
Essay 1

Prophetic discourse in a time of AIDS

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Essay 1

Prophetic discourse in a time of AIDS

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When I was asked to write about ‘prophetic discourse’ for this collection, I was conflicted as to whether the term ‘prophetic’ is helpful in describing or in providing guidance for the task of preventing the spread of HIV and AIDS in our world today. Prophetic discourse has many meanings, even when it is located paradigmatically in the traditions of the biblical prophets. These prophets were individuals who were called and commissioned by God, usually to deliver a message to God’s people: as Cathleen Kaveny notes in her new work on the values and dangers of prophetic language in contemporary ethical and political contexts.¹ The divine message frequently took the form of social critique and reform. ‘The prophet,’ Abraham Heschel maintained, ‘was an individual who said “No” to his society, condemning its habits and assumptions, its complacency [and] waywardness . . . His fundamental objective was to reconcile [human persons with] God.’²

¹ Cathleen M Kaveny analyses the meanings of ‘prophetic’ in her ‘Prophecy and Casuistry: Abortion, Torture, and Moral Discourse’, *Villanova Law Review* 51 (2005): 499-579. In drawing on biblical scholars and ethicists, she is trying to get to the heart of the matter, so that ‘prophetic’ can resonate with the persons and ministries of the Hebrew Bible/Old Testament prophets yet take on different nuances as it is relevant today.

² Abraham J. Heschel, *The Prophets*, vol. 1 (1969), as cited in Kaveny, 506.

Since biblical times, though, individuals and groups have engaged in 'prophetic' discourse without claiming to be prophets in the Hebrew Bible or Old Testament sense – without, that is, claiming to have a message or a commission actually and directly from God. Like the biblical prophets, however, their language and rhetoric typically express religious or moral indictments; they address basic moral concerns; their appeal is to the 'heart' not only the 'head'; and they offer a vision of a future that is better than the present.³ Prophetic discourse, therefore, does not issue in what today we would call 'dialogue'; it aims for changes of heart just by the power of its message.

Insofar as these characterizations of prophetic discourse are accurate, I have some reservations about its usefulness as a primary form of advocacy regarding HIV and AIDS prevention. Integrating multiple approaches to prevention, and mediating disagreements about both means and ends, require more than indictments, more than 'conversation-stoppers', more (though not less) than appeals to the heart. Nonetheless, because HIV and AIDS prevention must ultimately address some of the most profound issues in human life and experience, there is perhaps inevitably the need and the potential for it to become prophetic. No one in biblical times simply 'decided' to be prophetic; nor can that be done today. What we can do, however, is to shape the aims and actions of prevention in ways that awaken and change people in response to the HIV and AIDS pandemic.

Insofar as those who work at prevention can do this, they may indeed 'find' themselves to have been and to be prophetic. What I offer here, then, are three considerations for the use of prophetic discourse in relation to HIV and AIDS prevention if it is indeed to be 'prophetic'. These considerations relate first to context, then to manner, and finally to content for such discourse.

³ See James M. Gustafson, *Varieties of Moral Discourse: Prophetic, Narrative, Ethical, and Policy* (1988), as cited in Kaveny, 502-507.

1. Context

Prophetic discourse tends to arise in contexts where needs are massive and injustice reigns. Surely the AIDS pandemic is the result of as well as the generator of such contexts. We have sisters and brothers everywhere who are threatened with grave illness, or who are already sick unto death. Lives are disrupted; families are devastated; and ordinary hopes are challenged in every way. I need not detail the multi-layered and interlinked problems of which we are already starkly aware. Justice issues abound – from those embedded in aspects of globalization, to those rigidified in gendered and sexual patterns of relationships; from local and international poverty and the sufferings it spawns, to the terrible racial, geographical, and class imbalances in access to life-saving medicines.

HIV Prevalence

For those struggling on all fronts against HIV and AIDS, the *AIDS Epidemic Update* published in December 2007 by UNAIDS and WHO offers good news.⁴ The number of people living with HIV worldwide appears to have levelled off; the number of new HIV infections is estimated to have peaked in the late 1990s and to have gone down in 2007. At first glance, this makes it look as if prevention has worked, at least to some degree, and the raging fires of the pandemic may have been contained. At second glance, the news is confusing and not good enough.⁵ It is confusing because it may reflect better methods of epidemiological and demographic research, but not any real decline in prevalence. It is not good enough because, however the facts are presented, it remains the case that in 2007 at least 33.2 million people were living with HIV; 2.1 million people died of AIDS; and 2.5 million more people were

⁴ *AIDS Epidemic Update* (Geneva: Joint United Nations Programme on HIV/AIDS and World Health Organization, December 2007), downloaded November 20, 2007, from http://www.unaids.org/en/HIV_data/2007EpiUpdate/default.asp.

⁵ The accompanying UNAIDS Fact Sheet maintains that the downward revisions are 'due mainly to improved methodology, better surveillance, and changes in key epidemiological assumptions.' This presumably means that earlier estimates were somewhat inflated because of less adequate epidemiological and demographic research.

newly infected. For those who have experienced the pandemic in the Global South, particularly sub-Saharan Africa, news of reduced prevalence and incidence is important, but it does not change the concrete experience of a situation that remains dire. When a Kenyan woman with whom I worked heard of the decline in HIV prevalence suggested by the new report, she shook her head in puzzlement and said simply, 'It may be because we all have died'.

World Church

The context for prophetic discourse regarding HIV prevention encompasses not only societies but churches. Biblical prophets, after all, spoke more to the people to whom they belonged than to other peoples who might be oppressing them. There is no doubt that churches (as well as temples and mosques) have been in the forefront of responses to HIV and AIDS – in some countries providing more than forty per cent of the care of the sick and dying, and also making important strides in education, counselling, and multiple forms of support. More, of course, is needed. As context for prophetic discourse, however, perhaps the most important element undergirding any widespread response from religious traditions and institutions is the developing self-understanding of their own reality. For the Christian churches, in particular, this involves new insight into the meaning of Christianity as 'world church'. Unfortunately, many Christians still understand 'world church' to mean that the Christian gospel has been taken to the far corners of the world. But ours is a time when the concept of 'world church' has a different content and provides a different call. Now more and more Christians recognize that the Christian gospel was never meant to be only or even primarily a Western European or North American gospel exported like the rest of Western culture to other parts of the world. At last we must all realize that God's self-revelation can not only be *received* in every language and culture, but *given*, spoken out of every language and culture. We stifle its possibilities when any one culture claims nearly total control over its forms.

Two consequences follow from a growing understanding of what it means to be 'world church'. The first of these is tied to the fact that the

church has not always thought about itself in this way. In the past, *Western* Christianity exported teachings (in relation, for example, to sexuality and the status of women) that are part of the problem now with HIV and AIDS in formerly missionary countries. The imposition of attitudes and practices shaped by Western culture had the effect of destabilizing traditional cultures in, for example, Africa. These attitudes and practices now intermingle confusedly with traditional practices and with modern secular (and largely Western) practices, all together contributing to the spread of HIV and reinforcing stigma and shame. Recognizing this gives a wake-up call to all Christians to re-examine certain teachings and attitudes, in the light of what is needed to stop the relentless sickness and dying. Insofar as some teachings of the church are part of the problem, we are all responsible for part of the remedy.

The second consequence of developing understandings of what it means to be 'world church' is or can be a growing clarity among all Christians – whether in Africa or Europe or China or the USA - that they are *all equal* sharers in the one life of the church, partakers in the one Life of the Spirit of God. All are therefore called to bear the burdens of one another when the church in one part of the world is in dire need. If the church has AIDS, if the Body of Christ has AIDS, then no Christian is spared this devastation. Insofar as AIDS is a problem for the churches of Africa (or of Australia, East Asia, Europe, or the USA), it is a problem for us all. The gospel comes to us and is received by us – all together across this world; and it calls us not just to assist one another but to stand in solidarity with all, especially with those who are most vulnerable or who suffer the most. This truth characterizes the context for prophetic discourse, the context in which co-believers need a prophetic word of challenge as well as comfort.

2. Manner of Prophetic Discourse

I turn now to my second consideration, what I have called the 'manner' of engaging in prophetic discourse. What I offer here are somewhat bare statements, assertions rather than full arguments. I do not assume they are all self-evident; but I place them on the table in a way that suggests that they are at least plausible.

First, although prophets are known for their clarion calls to repentance, their social criticism, and even their condemnations, their success depends on whether they also *energize and offer hope*.⁶ The biblical prophets spoke out of and back into their own communities. Their words were born in humility yet conviction; they aimed finally not at condemnation but at reminding the people of a future dependent upon common memories, shared hopes, and present actions. The community for prophets in the context of HIV and AIDS is the human community as well as the community of the church.

Second, prophetic discourse in a time of AIDS cannot arrogate to itself sole platforms, silencing other voices, as if it alone were sufficient. Indeed, the effectiveness of prophetic discourse today, especially in the context of HIV prevention, may well depend on its respect for and inclusion of other modes of discourse – for example, social analysis, empirical evidence, and practical reasoning. In a context where no one has yet succeeded in finding the perfect policy, the certain remedy, prophets do well to *call for dialogue* and not simply obedience.

Third, it is not so very difficult to awaken many people to the demands of the dire situation of HIV and AIDS in the world. What follows this awakening, however, is difficult indeed. For, when compassion stirs, it can be overwhelmed by the problem of ‘too much or too little’. As it did for Elijah, the mountain can appear too high; or as Naaman saw it, the Jordan River can appear too lowly. In the face of the ‘mountain’ of HIV and AIDS, prevention can appear too great and intractable a problem; and whatever is ‘at hand’ to do can seem too little. Numbness threatens at every turn. Prophetic discourse, therefore, must safeguard its speakers and hearers from the despair that calls them to the broom tree, and the skepticism that scorns a little river in a strange land. It must, therefore, include the *specification of concrete ways*, or particular actions that are present enough and possible for persons and groups to undertake.

⁶ See Walter Brueggemann's *The Prophetic Imagination* (Philadelphia: Fortress Press, 1978), 14.

Fourth and last, prophets are shaped by their own experience. But just whose is the experience that is needed to engage in prophetic discourse in a time of AIDS? Gustavo Gutierrez once asked: can theology be done by the poor?⁷ Do oppressed and believing people have a right to think and to speak? Is it not the poor themselves who can re-imagine and re-appropriate the gospel? There is of course no telling from where prophets may arise, yet the question must be pondered: whoever should bring a prophetic word to the context of HIV or AIDS, should not those who are most grievously infected and affected be among them? Are their insights into the non-necessity of the present situation needed if prophetic discourse is to make a difference? If so, how shall they find their voice, and with whom can they stand as they prophesy before the powers of the church and the world?

3. Content of Prophetic Discourse in a Time of AIDS

I come, finally, to a consideration of the content of prophetic discourse, especially as it relates to advocacy for prevention. Let me begin by saying that we already have prophetic individuals and organizations among us, and I have no intention of trying either to replicate or substitute for the hard work as well as eloquent prophecy they have given us. I refer to the contributions of, for example, Michael Kelly, Robert Vitillo, Alison Munro, Kevin Dowling, Musa Dube, and many others who have pondered the requirements for HIV prevention in the light of concrete needs as well as the large picture. I refer also to the programmatic designs for prevention through reduction of risks and remediation of vulnerabilities that have been developed by, for example, the World Council of Churches, the Ecumenical Advocacy Alliance, CAFOD, Caritas Internationalis, Catholic Relief Services, as well as UNAIDS and the World Health Organization.⁸ Many of these efforts and documents have been made available to us

⁷ Gustavo Gutierrez, "The Voice of the Poor in the Church," in Catholic Theological Society of America, *Proceedings* 33 (33rd Convention, 1978), 30-34.

⁸ See especially *HIV Prevention From the Perspective of A Faith-Based Development Agency*, (London: Catholic Agency for Overseas Development [CAFOD], 2004); *Framework for Action: The HIV and AIDS Campaign, 2005-2008*, Geneva: Ecumenical Advocacy Alliance [EAA], 2005), esp. Goal II; "Intensifying HIV Prevention," (Geneva: UNAIDS, 2005); *Practical Guidelines for Intensifying HIV Prevention: Towards Universal Access*, (Geneva: UNAIDS, 2007).

prior to our gathering here for this consultation. All together, they reinforce the need for specificity yet integration and coordination; and they complement one another by providing essential pieces to what would otherwise be an incomplete view.

As I said, I do not want to repeat, and certainly not supplant, these efforts. What I will do is much simpler, more suggestive than programmatic, yet signalling something about the content for prophetic discourse in a time of AIDS. I propose, therefore, three somewhat disparate observations.

The first has to do with the approach to prophetic discourse modelled by the prophets in the Hebrew Bible/Old Testament. They begin by articulating their own and their people's *grief* – the primary announcement that 'things are not right'.⁹ The substance of what these prophets say is not primarily a reprimand, but an articulation of sorrow and grieving over death. There is a grief lodged in stories of human suffering. This is the kind of suffering that goes on for generations. It is 'a voice heard in Rama weeping' (Jer.31:15); peoples subjugated by peoples; women violated in their very persons; and everywhere relentless dying.¹⁰ In the Christian Scriptures and New Testament Jesus, too, spoke of this kind of suffering: 'Can you drink the cup that I will drink?' (Mark 10:38). The cup images the suffering of all persons, hence all kinds of sufferings. But at the heart of the image are the sufferings that are the consequence of injustice – the sufferings that do not have to be, the sufferings that cry out for an end not in death but in change.

Prophetic discourse concerned with the AIDS pandemic can begin also in nothing other than grief. It begins with the real stories of real persons and families and villages and cities and churches and nations. From these narratives, social criticism must follow, if much of the suffering does not have to be. 'No more,' the prophets must cry. 'No more' to false judgements, stereotyping, blaming and shaming; 'no more' to exploitation, indifference, domination; 'no more' to conditions of un-

⁹ See Brueggemann, 20-21, and *passim*.

¹⁰ See Margaret A. Farley, *Compassionate Respect* (New York: Paulist Press, 2002), 69-71.

freedom and the denial of dignity and rights; 'no more' to infection, sickness and dying that do not have to be. And hearers will not despair as long as the prophets can imagine with them the 'next step', the 'new possibility' that will bring change.

My second observation is that while prophets must speak to their own communities, the work of preventing the spread of HIV also crosses borders; it has become essentially *multi-cultural and interfaith*. Cross-cultural work has always been difficult, and so very many mistakes have been made in attempting it in the past. Therefore prophetic discourse may include in its task the bridging of what have been insurmountable divides – cultural, racial, gender, geographic, religious, class. New forms of learning and acting are required. Prophetic discourses of healing and hope challenge partnerships based on domination and submission; they foster partnerships based on mutual respect, a search for mutual understanding, and trust in interdependence. Prophetic discourse can embody the learnings that: (a) it is not possible simply to transplant the beliefs and practices of one culture into another; (b) no one culture should stand in general judgment of other cultures; and yet (c) not anyone can unreflectively and unconditionally respect every cultural practice – whether their own or another's; hence (d) people from diverse cultures can stand in solidarity with those who critique, in their own culture or another, practices from which people die; and (e) all peoples have responsibilities, each for the other and for all. Prophets of prevention must tell the stories that articulate and bring into being the hopes of peoples, the possibilities of their coming together to weep over similarly recognized tragedies, to laugh over similarly recognized incongruities, to stand in awe of one another, and to labour for common goals.

My third observation is about aspects of advocacy for HIV prevention that are most commonly accepted as controversial. As many others have noted, the controversies are not only about the use of condoms or needle exchange; they go much deeper. As a primary example, I focus here on issues of *sexuality*. As growing numbers of African women theologians are saying: the traditions of world religions in which many of them stand must find better ways to address problems of sexual-

ized stigma, discrimination, and gender bias. The favoured response of religious leaders has all too often been simply and vehemently to reiterate strong moral rules which, if they are adhered to, may guard people against risks from sexual activities. Ironically, the sheer repetition of traditional moral rules has frequently served only to heighten the shame and the stigma associated with AIDS, and to promote misplaced judgments on individuals and groups (especially women). The perpetuation of a morality based predominantly on taboos (which by definition are non-reflective) reinforces the sort of divine punishment motif that the book of Job was against, and it ignores the genuine requirements of justice and truth in sexual relationships.

The AIDS crisis, as I have indicated above, presents a clear situation in which faith traditions must address their own traditional teachings about sexuality, and they must rethink the gender bias that remains deep within their teachings and practices. It would be naive to think that cultural patterns that make women vulnerable to AIDS are not influenced by world religions (and vice versa) whose presence is longstanding in their countries. Fundamentalism takes varied forms, but many of them are dangerous to the health of women. Questions must be pressed about the role of patriarchal religions in making women invisible – even though women’s responsibilities are massive, and their own agency can be crucial and strong.

I long ago came to the conviction that the sexual sphere of human life must be governed not by taboos but by considerations of justice. I have also become convinced that what justice means in the sexual sphere is not very different from what justice means in other spheres of human life, whether social, political, or economic. Questions of same-sex relationships, or of condoms, or of marital relationships, are questions of justice, and they must be measured by the criteria of justice that govern human relationships more generally. These are not isolated and individualistic questions; they go to the very roots of morality – including Christian morality.¹¹ The question to be asked is not whether

¹¹ See Margaret A. Farley, *Just Love: A Framework for Christian Sexual Ethics* (New York: Continuum, 2006) for an explanation of what I can only allude to here.

this or that sexual act in the abstract is morally good, but rather, when is sexual expression appropriate, morally good and just, in a relationship of any kind. With what kinds of motives, under what sorts of circumstances, in what forms of relationships, do we render our sexual selves to one another in ways that are good, true, right, and just?

Prophetic discourse regarding HIV/AIDS prevention must incorporate new understandings of human sexuality and the requirements of justice. Norms for sexual relationships and activities must take into account the concrete reality of human persons, particularly their capacities for freedom and relationality. It is only within a new framework (with of course roots in the tradition, although not clearly recognized in the tradition) that human sexuality as a whole can be understood, and specific questions such as the justifiability of the use of condoms can be resolved.¹²

A sexual ethic that remains too much in the form of a morality of taboo has led to an interpretation and rejection of some means of HIV and AIDS prevention—in particular, the use of condoms—because they are considered forms of contraception. This, however, misses (somewhat tragically) the point that their use in this context has nothing to do with a contraceptive goal; it has only to do with preventing people from dying.¹³ I applaud the work of scholars like James Keenan on issues of condom use.¹⁴ His appeals to well entrenched principles in the Christian tradition (such as material cooperation, toleration, epikeia and double effect) are extremely important and, in my view, sound. Yet we must go further. Issues of condom use cannot be reduced to questions of ‘lesser evil’, or even of ‘double effect’. They arise only because larger frameworks for Christian sexual ethics have not been challenged – as they must be. My own proposal in this regard is that justice-norms for sexual relationships include requirements to treat

¹² See Farley, 2006, op. cit

¹³ Condoms are a necessary strategy, and should not raise a moral problem as such. They are a necessary, but not sufficient strategy. This is an issue that is both exaggerated and underplayed, to the detriment of many efforts at HIV and AIDS prevention.

¹⁴ See James F. Keenan, ed., *Catholic Ethicists and HIV/AIDS Prevention* (New York: Continuum, 2002).

individuals as ends in themselves, and to do no unjust harm; they also require, more specifically, free consent on the part of both partners, as well as mutuality, equality, some level of commitment, and fruitfulness in some form (though not necessarily biological children). Finally there is a requirement of social justice regarding the rights of persons in their sexual choices and in relation to human society in general.¹⁵

Let me conclude by saying that if religious traditions have anything at all to say to situations like the AIDS pandemic, they must speak of God; and they must speak of human responsibilities to one another in relation to God. Words of hope and deeds of love will be 'true' insofar as they are shaped by accuracy of understandings of the situation and plausibility in identification of claims of justice. The great human and religious goals of mutual respect, solidarity, fairness, compassion, come slowly. But in some contexts, where responses to human suffering become urgent, where abandonment and death make slow progress 'too late', the role of prophetic discourse expands.

¹⁵ See Farley 2006, *op. cit.* especially chapters 5-7.