

# The Body of Christ

Catholics for AIDS Prevention and Support is the only national Christian charity that responds pastorally to the situation of people living with HIV in the UK. Professor Jim McManus is Director of Public Health for Hertfordshire, and Vice Chair of the Health and Social Care Advisory Group of the Catholic Bishops' Conference in England and Wales. World AIDS Day is on 1 December.

The Catholic Archbishop of Southwark, Peter Smith, and his Anglican Counterpart Bishop Christopher Chessun welcomed people living with HIV, other Christians, theologians and public health sector professionals to Romero House in London on 11 October 2017 for the public launch of a new video series and website from Catholics for AIDS Prevention and Support (CAPS), *Positive Faith*.

This is a unique project, the product of many years' pastoral experience. *Positive Faith* was devised and produced by Christian people living with and affected by HIV. In a series of videos, people directly affected, along with pastors and theologians, discuss HIV and how it interacts with their faith. What's more, this resource has been funded by an agency of Government – Public Health England (PHE) – as part of their HIV Prevention Innovation Fund<sup>1</sup>. It is the first online resource of its kind anywhere in the world.

PHE recognised that people of faith understand and at least sometimes mediate their health behaviours, including coping with challenges, through and with their faith. *Positive Faith* addresses this through videos and a dedicated website, providing reflection resources, and training materials intended to raise awareness and begin discussion within parishes, schools, or youth groups.

I am privileged to know, work with and cherish many people with and affected by

HIV. Some of them I have lost, but more and more are alive and well thanks to advances in treatment and care. The success of the suppression of HIV viral activity in the body thanks to drug treatments – called virological suppression – means people with HIV now have the same life expectancy, if diagnosed and treated early, as if they didn't have it. Thanks to this, people I work with and people I love who ten years ago would have died are still alive and well, and every day I cherish that and them. We can now foresee

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achieving the end of new HIV transmissions, a possible end to the long travail which has been the journey since those early days of a new and seemingly unstoppable disease.

But the successes of longevity and treatment helping people keep the activity of the virus significantly reduced – called viral suppression – bring many challenges alongside the benefits. Stigma, ongoing challenges of living, new health threats to people with HIV, long term health impacts of the treatments themselves, cognitive decline, diseases of ageing as people with HIV age, negotiating social support, relationships and just coping with life endure.

# still has HIV. It's time to talk

Image: Anthony Tynan-Kelly



Positive Faith launch

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This resource sits firmly in the tradition of public health interventions to strengthen individuals and empower communities. It also in my mind sits firmly in the tradition of pastoral theology.

I am proud and delighted to have been the Sponsor for this project. Not only have I sponsored at the request of PHE and CAPS, but I've been able to be an ambassador. It's been a privilege, and an opportunity for me to reaffirm that my faith and my professional public health life can interact positively. It's also been an opportunity for me to promote the scientific evidence behind faith and health.

## The charisms of inclusion and accompanying

The Church has enormous riches to speak into this debate. I want here to focus on a few. The great theologian Hans Urs von Balthasar talked in various places of Petrine, Johannine and Marian archetypes or *Principles* in the Church's ministries<sup>2</sup>. Mary was the Archetype of the Church's loving accompaniment and enduring<sup>3</sup>. Peter's Principle is teaching<sup>4</sup>, and the Johannine is prophetic, needling the Church's side to be true to its calling. I think we've sometimes lost the Johannine voice on HIV, and with this the Petrine and Marian voices sometimes lack urgency and focus.

Several members of the CAPS project are members of the Community of the Cross and Passion, a collaboration with the Passionists of St. Joseph's province. The

Passionist charism to love tenderly, include radically, and demand that society acts justly to those on the margins, has informed *Positive Faith* and is strongly evident in the project. A 'Cross and Passion' spirituality manifests itself through the theological and pastoral approach taken. To paraphrase the

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late Austin Smith CP, this is an incarnate spirituality which understands the Cross as a sign of commitment to 'live with', and when necessary 'suffer with' sisters and brothers who, like Jesus, are still 'exiled outside the walls'<sup>5</sup>.

Several of the videos directly address any recently diagnosed person in the language of faith. HIV diagnosis can be an isolating experience, accompanied by strong feelings of fear and anxiety. This can extend to a sense of spiritual isolation and doubts about one's loveable-ness, or acceptability, before God. Frequently people wonder if illness has been sent as a punishment by God. Of course, this is not what our faith teaches us, but it is a common human response to suffering – any suffering. Reinforced by our attachment to blame and the judgments of others, one's lack of belief in the God who loves us is laid bare. HIV can rock a person's faith. Using scripture and prayer, *Positive Faith* reassures anyone living with HIV that God loves them, as they are, and that Christ

is with them sharing their vulnerability intimately. Jesus knew what it meant to be rejected. Misunderstood. Cast out to the margins. Condemned to the shameful place of the Cross. He has already suffered injustice, for love of us. He cannot abandon us in our hour of need, even if others will. God stays with us; Christ suffers with us; and the Spirit will restore us beyond the passion of this moment to new life. For 'nothing can separate us from the love of God revealed in Christ Jesus our Lord' (Romans 8.39).

People with and affected by HIV are still on many margins, hence the need for this project. The voice of those still excluded by the stigma around HIV is privileged in this resource. I hope it will inspire and encourage those directly affected by HIV, and develop an awareness that leads to positive action within faith communities. That's one Johannine witness on HIV we need now.

*Positive Faith* invites the wider Church to listen to the voices of those who too often go unnoticed. It offers tools that can be used to begin a discussion around issues that we all find challenging, but ought to be addressed. Not only because HIV exists within our churches, carried in the body of Christ within families and individuals, but because of those underlying questions that HIV often uncomfortably raises. Are we really people of faith in the face of illness, suffering and mortality? How convinced are we that human sexuality is God's gift to us? Do we harbour within ourselves that false idea of a God who sends sickness as a punishment for sin?

In his address at the launch of *Positive Faith*, Timothy Radcliffe OP reminded us of the example of Jesus who so often embraced people on the margins of society and restored them to community. As he says in one of the *Positive Faith* videos, at our best, we in the Church do the same. Do we witness to God's mercy and Christ's radical inclusiveness?



### Prayerful inclusion and the desert experience of HIV

I, on the other hand, belong to the Secular Carmelites. Our charism is prayer in, with, and for the Church, and the declaration that God is present in every moment if we but reach to discern that. Our charism is also often to accompany people on the long and unpredictable journey to relationship with God. What's that got to do with HIV, you may wonder? Well just as the Passionist charism recalls the Church to include and love those with and affected by HIV, the Carmelite charism reminds us that the heart of the Church must prayerfully live before God the need for ongoing witness, mission and inclusion on HIV, and accompany those whose daily lives it touches in whatever way.

So many people with or affected by HIV (families, partners, workers) speak of deserts from our experiences. Sometimes that arid hostile desert has been the very community of God's people, which rather than nurture and sustain, may exclude or

desiccate. People with and affected by HIV are all too familiar with the desert. And sometimes that barren place has been the very Church that is called to include and nurture.

Thomas Merton reminded us, in his meditations on St John of the Cross, that moments of great grace in the spiritual life were sometimes consolation amidst arid journeys<sup>6</sup>. That and the Carmelite charism are an essential part of the Church's Marian Archetype on HIV. Accompanying people through the desert experiences of HIV, from wilderness to inclusion, is crucial.

Teresa of Avila encouraged us to persevere in prayer and contemplation, but also to act from it. Her poem 'Christ today has no body on earth but yours, no hands but yours.'<sup>7</sup> is one many of us know. Action can be seen through Teresa's writings as a means of living out union with God's will. It is informed by, energised from, and sustained through contemplation and prayer. That's a model for our HIV response.



These two complementary Passionist and Carmelite charisms of inclusion and prayerful accompaniment are evident in this project. Out of prayer and encounter with God comes a love for God's people and a commitment to put that into action. How and what we pray reciprocally shapes and informs how and what we believe. We can learn from Teresa here. She reminds us that our inclusion of people with and affected by HIV must start from encounter with God and encounter with our affected neighbours because of love for God and for them. This is about relationship – God, self, neighbour. And HIV, like dementia, cancer and mental health, is slap bang in that mix.

### Opportunity and calling

So there are some key things to understand about the importance of this resource, and what it calls us to do. For Christians faith is intimately linked to their health and lives. The Petrine affirmations of this have been stated eloquently elsewhere<sup>8</sup>. There is ample scientific research on that. There is also ample research that being who we are, and being valued for that, is crucial to full

streams' (Psalm 42). Our public services and faith communities insisting we should compartmentalise faith and health does nothing less than disintegrate and dehumanise us. Those who say 'leave your faith at the door of this hospital' but claim to value diversity and personalisation, or 'leave your HIV at the door of the Church' but claim to welcome all, radically undermine the very values they purport to affirm and the scientific evidence behind them: the whole person is called to health, not just the bits we feel we can deal with. Christ said 'come unto me all who are burdened'; he didn't specify further. It's a betrayal if we do not do likewise.

One of the key roles of that relationship, expressed in the community of the Church, is sanctification – bringing people to full humanity in relationship with God and each other. For that to happen, inclusion must be full – the sacramental, prayer and community life of the Church must be as accessible, inclusive and life-sustaining for all of us affected by HIV as it is for anyone else. The Churches have been patchy at that.

In living this inclusion we discern Christ's body is living with HIV, and that has much to teach us about who we are and what we are, and our dependency on God.

Finally, the nature of HIV has much to teach us about health. People with HIV, like those with cancer or many conditions, play a hugely important role for the Church. It is a Johannine, prophetic role of giving the Church a model of health and healing which calls us to the very centre of our mission – participation in healing and caring for Christ's people as a participation in Christ's mission.

We live with a definition of health as a state of 'complete physical, mental and social well-being'<sup>9</sup> which none of us ever really have and whose sole good point is that it's aspirational, if not eschatological. The ques-



tion 'Which will come first, the WHO definition of health or the Parousia?' can only have one – very obvious answer – the Parousia first, the WHO vision maybe later.

Living with HIV is about adjustment to a changing reality of health experience and expectation, and says much about what we can be despite a condition which remains life-threatening, as well being manageable. Now, isn't that a rich model to reshape our Christian understanding of health in this life with?

The launch date was around eight weeks to the start of Advent. People with HIV in the Churches which confess Christ's name and in the services which support and care for them are people in Advent – a people waiting, expectant of inclusion, but also of the opportunity to witness and serve too. One witness of people with HIV is that health and healing can come sometimes despite serious, even life-threatening illness. And healing often comes in adjusting to the reality of new health challenges. People living successfully with HIV are a great example of this Christian understanding of health and healing.

The *Positive Faith* resource expresses both the joys and rejoicing, the coping, crying to the Lord, the wilderness as well as places of

inclusion, and the expectation of God's people with and affected by HIV. The task for the institutions of all our churches now is to proclaim God is with them, and in doing so, include, love and learn from each other.

It's in that Advent spirit I commend expectantly to you this resource as prevention tool, pastoral care tool, and an invitation to live the Gospel. ■

For information about *Positive Faith* go to [www.positivefaith.net](http://www.positivefaith.net) and [www.caps-uk.org](http://www.caps-uk.org)

- 1 Public Health England, *HIV Prevention Innovation Fund 2016-17* (London: Public Health England) <https://www.gov.uk/government/news/innovative-hiv-prevention-projects-awarded-600000>
- 2 Nichols, A., *Figuring out the Church: Her Marks and her Masters* (San Francisco: Ignatius, 2013) pp128-149
- 3 Leahy, B., *The Marian Principle in the life of the Church according to Hans Urs Von Balthasar* (Frankfurt: Lang, 1996) pp 21-98.
- 4 McDade, J., 'Von Balthasar and the Office of Peter in the Church' *The Way*, 44/4 (October 2005), 97-114
- 5 Smith, A., *Passion for the Inner City*. (London: Sheed & Ward, 1983.)
- 6 Merton, T., and Sweeney, J., (Ed). *A Course in Christian Mysticism*. (Collegeville: Liturgical Press, 2017) pp191-194
- 7 Cited in Moynahan, M., *Once upon a mystery: what happens next?* (New York: Paulist Press, 1998) p.43
- 8 Pontificio Consiglio per gli Operatori Sanitari. *Nouva carta degli operatori sanitari*. (Rome: Libreria Editrice Vaticana, 2017) pp5-38
- 9 World Health Organisation. *Constitution of the World Health Organisation*. (Geneva: WHO, 1948) p1. Available at <http://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1>

## People with HIV, like those with cancer or many conditions, play a hugely important role for the Church

humanity. So being able to understand where HIV affects us, whether living with it, being in the family or friendship circle of someone living with it, or seeking to remain HIV negative, must include the faith dimension for people of faith.

I'm constantly surprised when people think this is a revelation. It says something which is to me obvious about human nature. We have an aching need for God at our core as the Psalm says 'As a deer yearns for running