

2012

HIV/AIDS Stigmatization Among Oromo Immigrant Congregations in the Twin Cities : a Call for Biblical and Theological Response

Fikru Andea Eticha

Follow this and additional works at: http://digitalcommons.luthersem.edu/ma_theses

 Part of the [Community Psychology Commons](#), [Immune System Diseases Commons](#), [Practical Theology Commons](#), and the [Social Psychology and Interaction Commons](#)

Recommended Citation

Eticha, Fikru Andea, "HIV/AIDS Stigmatization Among Oromo Immigrant Congregations in the Twin Cities : a Call for Biblical and Theological Response" (2012). *MA Theses*. Paper 29.

This Thesis is brought to you for free and open access by the Student Theses at Digital Commons @ Luther Seminary. It has been accepted for inclusion in MA Theses by an authorized administrator of Digital Commons @ Luther Seminary. For more information, please contact akeck001@luthersem.edu.

HIV/AIDS STIGMATIZATION AMONG OROMO IMMIGRANT
CONGREGATIONS IN THE TWIN CITIES:
A CALL FOR BIBLICAL AND THEOLOGICAL RESPONSE

by

FIKRU ANDEA ETICHA

A Thesis Submitted to the Faculty of

Luther Seminary

In Partial Fulfillment of

The Requirements for the Degree of

MASTER OF ARTS

THESIS ADVISER: DR. MARY SUE DREIER

ST. PAUL, MINNESOTA

2011-2012

This thesis may be duplicated only by special permission of the author

ACKNOWLEDGMENTS

I am deeply indebted to Dr. Mary Sue Dreier for serving as my thesis advisor. She generously offered her time, encouragement, and guidance. Her insightful comments are incredible. With her support, I have been able to fulfill this academic and personal goal.

I am also grateful to Dr. Mary Hess for her willingness to serve as my faculty reader and providing her valuable responses and recommendations.

My thank goes to Luther Seminary Library staff for their assistance in accessing resources for my writing and also Luther Seminary writing center for their unreserved help and guidance in the organization of this writing.

Lastly, and more importantly, I thank my wife Hewan Kebede Woyessa, who has patiently and lovingly supported me in fulfilling this dream throughout my study time at Luther. I dedicated this thesis to her and our son Sooraa Akama Fikru with great affection and gratitude.

TABLE OF CONTENTS

ACKNOWLEDGMENTS.....	iii
LIST OF ABBREVIATIONS/ILLUSTRATIONS/TABLES.....	iv
INTRODUCTION	1
CHAPTER 1: BACKGROUND OF OROMO IMMIGRANT CONGREGATIONS...8	
Introduction.....	8
Oromo Immigration.....	9
Formation of Worshipping Communities in the Twin Cities	11
CHAPTER 2: HIV/AIDS AND MAJOR CAUSES OF ITS STIGMA	15
Introduction.....	15
HIV/AIDS basics.....	16
Root causes of HIV/AIDS-related stigmatization.....	21
CHAPTER 3: UNITY IN THE TRINITY AND THE STEWADSHIP.....	26
Theological and Biblical Concepts in the Unity of the Trinity.....	26
The Relationship.....	28
Christian Stewardship.....	31
CHAPTER4: MISSIONAL ECCLESIOLOGY AND HIV/AIDS	42
The Mission of Christ in the Life of the Stigmatized	42
We are Called to Be A Community.....	49
The Need for Multi-Disciplinary collaboration.....	54
CONCLUSION AND RECOMMENDATIONS.....	59
Conclusion	59
Recommendations.....	61
BIBILOGRAPHY	66

LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CD4	Cluster of Differentiation
HIV	Human Immunodeficiency Virus
MDH	Minnesota Department of Health
MSM	Men Having Sex with Men
RVI	Retroviral Infections
SAYFSM	Sub-Saharan African Youth and Family Services in Minnesota
STD	Sexually Transmitted Diseases
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNHCR	United Nations High Commission for Refugees
WHO	World Health Organization

INTRODUCTION

HIV/AIDS affects all aspects of human life: spiritual, cultural, psychological, political and social. It does not discriminate; it crosses the boundaries of geography, race, and color. Every person is vulnerable to the effects of HIV/AIDS in some way. Musa Dube in her book *HIV/AIDS and the Curriculum*, says “HIV/AIDS is everybody’s business.”¹ Thus, an appropriate response to such phenomenon calls for a multi-dimensional approach towards its prevention and management.

Stigmatization and discrimination resulting from HIV/AIDS poses many questions. For Christians it has become a threat to their faith. Questions raised include: What created such an incurable disease? Why has God remained silent despite HIV/AIDS taking millions of lives every year? Why has modern medicine failed to come up with curative interventions? However, the most important issue to be addressed about HIV/AIDS today is our response to this devastating communicable human disease and the unprecedented stigma and discrimination posed to those infected and affected individuals, families, and groups.

As far as the origin of HIV/AIDS is concerned, many in the faith community have attributed the origin of HIV/AIDS to sin and immorality, specifically sexual immorality. According to Dube, this perspective has created a second wave of epidemics, namely stigmatization and discrimination.² There is a prevalent perception

¹ Musa Dube and World Council of Churches, *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological Program* (Geneva: WCC Publications, 2003), Vii.

² *Ibid.*, viii

among some Oromo Christians that Christians should not be sick as long as they are strong in their faith in God. Of course, there are biblical affirmations that those who follow God's commandments tend to be healthy.³ This does not necessarily mean that all obedient Christians are healthy; neither does it mean all who disobey God are always sick. Among some members of Oromo immigrant congregations in the Twin Cities, teachings about physical health and medical intervention have been received as compromising the healing power of God.

There are biblical verses which give rise to such generalization. For example, in the Old Testament it is clearly stated that God promises health to those who are obedient to God's commandments and the curse of sickness for those who are disobedient to God's commandments.⁴ On the other hand, one of the many ministries Jesus did during his earthly life focused on physical needs and their related social and psychological challenges. Jesus healed diseases that resulted from demonic possessions, congenital anomalies, and many other causes.⁵ Jesus did not just heal the physiological disorder of a hemorrhagic woman, but freed her from the psychological trauma that she experienced because of stigmatization and discrimination.⁶ According to Robert Igo, the most serious

³ Exodus 15:16, NIV.

⁴ Exodus 15:26; Deuteronomy 28:22.

⁵ Mark 5:1-9; John 9:1.

⁶ Matt 9:20; Mark 5:25; Luke 8:43.

issue about HIV/AIDS is the stigma and the possibility of rejection, discrimination, misunderstanding, and loss of trust that infected people have to deal with.⁷

There are several important questions which lie behind this thesis and have motivated its writing. However, the central question that guides this thesis is how Oromo immigrant congregations in the Twin Cities could provide a sound biblical and theological response to HIV/AIDS- related stigmatization? Today, the devastation arising from HIV/AIDS infection and the stigma attached to it become a concern to governments, non-governmental institutions, groups and individuals. Mageto, in his book *Victim Theology* says, “The HIV/AIDS epidemic has become a focus for the Church’s critical evaluation of her historical, theological, ethical teachings, and practice of ministry.”⁸ In addressing methods of integrating HIV/AIDS into theological programs, Dube, a seminary professor, asked herself what good her teaching of synoptic gospels does if it cannot address the most pressing need of her student and community, which is HIV/AIDS.⁹

Most of this writing is based on the practical experiences I have obtained as a health educator and HIV/AIDS counselor within the African immigrant communities in the Twin Cities and some parts of greater Minnesota. Some Christian Oromo living with HIV/AIDS witnessed that they faced dehumanization both from Christian friends and

⁷ Robert Igo, *Listening with Love, Pastoral Counseling: A Christian Response to People Living with HIV/AIDS* (Geneva, Switzerland: World Council of Churches, 2005), 8.

⁸ Peter Mageto. *Victim Theology: A Critical Look at the Church's Response to AIDS* (Bloomington, IN: AuthorHouse, 2006), xv.

⁹ Musa Dube and World Council of Churches, *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological Program* (Geneva: WCC Publications, 2003), 11.

from their own Christian family. For instance, an Oromo man who is living with HIV criticizes his Christian friends for their undesirable response to his health status. He said, “Many lost the respect they used to have for me.”¹⁰

This thesis will argue that it is a crucial human justice issue for the church to address HIV/AIDS stigmatization through the message of the gospel of Jesus Christ. Despite the fact that the Oromo immigrant community is disproportionately affected by HIV/AIDS¹¹ and stigma related to it, there has not been a well-designed strategy to meet the challenge from HIV/AIDS among Oromo Churches in the Twin Cities. Hence, the need to address HIV/AIDS-related stigmatization through sound biblical and theological response is imperative.

This thesis has four chapters. Chapter One will provide background information of Oromo and the formation of Oromo worshipping community in the Twin Cities. Additionally, it discusses how Oromo congregations’ members are influenced to worship under the same roof despite their diversity in their denominational background. Chapter Two will discuss the basic nature and distinctive characteristics of HIV/AIDS. This chapter will also deal with major causes of HIV/AIDS-related stigmatization particularly in the Oromo community. Lack of HIV/AIDS awareness and misconception of this pandemic health condition are major causes of HIV/AIDS stigma. Today there are life-prolonging anti-retroviral drugs for HIV/AIDS infection but there is no drug to take for

¹⁰ Personal conversation with the author at World AIDS day event:, Minneapolis, Minnesota, December 1, 2009.

¹¹ Minnesota Department of Health: *HIV/AIDS Prevalence and Morbidity Reports, 2010*, <http://www.health.state.mn.us/divs/idepc/diseases/hiv/hivsurvrpts.html#1> (accessed December 17, 2011).

the stigma related to it. Eunice Kamaara pointed out that stigmatization is a strong form of human rights abuse, in which people are discriminated on the basis of their infirmities. Human rights are not originated from health, race, religion, class or other similar attributes. Kamaara asserts that human rights are derived from person's being regardless of all these features.¹²

Chapter Three will outline biblical and theological perspectives of the unity in the Trinity that will enable Oromo Churches to make responsible responses to HIV/AIDS-related stigmatization as one body. HIV/AIDS is a human disease which directly affects human beings and still indirectly affects all other creations that are related to human beings. All human beings are created in the image of God. HIV/AIDS is continually disfiguring that image.¹³ HIV/AIDS presses theological and biblical questions, and it is not easy to have hope in God in the midst of the intolerable pain and sorrows which arise from HIV/AIDS devastation.

What does it mean to accept the gospel as good news while carrying incurable disease and the stigmatization which arises from it? Mageto, in his book *Victim Theology*, says "AIDS puts God and human nature into question."¹⁴ Believing in the mercy of God without denying the sorrow of AIDS seems incompatible and theologically challenging. However, finding the place and role of Christian churches in such a

¹² Eunice Kamaara, "Stigmatization of Persons Living with HIV/AIDS in Africa: Pastoral Challenges." *Afer* 46, no. 1 (March 1, 2004): 35-54.

¹³ Peter Mageto, *Victim Theology: A Critical Look at the Church's Response to AIDS* (Bloomington IN: AuthorHouse 2006), 101.

¹⁴ *Ibid.*, 101

complicated situation is crucial. Church as the body of Christ has to keep the unity of the parts as in the unity in the Trinity. Such unity is unthinkable without being good stewards. Christian stewardship is a lens through which we can see beyond human beings to extend our Christian mission. Church as united Christian community is called to protect gifts God has entrusted to her.

Chapter Four will discuss missional ecclesiology and HIV/AIDS. How do we see HIV/AIDS related stigmatization and the excruciating suffering of people living with HIV/AIDS through the mission of Jesus Christ? As Christian, we are called to be a community, to bear one another's burdens. We cannot defeat the challenges which arise from HIV/AIDS in isolation effort; hence, a collaborative approach is needed in the work of fighting against HIV/AIDS-related stigmatization. In order to make sound biblical and theological responses to HIV/AIDS-related stigmatization, the church has to collaborate with those governmental and non-governmental organization aimed at fighting against HIV/AIDS and its stigma.

Finally, it obvious that AIDS at present is an incurable disease that targets only human beings. Hence, the effect of HIV/AIDS on human beings is direct and frustrating. Because of this, we may go and highlight just its impact on life, but HIV/AIDS is not just a medical issue that we as Christian community might leave it for medical professionals. Since HIV /AIDS affect all aspects of all creations directly or indirectly, the Church has to rise up and put on all armor God to fight against the stigmatization and dehumanization related to HIV/AIDS. This writing will serve as a wakeup call for Oromo

Church leaders, theologians, and pastors to break the silence, to advocate, and care for those people infected and affected by HIV/AIDS–related stigmatization.

CHAPTER 1

BACKGROUND OF OROMO IMMIGRANT CONGREGATIONS

Introduction

The Oromo are one of the Cushitic-speaking peoples, with variations in color and physical characteristics ranging from Hamitic to Nilotic. A brief look at the early history of some of the peoples who have occupied northeastern Africa sheds some light on the ethnic origin of the Oromo. The Cushitic speakers have inhabited northeastern and eastern Africa for as long as recorded history. The land of Cush, Nubia or ancient Ethiopia in the middle and lower Nile is the home of the Cushitic speakers. It was most probably from there that they subsequently dispersed and became differentiated into separate linguistic and cultural group. The various Cushitic nations inhabiting northeast and east Africa today are the result of this dispersion and differentiation. The Oromo form one of those groups, which have spread southwards, and then east and west, occupying a large part of the Horn of Africa. Their physical features, culture, language and other characteristics unequivocally point to the fact that they are indigenous to this part of Africa. Available information clearly indicates that the Oromo have existed as a community of people for thousands of years in east Africa.¹⁵ When he gives brief insight into the Oromo indigenous religion, Aguilar Maro says:

¹⁵ Chris Prouty, Eugene Rosenfeld, and Thomas Leiper Kane *Collection (Library of Congress. Hebraic Section), Historical dictionary of Ethiopia*, African historical dictionaries (Metuchen, N.J.: Scarecrow Press, 1981).

The Oromo are monotheistic and believe that God [Waqqa], who lives in the skies (waqqa) and sends rains to the earth so that grass can grow, created the world. Waqqa makes possible the growth of cattle by providing grass and water and in doing so looks after all the Oromo.¹⁶

God's gift is expressed through a peaceful relationship between the skies the earth and among God, human beings, animals, and nature. Peace (nagaa) is the central philosophical paradigm of existence, and is expressed in daily life as the peace of the Boorana (nagaa Boorana) through ordinary greetings, blessings, and prayers.¹⁷ In this Chapter, I will first provide a brief historical background to Oromo immigration to the Twin Cities; then briefly discuss conditions that contributed to the formation of Oromo worshiping congregations in the Twin Cities and some unique characteristics of most Oromo protestant congregations in the diaspora.

Oromo Immigration

Oromo-speaking communities live in the highlands of Ethiopia to the north, the Ogden and Somalia to the east, near the Sudanese border to the west, and in their homelands in southern Ethiopia and northern Kenya up to the Tana River to the south. Because of the politics of Abyssinian centralization during the twentieth century and

¹⁶ Aguilar Mario, "Oromo," in Melvin Ember, Carol R. Ember, and Ian Skoggard, Eds. *Encyclopedia of World Cultures: Supplement*, 263-266. New York: Macmillan Reference USA, 2002.

¹⁷ *Ibid.*, 265-67.

political unrest after 1974, thousands of Oromo moved to Europe, North America, and Australia.¹⁸

The first group of Oromo arrived in the Twin Cities in the early 1970s to study at area colleges and universities. Before many could return to their homeland, a military junta took power in Ethiopia and started on violations of human rights, including extra-judicial killings, mass arrests, executions and detentions without trial. Under these circumstances, those Oromo who did not want to put their lives in jeopardy, sought political asylum in the United States.¹⁹

In the mid-1980s, as the Oromo liberation struggle gained momentum, the Ethiopian regime intensified the killing, imprisonment and persecution of the Oromo civilian population. Thousands of innocent people were forced to flee their homes and became refugees in the neighboring countries of Djibouti, Kenya, Somalia, and Sudan. After years in refugee camps, many Oromo refugees were finally able to reach the United States through the assistance of the United Nations High Commission for Refugees (UNHCR) and the United States Government.

In 1991, a new minority government came to power in Ethiopia. Initially promising to work for democracy, peace and stability in the country, the government changed course and unleashed a vicious campaign of terror on the Oromo. This

¹⁸ Ibid., 263-66

¹⁹ Oromo Community of Minnesota, <http://www.oromocommunitymn.org/> (retrieved December 17, 2011).

persecution forced thousands of Oromo to flee their country and to lead lives as refugees all over the world. A large number of Oromo arrived in the Twin Cities during this period, and still are arriving today to different parts of the United States.

Oromo refugees arriving to different parts of the world have had no chance to choose where to resettle, as their main goal has been to protect their lives from the Ethiopian dictatorial regime of persecution. They have not been able to first search for better climates and socio-economic situations in the areas where they seek refuge, or where they can get culturally and linguistically appropriate services. The first Oromo who arrived in Minnesota in the 1970s are believed to be the main attraction for the subsequent arrivals.²⁰

Formation of Oromo Worshipping Communities in the Twin Cities

Currently, there are over forty Oromo churches existing outside their homeland of Oromia.²¹ However, to be more specific, this paper will focus on the context of Oromo congregations and fellowships in the Twin Cities. The first Oromo evangelical worshipping community in the Twin Cities started as a Bible study group in 1987.²² As the number of Oromo immigrants in the Twin Cities increased, the need to start a formal

²⁰ Ibid.

²¹ United Oromo Evangelical Church (UOEC) website, www.uoec.org, (Retrieved, December. 5, 2011)

²² Our Redeemer Oromo Lutheran Church, www.Oromochurchmn.org (retrieved, December. 5, 2011)

fellowship became very important. Because of this, the Oromo Evangelical Lutheran Church was formally organized and registered with the state in 1993. In 1995, the church officially became a member of the Evangelical Lutheran Church in America (ELCA) through the Minneapolis Area Synod.²³ This Oromo church is now called Our Redeemer Oromo Evangelical Church and is located at 4000 28th Avenue South in Minneapolis, MN. There are also other Oromo churches and fellowships in the Twin Cities which has subsequently emerged as the number of Oromo immigrating to the Twin Cities has increased.

Other Oromo Churches in the Twin Cities include: The Lamb and Lion Christian Fellowship located at 2801 22nd St. NE Minneapolis MN, the Oromo Christian Fellowship Church located at 1466 Portland Ave. St. Paul MN and the Oromo Seventh-day Adventist Church of Minnesota located at 1534 6th Street Northeast, in Minneapolis, MN. The establishments of these Churches happened between 1987 and 2006 and started with the emergence of Our Redeemer Oromo Evangelical Church in 1987 as a bible study group and were followed by the Oromo Seventh-day Adventist Church of Minnesota in 1998.

The Oromo Seventh-day Adventist (SDA) Church of Minnesota became a reality as a result of several years of interaction among a few concerned Oromo Adventist immigrants residing in the Twin Cities and its metropolitan areas since 1998. The primary reason for the formation of the Oromo SDA Church was to overcome the language barrier experienced by most of the elderly church members when they attended

²³ Ibid.

the English-speaking local SDA church. Initially, some of the first arrivals worshiped at the Glendale SDA Church or First SDA Church of Minneapolis. These two groups finally decided to worship together at the basement of the First SDA Church of Minneapolis. As the number of the members increased, they officially organized themselves under the Minnesota Conference as a company on July 29, 2000.²⁴

The people of the Oromo churches in the Twin Cities have many things in common. Most of them had to flee persecution because they belong to the ethnic group that has been constantly fighting with the Ethiopian dictatorial regime to realize their independence. They also share the same language, culture, and tradition. The denominational background of the majority of Church members of Oromo congregations in diaspora obviously is diverse. Similarly, the denominational background of the members of Oromo congregations in the Twin Cities is also diverse: Lutheran, Pentecostal, Orthodox, Adventist, Baptist, and many other denominations.

Many factors require these people to assemble under one roof. These include but are not limited to language, culture, the aftermath of persecution, economic dependence, lack of space, being few in number, and seeking strength in unity. The members of these congregations have been through different challenges in order to adapt to their new environment including new family lifestyles, new climatic conditions, and the challenge of the generation gap reflected in both the Oromo congregations and the general community.

²⁴ Oromo Seventh-day Advents church of Minnesota website: <http://www.oromosda-mn.org/history.htm> (Retrieved January 11, 2012).

Inter-generational tension has been clearly observed among the adults, youth and children in Oromo churches congregations. During the last nine years, I have had the chance to visit most Oromo churches and fellowships in the United States of America, Canada and Europe. The structure, denominational diversity, manner of their worship and inter-generational tension of those congregations are very similar.

Finally, low socio-economic status, politics, and displacement have contributed to the exposure of several communicable diseases. Especially during their refugee life in neighboring countries, many were exposed to HIV due to lack of HIV preventive education and safe sexual practices. For instance, five out seven HIV positive individuals I counseled in August of 2008 acknowledged that they contracted HIV while they were living as refugees in neighboring countries before they came to the United States of America. Such lack of HIV/AIDS basic awareness and some common perceived misconceptions about HIV/AIDS are root causes of HIV/AIDS stigmatizations in congregations and communities. The next chapter will focus on the basic nature of HIV/AIDS and major causes of stigmatization related to it.

CHAPTER 2

UNDERSTANDING HIV/AIDS AND ITS RELATED STIGMA

Introduction

HIV/AIDS is a pandemic health problem—Dube says, “It is every body’s business.”²⁵ Everyone is encouraged to know at least the basics about HIV/AIDS and challenges attached to it. In 2008, in an educational session I had conducted on HIV/AIDS in an adult education school in St. Paul Minnesota, approximately 50% of my audience was fairly aware of problems that could be caused as a result of HIV/AIDS but had no awareness of the basic nature of HIV and AIDS. I have encountered similar figures in HIV/AIDS educational sessions I have conducted in Oromo congregations in the Twin Cities between 2007 and 2009. Based on my experience as public health practitioner in Ethiopia and health educator in the state of Minnesota, any compassion and care we provide to stigmatized individual is directly related to the level of awareness we have about the causes and extent of HIV/AIDS stigma. Mageto, in his book *Victim Theology*, criticized the large scale of the church in Kenya for their inadequate response to HIV/AIDS.²⁶ Indicating such inadequate responses of the church, Mageto claims:

In response to the myths surrounding HIV transmission, most congregations continue to change the sacrament of the Holy Communion by stopping the use of

²⁵ Musa Dube and World Council of Churches, *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological Program* (Geneva: WCC Publications, 2003), vii.

²⁶ Peter Mageto, *Victim Theology: A Critical Look at the Church's Response to AIDS* (Bloomington, IN: AuthorHouse, 2006), 82.

one cup and changing to individual cups in the distribution of the wine to maintain high hygienic standards and protect people from likely virus carriers.²⁷

As a Christian, when we talk about HIV/AIDS we should understand what kind of incredible experiences of forgiveness and love Jesus brought to us. Those who are suffering from HIV/AIDS infection and stigma are the body of Christ. Paul, in his epistle to the Corinthians says “so that there should be no division in the body, but that its parts should have equal concern for each other. If one part suffers, every part suffers with it; if one part is honored, every part rejoices with it.”²⁸ It is impossible to address stigmatization related to HIV/AIDS without reasonable awareness of the basic nature of HIV/AIDS, an elimination of perceived misconception that relate HIV/AIDS and, curse and sexual immorality.

The HIV/AIDS Basics

HIV/AIDS has been around since the 1980s and become a significant threat to public health and justice. One of the most important things about HIV/AIDS is the difference between HIV and AIDS. Consequently, the terms ‘HIV’ and ‘AIDS’ have been mistakenly used as synonymous; ‘HIV’ stands for human immunodeficiency virus whereas ‘AIDS’ stands for acquired immune deficiency syndrome. AIDS is a disease caused by HIV (human immunodeficiency virus), a disease that is at present incurable and for which there is no vaccine. To state it clearly, AIDS is a disease whereas HIV is a disease causing virus.

²⁷ Ibid, 82

²⁸ 1Corinthians 12:25-26, NIV

At the end of 2010, an estimated 34 million people were living with HIV globally, including 3.4 million children younger than fifteen years. There were 2.7 million new HIV infections in 2010, including 390,000 among children younger than fifteen years.²⁹

According to the Minnesota Department of Health (MDH) 2010 report, as of December 2010, a cumulative 9,493 persons have been diagnosed and reported with HIV infection.³⁰ Of these, 3,669 persons have been diagnosed with HIV infection (non-AIDS), while 5,824 persons have progressed to AIDS. Of the total 9,493 persons who have been diagnosed with HIV/AIDS, 3,228 persons are known to be deceased.³¹ The MDH report indicated that black, African-born are disproportionately affected by HIV infection, the rate of infection in the black African-born being 1732-2461 per 100,000 persons whereas in White, non-Hispanic the rate is as few as 83 per 100,000 persons.³² Among foreign-born people in Minnesota, Ethiopia/Oromo, Mexico, Kenya, Liberia, Somalia, and Cameroon³³ are the top six countries of birth representing high HIV infection rates with Ethiopia/Oromo at the top.

According to the MDH 2010 HIV/AIDS Prevalence and Morbidity Report, Men having sex with men (MSM) appears to be the leading mode of exposure to HIV infection. According to this report, 85% of the 3,163 HIV infected men were exposed to

²⁹ GLOBAL HIV/AIDS RESPONSE, *Epidemic update and health sector progress towards Universal Access: Progress Report 2011*, 12

³⁰ Minnesota Department of Health, “*HIV/AIDS prevalence and morbidity reports 2010*” slide 10 <http://www.health.state.mn.us/divs/idepc/diseases/hiv/hivsurvrpts.html#1> (accessed December 19, 2011).

³¹ *Ibid.*, slide 10.

³² *Ibid.*, slide 23.

³³ *Ibid.*, slide 46

HIV infection through MSM.³⁴ This means of exposure is relatively low in black, African-born residents where the heterosexual and MSM mode of transmission are 83% and 11% respectively out of 388 infected black African born males.³⁵ Hence, the higher prevalence rate of HIV infections in black African-born does not have significant relationship with MSM means of HIV transmission.

It is very important to know how HIV can be transmitted and how it cannot be transmitted because many HIV victims have been abandoned by their own family and friends because of fear of contracting HIV. One of the main causes of stigmatization and discrimination related to HIV/AIDS is lack of knowledge of the epidemiological pattern and means of transmission of the HIV virus. Most people become infected with HIV through unprotected sex, including vaginal, anal, and oral sex. Other ways of getting HIV are through intravenous drug use and blood contamination of sharp instruments such as syringes, needles, razors, etc. HIV-positive mothers can pass the virus to their babies through delivery, as well as through breast milk. HIV does not transmit from person to person by casual activities such as hugging, hand shaking, sharing the same bathtub, sharing clothes, eating together and playing together. HIV is not spread by coughs, sneezes, mosquito, other insect bites, or animals/pets.³⁶

There are no immediate signs and symptoms manifested upon HIV infection. Because of this characteristic of HIV, it is impossible to know someone's HIV status

³⁴ Ibid., slide 28.

³⁵ Ibid., slide 31.

³⁶ Mbiu: *SAYFSM quarterly Newsletter*, issue 5, May 2006, 7.

without medical tests carried out after window of time following infection. The most important thing is to know what is meant by a “window period.” A window period of HIV infection is a period between the entrance of HIV in to human body and the development of the antibody in the infected person as a result of body’s response to HIV infection. The window period is up to three months. If a person is tested for HIV during the window period of the infection, the test may not show the correct HIV status of the person because HIV antibodies may not yet be produced or present in the blood stream. Once HIV window period is completed and the infected person has developed antibodies in response to the infection, HIV test detects antibodies formed in response to HIV infection.

For a disease to take root, it needs to enter our body’s cells.³⁷ There are numerous types of cells in our body; HIV attacks specifically a type of white blood cell known as T-helper cells via the CD4 receptors.³⁸ T-helper cells are a type of white blood cells that play an important role in the human immune system. Once HIV enters into the cell, it starts to multiply, and leading to the destruction of our body’s immune system. Therefore, our body fails to protect itself from many others infectious diseases and becomes susceptible to what is called “opportunistic infections.” Robert Igo says, “HIV is so clever that it disguises itself to look like the very cell it attacks.”³⁹

³⁷ Robert Igo, *Listening with Love: Pastoral Counseling: A Christian Response to People Living with HIV/AIDS* (Geneva, Switzerland: World Council of Churches, 2005)10.

³⁸ *Ibid.*, 10

³⁹ *Ibid.*, 10

In the understanding of HIV/AIDS, it is important to know how we can determine our HIV/AIDS status and what it means to be HIV positive. As I have tried to mention in the previous pages, it is impossible to know someone's HIV status by looking at one's physical appearance. During my service in various health institutions in Ethiopia, I have observed that there is a misperception among societies that those who are weak, thin, or have other chronic infection diseases are usually seen as AIDS patients. While on the other hand good looking, strong, and physically fit individuals are usually seen as HIV/AIDS free. Physical unfitness, weakness and sickness are not concrete factors that indicate someone's HIV/AIDS status. Similarly physical fitness, strength and apparent health do not rule out a person from having HIV in their blood. Hence, people who are living with others chronic illness but not AIDS are suffering from stigma due to such an impression made by the community based on their physical status. People living with HIV/AIDS can be infected with other opportunistic infections but the presence of a chronic infection in any person is not a litmus test to identifying one's HIV/AIDS status.

Living with HIV and AIDS is more than contracting physical illness; it is a threat to emotional, social, and spiritual life. For my experience, some people who are living with HIV/AIDS fear to exposing their health status more than they fear the poor prognosis of AIDS. What we learn from this statement is that living with HIV/AIDS is more arduous than what one can imagine. The most important thing here is how we respond to people living with such devastation.

Root Causes of HIV/AIDS Related Stigmatization

Stigma remains the single most important barrier to public action. It is a main reason why too many people are afraid to see a doctor to determine whether they have the disease, or to seek treatment if so. It helps make AIDS the silent killer, because people fear the social disgrace of speaking about it, or taking easily available precautions. Stigma is a chief reason why the AIDS epidemic continues to devastate societies around the world.⁴⁰

From my experience as an HIV/AIDS counselor, the two most important causes of HIV/AIDS-related stigmatization in Oromo community are lack of awareness and perceived misconceptions about HIV/AIDS. Lack of awareness is usually refers to a lack of basic knowledge about the distinct nature of HIV, its means of transmission, and its impact in human life. The most common harmful misconception is looking HIV/AIDS as a mere result of a curse from God, sin, and sexual immorality.

An immigrant woman from Liberia who has been living with HIV since 1993 is desperate to get help from others and to share her story. However, because of the fear of stigma she could not tell her name and go public to save many lives. When this woman shared her story in the Sub-Saharan African Youth and Family Services in Minnesota (SAYFSM) Newsletter she says:

I can't tell you my name, or show you my picture because of the stigma. The stigma of HIV prevented me from asking for help and today it prevented me from identifying myself.⁴¹

The phrase "sexually transmitted diseases" is misunderstood, as if sexual intercourse is the only route through which sexual transmitted diseases are transmitted

⁴⁰ Ban Ki-moon, 'The Stigma Factor', The Washington Times, (August 6, 2008).

⁴¹ Mbiu, SAYFSM *quarterly Newsletter*, issue5, May 2006.

from one person to another. However, such things as body fluid and blood transfusions are also responsible for the transmission of sexually transmitted diseases. All STDs, including AIDS, are culturally taboo in the Oromo context; however, AIDS is more commonly faced with extreme discrimination and stigma as compared to others STDs.

According to cultural experts, there are various descriptions of HIV/AIDS based on culture, religion and beliefs.⁴² Some terms being used to describe HIV/AIDS include: curse from God, disease with no cure, and shameful disease. Among Oromo people, AIDS is commonly described as *dhukuba bara si'anaa* (disease of the time). In Oromo Community, it is common to ask the cause of death at a funeral or when visiting the family of the deceased. A family or friend of the deceased should explain the cause of death in culturally accepted terms, for example, *ukkamsee ajjeese* (death from loss of breath) for Asthma caused death, *dhukuba dheeraa* (male disease) for sexually transmitted diseases other than HIV/AIDS. Here, male disease is not to denote that the disease only belongs to males, but there is an assumption that it is usually men who brings STDs to the family where polygamous relationship is prevalent. It remained embarrassing and shameful for the family who lost their family members to AIDS to tell the cause of the death.

In Oromo people, HIV/AIDS is related to behavior and practices. Here, behavior denotes sexual immorality and there is an assumption that HIV-positive individuals are those who are careless in their sexual practices. The demonizing of sex in Christian

⁴² Joan Othieno, "Twin Cities Care System Assessment Demonstration Project", Minneapolis August 2006, 22.

church has a long history.⁴³ For instance, Augustine in *The City of God* viewed human sexuality in a negative way.⁴⁴ He strongly suggests Paul's warning of sexual issue in the First Thessalonians.⁴⁵ It is important to know that sex is not evil, but rather is a gift from God. In most African countries talking about sex in public is considered culturally taboo.⁴⁶ In such culture, church ministers are expected to talk about God and heaven, and if they have to talk about sex it is in hushed voices behind closed doors.⁴⁷

In Oromo immigrant congregations, there has been a residual feeling of shame of talking about sex and related issues in public. In 2009, I experienced Oromo congregation members in the Twin Cities who left an HIV/AIDS educational session only because I mentioned condoms and their usage.⁴⁸ Here, it is not to judge those people who do not want to hear about condoms in the church setting, but we cannot overcome the challenge of HIV/AIDS by avoiding the most important preventive and health promotion issues. According to Dube, the reason why churches find it difficult to handle sex and related issues is because they consider sex is something which belongs to a domain outside the sovereignty of God.⁴⁹

⁴³ Musa w Dube and World Council of Churches, *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological Program* (Geneva: WCC Publications, 2003), 5.

⁴⁴ Ibid., 5.

⁴⁵ 1Thessalonians 4:3-8.

⁴⁶ Musa W Dube, *HIV/AIDS and the Curriculum*, 2

⁴⁷ Ibid., 3.

⁴⁸ Fikru Eticha, *Outreach and health education session*: Minneapolis MN April, 2009.

⁴⁹ Musa Dube and World Council of Churches, *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological Program* (Geneva: WCC Publications, 2003), 4.

HIV/AIDS stigmatization exists everywhere; there is no uniform way by which HIV/AIDS stigmatization and discrimination manifests itself. It takes different forms across countries, religious groups, individual and communities. Based on my HIV/AIDS education and trainings, HIV/AIDS stigmatization often occurs along with other forms of stigmatization and discrimination, such as homophobia, racism and prostitution. The focus of this writing, however, is on prevalent causes of HIV/AIDS stigmatization in the Oromo immigrant congregation and related contexts.

It is not easy to talk about HIV/AIDS, especially in the African context. Similarly, it is not easy to have a welcoming environment from leaders and coordinators of churches and other organization when HIV/AIDS is the topic of the conversation. Two years ago, in a conversation I had with an African immigrant church pastor in the Twin Cities, I understood that not only his congregation members but he himself was not comfortable to talk about HIV/AIDS. For instance, in the summer of 2008, six out of seven African immigrant church pastors I contacted to get their permission to conducted HIV/AIDS educational session after Sunday service did not want the education to happen in the sanctuary. Here, perhaps speaking about HIV/AIDS can be perceived as speaking about sex.

According to the conversation I had with some African immigrant pastors, the underlying reason why they are not comfortable to talk about HIV/AIDS in churches is because most congregation members are not welcoming HIV/AIDS related conversations. However, in all Oromo evangelical church and fellowship in Minnesota, it is customary to hear public prayer for the healing of other various health conditions

regardless of the severity of those diseases. It is not fair to generalize that all Oromo immigrant churches are on the same page in their response to HIV/AIDS- related stigmatization. For example, during my services as an HIV/AIDS counselor and health educator, I met an African immigrant pastor who was willing to be tested for HIV as part of an early HIV screening program so that his Church members will be encouraged to do the same.

Finally, the basic nature of HIV/AIDS and underlying causes of the stigmatization related to it will give us some clue how to make a responsible response as Christians and a Christian community. The Christian church has to find her place and determine her roles in the process of fighting against HIV/AIDS-related stigmatization. Every person is encouraged to share the burdens of those infected and affected people. Halter and Smay, in their book *The Tangible Kingdom*, said “Empathy can be shown from a distance; it can be communicated through a card or a phone call. But to advocate for someone means you are with them in their need and you must speak and act on their behalf because they cannot speak or act on their own.”⁵⁰ Today, a lot of information and guidance are available; however, churches—especially immigrant churches have to see HIV/AIDS devastation and stigma through biblical and theological lenses. The following chapter will discuss some biblical and theological perspectives regarding HIV/AIDS and the stigmatization related to it.

⁵⁰ Hugh Halter and Matt Smay, *The Tangible Kingdom : Creating Incarnational Community :The Posture and Practices of Ancient Church Now*. 1st ed. (San Francisco, CA: Jossey-Bass, 2008), 44.

CHAPTER 3

UNITY IN THE TRINITY AND STEWARDSHIP

A theology that fails to relate itself to the vital issues of Christian activity shrivels into lifeless intellectualism, a sterile preoccupation with abstract concepts. And a stewardship that is not rooted in clear and sound theological convictions degenerates into shallow activism and loses its distinctive Christian character.⁵¹

Theological and Biblical Concepts of the Unity of Trinity

This Chapter will reflect biblically and theologically on the unity of the Trinity and Christian stewardship. The focus is to indicate how the unity of the body of Christ might be practiced in Christian stewardship. The Oromo immigrants in diaspora are ardent about unity and identity formation. There is nothing more important than unity and relationship for these people who suffered under long-lasting political persecution and a subsequent of identity crisis. The unity and relationship of the Trinity are discussed here. They are the divine link that brought everything into existence and are the ultimate source of Christian unity. The Trinity is a divinely link responsible for creating everything. In the book of Genesis we read, “Let us make man in our image, in our likeness...”⁵² The term “our” is a plural pronoun that indicates inclusiveness and unity. The work of creation is initiated and executed by the Triune God. There is no biblical evidence of

⁵¹ T.A. Kantonen, *A Theology for Christian Stewardship* (Philadelphia: Muhlenberg Press, 1956), 6.

⁵² Genesis 1:26

particularity, dominance or exclusion in the Trinity. Rather the Holy scriptures acknowledge that the Triune God is the creator.⁵³

The interconnectedness of Christians becomes the vital spiritual truth by which our Christian practices and values are tested. John Douglas Hall explains that, Jesus' prayer in the 17th chapter of John "that all may be one" is hardly considered by the denominations of Christendom. This leads to mutual suspicion, ignorance of one another, and even open hostility.⁵⁴ According to Hall, this situation in Christianity has strengthened extreme nationalism and racism.⁵⁵ Christianity has been criticized as being polytheistic, the Trinity being viewed as three gods.⁵⁶

On the other hand, there are many conditions in which God is seen as one person of God the Father, the Son Jesus Christ, and the Holy Spirit. The first article of the Apostles' Creed explains God the Father as the creator and the only God that creates. Such an explanation stands in favor of viewing the creator of heaven and earth as one person. On the other hand, some concentrate on the Son in their worship.⁵⁷ According to H. Richard Niebuhr, the greatest example of this idea was Marcion, who believed God

⁵³ Isaiah 44:24, John 1:3; Job 33:4.

⁵⁴ John Douglas John Hall, *The Steward: A Biblical Symbol Come of Age* (Eugene: Wipf & Stock Publishers, 1990), 131.

⁵⁵ *Ibid.*, 131.

⁵⁶ H. Richard Niebuhr, "The Doctrine of the Trinity and the Unity of the Church," *Theology Today* 3:3 (October 1, 1946): 371-384.

⁵⁷ *Ibid.*, 374.

the creator is not worthy of worship.⁵⁸ Another perspective is to regard the Spirit as the only God, the more prevalent one that encompasses both the creator and the Son. None of these concepts that focus exclusively one person of the Trinity keeps the unity of the Trinity. Regarding these concepts, Niebuhr says, “The weakness of the movement does not lie in its affirmations but in its denials, not in its inclusion but in its exclusion.”⁵⁹ The church of Christ has never been formed by relying exclusively on part of the Trinity, rather on common faith based on the unity in the Trinity. The Trinity is a perfect steward given to the world. Over emphasis on and partiality toward one part of the Trinity has never been the case in the true church of Christ. So, what do Christian churches learn from the unalterable divine unity of God? John, in his first Epistle says, “We shall be like him.”⁶⁰ Therefore, we as the body of Christ need to be like God the Trinity; the ‘we shall be like Him’ here is to mean we shall be united as God is united in the Trinity. There is no Trinity without each part of the Godhead; similarly there is no unity (oneness) in the church without each individual in that church community.

The Relationship

Therefore if you have any encouragement from being united with Christ, if any comfort from his love, if any common sharing in the Spirit, if any tenderness and compassion, then make my joy complete by being like-minded, having the same love, being one in spirit and of one mind. Do nothing out of selfish ambition or vain conceit. Rather, in humility value others above yourselves, not looking to your own

⁵⁸ Ibid., 374.

⁵⁹ Ibid., 379

⁶⁰ 1John 3:2

interests but each of you to the interests of the others. In your relationships with one another, have the same mindset as Christ Jesus.⁶¹

This section of the chapter will discuss how much the relationships of Christian community are vital in fighting against stigmatization, particularly the HIV/AIDS related stigmatization. The creating God is a relationship; hence, the Holy Trinity is evidence of the commencement of relationship and the inseparable divine link. God created the world and never let it function on its own. For instance, God created humans in His own image; and that image reveals the relationship in creation.⁶² When God created Adam He never let Adam lives on his own, but made Eve to establish relationship.

We cannot foster good relationships by force or domination. When God put Adam and Eve in the Garden of Eden, he instructed them not to eat from the Tree of life.⁶³ However, God was clear about the consequences of eating from the Tree of Life. God never denied Adam's and Eve's freedom of having relationship with every tree in the Garden of Eden. The man is given permission to eat freely from any tree in the garden but never from the Tree of Life. This tells us that humanity is given freedom to live in the world, and to carry on the activities necessary to maintain life.

At first, Adam was warned by God that disobedience would lead to death. What could death mean to Adam? How could Adam even know what death means since nothing is said about Adam's knowledge of physical or spiritual death? Here, the "death" must be his separation and loss of intimate relationship with God. The first thing God did

⁶¹ Philippians 2:1-5.

⁶² Genesis 1:26.

⁶³ Genesis 2:16-17.

upon finding Adam guilty of disobedience was to ask, “Where are you”⁶⁴ This question arises from the separation and dismantled relationship between the Creator and the man. Here, we can imagine how much separation, stigmatization, and abandonment is agonizing. Adam’s response to God’s question was, “I was afraid because I was naked; so I hid.”⁶⁵ The underlying factor here is *fear*. During my experience in health service settings, the majority of people living with HIV/AIDS complain of fear. Their fear is mostly not from the poor prognosis of AIDS but fear of being rejected by others. This is where stigma and discrimination is initiated. The question is how might such fear be halted today?

The suffering and death of Jesus Christ is not just to reveal God but is the vocation he faithfully took up to the point of death, both to reveal God and reconcile men with God, to make us one despite the difference we might have.⁶⁶ For instance the epistle to the Galatians says, “There is neither Jew nor Greek, slave nor free, male nor female, for you are all one in Christ Jesus.”⁶⁷ Hence, the remedy for the fear that results from separation and abandonment is Jesus Christ, who is the founder and sustainer of true unity for humanity through reconciliation. That reconciliation is manifest through the death and resurrection of Jesus Christ. The reconciled people of God should keep their unity in caring for one another.

⁶⁴ Genesis 3:9.

⁶⁵ Genesis 3:10.

⁶⁶ T.A. Kantonen, *A Theology for Christian Stewardship*: (Philadelphia: Muhlenberg Press, 1956),53.

⁶⁷ Galatians 3:28

Christian Stewardship

Presenting many specific ministries of Oromo churches in the Twin Cities is beyond the scope of this paper; however, it is necessary to mention that Oromo Christian churches should clearly understand that they are called by God to be good stewards. We are called to be good stewards to one another and the world, especially to those who are needy. Jesus Christ came to the world as a good steward. The third chapter of the Gospel of John says “For God so loves the world that he gave his one and only son, that whoever believes in him shall not perish but have eternal life.”⁶⁸ Perhaps folks do not think of this verse as one about stewardship, partly because we think stewardship passages need to say something about money. Undeniably, Jesus has died on the cross to give his life as a good steward for the redemption of the world from sins.

Stewardship is an English word similar to the Greek word *Oikonomia*, a compound of *Oikos* (house) and *nomos* (law), which refers to household management, managing what the master entrusts to his servant.⁶⁹ The palmist says, “The earth is the LORD's, and everything in it, the world, and all who live in it.”⁷⁰ There is nothing we as Christians can claim as ours. We are in the world to faithfully steward what God entrusted to us and counted us worthy of managing.

Without being a good steward it is hard to care and love others. The concept of stewardship is broader and more inclusive than what one may imagine. Hall, describes, stewardship in its boarder sense, and took stewardship outside the notion that stewardship

⁶⁸ John 3:16.

⁶⁹ T.A. Kantonen, *A Theology for Christian Stewardship*:(Philadelphia:Muhlenberg Press, 1956), 2

⁷⁰ Psalm 24:1.

is seen as something always related to money. The Christian church is a caring and loving community of faith which acts globally, and is responsible to protect all that God entrusted to her. Hence, Christian stewardship can be seen in more explicit ways. Hall establishes five principles that challenge the Christian stewardship tradition.⁷¹ First, globalization of stewardship is the idea that human beings are responsible for the whole world. So how can we apply the concept of stewardship to our call to love, protect and care for the world as Christians? Paul applies stewardship explicitly to himself as an apostle of Christ, and implicitly to the Christian church as the caring body of Christ in the world.⁷²

Second, communalization is the idea that we are together responsible to care for the world, as stewardship is not a private matter but rather a corporate one.⁷³ To communalize the theology of our stewardship, it is important to understand the unity and interrelationship in the Trinity. A Corporate life is not easy in the modern world. For instance, Hall says, “The habit of corporate thought and actions is not easy for North America.”⁷⁴ Unity is the cumulative power sourced from individuals.

The body imagery Paul describes in the twelfth chapter of the First letter to the Corinthians has well explained how the community functions without underestimating individuality. Every part of the body has a specific action to carry out, but all work

⁷¹ John Douglas John Hall, *The Steward: A Biblical Symbol Come of Age* (Eugene: Wipf & Stock Publishers, 1990), 127-152.

⁷² *Ibid.*, 36.

⁷³ *Ibid.*, 132.

⁷⁴ *Ibid.*, 134.

towards one goal. In order that the whole body properly functions each part must contribute and none of the body parts can claim superiority over the other. In our physical body, the body without one of its parts is not whole and a body part without the whole body is dead.

The actions we take to communalize our stewardship give strength to our action to globalize our stewardship. The unity and communality we demonstrate in our stewardship practice will best be defined by the *koinonia* we are called to as the Christian community and body of Christ. Stewardship is no longer to be conceived in a spiritual or ecclesiastical terms. It is a worldly category and it desires the vocation that God intended and the human creature in the midst of God's good creatures.⁷⁵

To communalize the theology of Christian stewardship we need to strengthen our unity which enables us to care for one another. Hall argues that the steward in the biblical tradition is not an individual, but a community.⁷⁶ Those who are infected and affected with HIV/AIDS are part of a community. Any church community that does not allow people living with HIV/AIDS into fellowship is uncaring and abandoning the right of the part of the body, at same time diminishes the wholeness of the body.

Third, politicization is the responsibility we carry out in stewardship, and should be done in a manner that is fully just and merciful. Hall, in his book *A Biblical Symbol Come of Age*, says, "Christianity has lived with slavery, feudalism and capitalism. She may learn to live in the more socialized forms of society towards which modern society

⁷⁵ Ibid., 122.

⁷⁶ Ibid., 132.

seems to be moving.”⁷⁷ Christian stewardship has never been accommodating to prevailing societal form, but it is God’s call that operates in unconditional love and faithfulness.

It is common to see the indelible association between Christian stewardship and private capitalism. A few years ago, a church in a small town in Ethiopia was compelled to have extra church space due to the overwhelming influx of newly converted Christians. A relatively rich person in the town bequeathed \$30,000 towards the construction of the church building, but he later requested that everyone in the church should at least go and shop at his market place. Using stewardship as means of private gain is dangerous because it leads to self-gratification, and worshiping idols. Stewardship is not giving away to gain more from what we gave. Christian stewardship is not just giving, but rather should be a life style. Stewardship politicization used to aid private wealth is not at all good Christian stewardship. Similarly, systems and organizations that create a sentiment of material comfort and free enterprise is not good stewardship.

The book of Esther in the Bible we can be a good steward in many societal forms. The book of Esther in the bible represents a powerful picture of God’s provision for Jews and exemplary stewardship. The Persian king administration was not a convenient situation for Esther to be a good steward to the Jewish people. However, her good stewardship was highly political. Her remarkable stewardship was not by manipulative means to advance selfishness, but rather by selfless commitment to rescue victims.

⁷⁷ Ibid., 147.

Fourth, ecologization is our responsibility and is meant for all creation around us. Regarding the crisis of the environment Jürgen Moltmann said, “What we call the environmental crisis is not merely a crisis in natural environment of human beings themselves. It is nothing less than a crisis in human beings themselves.”⁷⁸ We have to move beyond human community because God entrusted all creation to humanity. We are not called to be good steward to human beings only, but rather to all creation. If we are expected to steward all creation but marginalize, stigmatize, and discriminate even those who are human being like us—for instance as in HIV/AIDS stigmatization—we cannot satisfy the mission God calls us to carry out. At the same time we can imagine how we are narrowing down the responsibility God has given to humanity to be good stewards.

Fifth, futurization refers to stewardship practices that do not limit themselves to immediate situations but also focus on planning for future. Hall indicates that the Hebrew Scriptures speak about the children’s children; however, such notion seems to vanish in the New Testament. Hall says, “the anticipated future of the gospels is a new order inaugurated by the returning Christ: the reign of God.”⁷⁹ For Hall, the effect of the New Testament’s more apocalyptic rendering of the future is unfortunate.⁸⁰ However, Jesus in his earthly ministry speaks about the children—the future of community. He said, "Let

⁷⁸ Jürgen Moltmann, *God in Creation: A New Theology of Creation and the Spirit of God*, trans. Margaret Kohl, 1984-1985 (San Francisco: Harper and Row), xiii.

⁷⁹ Douglas John Hall, *the Steward*, 148-149.

⁸⁰ *Ibid.*, 149.

the little children come to me, and do not hinder them, for the kingdom of heaven belongs to such as these."⁸¹ Today, AIDS is killing thousands of children every year. USAIDS on its progress report of Global HIV/AIDS response 2011 indicated that, in 2010 an estimated 250,000 children less than 15 died from AIDS-related causes.⁸² The strive to fight against HIV/AIDS-related stigmatization is crucial not only to put those already stigmatized back into their communities and to prevent further stigmatization but also to produce healthy, productive, and confident next generation.

The above mentioned five broader concepts of Christian stewardship by Douglas Hall clearly indicate that our Christian stewardship is borderless and inclusive.⁸³ There is no selective approach to who we should offer our care and compassion. In globalization, we understand how much our stewardship is broader. In communalization, we understand how much we should be united to care for one another. In ecologization, we tell ourselves that our care is not limited to human being. In politicization we understand that stewardship has to be rescued from sentimentality and private morality, and finally in futurization, we realize that we are not just living for ourselves but rather for the future generation.

⁸¹ Matthew 19:14.

⁸² USAIDS Global HIV/AIDS Response, *Epidemic update and health sector progress towards Universal Access: Progress Report 2011*, 9.

⁸³ John Douglas John Hall, *The Steward: A Biblical Symbol Come of Age* (Eugene: Wipf & Stock Publishers, 1990), 122-154

Stewardship can also be broadly seen in various dimensions, such as: theologically, Christological, ecclesiastically, anthropologically, and eschatological.⁸⁴ Let me consider just the Christological dimension. The Christological dimension of the stewardship took us directly to the cross which is the best reflection of Jesus Christ as irreplaceable steward to the entire world. The Christological dimension of stewardship invites us to ask ourselves, *who are we as steward?* Hall indicates that Christ does not play the role of owner, but of an authentic steward.⁸⁵ That is what Paul in the third chapter of First Corinthians indicated: “all are of yours, and you are of Christ and Christ is of God.”⁸⁶ Jesus Christ did not even look at his own life as a possession of something to be cared for.

Stewardship indicates the power and sovereignty of God who entrusted everything to us. Being a steward here is to fulfill the responsibility to care for another thing owned by a master. Being a good steward is to show respect to one who entrusted things to us. Paul in his First epistles to Timothy says, “No one serving as a soldier gets entangled in civilian affairs, but rather tries to please his commanding officer.”⁸⁷ Is stewardship a required concept of becoming caregiver or is it something we practice through the grace of God? Hall says, “Christ is the initiator and enabler of Christian

⁸⁴ Ibid.,42-48.

⁸⁵ Ibid., 43.

⁸⁶ 1 Corinthians 3:22-23.

⁸⁷ 2Timothy 2:4.

stewardship.”⁸⁸ Such Christological reality of stewardship connects the practices of stewardship to love and passion. To promote the fight against HIV/AIDS stigmatization and to bring a sound biblical and theological response to the devastation which arises from HIV/AIDS stigmatization, Christian churches need to focus on how they can be a good stewards to the world.

There is no more perfect relationship and unity than the Trinity; and there is no more perfect steward than the crucified Son of God. Based on such perfect unity and stewardship, churches have to focus on mission towards loving and caring for others. Patrick Keifert in his book *A public theology of Worship*, says, “Church is a nurturing and mothering community.”⁸⁹ Hence, church has to be the place where the stigmatized are comforted and where they should feel a sense of belonging. The question really is, are those infected and affected with HIV/AIDS looking to the church as a nurturing and comforting community? Is there any health promotion and disease prevention plans or actions in the Oromo churches in the Twin Cities? Do the pastors and other leaders of the church see people living with HIV/AIDS as productive individuals? Though such questions need thorough deliberation and reflection, these will be briefly discussed in the following chapter.

The unity and relationship that has been discussed so far in this chapter is not just the discourse to promote Christian unity and relationship, but principles that emerge to

⁸⁸ John Douglas Hall, *The Steward: A Biblical Symbol Come of Age* (Eugene: Wipf & Stock Publishers, 1990), 42-48.

⁸⁹ Patrick R. Keifert, *Welcoming the Stranger: A public Theology of Worship and Evangelism* (Minneapolis: Augsburg Fortress, 1992), 100.

challenge Christian stewardship such traditions link our Christian stewardship practices to all aspects of creations. Hence, churches have to adopt multi-dimensional collaboration in fighting against HIV/AIDS-related stigmatization. Today, there are many for-profit and non-profit organizations which deal with the fight against HIV/AIDS-related physiological and social matters. However, they cannot replace the church's actions towards fighting against the devastation that arises from HIV/AIDS.

In summary of the chapter, when we talk about stigmatization, we are talking about separation from a unity, whatever that unity might be. It is impossible for the church to function as a church without the unity of parts in the body of Christ. William J. Danaher explained Augustine's theology of unity and plurality of Godhead in terms of *substance* and *relation*. God's substance is characteristics of God's essence such as immutability, eternal and impassible. Whereas the *relation* refers to the plurality of God pertain to the discrete categories such as Father and Son.⁹⁰ To summarize such distinctions of Godhead, Danaher stated that "on the basis of the distinction between substance and relation, Augustine asserts that the divine person are one God in regard to substance, but relationally plural."⁹¹ "God is one substance but three persons."⁹² When Moltmann elaborates the unity in the Trinity he also found uniqueness in the unity of divine persons saying:

⁹⁰ William J. Danaher, *The Trinitarian Ethics of Jonathan Edwards*, 1st ed., Columbia series in Reformed theology (Louisville, KY: Westminster John Knox Press, 2004), 26.

⁹¹ *Ibid.*, 27.

⁹² *Ibid.*, 27.

Not only unity but also uniqueness is to be found in perichoretic unity of the divine persons. The divine persons come to illuminate one another with eternal glory in the eternal perichoresis through their indwelling: the Holy Spirit glorifies the Son and glorifies the father together with the Son; the Father glorifies himself in the Son and in the Spirit, and the Son glorifies the Father through the Spirit. They do not just live relationally for one another; they do not just exist perichoretically in one another; they also express themselves with one another in the eternal light.⁹³

Similarly, we as human being influence one another relationally; bring in our personal gift to the unity in common action for common goal. However, when we unite for the common goal, it does not mean we have to lose our personal identity. As one body in Christ, the nature we acquire from the Trinity compels us to unite. The Christian church has a model for unity (the Trinity) and carries out her mission of nurturing and caring (steward) for the called out people (the ecclesia) and the whole world. The characteristics within Godhead do not prevent the divine unity. We as persons might have our own things such as talent, knowledge, personality as well as disabilities and malfunctions. What personally we have may not necessarily strengthen our unity, but what we have in common as community is a good denominator to hold us as one. The reality of the Trinity gives as a theological and biblical affirmation that unity in Christianity is not optional as the Godhead is divinely one and plural in his personal attributes. This unity accommodates God's plurality and personality.⁹⁴

The Trinity-the divine unity of God- is not a mere unity but rather the unity that functions as one. In the book of Genesis God says, "Let us make mankind in our image,

⁹³ Jürgen Moltmann, *History and the Triune God : Contributions to Trinitarian theology* (New York: Crossroad, 1992), 86.

⁹⁴ Danaher, *The Trinitarian Ethics of Jonathan Edwards.*, 29.

in our likeness, so that they may rule over the fish in the sea and the birds in the sky, over the livestock and all the wild animals, and over all the creatures that move along the ground.”⁹⁵ ‘In our likeness’ is perhaps also to mean our unity. This scripture gives the responsibility to humanity to be good stewards of all things God entrusted to them. The unity of the Trinity remains a vital model to guide Christian identity formation. Hence, church community is more identifiable with unity than individuality. The unique nature of HIV/AIDS, the prevalence of the infection, and the devastation arises from HIV/AIDS-related stigmatization call the church to have strong biblical and theological response through her mission. In conclusion, the following chapter will discuss on missional ecclesiology for fighting against HIV/AIDS-related stigmatization.

⁹⁵ Gen. 1:26

CHAPTER 4

MISSIONAL ECCLESIOLOGY AND HIV/AIDS STIGMATIZATION

Mission of Christ in the Life of the Stigmatized

The Spirit of the Lord is on me, because he has anointed me to proclaim good news to the poor. He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to set the oppressed free, to proclaim the year of the Lord's favor.⁹⁶

This section of the chapter briefly describes biblical concepts of the mission of Christ. To highlight a Christ-centered missional ecclesiology as it related to the fight against HIV/AIDS-related stigmatization, Jesus' interaction with people who were stigmatized is good example for Churches. Undeniably, natural evil arises from the created world, for instance earthquakes, flooding, volcanic eruptions, diseases of unknown origin, congenital malformations and so on. The natural world has its own potential to develop what it possesses today. We can say such potential is from God for the reason that God never removed the gift and freedom of the world capable of producing things. So the creatures have the potential to injure other creatures as the result of its God-given freedom of producing both good and evil. In the interaction between creatures, how do we see our relationship with such ill-fated situations as HIV/AIDS? For instance, there are bacteria that are exclusively harmful to our body; on the other hand, there are bacteria (normal flora) which live in our body and still are necessary for

⁹⁶ Luke 4:18-19.

our body's digestive system. The fact is both kinds of bacteria are created by God to lead their life that way.

When God gave human beings the power to subdue the whole creation he never commanded them to have a relationship only with those they believe to be good and destroy or reject the others.⁹⁷ But rather God's gift is inclusive, at the same time God commanded human beings to protect all creatures.⁹⁸ Here I am not saying HIV/AIDS is a good gift from God to human beings, but all people including those infected and affected by HIV/AIDS are our gifts from God, and deserve our love and care. I have tried to discuss some misconceptions about HIV/AIDS in the previous chapter. Some of these misconceptions seem to have Biblical roots. The Bible tells us there is a curse on humanity because of the fall; this curse is believed to be the origin of poverty, suffering, disease and death.⁹⁹ The New Testament reverses this notion because Jesus died for all and paid the debt of the fall for those who would become his followers.¹⁰⁰

God does not only bless, protect and care for those who please Him. Christ has died for all. However, there are biblical discourses that favor the assumption that God blesses those who please Him. For example, Job 4:8 and Galatians 6:7 encourage the notion that *we will be the reflection of who we are now*. This does not embrace the idea that says, "For the Son of Man came to seek and to save what was lost."¹⁰¹

⁹⁷ Genesis: 1:28.

⁹⁸ Genesis 2:15.

⁹⁹ Genesis 3.

¹⁰⁰ Galatians 3:13, Ephesians 1:7.

¹⁰¹ Galatians 6:7-8

Jesus warned against associating sufferings with God's judgment.¹⁰² The whole notion of this warning is to indicate that we all are sinners who have to seek repentance for the forgiveness of sins. Jesus in his earthly ministry continually showed passion towards the marginalized, poor and suffering. Moreover, there is no biblical evidence that Jesus's ministry was confined only to those followed him. Jesus healed the blind, a lame person who spent thirty-eight years at the pool of Bethesda, the hemorrhagic woman, the ten lepers and many others who had not followed him before their healing miracles.¹⁰³ Jesus ministering to the Samaritan woman and the adulterous woman in the fourth and the eighth chapter of the gospel of John are perfect examples.¹⁰⁴

Jesus did not speak out judgment for those in suffering, poverty, and hatred. He taught that they are related to his kingdom.¹⁰⁵ Among the Israelites, leprosy was not only a medical condition but also a big stigmatized social problem associated with impurity and curses.¹⁰⁶ However, Jesus laid his hand on the leprosy to heal.¹⁰⁷ Generally, Jesus did not come to the earth to judge humans based on who they are and what they do, but to save souls.¹⁰⁸ The good news of Jesus Christ replaces curse of the law; though, of course, the law accuses us of our sins and is a wakeup call for repentance. The law and gospel work inseparably in calling us to regard human infirmities as the consequences of the fall and

¹⁰² Luke 13:1-5.

¹⁰³ John 5: 1-9; 9:1-12; Mark 5:25; Luke 17:11-19.

¹⁰⁴ John 4: 1-26, 8:3-11.

¹⁰⁵ Matthew 5: 11; Luke 6: 20-22

¹⁰⁶ Leviticus 13: 45-46.

¹⁰⁷ Mark 1: 40-45.

¹⁰⁸ John 3:17.

the death of Christ for all to deliver the world from the consequences of the fall respectively. We need to align ourselves in the gracious work of our savior Jesus Christ who brought redemption to the people under curses. This has to continue until the second coming of Jesus Christ during which full redemption will be realized.¹⁰⁹

As discussed briefly in chapter 2 of this thesis, in Africa sex related diseases are known to cause more stigmas than other diseases. However, there is no hierarchy of sin with sexual sin at the top.¹¹⁰ The bible clearly warns us not to enter into judgment of others who we think are greater sinners.¹¹¹ In the Gospel of Luke, the disciples James and John were quick to bring judgment to the Samaritan people who rejected them while they tried to prepare things for the coming of Jesus to Jerusalem. They had sought permission from Jesus to call fire from the heaven so that it might consume the people who rejected them.¹¹² Based on this scenario we can imagine how short it takes to judge, even to call a curse upon those we think are greater sinner. Regarding human uncaring and conflict Moltmann cited L. Ragaz saying, “the situation which Jesus keeps tackling are those of human conflict: the healthy against the sick, the rich against the poor, men against women, Pharisees against tax collectors, the good against the wicked, the perpetrators against the victim.”¹¹³

¹⁰⁹ Ephesians 1:10, 14

¹¹⁰ James 2:10, Romans 3:23, Romans 6:23.

¹¹¹ 1Corinthians 4:5; Romans 14: 10; and James 4:12.

¹¹² Luke 9:51-56

¹¹³ Jürgen Moltmann, *History and the Triune God*, 86.

As far as HIV/AIDS is concerned, based on the disgust and fear it evokes in our day, AIDS seems comparable to leprosy in the Old Testament. I have seen people ostracized and isolated from their own family, from their close friends, and community because they were found to be HIV-positive. We can clearly see from the bible how Jesus responded to the neglected and marginalized. There is biblical reference that indicates us Jesus hates the successful and exalted, and he never rejected the marginalized and despised. However, Jesus criticized the exalted when he was speaking about loving enemies.¹¹⁴

Jesus came to the world and connected various groups of people by removing the wall between them.¹¹⁵ He brought them to the covenant of the promise. Jesus' ministry does not advocate independence of parts, but rather unity and integrity through becoming one body. Hence, the church is called to be a body not a part. As Christians, we cannot love and care for those marginalized unless we come to believe that they are important parts of the body. Those who are vulnerable and ostracized are important in the eyes of the Lord Jesus Christ. In the Gospel of Mark, Jesus says, "It is not the healthy who need a doctor, but the sick. I have not come to call the righteous, but sinners."¹¹⁶

The biblical image of Jesus Christ is undoubtedly one of servanthood as he emptied himself of all worldly possessions. In his epistle to the Philippians, Paul says, "In your relationships with one another, have the same mindsets as Christ Jesus who,

¹¹⁴ Like 6:25-36.

¹¹⁵ Ephesians 2:11-12.

¹¹⁶ Mark 2:17.

being in very nature God, did not consider equality with God something to be used to his own advantage; rather, he made himself nothing by taking the very nature of a servant, being made in human likeness.”¹¹⁷ The Jesus we meet in the bible is one who came to the world as the good news to the poor and marginalized, living in solidarity with the most marginalized. As I have quoted at the beginning of this chapter, Jesus clearly introduce his earthly ministry before he carried out his astonishing ministries. The earthly ministry of Jesus Christ was not simply words, but rather practical and transforming. The bible markedly makes prophetic declarations of the birth and the mission of the Son of God. Even some Old Testament good news indicates the mission of Christ long before his birth.¹¹⁸

The birth of Christ was preceded by long-lasting prophetic declarations.¹¹⁹ Such divine prophetic preparation is also includes the birth of John the Baptist, the forerunner of Jesus Christ, who tells the people about the forthcoming incarnational ministry of Jesus Christ. God proclaims a unique honor to Mary the virgin.¹²⁰ God’s unconditional love can be seen in the selection of Mary, a poor virgin, to be the mother of Jesus. Similarly, God’s unconditional love extends to the stigmatized and neglected among us, which is reason enough for us to love and care for them. Mary eloquently expressed her thankfulness to God for His unconditional love, respect, and what it means for her to be

¹¹⁷ Phil 2: 6-7.

¹¹⁸ Isaiah 9:6, Micah 5:2.

¹¹⁹ Isaiah 9, Micah 2, Jeremiah 23, Psalm 2:7, and Proverbs 30:4.

¹²⁰ Luke 1:42.

selected by God among many.¹²¹ So Jesus taught us not only through his passionate earthly ministry, but also through His birth. God chooses choose the virgin; Jesus interacts with the poor.

As we see in the Gospel of Luke, Jesus said, “I am willing.”¹²² Jesus was willing to connect with those suffering from a contagious disease—the lepers. He was not only connected to himself, but also to the community. Jesus said to the healed leper, “... but go, show yourself to the priest.”¹²³ Jesus feared neither contracting leprosy nor discrimination because of his relationship with the leper. When Musa Dube speaks about the healing of the person with leprosy, she interestingly focuses not just on the healing but on the touching.¹²⁴ The way Jesus healed the leper is more interesting than the actual healing itself. Jesus touches the leper. In medical care there is nothing more important than being with a critically patient. Hence, proximity speaks louder than the care we may render from afar.

During the earthly ministry of Jesus, lepers lived in isolation from the general community. There is no biblical evidence that shows that the lepers were getting the community’s attention and care. Obviously, as the disease is contagious, individuals must be cautious and use protectors that limit the escape of the disease-causing agents. In many communicable diseases, for instance tuberculosis, quarantine is very important.

¹²¹ Luke 1:46-55

¹²² Luke 5:12-14

¹²³ Luke 5:14

¹²⁴ Musa Dube and the World Council of Churches, *HIV/AIDS and The Curriculum: Methods of Integrating HIV/AIDS in Theological Programs* (Geneva: WCC Publications, 2003), 154.

However, the aim of such quarantine is not only to protect the community, but also to provide consistent care to the victims, and facilitate healing and recovery. Patients or carriers of communicable diseases are put in quarantine not due to who they are, but due to the nature of the disease they have.

We Are Called To Be Community

When future generations look back to the history of their ancestors, how shall they judge their Christian faith in their response to HIV/AIDS prevention and care? Shall the inaction of the church adherents withstand the judgment of history? What verdict will the Christian descendants render up on the late twentieth and twenty first century church that stood silently and provocatively applied victim theology against her people when the HIV/AIDS epidemic was ravaging the lives of our parents, brothers, sisters and children?¹²⁵

The focus of this section is the formation of a Christ-centered identity as one body. As I have discussed in the previous chapter, the divine unity of the Trinity remains an irreplaceable example for churches to anchor their mission in strong relationships. What does it mean for the church to be a community baptized by the Triune God? All members of the congregation are baptized by the same name, hence, have equal access to God. The church (ecclesia), is called out people who are called by the same voice for the same purpose which is to glorify God. The church has to discover itself through the mission of Christ. The Son of God came to the world as a missionary and bestowed his body, the church, with his missional nature. There are four marks of the church in the Apostles' Creed- one, holy, catholic, and apostolic—which indicate the missional nature

¹²⁵ Peter Mageto, *Victim Theology: A Critical Look at the Church's Response to AIDS* (Bloomington IN: Author House 2006), 155.

of God's people.¹²⁶ According to Richard Bliese the terms "church and mission" was once used by the ecumenical community to address church's mission dynamic. However, today the conjunction "and" is no longer in use as the church and mission is inseparable. Hence, we use the adjective "missional" today.¹²⁷ "The church exists by mission, just as a fire exists by burning."¹²⁸

Notably, regarding the church, Halter and Smay state that, "Churches should not be the focus of our efforts or the banner we hold up to explain what we are about. Church should be what ends up happening as a natural response to people wanting to follow us, be with us, and be like us as we follow the way of Christ."¹²⁹ Paul in his letter to the Corinthians writes, "...all-surpassing power is from God and not from us."¹³⁰

Richard Bliese describes three characteristics of church that enable us to understand missional ecclesiology: Identity, performance (ministry) and architecture.¹³¹ First, based on these matrixes, the church should, clearly understand what she is called for and what makes her unique. The identity she inherited from Christ makes the church unique in her love and hospitality. Second, the church must clearly manifest the ministry

¹²⁶ Ibid.

¹²⁷ Richard H. Bliese Bliese, "The Mission Matrix: Mapping out the Complexities of a Missional Ecclesiology." *Word & World* 26, no. 3 (June 1, 2006): 237-248

¹²⁸ Emil Brunner, *The Word and the World* (New York: Charles Scribner's Sons, 1931) 108.

¹²⁹ Hugh Halter and Matt Smay, *The Tangible Kingdom : Creating Incarnational Community, The Posture and Practices of Ancient Church Now*. 1st ed. (San Francisco, CA: Jossey-Bass, 2008), 30.

¹³⁰ 2Corinthians 4:7.

¹³¹ Richard H. Bliese, "The Mission Matrix: Mapping out the Complexities of a Missional ecclesiology." *Word & World* 26, no.3 (June1, 2006), 237-248.

of Jesus Christ; she must engage with the world, knowing for whom she is called by God to be inclusive. Third, the church must make sure she is built on the sure foundation, on clear confession. As Matthew states in the sixteenth chapter, Jesus responded to Peter's clear and strong confession. "And I tell you that you are Peter, and on this rock I will build my church, and the gates of Hades will not overcome it."¹³² The existence of church does not consist of a mere presence of believers, leaders, and resources. The church should be at least defined by mission, confession, and vocation. The Church cannot be what she is called to be without Christ-centered mission.

When we are talking about community, we are also talking about a people called out- the church (ecclesia). South African theologian Denise Ackerman asks, "What does it mean to confess to bring the 'one holy catholic, and apostolic church' in the midst of the 'bleak immensity' of the HIV/AIDS crisis?"¹³³ She suggests:

If we are truly one, we are the church with HIV/AIDS. People living with HIV/AIDS are found in every... religious denominations. We are all related; what affect one member of the Body of Christ affects us all. We are all living with HIV/AIDS. There is no "us" and no "them." We dare not forget that inclusion, not exclusion, is the way of grace. If we are holy, we are not living some superman mode of existence... Holiness is not withdrawal from the smell of crisis, sickness, or poverty, but engagement, often risky, in situations where God is present. If we are catholic, we are in solidarity because we are connected, in communion, with those who are suffering and who experience fear of rejection, poverty and death. If we are apostolic, we stand in continuity with the church in its infancy... This means that we are zealous for the word, and that we are continuously examine the ideals of the early church and measure ourselves against them. This is nothing new. It is simply a call to put the words of the creed into practice.¹³⁴

¹³² Matthew 16:18.

¹³³ Dale A. Johnson, *Why Should We Care? A Call to Service among the Sick, the Hungry, the Poor, and the Homeless* (US: New Sinai, 2007), 15.

¹³⁴ *Ibid.*, 15.

Once we become one body in Christ, we are sharing pain and suffering of our brothers and sister who live with HI/AIDS. To live in solidarity with the needy is the best expression of the gospel of Jesus Christ. Jesus prayed to His father that “they may be one as we are one.”¹³⁵ We as Christians are responsible to bringing those stigmatized back into the community of their shared tradition. Jesus earthly ministry was rich in healing and putting those healed back into their community to lead productive lives. Jesus says, "I tell you, get up, take your mat and go home."¹³⁶ “Go home” means go back to your community and lead productive life.

When we say we belong to a given church, it does not mean all members are same, but we worship the same God. Halter and Smay write, “The call of community isn’t about finding people like us, or at the exclusion of any people. Community in the biblical sense is clearly about unlike people finding Christ at the center of their *inclusive* life.”¹³⁷ Communion (oneness) does not mean a weekly gathering around a common goal but an interaction beyond a church building. Oneness is sustained through living rather than making a scheduled intermittent meeting. Church is called to mission, and according to Halter and Smay, mission means otherness and mission does not involve selfishness

¹³⁵ John 17:11.

¹³⁶ Luke 2:11

¹³⁷ Hugh Halter and Matt Smay, *The Tangible Kingdom : Creating Incarnational Community, The*

Posture and Practices of Ancient Church Now. 1st ed. (San Francisco, CA: Jossey-Bass, 2008), 149.

because mission is not directly about us.¹³⁸ So community, communion and mission are interrelated and inseparable. When we deal with community, communion, and mission together, we are able to attract the stigmatized and sojourners towards God's kingdom.

Halter and Smay describe factors that could be potential barriers to the formation of incarnational community, such as: individualism, consumerism and materialism.¹³⁹ In individualism we cannot be a biblical community; in consumerism we cannot participate in God's mission to the world.¹⁴⁰ They also summarized the core of such barriers stating, "The more we do 'together,' the less individualistic we will be. The more we become 'one' with Christ, the less consumer oriented we will be. The more we do for 'others,' the less materialistic we will be."¹⁴¹

The question here is, how do we can see people suffering from HIV/AIDS-related stigmatization in the eyes of incarnational community? Have community, communion and mission worked together out in our church communities? In my experience of serving people who are living with HIV/AIDS, I encountered people who claimed they were doing the right things by their rejecting people who have HIV/AIDS. Their rationale for this was that by doing so, they eliminated the exposure of HIV to others. However, the reality is that, disconnecting ourselves from those who are HIV positives is unjust and

¹³⁸ Ibid., 151.

¹³⁹ Ibid.,150-54.

¹⁴⁰ Ibid., 154.

¹⁴¹ Ibid., 154

inhuman, and not a means by which we can prevent HIV transmission. We can still lead healthily lives with people who are living with HIV/AIDS through maintaining preventive measures. Such preventive measures can only be learned from awareness about HIV/AIDS basics and its management.

Multidisciplinary Collaboration

This section reflects on how much the fight against HIV/AIDS stigmatization seeks for collaborative actions. Communities, groups, and organization of all kinds should join together in order to enhance their respective action in response HIV/AIDS. A single organization can never attain all that is needed to overcome damages that could be caused as the result of HIV/AIDS stigmatization.

As I have indicated in the introductory part of this thesis, HIV/AIDS is not just a public health problem, but rather, an issue of justice. If so, how might the church, more specifically, Oromo churches in the Twin Cities be part of multidisciplinary collaboration in order to accomplish its mission? The church should deal not only with the spiritual and emotional wellbeing of the stigmatized but also their physical and psychosocial issues. The church cannot fulfill its mission without due attention to those stigmatized people—both in her members and neighborhood.

Pastoral care that does not involve HIV/AIDS management is incomplete. Three years ago, a husband and wife, one of whom was HIV positive, shared with me their story. They regretted telling their status to their pastor who was shocked upon hearing their status. The husband said, “We felt more helpless when we left the pastor’s office

than when we entered for counseling.” This usually results from limited awareness of HIV/AIDS and its management among pastors. It remains challenging for the pastor to know what to say, and where to refer such church members.

This thesis does not provide statistical data showing the prevalence of HIV/AIDS-related stigma in Oromo Christian churches in the Twin Cities. However, Oromo in Minnesota are among those disproportionately affected communities. In 2009 I visited a confidential meeting of a HIV/AIDS support group which consisted of African immigrants from different region, beliefs and tradition. In this group, there were Christians, Muslim, African traditional believers, and a few who do not belong to any kind of religion. What is interesting from my observation was that all the people were in room, however, they were praying according to their own religious traditions separately in the four corners of the room. These people were eager to practice their respective religious traditions but have no access to ministers, pastors, and the Christian community. A Christian woman from this gathering shared with me her concern saying, “We make prayer though we have no ministers to guide us, but the problem is we have no chance to participate in Holy Communion.” If these people would have had the care they deserve in their own religious organizations, they might not prefer to practice their faith in this way. They might rather prefer to worship with their faith community at church, mosque and so on. The crucial question we might ask ourselves as pastors and church leaders may be, who is going to look after this stigmatized believers?

The art of care and counseling for HIV/AIDS stigmatized person may not be specifically stated in the Christian bible, but as mentioned above, our bible addresses car

for stigmatized people. The life and ministry of Jesus Christ during his early ministry remains an incomparable model for any relationship we may make with the marginalized, stigmatized, and helpless. Pastors and church leaders must be aware of the holistic approach to the management of HIV/AIDS-related stigmatization, as HIV/AIDS is one of the top diseases that cause stigma. Each disease needs a specific way of management. All diseases potentially exhibit a physical, psychosocial, emotional, and spiritual disorder. For the pastor, or anyone who cares for stigmatized HIV/AIDS victims, it is important to work with HIV/AIDS-related organizations, hospital, clinics, human services departments, non-profit organization, schools, and government agencies. The church is very important in the role of HIV/AIDS care and management in its spiritual and moral dimensions. It is the church's responsibility to help HIV positive individuals to cherish the life God has given them, despite their health status.

There are many resources here in Minnesota that provides food shelves, free legal advice, emotional support and case management. Some of them are: the Aliveness Project, Minnesota AIDS Project (MAP), Open Arms, and the Minnesota Urban League. Especially for African immigrants, the Sub-Saharan African Youth and Family Services in Minnesota (SAYFSM) provide culturally and linguistically appropriate services in collaboration with all the above-mentioned bodies, and other governmental and non-governmental organizations. Thus, Oromo churches are not alone to carry out all that is needed to fight against HIV/AIDS-related stigmatization. Oromo Churches have to use various venues such as public media, public meetings, and HIV/AIDS support groups to demonstrate her biblical and theological response to HIV/AIDS-related stigmatization.

The focus of this writing is fighting HIV/AIDS-related stigmatization together as an incarnational community. Such communion can best be obtained from the divine unity in the Trinity, the incarnational mission of Jesus Christ, and the drive from the Holy Spirit that moves us outside our comfort zone so that we can be able to build up “togetherness.” Churches might demonstrate this divine unity through collaboration with other organizations that are willing to fight against stigma related to HIV/AIDS. As a health educator and HIV/AIDS counselor, I have worked with various organizations fighting against HIV/AIDS in one way or another. These organizations function in various ways and they believe in collaboration with others to accomplish the work they intended to do.

Finally, it is critical for a Christ-centered approach, to form an incarnational community and to team-up in the fight against HIV/AIDS, specifically HIV/AIDS-related stigmatization is crucial. There is no more perfect example than the mission of Christ in this world to teach, inspire, and motivate the churches to work on the fight against HIV/AIDS-related stigmatization. “The Word became flesh and made his dwelling among us.”¹⁴² The incarnated God is continually dwelling among us, revealing himself through his word in our life. The biblical witnesses show how unity is important among brothers and sister; it is good, pleasing, and a blessing. The Psalm says, “How good and pleasant it is when God’s people live together in unity!”¹⁴³ The church is a body not a

¹⁴² John 1:14.

¹⁴³ Psalm 133:1.

part. Similarly, the presence of a part in a body is also important, as the body may not survive without parts.

As a church we are not outside the world; that is the church functions in the world. The church cannot do everything for its members, neighbors and the world by its own. So a church's collaborative action has to be demonstrated through inviting professionals, teachers, and counselors to its vicinity. The church can establish HIV/AIDS educational sessions and HIV testing centers to prevent HIV/AIDS infection and to promote health. Additionally, as far as HIV/AIDS-related issues are concerned, the church needs to go out and participate in health fairs, community holiday gatherings, world and Africa AIDS day celebrations, AIDS walks and other HIV/AIDS related activities.

CONCLUSION AND RECOMMENDATIONS

Conclusions

There are few resources out there to explore HIV/AIDS-related stigmatization in biblical and the theological perspectives. However, most interestingly, the Ecumenical HIV and AIDS Initiative in Africa (EHAIA), and the project of the World Council of Churches (WCC) have played significant role in fostering theological thinking of HIV/AIDS.¹⁴⁴ A book edited by Musa Dube titled, *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological Programs* is considered by Ezra Chilando as one of the best resources to address HIV/AIDS from theological and biblical perspective. However, there are very few, if any materials produced by Oromo Christian religious organizations regarding HIV/AIDS and related issues. I believed such silence should be broken at some point in time. Hence, this brief writing will serve at least to break the silence among Oromo theologians, pastors, church leaders, and missionaries. More importantly, Oromo Christian communities should be aware that if there are HIV/AIDS victims within their church community, the church herself becomes a victim of HIV/AIDS as it lives out its identity as the body of Christ and shares in the suffering of each member of the body.

The second chapter of this thesis indicated that African-born immigrants in the Twin Cities are disproportionately affected by HIV/AIDS; more specifically Ethiopian

¹⁴⁴ Ezra Chitando, *Mainstreaming HIV and AIDS in the Theological Education: Experiences and Explorations* (Geneva: WCC Publications, 2008)

immigrants are on the top of the HIV/AIDS prevalence list in Minnesota.¹⁴⁵ Despite the global nature the HIV/AIDS-related challenge, this thesis attempts to address HIV/AIDS stigmatization in the Oromo Christian church, specifically Oromo Christian communities in the Twin Cities. This thesis cannot thoroughly guide churches to implement all that is needed to fight against HIV/AIDS-related stigmatization. However, it serves as a wakeup call for churches and their leaders so that they will be able to undertake a biblical and theological response to the devastations arising from HIV/AIDS. I believe Oromo churches in the Twin Cities will responsibly evaluate their previous position and plan for future action against HIV/AIDS-related stigma and discrimination. Churches should not just employ HIV/AIDS related programs to care for the victims, but such programs might be a means in which they must evaluate their practice of ministry and their historical, theological, and ethical teachings.

Whenever HIV/AIDS-related issues are under consideration, it is common to hear about “Sub-Saharan Africa.” The place where nearly 68 % of all people living with HIV/AIDS are reside, 70% of all newly HIV infection exist, and 50% of all deaths from AIDS have occurred in 2010.¹⁴⁶ However, Oromo Christians in the Twin Cities are at risk. Many families have lost their family members and relatives as a result of AIDS and other HIV/AIDS-related opportunistic infections. Though it does not help the HIV/AIDS–related problems, many Oromo immigrant families and church members

¹⁴⁵ Minnesota Department of Health, *HIV/AIDS prevalence and morbidity reports-2010*, slide 10 <http://www.health.state.mn.us/divs/idepc/diseases/hiv/hivsurvrpts.html#1> (Accessed , December, 2011)

¹⁴⁶ UNAIDS, *World AIDS Day Report* | 2011

prefer not to hear about HIV/AIDS. Such hatred is often related to the loss they have experienced due to AIDS related family deaths.

There are many Oromo immigrant families suffering from HIV/AIDS caused trauma that needs to be addressed and cared for. In addition to the practical theological and biblical response, the church should also consider such post AIDS death grief of families. In Ethiopia a loss of family members from AIDS creates another form of stigma, because no family dares to speak that they have lost family members to AIDS.

As far as collaboration in the fight against HIV/AIDS stigmatization is concerned, I am aware that many infectious diseases related programs and organization in the Twin Cities and greater Minnesota desperately need church pastors and leaders to work with them. During my career as health education and outreach coordinator in Sub-Saharan African Youth and Family Services in Minnesota (SAYFSM), I visited almost all Oromo and other Ethiopian protestant churches in Minnesota to seek their collaboration in fighting against HIV/AIDS devastations. However, most attempts to collaborate were unsatisfactory. This was due to several reasons as mentioned under the 2nd chapter of this thesis. Both congregation members and church leaders are not convinced to bring HIV/AIDS-related issues to their churches.

Recommendations

For Oromo churches to become capable of ministering to those living with HIV/AIDS, there is nothing more important than education on the basic concepts of

HIV/AIDS—the nature, the cause, the impact and its management. For church leaders, it is imperative to align their ministry approach with providing holistic ministry. It is a great opportunity and responsibility for the Church to biblically and theological respond to HIV/AIDS devastation, specifically HIV/AIDS-related stigmatization that has become the second pandemic to the disease itself.

1. As mentioned above, it is impossible to try to halt the devastation resulting from HIV/AIDS stigmatization without having reasonable awareness about HIV/AIDS and things related to it. HIV/AIDS is neither a gift nor a curse from God, but it is a relatively new health pandemic presently an incurable communicable disease. Having a good understanding of HIV/AIDS is not just helpful to prevent the infection and manage the case but to eliminate the stigma attached to it.
2. In order for Oromo churches to obtain knowledge about HIV/AIDS, they might collaborate with organizations and professionals who are work on fighting against HIV/AIDS and promoting healthier lives. Pastors and lay ministers might connect with the Minnesota Department of Health, county offices of human services, and non-profit organization offices in order to obtain trainings on HIV/AIDS cares, related ethical issues, and the management needs for those who are infected and affected by HIV/AIDS and its stigmatization. Additionally, a referral system in HIV/AIDS stigmatization management is crucial; hence, pastors should know where to refer their clients for further management beyond pastoral care and counseling.

3. The issues of HIV/AIDS as the whole needs to a point of discussion in the church. Here the effects of HIV/AIDS on human being are much broader than one may imagine—mental illness, family destruction, unemployment, and suicide and all others possible related issues.
4. Oromo churches should offer spiritually, culturally, and linguistically appropriate HIV/AIDS and other sexually transmitted diseases health educational sessions. Church might be one of HIV counseling and testing sites in order to promote early screening for HIV/AIDS.
5. The Oromo churches might connect with HIV/AIDS support groups of their areas to collaborate within the process of healing the deep wound created by HIV/AIDS devastation and related issues. Such devastation is not only created by the disease but also arises from people's detrimental response to HIV/AIDS victims. The church might work towards providing serves to people worshiping God where they are (HIV/AIDS support group meetings). Such people deserve to get services such as the Word and sacrament, pastoral care and counseling. Additionally, churches have to participate in public events related to HIV/AIDS such as world AIDS day, African AIDS day, AIDS walks, and resources building.
6. I recommend Oromo church in the Twin cities formulate an educational committee that creates consistent educational sessions and forums on crucial health, justice, and social issues. This committee shall be a liaison in the collaborations this church will make with other organizations in the work of

fighting against HIV/AIDS stigmatization and the promotion of healthier lives of the church community and the general public.

7. Church has the responsibility to close the gap that exists between understanding the loving God and HIV/AIDS devastation. Misconceptions about HIV/AIDS and judgmental approach as to the victims of HIV/AIDS have to be halted. HIV/AIDS is neither a gift nor a curse from God; however, those who are suffering from HIV/AIDS and its related stigma are our gifts. Churches need to answer the question, *where is God in HIV/AIDS devastation*. In order to do this, Oromo Churches in the diaspora need biblical and theological reflections on human suffering, human sexuality, sin, and evil.
8. The incarnational ministry of Jesus Christ is a real model for missional ecclesiology. In order to eliminate the stigmatization arises from HIV/AIDS it is important to know how Jesus Christ deals with the marginalized and heals the wounded. As Christian, loving our neighbors is not what we do out of our mercifulness, but rather out of the unconditional love of Christ.
9. Church might actively participate with public faith through policy awareness for HIV and AIDS Prevention and Care. Churches have to work hard towards protecting HIV/AIDS victims' rights and consistently provide advocacy.
10. As Christian stewardship is a practical approach to missional ecclesiology, church might adopt biblical concepts of stewardship, and also see their stewardship through the five principles that confronts stewardship tradition, that

are presented by Douglas John Hall. These principles are discussed under chapter three of this thesis.

11. Fighting against diseases and the stigmatization arises from them is about healing the physical, emotional and psychological crisis of victims. It is crucial for the church to address the biblical and theological concepts of healing as they indicate the roll of Christian faith in the healing.
12. This thesis has argued that the root causes of HIV/AIDS-related stigmatization are lack of sufficient awareness and misconception about HIV/AIDS. Things that are directly or indirectly related to HIV/AIDS transmission have to be transparently communicated with in the church community. For instance, the issue of homosexuality is not only related to HIV/AIDS transmission but also becoming a debatable social issue capable of causing stigmatization. Despite I am not aware of any statistical data that indicate homosexuality as the main mode of HIV transmission in Oromo community. Anything that opens the door for misconception of the nature and causes of HIV/AIDS has to be explored and discussed thoroughly.
13. Finally, this thesis briefly discussed the basic nature of HIV and AIDS, biblical and theological perspectives of unity of the Trinity through which we may create good stewardship, and missional ecclesiology through which the Church demonstrate practical measures in fighting against HIV/AIDS-related stigmatization. Thus, this writing might help churches break the silence that has been noticed in many churches so far.

Bibliography

- Ban Ki-moon, 'The Stigma Factor', The Washington Times, (2008, 6th August).
- Bliese, Richard H. "The Mission Matrix: Mapping Out the Complexities of a Missional Ecclesiology." *Word & World* 26, no. 3 (June 1, 2006): 237-248
- Brunner, Emil. *The Word and the World*. New York,: C. Scribner's Sons, 1931.
- Chitndo, Ezra. *Minstreaming HIV and HIV in the Theological Education: and Explorations*(Geneva: WCC Publications, 2008)
- Chirban, John T. *Health and Faith: Medical, Psychological, and Religious Dimensions*. Lanham, MD.: University Press of America, 1991.
- Danaher, William J. *The Trinitarian Ethics of Jonathan Edwards*. 1st ed, Columbia Series in Reformed Theology. Louisville, Ky.: Westminster John Knox Press, 2004.
- Dodge Data Systems Inc., and Montana. Office of Public Instruction. HIV/STD Education Program. *1994 School Health Education Profile : Hiv/Std Education Program, Montana Office of Public Instruction*. Helena, Mont. (State Capital, Helena 59620-2501): The Office, 1994.
- Dube Shomanah, Musa W., Isabel Apawo Phiri, and Ecumenical HIV/AIDS Initiative in Africa. *Africapraying : A Handbook on Hiv-Aids Sensitive Sermon Guidelines and Liturgy*. Geneva, Switzerland: World Council of Churches, 2005.
- Gadaa, Melbaa. *Oromia : An Introduction to the History of the Oromo People*. [2nd ed. Minneapolis, Minn.: Kirk House Publishers, 1999.
- Gibbs, Eddie. *Leadershipnext : Changing Leaders in a Changing Culture*. Downers Grove, Ill.: InterVarsity Press, 2005.
- Hall, Douglas John. *The Steward : A Biblical Symbol Come of Age*. Rev. ed. Grand Rapids, Mich. New York: W.B. Eerdmans ; Friendship Press, 1990.
- Halter, Hugh, and Matt Smay. *The Tangible Kingdom : Creating Incarnational Community : The Posture and Practices of Ancient Church Now*. 1st ed. San Francisco, CA: Jossey-Bass, 2008

- Hiltner, Seward. *Religion and Health*. New York,: The Macmillan Company, 1943.
- Igo, Robert. *Listening with Love : Pastoral Counselling : A Christian Response to People Living with Hiv/Aids*. Geneva, Switzerland: World Council of Churches, 2005.
- Johnson, Dale A. *Why Should We Care?: A Call to Service among the Sick, the Hungry, the Poor, and the Homeless:(U.S.: New Sinai, 2007)*
- Kalu, Ogbu, Wilhelmina Kalu, Nimi Wariboko, and Toyin Falola. *Religions in Africa : Conflicts, Politics and Social Ethics*, The Collected Essays of Ogbu Uke Kalu. Asmara, Eritrea ; Trenton N.J.: Africa World Press, 2010.
- Kantonen, T. A. *A Theology for Christian Stewardship*. Philadelphia,: Muhlenberg Press, 1956.
- Koenig, Harold G., and Harvey Jay Cohen. *The Link between Religion and Health : Psychoneuroimmunology and the Faith Factor*. Oxford ; New York: Oxford University Press, 2002.
- Koenig, Harold G., Dana E. King, and Verna Benner Carson. *Handbook of Religion and Health*. 2nd ed. Oxford ; New York: Oxford University Press, 2011.
- Koenig, Harold G., Michael E. McCullough, and David B. Larson. *Handbook of Religion and Health*. Oxford ; New York: Oxford University Press, 2001.
- Loo, Joseph van de, and Bilow Kola. *Guji Oromo Culture in Southern Ethiopia : Religious Capabilities in Rituals and Songs*, Collectanea Instituti Anthropos. Berlin: Dietrich Reimer, 1991.
- Mageto, Peter. *Victim Theology : A Critical Look at the Church's Response to Aids*. Bloomington, IN: AuthorHouse, 2006.
- Mario, Aguilar. "Oromo," in Melvin Ember, Carol R. Ember, and Ian Skoggard, Eds. *Encyclopedia of World Cultures: Supplement*, 263-266. New York: Macmillan Reference USA, 2002.
- Mbiu, *SAYFSM: quarterly Newsletter*, issue5, May 2006.
- Merino, Noël. *Sex Discrimination, Issues on Trial*. Farmington Hills, MI: Greenhaven Press, 2010.

- Miles, Sara. *Take This Bread : A Radical Conversion*. 1st ed. New York: Ballantine Books, 2007.
- Moltmann, Jürgen. *History and the Triune God : Contributions to Trinitarian Theology*. New York: Crossroad, 1992.
- Moltmann, Jürgen. *God in Creation : A New Theology of Creation and the Spirit of God*. 1st U.S. ed, The Gifford Lectures. San Francisco: Harper & Row, 1985.
- Moltmann, Jürgen. "The unity of the triune God: comprehensibility of the Trinity and its foundation in the history of salvation." *St Vladimir's Theological Quarterly* 28, no. 3 (January 1, 1984): 157-171.
- Niebuhr, H. Richard. "The doctrine of the Trinity and the unity of the church" *Theology Today* 3, no. 3 (October 1, 1946): 371-384.
- Olupona, Jacob Obaf emi K. ehinde, and Regina Gemignani. *African Immigrant Religions in America*. New York: New York University Press, 2007.
- Olupona, Jacob Obaf emi K. ehinde, International Religious Foundation., and Council for World Religions. *African Traditional Religions in Contemporary Society*. New York: International Religious Foundation ; Distributed by Paragon House, 1991.
- Prouty, Chris, Eugene Rosenfeld, and Thomas Leiper Kane Collection (Library of Congress. Hebraic Section). *Historical Dictionary of Ethiopia*, African Historical Dictionaries. Metuchen, N.J.: Scarecrow Press, 1981.
- Shea, John. *Spirituality & Health Care : Reaching toward a Holistic Future*, Special Topics in Health and Faith. Chicago, Ill.: Park Ridge Center for the Study of Health, Faith, and Ethics, 2000.
- Steinke, Peter L. *Healthy Congregations : A Systems Approach*. [2nd ed. Herndon, Va.: Alban Institute, 2006.
- Takahashi, Lois. *Homelessness, Aids, and Stigmatization : The Nimby Syndrome in the United States at the End of the Twentieth Century*, Oxford Geographical and Environmental Studies. Oxford New York: Clarendon Press ; Oxford University Press, 1998.

Van Gelder, Craig. *The Missional Church in Context : Helping Congregations Develop Contextual Ministry*, Missional Church Series. Grand Rapids, Mich.: William B. Eerdmans Pub. Co., 2007.

Westerlund, David. *African Indigenous Religions and Disease Causation : From Spiritual Beings to Living Humans*, Studies of Religion in Africa,. Leiden ; Boston: Brill, 2006.

Whiteside, Alan. *HIV/AIDS : A Very Short Introduction*, Very Short Introductions. Oxford ; New York: Oxford University Press, 2008.