

Forces of death and the Promise of Life in Papua New Guinea

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Abstract: News that one is HIV infected is often seen as a death sentence. This paper uses a re-reading of passages from the Fourth Gospel to question that opinion. The paper looks firstly at the political, socio-cultural and economic driving forces of the epidemic. These factors are interrelated and all influence the pattern and speed of spread of the epidemic in PNG. Trust and respect between ethnic groups is low, women have a significant lifetime chance of being raped. Networks with concurrent sexual relationships continue to expand, and PNG has the greatest socio-economic disparity in the Asian and Pacific regions. What then is the practical Gospel message of life in face of such forces of death? What does it mean to talk of the goodness of God in the context of HIV and AIDS? How can we understand the HIV epidemic in the light of the Christian mystery of life and death?

In John 10 we hear that Jesus is the way to life (the gate) but he also leads the way to life (the good shepherd) and that by following the way of Jesus the community will receive abundant life.” If one can see that Jesus’ promise of eternal life is not about some heavenly ideal but rather that it could have direct and radical relevance to one’s experience here and now, then it could make a difference to the way people live out faith and purpose in their lives, particularly those infected with HIV. Eternity touches history when it refers to the quality of a person’s existence, hence the importance of giving special attention to the quality of positive living. The protective role of the good shepherd may offer values and insights to support a life-giving and liberating response to the driving forces of the HIV epidemic. Receiving one’s blood test results is often a time for decision making and change. It can be a starting point to transformation and new life.

1. Introduction

The spread of the HIV epidemic in Papua New Guinea (PNG) is having a major impact on people’s lives. A large percentage of the adult admissions in hospitals such as Port Moresby General Hospital are due to AIDS related illnesses.¹ This is just one indication of how an increasing amount of time, resources and personnel is being directed towards prevention, treatment of HIV and care for those infected.

¹ Post Courier, October 3, 2008, p. 3

Since 1987 when the first diagnosis of HIV infection in PNG was reported the number of people diagnosed and living with HIV has risen continuously. At the end of 2006, there were an estimated 46,275 people living with HIV in PNG (NAC and NDOH 2007:1). Continued increases are estimated for the future, in the numbers of new infections, in the numbers of AIDS related deaths and in the numbers of orphans. It has been said that an individual does not get HIV; a family and a community do (Hefner 2004:491). Thus, besides the *infected* there are hundreds of thousands of people *affected* searching for the resources to care for family members who are ill, or trying to cope without a husband, a wife, a mother or father. In a country with no system for old age pension the loss of a son or daughter is a severe blow to the security of parents in their advanced years.

In a previous paper I addressed the issue of healing in the context of HIV and AIDS in PNG (Gibbs 2008). This paper considers some of the driving forces of the HIV epidemic in PNG and poses a fundamental theological question: What is the practical Gospel message of life in face of such forces of death? A response will be sought in a re-reading of passages from the Fourth Gospel. Starting with the political, socio-cultural and economic driving forces of the epidemic,

2. Driving Forces

Research has shown that there are significant political, social, cultural and economic factors or forces associated with the increasing rates of HIV infection. These include:

- Weak social capital
- Violence: particularly that directed towards women
- Expanding sexual networks

- Socio-economic factors, notably poverty and inequitable development

These factors will be considered in turn.

2.1 Social Capital

Many of the driving forces of the epidemic are social, calling for a collective rather than an individual response. Such a response requires trust and a sense of the common good. Social capital refers to the cultural coherence of society – the glue that holds individuals, communities and societies together (Reid 2008C:63). Indicators of strong social capital are:

- People meet and talk to solve problems
- All members: men and women, old and young can voice their opinion and be heard
- There is good leadership, with a sense of fairness, justice and honesty evidenced in a low level of theft in the community
- The community is a relatively safe place with little or no violence, particularly violence and antisocial behaviour associated with alcohol and drugs.
- People help each other in ways that go beyond their social obligations, including support for those infected with the HIV virus.

A community with strong social capital is more likely to be able to resist the epidemic. Weak social capital, where indicators such as those above are lacking, leaves a community vulnerable to the driving forces of the epidemic (Reid 2002).

2.2 Violence

Both men and women are subject to a high degree of violence in many parts of PNG. Each day PNG national newspapers carry stories of violent criminal activities in urban centres such as Port Moresby. Tribal conflict continues,

particularly in Highlands Provinces. In the Enga Province alone, since 1991, 338 tribal wars have been reported by village courts resulting in the loss of more than 3800 lives (Wiessner et al 2007:4). Women are particularly vulnerable to violence in its many forms: sexual, physical, emotional, and economic. Sexual violence against women is so common in PNG that it is seen as normative in many communities (Borrey, 2000). Women who are the victims of violence have a significantly higher likelihood of being HIV infected than other women. Forced sex is common in criminal activities and tribal conflict, however this is by no means the principal context in which women are exposed to HIV infection. A national study of sexuality showed that fifty five percent of married women in PNG had been forced into sex by their husbands and that violence was used in one third of these cases (Jenkins 1994). A majority of women with HIV were infected by their husbands or steady partners. As one woman put it, “HIV/AIDS makes love drag us to death” (Clifford 2004:4a).

2.3 Expanding Sexual Networks

Traditional cultures in PNG held sexuality in high regard as a source of life, as well as group and individual identity. Today, in a globalised world, values are changing. The cash economy along with greater mobility mean the expansion of sexual networks and this contributes considerably to the spread of HIV (Jenkins 2006:10). Particularly in the Highlands, the months preceding and during elections is a period of significantly heightened sexual activity for both men and women (Gibbs and Mondu 2008). Candidates set up campaign houses where gambling, drinking and sexual activities take place. During elections, people enter into unions in order to get whole family or clan lines to vote for their candidate. Some married couples dissolve their marriages for the duration of the election period so that each can go their own way. The marriages are reformed after the elections without recrimination. There is a major increase in people

seeking treatment for sexually transmitted infections following the election period. HIV infection typically is associated with such higher STI rates.

2.4 Socio-economic Factors

Societies in which there are significant gaps between the rich and the poor often have high rates of HIV infection in both the rich and the poor. In PNG there are significantly high rates of infection among mobile wage-earners such as teachers and police. On the other hand, as epidemics mature, the pool of infection tends to accumulate among poorer groups. Poverty means lack of job opportunities for people, particularly men, who have to travel in search of work with the result that they live away from their families and the stabilising influence of their home communities. Poverty also brings the desperation that forces women into sex work simply to have food for their children. It is also linked to disadvantage and subjugation which deprives women of the chance of negotiating safe sex with their husbands. Thus fear replaces love and ways of relating associated with giving life bring death.

These driving forces are interrelated and all influence the pattern and speed of spread of the epidemic in PNG. Though group social capital is present in PNG society in clan groups, trust and respect between such groups is low and there is little sense of the common good beyond kin or ethnic groups. Women have a significant lifetime chance of being raped or pack raped. Networks with concurrent sexual relationships continue to expand, and PNG has the greatest socio-economic disparity in the Asian and Pacific regions.

What then is the practical Gospel message of life in face of such forces of death?

3. Faith Questions

What does it mean to talk of the goodness of God in the context of HIV and AIDS? Is the epidemic to be seen as contrary to what is human and therefore to be rejected? How can we understand the HIV epidemic in the light of the Christian mystery of life and death? Our response to such questions will affect the way we think about the epidemic and those affected by it.

When discussing such questions with local communities in PNG, people will often cite John 10:10, “I have come that they may have life and have it to the full” (CBC, 1998). If Jesus came with a promise of life, then should a disease that is seen as causing premature death be seen as sinful and contrary to the will of God? This leads to further questions about the meaning of Jesus’ promise of life.

4. Gospel of Life

The Fourth Gospel is sometimes referred to as the Gospel of Life. It begins with the theme: “What has come into being through him was life” (1:4) and concludes by noting that the intent of the signs recorded in the Gospel is that “...you may have life through his name” (20:31). Jesus refers to the water of life (4:14), the bread of life (6:51) and in a special way refers to “eternal life” (“Whoever listens to my words, and believes in the one who sent me, has eternal life”) (5:25).

The passage from chapter 10 cited above indicates that the promise of life is the purpose of Jesus’ mission. The passage occurs within a section with a parable (or two) about entering the sheepfold (v.1-3a) and the shepherd (3b-5) and an extended allegory in vv 7-18 in which Jesus identifies with the gate for the sheep (vv 7, 9) and the good shepherd (vv 11, 14). There is a link with the previous chapter 9 and the healing of the man born blind, so that in chapter 10 Jesus

appears to be positioning the pharisees in the role of stranger-thief. Jesus identifies with the good shepherd of Ezechiel 34, but goes beyond Ezechiel because he is prepared to lay down his life for the sheep. There may be links here to Ps 118:19-20 (Yahweh's gateway) and Ps 23:1 (Yahweh is my shepherd).

The principal images are Christological and ecclesiological. Jesus is the way to life (the gate) but he also leads the way to life (the good shepherd). By following the way of Jesus the community will receive abundant life.

What relevance could this have to HIV and its driving forces? To begin with one might note that there is no hint of moralism or judgment here in terms of good and bad as one finds in Mat 25 (with the sheep and goats). Any condemnation is levelled at the stranger-thief who would want to steal the sheep. I do not intend to propose a new form of parallelism nor to suggest a contemporary allegory. Rather I will try to be faithful to the scriptural message and the reality of contemporary experience by interpreting that experience critically in the light of the Word (Gutiérrez, G. 1991). In so doing we enter into a hermeneutical circle of faith and life, exchatology and praxis (Gibbs 2007).

5. Eternal Life

The meaning of life in its fullness or eternal life (*zoe aionios*) in the Fourth Gospel has been the topic of considerable debate. Raymond Brown notes that in many ways the gospel shows a "vertical" approach to salvation with the Son of Man coming from heaven bringing "heavenly gifts" – hence Bultmann's argument for the Gnostic influence on John. But there is a "horizontal" perspective also. The prologue recognises salvation history beginning with creation, and the coming of Jesus represents a new era where the spirit reigns over flesh. The "hour" of Jesus' passion, death and resurrection and ascension

is the culminating hour in God's dealing with human beings. Brown suggests that the combination of vertical and horizontal approaches to salvation represents a blending of Hellenistic and Hebrew approaches. The Synoptics see eternal life as something one receives at the final judgement or in a future age, but for John it is a present possibility (Brown 1966: cxvii).

It could be that by the time of writing the Fourth Gospel, there was less stress on the end-times and the second coming and the faithful had the opportunity to consider the realised hopes of Christians. The eschatological blessings of the last day were revealed as already present in the community. "The one who hears my words and has faith in Him who sent me possesses eternal life, ... he has passed from death to life" (John 5:24). Could abundant life mean that eternity touches history when it refers to the quality of a believer's existence? We live not only in hope, but in the reality of the blessing of life in this present time – in a new self-understanding resulting from revelation of God in Christ. Dodd refers to eternal life as "this earthly life indefinitely prolonged" (Dodd 1970:144).

Viewing life from this perspective as a new quality of life with an eternal future is particularly relevant to those living with the HIV virus. Too often the diagnosis that one has the virus is perceived as a death sentence. People talk about "Dying from AIDS" rather than "Living with AIDS." If one could see that Jesus' promise of eternal life is not about some heavenly ideal but rather that it could have direct and radical relevance to one's experience here and now, then surely it could make a difference to the way people live out faith and purpose in their lives. Eternity touches history when it refers to the quality of a person's existence.

6. The Gate

In John 10:7,9 Jesus identifies as the gate (of the sheepfold). The sheep go in and out through that gate. To enter the sheepfold is to come into a secure place – to find life rather than death. The sheep exit through the gate to find pasture – the fullness of life.

Even once outside the gate of the enclosure the sheep will still remain together as a flock. Surely Jesus would have attached a simpler meaning than “church” to the concept of the flock in an enclosure. Nevertheless, the image carries ecclesial overtones. If Jesus is the gate, then it is through him that the flock will find life in security, nurture and wellbeing. Separated from the flock the “lost sheep” will surely die.

Government sponsored awareness campaigns and formal education in schools appear to have little effect in slowing the spread of the virus. Some people are looking to a practical alternative to countering the driving forces of the HIV epidemic through what is called “Community Conversations” (Reid 2008a). This is a methodology based on the recognition that communities have the capacity to prevent the spread of HIV, care for those affected, change harmful attitudes and behaviours and sustain hope in the midst of the epidemic. Following a process of relationship building, identification and exploration of concerns, decision making, action, and reflection and review, the community conversations approach is starting to empower communities to strengthen social capital, reduce the level of violence, assist individuals and communities to be more responsible in sexual behaviour, and to start livelihood projects that reduce poverty and dependency. It is a sign of hope for many who have been disillusioned by the apparent failure of “ABC” methods and other approaches to dealing with the HIV epidemic.

Community conversations promotes the ideal that everyone: women, men or children, have a right to be heard. Yet sadly church leaders sometimes act as “gate keepers” that disempower the community, discouraging the sort of critical debate necessary to increase the level of awareness in the community. “Going to church,” prayer groups or bible study groups have no necessary effect on reducing the epidemic (Reid 2008b:124). In fact some studies have found that attending church regularly may open new doors to relationships and consequent multiple sexual partnerships. Church rallies have been identified as “risk occasions” for youth in Papua New Guinea (NHASP, 2005)

However, while operating outside of the “gate” of the institutional church, these community conversations can “touch the soul” of a community (Reid 2008c:3). One is dealing with a flock that defies tidy church categories and which is interested in Christian “principles” not in theory but in terms of their applicability and practice. The role of the community is not to condemn, but rather to promote life as security inside the gate and to open out into pastures of the fullness of life. Many people promoting community conversations are motivated by their deep Christian commitment. As such they display the continuity of the incarnation and fulfil the role of Jesus as the gate that controls the deathly forces, and promotes new life in community.

7. The Shepherd

The patriarchs, Moses, Joshua and David were all shepherds. Joshua was appointed so that God’s people would not be “like sheep without a shepherd” (Num 27:16-17). That is why the scathing attack of Ezechiel 34 is important background to discussion of the good shepherd. The so-called shepherds have not protected, but have plundered the flock, neglecting the weak the sick and the straying.

The shepherd of John 10 is one who protects the flock from evil and death, and leads it to nourishing pastures. In that sense the shepherd performs a liberating role freeing the flock for the fullness of life. We see also the paradox of the shepherd who gives life yet lays down his own life. Jesus as shepherd combines qualities of the ideal Old Testament shepherd and the suffering servant of the prophet Isaiah.

Both men and women have important roles to play in the domestic church – the family. The Diocese of Daru-Kiunga under the leadership of Bishop Gilles Côté has annual separate gatherings for both men and women. The gatherings for men are intended to assist them in their role as protectors, providers and fathers in their families (Gibbs 2008:7-8). In June 2008, forty three men met for a week to reflect on their lives in terms of men’s spirituality. This being the third such annual gathering the men knew one another well enough to be free to share about their inner thoughts and feelings. Since HIV in PNG is transmitted mainly through sexual intercourse, preventing its spread demands talking about sex and sexuality.

Too often discussions about the causes of HIV focus on “risk groups” and sex outside of marriage neglecting the important topic of transmission within marriage (Reid 2008b: 137-145). The men in Kiunga shared about their experience of loving energy and sex both within and outside of marriage. They also reflected on how Jesus the loving good shepherd cared for people and their deepest needs. He was not afraid of scandal in being with women of questionable repute. He was not afraid to produce a large quantity of wine at Cana at the end of a wedding party and surely he would have danced at the wedding feast also. The men discussed how the Christian faith is about “incarnation” (becoming flesh), about false conceptions of seeing flesh as bad and spirit as good, and how the most loving men can have a lusty sense of life,

beauty and sex. Attempts at short-cuts to pleasure through alcohol and other addictive substances run contrary to the freedom of true love which often means “letting go” as Jesus the good shepherd was prepared to let go of his life in a life-giving act of love. Reflection on topics such as these is not easy for men trying to reconcile the modern concept of respect for others, including women, with traditional hegemonic masculine ideals.

The trustworthy good shepherd protects the sheep from harm. Yet, in so many marriages in PNG, the trust level within marriage is very low. In a large, randomly sampled family planning survey of men and women in 1993, seventy five percent of women stated they knew or suspected their husbands had other sexual partners (Jenkins and Buchanan-Aruwafu 2007:41). Wives need a great deal of courage to even try to negotiate the use of condoms to protect themselves from dangers associated with unfaithful husbands. They risk a beating from their husbands and censure from their church.

In an effort to enable protection for women in their community the Women’s Association in a Highlands settlement helped supply condoms to womenfolk in their communities. One gave an account of the discouraging reaction.

Sometimes our own women bring home condoms as they don’t trust their husbands. On one occasion a mother was hurt badly, speared and stoned almost to death because a condom was found in her bilum. The community helped in bashing her. The poor woman’s husband left her soon after. Her children approached the Women’s Association office demanding compensation for the injury caused to their mother. This stopped other mothers from obtaining and distributing condoms. (Mondu 2008:16).

How can the Christian message challenge this situation? The parable of the good shepherd does not ignore the threat of the stranger-thief, and likewise a theology relevant to the situation in PNG today cannot avoid or ignore issues associated with protection from death dealing forces. Nor can it overlook the contradictions of being a man in PNG today where modern notions of gender equity appear to

conflict with traditional masculine ideals. The protective role of the good shepherd may offer values and insights to support a life-giving and liberating response to the driving forces of the HIV epidemic.

8. Testing as a special moment

Churches administer many of the Voluntary Counselling and Testing Centres in PNG. As of July 2008 the Catholic Church in PNG administers fifty four such centres throughout the country. This is both a service and an opportunity. It is a service because such centres provide a receptive environment for receiving counsel and for having a blood test to find whether or not one is infected with the HIV virus. It is an opportunity because very often it is a defining moment in a person's life.

Counsellors say that the majority of people are fearful when they come to be tested. Sympathetic pre-test counselling helps, but still people watch anxiously during the ten to fifteen minutes it takes for the results of a rapid strip test to show. Those whose test is reactive are asked to give more blood for more confirmatory tests. Those whose test is non-reactive are told that the result is negative – however with qualification about the three month “window period” and the need for a review date. Invariably the news of a negative result brings great relief. Some smile. Others cry. Some fall on the floor. Post-test counselling is important for assisting the relieved person to make important decisions that will affect their health and well-being and possibly the health and well-being of others too. At such moments some people will be asking questions such as the very faith question behind this paper: What does it mean to talk of the goodness of God in the context of HIV and AIDS? How will the counsellor respond?

Learning that one's test is confirmed positive leads to decision making. It is devastating news but some eventually are able to respond in constructive ways. The Catholic Church encourages couples to come and be tested together on the understanding that they will share the results. One woman, on learning that her husband tested positive responded, "I accept him as he is. I promised to be with him in good and bad times." When a woman is pregnant and tests positive there is an additional concern. It is more difficult when a pregnant woman tests positive. Parent to Child Therapy (PMTCT) will increase her chances of bearing a healthy child, yet in PNG, only about 2 per cent of HIV infected pregnant women have access to such therapy (Reid 2008b:144).

These moments surface fundamental questions about the human condition and about God. Such questions invariably explicitly or implicitly involve driving forces of the epidemic. Will practicing Christian values help transform this situation for the better? Does God have a plan for me? Does God hear our cries for healing? Did God send this epidemic? Am I being punished? Does God care for people living with AIDS and their families? Can the compassionate voice of the good shepherd provide a response to such questions? Is this a reason why Psalm 23, "The Lord is my shepherd..." is the most commonly read or sung Psalm at funerals?

9. Life and death

Is death evil? The response to such a question depends very much on how one thinks of life. No human life is perfect. Infirmary and eventual death are part of life. The intentional transmission of death may be evil, but physical death in itself is ultimately a surrender to God, the source and promise of life.

According to Christian faith, the human person is being-for-life. As noted above in section 5 of this paper, the Fourth Gospel helps us understand how death may

be seen in terms of unenlightened and unredeemed humanity (Dodd 1970:148). Eternal life gives new quality to the existence of a believer in whom eternity has already begun.²

Referring to the driving forces of the HIV virus as death-dealing forces is not always helpful as there is no inevitability or finality in them. As I have tried to show in this paper, such driving forces as weak social capital, violence, expanding sexual networks and socio-economic disparity can promote the spread of the HIV virus, but they can also provide a starting point for transformation and new life. It depends on whether individuals and particularly communities are motivated to become more life-seeking and life-giving. Even learning that one is infected with the HIV virus can be a stimulus to a new way of positive living. I have a friend who has been living with HIV for fourteen years. She is not taking any special medication and what motivates her is her faith and the fulfilment she gets from counselling others to live with HIV. God may be found, not outside, but within the HIV epidemic.

10. Living with HIV

What does it mean to talk of the goodness of God in the context of HIV and AIDS? Starting with the context we are confronted by a growing HIV epidemic in PNG. The epidemic is claiming lives, it remains incurable and fuels stigma and discrimination. However what appears to be a tragedy need not remain so. Death is inevitable, but we are not meant to remain securely penned in, compulsively subject to cultural and socioeconomic driving forces. The gate is open and we are called to follow the good shepherd in freedom to discover the pastures of the fullness of life.

² This point is well made in an article by Papua New Guinean Diocesan Health Secretary, Winnie William (2007)

It may be that personal, social or structural sin must be confronted for God's goodness to be revealed. The parable of the good shepherd acknowledges the threat of the stranger-thief and calls for a life-giving and liberating response to the driving forces of the epidemic. A prophetic and practical theology will be necessary to bring about a gender-sensitive society that respects the rights of both women and men. If the life-giving Creator God is to be seen in the face of a human being living with HIV, then the Christian community has a responsibility to respond with the love and compassion that has its origin in God. Moreover with progress in the availability and use of anti-retroviral therapies there can be prolongation of physical life and greater well-being. However, perhaps of more importance is the possibility of the contribution of faith in promoting a new quality of life and meaning in life so that people will no longer think and talk about "Dying from HIV" but rather "Living with HIV."

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