Corriden, *Canon Law as Ministry: Freedom and Good Order for the Church* (New York: Paulist Press, 2000), ff

¹⁰⁹³ Richard McCormick, “Killing the Patient,” *The Tablet*, (October 1993), 12-20.

evil acts. However, John Knox (SJ) has argued for a departure from this restrictive Catholic orthodoxy in the effort to respond to HIV and Aids in Africa.¹⁰⁹⁴

5.5.2 The ‘Message of Hope’

On 30 July 2001, after an intense plenary session which was held in Mariannhill under the watchful eye of the media, the bishops issued a strong and uncompromising condemnation of condoms promotion in a pastoral letter ironically entitled ‘*A Message of Hope*’.¹⁰⁹⁵ The bishops indicated that they “regard the widespread and indiscriminate promotion of condoms as an immoral and misguided weapon in our battle against HIV/Aids for the following reasons:

- The use of condoms goes against human dignity.
- Condoms change the beautiful act of love into selfish search for pleasure – while rejecting responsibility.
- Condoms do not guarantee protection against HIV/AIDS
- Apart from the possibility of condoms being faulty or wrongly used they contribute to the breaking down of self-control and mutual respect”.

According to the bishops’ letter, condoms may be used in the case of married couples where one partner is infected; otherwise, they “contribute to the breaking down of the moral fibre of our nations because they give a wrong message to the people”. Although the bishops tactfully avoided stating explicitly that the ‘use of condoms is immoral’ and preferred the subtle version, ‘the indiscriminate promotion of condoms is immoral,’ they in no uncertain words indicated that permitting the use of condoms in HIV prevention would be interpreted to mean that sex outside marriage is permissible. They carefully avoided using exclusive wordings such as “condoms cannot be used in HIV prevention” or “there is only one condition where the use of condoms is acceptable”.¹⁰⁹⁶ Therefore, the ‘Message of Hope’ was a careful rephrase of what the bishops had said in their 1990¹⁰⁹⁷ and 1999¹⁰⁹⁸ statements.

¹⁰⁹⁴ Peter Knox, *AIDS, Ancestors and Salvation: Local beliefs in Christian ministry to the sick* (Nairobi, Paulines: 2008), 120-31.

¹⁰⁹⁵ SACBC, *A Message of Hope*, 30 July 2001.

¹⁰⁹⁶ Bishop Fritz Lobinger, “Text Formulations on AIDS,” personal comments to Philippe Denis online, 25 June 2003.

¹⁰⁹⁷ SACBC, *A Pastoral Letter on Aids* (Pretoria: SACBC publications, 1990), 2.

¹⁰⁹⁸ *Southern Cross*, “Restraint not condoms will beat Aids: bishops,” 28 February 1999.

The pastoral letter provoked anger, disappointment and criticism, both internationally and locally. Whereas a few conservative commentators hailed the bishops' statement as a return to strict moral standards and old moral values, a greater majority described it as disappointing, harsh, hard-line, startling, shocking, irresponsible, and even 'without hope'¹⁰⁹⁹ Various groups within the Catholic Church in South Africa aired dissent. The 'Sisters for Justice in Johannesburg' said that "the statement does not take into account the plight of people, mostly women and children, who are in abusive or desperate situations and who are most at risk of being infected by HIV ... and who are at the mercy of unscrupulous and uncaring sexual partners".¹¹⁰⁰ They regarded "the absolutist tone of the bishops' statement as unrealistic". Their statement was published in the *Sunday Times*, a secular newspaper in Johannesburg, on 16 August 2001 under the title 'Continuing the Conversation'.¹¹⁰¹ A group of Dominican theologians from Pietermaritzburg felt that whereas the bishops' letter upheld the family and marriage life, it fell short of acknowledging two key dimensions in the spread of HIV.¹¹⁰² First, persons who have sex outside of marriage are not all doing so merely for the selfish pursuit of pleasure. They pointed out that the "Catholic moral teachings make room for those whose consciences are impeded". Secondly, "all people deserve to live, and not only those who follow the narrow path of Christian sexual ethics". They therefore found fault in the bishops' message *vis-à-vis* the condom option in HIV prevention. It is important to note that the Dominicans' letter was published in the *Natal Witness*, a secular newspaper,¹¹⁰³ and that Philippe Denis, one of the signatories of the statement, repeated the same argument in the *Journal of Theology for Southern Africa*, the following year.¹¹⁰⁴

¹⁰⁹⁹ See *Southern Cross*, "What the Bishops discussed," 8 August 2001; *The Challenge*, "Catholics and Condoms," 29 August 2001; *Southern Cross*, "Aids: What guides Church thinking," 5 September 2001; and *Southern Cross*, "Nuns take bishops to task over condom stance," 29 August 2001.

¹¹⁰⁰ *Southern Cross*, "Nuns take bishops to task over condom stance," 29 August 2001.

¹¹⁰¹ *Sunday Times*, "Continuing the Conversation," 16 August 2001.

¹¹⁰² Fr Martin Badenhorst OP, Bro Philippe Denis OP, Fr Kees Keijsper OP, Bro Munyaradzi Felix Murove OP, *The sacredness of life: A Catholic opinion on condoms and AIDS*, Emaphetelweni Dominican Community, Pietermaritzburg, 29 September 2001.

¹¹⁰³ *Natal Witness*, "The sacredness of life: A Catholic opinion on condoms and AIDS by a group of Dominicans in Pietermaritzburg," 20 February 2002.

¹¹⁰⁴ Philippe Denis, "Sexuality and AIDS in South Africa," *Journal of Theology for Southern Africa* 115 (March 2003), 63-77.

The reaction to the bishops' position on the use of condoms continued unabated throughout the period under review. But the hierarchy remained unengaged in the public debate over the issue. Instead, a committee consisting of representative bishops, moral theologians, Sisters for Justice, and the SACBC Aids Office was formed on 28 August 2001 to work on a study document on the matter. The committee was meant to come up with some 'damage control' measures and strategise on the way forward.¹¹⁰⁵ Its recommendations were that a national conference be constituted to address the issue. Clearly, the bishops had not expected such a response. Bishop Cawcutt admitted that "in their haste to satisfy the media they had acted hastily".¹¹⁰⁶ Sister Munro expressed disappointment "at the opportunity missed by the church to come out with a deeply pastoral message to people, mostly women, who are most affected by the pandemic". Bishop Hugh Slattery explained that the bishops went as far as they could given the enormous pressure exerted upon them by the media. People like Michael Rassool of Cape Town¹¹⁰⁷ and Gunther Simmermacher,¹¹⁰⁸ the editor of the *Southern Cross*, wondered why the bishops did not use traditional principles to sanction the use of condoms in HIV prevention. They cited examples such as the United States Bishops' Conference's casuistic move to oppose the promotion of condoms whilst *tolerating* their use in specific cases of HIV prevention.¹¹⁰⁹ Paul Geary, a medical doctor at St Hospital in Mariannhill, used the principle of the *lesser of two evils* (the greater good) and the principle of *cooperation* to argue that it might be necessary to become involved in committing a morally unacceptable act such as breaking the law of chastity in order to protect life.¹¹¹⁰ Using the same principles in contributing telephonically to a Nigel Murphy radio programme where Bishop Reginald Cawcutt had been invited, Thomas Vogel argued that using a condom was a lesser evil than infecting a partner with HIV. Those that opted for

¹¹⁰⁵ SACBC Aids Office, Minutes of the Management meeting held at Khanya House, 28 August 2001.

¹¹⁰⁶ SACBC Aids Office, Minutes of the Management meeting held at Khanya House, 28 August 2001.

¹¹⁰⁷ *Southern Cross*, "Catholics must fight Aids," 19 December 2001.

¹¹⁰⁸ *Southern Cross*, "Condoms and the Church," 10 December 2002.

¹¹⁰⁹ USCC Administrative Board, "The Many Faces of AIDS: A Gospel Response," *Origins* 17.28 (1987) 482-89.

¹¹¹⁰ *Southern Cross*, "Condoms: reactions to bishops 'positive,'" 12 September 2001.

the principle of *epikeia*,¹¹¹¹ in which the intention of the law is recognised as a higher norm than the letter of the law, maintained that in the case of Aids, the law against the use of condoms need not be obeyed since its observance threatens the life and health of individual partners.

5.5.3 Other Voices of Dissent

It is significant that the ‘Message of Hope’ did not silence Bishop Dowling or persuade him otherwise. In December 2002 he reiterated his views telling *The Tablet* that the Catholic Church should permit the use of condoms if these were employed for the purpose of Aids prevention.¹¹¹² He observed that Aids “activists see the Catholic Church as an obstacle in the fight against Aids”. “I was faced with this the other day in the European Commission,” he said, “they said to me straight: ‘In terms of the Aids pandemic, the Catholic Church is perceived to be part of the problem, not part of the solution’. “Likewise,” the bishop added, “the Catholic activists on the ground are saying: ‘Ok, that’s what the bishops are saying, but we’ve got to find another way’”.¹¹¹³ This, according to the bishop, pointed to the credibility crisis that the Catholic Church was facing at a local level.

The retired archbishop of Durban, Denis Hurley, added his voice to the debate in an open letter to the *Southern Cross* titled, *Condoms and AIDS: why the fuss?*¹¹¹⁴ In this letter, Hurley tactfully supported his cousin Dowling by examining earlier turmoil in the Catholic Church history with regard to the prohibition of artificial birth control and concluded that there was no need to panic about the use of condoms in certain cases of HIV and AIDS. Referring to the artificial birth control, he wondered whether now “the laity, in so many parts of the world, have taken the matter into their own hands, and while doing so have not been disturbed by the clergy”. Out of his wisdom and many years of

¹¹¹¹ The Principle of *epikeia* has its roots in the teachings of St Thomas Aquinas and St Alphonsus as well as in the writings of Aristotle. It is an act of justice that is done for the common good and for the good of the individual, and in which the intention of the law is recognised as a higher norm than the letter of the law.

¹¹¹² *The Tablet*, “AIDS: Catholic Church part of the problem,” 1 December 2002; *Southern Cross*, “SA bishop: The church has Aids,” 10 December 2002.

¹¹¹³ *Southern Cross*, “SA bishop: The church has Aids,” 10 December 2002.

¹¹¹⁴ *Southern Cross*, “*Condoms and AIDS: why the fuss?*” 21 January 2003.

experience, he advised the church not to be too fussy about condoms. I shall return to his advice in a later section of this discussion.

Similarly, the Pietermaritzburg based Catholic moral theologian, Charles Ryan, challenged the Catholic Church leadership to shun from irresponsible statements *vis-à-vis* condom use. He wrote that, “If you look at the position taken by the Southern African Bishops and many individual bishops in this geographical area AIDS is interpreted as the consequence of not following the Christian way”.¹¹¹⁵ In his conclusion of a paper delivered at the 3rd SACBC’s conference on theological response to HIV/Aids pandemic in February 2003 he said the following:

The situation ‘in the field’ to which any pastor will testify dramatically illustrates the failure of the Church in South Africa in conveying to its members, much less to society at large, a sexual morality that is both human and dignified”.¹¹¹⁶

Emphasizing on the conference theme, *Responsibility in a time of Aids*, Ryan told Catholic moral theologians and Aids activists that “if the Church leadership finds itself unable to accept that the use of condoms is appropriate in the context of the South African crisis, the acceptable Christian position would be to refrain from condemning those who see condoms as one of the only methods available at present to contain the epidemic”.¹¹¹⁷ Several other theologians present in the conference such as Alison Munro, Jennifer Slater, Graham Rose, and Patricia Fresen expressed similar views.¹¹¹⁸ Comparable sentiments were expressed in the *Southern Cross* articles, most notably, that of Fr. Stefan Hippler, a Cape Town priest who argued that neither the Vatican’s ambivalence nor the Southern Africa bishops’ abstinence message were helpful to him since the moral prescription was obviously not working.¹¹¹⁹ He went on to write as follows: “Maybe the answer for our Church is not to fight the disease with moral

¹¹¹⁵ Kearon, *Medical Ethics*, 117.

¹¹¹⁶ See Ryan, *AIDS and Responsibility*, 4. This paper was first presented in an SACBC theological conference held at St Augustine College, Johannesburg, between 5 and 7 February 2003.

¹¹¹⁷ Charles Ryan’s paper was published as part of the conference proceedings. See Ryan, *AIDS and Responsibility: the Catholic Tradition*, 2-18.

¹¹¹⁸ See Bate, *Responsibility in a Time of AIDS*, ff.

¹¹¹⁹ *Southern Cross*, “We can learn from other churches,” 28 June 2005.

arguments, but to embrace the syndrome and the people infected and affected with love, a love that does not stop with the care for the sick and the dying, but one that abandons judgment and is open to the realities of human interactions in our time”.¹¹²⁰ Hippler believed that the Catholic’s prescriptive teachings on abstinence alone were a death sentence for people who could not or would not follow its sexual moral theology. “So it happens,” Hippler regretted, “we as a Church, who want to protect life in all circumstances, fail the people”. He noted that many bishops and moral theologians were silently waiting for Rome to give directions; with “a lot of anguish they see our people dying and still feel obligated to wait”. He explained further that in similar circumstances many Catholics actively involved in the fields of HIV and Aids were keeping silent, but pastorally might contradict the Church’s teaching – sometimes torn between allegiance towards the Church and loyalty towards the people they serve.

5.5.4 The Bishops’ Motif Evaluated

A significant question, which has dominated the South African Catholic Bishops’ condom debate, has been: what principle guided the Catholic bishops’ position on the use of condoms during the release of the ‘Message of Hope’.¹¹²¹ Neither the minutes of the preceding SACBC plenary sessions nor the Message of Hope draw directly from any particular moral principle. In a separate statement the bishops explained the reasoning behind their pastoral statement as follows:

The task of the bishops was to show the Church’s role as Mother and Teacher (the *Mater et Magistra* definition of the role of the Church by Pope John XXIII) – an extremely difficult and time consuming exercise. The bishops had to find a way to blend the Church’s traditional teaching on the sanctity of family life and values with the compassionate out-reaching role demanded by Christ. The bishops had to deal with the value of fidelity necessary in marriage as opposed to the all too frequent promiscuity of modern life.¹¹²²

¹¹²⁰ *Southern Cross*, “We can learn from other churches,” 28 June 2005.

¹¹²¹ *Southern Cross*, “Aids: What guides Church thinking,” 5 September 2001.

¹¹²² See the *Southern Cross*, “What the bishops discussed,” 8 August 2001.

This statement as well as the ‘Message of Hope’ highlights the two fundamental fears that the bishops had: sending a mixed message and creating a false hope. They had similar concerns as those expressed by their American counterparts, the United States Catholic Bishop’s Conference,¹¹²³ in 1988: first, sanctioning condoms could be construed as approving or promoting illicit sexual activity and therefore could compromise Catholic teachings and confuse the faithful; and, second, condoms did not work effectively enough.¹¹²⁴ The above statement is also indicative of the fact that the bishops wanted the Church as a Mother (*Mater*) to be seen to be relevant to the plight of South Africans in the context of the Aids pandemic but at the same time not contradict its teachings (*Magistra*). Whereas the statement explains why the bishops reiterated a strong message in defence of the Catholic teachings on marriage and fidelity, it is silent on why the bishops did not sanction condoms as a preventative method in its own merit, in accordance with the “compassionate out-reaching role demanded by Christ.”

The first draft of the ‘Message of Hope,’ which was submitted to the bishops by the SACBC Aids Committee as a proposal document prior to the plenary session explicitly sanctioned the use of condoms as a secondary preventative measure.¹¹²⁵ Moreover, Dowling’s document on his position on condoms had been circulated to his fellow bishops two weeks prior to the 24 July 2001 plenary session.¹¹²⁶ There was enough consensus and consultations prior to the meeting to warrant the expectation that the bishops would certainly pass the draft document. Yet, according to Bishop Fritz Lobinger of Aliwal, they “discarded the original draft and made a totally different text” outrightly condemning the indiscriminate distribution of condoms.¹¹²⁷ What happened in the

¹¹²³ Fuller and Keenan, Introduction, 21-23.

¹¹²⁴ “Reactions to AIDS Statement,” *Origins* 17.28 (1987), 489-93; “Continued Reaction to AIDS Statement,” *Origins* 17.30 (1988), 516-22; “Cardinal Ratzinger’s Letter on AIDS Document,” *Origins* 18.8 (1988), 117-21. See also Fuller and Keenan, Introduction at the end of the first Generation of HIV Prevention, 22.

¹¹²⁵ SACBC AIDS Office, Minutes of the Management Meeting held at Khanya House, Pretoria, 28 August 2001.

¹¹²⁶ *Southern Cross*, “Bishops to debate condoms next week,” 18 July 2001.

¹¹²⁷ Bishop Fritz Lobinger, “Text Formulations on AIDS,” personal comments to Philippe Denis online, 25 June 2003. Permission was graciously granted by the now retired Bishop Lobinger for the researcher to cite his personal correspondence material. Lobinger is currently based in Mariannhill. Fritz Lobinger, telephonic interview by the author conducted on 14 May 2009.

meeting to persuade the bishops otherwise? The comments of Lobinger are an eye-opener:

We looked at the original draft, a very different text. It had a passage that advised people to avoid the spread of the disease through condoms, and we would have agreed to the text, but the bishops said: whom do we help with that text? Those who are in difficult positions and the others who do not care have long made up their mind to use what they think will help them. They have no question. But if we pass that text, we cannot read it to the youth. We will not help the youth. The youth would have summed it up by saying: “for those who have made up their mind to sleep with anybody condoms are alright – then it cannot be wrong for us as well.” We did not want to issue out a mixed message which can be summed up: “those who are unable to stay with their marriage partner, and those who in any case cannot remain faithful, they should use condoms, but the others should not rely on their use”. We did not want to issue a mixed message of that kind.¹¹²⁸

As Lobinger clearly explains, the bishops had no problem with the use of condoms *per se*. They had become persuaded that allowing the use of condoms was inevitable in certain circumstances. The basic difficulty, according to Lobinger, was that they were “speaking to different audiences”. He noted that the victims of migrant labour system who were clearly in a difficult and vulnerable situation, for instance, were not their immediate audience in the letter.

They [masses of the migrant labour system] might hear about this letter but they had long made up their mind how to live. We had nothing against their use of condoms. They should use such protections. They already do so. They are not waiting for us to give the green light. If they had in fact been stuck with a conscience problem we would have opened a way for them. We would have spoken in a similar way as the bishops spoke at the time of *Humane Vitae*. But we knew from enquiries that they had no conscience problem. There was nothing to solve. There was no question that waited for an answer, not on their side.¹¹²⁹

According to Bishop Lobinger, the bishops knew that people who could not abide by the Catholic moral teachings were already using condoms as a result of the much publicised

¹¹²⁸ Bishop Fritz Lobinger, “Text Formulations on AIDS,” e-mail to Philippe Denis, 25 June 2003.

¹¹²⁹ Bishop Fritz Lobinger, “Text Formulations on AIDS,” e-mail to Philippe Denis, 25 June 2003.

condom campaign. Expressing support for the bishops' position, Bishop Tlhagale wondered: "People are already using condoms, why should they now use them with the endorsement of the church?"¹¹³⁰ A big number of the Catholic youths were also using the condoms. But the bishops were concerned about a few who had chosen to abide by the teachings of the Catholic Church. The bishops, therefore, resorted to affirming the Church's teachings on abstinence and ruling out the use of condoms. In a casuistic move, they allowed the use of condoms in the case of discordant couples. "We carefully avoided the kind of formulation that says 'there is only one condition where the use of condoms is acceptable,'" explained Bishop Lobinger, "that formulation says that the use of condoms is not acceptable in all other cases, something we did not want to say ... because we did not want to say that in all other situations the use of condoms is wrong. We knew that in many other situations it is better that these protections are used".¹¹³¹ Bishop Edward Risi of Keimoes-Upington, who was present at the historic 24th July 2001 Mariannahill plenary session, defended their position noting that they arrived at it "according to their right and duty to provide teaching to the local Church, 'a pastoral Christ-like response to the AIDS pandemic' within the context of Southern Africa".¹¹³² He said, "I was part of that plenary session in which we agonised and debated a lot; the statement was born out of a deep spirit of prayer in which we attempted to discern the voice of the Holy Spirit". He warned that those opposed to the position may, in the words of Acts 5: 39 "find themselves fighting against God"!

In the light of this, one wonders why the bishops had to release a statement in the first place. However, various circumstances had put the bishops under such an intense media pressure that, as Lobinger observes, "to issue nothing would have been worse". There had been a worldwide media speculation that the South African bishops were on the verge of sanctioning the use of condoms in HIV prevention.¹¹³³ On the ground, the long held bishops' anti-condom approach was not being adhered to by Catholic healthcare workers,

¹¹³⁰ Bishop Buti Tlhagale, "Condoms and the Church's Moral Teaching," Personal and Private notes, no date.

¹¹³¹ Bishop Fritz Lobinger, "Text Formulations on AIDS," e-mail to Philippe Denis, 25 June 2003.

¹¹³² *Southern Cross*, "Condom: the bishops' position," 21 December 2005.

¹¹³³ *The Tablet*, "when dogma costs lives," 26 June 2004.

upsetting the organizational equilibrium on the matter. Most important, however, the bishops had to unanimously respond to Bishop Dowling's statements or be seen as a divided hierarchy. Lobinger remembered the events leading to this dramatic plenary session with a sign of relief. He recounted his memory as follows:

Looking back I realise that we were in an impossible no-win situation. Several statements by church leaders in other parts of the world had indeed been rigoristic and wrong. They had created the impression that the [Catholic] Church is against any protective devices, also for the vast section of humankind that practices sex outside marriage. Some had now expected our statement to correct that – an impossible task. A lot of misunderstanding followed.¹¹³⁴

The refusal of the bishops to officially declare what they actually believed caused anger and disappointment, within and outside the church ranks.

That the bishops deliberately ignored society at large while concentrating on the needs of the very few Catholics who were interested in following their position may be seen as a form of sectarianism. The bishops were convinced that the use of condoms was the right way to go as far as stemming the epidemic tide was concerned. Interestingly, however, they refused to sanction the use of condoms publicly. On this Lobinger made the following comment: "Had we issued the original text and declared that the use of condoms is advisable in many or some situations we would not have saved any lives because those who were prepared to use them already did so. But we would have given a garbled message to the youth". Although the bishops were fully aware of the alternative positions presented by moral theologians, they chose to ignore their views because, according to them, the application of these principles was "case-specific when Aids consumes in the main".¹¹³⁵ They refused the advice of moral theologians with the explanation that "the arguments of moral theologians who advocate for the use of

¹¹³⁴ Bishop Fritz Lobinger, "Text Formulations on AIDS," personal comments to Philippe Denis online, 25 June 2003.

¹¹³⁵ Bishop Buti Tlhagale, "Condoms and the Church's Moral Teaching," Personal and Private notes, no date. This document, which was found in the SACBC archive in Pretoria, was most likely written after the release of the 'Message of Hope' (24 July 2001) because it cites an article dated 30 June 2001 (J. Fuller & Keenan in *Tablet* 30 June 2001).

condoms are helpful as a theological exercise that seeks to apply the resources of the Catholic Church tradition to the Aids pandemic but less satisfactory in confronting headlong the gospel of life in its complexity as taught by the magisterium".¹¹³⁶ By this telling statement, the bishops felt that theologians could say what they like, at the end of the day, they had to submit to the bishops.

The bishops' position on the use of condoms, however sensitive to the needs of the church, had potentially devastating consequences for the South African people, especially with regard to stemming the tide of the Aids epidemic. First, it was self contradictory and thereby capable of misleading. Whereas the bishops posed to protect the church's image as a teacher and a leader of the society, they denied it an opportunity to do exactly that in relation to the use of condoms in HIV prevention. They ignored the fate of many South Africans who could be negatively influenced by their silence to not use condoms even at the risk of contracting the HI virus. Second, it was silent on a life threatening issue, something that could dent public trust in the Catholic Church's hierarchy as the protector of the poor and the marginalised in the society.¹¹³⁷ Given that Aids had become a public health issue, the statement's failure to sympathise with those engaged in risky behaviours could be perceived by some as tantamount to the hierarchy's insensitivity to the plight of ordinary South Africans in the face of a deadly epidemic.¹¹³⁸

Similarly, although Archbishop Denis Hurley had silently supported the use of condoms in HIV prevention since 1986,¹¹³⁹ he died without ever stating it publicly and in an explicit manner. He allowed Catholic nurses in Durban to recommend and even distribute condoms in the archdiocese's care programme. The closest he came into stating his personal views, however, was in his personal letter on the subject,¹¹⁴⁰ which he wrote a

¹¹³⁶ Bishop Buti Tlhagale, "Condoms and the Church's Moral Teaching," Personal and Private notes, no date.

¹¹³⁷ *Southern Cross*, "The condom debate continues," 29 August 2001.

¹¹³⁸ *Southern Cross*, "Church will never hand out condoms," 30 July 2000.

¹¹³⁹ Mrs Liz Towell is a retired Catholic nurse who, besides being the founding director of the Sinosizo Aids project, did marvellous pioneering Aids care work in the archdiocese of Durban. See Towell, interview by author, on 9 July 2008.

¹¹⁴⁰ *Southern Cross*, "Condoms and AIDS: why the fuss?" 21 January 2003.

few months before his death.¹¹⁴¹ In this letter, Hurley argued that things flare up and die away in the history of the church. He gave examples of other fiercely disputed issues that have come to be accepted finally. He recalled the turmoil that rocked the Catholic Church following the publication of Pope Paul VI's encyclical *Humanae Vitae*. While indicating a certain sympathetic compassion for married couples, Pope Paul reiterated the prohibition concerning the artificial birth control enunciated in the encyclical *Casti connubii* by Pope Pius XI. As a die-hard confessor, he remembered the agony of penitents and confessors over the birth control issue prior to *Humanae vitae*. He observed that "since subsidence of the turmoil over *Humanae vitae*, a great silence concerning the matter has descended over great sections of the Catholic world". He added that, to the much relief of the confessors, artificial birth control no longer seemed to be a matter for confession on the part of married couples. The issue descended from being a subject of the pulpit and pastoral letters. Even with the occasionally reiterated prohibition by Pope John Paul II such as in the concluding allocution after the synod on the family, artificial contraception is now not a big issue in the Catholic Church. With this brief history on a subject most close to his heart, Hurley was certain that time would bring to a safe rest the issue of the use of condoms. Like St Basil the Great, he believed that time would correct the erroneous condemnation of condoms by the hierarchy and "made a prudential judgement that his time and place was not the setting for insisting on it".¹¹⁴²

The Holy See's position on the issue of condoms was similar to that of the SACBC. In December 2000, Vatican officials fended off insistent questions about the Church's condemnation of condoms in Aids prevention, turning attention instead to Church education programmes which they said tackle the roots of the problem.¹¹⁴³ They insisted that condoms could never be morally allowed. In May 2001, the Pope told Catholic theologians to stick to Catholic law on sex issues and to recognize that certain concepts

¹¹⁴¹ Archbishop Denis Eugene Hurley died on Friday 13th February 2004 after saying Mass at Our Lady of Fatima Church in Durban North. See the *Catholic News Bulletin Archdiocese of Durban*, "R.I.P. Archbishop Denis Eugene Hurley, O.M.I. (1915-2004)," 386 (March 2004), 10.

¹¹⁴² Ryan, *AIDS and Responsibility: the Catholic Tradition*, 16.

¹¹⁴³ *Southern Cross*, "'Condoms no answer to Aids' Vatican Cites SA'S failure," 17 December 2000.

regarding the dignity of human life and sexuality are unchanging.¹¹⁴⁴ Incidentally, just two weeks prior to the release of the ‘Message of Hope,’ Pope John Paul II sent a strongly worded message to the United Nations Secretary General, Kofi Annan, insisting that international efforts to combat the spread of Aids must include efforts to restore moral principles.¹¹⁴⁵ Then the Vatican officials went silent over the matter for about three years only to resurface in the mid 2004 with a different story.¹¹⁴⁶ It distanced itself from the condom condemnation campaign announcing that it was working on its official position on condoms. This had been triggered by Cardinal Alfonso Lopez Trujillo’s statement during an interview with the BBC programme, *Panorama*, which specialised in hard-hitting investigations.¹¹⁴⁷ Trujillo, who was the president of the Vatican’s Council for the Family, was commenting on a Vatican document, *Family values versus sex*, when he stated that “condoms were not reliable weapons in the battle against Aids and should carry a health warning to that effect”.¹¹⁴⁸ His comments attracted a fresh barrage of criticism levied against the Vatican stance. ‘Activists Blast Vatican Stand on Condoms,’ ‘Catholics Should Challenge Church’s Aids Claim,’ ‘UN official Slams Vatican,’ ‘Sex and the Holy City,’ ‘When dogma costs lives,’ and ‘In the Fight Against Aids, Catholics Can Only Be Ashamed’ were just a few of the headlines appearing in major publications around the world.¹¹⁴⁹

In response to the negative publicity, the Franciscan Father, Maurizio Faggioni, a consultant for the Congregation of the Doctrine of the Faith, said that the Vatican had never had an official position on the use of condoms in HIV prevention. He added that the Pope, John Paul II, had never specifically addressed the issue of whether condoms could or should be used in HIV prevention and that the matter had not been taken up in the catechism.¹¹⁵⁰ “We have never published a document on this,” said Father Faggioni, “some individuals have made remarks, but that is not the same as an official position”.

¹¹⁴⁴ *Southern Cross*, “Stick to Church law on sex issues, Vatican tells theologians,” 30 May 2001.

¹¹⁴⁵ *Southern Cross*, “Pope to UN: Moral renewal needed to fight Aids,” 4 July 2001.

¹¹⁴⁶ *Southern Cross*, “Vatican still deciding on condoms and Aids,” 1 June 2004.

¹¹⁴⁷ *The Tablet*, “A matter of life and death,” 26 June 2004.

¹¹⁴⁸ *The Tablet*, “A matter of life and death,” 26 June 2004.

¹¹⁴⁹ *Southern Cross*, “Vatican still deciding on condoms and Aids,” 1 June 2004.

¹¹⁵⁰ *Southern Cross*, “Vatican still deciding on condoms and Aids,” 1 June 2004.

The official position of the Vatican on condoms never came by during the entire period under review. Instead, the address of the new Pope, Pope Benedict XVI,¹¹⁵¹ to the South African bishops on HIV and Aids on 28 June 2005 reinstated that abstinence and faithfulness were the only sure ways of preventing the spread of HIV, intransigently avoiding even to mention the word ‘condom’.¹¹⁵² The Papacy, therefore, adopted a pattern similar to that of the South African bishops: shifting from a hardliner condemnation of condoms to an intriguing silence over their use. This silence was broken in March 2009 when the pope reiterated the church’s condemnation of condom distribution, tacitly avoiding banning the use of condoms in all HIV prevention cases.¹¹⁵³ However, this was an *ad hoc* statement, made in the plane going to Cameroon. The Pope merely responded to the question of a journalist. In Catholic theology, such a statement does not carry much weight. To date the Catholic Church still has not made an official pronouncement on the matter.

One may argue, as does Ryan, that such silence is an ‘economy of words’ (*oikonomia*). Citing the example of St Basil of Caesarea, he advised the bishops to maintain such a silence and refrain from condemning condoms. He observed that “‘turning a blind eye’ might seem to be a cowardly posture to adopt, but there is precedent in church history for such a policy being considered moral”.¹¹⁵⁴ Ryan’s *oikonomia* based plea at the National Catholic Aids conference in February 2003 – “we know that distributing condoms is not the best way of solving our present major problems, but let us not condemn until the better solution is actually in place”¹¹⁵⁵ – became the yardstick of Catholic HIV and Aids response for the South African Catholic Church and, arguably, for the Papacy too.

5.5.5 The opinion of ordinary church members

During a series of interviews conducted in Pietermaritzburg in the month of April in 2010, ten Catholics stated their position regarding the use of condoms in HIV prevention.

¹¹⁵¹ Following the death of Pope John Paul II on 10 April 2005, the Holy See transited to Pope Benedict XVI. See *Southern Cross*, “Cardinals silent as conclave loomed,” 26 April 2005.

¹¹⁵² *Southern Cross*, “Pope Speaks to SA bishops,” 28 June 2005.

¹¹⁵³ Pope, Condom Distribution wont solve the Aids Problem, http://www.news24.com/News24/Africa/News/0,,2-11-1447_2487262,00.html accessed on 3 April 2009.

¹¹⁵⁴ Ryan, *Basil and Controversy – A Moral Appraisal*, 65.

¹¹⁵⁵ Ryan, *AIDS and Responsibility: the Catholic Tradition*, 15.

They also expressed their convictions regarding the public statements of Catholic leaders. These were ordinary church members who did not hold any leadership positions in the church. They consisted of five women and five men. They were members of different congregations which constituted a single parish. All of these 10 interviewees were African black people of various age categories ranging from 20 to 65 years. The interviews were conducted in English language.

Although the individuals came from a single race, they represent different viewpoints with regard to ideological background, age, church congregation, socio-economic status and geographical location. They comprised of Catholic academics, professionals in fields such as medicine and teaching and non-working elderly persons on government grants. Their information sources ranged from reading Catholic magazines such as the *Southern Cross*, to the Internet, sermons and general knowledge in the community. Therefore, the group is representative of a large cross-section of the Catholic population in South Africa.

Some of the questions posed to the interviewees and their responses are summarised in Table 5.2 below.

*Table 5.2 Catholic Members' Opinion on the Use of Condoms in HIV prevention*¹¹⁵⁶

| QUESTION | YES | | NO | |
|---|--------|---------|--------|---------|
| | Number | Percent | Number | Percent |
| Should Catholics be allowed to use condoms in HIV prevention? | 7 | 70% | 3 | 30% |
| Is the Catholic Church a hindrance in HIV prevention? | 2 | 20% | 8 | 80% |
| Are Catholic members using condoms in HIV prevention? | 10 | 100% | 0 | 0% |

¹¹⁵⁶ These results are based on 10 Catholic Church members' interviews that were conducted by the researcher on the month of April 2010 in Pietermaritzburg. The names and particulars of the interviewees are confidential.

| | | | | |
|---|---|-----|---|-----|
| Do Catholic Church leaders have the commitment needed in mitigating the impact of HIV and Aids? | 9 | 90% | 1 | 10% |
| Is the Pope insensitive in his opposition to the use of Condoms in HIV prevention? | 4 | 40% | 6 | 60% |

Although 90 percent of the interviewees were convinced that their leaders were genuinely committed to preventing the spread of HIV, they were sure that most Catholic members disregard their leaders' repeated condemnation of the use of condoms in HIV prevention. Therefore, the majority of the people interviewed (80 percent) did not see the Pope's statements and the SACBC's public condemnation of condoms as major hindrances in the entire HIV prevention campaign, even among Catholics. Even so, 60 percent of them did not think that their leaders were insensitive to the plight of the members involved in the epidemic.

If the above survey is anything to go by, it is apparent that the Catholic debate on the use of condoms in HIV prevention seems to have little significance on the actual practice of members of the Catholic Church. More specifically, statements or even expressed opinions of leaders of the institutional church did not directly alter the sexual behaviour of individual members. However, as Garner's study¹¹⁵⁷ showed, and in line with Denis argument,¹¹⁵⁸ membership to particular religious denominations seems to have direct bearing on the HIV sero prevalence. At the same time, Catholic members did not seem to be unhappy with the statements of their leaders that condemned the use of condoms. They indicated that spiritual leaders were mandated to uphold a given moral code, specific to the Catholic Church ethics. This code was opposed to the use of condoms and all contraceptives. The majority of the interviewees (70 percent) indicated that Catholics

¹¹⁵⁷ Garner, *Safe Sects?* 41-69. See a detailed discussion on Garner's findings in Chapter One of this study.

¹¹⁵⁸ Denis, *The Church's Impact on HIV Prevention and Mitigation in South Africa*, 66-81.

should be allowed to use condoms in HIV prevention since this was case specific and an individual decision.

5.5.6 Responsibility in a Time of Aids

Catholic institutional response to HIV and Aids during the 2000s was significantly influenced by the new theological reflection on Aids popularised under the title, 'Responsibility in a Time of Aids'. As indicated earlier in this study, the interest among Catholic leaders, theologians and Aids activists to collectively reflect on HIV and Aids was clearly expressed in the late 1990s.¹¹⁵⁹ Regional workshops on Aids were seen as an indispensable vehicle in achieving this goal. However, both the Pretoria workshop, held between 14 and 17 April 1998, and the Durban workshop, held between 5 and 7 December 1999, turned out to be practitioners' exchange forums as opposed to theological reflection workshops on account of low attendance by theologians and activists. Consequently, they did not address theological concerns as expected by the conveners.¹¹⁶⁰ As a way of dealing with the controversies surrounding 'A Message of Hope' in 2001, the SACBC Aids Office was tasked by the conference with organising an international Catholic conference in South Africa which would reflect theologically on HIV and Aids. After further consultations with other stake holders, it was decided that a national conference as opposed to an international one would be more relevant.¹¹⁶¹ The conference, which had been scheduled to take place in the beginning of 2002 was delayed until March 2003. Assuming a prevalent theme, 'Responsibility in a Time of Aids,' the conference set the theological tone for the period. In this conference, Catholic moral theologians and Aids activists critiqued the church's official stance on the use of condoms besides addressing other pertinent issues such as stigma mitigation, care and treatment, and sexual education. As a result of this conference, as well as the entire reflection that ensued in the 2000s, the Catholic Church became more accommodative of

¹¹⁵⁹ SACBC, minutes of a meeting of the Commission for Seminaries held in Pretoria on 22 November 1999. See also SACBC, minutes of a plenary session meeting held in Mariannhill between 12 and 17 August 1999.

¹¹⁶⁰ Stuart Bate, "Introductory Words: Preface," in Bate, *Responsibility in a Time of Aids*, ix-xii.

¹¹⁶¹ SACBC Aids Office, Minutes of the Management meeting held at Khanya House, 28 August 2001.

non orthodox positions in its response to HIV and Aids as compared to the 1990s and the 1980s.

Following this conference, there were numerous grass-root examples of the efforts by the church to integrate HIV and Aids into its mainstream theological reflection. For instance, Sister Hermenegild of Kokstad witnessed to having participated in a reflection that led to a total change of attitude and behaviour of herself and the sisters towards PLWHA in 2003.¹¹⁶² As a Religious Superior of the Oblates of Mary in Kokstad, she counselled an HIV positive sister and in the process initiated a dialogue in the community which led to acceptance and attitudinal conversion of the entire convent with regard to relating to PLWHA. In 2002, Denis Hurley wrote a public prayer for PLWHA which commenced as follows: “Father in heaven, as we remember all your children suffering from HIV/Aids we confide them to your divine mercy.”¹¹⁶³ Arguably, this was one of the first written public prayers on HIV and Aids in the Catholic Church in South Africa.

Integration efforts in the 2000s were also depicted in the manner in which different leaders tolerated unorthodox prevention methods. Whereas some bishops such as the archbishop of Durban, Cardinal Napier, remained opposed to the promotion of condoms,¹¹⁶⁴ others such as Bishop Dowling publicly advocated the use of condoms. Workers in Catholic health care facilities discovered, some in the hard way, that depending with the diocese they operated in as well as the manner in which they handled the issue of condoms could still result in sanctions from the local chancery.¹¹⁶⁵ Part of Mgadi’s job description as the archdiocesan Aids coordinator was to ensure that all Catholic Aids projects in the Durban Archdiocese did not distribute condoms.¹¹⁶⁶ He was

¹¹⁶² Makoro, interview by author, 19 October 2007. The same instance is narrated in detail in Chapter Three of this study.

¹¹⁶³ *News and Bulletin of Catholic Archdiocese of Durban*, “Prayers Concerning HIV/Aids – General Prayer,” 330 (December 2002), 98;

¹¹⁶⁴ *Southern Cross*, “Napier Speaks to Youth on Aids,” 24 March 2003.

¹¹⁶⁵ The director of Sinosizo-Durban project, Liz Towell, lost her job in 2002 on account of her condom policy which could not be tolerated by the regulatory archdiocesan body chaired by Cardinal Napier under the name Catholic Archdiocese of Durban Aids Care Commission (CADAC). See Towell, interview by author, 9 July 2008 and; Cardinal Wilfred Napier, follow-up interview by author, digital recording, interview conducted at his office in Durban on 14 August 2008.

¹¹⁶⁶ Mgadi, Interview by author, 30 January 2008.

expected to notify the archbishop in the event any project contravened this regulation. Bishop Michael Paschal Rowland of Dundee diocese in KwaZulu-Natal wrote an article to correct what he called ‘media speculation’ that sisters and Aids workers of Maria Ratschitz Mission were distributing condoms.¹¹⁶⁷ On the other hand, Bishop Dowling continued to engage the church in a public condom debate asserting that to deny the people of Rustenburg condoms was to deny them justice, something that Jesus would not do.¹¹⁶⁸ It is probably going to be long before all the concerns of the conservatives can be allayed. However, as a result of the ‘Responsibility in a Time of Aids’ theological reflection, many more priests and care givers started to recommend and distribute condoms. Father Hippler,¹¹⁶⁹ for instance, was not only distributing condoms but now had a theological justification for his actions. Father Gérard T. Lagleder of Eshowe in KwaZulu-Natal put it even more candidly:

As a Catholic scholar and leader it is my position to fully and totally subscribe to the teachings of the Catholic Church. If you had asked me why I – being a Catholic priest – urge my Aids patients to use a condom if they have no choice to abstain from sex and make them sign a treatment contract where they have to promise to do so before we put them on ARV treatment and why I still do not consider this a contradiction to the teachings of the Catholic Church I would have given you a lengthy answer.¹¹⁷⁰

Although the debate is far from over, it is certain that during the 2000s there was an increase in ecclesiastical tolerance of the Catholics openly distributing condoms.

5.7 Conclusion

In this chapter I have argued that between 2000 and 2005 the Catholic Church in South Africa attempted to forge an integrated response to HIV and Aids. Using a tripartite approach, which consisted of health care and treatment (CATHCA), education (CIE), and development (DWA), the church intensified its activities in marginalised communities by establishing more than 200 Aids projects. Admitting previous mistakes such as an

¹¹⁶⁷ *Sunday Times*, “Hope in the place of sorrow,” 20 June 2001; *Southern Cross*, “Condom talk is necessary,” 27 June 2001.

¹¹⁶⁸ *Southern Cross*, “Jesus would not hand out condoms,” 28 June 2005.

¹¹⁶⁹ *Southern Cross*, “Let’s discuss the theology of Aids,” 27 July 2005.

¹¹⁷⁰ Father Gérard Tonque (Clemens) Lagleder (O.S.B) is the founding director of the Blessed Gerald Care Centre in Eshowe diocese. See Lagleder, interview by author, 10 October 2007.

insufficient effort to mitigate HIV and Aids related stigma, the Church attempted to care for orphans and the sick and to educate communities on their rights to treatment, equality, and access to information. However, this effort to integrate HIV and Aids response was frustrated by the concern to maintaining organizational equilibrium and a united Aids response in the wake of severe criticism and a relentless condom controversy. Otherwise said, the church's concern to accommodate the concerns of its conservative members whilst at the same time reaching out to the needs of the members of the society most at risk of HIV infection became a constant organizational dilemma with regard to its responsibility. Assuming the role of an NGO in its *identity*, *activity*, and *organization*, the Catholic Church propagated western bio-medical solutions to the Aids crisis.

CHAPTER SIX CONCLUSION

6.1 Main Findings

The history of the Catholic Church's response to HIV and Aids in South Africa between 1984 and 2005 can be divided into three periods: Aids ignored (1984-90), Aids confronted (1991-1999), and Aids integrated (2000-05). The years 1984, 1990 and 2000 not only mark the beginning of a new period but are also watersheds in how the church perceived the threat of the Aids disease. They mark the beginning of the church's new effort and strategy in combating the Aids crisis. In 1984, the threat of the disease was brought to the attention of the bishops for the first time during an IMBISA Aids workshop held in Harare. The theme of this workshop, 'Awareness on the Societal Impact of the Aids Disease,' set a precedent in the way the Catholic Church viewed the disease during the 1980s. In 1990, the institutional church made a decision to respond to the Aids epidemic and released a pastoral letter to that effect. *The Pastoral Letter on Aids*, which emphasized on care of the PLWHA, became a reference point for the church's response during the entire 1990s. In 2000, a multifaceted approach to HIV and Aids response was sought. However, a pastoral letter that attempted to address this new impetus, *A Message of Hope*, was heavily criticised on account of its condemnation of condoms as well as its insensitivity to gender disparities.

The impact of HIV and Aids on the Catholic Church as a religious institution was greater than the church's response to the epidemic. With the exception of an archdiocesan Aids committee in Durban that was established in 1986, South African Catholicism did not have any leadership structure responsible for dealing with HIV and Aids during the 1980s. In 1992, the SACBC established an 'Aids desk' which collapsed two years later on account of the condom controversy. After its reestablishment in 1996, the office lasted barely a year and a half. Once again, the coordination of HIV and Aids response in the region was hindered by administrative differences between the donor (CAFOD), the SACBC Aids coordinator, and the bishops. It was, however, the third establishment of the office in August 1999, which coincided with a 100 million USD grant that bore much success. However, the presence of funding with 'strings attached' as well as the undesired effect of the NGO-isation of Catholic Church's Aids projects led to the

replacement of parishes by projects as the front-face of the church's response to HIV and Aids.

6.1.1 Prevention of HIV Transmission

In the 1980s, moral reform was seen by the church as the most obvious means of prevention. The use of condoms as an alternative method of HIV prevention did not feature until 1988 when the government introduced a 'safe sex campaign' that promoted the use of condoms in HIV prevention. The idea of using condoms as a method of HIV prevention was rebuffed by the Southern African Catholic bishops. The Catholic Church did not have any official HIV prevention policy at that time. At most, certain Catholic leaders such as Denis Hurley and Ted Rogers were involved in awareness workshops and committees.

Although the Catholic Church in South Africa did not have a clear policy on the use of condoms in HIV prevention during the 1990s, it was officially opposed to the distribution of condoms. The hierarchy was engaged in a protracted anti-condom campaign during the entire 1990s. On the other hand, Catholic medical practitioners such as retired Catholic nurses and Catholic activists were defiantly involved in the distribution of condoms as an HIV prevention method. During the 2000s, moral theologians attempted to allay the bishops' fears that a sanction of the use of condoms was in contrast with the Catholic teachings on the sanctity of marriage and sex. They invoked traditional Catholic ethical principles to prove that the use of condoms in HIV prevention is morally licit and need not be set against the church's teachings and tradition. Key among these traditional moral principles was that of double effect, which was used by Dowling to argue that the use of a condom for the sake of defending life is morally defensible. Ironically, the bishops' letter of July 2001, *The Message of Hope*, did not offer much hope to the millions of people threatened by the epidemic and unable to follow the Catholic standards of sexual morality. The message that it conveyed was a categorical rejection of the use of condoms in the context of Aids, with the only exception in married couples where one partner is infected. Therefore, throughout the 1990s and 2000s the use of condoms in the prevention of HIV and Aids in the Catholic Church was a matter of 'contested

accommodation'. In line with the organizational theory of Seidler and Meyer, organizational change in the area of HIV prevention policy in the Catholic Church oscillated between total condemnation of condoms and a limited accommodation of their use as the church navigated "its identity in the changing context".¹¹⁷¹

6.1.2 Treatment of the Aids disease

In the 1980s, Catholic hospitals such as the St Mary's Hospital in Mariannhill diocese and the Franciscan Mission Hospital in iNkandla, Eshowe diocese, treated Aids patients in the same manner as the other patients. By 1990, Catholic care organizations had started accommodating Aids patients in their facilities alongside other terminally ill patients. It was not until 1991 that Catholic specialised institutional care for PLWHA emerged. The St Francis House in Boksburg, Johannesburg, was the first of its kind when it was opened in January 1991.¹¹⁷² It offered treatment of opportunistic diseases to both adults and children in its boarding facility. In the same year a similar treatment facility was established in Cape Town by the Catholic Church. Similar institutions were established in various dioceses within the country during the 1990s. The AZT drug was too expensive for these organizations. They however managed to provide palliative care to PLWHA. The earliest such institutions in KwaZulu-Natal were the Blessed Gérard's Centre in Mandeni (1995) and the Benedictine Sisters' Holy Cross Aids Hospice (1994) in the Eshowe diocese. These Catholic institutions, which increased both numerically and in capacity during the late 1990s, helped in easing the pressure in hospitals beds as well as in offering special medical services to PLWHA.

It was during the 2000s, however, that Catholic involvement in the treatment of PLWHA started to become nationally significant. The church took an early advantage of the offer by pharmaceutical companies in lowering the cost of antiretroviral therapy. It became a pioneer in showcasing the impact of antiretroviral drugs in the treatment of Aids in the country. As early as 2001 the Catholic Church was administering Prevention of Mother to Child Transmission (PMTCT) in five centres around the country, two of which were based in KwaZulu-Natal. Between 2003 and 2005, it established 22 centres for rolling out

¹¹⁷¹ Seidler and Meyer, *Conflict and Change in the Catholic Church*, 214.
¹¹⁷² Craig, interview by author, 26 June 2009.

antiretroviral drugs under the HAART programme. Five of these centres were located in the province of KwaZulu-Natal. Meanwhile, the government was involved in a protracted legal battle with Aids activists over the rolling out of free antiretroviral drugs in public hospitals.

6.1.3 Care of PLWHA and Orphans

Besides the institutionalised care, which was often coupled with treatment services, the Home Based Care programme became another significant contribution of Catholicism not only in the field of HIV and Aids but also in the entire national public health policy. The archdiocese of Durban set the pace in the late 1980s. Following the establishment of an Archdiocesan Aids Committee in 1986 by Archbishop Denis Hurley and the piloting of the first Home Based Care programme in the country in 1990, the Archdiocese of Durban introduced what later became a key method of care in the country. Following the example of Ndola diocese in Zambia, the archdiocese relied on the services of retired Catholic nurses in visiting, counselling, and caring for PLWHA. So successful was the programme that, in 1995, a training component was added to it, besides being renamed Sinosizo. Sinosizo became very instrumental in training and establishing parallel programmes in the other seven dioceses in KwaZulu-Natal. Similar creative responses in the area of care were found in the Archdiocese of Cape Town. As early as the mid 1990s, the Catholic Caring Aids Network (CAN) in Cape Town managed to set up groups of carers in each parish who met regularly, sharing their own stories and anguish and reflecting together on ways in which they could 'be there' for others, especially those PLWHA. Similar examples were highlighted in this study in the ecclesiastical provinces of Bloemfontein and Pretoria. With the exception of Dundee and Kokstad, all dioceses in KwaZulu-Natal had at least one care project by the end of 1999.

Catholic care activities in the 2000s took a radically new focus as women, orphans and the 'care of carers' turned out to be groups needing urgent attention. This new focus coincided with a sudden increase in funding opportunities, almost exclusively from Europe and North America. Catholic projects involved in the care of PLWHA increased

from 61 to over 300 between 2000 and 2005, earning the church the popularity of being the largest care organization of PLWHA in the country, second only to the government.

6.1.4 Stigma Mitigation

There was little attention to AIDS-related stigma and discrimination in the Catholic Church during the 1980s and the 1990s. During the 2000s, however, there was an increasing awareness of the role that the Catholic Church could play in either mitigating or enhancing HIV and Aids related stigma and discrimination in the society. In 2002 the bishops admitted that the Catholic Church was guilty not only of not doing enough in mitigating stigma but also of propagating attitudes and discourses that exacerbated it in the society.

In this study, various activities and statements of the Catholic Church were highlighted as having had the potential to exacerbate HIV and Aids related stigma and discrimination. Many priests were ill equipped in counselling or even handling HIV and Aids in their parishes during the period under review. The moralising discourses of the 1980s influenced the societal conscience so that PLWHA were regarded by the society as moral misfits. The ‘we told you so’ attitude of most priests and religious leaders during the 1980s and 1990s was tantamount to stigmatising those infected by the virus. The denial by most religious congregations as well as chanceries of the fact that there were Catholic priests living with HIV and Aids, as well as their refusal to offer care to them could not be any lesser stigmatising. The compulsory HIV testing of candidates for spiritual formation as well as the requirement of a negative HIV test result as a condition for candidacy for priesthood were forms of stigma and discrimination. Indeed, the very attitude of the hierarchy in presenting Catholicism as HIV and Aids free during the entire period under review was rather discriminatory. Convents and religious congregation centres in KwaZulu-Natal highly stigmatised members who disclosed their HIV positive status. By focusing on condoms in their 2001 pastoral letter, the bishops moralised the problem of condoms and in effect aggravated the stigmatisation of PLWHA.

On the other hand, the Catholic Church was involved in Aids activism both at the national level and at the communal level during the 2000s. Catholic Aids projects mobilised community groups such as women and PLWHA to fend for their own rights in areas such as the acquisition of government grants for the sick as well as free medical services. At the national level, the SACBC Aids office was represented in activist organizations such as the TAC. Meanwhile, the bishops called President Mbeki's administration to step out of Aids denialism and start rolling out free treatment for PLWHA.

6.1.5 Sex Education

Catholic Church's sex education with regard to HIV and Aids varied considerably over the period under review. This was largely determined by the meaning and interpretations of the epidemic by the priests and lay leaders as expressed in their statements and teachings. During the 1980s, they viewed sex education through a moral theological lens. As a result, the teaching on sexuality was moralised and the threat of contracting HIV became a reinforcement of the moral teachings on sexuality. During the 1990s, however, the 'Pastoral Plan' known as 'Community Serving Humanity' helped in sensitising the church communities on the need to see the disease as a social catastrophe. Moral reform was emphasized at the level of the society as opposed to the individual. A theological framework that was popularised under the name 'Responsibility in a Time of Aids' became the new lens through which some priests saw their involvement in the Aids crisis during the 2000s. This was more introspective, giving particular church groups such as women, moral theologians and Aids activists the opportunity to ask the hard questions on the church's stance on prevention.

The condom controversy clouded Catholic Church's sex education. During the 1980s, the debate seemed to centre on the 'sinfulness' of condom use in HIV prevention whereas during the 1990s the 'effectiveness' of condoms as a legitimate alternative method was explored. During the 2000s, Catholic activists argued that the use of condoms was actually a human right and thereby a matter of justice and freedom. The official position of the Catholic Church, however, never changed. The bishops' opposition to the

distribution of condoms, even in HIV prevention, was reiterated in the pastoral letters they released in 1990 and 2001 as well as in their statements of 1988 and 1999. Alongside this condom condemnation message was the promotion of the church's preferred method of HIV prevention, abstinence before marriage and faithfulness in marriage. Although the Catholic Church intensified sexual education programmes in the 2000s as a prevention campaign, its statements on sex and sexuality during the entire period were openly defensive against critiques accusation that the church had become a barrier in the prevention campaigns on account of its prevention policy.

Meanwhile, the bishop of Rustenburg, Bishop Kevin Dowling, publicly supported the use of condoms in HIV prevention in February 2000. Drawing from the traditional casuistic moral doctrine of the church he used principles such as double effect and the lesser of two evils to argue that the use of condoms in HIV prevention is morally licit. Various other bishops seemingly agreed with Dowling's arguments but would not publicly endorse the use of condoms in HIV prevention. Therefore, some of the bishops tacitly condoned the use of condoms whilst publicly maintaining a hardliner position.

A survey conducted among a small group of church members indicated that in spite of the Catholic hierarchy's official statements on the subject, most Catholics used condoms in HIV prevention. They felt that the clerics had their obligation to teach good morals (abstinence) whilst individual members had the responsibility to protect themselves and their loved ones from HIV infection.

6.2 Analysis of the Results

6.2.1 The Catholic Church's response to HIV and Aids came quite early with creative and visionary ideas but it was hindered by organizational and theological barriers

As early as 1984, Catholic bishops in Southern Africa were already discussing ways of putting up a response to the looming Aids epidemic. Archbishop Denis Hurley and a few others in the archdiocese of Durban started an Aids initiative as early as 1986. There is no evidence of earlier religious responses to HIV and Aids in the region. The Catholic

Church seems to have been the first to respond to the disease in the region. However, it is significant that Aids was not on the agenda of the SACBC during the entire 1980s. Even after HIV and Aids was declared an institutional focus in 1990 it still took an entire decade (1990-1999) for the SACBC to establish a sustainable national response to the epidemic. Indeed, even during the 2000s Catholic activities and teachings on HIV and Aids were far from being fully integrated into its mainline programmes. There are two possible explanations for this phenomenon: organizational and theological.

Organizationally, the Catholic Church is an international body with an extensive network across the world. This enabled the South African Catholic leaders to benefit from experiences of their counterparts in East and Central Africa as well as the USA. Catholic leaders such as Hurley took advantage of prior warnings at IMBISA meetings to prepare for a response to HIV and Aids.

One may argue that since the Catholic Church is highly hierarchical, its response to HIV and Aids developed from top to bottom. The current study found that the international leadership structure often controlled the pace and the direction of the church's response to HIV and Aids. The Holy See, for instance, had a certain influence on the agenda of local chanceries and bishop's conferences. Similarly, the SACBC and the local chanceries influenced the response to HIV and Aids at the parish level. Even in cases where congregants started informal initiatives, these could not go far without the support of the local chanceries and the SACBC Aids Office. The lack of information and finances in the 1990s led to the collapse of many local initiatives. Applications for financial support were turned down by the SACBC Aids Office due to lack of funds. This is probably the reason why a more sustainable response to HIV and Aids was not attained until in the year 2000 when the SACBC Aids Office and the local chanceries were fully on board. Both the initiative and the sustenance of the response to HIV and Aids depended on the local chancery support, which in turn looked up to the SACBC Aids Office for assistance. Therefore, the structure of the Catholic Church aided in identifying possible visionary measures in the response to HIV and Aids but also limited it in the implementation of the same.

The theology of the Catholic Church was also a significant factor in influencing response to HIV and Aids. The Pietermaritzburg based Anglican theologian, Ronald Nicolson, argued that churches failed to respond to HIV and Aids during the early years of the epidemic due to lack of a theology on Aids which could inform their practice.¹¹⁷³ The theology in the Catholic Church acted as a catalyst and a hindrance at the same time. The ‘Community Serving Humanity’ theological reflection influenced the church towards caring for PLWHA during the 1990s whereas ‘Responsibility in a Time of Aids’ reflection was responsible for the increase in treatment and activism during the 2000s.

Yet, moral theology as it was practiced in the 1980s led to the association of the Aids disease with ‘immoral groups’ such as prostitutes and homosexuals. The Catholic Church largely ignored the Aids disease because, according to the theological understanding of the disease at the time, the ‘sinners’ somehow deserved their suffering as a consequence of their sinful acts. The reason why the Catholic Church ignored Aids during the 1980s and increased its care and treatment activities during the 1990s and 2000s was also theological.

6.2.2 The national Catholic coordination of HIV and Aids response became more organised, integrated and sustainable during the period between 2000 and 2005.

As indicated in this study, several factors were responsible for the integration of Catholic HIV and Aids response in the 2000s. Key among these were the reestablishment of the SACBC Aids Office with its three representative fronts (development through DWE, medical care through CATHCA, and education through CIE), the influx of large funds from overseas donors, and the publicity of the HIV and Aids epidemic in South Africa which necessitated a concerted and well coordinated Catholic national response. Arguably, the prime factor for the relative success in the 2000s response was the fact that almost all stake holders in the Catholic Church’s Aids response came on board in forging a concerted response, especially the bishops. In agreement, Johan Viljoen observed “that it was almost impossible to get anything going in dioceses where there were no bishops” or in cases where the relationship between local Aids initiatives and the local chanceries

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Nicolson, *AIDS: A Christian Response*, 2-3.

was antagonistic.¹¹⁷⁴ During the 1990s, many bishops had not given local Aids initiatives the necessary support. A few were reluctant to respond to the disease¹¹⁷⁵ whereas the majority had just not made HIV and Aids the diocesan top priority. This changed in the year 2000. New projects were established as a result of the bishop's own intervention. In Dundee, for instance, the establishment of the Maria Ratschitz hospice, the Zanethemba home-based care programme at Madadeni and Osizweni care programme at Osizweni in 2000 was as a result of the bishop's direct intervention. Similarly, the tremendous efforts of the bishop of the diocese of Ingwavuma during the early 2000s saw the establishment of home based care programmes such as Malusi Omuhle in Hlabisa and Unkulunkulu Unathi in Mtubatuba. These examples can be multiplied. Therefore, beginning in the year 2000 there was an increasing solidarity between the SACBC Aids Office, the local chanceries and parish initiatives in responding to the Aids epidemic, a key factor in the integration.

6.2.3 The Catholic Church's official HIV prevention policy was contradictory and ambiguous

That the Catholic Church maintained two contradicting prevention messages was rather problematic. Publicly and officially, the bishops condemned the use of condoms, either as contraceptives or as an HIV prevention method. Instead, they endorsed abstinence of sexual intercourse among the unmarried and faithfulness among the married couples in their pastoral letters. They argued that the use of condoms went against human dignity and changes the act of love into a selfish search for pleasure. Apparently, the reason for such a radical position was that the bishops wanted to uphold the sacredness of marriage and the teaching that sex outside marriage is a sin. Condoms, in the bishops' view, encourage promiscuity and jeopardise the dignity of marriage, which is a gift of God.

Privately and at a personal level, however, certain bishops condoned the use of condoms in HIV prevention. They indicated that they were convinced that condoms are a helpful and sometimes the only alternative method in HIV prevention. The fact that the social workers and medical practitioners on the ground distributed condoms, often with the full

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Johan Viljoen, on-line correspondence with the author, 12 June 2009.

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Emil Blaser, on-line interview by author, 20 June 2009.

support of the bishops, added to the complexity of the church's position on prevention. The fact that Dowling, a bishop who openly supported the distribution of condoms, was never sanctioned indicates that the matter was a complex one, even at the Holy See level. It is this 'double language' in the church's position on the use of condoms that could be seen as tantamount to hypocrisy or even irresponsibility on the part of the church hierarchy.

6.2.4 The Catholic Church provided new models of treatment and care

According to this research, the Catholic Church was not only the first organization in the country to offer institutionalised treatment and care for PLWHA during the early 1990s but by far the largest carer, apart from the government, of both PLWHA and Aids Orphans in the country during the entire period under review. It was the Home Based Care programme, however, that gave the church a cutting edge in the care of PLWHA in the country. Largely borrowed from Protestant churches in Zambia,¹¹⁷⁶ the model was a profound success in South Africa. The programme, which was based on volunteers' training and mobilisation in the communities, helped in decentralising medical services in South Africa. The tradition that only medical professionals can administer basic care and treatment to patients as well as the idea of confining the medical profession to hospitals was revised with the introduction of a more progressive and, in a way, pragmatic model. This was preceded by the 1995 realisation by the Catholic leadership that the incapacitated national medical system was not going to be able to provide medical care to the millions of infected persons. Therefore, both the institutional and the home-based models were innovatively introduced to the treatment and care of PLWHA in South Africa by the Catholic Church.

6.2.5 The Catholic Church demonstrated an outstanding ability to raise large amounts of funds and successfully channel them to service delivery in responding to HIV and Aids

The Catholic Church managed to raise more than 250 Million USD for HIV and Aids work in South Africa between 2000 and 2005, by far the largest amount to be spent on

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Iliffe, *The African HIV/AIDS epidemic*, 25-6..

HIV and Aids by a single organization at the time. This money came from more than 30 different international donors. The money was used to build up a networking system of treatment and care of PLWHA and Aids orphans around the country. More than 240 projects were established within a period of six years alone. This not only means that the Catholic Church had gained the trust of many donors in managing funds but also that it was a competent fund raiser.¹¹⁷⁷ Indeed, the Catholic Church had one of the largest HIV and Aids funding during the period under review. It is also correct to say that the Catholic Church had a good work ethic, appropriate financial control systems and a follow up on service delivery. The fact that the church was able to pioneer the PMTCT and the HAART programmes successfully in the country demonstrate its ability to conduct a feasibility study, hire the right personnel and deploy enough financial resources.

The Catholic HIV and Aids treatment and care system was established in a context affected by the nationalisation of the Catholic healthcare system in the apartheid era. When the apartheid government introduced the Group Areas Act in 1950,¹¹⁷⁸ all mission hospitals were taken over by the government, except only one in the case of the Catholic Church, the St Mary's Hospital in Mariannhill.¹¹⁷⁹ Therefore, the impetus to respond to the HIV and Aids epidemic was a key factor in the rebuilding of the post-apartheid Catholic health care system. The fact that it beat all odds of the 1990s and emerged the largest treatment and care system to aid PLWHA during the 2000s is quite significant.

6.2.6 The Catholic Aids projects became NGO-ised following the influx of large foreign funds in the 2000s

That Catholicism was in many ways confronted by HIV and Aids was evidenced in this study. Probably the most visible influence of HIV and Aids on Catholicism was the NGO-isation of its Aids projects. The influx of 300 new projects, 250 Million USD, and over 30 new donors in a period of six years alone had a major impact on the identity,

¹¹⁷⁷ Father Stuart C Bate (OMI) makes the same argument. See Stuart Bate, "Points of Contradiction: Money, The Catholic Church and Settler culture in Southern Africa: 1837-1920. Part 2: The Role of Religious Institutes" *Studia Historiae Ecclesiae* 26,1 (2000), 165-188.

¹¹⁷⁸ See www.amazon.com/Transforming-Settlement-Southern-Africa-Chris/dp/0748614656 accessed on 5 June 2009.

¹¹⁷⁹ See Catholic Health Care Association (CATHCA) website, <http://www.cathca.co.za/history.htm>, accessed on 20 November 2009.

organization, and activities of Catholic Aids projects. Therefore, Catholicism was not immune to the changes necessitated by its response to HIV and Aids. Indeed, Catholicism found itself engaged in activities similar to those of NGOs in an effort to meet the standards required by the donor community.

6.2.7 After the year 2000, the Catholic Church's Aids related activities and statements became less stigmatising against PLWHA

The South African Catholic Church's response to HIV and Aids was far from being monolithic. Certain representations of the Catholic Church's policies, statements, and activities prior to the year 2000 were found to be stigmatising those PLWHA. On the other hand the Catholic Church was in principle supportive of showing compassion to PLWHA as explicitly indicated in its pastoral letters on Aids. Priests, religious people, and the members of the Catholic Church were part of a culture, in the 1980s and 1990s, which was highly discriminative of PLWHA. Sisters who were living with HIV and Aids in convents would not disclose their status for fear of victimization. Similarly, candidates who were HIV positive could not join seminaries or novitiates. Priests who tested HIV positive could not disclose their status or access the support of local chanceries and religious orders. Religious leaders and the hierarchy denied the possibility of there being priests and religious people living with HIV and Aids.

From 2000, however, the institutional church focused on mitigating Aids related stigma and discrimination. The 'responsibility in a time of Aids' theological reflection popularised during the 2000s by Catholic moral theologians and Aids activists contributed to an increased awareness in the Catholic community of the presence of Aids related stigma as well as the need to mitigate it.

6.2.8 The Institutional Catholic Church's opposition to the use of condoms in HIV prevention did not stop an important number of Catholics from using them

Sex education within the Catholic Church is guided by the magisterium.¹¹⁸⁰ The priests are therefore guided by centrally laid down guidelines. Key among these guidelines is the principle of natural law which fore-grounded an opposition to any form of

¹¹⁸⁰ Magisterium here refers not to the teaching authority of the Roman Catholic Church but specifically to the official tradition handed down to the present generation over a period of time.

contraception, including the use of condoms. This partly explains why most priests and bishops condemned the use of condoms in HIV prevention as a technical method and were in favour of the natural abstinence method. However, the membership were located elsewhere in the debate, the concern to save their lives. Therefore, the influence of the institutional church on the member's sexuality seems to have been minimal.

6.3 Conclusions of the Study

6.3.1 Why did the Institutional Catholic Church Respond to HIV and Aids Epidemic in Three Stages?

According to proponents of the Organization Theory, organizations have the propensity to not only respond to different environmental stimuli but also to do so in gradual stages. The Aids disease became a new stimulus in the environment of the Catholic Church, a religious organization. During the 1980s, the organization was in denial of the fact that its members and even its structures were directly affected by Aids. Hence it ignored the disease. In 1990, it accepted that Aids was within its ranks and that it needed immediate and urgent response. This realization, however, was crippled by organizational unpreparedness in dealing with the problem in relation to capacity, policy and good will. This state of haphazardness, which comprised of uncoordinated activities and power contestations, lasted for nine years (1991-1999). In this period, the organization was in constant confrontation with the new stimulus.

Finally, in the year 2000, the organization showed signs of being able to respond to the new stimulus in a more focused and organised manner. It engaged the new stimulus by reordering its programmes, leadership, and budget so as to achieve certain set objectives. It is this process that I have called integration. From an Organization Theory standpoint, therefore, these tripartite levels of response are normal organizational procedures in responding to new stimuli. The Catholic Church was by no means an exception.

6.3.2 Why was the Catholic Church's Response to HIV and Aids Unbalanced in Terms of Gender?

In this study, I have argued that the Catholic Church's response to HIV and Aids was gendered in the sense that there were more women than men involved in the grassroots activities and yet there was almost zero representation of women in policy making and in top organizational leadership. In Chapter Four, I noted that this skewed gender representation, especially in voluntary care works, may have had both cultural and financial causes. However, the absence of women in Catholic leadership is founded on a different premise, patriarchal chauvinism enshrined in the church's tradition and well explicit in its hierarchy. As indicated in Chapter Five of this study, women who worked as SACBC HIV and Aids coordinators at different times, Maepa and Munro, complained that their efforts met a strong resistance which they associated with male chauvinism in the hierarchy. Maepa associated her sudden loss of job to the difficulty of the male dominated bishops' council inability to work with her as a woman.¹¹⁸¹ Indeed, the fact that feminist groups in particular argued for the promotion of condoms as a way of empowering women vis-à-vis negotiating safe-sex practices and the manner in which the hierarchy remained insensitive are all indicative of a strong patriarchal position.

It is noteworthy that the very church that preaches justice and advocates for equality of all is marked by exclusion of women, an exclusion that was declared by Pope John Paul II to be 'definite' – from ordination to its priesthood.¹¹⁸² It is this exclusion that Elizabeth Fiorenza in her *In Memory of Her* described as amounting to a contradiction of the gospel message.¹¹⁸³ This gender inequality is so deeply seated in the hierarchy and tradition of Catholicism such that internal initiatives towards reform are rebuffed by the system while still in their initial stages. Catholic women movements have sometimes made significant inroads in working with certain bishops. For instance, in KwaZulu and Natal, Archbishop Hurley placed the entire archdiocesan work of responding to the Aids pandemic in the hands of Catholic women laypersons. However, when Hurley retired and Cardinal Napier took over as the new Archbishop, most of these women lost power and influence

¹¹⁸¹ Maepa, interview by author, 8 July 2009.

¹¹⁸² John Paul II, "Apostolic Letter on Ordination and Women," May 22 1994 *Origins*, 24.

¹¹⁸³ Elizabeth Fiorenza, *In Memory of Her: A Feminist Theological Reconstruction of Christian Origins* (New York: Crossroad, 1984), 1152.

and sought other avenues of serving the community without the church ranks.¹¹⁸⁴ Therefore, reform attempts towards gender equity have been rather periodic and cosmetic.

6.3.3 Why was Sex a Problem and not a Domain of Pleasure in the Catholic Church's Response to HIV and Aids?

In this study I have argued that the teachings of the Catholic Church on sex and sexuality were rather defensive in the face of critics who claimed that the church had become a hindrance to HIV prevention campaign on account of its anti-condom statements. Apparently, this preoccupation in defending its teachings was in essence a defence of a traditional paradigm that was competing with more contemporary attitudes and perceptions. As discussed in earlier chapters of this study, Catholic teachings on sex and sexuality are based on a conceptual framework that thrived during the 16th century. As Foucault observed, here “sex was not seen as a strong, obvious force, but as something treacherous”.¹¹⁸⁵ In this paradigm, every detail had to be laid forth in confession; every trace of pleasure experienced had to be examined to find the traces of sin. This paradigm has continued to thrive in Catholic sex education. It is however opposed by “plastic sexuality,” a sexuality freed from its intrinsic relation to reproduction.¹¹⁸⁶ This 19th century paradigm, as Giddens argued, not only led to sex revolution but more importantly has continued to influence individual sexual behaviour. This is partly why sex was seen as a problem and not a domain of pleasure in the Catholic Church's teachings. Contemporary conceptualization of sex have become liberal such that sex is not secret, sinful, and merely for reproduction. Sex is instead openly sought for pleasure, identity, and for power.

Against this background, the Catholic Church's teachings on sex and sexuality became very unpopular, hence the need to be defensive. The church members found that they lived with competing paradigms, especially with regard to the condom debate. They opted to juggle the two, that is, use condoms in HIV prevention and let the leadership

¹¹⁸⁴ These women include: Mlambo and Towel. Both have been extensively discussed in Chapter 4.

¹¹⁸⁵ Michel Foucault, *The History of Sexuality vol. 1* (London: Penguin Books, 1992), 24.

¹¹⁸⁶ Giddens, *The Transformation of Intimacy*, 16.

teach what is acceptable in the church's tradition. They found the teachings rather aggressive, impractical and alienated from the contemporary context. For instance, the hierarchy would not consider the use of female condoms in HIV prevention even after it was championed by feminist groups as the device that would put real power in the hands of women for the same reasons. The prevention of HIV infection as well as women empowerment were enough reasons to warrant the use of condoms as far as Catholic membership was concerned. Not so with the institutional church that was keen to maintain a tradition that upheld patriarchal and medieval sexual conceptualization.

6.3.4 Why was the Institutional Catholic Church unable to persuade Individual Members not to Use Condoms in HIV Prevention?

The inability of the Catholic Church to persuade its membership of the validity of its position regarding the use of condoms in HIV prevention and the NGOisation of the church's projects involved in responding to HIV and Aids had a lot to do with the place of religion in contemporary South African society. Apparently, the African people that John Mbiti described as incurably religious in 1969¹¹⁸⁷ have a different form of religiosity today. Their conceptualization of religion has been reshaped by other social economic forces such as secularism, HIV and Aids, the decline of the postcolonial welfare state, the growing privatization and shifts in the labour market. Whereas South Africa is still massively religious unlike Europe or Australia, religious institutions in the country seem to be losing social control. South Africa is predominantly a Protestant country. However, the role of Catholicism in fighting apartheid and in responding to HIV and Aids has increased the visibility of the church in the public arena. In line with Taylor and Asad's arguments and the interviews of Catholic individual members, Catholicism in South Africa is becoming individualised. The hierarchy is not only less in a position to influence behaviour but also the members' conceptualization of religion has changed from a system of public beliefs and practices enforced from a central and organizational point to a private and experiential reality judged by the individual. This reform may be seen as an effect of secularism and other social forces on the modern South African

¹¹⁸⁷ John Mbiti, *African Religions and Philosophy* (London: Oxford Press, 1969), 1.

society. Whereas the NGOisation of Catholic projects involved in HIV and Aids has publicised Catholicism in the country, secularism and other socio-economic forces have privatised Catholicism, leading to a loss of control with regard to ideology and practices of individual members.

6.4 Recommendations for Future Research

The present study focused on the Catholic Church's response to HIV and Aids. However, the Catholic Church is a complex organization with many different religious congregations. It is recommended, therefore, that future researchers explore how the different religious congregations responded to the epidemic.

The present study attempted to write a critical history of the Catholic Church's response to HIV and Aids. It is recommended that future researchers do a proper impact assessment study of Catholic FBOs involved in responding to HIV and Aids.

The present study mainly concerned itself with the Catholic response to HIV and Aids at the organizational level. More emphasis by future researchers could be given to ordinary individual members of the Catholic Church, particularly women and youth.

Whereas the present study limited itself to the Catholic Church, it is recommended that future researchers do a comparative study of the responses of the Catholic Church and other Christian denominations to HIV and Aids.

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APPENDIXES

Appendix 1 Consent Form

My names are Stephen Muoki Joshua. I am a PhD student at the University of KwaZulu-Natal. I am doing a research as a part of my studies on the history of the response of the Catholic Church to HIV and AIDS. I kindly request you to participate in an interview which I will conduct myself in order to gather enough information on the subject. Although you may not directly benefit from this research, results of this study will help the church and other religious organizations in creatively responding to the AIDS epidemic.

If you will agree to participate, you will be asked to take part in an interview which will last for about an hour. An interview is simply a session whereby I will ask you certain questions and then you will respond on the basis of your memory and experience.

Your participation is voluntary. If at any time during the study you wish to withdraw your participation, you are free to do so without prejudice. You are welcome to ask any question prior to your participation or even after. You may not answer all the questions.

Authorization

I have read the paragraphs above and I understand the nature of this study. I understand that by agreeing to participate in this study I have not waived any legal or human right and that I may contact the researcher (pastastevo@yahoo.co.uk) or his supervisor Prof. Philippe Denis (Denis@ukzn.co.za) at the University of KwaZulu Natal if I have any concern about my treatment during this study or if I need any clarification. I agree to participate in this study and I understand that I may refuse to participate or I may withdraw from the study at anytime without prejudice. I understand that I may as well conduct the university research body (Dr. J. Moodley, 031-2604604; jmog@ukzn.ac.za) in case the researcher and the supervisor fail to meet my complaints satisfactorily. I may be recorded during the interview sessions.

My names and the information may be used for academic as well as publication writing:
Yes No

Participant's Names _____

Participant's signature _____ Date _____

Researchers signature _____ Date _____

Appendix 2 A Transcribed Interview

Interviewee – Towell, Liz (initials LT)

Interviewer and Transcriber – Joshua, Stephen Muoki (initials SJ)

Venue – Towel's House, Amanzimtoti, Durban, South Africa

Date – 9 July 2008

Accessibility – digital recording, consent form signed

LT: *(as she signs the release form)* what is the date today?

SJ: Date today is 9th July, I think.

SJ: So, if you don't mind mum, give me a little bit of your background in relation to HIV and AIDS.

LT: Ok. All right. I was a tutor at the health department. And I was teaching communicable diseases. So when Aids come along, that's a communicable disease. So that was why I first of all got involved and understood and learned a little bit although it was not good information at the beginning. And then, whilst I was there, a post came up to open the first Aids, training and information centre for KwaZulu-Natal and so I got the job and so I opened the first centre for HIV and AIDS.

SJ: Sorry, the job was with the department of ...?

LT: It fell under the province but my office was under the health department, the city health department. And so that was very awkward but anyway that is the way it was designed at that time. And that was in 1987 we opened the Aids centre. Prior to that we just taught the little bit of what we understood from America, from the disease control and that was pretty much of what we used in our lectures to talk about this new disease that had come about. I applied because I was fascinated with any new disease we were fighting to be part of that. So that was my reason for applying for the Job in the first place.

SJ: Do you remember what year was that?

LT: That was in 86. And it was really mmh ... out of curiosity more than anything. I wanted to understand this new disease. I didn't think that there could possibly be a disease that affected only one category of people. At that time it was considered the gay plaque and that made no sense to me. So that is the reason why I got involved, you know.

SJ: Mmm ugh.

LT: In 1987, I met with our Archbishop Denis Hurley, who was then the archbishop of Durban and we decided that the church needed to have some response. And so that was right at the beginning when nobody was doing very much. And

archbishop Hurley was at the front deciding what to do. We made contacts with a priest in Harare. He is Father Ted. And he came and we all listened to his talk and how the situation was like in Zimbabwe. At that point, we only had our first real heterosexual cases in 1987. Up until then most of the cases were from the gay community. But from 87 onward nearly all the cases were heterosexual.

SJ: Okey

LT: And so that is really how I got started and also with the church's outreach. Because with archbishop Denis Hurley we formed a committee which was made up of myself, a psychologist Mike, he is already dead now, in fact almost all of the committee members are dead now! But any how, Mike, he was a psychologist, and then the district surgeon, Herman Schumann, he is also dead now, Archbishop Denis is dead now. And so our committee was very small and was made up of people like a psychologist, a district surgeon, Archbishop Hurley and myself and then we invited two more nurses. And that was our first committee that we formed. And it was just really a meeting once a month to see how everybody was doing and what was happening with the disease and how it was spreading and so on.

SJ: You were meeting at the church?

LT: We were meeting at the church. At the chancery that is where the archbishop Denis was. And that was the beginning of ... or the late 80s. Then, I mean, since then it is a big commission now, I mean it's the Catholic Aids Care Commission now but then it was just a small committee that consisted of a few of us, okay?

SJ: And then later on you went into beginning the Sinosizo project?

LT: Oh yeah. That was a quite a bit later on. What happened was that whilst I was working for the government we were giving lots of different messages. If you look at the posters of that day, I mean I have got them but now I can't find them, but I still have the early posters. The ones we made for the Afrikaans community were nice and lousy, the ones we made for the English community were a little bit bad but not worse, the ones we were making for the black community were just bones and skulls and dooms and glooms. So there was such a contrast in the messages that were being sent out and that worried us, myself and the committee in the church because we were actually giving such a bad message, so I left the government because I didn't agree with how they were actually portraying HIV and Aids. And it was seen by many as, oh well, lets not give too extension because then they will get rid of half of the black population. It was the kind of message that was out there. So that was really hard to work under those conditions so I left. Okay. And then when I left I worked independently to start with and looking at training people. So I trained a lot of counsellors and a lot of basic lectures. That was how I earned my basic income. But then I found that I was so busy doing home cares helping families who were so scared of this

disease. They were frightened and so we had to go diversive. When I say we, there was by then mean two other Cathy Madams and Sabbath Mlambo joined us. Now Sabbath's daughter is Pumzile, in the government as the deputy presid...hey did he wake up?

(She is interrupted by a grand son who had just woken up. She holds him up in her laps and talks on)

LT: (cont.) And ... and so the three of us would go round the homes to the people to show them how to look after the people with Aids who were dying and how to care for them and not feel frightened and so on. So we did a lot of that and ended up with we were doing more the care and did not have the time to do the training because the programme was too much for the day. So for that reason we set up what is now known as Sinosizo. It was just a home care programme with an household programme attached to it. And so once we did that I worked in the south because I lived in the south, Cathy lived in the North and so she did the northern areas and Sabbath worked in the West because she lived in the West. And we divided it like that and we each had to find people to come and work with us but we could not pay them because we did not have the money to pay them. So we got volunteers. And I had a wonderful lady, she was actually my domestic. She became my translator because I did not know what to do. And because she was so good with everybody I trained her up and she is now a registered trainer. She is doing very well.

SJ: You are not talking about Busi?

LT: No, no.

SJ: Okay

LT: Victoria.

SJ: Okay.

LT: Victoria Mkizi. She is a veteran trainer. She is one of the trainers in Sinosizo. She is very good.

SJ: Oh, I see.

LT: So we spent most of our time going teaching the families how to care. So we eventually ran out of money because we were doing a lot of care and we did not have the time to train which is what was bringing in the money. So we went to archbishop Denis Hurley and we said to him what are we gonna do are in such a dilemma we have ran out of money. He said no problem we will get some funders. And so we conducted Catholic funders. That was it and so at first we conducted Caritas in Germany. In less than a month we had a vehicle to travel in

and we had salaries to carry on the work with. From there we went to ... it started go. You know, there was more and more people meeting there more and more sick people more children that were neglected, it was a real offer really because it was a frightening disease and people were frightened. I mean even today people are very frightened. You can imagine twenty years ago how it was like.

SJ: Ummh ughuu.

LT: However, once we got funded, we had to form a constitution and we had to have a proper mission statement. Before that we didn't we just worked from a clear conscience perspective. So we became more formalised once we got funding. And then over the years we got more and more funding. So CADAC has always been well funded and it has always been funded since that time. So it was a very informal meeting and Sabbath and Cathy who were working in the home care programme with me became part of the committee as well. So everybody was devoted into what was happening in different parts of Durban. It was also quite difficult because we found ourselves running like for me in the South I would go to Omombulu, then I would be down at Portshepstone, then I would be at ... or even anywhere and that was not good either because we were too far. So we decided to zone on certain areas. And so that is when we decided to map out the area. So we decided to take KwaMakhutha and ...

SJ: KwaMakhuta ...

LT: Yes, which is just close to here, and ehm...the Amanzimtoti area, and we also took just one part of Umlazi, just the one section, and then the whole of Selenbul township, and so that was here in the South Area.

SJ: Okay.

LT: And then the North we started off in Inanda, and KwaMashu, and I think that was it cos that is a real big area. And then in the West we started at Kwadebeka, Claremont, and Dorsobork, and I cant remember all the names, but right far up to near Mariannhill area. Okay so we decided all the other areas when people called we told them we cannot come they set up in certain areas where we would go and train them and then they would take up the whole home care programme in that area.

SJ: Okay.

LT: And so a lot of my work was training. It was not necessarily catholic people. It was whichever churches that came forward. And so in the meantime we gathered a lot of volunteer people, mostly Catholics. I think that a lot of them volunteered thinking that eventually they would get salary but they wouldn't. They were not going to get any salary because nobody had salary. At one time we had up to 150 volunteers. And that is a lot of volunteers who were not getting paid. It was really

difficult for them because they were well trained people but they just did... some of them worked real hard, Oh! I mean some of them never did any work.

SJ: Okay.

LT: But others did so hard work. And they were constantly called by neighbours to go and help. Unfortunately, it spread and it did not matter what the person had or it didn't matter whether it was HIV/Aids or not. And that was not good either, so we had to educate the community.

SJ: Ughu.

LT: We had a little been to those communities. We actually worked with the communities leaders and all the sort of forms that had been established in the area. So we kind of made a whole programme, we did not just go and like here we are, you know.

SJ: Okay, I see.

LT: And so yeah, that is more or less, Sinosizo, it was jus called a Home Care Programme at the beginning and then it became Sinosizo... I cant remember which year it was but ... it was in the 90s, 95 96 when it became Sinosizo. Until then it was just a Home Care programme that we were doing.

SJ: And that is the time when the funding ... Because I found an article in the *Southern Cross* saying in 1990 a project of Home Based Care has been begun in Durban. When did the funds really come?

LT: Yes, that was us. That was us. It was Cathy, Sabbath and myself together with Denis Hurley. Archbishop was the head of our programme, so to speak.

SJ: Yes, I understand. But the writers of this article probably did not have this background prior to 1990?

LT: Oh yeah, we started in the way down in 1980s, I mean we were doing home care by 1987 in actual fact but we only became formalised in the 1990s. Even when we got funding we were not formalised until really well into the 90s, it was about in the mid 90s that we got funded. I can't remember exactly the year but don't worry ... And by then by then Cardinal Napier, Denis Hurley then retired but remained our chairman. And then Cardinal Napier came in and was appointed a cardinal in this archdiocese, he then took over the programme but archbishop Hurley never let go, right up until he died. When I say he never let go, he always solved the problems, he was always available, he was at touch with the community, he would meet with people with Aids, he would talk with the children, he was really into and part of the programme, which Cardinal Napier wasn't. Okay?

SJ: Wow! What an enormous work you people have done. I went up to Dundee and found one of your trainees there actually she is doing the same work there following your training here in Durban.

LT: yeah! That is great.

SJ: Tell me about the, in those early years, gay plaque, as it was called. In your committee work what were your roles or duties in relation to the gay community then. Were you advising them or counselling them, visiting them?

LT: Oh yeah, we were counselling the community, visiting the community.

SJ: So you would know who is asking what, who was sick of Aids?

LT: Oh yeah, any way they would come to me because I was one of the few counsellors available because I had just started the whole Aids centre and so I knew most of them anyhow.

SJ: You used that government kind of background to get your way into the community?

LT: Oh No! I just went into the community and introduced myself and told them what we were doing. And they kind of just said true. Because they didn't know what to do themselves. Sometimes the community leaders wanted to be told and we said no. And if you want to be told and you press your way we are on our way out of here. That is how we worked.

SJ: In those early years of 80s, did you serve any people that were gay?

LT: Yes, plenty.

SJ: Okey.

LT: When I started with the government programme, GASA, the Gay Association of South Africa contacted me and came to see me and asked how they could help. So I referred a lot to them. Don't forget that at the time they were very marginalised in South Africa and they weren't allowed to be gay. So it was very difficult. It was really difficult for them when they were sick, when they got sick. It was a period sometimes when I didn't know they were gay. So it became very difficult to counsel everybody. Sometimes Aids was a lesser evil than being gay in some I thought ... So it was very difficult but, I mean, we worked through that. It was fine, I mean to me whether they were gay or straight you know that was not ...it made no sense. Everybody was contracting the disease sexually. To me that was the difference that mattered. I could not see any difference other than the secrecy with the gay people because it was so illegal really. It became a much harder for them. And quite a lot of the early cases and deaths were from the gay community, certainly the ones I dealt with. Yeah.

SJ: And the policy of the church was not a problem, you being a catholic and working closely with Denis Hurley, was not a problem at to engage with the gay community as much as possible?

LT: No no no! In fact Archbishop Hurley came to meetings and used to access to full groups, I used to have gay people together with the other people I never separated the meetings. All that brought them together was that they all had HIV, that was all. Archbishop Hurley used to come along and he embraced them no different to anyone. Oh yeah, he was not judgemental. I did not find anybody in the church at that time judgemental. Ever.

SJ Ughu.

LT: And that was really good. Yeah, of course it was much easier to provide the care when you had the support from the church, the backing from the church.

SJ. I See. How about the issue of prevention policy at that time?

LT: Well, the condom was not accepted by the church, no matter what time it was. Right from the beginning. However, when you work in the field ... I used to distribute the condoms without any bother at all. Archbishop Hurley knew I did. He also understood why I did it. And so ... It became more difficult with Cardinal Napier. But yeah, we promoted that. All our staff used to have condoms. We would get them from the government and distribute them to the areas. And so that was the main prevention because there was no other prevention method that was available. They were not going to abstain. That was like asking too much. So yeah that was all we did. Rightly or wrongly, it was up to us. I could not have lived with my conscience knowing that I did not give some kind of protection to somebody to save a life. Because that is what it was all about. It was not about whether the condom is useful or not. So, yeah.

SJ: And when the Cardinal Napier came in, his policies would not promote that? That is what you were telling me earlier on. Did he oppose or do something to oppose?

LT: He just said that we were not allowed to, that was it, but we still carried on anyhow. We had to work in the field and see the situation in the community so all of us continued. We just didn't stop. We just didn't tell him.

SJ: Do you think the same was happening elsewhere in the Catholic Church projects?

LT: Exactly the same. There were lots of good Catholic programs in Johannesburg, that area and they did the same thing as we did. The Catholic Church is one of the first churches to come forward and do the care. They did not do the other aspects of Aids but they definitely did the care. Some of them went into training but it actually purely care programme.

SJ: Tell me about this Zimbabwean Catholic Priest, Father Ted.

LT: Father Ted Rogers?

SJ: Yes. When did he first come to speak to you?

LT: In 1987.

SJ: In the Cathedral?

LT: Yes, in Durban.

SJ: In Durban. And he met the committee or what?

LT: No he spoke to Archbishop Hurley. Archbishop organised it all and invited as many people as wanted to come. So it was an open meeting. And there was quite a turn out. And since then I have been meeting this Father Ted Rogers almost after every other year.

SJ: He is alive?

LT: He is still alive, ha ha ha! He has had I think is a triple by pass on his heart a while ago and has come to Amanzimtoti to be cared for so I have taken care of him for ages.

SJ: Oh is it?

LT: O yeah, he is lovely.

SJ: I have read his story but haven't met him.

LT: He is very nice.

SJ: Why did you say that 1985 is the year when the Aids disease begun? did you have any particular incidences?

LT: 85 was when the CDC announced that there was this new disease. But we did not call it Aids in those days.

SJ: Yes. CDC meaning?

LT: Scientific Disease Control in Atlanta, America. They announced that there was new disease and alerted everybody to this the gay plague, that's what it was called.

SJ: Ughu.

LT: So that was in 1985, in our news papers and I have got them, right across the headline “Gay plague hit South Africa”. And our first two gay die, they had Aids really. That was in 1985.

SJ: 85 ... Ughu. Is it possible to get a copy of any of those?

LT: I don't know where they are, I mean I know they are somewhere but I can't tell at the moment where they are.

SJ: Wow.

LT: But if you go to the newspapers and just look at 1985.

SJ: Which newspaper? The *Natal Witness*?

LT: Not the Natal paper. The local ... the Durban newspaper.

LT's Sister: It would be in the *Daily News* or the *Mercury*?

LT: And certainly it was the headline. If you ask for that they would give you that. And that was the start of people stigmatising the gay community when in actual fact it was well into the black community its just that people did not come out until they were dying and that was in 1987. The first of black Aids case was in 1987 in South Africa.

SJ: Okay.

LT: If you read Clive Vivian, did you read Vivian's book?

SJ: No.

LT: Okay. Dr Clive Vivian, he has written quite a good one on the history.

SJ: Clive, C, L, I

LT: V, E, Clive V, I VIAN. If you get one of his old books, he has done a good history of the disease and so has Allan Whiteside

SJ: Yes, I have read Allan Whiteside.

LT: Okay. They have written quite a lot. You just need to order so you can get one.

(The grandson John draws some attention)

SJ: Ugh uhh! Amazing. Amazing story there. If I was living nearby I would just have to rush in when I have a question because you are a living library on this subject, really.

LT: I worked 20 years in AIDS field before I retired. Some of my very early cases, they were diagnosed in ...

(she raises her voice to enquire from her sister in the kitchen)

LT: Glad do you remember when we had these meetings with Dale, Daniel, Tony ...

Gladys: Early 90s

LT: Early 90s eh! Cos they are alive all in the support group that we formed only three of them have died. And so they are long time survivors. All these cases were long before medicines were there.

(The grandson John draws some attention)

SJ: What was treatment like that time when you had the committee?

LT: It was terrible. Its only AZT that people got and the dose was so high am sure it killed half of them.

SJ: Ohoo!

LT: The doses were a little bit too high in those early days they were experimental. In the early 80s AZT was the only drug available. Some people went for alternative medicine, herbs, but I would say that almost all the people went for AZT.

SJ: Was the drug helpful?

LT: Not really, it didn't help much. I think one had to do a wider therapy. People had to go overseas for that.

SJ: Oh, it was very expensive?

LT: Yes. Very expensive and that is why people had to go and live abroad. To countries like Europe or England, then they would get it for free. And they are still there. There are people who have lived there ever since and they are doing very well. Netherlands there is one guy and he left in the 80s.

SJ: If you look at the way the church conducted itself that time and the effort that you people gave, do you think that there is something that you would have wanted to do differently, may be a critique or something?

LT: I think if I look back on it, the church was a good place to put the care programme under in some respects. They could get funding, they were already a reputable organization, all that kind of thing. However, if I were to start again I wouldn't put it under the Catholic Church. So it's really different for counselling, we would counsel a mother and she would have to go for an abortion and that's her right as a South African but it goes against the Catholic Church. So you are actually always in conflict with the church somewhere down the line. We had to make sure that they were on secure family planning if they were to go on retrovirals, again against the Catholic Church.

(interruption on John's food)

LT: So that is my own very personal opinion. It was very difficult to get ... the church can be very ... strict to the point that it takes away the continuity of things. And idolise the highland. However, If I have to say this, if it were not for the Denis Hurley, he was so different. He understood the people and the community's dilemma. He understood the Catholic dilemma but he never interfered with how we worked. He just only used to say, "Use your conscience". And so my conscience as far as I am concerned is that if it was a challenge and I definitely would not have put it under the church if you look at it today, the church today is enormously (showing hands muscles as if to show control) on the Sinosizo. So that is not good. When you are there in the township and with the people it is a whole different from when you are sitting in the office. So that is why I wouldn't put it under the Catholic Church. So yeah, there is a lot I did not agree with. Yeah, that was all.

SJ: Just on the same issue of prevention policy of the church ...?

LT: The church hasn't changed in all the years. It still says no condoms, it still says abstinence, even when the reality isn't there they still insist and so they haven't changed at all.

(interruptions by grandson John)

LT: So they haven't changed in any way whatsoever. Apart from the fact that they have re-looked it, they have taken it to the ethicist, we have re-looked it which way, meetings which way but they haven't changed.

SJ: Those people on ground today like you were, do you think they could be silently distributing condoms?

LT: Oh yes am quite sure they are. They go to the clinics and get them to distribute. But that is certainly not the message going out there. I think when the government rolled out ARVs, Sinosizo had an ARV clinic at Brassals. And I think that is where the clinic had so such problems because the church maintained we cannot have family planning. And you have to be on family planning if you takes retroviral because some of the drugs attack the baby. So I don't know how the

church would live with themselves creating a baby that would be abnormal just because they would not have family planning? That makes no sense to me. We took to the ethicist, we took it to the cardinal, but we lost completely. I mean, the lay people lost.

SJ: When was this debate?

LT: Oh it was about 5 years ago? Oh no. It was probably not much as that. Three years ago. It was when they first rolled out the antiretroviral. And the Catholic Church again, good response, immediately got the clinics set up. They had about 15 clinics in the different parts of the country so the people could access the ARVs. And so the response has always been very good all the way through only that it comes with its problems. It would be best if the Methodist church had set it up because ... you know what I mean? And so that is the difference.

SJ: So what happened to the centres?

LT: The Sinosizo clinic was subsequently closed and people go to the hospital not far away. But I mean, that was because Sinosizo was down sized. But it was always there when I was there.

SJ: That is quite unfortunate.

LT: Yes it is actually because it is hard to manage because when you look at the government hospitals its too busy.

SJ: How about the other centres?

LT: No. The others are doing very well.

SJ: Thanks very much mum for this opportunity.

LT: Yeah, No you are welcome.

SJ: I am writing a dissertation by the end of this I will have a dissertation that will go through the examination process. But I can send you my manuscripts so that you just have a look so that I don't misquote you.

LT: Yeah, that is good. Can I just give you my email address, its easy that way.

SJ: Yes please.

(She writes down on a notebook)

LT: Okay, that is good eh. Tell Philippe I said hi.

SJ: Yes I will. I am sure he will be delighted to know that you agreed to this interview. He told me that my sources aren't complete until I have interviewed Liz Towel.

LT: (some laughter) I mean, I think its because I was involved from the very beginning. Because when we first set up the Aids centres there was only four provinces in South Africa. So there was one person per province. That is how the government put it together. They just appointed one person in each of the provinces and then we were told to develop an Aids programme that would ...

SJ: There was this lady who was appointed to head the SACBC Aids office in 88 ...

LT: Oh yes. That was afterwards. There is quite a big group of the staff now. In the beginning each of the provinces used to meet in Johannesburg. We used to share what each of the province was doing from a Catholic perspective. We formed a committee. There was this bishop who used to be in Catholic Radio Programme, Bishop Cawcutt from Capetown, Bishop Dowling,

SJ: Bishop of Rustenburg?

LT: Yes. And I used to represent Durban. That was an Aids committee that was formed, wouph, very early in the epidemic. We used to meet once every three months. We used to see what the church was doing in different provinces. We would come with reports and what have you. And it was very good, very nice. So right from the word go to the very top level in the church they were involved very early in the epidemic. They never had to be asked to do something, they were already doing it. That was real good thing and I can say the catholic response to the disease was quick and relevant and it met the needs of people at that time and it only changed as the needs changed so their programmes changed. And that is very nice I must give them due and now they are involved in care.

SJ: And activism? Were you involved in Activism?

LT: Me no! I don't deal with that stuff at all.

SJ: *(with mild laughter)* Okay.

LT: I am not an activist but there were friends who were involved with that.

End