

**TOWARDS AN HIV COMPETENT CHURCH: THE HILLCREST AIDS CENTRE,
A PIONEERING FAITH RESPONSE TO HIV AND AIDS
IN SOUTH AFRICA (1990 TO 2001)**

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Towards an HIV competent church: the Hillcrest AIDS Centre, a pioneering faith
response to HIV and AIDS in South Africa (1990 to 2001)

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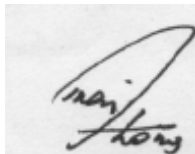
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Prof. Philippe Denis

Date: 15 February 2015

ABSTRACT

“An HIV competent church” as used by Sue Parry in 2008 refers to an inner and an outer competence required to respond to HIV and AIDS in a “socially relevant,” “culturally appropriate,” and “theologically and technically sound” way. Over the years, the HIV epidemic in different parts of Africa has brought forth unique experiences of how the various churches have engaged with the epidemic, the sharing of which can be a source of learning for churches in other places of the world. The idea of competent churches came from the learning of three decades of such engagement of churches in different parts of the world with the HIV epidemic. However, the response of churches still remains a challenge in many countries even as the HIV prevalence and the effects of HIV and AIDS continues to impact on more and more people across the world. A historical study of church engagement with the HIV epidemic has much to contribute towards inspiring churches to become involved in a relevant way with the realities of HIV and AIDS, at a local, regional and national level.

In the context of South Africa, little historical work has been done about the church’s response to the HIV epidemic, particularly in the first phase of the epidemic. This study will explore the journey of the Hillcrest Methodist Church (HMC), during the period 1990 to 2001, particularly through the starting of the Hillcrest AIDS Centre (HAC) which became one of the pioneering faith based responses in South Africa during this phase of the epidemic. In addition, the study has also explored a few aspects about the engagement of the Methodist Church of Southern Africa (MCSA) with the HIV epidemic at a district level in the Natal Coastal District during this period, particularly in the Clerpine circuit (Pinetown region) and at the Connexional level during this period. Briefly, this study looks at how a few passionate people within a church responded to the realities of the HIV epidemic amidst challenging constraints of their times. In a world which is getting busier, where church involvement with social issues is becoming all the more difficult, the history of such a pioneering effort is a source of immense inspiration for churches to define its priorities and be the “salt of the earth.”

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DEDICATION

I dedicate this study,

- To all Churches and NGOs engaged in HIV and AIDS.
- To my Church, the Malankara Orthodox Syrian Church (the Indian Orthodox Church).
- To my wife Leeba and children Angel and Andrew.
- To my parents K.T. Ninan and Achamma Ninan.

LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	-	Acquired Immuno-Deficiency Syndrome
AFSA	-	AIDS Foundation of South Africa
AGM	-	Annual General Meeting
ANC	-	African National Congress
ARHAP	-	African Religious Health Asset Programme
ASSECA	-	Association for the Educational and Cultural Advancement of the African People
ATIC	-	AIDS Training Information Centre
ATICC	-	AIDS Training, Information and Counselling Centre
AZAPO	-	Azania People's Organisation
BCM	-	Black Consciousness Movement
BCP	-	Black Community Programmes
BCM	-	Black Conscious Movement
BMC	-	Black Methodist Consultation
CAP	-	Churches' AIDS Programme
CADACC	-	Catholic Archdiocese of Durban AIDS Care Commission
CARE	-	Churches' AIDS Regional Education
CCD	-	Christian Citizenship Department
CCSA	-	Christian Council of South Africa
CDC	-	Centre for Disease Control
CEO	-	Chief Executive Officer
CHW	-	Community Health Worker
CMC	-	Christian Medical Commission
COPC	-	Community Oriented Primary Care
COSATU	-	Congress of South Africa Trade Unions
CPSA	-	Church of the Province of South Africa
CUC	-	Church Unity Commission
DCC	-	Diakonia Council of Churches
DEWCOM	-	Doctrine, Ethics and Worship Committee of the MCSA
DIFAEM	-	German Institute for Medical Mission (Translated from Dutch)
DDCC	-	Durban and District Council of Churches
EHAIA	-	Ecumenical HIV and AIDS Initiative in Africa
EMMS	-	Edinburgh Medical Missionary Society
FBO	-	Faith Based Organisation
GHC	-	Global Health Council
HIV	-	Human Immunodeficiency Virus
HAC	-	Hillcrest AIDS Centre
HACT	-	Hillcrest AIDS Centre Trust
HMC	-	Hillcrest Methodist Church
IFCH	-	Institute of Family Community Health
IFP	-	Inkatha Freedom Party
JNL	-	Journey to the New Land
KZN	-	KwaZulu – Natal
IMBISA-	-	Inter-regional Meeting of Bishops of Southern Africa

MCSA	-	Methodist Church of Southern Africa
MOSC	-	Malankara Orthodox Syrian Church
MMWR	-	Morbidity and Mortality Weekly Review
MSCC	-	Mission and Social Concerns Commission
NACOSA	-	Networking HIV/AIDS Community of South Africa
NACP	-	National AIDS Control Programme
NGO	-	Non-Governmental Organisation
NPPHC	-	National Progressive Primary Health Care
NUSAS	-	National Union of South African Students
PAC	-	Pan Africanist Congress
PCP	-	<i>Pneumocystis carinii</i> Pneumonia
PHC	-	Primary Health Care
PPHC	-	Progressive Primary Health Care
PMC	-	Pinetown Methodist Church
SACBC	-	Southern African Catholic Bishops Conference
SACC	-	South African Council of Churches
SAIRR	-	South Africa Institute of Race Relations
SASO	-	South Africa Students Organisation
SPROCAS	-	Special Project for Christian Action in Society
STD	-	Sexually Transmitted Disease
TB	-	Tuberculosis
THC	-	Total Health Care
THCC	-	Total Health Care Commission
UDF	-	United Democratic Front
UKZN	-	University of KwaZulu-Natal
UMC	-	United Methodist Church
UNAIDS	-	United Nations programme on HIV/AIDS
USA	-	United States of America
YWCA	-	Young Womens' Christian Association
WA	-	Womens' Auxiliary
WCC	-	World Council of Churches
WHO	-	World Health Organization

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CHAPTER ONE: INTRODUCTION

1.1 Background

South Africa being a country with a population of 50.59 million has an HIV prevalence rate of 10.6% with 5.38 million people living with HIV according to 2011 statistics.¹ According to 2001 census, 79.8% of the population in South Africa are Christians, mainly consisting of white and black people.² In such a context, the history of HIV and AIDS in South Africa has much to offer, particularly with regard to how churches have responded to the HIV epidemic. Within the epidemic history of South Africa, though the HIV virus was discovered in 1982,³ it was only by the end of 1986 that “people became increasingly aware of its existence.”⁴ The initial responses from religious communities in South Africa during the early phase of the epidemic was characterised by much opposition, such as noted by Grundlingh about the perception of a Dutch Reformed Church minister about the cause of spreading of HIV was as a result of deviant sexuality among gay white men.⁵ Also noteworthy from Denis was the opposition to the promotion of use of condoms and sex education in that period by the Roman Catholic Church, the Muslim community, the African Independent Churches and some traditional leaders.⁶ In his study on the Roman Catholic Church’s response to the epidemic in KwaZulu-Natal, Joshua notes that there was a significant increase in church engagement with the HIV epidemic by the year 1990, as 21 AIDS related articles appeared in *The Southern Cross* that year compared to just four in 1989.⁷ The Hillcrest AIDS Centre (HAC)⁸ in Hillcrest, KwaZulu-Natal started in 1992 through the initiative of Rev. Neil

¹ <http://www.southafrica.info/about/people/population-mid2011.htm> accessed on April 11, 2012.

² <http://www.southafrica.info/about/people/population.htm#religions> accessed on April 11, 2012.

³ R. Bayer & G.M. Oppenheimer, *Shattered dreams? An oral history of the South African AIDS epidemic*, (New York: Oxford University Press, 2007): 22.

⁴ S. M. Joshua, *The history of AIDS in South Africa: A Natal ecumenical experience in 1987 – 1990*, M.Th. Thesis, School of Religion and Theology, University of KwaZulu-Natal, Pietermaritzburg: 3.

⁵ L. Grundlingh, “HIV/AIDS in South Africa: A case of failed responses because of stigmatization, discrimination and morality, 1983 – 1994,” *New Contree* 46 (November 1999): 61, quoted in Philippe Denis, “The Church’s impact on HIV prevention and mitigation in South Africa: Reflections of a historian,” *Journal of Theology for Southern Africa*, 134: 72.

⁶ P. Denis, “HIV, AIDS and religion in Sub-Saharan Africa: An historical survey,” B. Haddad (ed) *Religion and HIV and AIDS: Charting the terrain*, (Pietermaritzburg: University of KwaZulu-Natal Press, 2011): 67.

⁷ S. M. Joshua, *The Catholic response to HIV and AIDS in South Africa with a special reference to KwaZulu-Natal (1984 - 2005): A critical-historical perspective*, Ph.D. Thesis 2010, School of Religion and Theology, University of KwaZulu-Natal, Pietermaritzburg: 54.

⁸ The Hillcrest AIDS Centre started initially as one of the activities of the Mission and Social Concerns Commission of the Hillcrest Methodist Church taking the name, Hillcrest AIDS Centre in 1992. It became a registered Trust by 1999 and changed its name as Hillcrest AIDS Centre Trust. See Memorandum of Agreement, Hillcrest AIDS Centre Trust, 16 September, 1999, Hillcrest AIDS Centre Trust, Hillcrest.

Oosthuizen, a Methodist minister at the Hillcrest Methodist church (HMC).⁹ What started in a small way with a few volunteers and a small office within the church¹⁰ grounds, the HAC as a church-based engagement with the HIV epidemic in South Africa during the 1990s, went on to become much admired, particularly in Christian circles.¹¹ The initiative of the HMC with the HIV epidemic came at a time in the early 1990s when the epidemic in South Africa was at its beginning, when very few churches dealt openly with it, owing to the stigma and discrimination related to HIV and AIDS sufferers in South Africa being very high. The experiences of the period 1990 to 2001 also gain significance because of the unique ways in which a predominantly white¹² member church engaged with the HIV epidemic among the people in the Valley of a Thousand Hills, at a time when cultural barriers and racial discrimination were still very high in South Africa.

The 1990s was also a time when there were many other church initiatives mushrooming in the KwaZulu-Natal (KZN) region. Stephen Joshua's research gives useful insights about the Roman Catholic Church initiative to the HIV epidemic in South Africa, particularly that of the Archdiocese of Durban which played a leading role.¹³ There were other church-based ventures in KZN such as the "Sizanani Sewing Project"¹⁴ (from 1980s) for the poor and

⁹ Highway Mail Reporter, "Hillcrest AIDS Centre opened," *Highway Mail*, December 11, 1992 : 2, Periodicals Department, Msunduzi Municipal Library, Pietermaritzburg.

¹⁰ The term "church" here is referred to the Hillcrest Methodist Church, a local Methodist congregation in Hillcrest. Though the MCSA uses the term "society" for a local congregation, to avoid confusion in this research, the more acceptable term of "church" has been used to refer to an individual society and "Church" to refer to an officially accepted body of societies such as the MCSA and the Roman Catholic Church.

¹¹ The Methodists in South Africa being the largest community among Christians in the country. Having Black, White, Coloured and Indians among its believers, their influence in the political and social spheres has been significant. Such a pre-existing popularity in a way helped the HMC's initiative with HIV and AIDS in spite of the early criticism it received.

¹² The usage of the term "white" in this study requires clarification in the context of the race classification in South Africa, which underwent changes during different periods in the history of South Africa. The Population Registration Act of 1950 classified the South African population into three main racial groups, namely "White"; "Native" (renamed "Bantu" then "Black"); and "Coloured" (later subdivided into seven sub groups: "Cape Coloured"; "Malay"; "Griqua"; "Chinese"; "Indian"; "Other Asiatic"; "Other Coloured") based on appearance, acceptance and descent. The usage of these terms varied during the apartheid period, with a particularly high rate of change during the 1980s. Recognizing these realities, the usage of the term 'white' in this study will be used only to refer to a White South African who may be of Dutch, British or other European origin. Similar explanation with reference to the usage of the term 'black' is given later in the study. For further details, see Y. Erasmus, Racial (re)classification during apartheid South Africa: Regulations, experiences and meaning(s) of race, PhD Dissertation, St George's, University of London, <http://www.yvonneerasmus.co.za/images/Racial%20Classification%20during%20apartheid%20South%20Africa.pdf> accessed on 16th January 2014.

¹³ Joshua, *The Catholic response to HIV and AIDS in South Africa*: iv.

¹⁴ <http://www.umcmmission.org/Give-to-Mission/Search-for-Projects/Projects/Sizanani--Sewing-Project> accessed on April 11, 2012.

'Phakamisa'¹⁵ (from 1990s) which provided care and support for poor people infected or affected by HIV and AIDS, both of which were initiatives by the Pinetown Methodist Church (PMC).

Darryl Hackland, who as a medical doctor worked with the KwaZulu government's Department of health¹⁶ in the 1980s, was also a Methodist minister, whose engagement with the churches, particularly with the Methodist Church of Southern Africa (MCSA), relating them to the HIV epidemic, is a rich resource towards understanding some of the earliest initiatives that the MCSA engaged with, in relation to the HIV epidemic since 1990.¹⁷ The MCSA official statement on HIV and AIDS which came about in 2001 marked a landmark decision.¹⁸ However, while the Conference reports of the MCSA shows its engagement with the HIV epidemic starting from 1990 onwards, the way the epidemic was discussed at the Connexional¹⁹ level during the intermittent period, with a noticeable decline of emphasis in the reports from 1995 onwards, raises interesting questions about the journey of the MCSA in engaging with the epidemic. Hence this research will offer many insights about the engagement of the MCSA with the HIV epidemic during the period 1990 to 2001, particularly through the early initiatives by the churches and individuals in the Pinetown region or the Clerpine circuit.²⁰

1.2 Preliminary literature study and research problem

The effectiveness of responses to HIV and AIDS remains a challenge today in many parts of the world, in spite of the learning from three decades of engagement with the epidemic. Significant milestones have been achieved in the way churches have responded to the

¹⁵ Educare Department, Minutes of Committee Meeting No. 1 held at the John Wesley School, Pinetown, 05 November, 1998, Phakamisa office, Pinetown Methodist Church. Also see <http://www.phakamisa.org/> accessed on April 11, 2012 for further information.

¹⁶ http://methodius.blogspot.com/2007_06_01_archive.html accessed on April 26, 2012.

¹⁷ Minutes of 108th Annual Conference of the MCSA at Welkom, 10 October, 1990: 126 – 129.

¹⁸ S. Jacob, *The Methodist response to HIV/AIDS in Southern Africa: Strategy and implementation plan*, (Marshalltown: The Methodist Church of Southern Africa Mission Unit, 2001).

¹⁹ Connexion is the terminology used by the MCSA to refer to the representative body consisting of representative leaders from each circuit and district. The Connexion of the MCSA meets annually to review and make administrative and policy decisions for the MCSA.

²⁰ Clerpine circuit is one of the 17 circuits in the Natal-Coastal District of the MCSA, which geographically refers to the Methodist churches in the Pinetown region. District refers to a geographical region equivalent to a diocese within which a circuit represents a group of churches in a particular region. Within the MCSA, the word society is also used for a church at the local level.

epidemic since the time that it was called a “sleeping giant.”²¹ However much remains to be addressed today within churches as far as the mainstreaming of HIV and AIDS is concerned. Some of the earliest literature relating religion to the HIV epidemic relates to church response to the epidemic in the work of Adams²² and Abernethy²³ both written in the context of the USA. In South Africa, it was the work of Ronald Nicolson²⁴ that initiated the early theological and ethical discussions around the epidemic. Denis²⁵, however, notes that a historical research on the contribution of religion in the context of HIV remains a huge task to be accomplished considering the volume of documentation that needs to be assessed. However, Denis²⁶ attempts to give an overview of some of the dominant religious discourses on HIV and how religious institutions were involved in prevention, treatment and care over the years in his recent article. One of the most exhaustive reviews of late, on the role of religion and medicine in the context of HIV and AIDS has been by Olivier and Paterson²⁷, who try to provide literature that specifically falls within the intersection of religion, HIV and medicine. The work of Becker and Geissler²⁸ gives useful insights into how religion influences the understanding of the HIV epidemic and vice-versa in different communities in Africa.

A general historical survey of church-based responses can be traced from useful reports such as of the World Council of Churches²⁹ and that of DIFAEM³⁰. Within Sub-Saharan Africa,

²¹ S. Parry, *Beacons of hope: HIV competent churches: A framework for action*, (Geneva: WCC publications, 2008), 16.

²² S.C. Adams, *AIDS and the Black Church*, M.S.W. Thesis, 1989, Southern Connecticut State University.

²³ M.B. Abernethy, *Cairns along the AIDS journey: Vision, theology, and model for a church based AIDS ministry*. M.Div. Thesis 1992., Union Theological Seminary.

²⁴ R. B. Nicolson, “AIDS: The ethical issue,” *Missionalia* 22, 1994, 227-244; R. B. Nicolson, *AIDS: A Christian response*, (Pietermaritzburg: Cluster Publications, 1995); R. B. Nicolson, *AIDS: A theological response as a guide to church action*, Report, 1996, University of Natal, Pietermaritzburg; R.B. Nicolson, *God in AIDS? A theological enquiry*, (London: SCM Press, 1996).

²⁵ Denis, HIV, AIDS and religion in Sub-Saharan Africa: An historical survey: 58.

²⁶ Denis, HIV, AIDS and religion in Sub-Saharan Africa: An historical survey: 60 – 71.

²⁷ J. Olivier & G. Paterson, “Religion and medicine in the context of HIV and AIDS” B.Haddad (ed.) *Religion and HIV and AIDS: Charting the terrain* (Scottsville: University of KwaZulu-Natal Press, 2011): 25 – 51.

²⁸ F. Becker & W. Geissler (eds.), *AIDS and religious practice in Africa*, (Leiden/Boston: E.J. Brill, 2009).

²⁹ WCC, *AIDS und die Kirche als heilende Gemeinschaft*, Report, 1986, Geneva/Reykjavik: World Council of Churches (WCC); WCC, “The impact of HIV/AIDS and the churches’ response: WCC Central Committee statement,” *Ecumenical Review*, 49, 1997: 270-276; WCC, “Increased partnership between faith-based organizations, governments and inter-governmental organisations: Statement by faith-based organizations facilitated by the World Council of Churches for the UN special General Assembly on HIV/AIDS June 25-27, 2001,” *International Review of Mission*, 90, 2001: 473-476; WCC, Report of the WCC-CCA Consultation on An Ecumenical Agenda to combat HIV/AIDS in South Asia, Colombo, Sri Lanka, 24 - 26 July, 2002, World Council of Churches (WCC) & Christian Conference of Asia (CCA).

³⁰ DIFAEM, *Global assessment of faith-based organizations’ access to resources for HIV and AIDS response*, Report, 2005, Tubingen, Germany: German Institute for Medical Mission (DIFAEM); DIFAEM, *Witnessing to Christ today : Promoting health and wholeness for all*, Tubingen, 2010, DIFAEM.

while authors such as Schmid, Thomas, Olivier and Cochrane in their combined work,³¹ Denis³² and Homsy³³ give sufficient insights to how religion influences the epidemic, Byamugisha, Steinitz, Williams and Zondi through their combined work,³⁴ Parry³⁵, Prince³⁶ and Campbell³⁷ also give a glimpse of church responses to the epidemic. Among the specific country studies relating religion to HIV, one finds literature on how certain communities have uniquely responded to the epidemic, such as those in Uganda³⁸, in Swaziland³⁹, in Zambia⁴⁰, in Lesotho⁴¹ and in South Africa⁴², which are not only unique to their setting, but are key indicators to the important role religion has played in the HIV epidemic.

The work of the African Religious Health Asset Program (ARHAP)⁴³ through their research in communities in Lesotho and Zambia has brought out ways in which religion can be

³¹ B. Schmid, E. Thomas, J. Olivier, J.R.Cochrane, The contribution of religious entities to health in Sub-Saharan Africa, Report, 2008, Cape Town: African Religious Health Assets Programme (ARHAP).

³² P. Denis, "HIV, AIDS and religion in Sub-Saharan Africa: An historical survey," Beverley Haddad (ed) *Religion and HIV and AIDS: Charting the terrain*, (Pietermaritzburg: University of KwaZulu-Natal Press, 2011); P. Denis & C. Becker (eds) *The HIV/AIDS epidemic in Sub-Saharan Africa in a historical perspective*, Senagalese network on "Law, Ethics, Health," 2006.

³³ J. Homsy, R. King, D. Balaba, & D. Kabatesi, "Traditional health practitioners are key to scaling up comprehensive care for HIV/AIDS in sub-Saharan Africa," *AIDS*, 18, 2004, 1723-1725.

³⁴ G.B. Byamugisha, L.Y Steinitz, G. Williams & P. Zondi, *Journeys of faith: church-based responses to HIV and AIDS in three southern African countries*, (Pietermaritzburg: Cluster Publications, 2002).

³⁵ Sue Parry, Responses of the faith-based organisations to HIV/AIDS in sub-Saharan Africa, Report, 2003, Harare/Geneva, World Council of Churches (WCC)/Ecumenical HIV/AIDS Initiative in Africa (EHAlA) Southern Africa Regional Office.

³⁶ R. Prince, P. Denis & R. Van Dijk (eds.) 2009. *Special issue: Christianity and HIV/AIDS in East and Southern Africa*: Indiana University Press.

³⁷ C. Campbell, M. Skovdal & A. Gibbs, "Creating social spaces to tackle AIDS-related stigma: Reviewing the role of church groups in sub-Saharan Africa," *AIDS and Behavior*, 2010, 1.

³⁸ M. Lubega et al, "Policy and practice, lost in transition: Reasons for high drop-out from pre-antiretroviral care in a resource-poor setting of eastern Uganda," *Health Policy*, 95, 2009, 153-58. Also see S. Woldehanna et al, Faith in action: Examining the role of faith-based organisations in addressing HIV/AIDS -- A multi country key informant survey, Report, 2005, Washington DC: Global Health Council (GHC).

³⁹ A. Van Wyngaard, "On becoming the hands and feet of Christ in an AIDS-ridden community in Swaziland: A story of hope," *Verbum et Ecclesia*, 27, 2006, 1095-1109.

⁴⁰ A. Matimelo, The impact of faith-healing Pentecostal churches on health and well-being among health-seekers in Ndola, Zambia, MTh. Thesis, 2007, School of Religion and Theology, University of KwaZulu-Natal, Pietermaritzburg.

⁴¹ P. Germond & J.R. Cochrane, "Healthworlds: Conceptualizing Landscapes of Health and Healing," *Sociology* 44, 2010, 307-324.

⁴² O. Akintola, "What motivates people to volunteer? The case of volunteer AIDS caregivers in faith-based organizations in KwaZulu-Natal, South Africa," *Health Policy and Planning*, 2010, 10; S.C. Bate, *Inculturation and healing: Coping-healing in South African Christianity*, (Pietermaritzburg: Cluster Publications, 1995); CDC, *Faith-based responses to HIV/AIDS in South Africa: Summary of findings*, (Africa Strategic Research Corporation / Centre for Disease Control (CDC), 2002); P. Denis, "The church's impact on HIV prevention and mitigation in South Africa: Reflections of a historian," *Journal of Theology for Southern Africa*, 134, 2009, 66-81.

⁴³ S. De Gruchy et al, Appreciating assets: The contribution of religion to universal access in Africa. Cape Town: African Religious Health Assets Programme (ARHAP), Report for the World Health Organization, 2006; B. Schmid, What value does religion add to health services? Collection of Concept Papers: ARHAP Conference, 2007, Monkey Valley, South Africa: ARHAP; B. Schmid et al, The contribution of religious entities to health in sub-Saharan Africa, Report, 2008, Cape Town: African Religious Health Assets Programme (ARHAP).

recognised as uniquely contributing towards health, particularly in the context of the HIV epidemic, and thus being recognised as an asset. With respect to church responses to HIV in South Africa, Denis⁴⁴ gives a good overview of the impact that the church has made, which opens up the scope of considering further research in exploring how churches in South Africa have responded to the epidemic, particularly in the early phase. Historical studies such as those of Stephen Joshua⁴⁵ have brought out rich information about the history of the HIV epidemic in KwaZulu-Natal, particularly about the response of the churches as an ecumenical experience in Natal during the period 1987 to 1990 and that of the Catholic Church to the epidemic in KwaZulu-Natal from the period 1984 to 2005.

The MCSA has been one of the few Churches that engaged with the HIV epidemic since the early phase of the epidemic in the form of responses from a few Methodist churches such as those in the Pinetown region.⁴⁶ Research studies so far about the MCSA, such as that of Zukile W. Guzana⁴⁷ which looks at the response of the Young Men's Guild in the King William's Town Circuit of the MCSA towards HIV prevention, has been the only research conducted relating the MCSA to HIV and AIDS. Early literature by Gideon Byamugisha⁴⁸ also presents the work of the Hillcrest AIDS Centre as a unique venture of the Hillcrest Methodist Church, which as part of the MCSA contributed to the grassroots level response of MCSA to HIV. The formal statement in 2001⁴⁹ gives further expression to the response. It is notable that faith based response to the HIV epidemic in South Africa in the early phase has been in the form of such church based responses as in Hillcrest, which was a pioneering effort. The Methodist initiatives in the Pinetown region during the early phase of the HIV epidemic

⁴⁴ Denis, *The church's impact on HIV prevention and mitigation in South Africa*, 66 – 81.

⁴⁵ S.M. Joshua, *The history of AIDS in South Africa: A Natal ecumenical experience in 1987-1990*, M.Th. Thesis, 2006, School of Religion and Theology, University of KwaZulu-Natal, Pietermaritzburg; S. M. Joshua, "Memories of AIDS: A critical evaluation of Natal clerics' reflections on their AIDS experiences between 1987 and 1990," *Studia Historiae Ecclesiasticae*, 33, 2007, 107-132; S.M. Joshua, "Rereading the newspapers: An early AIDS debate in Natal," *Studia Historiae Ecclesiasticae*, 33, 2007, 135-166; S.M. Joshua, 2010. *The Catholic response to HIV and AIDS in South Africa with a special reference to KwaZulu-Natal (1984 - 2005): A critical-historical perspective*. Ph.D. Thesis, School of Religion and Theology, University of KwaZulu-Natal, Pietermaritzburg.

⁴⁶ G. Byamugisha et al, *Journeys of faith: church based responses to HIV and AIDS in three Southern African countries*, (Pietermaritzburg: Cluster Publications, 2002). Also refer Phakamisa: A project of Pinetown Methodist Church <http://new.gbgm-umc.org/umw/resources/articles/item/index.cfm?id=981> accessed on 01 March, 2014.

⁴⁷ Z.W. Guzana, *How can the Young Men's Guild (YMG) respond to the needs for the prevention of HIV (MCSA): With special reference to King William's Town circuit*, M.Th. Thesis, 2006, School of Religion and Theology, University of KwaZulu-Natal, Pietermaritzburg.

⁴⁸ G.B. Byamugisha et al, *Journeys of faith*, 2002.

⁴⁹ S. Jacob, *The Methodist response to HIV/AIDS in Southern Africa*, 2001.

contribute towards the history of faith based responses to HIV in KZN, which this study will explore with due emphasis to Hillcrest.

In light of the above, the key research question of this study is:

What contribution did the pioneering Methodist engagement with HIV and AIDS in Hillcrest make towards an effective church response to the epidemic during the period 1990 to 2001?

The following sub-questions need to be asked in order to address the research question:-

- i. Which factors made possible an early church response to HIV and AIDS in South Africa?
- ii. What are the underlying factors towards the Methodist response to HIV in Hillcrest during the period 1990 to 2001?
- iii. What has been the journey of the HMC in responding to the epidemic during the period 1990 to 2001?
- iv. In what ways were the Methodist initiatives at Hillcrest and the surrounding region of Pinetown relevant to the Methodist position on HIV and AIDS during the period 1990 to 2001?

1.3 Theoretical framework

As a starting point, I found the idea of “epistemic community” as used by Peter Haas⁵⁰ helpful in tracing early church responses to the HIV epidemic in South Africa. Haas defines an epistemic community as:

A network of professionals with recognised expertise and competence in a particular domain and an authoritative claim to policy-relevant knowledge within that domain or issue-area. Although...from a variety of disciplines and backgrounds, they have (1) a shared set or normative and principled beliefs, which provide a value-based rationale for the social actions of community members; (2) shared casual beliefs,

⁵⁰P. Haas, “Introduction: Epistemic communities and International Policy Coordination,” *International Organization* 46 (1), 1992: 3.

which are derived from their analysis of practices leading or contributing to a central set of problems in their domain...(3) shared notions of validity...and (4) a common policy enterprise – that is, a set of common practices associated with a set of problems to which their professional competence is directed...out of the conviction that human welfare will be enhanced as a consequence.⁵¹

A good example of the role of epistemic communities is cited by Frank of how a global response towards addressing various issues on environmental science was brought about by the significant role of such a network of professionals and activists.⁵² Their role and activity is necessarily related to policy making for which they follow a certain process. McFadden notes that “when the members of the epistemic community both possess consensual knowledge and are recognized by others for their knowledge, they are in a unique position to share and distribute the information needed by states.”⁵³ Responses to the HIV epidemic have witnessed a similar process of knowledge sharing and influencing in policy making. Hence there is reason to suspect that some of the early church responses to HIV and AIDS in South Africa need to be recognized as a significant part of an epistemic community which contributed towards an HIV and AIDS policy making in South Africa in the mid-1990s.

For analysing how a church engaged with the HIV epidemic, Sue Parry’s HIV competence framework⁵⁴ which outlines an inner and an outer competence for a church to engage with HIV and AIDS, offers a good lens for the study. The relevance of Parry’s framework gains significance in a context where the HIV epidemic has exposed and challenged “the way we think, operate and our traditional way of dealing with contentious issues,”⁵⁵ making it essential for faith based responses to be “socially relevant,”⁵⁶ “culturally appropriate,”⁵⁷ and “theologically and technically sound.”⁵⁸ For a church to be HIV competent, Parry identifies two significant processes towards achieving the same, firstly an inner competence and secondly an outer competence. The two levels of competencies are necessarily bridged by

⁵¹ Haas, “Introduction: Epistemic communities,” 3.

⁵² D. Frank, “The social bases of environmental treaty ratification, 1900 – 1990,” *Sociological Inquiry* 69, 1995: 529.

⁵³ D. McFadden, International cooperation and pandemic diseases: Regimes and the role of epistemic communities in combating cholera, small pox and AIDS, Ph.D. Dissertation 1995, Claremont Graduate University: 15 - 18.

⁵⁴ Parry, *Beacons of hope*.

⁵⁵ Parry, *Beacons of hope*, 8.

⁵⁶ Parry, *Beacons of hope*, 9.

⁵⁷ Parry, *Beacons of hope*, 9.

⁵⁸ Parry, *Beacons of hope*, 9.

the vital link of “leadership, knowledge and resources.”⁵⁹ The inner competence would “acknowledge the scope and risk of HIV”⁶⁰ in terms of “internalizing the risk in an honest open way”⁶¹ “recognising the impact and considering long term consequences,”⁶² “assessing the risk factors that increase vulnerability,”⁶³ and “confronting stigma, discrimination and denial associated with HIV.”⁶⁴ After developing an inner competence, the church necessarily has to develop a certain level of leadership, knowledge and resources without which an outer competence is not possible. An outer competence would mean “developing theological competence on HIV”⁶⁵ “developing technical competence through building institutional capacity to plan, implement, monitor ... evaluate and coordinate HIV programmes effectively”⁶⁶ “ensuring social relevance, inclusivity and seek to build social cohesion,”⁶⁷ “networking”⁶⁸ by “seeking allies and collaborating for increased scale and sustainability,”⁶⁹ “advocating and reclaiming the prophetic role of the church,”⁷⁰ and “restoring dignity and hope, with compassion, to all who are infected and affected.”⁷¹ In using Parry’s framework in this study, the intention is to explore what factors led to making the involvement of the HMC and the MCSA with the epidemic during this period, less or more “HIV competent,”⁷² as used by Parry.

Another aspect that needs consideration in this empirical study is that relating to racial categorization. As the study relates to the engagement of a ‘white’ dominated church which engaged with the ‘black’ communities in the region, a framework that relates to the understanding of racial categorization in the 1990s needs to be taken into account. The understanding of race in South Africa has undergone changes since the time of colonization by the Dutch and the British.⁷³ The practice of racial segregation that was existent in the

⁵⁹ Parry, *Beacons of hope*, 20.

⁶⁰ Parry, *Beacons of hope*, 20.

⁶¹ Parry, *Beacons of hope*, 20.

⁶² Parry, *Beacons of hope*, 20.

⁶³ Parry, *Beacons of hope*, 20.

⁶⁴ Parry, *Beacons of hope*, 20.

⁶⁵ Parry, *Beacons of hope*, 20.

⁶⁶ Parry, *Beacons of hope*, 20.

⁶⁷ Parry, *Beacons of hope*, 20.

⁶⁸ Parry, *Beacons of hope*, 20.

⁶⁹ Parry, *Beacons of hope*, 20.

⁷⁰ Parry, *Beacons of hope*, 20.

⁷¹ Parry, *Beacons of hope*, 20.

⁷² Parry, *Beacons of hope*, 20.

⁷³ W.M. MacMillan, *Bantu, Boer, and Briton: The making of the South African Native Problem*, (London: Oxford University Press, Revised edition, 1963); Also see I.D. MacCrone, *Race attitudes in South Africa: Historical, experimental and psychological studies*, (Johannesburg: Witwatersrand University Press, 1957); G. Cornwell, “A

1890s went through political changes soon after the Great Trek and the three decades leading to World War II.⁷⁴ The policy of racial segregation practised by the National Party government that came to power in 1948 was based on the Dutch Reformed Church policy declaration, written by G.E.B. Gerdener, “which provided for a white ‘mother’ church and separate ‘daughter’ churches for ‘coloured’ and ‘black’ congregants...an Indian church was added later,” as referred by Sparks.⁷⁵

According to Gerdener,

The Church is deeply convinced of the fact that God...so ordained...the first European inhabitants of this Southern corner of Darkest Africa should have been men and women of firm religious convictions, so that they and their posterity could become the bearers of the light of the Gospel to the heathen races of this continent, and therefore considers it the special privilege of the Dutch Reformed Church of South Africa – in particular – to proclaim the Gospel to the heathen of this country.⁷⁶

This policy provided the rationale for dividing the congregants into separate “national” churches where there can be “co-equal” education for “coloured” and blacks “in their own sphere” and that “they must develop their own economic solidarity as far as possible apart from the European.”⁷⁷ The apartheid era from 1948 involved a life of segregation where the White minority, the Coloureds, the Indians and the Black majority lived separately. The White minority included mainly the Afrikaaners (Dutch) and the English speaking whites, while the Blacks included mainly the Zulu, the Xhosa, the Shona and the Sotho. In addition to such a categorization of race, it is also recognized that the term “black” was often used during the apartheid era to refer to non-whites, who may be Coloureds, Indians or Blacks from any of the tribes mentioned above. It is in the background of such a racial categorization that the period of this study from 1990 to 2001 is located. While analyzing data, a racial lens based on this background will be applied in the study.

teaspoon of milk in a bucketful of coffee: The discourse of race relations in early twentieth-century South Africa,” *English in Africa*, 38(3), (October 2011), 9-33.

⁷⁴ A. Sparks, *The mind of South Africa*, (London: William Heinemann Ltd, 1990).

⁷⁵ Sparks, *The mind of South Africa*, 160.

⁷⁶ Policy statement published as Appendix A in G.B.A. Gerdener, *Recent developments in the South African mission field*, (London, 1958), 269 – 275.

⁷⁷ Sparks, *The mind of South Africa*, 161.

1.4 Research design

1.4.1 Methodology

This study will rely on guidelines on church based responses to HIV by Sue Parry⁷⁸, and research methodological guidelines, on oral history by Grele⁷⁹ and Denis⁸⁰, on analysis of historical sources by Ricoeur⁸¹ and Portelli⁸², on sampling, qualitative analysis and ethical guidelines in the research by Terre Blanche⁸³.

This is a qualitative study based on an interpretive analysis of the data. As the research involves recollection of events that have happened in the past from 1990 to 2001, historical sources in the form of oral history through the memories of the past and other written primary and secondary sources will be used in the study. Memories of the individual are not just a connection to that of the community, the family and the times the person belongs to, but also is a “collective or group consciousness” of an event or experience⁸⁴. The formation of memories is similar to any other written source in terms of it being “socially constructed...a product of a purpose...and shaped to present a particular picture or interpretation of an event or phenomenon.”⁸⁵ In the process of “reconstructing the past,” one engages in a method which Rosaldo, quoted in Grele, rightly refers to as “requiring a double vision that focuses at once on historians’ modes of composition and subjects’ ways of conceiving the past.”⁸⁶ Grele notes that “people live their lives and formulate a perception of themselves which may or may not correspond to our perception of them” which “may or may not” be reflected by oral history.⁸⁷ The recorded memories of the sample will be compared with the primary and secondary written sources as they are

⁷⁸ Parry, *Beacons of hope*, 2008.

⁷⁹ R. Grele, *Envelopes of sound: The art of Oral History*, (New York: Praeger, 1991).

⁸⁰ P. Denis & N. Makiwane, “Oral history in the context of AIDS: Memory boxes as a way of building up resilience in orphans and traumatised children in KwaZulu-Natal,” *Journal of Constructive Theology*, 7, 2001, 17-30; Also see P. Denis & N. Radikobo (eds.) *Oral history in a wounded country : Interactive interviewing in South Africa*, (Pietermaritzburg: University of KwaZulu-Natal Press, 2008).

⁸¹ P. Ricoeur, “The reality of the historical past,” A. Budd (ed.) *The modern historiography reader : Western sources*, (London: Routledge, 2009).

⁸² A. Portelli, “What makes history different?” R. Perks & T. Alistair (eds.) *The Oral History Reader*, (London: Routledge, 2000), 63 – 74.

⁸³ M. Terre Blanche et al, (eds.) *Research in Practice: Applied methods for the social sciences*, (Cape Town: University of Cape Town Press, 2006).

⁸⁴ L. Abrams, *Oral history theory*, (London: Routledge, Taylor and Francis group, 2010), 96.

⁸⁵ Abrams, *Oral history theory*, 80.

⁸⁶ R. Grele, *Envelopes of sound: The art of Oral History*, 243; Also see R. Rosaldo, “Doing oral history, Using Oral sources: Vansina and beyond,” *Social Analysis*, 4, 1980, 89.

⁸⁷ Grele, *Envelopes of sound*, 244.

“representations of people...of their lives,”⁸⁸ to identify gaps, possible distortions and to see how they are correlated to the present. These memories or events of the past are also integrally related to the interviewee as they “decide what to discuss...the manner in which it is discussed, the selection, observation and interpretation of the events...is done within the context of how” they “have lived their own history and the meaning” they have attached to that history.”⁸⁹ Through such a process of understanding “how the past is remembered” and by discerning “how the interaction between personal and public occurs,”⁹⁰ it is possible to reconstruct certain events of the past and understand why and how they happened, which in turn are helpful in answering the objectives of the study.

Written sources in the form of Minutes of Society leaders meeting at HMC, newsletters at HMC and HAC, minutes of HAC Board meeting, relevant letters of correspondence and minutes of MCSA Conference from 1989 to 2001 will complement the analysis of data collected from the oral resources.

The sample of interviewees was identified through familiarisation, identifying key informants and immersion techniques to gather further rich data through the interviews.⁹¹ The interviewees are those who would have been involved with the parish or the AIDS Centre during the period 1990 to 2001.

1.4.1 Sampling

Samples were selected from the HMC and the HAC through initial ‘scoping’, to identify those parishioners who were part of the HMC from 1990 to 2001. Due to time limitations, a sample of 12 interviewees was considered. These included a sample of 6 from the HMC considering there may be a larger number of parishioners available from that period, a sample of 4 from the HAC, considering the few who would have worked there during the intended period and are accessible, and a sample of 2 from the Methodist pastors or others who would have worked in the Clerpine (Pinetown) circuit during the period, were engaged with the HIV epidemic in Hillcrest and may have correlated to the HAC in some way. The interviewees were identified through the snowball sampling method, whereby 6 (3 males, 3

⁸⁸ Grele, *Envelopes of sound*, 244.

⁸⁹ Grele, *Envelopes of sound*, 245.

⁹⁰ Abrams, *Oral history theory*, 99 – 100.

⁹¹ Terre Blanche, *Research in practice*, 322 – 323.

females) were Methodists at the HMC, 4 were former or present staff at HAC (who may or may not be Methodists, either male or female, who may or may not be HIV positive) and 2 were Methodist pastors or others who were involved with the HAC during the period. The HMC being a white-dominated parish, especially during the 1990 to 2001 period, it was expected to find no non-whites among the sample. At the HAC too, an equal proportion of 2 whites and 2 blacks could not be identified as the early volunteers were all whites.

From the Clerpine circuit (Pinetown region), data was collected from key interviews with 1 pastor and 1 church member who were part of the circuit and engaged with the epidemic in the region from 1990 to 2001. Purposeful sampling to identify “information rich” cases was applied. Besides these, a sample of 5 interviewees was considered, who were active in the leadership of the MCSA at the national level and were specifically related to mission and health related work during that period. As the focus was on the time frame and involvement with the circuit and the HIV epidemic, the selection of sample was not restricted to sex or race.

1.4.2 Procedure and ethical considerations

Due permissions were taken at each stage of the research before conducting the interviews or referring to documents from respective archives or institutions.⁹² The structure of the interview questions was initially guided by the theoretical framework, but was not limited to it in certain cases. Nineteen interviews were conducted, of which 18 were audio recorded. Due consent from each interviewee was taken before the conducting and the recording of the interview. The purpose of the interview was conveyed to the interviewee while making the appointment and due permission was taken for the audio recording and the publishing of excerpts of the interview for this research. A consent form was duly filled up and signed by the interviewee.⁹³ Among the 19 interviewees, only one interviewee requested to have a look at the related portions within the thesis before submission, which has been done and due permission was taken from the interviewee. Confidentiality was ensured for all the interviewees, whereby only one interviewee responded that an alternative name be used to refer to her, while the others were open to sharing their identities in the research.

⁹² Refer to Appendix 10 and 11 for permission letters from Hillcrest Methodist Church and Hillcrest AIDS Centre Trust respectively for conducting this research.

⁹³ See Appendix 12 for a sample of the consent form questionnaire given to the interviewees.

As the study probed personal experiences, due permission was taken to share the same after addressing matters relating to confidentiality. As sharing personal experiences involved the possibility of emotional experiences that may have been painful, due care was taken to ensure a positive state of mind of the interviewee. Any further progress of the interview was considered only after ensuring that the interviewee was comfortable to share further. Archival data in the form of society leaders' minutes of the parish, circuit quarterly minutes, Conference minutes, newsletters, reports, magazines, pamphlets etc. were also collected.

1.4.3 Data analysis

The recorded interviews were transcribed and the matter was analysed, using methods such as "familiarisation and immersion"⁹⁴ as well as a "discourse analysis"⁹⁵ to derive meaning from the data and build arguments in the study.

1.5 Structure of the dissertation

The dissertation will have the following chapters based on the objectives of the research:-

Chapter 1: Introduction

The history of HIV epidemic in South Africa, a country with a majority Christian population, reveals interesting aspects that are helpful towards engaging with the epidemic today. The study specifically aims to investigate how early grassroots level responses to the HIV epidemic in the Methodist church in Hillcrest in the KwaZulu-Natal Province of South Africa, contributed to a broader engagement of Methodist churches in the region and in South Africa. With the help of three theoretical frameworks, namely Haas concept of epistemic communities, Parry's theory of HIV competent church and using the lens of race, the study will attempt to answer its key research question.

Chapter 2: Factors underlying early church response to HIV and AIDS in South Africa

⁹⁴ M. Terre Blanche et al, "First steps in qualitative data analysis," in Martin Terre Blanch et al (eds), *Research in Practice: Applied methods for the social sciences*, (Cape Town: UCT Press, 2006, 2nd edition): 322-323.

⁹⁵ M. Terre Blanche et al, "First steps in qualitative data analysis," 328 – 329.

This chapter will investigate the factors that facilitated early church response to the HIV epidemic in South Africa. Using the epistemic communities framework, a historical background in two areas has been examined, namely the ecumenical movement in South Africa and the Primary Health Care movement, which laid a basis for an early church response to HIV and AIDS within the socio-political context of apartheid in South Africa.

Chapter 3: The MCSA position on HIV and AIDS during the period 1990 to 2001.

In order to determine the MCSA position on the epidemic during the said period, this chapter specifically looked at the activities of the Christian Citizenship Department from 1990 to 1995 and thereafter of the new phase of the MCSA whereby the Journey to the New Land Programme tried to engage the Church with the epidemic till 2001, when the first policy statement on HIV and AIDS of the MCSA was brought out. Besides these, a discussion of the individual contributions of Daryl Hackland and Neil Oosthuizen were found relevant.

Chapter 4: The Hilcrest Methodist Church's response to the HIV epidemic from 1990 – 2001.

A historical narration of the HMC reveals that the White Methodist church in Hillcrest shared the same church premises with the Anglican church during this period and engaged in starting an HIV ministry, which was also located within the church premises. Using Parry's framework, the chapter tries to understand the journey of this local church initiative towards building church competence in HIV and AIDS.

Chapter 5: The relevance of HIV related initiatives by the Methodists in Hillcrest and Pinetown to the Methodist Position on HIV and AIDS during the period 1990 – 2001 in South Africa.

This chapter will explore the correlation between Methodist responses to the HIV epidemic in the Clerpine circuit, which includes Methodist parishes in Hillcrest and Pinetown area with the MCSA position on HIV and AIDS as communicated in the minutes of MCSA Conferences during this period. The contribution of local initiatives with the national level initiatives of the MCSA was probed to see how it changed or did not change the MCSA position on the epidemic.

Chapter 6: Conclusion

The concluding chapter will discuss what makes of the Methodist experience unique at various levels, as discussed in the previous chapters, during the period from 1990 to 2001. It will further evaluate the framework and the methodology used in this study and what this means to the broader field of study relating to HIV and AIDS.

CHAPTER TWO: FACTORS UNDERLYING EARLY CHURCH RESPONSES TO HIV AND AIDS IN SOUTH AFRICA

The responses from churches to the HIV epidemic in South Africa were slow and sporadic in the early phase of the epidemic. Some of the earliest documented responses by churches to the HIV epidemic took place in the United States of America (USA), while it took some time for churches in other parts of the world to respond to the epidemic. In Africa, the churches in Uganda, Zimbabwe and Kenya were among the first to respond to the epidemic.⁹⁶ In South Africa, the earliest literature about church responses to the epidemic dates from the early 1990s.

Various factors unique to the South African context contributed to this response. Firstly, the early 1990s were a time of political turmoil in South Africa as the country prepared itself to be free from decades of apartheid. The period from the 1980s to the 1990s in South Africa was full of events related to the freedom struggle, while sporadic media messages about HIV and AIDS attracted attention. During this early phase of the epidemic, the church's responses were influenced by the struggle against racial and socio-economic discrimination. Secondly, in spite of its isolation during the apartheid period, South Africa still remained a prime place of ecumenical and cultural activity. Ecumenism in South Africa was vibrant during the long history of European colonialism and missionary activities, which by the 1990s, had resulted in various churches and church based organizations forming alliances to oppose the apartheid regime. The long history of mining in South Africa had attracted a large number of migrant labour from different parts of the world.⁹⁷ Racial discrimination during the apartheid regime controlled the migrant labour system, in which Black South Africans were treated as foreigners outside strictly defined areas of residence, called 'homelands', leaving behind their families and political rights.⁹⁸ While the impact of the

⁹⁶ M. Lubega et al, "Policy and practice, lost in transition: Reasons for high drop-out from pre-antiretroviral care in a resource-poor setting of eastern Uganda," *Health Policy*, 95, 2009, 153-58. Also see S. Woldehanna et al, Faith in action: Examining the role of faith-based organisations in addressing HIV/AIDS -- A multi country key informant survey, Report, 2005, Washington DC: Global Health Council (GHC); B. Schmid et al, The contribution of religious entities to health in sub-Saharan Africa, Report, 2008, Cape Town: African Religious Health Assets Programme (ARHAP); G.B. Byamugisha et al., *Journeys of faith: church-based responses to HIV and AIDS in three southern African countries*, (Pietermaritzburg: Cluster Publications, 2002).

⁹⁷ By 1996, the migrant labourers from Lesotho, Mozambique and Transkei region (within South Africa) accounted for 60% of the total labour force. Refer J.S. Harrington, N.D. McGlashan & E.Z. Chelkowska, A century of migrant labour in the gold mines of South Africa, *The Journal of South African Institute of Mining and Metallurgy*, March 2004: 65.

⁹⁸ R. Turrell, Diamonds and Migrant labour in South Africa, 1869 – 1910, *History Today* 36 (5), 1986.

apartheid regime and the social consequences resulting from the migrant labour system had majorly contributed to the spread of the HIV epidemic in South Africa, they were other triggering factors that contributed to church responses earlier than responses in other parts of the world.

Since, as Denis notes, “AIDS lies within the scope of a social, political and cultural history which precedes and includes it,”⁹⁹ the task of understanding the factors that lead to early church responses in South Africa needs to be located within a context that includes such a history. It is because, as Fassin notes, a “de-contextualized” reading of AIDS “limits itself to a description of the sexual practices of the potential carriers...or to the identification of the cultural phenomena which favour the spread of the infection,”¹⁰⁰ that an investigation towards understanding such a context becomes essential in this study. Though it is next to impossible to capture all such factors that may relate to early church responses to the HIV epidemic in South Africa, this study within its limited scope, will trace certain key factors that contributed to the above. The chapter brings out certain factors from the socio-political history of South Africa within which we may locate some early church responses to the epidemic. And because this research at large looks at Church competence on HIV and AIDS, this chapter brings out some historical factors that in a way contributed towards Church competence to the epidemic, in being able to respond in the way it has at a certain point in time. A theoretical framework of “epistemic communities”¹⁰¹ was found as a helpful tool to trace some trends towards early church responses in South Africa.

2.1 Tracing epistemic communities responding to the HIV epidemic

While tracing the roots of an epistemic community that triggered responses to the HIV epidemic, globally it is observed that such responses have not happened in isolation, but rather were interlinked to other ongoing factors. Olivier and Paterson give an account of some of the earliest literature about religious responses to HIV epidemic.¹⁰² Responses to HIV started in the mid-80s and while each of these responses may have had its own triggering factors, looking into the history of how religions responded to the HIV epidemic,

⁹⁹ P. Denis, “Towards a social history of HIV/AIDS in Sub-Saharan Africa,” in P. Denis & C. Becker (eds.) *The HIV/AIDS epidemic in Sub-Saharan Africa in a historical perspective*, Online edition, (Louvain-la-Neuve: Academia-Bruylant, September 2006), 16; Also see Didier Fassin, “Crise épidémiologique et crise sociale”, in D. Fassin (ed), *Afflictions. L’Afrique du Sud de l’apartheid du sida* (Paris, Karthala, 2004).

¹⁰⁰ Denis, “Towards a social history,” 16.

¹⁰¹ A brief discussion about epistemic communities as a framework has been dealt with in Chapter One.

¹⁰² J. Olivier and G. Paterson, “Religion and medicine in the context of HIV and AIDS,” in Beverley Haddad (ed), *Religion and HIV and AIDS: Charting the terrain*, (Pietermaritzburg: University of KwaZulu-Natal Press, 2011): 25 – 51.

two factors that require investigation because of their influence on many of these responses was the role of the ecumenical movement on the one hand and on the other, the new understanding of health and the subsequent rise of primary health care (PHC) as a global trend.¹⁰³ There are indications that an epistemic community which responded to the HIV epidemic in South Africa was influenced by the ecumenical movement and by the primary health care movement within the country. A historical investigation into the development and correlation of the two movements, particularly in South Africa, is helpful.

Though the beginnings of the ecumenical movement can be traced back to the late nineteenth century, it is after the second World War with the formation of the World Council of Churches (WCC) in 1948 at Geneva with a representation of 147 churches, that one sees concerted efforts towards crossing denominational barriers and working together to address various issues both at a global level and at national levels in different parts of the world.¹⁰⁴ Elfriede Strassberger notes that the ecumenical movement in South Africa started with the establishment of the Christian Council of South Africa (CCSA) in 1936, which was basically to “promote co-operation and brotherly feeling between different missionary societies and to watch over the interests of the native races and... to influence legislation on their behalf.”¹⁰⁵ But more importantly the ecumenical movement became a stimulus, which Stephen Joshua rightly calls “a necessary tool...in the fight against racism, discrimination, apartheid and later on in the response to HIV and AIDS.”¹⁰⁶

The ecumenical movement was also instrumental in bringing the World Health Organization (WHO) to focus on Primary health care (PHC), through the key role played by the Christian Medical Commission (CMC), a “semi-autonomous body” which was established in 1968 “to assist the World Council of Churches in its evaluation of and assistance with church-related medical programs in the developing world.”¹⁰⁷ It was as a result of success stories from developing countries like Bangladesh, China, India, Niger, Nigeria, Cuba and Yugoslavia that the PHC became an initiative brought to the agenda of the World Health Organization since

¹⁰³ Olivier and Paterson, “Religion and medicine in the context of HIV and AIDS,” 26.

¹⁰⁴ World Council of Churches - <http://www.oikoumene.org/en/who-are-we/background.html?print=1%22%20onfocus%3D%22blurLink%28this%29%3B%22%20onfocus%3D%22blurLink%28this%29%3Bpri> accessed on September 12, 2012.

¹⁰⁵ E. Strassberger, *Ecumenism in South Africa 1936 – 1960* (Johannesburg: South African Council of Churches, 1974) 134-135.

¹⁰⁶ S. Joshua, “History of AIDS in South Africa: A Natal ecumenical experience in 1987 – 1990,” Unpublished Masters Thesis, University of KwaZulu Natal, 2006: 18.

¹⁰⁷ S. Litsios, “The Christian Medical Commission and the development of World Health Organization’s Primary Care approach,” *American Journal of Public Health* 94(11) (November 2004), 1887.

the 1970s.¹⁰⁸ These success stories came from mission hospitals in these countries, which were a common link to the CMC and the WCC. This reveals a correlation between the ecumenical movement and the PHC initiatives through the WHO, which indicates the existence of an epistemic community that was vibrant in engaging with various health issues.

But besides the ecumenical movement, there were “PHC-type” initiatives already happening in South Africa,¹⁰⁹ though under a different name since the 1940s, which interestingly do not feature among the global discussions on PHC in the 1970s. It is noteworthy that the understanding of PHC underwent an evolving process over time from an origin of “primary medical care where patients met health workers” with their common complaints that were dealt with easily,¹¹⁰ such as seen among the work of early medical missionaries, to a practice of Community-Oriented Primary Care (COPC) as developed by Wills Pickles in the UK in the 1920s and 1930s and thereafter developed further by Sydney Kark in South Africa,¹¹¹ then to the Alma-Ata definition in 1978¹¹² and thereafter to various other definitions that evolved in different parts of the world.¹¹³ For our discussion related to tracing an epistemic community that engaged with HIV epidemic in South Africa, it is the first phase of the history of the evolution of PHC, particularly in South Africa that needs attention at this point.

2.2 The background of an epistemic community relating to HIV and AIDS in South Africa

Much of the history of PHC in South Africa is attributed to the pioneering work of Sidney and Emily Kark, whose engagement in the 1940s with the Zulu community in Pholela, in the foothills of the Drakensberg, was later recognised as an exemplary initiative.¹¹⁴ In 1938, in a survey named as the “South African Bantu (African) School Children Nutrition and Health Survey” Kark’s report revealed that,

¹⁰⁸ M. Cueto, “The origins of primary health care and selective primary health care,” *American Journal of Public Health* 94 No. 11 (November 2004), 1866.

¹⁰⁹ S. Kark and E. Kark, *Promoting Community Health: From Pholela to Jerusalem*, (Johannesburg: Witwatersrand University Press, 1999). Also see Cassel, John, “A Comprehensive Health Program among South African Zulus” in Benjamin D. Paul (ed), *Health, Culture and Community: Case Studies of Public Relations to Health Programs* (New York: Russell Sage Foundation, 1955): 15 – 41.

¹¹⁰ G. Walt and P. Vaughan, “Primary health care: what does it mean?” *Tropical Doctor* 12 (3), (July 1982), 99.

¹¹¹ W.N. Pickles, *Epidemiology in a country practice*, (Baltimore: Williams & Wilkins, 1939); Also see S.K. Longlett, J.E. Kruse and R.M. Wesley, “Community-Oriented Primary Care: Historical perspective,” *The Journal of the American Board of Family Practice*, 14 (1), (January-February 2001), 54-63 and S. Tollman, “Community-oriented primary care: origins, evolution, applications,” *Social Science and Medicine*, 32, (1991), 633-642.

¹¹² World Health Organization. “Alma-Ata 1978: primary health care.” *Report of the International Conference on Primary Health Care*. Alma-AtaUSSR. Geneva: World Health Organization, 1978.

¹¹³ L.L. Peterson and D. Wilkin, “Primary Health Care: definitions, users and uses,” *Health Care Analysis: Journal of Health, Philosophy and Policy*, 6 (4), (December 1998), 341-351.

¹¹⁴ Kark, *Promoting community health*.

Diet deficiency diseases, syphilis, malaria, bilharzias, tuberculosis, scabies and impetigo, roundworm and tapeworm infestation, trachoma, preventable crippling, and many other...diseases, form no small array of factors which are contrary to the maintenance of good health and nutrition. The outstanding fact is that they are all preventable....The ravages following upon rapid soil erosion, overcrowding, ignorance and poverty are all within the bounds of control....¹¹⁵

It was as a result of this survey that Cluver, the Chief of the Health Department in the government appointed in 1940, Sidney Kark as the "Medical Officer in charge" and Emily Kark his wife, as "part-time doctor," to "head and initiate the pioneer health unit which the Health Ministry was planning to develop in rural Pholela, Natal."¹¹⁶ Their contribution to what later became recognised as Community Oriented Primary Health Care (COPC) continued with their time at the Institute of Family Community Health (IFCH) in Durban.¹¹⁷ Kark had derived from the principles of COPC practice that Wills Pickles had engaged with in the UK during 1920s and the 1930s.¹¹⁸ This reveals an epistemic community relating to PHC, which started in the UK, was based on scientific principles and thereafter attempted by the government in South Africa through Kark in the 1940s as an effort to revamp the health infrastructure.¹¹⁹ This vision was however short-lived with the apartheid government coming to power in 1948 and the eventual political lack of support, which resulted in the emigration of 'inspiring leaders' like Kark and many other young talented doctors.¹²⁰

Though a globally acceptable definition of PHC came about only in 1978 with the Alma-Ata declaration, to be "practical, scientifically sound and socially acceptable methods and technology made universally accessible to...community,"¹²¹ these elements of the PHC were visible in the approaches by the medical missions, as visible in South Africa. Although the COPC in South Africa was a unique initiative by the then governments which was well supported and followed up for a while in the 1940s,¹²² it is noticeable that these do not take into consideration, the widespread contributions of the missionaries in health care in South

¹¹⁵ Kark, *Promoting community health*, 13.

¹¹⁶ Kark, *Promoting community health*, 13 & 22.

¹¹⁷ Kark, *Promoting community health*, 69.

¹¹⁸ Longlett et. al, "Community-oriented primary care," 55.

¹¹⁹ The Gluckmann Commission report of 1945 which evaluated the health infrastructure in South Africa and suggested future action to the government had drawn much from the work of Kark in Pholela. See Anne Digby, *Diversity and division in medicine: Health care in South Africa from the 1800s*, (Bern: Peter Lang AG, 2006), 415.

¹²⁰ Digby, *Diversity and division in medicine*, 418.

¹²¹ Declaration of Alma-Ata, http://www.who.int/publications/almaata_declaration_en.pdf?ua=1 accessed on February 25, 2014.

¹²² Kark, *Promoting community health*, 22; Also see Digby, *Diversity and division in medicine*, 416.

Africa, which were very active during that period. In fact the practice of healthcare by the medical missionaries was the earliest interventions in healthcare in South Africa. These interventions characteristically had certain aspects of PHC in different periods of their history in South Africa. To understand this, a brief history of the medical missions is essential.

The history of medical missions starts in Britain from the 1830s and with “the foundation of the interdenominational Edinburgh Medical Missionary Society (EMMS) in 1841.”¹²³ A shortage of doctors in the mission field led to training of lay missionaries in medicine, which by the end of the nineteenth century had given rise to missionary nurses being trained, such as from the Missionary Nurses Training Home that started in 1889 in Glasgow, the Nurses Missionary League and the Colonial Nursing Association that started in 1896.¹²⁴ The earliest medical missions can be traced to the late 18th century.¹²⁵ By 1911 there were twenty one denominations active in South Africa with their missionary work, most of which were located in Transkei, Basutoland, Natal, northern Transvaal and Bechuanaland.¹²⁶ Gelfand observes that “a medical mission was usually an integral part of the Christian Church” and “generally a medical mission was not set up until the Church was in the field,” such as in the case of Van der Kemp in the Cape, David Livingstone’s calling by Moffat and James Stewart of Lovedale.¹²⁷ And in many of such medical missions, a key feature would be “the leading role taken by the nursing sister, who in many instances, founded the mission of healing, set up a dispensary or clinic or even ran a hospital for years without a doctor on the station.”¹²⁸ Gelfand observes that “many medical missions started with one or two nurses who ran a clinic for the mission station attending to those who needed help and they too, like the doctor, often visited the sick in the outlying villages.”¹²⁹ And gradually these health centres would grow into a hospital. It was during the period 1900 to 1935 that the medical service in South Africa began to have its secure foundations and thereafter from 1940 till the 70s, “a considerable growth of medical missions took place due principally to the very

¹²³ Digby, *Diversity and division in medicine*, 101.

¹²⁴ J. Johnson, ed. Report of the Centenary Conference of the Protestant Missions of the World (2 volumes, James Nisbet, London, 1888), II, 102, 109; Also see *British Journal of Nursing*, 9 February, 1910, 155.

¹²⁵ M. Gelfand, *Christian doctor and nurse: The history of medical missions in South Africa from 1799-1976*, (Sandton: Aitken family and friends, 1984), 17.

¹²⁶ J. du Plessis, *A history of Christian Missions in South Africa*, (London: Longman, 1911).

¹²⁷ Gelfand, *Christian doctor and nurse*, 22-23.

¹²⁸ Gelfand, *Christian doctor and nurse*, 21.

¹²⁹ Gelfand, *Christian doctor and nurse*, 68.

substantial State grants which became available for their services.”¹³⁰ The inspiration behind such a growth was “medical evangelism” as asserted by the Missionary School of Medicine in London. It successfully sent out 1300 students in its 50 years of operation by 1953, some of whom went to missions in South Africa “for the penetration of the Gospel in places where the name of Christ is unknown.”¹³¹ Among the churches which had mission stations with hospitals, the Methodist Church in South Africa had by 1946 “three hospitals with Doctors in Charge and a qualified nursing staff,” 21 clinics scattered through the three Provinces of Zululand, Cape Province and Orange Free State and “numbers of Mission Stations where the Missionary and his wife give what relief they can with very inadequate means.”¹³² The ‘medical evangelism’ approach of the medical missionaries though promoted a “belief in Christian healing,” it was because of such efforts that “a comprehensive scientific health service came into being much earlier in regions” where it would have taken much longer to start otherwise.¹³³

Now these mission hospitals continued to have their own clinics and dispensaries in faraway places to disburse affordable medical care, which often went along with evangelism. Gelfand, calling the first period of the missionaries from the 1900 to 1930s as the “spiritual pioneering period,” observes that “foundations of the mission health services were set, with Neil Macvicar at Lovedale, James McCord created his Zulu hospital in Durban,” “the Anglican missionaries Sutton, Irving and Drewe opened the Transkei and the Lutheran missionaries (nurses and doctors) from Scandinavia established themselves in Zululand.”¹³⁴ The “medical evangelism” approach had certain aspects of the PHC which were being practiced in all these mission areas, which we observe had started much before the recognized PHC started in Pholela. Within the broader context of a largely medicalised approach to health, as observed by the 1946 re-definition of health by the WHO,¹³⁵ the spiritual aspect of health were being promoted through the medical missions such as the above.

Though there was a shift in the early phases from a grassroots level engagement to a more hospital based approach later, many of these mission hospitals still retained the “PHC-type”

¹³⁰ Gelfand, *Christian doctor and nurse*, 67.

¹³¹ Digby, *Diversity and Division in medicine*, 107.

¹³² Rhodes University, Cory Library, Pamphlet Box 17, *Is it nothing to you?*, Methodist Church of South Africa Medical Missions, Missionary Department, 1.

¹³³ Gelfand, *Christian doctor and nurse*, 70.

¹³⁴ Gelfand, *Christian doctor and nurse*, 67.

¹³⁵ WHO definition of health, <http://www.who.int/about/definition/en/print.html> accessed on February 25, 2014.

approach by having the clinics and the dispensaries as part of their outreach programmes or rather as part of their 'medical evangelism'. This was particularly seen among the hospitals which were run by the Methodist Church, such as in Mount Coke Methodist hospital, which was started in 1933 as a result of the Methodist Mount Coke Mission founded by William Shaw in 1824. Shaw's outlook on ministry was, "when any of them were sick or wounded, we should always strive to do them good, and save their lives."¹³⁶ Medical work started at this mission in 1928 when "the Rev. D. Carr, the Superintendent, dispensed simple medicines for those appearing at the mission."¹³⁷ Gelfand observes that Dr. Herbert M. Bennett who was its first medical superintendent, "did not confine his work to the precincts of the hospital for he established clinics in the outside districts visiting them regularly; and they were staffed by five resident district nurses appointed for this duty."¹³⁸

One of the characteristic features of these medical missions was the aspect of spiritual healing, which was carried along with their drive for evangelism. It was one of the key influencing factors in the discussions of WHO with the Christian Medical Commission (CMC), which was an advisory to the World Council of Churches. The CMC reports of Tübingen I around the discussions of "the healing church" confirmed the role of the whole congregation in the process of healing as against those with specialized medical training, particularly through the concept of wholeness and health as proposed by Robert Lambourne, which is rightly captured by Litsios:

It is only when the Christian community serves the sick person in its midst (that) it becomes itself healed and whole.¹³⁹

This was evident in a crucial period of transition in South Africa when about 133 mission hospitals in South Africa were taken over by the Central Government and the Black Homeland Governments in 1973, in which the Methodist Church was one of the few churches which strongly opposed a complete take over, being concerned about preserving the "Christian purpose."¹⁴⁰ Bethesda hospital (one of the four Methodist hospitals in South Africa, started in Ubombo in 1940 out of a generous contribution by Lord Maclay), had a key purpose, which Lord Maclay expressed to Turner before sending him as a missionary:

¹³⁶ Gelfand, *Christian doctor and nurse*, 68.

¹³⁷ Gelfand, *Christian doctor and nurse*, 171.

¹³⁸ Gelfand, *Christian doctor and nurse*, 172.

¹³⁹ S. Litsios, "The Christian Medical Commission and the development of the World Health Organization's primary health care approach," *American Journal of Public Health* 94(11), (November 2004), 1884.

¹⁴⁰ Gelfand, *Christian doctor and nurse*, 315.

I trust the Medical Mission will be a blessing to many and that whoever is appointed in charge will be a man with a true missionary spirit realising that it is not medical only, but as far as possible in such work – also spiritual.¹⁴¹

Elizabeth Hull observes that one of the prime reasons behind why the Bethesda hospital was the last mission hospital in South Africa to be taken over by the government was that “the Methodist Church and its missionary branch were more resistant to takeover than many other denominations.”¹⁴² Hull further observes that the timing when Daryl Hackland took over from Turner as the Medical Superintendent of Bethesda hospital in 1970, it was also the time when the discussions on PHC were gaining international focus.¹⁴³ Hackland recalls his medical training in rural medicine to be related to PHC and how his role in promoting PHC by “setting up clinics within the communities” from the 1970s, both as part of his 12 years in Bethesda hospital and thereafter as part of the KwaZulu government, became well known.¹⁴⁴ Malaria and Tuberculosis along with paediatric problems were some of the key issues being dealt with during that time.¹⁴⁵ His experience of various infections from rural communities helped him to engage with the HIV epidemic in South Africa at a very early stage. Hackland’s role among churches, particularly with the MCSA during that period will be dealt with in detail in the following chapters. Along with these, also noteworthy were the Community Health Workers’ (CHWs) initiatives which picked up during the period 1970 – 1994 with a lot of innovative ideas to improve healthcare in South Africa, which were later not included by the democratic government, as they embraced PHC.¹⁴⁶ It is beyond the scope of this study to investigate the correlation of the work of CHWs with the medical missions.

The medical missionary experience definitely had a strong influence in developing this new dimension of health care which engaged the wider role of the community. Hull observes that such a “widespread shift towards a primary health care approach” enabled a “rejuvenation of missionary ideology” at Methodist hospitals in Bethesda and Manguzi.¹⁴⁷

¹⁴¹ Gelfand, *Christian doctor and nurse*, 215.

¹⁴² E. Hull, “The renewal of community health under the KwaZulu Homeland Government,” *South African Historical Journal* 64(1), (March 2012), 30.

¹⁴³ Hull, *The renewal of community health*, 31.

¹⁴⁴ D. Hackland interviewed by Thomas Ninan at Pietermaritzburg on September 22, 2012. Also refer D. Hackland, “Whither Primary Health Care in SA today?” *SA Family Practice*, 1990: 457 – 461.

¹⁴⁵ Hackland interviewed by Ninan on September 22, 2012.

¹⁴⁶ N. Van Ginneken, S. Lewis & V. Berridge, “The emergence of Community Health Worker programmes in the late apartheid era in South Africa: An historical analysis,” *Social Science & Medicine*, 71 (2010), 1110 – 1118.

¹⁴⁷ Hull, *The renewal of community health*, 31.

While the hospital records of Manguzi do term the Manguzi Community Programme as a “new concept of Community Health” finding “practical expression¹⁴⁸,” this needs to be seen under the context where the Methodist Church and the hospital administration were under stress while resisting the take-over of the hospitals by the KwaZulu government. The PHC movement had by this time, started to gain a common vision, besides the political dynamics of transition on one side. However, the work of medical missionaries particularly in the aspect of practicing certain aspects of PHC requires its due acknowledgement in history, as contributory factors towards the building up of a better healthcare infrastructure in South Africa in the following years.

2.3 Tracing the socio-political links

The socio-political history of South Africa, particularly from the apartheid times, also brings into focus the rise of activist movements that intentionally engaged in addressing developmental issues. Part of these issues included health, which grew as a matter of prime concern with the rise of a rule of segregation. As Marks and Trapido note, “through the 1960s large number of Africans were removed to the Bantustans,” and this grew from 39 per cent to 53 per cent by 1980.¹⁴⁹ A drastic decline in black wages and a growing number living below the poverty line in spite of the high economic growth from the period 1963 to 1971,¹⁵⁰ gave room to much political unrest¹⁵¹ among the blacks. This not only caused the re-emerging of the Steve Biko led Black Consciousness Movement (BCM) in the 1960s, among students, firstly at Fort Hare and then at Durban Medical School forming the South African Students Organisation (SASO), but also gave rise to a greater pro-active involvement of the “predominantly white and English-speaking National Union of South African Students (NUSAS)” in addressing the wage issue.¹⁵¹ Politics had by now become an increasingly common factor that brought many together, irrespective of their race or religious affiliation. Sidney Kark who during his medical student days at Wits was an active member of NUSAS, went on to become a “Leader of the NUSAS Labour Party and Vice-President of NUSAS.”¹⁵² Mamphela Ramphela notes the intentional link between the BCM and community

¹⁴⁸ Hull, *The renewal of community health*, 31.

¹⁴⁹ S. Marks & S. Trapido, “South Africa since 1976: An historical perspective,” in Shaun Johnson (ed.) *South Africa: No turning back*, (Hampshire: The Macmillan Press Ltd, 1988), 13.

¹⁵⁰ Marks, *South Africa since 1976*, 13.

¹⁵¹ Marks, *South Africa since 1976*, 18.

¹⁵² Kark, *Promoting Community health*, 6.

development “as a deliberate strategy for empowerment.”¹⁵³ The role of “South African Council of Churches (SACC), the Southern African Catholic Bishops’ Conference (SACBC) and other church groups... in intervening in the lives of poor” is specially acknowledged by Ramphele.¹⁵⁴ And such a development included concerns related to “child welfare, education scholarships, food parcels and care of the aged,” with organisations like YWCA, Child Welfare Society, the South African Institute of Race Relations and Association for the Educational and Cultural Advancement of the African People (ASSECA) playing prominent roles. In 1971, Black Community Programmes (BCP) was initiated by the Special Project for Christian Action in Society (SPROCAS), which was a joint effort of the Christian Institute and the SACC.¹⁵⁵

Establishing models of health care was one of the key initiatives by the BCP, as a result of which the Zanempilo Community Health Centre was established in 1975 at Zinyoka, outside King Williams Town. With Ramphele as Medical Officer in charge and a staff that included “two nursing sisters, two assistant nurses, two cleaners, a cook, a bookkeeper, a gardener and a driver,” the Health Centre offered “consultations and treatment for various ailments, referrals to local hospitals... ante-natal care and delivery of uncomplicated cases, clinic services for children under 5, health promotion services including education, nutritional counselling, home visits etc.; out-station service to reach outlying areas in the district that had inadequate services.”¹⁵⁶ Ramphele notes the difficulty of getting free vaccines from the local authorities as the Ciskei government saw the Health centre as a competitor with their own health services offered at a “rival shanty clinic in the same village of Zinyoka,”¹⁵⁷ which ended up being used only by a few. Efforts to start a similar health centre in “Natal’s South coast near old Adam’s Mission” were quashed at the last moments with the banning of the Black Consciousness organisations in 1977, which put an end to the project.¹⁵⁸

¹⁵³ M. Ramphele, “Empowerment and symbols of hope: Black Consciousness and community development,” in N.B.Pityana, M.Ramphele, M.Mpumlwana & L.Wilson (eds.) *Bounds of possibility: The legacy of Steve Biko and Black Consciousness*, (Cape Town: David Philip Publishers, 1991), 154.

¹⁵⁴ Ramphele, *Empowerment and symbols of hope*, 154.

¹⁵⁵ Ramphele, *Empowerment and symbols of hope*, 156.

¹⁵⁶ Ramphele, *Empowerment and symbols of hope*, 165.

¹⁵⁷ Ramphele, *Empowerment and symbols of hope*, 165.

¹⁵⁸ Ramphele, *Empowerment and symbols of hope*, 166.

2.4 Tracing the beginnings of church responses in South Africa – Ecumenism and Primary Health Care as definite links

Considering that HIV was largely a medical issue in the 1980s, the participation of health professionals in the first epistemic community of church response to HIV in South Africa needs attention here. This was not only the case in South Africa but in other countries as well. For example, in the Roman Catholic Church of Mali, the HIV initiative started by Archbishop Martin Happe just a few months before the world's first AIDS day in 1989, included a "project that was expected to affect 22 health centres, 45 social and women's promotion centres as well as diocesan training centres" over a period of 3 years, as shared in the report by Josephine, Agapit and Agbi.¹⁵⁹ Rosenberg notes that by the end of the 1980s a new consensus had emerged on the necessity of combining bio-medical and social points of view in the study of AIDS.¹⁶⁰ Denis observes that the international conferences on AIDS which were held regularly since 1985 "demonstrated the growing importance of human sciences in the study of AIDS."¹⁶¹

In 1986 the Executive Committee of the World Council of Churches brought out its first statement on HIV on the basis of a report from a consultation held in June 1986 on "AIDS and the Church as a healing community," calling for a greater role for churches as healing communities:

The AIDS crisis challenges us profoundly to be the Church in deed and in truth: to be the Church as a healing community...the consultation called on churches to undertake...1. pastoral care where the people of God can be the family that embraces and sustains those who are sick with AIDS or AIDS-related conditions, caring...without barriers...2. Education for prevention...where we invite the churches to participate actively with the health professionals, local governments...and local community agencies in programmes of prevention education...3. Social ministry where, given the widely varying valuations of some of the issues related to the disease, member churches...will have to be rigorously contextual in their response. We affirm...certain commonly held values, especially:

¹⁵⁹ S. K. Josephine, A.Y. Agapit & Tatagan-Agbi, "Churches and the HIV/AIDS pandemic: Analysis of the situation in ten West African churches," Report, World Council of Churches & World Alliance of YMCA, March 2001, 64.

¹⁶⁰ C. E. Rosenberg, *Explaining epidemics and other studies in the history of medicine*, (Cambridge: Cambridge University Press, 1992).

¹⁶¹ P. Denis, "Towards a social history of HIV/AIDS in Sub-Saharan Africa," in P. Denis and C. Becker (eds) *The HIV/AIDS epidemic in Sub-Saharan Africa in a historical perspective* (Online edition: October 2006), 15.

the free exchange of medical and educational information about the disease..., the free flow of information about the disease to patients, their families..., the right to medical and pastoral care regardless of socio-economic status, race, sex, sexual orientation or sexual relationships, the privacy of medical records of persons with AIDS or AIDS-related complex or positive antibodies.¹⁶²

In spite of such statements from the WCC, in 1990 HIV and AIDS hardly caught the attention of the churches in South Africa, at a time when the attention of the country was focused on the political crisis. E.L. Browning rightly captured the call for a new journey for the churches: "AIDS gives us a new and compelling opportunity to be the authentic church our Saviour Jesus Christ calls us to be,"¹⁶³ which was acknowledged by some of the earliest theological writers on HIV in South Africa like Daniel Louw.¹⁶⁴

The May 1989 newsletter of Diakonia, *The Diakonia Community*, shows how Diakonia, an ecumenical body based in Durban and active in Natal, was shifting its focus towards engaging the churches in health programmes. Diakonia was instrumental in bringing together the Protestant and the Catholic churches in the Natal province and KwaZulu homeland as an ecumenical organisation. An interview with Professor Walter Loening, best known for his efforts in promoting PHC in Durban, who was also a member of the Diakonia executive, brought out the need for the churches to engage in health programmes through trained health workers, complementary to the promotion of PHC and wholesome health. Emphasising this need, Loening says,

We hope to set up a school for Primary Health Care. We could then train health workers selected by the churches...at the moment we are producing mainly doctors who focus on diseases rather than people....We could train people from the community to prevent that disease. The World Health Organisation has worked out the basic strategies for a childhood survival revolution such as immunisation and oral rehydration. These are readily available, but we need to put the skills into the hands

¹⁶² World Council of Churches, "AIDS and the churches," Statement by Executive Committee of WCC, September 1986.

¹⁶³ E.L. Browning, "The spiritual challenge," *One World*, 13 (1987), 9.

¹⁶⁴ D. J. Louw, "Ministering and counseling the person with AIDS," *Journal of Theology for Southern Africa* 71 (1990), 42.

of the community. Imagine how exciting it would be if the Church put up a group of trained health workers!¹⁶⁵

Notably, Loening's observations about the paediatric problems that requiring attention in South Africa correlate with Hackland's views shared earlier. Though Diakonia went ahead with two new programmes which engaged the churches in PHC, by 1994 after a review of its activities, these programmes had to be abandoned with the recommendation to engage the churches to address the issue of HIV and AIDS.¹⁶⁶ Meanwhile Diakonia's Health Programme was to initiate the CARE network (Churches' AIDS Regional Education Network) in December 1992 after a consultation in September which included other ecumenical AIDS initiatives like Churches' AIDS Programme (CAP) led by Demitris Palos which was more active in the Johannesburg area.¹⁶⁷

It is with such a history in the background that we approach the "rejuvenation of missionary ideology" in South Africa, as mentioned earlier by Hull, which came through the growing discussions around PHC among the international health fraternity. The hope of the possibility of a better health for all in South Africa was once again revived through this development, which came a long time after the fall of PHC in the 1950s. An analysis of the MCSA Conference minutes from the period 1979 to 1999 shows that the years following 1982 suggested a key shift within the MCSA when the Connexion considered healing ministry as a key ministry of the Church, which till then was being carried out mainly by its mission hospitals.¹⁶⁸ 1982 was the year when the last of the four Methodist hospitals was taken over by the KwaZulu government.¹⁶⁹ Hackland, the last Medical Superintendent of the Bethesda hospital, who was also an ordained minister of the MCSA,¹⁷⁰ became an important member of the MCSA Connexional discussions around health and healing ministry, which came under the Division of Total Health Care.¹⁷¹ As part of its healing ministry initiatives, there were individual efforts by ministers in the MCSA, like Hackland, who were already engaged in the form of pastoral care to the terminally ill, such as Paul Verryn in a hospice at

¹⁶⁵ "Why should the churches have a health programme? An interview with Professor Walter Loening," *The Diakonia Community*, May 1989, 4.

¹⁶⁶ P. Kearney, "Diakonia's health programme evaluated," *The Diakonia Community*, November 1994, 2.

¹⁶⁷ "Churches unite to form CARE," *The Diakonia Community*, December 1992, 3.

¹⁶⁸ Minutes of the Annual Conferences of the MCSA from 1980 – 1990, MPHBP, Methodist Church of Southern Africa.

¹⁶⁹ As referred earlier, Bethesda hospital was the last of the 133 mission hospitals that was taken over by the governments in South Africa in 1982.

¹⁷⁰ Hackland interviewed by Ninan on September 22, 2012.

¹⁷¹ Methodist Church of Southern Africa, Minutes of the 107th Annual Conference of the MCSA, (Capetown: MPHBP, October 1989), 113-114.

Port Elizabeth (1979 – 1983),¹⁷² Owen Calverley and Andre le Roux as chaplains in the Tygerberg and Groot Schuur hospitals in Cape Town in the early 1990s.¹⁷³ Calverley as part of hospital chaplaincy and Hackland were part of the Connexional Total Health Care Committee of the MCSA, besides Viljoen for AIDS [and] HIV ministry.¹⁷⁴ Though HIV and AIDS was hardly a concern for the churches in South Africa during the early 1980s, it is observed that the churches were engaged with health and illness such as seen with the MCSA. Verryn, Hackland and Calverley were ministers who engaged in healthcare more as chaplains.¹⁷⁵ Such pastoral responses within the MCSA, namely those by Sol Jacob in Pietermaritzburg in 1988,¹⁷⁶ by Owen Calverley, Andre le Roux and Margaret Anderson at Tygerberg and Groote Schuur hospitals in 1991¹⁷⁷ and thereafter by Neil Oosthuizen at Hillcrest Methodist Church in 1992, were some of the earliest HIV initiatives by the MCSA.¹⁷⁸

Besides the MCSA, there were other churches which responded early to the HIV epidemic in South Africa such as the Roman Catholic Church in the person of Archbishop Denis Hurley, who was inspired by the Jesuit Ted Rogers from Zimbabwe at a meeting of the SACBC in Marian to start an AIDS project in the Archdiocese.¹⁷⁹ It is noteworthy that both Rogers and Hurley in their initiatives adopted a primary health care approach and engaged ecumenically as well in responding to the epidemic. As part of his first team, Rogers had engaged with doctors, nurses, clergy and social workers, who belonged to different churches in formulating the initial plans for AIDS work in Zimbabwe.¹⁸⁰ Similarly for Hurley, among his first staff for the AIDS Project was Liz Towell, who was already involved in AIDS work in a hospital.¹⁸¹

¹⁷² P. Verryn, interviewed by Thomas Ninan at Johannesburg on August 16, 2012.

¹⁷³ T. Parker, "Health and urban issues dominate historic synod," *Dimension*, XXI (7), July / August, 1991.

Calverley specifically mentions engaging with a significant number of fully blown AIDS cases at these hospitals.

¹⁷⁴ Minutes of the 109th Annual Conference of the MCSA at Port Elizabeth, (MPHBP: Cape Town, 02 October, 1991): 155.

¹⁷⁵ Daryl Hackland was also an ordained minister of the MCSA, much before he became a medically trained doctor. In the interview with him, Thomas Ninan observes that ministry was his first calling.

¹⁷⁶ S. Jacob, interviewed by Thomas Ninan at Pietermaritzburg on August 14, 2012. Also refer Sol Jacob, United Churches Trust (5992/1988) NPO. 036-851: RSA HIV/AIDS Project – Detail programme description, Unpublished Report, United Churches Trust, Umgungundlovu.

¹⁷⁷ T. Parker, "Cape of Good Hope", 8.

¹⁷⁸ Minutes of Nineteenth meeting of Hillcrest Methodist Church Council held at the Church Centre on 29th January 1992, Hillcrest Methodist Church, Hillcrest. Also refer G. Byamugisha et al, *Journeys of Faith: church based responses to HIV and AIDS in three Southern African countries*, (Pietermaritzburg: Cluster Publications, 2002): 73-88.

¹⁷⁹ T. Rogers, *Ted Rogers, Jesuit, Social pioneer and AIDS activist in Zimbabwe: A memoir*, (Dorpspruit: Cluster publications, 2012), 223.

¹⁸⁰ Rogers, *Ted Rogers: A memoir*, 219.

¹⁸¹ Rogers, *Ted Rogers: A memoir*, 223.

2.4 Conclusion

It is noteworthy that an ecumenical body of churches like Diakonia started engaging with health issues, particularly HIV and AIDS. PHC initiatives, that was on a rise at a global level after 1970 also influenced the early church responses to the HIV epidemic in South Africa, as in the case of rural initiatives around Bethesda Hospital through Hackland and also through Diakonia much later. From the data gathered, while trying to trace the epistemic community that initiated church responses to the HIV epidemic, it is evident that the ecumenical movement which was closely related to the PHC movement laid the foundation in South Africa which were contributory factors towards early church responses to the epidemic. This chapter brought out the historical background of the church engagement with health issues particularly though the role of medical missionaries. It was important to discuss some of the challenges posed by the apartheid regime so as to understand the context within which the churches responded to the HIV epidemic. Can these be sufficient to understand why the churches responded early to the epidemic in South Africa? Though the ecumenical and the PHC movements were a global phenomenon, what stands out with respect to South Africa was the long term impact of ecumenical bodies like the World Council of Churches and various other organizations with the churches in South Africa to address the various problems related to apartheid. In many ways, these factors laid the foundation for some of the church responses to the HIV epidemic in South Africa. Though the two movements are not conclusive, at best, it gives some indication towards the early responses by the churches to the epidemic in South Africa and lays out a firm trajectory for further research. With the MCSA being an active part of both the ecumenical movements as well as the medical missions in the history of South Africa, this chapter gives the background towards understanding the Methodist Church engagement with the HIV epidemic from 1990 to 2001, to be discussed in the following chapter.

CHAPTER THREE: THE MCSA'S POSITION ON HIV AND AIDS DURING THE PERIOD 1990 TO 2001

A brief look at the history of Methodism, its first engagement with the HIV epidemic, specifically in the USA and thereafter within South Africa, is the focus of this chapter. While discussing the Methodist engagement with HIV and AIDS in South Africa, the chapter tries to find a correlation between the Methodist initiatives in the Natal Coastal District of the MCSA, particularly within the Clerpine circuit with the MCSA engagement at the leadership level, i.e. within the Methodist Connexion. The Connexional activities relating to HIV and AIDS are represented by the Christian Citizenship Department (CCD), which was active till 1995 and thereafter replaced by the Mission Department of the MCSA. As there were limited official documents that were found to reflect the position of the MCSA for the most part of this period, in writing this chapter I have relied on the interviews with seven people who within the MCSA at different levels engaged with the HIV epidemic from 1990 to 2001. In addition, some primary sources in the form of Circuit Quarterly Minutes of the Clerpine circuit from 1990 to 1996,¹⁸² some personal collections of interviewees and some other related secondary sources were referred to.

3.1 Brief overview of the history of Methodism in Southern Africa

The roots of Methodism in South Africa can be traced back to 1795 with the arrival of five Methodists who were among the British soldiers who settled at the Cape. By 1816, the arrival of Rev. Barnabas Shaw from the Wesleyan Missionary Society further expanded the Methodist missions to Namaqualand and thereafter in 1820 by the arrival of 344 Wesleyans sent by the General Wesleyan Methodist Missionary Society to the Albany District in the Eastern Cape with Rev. William Shaw as their chaplain.¹⁸³ It is significant to note that most of the Methodists who came to South Africa were not from a single body of Methodists such as the British Conference but also from different Methodist agencies in Great Britain such as the Wesleyan Methodist and the Primitive Methodist Church. Hence, there came a need for a process of unification among the Methodists in different parts of South Africa by the year 1931. Three branches of Methodism in South Africa were united. The legislation was brought about “from the Union Parliament in the passing of the Methodist Church of South

¹⁸² The Circuit Quarterly Minutes from 1997 to 2001 were not traceable at the Pinetown Methodist Church.

¹⁸³ S.R. Kumalo, *Methodists with a white history and a black future: The people called Methodists in KwaZulu-Natal*, (Gauteng: Africa Upper Room Ministries, 2009), 39.

Africa (Private) Act, 1932". Later it came to be known as the Methodist Church of Southern Africa (MCSA) which incorporated churches in South Africa, Namibia, Botswana, Lesotho, Mozambique and Swaziland.¹⁸⁴ Thus "the Wesleyan Methodist Church of South Africa, the Transvaal and Swaziland District of the Wesleyan Methodist Church of Great Britain and the Primitive Methodist Missions in the Union of South Africa"¹⁸⁵ were unified.

Since its inception, the Methodist church in South Africa has been multiracial,¹⁸⁶ becoming the church having the largest number of black African members among the mainline denominations and the largest English speaking Church in South Africa.¹⁸⁷ However, the MCSA has had its own struggles in overcoming the challenges of racial segregation during the times of the apartheid regime from 1948 to 1994. During this period, four key milestone events are noteworthy in the history of MCSA's resistance against apartheid, namely:

i. The movement of 1958

This was a time when the Group Areas Act of 1950 and the Separate Amenities Act of 1953 had come into force, making it illegal to geographically live in the same area and worship together as different races. Amidst pressure from conservative white members within the Nationalist government, the MCSA Conference of 1958 took a radical stance to "be one and undivided, trusting to the leading of God to bring this ideal to ultimate fruition."¹⁸⁸

ii. The Black Methodist Consultation of 1975

Though the MCSA became the first mainline Church to be led by a black person with the election of Seth Mokitimi as the President of the Conference in 1964, Theilen notes that among the 12 districts, only two were led by Black Methodists as Chairmen, the rest were led by Whites.¹⁸⁹ As a response to the slow racial transformation of the MCSA leadership, Ernest Baartman formed the Black Methodist Consultation (BMC) to "progressively reduce"

¹⁸⁴ A manual of the laws and discipline of the Methodist Church of Southern Africa, Third edition, 1946, Appendix II, 277; Also see http://en.wikipedia.org/wiki/Methodist_Church_of_Southern_Africa accessed on 18 June, 2013.

¹⁸⁵ L. A. Hewson, *An introduction to South African Methodists*, (Cape Town: The Standard Press, 1950), 86; Also see S.R. Kumalo, *Methodists with a white history and a black future*.

¹⁸⁶ J.W. Hofmeyer & G.J. Pillay (eds.), *Perspectives on Church history: An introduction for South African readers*, (Pretoria: Haum publishers, 1991), 253.

¹⁸⁷ J.W. De Gruchy & S. De Gruchy, *The Church Struggle in South Africa*, (London: SCM Press, 2004), 14.

¹⁸⁸ Minutes of the 75th Annual Conference of the Methodist Church of Southern Africa, Cape Town, Methodist Publishing House, 1958, 202.

¹⁸⁹ U. Theilen, *Gender, race, power and religion: Women in the Methodist Church of Southern Africa in Post-apartheid society*, Unpublished Doctoral Thesis, Philipps-Universitat, Marburg, 28.

white domination and to transform “the entrenched hierarchy.”¹⁹⁰ Emphasising “a necessary self-examination,” the BMC aimed to “undo any psychological oppression born out of existing structures.”¹⁹¹ This was a movement within the MCSA, which by the 1970s showed the struggle of the Church to grapple with the impact of racism.

iii. The Obedience movement of 1981

There was widespread violence in South Africa, especially after the Soweto killings in June 1976, when there were large scale detentions, banning of major black consciousness organizations and newspapers. The MCSA met for a Conference in 1981, at Johannesburg, as a mark of defiance against the apartheid government. The Conference which brought together 800 people, the largest assembly in the 165 years of their history, met for seven days and brought out the statement entitled Obedience '81. The statement called upon “every Methodist to reject apartheid” and to all South Africans, that “there is a better way where people who have discovered their love for each other translate it into justice for all.”¹⁹²

iv. The Journey to the New Land programme of 1993

The MCSA played a key role in the peaceful transition from apartheid to democracy in 1994, amidst the large scale of violence that was predominant through the late 1980s and early 1990s. One way it did so was through the JNL programme, which was launched soon after the Rustenberg Conference of 1991. The Conference marked the political unification of churches at a national level in South Africa, as it brought together 230 participants from 97 denominations and 40 church associations and ecumenical agencies such as Diakonia.¹⁹³ It was called by the SACC, with the due initiative of President F.W. De Klerk in Rustenberg.¹⁹⁴ The MCSA was represented by Stanley Mogoba, Peter Storey, Mvume Dandala and John Rees, all of whom played key roles at the conference. After the conference, the MCSA National Executive at the initiative of these four leaders adopted the conference

¹⁹⁰ Theilen, Gender, race, power, 28.

¹⁹¹ Theilen, Gender, race, power, 28.

¹⁹² The Methodist Church of Southern Africa, “Obedience 81,” <http://www.methodist.org.za/heritage/obedience-81> accessed on 18 June, 2013.

¹⁹³ Diakonia was one of the leading ecumenical associations in South Africa, which played an active role in Natal and KwaZulu region since the apartheid times, bringing together churches such as the Roman Catholic Archdiocese in Durban, the MCSA, the Anglican Church and many other smaller churches in the region. Church leaders and members from these churches came together to engage in raising justice issues, mobilize campaigns and even issues related to health, such as HIV in the mid-1990s.

¹⁹⁴ S.R. Kumalo, *Methodists with a white history*,

declarations.¹⁹⁵ They “instructed its Christian Education Department to prepare study guides for assisting Methodist congregations on a new pathway,” through the JNL programme.¹⁹⁶ It was for the first time the MCSA began to look beyond “a theology of protest and of resisting apartheid oppression to sharing in South Africa’s reconstruction.”¹⁹⁷ More about the JNL programme will be discussed later in the chapter.

3.2 Methodism and its engagement with the HIV epidemic

The MCSA’s engagement with the HIV epidemic is interconnected with its theological approach to mission, which in many ways has been reflected through its emphasis of social holiness. Dion Forster notes this aspect of social holiness being expressed in the early years in projects like “establishment of schools, translation of the first complete Bible into an African language, offering medical care to all, establishment of hospitals, homes for orphans and senior citizens, and the development of Christian literature.”¹⁹⁸ Forster goes on to note that it is this aspect of social holiness which is visible in the MCSA’s engagement and struggle during the apartheid times. The missionary outlook of Methodism brings out some unique features, which lays a good background in understanding the Methodist engagement with the HIV epidemic in South Africa. Arthur Attwell observes four characteristics that gave shape to the Methodist ethos, namely:

- i. Wesley’s dominance of Methodism “throughout its formative period...”
- ii. The preaching and practice of the doctrine of holiness where the believer trusting “in Christ alone,” would find “victory over all wilful sin” and thereby attain salvation.
- iii. Methodism as a specialist religious society: A “gathered community.” This required a member to relate very personally with God, much more than just

¹⁹⁵ S.R. Kumalo, *Methodists with a white history*,

¹⁹⁶ S.R. Kumalo, *Methodists with a white history*,

¹⁹⁷ The Methodist Church of Southern Africa, “Journey to the new land,”

www.methodist.org.za/heritage/journey-to-the-new-land accessed on 18 June, 2013.

¹⁹⁸ D. Forster, “Prophetic witness and social action as holiness in the Methodist Church of Southern Africa’s mission,” *Studia Historiae Ecclesiasticae*, XXXIV (1), (July 2008), 411-434.

the “externals of water baptism, creedal confession and communion.” This was taught through “the doctrine of Christian Perfection.”

- iv. Closely-knit fellowship groups; the Class meetings. The experience of the life of the church depended much on this fellowship, which brought in mutual accountability.¹⁹⁹

From these, Kumalo notes three factors that were vital to the growth of Methodism, namely: “Fellowship or community, mutual accountability and Christian nurturing.”²⁰⁰ The mission statement of the MCSA in addition to such ethos reflects a deep contextualisation of the challenges that Southern Africa brings forth.

God calls the Methodist people to proclaim the Gospel of Jesus Christ for healing and transformation.²⁰¹

The Methodist response to the HIV epidemic stems from such an ethos, for which a brief discussion at this point about the United Methodist Church (UMC) initiatives in the United States of America, which was one of the first churches to have responded to the epidemic in the early 1980s, would be relevant.

3.2.1 Methodist Church’s response to HIV in the US: One of the earliest by any

Church to the epidemic

The first report of the virus in the United States came out in June, 1981 in the *Morbidity and Mortality Weekly Review (MMWR)*. It identified five cases of *Pneumocystis carinii Pneumonia* (PCP) among gay men from Los Angeles.²⁰² In March 1983, Charles Bergner, a member of the Washington Square UMC at 33 years of age was reported to be HIV positive, the first case in the UMC to which his church responded compassionately.²⁰³ It was not long before the UMC realised, that it had to address the HIV epidemic within the Church first, but such a realisation came in bits and pieces. By 1983, there were two United Methodist annual conferences that passed resolutions on AIDS, namely the Rocky Mountain and

¹⁹⁹ A. Attwell, *The rise of Methodism*, (Capetown: Salty Print, 1995): 8. Also see Kumalo, *Methodists with a white history*, 29-30.

²⁰⁰ Kumalo, *Methodists with a white history*, 30.

²⁰¹ 2012 Yearbook : The Methodist Church of Southern Africa, (Cape Town: Methodist Publishing House, 2012), 2.

²⁰² First Report of AIDS <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5021a1.htm> accessed on September 19, 2012.

²⁰³ HIV/AIDS Timeline <http://gbgm-umc.org/health/aids/timeline.stm> accessed on September 19, 2012.

California-Nevada. The Rocky Mountain conference voted to, “commit ourselves to greater understanding of AIDS, demonstrating through prayer and action: a ministry of caring concern to the victims of the new deadly disease.”²⁰⁴ By 1985, the conferences of North Georgia and New York followed with their resolutions on AIDS. It was the Health and Welfare Ministries Program Department of the General Board of Global Ministries of the UMC, which adopted in October 1984, a position paper on “AIDS and the Compassionate ministry of the Church, dealing with such areas as research and health education, local church ministries and concern for human and civil rights.”²⁰⁵ Notably it took another two years for the General Board of Discipleship to adopt a statement on “Ministry in the midst of AIDS epidemic,” which came along with a confession:

We applaud those local United Methodist churches who have already undertaken such ministries on our behalf. We also confess, that we as a total church have not always responded lovingly in the midst of this epidemic in part, because of deeply held fears and prejudices. We ask God’s forgiveness in this regard.²⁰⁶

In 1987, Bishop Finis A. Crutchfield became the first Methodist bishop to die of AIDS at the age of 70. It was following this, that the Council of Bishops of the UMC brought out a “Statement on Acquired Immune Deficiency Syndrome” in April 20, 1988 which was followed by the General Conference of the UMC in St. Louis from April 26-May 6, where it adopted a resolution on “AIDS and the Healing ministry of the Church,”²⁰⁷ which stressed on “AIDS and the Gospel of wholeness” and the “Church as a healing community” in the context of AIDS. It was based on these principles, that in 1989 the Health and Welfare Ministries (General Board of Global Ministries) of the UMC launched the Covenant to Care program and the HIV/AIDS Ministries Network.²⁰⁸ A congregation under this program would publicly declare that “people with HIV/AIDS and their loved ones are welcome to all facets of the church’s life, leadership and ministry.”²⁰⁹ The HIV/AIDS Ministries Network, which falls under the General Board of Global Ministries of the UMC, expanded its work beyond the USA, and held a conference on “AIDS and the role of the Church” in Kinshasa, Zaire from

²⁰⁴ Growing in compassion <http://gbgm-umc.org/health/aids/compassion.stm#conferences> accessed on September 19, 2012.

²⁰⁵ Growing in compassion <http://gbgm-umc.org/health/aids/compassion.stm#conferences> accessed on September 19, 2012.

²⁰⁶ HIV/AIDS Timeline <http://gbgm-umc.org/health/aids/timeline.html> accessed on September 19, 2012.

²⁰⁷ AIDS and the healing ministry of the Church <http://gbgm-umc.org/health/aids/aidshealingministry.stm> accessed on September 20, 2012.

²⁰⁸ HIV/AIDS Timeline <http://gbgm-umc.org/health/aids/timeline.html> accessed on September 20, 2012.

²⁰⁹ A Covenant to care <http://gbgm-umc.org/programs/hiv/covenant.stm> accessed on September 20, 2012.

February 12-14, 1990. It focused on the “care for persons and families living with AIDS” and the “church’s role on prevention and education.”²¹⁰ The next major Methodist Conference in Africa was held in Harare from June 21-25, 1993, where participants came from Zimbabwe, West Angola and Mozambique. This conference not only adopted the 1988 Council of Bishops Statement of the UMC but also along with it requested the General Board of Global Ministries to support the proposals approved at the consultation.²¹¹ It is presumed that the participation of the MCSA in these consultations could not happen just because of the limitations during the apartheid rule in South Africa, but it was more because the reality of the HIV epidemic was still to hit the churches in South Africa at large. South Africa was riddled with wide spread violence against the apartheid regime during this time.²¹² However, such developments in the UMC did not go without notice within the MCSA, as reflected in the Dimension report of March, 1989 with the title, “Apartheid out, AIDS in.”²¹³ It had the following notable content:

Concern about AIDS has overtaken apartheid as the top issue in regional gatherings of the United Methodist Church, USA according to a survey of resolutions passed at annual conference sessions last year. According to the church’s general council on ministries in Dayton, Ohio, 31 percent of the church’s regional annual conferences participating in the survey adopted resolutions on AIDS education or ministries for persons with AIDS, compared to 20 per cent with resolutions on apartheid.²¹⁴

Such statistics didn’t go unnoticed within the MCSA too, as concern about the HIV epidemic had been raised within the leadership as far back as 1984 by Daryl Hackland, a Methodist who was both a medical practitioner and a clergyman in the MCSA. More about his work follows.

3.2.2 The Beginnings in KwaZulu and Natal region: the work of Daryl Hackland

The first Strategic Paper on HIV and AIDS of the MCSA was brought out in 2002 by the MCSA Connexional Task Force on HIV/AIDS, that was formed by Ivan Abrahams, the Director of the Mission Unit of the MCSA. It was at the request of Ross Olivier, the General Secretary of the

²¹⁰ HIV/AIDS Timeline <http://gbgm-umc.org/health/aids/timeline.html> accessed on September 20, 2012.

²¹¹ Statement from the HIV/AIDS Consultation: Harare, Zimbabwe <http://gbgm-umc.org/health/aids/harare.stm> accessed on September 20, 2012.

²¹² www.sahistory.org.za/topic/june-16-soweto-youth-uprising-timeline-1976-1986, accessed on June 19, 2013.

²¹³ *Dimension*, “Apartheid out, AIDS in,” XIX (2), March 1989.

²¹⁴ *Dimension*, “Apartheid out, AIDS in,” XIX (2), March 1989.

MCSA in May 2001 that the Doctrine, Worship and Ethics Commission prepared a theological Statement on HIV/AIDS for the Methodist Conference in Port Elizabeth.²¹⁵ In fact, the Connexional Doctrine Commission consisting of 25 members had already started its discussions on HIV and AIDS from 2000 onwards. The key contributors were Sol Jacob and its convener Neville Richardson.²¹⁶ Sol Jacob, who was the chairperson of the MCSA Connexional Task Force on HIV/AIDS, was given the task of writing the “Methodist Response to HIV/AIDS in Southern Africa: Strategy and Implementation Plan.” The Strategic plan of the MCSA on HIV/AIDS (sic) was disseminated and discussed at the Connexional Consultation on HIV/AIDS which was conducted at the Kempton Park Conference Center in Gauteng from May 17 to 19, 2002. Sol Jacob, who ceased to be part of this initiative after the MCSA Connexional Task Force on HIV/AIDS was “de-commissioned” by Ivan Abrahams on 10 September 2002, and he shares:

1213 booklets together with survey forms and posters were sent to all Methodist ministers, deacons, and deaconesses, Men’s and Women’s Groups and Youth Groups in the Connexion, 87 forms were completed and returned for assessment and response. The information received is still to be recorded, analyzed and addressed.²¹⁷

Though this may reflect an inactive situation of the Church at the grassroots level, it obviously showed a total disconnect between how the Methodists engaged with the HIV epidemic at grassroots and how the leadership engaged with the same. While the leadership amidst differences²¹⁸ put together a document and a plan for engaging the whole of MCSA with the HIV epidemic, it was for the first time in 2002 that it endeavoured to do so. It was a marked shift from a phase of isolated efforts and opinions within the Methodist Connexion, to what seemed as a concerted effort in engaging with the HIV epidemic. Hence, the MCSA engagement with HIV and AIDS before 2002 has an interesting phase of personal initiatives by a few individuals within the Church, which forms a crucial part of its history. These were in a way, a preparatory phase for the churches they related to and to the larger

²¹⁵ S. Jacob, “The Methodist Response to HIV/AIDS in Southern Africa: Final Report,” September 2002: 1, Sol Jacob, Private collection.

²¹⁶ The MCSA Yearbook, 2000/2001: 212

²¹⁷ S. Jacob, The Methodist Response to HIV/AIDS in Southern Africa: Final Report: 5, 6 & 13, Sol Jacob, Private collection.

²¹⁸ S. Jacob in the interview with Ninan was highly critical of Abrams leadership within the Mission Department relating to the Strategy plan on HIV and AIDS.

Church community, to engage with the epidemic at a later stage. These early initiatives²¹⁹ by either ministers or lay people encountered much opposition from their own societies and communities.

Besides official statements that represent the MCSA position on HIV and AIDS, which were only traceable from the mid-1990s, it was the engagement of certain individuals who being church officials thereby influenced the people and the churches they engaged with. Though such individual actions may not necessarily represent the official MCSA position on the HIV epidemic, at a time when churches were largely moralistic about the epidemic, the role of such individuals in the history of Church response to the epidemic in South Africa is crucial. Moreover, because these individuals engaged with the churches as church officials, their response and initiative were contributory to the changes within the churches they related to.

The earliest of such engagement of the MCSA with the HIV epidemic was traced in the KwaZulu and Natal region from the early 1980s, in the form of the work of individuals like Daryl Hackland, a Methodist clergyman who was also a trained medical doctor. Though there may have been other Methodist clergy in South Africa, such as George Irvine and Paul Verryn who worked as chaplains from the 1970s onwards with a focus on terminal illnesses in the Port Elizabeth area, no evidence has been traceable of their handling HIV cases.²²⁰ It is because of Hackland's experience of being both a Methodist minister and a medical doctor having served for a significant period in a Methodist hospital and thereafter in the KwaZulu government, there is a wealth of data that feeds on to this study from the personal experiences of Hackland. Hence, it becomes essential at this point to understand a brief background of Hackland. Much of the information about Hackland in this chapter has been derived from the personal interview with him; secondary sources as much as possible have been added.

²¹⁹ The initiatives of Neil Oosthuizen at Hillcrest Methodist Church from 1991 to 1998 and of Daryl B.T. Hackland has been discussed in this thesis. The former has been narrated in brief in G. Byamugisha et al, *Journeys of faith: church-based responses to HIV and AIDS in three Southern African countries*, (Pietermaritzburg: Cluster Publications, 2002): 73 – 88 while sources for the latter has not been recorded by a single source. Sources referred here include the HMC records, newspaper cuttings, pamphlets and interviews with Oosthuizen and Hackland by Ninan.

²²⁰ Besides Hackland, the earliest engagement of Methodist clergy that was traceable was in 1991 by Neil Oosthuizen in Hillcrest Methodist Church, Owen Calverely, Andre le Roux and Margaret Anderson in Cape Town as hospital chaplains. For references, see Chapter Two.

After being accepted for the ministry by the Methodist Conference Hackland completed his theological training in Pietermaritzburg and Durban at the University of Natal. He responded to the Methodist Church's call for studies in medicine around 1954. During his first year of pastoral ministry, he sensed at a very early stage that his "call was not to the congregational ministry or pastoral ministry directly."²²¹ The MCSA was looking for candidates to train in medicine for service, thereafter at its four mission hospitals in South Africa, which were at a "critical situation" in terms of staff. C.W. Allwood, along with Hackland, responded to this call and they were trained in medicine specifically for Bethesda hospital in Ubombo, northern KwaZulu region and Manguzi hospital in Maputaland near the Mozambique-South Africa border. After training, both were appointed as the Medical Superintendents at these hospitals, Allwood at Manguzi and Hackland at Bethesda. Hackland's inclinations in healthcare 'ministry' comes out clearly in his statement,

DH: ...one of the definitions of health is in fact the sense of physical, emotional and spiritual wholeness. For me it certainly brought a sense of completeness to the calling and we had a wonderful opportunity to express that ministry in wholeness to people.²²²

It is this aspect of Hackland's understanding of health, which is reflected through the PHC initiatives during his time as Medical Superintendent in Bethesda hospital²²³ and during his engagement with the MCSA Connexion, as part of the Total Health Care Coordinating Committee.²²⁴ Hackland's initiatives in PHC is seen in both Bethesda and Manguzi during that period, as he shares,

DH: From 1970 to 1982, a period of 12 years we were in rural medicine. 1970 began with the realisation that there was change coming about within the health services...but we branched out very strongly into primary health care and set up clinics within the communities, which was a base from which we could launch any work within the communities towards making them aware of disease processes. So the big thing that we were dealing with at that time was Malaria and Tuberculosis together with all the paediatric problems.²²⁵

²²¹ D. B. T. Hackland interviewed by T. Ninan in Pietermaritzburg on September 22, 2012.

²²² Hackland interviewed by Ninan on September 22, 2012.

²²³ Hull, "The renewal of community health under the KwaZulu homeland Government," 22 – 40.

²²⁴ Minutes of Conferences of MCSA from 1989 to 1995.

²²⁵ Hackland interviewed by Ninan on September 22, 2012.

As discussed in Chapter Two, the primary health care approach adopted in the 1980s was very evident in some of the early responses by the churches in the late 1980s in South Africa. Olivier is right in commenting, that the “understanding of the need for holistic, inclusive appreciation of health and healing” was “a movement that gained momentum from the challenges encountered in responding to the HIV epidemic.”²²⁶ This went along with the rise of PHC interventions, happening through the National Progressive Primary Health Care (NPPHC) network, such as in the Mboza Village Project in Maputaland region, Northern Natal, which had included HIV and AIDS awareness in its community based programs.²²⁷ After leaving Bethesda Hospital in 1981, where he served as the Medical Superintendent for almost ten years, Hackland, had joined the Department of Health of the KwaZulu government, as the Director of Health Services.²²⁸

According to Hackland, he had already started discussing the seriousness of HIV epidemic within the Methodist Synod in Natal in 1984 with due support from other clergy in the district like Norman Hudson.²²⁹ This came at a time when reports of increasing number of HIV and AIDS cases were being reported from Central African countries, namely Rwanda and Zaire.²³⁰ The first case of AIDS in South Africa was reported in 1982, contracted from California.²³¹ Hackland’s concern of the HIV epidemic in South Africa comes from his engagement in the villages, in the province of KwaZulu. Considering that this was also a time when HIV was perceived more as “an essentially American homosexual phenomenon,”²³² Hackland’s concern of the virus spreading in the black inhabited villages of KwaZulu in the light of large cases reported that year in Rwanda and Zaire would have met with much uproar and disbelief within the MCSA. After the first AIDS death in South Africa took place in 1985, it was only in 1987 that the apartheid government for the first time recognized that

²²⁶ Olivier and Paterson, “Religion and medicine in the context of HIV and AIDS,” 26.

²²⁷ P. Derman, “The Mboza Village Project: A model of community empowerment in rural Natal,” *Progress: Reports on Health and Development in Southern Africa*, Spring/Summer 1990: 25-28, BRN 131592, Cory Library, Rhodes University.

²²⁸ D. Hackland, “Whither Primary Health Care in SA,” *South African Family Practice*, 11 (1990), 457.

²²⁹ Hackland interviewed by Ninan in Pietermaritzburg on September 22, 2012.

²³⁰ P. Piot, T.C. Quinn et. al., “Acquired Immunodeficiency Syndrome in a heterosexual population in Zaire,” *The Lancet*, 2, (1984), 65 – 69.

²³¹ South African History Online, <http://www.sahistory.org.za/topic/hiv-aids-south-africa-timeline-1940s-2009> accessed on June 14, 2013.

²³² S.N. Phatlane, “Poverty and HIV/AIDS in apartheid South Africa,” *Social Identities*, 9 (1), (2003), 75.

HIV and AIDS could become a “major problem, even though there were few reported cases.”²³³

Hackland was at the centre of the Methodist health initiatives, even after leaving the Bethesda hospital, as an advisory to the Total Health Care (THC) Committee at the Methodist conferences from the mid 1980s. It was also a strategic move by the MCSA leadership to continue its emphasis on healing ministry after the handing over of its mission hospitals to the government. Along with Hackland, some of the early members of the Connexional THC Committee included C.W. Allwood (Mental health), J.R. Rist (Convener/Secretary), O.F. Calverley (Hospital Chaplaincy), George Irvine (Healing ministry in the local church) and P.R. Viljoen (AIDS/HIV ministry).²³⁴ Though this was a high level committee that met at the annual conferences of the MCSA, very little happened as part of their activities in the districts, though in the conference reports, the following districts had “established THC committees: Cape of Good Hope, Namibia, Kimberley & Bloemfontein, Northern Free State and Lesotho, Natal Central, Natal West, South Western Transvaal and South Eastern Transvaal & Swaziland.”²³⁵ Due to time constraints, no records about any activity reported in the annual report by the THC committees were traceable from the archives or libraries visited, hence there is reason to suspect that most of these THC committees were non-functional mainly because of lack of funds.²³⁶ The Synod decision in 1989, however, seems to have sorted out the funds for THC activities in the Natal Central and Natal West districts. These funds were made available from the “interest of the invested capital received as compensation for the Bethesda and Manguzi hospitals” from the government.²³⁷

²³³ South African History Online, <http://www.sahistory.org.za/topic/hiv-aids-south-africa-timeline-1940s-2009> accessed on June 14, 2013.

²³⁴ Minutes of the 109th Annual Conference of the Methodist Church of Southern Africa at Port Elizabeth, 02 October, 1991: 155.

²³⁵ Minutes of the 109th Annual Conference of the Methodist Church of Southern Africa at Port Elizabeth, 02 October, 1991: 151. THC Committee reports and activities were queried in the offices of the Natal Coastal District, the Methodist House in Johannesburg and at Cory Library Archives, as well as with interviewees like Daryl Hackland, Donald Cragg and Demetris Palos, no traces were found.

²³⁶ The lack of activities of the THC could not be further verified beyond the information shared in the personal interview of Ninan with Hackland, who was part of the THC Committee.

²³⁷ The Natal Coastal District Synod Reports, 1-3 June 1989, Lamont Ville Methodist Church, Records: relating to the Natal Coastal District of the Methodist Church of Southern Africa, BRN 190373, Cory Library, Rhodes University.

Hackland's recollection of his warnings to churches about the growing HIV infections in South Africa seems to have been influenced by the alarming HIV statistics in KwaZulu and Natal in 1990, as the following report from his personal collections indicates:

National anonymous unlinked surveys of women attending ante-natal clinics in October/November 1990 showed that the sero-prevalence of HIV infection was highest in Natal at 1.6%. A population-based survey in the northern coastal region of Natal/KwaZulu in November/December 1990, found an overall prevalence of 1.2% and of 2.3% in women of child bearing age. A repeat survey showed that the HIV infection rate had doubled in this population within 6 months. It is therefore probable, that at least 100 000 people in KwaZulu are already infected with HIV.²³⁸

Hackland in his capacity as the Director of Health Services in the KwaZulu government continued to engage with the rural community. The above statistics collected by him seem to be a personal inspiration for him to engage with the churches.²³⁹ His engagements with the churches in Natal region, particularly with the Methodist churches in the Natal Coastal District, had an impact such as on the experiences of Neil Oosthuizen and his church members from Hillcrest.²⁴⁰ To what extent did Hackland's experience impact the MCSA is perhaps difficult to measure at this point and is beyond the scope of this study. But it is important to mention that his presence in the THC Coordinating Committee of the MCSA brought about decisions in engaging the MCSA with HIV and AIDS in 1990,²⁴¹ a time when HIV infections in South Africa had started to rise at an alarming rate. Excerpts from the 108th Annual Conference minutes as below:

Conference, aware of the critical situation in medical health care services in Southern Africa, particularly with regard to AIDS, the lack of clinics in rural areas and informal settlements, escalating costs of medical and hospital services, and the need to care for returnees and refugees: 1. Authorises the Division of Total Health Care to hold a Connexional Consultation on "The Church's Role in Current Health needs in Southern Africa"...4. Requests the Convener of the Connexional Total Health Care

²³⁸ Draft: AIDS Control Strategy for KwaZulu, KwaZulu Department of Health, 17 October 1991 Daryl B.T. Hackland, Private papers.

²³⁹ D. Hackland interviewed by T. Ninan in Pietermaritzburg on September 22, 2012.

²⁴⁰ This is discussed in detail in Chapter Four.

²⁴¹ Minutes of the 108th Annual Conference of the MCSA at Welkom, (Cape Town: MPHBP, 1990): 127.

Committee and the General Secretary of the Christian Citizenship Department to arrange the consultation.²⁴²

The fact that the Connexion looked forward towards a consultation to understand the health needs in South Africa suggests, that either the MCSA leadership were not aware of the alarming crumbling healthcare situation in South Africa in 1990²⁴³ or they intended to engage in healthcare in a larger way planning a long term impact. The latter is a more likely conclusion as observed from the activities of the Christian Citizenship Department (CCD) in the early 1990s, discussed later in this chapter. This is also an indicator towards one aspect of inner competence within the MCSA leadership where they tried to “recognize the impact and consider long term consequences” of health issues in South Africa, such as HIV. But to what extent were the leadership successful in being able to respond to the challenges of the epidemic can be assessed to an extent by gauging the impact of the activities of the MCSA, through the CCD and the THC in the country, dealt with later in this chapter.

3.2.3 The MCSA and ecumenism in the Natal Coastal District

The ecumenical engagement of the MCSA reveals the fact that many of the Methodists were part of an epistemic community that related to church response to the HIV epidemic in South Africa. In the Natal Coastal District, the Central Methodist Church, presently called the Central City Mission yase-Thekwini, has a history of being at the centre of many activities in the district particularly from the 1980s, especially when Norman Hudson was the minister between 1981 and 1989. It was one of the four central churches for the MCSA in South Africa, the others being in Johannesburg, Pretoria and Cape Town. In what was largely a white society, during the time of Hudson a series of church services involving the black communities in Durban started to be arranged at the Central, many of which were politically connected and hence controversial for the white conservative society. For example, on 2 December 1987 a service commemorating the International Year of Shelter for the Homeless planned by Diakonia was held at the Central.²⁴⁴ By the end of 1989 the white membership at the Central had reduced to just over 300 members from 1100 in 1982. Hudson was elected as the bishop of the Natal Coastal District in 1989. By 1991 he became

²⁴² Minutes of the 108th Annual Conference of the MCSA, 127.

²⁴³ Phatlane, *Poverty and HIV/AIDS*, 80.

²⁴⁴ N. Hudson, “Excursus: An essay on experience and ministry at Central,” in R.S. Kumalo, *Methodists with a white history and a black future: The people called Methodists in KwaZulu-Natal*, (Gauteng: Africa Upper Room Ministries, 2009): 144.

the Chairperson of Diakonia following the exit of Bishop Philip Russell of the Anglican Church.²⁴⁵ During the period of Bishop Hudson, many activities relating to HIV and AIDS were initiated in the Natal Coastal District; not only among the Methodists but among other churches too, in the centre of which were Daryl Hackland, Neil Oosthuizen and Diakonia, which later became the Diakonia Council of Churches. Therefore, there is a strong possibility that the discussions around HIV in the Methodist Connexion at the annual conferences and the activities that had taken place in the Natal Coastal District in the early 1990s, had been influenced by Bishop Hudson. Hudson, like many other Methodists, had an inclination for issues relating to social justice and hence was branded as a politician by the white conservatives. In 1995, while Chairperson of the Diakonia Council of Churches,²⁴⁶ Hudson was at the centre of bringing out a “pastoral letter endorsed by 33 church leaders in KwaZulu-Natal.”²⁴⁷ The letter was an appeal to all the churches in the province addressing “the escalating violence, the forthcoming local government elections, the growing number of people infected with the AIDS virus, the Reconstruction and Development Programme and the problem of refugees from other parts of Africa.”²⁴⁸ At the launch of the letter, Hudson was joined by six leading church heads of the province, namely Dominee Lukas Meyer of the Nederduitse Gereformeerde Kerk, the Anglican Bishop Michael Nuttall, Bishop Brian Fennell, Convenor of the KwaZulu-Natal Church Leaders’ Group, Archbishop-Emeritus Denis Hurley and Khoza Mgojo, President of the SACC.²⁴⁹ Noting the escalating numbers of people infected with HIV, the churches were urged to minister to them with compassion and care.

By 1996 the Central Methodist Church had initiated responses to HIV positive people by extending them care and support, as shared by Nyembe, who was a member of the Central:

In 1996 we started the Prayer Warriors, to particularly pray for people who were using drugs... who were infected by HIV and AIDS, people who came to the city to look for jobs... and we saw more and more people who were infected and affected by HIV/AIDS coming into the church... At that time there was a strong push from

²⁴⁵ “New Chairperson elected,” *The Diakonia Community*, June 1991.

²⁴⁶ Diakonia had merged with the Durban and District Council of Churches on 1 December 1994 to form the Diakonia Council of Churches. See “Joint retreat for Diakonia and DDCC staff,” *The Diakonia Community*, November 1994: 6.

²⁴⁷ “Pentecostal pastoral letter addresses violence, Aids...,” *Diakonia Council of Churches’ News*, September 1995: 2.

²⁴⁸ “Pentecostal pastoral letter,” 2.

²⁴⁹ “Pentecostal pastoral letter,” 2.

Conference, from Synod... There were then training and courses that were initiated within the church by the District, to raise awareness around HIV and AIDS.²⁵⁰

The training programmes initiated by the Methodist Conference and then through the Synod became very active in the Natal Coastal District, as indicated by Nyembe. Due to limited time, it was difficult to assess the extent to which they were active in other districts. But analyzing the various issues of the *Dimension* from 1990 to 2000, besides the Natal Coastal District, very few activities related to HIV and AIDS occurred in any other districts of the MCSA. The CCD, which was active both as a central office in Johannesburg and at various church levels and district levels, was the only agency within the MCSA, that tried to engage with various issues related to the epidemic as a central office.

The Diakonia Council of Churches (DCC) had also by 1995 started an AIDS Programme replacing the Health Programme after an evaluation with due emphasis on awareness, prevention of the AIDS virus, caring for victims of the disease and to promote advocacy of prevention.²⁵¹ This was in addition to the AIDS project in Clermont, which Diakonia coordinated with the Clermont Community Resource Centre from 1994. Daryl Hackland was part of the AIDS Advisory Committee of the DCC for a long time.²⁵² As part of the workshops that were conducted ecumenically, many of the AIDS related programmes within the Natal Coastal District were worked out along with the DCC. It was through the DCC that exposure visits of church representatives to Tanzania, Zambia and Uganda started from 1993 onwards, where the learning from the churches in these countries was promoted among the churches in South Africa.²⁵³ Ronald Nicolson from the Natal University was part of the first delegation that visited these countries along with Bonga Goba of the United Congregational Church of Southern Africa. The others were Michael Worsnip, the National Coordinator of the Progressive Primary Health Care (PPHC) National AIDS Programme, Gethwana Makhaye, KZN Provincial Trainer for PPHC AIDS Programme and Nyami Mbhele of the CRC at Clermont.²⁵⁴ A similar visit by an ecumenical delegation to Uganda and Kenya in 1997, was led by Bishop Rubin Philip of the Anglican Church, which included two Methodist ministers

²⁵⁰ Nyembe interviewed by Ninan on August 3, 2012.

²⁵¹ Minutes of the AIDS Programme Advisory Committee Meeting held on 26th January, 1995, Box 79a, AIDS Programme Minutes, 1995-1996, Diakonia Archives, Durban.

²⁵² Minutes of the AIDS Programme Advisory Committee Meeting held on 26th January, 1995.

²⁵³ P. Denis, A report on AIDS Orphans programmes in Uganda and Kenya: Study tour in Kampala, Masaka and Nairobi, 8-17 December, 1994, Box 79a, AIDS Programme 1995, Diakonia Archives.

²⁵⁴ *Diakonia Council of Churches' News*, "Church must prepare for AIDS epidemic," March 1995.

Peter Butterworth and Olga Dlamini.²⁵⁵ Such ecumenical engagements of the MCSA had an impact in the Natal Coastal District. By 1998, it was the first within the Methodist Connexion to start a Task Force to address HIV and AIDS, giving it the name “Methodists challenged by HIV and AIDS.”²⁵⁶

It becomes essential at this point to also note the ecumenical links of Methodist clergy like Sol Jacob, who was based in Pietermaritzburg and was active within the South African Council of Churches (SACC). In 1988, Jacob had initiated HIV related programs, which went along with the developmental activities that were going on in the community camps to alleviate poverty in the Pietermaritzburg region.²⁵⁷ Having been in prison in 1981 for his liberation struggle activities, Jacob was engaged in such developmental activities.²⁵⁸ Investigating this further, the source of funding for such developmental projects run by the SACC was through external sources with which, the SACC had intentional external links that relate to the struggle against the apartheid regime, as noted below:

...the South African Council of Churches (SACC)...has grown dramatically in recent years in direct response to the government’s banning of various community organisations. As a result, many funders have redirected support to alternate programs established by the SACC. Wills Logan, Africa Office Director for the National Council of Churches (USA), estimates that well over half of the SACC’s \$20 million 1989 budget came from the European Economic Community.²⁵⁹

The SACC, known as Christian Council until 1968, had functioned as a key ecumenical organization which brought the different churches together on various issues, which besides ecumenism and movements against the apartheid government to counter racial issues, had also involved in “a wide variety of development and community projects throughout the country.”²⁶⁰ As part of such an engagement, of which the Methodists had been quite active in the SACC,²⁶¹ one key issue of concern in the early 1970s was “the consequences of

²⁵⁵ *The New Dimension*, “We have to be open about it: AIDS is killing us!” June/July 1997.

²⁵⁶ Nyembe interviewed by Ninan on August 3, 2012.

²⁵⁷ S. Jacobs interviewed by Thomas Ninan in Pietermaritzburg on August 14, 2012.

²⁵⁸ Jacobs interviewed by Ninan on August 14, 2012.

²⁵⁹ D. Mesenbring, “Promising partnership unclaimed: Churches and Foundations at work in Southern Africa,” *Progress : Reports on Health and Development in Southern Africa*, Spring / Summer 1990: 15, BRN 131592, Cory Library, Rhodes University.

²⁶⁰ J. de Gruchy & Steve de Gruchy, *The Church Struggle in South Africa: 25th anniversary edition*, (3rd edition, London, SCM Press, 2004), 112-113.

²⁶¹ The SACC expanded much in the 1970s under the leadership of a Methodist layman John Rees when a large number of black Christians joined its activities.

migratory labour” for which the SACC sponsored a “definitive study of the problem,” providing academic and technical scholarships to “many black students particularly in the rural areas.”²⁶² Such a study would have brought much discussion among the SACC related churches on the issue in the 1970s, which at that time had no relation to the HIV epidemic, considering the history of the epidemic in South Africa. The role of SACC in engaging with developmental projects also connected to the problem of poverty which by the 1970s would have led to many health related problems. Notably, Kark had pointed to the problem of poverty and abnormal social conditions in South Africa in the 1940s as the key reason behind health problems, such as syphilis, which at that time was rampant.²⁶³ Whatever health systems thereafter were implemented came to an end with the Nationalist Party coming to power in 1948 and the focus changed to apartheid. Thereafter, Homelands became “large dumping grounds for millions of people who were not needed by the white economy,” resulting in large number of “unemployed, aged and sick.”²⁶⁴ Phatlane notes that “increased incidences of crowd diseases like tuberculosis” became common in the overcrowded Bantustans, for which HIV in the 1980s became the highest risk factor for the rise of TB.²⁶⁵ The involvement of Sol Jacob by the 1980s with the SACC on developmental projects was related to HIV and AIDS.²⁶⁶ They were among the isolated activities by church related individuals at the beginning of the spread of the epidemic. The prior research on migratory labour by the SACC may have created some interest and awareness among individuals like Jacob who took an initiative to relate his work with HIV in Pietermaritzburg. An inner competence that related to an awareness of long term consequences of HIV epidemic is seen in this initiative by Jacob, which may have also been present among other individuals relating to the SACC. As the epidemic was at its initial phase in the 1980s in South Africa, it took a while before HIV and AIDS became a prime focus for the ecumenical organizations and the churches. Hence much of such responses were individual initiatives. Such individual efforts did not have an impact on the MCSA, as it did not engage with a church either at a local or regional level. Therefore, it could not be related to its position on HIV.

²⁶² De Gruchy, *The Church Struggle*, 114.

²⁶³ S.L. Kark, “Migrant labour and family health,” in S.L. Kark, G.W. Steuward et al. (eds), *The practice of social medicine: A South African experience in different African communities*, (Edinburgh: 1962), 195-209.

²⁶⁴ Phatlane, *Poverty and HIV*, 79.

²⁶⁵ Phatlane, *Poverty and HIV*, 80; Also see C. Floyd and D. Wilkinson, “Tuberculosis in the HIV/AIDS era: Interactions, impacts and solutions,” *AIDS Analysis Africa*, 8 (August / September 1997), 6.

²⁶⁶ S. Jacob interviewed by Thomas Ninan on 14 August, 2012 in Pietermaritzburg.

3.2.4 The Christian Citizenship Department

While the sections above reflected on Methodist engagement with HIV and AIDS in the Natal Coastal District, the MCSA leadership was more active through the Christian Citizenship Department in engaging with the HIV epidemic from 1990 onwards. The CCD within the MCSA, as discussed in chapter two, has historically been the political and social arm of the MCSA. It brought together like-minded Methodists to engage in developmental issues, which included health. Besides such engagement that was prominent during the apartheid time, the CCD also controlled the activities of the THC. It was beginning to spread with the rise in concern of the HIV epidemic by the early 1990s. The General Secretary of the CCD from 1989 was Demetris Palos.²⁶⁷ Palos had been an active member of the CCD with his prime interest in social activities since 1971.²⁶⁸ Hence, more than the THCs within the few districts which were formed in the mid-80s, the CCD as a larger body had been active for a much longer time, particularly networking with the South African Council of Churches (SACC) in its efforts to address various developmental issues.²⁶⁹

Though it was Hackland who initiated the discussion on HIV and AIDS at the leadership level within the Synod meetings in Natal Coastal District and annual conference such as in 1990, it was Palos who initiated key activities relating to HIV by starting the ecumenical network on AIDS, namely the Churches' AIDS Programme (CAP), which started as an "ad hoc coalition of churches". It included mainline churches like the Catholics and the Baptists and other Christian communities like the Scripture Union and the Rhema group who cooperated with this venture.²⁷⁰ It is notable that Palos, who was also on the staff of the SACC at that time, found it necessary to start a "broader based" church network on AIDS, outside the SACC. Palos comments that though the SACC later joined the CAP and went on to start its own church network on AIDS, it was not as effective as the CAP.²⁷¹ The CAP, that initially started its activities in Johannesburg, was an active member of AIDS consultations in the early 1990s in other places too, such as the one in Durban organised by Diakonia in 1992. This consultation also resulted in the launching of the Churches' AIDS Regional Education (CARE) network. It was an active network in the Natal region, in which Neil Oosthuizen and the

²⁶⁷ D. Palos interviewed by Thomas Ninan in Johannesburg on August 16, 2012.

²⁶⁸ Palos interviewed by Ninan on August 16, 2012.

²⁶⁹ Discussed in Chapter Two.

²⁷⁰ Palos interviewed by Ninan on August 16, 2012.

²⁷¹ Palos interviewed by Ninan on August 16, 2012.

Hillcrest AIDS Centre played active roles.²⁷² The CAP was crucial in pushing the AIDS agenda before the first democratic government in 1994, which unfortunately fell apart with the scandals that followed.²⁷³ Corriene Henry, a British woman whose husband had died of AIDS, worked as a full time staff of CAP for about seven years, mainly contributing to the training of core groups, to engage in HIV in various churches.²⁷⁴

However, Oosthuizen reveals another side of the CCD under Palos, which brought out its lack of engagement with the Methodist ministries that engaged with the HIV epidemic at the church level such as the HAC.

NO: ...it was quite weird that almost the rest of the Church had to catch up with where we were, simply because we were the early birds. So it's not that we were smarter but because we started a year before anyone else, we saw and met the needs. But I know, that after a while the wider Methodist Church, through the CCD started to function. . We were always quite fascinated, that they never drew us into it, very seldom was the Hillcrest AIDS Centre asked, "guys what do you think we should do, how are you doing it, so that we could duplicate it?" It always quite interested us, that the wider Church got... mobilised through CCD, probably because we were in Durban... nothing good could come out of Durban... and they were Jo'burg based. This is where their thing happened and our thing was down there and who cared. At that time Linda and I were part of the National AIDS Consortium, NACOSA. I was also very involved with the Diakonia AIDS program. On a national level, a provincial level, and on an international level, Linda went and presented the work at the first AIDS Conference in Amsterdam... but as members or part of the Methodist Church...it didn't matter, we just weren't there. And it always fascinated us. It was through Demitris that the CCD initiated but for some reason without us it never quite worked out...²⁷⁵

Oosthuizen's concern is genuine considering that the HAC in the early 1990s was one of the few church based ministries that engaged at grassroots levels in HIV and AIDS.²⁷⁶ However, there was more to it than can be seen. During that period, the young Oosthuizen, who was

²⁷² "Churches unite to form CARE," *The Diakonia Community*, December 1992: 3. CARE is also mentioned by Neil Oosthuizen in the interview conducted by Thomas Ninan in Johannesburg on August 17, 2012.

²⁷³ Palos interviewed by Ninan on August 16, 2012.

²⁷⁴ Palos interviewed by Ninan on August 16, 2012.

²⁷⁵ Oosthuizen interviewed by Ninan on August 17, 2012.

²⁷⁶ A detailed discussion of the HAC and a few other churches engaging with the epidemic, has been dealt with in Chapter Four.

handling his first assignment as a clergyman at the Hillcrest Methodist Church, was making headlines with sensitive issues such as relating to the gay community and promoting the use of condoms.²⁷⁷ It seems quite improbable for a senior clergyman such as Palos to ask for advice to a far junior clergyman such as Oosthuizen who was relatively new to the MCSA clergy system,²⁷⁸ particularly regarding a sensitive issue such as HIV. Provocation was often a good strategy for Oosthuizen and his team at the HAC to catch people's attention and imagination, thereby making them think about such sensitive issues.²⁷⁹ At a time when the CCD was aiming at expanding its initiatives relating to HIV within the MCSA, befriending Oosthuizen's strategies would have isolated Palos. In spite of Oosthuizen's engagement with NACOSA, as a clergyman he liked engaging at grassroots levels, as against someone like Palos who was more a person involved with planning, fundraising and networking. The impact of the work of HAC was more regional, though there were occasional visits by other church officials from beyond the province to learn from their work. This would have also been because of the difference in the focus of CCD and the HAC; while one focused more on spreading out on a larger scale with funding and training on HIV, the other focused on addressing grassroots level of engagement relating to the epidemic. While one focused more on training the larger community who were un-affected by HIV on how to address the epidemic, the other focused more on those affected and infected by HIV and AIDS. And notably, there was very little inter-connection between these two approaches within the MCSA at large.

In comparison, Oosthuizen received much encouragement within his own circuit and district in promoting programmes related to HIV, as the HAC was utilised for various workshops within the circuit and the district by other churches. Both Hackland and Oosthuizen were instrumental in conducting a lot of awareness programmes in the Natal Coastal District from the early 1990s.

By 1995, however, the CCD and the CAP came to an end with the exit of Palos, who took up a temporary assignment abroad. The MCSA was going through a major re-structuring process, the beginnings of which related to the Journey to the New Land programme (JNL)

²⁷⁷ Oosthuizen interviewed by Ninan on August 17, 2012. No secondary source regarding Oosthuizen's work with the gay communities in Durban were traceable, hence in a way, these were unwritten headlines among the Methodist clergy and those closely associated to the HMC.

²⁷⁸ Oosthuizen's interview reveals that he was ordained as a Methodist clergy in 1990 and the HMC was his first assignment the same year. Also refer Minutes of the Sixth meeting of the Hillcrest Methodist Church Council at the Church Centre on 30 November, 1989, Hillcrest Methodist Church, Hillcrest.

²⁷⁹ Discussed in Chapter Four.

launched at the Rustenberg Conference in 1990. This conference which was called by the SACC with the due initiative of President F.W. De Klerk marked the political unification of churches at a national level in South Africa. It brought together 230 participants from 97 denominations and 40 church associations and ecumenical agencies such as Diakonia.²⁸⁰ The MCSA was represented by Stanley Mogoba, Peter Storey, Mvume Dandala and John Rees, all of whom played key roles at the conference.²⁸¹ After the conference, the MCSA National Executive at the initiative of these four leaders adopted the conference declarations and “instructed its Christian Education Department to prepare study guides for assisting Methodist congregations on a new pathway, the Journey to the New Land (JNL).”²⁸²

The re-structuring process within the MCSA tried to merge the activities of the CCD with that of the Mission Department, which later was only called the Mission Department. The end of CCD upset many within the MCSA as most of the activities of the CCD were unfortunately discontinued and in effect took away a key socio-political platform for many Methodists, as commented on by Kenaleone Ketshabile, who has been active in the Mission Department of the MCSA, both before and after the merger with the CCD.²⁸³ According to Ketshabile, from 1993 to about 1997, there was very little about HIV that the Mission Unit engaged in, both before the merger with the CCD and after the merger in 1995.

KK: I don't recall talking about HIV and AIDS as I went around doing my work. We had another colleague of ours responsible for community development projects. Manyaka Myede, focused specifically on churches and communities to develop an initiative that incorporated burial societies. My other colleague who was the head of the department...Mission General Secretary... John Lewis too did not really focus on HIV and AIDS. So, there was very little said at least in the then Mission Department. We at that time, focused on traditional stuff like evangelism, church growth, mission projects, upliftment projects but very little did we focus on HIV and AIDS.²⁸⁴

Though the merger of the Mission and Evangelism department with the CCD was made to avoid duplication, Kethsabile admits that many of the programmes that the CCD engaged in, such as the issues related to Justice, HIV, substance abuse and alcohol, child welfare etc.

²⁸⁰ R.S. Kumalo, *“Methodists with a white history and a black future: The people called Methodist in KwaZulu-Natal,”* (Gauteng: Africa Upper Room Ministries, 2009): 67.

²⁸¹ Kumalo, *Methodists with a white history and a black future*: 68.

²⁸² Kumalo, *Methodists with a white history and a black future*: 68.

²⁸³ K. Ketshabile interviewed by Thomas Ninan in Johannesburg on August 21, 2012.

²⁸⁴ Ketshabile interviewed by Ninan on August 21, 2012.

could no longer be handled by the limited staff in the newly formed Mission Department.²⁸⁵ Hence after 1995, the programs that were organised, or were reported as part of the Total Health Care and CCD relating to HIV, could not continue. In spite of circuits like the Clerpine circuit and the Natal Coastal District, continuing to engage with HIV programs in a bigger way, until late 1990s, the Connexional leadership did not seem to have considered the HIV epidemic as a priority.

3.2.5 The Journey to the New Land Programme

It perhaps is beyond the scope of this research to gauge the impact of the JNL programme on the MCSA since its inception in 1991, but here it needs mention because of the way it engaged the MCSA from the leadership level in the Connexion to the regional and local levels in the societies, as part of the major re-structuring process that the MCSA engaged in 1995. This is important as many of the aspects relating to building up an attitude relating to HIV and AIDS worked out through the JNL programme, long before the MCSA position paper on HIV and AIDS was written. The context within which the JNL programme was launched becomes important at this stage. The year 1990 is known in South African history for a few key reasons: firstly, the release of Nelson Mandela and the initiation of negotiations with the apartheid government; secondly, it also marked the rise of violence in South Africa which had reached a peak particularly in Natal. Stanley Mogoba, the presiding bishop of the MCSA, who was also the President of the South African Institute of Race Relations (SAIRR), was a leading figure who offered to be a negotiator, amidst the violence and differences between the political parties, namely the ANC, Inkatha, the Pan Africanist Congress (PAC) and the Azania People's Organisation (AZAPO). Addressing violence in South Africa was at the centre of attention during the early 1990s, even as political negotiations led to the democratic government coming to power in 1994. The slowly peaking figures of HIV failed to become the main agenda of the new government, in spite of warnings by key political leaders like Chris Hani in 1990.²⁸⁶

²⁸⁵ Ketshabile interviewed by Ninan on August 21, 2012.

²⁸⁶ "HIV/AIDS in South Africa timeline 1990-1995," <http://www.sahistory.org.za/topic/hiv-aids-south-africa-timeline-1990-1995> accessed on 23 October, 2012; Quoted in Didier Fassin, *When bodies remember: Experiences and politics of AIDS in South Africa*, (Berkeley & Los Angeles: University of California Press, 2007), 1.

After the Rustenberg conference in 1990, the JNL programme was launched within the MCSA. The programme was adopted in a larger way in 1993 at a Convocation in Benoni where it identified six guidelines which would give direction to the Church for its “on earth” mission, namely:

- i. A deepened spirituality in the life of the Church.
- ii. An assurance that our life is guided by God’s mission.
- iii. A rediscovery of “every member ministry,” or the priesthood of all believers.
- iv. An engagement of what it means “to be one so that the world may believe.”
- v. A re-emphasis on servant leadership and discernment as our model for ministry.
- vi. A redefinition and authentication of the role of the clergy in our Church.²⁸⁷

In 1994, Ross Olivier was appointed the coordinator of the key JNL programme²⁸⁸. Olivier puts into perspective the sort of changes this would bring forth within the MCSA:

One of the most important changes would be as to how our meetings could become places of mission and planning. The focus of the Annual Conference, for instance, is to look back to process the reports for a year that ended ten months ago! Its agenda is defined mostly by the departments. It has little scope for visioning, planning and engaging the mission of the Church. The people who do the work – those in the circuits – are far removed from Conference and their issues are poorly reflected on the agenda. In the Minutes of Conference, there are hundreds of “instructions,” or resolutions to circuits from Conference, but very few are implemented...Circuits need to be more directly represented at the Conference, so that people at the grassroots levels can set broad national priorities for the Church’s mission. When the Conference meets, it should not be to debate in a parliamentary style, but to focus on prayer, discernment and dialogue.²⁸⁹

Achieving such a goal for the MCSA with its diversity of Black, White and Indian societies, would have been a challenge in itself, but what is important to note is the extent to which the Church engaged with the whole process and the results it brought forth. But Olivier in the interview above also highlights the difficulty the MCSA had been going through in terms

²⁸⁷ G. Irvine, “*What on earth should the church be doing? The six calls of the Journey to the new land,*” (Pinelands: Methodist Church of Southern Africa, Christian Education Department, 1997): 2.

²⁸⁸ Kumalo, *Methodists with a white history and a black future*: 265.

²⁸⁹ R. Olivier interviewed by Dimension, “New models emphasize forward planning,” *Dimension*, April 1995: 4.

of having a goal shared and implemented by all. The restructuring of the MCSA through the JNL programme involved questionnaires, workshops, through bible studies as shared in the Faith and Life series such as the ones from 1991 to 1993.²⁹⁰ This had engaged the MCSA leadership with the churches to grapple with key changes that the country was experiencing. However, what remains a matter of concern here is the extent to which these methods engaged the larger Black Methodists. Education was a major factor that was not addressed effectively within the JNL programme.²⁹¹ Within the Clerpine circuit, from the Circuit Quarterly Meeting minutes of October 1993, it is notable that the reality of HIV and AIDS was identified “as one of the six areas the MCSA must get involved in” within the JNL programme.²⁹² This came as a plan for the World AIDS Day activities of 1993. Neil Oosthuizen of the Hillcrest Methodist Church was part of that meeting. Considering Oosthuizen’s passion with the AIDS ministry at the HMC, in the form of the Hillcrest AIDS Centre that started in 1992, it is obvious that the Circuit discussions towards integrating HIV within the JNL programme in October 1993 were influenced by Oosthuizen. However, from the Society Council minutes of the HMC, it is noteworthy that Oosthuizen himself considered the JNL programme as more of an issue that related to bridging the gap between the black and the white populations.²⁹³ The difficulty for Oosthuizen to relate the JNL programme with HIV within his own church in Hillcrest seems to be because of the HAC being at its early stages when there was much stigma within the church, particularly when HIV was perceived by the Whites as a disease only related to the Black community. But the regular reports of the HAC in the Circuit quarterly meetings inspired the other ministers and members from other churches in the Clerpine circuit to either start similar programmes in their church or engage with HIV in some feasible way.²⁹⁴ Within the MCSA, the Clerpine Circuit was the first among the circuits to have adopted HIV and AIDS within the JNL programme as early as by 1993, as confirmed by Oosthuizen,²⁹⁵ which thereby becomes an obvious link to the official MCSA stance to include HIV within the JNL programme.²⁹⁶ The

²⁹⁰ Faith and Life: Lesson Notes, Cape Town: The Methodist Church of Southern Africa, Christian Education Department; 1991, 1992 and 1993.

²⁹¹ S.R. Kumalo, *Methodists with a white history*, 82.

²⁹² Minutes of the Clerpine Circuit Quarterly Meeting held at Clermont Methodist Church on October 23, 1993, Circuit Quarterly Meeting Minutes Book kept at Pinetown Methodist Church, Pinetown.

²⁹³ Minutes of the twenty-sixth meeting of the Hillcrest Methodist Church Council held at the Church Centre on October 14, 1993, 1.

²⁹⁴ Minutes of the Clerpine Circuit Quarterly Meeting held at Pinetown Methodist Church on July 29, 1995, Circuit Quarterly Meeting Minutes, Pinetown Methodist Church, Pinetown.

²⁹⁵ Oosthuizen interviewed by Ninan on August 17, 2012.

²⁹⁶ Oosthuizen interviewed by Ninan on August 17, 2012.

June 1995 JNL meeting in the circuit led by Ross Olivier was “disappointingly attended,”²⁹⁷ but an extended report of the meeting was given in the HMC Council minutes held in July 1995. At the end of the report, Oosthuizen raised a few questions on church growth, which may have been discussed within the church.²⁹⁸ While it was difficult to trace any Synod resolutions from the Natal Coastal District to the Connexion concerning the inclusion of HIV as part of the JNL programme, it is evident that the Clerpine circuit leadership engaged in a proactive process towards integrating HIV within the JNL programme, which does reflect a level of internal competence as well as leadership which was crucial to build the churches in the circuit to become internally competent with the HIV epidemic. The leadership however, did struggle in making this happen within the circuit during the mid 1990s.

3.3 Conclusion

The MCSA’s position on the HIV epidemic during the period 1990 to 2001 illustrates the journey of a Church that strove to be relevant to the various challenges that were posed during this period. Questions and challenges arose which were not just related to the HIV epidemic, but also had to do with the struggles of the transition from apartheid to democracy during the first half of this period. However, in the initial phase, in the context of high stigma and discrimination, the MCSA leadership took key decisions to address the epidemic through the THC and the CCD. At the grassroots church level, however, the work seemed negligent. Initiatives by churches like the HMC in the early 1990s are commendable, as they responded to the epidemic at a stage when there were no visible signs of the epidemic. The impact of such initiatives on the larger Church was difficult to gauge except to say that, though there were very few churches which ventured to do similar type of work to engage with the epidemic, it was certain, as we shall see in the following chapters, that they received overwhelming support through the years to make it self-sufficient. The churches were definitely challenged to think about sensitive issues related to HIV and to respond empathetically to the epidemic. This was visible in the Clerpine Circuit and the Natal Coastal District. The developmental projects like the ones initiated by the PMC in the Valley of a Thousand Hills indeed improved life among many in the Valley, amidst the challenges of poverty and HIV.

²⁹⁷ Minutes of the Clerpine Circuit Quarterly Meeting held at Pinetown Methodist Church on July 29, 1995.

²⁹⁸ Minutes of the 32nd meeting of the Hillcrest Methodist Church Council at the Church Centre on July 27, 1995.

Early Methodist engagement with the epidemic, such as by Daryl Hackland, Sol Jacobs and Neil Oosthuizen, took place along other developments such as an alarming increase in the rate of infections by 1990, the influence of PHC initiatives in South Africa and the engagement of the MCSA in developmental projects from the apartheid times. Hackland definitely was at the centre of many of these developments as a Methodist, as a government official and as an activist. He contributed in all the mentioned capacities to the epistemic community that triggered church response to HIV in South Africa.

The HIV competence of the MCSA at the leadership level during 1990-2001 was based on the limited data that has been gathered and analyzed. It revealed that though the MCSA leadership at the Connexional level was alerted towards the alarming rise of HIV infection in 1990, there was no strategy that was successful during this period to build the competence level of the churches at the District levels, though various attempts were made. However, it was also found that the Methodist engagement at District level showed better competence in terms of engaging with long term issues, such as evident in the developmental initiatives by the Pinetown Methodist Church (PMC) many of which indirectly related to the HIV epidemic in the Valley.²⁹⁹ Though there were awareness programmes relating to HIV since 1989 at the PMC, the indicators relating to HIV competence is only seen in the church in 1998 with the beginning of orphan care. However, the inner competence of the Methodist clergy leadership in the Clerpine Circuit was visible from the early 1990s in the way they consistently promoted HIV programmes in the circuit. More about the initiatives of the HMC will be dealt with in the following chapter.

²⁹⁹ The PMC initiatives have been discussed in Chapter Five.

CHAPTER FOUR: THE HILLCREST METHODIST CHURCH'S RESPONSE TO THE HIV EPIDEMIC FROM 1990 TO 2001

The history of the Hillcrest Methodist Church's response to the HIV epidemic in the period 1990 to 2001, through the Hillcrest AIDS Centre is the focus of this chapter. In writing this chapter, the primary sources have been 1) the oral narratives from eight interviewees, who were associated with the HMC and the HAC during the period, 2) the Minutes of the Hillcrest Methodist Church Council Meetings from 1989 to 1997,³⁰⁰ 3) the Minutes of the Annual General Meeting of the HMC from 1989 to 2001, 4) Commission reports of the HMC from 1990 to 2001, 5) the Minutes of the Board meeting of the Hillcrest AIDS Centre from 1999 to 2002, and 6) the personal notes of Georgina Dixon, who as a member of the HMC, served as a volunteer at the HAC from 1991 to 1993.

This chapter gives an historical narrative of both the HMC and the HAC, where attention has been given to identifying the factors which relate to the theoretical framework of Parry. A brief history of the HAC has been previously attempted by Gideon Byamugisha et al in his book *Journeys of faith: church-based responses to HIV and AIDS in three southern African countries* in 2002.³⁰¹ This study has attempted to bring out certain aspects of the history of the HMC and the HAC, from the oral narratives and other primary and secondary sources, to address certain objectives of the study. It is hoped that this contributes as a helpful guide to further trace the local history of the HIV epidemic or even the institutions or individuals related to it.

4.1 Hillcrest in the 1990s

Geographically, the town of Hillcrest is adjacent to Botha's Hill, which also is the gateway to the Valley of a Thousand Hills. Dominated by white population since the 1920s, Hillcrest has been a township at the corridor of a rural black community in the Valley and the urban population in Durban, just 20kms away. The years leading up to the democratic elections in 1994 saw widespread violence in South Africa, particularly in the Provinces of KwaZulu and Natal. With the fall of employment, "civil violence spread across the metro shacks and townships" affecting both urban and rural African settlements. The struggle between the ANC-aligned comrades' youth movement and the IFP led to "unmeasured loss of life" and

³⁰⁰ The HMC Council minutes from 1997 to 2001 could not be found at the HMC.

³⁰¹ Byamugisha et al., *Journeys of faith*, 73 – 88.

“refugee processes on an enormous scale throughout most of KwaZulu Natal.”³⁰² It is in such a context of violence, and racial categorization in the 1990s³⁰³ that the study locates itself to understand the HMC’s response to HIV and AIDS in the region.

4.2 Methodism in Hillcrest

The Methodists in Hillcrest have a long history, almost starting from the early 1900s with establishments like the Highbury School, started in 1903,³⁰⁴ Kearsney College started in 1921,³⁰⁵ and thereafter the Koinonia Conference Centre under the Vuleka Trust which was started in the 1960’s.³⁰⁶ All of these institutions had the involvement of Methodists, before they got together as a church. Worship for the Methodists in Hillcrest began along with the Anglicans at the Highbury School chapel.³⁰⁷ This was in spite of the fact that the Anglicans in Hillcrest had their own piece of land for worship, donated to them as early as the 1950s, without building a structure there, a “lazy choice” as Nick Kerr³⁰⁸ would describe it. Kerr’s emphasis of the property initially belonging to the Anglicans seems to suggest another side to the relationship between the Anglicans and the Methodists in Hillcrest.

NK: ..The Anglicans built a hall in Hillcrest. The Methodists got looking for land in the same area. It was suggested, that the Anglicans and Methodists get together and share the property. The property was sold for One Rand to the Anglican-Methodist Trust in Hillcrest. So, it was no longer an Anglican property.³⁰⁹

This property common to the Anglicans and the Methodists in Hillcrest was called the Church Centre. Such ecumenical relationships in Hillcrest started earlier than the time when individual churches could establish themselves in Hillcrest. They expressed themselves in the form of institutions like Kearsney College, Highbury School and the Koinonia Conference Centre. These were a combined initiative of the Methodists and the Anglicans, and the

³⁰² www.sarpn.org/documents/d0000160/P151_KwaNyuswa_Report_section1.pdf accessed on June 22, 2013.

³⁰³ Discussed in Chapter One as part of the theoretical framework.

³⁰⁴ About Highbury, <http://www.hps.co.za/index.php/our-family/about-highbury> accessed on September 26, 2012.

³⁰⁵ Kearsney College History, http://www.kearsney.com/index.php?option=com_content&view=article&id=114&Itemid=109 accessed on September 26, 2012.

³⁰⁶ Welcome to Koinonia <http://www.koinoniakzn.org.za/> accessed on September 26, 2012.

³⁰⁷ P. J. Kaltenbrun interviewed by Thomas Ninan at Hillcrest on July 19, 2012.

³⁰⁸ N. Kerr B. Kerr was the Anglican clergy at Hillcrest from 1987 – 2004.

³⁰⁹ N. B. Kerr interviewed by Thomas Ninan at Mooi River on August 7, 2012.

Catholics joining for Koinonia.³¹⁰ Though the Methodists and the Anglicans came together in the name of oikumenia³¹¹ at the Church centre in Hillcrest, Patricia Kaltenbrun from the HMC talks of “little things” that led to tensions between the two churches by the time Arthur Loans had moved on as the Methodist clergy with Neil Oosthuizen taking over in 1989,

PK: ...I was finding it very difficult, because the Anglicans at that stage didn't like women preachers to preach. I used to go down into the Valley, so I'm talking from a personal point of view... Well I found that as one of the difficult things the tension of tradition if you can put it that way, Anglicans didn't do certain things like Easter you didn't have flowers in the church leading up to the Lenten period and the Methodists would love their flowers. There were all sorts of... little things... causing actually quite a lot of tensions...³¹²

Kaltenbrun, a key member within the HMC committee³¹³ tries to portray her enthusiasm for ministry as a woman member of the laity, both within the church as a preacher and in outreach activities, such as going into the Valley. In the 1980s and early 90s it was a challenge for women to get into ministry not just within the Anglican Church but also within the MCSA, as Kaltenbrun later reveals with respect to her own journey towards becoming ordained in the MCSA. Kaltenbrun's journey to become one of the first women to enter the ordained ministry in the MCSA is quite dear to her memories. As Kaltenbrun shares, “going...into the Valley” is being portrayed as a personal effort by Kaltenbrun which seems to have started towards the late 1980s. It was more than just the legal restrictions of the apartheid government that Kaltenbrun overcame through such efforts of going into the Valley to engage with the black community. It must have stayed as a constant psychological barrier through the years of segregation.³¹⁴ Considering that the Methodists strove to be a united Church in South Africa amidst race restrictions by the apartheid government, overcoming psychological barriers of racial segregation within a white dominated church

³¹⁰ L. Harris interviewed by Thomas Ninan at Hillcrest on August 1, 2012.

³¹¹ The Greek term 'oikumene' is derived from the word 'oikein' meaning “to inhabit,” or 'oikos' meaning house, family, people or nation. In the church context, it is referred to the consciousness of Christian unity. Refer http://www.religion-religions.com/html/sub_chapter.php?select=christian0007&religion=Christianity accessed on February 27, 2014.

³¹² Kaltenbrun interviewed by Ninan at Hillcrest on July 19, 2012.

³¹³ Minutes of the Hillcrest Methodist Church, 1989.

³¹⁴ Racial segregation in South Africa had serious consequences to all the races, for both the white oppressors and the oppressed non-white people. See Chapter Nine, “Of Contrasts and Blindness” in Sparks, *The mind of South Africa*, 214 – 232.

was a reality they lived with. This would have been an obvious psychological struggle for an Afrikaner white Christian in any church in South Africa, particularly in a context where there were theological reasons behind the Afrikaner belief in apartheid, as Malan notes:

Apartheid is based on what the Afrikaner believes to be his divine calling and his privilege – to convert the heathen to Christianity without obliterating his national identity.³¹⁵

The HMC Minutes reveal, that the church engagement with the black people of the Valley had started sometime in 1988. Arthur Loans, the minister at HMC till the end of 1989, was well regarded by the black community members in the Valley for his initiatives.³¹⁶ This seems a little contradictory to the political environment of South Africa at that time. The political environment in South Africa, post 1984 was getting volatile especially after the Botha government decided to go ahead with the implementation of a Tricameral parliament, giving special rights to the Coloureds and the Indians and leaving out the Black natives.³¹⁷ As Sparks notes, the result was drastic; there was nationwide violence and protests from the Black communities in South Africa.

Being discriminated against and segregated from the white ruling class was bad enough, but being isolated from the other “nonwhites” was intolerable.³¹⁸

A state of emergency was declared by the South African Government in 1986. It continued for four years. With the gradual decline of the apartheid government, the HMC engagement in the Valley seemed to have found courage and hope. The HMC Council minutes from 1990 onwards, showed regular reports of developments at Emseni, Molweni and Hillcrest Black Societies, each reported under individual headings.³¹⁹ In 1990, seven out of the 23 Council members were Black representatives from the Valley. The HMC in 1990 as described by Oosthuizen, was “a little suburban church” with 250-300 members, three services on a Sunday with five ancillary churches in the Valley of a Thousand Hills.”³²⁰ Neil Oosthuizen was

³¹⁵ D.F. Malan, “Apartheid: A divine calling,” *The Anti-Apartheid Reader*, ed. David Mermelstein, (New York, 1987), 95.

³¹⁶ Minutes of the Twenty Seventh meeting of the Hillcrest Methodist Church Council held at the Church Centre, October 1989.

³¹⁷ “The trigger of mass civil society protests in the 1980s: 1983 Tricameral Parliament,” South African History Online, <http://www.sahistory.org.za/article/apartheid-1980s-grade-12> accessed on 25 June, 2013; Also see A. Sparks, *The mind of South Africa*, (London: William Heinemann Ltd, 1990), 330.

³¹⁸ Sparks, *The mind of South Africa*, 331.

³¹⁹ Minutes of the Twenty Eighth meeting of the Hillcrest Methodist Church Council held at the Church Centre, January, 1990.

³²⁰ N.T. Oosthuizen interviewed by Thomas Ninan at Johannesburg on August 17, 2012.

assisted by “an evangelist” who was “a non-ordained full time pastor.”³²¹ As discussed in Chapter three, the MCSA stood out among those churches which challenged the norms of segregation implemented by the apartheid government, as it was illegal to conduct common worship. However, within the MCSA, it was also a struggle to sustain unity amidst conservative white voices. Hillcrest was no exception in this regard. Kaltenbrun’s contribution as a member of the Evangelism commission of HMC is significant in developing this relationship with the Valley.³²² However, this was not unique to the HMC, as the Anglicans in Hillcrest had begun engaging with the Valley long before the Methodists. Nick Kerr with his fluency in IsiZulu was a supporter of white and black unity within the church.³²³

NK: ...our parish consisted of a congregation in Hillcrest and four congregations, Zulu speaking congregations in the Valley of a Thousand Hills. At that stage the Methodist Church did not have any responsibilities in the Valley of a Thousand Hills. So it was a slightly an unequal relationship...³²⁴

Social integration between the black and the white communities in Hillcrest was at its beginning during the late 1980s, when both the HMC and the Anglican Church in Hillcrest established ancillary churches in the Valley.

However, the tensions between the two white churches on the same premises were more than just “little things” as described by Kaltenbrun. Kerr reveals:

NK: By the time I got there, there was quite a strong move towards trying to unite the two churches and I think from an ecumenical point of view it was an admirable attempt, but I think from a practical point of view it was probably not really sensible.. I think there were tensions created by the two different churches sharing the same property. There was no vision for how close the churches were going to get. And so Neil Oosthuizen’s predecessor was very keen for us to create a united church...³²⁵

The unity efforts between the two churches were part of a broader attempt towards unison under the Church Unity Commission (CUC). The Commission had by that time reached a certain level of disagreement about an organic union of the churches. Besides the MCSA and

³²¹ Oosthuizen interviewed by Ninan on August 17, 2012.

³²² Minutes of the sixth Annual General Meeting of the Hillcrest Methodist Church held at the Church Centre on 30 November, 1989, Hillcrest Methodist Church.

³²³ Kerr interviewed by Ninan on August 17, 2012.

³²⁴ Kerr interviewed by Ninan on August 17, 2012.

³²⁵ Kerr interviewed by Ninan on August 17, 2012.

the Church of the Province of South Africa (CPSA), herein referred to as the Anglican Church, the other churches which were part of this commission were the United Congregational Church of South Africa, the Evangelical Presbyterian Church in South Africa, the Presbyterian Church of Southern Africa, and the Reformed Presbyterian Church in Southern Africa.³²⁶

Kerr's views on unity however resonated with what the CUC observed in 1976,

One thing is certain: the minister is still a key figure in the movement towards Church union. If he sees inseparable barriers to union, one may be sure that his congregation does as well. If he sees the full dimension and potential of the Christian union, you may be equally sure, that many in his congregation will share his enthusiasm.³²⁷

Kerr had found it difficult to get along with the Methodist minister at Hillcrest for reasons both personal and others,

NK: And my view was, that rather than two white English speaking groups getting closer together, our responsibility as the Anglicans was not the ecumenical relationship, but the relationship between black and white; between Hillcrest people and between people living in the Valley of a Thousand Hills. So, I resisted that relationship with the Methodists. I think that there were personal tensions between myself and the Methodist minister which I probably don't need to go into. But it felt very much as if there was a take-over from the Methodists and that we felt squeezed into losing our identity as Anglicans, and I consulted with the chairman of the Church Unity Commission at the time and I was encouraged in the direction I was going, because I felt that the Methodist minister was not seriously taking the ethos of the Church Unity Commission (CUC).. I felt that he wanted to create a church that was separate from both the Anglican and its Methodist roots.³²⁸

By bringing in the engagement of the church with the Black communities in the Valley, Kerr seems to be emphasizing the need for a greater unity between the Black and the White

³²⁶ Graham Duncan, "The Church Unity Commission: South African ecumenical perspectives on ministry (1968 – 1983)," *Studia Historiae Ecclesiasticae*, 37 (1), (May 2011), 19-38; The CUC was formed in 1968 as an ambitious effort towards organic unity by the English speaking churches, which by the 1980s had reached a level of mutual understanding about the impossibility of such a unity. See DGL Cragg, "The state of the Ecumene in South Africa," *Missionalia*, 10(1), (April 1982), 3 -15; DGL Cragg, "The ordained ministry and oversight in the work of of the Church Unity Commission (1968 – 1983)," *Studia Historiae Ecclesiasticae*, XVIII(2), (1992), 27 – 41.

³²⁷ Church Unity Commission, *In Touch II*, No. 8, (September 1976).

³²⁸ Kerr interviewed by Ninan on August 17, 2012.

communities, which to him was a matter of higher priority compared to just a unity between the two churches in the same premises. The CUC statement of 1972 also reflected such an emphasis.³²⁹

This marked the beginning of a gradual break-up of the unity of the two churches in Hillcrest. Notably, at the last Annual General Meeting (AGM) with Arthur Loans³³⁰ at the HMC in November, 1989, a report was tabled by the Ecumenical Committee suggesting the need to consider either of the two options:

1. That we (the Methodists) look at interchanging the Highbury / Church centre venue on a periodic basis.
2. That both the Anglicans and the Methodists meet at the Centre for Sunday worship, but at different times.³³¹

A third option “to build the Chapel / Church was also considered” and after “much discussion many shared their feelings of sorrow, hurt, anger and disillusionment”. The AGM took a vote on the second option, with a majority of 43 out of the 70 present, voting in favour to worship at different times on a Sunday.³³² Sharing of common property and worship was indeed becoming more of a problem at Hillcrest. The fact that the Methodist community settled for a different time of worship in the same premises indicates that common worship was also an unresolved problem in the quest for unity.

Denis shares the issue of worship as a key barrier to unity within the Federal Theological Seminary of Southern Africa (Fedsem) in the 1980s.³³³ Fedsem was a federal institution with four colleges – St. Peter’s for the Anglicans, John Wesley for the Methodists, St. Columba’s for the Presbyterians, and Adams United for the Congregationalists. When it was relocated to its new campus in Imbali in the beginning of 1980, a bitter fight over the sharing of the new chapel arose between the Anglicans on one side and the three constituent denominations of Fedsem on the other. Tensions arose between the Anglican form of worship and the other forms of worship, whereby,

³²⁹ Church Unity Commission, *In Touch*, No. 7, (April 1972).

³³⁰ Arthur Loans was the Methodist clergy at the HMC till 1989, before Neil Oosthuizen took over.

³³¹ Minutes of the sixth Annual General Meeting of the Hillcrest Methodist Church held at the Church Centre on 30 November, 1989, Hillcrest Methodist Church, 2.

³³² Minutes of the sixth AGM, Hillcrest Methodist Church, 2.

³³³ P. Denis, “The rocky road to unity: the worship quarrel at Fedsem in the 1980s,” *Studia Historiae Ecclesiasticae*, 32(1), (May 2006), 201-231.

The Methodist, Presbyterian and the Congregational students complained about the sense of superiority displayed by the Anglicans and their rigid attachment to a particular form of liturgy. The Anglican students complained about a lack of order and discipline in the other students' approach to liturgy.³³⁴

Such tensions at a federal institution like Fedsem had much to contribute as learning lessons to the unity movements within the CUC. This was particularly felt at Hillcrest, where the two churches shared the same premises and worship. As an Orthodox clergyman engaged in ecumenism in India, I was able to understand Kerr's situation in this regard. Such a history of the two churches in Hillcrest is essential to understand the dynamics between them on the same church premises. In spite of differences, they were part of each other's outreach activities, as we find out further in this chapter.

4.3 Methodist engagement with the HIV epidemic in Hillcrest

4.3.1 Church life and structure of the Hillcrest Methodist Church

A brief look at the church life and structure of the HMC will be beneficial in understanding its further activities. According to the HMC minutes from as early as the 1970s, it is noticeable, that the church had the following commissions. The members took an active part in, namely Christian Education, Congregational Care, Evangelism, Finance and Property, Mission and Social Concern, and the Youth. The outreach activities relating to each Black community were reported separately in the Council minutes, such as the activities relating to ancillary churches in Emseni and Molweni.³³⁵ However, as it depended much on the nature of the pastoral work of the clergy, such a structure was not necessarily followed by all churches in the MCSA.³³⁶ There was the Women's Auxiliary (WA), which consisted of the white women of the church who with members from other churches in the circuit formed a significant force. The Women's Manyano included the Black women of the church, which also had activities at the circuit level. Among the various commissions, it was observed that two commissions, the Evangelism commission and the Mission and Social Concerns Commission (MSCC), engaged the HMC with the outer world, such as the Black communities

³³⁴ Denis, *The rocky road to unity*, 211.

³³⁵ Minutes of the 29th meeting of the Hillcrest Methodist Church Council held at the Church Centre on 19th April, 1990, Hillcrest Methodist Church.

³³⁶ The structure at the Pinetown Methodist Church was different from the one at HMC, as noticed from the church minutes of the respective churches. At the Kloof Methodist Church, there was no record of minutes of church meetings as heard from the office secretary of the church and thereafter confirmed from Peter Crundwell, a former clergy at Kloof.

in the Valley and with broader issues like addressing poverty, visiting the sick etc. The Malihambe Mission and the Journey to the New Land programmes were some of the prominent mission programmes that the MCSA engaged in as a Church in relation to its efforts in evangelism during the 1990s. The activities of the MSCC were a church level expression of the Christian Citizenship Department (CCD) of the MCSA, which had a functional committee at each District that reported the activities of the MSCC in each circuit. Activities relating to HIV and AIDS were reported as part of the activities of the MSCC at church level and as part of the CCD at the District level.

As part of the MSCC, providing temporary shelter for those fleeing during the violence in the 1980s was a unique effort of the HMC. Many black refugees were given shelter within the church campus.³³⁷ Regular soup kitchens at the church site were an initiative of the MSCC as Schnell shares:

AS: we used to run a soup kitchen at the church in conjunction with the Anglican Church. There was a pensioner's ministry down in Molweni area, where the pensioners used to come and meet. And once again it was a ministry that we supported, but I think it was started by an Anglican lady. We supported the cause and there were different churches involved. We took sandwiches down there and distributed them. I know that the soup kitchen got very big at Hillcrest to a stage where we started to realise, that we weren't actually feeding the poor, we were feeding guys who were coming for a lunch. The emphasis shifted from the original cause.... As a local preacher I used to preach in stations like Molweni, in Samungo., I used to visit a place in the Valley too to visit. We went into the areas where we could see the poverty and worked. We got involved in a crèche at West Riding. On the other side of West Riding itself, there was a lady, who was running a crèche and we got involved in helping her too. That was the kind of vision we got involved in and AIDS became a part of the venture.³³⁸

Schnell who identified himself as a local preacher like Kaltenbrun, went on for a full time ministry in the MCSA, as an ordained minister during the late 1990s. The memories of Schnell, as he tried to recollect the church activities in the Valley, seemed patchy and the events were not necessarily in order. But it gives a picture of what the HMC engaged with,

³³⁷ Minutes of the HMC, 1991.

³³⁸ Schnell interviewed by Ninan on August 8, 2012.

as part of the MSCC in the early 1990s. For the Methodists in Hillcrest, such an outreach to the Black communities in the Valley became a prime concern, that inspired them internally as a congregation, with a few like Schnell and Kaltenbrun being at the forefront of such activities. Such activities had already begun as part of the routine church activities of the MSCC at HMC when Oosthuizen took charge in 1990. Kaltenbrun's venture into the Valley eventually became part of the Mission and Evangelism commission of the church, more so after Oosthuizen's arrival to the parish. But her raising of the concerns about the Black community in the Commission meetings of the HMC as a Society Steward, where Peter Crundwell who was the chaplain at Kearsney College was part of, were incidents that happened much earlier than when Oosthuizen started his ministry with the HMC.³³⁹ Hence when Oosthuizen took charge by the late 1989 from Rev. Arthur Loans, the HMC was already thriving with such an engagement.

4.3.2 The beginnings

The beginning of the involvement of the Hillcrest Methodist Church with the HIV epidemic revolved much around a background of social welfare activities, that the MCSA had been engaged in, particularly in the Clerpine circuit, more of which has been discussed in Chapter five. Neil Oosthuizen and Patricia Kaltenbrun, played a major role in starting an HIV ministry at Hillcrest. Though Oosthuizen attributes the inspiration of engaging with the epidemic to an HIV workshop organised by the Diakonia and conducted by Daryl Hackland at Kloof Methodist Church sometime in 1990, which he and a few members from the HMC attended,³⁴⁰ Kaltenbrun had a different story as she recollected:

PK: It was like a whisper in those days, people didn't know much about AIDS. My sister came home one day and she said I have had the most terrible experience, she said. Somebody sneezed all over me. I'm most probably going to get AIDS. Neil Oosthuizen was in our midst, and I said, "what do you know about AIDS. She's going to get AIDS because this man sneezed all over her." And he said, "I know nothing." And from there we both decided we needed to find out about AIDS, because it was just almost no information.³⁴¹

³³⁹ P. Crundwell interviewed (unrecorded) by Thomas Ninan in Hillcrest on August 8, 2012. Also refer Minutes of the Sixth meeting of the Hillcrest Methodist Church Council at the Church Centre on November 30, 1989.

³⁴⁰ Oosthuizen interviewed by Ninan on August 17, 2012.

³⁴¹ Kaltenbrun interviewed by Ninan on July 19, 2012.

Oosthuizen who admits of his inability to recollect everything, because of a nervous breakdown he had a few years before the interview may not necessarily remember these aspects. For Oosthuizen, it was after such a workshop at Kloof, that he and a group of women from the Hillcrest Methodist Church wanted to know more about the HIV epidemic, for which they got in touch with the ATIC (AIDS Training and Information Centre)³⁴² in Durban and went through the basic courses provided in the centre.³⁴³ Among these women were Pat Kaltenbrun, Georgina Dixon and Moira Cook, all aged above 50 years. However, Linda Knox, who joined the HMC in 1991 also recollects Oosthuizen's quest to know more about HIV and AIDS after he conducted a funeral, which it was thought was that of an HIV positive person.³⁴⁴ This funeral was possibly the one recorded in the HMC Council Minutes of April 1991, where Oosthuizen and a few members of the HMC are thanked by Stanford Mntaka, the Black Evangelist at HMC, "on behalf of the leaders of Molweni," for taking part in the funeral of one of "their members," perhaps the first funeral that Oosthuizen attended since taking charge of HMC.³⁴⁵ These are attempts by the interviewees to find the answers to their own questions about how it all started. Oosthuizen in this case suspects that the death of the Black member in Molweni is related to AIDS, which is not without reason. Though the first death due to AIDS in South Africa was that of a gay White in 1982,³⁴⁶ it was not until 1987 that the first Black person was diagnosed with HIV, soon after AIDS was officially included to the official South African list of communicable diseases.³⁴⁷ The estimated figures of South Africans living with HIV in 1990 was 74000 – 120000, which by 1992 had become 1500000, according to "conservative estimates" reported in the *Highway*

³⁴² The ATIC later became AIDS Training, Information and Counselling Centre (ATICCC) when the Counselling component became essential to the HIV epidemic.

³⁴³ Oosthuizen interviewed by Ninan on August 17, 2012.

³⁴⁴ L. M. Knox interviewed by Ninan on June 20, 2013 in Pietermaritzburg.

³⁴⁵ Minutes of the Sixteenth meeting of the Hillcrest Methodist Church Council held at the Church Centre on 25th April, 1991.

³⁴⁶ G. J. Ras, I. W. Simson, R. Anderson, O. W. Prozesky and T. Hamersma, 'Acquired Immunodeficiency Syndrome: A Report of Two South African Cases,' *South African Medical Journal*, 64(4), (23 July 1983), 140–2; L. Grundlingh, 'Early Attitudes and Responses to HIV/AIDS in South Africa as reflected in Newspapers, 1983–1988', *Journal for Contemporary History*, 26(2), June 2001; C. Tsampiras, 'Two Tales about illness, ideologies, and intimate identities: Sexuality, Politics and AIDS in South Africa, 1980 – 95', *Medical History*, 58 (2), 2014, 231. The first officially documented AIDS cases in South Africa came out in the July 1983 article in the *South African Medical Journal*. The two cases recorded were identified as 'homosexual', 'white' and flight stewards, who had died by August 1982 and January 1983.

³⁴⁷ J. McNeil, "The HIV/AIDS crisis emerges: Responses of the apartheid government," South African History Online, <http://www.sahistory.org.za/topic/history-official-government-hiv-aids-policy-south-africa>, accessed on June 26, 2013.

Mail.³⁴⁸ In spite of a structure called AIDS Unit and National Advisory Group was formed within the Department of Health by 1988, McNeil notes that “the scope of these early efforts by the apartheid administration remained minimal.”³⁴⁹ Until 1990 very little was spoken about HIV and AIDS. The warning given by Chris Hani the ANC leader in exile in 1990, at the Maputo AIDS Conference is noteworthy:

Existing statistics indicate that we are still at the beginning of the AIDS epidemic in our country. Unattended however, this will result in untold damage and suffering by the end of the century.³⁵⁰

Oosthuizen’s initiative to start an HIV and AIDS ministry at Hillcrest must have been sparked by such experiences, both in the Valley and in the country. The inspired group at HMC did not immediately share their Kloof experience with the church, aware of the stigma around HIV within the parish. Rather, they introduced the concern of HIV as an activity of the Mission and Social Concern Commission of the parish in early 1992, as observed from the HMC Council Minutes of January 1992. The Minutes mention initiatives on AIDS under the MSCC:

Ian Sparks asked about helping people in our Section when necessary and AIDS victims and families. Neil replied that we have the Ministers’ Discretionary Fund, made up from “Poor Fund” offerings at Communion Services. Pat Kaltenbrun and Neil Oosthuizen are qualified to run workshops on AIDS for fellowship groups W.A., Schools etc. and Neil encouraged us to educate ourselves and so protect ourselves.³⁵¹

With the training acquired from ATIC, Oosthuizen and his small team intensified their activities finding opportunities to spread information on HIV and AIDS, initially not recognized as an official group or even as a ministry of the HMC. *The Hillcrest Methodist Magazine* of April 1992, which was a special edition focused on the month of May as “mission month” outlined three objectives by Oosthuizen,

³⁴⁸ See Appendix 1; Highway Mail Reporter, “Hillcrest AIDS Centre opened,” *Highway Mail*, December 11, 1992, 2, Periodicals Department, Msunduzi Municipal Library, Pietermaritzburg.

³⁴⁹ McNeil, The HIV/AIDS crisis emerges, <http://www.sahistory.org.za/topic/history-official-government-hiv-aids-policy-south-africa>, accessed on June 26, 2013.

³⁵⁰ C. Hani, “HIV/AIDS in South Africa timeline 1990-1995,” <http://www.sahistory.org.za/topic/hiv-aids-south-africa-timeline-1990-1995> accessed on October 23, 2012; Quoted in D. Fassin, *When bodies remember: Experiences and politics of AIDS in South Africa*, (London: University of California Press, 2007): 1.

³⁵¹ Minutes of the 19th meeting of the Hillcrest Methodist Church Council held at The Church Centre on 23 January, 1992, Hillcrest Methodist Church Council Minutes 1986 to 1994, 3.

- i. Our MALIHAMBE MISSION, from 13th to 17th May...
- ii. The CIRCUIT WESLEY DAY RALLY in Pinetown on Sunday 24th May.
- iii. Our AIDS IS DEADLY SERIOUS Programme will be intensifying. Please make AIDS your business – only an informed lifestyle can protect you.³⁵²

Thereafter, the Hillcrest AIDS Centre (HAC) was officially inaugurated on the World AIDS Day on 1 December, 1992 by Daryl Hackland, who was a key member of the MCSA Total Health Care Commission.³⁵³ As discussed in Chapter three, awareness programmes on HIV and AIDS in the Clerpine circuit had already started in 1989, the frequency of which increased from 1990 onwards, especially with the presence of Hackland in the region.

Kaltenbrun tries to take responsibility of the beginnings of the ministry as she responds to how the parish first started hearing about HIV and AIDS as a church,

PK: I remember going to Neil and saying to him, we need a place. We were teaching, went to schools, taught in garages, we had a little group of ladies...but Neil and I mainly went out and I can remember saying to him, "Neil, there are people that are really sick, they need a safe place to die," I said, "what about buying a building, and having like a hospice situation," they call it respite centre now. I said, "We need a place. Somewhere where they would die with dignity and grace and not be outcasts of society."³⁵⁴

This recollection by Kaltenbrun seems to contradict the written sources available during that period. Though she seemed to be concerned about the need for such a ministry, she was engaged in the early activities of the HAC, which were mainly sensitization workshops on HIV and AIDS. The April 1992 HMC Council Minutes indicate that Oosthuizen and Kaltenbrun had already "attended a number of workshops and led workshops in other churches and organizations." There was a "need to move AIDS education out of the church confines."³⁵⁵ It seems that after the Kloof workshop Oosthuizen took some time before proposing a plan with the HMC Council in 1992. Here they not only got trained at ATIC but

³⁵² N. Oosthuizen, "From the Rev's Counter," *The Hillcrest Methodist Magazine* (Waterfall: Shady Streams Bird Farm, April 1992), 2, Hillcrest Methodist Church Archives, Hillcrest.

³⁵³ See Appendix 1; Highway Mail Reporter, "Hillcrest AIDS Centre opened," *Highway Mail*, December 11, 1992, 2, Periodicals Department, Msunduzi Municipal Library, Pietermaritzburg; Also see Minutes of the 110th Annual Conference of the MCSA at Pinetown, (Cape Town: Methodist Publishing House, September 1992), 140.

³⁵⁴ Kaltenbrun interviewed by Ninan on July 19, 2012.

³⁵⁵ Minutes of the twentieth meeting of the HMC Council held at the Church Centre on 9th April, 1992, Hillcrest Methodist Church Archives, Hillcrest.

also engaged in conducting workshops in churches and organizations as an experiment. The 'Lionesses' had offered to "pay the rental for an office, to open in May, in the Village for AIDS information and counseling" and that "would be a ministry of the Hillcrest Methodist Church supported by the Lionesses."³⁵⁶ The plan was eventually implemented in December 1992 with the inauguration of the HAC. A ministry which engaged in outreach work was never a problem within the HMC and in this case even the finance for it seemed to have come through. The 'possey hut' within the HMC campus where they eventually started the HAC suggests that the plan to start in the Village did not materialize. Having the HAC inaugurated within the Church Centre may not have gone down well among some church members, both Methodists and Anglicans, the indications of which come out much later in the history of the HAC.

For Oosthuizen, AIDS was not a normal church campaign. "Shining the love of God into the community" was how Oosthuizen would describe the AIDS ministry of the church,³⁵⁷ where the intention was:

NO: The ethos was really around HIV/AIDS, when we started the AIDS Centre back in the early 90s We need to shine the love of God into the lives of people whose lives are being shattered by the horrendous disease." And for me that was an important difference almost a medical model we were going to fix. We were saying no, we want to give you the love of God, let's journey together.. So it was really trying to come in a world which said AIDS is very judgmental...³⁵⁸

The 'ethos' of 'fix' that Oosthuizen is speaking of here is a reference to the general view of the churches in South Africa to the HIV epidemic in the 1990s. This had much to do with the background of Western medicine through the work of missionaries in South Africa.³⁵⁹ The missionaries through their establishment of hospitals and clinics, which they related to as healing ministry, had "technically competent people who could administer drugs and intervene surgically," thus 'fixing' illnesses and injuries.³⁶⁰ Such an approach in the context of HIV and AIDS led churches to moralise and judgementalise, when there were no

³⁵⁶ Minutes of the twentieth meeting of the HMC Council held at the Church Centre on April 9th, 1992, Hillcrest Methodist Church Archives, Hillcrest.

³⁵⁷ See Appendix 2; Reports to Council meeting, 14 October, 1993, Minutes book of the HMC Council Meetings, Hillcrest Methodist Church Archives, Hillcrest.

³⁵⁸ Oosthuizen interviewed by Ninan on August 17, 2012.

³⁵⁹ W. Saayman, "AIDS, healing and culture in Africa: A Christian mission perspective," *Journal of Theology for Southern Africa*, 78, 1992: 41-56.

³⁶⁰ Saayman, AIDS, healing and culture in Africa, 45.

medicines to 'fix' it. Oosthuizen's approach of "giving the love of God" and "journeying together" was a provocative initiative in South Africa at a time when there were very few theological reflections on HIV and AIDS. The earliest work relating HIV to theology was that of Saayman and Kriel. In 1992 they brought out through a combination of medical and religious disciplines a "pragmatic approach to AIDS as a disease and awaken the Christian conscience."³⁶¹ It was only by 1994 that one saw theological reflections on HIV in South Africa with the work of Ron Nicholson.³⁶² Oosthuizen's expression of "journeying together" in the context of HIV also falls in line with the PHC movement, that was revived at Alma-Ata, which emphasized on "a people-centered, holistic" approach to health. It was very much alive among the PHC activists like Hackland.³⁶³ However, with respect to the church engagement with the epidemic at that stage, Oosthuizen was trying to make an important mark. It did come as a provocation to the common mindset of people. This approach picked up momentum as a movement in the later years as a practical response to the challenges encountered in responding to the epidemic.³⁶⁴ In this respect, history of such local engagements with the epidemic was a vital contribution towards not only building concepts relating to HIV competence for churches, but crucially as an example for churches to engage with the epidemic. Even in the present time it is still relevant as the journey of grappling with "fixing a disease" such as HIV prevails. With respect to the HMC, at least Oosthuizen and his small team did internalize quite early, a very important aspect of inner competence. Kaltenbrun's interest, however, was more inclined to starting a hospice, which at that stage was too early to think of. Her memories of people getting sick in the Valley during the period before 1995, as that was also the year she left the HMC for full time ministry, was an indication of the growing HIV epidemic in the Valley. Her concern for their needing a safe place to die also indicates the level of stigma related to HIV in the Valley, because of which very few came forward for either testing or giving care to the sick who may be HIV positive. Though Oosthuizen does not mention anything about Kaltenbrun's conversation with him, a third person, Peter Crundwell who was also engaged with the HMC as a member, confirmed

³⁶¹ W.A. Saayman & J. Kriel, *AIDS, the leprosy of our time? Towards a Christian response to AIDS in Southern and Central Africa*, (Johannesburg: Orion Publishers, 1992), back page.

³⁶² R.B. Nicolson, "AIDS: The ethical issue," *Missionalia* 22, 1994: 227 – 244; Also refer R.B. Nicolson, *AIDS: A Christian response*, (Pietermaritzburg: Cluster Publications, 1995).

³⁶³ Refer the discussion related to Daryl Hackland in Chapter Three.

³⁶⁴ J. Olivier and G. Paterson, "Religion and medicine in the context of HIV and AIDS," in B. Haddad (ed.), *Religion and HIV and AIDS: Charting the terrain*, (Pietermaritzburg: University of KwaZulu-Natal Press, 2011): 26.

that the idea of having an AIDS Centre in the form that it is today was that of Kaltenbrun.³⁶⁵ Crundwell was more a Chaplain of Kearsney College in Hillcrest and was a long time parish member of the HMC like Kaltenbrun. Their long time association in the church further becomes an obvious reason to support Kaltenbrun's claim. However, Kaltenbrun's reference to HIV as 'slims disease' indicates an early phase of the HIV epidemic when this terminology was first used in Uganda. It was in 1989 that a group called Super Singers from Uganda, sang on a tour in Rakai, southern Uganda,

Slim was inflicted upon the rebellious / the promiscuous and the criminals / It is terrible now /because it strikes children /who know nothing about the world. /how should we pray? /help us, Father /we are perishing.³⁶⁶

It reflected a popular perception about people suffering from AIDS in Rakai, Uganda since the early 1980s, which was only confirmed to be associated with AIDS by 1985.³⁶⁷ Kaltenbrun's memories hence relate to an early phase of the epidemic in South Africa when media reports were the only places one came to know about cases of HIV. She related these sick cases to the Valley. Hence, it is debatable whether this conversation between Kaltenbrun and Oosthuizen really contributed to the planning of the HAC.

The AIDS Centre started in a room with an external phone line within the combined church premises referred to as the Church Centre. With very little activity in the beginning, which was carried out as part of the Mission and Social Concern Commission of the HMC, they soon decided to try and rent a place outside the church premises at "8 Old Main Road, Hillcrest," which was used as an office of the HAC for a year.³⁶⁸ Placed in an "up market office block," Oosthuizen shares that this turned out to be a bad option for the functioning of the HAC as there was very little response from the community.³⁶⁹ However, volunteers from both the Methodist and the Anglican churches, met at the office frequently to plan various activities.³⁷⁰ After a period of one year, where the MSCC of the HMC found it an expensive affair to continue further in the rented place, the HAC moved into the church

³⁶⁵ Crundwell interviewed by Ninan on August 8, 2012 (un-recorded interview).

³⁶⁶ J. Zatinsky, *Born in Africa*, Film, 1990; Also see Jan Kuhanen, "Challenging power and meaning: outlining the popular epidemiology of HIV and AIDS in Rakai, Uganda, c. 1975 – 1990," *African Journal of AIDS Research*, 9(1), (2010), 81 – 94.

³⁶⁷ T. Kamradt, D. Niese & F. Vogel, "Slim disease (AIDS)," *The Lancet*, ii, (1985), 1425.

³⁶⁸ Report of the Mission and Social Concern Commission to the Hillcrest Methodist Church Council Meeting, 14 October, 1993.

³⁶⁹ Oosthuizen interviewed by Ninan on August 17, 2012.

³⁷⁰ Kaltenbrun interviewed by Ninan on July 19, 2012.

premises again, this time in a “possey hut in the backyard of the church” which Oosthuizen recollects as a,

NO: ...horrible little thing...and I remember when we closed that night we had to put plastic bags over the computer because if it rained it would leak...I mean ‘twas just horrendous but...it was our own office. People could come around the back. They put a special gate in so folk didn’t have to walk into the church property to get to us. They could come around the back and get into this little hut.³⁷¹

The hut was where the Sunday school used to run as it used to be called the “Sunday School Hut” at the Church centre.³⁷² Among the two distinctly different interviews that Oosthuizen gave, this portion is part of a long narration of events that Oosthuizen recollects. The fact that Oosthuizen chose words such as ‘horrible little thing’ and ‘horrendous’ to remember the place where he actually started his ministry on HIV and AIDS seems to suggest an effort by Oosthuizen to kindle the imagination of the interviewer, who is from India. The perceived image of India that the foreign media often gives relates to being horrible and horrendous. A “special gate” to avoid walking through church property to get to the hut reflects the stigma of AIDS within the church members. It applies both to HIV and AIDS, as well as to the White perception of the Black people being labeled as infected with AIDS disease, which was predominant in South Africa.

“Fifteen months” after it started, the HAC was “struggling to find a working method and rapport” amidst the various activities it engaged in within this short period, as shared by Oosthuizen. This included phone “queries, educational workshops to schools, church groups, Service groups, town Board labourers, domestic servants’ counselling, support and care to a few...dying of AIDS,” awareness programs to communities in the “Upper Highway” and serving “various AIDS networks in the greater Durban area.”³⁷³ Oosthuizen, with the backup of Kaltenbrun, was already thinking of engaging “more and more on home based care,”³⁷⁴ which in 1993 was quite early in South Africa. The extended report of MSCC in 1993 perhaps was an attempt to showcase to the parish that the HAC was a worthwhile venture to engage with. This was in spite of the huge rental the parish had to bear, for the lack of responses they were actually getting in 1993, so both Knox and Oosthuizen were

³⁷¹ Oosthuizen interviewed by Ninan on August 17, 2012.

³⁷² N. Oosthuizen, “Report from Hillcrest AIDS Centre,” Reports to the Council Meeting, 14 October, 1993, Hillcrest Methodist Council Minutes Book 1993 to 1996, Hillcrest: 3.

³⁷³ Oosthuizen, “Report from Hillcrest AIDS Centre,” 14 October 1993: 2.

³⁷⁴ Oosthuizen, “Report from Hillcrest AIDS Centre,” 14 October 1993: 2.

relieved to move back into the church premises.³⁷⁵ The annual rental itself had amounted to 70% of the total expenses of the HAC in 1993.³⁷⁶ However, after a stint of about two years with the parish, Oosthuizen was invited to continue for another five years at the HMC in 1993.³⁷⁷ It was the first sign from the parish elders that they were willing to walk along with the young and energetic Oosthuizen, who was beginning to make an impact as an ordained minister, in spite of the little success they had with the AIDS ministry. There are not enough indicators to suggest at this stage that the church members developed an inner competence in HIV and AIDS, except for the fact that they were willing to support the HIV ministry started by Oosthuizen. This was in spite of the financial loss it went through in the first two years. The women who volunteered for the HAC in the workshops were church members who were convinced of the long term consequences that the HIV epidemic would bring. Hence, they took time to get trained and support the ministry through their services. This certainly contributed towards developing the inner competence of the HAC members.

4.4 Challenges within the parish

It was not easy for many at the HMC to agree to an HIV ministry, which contradicted the long accepted mission of the church. Soon however, many realized within the church that various aspects relating to HIV needed to be grappled with, as the epidemic unfolded. Within a predominantly 'White' parish, who had an evangelistic outlook to mission, internalizing HIV became an obvious hurdle for the church members at Hillcrest, as Oosthuizen recollects,

NO: We got in before it was public, before it was in your face. And I think that made it a little difficult because some folk didn't understand why we were going in. "It is not a big problem...for our community. We can understand if you do work in Molweni or wherever but here?" And we were saying, "it is a problem here because the lady who works in your house where her brother is dying there and so these are problems for you, because she is going to take sick leave to go and visit him." We did

³⁷⁵ L. Knox interviewed by Thomas Ninan in Pietermaritzburg on July 24, 2012. Oosthuizen interviewed by Ninan on August 17, 2012.

³⁷⁶ J. de Bruyne, "Financial position of Hillcrest AIDS Centre as at 31/08/1993," Reports to Council Meeting, October 14 1993, Hillcrest Methodist Council Minutes Book 1993 to 1996, Hillcrest Methodist Church Archives: 3.

³⁷⁷ Minutes of the twenty-sixth meeting of the Hillcrest Methodist Church Council held at the Church Centre on 14 October, 1993, Hillcrest Methodist Council Minutes Book 1993 to 1996, Hillcrest: 1.

have folk who felt that, “what we needed to do is to bring them to Jesus.” And we resisted that very strongly...and consciously resisted it, that our counsellors are trained AIDS counsellors, they are not evangelists. They are not to punch...bible passages unless it’s a Christian you are talking to and they want the bible...and that I think again was part of a response because there were church groups that had gone into the AIDS field and “if you come to Jesus you would not get AIDS, but if you are dying of AIDS, you better give your life to Jesus now, well before you die.” And we wanted to go against, so it was part of going directly against that.³⁷⁸

This related to a key aspect of church competence in HIV, where Oosthuizen had challenged the church members at HMC to think about crucial issues relating to the HIV epidemic, particularly in the aspect of internalizing the risk of HIV in an open and honest way. For many of the ‘White’ members of the HMC who usually engaged in social welfare as an outreach of Christian mission, a gradual engagement with HIV work in the Valley as the epidemic unfolded, was a change that didn’t take much time. However, they were willing to work, as long as it was an outreach programme to the Valley or some other place. They were hesitant to talk about risk factors among themselves. The racial barrier made it psychologically difficult within the HMC, particularly among the ‘White’ members, to accept the fact that they were as vulnerable to HIV as the ‘Black’ members within the church. This is a good example of how apartheid and racial partition in South Africa resulted in the creation of conditions which made South Africa “much more vulnerable to mass infection by HIV and made preventive efforts much more difficult to mount.”³⁷⁹

One of the features of the aims of the HMC which Oosthuizen formulated soon after his five year extension in 1993 was “commitment to mission” for which two objectives are noteworthy,

- i. To involve every member in the outreach ministry of the Church; and
- ii. To actively seek and promote reconciliation and fellowship with other Methodists in the Hillvale Region as we fulfil the above.³⁸⁰

³⁷⁸ Oosthuizen interviewed by Ninan on August 17, 2012.

³⁷⁹ Phatlane, Poverty and HIV/AIDS in apartheid South Africa, 78.

³⁸⁰ Hillcrest Methodist Church: Aims and objectives, Decisions at a Society Executive Meeting of the Hillcrest Methodist Church on 11th January, 1994.

The reference to “other Methodists in the Hillvale Region” is to the black members of the Church in the Valley. Though the MCSA had always historically opposed the apartheid regime, the impact of racial segregation in South Africa had its own effect within the MCSA among the black and the white church members and clergy.³⁸¹ Considering that the Methodist engagement with the black community in the Valley of a Thousand Hills started in the late 1980s, “reconciliation and fellowship” between the black and the white communities was a key issue that needed to be addressed within the HMC, more so as the country was moving towards freedom from apartheid. Oosthuizen’s role in reconciliation in the Hillvale Region and the Circuit was exceptional.

The response of the members at HMC was slow, silent and gradual. For a white Methodist parish, which was in close affinity with the black communities in the Valley of a Thousand Hills, the need to engage with HIV and AIDS, as a ministry did not come in an obvious manner, as it did to its clergy and a few women volunteers from the parish? Amidst mixed opinions in the parish, Oosthuizen was careful in how he engaged the church leadership through the HAC volunteers, where during church meetings they would come and share stories of activities, and raise concerns etc.

NO: We do not want our leaders to come and get involved here because they have got work to do at that level. But they need to know what was going on. And particularly with the AIDS Centre which was just getting bigger and bigger, taking on more money and more people. So it was a conscious decision to say, “we need to keep the Board informed...as to what’s happening.”...I needed the Board to agree to the money, so the Council could agree that we can spend more money, so let’s get them weeping...sell it properly....³⁸²

A realistic engagement of the church with HIV was not always centered on awareness, confronting stigma etc. but it necessarily involved agreeing on money. The HAC which was largely involved in HIV awareness programmes in the region during the first five years became widely known as its demand for support from various stakeholders increased. Amidst growing programmes, the HAC team became busier, the challenges within the HMC became more of “agreeing to the money” needed for running the office and the personnel,

³⁸¹ Racial conflict within the MCSA is discussed briefly in Chapter Three.

³⁸² Oosthuizen interviewed by Ninan on August, 2012.

as opined by Oosthuizen.³⁸³ With a growing number of activities and in spite of finding ways to engage church members, it became difficult for Oosthuizen to find time to address the challenges within the HMC, as he shares,

NO: For me there was always a challenge about educating the congregation...we did do as many things with posters, and reports that we could. Once the AIDS Centre got...the containers I think things changed...when the containers went up in the corner, everybody driving in could not miss the AIDS Centre. And we were...continually having testimonies in the church. So Moira would not only share testimonies in a meeting, but in the service she would stand up and say what she did during the week. She invited some of the folks, after church to come and have a cup of tea with her in the AIDS Centre...so it was a conscious marketing attempt...³⁸⁴

Moira Cook was a granny and the oldest among the HAC staff when she volunteered. Fluent in IsiZulu and coming from a poor background, which was not very obvious among the white community in Hillcrest, Cook was more than a handful for the HAC to engage with clients across different races and age groups.³⁸⁵ The Council report of October, 1993 records a moving experience of John Allen, who was in charge of the MSCC in 1993,

I will always remember Moira Cooke's testimonial at the MSSC presentation and am sure there were many a lump in the throat!³⁸⁶

Such sharing of experiences were limited ways through which the HAC engaged the church members with the realities of the HIV epidemic.

The containers were a donation to the HAC soon after they moved in back to the Church Centre from the rented place in 1995.³⁸⁷ As mentioned by Oosthuizen, the containers were a visible reminder to the parish about the HIV epidemic. With increasing activities of the HAC, as compared to the previous years there were now a lot that the church members got to engage. The weekly soup kitchens would be occasions where the HAC volunteers would distribute condoms, share information about HIV and meet any counselling requirements. But not everyone enjoyed such marketing in the parish where every Sunday there would be

³⁸³ Oosthuizen interviewed by Ninan on August 17, 2012.

³⁸⁴ Oosthuizen interviewed by Ninan on August 17, 2012.

³⁸⁵ L. Knox interviewed by Thomas Ninan on July 24, 2012 in Pietermaritzburg.

³⁸⁶ J. Allen, "Mission and Social Concern Commission," Reports to Council Meeting, 14 October 1993, Hillcrest Methodist Council Minutes Book 1993 to 1996, Hillcrest: 2.

³⁸⁷ Oosthuizen interviewed by Ninan on August 17, 2012.

messages about something that they least wanted to hear about. Oosthuizen was aware and sensitive about such mixed reactions in the church,

NO: For some people it was great, “Wow, isn’t God wonderful, look what he is doing through us.” For others they did not want to hear. It wasn’t culture, these are non-Christians...³⁸⁸

But there were also others in the parish who were beginning to feel that perhaps there was too much going on about AIDS within a church. Georgina Dixon, one of the first volunteer staff of HAC, shares:

GD: My own teenager daughter, said, “Mum, please, we have heard enough. We do not want to hear about AIDS anymore.”³⁸⁹

Both Oosthuizen and Dixon recollect this aspect which brings out the fact that it was impossible to have everyone in the church engage as passionately as the volunteers at HAC did with the epidemic. People were varied in their interest, learning and approach. Regular sharing by HAC volunteers, posters and once in a while workshops relating to HIV in the church were conducted. There were also AIDS awareness being conducted in the HMC by other resource people like the one by Michael Worsnip as part of the Christian Education Commission in 1994.³⁹⁰ Worsnip, an Anglican minister, had resigned from Fedsem in 1993³⁹¹ and joined an NGO in Pietermaritzburg, which was involved in HIV and AIDS. He was also part of the delegation that visited some of the East African countries as the National Coordinator of the Progressive Primary Health Care (PPHC) National AIDS programme in 1995.³⁹²

4.5 Engaging with controversies

Prejudices around HIV were not just related to perceiving it as a ‘black disease’ or a ‘gay disease’ but it also challenged the church into talking about sex and condoms, which was met with stiff opposition in the white parish, particularly from the men. Dixon recollects:

³⁸⁸ Oosthuizen interviewed by Ninan on August 17, 2012.

³⁸⁹ E.W.G. Dixon interviewed by Thomas Ninan in Camperdown on August 1, 2012.

³⁹⁰ J. Lund, “Christian Education Commission – April 1994,” The twenty-eighth meeting of the Hillcrest Methodist Church Council held on 21 April, 1994 at the Church Centre, Hillcrest Methodist Council Minutes Book 1993 to 1996, Hillcrest: 8.

³⁹¹ P. Denis & G. Duncan, *The native school that caused all the trouble: A history of the Federal Theological Seminary of Southern Africa*, (Dorpspruit: Cluster Publications, 2011): 262.

³⁹² “Church must prepare for AIDS epidemic,” *Diakonia Council of Churches’ News*, March 1995.

GD: But when we talk to the men, it was very difficult. Ah the men were very anti-women (laughs) telling them that is how they should conduct their sex lives but I think they did kind of realise that there was a problem...whether we got through I don't know, it was a difficult period.³⁹³

The women volunteers at the HAC till 1995 were all aged above 50 years, who engaged in talking about sensitive issues relating to HIV and AIDS. Within a white dominated church such as the HMC, it was not easy talking about sex, particularly among men. Dixon's observation also reflects how men perceived HIV as a disease associated with promiscuity and related that as a problem among women. The participation of men in outreach programmes, both in terms of contributions and their availability, was always a challenge as compared to the women, who as house-wives were more available and responsive. This is observed from a comment by Lee-Ann Oliver, one of the church members at HMC, in a "special meeting" called by Oosthuizen in 1994 to discuss the issue of "non-appointment of a Youth Pastor,"

In order to increase the financial giving we need to look at evangelising the husbands who are not in the church as the wives are not able to give meaningfully financially. We need to appeal to the ladies to tithe their time so that needs can be met in the Body, and expenses saved.³⁹⁴

The fact that men were more in control of finances within the HMC, indicates that there were more earning men than women in the church. This was in spite of an almost equal ratio of women who participated in the HMC Council meetings. After analyzing the HMC Council meeting minutes from 1989 to 2001, it is striking that the women in HMC played a consistently active role in the leadership of the church as well as in each of the commissions. Not to forget mentioning here, that it were a few women, most of whom were above their middle age who responded to make the HIV ministry at HMC a success.

Condoms and discussions on "safer-sex" were issues that used to be widely discussed during Council meetings.³⁹⁵ Even the voluntary staff at the HAC had to face their own convictions when it came to the issue of condoms, as Dixon recollects:

³⁹³ Dixon interviewed by Ninan on August 1, 2012.

³⁹⁴ L.A. Oliver, Minutes of the Special Meeting held in the Small Hall on Monday, March 1994, Hillcrest Methodist Council Minutes Book 1993 to 1996, Hillcrest.

³⁹⁵ Minutes of the Twenty-eighth meeting of the Hillcrest Methodist Church Council held at the Church Centre on the 21 April, 1994, Hillcrest Methodist Council Minutes Book 1993 to 1996, Hillcrest: 2-3.

GD: It was difficult talking about condoms because each of us had a kind of conscience about whether or not we should be teaching condoms to young children, but we realised that we were in a life and death situation. So it was something each one of us played with mentally whether it was right or wrong.³⁹⁶

It was not just the issue of talking about condoms at the HMC but the HAC volunteers literally distributed condoms in the church site, which really annoyed many church members. Allen Schnell, an active member of HMC who went on to become a Methodist clergy towards the late 1990s, shares one such experience,

AS: ...they were handing out condoms and there were leaflets going out that were promoting condoms and I was unhappy because I felt this was against what the church should be doing. We should be preaching abstinence and not promoting condoms. And this was a personal one and I actually approached Neil on it and told him my concerns and he suggested that I speak to Linda.³⁹⁷

The issue of condoms when engaging with HIV and AIDS is a relevant issue at any point of time for any individual or faith community. It was a time when besides the Roman Catholic Church, no other Church had publicly expressed their stand on condoms.³⁹⁸ Handing out condoms to people in a church compound was definitely a bold initiative, which perhaps would not have happened if the AIDS Centre was not located within the church compound. Noteworthy is Oosthuizen's effort to provocatively try and engage his church members with a sensitive issue relating to HIV, which otherwise would go down as another piece of information. And it did pay rich dividends, at least with a few cases, such as Schnell.

AS: I remember very clearly Linda pointing out to me the factors that I had not really thought about, it was about the domestic ladies they interviewed and counseled. They had husbands who were up in Johannesburg who slept around and came back and how do they control themselves. Condoms were one way to prevent the spread...But one of the other things that she challenged me in saying, that it was not their job to promote abstinence, it was rather the preachers and the ministers to do

³⁹⁶ Dixon interviewed by Ninan on August 1, 2012.

³⁹⁷ Schnell interviewed by Ninan on August 8, 2012.

³⁹⁸ J. F. Drane, Condoms, AIDS and Catholic Ethics: Open to the transmission of death? *Commonweal*, 118, 1991: 188 – 192.

so. I was a lay preacher at the time and her comment was something along the lines that I never heard anybody preach upon.³⁹⁹

It is unlikely that the issue of condoms was limited to a “personal one” as shared by Schnell as if most of the other church members approved it. Rather it would have been a major controversy among many in the church, both for distributing it on the church site as well as for discussing it in church meetings, which though not recorded in any church minutes, it would have been an obvious point of argument as Oosthuizen reveals,

NO: ...that was the last straw for a lot of people, and we understood that. I had delegations come to see me about these things, people saying I’m leaving the church because of this reason and we would say, “folks, we understand where you are coming from, I’m sorry. But...we got to do what we are doing. It is what God wants us to do. In an ideal world, I would not distribute condoms, but this world is not ideal. And if condoms can keep a teenager alive for another five years, until their brain switches on...then I can talk to them...”⁴⁰⁰

It was not easy for many church members to accept these reasons, which took a while for many to accept.⁴⁰¹ Oosthuizen’s enactment of the past comes as a sermon, probably narrating these familiar lines which would have been shared with many over the years. In spite of Oosthuizen having gone through a mental breakdown, recollecting these lines were not difficult, which would have not only come out of a concern of the interviewer’s ignorance of such a past, but mainly because this conversation was happening in another time with another person, bringing a part of the past which importantly would be slightly different from his past sharing.⁴⁰² Oosthuizen’s sermon style of sharing of the past, synced in well with the interviewer who also being a clergy, had contributed towards “creating a conversation” and “establishing a relationship,” as Grele notes.⁴⁰³ It seemed like Oosthuizen had grasped the challenge the interviewer faced in his context to engage the church with the epidemic, and hence found it relevant to locate himself back to his time, as if he was preaching to his old audience. India is yet to come to a situation where condoms can be

³⁹⁹ Schnell interviewed by Ninan on August 8, 2012.

⁴⁰⁰ Oosthuizen interviewed by Ninan on August 17, 2012. Distributing condoms was shared as a major issue by two other interviewees, namely Pat Lund and Linda Knox.

⁴⁰¹ J. C. Lund interviewed by Thomas Ninan on August 2, 2012 in Hillcrest. Lund shares that many of those who left came back to the church after a while sharing they understood these challenges better.

⁴⁰² R. Grele, *Envelopes of sound: The art of oral history*, (New York: Praeger, 1991 2nd edition): 263.

⁴⁰³ Grele, *Envelopes of sound*, 243.

distributed in a church compound, but the reality of saving a life through a condom, continues to be relevant.

Other similar reasons and the HAC being on the church site became uncomfortable for many. There would not have been many like Schnell in the church, who accepted the need to have discussed the issue about condoms and came to a positive conclusion at the end of it, understanding the context of condoms much better and finding the relevance to preach about abstinence.

Oosthuizen recollects more of such resistance from the church members,

NO: In Durban there existed a strong involvement in the gay community. We were condemned. We felt moving into the rural areas if we wanted to get into people's love lives. We started talking to the nyangas, the traditional healers, and again that was immediately another anathema, "how dare you talk to them, they are all witch doctors," We said, we are going to the herbalists. Because people who are sick they come to the doctor but on the way home they are going to stop at the herbalists and the herbalist is going to have more effect on them than the doctors." And a lot of folks were very anti to the thought.⁴⁰⁴

Oosthuizen's experience of condemnation could only be confirmed from other interviewees, who were volunteers of HAC and were members of the HMC, such as Linda Knox and John Lund.⁴⁰⁵ The HAC's engagement with the nyangas in the early 1990s came at a time, when there was very little engagement with traditional healers in South Africa. It was only in 2004 that the South African government enacted the Traditional Health Practitioners Act. This was an outcome of the 56th World Health Assembly of the WHO, which had resolved in 2003 that "its members' national health systems promote and support provision of training traditional health practitioners, calling for a system to accredit them."⁴⁰⁶ The only link to traditional healers would have been from the PHC initiatives in South Africa, which would have brought vital information towards promoting a practice of holistic health. Daryl Hackland's experience in rural medicine and PHC in KwaZulu region would have been reliable sources for Oosthuizen to venture out to the nyangas.

⁴⁰⁴ Oosthuizen interviewed by Ninan on August 17, 2012.

⁴⁰⁵ J. Lund became an active member of the HAC from 1996 onwards, but being one of the Committee members of the HMC earlier, he was well aware of the arguments around the HAC.

⁴⁰⁶ AIDS Foundation of South Africa study on traditional healers, 2008, AFSA: 6.

Oosthuizen reveals that their engagement with the gay community in South Africa in the early 1990s was met with much resistance both within the HMC and the MCSA.⁴⁰⁷ Other than Oosthuizen and one HAC staff, namely Linda Knox, no other interviewee shared anything about their engagement with the gay community in Durban. But Dixon does share that the perception of HIV and AIDS was that it was a homosexual disease, which was a point of resistance.⁴⁰⁸ The engagement of Oosthuizen and Knox among the gay community in Durban indicated that they were more involved than many others with the gay community and so they felt more of such resistance on the issue than those who were less involved. Though there is no evidence of such engagement of the churches with the gay community during this period, such individual Methodist responses in the early 1990s was significant.⁴⁰⁹

Hence disagreements relating to HIV within the parish was not just about not agreeing to condoms or gay issues, but it also related to people's natural and at times overwhelming reactions to too much about AIDS within the church by a passionate marketing attempt. But such were the realities that the epidemic was slowly bringing about in the lives of a rising number of people in Hillcrest. It was being shared by a small group who at best were overwhelmed themselves by the challenges that they faced every day. Though the lay leadership of the HMC formally agreed to have activities related to HIV as part of its MSCC, many in the parish expressed their discomfort and disagreement with many of the activities that the HAC engaged with in the initial years.

Oosthuizen's approach and sensitivity amidst opposition and resistance within the parish was crucial. Any public expression of disagreement would be aptly clarified by Oosthuizen as the narrations above reveal. But more than such public expressions, the unexpressed resistance of some of the significant members of the parish came to light when the Methodist church in Hillcrest was moving over to their new premises in 2002, much after Oosthuizen's departure from the HMC. This aspect will be discussed later in this chapter but for now, it is crucial to look closer into the role of Oosthuizen in engaging the parish with the HIV epidemic, exceptional because no one else did something similar during his time. The journey of change in attitude within the parish was slow, gradual and varied from person to person.

⁴⁰⁷ Oosthuizen's engagement with the gay community in Durban has been discussed in detail in Chapter Five.

⁴⁰⁸ Dixon interviewed by Ninan on August 1, 2012.

⁴⁰⁹ See Chapter Five for a detailed discussion on this.

It was not just the initiatives taken by Oosthuizen in addressing such disagreements that brought about an internal change of attitude among many in the parish, but it was also complimented by the stark realities that the HIV epidemic was bringing about by the mid 1990s, particularly in KwaZulu-Natal. Nkosazana Dlamini Zuma, the Minister of Health in the new South African government, made a declaration in the Parliament about the “alarming” rate of infection in South Africa in 1995:

The increase in HIV prevalence amongst pregnant women is shown the burden is not felt to the same extent in all parts of our country: KwaZulu-Natal 18.2%, Mpumalanga 16.2%, Gauteng 12%, Free State 11%, North West 8.3%, Eastern Cape 6%, Northern Cape 5.3%, Northern Province 4.9% and Western Cape 1.7%.⁴¹⁰

AIDS workshops started picking up slowly as the epidemic unwounded, but the requests were more from schools and other work places than the churches.⁴¹¹ The main activities of the HAC in the initial years were mainly geared around HIV awareness. The need for taking up counseling came up much later as requests for personal meetings after the workshops began to increase. As the HIV epidemic unfolded down the years, Oosthuizen and his team were sensitive to the changes and challenges it brought forth, responding as and when the need arose by asking themselves, “what can we do, or let us do it now.”⁴¹² This indicates a level of inner and outer competence of the HAC, which by 1997 had become more self-reliant and organized with its activities, becoming more independent from the HMC as the following events discussed in detail.

4.6 From HAC to HAC Trust (HACT): winning friends amidst controversies

The events that followed the *Sarafina II* episode affected many NGOs engaged in HIV work as the government funding was drastically reduced.⁴¹³ Oosthuizen thereafter never relied on government funding for HAC. In January 1998 *The Highway Mail* carried the news “Hillcrest AIDS Centre in dire straits,” due to “drastic cuts” in the budget by the Department of Health, because of which the HAC had reached “imminent closure.”⁴¹⁴ The R44000 budget allocated by the Department of Health for the HAC was hardly enough to run the activities both in Hillcrest and Molweni at that time, which according to Linda Knox was falling short by R130

⁴¹⁰ N.D. Zuma, “Zuma’s response to *Sarafina II*,” <http://www.doh.gov.za/show.php?id=14> accessed on October 24, 2012.

⁴¹¹ Oosthuizen interviewed by Ninan on August 17, 2012.

⁴¹² Oosthuizen interviewed by Ninan on August 17, 2012.

⁴¹³ Oosthuizen’s engagement with *Sarafina II* has been discussed in detail in Chapter Five.

⁴¹⁴ L. Coombe, “Hillcrest AIDS Centre in dire straits,” *The Highway Mail*, January 23, 1998: 1.

000.⁴¹⁵ Hornby who was the CEO of HAC in 1998 during this crisis, shares a miracle that happened at that time:

JH: ...it was a stage of closure really, because the only major funding that we had at that stage was Department of Health and we started to get funding late that year but...the funding was drastically reduced, it went from a R100 000 a year to R30 000...It's always a difficult position to be in...so there was a change in mindset and then we started applying for money elsewhere...we were on the brink, salaries were going to be paid...it was the 30th of January, there was no money in the account. And on the 31st there was an 80 000 deposit. I can't actually tell you how often God has taken us to the cliff, shown us the view and just as we were about to drop, He pulled us back. That has happened on numerous occasions.⁴¹⁶

The HAC by 1998, though it had become more administratively independent and financially self-reliant in its affairs from the HMC, finding support for its growing activities continued as a challenge as Hornby reveals. The April 1998 issue of *The New Dimension* carried the news of Hornby and Sue Anne Swindon from the Pinetown Methodist Church raising an excess of R2000 by swimming the Midmar Mile in "excellent time" to "raise much needed funds for the desperate Hillcrest AIDS Centre."⁴¹⁷ It was a difficult year for the HAC as it was for the first time in its history that it found itself with little support both from the government and the parish to meet the huge budget that was required to run the various activities that had picked up by that time. Oosthuizen shares how they survived that phase:

NO: With great difficulty. Linda was a deep gift. She had no problem phoning someone up and say, "hey we need R8000 can you help us?" which I could never do. The AIDS Centre never had a bank balance...but we were always able to meet staff requirements. Sometimes, the Mission and Social Concerns would give us extra money. At times we did well internationally, while I was there and again with Linda, she applied to Elton John, personally, and we got a letter from the Elton John AIDS Foundation saying, "we are very impressed by what you do, we are in the middle of the financial year so we cannot help you, but here is a gift, sorry it's only 10 000 pounds." R120 000. That is almost half our annual budget. We had folks raising

⁴¹⁵ Coombe, "Hillcrest AIDS Centre in dire straits," 1.

⁴¹⁶ J.A. Hornby interviewed by Thomas Ninan in Hillcrest on August 2, 2012.

⁴¹⁷ "Midmar Mile helps AIDS Centre," *The New Dimension*, 28 (4), April, 1998: 8.

money overseas for us, we had a church in the States which would send us a 1000 dollars and that is R7000 which would be somebody's salary...⁴¹⁸

International funding for the HAC seemingly picked up from 1998 onwards, particularly after the *Sarafina II* controversy which had brought the HAC into the limelight both within South Africa and abroad. The fact that the HAC went on to grow further from 1998 in spite of minimal support from the government is a good indicator that the HAC had won a significant number of well-wishers both within South Africa and abroad for its work to be sustained. By September 1998 the HAC was registered as a non-profit organisation with the name Hillcrest AIDS Centre Trust (HACT) which was valid for 2 years and thereafter renewed in 2000.⁴¹⁹ It projected itself as "an inter-denominational organisation serving the Outer West Community," where the board included representatives from the Methodist and the Anglican churches.⁴²⁰ It was in the Board Meeting chaired by Neil Oosthuizen on 16 September 1999 that the Deed of Trust was signed by the people present who were nominated as the Trustees of the Board and by the next Board meeting in November 1999, the Trust had been registered. The Deed of donation in Trust was drawn between the Hillcrest Methodist Church (referred to as the Donor) and the Board of Trustees which consisted of eleven members, namely "Bishop George Irvine, Rev. Neil T. Oosthuizen, Rev. Nicholas B. Kerr, Eric Alistair Saunderson, Linda M. Knox, Dennis Thulani Vilakazi, Dr. Valerie Agnes Wilson Patton, Julie Anne Hornby, John Clive Lund, Allison Lynne Myeza and David John Neville-Smyly."⁴²¹

4.7 Some positive impact made by the HIV positive people in Hillcrest

Among other reasons, Knox interpreted the cuts of funds by the government in 1998 as a sign of neglect of HIV incidence among the white population in Hillcrest.⁴²² Knox the activist had raised the need of the HACT in a clever way. The activities of the HAC at that time not only happened in the Valley, but the awareness programmes and counselling demands that happened among the white population in Hillcrest area were affected due to the shortage of funds. Frequent queries had been coming to the HAC from the white communities in

⁴¹⁸ Oosthuizen interviewed by Ninan on August 17, 2012.

⁴¹⁹ Director: Non Profit Organisations, Department of Welfare, Letter to the HACT, 1 March, 2000.

⁴²⁰ Hillcrest AIDS Centre Trust, Letter to the Property Committee, The Anglican Church Board, Hillcrest, 19 October, 2000.

⁴²¹ Memorandum of Agreement, Hillcrest AIDS Centre Trust, 16 September, 1999.

⁴²² Coombe, "Hillcrest AIDS Centre in dire straits," 1.

Hillcrest and the Durban area, not just relating to their black maids but to white people as well.⁴²³ Enquiries and counselling sessions relating to white gay people had been attended to at HAC since 1993 onwards. It was around 1998 that a white lady, Anne Leon, who had been HIV-positive for eight and a half years, publicly shared her status and came forward to work as a volunteer at HACT.⁴²⁴ It was a phenomenal experience, especially for the white communities, to hear her story as she shared it through the HAC in churches, schools, organisations. Oosthuizen recollects the effect it had on the HMC:

NO: ...people would say, “well we think they should sterilise all of those who are HIV positive, and we would let it go” ...and then Julie (sic) would say, “I’m HIV positive” and it was just like a normal healthy happy friendly nice person and then she would just tell her story. “My husband had an affair; I discovered that he had been having several affairs. I divorced him and seven years later I got sick. Is this my fault? Is this my daughter’s fault? How can you condemn me or my daughter. People’s minds were blown and now suddenly, we had an HIV positive person in our church and it was ok.”⁴²⁵

Oosthuizen tries to re-live those moments as he narrates this with much excitement. One of the effective ways of reducing the stigma related to HIV and AIDS was by using a realistic way of communicating a problem. Here, Anne Leone tries to re-enact her problem in person, thereby bringing her audience in close touch with her life threatening problem. Such an experience within churches had a definite impact among the church people in reducing the stigma to a large extent.

Pat Lund, one of the HMC members who attended such a workshop shared a similar experience,

PL: ...once at the Waterfall Church, they got a lady who had AIDS stand up and give a testimony...people were very touched by that because, it was a white woman and her husband had transmitted her AIDS. This was a result of a one night stand for some business and I think that might have been something that woke people to

⁴²³ Oosthuizen interviewed by Ninan on August 17, 2012.

⁴²⁴ A. Schaffer, “Demystifying HIV/AIDS,” Pamphlet, Unknown source found at the HACT collections.

⁴²⁵ Oosthuizen interviewed by Ninan on August 17, 2012.

realise that it is not just a black disease and that you can be infected by AIDS and be totally innocent...⁴²⁶

Anne Leon went on to serve both as a volunteer at HAC and, according to Oosthuizen, a part of the HMC as well. And it was not long before the HAC volunteers came up with a new banner within the church:

NO: ...it must have been '97-'98...when we actually put a banner out, "Our church is HIV positive" and...the stigma was gone in our church.⁴²⁷

It was soon a regular feature for Anne Leon to go and share in white-dominated churches in KwaZulu-Natal from that time onwards, which had a telling effect in reducing the HIV related stigma in the white churches in KZN. But Oosthuizen notes that stigma among the white communities in Hillcrest had reduced comparatively faster than in the black communities in the Valley where the stigma was still perceivably very high. The impact of the work of HAC in the Valley would have taken longer as they started an AIDS Centre in Molweni in 1996 at the Methodist church there. Calling it the Molweni AIDS Centre, two black staff were employed to work there after due training in HIV counselling. As discussed in Chapter Four, the engagement of the white community at the HMC with the black community in the Valley had started in the 1980s mostly in the form of running programs like the Pensioner's Scheme, feeding scheme, constructing houses (during the riots), running a crèche, an occasional braai, offering help to the orphanage etc. The HAC started conducting HIV awareness programs in the Valley through gospel concerts, sports events etc. These happened in spite of language being a barrier. Though by 1996, the HAC were able to employ two full time black staff for HIV work in Molweni, they had to be very careful in communicating HIV awareness to the community through deceptions, as shared by Oosthuizen:

NO: ...at that stage people were killed or kicked out of their homes because they were designated HIV in some of the black rural areas. So we actually opened up a second hand clothing store in the church. The church had a hall and a little house that was built originally as the evangelist's house. We rented the house from the church and turned it into a clothing shop. So you could come and buy clothes and

⁴²⁶ P. Lund interviewed by T. Ninan in Hillcrest on November 2, 2012.

⁴²⁷ Oosthuizen interviewed by Ninan on August 17, 2012.

while they slip into one of the counselling groups and come out with a new pair of jeans, nobody would know where they had...⁴²⁸

Not much could be assessed about the stigma related to HIV and AIDS among the black communities in the Valley besides Oosthuizen's sharing about it. The presence of the women volunteers in HACT made such interventions in the Valley innovative and effective to reduce stigma relating to HIV and AIDS.

By 1996, there was an increased number of house visits to the sick in the Valley, which happened by word of mouth. Realising the increasing number of sick cases to be attended to, Hornby soon called in her friend Dru Stewart Hill, another community nurse, who joined the HAC as a volunteer in 1997. By this time, the black community recognised the medical care being given by the HACT staff in the Valley. Hornby recalls her experience in the Valley:

JH: People died quickly...because by the time we got to know about them, it was too...well there was no treatment so, died quickly...And then one day...I went to visit a patient in a squat-settlement and it was February, in Durban is steaming hot, it must have been 1999...and this patient lying in the tent, was a woman, she was just a picture of full blown AIDS. Kicks you in the stomach even now you know, that's just such an awful picture. It was such squandering hot in the tent and there in this baffling condition, next to this patient was a member of the community. And that's when we realised that instead of looking at what we can't give as home based care, we needed to look at what we could give them. We could give them training, skills, the know-how and possibly even incentives. And so in 2000 we trained our first group of home-based carers (sic), Sinosizo trained them, the Catholic Church group, and that group came from the income generating group that we started in 1998.⁴²⁹

Sinosizo was the Home based care project started by the Catholic Archdiocese of the Durban AIDS Care Commission (CADACC) in 1995.⁴³⁰ This example narrated by Hornby is a perfect example of how PHC practice could be integrated with the HIV epidemic. People of the community were trained in home based care. The experiences of the two nurses were invaluable for the Valley. Such learning of the HAC staff from the spreading HIV epidemic was ongoing and responses took place instantly with a long term impact. The income-

⁴²⁸ Oosthuizen interviewed by Ninan on August 17, 2012.

⁴²⁹ Hornby interviewed by Ninan on August 2, 2012.

⁴³⁰ Sinosizo, A project of CADACC: History, http://www.sinosizo.co.za/?page_id=5 accessed on November 27, 2012.

generating group which started in 1998 with the name Woza Moya became one of the most self-sustainable initiatives of the HAC in the Valley. It helped many infected and affected with HIV and AIDS. These interventions by the HACT were indications of an outer competence within the HAC as they learnt from the challenges that the HIV epidemic brought forth. Here in the cases discussed, it was the positive people who were instrumental in building up inner and an outer competence among the churches they engaged with, as well as the NGO, namely the HACT.

4.8 Imminent separation of the HACT from the HMC

With the HACT developing into a Trust, it had begun to be a separate entity with its finances and meetings happening independent from that of the HMC under the MSCC. However it is notable that the HACT continued to make its presence in the church meetings with regular reports being shared with the parish at the Council meetings or the Annual General Body Meeting of the parish. Linda Knox and Moira Cooke used to be regulars at such meetings, with John Lund now adding to their presence in the parish. But the signs of an imminent separation were beginning to make its presence felt in different ways, as Oosthuizen shares:

NO: And at that point...it had...outgrown the Hillcrest Methodist Church so drastically. But still operating out of its little containers...Linda was employed as the CEO, we had the two ladies in Molweni that were paid. At that point I stopped direct involvement...with HAC. Nick Kerr the Anglican priest was on their board, I never got on that, I was never asked to join that board, and...I was glad I didn't because I was involved through the Methodist church so...we could put lay folk on the board...⁴³¹

Oosthuizen's engagement with the HACT had reduced to quite an extent, particularly after 1995. Just a year before, the minutes of the HMC Council meetings, of July 1994 particularly, raised the issue of a "leadership crisis" in "youth work" and "within the church" as there was a sense of unwillingness from the parish in taking on the role of Society Steward and that Oosthuizen found it very difficult to devote time to the youth.⁴³² The expectation to have a Youth Pastor in the HMC had started even before the time Oosthuizen had joined the parish, for which there had been a decision taken at the 1989 AGM to allocate the "Fair

⁴³¹ Oosthuizen interviewed by Ninan on August 17, 2012.

⁴³² Minutes of the Twenty-ninth meeting of the Hillcrest Methodist Church Council at the Church Centre on 21 July, 1994, Hillcrest Methodist Council Minutes Book 1993 to 1996, Hillcrest: 5-6.

money” to a Youth Pastor.⁴³³ Though it was a requirement of the HMC to have a separate Youth Pastor then, because of Oosthuizen’s special interest in youth work, which was shared by Allen Schnell, a Society Steward, in the Council meeting in July 1990, it was agreed that for the time being, Oosthuizen would take care of the youth work in the parish. In the initial years, the youth work in the parish picked up very well with Oosthuizen’s enthusiasm, but as his engagement with the AIDS ministry grew, by 1993 the issue of a Youth Pastor was back on the Society Council agenda, to cater for a large number of youth in the society by then. With increasing activities of the society which needed budgetary allocations, the issue of the Youth Pastor remained unresolved due to financial constraints of the parish. In the Council meeting of July 1994, it was felt that if Oosthuizen were to “take over leadership” of the youth work, then one or more of his responsibilities relating to the “Embo crèche,” “AIDS work” or that of “District Mission Secretary” needed to be handled by others. It is evident that not all was well with an overworked minister at the HMC, which had now reached a limit. The period after 1995 was also the time when Oosthuizen got much involved with NACOSA and the *Sarafina II* controversy. Oosthuizen’s commitment to the resolution of these issues at the national level constrained him to engage in the daily activities of the HACT. This is more so as by 1996 the activities of the HACT had started to expand into the Valley, particularly after the joining of Julie Hornby, a trained community nurse by profession. With expanding activities in the Valley, Nick Kerr, the Anglican minister, who was well conversant in IsiZulu would probably have been an obvious option by this time to be on the Board of the HACT, considering the busy schedule of Oosthuizen. Hence after 1995, Oosthuizen seems to have taken more responsibilities in the Circuit and the District and lesser in the HACT. The HACT during this period continued to grow under the leadership of Linda Knox and then under Julie Hornby. It is noticeable that though Oosthuizen speaks of himself being lesser engaged with the HAC after 1995, the last few Board meetings of the HAC in 1999 were chaired by him, at which the key decision of making it a Trust was taken and implemented. Hence this recollection of his “never asked to join the Board” needs further clarification as to mean either a lesser involvement with the expanding activities of the HAC because of his busier schedules as a Methodist minister or the HAC had by then become self-equipped to sustain itself and grow as an independent organisation. Both of

⁴³³ Minutes of the Sixth meeting of the Hillcrest Methodist Church Council at the Church Centre on 30 November, 1989.

these factors resulted in what should be recognised as the beginnings of the separation of HAC from the HMC.

As the paying of a bond of R100 000/- was coming to fruition by the time Oosthuizen was leaving the HMC, it was time for the parish to consider their long time plan of moving away from the joint premises with the Anglicans. Along with this option, there was discussion among a smaller group in the Anglican-Methodist Trust about the future of the AIDS Centre too in 2000 and it was agreed that the HMC would move away from both the Anglicans and the AIDS Centre.⁴³⁴ Though this has been recorded as part of the commission reports shared at the AGM of 2000, it is not clear whether this was specifically discussed at the AGM. This impression was not just limited to within the Trust members, but the HAC staff itself had been thinking of a bigger place as the existing containers were already posing a problem in accommodating the activities of the AIDS Centre. But the plans to look for a new place had not been initiated by the HAC staff as they expected a space within the new premises of the HMC. At the AGM of 2000, Len Harris, one of the members of the Trust and John Lund lead the discussions about the possible future of the HMC, with no mention of the AIDS Centre. It was some time after such a discussion that Julie Hornby was given a notification to vacate and find a new place for the AIDS Centre. Hornby shares the moment:

JH: I think it brought up a lot of emotions within the...I am not a member of the Hillcrest Methodist but Pinetown Methodist and so for me it wasn't a personal issue. For me it was righteous anger, I was so angry. Whereas John (Lund), he was a member of that church and for him he saw it as a personal...for those of us who work at the AIDS Centre, it was part of us and you almost see it as a personal attack...that righteous anger was serious...playing...We got a stay, because the minister didn't know about the letter. But there were certain members of the church that really didn't like us and we didn't like them. We knew who they were and they knew who we were. And...so there was a bit of...a divide.⁴³⁵

Though it is likely that Eric Dorey, who took over from Oosthuizen as the minister at the HMC by the beginning of 2000, may not have known about the Trust Chairman's written request to the AIDS Centre to vacate the place, he was very well aware of their plan. John Lund, however, was not aware of it in spite of being a regular member at the HMC and as

⁴³⁴ L. Moore, "Anglican-Methodist Trust report," Hillcrest Methodist Church Commission reports to the Council at the 16th Annual General Meeting, 3 February, 2000.

⁴³⁵ Hornby interviewed by Ninan on August 2, 2012.

one of the Society Stewards at that time. As a staff member at the HACT, Lund shares his feelings:

JL: ...we approached Eric (Dorey) at that stage and we said that we don't want to move the containers...I think the Trust didn't want us to move the containers and they offered us one of the units. At that stage, there were seven units...in the new premises. We honestly felt that we would always be provided with premises within the church, in whatever form. But the Trust had different ideas, which weren't discussed with us. I was on the building committee at that stage, my function was to raise loans being a Bank Manager...The dreadful thing for me, was the fact that I worked with everybody, I knew everybody intimately, and to be given a letter, out of the blue, to say that they've given us three months of notice...was a shock. Julie and myself...we just could not believe, and I still have difficulty to...even though I've been to counselling...I needed to go through, I couldn't go to my own church...or another Methodist church. So I had to look for another church...I needed Christian counselling...⁴³⁶

There is another angle towards the leading up of the controversial letter, which gives an idea about the relationship between the HAC staff and some of the HMC members long before this incident. Pat Lund sheds light on this:

PL: I can remember a little bit of dissension...as the people who worked in the AIDS Centre...were very protective of their patients and of the whole thing and I think if anybody dared say anything, they would, you know, come up fighting.⁴³⁷

Considering that the AIDS Centre had been handling quite a bit of controversies from the time it started, such occasions of dissensions had their effect on the church members, particularly those who could never get over such differences. This is a key aspect that requires attention for church engagement with HIV related activities. It is natural to have people in the church who would have different opinions and attitudes towards issues related to HIV. It is impossible to expect everyone to be on the same wavelength and passion when it comes to engaging with HIV related issues. Such differences in attitudes within the church contributed to the eventual separation of the HAC from the HMC. The passion of a few individuals in the church for the activities of the HAC had made it necessary

⁴³⁶ Lund interviewed by Ninan on August 2, 2012.

⁴³⁷ P. Lund interviewed by Ninan on November 2, 2012.

to create an independent organization for a better response to the epidemic. Personality clashes may well have played a role in addition to attitudinal factors relating to HIV, which would have led to further dissensions after the separation. However, these personality clashes did not affect the relationship between the HAC and the HMC as the HAC continued to function within the new premises for a short while before moving to a new place. Both the Methodist and the Anglican ministers were active participants of the Board meetings in 2000 and 2001 which helped to finalise the relocation of the HACT to 26 Old Main Road in Hillcrest, the place where it continues till today.

4.9 Conclusion

The journey of the HMC in starting an HIV ministry came to its fruition in the form of the HACT. This ministry with the involvement of a few women volunteers from the HMC tried to respond to the various challenges that the HIV epidemic brought forth, both in Hillcrest and the surrounding region. The engagement of Oosthuizen with the gay community in Durban came as a unique venture, though at a time when the gay community was among the first that were able to respond to the epidemic. However, this was more a pastoral venture than something related to HIV, which caused condemnation and displeasure within his own church. It is difficult to gauge the competence levels of the members of the HMC. However, the sample of interviewees from the HMC during that period revealed that people within the church changed their attitude over a period of time, accepting the reality of the epidemic to a certain level. Confronting the various factors related to inner competence and accepting changes in attitude was definitely a process they could not stay away from. In certain aspects of the outer competence, it was quite unrealistic for them as a church to be engaged in aspects such as networking and building themselves in technical competence as they grappled through some key issues relating to inner competence. Only a few chose to continue engaging in such work because they thought it was worthwhile. Although the presence of the HAC on the church grounds served the purpose of the HAC and the AIDS ministry, it did not necessarily help the church build a long term plan in their engagement with the HIV ministry. In fact, they looked for an opportunity to separate. The extent to which such a venture influenced the position of the MCSA during the period 1990 – 2001, will be investigated in the following chapter.

CHAPTER FIVE : RELEVANCE OF HIV RELATED INITIATIVES BY THE METHODISTS IN HILLCREST AND PINETOWN TO THE METHODIST POSITION ON HIV AND AIDS DURING THE PERIOD 1990 – 2001 IN SOUTH AFRICA

This chapter discusses the relevance of the Methodists' initiatives relating to HIV and AIDS in Hillcrest and Pinetown during the period 1990 to 2001. It relies on interviews conducted with a sample of interviewees from the Hillcrest Methodist Church and the Hillcrest AIDS Centre. Many of these interviewees were no longer placed in Hillcrest. Some were also selected from the Pinetown Methodist Church, particularly from Phakamisa, and a few senior staff at the Methodist House in Johannesburg, some of whom have now retired. Primary and secondary archival materials from the archives at the HMC, the PMC, and the Diakonia in Durban and the Methodist House in Johannesburg were also used. While some of the interviewees had fresh memories of that time, some found it difficult to remember dates and certain details. Hence in writing this chapter, an effort has been made to identify those memories which would reflect a trace from the past, though perhaps not having all the details, while they do represent a part of the history of the people of Hillcrest. Methodism as written in this chapter does not reveal all aspects of the Methodist Church or its ethos in its fullness, but has been narrated according to my own limitations as an Indian and as someone belonging to another Church, namely the Indian Orthodox Church.

5.1 Contribution of the Clerpine circuit to the MCSA position on HIV and AIDS

The Clerpine Circuit within the Natal Coastal District included twelve churches at that time, namely "Marianridge, Kloof, Hillvale, Clermont, Pinetown, Emseni, Kwa Dabeka, Molweni, Queensburgh, Westville, Klaarwater, and Kranskloof," as referred to in the Circuit Quarterly Minutes of the Clerpine Circuit.⁴³⁸ In order to assess the contribution of this Circuit; two key locations within the circuit were identified for the study, based on the historicity of resources and the importance of it related to the issues in focus. These were the Pinetown Methodist Church and the Hillcrest Methodist Church.

⁴³⁸ Minutes of the Eleventh Clerpine Circuit Quarterly Meeting held at Pinetown on 27 July 1991, Archives of Pinetown Methodist Church, Pinetown.

5.1.1 The Pinetown Methodist Church

The Pinetown Methodist Church (PMC), which is the oldest Methodist Church in the Clerpine Circuit and the Natal Coastal District, has an interesting history of engaging with developmental initiatives starting from the 1980s when Ray Light was the Circuit Superintendent. Ray Light who was also the Minister at the PMC, initiated a lot of developmental projects among the black communities in the Clerpine circuit through the church. Despite restrictions during the apartheid times to engage with the black societies and communities within the Clerpine circuit, the PMC initiated two projects in 1987, namely Sizanani and the John Wesley Pre-school. The history of these two projects had much to contribute towards understanding the position of the MCSA with respect to the HIV epidemic in the early 1990s, at least in the Clerpine Circuit and the Natal Coastal District. Sizanani was started much before 1987 by “two members of the Pinetown Methodist Church” as “a pilot project in a garage. Basic sewing skills were taught to become proficient enough to earn a living, as mentioned in a draft report of the Sizanani project.”⁴³⁹ With due success, this project “...expanded to the Pinetown Methodist Church. A new Training Centre had been completed with funding from the Anglo American Corporation and volunteers from the Church.”⁴⁴⁰ The John Wesley Pre-school was started “in 1987, in the depths of ‘Apartheid’ for children aged 3 to 6 years,” which “defied the South African Nationalist Government and allowed Black children to enroll at the school.”⁴⁴¹ The John Wesley School in Pinetown had its beginning as a Pre-school at the PMC, as Glenda Howieson shared:

GH: It was called Happy Days then. The parents who had brought their little black kids to school would now have an excellent Pre-school education...the government did not want us to start a school but we did, under the basement and I was teaching there.⁴⁴²

Glenda Howieson was not only engaged with teaching pre-school children; but in the early 1980s for a period of “three or four years,” she took night classes for black matriculates who were “not able to study at home” or “did not have good teachers,” as recollected by Howieson.⁴⁴³ This was an informal programme which Light encouraged under the banner of

⁴³⁹ Draft report of Sizanani project, 1999, Phakamisa office records, Pinetown Methodist Church, Pinetown.

⁴⁴⁰ Draft report of Sizanani : 3.

⁴⁴¹ G. Howieson, “Re: Support to John Wesley Methodist School, Pinetown, South Africa,” Letter to Graham Russell, Secretary of the Board of Management of Methodist Independent Schools in London, John Wesley School, 15 October, 1998, Phakamisa office records, Pinetown Methodist Church, Pinetown.

⁴⁴² G. Howieson interviewed by Thomas Ninan in Pinetown on November 19, 2012.

⁴⁴³ Howieson interviewed by Ninan on November 19, 2012.

the Sizanani project calling it the “Sizanani Extra-tuition programme.”⁴⁴⁴ For a white dominated church like the PMC, this was an effort from within the church members to overcome racial barriers. Howieson recollects that this was as a response to the call from Stanley Mogoba, the Presiding Bishop of the MCSA, for societies to start pre-schools at the church building during the week days, with a particular focus on poorer black churches. The call had responses from five societies within the Clerpine to start pre-schools, which Howieson vaguely remembers as “Molweni, Klaarwater, Kwandangezi, Queensburgh and Pinetown probably.”⁴⁴⁵ Poverty alleviation was a major concern that the MCSA engaged in through various developmental projects that started during the apartheid times, especially through the Christian Citizenship Department (CCD) and its relationship with the SACC. The fact that the MCSA leadership was aware of the consequences that poverty would have on health, particularly in the Bantustans, and their initiatives to start developmental projects, both ecumenically and as a Church, such as in the Clerpine Circuit, is an expression of the inner competence of the Church, at least in this region, which took into account the long-term consequences of the HIV epidemic. Howieson with her passion and a few other women from the Circuit were deeply engaged in this programme. With international funding from various sources, the Clerpine circuit not only started similar education projects during this period in other societies but also engaged in various developmental projects catering to the needs of a multi-racial group of people.⁴⁴⁶ Notably, by 1989 the Women’s Auxiliary in the circuit had met for a seminar on AIDS which took place with 30 people attending the seminar led by Bishop Mahlalela.⁴⁴⁷

As observed from the CQM book, the Circuit quarterly meetings occurred regularly within the Clerpine Circuit bringing together office bearers of all the churches within this circuit. Moderated by the Circuit Superintendent, Ray Light, it was in such meetings that updates of developments in each church was heard, ideas for new ventures shared and future action was planned. The fact that the Circuit planned an HIV seminar in 1989 just indicates the openness within the Circuit leadership and the Women’s Auxiliary. These were key steps that lead towards certain aspects of HIV inner competence, particularly relating to acknowledging the scope and the risk of HIV. It was a time when Information about HIV was

⁴⁴⁴ Howieson interviewed by Ninan on November 19, 2012.

⁴⁴⁵ Howieson interviewed by Ninan on November 19, 2012.

⁴⁴⁶ The Ethelbert Children’s Home was a multi racial primary school that was started in the circuit in 1989 with huge funding from abroad. Refer Appendix 10 for details.

⁴⁴⁷ Minutes of the Third Clerpine Circuit Quarterly Meeting, Pinetown Methodist Church, 29 July 1989, 3.

heard through the media once in a while. Hence, internalizing the risk factors relating to HIV would have been a challenge. Therefore the Clerpine Circuit within the Natal Coastal District bustled with such developmental activities around pre-school education by 1989 with HIV and AIDS slowly making its way into the circuit agenda from then on.

As funding for pre-school education from abroad picked up, the PMC became the centre of outsourcing these funds for pre-school education within the Clerpine Circuit which took place under a special department within the John Wesley School called the Educare Department. In a context of “unemployment, malnutrition and disease” particularly in the areas close to Pinetown, the education programme for children by the Educare Department contributed to a major need in the area. By 1998, Bishop George Irvine observed that the programme catered to over 700 children spread out in 16 centres in the Pinetown region.⁴⁴⁸ With increasing funds that were coming in to spread the Educare programme to more children, the separation of the Educare Department from the John Wesley School began to be discussed by the end of 1998, so as to “become a separate entity” and “a mission of the Church.”⁴⁴⁹ By April 1999, the separation was complete with Glenda Howieson as the co-ordinator of the Educare Project.⁴⁵⁰ The Project in 1999 started homes for abandoned children and AIDS orphans. Two centres existed then, the Makaphuta Centre with 8-10 children and the Dlangamandla centre with 3 orphans.⁴⁵¹ A new logo and a new Zulu name, “Phakamisa” meaning “to lift up” or “to raise up” with its theological significance was suggested by Roger Scholtz, the Methodist minister at PMC in March 1999.⁴⁵² By October 1999, the Educare Project took the new name, “Phakamisa Educare Project, A ministry of the Pinetown Methodist Church.”⁴⁵³

It is noteworthy that though the Clerpine Circuit had started discussing HIV and AIDS from 1989, further activities relating to HIV took place in the circuit through the Hillcrest AIDS Centre. There was an effort by the PMC in 1994 to duplicate the model of the HAC at the church by employing a trained coordinator, M. Nyembe, who was mainly engaged in doing awareness programmes in various societies in the Natal Coastal District, a job which did not

⁴⁴⁸ G. Irvine, “Re: Educare Project,” Letter to The Reverend Brian Brown, World Church Secretary – Africa, May 21 1998.

⁴⁴⁹ Educare Department, Minutes of Committee Meeting No. 1 held at the John Wesley School, Pinetown, November 05, 1998.

⁴⁵⁰ Minutes of the Educare Committee Meeting, April 30, 1999.

⁴⁵¹ Minutes of the Educare Committee Meeting, April 30, 1999.

⁴⁵² R. Scholtz, “Educare – Logo & Name: A suggestion,” Paper Presentation, March 10, 1999.

⁴⁵³ G. Howieson, “Phakamisa Educare Project,” Report, October, 1999.

last for more than two years.⁴⁵⁴ But other than this, the major HIV programmes in the circuit happened through the HAC, till 1998 when the Educare Project of the PMC started care for AIDS orphans in the Pinetown region.

5.1.2 The Hillcrest Methodist Church

The Clerpine Circuit, in July 1990 witnessed an urge to know more about AIDS, which was expressed in their inviting Hackland for a talk on the subject.⁴⁵⁵ The July 1991 Circuit Quarterly Meeting was attended by Hackland. He addressed an audience of 60 people representing churches from Marianridge, Kloof, Hillvale, Clermont, Pinetown, Emseni, Kwa Dabeka, Molweni, Queensburgh, Westville, Klaarwater, and Kranskloof.⁴⁵⁶ By this time Oosthuizen and his group from the HMC had already attended a workshop by Hackland which was organised by Diakonia at Kloof Methodist Church. The intention of the Clerpine Circuit towards an AIDS ministry was clear and this had given Oosthuizen enough encouragement from the circuit to start a parish based engagement with the epidemic on the World AIDS Day in 1992, which marked the launch of the Hillcrest AIDS Centre (HAC), inaugurated by Hackland.⁴⁵⁷ Much of such a response would have come from the overwhelming statistics of HIV prevalence in the KwaZulu - Natal region. It was being communicated more intensely to the Methodists by health officials like Hackland.

The circuit quarterly meetings met regularly. It brought officials of all the churches in the circuit together to share and discuss the progress and plans of activities of each church of the circuit. These churches included both the white dominated and the black dominated churches in the circuit. These meetings of the Clerpine Circuit were conducted almost in the same manner as a church meeting. The meetings importantly gave a great sense of unity and concern of issues among the churches which otherwise faced the challenges related to racial inhibitions in South Africa. Collections for the needs of churches in the black dominated areas were decided in the circuit quarterly meetings. It was visible that there was much inter-coordination and voluntary participation on matters such as construction work, education programmes etc.⁴⁵⁸ Hence the social work activities were not unique to

⁴⁵⁴ E. M. Nyembe interviewed by Thomas Ninan in Durban on August 03, 2012.

⁴⁵⁵ Minutes of the Seventh Clerpine Circuit Quarterly Meeting held at Pinetown Methodist Church on 28 July 1990: 6.

⁴⁵⁶ Minutes of the Eleventh Clerpine Circuit Quarterly Meeting held at Pinetown on 27 July 1991.

⁴⁵⁷ Highway Mail Reporter, "Hillcrest AIDS Centre opened," *Highway Mail*, December 11, 1992 : 2, Periodicals Department, Msunduzi Municipal Library, Pietermaritzburg.

⁴⁵⁸ Minutes of the third Clerpine Circuit Quarterly Meeting held at Pinetown Methodist Church, 29 July, 1989.

HMC but it was part of the circuit activities that were being planned. Ray Light, the circuit Superintendent, had already started education programmes at the PMC by 1987. It was also a response to the broader call to the Church by Stanley Mogoba, the President of the MCSA, to start developmental programmes for black children affected by poverty. The MCSA engagement with poverty in South Africa was exhibited through the CCD. This was the key focus in starting various development programmes across South Africa during the apartheid times. Through the MSCC of each church, each office of the CCD at district level was quite active in addressing various social issues. The CCD also related ecumenically to the SACC in promoting such developmental programmes as discussed in chapter three.

Allen Schnell who was a Society Steward of the HMC and the person representing the MSCC in 1990 reveals:

AS: One of the pillars was Mission and Social Concerns, which was really looking at the needs of others. It was really looking at those people that were hurting and so you look at poverty and...basic education...Mission and Social concerns was an outward thing. Pastoral side would look at the internal things.⁴⁵⁹

Poverty in the Valley was a huge concern for the churches in Hillcrest.⁴⁶⁰ The fall in employment from the late 1980s to the years leading to the democratic elections in 1994 had an adverse effect on the rural black communities in Bantu homelands, particularly KwaZulu, which continued well into the years following independence.⁴⁶¹ What differentiated the Methodist engagement with the black community in the Valley from the other churches in the region was the way the church laity consistently engaged in social issues, and not by way of individual efforts as in some of the other churches. The MSCC within the HMC was a platform which brought together inspired individuals in the HMC to reach out to the black communities in the Valley on social issues.

⁴⁵⁹ A. D. Schnell interviewed by Thomas Ninan at Waterfall on August 8, 2012.

⁴⁶⁰ It was not just the HMC that engaged in addressing poverty through such programs. Churches like the Anglican Church and the Catholic Church in Hillcrest were also engaged in addressing poverty in the Valley. In 1989, Dawn Leppan had started on the behest of Alan Paton a community feeding programme under the trees in Inchanga area which later moved to St. Theresa's Catholic church. Leppan went on to start an infant nutritional programme and a basic clinic in the Valley to address HIV related illnesses in the 1990s. See www.gaga-uk.org/component/option,com_project/Itemid,24/project_id,1/view/project/ accessed on 21 June 2012. Similarly, the Anglican Church engaged in the Valley with Nick Kerr, who was fluent in IsiZulu conducting various activities, the details of which, could not be explored in this study.

⁴⁶¹ S.N. Phatlane, "Poverty and HIV/AIDS in apartheid South Africa," *Social Identities*, 9(1), (2003), 80; Also see B.J. Roberts, "Chronic and transitory poverty in post – apartheid South Africa: Evidence from KwaZulu-Natal," *Journal of Poverty*, 5(4), (2001), 1 – 28.

Though written sources from that period refer much of the HIV activity in the Clerpine Circuit to the HAC, it is difficult to conclude here that the other churches in the circuit did not engage with the HIV epidemic as much as the HAC. What can be derived from the Educare Project is that much of the awareness programmes relating to HIV and AIDS was done by the HAC in the circuit while the Educare Project dealt with the poverty aspect relating to HIV thus addressing a key developmental issue in the area. This is a key indicator towards inner competence of the MCSA in the Clerpine Circuit. The circuit did recognise the long term consequences of the HIV epidemic. The PMC Educare Project started a care home for AIDS orphans later, and it was an obvious result of an inner competence. It made them more relevant to the spreading impact of the HIV epidemic, which by the late 1990s was more visible among the black communities in the Valley.

5.2 Oosthuizen's engagement with the gay community in Durban

It all started from the participation of HAC in the first gay and lesbian film festival in Durban in 1994,⁴⁶² which Oosthuizen recollects:

NO: We approached them and asked if we could have an AIDS education table inside the venue. And so they agreed and as you walked in the venue in the front doors there was our table, you had to walk past us to get to the food or the movie houses. And 'it was just one of the moments of my ministry which said we either are so wrong, we either are a hundred and eighty degrees wrong or hundred and eighty degrees right. But we were on the inside with information on HIV/AIDS (sic) and on the outside Christian troops were picketing up and down chanting carrying God hates homosexuals...And in the gay community suddenly we had acceptance. So we were no longer a church group that was going to condemn...we were in their camp.⁴⁶³

Oosthuizen's narrative is significant because of the lack of any material related to church engagement with homosexuality during the early 1990s. Interestingly, no reports of Oosthuizen's engagement with the gay community were found in the HMC minutes or in the regular newsletters of that period like the HMC newsletter, CARE (which was solely on HIV activities in KwaZulu-Natal), the Dimension or the Diakonia. This is an indication of the

⁴⁶² List of film festivals, http://en.wikipedia.org/wiki/List_of_film_festivals accessed on November 27, 2012.

⁴⁶³ Oosthuizen interviewed by Ninan on August 17, 2012.

stigma associated with homosexuality within the predominantly white church and more so among ordinary people at that time. Though homosexuality was legalized in the new South Africa, the stigma associated with it had continued, especially in view of the fact that many of the first people diagnosed with HIV were gay.. HIV in the 1980s in South Africa was largely perceived as a 'gay disease'.

The signs of resistance against homosexual behaviour in South Africa can be traced back to the 1966 raid by the South African Police on a private gay party in Forest Town, Johannesburg, which triggered an anti-gay legislation, pushed by both the South African Police and various religious conservative lobbies.⁴⁶⁴ Though the apartheid regime under the National Party (NP) had a strict legislation against homosexuality, there were instances as in Hillbrow in 1987 when the NP supported a pro-gay rights candidate.⁴⁶⁵ By 1988, the gay rights movement in South Africa had intensified through various gay organizations, whose members were entirely white. Politically, though, there was very little support for the same, even within the African National Congress (ANC). However, black gay organizations like GLOW⁴⁶⁶ and OLGA,⁴⁶⁷ which participated in anti-apartheid campaigns in 1989, were able to get the attention of the ANC, which became the ruling party in the following years. By May 1992, the ANC had announced at its Policy Conference that "it was the platform of the party to recognize lesbian and gay rights."⁴⁶⁸ In spite of such developments, the larger conservative perception about homosexuality among various communities in South Africa existed and there was much denial in South Africa about the existence of the AIDS disease among the heterosexual community in the early periods.⁴⁶⁹ This was in spite of growing numbers of HIV cases among the black community in South Africa by the early 1990s.

⁴⁶⁴ M. Gevisser, 'A different fight for freedom: A history of South African Lesbian and Gay organisation from the 1950s to 1990s,' in Mark Gevisser and Edwin Cameron (eds) *Defiant Desire* (Braamfontein: Ravan Press, 1994): 37.

⁴⁶⁵ L. de Beer, a pro-gay rights candidate was fielded by the ruling National Party in Hillbrow constituency in the 1987 whites-only parliamentary elections. There was a campaign by *Exit*, a national gay paper, supporting de Beer, to also promote an identifiable gay constituency in Hillbrow. See D. Conway, 'Queering Apartheid: The National Party's 1987 'Gay Rights' election campaign in Hillbrow,' *Journal of Southern African Studies*, 35 (4) December 2009: 849 – 863.

⁴⁶⁶ Gay and Lesbian Organization of the Witwatersrand (GLOW) was founded in 1988.

⁴⁶⁷ Lesbians and Gays Against Oppression (OLGA) was active in 1989.

⁴⁶⁸ D. Fine and J. Nicol, 'The Lavender Lobby: Working for Lesbian and Gay Rights within the Liberation Movement,' in M. Gevisser and E. Cameron (eds) *Defiant Desire* (Braamfontein: Ravan Press, 1994):269.

⁴⁶⁹ Dixon interviewed by Ninan on August 1, 2012. Also refer C. Tsampiras, 'Two tales about illness, ideologies, and intimate identities: Sexuality politics and AIDS in South Africa, 1980 – 95,' *Medical History*, 58 (2), 2014: 230 – 256.

Churches were highly moralistic during this period, both towards the gay community as well as with respect to HIV and AIDS. The struggle among the MCSA clergy to accept Oosthuizen's initiative to engage with the gay community is an indicator of the same. Oosthuizen recalls his experience:

NO: And it was a very small community at that stage, particularly in Durban a very contained community. Linda and Georgina and some of them got drawn in just by working, training, counseling, administering and caring for people...I got drawn in then more on a church point of view to where I would be invited to go and run bible studies and conduct church service...I was almost seen as one amongst them and my church struggled with it. I took it to my leaders and said, "I have been invited into another community other than mine. I didn't have a problem that it was the gay community but I am being asked to go and minister fairly regularly in a community that is not paying my salary. Can I do it?" And some of the leaders were not happy because it was gay, but the majority said we feel it is right. And so I continued.⁴⁷⁰

In spite of the growing rate of HIV among heterosexual communities in South Africa in the early 1990s,⁴⁷¹ Oosthuizen's narrative showed that stigma was not only limited to homosexuality, but also related to HIV as a 'gay disease'. However, for someone who was trying hard to get people's attention to information around HIV and AIDS, particularly that of the churches, getting acquainted with the gay community in Durban was indeed a good ploy. Oosthuizen was well aware of the fact that the gay community had been the first to get its act together with respect to HIV. Making this obvious link would have provoked reactions within the MCSA as well, as the MCSA as a Church had been struggling for long in getting its theology right with respect to homosexuality. The earliest record of a discussion within the MCSA at the Connexional level around homosexuality dates back to 1994 at the MCSA Conference in Umtata.⁴⁷² Listed under "other resolutions adopted by the Ministerial Session of Conference," it reads,

⁴⁷⁰ Oosthuizen interviewed by Ninan on August 17, 2012.

⁴⁷¹ By 1990, an estimated 74000 – 120000 South Africans were living with HIV, where 0.8% of pregnant women were found to be infected. See J. McNeil, "The HIV/AIDS crisis emerges: Responses of the apartheid government," South African History Online, <http://www.sahistory.org.za/topic/history-official-government-hiv-aids-policy-south-africa>, accessed on 28 June, 2013.

⁴⁷² The subject of homosexuality had always been an issue, the discussions of which in the MCSA Conference dates back to 1980 according to the document prepared by James Gribble and submitted to the Doctrine, Ethics and Liturgy Committee of the MCSA in 2000. The document entitled "Chronology of Conference Resolutions on human sexuality" was received by the Doctrine, Ethics and Liturgy Committee and reported to the Connexion Executive in 2000. The Methodist Church of Southern Africa, 2000/2001 Yearbook, (Cape Town:

Conference resolved that the Church embark on an urgent study and dialogue on the issue of sexuality in particular homosexual and lesbian relationships, and expresses a definite position on this question, and that the study group be set up by the Christian Citizenship Department in consultation with the Doctrine Committee.⁴⁷³

The minutes of the consequent conferences do not show any progress on the subject till the year 2001, when Neville Richardson was asked to lead the Doctrine, Ethics and Liturgy Committee “to coordinate a study on these matters” and develop educational material which could be used in the wider church.⁴⁷⁴ Thereafter started a series of papers presented at the Conference by the Doctrine, Ethics and Worship Committee of the MCSA (DEWCOM).⁴⁷⁵ In 2003 the DEWCOM published the first MCSA document titled *Methodist discussion document on Same-Sex relationship and Christianity*.⁴⁷⁶ Considering the limited discussions on homosexuality in the MCSA before 2001, Oosthuizen’s engagement with the gay community in the early 1990s is significant, particularly within the MCSA.

Besides the HAC, the AIDS Foundation of South Africa (AFSA), presently located in Durban inside the Methodist church premises, was another organization which was known to have worked among the gay affected with HIV. It started in 1988 in Cape Town as an initiative mainly among the gay community affected by HIV and AIDS.⁴⁷⁷ They worked as an intermediary between the international funding agencies and the NGOs involved in HIV and AIDS in South Africa. They were related to the MCSA at an early stage, when it broadened its services to include the rising cases of heterogeneous cases affected by HIV and AIDS. By 1992, AFSA shifted to Durban with Debbie Mathew as its CEO, who was more specialised in fund raising. Initially located at Russell Street in Durban, it soon was looking for a bigger space and by 1996 AFSA shifted to the Musgrave Methodist Church premises. Bishop George Irvine, the Methodist bishop in Natal, and Peter Butterworth, who was the Methodist Minister at Musgrave and also responsible for HIV work in the Natal Coastal

Methodist Publishing House, 2001), 218; Also see W. Bentley, A decade of the same-sex debate in the Methodist Church of Southern Africa (2001-2011), <http://uir.unisa.ac.za/bitstream/handle/10500/6681/Bentley.pdf?sequence=1> accessed on 27 June, 2013.

⁴⁷³ Minutes of the 112th Annual Conference of the MCSA, Umtata, 15 September, 1994, MPHBP, Cape Town, 73.

⁴⁷⁴ The Methodist Church of Southern Africa, 2000/2001 Yearbook, (Cape Town: Methodist Publishing House, 2001), 218.

⁴⁷⁵ Papers on Sexuality under discussion in the Doctrine, Ethics and Worship Committee of the MCSA (DEWCOM), <http://www.mcsadewcom.blogspot.com/search/label/Sexuality>, accessed on June 27, 2013.

⁴⁷⁶ Doctrine, Ethics and Worship Committee of the Methodist Church of Southern Africa, (Cape Town: Methodist Publishing House, 2003).

⁴⁷⁷ J. DeGroot, staff at AFSA interviewed by Thomas Ninan in Durban on November 16, 2012.

District in 1995 was instrumental for the shift of the premises.⁴⁷⁸ Irvine became a trustee at the first Board meeting of the Hillcrest AIDS Centre Trust in 1999. Such a history of AFSA does indicate that there were clergy from the MCSA in the Natal Coastal District who were not entirely alien and judgmental towards the gay community and that they were engaged with the gay community in the district without giving much publicity to it.

Oosthuizen's engagement brings to light that the need for being cared for probably touched the gay community earlier than the others, and a very few churches recognized this during the early 1990s. The experience of Bernhard Gaede, a 22 year old nurse-in-training serving in the wards of a hospital in Johannesburg in the 1980s, as shared to Oppenheimer, had a similar expression of the need for care by a gay HIV positive patient.⁴⁷⁹ It would be interesting to do further research on the work of George Irvine, Peter Butterworth and AFSA, that could not be explored in this study.

The HAC workshops slowly drew in people who wanted to be counselled, touched and cared for and importantly this included the gay community. By the early 1990s, the gay community in South Africa was more aware of the HIV epidemic than the normal public, but it is noticeable that the church or any other body struggled to recognise their needs. Oosthuizen's effort to share "unconditional love" to the gay community seemed a staged effort to make the people of his church think about their attitude to homosexuality.⁴⁸⁰ Provocation was a communication strategy that Oosthuizen and the HAC often engaged in during their sensitization programmes. As discussed later in the chapter, such publicity had its disadvantages, as there would be occasions where they would be indirectly isolated by clergy within the MCSA.

5.3 Oosthuizen, NACOSA and the MCSA

Oosthuizen's narrative of his engagement with the National AIDS Coordinating Committee of South Africa (NACOSA) gives a glimpse of his interest in engaging with the HIV epidemic at a broader level, a fact which failed to draw the attention of the MCSA leadership, particularly the CCD. NACOSA was established after a national conference in October 1992,

⁴⁷⁸ Diakonia Council of Churches, AIDS programme: Project Proposal, December 1995, 3, Box 79a, AIDS Programme 1994, Diakonia Council of Churches Archives, Durban.

⁴⁷⁹ G.M. Oppenheimer and R. Bayer, *Shattered dreams? An oral history of South African AIDS epidemic*, (Oxford: Oxford University Press, 2007), 32. There were other cases such as those shared by C. Tsampiras, 'Two tales about illness, ideologies, and intimate identities: Sexuality, Politics and AIDS in South Africa, 1980 – 95,' *Medical History*, 58(2), 2014: 230 – 256.

⁴⁸⁰ See Appendix 13 for excerpts of the interview with Oosthuizen.

in which a proposal for the “The National AIDS Plan for South Africa” was made with recommendations for a national strategy to address “education, counselling, prevention, health care, welfare, research, human rights, law reform, and socio-economic issues.”⁴⁸¹ By May 1994, with the National Unity government elected to power in South Africa, Nkosazana Dlamini Zuma became the health minister. There was a lot of change soon after as “combating HIV/AIDS was made one of the 22 lead projects of the new government’s Reconstruction and Development Programme (RDP).”⁴⁸² Three new structures were constituted under the RDP which focused on an “encouraging engagement with the civil society in writing government AIDS policy, namely 1) an HIV/AIDS and STD Advisory Group; 2) a committee on NGO Funding; 3) a committee of HIV/AIDS and STD Research.”

Van der Vliet notes that two people who were part of the eight members of the drafting committee for this plan, namely Dlamini-Zuma and Manto Tshabalala Matsimang would go on to become Ministers of Health in the future government.⁴⁸³ With Zuma as the health minister in the new government, the plan was accepted by President Mandela in August 1994. Oosthuizen had become an active member of NACOSA and recollects with pride his role in formulating the National AIDS Plan.⁴⁸⁴ The plan “focused on prevention of HIV through public education campaigns, reducing transmission of HIV through appropriate care, treatment and support for the infected, and mobilizing local, provincial, national and international resources to combat HIV/AIDS.”⁴⁸⁵ Linda Knox was part of the planning group along with Paddy Kearney and Michael Worsnip in late 1994 for a “high powered workshop for church leaders to help them face up to the reality of AIDS and implement prevention and care programmes in their denominations.”⁴⁸⁶ In 1994 the HAC was mostly involved in sharing information about HIV and AIDS in Hillcrest. In addition to this, through networking, they had started activities in different parts of the KwaZulu-Natal province. Such expansion led the HAC to further funding and recognition. Oosthuizen and Knox were at the forefront. However, as Oosthuizen revealed, there was hardly any coordination between the

⁴⁸¹ V. Van der Vliet, “AIDS: Losing the “new struggle”?,” *Daedalus*, 130 (1), 2001: 160.

⁴⁸² J. McNeil, “A history of official government HIV/AIDS policy in South Africa,”

<http://www.sahistory.org.za/topic/history-official-government-hiv-aids-policy-south-africa> accessed on October 18, 2012. Also see, D. Fassin, *When bodies remember: Experiences and politics of AIDS in South Africa*, (Berkeley & Los Angeles: University of California Press, 2007).

⁴⁸³ Van der Vliet, “AIDS: Losing the “new struggle”?,” 160.

⁴⁸⁴ Oosthuizen interviewed by Ninan on August 17, 2012.

⁴⁸⁵ McNeil, A history of official government HIV/AIDS policy, <http://www.sahistory.org.za/topic/history-official-government-hiv-aids-policy-south-africa> accessed on 18 October, 2012.

⁴⁸⁶ “Church leaders’ AIDS Retreat discussion held on 16/11/94,” Box 79a, AIDS Programme 1994, Diakonia Council of Churches Archives, Durban.

engagement of the HAC at the grassroots level and the broader interests of Oosthuizen with the leadership level at the CCD.⁴⁸⁷

Oosthuizen's engagement with NACOSA also led him to be a part of the *Sarafina II* controversy, about which he spoke at length in his interview. *Sarafina II* was a project of the South African government, for which it had received from the European Union a massive budget of R14.27 million.⁴⁸⁸ They employed the famous South African musician Mbongeni Ngema for making a musical which was meant to educate the public, especially the youth, about HIV. The huge grant was solely based on the success of an earlier musical *Sarafina!* produced by Ngema in 1987, in which the students involved in the Soweto riots were depicted protesting against the apartheid regime.⁴⁸⁹

Oosthuizen recalls his memories about *Sarafina II*,

NO: *Sarafina !* was brilliant and the Health Department approached him to write a musical on AIDS, and he wrote *Sarafina II*. It was just a fiasco from the beginning. And they threw money, they were talking budgets that this country the health budget had never seen figures like this two days before the deadline. The tender had not been opened. And so suddenly there was, "anyone else wants to write a musical, you've got 15 million rand budget, you got two days to give it to us." And so... right from the beginning it was tainted. Then as this guy put the musical together it became aware he was just talking. He was throwing money. He bought the most luxurious tour bus for his practices and shows, South Africa has ever seen. There was quite a controversy before the musical even opened.⁴⁹⁰

By drawing such a huge budget for the AIDS project and investing in Ngema, the government had hoped to send a powerful prevention message to the youth in South Africa. By 1994, the epidemic had started developing to alarming levels. Investing in HIV prevention

⁴⁸⁷ Discussed in Chapter Three.

⁴⁸⁸ The Sarafina II controversy, <http://www.healthlink.org.za/pphc/Phila/sarafina.htm> accessed on November 27, 2012.

⁴⁸⁹ The 'Soweto riots' or the 'Soweto uprising' was a series of protests led by Black high school students in South Africa that began on 16 June, 1976 against the introduction of Afrikaans as the medium of instruction in local schools. An estimated 20 000 students participated in the protests which led to the killing of a large number of them being killed, estimated to be between 176 to 700. See S.M. Ndlovu, 'The Soweto Uprising,' in South African Democracy Education Trust, *The Road to Democracy in South Africa, Vol.2, 1970 – 1980*, (Pretoria: Unisa Press, 2010, 2nd ed.): 317 – 350. *Sarafina!* was written as a musical and a book by Ngema, presented at The Market Theatre, Johannesburg in June, 1987 and later in 1992 adopted as a film starring Whoopi Goldberg and Ngema's wife Leleti Khumalo.

⁴⁹⁰ Oosthuizen interviewed by Ninan on August 17, 2012.

and sharing of information was the need of the hour. But his investment was misused, as explained by Oosthuizen.

NO: When the musical was opened we were invited because we were AIDS celebrities by then. Linda and her husband attended the musical and said “We’ve got to close this thing down. It is horrendous. It is judgmental, it abuses women, it supports the abuse of women, it has the wrong information on AIDS. The first half portrays a girl who has affairs and is abused. She gets infected and the second half she is in heaven. So it is overtly spiritual and just bad information for all.” We contacted the Health Department and we said, “Guys, you’ve spent the biggest amount of money ever budgeted for health education in this country, it is wrong and abusive to women. It is wrong information and has a laughable spiritual message and you need to try and close it down.” This started a whole series of meetings with the Health Department, us and Ngema and eventually I offered to sit down and help him correct it. Rewrite the script if need be which of course he laughed at, unbelievably arrogant. And eventually the Health Department pulled the plug on it and closed down after about four months. It suddenly rocketed us into a publicity stunt, that we never wanted. I was on the front page of the *Sunday Times*, we were on TV news, we were on the current affairs programmes.⁴⁹¹

Though Oosthuizen presented *Sarafina II* as a controversy between Ngema and him, there was much more to it. The media played a key role in promoting criticisms from various sections of the community against the Department of Health. Oosthuizen was one such source for the media. Didier Fassin notes how the controversy raised both “disappointment” and “bitterness” among the different sections of people:

...all those who had fought for a just society seemed to imagine that after living through the long years of apartheid in exile or in prison, government members would emerge fully armed to take on the challenges that awaited them: such passionate reactions gave the measure of their disappointment. As to the others who had accepted the changes passively or who had tried actively to stop the democratic process, they multiplied the pitfalls and rejoiced at every false step. The former were erasing the traces of the past; the latter were looking back with regret. Lack of realism on one side, excessive cynicism on the other: in the crisis provoked

⁴⁹¹ Oosthuizen interviewed by Ninan on August 17, 2012.

by the *Sarafina II* affair, it is likely that the government was harmed more deeply by its so-called friends than by its actual enemies.⁴⁹²

With such huge money of the European Union allocated by the government for the musical, without any consultation with the NGOs engaged in HIV and AIDS, there was much unhappiness from the NGO sector, which felt “it is no longer involved in the struggle to support people with AIDS in South Africa.”⁴⁹³ In spite of the initial over-reactions by the Health Minister to the criticisms raised, a process of enquiry was put in place. The enquiry was followed by the Public Protector with due recommendations to the Department of Health. It included issues relating to tender procedures, financial controls, legal procedures, department officials, the musical play, and the artists involved, most of which were accepted by the Health Minister Dlamini-Zuma in parliament.⁴⁹⁴

While the outreach to the gay community drew the HAC into much disagreement and criticism from the churches, the *Sarafina II* debate however brought much support from the public for the work of HAC. It also paved the way for the HAC to access government funding for some of their activities. According to the “history of funds received” of the HACT, the funds received from the Department of Health during the years 1996 to 1998 amounted to R100 000 per year.⁴⁹⁵ The HAC had by 1996 initiated care and treatment programmes in addition to awareness building in the black communities in the Valley of a Thousand Hills.⁴⁹⁶ But this did not last long as by 1998 the HAC was in financial crisis with the government funds reduced to R44 000.⁴⁹⁷ The government funding to HAC went through a substantial cut after a period of two years in 1998 due to which “one of the paid staff had to go and the others had to take a cut in salary (which was already not market related).”⁴⁹⁸ It was an alarming situation for the HAC, highlighted in the March 1998 issue of *The New Dimension* with the caption “Hillcrest AIDS Centre in dire straits.”⁴⁹⁹ Oosthuizen felt this was an after-effect of the *Sarafina II* controversy. This has also been observed by a NACOSA briefing to the Parliamentary Portfolio Committee on Health in 1996, as noted by Van der Vliet:

⁴⁹² D. Fassin, *When bodies remember: Experiences and politics of AIDS in South Africa*, (Berkeley & Los Angeles: University of California Press, 2007): 40.

⁴⁹³ Rossouw, “Zuma’s revenge,” *Mail & Guardian*, July 26, 1996.

⁴⁹⁴ Dlamini-Zuma, “Zuma’s response to *Sarafina II*,” <http://www.doh.gov.za/show.php?id=14> accessed on October 24, 2012.

⁴⁹⁵ Hillcrest AIDS Center Trust, History of funds received, Office records of the HACT.

⁴⁹⁶ J. Hornby interviewed by Ninan on August 2, 2012.

⁴⁹⁷ Hillcrest AIDS Center Trust, History of funds received, Office records of the HACT.

⁴⁹⁸ Hornby interviewed by Ninan on August 2, 2012.

⁴⁹⁹ “Hillcrest AIDS Centre in ‘dire straits’,” *The New Dimension*, 28 (3), March 1998, 2.

Sarafina II has done immense damage to individuals and organizations active in the AIDS field. The process was not transparent and this has resulted in a rift between the Department of Health, NACOSA and the NGOs, as well as public derision about and hostility to HIV/AIDS work and programmes.⁵⁰⁰

The public funds allotted to the NGOs were cut in 1998 from 19 million to 2 million rand. It prompted the activist organisations to conclude that “the government intended to implement its policy without them, even against them.”⁵⁰¹ The National AIDS plan as suggested by NACOSA in 1994, initially accepted by the Department of Health, was dumped in 1997 citing “lack of political leadership in combating HIV/AIDS,” and was thereafter replaced by the National AIDS Control Program (NACP).⁵⁰²

For Oosthuizen, the whole *Sarafina II* experience was enthralling⁵⁰³ because of the intensity with which he was involved. Importantly the controversy brought both the HAC and Oosthuizen to the limelight. For all the stigma and the criticisms they were facing from various people, such publicity won them acknowledgement for the first time, as a church organization engaged with the HIV epidemic. Amidst the predominant moralistic attitudes of the churches and even other religious organizations at that time regarding HIV and AIDS, the *Sarafina II* controversy seems to have brought the challenge of HIV prevention before the general public, where the government failed and there were people like Oosthuizen and organizations like the HAC, struggling to educate people about HIV prevention. Though for Knox, her recollection about the event was just one among the many she engaged with, publicity seems to have mattered for Oosthuizen, almost as if his efforts at Hillcrest had paid off in achieving a goal. The ‘actor’ at his best, collecting his trophies. The media had however used Oosthuizen to convey a point against the government blunder on *Sarafina II*. Another such example was projected by the *Mail & Guardian* with the title “Zuma’s Revenge.”⁵⁰⁴

In spite of such publicity about the work of HAC and Oosthuizen, it is ironic that they were hardly related to the activities of the CCD. The engagement of Oosthuizen and the HAC with

⁵⁰⁰ V. Van der Vliet, “AIDS: Losing “the new struggle?”” *Daedulus*, 130 (1), 2001: 162. Also see *AIDS Bulletin* 5 (2), September, 1996.

⁵⁰¹ Fassin, “When bodies remember,” 40.

⁵⁰² McNeil, A history of official government HIV/AIDS policy, <http://www.sahistory.org.za/topic/history-official-government-hiv-aids-policy-south-africa> accessed on October 23, 2012.

⁵⁰³ Refer to excerpts of Ninan’s interview with Oosthuizen on this part in Appendix 11.

⁵⁰⁴ R. Rossouw, “Zuma’s revenge,” *Mail & Guardian*, July 26, 1996, <http://www.aegis.org/DisplayContent/?SectionID=40755> accessed on October 27, 2012.

NACOSA and ecumenical organizations engaged in HIV and AIDS like Diakonia reveals the level of networking the HAC had achieved by 1997 in being recognized as a key player in the HIV world in the KwaZulu-Natal Province,⁵⁰⁵ a significant indicator towards achieving outer competence in HIV and AIDS. This, however, did not relate to the MCSA leadership's engagement with the HIV epidemic. The CCD was coming to a close by 1995 with Palos' exit and the re-orientation that the MCSA went through in the following years. Considering that the activities of the HAC were part of the activities reported by the HMC, particularly in the Clerpine Circuit meetings, this would have contributed to the HIV related activities in the Natal Coastal District of the MCSA. With the merger of the CCD with the Mission Department, there was a decline of coordinated activities on HIV in the following years after 1995. With the growing HIV epidemic during the mid-1990s, churches in isolation continued to engage with the epidemic.

5.4 Conclusion

The Methodist Church of Southern Africa with its coalition of the three multi-racial groups was one of the leading Churches in South Africa in terms of numbers, since the early 1900s. Though its ethos of social holiness stood out in its engagement with various issues in the history of South Africa, the challenges of race within the Church has been a trial in making a concerted effort towards addressing issues, particularly with respect to the HIV epidemic. Though the MCSA Connexion became aware of the long-term impact of HIV quite early, it was practically difficult to implement a strategic plan to address the issues the epidemic posed in the mid-1990s. However, individual efforts stood out, such as those by Daryl Hackland, Neil Oosthuizen and Demetris Palos, which this study has tried to focus on. The Clerpine Circuit stood out with its initiatives to engage with the epidemic, being successfully able to promote the HIV ministry through the Hillcrest AIDS Centre and Phakamisa. Church competence related to the epidemic would obviously be at a localized and individual level, which was crucial towards preparing the ground for a long-term response in the following years of the epidemic. The crucial aspect of the Methodist engagement at both the local and regional levels was its networking at an ecumenical level, and with the NGOs, in engaging

⁵⁰⁵ Oosthuizen and Knox were part of a group of church leaders and NGOs engaged with HIV and AIDS in KwaZulu-Natal Province under the name *CARE* (Churches' AIDS Regional Education), the copies of which were found at the HMC archives. The archives at Diakonia had documents which revealed that Knox particularly was part of a Committee within the Diakonia along with Daryl Hackland which met regularly to arrange HIV related programs for different churches in the Province during the 1990s.

with various relevant issues of the times. This obviously helped to connect with the HIV epidemic after 1995, as some of the clergy were part of important delegations that visited other churches in Africa to learn from their experiences.

Notably, such grassroots level engagement did not necessarily contribute towards any strategic level intervention at the leadership level with respect to the HIV epidemic. The restructuring process through the JNL programme did not yield the expected results. Many of the useful programmes that happened with the CCD were suddenly abandoned in 1995 by the leadership to cut costs, which affected the ongoing programmes that occurred at the grassroots level. Whether they continued to function with individual interest, we do not know. A lack of leadership at the Connexion level in guiding grassroots level engagement with the epidemic meant a notable gap in the building of church competence.

CHAPTER SIX: CONCLUSION

Church Competence in HIV and AIDS⁵⁰⁶ was formulated in 2008 after three decades of lessons learnt from faith based responses to the HIV epidemic in various parts of the world. This study reveals its intricacy when considered at the local, regional and national level. The period of study covers a relatively early phase of the HIV epidemic when churches struggled to realise the reality of an imminent epidemic, but even in the later periods HIV remains an unseen reality. For many churches today, HIV and AIDS is more a concept than a reality, as the epidemic is fairly well under control. Some aspects of HIV Church competence were visible, which mainly related to internalizing various challenges related to the HIV epidemic as a Church, but these were not widespread. Yet, the epidemic is still dangerous as it will thrive in a context of ignorance, stigma and discrimination, anywhere in the world. This study was an attempt to bring forth the challenges related to HIV and AIDS at the level of a local church, at a time when the epidemic was yet to become a fully-fledged reality. It is hoped that the lessons learnt from this study will help other local churches to engage with the HIV epidemic, thus striving towards becoming an HIV competent church. Besides tracing certain historical aspects of the engagement of the MCSA with the HIV epidemic, it is hoped that the outcomes of this study will contribute to an effective HIV and AIDS policy for the churches, which engages them to internalize various aspects of the epidemic.

Competence became an essential aspect for effective faith based responses primarily to maximize the efforts made by the wide network of faith based organisations (FBO)⁵⁰⁷ around the world to control the increasing HIV prevalence in different parts of the world. It was also to address certain gaps so as to make such responses “socially relevant,”⁵⁰⁸ “culturally appropriate”⁵⁰⁹ and “theologically and technically sound.”⁵¹⁰ In the study, Parry’s framework helped to assess through the following core areas, how the initiatives of the HMC through the HAC contributed to HIV competence within the church at the local, regional and national levels within the MCSA, during the period 1990 – 2001:-

⁵⁰⁶ S. Parry, *Beacons of hope: HIV competent churches: A framework for action*, (Geneva: WCC publications, 2008).

⁵⁰⁷ The term FBO has been used by Parry to refer to both Christian and non-Christian organizations, whereby among the Christian, it includes the churches and church based organizations. See Parry, *Beacons of hope*: 16.

⁵⁰⁸ Parry, *Beacons of hope*: 9

⁵⁰⁹ Parry, *Beacons of hope*: 9

⁵¹⁰ Parry, *Beacons of hope*: 9.

1. “Attitude changes and elimination of HIV-related stigma and discrimination.”⁵¹¹

Attitude changes related to the HIV epidemic engaged the church members to deal with issues both at a personal level as well as at a communal level, as observed in this study. While it was practically difficult to gauge the levels of attitude changes in a sample during a historical period, a few indicators have helped to understand that attitude changes did happen among some of the people in the church during this period. Such attitude changes did not happen only because of the interventions of NGOs like the HAC, the context of rising HIV cases in South Africa were also contributory factors that forced many to think about such interventions in a realistic way. The journey of the church towards HIV competence necessarily involved both these factors.

2. “Courageous leadership to acknowledge difficult and unpopular topics.”⁵¹²

At the Methodist church in Hillcrest, Oosthuizen’s leadership was unique in terms of engaging the church with sensitive and unpopular topics related to HIV, such as condoms, gay relationships, abstinence and working with the *nyangas* in the Valley. His leadership was courageous as such topics brought much condemnation from many within his own church, both clergy and the laity. However, his passion for the HIV ministry found very little support within the church, owing to the growing engagements of Oosthuizen both at the local, regional and national levels, because of which he was not able to spend much time with the church at the local level, nor could he get along with the MCSA leadership in Johannesburg, which through the CCD also tried to engage with the epidemic.

3. “Reflecting theologically on the pastoral and spiritual demands of HIV and what should be the compassionate Christian response.”⁵¹³

Though Oosthuizen comes out as a clergyman passionate with sharing information about HIV and AIDS, his interventions were often provocative in nature, which was a creative way to engage his audience but not necessarily a process that would lead

⁵¹¹ Parry, *Beacons of hope*: 17.

⁵¹² Parry, *Beacons of hope*: 18.

⁵¹³ Parry, *Beacons of hope*: 18

them through a theological and pastoral reflection in the context of HIV. Thankfully the had a group of passionate women in his church who took the mantle of contributing to this pastoral and theological journey with his church, such as the roles played by Pat Kaltenbrun, Linda Knox, Moira Cook and Julie Hornby. Such a team effort though contributed towards building inner competence of the HMC on many occasions.

4. “Careful strategic planning that is relevant, long-term and backed up with substantial commitment.”⁵¹⁴

The HAC was in no state during this period of 1990 – 2001 to plan a strategic planning for a long-term commitment, till the time that they became independent of the church and got themselves registered as a Society. This was not a priority for the HMC, even as Oosthuizen left the church in 1999 at a time when the church engagement with the HAC had become minimal. The church found itself quite out of place to face the enormity of challenges that the HIV epidemic brought forth in the Valley towards the late 1990s, whereby it required a lot of courage and dependence on God for a strategic and relevant intervention, which the HAC under the leadership of Hornby and Knox pulled it through. With regard to the MCSA leadership, one does see efforts for making a strategic and long-term intervention, first during 1990 with the formation of the THCC and thereafter with the JNL programme, both of which did not go a long way. Isolated efforts such as in the Clerpine circuit were more relevant as a church intervention. Mogoba’s call for taking care of poor children did make inroads in the Clerpine circuit.

5. “Open dialogue on taboo subjects such as human sexuality and sexual matters, particularly those facilitating the transmission of HIV, as well as intravenous drug use.”⁵¹⁵

The first phase from 1990 – 1995 was definitely a period when open discussion of such subjects as human sexuality and condoms were highly taboo, as evident with the Hillcrest experience. In spite of that, the HAC engaged in creative ways of making an open dialogue possible in schools, offices and churches in the Hillcrest and

⁵¹⁴ Parry, *Beacons of hope*: 18

⁵¹⁵ Parry, *Beacons of hope*: 18

Pinetown region on such sensitive topics. With other agencies like Phakamisa, the Roman Catholic Archdiocese and Dawn Lepann who also engaged during the same time with the HIV epidemic, none of these were known to engage the people in an open dialogue with such sensitive topics. The HAC's initiative in these respects was pioneering during this period.

6. "Exposure of accepted practices and traditions that increase vulnerability, particularly those surrounding gender."⁵¹⁶

Analysing a gender perspective was beyond the scope of this research. Methodologically, this aspect in Parry's framework would have been difficult to analyse as it would have required another sub-framework in being able to do the same.

7. "Challenging injustices and inequalities at the local, social, political and international level and lack of respect for human rights."⁵¹⁷

The MCSA, both at the national level and at grassroots level was definitely engaged in challenging injustices and inequalities since the apartheid times. The CCD was formed particularly to make this happen at both grassroots and national levels. Each District and Circuit of the MCSA had its own branch of the CCD which engaged in issues related to injustice and inequality. A certain level of coordination seems to have existed between the activities of the Mission and Social Concerns Commission within the local church to the Circuit and District level activities of the CCD. Such a structured level of social engagement within the MCSA made itself relevant to the times, in spite of limitations during the apartheid era. This aspect of competence was well in place during this period for the MCSA.

8. "Recognizing the evolving course of the epidemic and expanding responses appropriately."⁵¹⁸

The MCSA Conference minutes of 1989 and 1990 and the Circuit Quarterly Minutes of the Clerpine circuit from 1989 onwards give sufficient proof of the fact that the MCSA leadership at the Connexion and the Circuit levels were updated about the

⁵¹⁶ Parry, *Beacons of hope*: 18

⁵¹⁷ Parry, *Beacons of hope*: 18

⁵¹⁸ Parry, *Beacons of hope*: 18

evolving course of the HIV epidemic. It is not clear to what extent they were able to recognize the seriousness of it. However, responses to the HIV epidemic in the early 1990s within the MCSA took place through self-initiatives at grassroots level, with no particular coordination with the leadership at Connexion. Within the Clerpine circuit, the HMC in particular took the initiative of equipping themselves and engaging in awareness programs in the region.

9. “Predicting the social impact and responding proactively.”⁵¹⁹

While the Clerpine circuit managed to make realistic responses within the circuit, it was difficult for the MCSA to implement a coordinated long term plan to engage with the HIV epidemic at the national level during this period, though a number of training workshops took place through the CCD. The PHC initiatives and the ecumenical movements in South Africa helped to prepare the ground for the churches to respond proactively, but this was a slow process as the country came out from the clutches of the apartheid regime and coped with the challenges of being in a democratic set up.

10. “Accompanying those in need – whatever the impact on popularity or financial cost.”⁵²⁰

This aspect of competence relates more to the engagement of the church at grassroots level. The journey of the HAC, from engaging in HIV Prevention to Care and Treatment, as the HIV epidemic evolved, revealed their journey in this aspect of competence. Discrimination, criticism within the church and beyond, struggling through financial crisis, engaging with controversies, have been some of the hurdles the HAC got used to as they pursued their goal in engaging with the epidemic. The engagement of the Clerpine circuit with the epidemic at grassroots level may not have been as intensive as it was in Hillcrest, but the churches in this region benefited from HAC. “What do we do”⁵²¹ remained a calling for many who realistically tried to grapple with the painful realities of HIV epidemic in the Valley. The Natal Coastal District had many HIV-related activities during this period because of the presence of a vibrant ecumenical network such as Diakonia. To what extent these activities had

⁵¹⁹ Parry, *Beacons of hope*: 18

⁵²⁰ Parry, *Beacons of hope*: 18.

⁵²¹ Oosthuizen interviewed by Ninan on August 17, 2012.

an impact at grassroots level could not be evaluated in this study. At the Connexional level, the MCSA engaged with the epidemic through the CCD till the mid 1990s after which there was a decline in its engagement till the late 1990s where efforts were made to develop a coordinated response to the epidemic by formulating a policy.

A critique of Parry's theoretical framework

This study tries to give a realistic picture of the journey of a church which made an exemplary effort to engage with the HIV epidemic from 1990 onwards. Such a study may be helpful for churches which are yet to engage with the HIV epidemic at a congregational level and for those churches which have struggled to progress from “knowledge-based acceptance” to “experience-based acceptance.” Hence my choice of the period of study from 1990 to 2001 in South Africa, where the journey of churches started from a denial stage and slowly moved towards an experience-based acceptance stage in 2001.

In using Parry's framework in this study, the intention was to explore what factors led to making the involvement of the HMC and the MCSA with the epidemic during this period, less or more “HIV competent.” While the framework was helpful in identifying factors relating to HIV competence at the local church level, it made little sense at a broader level, such as gauging the competence of the MCSA at a District or Connexional level. Parry's framework of HIV competent churches was first introduced in a context where there was both a need for enhancing the way the churches engaged with the HIV epidemic as well as increasing church engagement with the epidemic. It was used more as an effective communication tool for churches to engage in an effective way with the epidemic in a context where many churches did so in a superficial manner while the epidemic consumed an alarming proportion of human lives. While the framework looks wonderful on paper, achieving HIV competence at Church level remains a challenge even today:

Yet despite years of experience with HIV and AIDS, and a plethora of responses, the overall sense of urgency and level of response, quality and coverage, is in no way commensurate with the size of this growing epidemic.⁵²²

While churches have engaged in different ways with the epidemic, what is a working model for churches to become HIV competent is still not entirely clear. For such an endeavour, it is necessary to understand the history of the transition of the HIV epidemic from a denial

⁵²² UNAIDS, *Report on Global epidemic*, 2006.

stage to the endemic stage, as experienced in Africa. As noted by M.M. Mhloyi, the transitional model based on the experience of the Central African countries in the first decade of the HIV epidemic since the discovery of the virus, has four stages: denial; knowledge-based acceptance; experience-based acceptance; and endemic.⁵²³ A similar pattern is evident in Sub-Saharan countries. The period 1990 to 2001 in South Africa starts from the denial period which was “characterized by fairly low levels of infection often concentrated among ‘high risk’ groups,” whereby “prostitutes were often perceived as having sexual contact with foreigners.”⁵²⁴ The HIV epidemic in South Africa had a slow beginning during the early 1990s before reaching an alarming level in the mid to the late 1990s.

Though there was a gradual rise in the number of churches engaging with the HIV epidemic during this period, they were not necessarily convinced about the imminent danger that could impact them as a community. Hence it was obvious that they were far from considering HIV competence. The journey of a local church in South Africa, such as the HMC, gains significance in such a context, where a few from the church were already convinced about an HIV ministry while the epidemic was still far away. Their experiences revealed that they were already in a journey towards achieving HIV competence, much earlier than many of the churches which engaged with the epidemic during that period.

The HMC experiences also help to understand that many aspects related to HIV competence are not necessarily dependent on a physical expression of the epidemic. The shared experiences of a few members, who were trained in HIV, were instrumental in engaging church members with certain aspects of the epidemic, much before the epidemic was visible. Though their efforts did not convince many in the church, their perseverance did bring about a gradual change of attitude among some within the church, as identified in this study. Creative ways of engaging the church members through sharing of experiences, provocations and confrontations, besides teaching classes, were effective means of making them think and react, thus understanding in a realistic way, certain aspects of HIV and AIDS. However, as this study reveals, church life cannot be centered on an epidemic, whether visible or invisible. The only reason that such an effort at HMC lasted was because it was mainly an initiative led by the church pastor. In the process of making the invisible visible,

⁵²³ M. M. Mhloyi, “AIDS transition in Southern Africa: Lessons to be learned,” *Progress: Reports on Health and Development in Southern Africa*, Spring / Summer 1991 : 44; BRN 131592, Cory Library, Rhodes University.

⁵²⁴ Mhloyi, AIDS transition in Southern Africa : 46.

the passionate efforts of the HAC members were not appreciated by many in the HMC. When the expanding activities of the HAC reached the stage of threatening the core activities of the church, a formal separation of the HAC from the HMC became imminent. People within the same church are at different levels of understanding, regarding many issues, HIV is no exception. Hence HIV competence of a church at the local level needs a more realistic and accurate expression as it is unrealistic to expect every member at the same level of understanding and competence. Considering that this study was more a historical work depending on the memories of people as data for an analysis, the materials used, in the form of interviews and documents referred were adequate towards the discussion of most of the issues dealt with in this study. These resources provided further room for research to understand other aspects regarding the MCSA, both at the national level and at the grass roots level, particularly their engagement with the HIV epidemic, which were beyond the scope of this study. The resources used also raises the need for further research to understand the role of other related agencies such as the Diakonia and Methodists such as Verryn, Calverely, Le Roux, Knox, Hornby, Bishop Irvine and Butterworth, with the HIV epidemic. The framework however, was difficult to use in the context of gauging 20 interviews.

Certain instances of ‘knowledge-based acceptance’ were also visible during this phase, such as in the HMC, where Oosthuizen and his team learnt the intricacies about HIV and AIDS through their training at ATIC and thereafter the efforts of HAC helped some church members to accept certain realities about the epidemic at a stage where it was yet to be visible before common people.

Nevertheless, Parry’s framework has helped to understand the practical difficulties the MCSA went through at the leadership and the society levels. A historical study of the involvement of the MCSA with the HIV epidemic in South Africa has been helpful to identify the “broader socio-economic and political environment” in South Africa during this period which, as Parry notes, requires much attention besides focusing “principally on the behavioral aspects of HIV.”⁵²⁵

⁵²⁵ Parry, *Beacons of hope*: 15.

In exploring the reasons behind the early initiatives by churches in South Africa to the HIV epidemic, the idea of epistemic community suggested by Peter Haas⁵²⁶ has been at best, helpful to identify a few links. Within the limited time for the study, the adopted methodology could only identify a few factors behind early initiatives by churches. Other vital links, some of which were identified in the research, such as the early initiatives of Paul Verryn in Johannesburg, Dawn Lepann in Hillcrest, Peter Butterworth in Durban, George Irvine in Durban, the role of Diakonia in KwaZulu-Natal, the work of Demetris Palos and the CCD etc. can be further explored through this methodology in future research. The applied method helped to recognize that there is much to be researched from the memories of the people who were part of the HIV epidemic in South Africa in the 1990s, both at an individual level and at a community level as a shared community experience, such as among the Methodists in Hillcrest. The samples selected in this study have been helpful to bring out certain aspects of this shared experience in Hillcrest.

As discussed in Chapter two, the epistemic community relating to early HIV related response in South Africa consisted of health professionals engaged with HIV and AIDS in South Africa, which blended well with the rise of primary health care from the 1970s. The use of Haas' idea of epistemic communities blended well with Parry's framework as it helped to historically locate the early church responses in the context of the broader socio-economic and political environment in South Africa. It also helped to identify the key networks in which some of the church leaders were engaging during that period and which played a key role in building the "inner" and "outer competence" of the churches which engaged with the HIV epidemic. This was visible in the Natal Coastal District of the MCSA in the key role of Daryl Hackland, Norman Hudson and Neil Oosthuizen who networked with the Department of Health in the KwaZulu Government, ATIC, NACOSA and ecumenical organisations like Diakonia and the Church AIDS Programme led by Demetris Palos. The role of Glenda Howieson in Pinetown with her key links with International Funding agencies has also been exceptional in starting orphan care in the late 1990s.

⁵²⁶ P. Haas, "Introduction: Epistemic communities and International Policy Coordination," *International Organization* 46 (1), 1992: 3.

Learning from the Hillcrest experience

AIDS, according to Mhloyi, was seen by some 'Black' people as "another of Western innovations to effect changes in African behaviour" which was an "extension of the colonial genocidal outcry against family planning."⁵²⁷ In South Africa during the early phase of the epidemic, it was a common perception among many 'Black' people that AIDS was a gay disease and that homosexuality was a problem of the white people. On the other hand, among many of the white people, homosexuality was forbidden. Hence, HIV and AIDS in the 1980s and the early 1990s were seen as a "distant" problem and something that was "too dirty to be discussed." Oosthuizen's decision to start an HIV related ministry in Hillcrest during this period, was definitely calling for controversy. The way Oosthuizen and his team engaged with controversial issues related to HIV, calls for attention, both in terms of how a Faith Based Organization was engaged in HIV prevention, as well as in terms of how a 'white' dominated church was engaged with such controversial issues among different races during this period. This study attempted to bring out a historical narrative to reveal both these aspects. For Oosthuizen, controversies were a means of drawing people's attention towards thinking on key issues related to HIV. In fact, as much as HIV thrived on various factors related to stigma, Oosthuizen thrived on controversies, thereby making the people think about such stigmatic factors. Though it came at a cost, with criticisms and people leaving his church, it did meet the need of the hour, that of making the people think on crucial issues related to HIV, even as the country grappled with various issues related to apartheid and racist barriers. The location of the HAC within the church premises, where both the Anglicans and the Methodists worshipped during this period, gave opportunities for both the churches to engage with various factors that contributed towards building up inner competence. Although building awareness about condoms and sharing the same space in the church compound raised much hue and cry, it challenged the church members in "internalizing the risk in an honest open way" and to "assess the risk factors that increase vulnerability."

Within this journey of the HMC during this period, one could relate to various aspects of church competence, as a journey of realization for many as the epidemic evolved. This study has tried to bring out, in a realistic way, how HIV and AIDS can be a journey of realization, without necessarily being infected by the virus. The story of the HMC and the HAC is of a

⁵²⁷ Mhloyi, AIDS transition in Southern Africa: 46.

story of realization, where a few in the church went out of their way in making a relevant response to the HIV epidemic. The study reveals two types of responses to the epidemic within the HMC. The way the few church volunteers engaged in HIV related programmes was distinct from that of the others who expressed their disagreements either publicly or by other means such as those who left the society. Hence within the same fellowship, though the challenges towards inner competence were the same, their responses to the epidemic were different. As individuals, they had their own journey of understanding in relation to the epidemic. The HAC volunteers because of their constant involvement in HIV related activities had comparatively more instances of shared experience relating to HIV than that of the other HMC members who visited the issues once in a while. Thus issues relating to condoms, gay community, herbalists and also the black community in the Valley with whom they engaged, thus had different responses within the same fellowship. “Shining the love of God into the community” was the way Oosthuizen introduced the AIDS ministry to his congregation, where he specifically intended “not fixing” the problem, but rather “journeying with” those infected and affected with HIV.⁵²⁸ Considering the limited engagement of the HMC with the black communities in the Valley and the lack of visible cases of HIV infected or affected in the early 1990s, these were efforts by Oosthuizen to prepare his church to face the hard times to come with the evolution of the HIV epidemic.

HIV Competence in the Methodist Church

In terms of outer competence, there is much to be taken note of from the Methodist ethos of social holiness, which was a contributory factor towards the early responses to the HIV epidemic. The political involvement of the MCSA through the CCD during the apartheid times inspired the Methodists to engage in developmental programmes in different parts of South Africa. The JNL programme started by the MCSA in 1993 may not have considered including HIV and AIDS in its agenda then, but for Oosthuizen and other ministers in the Clerpine circuit, it was unusually clear from 1993 onward⁵²⁹ that engaging with the HIV epidemic was an essential part of the JNL agenda for the Methodist Church. The 1993 edition of *Faith and Life* series brought out by the Christian Education Department of the

⁵²⁸ Oosthuizen interviewed by Ninan on August 17, 2012.

⁵²⁹ Minutes of the Clerpine Circuit Quarterely Meeting held at Clermont Methodist Church on 23 October, 1993, Circuit Quarterly Meeting Minutes Book kept at Pinetown Methodist Church, Pinetown.

MCSA, started the topic on the JNL goals with the following remarks by Ken Leverton, the General Secretary of the Christian Education Department, MCSA:

We have a study of the Israelites on their journey to a new land, which has obvious implications for South Africans at the present time. We pick up an emphasis on personal witness and evangelism which emanates from the World Methodist Council and is being promoted by our Mission Department.⁵³⁰

Personal witness and evangelism were promoted as key aspects of mission, which would at some stage result in proselytization or conversion. The 1993 reflections related these two aspects to the challenges that the new South Africa faced, such as being a “community for others,” where “the normal human divisions and barriers can be overcome.”⁵³¹ The intention here is clearly intended to address racial barriers, but within the Clerpine circuit, there are sufficient indications in the Circuit Quarterly Minutes and from Oosthuizen’s linking of the JNL goals to HIV epidemic, to suspect that the core group of ministers and laity in the circuit would have considered the long term consequences of HIV though they may not have imagined the impact of the HIV epidemic that was to come. The nature of responses of church ministers at grassroots level differed from those at national level and did not depend on each other during this period, as observed in this study. In the context of not having any concerted efforts from the Connexion level within the MCSA to engage with the HIV epidemic during this period, there is value in recognizing the isolated efforts by church ministers at grassroots level to engage with the epidemic, such as in the Clerpine circuit. This study reveals that the freedom to relevantly respond to controversial issues related to HIV at the grassroots level has had its own value for an effective church response to the epidemic.

The MCSA decision in 1995 to merge the Mission Department with the CCD was mainly meant to bridge different communities within the MCSA, which needed to happen at that time, though at the expense of giving up key roles of CCD in relation to issues such as HIV and AIDS. Despite such changes happening in the Connexion, there was a notable increase in the engagement of the Natal Coastal District with HIV related activities, as a response to the growing needs brought about by the epidemic in the KwaZulu-Natal province. Hence in

⁵³⁰ K. Leverton, “Foreword,” *Faith and Life: Lesson notes*, (Paarl: Christian Education Department, Methodist Church of Southern Africa, 1993): v; From the personal collections of I. Sparks, a member at the Hillcrest Methodist Church.

⁵³¹ K. Leverton, “Evangelism – The witnessing community,” *Faith and Life: Lesson notes*, 1993: 36.

terms of inner competence of the MCSA at the Connexional level, from the discussions and initiatives around HIV from 1990 to 1995, there is sufficient evidence to suggest that the MCSA leadership was concerned about the long term consequences of HIV. However, the drastic changes brought about in 1995 by giving up the activities of the CCD related to HIV due to “lack of man power,”⁵³² as shared by Ketshabile, indicate a notable difference in opinion in the leadership and a decline in its progressive engagement with the epidemic, till 2000.

The study also revealed that racial divisions within the MCSA, where each race preferred to have their own dominant fellowships, though never officially intended, had its own story to tell with respect to engaging with the HIV epidemic. There is sufficient evidence to suggest that certain aspects related to inner competence were discussed and engaged with, comparatively early in ‘white’ dominated churches in the KwaZulu-Natal province, such as in the HMC and others in the Clerpine circuit. In terms of funding, the ‘white’ dominated churches were more accessible to international funding and from well wishers. Because of this, there was an increasing involvement of them with HIV related issues during this period. The ‘black’ communities in the Natal Coastal District which had their own separate fellowships, with operating systems different from those of the ‘white’ churches, benefitted in some ways in terms of building up their inner competence, such as in the Methodist churches in the Clerpine circuit. The ‘white’ churches, despite their own distinctive features and limitations, engaged with the ‘black’ churches through commissions which were active on social issues, such as through the Mission and Social Concerns commission. This was evident in the Clerpine circuit where the churches in Pinetown and Hillcrest were very active. Church resources such as the *Faith and Life* series were used more likely in ‘white’ dominated churches during Sunday church discussions and other fellowship group discussions. The study revealed practical expressions of these resources being expressed among ‘white’ women such as in the initiatives by Howieson in Pinetown and by Kaltenbrun, Cook, Knox, Hornby and Dixon in Hillcrest. This also indicated that at the HMC, it was the women who found more time to engage with such resources at a practical level.

This study has specifically looked at societies like the HMC and the PMC within the Natal Coastal District during the period 1990 to 2001, which showed definite indicators towards meeting certain aspects of inner and outer competence to engage with the HIV epidemic.

⁵³² Ketshabile interviewed by Ninan on August 21, 2012.

The key roles of leadership at the society and circuit levels, the use of HIV related resources, which were more prominent in Hillcrest due to the networking that happened in this region were vital aspects that helped those engaged in the circuit with HIV related activities to progress from inner competence to outer competence.

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APPENDIX 1: "Hillcrest Aids Centre opened," *Highway Mail*, 1992.

Highway Mail, Dec. 11, 1992, p2, Msunduzi Municipal Lib. Periodicals Dept.



DR DARYL Hackland officially opened the Hillcrest Aids Centre on World Aids Day.

Hillcrest Aids Centre opened

Highway Mail Reporter
 THE official opening of the Hillcrest Aids Centre was held on World Aids Day, 1 December.

Aids is the name given to a collection of opportunistic diseases which attack the body of a person infected with the Human Immunodeficiency Virus.

The HIV attacks the immune system, eventually rendering the body incapable of fighting off infection and disease.

The HIV is transmitted only in body fluids, and so can be transmitted from blood to blood, during any sexual intercourse, and from mother to foetus.

Conservative estimates state that South Africa has more than 1 500 people who are infected with Aids, and more than 1 500 000 people with HIV, all of whom, according to experts, will develop Aids within seven to 10 years. Aware of the enormity of the problem facing South Africa, the

Hillcrest Aids Centre was established to serve the community in the entire area of HIV and Aids.

The centre will offer HIV and Aids information, educational workshops on HIV and Aids, as well as related topics such as sexually and pre-judices.

There will be pamphlets, posters and audiovisual programmes on HIV and Aids, as well as confidential counselling, both telephonically and face-to-face.

The centre will also offer support for HIV and Aids sufferers, family members and friends, as well as practical caring

for Aids sufferers.

All the staff at the Hillcrest Aids Centre have been fully trained by the Aids Training and Information Centre (ATIC) in Durban. The centre is financed by the Hillcrest Methodist Church and various local service organisations.



AIDS counsellors Georgia Dixon and the Rev Pat Kallenbrun at the opening of the centre.

T.V. AERIALS
RESIDENTIAL INTERCOMMS & SECURITY ACCESS CONTROL
DATECH
 Allen
 ASHLEY CENTRE, MARIANHILL RD, PINETOWN
FREE AERIAL QUOTES
 ☎ 701-8140
 ☎ 72-4170
 STOCKISTS OF
ELUES
INTERCOMMS

ANDRE'S DISCOUNTERS ANDRE'S DISCOUNTERS
★ ★ ★ ★ ★ HOLIDAY FOR 2 ADULTS 3 DAYS 2 NIGHTS ASK ABOUT TERMS & CONDITIONS
 M
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APPENDIX 2: Report of the Mission and Social Concerns Commission of the Hillcrest Methodist Church, October 14, 1993.

28

REPORTS TO COUNCIL MEETING - 14th October, 1993

FELLOWSHIP GROUPS COMMISSION

The exciting growth this quarter was the start of a High School Fellowship Group, meeting on Sunday evenings from 5-6 p.m. This group was initiated and is led by our young folk. Many of us have prayed over the years for the young folk of our congregation to experience a deep personal relationship with Jesus and for them to willingly take an active part in the life of the church at Hillcrest. The enthusiasm and commitment in Christ's Kids and Christian Connection was the start of the answer to this prayer, followed by deeper involvement from our confirmation candidates and now a Fellowship Group. We praise God for all that He is doing here at Hillcrest and especially for the growth and witness of our young folk.

We have 18 weekly Groups, including the two Bethel Groups. The fellowship Group Bash was well supported with all but 3 Groups represented. The Bethel presentation was well received and 3 groups have shown interest in following the course next year.

The Intercessory Prayer Group meets each Monday morning and it is encouraging that members of the Body are requesting the prayer support of this Group. The monthly Open Prayer and Ministry Meeting (3rd Saturday of the month - 6.30 a.m.) is poorly supported and again we encourage ALL MEMBERS OF THE COUNCIL to attend this meeting and pray corporately for our Body, its needs and growth. We need to spend time together praying if we hope to understand what God wants for His people in the Hillcrest Methodist church. As members of the Council it is our responsibility to heed God's instruction to PRAY.

"And pray in the Spirit on all occasions with all kinds of prayers and requests. With this in mind, be alert and always keep on praying for all the saints."

Ephesians 6:18

"... if my people, who are called by my name, will humble themselves and pray and seek my face and turn from their wicked ways, then will I hear from heaven and will forgive their sin and will heal their land."
2 Chronicles 7:14

JEAN SPARKS

MISSION & SOCIAL CONCERNS COMMISSION

Well, here we are at the beginning of the last quarter and when I reflect back, I marvel at all that has gone on during the year. It is with thanks to my committee that I no longer feel like the "new boy on the block"!

Since my last report in July, I could safely say that the "major" occasion was when Neil asked us to present M&SC to the congregation. Armed with slides, plenty of notes and nervous voices, we all managed to get through the "ordeal", and judging from the comments afterwards, everyone excelled.

Laura Moore is busy with the collection and repairing of toys for the Thembelethu Crèche Christmas Party, as well as facilitating Pension Day at Moliweni. Thank you, Laura.

Llyris Reilly continues to manage the Feeding Scheme projects, namely the Need Basket which is used by the Advice Bureau in their service to needy members of the public. The Central Tea Kitchen now operates on Wednesday, together with the Advice Bureau, serving tea and peanut butter sandwiches to persons coming for help and feeding. The satellite services now operate two school satellites and two community ones at churches - 1200 packets of soup powder are distributed monthly through these centres. Thank you to Llyris and her ladies for a job well done.

John Denney has continually kept us all well informed. As can be seen from the attached report M&SC has spent R30 161 by end August on our many various commitments. When one considers the August payment of R1500 donated to Summit for the upkeep of Brenda and Craig, and remembers their contributions in the services that Summit took, I'm sure everyone will agree it was money well spent. A further donation has been made which will go towards their total upkeep expenses. The 1994 Budget will be discussed at our October meeting. Thank you, John, for a job well done.

I attach a report from Neil on the Aids Centre - a further attachment is their financial report as at end August 1993. Mention must be made that the Centre will be moving from their present office at 8 Old Main Road to the Church Centre. On behalf of the Commission I would like to wish the Centre all the very best in their new premises and the best of luck at marketing themselves aggressively. I will always remember Moira Cooke's testimonial at the M&SC presentation and am sure there were many a lump in the throat!

Thank you all those other unnamed members of the Commission - your assistance and guidance is always greatly appreciated. God Bless.

JOHN ALLEN

Mission & Social Concerns Commission
Summary of Receipts and Payments - Jan. - Aug. 1993

<u>RECEIPTS</u>		<u>PAYMENTS</u>	
Balance as at 1/1/93	R4027 00	Feeding Scheme	R7230 25
Feeding Scheme	5562 98	Advice Bureau (food parcels)	400 00
Need Basket	209 18	" " (M&SC)	238 00
Love Loaves	622 67	" " (Need Basket)	198 10
Donations	61 00	Soup for Valley	612 00
Church Tithe	13736 00	Glenhaven	480 00
Summit Collection	604 17	Education Fund	4655 57
Education Fund	4428 00	Gibson Nkhoma	1200 00
AIDS	730 76	" " (extra expenses)	90 00
Gibson Nkhoma expenses	180 00	AIDS	9183 14
		Mission & Extension Fund	2000 00
		Mugs for Pension Day	39 60
		Benedict Mvulani	500 00
		Summit '93 - Brenda & Craig	1600 00
		BALANCE	1735 10
	<u>30 161 76</u>		<u>30 161 76</u>

State of Special Funds

Feeding Scheme	(21 27)	Overdrawn
Education Fund	(227 57)	Overdrawn
Need Basket	11 08	
Love Loaves	622 67	
Gibson Nkhoma	90 00	(extra expenses)

Report from Hillcrest AIDS Centre

Let your light so shine in the darkness that people will see your good deeds, and give glory to your Father in Heaven.
(Mt 5:16)

Review:

The Hillcrest AIDS Centre has been in operation for 15 months now. They have been difficult, but fruitful, months. Despite our volunteers struggling to find a working method and rapport, we have had many opportunities to shine the love of God into our community:

- i) replies have been given to hundreds of queries;
- ii) several educational workshops have been given, to schools (pupils, teachers, and general staff), Church groups (youth groups, women's groups, general meetings), Service Groups, and other groupings (e.g. Town Board labourers, domestic servants, etc.);
- iii) many people have been counselled by our members, approx. 50% actually being HIV+;
- iv) we have offered support and care for a few people who are dying from AIDS;
- v) we have attempted to keep the community in the Upper Highway aware of the disease (through the press, our successful "Design-a-Bumper-Sticker" Competition, etc); and
- vi) most of our members also serve on various AIDS networks in the greater Durban area, offering our expertise and experience to the wider community.

For the past year the AIDS Centre has been based at 8 Old Main Road, Hillcrest. While these offices have been expensive, we believe that they have contributed in a positive way to our witness in the community.

Future Plans:

We now move into a new phase of our journey, as we plan to move into the "Sunday School Hut" at the Church Centre. We believe this move will enable us to reach out more effectively, as we will be more centrally situated in Hillcrest. We hope to have the Centre up-and-running as soon as possible. We will be focusing more-and-more on home-based-care.

Finances:

We thank the M&SC Commission for your financial support over the past year. We apologise for not keeping you fully informed of our financial position. However, a full Statement of Accounts is below. From now on we will attempt to be self-supporting, as we will be focusing on marketing ourselves more aggressively.

Hillcrest AIDS Centre

Financial Position as at 31/8/1993

<u>INCOME</u>		<u>EXPENDITURE</u>	
Donation to Rental (Hillcrest Methodist)	R 9 183,14	Rental & Electricity	R 9 183,14
Grant from M&SC	R 100,00	Postage	R 154,30
Grant: Hillcrest Town Board	R 5 000,00	Sundries	R 24,75
Donations *	R 2 102,50	Stationery	R 177,41
Fund Raising #	R 550,18	Refreshments	R 60,95
Sale of Easter Eggs	R 764,14	Repairs/Maintenance	R 24,19
Sales of Gloves, etc	R 254,90	Travel (Petrol)	R 50,00
Interest Received	R 67,15	Supplies for Easter Eggs	R 160,38
		Material for sale	R 63,97
		Prizes for Competition	R 471,64
		Bank Charges ?	R 160,70
		Pamphlets	R 296,53
		Refund to M&SC	R 500,00
		Telephone	R 418,45
		Advertising	R 150,00
		Gratuities (Office Staff)	R 1 000,00
		Seminars	R 198,00
			<u>R13 114,44</u>
	<u>R18 022,01</u>		
		Balance at 31/8	R 4 907,57
			<u>R18 022,01</u>

Notes:
* Includes donations for Workshops
Includes Tea Garden
? To be queried

Balance made up as follows:

Standard Bank Current Account	R 4 694,81
Petty Cash	R 212,76
	<u>R 4 907,57</u>

Prepared by: Jules de Bruyne
Hon. Treasurer
7/9/93

We move into this new challenge secure in the knowledge that God, and the prayer support of His Church, goes with us.

Neil Oosthuizen - Director

APPENDIX 3: ATIC Training Certificate of Georgina Dixon, 1992

City of



Stad

DURBAN

AIDS *Training and Information Centre*

VIGS *Opleiding-en Inligtingsentrum*



This is to certify that

GEORGINA DIXON

Has completed a workshop in

AIDS COUNSELLING

SIGNED

T. Mdlh.

ISSUED AT DURBAN

ON 28 AUGUST 1992



The New Dimension, Vol. 27, No. 11, Nov. 1997, p.12

move Youth

AIDS EDUCATION ON A BICYCLE!

Hillcrest AIDS Centre will be hosting the annual Keatsney Cycle Race on 12 October. This is the second of the major cycle races of the Province.

The Hillcrest AIDS Centre is the brainchild of the Methodist Minister of Hillcrest, Rev N T Oshutuzen. Seven years ago Rev Oshutuzen realised that AIDS was here to stay and decided to DO something about it. Opening the centre was just the start. Now we have the Annual Cycle race, Gospel Choir Competitions, Streetball Competitions and the World AIDS Day celebrations. The need for a more rural centre became evident and we opened the MOWENI AIDS CENTRE. Both of the centres are run by well trained people. These centres do HIV/AIDS counselling and give AIDS Education workshops in English and Zulu.

The thrust of the HIV/AIDS Education that comes out of these centres is the fact that if you are infected with the virus you can live positively, and that we can offer "LIFE" through Jesus. To empower the individual to make an informed choice when it comes to sexuality.

This cycle race will hopefully raise awareness amongst the cycling fraternity. AIDS does not discriminate, anybody can become infected and everyone can protect themselves through education and understanding the disease. Attitudes will change with knowledge about the disease and then people who are infected can once again be included in the community.

To find out more about what YOUR church can do or to arrange a workshop:

□ Hillcrest AIDS Centre
Tel/Fax: 031-765-5866

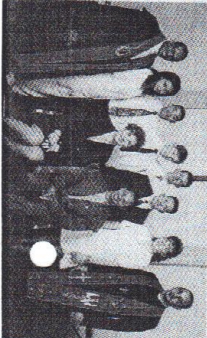
□ Moweni AIDS Centre,
Call: 082-659-5981

Rev Neil Oshutuzen and his wife Colleen outside the Hillcrest AIDS Centre.

The cost of a workshop will be transport & photocopies of pamphlets.

Photo: Neil Oshutuzen

FIRST CONFIRMATION IN DECADES!



(Back row, left to right): Rev Andrew Dlamini, Kibson and Lelo Wilson, Sgobol and George Gertsen, Jhona Eke, Chidongo Williams and Rev Helen van Wyk. (Front row) Revs. Brenda Rossouw and Leon Mphahlele.



APPENDIX 5: Hillcrest AIDS Centre at The Church Centre, 1997



Hillcrest Aids Centre in dire straits

BY LYNDY
COOMBE

HILLCREST Aids Centre
co-ordinator, Mrs Linda
Knox has criticized the De-
partment of Health for its

lack of financial support.
The department funds the
centre which is the only one
of its kind in both the inner
and Outer West.
Following the Depart-
ment of Health's announce-

ment about drastic cuts to
their budget, the centre is
facing imminent closure
unless enough money is
poured in by non-govern-
mental organisations like
the private sector.

The centre put forward
budget proposals to the de-
partment at the end of 1997
for Hillcrest and the Mol-
weni Aids Centre, which is
run by Hillcrest.

The department allocat-
ed R44 000 to both centres
for 1998, which, accord-
ing, Mrs Knox is about
R130 000 less than they
requested.

"The R44 000 can only
fund Hillcrest Aids Centre
and two salaries for four
months and the Molweni
Aids Centre for one year,"
said Mrs Knox. "Without
the funding, our other com-
munity projects can't con-
tinue."

She added that the bud-
get that they put forward for
Molweni Aids Centre had
been R44 710.

"The implication of what
they're saying is that white
people don't get Aids," said
Mrs Knox. "Funding only
seems to be going to rural
communities, but there are
white people who are HIV
positive."

"We presently employ an
HIV positive woman who
is married and has a teen-
age daughter. Her experi-
ences are of immense ben-
efit for the Aids centre and
the wider community, es-
pecially those who presume
themselves 'safe'."

She said: "I would prefer
not to be funded by the gov-
ernment because they have
made some "interesting"
decisions. We can't voice
our objections without fear
of our budget being cut."

"The Hillcrest Aids Cen-
tre has got to carry on," said
Mrs Knox.

"And Molweni is man-
aged by Hillcrest, they can-
not survive without us. It's
all one and the same thing."

Many people in the High-
way area rely on the centre
for counselling, especially
those in the rural areas close
to Molweni Centre.

"There's no-one else in
the area doing what we're
doing," said Mrs Knox.

Counsellors at the centre
also commented that they
get many HIV positive suf-
ferers from the greater Dur-
ban area.

"The staff at Molweni are
devastated by the budget
news," said Mrs Knox.

"The Waterfall clinic,
who we work very closely
with are also upset. We run
a testing programme in con-
junction with the clinic and
pre-counselling and post
counselling is imperative for
these people."

At the moment the only
alternatives the centre has is
to turn to business and their
local council.



FACING imminent closure, Hillcrest and Molweni Aids Centre's co-ordinator and counsellors wonder how long they have before they are forced to shut.

The centre works very
closely with the private sec-
tor, counselling and edu-
cating.

"We've worked a lot for
the private sector," said Mrs
Knox. "We've buried peo-
ple for the private sector."

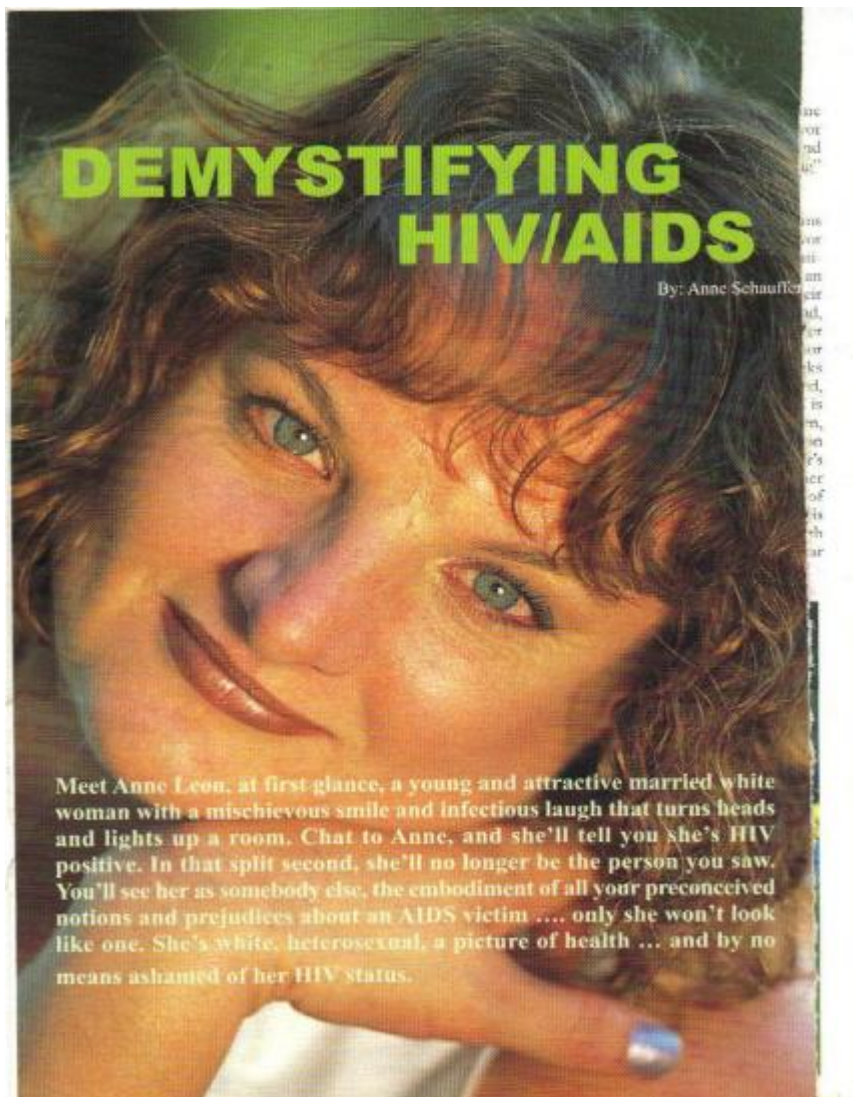
She said that although the
centre received a lot of emo-
tional support from busi-
ness, they need financial
support.

"To do that, we need com-
merce and industry to come
in and help and support us."

One of the main objec-
tives of the Hillcrest and
Molweni Aids Centres is to
make the community as a
whole aware that Aids is in
the community and can be
beaten through education
and caring for the infected
and affected in the commu-
nity.

The Hillcrest Aids centre
was opened in 1991 and has
been working from a "con-
tainer" office at the Angli-
can Methodist Church.

APPENDIX 7: Anne Schaffer, "Demystifying HIV/AIDS," Pamphlet at HACT, Unknown Source.



Pentecostal pastoral letter addresses violence, Aids....

The escalating violence, the heartbreaking local government elections, the growing number of people infected with the Aids virus, the Reconstruction and Development Programme and the problem of refugees from other parts of Africa were some of the issues addressed in a pastoral letter endorsed by 51 church leaders in Natal-Natal.

Published in English, Zulu and Afrikaans and circulated to numerous congregations all over the province, it was issued to coincide with Pentecost and the celebration of the Week of Prayer for Christian Unity and launched at a media briefing held at the Ecumenical Centre, Durban on 28 May.

The leading church heads in the province presided at the launch. His presence, for the first time, the Independent Governance Kesh was represented through Dumitru Ickan Meyer. It was also the first time that leaders of 18 diverse denominations, including some independent churches, endorsed a pastoral letter in this province.

The church leaders expressed concern over the continuing violence in the province and added that the task of peacemaking and peacebuilding is urgent and essential commitment from all concerned. They urged all congregations and groups to "set an example of tolerance for African justice of view."

They called on Christians to take part in the local government elections and to pray for peace throughout the process.

"We remember how a campaign of concerted

prayer took place in the lead up to the April 1994 elections. This was accompanied by peacemaking and monitoring efforts of many who stated that faith is seen the situation. Prayer and action led to a wonderful outpouring of God's spirit of peace on the whole province at that time. We therefore turn to God again in prayer and urge all our people to renew themselves to be peacemakers in whatever ways they can, in their own families, work places, churches and communities."

On the Reconstruction and Development Programme, the church leaders called for monitoring of the process and for ensuring that the poorest are fully involved and that the human aspects of the programme are not forgotten.

Churches were urged to minister with compassion and care to people with HIV/AIDS, especially noting the existing numbers of people infected in the province. "We encourage every congregation to work out how to minister with Christ's love to such people," they added.

Refugees from other parts of Africa were another source of concern for the church leaders. They said they were aware of "disturbing reports of hostility" from some people fearful of losing their jobs, homes and places in schools in the refugee camps. They expressed their support for the creation of the Durban Refugee Forum which brings together churches, government departments, NGOs, the United Nations and others concerned with the plight of refugees. ■



Church leaders who presided over the launch of the Pentecostal pastoral letter are standing from left Dumitru Ickan Meyer of the Dutch Reformed Church, Methodist Bishop Dumitru Ickan Meyer, pastor of the Diakonia Council of Churches, Rev. Bishop Mphahlele Mphahlele, pastor of the Diakonia Council of Churches, Rev. Bishop Mphahlele Mphahlele, pastor of the Diakonia Council of Churches, Rev. Bishop Mphahlele Mphahlele, pastor of the Diakonia Council of Churches, Rev. Bishop Mphahlele Mphahlele, pastor of the Diakonia Council of Churches, Rev. Bishop Mphahlele Mphahlele, pastor of the Diakonia Council of Churches.

Should South Africa be a secular state?

The new South African constitution, which underpins the new state, is a landmark document which will be signed and signed by the new South African government in the coming weeks.



Rev. Bishop Mphahlele Mphahlele

...should be a secular state? ...the new South African constitution...

...the new South African constitution... should be a secular state? ...the new South African constitution...

APPENDIX 9: George Irvine, Bishop of Natal Coastal District, MCSA, Re: Educare Project, Letter to The Reverend Brian Brown of the World Church Secretary – Africa, May 21, 1998.



APPENDIX 10: Minutes of the Third Clerpine Circuit Quarterely Meeting, Pinetown Methodist Church, 29 July 1989.

MINUTES OF THE THIRD CLERPINE CIRCUIT QUARTERLY MEETING
HELD AT PINETOWN METHODIST CHURCH ON SATURDAY, 29 JULY,
1989, AT 2.00 pm.

1. DEVOTIONS:

These were led by Pastor K Light, with the singing of hymn No. 371, and a scripture reading from Psalm 148. Pastor Light said that the Psalm reminded him that everything in the world praises God, even small and insignificant man. That we should spend our lives praising Him, and that being together, we bring praise to God.

PRESENT:

Mariannridge	3
Pinetown	11
Kloof	12
Queensburgh	20
Clermont	24
Westville	6
St Wendolins	1
Molweni	6
Kranskloof	2
Hillcrest	2
Klaarwater	2
TOTAL	89

APOLOGIES:

20

2. WELCOME:

The Chairman welcomed all who were present at the Meeting and fifteen new members were introduced.

3. PERSONALIA:

Pastor Kevin Light was congratulated for having completed his degree. Derek Venter of Kloof has resigned his position as at the end of the month and an appreciation for the work he had done for the Circuit was recorded. Mr S Griffiths was welcomed as a new pastor in Pinetown.

4. CONVERSATION ON THE WORK OF GOD:

It was reported how God had worked in our Societies and also in our new Geographic Circuit, "That it is good for us to share with one another." Ethelbert Childrens' Home - for the first time the Home has an amount of about R31,000. There is a shortage of staff. One member visited the U.S.A. and gave an encouraging talk. It is important to note how good God has been to us. Multi-racial Primary School - the good news is that we have been granted a sum of R1.25 million from Anglo American. Other people have pledged support and their names are on record. Malihanbe is encouraged in the Circuit. During a sermon in Devon in England Rev Bowman touched on the above scheme and wonderfully enough a donation of R20.00 from a supernumerary minister was posted and donated to the Circuit. The Geographic Circuit is seen to be working. Let the world see that a Geographical Circuit is an oncoming thing. Klaarwater - the site is marvellous. It has already been fenced, cleaned and has a hut. Excavation is in progress and water has been installed and a toilet has been loaned. A special thank you was made to Klaarwater ladies who serve tea. There is work every Saturday. Societies are requested to get in touch with their members about this Saturday task.

2/...

APPENDIX 10: Permission letter from Hillcrest Methodist Church, Hillcrest

**HILLCREST
METHODIST CHURCH**
A LIGHT ON THE HILL

GROWING | EMBRACING | SERVING

Minister: Rev R.A. Robinson PO Box 848 HILLCREST 3650
5 Nqutu Road Tel: 031 765 4908 Fax: 031 765 4927

2 May 2010

TO WHOM IT MAY CONCERN

*"Towards an HIV competent church response: the Hillcrest AIDS Centre,
a pioneering faith response to HIV and AIDS in South Africa (1990 to 2001),"*
supervised by Prof. Philippe Denis.

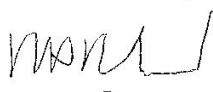
Name: Thomas Ninan Stud. No.: 210551397

Course: Master of Theology (M.Th.) Research

School: School of Religion, Philosophy and Classics at UKZN, Pietermaritzburg

This letter serves to confirm that we give Thomas Ninan permission to conduct research at Hillcrest Methodist Church. He is welcome to utilise office space as is needed, interview congregants and reference any documentation that would be relevant and enable him in his research.

Yours faithfully



Rev Andrew Robinson

"YOU ARE THE LIGHT OF THE WORLD. A CITY SET ON A HILL CANNOT BE HIDDEN." MATTHEW 5:14

The Methodist Church of Southern Africa | Clergine Circuit (703) | Hillvale Region

APPENDIX 11: Permission letter from Hillcrest AIDS Centre Trust, Hillcrest



HILLCREST AIDS CENTRE TRUST

26 Old Main Road, Hillcrest, 3610,
KwaZulu Natal, South Africa.
P.O. Box 2474, Hillcrest, 3650.
Tel: (031) 7655866, Fax: (031) 7658781
E-mail: info@hillaims.org.za
www.hillaims.org.za



30 April 2012

To Whom It May Concern,

I write regarding Mr Thomas Ninan, Student Number 210551397 at the School of Religion, Philosophy and Classics at UKZN in Pietermaritzburg.

Mr Ninan is currently completing a Master of Theology (M.Th.) and has requested to conduct research at Hillcrest AIDS Centre Trust into the partnership between the Trust and the Hillcrest Methodist Church.

I hereby confirm that Mr Ninan is more than welcome to conduct research about Hillcrest AIDS Centre Trust, to make use of our office space, to interview staff or Trustees with due approval, and to access relevant documents from HACT's files.

Yours Sincerely,

A handwritten signature in black ink, appearing to read "Olivia Myeza".

Olivia Myeza: CEO

A Ministry of Hillcrest Methodist Church

Trustees: Dr J Giddy, CA Goschen, Revd Dr DBT Hackland, JA Hornby, LM Knox, MW Mkhize, DJ Neville-Smyly (Chairman),
Revd RA Robinson, Revd GA Thompson, MN van den Berg, Bishop M Vorster

APPENDIX 12: Sample of Interview Release Form.



Interview Release Form

CAT NO:

This agreement ensures that your interview is added to the archived collections of the Sinomlando Centre for Oral History and Memory Work in Africa in accordance with your wishes.

I, _____ (interviewee), hereby authorize _____ (interviewer) to record my name, likeness, image, and voice on tape, film, or otherwise to be used in the archived collections of the Sinomlando Centre.

In consideration of my participation in said recording, I agree that:

- The 'original' recording(s) will be conserved at the University of KwaZulu-Natal. Copies will be held and made available as a public reference resource for possible use in research, teaching, publication, electronic media (such as the Internet or the World Wide Web) and broadcasting (such as radio or television). Copies may be made available, in whole or in part, in any and all media, in perpetuity, throughout the world, subject to limitations stated below.
- All public use is made in strict accordance with the uses and restrictions indicated below.
- All public use is made in strict accordance with South African copyright law and 'fair use' provisions.
- The Sinomlando Centre, and thereby the University of KwaZulu-Natal, shall hold the copyright to this recording and I hereby cede any copyright that I may have in my contribution to it.

- Any and all revenue that might result from this recording will be used to subsidise future research and archival projects of the Sinomlando Centre.
- This agreement represents the entire understanding of the parties and may not be amended unless agreed to by both parties in writing.

The use of the recording is subject to the following conditions (indicate preference):

1. Accessible without restrictions
2. Accessible with pseudonyms
3. Any other restrictions: _____

Interviewee signature: _____

Signed at: _____

Date: _____

In the presence of (interviewer): _____

Administrative Use Only

Interviewee details

Full names: _____

Home address: _____

Home telephone: _____ **Work** _____ **Mobile** _____

Work address: _____

Fax number _____ E-mail address: _____

Interviewer and project details

Full Names _____

Research Project title _____

Location of interview (s): _____

Number of tapes: _____ Total length of interview (s): _____

Transcribed by: _____

Additional
Comments: _____

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APPENDIX 13: Excerpts of Interviews

1. Neil Oosthuizen

Oosthuizen's background with the gay community.

NO: I think my walk before going into ministry was very involved in the theatre. I was thinking of studying to be a professional actor when God called me into ministry. So, I am still a professional actor trying and pretending I'm good. Well. I've always mixed with gay folk because of being in the theatre and acting and that sort of thing for me it was never a real issue. I've never felt overtly comfortable amongst gays. That is probably my upbringing and my culture. But it's never been a problem for me. I have always come to the point of saying listen, if I'm asked to go and run a bible study somewhere I do not say check if all the members are married? Or are all being faithful? Anyone cheating on their tax. I don't ask that sort of questions. I just go in and share God's grace. And if you are having an affair, you must sort out with God, not my business, unless you come and see me about it. I'm here to run a bible study. I was able to go for about three, four years. I was really involved with the outreach in Durban North Lucia. Then it just seemed to slow down, I don't know why, it just slowed down and we just said that's fine.⁵³³

2. Neil Oosthuizen

Oosthuizen on *Sarafina II* controversy:

NO: Ngema who was at that stage the head of the Playhouse in Durban in his plush office with his chrome and beauty and me sitting in a little posey hut in the backyard of the church...here was the David in his little posey hut against Goliath in his multi-billion rand theatre with all the trappings. At the same time Ngema's private life hit the press, with having had a number of affairs and fathered children and he said as a Zulu with high intelligence and high income. It is his duty to parent children, impregnate women so that the genes can spread throughout the nation. I mean, we just said guys, he's got an AIDS message and in another interview he is saying, have

⁵³³ Oosthuizen interviewed by Ninan on August 17, 2012.

as much sex as you want to, it doesn't matter. So those two things together, suddenly put us on a level that we never expected.⁵³⁴

⁵³⁴ Oosthuizen interviewed by Ninan on August 17, 2012.