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# The theology of HIV and AIDS in the Democratic Republic of Congo: The praxis of the doctrine of social holiness

Esther Lubunga Kenge
Post-doctoral Research Fellow
University of South Africa
P.O. Box 392, Pretoria 003, South Africa
Email: estherlubunga@hotmail.com

**Abstract**

In the Democratic Republic of Congo (DRC) in the heart of Africa, the number of people living with HIV and AIDS is increasing on a daily basis. The war that has been going on for more than a decade has contributed much to the increase in the infection in the eastern part of the country in general, and in the Kivu region in particular. The effect of this increase is that people who have been infected and affected experience tremendous emotional, spiritual, psychological, and physical pains because of the burden of the disease. After losing houses and belongings to war, people in DRC are now facing the consequences of the HIV epidemic. Many of them are experiencing shame, anger, low self-esteem, fear, depression and grief due to loss of their loved ones who have succumb to AIDS-related illnesses. Over and above the burden of disease, DRC, in particular, the KIVU region has to deal with trauma due to ongoing rape of women and children used by local and foreign armies as a weapon of war. This article explores how or whether the Free Methodist Church (FMC) can promote and mobilise its members to care for people suffering from the burden of disease as a praxis of its Wesleyan doctrine of social holiness. While the government and other organisations are slow to respond to the epidemic, the author argues that practising the doctrine of social holiness will enhance the Free Methodist church's response in promoting care towards people infected and affected by the burden of disease.

**Keywords**: War, HIV and AIDS, Free Methodist, Social holiness, Care

**Methodology**

This article was based on the relationship between the spread of HIV pandemic and the situation of war in the Democratic Republic of Congo in order to determine how theology can be used to address the situation. This study was primarily a qualitative research in which data were collected in the form of written documents, spoken words and personal observation. Written materials consisted of books, articles, journals and magazines dealing with HIV and AIDS in general and in the DRC in particular, on one side. The researcher also consulted a number of religious books and journals related to the theology of HIV and AIDS, the Wesleyan doctrine of social holiness and the mission of the church. The researcher then completed the data with personal experience of the church and the country as a leader of Christian women and a citizen living in the eastern part of the DRC that is the most hit by wars and HIV and AIDS.

## Introduction

It is known that one of the effects of the HIV virus in the human body is that it leads a patient to the point where he/she becomes vulnerable to all kinds of diseases by weakening or destroying the immune system (Sindle and Welsh, 2001:29). Many people living with HIV in Kivu have already developed AIDS and other HIV-related illnesses and are now in a desperate state where they need care and support. For those who have been victims of rape they were already ill even before they knew if they were HIV positive or not. The need of physical care in this war-stricken region is beyond imagination. The war has destroyed most of the infrastructures for health care, communication and industries, leaving the region in total devastation and poverty. When a deadly virus is spread among people who live in a situation of political crisis, without food nor medicine, one can imagine quickly the death toll can rise among those who have HIV and AIDS. Writing in Ms Magazine, Nolen reported in 2005, a very dramatic situation,

> Here there is no rebuilding, no phone service, no electrical grid, no roads. Hospitals, when they still stand, have been looted of everything from beds to bandages. No government employee- teachers, judges, nurses- has been paid in 14 years (Nolen, MS Magazine Spring 2005).

She goes on saying,

> The Congo war has claimed more lives than any conflict since the end of World War II, yet receives no attention outside central Africa. An estimated 4 million people have died here since 1996- the vast majority not by firepower but starvation or preventable diseases, as people hid in the jungle to escape the fighting.

The United Nations AIDS Programme (UNAIDS, 2016:11)[1] shows that the rate of HIV infection is increasing globally despite the efforts made by governments and some international agencies. For example, a 2016 report by UNAIDS shows that there were 2.1 million new HIV infections worldwide in 2015 alone, adding up to a total of 36.7 million. Of the 36.7 million, West and Central Africa alone had 4.5 million people living with HIV and AIDS in 2016. UNAIDS estimated 370,000 of the 4.5 million people living with HIV in DRC alone.[2] But all is not grit that comes to the mill, UNAIDS is adamant about the progress that has been made in the fight against HIV and AIDS in its data collected in 160 countries (2016:1). It states that the progress made in reaching people with HIV treatment and in reducing AIDS-related deaths demonstrates how effective the Fast-Track approach is. There is also progress in the administration of Antiretroviral treatment to Congolese and in 2015, statistics stood at 33% of people receiving ARV treatment, a record higher than the region's coverage of 28%. According to DRC government estimates, by April 2017, 30, 000 more people were on treatment. This success in the treatment of people living with HIV is attributed to the support from a range of partners which include the Ministry of Health and the National AIDS Commission, United Nations agencies, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United States President's Emergency Plan for AIDS Relief. However, UNAIDS alludes to the fact that the job is still only half done. In its 2016 Global AIDS updates, UNAIDS estimates that approximately 54% of people living with HIV were in need of treatment, many of whom did not know their status.

While I concur with UNAIDS on the need for treatment, I also want to draw attention to the need for care or support as equally important and no one is better placed to care and support than churches. Of the above mentioned partners that brought success in the ARV administration, no church is mentioned to get involved, in particular, the Free Methodist

[1] UNAIDS 2016, *Global AIDS Update.* www.unaids.org Accessed 5 September, 2017.
[2] UNAIDS 2015, Democratic Republic of Congo- HIV and AIDS Estimates (2015), www.unaids.org Accessed 06/09/2017.

Church although its doctrine of social holiness compels its members to get involved in alleviating the social and health ills of its members and their communities. The Church is an accompanying, inclusive and caring community for people who are living with HIV or AIDS.

**About the Free Methodist Church in the DRC**

The Free Methodist Church (FMC), has its headquarters in the Southern Kivu and is widely spread out in the entire region. While the government and other organisations are slow to respond to the epidemic, the Free Methodist church should provide substantial help to people with HIV and AIDS. Apart from what is often merely casual relief, the Free Methodist church has not yet developed a carefully crafted and well-structured response to the HIV epidemic.

From its very foundation, the Free Methodist church has striven to live out the legacy of the doctrine of social holiness. The core of Wesleyan holiness is God's love poured out in our hearts by the Holy Spirit. Love is by nature outward and not inward. It is therefore obvious that perfect love cannot be expressed otherwise than through interpersonal relationships. Social holiness becomes a link between personal sanctification and its expression in a particular engagement in ministry towards the needy. In Wesley's view personal holiness is meaningless if it is not lived out in family or community. In fact, he argues,

> Solitary religion is not to be found there [in the gospel of Christ]. 'Holy solitaries' is a phrase no more consistent with the gospel than holy adulterous. The gospel of Christ knows of no religion but social; no holiness but social holiness (Wesley, Works 14:321).

What Wesley means in the above statement is that Christianity should not be lived in isolation because Christians are called to influence their society. "Exerting Christian influence in the world is the God-given responsibility of all who would be the light of the world or the salt of the earth" (Dunning, 1998:125). Isolationism would destroy the social character of Christianity. The Church is committed to the pursuit of its Wesleyan heritage as expressed in its Book of Discipline. Socially, from their early days Free Methodists displayed awakened conscience characteristic of the early Wesleyan movement. Their outspoken action against the institution of slavery and the class distinction inherent in the rental of pews to the wealthy demonstrated the spirit of true Methodism. Although issues change, the sensitive social conscience remains, evidenced by the continuing active participation in the social concerns of the day (FMC Book of Discipline, 1999:2-3).

Free Methodists believe that the love of God poured out in our hearts by the Holy Spirit gives power to transform human selfishness and makes Christians more sensitive to the misery of others. This is well noted in the Book of Discipline: "Free Methodists are committed to the task of understanding the most important needs of persons, institutions, and varying cultures so that they may minister meaningfully and redemptively to them (FMC Book of Discipline, 2011:13)." It adds, "Free Methodists are committed to taking advantage of opportunity where, as individuals, local churches, conferences and denominations, they can minister healing and redemptive helpfulness in the world" (FMC Book of Discipline 1999:4-5). Social holiness is therefore a way of transforming the evil structures of our society that impact negatively on human life, happiness and dignity which pertains to all persons, whether poor or rich, whether believer or unbeliever.

According to Dunning (1998:137), exercising social holiness is a way of restoring the creative law of human togetherness disrupted by sin. Thus social holiness is therefore a useful tool in the hands of the Free Methodist church if it is directed towards responding to HIV and AIDS. This paper suggests that the Free Methodist church should put care to people living with HIV and AIDS as its top agenda.

**Why care?**

I have chosen to focus on care in this article, firstly because there is an urgent need to support many people who are affected by AIDS and do not receive the attention and care they deserve. The combination of HIV and war in the eastern part of DRC has plunged the region into the state of emergency. According to a report by UNAIDS, in 2015 alone in Sub-Saharan Africa, the region DRC falls under, adolescent girls and young women accounted for 25% of new HIV infections among adults, and women accounted for 56% of new HIV infections among adults. *PlusNews* reported in 2006 that almost one million children with AIDS have been orphaned in the DRC. And in Bukavu alone the prevalence rate was 10-12% among blood donors (*PlusNews* 2006). The situation is a real emergency and the Free Methodist Church cannot stand by and simply watch from the 'fence', when HIV and AIDS is devastating the region. UNAIDS blames harmful gender norms and inequalities, insufficient access to education and sexual reproductive health services, poverty, food insecurity and violence, are at the root of the increased HIV risk of young women and adolescent girls.

In DRC, and Kivu region in particular, the burden of rape of girls, young and adult women by men, soldiers, rebels and foreign armies continue to fan the flame of HIV and AIDS. As if this was not enough, the health system is in a dysfunctional state requiring urgent emergency intervention. For example, in 2004, the UNAIDS reported that "Inadequate training of new health professionals is another major issue. In some cases, the preservice training system in hard-hit countries has completely broken down. One such country is DRC. In a news report by Doctors Without Borders (MSF acronym in French) in 2006, it stated that many people in South Kivu have no functional hospitals and those that exist lack trained staff or stocked medication. They run two small centres in Bukavu and treat 1800 patients with AIDS related illnesses. Those in rural areas who cannot reach Bukavu are left to die without help (PlusNews, 2006). These people are desperate and wait for an urgent and practical intervention while long-term solutions to prevention and eradication of the disease are being searched for. Richardson underscores the urgent need of care in this way,

> In the absence for cure for HIV/AIDS or a vaccine to prevent infection, two initiatives come to the fore. First, and most obviously, there is the concerted drive by the medical technology to find a cure and/or a vaccine. Second, there is a pressing need for care of those infected and affected (2006:38).

Since the first initiative proposed by Richardson belongs to medical technology, the second one of care belongs to the Church. Given its doctrine of social holiness, Dunning (1998:137), argues that exercising social holiness is a way of restoring the creative law of human togetherness disrupted by sin, and in the case of HIV and AIDS, disrupted by HIV and AIDS since the infection has brought alongside it, discrimination and stigma both of which are anathema to the Church of Jesus Christ. They contradict the role of the Church as a healing, accompanying and inclusive community. I argue in this paper that the FMC has the capability and also its significance in the current situation in Kivu. I will concentrate on three major areas of care where we assume that the role of the Church is indispensable. These are spiritual, emotional/psychological and physical care.

**Emotional and psychological care**

The Church can facilitate the creation of safe spaces for people living with HIV and AIDS, trauma, etc. to share their stories and testimonies. This is an emotional and psychological form of care. Manda (2014: 129) argues that the experience of safe and sacred space created through the care, love and support from the support group or Church can cause participants to break the silence. The tension between silence and disclosure is palpable amongst group participants at the beginning of the storytelling. But the creation of a safe space makes them

feel safe to talk about their experiences.[3] Wielenga (2013), [4] and Adami and Hunt (2005) take it further and assert: telling the story enables people 'to give voice to their suffering, ritualise it, objectify it, reopen the wound to better let it out, let it heal, let it scar over'. Rigby (2001:129) gives a good imagery of what happens when people who are emotionally and psychologically wounded begin to tell their stories. He says that 'By confessing our pain we uncover the pain of the past which is portrayed as a poisonous wound that needs to be lanced and exposed to the fresh air,' if true healing is to take place.

The situation in the eastern DRC in general and in the Kivu region in particular, that situation of those living with HIV and AIDS, is even worse. It is hard to understand the deep spiritual damage that accompanies the infection among women and children in the Kivu region, especially, for many those who were infected through rape during the war. They live in shame and total disgrace. History has it that during the period of war early in 2000s three foreign armies and a dozen of rebel groups fought in the region and now we have UN peacekeepers. Several reports from the region have shown that all of them, without exception, have used sexual violence against women. For example, reports from *Women eNews* magazine in 2006 by Tiare Rath show that in Shabunda alone, an area in central south Kivu, an estimated number of 3000 women were raped between 1999 and mid-2001. Some commentators have given an estimated number of 40,000 women raped during the six years of war in eastern part of DRC (Women eNews, June 2006).

Traumatic events, like rape, war, violence, etc. take an enormous psychological and physical toll on survivors, and often have consequences that must be endured for decades afterwards. These ramifications may include emotional scars, and in many cases standards of living are diminished, often never recovering to levels that existed prior to the trauma (Bombay., Matheson & Anisman, 2009:6). Bombay (et al., 2009:6) adds that these traumas can occur at a personal level (e.g., car accident, or rape) or at a collective level (war, natural disasters, or genocide), and the responses to such events are not identical.

By the word trauma: I mean an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives.[5]

However, various studies also demonstrate that storytelling helps the survivors to face and work through trauma, so that they are not overwhelmed by its terrible effects.[6] Creating safe spaces for sharing stories of pain, hurts, rape, experiences of living with HIV and AIDS, etc. in a supportive and caring environment is therefore, a protective factor against stigma, discrimination and further traumatisation. Therefore, the Free Methodist can be of great help in creating safe spaces as each church has a hall where people can meet to narrate their healing. Manda (2015:2) emphasises that, "For healing to occur, space needs to be created

[3] Becoming better humans in a world that lacks humanity: working through trauma in post-apartheid South Africa. *Oral History Journal of South Africa* VOL 2 • NO 2 • 2014 ISSN 2309-5792 pp 123-137
[4] Wielenga, C., 2013, 'Shattered stories: Healing and reconciliation in the South African context', *Verbum et Ecclesia* 34(1), Art. #747, 8 pages. http://dx.doi. org/10.4102/ve.v34i1.747

[5] Manda, C. Coping with the trauma of civil war and political violence through spiritual methods. *Pharos Journal of Theology*, Volume 97 - (2016), 1-15. Open Access- Online @http//: www.pharosjot.com
[6] Bombay, A., Matheson, K., & Anisman, H. 2009. Intergenerational Trauma: Convergence of Multiple Processes among First Nations peoples in Canada. *Journal of Aboriginal Health*, November 2009.

for trauma survivors to work through trauma."[7] Manda concurs with Van der Merwe and Gobodo-Madikizela (2008: viii–ix), who contend that the healing of trauma survivors does not imply an end to all pain and suffering but rather facing and working through trauma so that the tragic loss caused by trauma is balanced by a gain in meaning.[8] The art of narrating our trauma helps us to articulate our memories, to structure them in our minds in such a way that they can be explained. In so doing, we gain control over our painful experiences. So although the past remains and nothing could be done to change the past, however, our engagement with our narratives changes our present and future. The past becomes less threatening (Manda, 2014:131-132; Denis et al. 2011: 16). There is no doubt that war brings with it mass trauma or collective trauma which affected populations grapple to come to terms with. The existence of this damage has plunged the whole region of Kivu into fear and helplessness. The residual effects linger until the victims or survivors find healing.

**Spiritual care**

This is the area par excellence where only the Church has the capacity and knowledge of the matter more than any other philanthropic organisation. This paper seeks to draw the attention of the Free Methodist Church in DRC to spiritual needs among people affected in one way or another by AIDS. More than physical pain, people living with HIV and AIDS and their families suffer from moral, psychological, and spiritual injuries. For example, research shows that many people, particularly women in DRC have been victims of war. Trevor Lowe, spokesperson for the UN World Food Program, echoes this view. "The nature of sexual violence in the DRC conflict is grotesque, completely abnormal," he says. "Babies, children, women- nobody is being spared. For every woman speaking out, there are hundreds who have not yet emerged from the hell" (The Nation, August 2004). The result is that raped women are devalued and dehumanised. As if this was not enough husbands of raped women divorce victims of sexual violence after rape. These women feel dirty and useless because they have lost their dignity, their family and their health. We see in Kivu a larger scale of violence against women. While in south Africa young men engage in forced sex as a way of gaining dominance and control over women (Haddad 2003:154); in DRC militia and foreign armies rape women to humiliate the Congolese nation. Women are also spiritually wounded, mostly if the family breaks apart through divorce after sexual assaults. The following testimony collected by Stephanie Nolen is fitting with the reality of rape in Kivu:

> The women tell her they are "not women anymore." They are often too physically damaged to farm, or bear children, and there is such stigma associated with rape in Congo- where female virginity is prized and the husband of a raped survivor is considered shamed- that rape survivors are routinely shunned by husbands, parents and communities (MS Magazine Spring 2005).

The desperation is total among people as expressed by a female HIV Counsellor working in Goma in an interview with journalists of the Nation,

> Why do they rape a child? We don't understand. There is a spirit of bestiality here now. I've seen 2- and 3- year olds raped. The rebels want to kill us, but it's more painful to kill the spirit instead (The Nation, July 2004).

[7] Manda, C., 2015, 'Re-authoring life narratives of trauma survivors: Spiritual perspective', HTS Teologiese Studies/Theological Studies 71(2), Art. #2621, 8 pages. http://dx.doi.org/10.4102/hts.v71i2.2621

[8] Van der Merwe, C. & Gobodo-Madikizela, P., 2008, Narrating our healing: Perspectives on working through trauma, Cambridge Scholars Publishing, Newcastle.

The actions of the experts cannot replace a personal contact of love and compassion that individuals receive from Christians who are committed to live out their faith. The WCC document argues,

> Despite the extent and complexity of the problem, the churches can make an effective healing witness towards those affected by HIV/AIDS. The experience of love, acceptance and support within a community where God's love is made manifest can be a powerful healing force. Healing is fostered where churches relate daily life and where people feel safe to share their stories and testimonies (1997:106).

This leads us to another form of care, emotional and psychological care that the Church can facilitate.

**Bible-based care**

In his article about what ill people experience, Grace Jantzen writes,

> Like the lepers in medieval times, people with AIDS and HIV face not only physical revulsion but also moral disapproval, the attitude that their condition is a punishment for sin or that they have brought it upon themselves through sexual activity or drug use that is feared and condemned by the majority. Their human dignity is undervalued and undermined, not least by the Church (Jantzen in Woodward 1990:22).

People living with AIDS are rejected and stigmatised because of the disease itself and/or the shameful way they contracted the illness. They need to hear the message of God's love to all humankind regardless of what they are experiencing. This love poured in our heart by the Holy Spirit is the basis of Wesleyan social holiness. Today people are discovering how the reading of the bible can empower and bring spiritual healing to those who are infected by the virus. Gerald West and Bongi Zengele share, in their study, how the members of the Siyaphila Support Group in KwaZulu-Natal have experienced empowerment through Bible study in their context as people living with HIV and AIDS. They observe that, "Women of the group feel in control of their body as well as of the Bible" (West and Zengele 2006:63). Beverley Haddad (2006:80-90) has experienced the same power of reading the Bible with the community of people suffering with HIV and AIDS in her research among the Vulindlela community. She realised that the Church may become a redemptive community to those who live with HIV if some traditional church rituals, such as the Eucharist or Breaking of Bread, can be given new meanings, which convey hope, healing and redemption (2006:90).

My argument in this study is that these women, more than any other persons living with HIV in the world, need spiritual healing that the Free Methodist Church can provide or promote. They need love, acceptance and restoration from God. There is such a great need of spiritual healing that if the task is left only in the hands of professionals (pastors and counsellors) they will be outnumbered. A member of one church declared, "We are burying many days of the week, and our pastors are sometimes busy with the affairs of death than with the affairs of life. What toll will this take on tomorrow's Church? (Dortzbach cited in Yamamori et al., 2003:51). While services of professionals to address individual cases that require spiritual counselling is appreciated, now we need to organise people as a healing community. FMC needs to equip church members and affected families with the Biblical message of healing. The Free Methodist church can mobilize members to rediscover the healing power of spreading the good news of the kingdom among themselves, as practised by the early Methodists in their small groups, classes, societies and fellowships. Marquardt (1992:32) explains how the preaching of God's love brought change in the Methodist societies:

Despite many hindrances, early Methodism produced astounding social achievements. This should be attributed not only to Wesley's serious investigation of the causes of social justice, but above all to his preaching God's love for all persons- an emphasis which lent to this movement of awakening its great impetus for ministry. A person who receives God's love by faith should not keep it for selfish interest because love by nature is and requires to be shared with one's neighbour. Early Methodists practised this love of God and of neighbours in their Christian fellowships in which members learned to share burdens with one another and show solidarity with everybody who needed help or support. Marquardt notices,

> Methodism as a fellowship movement communicated to its followers a previously unknown sense of self-worth. It gave a new orientation to their existence and thus laid the groundwork for an otherwise inconceivable social ascent (1992:34).

Showing love is not enough by itself because people infected by HIV in Kivu have lost their dignity and self-esteem. In the above report from Kivu we heard women declaring that we are "Not women anymore." They need strong assurance that nobody can change their created nature because they are made in God's image. Rape or mutilation does not affect God's creation. This is also another area where social holiness has solid roots as I said earlier. Wesley had a deep conviction in the image of God present in every human being, be it poor, outcast or slave. In his sermon 124, Wesley shows that we are all created in God's image and because of this we are enabled to give a clear satisfactory account of the greatness, the excellency, the dignity of mankind. Even though the fall tarnished this image of God in us we still have treasure in earthly vessels. Part of this treasure that believers have is common with other humans; and this is "the remains of the image of God" (Wesley, Works 7:345). It is through this "remains" that the prevenient Grace of God is active even in a person who is not yet justified. People living with HIV need to hear this message of "Imago Dei" (God's image) and to see people treating them with dignity as still worthy of respect and esteem. According to Wesley only Christians who have been renewed by the Holy Spirit and liberated from the power of sin by grace are restored to the likeness of God and empowered to do good works.

Spiritual healing should also include the critically important message of hope for the future. People need a message of hope because many of them are dying, but they need to know that we all die one day but death is not the end of human life. There is hope in the Resurrection. Jesus resurrected from death, so will all those who die in him be alive for eternity (1 Cor.15). In one of his letters cited by Albert Outler, Wesley wrote,

> I mean by "preaching the gospel," preaching the love of God to sinners, preaching the life, resurrection and intercession of Christ, with all the blessings which in consequence thereof are freely given to true believers (Wesley in Outler, 1980:232).

That is why the church should encourage local initiatives of Bible reading where ordinary people can be empowered to read the Bible for themselves. The practice will not necessitate huge funding from overseas, but share Biblical values that can mobilise church members to grasp God's will and spread it around the community. This healing movement should be multidisciplinary, because the disease is not only spiritual but also physical and social. Let us now turn to the physical aspect of care.

## Physical care

Wesley was so moved by the misery he saw among his people that he decided to put into practice the love for God and for neighbour that he preached. In this account Wesley gives more details on how he employed some women in knitting so that he could create jobs for them. He gave himself too much to it so that for the rest of his week he fell ill (Works 1:310). Wesley's practical theology was not limited to giving relief to the poor but in another account

he reports that since poor people could not afford to pay their medical bills, which were very expensive, that he decided to become a kind of physician providing medicines as he used his knowledge of physics and anatomy learnt long ago.

He reports,

> But I was still in pain for many of the poor that were ill; there was so great expense, and so little profit. And first, I resolved to try, whether they might not receive more benefit in the hospitals. Upon the trial we found that there was indeed less expense, but no better done, than before. I then asked the advice of several physicians for them, but still it profited not. I saw the poor people pining away, and several families ruined, and that without remedy. At length I thought of a kind of desperate expedient. 'I will prepare, and give them physic myself' (Works VIII: 263-64).

It is important to notice that, for Wesley, theology is praxis and not words. What Wesley did is the kind of reaction that I would like to see the Free Methodist Church in Congo taking as we see the misery of our own people perishing without appropriate care. One needs a great measure of love and compassion to approach people living with HIV after being gun raped, destroyed in their inner part and left without any substantial treatment. They have become the true untouchables and outcasts. We need to accept the challenge of, "Often Jesus touched the untouchable. Jesus knew that compassion- real compassion- requires touching and sometimes getting dirty. Go and do likewise" (Kane 2003:20). My aim is to stir up the Church and draw its attention to the fact that, "Appropriate support and care for people living with HIV will enable them to live longer, healthier, and more productive lives, which benefits the individuals, their families, and the whole society" (Wendy Holmes 2003:175).I want her to quote the engagement of the Methodist Church of Southern Africa (MCSA) as a model to be adopted by all branches of Methodism worldwide.

The Methodist Church represents the body of Christ. As such, it is the place where God's healing love should be experienced and God's promise of fullness of life is made freely available. HIV and AIDS offers the Church an opportunity to become a prophetic sign of the Kingdom of God in making tangible the care and love of Christ in its proclamation (preaching) and service, worship and liturgy (MCSA 2002:15). There are a variety of aspects of the disease that need to be taken care of and those are areas of FMC ministry. This includes testing so that people may know their status and start living positively. In DRC, especially in the eastern part of the country, health centres where people can get testing are very rare. It took almost 15 years before establishing the first voluntary counselling and testing (VCT) in DRC and ever since there have been very few centres offering testing (EHAIA 2006:12). Since the population has been impoverished by war and the few hospitals still operational are expensive, many people are dying of HIV-related diseases without knowing it. In those cases, where the cause of death is not known it is common to attribute it to witchcraft or sorcerers, as often happen in rural areas. In this regard the FMC in DRC can be useful if all the small health centres that it operates in remote areas, where there is no governmental hospital, could receive testing instruments from donors or international agencies. What is needed is to express loudly and widely the crucial need for these instruments and some people out there may be touched and donate them.

**Home-based care**

There is also a need for home-based care and self-care because of the scarcity of medical facilities. In some countries home-based care is an alternative but in eastern DRC it becomes the only solution. The FMC in DRC, as a family, is able to inspire its members with Biblical insights to provide care for patients where hospital services are lacking.

The distribution of food to people living with AIDS should not be considered as charity in order to satisfy their hunger, but as a powerful support for their survival. Kivu is a rich area for agriculture that should be developed in order to meet the need of a variety of products. Good diet is required to people living with HIV and AIDS because it constitutes a means of sustaining their health, prevention and also an indispensable accompaniment to any medication. HIV infection and the lack of food in the household impact negatively on one another as demonstrated in this statement:

> HIV/AIDS affects food security by reducing household ability to maintain a diverse portfolio of activities and produce and buy food… the sicker your family member becomes, the more money you may have to borrow from relatives and friends, the more you may seek their assistance (Barnett and Whiteside, 2002:239).

Those who are on ARV can develop deadly side effects if their treatment is not accompanied with good diet. It becomes a challenge when we know that the region of our study is experiencing shortage of food because of political and economic crisis generated by civil wars. Yet, people who live with HIV and AIDS have higher nutritional requirements than normal because food shortage has a tremendous impact on the growth of the epidemic. Difficulties with food production lead to poor nutrition: both protein-energy malnutrition and deficiencies in micronutrients such as iron, zinc and vitamins. Poor nutrition leads to compromised immune systems, making individuals more susceptible to infection in general (Barnett and Whiteside, 2002:223).

The situation can become worse if some measures are not taken to alleviate the consequences of HIV and AIDS. More people will be added to the 4 million already buried during the period of war. Nolen notes that apart from firepower, more people died of starvation and preventable diseases such as malaria and diarrhoea, all this because nobody cares. Internally there is certain apathy from the Church and local government because they assume that the misery is so deep that their feeble means could amount to nothing. Although physical care to HIV patients is an area where medical institutions, international agencies, experts and government have invested their efforts because they have the knowledge and the means that it takes, there is still room for 'ordinary people' from the church to make a significant contribution. Especially, when those who have the means are absent, as is presently the case in the Kivu region.

Caring for HIV patients by FMC members has to be extended to the family of the ill person, especially after death, orphans and the widows or widowers, who sometimes are also infected, and are so devastated in their bereavement that they need help. Many institutions are being opened to deal with the problems of orphans of HIV and AIDS. But these institutions cannot take everybody in, church people are able to identify in their milieu children who are left without support and provide them with adequate care. In some cases, some children have to be adopted into families. Care of orphans is a growing field where everybody has to participate if we need to make a significant impact.

The United States Agency for International Development (USAID) estimates that 44 million children under 15, in 34 developing countries will have lost one or both parents by 2010, mostly through AIDS (Guest, 2001:1). If these figures are accurate, one can realise the magnitude of the crisis awaiting Africa in the years to come if the whole community is not mobilized to provide care for orphans. Widows and widowers also need relief, love and company from Church people, as they feel lonely and rejected. I suggest that the Free Methodist Church might sensitive people to the Biblical foundation of caring for the body in the same way the church does for the soul, by preaching a holistic salvation which takes into account both physical and spiritual needs.

## Conclusion

There is a dramatic situation of violence against women and children in the DRC, which requires the attention of the world. This violence has contributed to an outbreak of what everybody in the 21st Century Africa dreads, HIV and AIDS. The disease is already a disaster for the whole of humanity, but in a country already torn apart by many years of political conflict and instability, it makes things horribly worse. In this study, without overlooking the prevention, I am moved by the many people lying in the dust waiting for death if somebody does not take care of them. I have argued therefore, that these ill people can live longer, healthier and even more productive if they receive appropriate care immediately. Somebody has to mobilise and initiate a large-scale movement, which will include patients, families and organisations, both national and international to provide care that is so desperately needed. My recommendation is that the FMC in the DRC has in its doctrine of social holiness what it takes to start this movement. The way to do this should not be limited to emergency relief but to mobilise the Church and other stakeholders into a true social movement which can have a significant impact on the epidemic.

I have discussed three major areas of intervention: Emotional/psychological care, spiritual care, and physical care. In each of these areas, the FMC in DRC can make an impact, but the magnitude of the damage requires, in addition, external help and expertise to support the action of the Church. Therefore, this study recommends that the FMC in DRC should provide sermons and Bible studies from its doctrine of social holiness for the grounding of the mobilisation of the people so that the mass movement it generates might be accepted by both the religious and no-religious communities. The movement should be multi-talented and diversified in its nature to be able to carry out the various activities involved in the holistic care of people living with HIV and AIDS, and survivors of various types of trauma due to war-related crimes and human rights violations. The success depends on how the vision based on Biblical principles will be accepted by the members of the community, and also how flexible and persuasive is the Church, as an accompanying, inclusive and healing community, to accommodate and lobby other churches and even secular organisations. The Free Methodist Church and indeed all churches and religious organizations, should stand up to the many challenges and start doing something proactively if they want to maintain their heads above the crowd which points accusative fingers instead of showing love in praxis to people living with HIV in the Kivu region and elsewhere in the world.

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