Maria Cimperman’s presentation addressed the question, “What is the role of religion in HIV and AIDS prevention, treatment, and care?” by examining statements written by three episcopal conferences in response to the pandemic. Analyzing each in light of its theological resources, ecclesiological vision, and view of engagement with the public sphere, Cimperman found that these statements show promising—though incomplete—attempts to address the suffering of God’s people. Overall, they demonstrate a commendable attempt to listen to and care for those affected by HIV and AIDS. In varying degrees, they point to human needs and social injustices that are not new, but that are being manifested in a new form: a pandemic affecting 40 million people directly, and millions more indirectly.

In 2003, SECAM, the Symposium for the Episcopal Conferences of Africa and Madagascar, published “The Church in Africa in Face of the HIV/AIDS Pandemic: ‘Our Prayer Is Always Full of Hope,’ ” along with an action plan that was updated in 2006. The documents emphasize that changes in attitudes and behaviors (especially sexual morality) are essential for HIV and AIDS prevention. They develop three main theological resources: solidarity with the suffering, the dignity of the human person, and the need for formation in the virtues. The documents’ ecclesiological vision presents the church as committed to solidarity, moral teaching, collaboration with the laity, efforts to eradicate discrimination, and engagement in the public sphere. This last point is especially noteworthy: SECAM acknowledges that the church has an important role in working with others—including national governments, individual agencies, other Christian denominations, and other faiths—toward improved education, care, and advocacy. However, a fully adequate response would need to be more “comprehensive,” “biblically based,” and “communally connected.” The present documents give insufficient attention to participation by the laity; to social, as opposed to merely sexual, ethics; and to the vulnerability of women and girls.

CELAM, the regional episcopal conference representing Latin America and the Caribbean, first acknowledged the need to respond to HIV and AIDS in 1987, and it published a document on the issue in 2005. The document, intended above all to support local pastoral work, develops three main theological resources. First, its commitment to solidarity with the poor and marginalized leads CELAM to be more pointed than SECAM in naming and analyzing social injustice, while also being honest about the role of individual sexual behavior in transmitting HIV. Second, it focuses on the liberating life and work of Jesus. Third, it emphasizes sexual ethics: it reiterates church teachings on abstinence and fidelity, but it also discusses prevention with a nuance and openness rarely seen in church discussions. The document’s ecclesiology is grounded in a concern for the suffering, insisting that without it the church loses its identity and reason for being. It also takes seriously
the prophetic obligation to confront structural inequality, and it sees the church as a community of welcome and healing. The conference commits itself to a wide-ranging engagement with the public sphere, including collaboration with international agencies such as Caritas. The document is commendable for its openness to dialogue and its honesty in discussing sexual realities and social injustices. However, it needs to go further in examining cultural issues and connecting the vulnerability of women to social structures of inequality, including lack of education.

Recent reports dispute the claim that India has the world’s highest rates of HIV and AIDS; nevertheless, the size of the population affected demands attention. The Commission for Healthcare of the Catholic Bishops’ Conference of India produced the longest, most comprehensive, and ultimately strongest of the documents discussed: 2005’s *Commitment to Compassion and Care: HIV/AIDS Policy of the Catholic Church in India*. The document draws on several theological resources. It recalls Jesus’ healing of the sick, confrontation with stigmatization, and concern for human dignity. It draws on the church’s social justice tradition as well as contemporary research, with particularly impressive attention to the need for gender equity. It also affirms church teachings on abstinence and fidelity. The document advances an ecclesiology emphasizing ministry to the sick; the necessity of seeking “fullness of life” for all, supported by the church’s moral teachings; and wide participation in the development and implementation of the church’s response to HIV and AIDS. The bishops commit the church to collaboration with organizations that share its moral values, and to thoroughgoing efforts to improve social and economic structures.

In the engaging conversation that followed, it was noted that implementation of the bishops’ proposals has been uneven and ongoing. A number of factors contributing to the pandemic were discussed, among them sex trafficking (a concern being addressed by some women’s religious communities), limited international funding, ongoing denial and stigmatization by church and government leaders, lack of open communication within parishes and families, pharmaceutical costs, and the need for more health-care workers. In addition, the church needs to embrace theological anthropologies that take the body seriously and that empower church agencies to do important work (e.g., efforts to prevent transmission among drug users) that other groups can’t do as effectively. Several promising developments were also noted, among them successful initiatives in Brazil and Haiti; efforts by the United Nations to facilitate collaboration with faith-based organizations; documents like that of the Indian bishops, which express the hope that cultures can be changed and moral imaginations formed, especially to embrace the dignity of women; and the growing attention to HIV and AIDS in college, university, and seminary classrooms.

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